The Prevalence and Factors Associated with Post-release Substance Use in Ex-offenders in Hong Kong

Research Report Submitted to

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Executive summary

This report presents the key findings and recommendations from a study funded by the Beat Drugs Fund Association, titled "The Prevalence and Factors Associated with Post-release Substance Use in Ex-offenders in Hong Kong." The aim of this study is to examine the prevalence and associated characteristics of drug use among ex-offenders after their release from prison. It also seeks to explore the risk factors and protective factors that influence ex-offenders' drug use patterns and assess the role of methadone drug treatment.

The study was conducted between November 2020 and September 2023, with 247 ex-offenders meeting the inclusion criteria being recruited: (1) have a history of a criminal conviction, (2) have a history of drug misuse, (3) aged 18 or above, and (4) proficient in the Cantonese dialect (speaking and listening). Respondents were divided into three groups based on their drug misuse status, including “Methadone treatment”, “Current drug users”, and “Recovered”. The respondents completed quantitative questionnaires covering various areas relating to drug abuse, addiction treatment, and attitudes towards drug-related crime while 40 of the respondents were selected to participate in an interview to further investigate their drug use behaviors. The literature review highlighted the significant link between perceived social support, well-being, adverse childhood experiences, and drug abuse. To measure these factors, the study utilized established tools including Multidimensional Scale of Perceived Social Support, PERMA-Profiler, Adverse Childhood Experiences Scale, the Severity of Dependence Scale, Contemplation Ladder, and Stimulant Relapse Risk Scale. Each scale is designed to assess a specific aspect related to drug abuse and its potential impact on individuals.

Among the 247 ex-offenders, 84 were current drug abusers indicating that the prevalence of post-

release substance use among our respondents was 33.2%. The prevalence of post-release substance use among male respondents (38.0%) was much higher than that among female respondents (12.8%). Key findings from the study revealed curiosity, peer influence, and the desire to escape negative emotions as primary motivators for initial drug use. Peer influence and boredom were identified as significant factors in continued drug abuse, while concerns about health impact, adverse effects on daily life, and family-related considerations were the primary drivers for the desire to stop drug abuse. The study also highlighted the influential role of social support in the recovery process, with the "Recovered" group reporting higher levels of received social support compared to other groups. Adverse childhood experiences were found to be prevalent among the respondents, suggesting a potential association with the risk of drug abuse.

Based on these findings, there are several key points for the respondents to reintegrate to society, (1) Employment support, (2) Establishing positive social networks, (3) Enhance resilience, and (4) Having a goal-oriental life were put forth. The study emphasized the importance of community-based residential rehabilitation centers and halfway houses in supporting individuals who have recently undergone treatment and preventing relapse. Employment support was identified as crucial in addressing issues such as boredom and facilitating the development of positive social connections. Strategies to reduce stigma in the workplace and opportunities for vocational training and job referrals were recommended. To prevent the risk of drug relapse, the adoption of peer support services is advised to help individuals establish positive relationships in the community and break the cycle of poor social support networks. The study also highlighted the significance of comprehensive drug education programs, promoting social inclusion, and adopting a trauma-informed approach within social services to address adverse childhood experiences.

The report concluded by emphasizing the need for preventive measures targeting young individuals, including drug education programs and programs fostering positive peer influence. Despite limitations such as a limited sample size and potential selection bias, the study provided valuable insights into the experiences of ex-offenders and offered recommendations for supporting their reintegration into society and preventing substance use. Further research with larger representative samples and specific populations is recommended.

報告摘要

本報告主要發佈一項由禁毒基金資助，題目為「本港更生人士的毒品使用概況和相關因素研究」的研究結果及相關建議。是次研究旨在了解有關更生人士出獄後使用毒品的概況和相關因素。當中會主要探討相關的風險因素、維持遠離毒品的保護因素，以及與依賴美沙酮戒毒治療相關的因素。

是次研究於2020 年11月至2023年9月期間進行，共招募了247名符合研究條件的參加者：（1）曾被定罪、（2）曾有濫用藥物的背景、（3）年齡18歲或以上及（4）能運用流暢廣東話(會話及聆聽)。是次研究根據受訪者使用藥物的狀況劃分為三個群組，包括「美沙酮治療」、「現正吸毒」和「康復」群組。受訪者填寫的量性問卷主要覆蓋有關藥物濫用、成癮治療、以及他們對毒品犯罪的態度等資料範圍，其後亦邀請了40名受訪者進行個人深入訪談，以進一步了解他們吸毒的行為。此外，是次研究亦探討有關個人所感到的社會支持度、幸福感、復原力、童年創傷壓力、以及基於目前濫藥狀況的重吸風險等範疇。文獻顯示個人感知的社會支持度、心理健康、童年不良經驗、以及濫用藥物之間的有著顯著關聯。為了量度有關因素，是次研究採用一系列經驗證的藥物濫用相關量度工具，包括多向度社會支持量表、幸福

感量表、童年經驗量表、依賴嚴重度量表、思動階梯、以及重吸危機量表。每個量表都是測量與藥物濫用相關的特性及其對個人的潛在相關影響。

在247名受訪的更生人士中，84名仍有濫用藥物的行為，出獄後濫用藥物的比率為33.2%。男性受訪者出獄後濫用藥物的比率（38.0%）遠高於女性受訪者（12.8%）。研究發現好奇心、朋輩影響、以及逃避負面情緒都是最初驅使吸毒的主要因素。朋輩影響及無聊解悶是令他們持續吸毒的重要因素，而擔心自身健康、影響日常生活及家庭的是他們考慮停止吸毒的主因。是次研究亦突顯出社會支持對康復過程中的影響，結果顯示「康復」群組相比其他群組所獲得的社會支持較多。研究亦發現受訪者普遍曾經歷個人成長創傷，這可能與濫藥風險有潛在的關聯。

根據是次研究結果，支援他們重返社會有幾個關鍵的建議：（1）就業支援、（2）建立正向的社交網絡、（3）增強復原能力、以及（4）有目標性的生活。是次研究強調以社區為本的住宿康復中心及中途宿舍對於正在接受治療及預防重吸是極為重要。支援就業被認為對於抒發解悶及促進發展正向的社會聯繫尤為重要。針對就業方面，建議可考慮制定相關策略減少職場污名，以及提供相應的職業培訓和工作轉介機會。為減低重吸的風險，建議可引入朋輩

支援服務，幫助個人在社區建立正向的人際關係，打破不良社交網絡的惡性循環。研究亦強調預防吸毒相關的教育計劃、促進社會共融、以及將創傷知情的手法引入社會服務當中去支援有個人成長創傷經歷的服務使用者。

針對年輕人群組，是次研究認為可採用一些預防措施，包括預防吸毒相關的教育計劃及培養正面的朋輩影響計劃。雖然是次研究調查受限於樣本的數量及潛在的抽樣偏差，然而有關研究結果提供了相關更生人士的寶貴經驗，並提出了相關預防濫藥及支援他們重新融入社會的建議。建議下一步收集更大並具代表性的樣本，及以為特定的目標群組進行研究。

Chapter 1 Introduction

1.1 Overall trend in Hong Kong

Based on the seventy-second report of the Central Registry of Drug Abuse (CRDA), there has been a consistent decline in the number of reported drug abusers in Hong Kong. The figures show a gradual decrease from 10,260 in 2013 to 5,775 in 2019, representing a 44% reduction. Moreover, the number for 2019 was 15% lower than the previous year's total of 6,760. These findings highlight significant progress in Hong Kong's anti-drug efforts in recent years. Throughout the pandemic period from 2019 to 2021, the numbers remained relatively stable, with an approximate count of around 6,000. However, the number of reported drug abusers decreased by 14% from 6,095 in 2021 to 5,235 in 2022.

Within the reported drug abusers, there has been a notable shift in the types of substances being abused although heroin remains the most commonly abused drug among reported abusers. The proportion of heroin abusers has decreased from 50.4% in 2013 to 42.4% in 2022, while the percentage of psychotropic substance abusers has increased from 62.1% to 67.7%. In particular, cocaine has become the most popular psychotropic substance abused in 2022, surpassing methamphetamine, locally referred to as "Ice", which held that position since 2015. There has also been a gradual increase in the proportion of reported abusers using cocaine and cannabis in recent years. In 2022, 20.4% of reported abusers used cocaine, 16.7% used methamphetamine, and 16.3% used cannabis.

Between 2013 and 2022, the most common reasons for current drug use among reported abusers were

"To relieve boredom/depression/stress" and "To avoid discomfort of its absence" with percentages ranging from around 40% to 50%. In 2022, the third most common reason was "To identify with peers/peer influence" at 29.9%. However, there are differences in the distribution of reasons for current drug use when comparing younger drug abusers under the age of 21 and those aged 21 or over. Among younger drug abusers, the most common reason in 2022 was "To identify with peers/peer influence" at 53.5%, followed by "To relieve boredom/depression/stress" at 48.4% and "To seek euphoria or sensory satisfaction" at 27.8%. On the other hand, among drug abusers aged 21 or over, the most common reasons were "To avoid discomfort of its absence" at 50.1% and "To relieve boredom/depression/stress" at 48.8%. Only 26.0% of this group reported "To identify with peers/peer influence" as their reason for current drug use. These findings suggest that the motivations for drug use vary between different age groups.

1.2 Anti-drug policy of Hong Kong

The Government of Hong Kong's anti-drug policy is embodied in the 'five-pronged' strategy, namely preventive education and publicity, treatment and rehabilitation, legislation and law enforcement, external cooperation, and research (News.gov.hk, 2018). The anti-drug policy is carried out by the Narcotics Division (ND) by providing funding and planning support for anti-drug community involvement activities, coordinating drug-related research, initiating and reviewing legislation and law enforcement measures against drug trafficking, and administering the CRDA in Hong Kong (Narcotics Division, 2018).

1.2.1 Three-year Plan on Drug Treatment and Rehabilitation (T&R) Services

To address the evolving drug scene, the ND and stakeholders have formulated three-year plans for Drug Treatment and Rehabilitation (T&R) Services since 1997. These plans outline priorities and strategies for service providers to review and develop their plans in line with the latest drug trends.

1.2.2 Community services

Community services play a significant role in the anti-drug efforts. There are currently 11 counselling centres for psychotropic substance abusers (CCPSAs) that offer anti-drug counselling services and assistance to psychotropic substance abusers (PSAs) and young people at risk. The Centre for Drug Counselling (CDC) with two sub-bases provide counselling services to help drug users abstain from drug use and reintegrate into their families and communities after rehabilitation. Psychiatrists from nine Substance Abuse Clinics (SACs) offer medical consultation and treatment, while occupational therapists and clinical psychologists provide other clinical services. Additionally, 19 District Youth Outreaching Social Work Teams (YOT) and 18 Overnight Outreaching Teams for Young Night Drifters (YND) reach out to young people aged 6 to 24 who are at risk, providing counselling services and referrals to appropriate services units for follow-up as necessary.

1.2.3 Residential programmes

Residential programs are available through 37 Drug Treatment and Rehabilitation Centers (DTRCs). These centers provide T&R programs in a drug-free residential environment. Some DTRCs also offer aftercare services, such as continual monitoring and counselling.

1.2.4 Compulsory placement programme

The Compulsory placement programme in four Drug Addiction Treatment Centres (DATCs) under the Correctional Services Department (CSD). These centres admit individuals aged 14 and above who are addicted to drugs and have been convicted of offenses punishable by imprisonment. DATCs offer rehabilitation programs and vocational training to facilitate the reintegration of individuals into society.

1.2.5 Methadone treatment programmes

Methadone treatment programmes are available through 18 clinics. These programs offer outpatient-based "maintenance" and "detoxification" programs for opiate abusers. The maintenance program involves daily supervised doses of methadone to reduce or eliminate cravings for opioids, while the detoxification program helps patients taper off methadone doses over time. Counseling services and aftercare support are also provided to minimize the risk of relapse.

1.2.6 Enhanced probation service

As part of the anti-drug policy, there is an Enhanced probation service available for offenders of drug-related crimes. Subject to court consideration, eligible offenders may be placed under probation supervision instead of receiving a custodial sentence. Probationers are typically required to undergo anti-drug counseling and treatment while being supervised by a probation officer.

1.3 Relationship between drug use and criminality

According to the seventy-second CRDA report, 66% of the drug abusers reported in 2022 had records

of previous conviction. The relationship between drug use and criminality has been extensively studied, and the literature consistently demonstrates a high correlation between drug use and criminal behaviors (Nurco et al., 1989). Research has shown that narcotic addicts and heavy cocaine users are frequently involved in criminal offenses.

A study conducted in Baltimore and New York examined the link between addiction status and criminal behavior by comparing crime rates during periods of addiction with those during periods of non-addiction among 250 narcotic addicts (Shaffer, Nurco, Ball, & Kinlock, 1986). The findings revealed significantly higher rates of crime during addiction periods compared to non-addiction periods, supporting the results of earlier studies.

While there is no conclusive evidence of a causal relationship between drug use and overall crime rates, it is generally understood that deviant behaviors, such as substance abuse and criminal offenses, often occur within the context of a general deviance syndrome (Osgood et al., 1988). Individuals who exhibited one form of deviant behavior were more likely to engage in other forms of deviant behaviors as well. Additionally, the correlation between drug use and property crime, in particular, can be attributed to economic motivations resulting from the high cost of illicit drugs.

Another report focused on the criminal activity of incarcerated drug-abusing offenders and identified specific patterns of drug use associated with different types of criminal activity (Kinlock, O'Grady, & Hanlon, 2003). Increased use of opioid use was linked to higher rates of overall crime, including drug distribution and violent crime. Cocaine use was also positively associated with levels of crime,

particularly drug distribution, but not with violent crime. The research suggested that individuals with a higher dependence on opioids and/or cocaine are primarily driven to engage in illicit drug distribution to finance their addiction, aligning with previous studies (Chaiken & Chaiken, 1990).

1.4 Post-relapse drug abuse and rehabilitation

Drug treatment programs were commonly recommended by the Government as a means of rehabilitation for offenders due to the high prevalence of drug abuse among this population. Extensive researches have consistently shown that substance use is a strong predictor of recidivism among offenders (Brown & Motiuk, 2005; Cartier, Farabee & Prendergast, 2006; Rogne Gjeruldsen, Myrvang, & Opjordsmoen, 2004; Kinlock, O'Grady, & Hanlon, 2003; Stoolmiller & Blechman, 2005; Zamble & Quinsey, 2001). The literature indicated a significant relationship between post-release substance use and re-offending (Lightfoot, 1999). Additionally, a study conducted in the UK revealed that many offenders reported their criminal behaviors is linked to drug use, particularly to finance their drug habits (Harper and Chitty, 2004). The motivation for financial gain in maintaining the high cost of illicit drugs contributed a link between drug use and criminal behaviors.

Empirical evidence suggested that drug offenders have the highest likelihood of recidivism, as well as a greater risk of failure on parole and probation (Belenko, 1998; Chanhatasilpa, MacKenzie, & Hickman, 2000; Lipton, 1996). Furthermore, research has shown that drug-dependent offenders are more inclined to commit property or theft-related crimes, such as robberies, burglaries, thefts, and fraud (Canadian Centre on Substance Abuse & Pernanen , 2002). To break the cycle of recidivism, it is crucial to provide appropriate support services in the community or relevant treatments in prison for drug-dependent offenders, addressing their drug dependency and effectively reducing re-

offending.

Literatures have indicated a negative association between post-release relapse and reintegration, suggesting that recidivism is influenced by the cycle of relapse and other substance abuse-related problems. Gideon (2010) proposed that treatment outcomes are not solely determined by the severity or nature of drug use but also by related issues in psychiatric, employment, and family-social aspects. Effective transitional planning should identify suitable services, establish connections between individuals and services, and better manage risk in the community. Focusing solely on drug abuse may not be sufficient without addressing other factors that contribute to post-release relapse and recidivism (Belenko, 2006). The responsiveness of patients, including their readiness and motivation to engage in treatment, has been found to impact treatment outcomes (Simpson, 2004; Wormith et al., 2007). A local study on elderly ex-offenders revealed that relapse after discharge can strain family relationships, as families bear the greatest impact on the individual's drug habits, leading to a lack of stable housing and employment difficulties (Chui et al., 2015). As ex-offenders age, a sense of hopelessness may intensify. Therefore, comprehensive programs addressing drug abuse and related needs should be implemented to cater to the unique challenges faced by this population.

1.5 Methadone treatment and recovery

There is an ongoing controversy of the use of methadone treatment as a substitute for narcotics analgesics, particularly heroin. On one hand, some authors argued that methadone treatment could improve the overall life quality of the patients, including their daily routine, employment and physiological functions (Gordon et al., 2012). For example, research conducted in Malaysia indicated that respondents who received methadone treatment alongside voluntary psychosocial interventions

in Cure and Care Centers exhibited a significantly longer median time to relapse (352 days) compared to individuals who were subjected to compulsory measures and relapsed quickly into opioid use (median time to relapse in 31 days) (Wegman et al. , 2017). On the other hand, another study found that women ex-offenders with a history of drug use reported a higher number of criminal charges among those who had undergone methadone treatment compared to those who hadn't. This suggested that methadone treatment may not yield long-term benefits in terms of criminal behavior (Majer et al., 2017). The same study also reported that while heroin use decreased during methadone maintenance treatment, there was an increase in the use of other drugs among male offenders (Johnson, MacDonald, Cheverie, Myrick, & Fischer, 2012).

1.6 Risk factors of relapse after discharge

Former inmates faced a significant risk of drug overdose-related deaths, particularly during the immediate period following their release. Extensive research conducted in the United States and other countries has consistently demonstrated a heightened risk of drug-related fatalities following prison release (Binswanger et al., 2007; Binswanger et al., 2012). Consequently, there is a pressing need to further elucidate the risk factors that influence drug use and the likelihood of overdose among individuals who have recently been released from incarceration.

1.6.1 Living environment and lifestyle

In a qualitative study on drug use and overdose after release from prison (Binswanger et al., 2012), a respondent who had previously used drugs identified the biggest challenge as avoiding individuals with whom they had used drugs in the past after being released. The immediate post-release environments posed difficulties in avoiding relapse due to pervasive triggers for drug use.

1.6.2 Social and financial support

Upon release, individuals returning to drug and alcohol use often faced a lack of social support and inadequate economic resources to facilitate their reintegration into the community. Social isolation was particularly problematic for former inmates attempting to abstain from drugs and alcohol, and the absence of assistance contributed to increased stress levels, which in turn heightened the chances of relapse (Binswanger et al., 2012). The experience of being overwhelmed by the actual challenges and obstacles during re-entry significantly increased the likelihood of relapsing into drug use (Phillips & Lindsay, 2011). Major addiction theories proposed that acute and chronic stress play a crucial role in motivating substance abuse (Tomkins, 1966). Moreover, drug trafficking in the environment to which former inmates returned was a significant issue, as selling drugs might be the only familiar means of earning a livelihood. The challenges faced during re-entry strongly influence the return to drug use following release from prison.

1.6.3 Physical and mental health conditions

Former substance abusers with described exposure to drugs as a major challenge, requiring avoidance strategies and the acquisition of new skills to prevent relapse. The distress caused by the inability to live without drugs, especially for those who have been addicted for many years, can lead to health issues such as hallucinations and sleep disturbances. A study suggested that individuals in recovery from addiction to psychoactive substances who experience sleep disturbances are at a higher risk of relapse compared to those without such disturbances. Sleep disturbances can include difficulties falling asleep, staying asleep, distressing dreams, or an inability to progress through normal stages of sleep (Brower & Perron, 2010). Sleep disturbance is considered one of the universal withdrawal symptoms or symptoms of protracted abstinence, along with negative affect and substance cravings.

What makes these symptoms universal is their occurrence during withdrawal and prolonged abstinence from the most commonly used addictive substances.

1.6.4 Adverse childhood experiences (ACEs)

The relationship between risk factors such as family dynamics and adverse childhood experiences (ACEs) and drug abuse has been widely studied in the literature. Numerous studies have found that certain family-related factors can contribute to an increased risk of drug abuse among individuals, especially ex-drug users. These risk factors may include a history of substance abuse within the family, poor family communication and cohesion, lack of parental supervision, and inconsistent or harsh parenting practices. Studies have shown that individuals who have experienced ACEs are at a higher risk of developing substance abuse problems later in life (Felitti et al., 1998).

On the other hand, in a study by Resnick et al. (2004), it was found that positive experiences and relationships with caring adults can help buffer the negative effects of ACEs and reduce the likelihood of engaging in risky behaviors, including drug abuse. Similarly, another study by Sacks et al. (2014) highlighted the importance of personal resilience and self-efficacy in protecting individuals from the negative impact of ACEs on drug abuse. Individuals who have a strong sense of self and believe in their ability to overcome challenges are more likely to resist the temptation of using drugs as a way to cope with their past traumas.

While ACEs are significant risk factors for drug abuse, protective factors play a crucial role in mitigating these risks and promoting resilience among individuals with a history of childhood trauma. Interventions that focus on strengthening protective factors, such as family support, coping skills, and

self-efficacy, can help individuals break the cycle of addiction and lead healthier, more fulfilling lives.

1.7 Protective factors of ex-drug users after discharge

Protective factors played a crucial role in prevention policies, particularly when certain risk factors may be resistant or difficult to change. These protective factors can either mediate or moderate the effects of exposure to risks (Werner, 1989). Identifying protective factors that inhibited drug abuse among at-risk individuals allows strategies to focus on enhancing these factors to address the risks effectively. Protective factors can be seen as positive events that reduce the likelihood of negative outcomes or diminish the impact of risk factors.

1.7.1 Family cohesion

Family cohesion is one such protective factor. Research has shown that the warmth and support provided by families can act as a protective factor against drug abuse (Miri et al, 2011). Individuals were more likely to maintain their drug-free status during the recovery period if they have close relationships with healthy families, while those with closer ties to unhealthy families may be more prone to relapse (Lavee & Altus, 2001). Adults who have strong bonds with their families were also more likely to abstain from criminal behavior due to the presence of informal social controls (Huebner, DeJong, & Cobbina, 2010). For female ex-offenders, having children can serve as an incentive to discontinue engaging in criminal activity (Enos, 2001). In another study, drug-abusing female offenders who expected to live with their minor children after release were more likely to enter a therapeutic community (Robbins, Martin, & Surratt, 2009). The dynamics of parental roles and intimate partner relationships are important predictors for successful reintegration into communities for female ex-offenders (Benda, 2005).

Family support also plays a significant role in drug abuse prevention. Strong family cohesion and parental monitoring have a "protective-stabilizing" effect on reducing the number of drugs used (Luthar, Cicchetti, & Becker, 2000). Family support is a key contributor to drug recovery, as highly cohesive families convey a sense of concern and investment in their members, making individuals think twice before engaging in undesirable behaviors. A sense of mattering to someone is consistently identified as a protective factor in resilience and community violence research (Garbarino, 1999). Ex-drug users have identified factors such as avoiding old neighborhoods, strong family relationships, religion and spirituality, stable housing, and support from friends as protective factors that helped them avoid relapse (Sandler, Miller, Short, & Wolchik , 1989). These studies indicate that individuals without family support are at a disadvantage in their recovery journey and at higher risk of drug relapse.

1.8 Objectives

In summary, addressing the factors related to post-release relapse and related problems is crucial for understanding service delivery needs. The complex process of reintegration, coupled with multiple service requirements, underscores the importance of conducting research on post-release relapse among ex-offenders to identify their specific needs for successful community re-entry. Notably, there is a lack of research on the factors of post-release relapse and the relationship between drug abuse and criminality in Hong Kong. The aim of this study is to examine the prevalence and associated characteristics of drug use among ex-offenders after their release from prison. It also seeks to explore the risk factors and protective factors that influence ex-offenders' drug use patterns and assess the

role of methadone drug treatment. The specific objectives were to:

- Investigate the prevalence of post-release substance use in ex-offenders.
- Identify the factors associated with post-release substance use among ex-offenders.
- Explore the difficulties encountered by ex-offenders with criminal records upon release
- Examine the determinants influencing the efficacy of the rehabilitation process
- Provide recommendations for supporting ex-offenders' reintegration into society and preventing substance use.

Chapter 2 Methodology

A mixed-method experiment with both qualitative (in-depth interview) and quantitative (survey) measures was adopted. 247 ex-offenders were recruited based on the following criteria: (1) have a history of a criminal conviction, (2) have a history of drug misuse, (3) aged 18 or above, and (4) proficient in the Cantonese dialect (speaking and listening).

The research was conducted from November 2020 to September 2023. Of the 247 respondents, 40 were selected to take part in the in-depth interviews. Respondents were identified and recruited by the social workers in charge at local social rehabilitation and crime prevention service centres and outside methadone clinics. The social workers were instructed to invite eligible service users to participate in the quantitative study. The number of invitations sent out was based on the total number of service users under each social worker's care and the eligible service users' willingness of participating in the survey. An information sheet was provided to assist the social workers in briefing and explaining the study to respondents. Written versions of the survey and consent form were given to respondents during data collection.

Furthermore, the qualitative research for this study was conducted by a specialized research team. The team adhered to strict protocols to ensure the reliability and validity of their qualitative findings. All in-depth interviews were conducted in Cantonese, lasting approximately one hour and audio recorded with the respondents' consent. The research team transcribed and translated these recordings into English for analysis. Prior to each interview, respondents were presented with a consent form that detailed the study's background.

Respondents were divided into three groups based on their drug misuse status: (1) Methadone treatment, (2) Current drug users, and (3) Recovered. Each survey respondent was requested to complete a set of quantitative questionnaires which consisted of eight parts listed as follows:

Socio-demographics: The socio-demographic characteristics of respondents were measured by obtaining respondents' personal information including age, gender, educational attainment, marital status, household size, type of housing, employment status, source of income, personal income per month, gambling, drinking, and smoking habits, physical/mental health status, and criminal record.

Drug Abuse Pattern: The drug abuse pattern questions were adapted from the Beat Drugs Fund (BDF) Evaluation Question Set 5 (Drug use frequency in the past one month). Respondents were asked to provide information about their drug abuse status (e.g., abusing, taking methadone, or recovered), duration, age of first abuse, type of drug misuse (e.g., Cannabis, Heroin, Ecstasy, Ketamine, Ice, Methaqualone, Give-me-five, Blue Gremlin, Zopiclone, Cocaine, Codeine, Organic Solvents, and other drugs), locality of drug abuse, source of drug in first abuse, reason of first and consistent drug use, history of addiction treatment, drug remission, and attitude toward drug-related crime by reference to the CRDA sixty-ninth report.

The Severity of Dependence: The Severity of Dependence Scale (SDS; Gossop et al., 1995) was used to explore the level of drug dependence of the respondents. This instrument measured the degree of psychological dependence experienced by users of different types of illicit drugs. The SDS comprised five items, all of which were specifically concerned with psychological components of dependence. Individuals' feelings of impaired control over their own drug-taking and their preoccupation and anxieties about drug abuse are explicitly examined. The indicators of dependence included dose, frequency of use, duration of use, daily use and degree of contact with other drug users. Each item was rated on a four-point scale ranging from *never/almost never* (0) to *always/nearly always* (3) for items 1 to 4, and from *not difficult* (0) to *impossible* (3) for the last item. The total SDS score was highly correlated with the single-factor score. The higher the total score, the higher the levels of dependence.

Perceived Social Support: The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlam, Zimet, & Farley, 1988) was adopted to assess respondents' perceived social support. The

MSPSS was a 12-item self-report scale which assessed respondents' relationships with Family (e.g., "I can talk about my problems with my family"), Friends (e.g., "I can count on my friends when things go wrong"), and Significant Other (e.g., "there is a special person who is around when I am in need"). Respondents rated on a 7-point scale ranging from very strongly disagree (1) to very strongly agree (7). The scale had shown high internal and test-retest reliability with Cronbach's alpha of .88 and .85 respectively (Zimet, Dahlam, Zimet, & Farley, 1988).

PERMA: The PERMA-Profiler (Butler & Kern, 2016) was adopted to assess respondents' wellbeing and resilience. It was developed based on the PERMA model of flourishing (Positive emotion, Engagement, Relationships, Meaning, and Accomplishment) proposed by Seligman (2011). The scale contained 23 items, including three items for each PERMA domain plus eight filler items measuring overall wellbeing, negative emotion, loneliness, and physical health (Butler & Kern, 2016). Each item was rated on an 11-point scale ranging from not at all (0) to completely (10). Overall wellbeing was indicated by the average of the main 15 PERMA items and the overall happiness item (i.e., "taking all things together, how happy would you say you are?". The scale had shown strong internal reliability with a Cronbach's alpha of .94 (Butler & Kern, 2016).

Contemplation Ladder: The Contemplation Ladder (BDF) was applied to measure respondents' motivation to change drug use. The Contemplation Ladder (BDF) was an adapted version of the original Contemplation Ladder (Biener & Abrams, 1991; Slavet et al., 2006) targeting to observe drug users' readiness to consider drug abuse cessation. It was designed to access an abuser's position on a continuum ranging from having no thoughts of quitting to being engaged in action to change one's abusive behaviour. This contemplation ladder was a visual analogue combined with 11 rungs and 5 anchor statements (Item 0, 2, 5, 8, 10), representing stages of change. Item (0) was the least motivated and (10) was the most motivated. Respondents were required to circle one rung that best describes their stages of change. There were a total of 5 stages of change. The response options (0) to (3) corresponded with the stage of contemplation, indicating that the individual is not ready to change any of their drug use behaviours, and may be unaware of the need to change. This stage was often also classified as a continuing denial that a problem exists at all. Item (4) to (6) represented the stage of contemplation. In this stage, the individual agrees change was necessary and desirable, yet,

no action was carried out. Item (7) and (8) referred to the stage of preparation. Individuals in this stage were willing to commit to making changes and decided to start taking action in the near future. Item (9) indicated the stage of action which meant changes in behaviours have already occurred. The last item (10) symbolized the maintenance stage. The change in the action stage was continued and specific overt modifications in lifestyle were made.

Adverse Childhood Experience: The Chinese version of Adverse Childhood Experiences (ACEs; Fung, Ross, Yu, & Lau, 2019) was adopted to examine the relationship between illicit drug use and historical traumatic stress exposure during childhood. The ACEs consisted of 10 childhood experiences (before 18 years old) which have been identified as risk factors for chronic disease in adulthood. In later research, high ACE scores have been linked to more negative adulthood outcomes such as involvement in violence (Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014). It contained 10 items as follows: (1) Emotional Abuse, (2) Physical Abuse, (3) Sexual Abuse, (4) Emotional Neglect, (5) Physical Neglect, (6) Parental Separation or Divorce, (7) Family Violence, (8) Household Substance Abuse, (9) Parental Separation or Divorce, and (10) Household Member Incarceration. The respondents were asked to circle "YES" or "NO" to indicate if the above items had happened to them before. A positive response to a question about sexual abuse would score 1 point, no matter if there are 1 or 100 incidents. It aims to explore the cumulative effect on human development (Anda, Butchart, Felitti, & Brown, 2010; Felitti, et al., 1998). The higher the score, the more tendency to develop health risk behaviours. The Chinese version of ACEs had been validated in a Hong Kong population (Fung et al., 2019).

Stimulant Relapse Risk. The Stimulant Relapse Risk Scale (SRRS; Ogai et al., 2007) adapted from BDF Evaluation Question Set 14, was used to measure respondents' risk of relapse through examining their drug abuse status over the past one week. The SRRS was a 35-item self- report scale which contained six subscales: Anxiety and Intention to Use Drug (AI; 8 items; e.g., "I am anxious about reusing the drug"), Emotionality Problems (EP; 8 items; e.g., "I cannot control my feeling"), Compulsivity for Drug (CD; 4 items; e.g., "I would do almost anything in order to use the drug"), Positive Expectancies and Lack of Control over Drug (PL; 6 items; "if the drug is placed in front of me, I would use it), Lack of Negative Expectancy for the Drug (NE; 4 items; e.g., "I feel easier than

before"), and Lie Scale "Insight into One's Own Drug Problem" (5 items; e.g., "I can stop using the drug by myself"). Respondents rated on a 5-point scale ranging from strongly disagree (1) to strongly agree (5). The scale had shown strong internal reliability with a Cronbach's alpha of .86 (Ogai et al., 2007).

Chapter 3 Descriptive statistics of background information

3.1 Description of interviewees

In this study, 40 interviewees (11 Females and 29 males) with a history of drug dependence and incarceration were recruited for face-to-face individual interviews. The interviewees were classified into 3 groups, including “Methadone treatment”, “Current drug users”, and “Recovered” The mean age of interviewees was 46.03 years (range 25 to 65 years). More than half of them were employed after being released from jail and most of them were at the education level of secondary school (including junior or senior secondary); half of them belonged to the cohorts of unmarried(single) or unmarried (in a relationship). Detailed background information about the interviewees is summarized in Table 1.

Table 1 Description of interviewees

Index	Type	Gender	Age	Education	Marital	Employment
I01	Methadone treatment	M	50	Junior Secondary	Unmarried (single)	Full-time
I02	Methadone treatment	M	65	Primary	Unmarried (single)	Retired
I03	Methadone treatment	M	65	Primary	Unmarried (in a relationship)	Unemployed
I04	Recovered	F	54	Primary	Married	Part-time
I05	Recovered	F	25	Junior Secondary	Unmarried (in a relationship)	Full-time
I06	Recovered	F	31	Junior Secondary	Married	Casual Labour
I07	Recovered	F	33	Senior Secondary	Married	Full-time
I08	Recovered	F	48	Senior Secondary	Divorce	Unemployed
I09	Recovered	M	30	Junior Secondary	Unmarried (single)	Unemployed
I10	Recovered	F	46	Senior Secondary	Unmarried (single)	Full-time
I11	Recovered	M	57	Primary	Unmarried (single)	Casual Labour
I12	Recovered	F	31	Degree/Diploma or above	Unmarried (in a relationship)	Full-time
I13	Recovered	M	38	Degree/Diploma or above	Unmarried (in a relationship)	Full-time
I14	Recovered	M	47	Junior Secondary	Widowed	Unemployed
I15	Recovered	M	39	Senior Secondary	Unmarried (in a relationship)	Full-time
I16	Recovered	M	31	Degree/Diploma or above	Divorce	Part-time
I17	Recovered	M	48	Senior Secondary	Divorce	Unemployed

I18	Recovered	F	38	Senior Secondary	Unmarried (in a relationship)	Part-time
I19	Recovered	M	49	Senior Secondary	Widowed	Other
I20	Recovered	M	48	Senior Secondary	Divorce	Part-time
I21	Recovered	M	58	Junior Secondary	Widowed	Casual Labour
I22	Recovered	M	43	Degree/Diploma or above	Divorce	Full-time
I23	Recovered	M	37	Senior Secondary	Unmarried (in a relationship)	Casual Labour
I24	Recovered	M	48	Junior Secondary	Unmarried (in a relationship)	Unemployed
I25	Recovered	M	62	Junior Secondary	Unmarried (in a relationship)	Retired
I26	Recovered	M	64	Junior Secondary	Divorce	Retired
I27	Recovered	F	35	Senior Secondary	Unmarried (single)	Unemployed
I28	Recovered	F	31	Senior Secondary	Unmarried (single)	Housewife
I29	Recovered	M	54	Senior Secondary	Divorce	Unemployed
I30	Recovered	M	34	Senior Secondary	Unmarried (single)	Casual Labour
I31	Recovered	M	36	Senior Secondary	Unmarried (in a relationship)	Full-time
I32	Current drug users	M	60	Junior Secondary	Divorce	Full-time
I33	Current drug users	M	52	Junior Secondary	Divorce	Unemployed
I34	Current drug users	M	45	Primary	Divorce	Part-time
I35	Current drug users	M	47	Junior Secondary	Unmarried (in a relationship)	Unemployed
I36	Current drug users	M	58	Junior Secondary	Widowed	Casual Labour
I37	Current drug users	F	40	Senior Secondary	Married	Casual Labour
I38	Current drug users	M	62	Junior Secondary	Widowed	Unemployed
I39	Current drug users	M	47	Primary	Unmarried (in a relationship)	Part-time
I40	Current drug users	M	55	Senior Secondary	Divorce	Unemployed

3.2 Demographic information of survey respondents

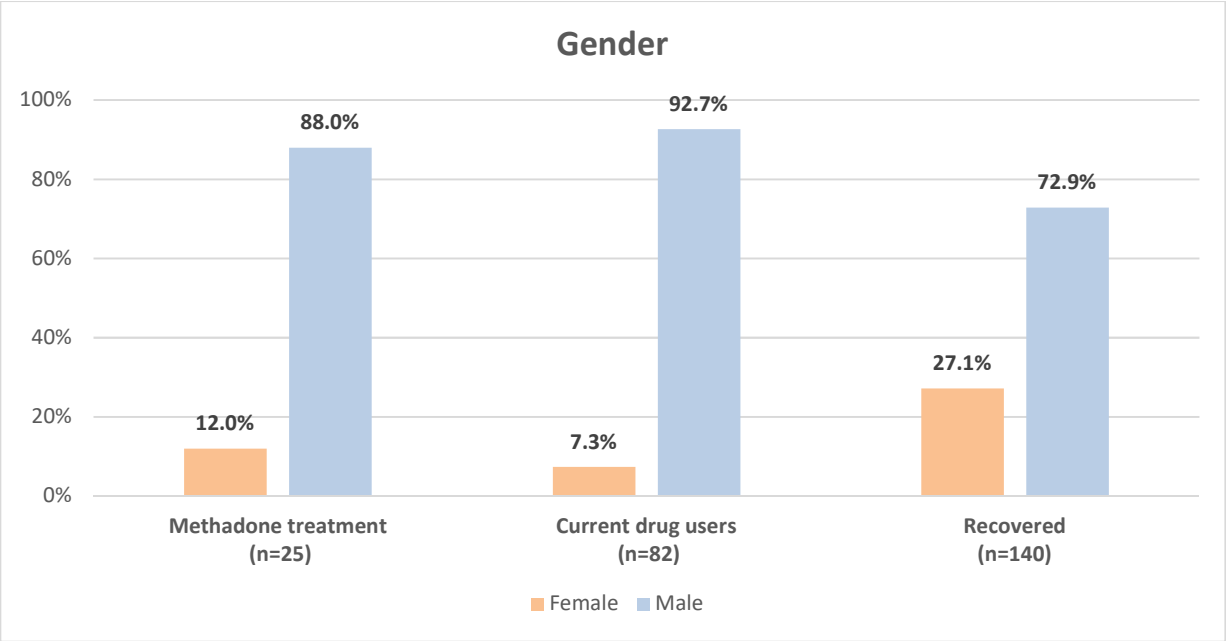
In this survey, a total of 247 respondents (200 male and 47 female) were recruited, all of whom had a history of criminal conviction and drug use. The age range of the respondents was between 18 and 74, with an average age of 46.85 (SD=10.81). The respondents were classified into three groups based on their reported current status, including “Methadone treatment” (10.1%), “Current drug users” (33.2%) and “Recovered” (56.7%). The prevalence of post-release substance use among our respondents was 33.2%. Among the male respondents, 38% of them reported that they were still using drugs while only 12.8% of female respondents reported current use of drugs. It implied that the prevalence of post-release substance use among male respondents was much higher than that among

female respondents. The following sections will provide an overview of the respondents' demographic background, substance use situation, and utilization of drug treatment services among the three categories.

3.2.1 Gender

Figure 1 shows that there were more males than females in the population for all groups. The group of “Current drug users” had the largest gender disparity of males (92.7%), followed by the "Methadone treatment" group (88.0%) and the “Recovered” group (72.9%).

Figure 1 Gender

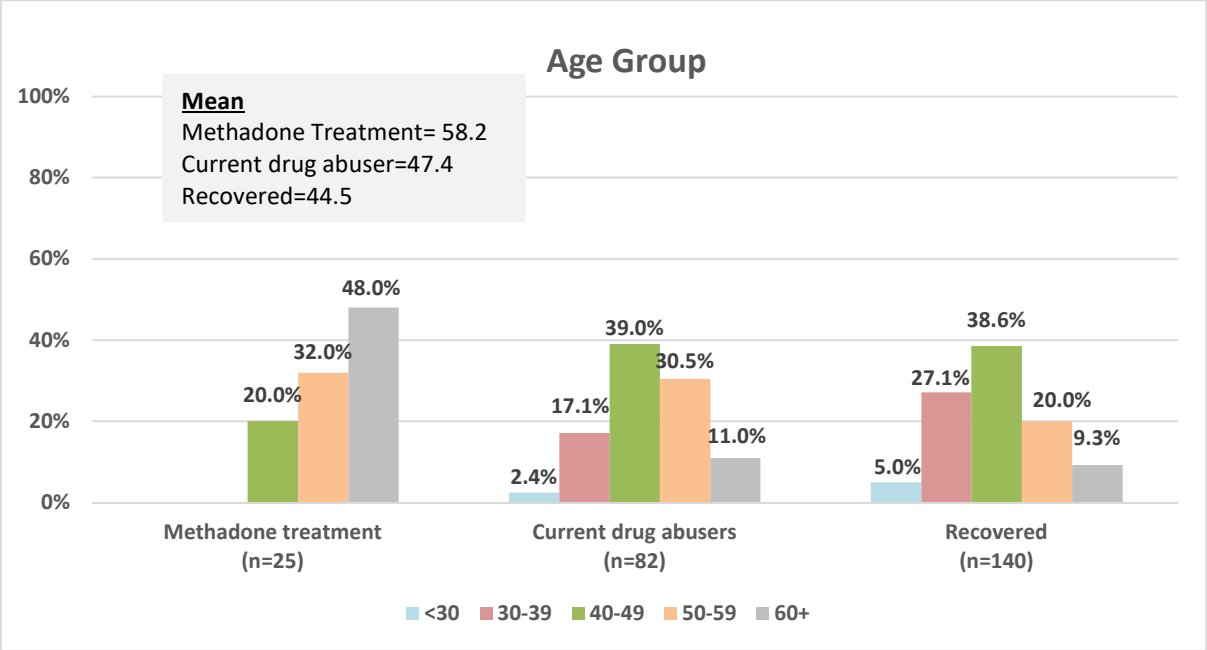


3.2.2 Age

Figure 2 shows the age distributions in different groups. The group of “Current drug users” (Mean age=47.4) had a relatively higher percentage in the age range between 40 and 59, accounting for 39.0% for 40-49 and 30.5% for 50-59 respectively. For the “Recovered” group (Mean age=44.5), it had a higher percentage in the age range between 30 and 49, accounting for 27.1% for 30-39 and 38.6% for 40-49 respectively. The age of 50 or above had a large proportion in the “Methadone

treatment" group (Mean age=58.2), accounting for 32.0% for 50-59 and 48.0% for 60 or above. The figures might indicate that the profile of methadone treatment users is older among all the drug users.

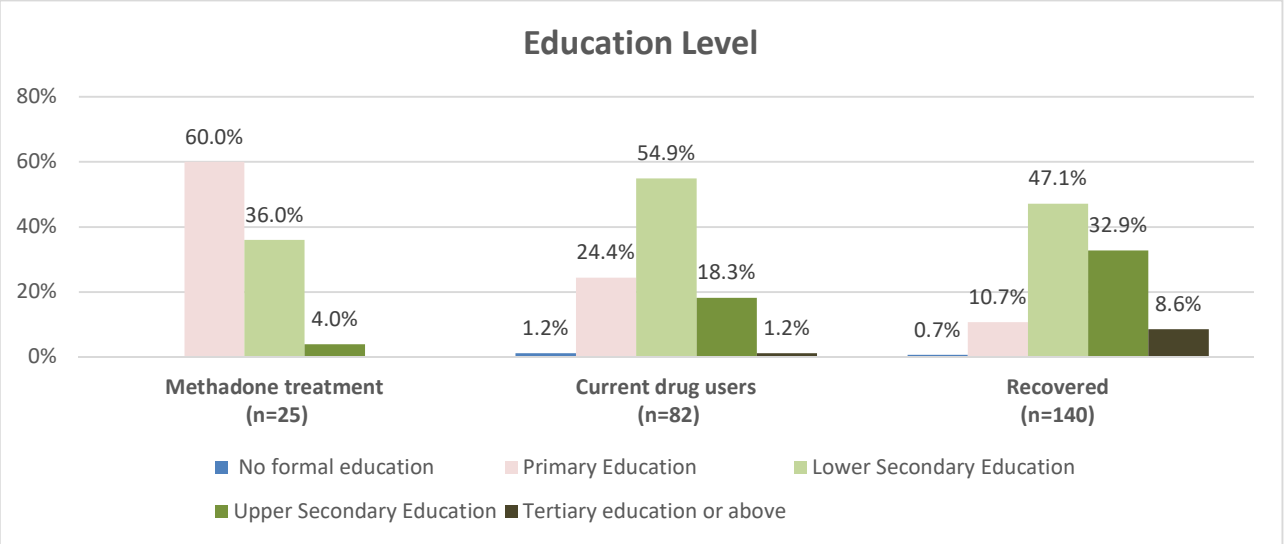
Figure 2 Age



3.2.3 Educational attainment

A pattern was observed for 3 groups, the percentage who attained lower secondary education was higher in the groups of "Current drug user" and "Recovered" (54.9% and 47.1 respectively), while the "Methadone treatment" group had relatively more respondents who had attained primary education (60.0%) (Figure 3).

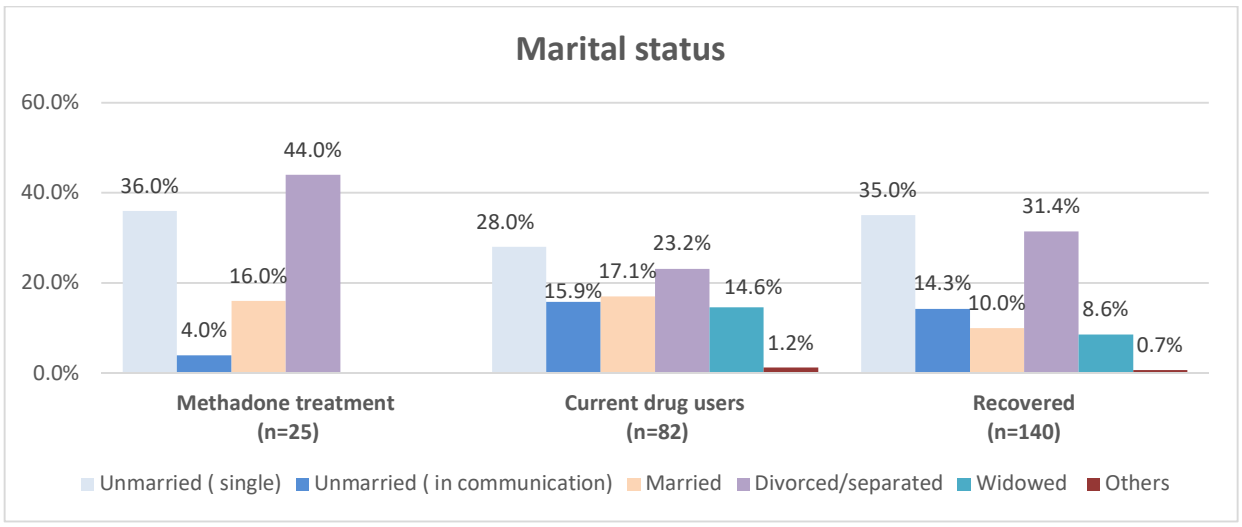
Figure 3 Educational level



3.2.4 Martial status

Figure 4 provides an overview of the marital status distribution among different groups. Among those who was divorced or separated, the "Methadone treatment" group had a relatively higher percentage (44.0%) than the "Current drug users" and "Recovered" groups (23.2% and 31.4% respectively). Similarly, for individuals who were unmarried (single), the percentages were higher in the "Methadone treatment" and "Recovered" group (36.0% and 35.0% respectively).

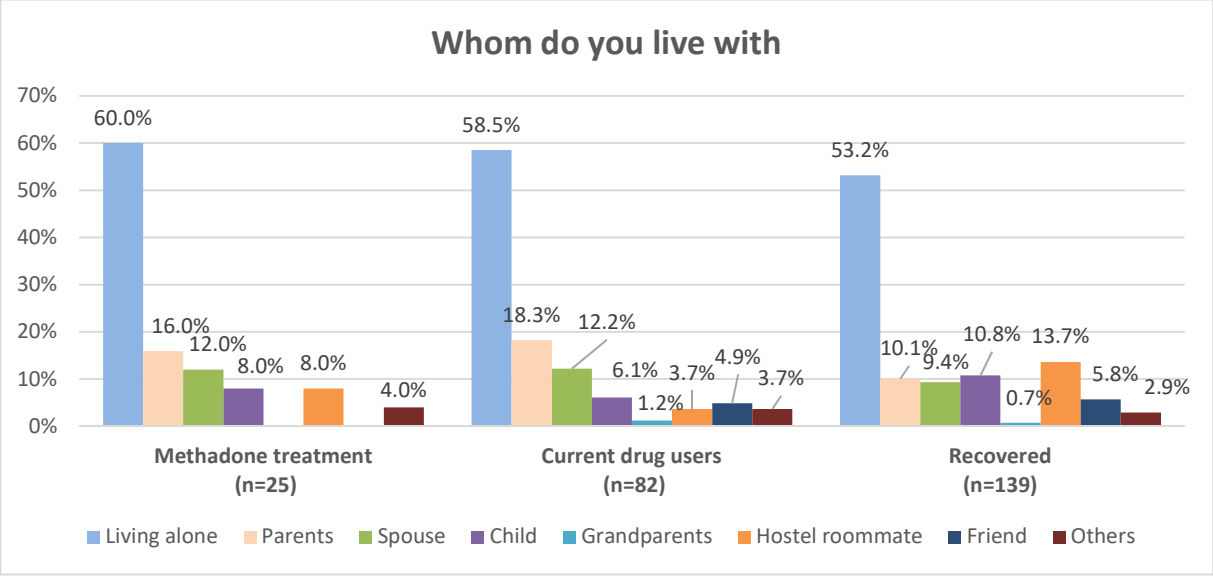
Figure 4 Martial status



3.2.5 Living Arrangement

Share of respondents living alone in the three groups are high , “Methadone treatment” at 60.0%, “Current drug users” at 58.5% and “Recovered” at 53.2% (Figure 5). Share of respondents living with family (including parents/spouse/child/grandparents) are similar at the “Current drug users” group (37.8%) and “Methadone treatment” group (36.0%) whereas the share in the “Recovered” group is slightly lower (30.9%).

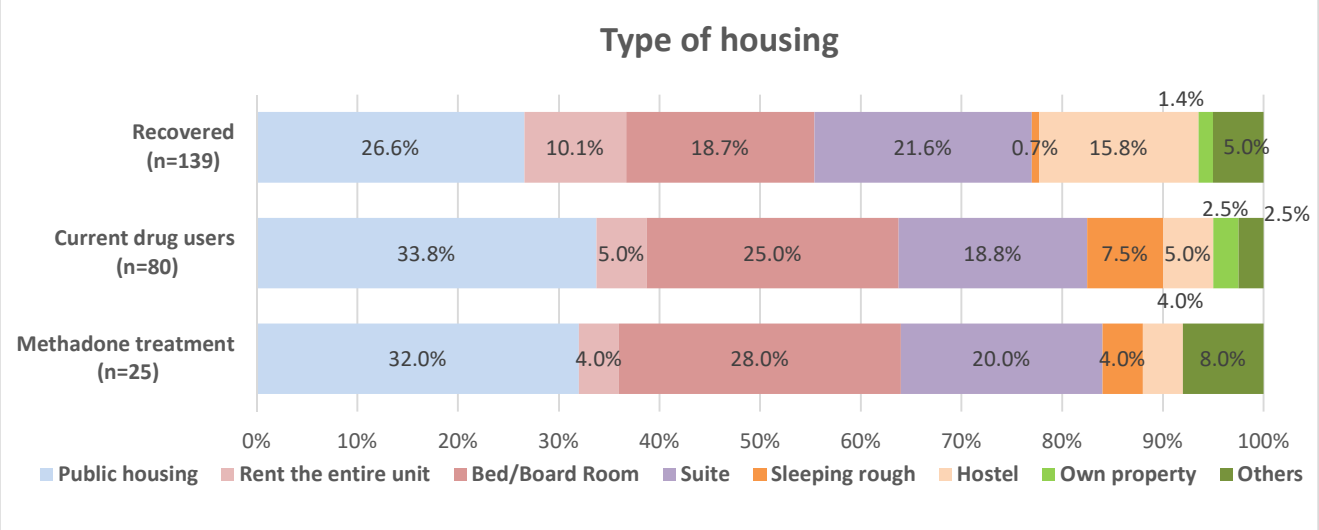
Figure 5 Living arrangement



3.2.6 Type of housing

Figure 6 shows the percentage of respondents who are undergoing methadone treatment, are currently taking drugs, or have recovered from their addiction, in different types of housing. Overall, more than two-fifths of each group was living in the bed/board rooms and suites (“Recovered” group 40.3%; “Current drug users” group:43.8%; “Methadone treatment” group: 48.0%). The second higher proportion of each group was living in public housing (“Recovered” group 26.6%; “Current drug users” group: 33.8%; “Methadone treatment” group: 32.0%).

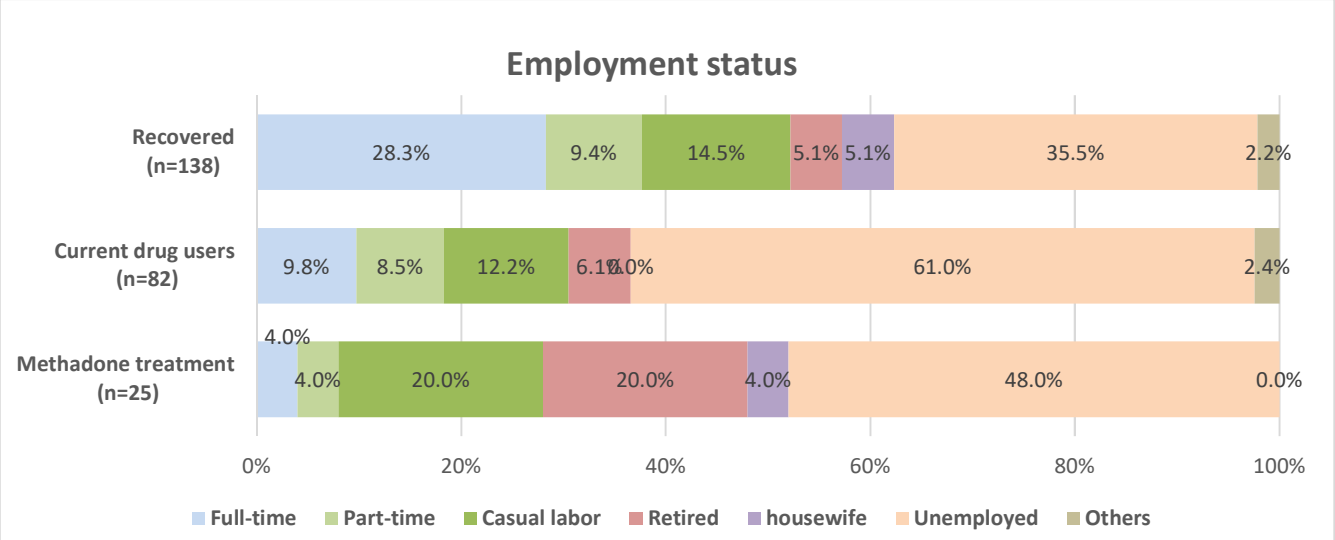
Figure 6 Type of housing



3.2.7 Employment status

Figure 7 shows that unemployed respondents had the highest percentages across the groups ("Methadone treatment": 48.0%, "Current drug users" group: 61.0%, "Recovered" group: 35.5%). The employed persons with the status of full-time/part-time/casual labor account for the most in the group of "Recovered" (52.2%). For the retired persons, the "Methadone treatment" group accounted for the most (20.0%) as compared with the counterparts.

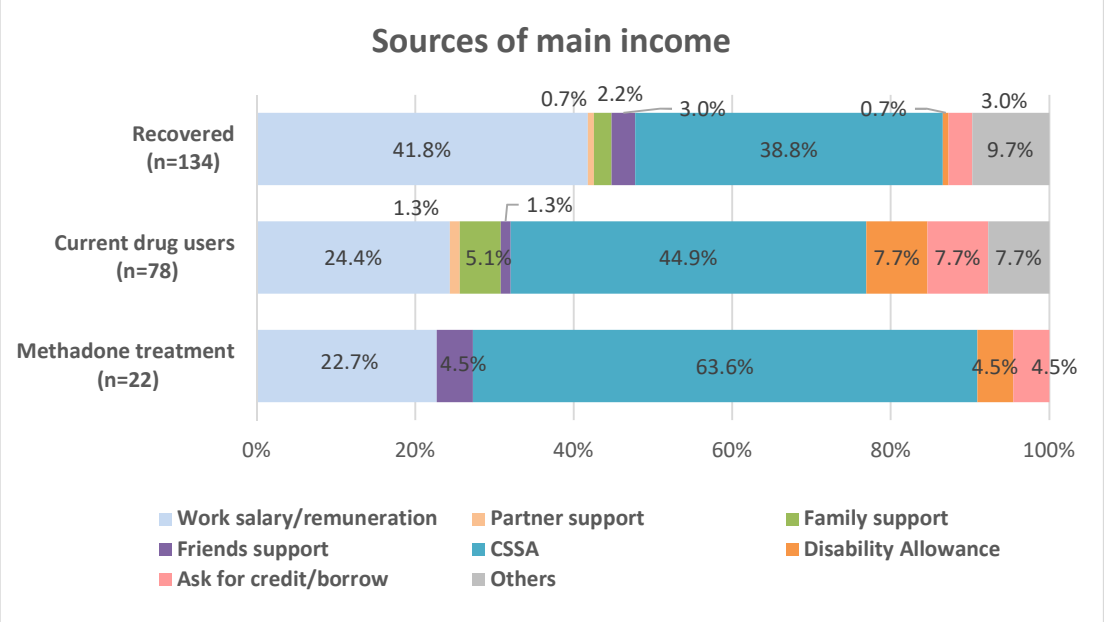
Figure 7 Employment status



3.2.8 Sources of main income

Regarding the source of main income, the groups of "Current drug users" and "Methadone treatment" had a higher percentage of income from Comprehensive Social Security Assistance (CSSA), they were 44.9% and 63.6% respectively. For the respondents of the "Recovered" group, the highest share of main source of income was from work salary/remuneration, accounting for 41.8% (Figure 8). This might suggest that the larger proportions of individuals of the "Recovered" group have successfully reintegrated into the workforce compared with the counterparts who might be facing challenges and difficulties in returning to the labour market.

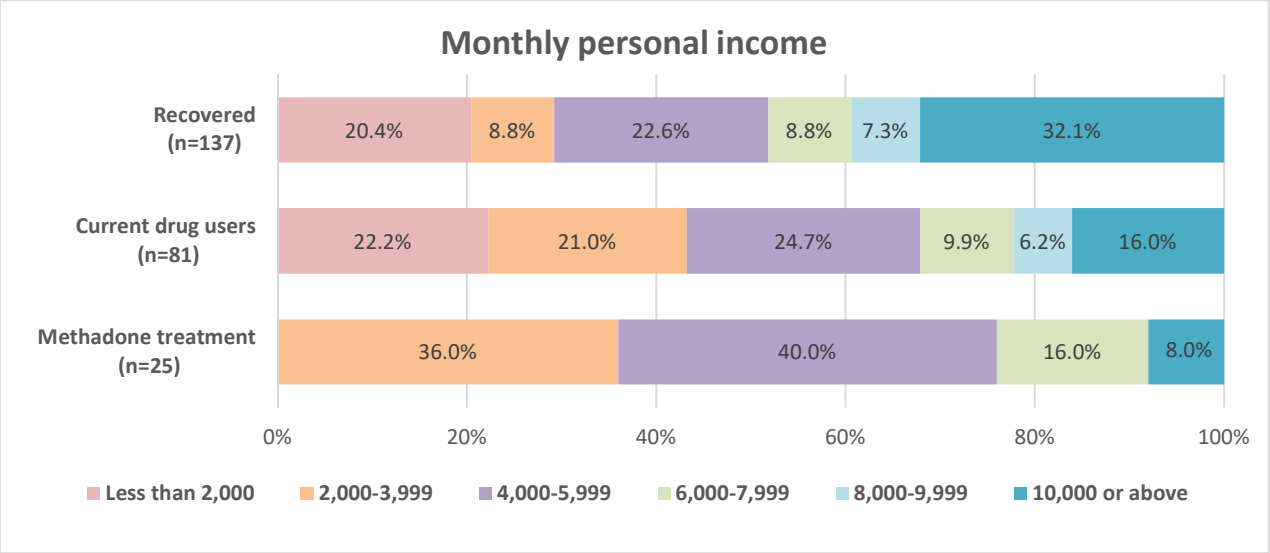
Figure 8 Sources of main income



3.2.9 Monthly personal income

Figure 9 shows that respondents of the "Current drug users" and the "Methadone treatment" generally had a lower percentage of income with $6,000 or above (32.1% and 24.0% respectively) than the "Recovered" group (48.2%). Conversely, the groups of "Current drug users" and "Methadone treatment" had relatively more respondents who had monthly income ranging from $2,000-$5,999 (45.7% and 76.0% respectively).

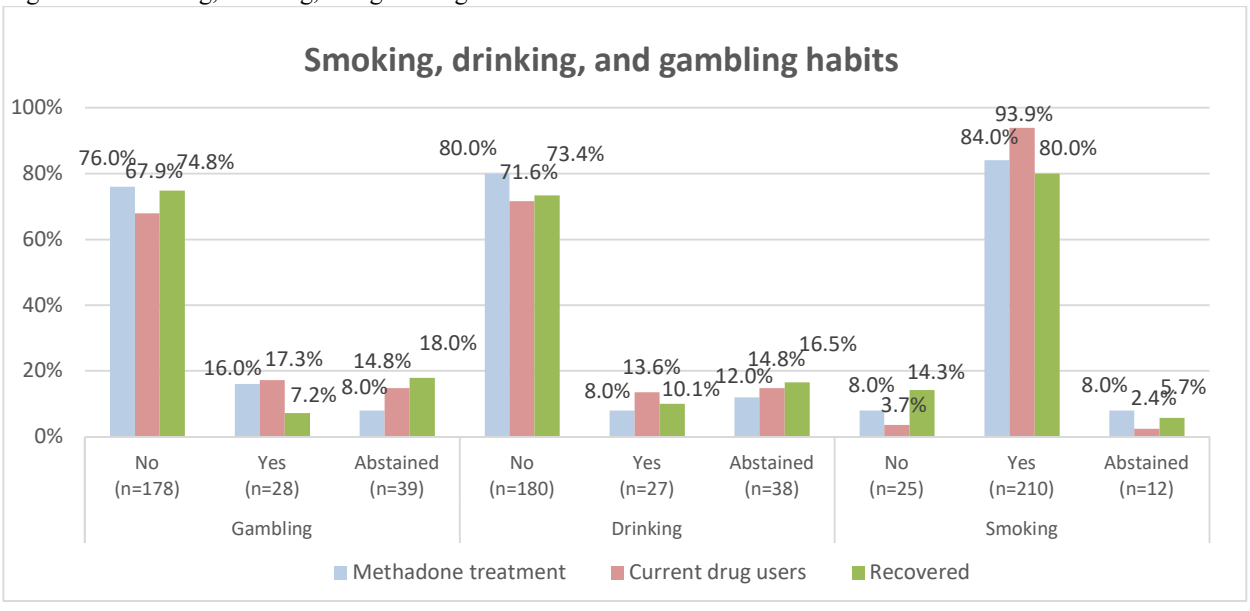
Figure 9 Monthly personal income



3.2.10 Smoking, drinking, and gambling habits

Figure 10 shows that more than three-fourths of each group currently had a smoking habit, and the "Current drug users" group was the highest among all groups ("Recovered" group: 80.0%; "Current drug users" group:93.9%; "Methadone treatment" group: 84.0%). For the drinking and gambling habits, there were more respondents of the "Current drug users" groups who claimed to have such habits than the counterparts.

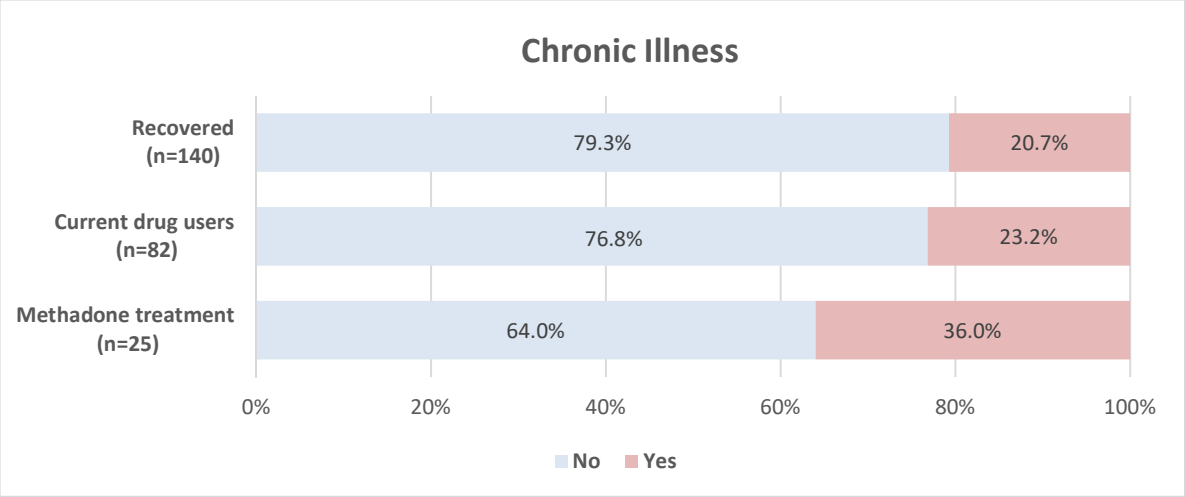
Figure 10 Smoking, drinking, and gambling habits



3.2.11 Chronic illness

In this study, over one-fifth of the respondents across all groups reported they had a diagnosed chronic illness (Figure 11). The respondents of "Methadone treatment" had a relatively higher proportion than their counterparts.

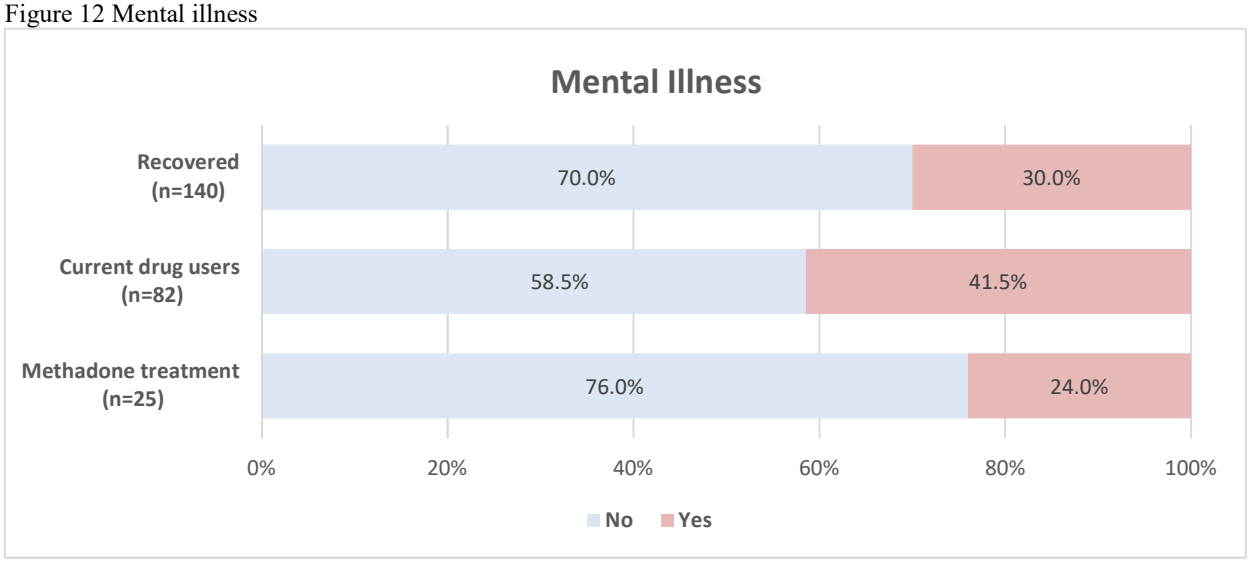
Figure 11 Chronic illness



3.2.12 Mental illness

A diagnosed mental health condition was found in 41.5% of the group of "Current drug users" (Figure 12). Also, 30% and 24% of respondents from the groups "Recovered" and "Methadone treatment" reported they had a diagnosed mental health condition.

Figure 12 Mental illness



3.2.13 Type of mental illness

Among the diagnosed mental health conditions that the respondents reported in this study, depression, schizophrenia and hallucination emerged as the top three problems (Table 2). Depression was the most common in the groups of "Methadone treatment" and "Recovered", while Schizophrenia was common in the group of "Current drug users".

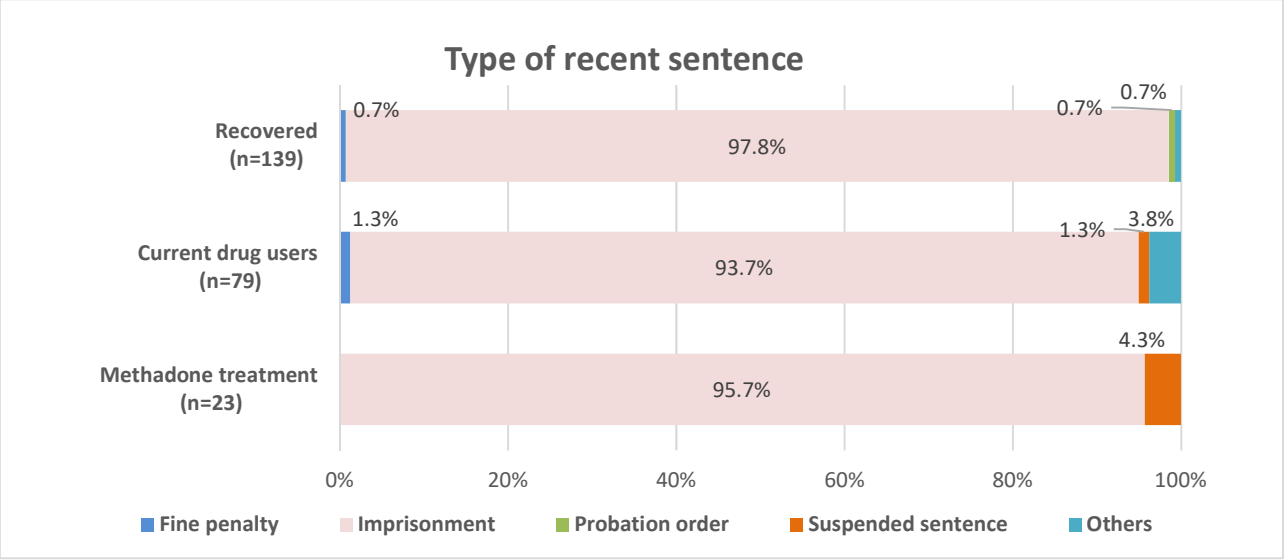
Table 2 Type of mental illness

Top 3	Methadone treatment (n=6)	Current drug users (n=34)	Recovered (n=42)
1	Depression (50%)	Schizophrenia (26.5%)	Depression (42.9%)
2	Schizophrenia (33.3%)	Depression (14.6%)	Schizophrenia (4.8%)
3	Hallucination (16.7%)	Hallucination (5.9%)	Anxiety Disorders (4.8%)

3.2.14 Recent sentence

Regarding the type of penalties the respondents received, more than 90% of each group currently had recently received incarceration ("Recovered" group: 97.8%; "Current drug users" group: 93.7%; "Methadone treatment" group: 95.7%).

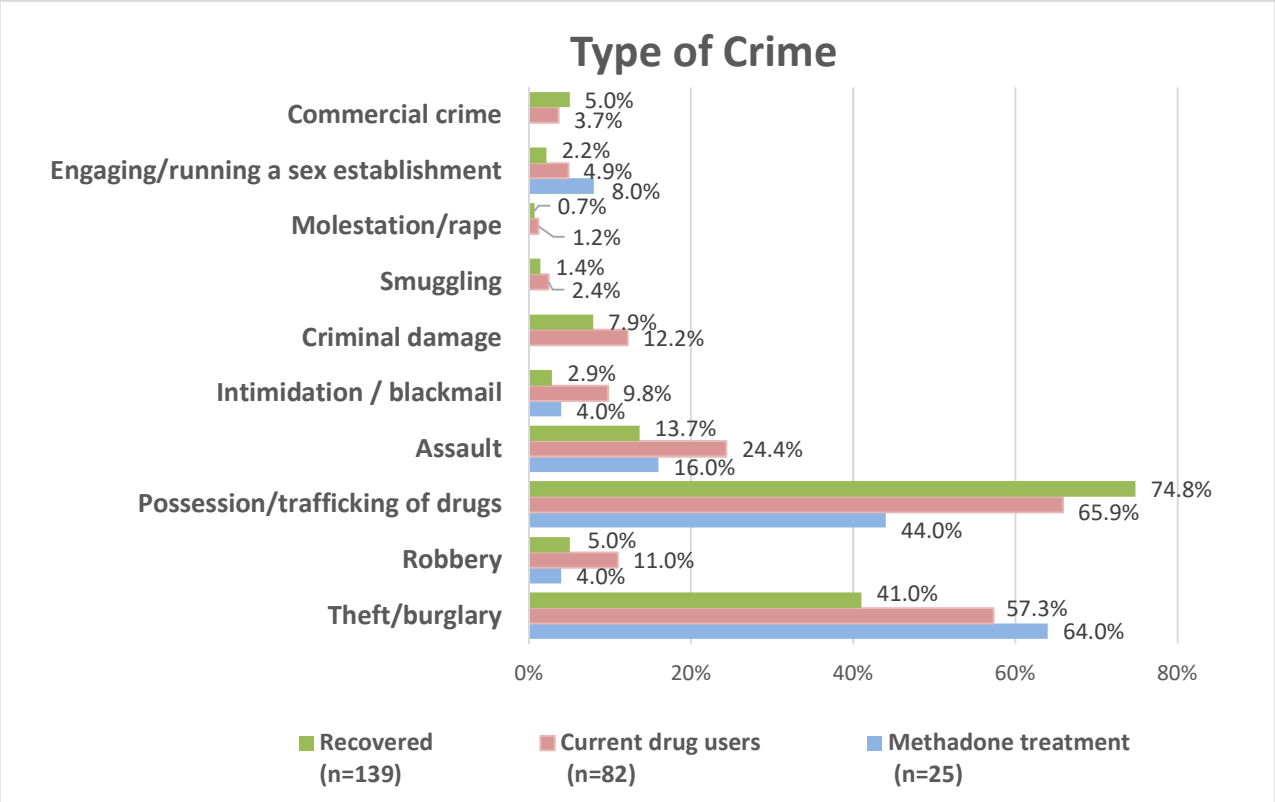
Figure 13 Type of recent sentence



3.2.15 Type of crime

In general, most of the respondents of the "Recovered" and "Current drug users" groups had been convicted of possession/trafficking of drugs, they were 74.8% and 65.9% respectively; while theft/burglary is the second most common crime they committed, they were 41.0% and 57.3%. For the "Methadone treatment" group, most of them had been convicted of theft/burglary (64.0%), followed by the possession/trafficking of drugs (44.0%).

Figure 14 Type of crime



3.3 Substance using habits

3.3.1 Age of first drug-taking and duration of drug-taking

When asked about their drug-taking experience, 43.4% of the respondents had first taken drugs when they were between the age of 16 and 20, while 26.2% of them between the age of 5 to 15. Overall, their age of first drug-taking ranged from 5 to 48 with an average age of 19.8. In general, the average duration of drug taking was 221.1 months (ranged from 1 to 600 months). The duration of drug taking varied among the groups, "Methadone group" was an average of 321.6 months (ranged from 12 to 600 months), the "Current drug users" group was an average of 265.1 months (ranged from 12 to 540 months), the "Recovered" group was an average of 177.7 months (ranged from 1 to 552 months)

3.3.2 Types of drugs taken within the past 30 days

Within the past 30 days, Ice (methamphetamine) (52.4%), heroin (37.8%), and blue gremlin (midazolam) (23.2%) were the top three types of drugs the current drug users reported they would sometimes and often like to take (Table 3). Ice (methamphetamine) and heroin were the most common hard drugs they had often taken, while blue gremlin (midazolam) and riazolam were the most common soft drugs they had often taken.

Table 3 Type of drugs taken within the past 30 days

Within the past 30 days (n=82)	Yes	Sometimes	Often
Ice (Crystal methamphetamine)	52.4%	69.8%	30.2%
Heroin	37.8%	67.7%	32.3%
Blue gremlin (Midazolam)	23.2%	68.4%	31.6%
Triazolam	12.2%	60.0%	40.0%
Cocaine	11.0%	77.8%	22.2%
Cannabis/Marijuana	8.5%	85.7%	14.3%
Cough medicine/Codeine	8.5%	71.4%	28.6%

Ketamine	7.3%	66.7%	33.3%
Nimetazepam	3.7%	66.7%	33.3%
Methaqualone	3.7%	33.3%	66.7%
Ecstasy (Methylenedioxy methamphetamine)	2.4%	100.0%	0.0%
Organic solvents (Thinner)	2.4%	50.0%	50.0%

3.3.3 Types of drugs taken outside the past 30 days

Table 4 shows the types of drugs had been taken in all the groups outside the past 30 days. For the "Methadone treatment" group, heroin (92.0%) was the most common drug they had ever taken, followed by Blue gremlin (midazolam) (40.0%) and Ice (methamphetamine) (32.0%). Similarly, heroin (52.5%), Ice (methamphetamine) (46.3%), and Blue gremlin (midazolam) (27.5%) were the top three types of drugs the "Current drug users" group had ever taken outside the past 30 days. For the "Recovered" group, Ice (methamphetamine) (49.3%) was the most common drug they had ever taken, followed by Cannabis(27.7%) and Heroin (27.7%).

Table 4 Type of drugs taken outside the past 30 days

Outside the past 30 days	Methadone treatment (n=25)	Current drug user (n=80)	Recovered (n=137)
Cannabis/Marijuana	12.0%	23.8%	27.7%
Heroin	92.0%	52.5%	27.7%
Ecstasy (Methylenedioxy methamphetamine)	0.0%	12.5%	19.0%
Ketamine	4.0%	17.5%	21.9%
Ice (Crystal methamphetamine)	32.0%	46.3%	49.3%
Methaqualone	0.0%	6.3%	4.4%
Nimetazepam	0.0%	10.0%	7.3%
Blue gremlin (Midazolam)	40.0%	27.5%	13.9%
Triazolam	12.0%	18.8%	8.8%
Cocaine	16.0%	17.5%	27.5%

Cough medicine/Codeine	4.0%	17.5%	8.0%
Organic solvents (Thinner)	0.0%	5.0%	0.7%
Others	4.3%	2.5%	2.4%

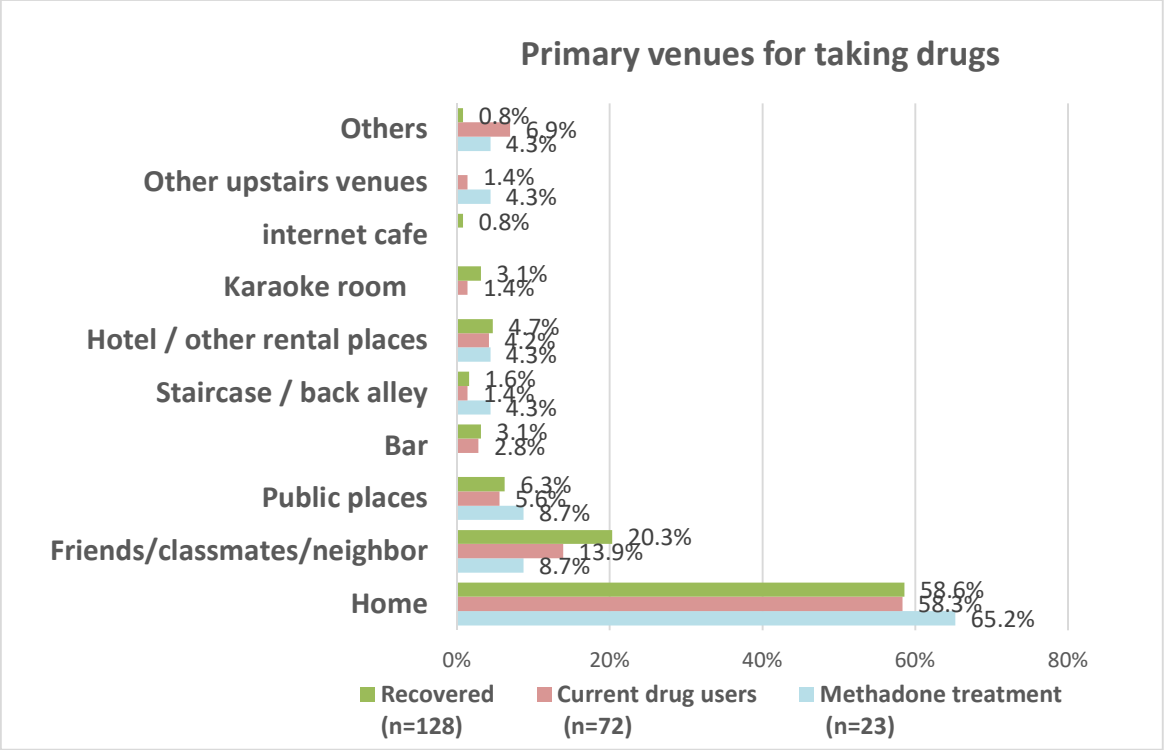
3.3.4 Primary venues for taking drugs

Excluding the "other" places, the top three venues for taking drugs in all the groups were the same (Figure 15). They were taking drugs at "home" ("Methadone treatment" :65.2%; "Current drug users": 58.3%; "Recovered": 58.6%), at "friend's/schoolmate's/ neighbour's home" ("Methadone treatment" :8.7%; "Current drug users": 13.9%; "Recovered": 20.3%), and at "Public places" ("Methadone treatment" :8.7%; "Current drug users": 5.6%; "Recovered": 6.3%). Among the interviews, 15 interviewees mentioned they used to take drugs at home. The interviews reflected that they would choose not to drug taking in an open environment, but in their homes or places not visited by others.

"We used it only at a friend's home, because I'm afraid of meeting the police on the street." I32 said.

" I would prepare the drugs enough for me to take around 1 to 2 weeks at home." I20 mentioned.

Figure 15 Primary venues for taking drugs



3.3.5 Secondary venues for taking drugs

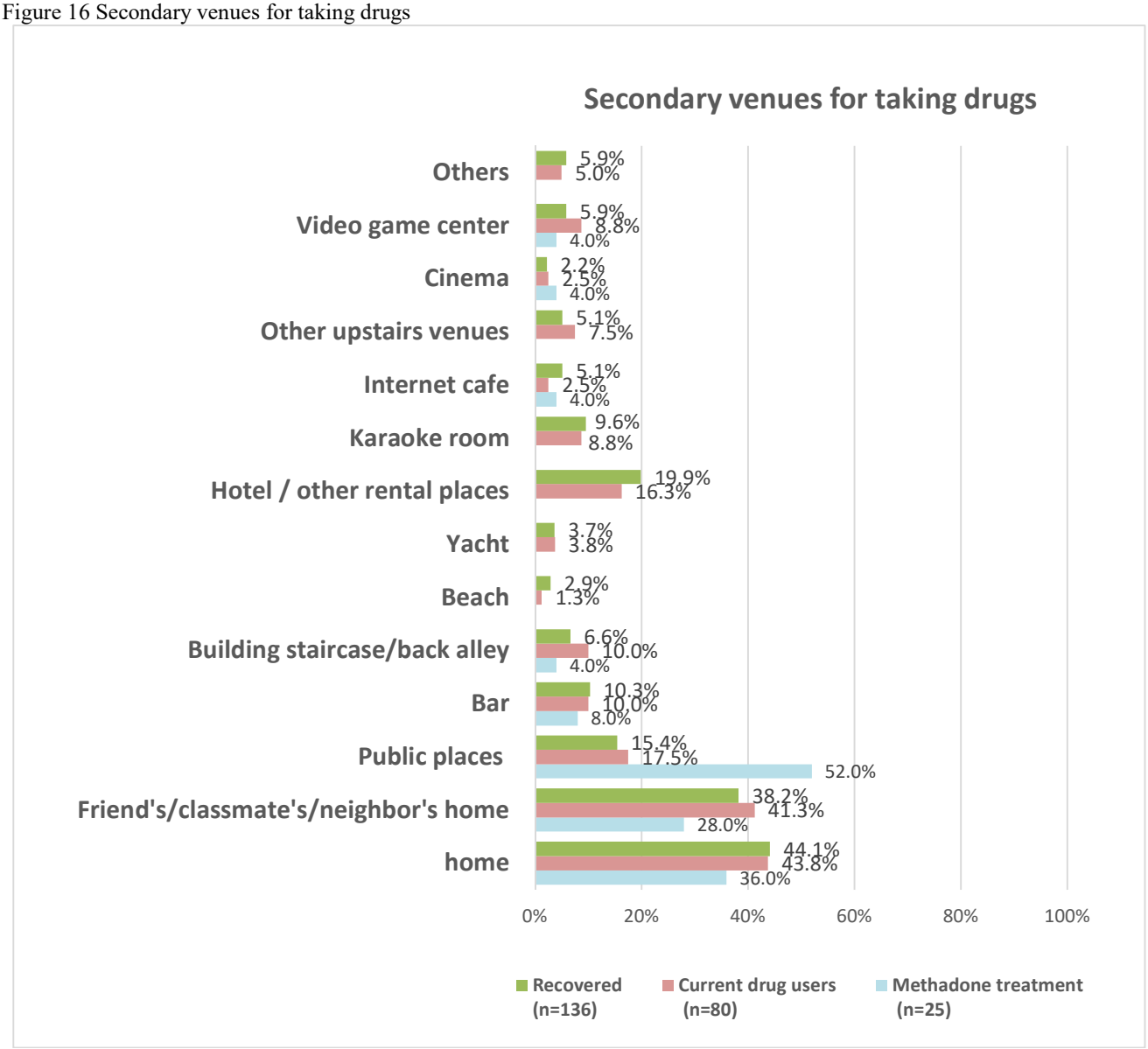
For the secondary venues taking drugs, there were more respondents of "Recovered" and "Current drug users" groups who claimed to have taken drugs at "home (44.1% and 43.8% respectively) and at "friend's/schoolmate's/ neighbour's home" (38.2% and 41.3% respectively). For "Methadone treatment" group, there were more respondents who reported taking drugs in "public places" (52.0%) and at "home" (36.0%) (Figure 16). The interviews showed that the interviewees were likely to take drugs in private places (e.g. at home or friends' home). Even if in public places, they would choose the areas easily to hide and cover-up (e.g. public toilet).

> *"I used to take drugs at my girlfriend's home, because I cannot do that at my home." I139 said.*

"Except at home, I brought along the drug all the time to take it anywhere, such as public toilets" I18 recalled.

"I used to take drugs at home. Sometimes, I also tried to take drugs with friends in the hidden areas near home or in the street." I12 recalled.

Figure 16 Secondary venues for taking drugs



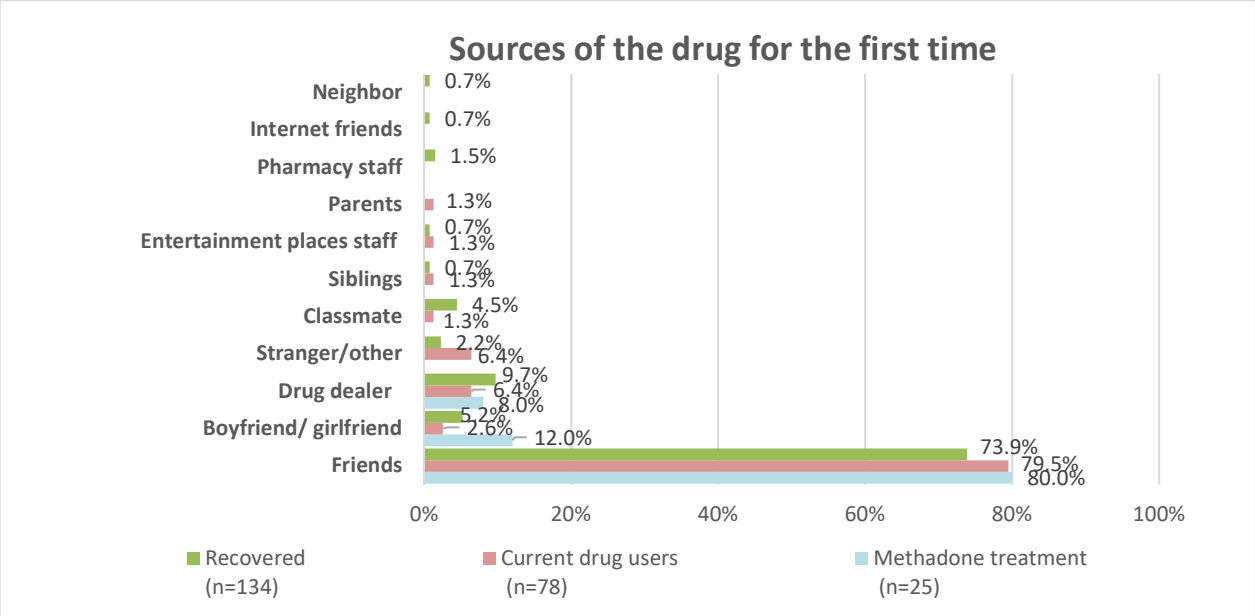
3.3.6 Sources of the drug for the first time

In this survey, "friends" were reported as the most common supplier of drugs for all groups ("Methadone treatment":80.0%; "Current drug users": 79.5%; "Recovered": 73.9%). More respondents of the "Methadone treatment" and "Recovered" groups claimed that drugs were supplied by their "boyfriend/ girlfriend" (12.0% and 5.2% respectively) and "drug dealer" (8.0% and 9.7% respectively). For the group of "Current drug users", more respondents reported that their source of drugs was from "drug dealer" (6.4%) and "stranger/others" (6.4%). Being able to access substances is believed to be an important risk factor for substance use behavior. The interviews had shown the prevalence of substance use behaviours in individuals who had substance users in their social environment. Among the interviews, 16 interviewees mentioned they used to get the drugs from their friends.

> *"I don't know where to get the drugs, but my friends opened up the source of drugs for me. I began to use the drugs because I could get it from my friends." I36 said.*

> *"My friends would usually help to get the drugs for me. I seldom got the drugs from the drug dealers directly." I08 said.*

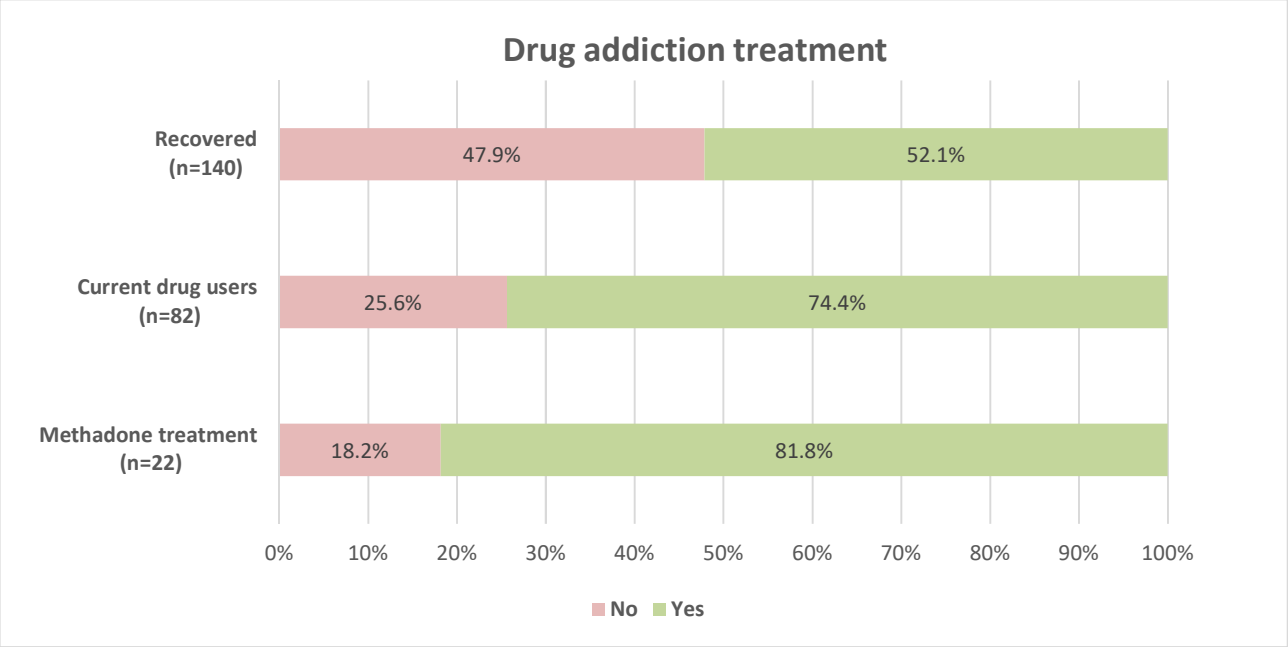
Figure 17 Sources of the drug for the first time



3.3.7 Drug addiction treatment

The "Methadone treatment" group had a relatively higher percentage of respondents (81.8%) who reported receiving the "drug addiction treatment" before than the "Current drug users" and "Recovered" groups (74.4% and 52.1% respectively) (Figure 18).

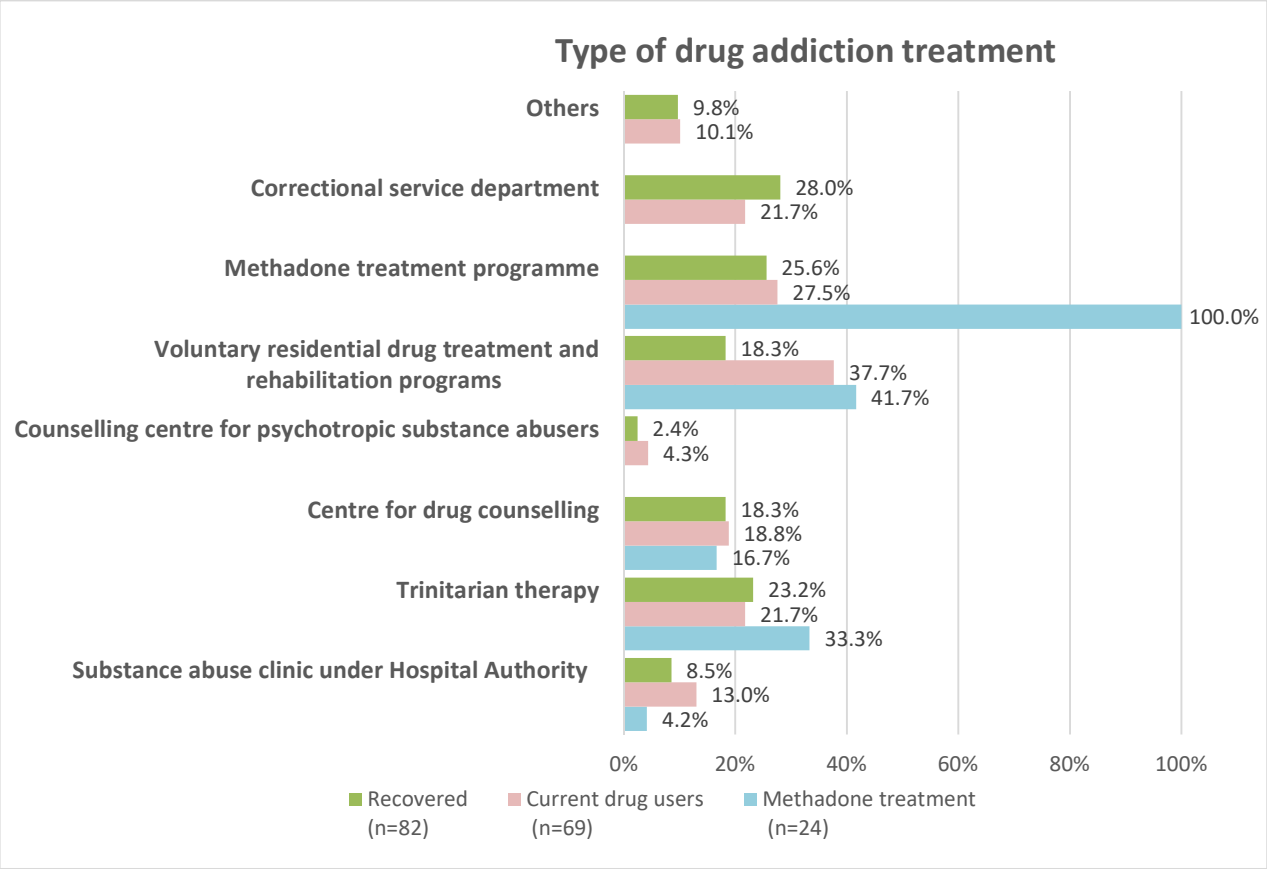
Figure 18 Drug addiction treatment



3.3.8 Types of drug treatment

Among those who receiving the "drug addiction treatment", all of the "Methadone treatment" group received help from "methadone treatment programme" (100.0%), followed by "voluntary residential drug treatment and rehabilitation programs" (41.7%) and "Trinitarian therapy" (33.3%). For the group of "Current drug user", most of them received help from "voluntary residential drug treatment and rehabilitation programs" ("37.7%), followed by "methadone treatment programme" (27.5%), "trinitarian therapy"(21.7%) and "correctional service department" (21.7%). For the "Recovered" group, most of them received help from the "correctional service department" (28.0%), followed by "methadone treatment programme" (25.6%) and "trinitarian therapy"(23.2%).

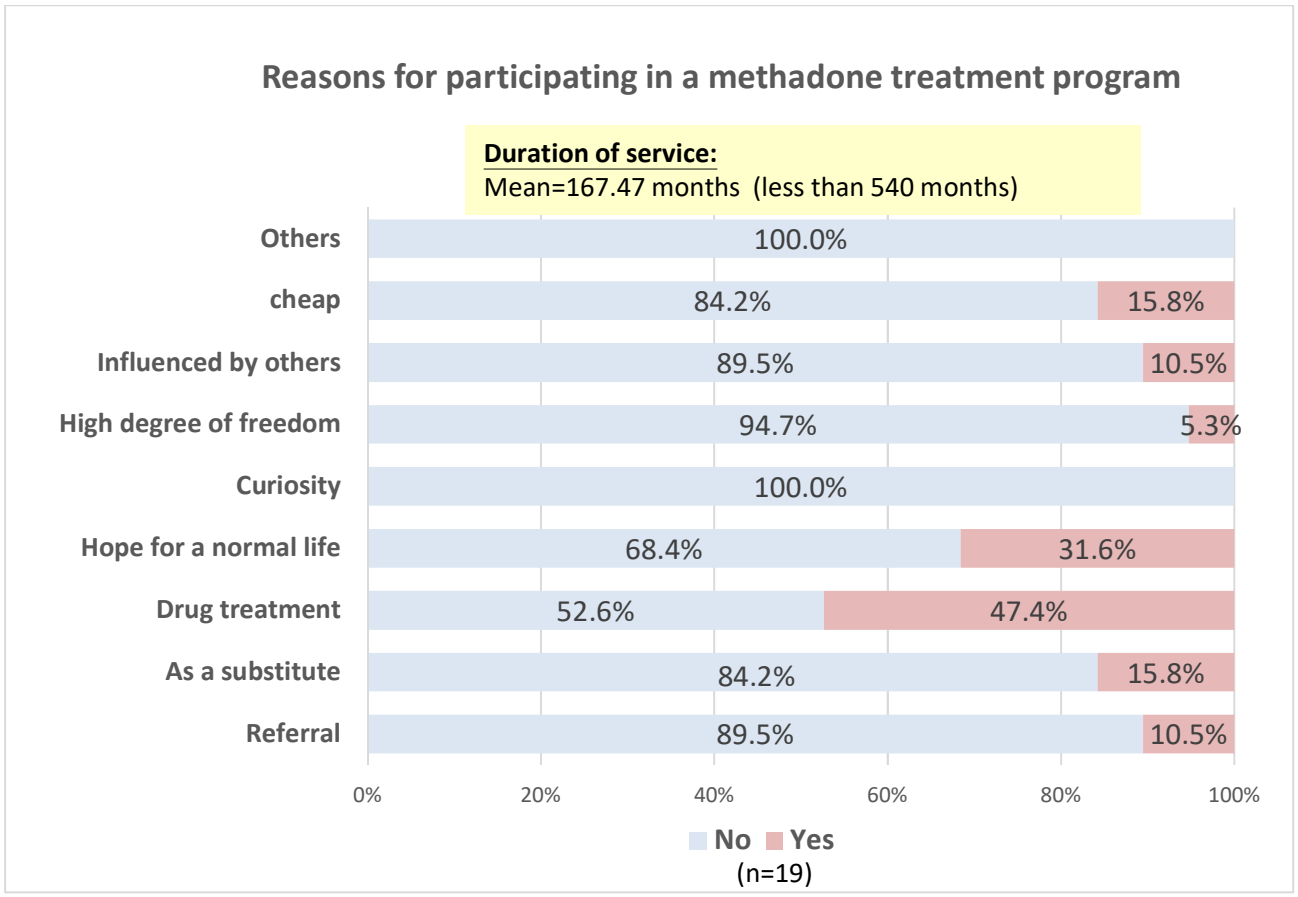
Figure 19 Type of drug treatment



3.3.9 Reasons for participating in a methadone treatment program

Among those who participated in a methadone treatment program, the three most common reasons were “drug treatment” (47.0%), “hope for a normal life” (31.6%), “as a substitute for addictive drugs” (15.8%) and “methadone is less expensive” (15.8%) (Figure 20). In general, the length of time they joined the methadone treatment program was less than 540 months with an average of 167.47 months (SD=169.63).

Figure 20 Reasons for participating in a methadone treatment program



Chapter 4 Risk and protective factors

4.1 Risk and protective factors

4.1.1 Reasons for first drug abuse

The purpose of this study was to delve into the root causes of individuals' initial drug usage. Our findings illuminated that nearly half of the respondents pointed to curiosity as the primary motivator for their initial drug use. Specifically, 58.3% of individuals in the "methadone treatment" group, 45.2% in the "current drug user" group, and 45.8% in the "recovered" group attributed their first drug abuse to curiosity (Figure 21). An interviewee (I33) mentioned their thought when their first encounter to drugs during the interview,

> *"At that time, I was curious, you know, curious about what effects it had, what kind of help it could offer, and what problems might arise. So, I wanted to understand more, and that's why I decided to give it a try."*

Similar sentiments were echoed by various respondents, suggesting that curiosity played a significant role in their early drug use, often underestimating the potential influence and side effects of drug abuse.

Following curiosity, peer influence emerged as the second most prevalent factor in their inaugural drug use. About 28.9% of the respondents identified peers as significant influencers in their first drug use, with varying percentages in the "methadone treatment" (12.5%), "current drug user" (31.5%), and "recovered" (30.5%) groups. An interviewee (I31) reported his first drug abuse that was influenced by his friends,

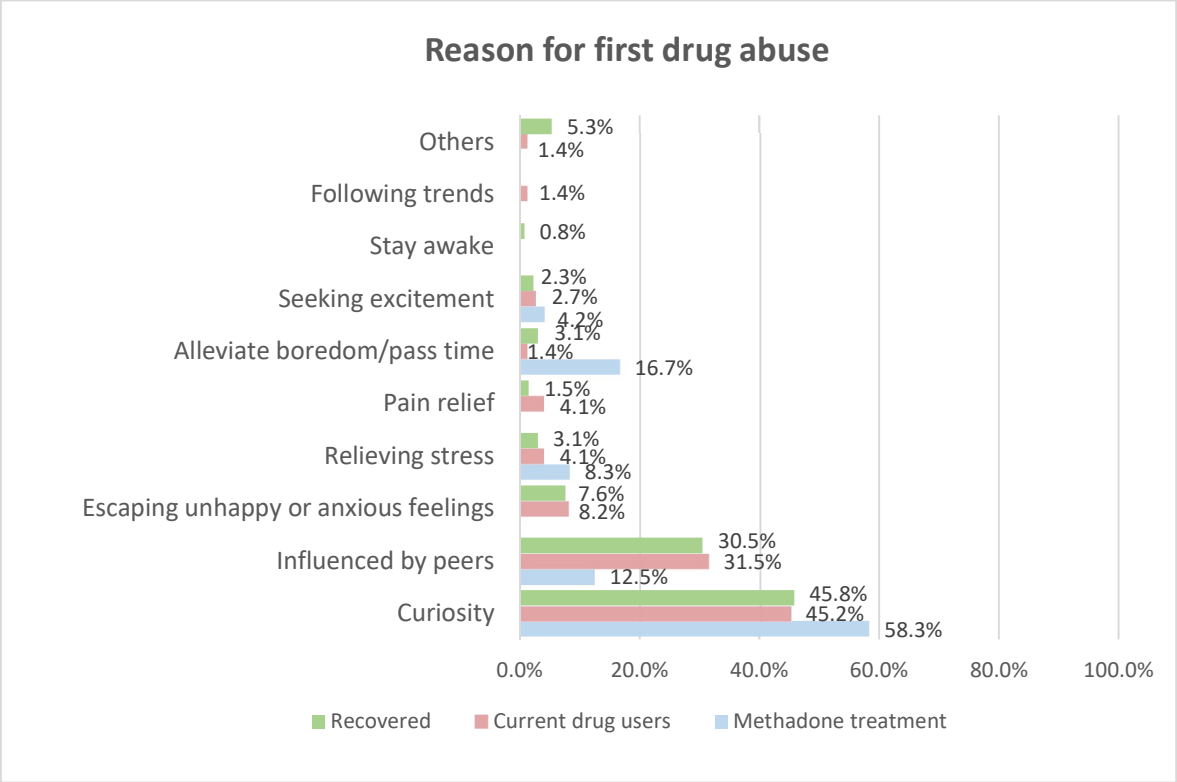
"When I was very young, we used to take drugs at discos. It's like a group activity, going together to use drugs. Drugs and new friends. Trying out drugs when you're young, around eighteen or nineteen years old. It's like birds of a feather flock together, meaning you hang out with people who are into the same things, and they influence you, and you end up influencing yourself."

These results underscore the significant role peers play in influencing an individual's first encounter with drugs. Notably, it is important to acknowledge that this factor is not limited to friends; some respondents reported that their first source of drugs was their relatives or spouses, broadening the spectrum of influences in initiating drug use.

Moreover, while none of the respondents in the "methadone treatment" group indicated escaping unhappy or anxious feelings as the primary cause of their initial drug use, it stood out as the third most common reason overall. Approximately 8.2% of the "current drug user" group and 7.6% of the "recovered" group reported this as a contributing factor.

Although no statistically significant association was observed among the groups regarding the reasons for their first drug use, it is noteworthy that 16.7% of the "methadone treatment" respondents cited alleviating boredom and passing time as the motivation for their first drug abuse. In contrast, only 1.4% and 3.1% of the respondents from the "current drug user" group and "recovered" group, respectively, selected this reason.

Figure 21 Reasons for first drug abuse



4.1.2 Reason for continuing drug abuse

In addition to examining the initial reasons behind individuals' drug usage, their ongoing reasons were also assessed. Strikingly, the motivations for continued drug abuse differed significantly from the reasons for their first drug use.

Among the respondents in the "methadone treatment" group, almost half of them cited alleviating boredom as a primary factor for their continued drug abuse. Additionally, 16% of the individuals from this group noted that peer influence and stress relief were influential in their persistent drug usage (Figure 22). An interviewee from this group (I03) conveyed his reasons for continuing drug use, shedding light on the multifaceted nature of their drug abuse issues. He stated,

> *"I had too much free time, and the other reason was that I had contact with those people who were using drugs. It was both because of having too much time and life being boring."*

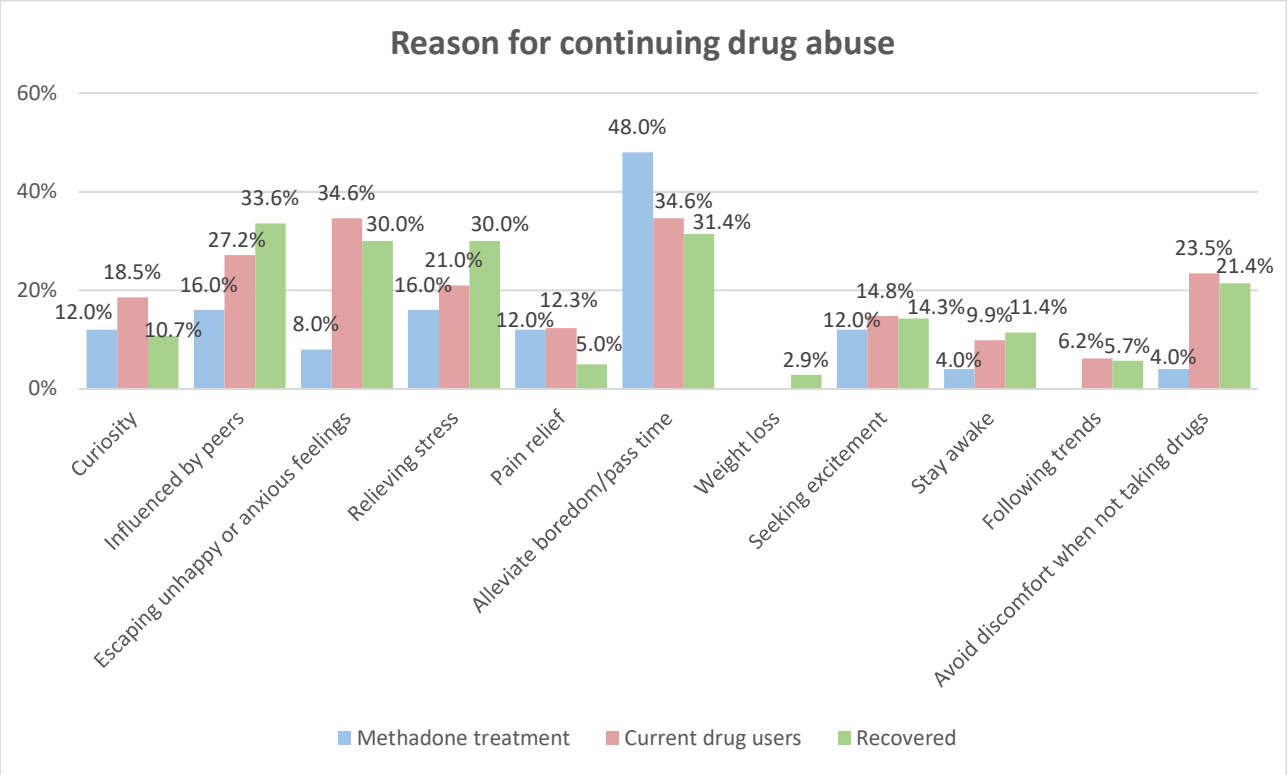
In addition, respondents from the “current drug users” group emphasized alleviating boredom (34.6%) and escaping unhappy or anxious feelings (34.6%) as the top reasons for their sustained drug-taking behaviors, with peer influence ranking as the second most prominent factor (27.2%).

For those in the “recovered” group, the chief reason for their ongoing drug abuse was peer influence (33.6%), followed by 31.4% of them choosing to alleviate boredom as their motivation. An interviewee from the “recovered” group (I15) conveyed his perspective on how peers act as significant influencers driving continuous drug use, stating,

> *“It (my experience with drug abuse) was with my school friends… If I don't use it, it's like I was not really participating in the group activity, so it's hard to resist. Of course, there are some who can discreetly choose not to use it, but they're the minority… It really depends on the kind of friends you have. If you meet up with school friends (good friends), it's fine, but if you meet up with just one bad influence is enough to be in serious trouble. Friends have the biggest influence.”*

Notably, a significant disparity was observed among the groups in terms of selecting escaping unhappy or anxious feelings as the reason for continued drug abuse. While 34.6% and 30.0% of respondents from the “current drug user” and “recovered” groups respectively identified this as their motivation for persisting in drug abuse, only 8% of those in the “methadone treatment” group attributed their continued drug use to this factor.

Figure 22 Reasons for continuing drug abuse



During the interviews, respondents expressed varying attitudes toward drug abuse, and these perspectives significantly influenced their risk of continued drug use. Some interviewees (I14) demonstrated a clear understanding of the detrimental effects of drugs on their lives,

> *"Drugs are truly a terrible thing. I've been using it for about two decades, but now my body won't even allow me to take (drugs) … I can't take it anymore because my ears and brain have been damaged, causing auditory hallucinations. It's so frightening that I'm scared to take drugs anymore."*

However, contrasting attitudes were also expressed by some interviewees (I32), who viewed drug abuse more neutrally,

> *"Ice (Methamphetamine) doesn't necessarily have a uniform effect on everyone's body. Some individuals might be more sensitive to the drugs, and they may experience heightened reactions*

like paranoia or hallucinations, while others might not. ... If you find the experience exciting and colorful, then it might not seem bad to you… When you use it, it can make you feel a bit excited, and that's okay. It helps reduce some worries and adds a bit of enjoyment to life. ... The term 'drugs' is what the government labels them as. ... Don't tell me to quit drugs; let me continue using... If using a little can enhance your mood and strengthen the bond between couples, then why not give it a try? It's not harmful, right?"

The contrasting perceptions of drugs among individuals significantly influenced their motivation to either quit drug abuse or continue using them. The divergent viewpoints emphasize the critical role that individual attitudes and beliefs play in shaping their relationship with drugs and their ultimate choices regarding drug use and recovery.

4.1.3 Reasons for stopping drug abuse

In addition to investigating the risk factors associated with drug use, it is equally imperative to evaluate the protective factors that deter individuals from engaging in drug abuse. In this survey, there was a negative correlation between the scores of contemplation ladder and stimulant relapse risk ($r = -.308(238)$, p-value $<.001$). The individual with higher readiness to consider drug abuse cessation, their risk of relapse would be lower. The research sought to understand these protective aspects by inquiring about the reasons behind ceasing drug abuse among individuals in the "recovered" group.

Respondents from the "recovered" group were given the option to choose multiple reasons for discontinuing their drug abuse. A substantial majority (43.0%) cited concerns about the health impact of drug use as their primary reason for quitting (Figure 23). Following closely, 38.9% highlighted the adverse effects drug abuse had on their daily lives as a significant factor influencing their decision to stop. One interviewee (I19) shared his journey to recovery after a life-threatening situation with drug use,

"Taking (drugs) every day, just a few times here and there. Eventually, my body started experiencing issues. Drug use had blocked two of my three main arteries, and that was a

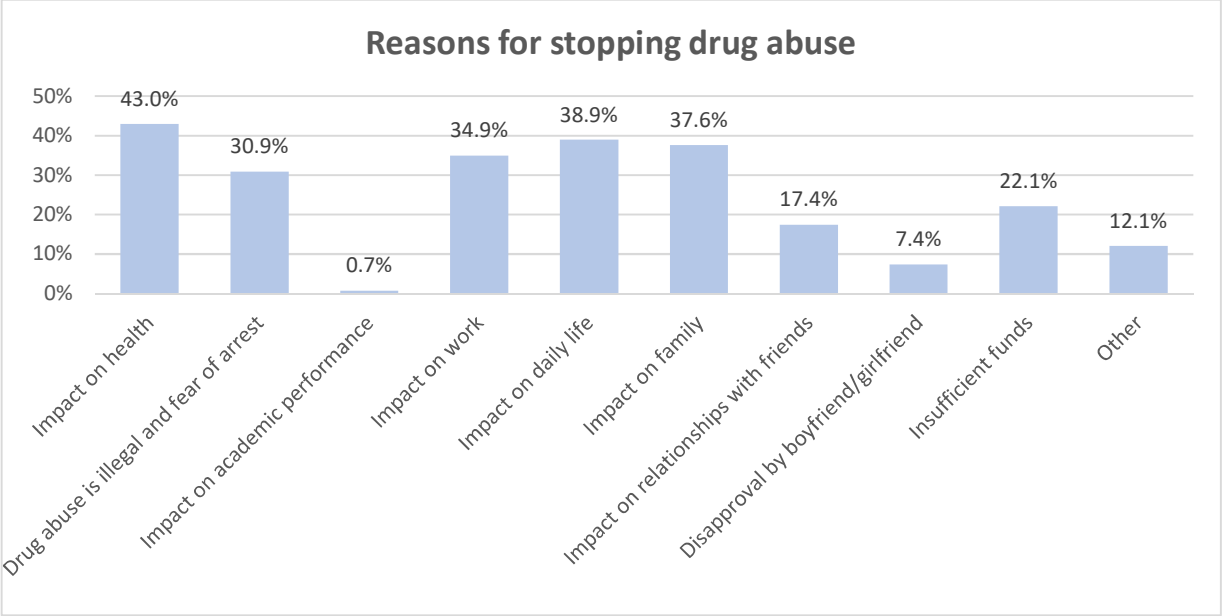
terrifying realization. After the surgery and reopening of my clogged heart arteries, I didn't dare to use it again."

Moreover, family support emerged as another pivotal determinant for ending their drug abuse, with 37.6% of respondents from the "recovered" group attributing their cessation to family-related considerations. One of the compelling motivations for interviewees (I18) to quit drugs was to regain the ability to take care of their family members. An interviewee articulated,

"I think one thing I really want to emphasize is, that it's for the future, for my children. I want to be there for my children. For me, it's different because I've been using it for more than a decade. Since it's so rare for me to genuinely want to quit, and I have the opportunity to reconnect with my children, I'm really scared for them. If I continue using and dragging myself down this path, they might end up being adopted by someone else because of my behavior. This time, I'm determined to change my behavior… If I have to mention one thing that's motivating me, it's to reconnect with my children."

These findings shed light on the multifaceted motivations that contribute to individuals successfully breaking free from the clutches of drug abuse.

Figure 23 Reasons for stopping drug abuse



4.2 Perceived social support

To mitigate the likelihood of drug abuse, providing adequate social support to individuals struggling with drug dependency is crucial. The research underscored the significance of evaluating perceived social support among drug users, revealing notable distinctions among the "methadone treatment" group, the "current drug users" group, and the "recovered" group ($F(2, 241) = 5.964$, $p = 0.003^{**}$) (Figure 24).

In a comprehensive comparison across all groups, respondents from the "recovered" group consistently reported the highest levels of received social support ($M = 4.50$, $SD = 1.04$) surpassing both the "methadone treatment" group ($M = 4.25$, $SD = 0.78$) and the "current drug users" group ($M = 4.01$, $SD = 1.04$). This disparity underscores the pivotal role of social support in the recovery journey and highlights the enhanced support experienced by those who have successfully overcome drug abuse.

Furthermore, an analysis of various forms of social support revealed a consistent pattern across all groups. Respondents indicated a higher level of support from their significant others ($M = 4.57$, $SD = 1.22$) in comparison to support from friends ($M = 4.35$, $SD = 1.15$) and family ($M = 4.02$, $SD = 1.39$). This pattern remained consistent across different groups in different types of social supports, shedding light on the influential role of close relationships in providing the necessary support structure for individuals battling drug abuse.

In addition to the quantitative results, some respondents highlighted how their social circles had dramatically shrunk after drug abuse. An interviewee from the "current drug users" group (I37) reported,

> *"My dad and mom have already returned to mainland China, and my brother lives in Australia. So, I don't have any means of contacting them. My younger brother, specifically, stated that he cut ties with me. He told me he has no intention of reconnecting in the future, regardless of whether I become successful or not. He even asked our dad and mom to change*

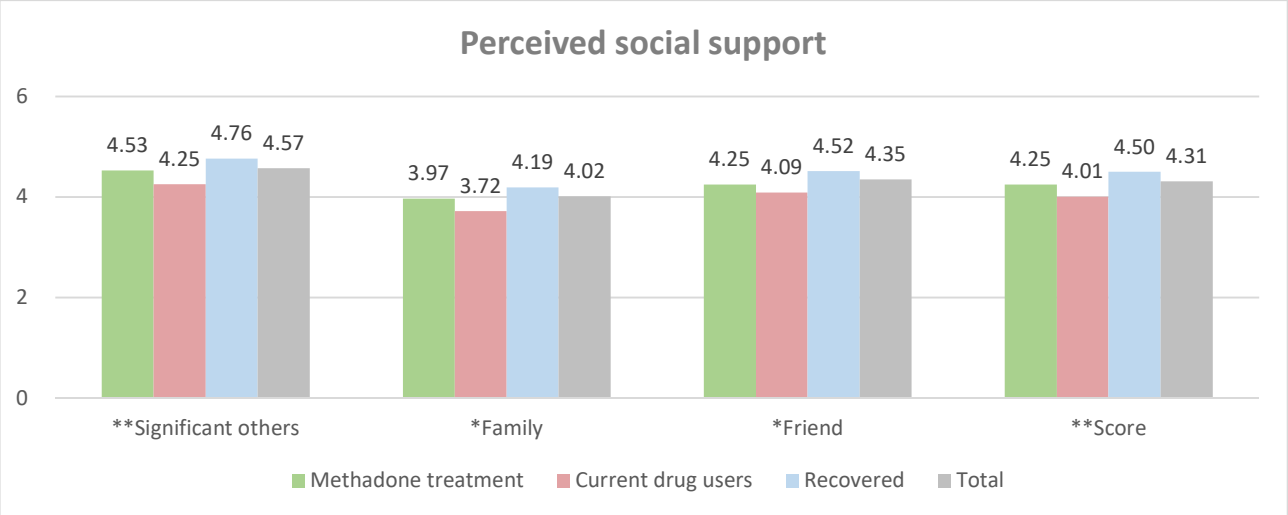
all their contact information. So, I haven't reached out to them for many years, and I haven't seen them in 3 or 4 years."

In this survey, there was a positive correlation between the perceived social support and well-being (r=496(222), p-value <0.01.). The individual's perceived with higher level of social support with family, friends, and significant others, they would have a better well-being. While changes in social circles were reported by multiple individuals, some of these changes positively impacted their well-being. Another interviewee (I12) mentioned that he was able to rebuild a healthier social circle while striving to distance himself from drugs,

"Indeed, some contacts (drug-abusing friends) have been blocked, and we no longer communicate… On the other hand, they (some other healthy friends) saw me going down a bad path, whenever they saw me like that, they would remind me. So, they've been very supportive."

The finding underscores the vital role of social support in the recovery journey from drug abuse, highlighting the distinct levels of support experienced by individuals in various stages of addiction and recovery.

Figure 24 Perceived social support



* p < 0.05: Statistically significant
** p < 0.01: Highly statistically significant
*** p < 0.001: Extremely statistically significant

4.3 PERMA Model

Drug-induced happiness is not sustainable, unlike the happiness that comes from building non-substance-related activities and skills (Stone, 2022). An evaluation of overall happiness and well-being utilizing the PERMA model provided valuable insights into positive emotions, engagement, positive relationships, meaning and accomplishment, as well as physical health and loneliness among individuals undergoing methadone treatment, current drug users, and those who have successfully recovered.

Remarkably, respondents from the "recovered" group displayed significantly higher scores in all categories (Figure 25). They obtained the highest score in the overall category (M = 5.60, SD = 1.68) of the PERMA model, indicating an elevated level of well-being across various dimensions. Furthermore, this group exhibited the lowest scores in negative emotions (M = 4.28, SD = 1.98) and loneliness (M = 4.79, SD = 2.74), underscoring their improved mental and emotional state compared to the other groups.

Conversely, respondents from the "current drug users" group fared the poorest in the overall category (M = 4.56, SD = 1.85), reflecting a lower level of overall well-being. Intriguingly, respondents from the "methadone treatment" group demonstrated the highest scores in negative emotion and loneliness when compared to the other groups indicating that they experience more negative emotions and loneliness, suggesting methadone treatment might have some association with those negative feelings.

As mentioned earlier, sustainable happiness in life necessitates engagement in non-substance-related activities and the acquisition of skills. Several respondents sought their happiness by attaining various goals to steer clear of drug abuse. One interviewee (I22) expressed the importance of caring for their parents in this pursuit,

> *"My dad has cancer and needs care at home. One thing that solidified my determination is not to disappoint my dad. He doesn't want to see me heading down the same path. He's gotten used to me staying at home and not going out, needing someone to take care of him, to keep him*

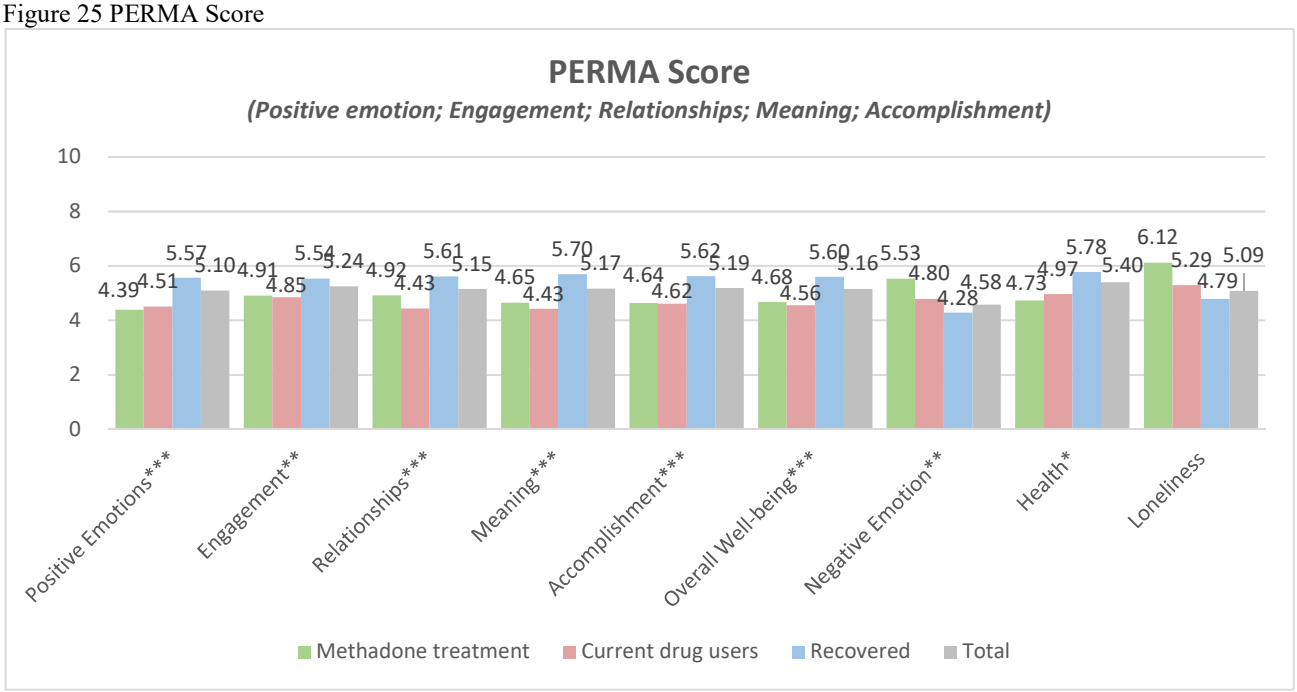
company for as long as possible, because time is running out. In addition, my mom just got discharged from the hospital, so family is crucial (to me).”

Another interviewee (I14) highlighted their positive experience by contributing to society,

“I have volunteered a few times here. I started doing it last year, and over the past two years, I've been doing it more. This year, I've been doing it more often...I'm much healthier and happier. Seeing all of you (social workers and other volunteers) is better than being at home staring at three walls and a bathroom.”

These findings strongly suggest that individuals in the “recovered” group were able to cultivate greater well-being in their lives, experiencing fewer negative emotions and reduced feelings of loneliness. This supports the argument that drugs, including methadone treatment, may not serve as effective substitutes for non-substance-related activities and skills, especially in the context of overall well-being and emotional state.

Figure 25 PERMA Score



* p < 0.05: Statistically significant
** p < 0.01: Highly statistically significant
*** p < 0.001: Extremely statistically significant

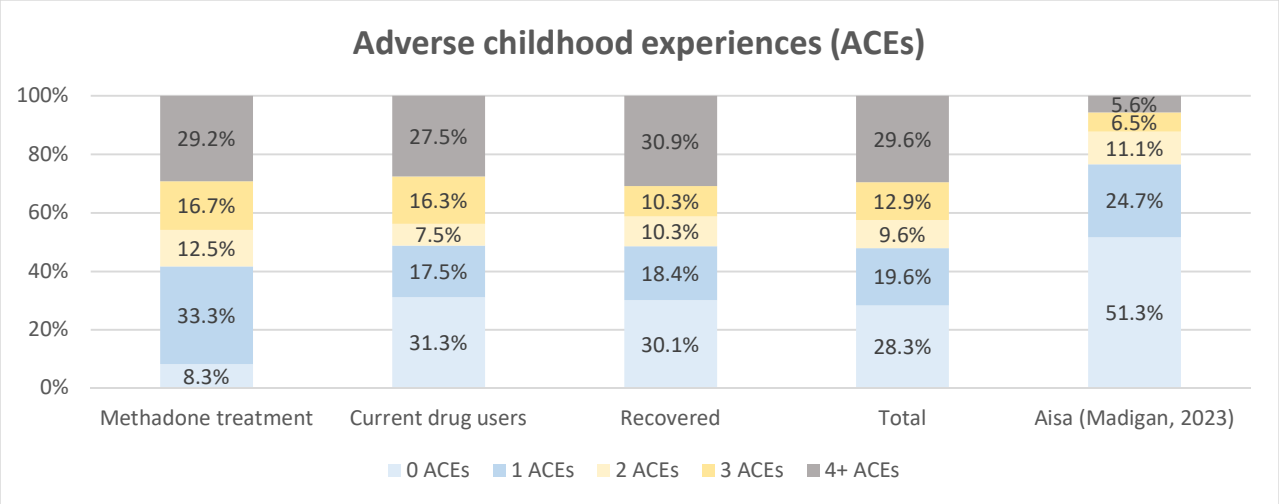
4.4 Adverse childhood experience

According to Brown and Shillington (2017), adverse childhood experiences (ACEs) can significantly predict youth substance use. Analyzing the differences between each population sheds light on the risk factors experienced by respondents in this study. Furthermore, insights were drawn from a meta-analysis conducted in the broader Asia region (Madigan et al., 2023) to provide comparative perspectives. The prevalence of ACEs varied among the three groups in this study, revealing significant disparities compared to the Asia region, as highlighted in the meta-analysis.

A substantial percentage of individuals in the "methadone treatment" (29.2%), "current drug users" (27.5%), and the "recovered" (30.9%) group reported experiencing four or more ACEs. Strikingly, these percentages were markedly higher than the Asia region's findings (5.6%) (Figure 26).

Conversely, when analyzing the absence of ACEs, a notable contrast emerged when comparing the drug users (or recovered drug users) to the broader Asia region. A lower percentage of individuals in the "methadone treatment" (8.3%), "current drug users" (31.3%), and "recovered" (30.1%) groups reported no adverse childhood experiences. Remarkably, this proportion was significantly lower than that of the Asia region (51.3%). This finding underscores a distinct difference in the prevalence of individuals with or without ACEs, suggesting a potential association between ACEs and the risk of drug abuse.

Figure 26 Adverse childhood experiences



Chapter 5 Difficulties encountered

5.1 Negative consequences of drug use

5.1.1 Crime offense

Drug use is associated with a heightened propensity for engaging in criminal activities. Nearly one-third of survey respondents in the methadone treatment group, one-fourth of current drug users, and one-fifth of those in the recovered group reported that they agreed with the statement "In order to use drugs, I am willing to engage in crimes" (Table 4). There are statistically significant differences in the willingness to engage in crimes because of drug use among the three different groups. The reasons for engaging in crimes due to the use of drugs were further examined through in-depth interviews.

Table 5 Willingness to engage in crimes in order to use drugs

In order to use drugs, I am willing to engage in crimes	Methadone treatment	Current Drug Users	Recovered	Overall
Disagree	48.0%	47.6%	68.6%	59.5%
Neutral	20.0%	28.0%	10.7%	17.4%
Agree	32.0%	24.4%	20.7%	23.1%

5.1.1.1 Drug-related offenses

According to Chapter 134 of The Dangerous Drug Ordinance, the act of possessing or engaging in the trafficking of a dangerous drug constitutes a violation of the laws enforced in Hong Kong. Among our survey respondents, nearly 70% have been convicted of drug possession and drug trafficking. 8 of the interview respondents mentioned that drug possession is an offense.

"Every time I went to jail, it was because of drug use," I38 said.

5.1.1.2 Economic factors

Drug addiction can lead to financial strain, as individuals may prioritize purchasing drugs over

meeting basic needs such as food, housing, or employment. This financial desperation can drive individuals to resort to criminal activities to sustain their addiction. A number of interviewees pointed out that being addicted made them thirst for more drugs and thus spend a lot of money. In order to afford the drugs, they could only engage in crimes to earn more money and buy the drugs.

"When you are addicted to heroin, you cannot focus on work. If you cannot focus on work, how can you earn money for purchasing drugs? You have no option, but to steal money" I11 mentioned.

"You have to commit a crime first to acquire money. I had to do a lot of illegal things, like stealing, fake documents, laundering money, etc. in order to get enough money to take drugs" I04 recalled.

"They (theft and drugs) are correlated in an indirect way. If I didn't take drug, I would have had money to buy food. If I had money to buy food, I would not have resorted to theft" I37 commented.

5.1.1.3 Drug-driven offenses

Drug use can lead to impaired judgment, diminished impulse control, and altered decision-making abilities, resulting in engagement in crimes. Seven of the interview respondents suggested that drugs influenced their judgment and control and drove them to commit crimes.

"Drug use can indeed lead to poor decision-making. After consuming drugs, the heightened state of excitement can impair judgment and lead to engaging in inappropriate behavior" I09 said.

"After consuming certain drugs, you often lose awareness of your surroundings and may engage in excessive behaviors. You might end up doing things that are illegal, without even realizing it yourself" I05 mentioned.

"Sometimes, suddenly, it seems as if my subconscious mind is being controlled by some external force, leading me to steal things as directed by it! So, I follow this impulse and engage in acts of theft. However, when I wake up, my consciousness suddenly returns, and I realize that I have been deceived into stealing other people's belongings" I17 recalled.

5.1.2 Health problems

Drug use is widely recognized as a causal factor for a diverse range of physical and mental health problems. Nineteen interviewees agreed that drug use would lead to adverse health effects. Among them, 15 interviewees mentioned physical health problems induced by drug use while 7 interviewees commented that drug use can cause mental health issues.

"I can't sleep, it's so frustrating. Plus, my body feels restless, agitated, and overheated. I can't fall asleep" I04 commented.

"After consuming drugs for so many years, my memory has deteriorated... I experience hallucinations, hearing a woman crying and a baby crying. I saw the animals hung around and I lost my temper. I broke everything.... It affects my emotions, and I'm influenced by it" I39 recalled.

The effects experienced from various drugs can differ significantly. Some interviewees pointed out the side effects of certain drugs they used before.

"The long-term effects of ice (methamphetamine) include psychosis, while with K (ketamine), the consequences are poor memory and frequent urination. There was a time when I experienced such frequent urination that I had to use urinary pads, and the doctor advised me

to start using a urinary catheter. That's why, at that time, I had to switch to using ice. So, I used ice to quit K. With ice, I don't have the constant urge to urinate anymore. However, it makes me feel sleepy" I27 said.

"Ice, indeed, has the most severe consequences. It sharpens one's temperament, and the harm it inflicts is the most severe" I14 commented.

5.1.3 Relationship and social problems

Drug use may lead to emotional or physical abuse, and result in straining relationships with friends, family, and romantic partners.

"Drugs can affect emotions. It makes me irritable…. Sometimes, conflicts arise with family members, resulting in arguments and throwing things in the house" I09 said.

"It affects emotions and interpersonal communication. Sometimes, when people say things, it's not directed at you specifically; it's just how they express themselves. The problem lies in how you interpret the information, which becomes distorted due to the influence of drugs. It creates a sense of hostility, and you struggle to perceive things accurately" I38 mentioned.

Criminal behaviours or behaviours associated with drug use also cause conflicts and trust issues between drug users and their friends and families.

"I have not contacted my friends anymore as I borrowed money from them, and they would distance themselves from me... Now, I don't contact my family either. They won't even answer my calls anymore. They have probably deleted my number already" I23 said.

"My son is currently attending University. We seldom talk to each other. My behaviours (destructive behaviours due to hallucinations) have frightened him" I39 shared.

Other than the impact on emotions causing relationship strains, drug users' self-stigma also hinders them from building relationships.

> *"I broke up with my girlfriend. She is such a good girl. I didn't want to burden her with my troubles" I24 recalled.*

> *"I have contacted my parents, but it is limited because I haven't made much progress yet. I want to find a job and secure a place to live before sharing good news with them. I have managed to secure a public housing unit now, so I will let them know that I have taken care of things on my own" I27 shared.*

> *"At that time, I didn't have the courage to go home. I had been away from home for so many years and my family could not reach me out. I was so bad and I didn't dare to face them. I decided to meet my brothers after I became a normal person. Therefore, I was all alone during that period" I08 said.*

Drug use leads to loss of relationships, which consequently contributes to over half of the survey respondents (55.5%) living alone. Additionally, around 30% of them have separated from/divorced with their partners, while nearly one-third remain single. Loneliness emerges as one of the predominant factors perpetuating drug use. It becomes a relentless cycle.

5.1.4 Work problems

Drug use can negatively impact on work performance. Regular drug use may result in poor occupational performance, absenteeism, decreased motivation, and an increased likelihood of dropping out of work or losing employment.

Among our survey respondents, there are 80 respondents who are aged below 65 and current drug users. Over 60% of them are unemployed while only 10% have full-time jobs (Table 5).

Table 6 Employment status of those aged below 65 and current drug users

Employment status	% (n=80)
Full-time	10.0
Part-time	8.8
Casual	10.0
Retired	6.3
Unemployed	62.5
Others	2.5

When asked about the side effects of drug use, a few interviewees mentioned drug use has a negative impact on their work performance.

"I had a job before. At that time, I also took drugs, which affected my work eventually. I didn't get enough sleep because of drug use and would lack the motivation to work the next day. It became a habit of being late and leaving early. Finally, I lost my job" I22 recalled.

"I was always late for work (because of failing to fall asleep)" I32 said.

"It should be around 40% of the time that I feel confused, so my mood at work is very unstable. Sometimes my judgment and interpersonal relationships are affected, and problems often arise" I38 mentioned.

5.1.5 Financial difficulties

Sustaining a drug habit can be costly, often leading to financial strain. Near one fourth of the

interviewees reported that they spent over HK$10,000 on drugs per month while the majority of them spent at least HK$1,000 on drugs per month. Three interviewees mentioned that drug use caused financial strain when they were asked about the drawbacks of taking drugs.

"I have to pay for drugs. The expenses are very high" I09 commented.

"I need to be involved in illegal activities in order to support drug use" I40 mentioned.

"I am in a situation where I must find a way to make money. If I don't have any other options, I may be compelled to engage in illegal activities. Additionally, I have been borrowing money from my family members." I24 said.

As previously mentioned, experiencing financial difficulties can give rise to a range of adverse outcomes, including engaging in criminal activities and placing strain on personal relationships, among others.

5.1.6 Stigma and discrimination

Research indicates that individuals with substance use disorders frequently encounter various forms of stigma, including experienced stigma, perceived stigma, and self-stigma (Fung et al., 2022). Drug users often perceive that society holds negative stereotypes and judgments against them. Several interviewees expressed the belief that society would not accept individuals who use drugs, leading to discrimination and marginalization.

"People look down on you because you use drugs," I02 said.

"When people find out that you use drugs, they immediately start judging you with a critical eye, assuming everything you do is not good" I38 commented.

One interviewee illustrated his feeling with example.

"People don't trust you, fearing that you will take their money. They hesitate to lend you money! For example, if I rent a place and I need to renovate my home, they won't trust me. They may not be willing to lend me money" I14 said.

The majority of interviewees who felt they experienced discrimination from others did not offer specific instances to substantiate their assertions. It appeared that they internalized a sense of self-stigma and presumed societal rejection. Consequently, they tended to distance themselves from social interactions and isolate themselves from society.

"I have low self-confidence. I always feel that people will discriminate against me because of who I am, so I avoid interacting with them. Even my neighbors are distant. There's no greeting or even a passing nod. It's not that I'm afraid to greet them, it's that they are afraid to greet me. They know my background" I04 said.

5.2 Difficulties encountered upon release

5.2.1 Financial difficulties

Financial strain is one of the significant challenges faced by ex-offenders with drug use problems. Most of the interviewees mentioned the biggest challenge they faced after release was financial struggles.

"My biggest difficulty was lack of financial support. When I first came out, the wages earned from working in the prison were just a few thousand dollars. What can I do with that? I want to rent a better place on my own, but I don't have enough money. That's when I need help the most. Whether it's finding a job for me or delivering social assistance to me, I need economic support first. I personally feel that the most confusing moment was those first few months after I was released" I38 recalled.

"The biggest problem was income. Even though I received Comprehensive Social Security Assistance (CSSA), there were only five thousand dollars per month. It's only a thousand dollars left after paying rent. It's definitely not enough" I02 said.

"I have to support my whole family's expenses. I'm not asking for wealth, but at the very least, we need to sustain our living. It's not about becoming extremely rich or luxurious, but having enough for basic needs" I34 commented.

5.2.2 Housing

Other than financial difficulties, finding stable and affordable housing was also a significant challenge for some ex-offenders with drug problems. According to our survey, almost 30% of the respondents were living in public housing while another 40% were living in either sub-divided units or cubicle apartments. Some of the interviewees said that finding housing was the main concern after release.

"It was really tough for me that I didn't have a place to live just after I had been released. I've been applying for public housing for over 10 years, but I didn't receive any feedback…..The place I'm living is not good. It was a pigsty and was renovated into cubicle apartments. The wooden boards that separate the rooms are thin, only about 2 centimeters, so I can hear everything that's being said in the room next to mine. The room is not a closed space as there are some gaps between the ceiling and the top of wooden boards. There is no privacy at all. The hygiene conditions are also terrible." I19 said.

"I just know that I slept on the streets or in the park after I had been released. Even your organization (SideBySide) could not help me at that time because the CSD didn't give me the certificate of ex-prisoner when I was released. It took me more than half a month to obtain that certificate from Central CSD" I32 recalled.

"The biggest challenge is housing. When I was in prison, I was worried about how things would be once I got out. It didn't matter if I lost my clothes and pants, I could gradually buy them again. Right now, I'm buying things back. But the most important thing is having a place to live. That's the biggest problem. In the past, they (Housing Authority) would take back my apartment once I was sentenced to prison" I11 reported.

5.2.3 Employment

Many employers in Hong Kong have policies or biases against hiring individuals with criminal records, making it difficult for ex-offenders to secure stable and meaningful employment. This lack of employment opportunities can lead to financial instability and hinder successful reintegration. When asked about the employment status, 45.3% of our survey respondents were unemployed. Some interviewees also mentioned that getting a job was one of the challenges they faced after release.

"I have a lot of worries and concerns about getting a job. Can I even find a job? I feel disconnected from society. How long can I sustain the job if I get one? Will anyone even hire me? When they ask about the gap in my employment history for several years, how can I explain it?" I22 said.

"Finding a job is difficult for me because there's always a criminal record that follows me. I am really worried. Sometimes I sent out CVs for positions that didn't request high qualifications, but I didn't receive any response. It made me wonder if it was because of my criminal record. Restoring my previous life can be challenging" I12 commented.

One of the interviewees reported that there were still a lot of worries even though she got a job.

"The scariest part for me to go back to work was dealing with people. It has been five years since I was sentenced to jail. I didn't know how to use a smartphone. I had no idea how to use

WhatsApp. I didn't know how to use a computer. I didn't know the current trend. Five days after I was released, I returned to work and felt lost" I10 shared.

5.2.4 Overcoming drug addiction/ avoiding relapse

One of the obstacles that ex-offenders with drug problems may experience upon their release is the process of quitting drugs/ relapse prevention. Several interviewees emphasized that overcoming drug addiction and avoiding relapse posed the most significant challenge upon their reintegration into society. To break free from the grip of addiction, they made concerted efforts to distance themselves from their former social circles.

"The biggest challenge is resisting temptation. It is the toughest part. When you're out on the streets and you meet those friends, they ask you to take drugs. That's the moment when you find it the most difficult to endure" I04 commented.

"Sometimes my willpower can be weak. There are times when I still have some connections from my former social circles, and they may try to tempt me and ask if I still want to take drugs. I felt tempted, but I reminded myself that I should not take" I12 recalled.

There are disadvantages to distancing oneself from former social circles. One interviewee expressed feelings of loneliness, while another mentioned that he had to spend most of his time confined to his home.

"I didn't reach out to my old friends, which means I'm stuck at home all the time. I want to regain the trust of my family, so it's better for me not to go out as much as possible" I26 said.

Chapter 6 Rehabilitation

6.1 Rehabilitation

6.1.1 Comments on rehabilitation services

According to Narcotics Division, there are several common types of drug treatment and rehabilitation programmes available in Hong Kong, including:

- Compulsory placement scheme operated by the Correctional Services Department.
- Voluntary outpatient methadone treatment programme provided by the Department of Health.
- Voluntary residential drug treatment and rehabilitation programs offered by non-governmental organizations.
- Community-based counselling services, which encompass 11 counselling centres for psychotropic substance abusers, along with two centres for drug counselling subsidised by the Social Welfare Department.
- Substance abuse clinics operated by the Hospital Authority.

6.1.2 Compulsory placement scheme

Over 60% of our survey respondents reported that they used drug treatment and/or rehabilitation services. Around 20% of them replied that they had been admitted to a compulsory placement scheme. 11 interviewees mentioned compulsory placement schemes when they were asked about the comments towards existing drug treatment and rehabilitation services in Hong Kong. Five of them agreed that this scheme could assist them to stop taking drugs.

> *"That so-called compulsory placement scheme for drug treatment is basically just forcing you into a closed environment. There's no medication. Once you're inside, you lose your freedom, and there is no drug for you to take. When you live like that for a long time, you naturally stop taking drugs" I32 said.*

"It (Hei Ling Chau Addiction Treatment Centre) helped me overcome drug addiction and I feel much better that I'm clean" I14 reported.

"It (Hei Ling Chau Addiction Treatment Centre) is truly helpful because it is a compulsory treatment. It really keeps you under its control for a long duration, approximately six months. It restricts your freedom, and reduces your metabolic rate, and the effects of drugs to a minimum. Only when they are confident that there are absolutely no issues will they release you" I38 commented.

Two interviewees also expressed that although they managed to stop taking drugs due to the compulsory placement scheme, it posed challenges for them to maintain their abstinence upon reintegration into society.

"After being discharged from Hei Ling Chau Addiction Treatment Centre, I had not taken drugs for almost half a year. But eventually, I relapsed and started using again. Once I started, I couldn't stop" I39 said.

"The compulsory placement program provided me with significant assistance. However, once I returned to society, my willpower became weaker. At that time, the program was quite strict, and everything had rules and regulations. In general, we were very disciplined, such as dividing tasks and other aspects, which helped establish a sense of routine and structure in our personal lives compared to before" I12 recalled.

On the contrary, two commented that the compulsory placement scheme could not help them to quit drugs.

"It (the compulsory placement scheme) could not really help. If you are not genuinely quitting drugs, it's more like killing time there" I09 said.

"It (Hei Ling Chau Addiction Treatment Centre) is really useless. After admitting to it, I ended up knowing more people who take drugs and discovering more sources of drugs" I37 commented.

6.1.3 Voluntary outpatient methadone treatment programme

Methadone treatment aims to decrease the illicit use of opiate drugs by opiate abusers by effectively reducing their cravings for such substances. Five of the interviewees expressed their comments towards the methadone treatment programme. All of them agreed that methadone can be used as a substitute for heroin, but it seemed not an effective intervention to assist individuals to quit drugs.

"Methadone cannot satisfy addiction cravings... If you don't have money to buy drugs, you have to rely on methadone to satisfy your addiction" I02 commented.

"It is very difficult to quit using methadone treatment unless you have a high motivation..... Many people now both take drugs and use methadone at the same time….. The success rate is very low... When you don't have money, methadone can help curb your addiction" I03 mentioned.

"I have tried methadone. It can keep me going for 24 hours without needing to consume more cocaine like I used to. If you rely on it and keep increasing the dosage, it becomes another form of drug. It's a strange drug that mimics the effects of cocaine, and it costs only one dollar. But if you follow the doctor's instructions and gradually decrease the dosage, like drinking five doses today, four doses tomorrow, and continue reducing, then it becomes a medication" I19 suggested.

"Methadone is the cheapest drug in Hong Kong. It costs just one dollar... Actually, I think the government should abolish it... Over several decades, methadone has been widely abused. In the past, heroin contained heavy metals and its potency was low. But now, it's not the case... Speaking from my own personal experience, methadone addiction is very challenging. Even

after two months, I still craved it. We call it 'substitution addiction'. The withdrawal of using methadone is tough and uncomfortable. I used a week to end the physical response... The physical response to methadone is intense" I38 said.

6.1.4 Voluntary residential drug treatment and rehabilitation programs

Based on the information provided by Narcotics Division, there are 37 drug treatment and rehabilitation centres and halfway houses operated by 16 NGOs in the territory. These voluntary residential drug treatment and rehabilitation programs are designed to meet the needs of individuals who voluntarily seek residential treatment, rehabilitation, and social reintegration.

There were more than 25% of the interviewees who mentioned some of the services under voluntary residential drug treatment and rehabilitation programs. Specifically, 7 of them shared their opinions on the Shek Kwu Chau Treatment and Rehabilitation Centre, with the majority expressing a positive attitude towards the services provided.

"After three months at Shek Kwu Chau, they will arrange accommodation for you in a halfway house. When you stay there, there will be some brothers who will guide you during vocational training, at least in the short term. The current operation can really help you. Staying there gives you a sense of stability. It's pretty good. I think it's okay" I03 who solely relied on methadone treatment said.

"During the first two weeks, medication is provided, and then it gradually decreases. The dosage is reduced continuously until after two weeks, there is no medication given anymore. There is psychological counselling available, and someone is there to talk to you." I26 who had already been recovered recalled.

"Shek Kwu Chau provides a sense of freedom to its residents. It is the best among drug rehabilitation services" I01 commented.

On the contrary, two current drug user interviewees raised doubts about the effectiveness of voluntary residential drug treatment and rehabilitation programs.

> *"They (voluntary residential drug treatment and rehabilitation programs) are really useless. Before entering, you didn't get to know so many people. But then you end up knowing even more people (drug abusers) and discovering more places (venue for drugs) after joining the program." I37 said."*

> *"So, do you think it is effective for me? I went out (from the residential program), and then I used (drugs) again. Of course, it's effective. Out of ten people, at least one will be successful. There is no possibility of being 100% successful, right?" I36 commented.*

One interviewee shared her enjoyment of using residential services.

> *"Actually, I moved to a hotel for the first month (upon release). I found it very difficult and unhappy. I couldn't bear it anymore, so I talked to my friends and decided to move to a residential house. Luckily, during that month (the period when she applied for the residential house), I managed to stop taking drugs. So, I was successfully enrolled. Once I started living in the residential house, or since I had gotten used to living in a residential house for several years, I realized that I really needed people around me... Being part of a group, I felt a sense of security and comfort. At least I wouldn't wake up at midnight" I10 said.*

Another interviewee who was living in the OASIS hostel commented that the practice in the hostel prevented him from taking drugs.

> *"They (the staff of the hostel) request urine tests twice a week. Therefore, you cannot take any drugs" I25 shared.*

6.1.5 Community-based counselling services

There are eleven counselling centres for psychotropic substance abusers and two centres for drug counselling providing community-based counselling services for drug users. A few interviewees shared their views on counselling services.

> *"They showed you videos about the harms of drug addiction and how some people are affected by drug use. They also covered topics like funerals and other things, giving you an insight into them… For example, they talk about your regrets and ask if you think you have any. They cover a lot of different aspects. It makes you think. After attending this group, you start reflecting on the contents. Without attending this group, you wouldn't know so much, and you wouldn't even think about those things" I04 recalled.*

> *"I feel that the counselling provided by the daytime social workers has been really helpful... Especially when I talk to the social worker, they can see the difficulties I may be facing and help me figure out how to address them from different angles. They assist me in planning and guide me on how to proceed. From the moment I made a mistake and sought help, they have been there to help me find the necessary resources along the way" I12 said.*

6.1.6 Social rehabilitation service for ex-offenders

Other than drug treatment and rehabilitation programmes, there are social rehabilitation services available for ex-offenders, regardless they have drug abuse problem or not. Some of our interviewees also mentioned SideBySide, which provides social rehabilitation services for ex-offenders as well as those with drug use problems.

> *"At that time, it was difficult to find housing immediately after being released. So, I applied for the hostel run by SideBySide. Before entering prison, I rented a place to live on my own. But when I was sent to prison, my place was taken over. That's why I applied for hostel first. I feel quite good, and I can save money living in the hostel" I18 said.*

"I heard that SideBySide can help if you don't have a place to live after being released….I asked for housing and financial assistance, though the amount of financial assistance was very limited" I23 commented.

"After being released, I didn't have money. I went to SideBySide and got various kinds of assistance" I20 recalled.

While some of our interviewees expressed their need for financial assistance upon being released, some interviewees, on the contrary, disagreed that providing financial aid to ex-offenders with drug problems could help ex-offenders reconnect to society.

"I don't think providing subsidy can help ex-offenders. It is more important to understand the problems and personal needs of the drug users. The more money you give, the more drugs they take" I18 commented.

"It depends on age. If he (ex-offender) is 50-60 years old, the government should definitely provide more allowance for them. However, if they are as young as me (i.e. 30 years old), basically I don't think the government should provide subsidies for them. Some people told me to apply for CSSA after being discharged from the prison. I told them I wouldn't apply. As I am 30-something, there is no reason to apply for CSSA. I can go to work so I don't think I need to rely on the government." I16 said.

6.2 Keys to reintegrate to society

6.2.1 Employment support

Based on our survey findings, over 50% of individuals in the "recovered" group were employed, regardless of the type of employment (full-time, part-time, or casual). In contrast, less than one-third of individuals in the other two groups were employed. The provision of employment support not only offers financial assistance to ex-offenders with drug use issues but also helps them distance themselves from drug use by alleviating boredom and facilitating the development of positive social connections. According to our in-depth interviews, some respondents expressed that employment can instill a sense of purpose in drug users and occupy their time with productive work, thus reducing their inclination towards drug use.

> *"It is more pragmatic to support them in job hunting. If they have a job, their life will be more goal-oriented. Some drug users don't have job skills. Take me and my friends as an example. We started to take drugs in our teenage years. We didn't learn English and typing. We don't have skills at all. If the government can provide job opportunity that targets these people, they can engage in the job market and spend less time to approach drugs" I18 commented.*

> *"It will greatly help us integrate into society if there are companies with a tracking record of recruiting rehabilitated people. I am lucky to have met my current employer who accepts my background. Most of my friends, who were released from the prison with me, are jobless. As they have excessive free time, they use drugs and meet friends in the old social circle. It is meaningless. Rather than solely arresting drug users or drug syndicates, they should address the root of the problem. If there is a place for them (rehabilitated people) to focus on their work or studies, they will not think about drugs, which is beneficial to their recovery" I05 suggested.*

One interviewee shared that she built trust with her colleague and treasured the relationship very much.

"At that time, I decided to tell one of my colleagues about my past. I hoped someone understood my situation and gave me more support at work. It is lucky that he doesn't mind I am an ex-offender and thinks it is no big deal. He told me that there were no worries as I have already rehabilitated" I10 said.

They also suggested that the government should strengthen employment support for ex-offenders. One interviewee pinpointed that the government should help them develop craftsmanship to enhance their employability.

"We are middle-aged and it is important for us to develop craftsmanship like cooking, or whatever. Before being discharged from prison, the government should help us to plan. They can contact the companies and refer us for the job. As we know what we will do in the future, we won't be lost…Also, our financial problem is solved with a job." I34 commented.

One interviewee commented that employment support in the correctional institution was inadequate and that more resources should be allocated.

"I think the government should provide more employment assistance for ex-offenders. This is because many companies do not accept people with criminal backgrounds. Although the employment unit in Lo Wu Correctional Institution helps ex-offenders in job hunting, it is not effective as the employers do not hire us. Not only should they provide more employment support to ex-offenders, but they should also make more connections with the companies. Currently, most of the government jobs are outsourced. However, these entry-level job opportunities should be given to ex-offenders. We have already rehabilitated. If the government isn't inclusive, the general public won't accept us as well. I am not talking about getting a high-paying job. As an ex-offender, it is difficult for me to get a job even I just want to be a janitor" I07 said.

6.2.2 Establishing positive social networks

Research revealed that maintaining positive relationships and protecting oneself from the influences of negative relationships is important to reach and sustain drug abstinence (Pettersen, et al, 2019, Stevens, et al, 2015). It is coherent with our survey findings, which indicated that the "recovered" group reported the highest level of perceived social support among the three groups. Our in-depth interview also showed that social networks were mentioned as a significant factor for drug abstinence. Three female interviewees shared that their partner was the greatest support for them to stay away from drugs.

> *"I meet my boyfriend who doesn't smoke, drink, or take drugs. My partner is important to me. If he doesn't take drugs, I won't take drugs too." I05 said.*

> *"What can make me so determined to quit drugs is that he (my boyfriend) gives me the most encouragement" I10 shared.*

> *"My boyfriend doesn't take drugs. When I wanted to take drugs, he would guide me to think about how I could spend the money, that I originally planned to buy drugs. He questioned spending the money on which item, making eyelash extensions or buying drugs, would make me pretty" I27 mentioned.*

A number of interviewees indicated that staying away from negative social networks was the primary factor in relapse prevention.

> *"By staying away from the triad and gradually avoiding going back there. If you stay with gangsters, you will inevitably be exposed to drugs. That's why I think it should start cutting off all connections with those friends, and only keep the good ones, like you guys. We can play computer games at home, go out for drinks, or just hang out on the streets. Learn from them, broaden your horizons, instead of surrounding yourself with heavily tattooed tough guys" I14 suggested.*

"Simply reduce contact with those friends (who take drugs). You will, therefore, consume fewer drugs" I09 said.

"In the past, my phone number was known by quite a few bad people, not just drug users but also other bad guys. They are not good friends. That's why I decided to change my phone number. After changing to a new phone number, those people wouldn't be able to reach me anymore. I even created new accounts on Facebook and Instagram to ensure a fresh start" I27 shared.

An interviewee shared how she built her positive social network when engaging in physical exercise.

"After getting off work, I join different activities. I do different kinds of sports with my friends after leaving the company. When I am doing sports, I meet new friends who do not take drugs. We often chit-chat and care for each other. I will probably pursue further study in the future as I am studying some courses right now as well" I07 mentioned.

6.2.3 Enhance resilience

A study examined the correlation between resilience and relapse risk in patients with substance use disorder and concluded that higher acquired resilience was significantly associated with a lower relapse risk (Yamashita, Yoshioka & Yajima, 2021). Our survey revealed that escaping unhappy or anxious feelings was one of the most prominent factors in sustaining drug-taking behaviors among the "current drug users" group. Some interviewees also indicated that taking drugs could help them escape from problems or negative emotions.

"At that time, it was probably influenced by peers or maybe I was trying to escape from some problems, avoiding facing them. It was because, during that period, I had just gone through a divorce with my ex-husband. In fact, I had already started using drugs when I was very young,

but after using them for a while, I stopped. However, after separating from my ex-husband, I started indulging in drugs for more than a decade" I07 recalled.

"I used drugs as a way to relieve stress when I felt down or unhappy. Taking drugs could create a slightly dizzy and euphoric feeling, a kind of high. After taking drugs, I didn't have to worry, think, or listen to the voices (argument) at home" I18 said.

Consequently, strengthening resilience can assist individuals in overcoming drug dependence. Many of the individuals we interviewed who have successfully recovered demonstrated proactive behavior in seeking assistance and addressing the underlying issues when confronted with family difficulties. One interviewee mentioned that she sought the guidance of a psychologist to acquire effective communication skills with her family members.

"I discussed my family issues with psychologists. They taught me how to improve my relationship with my family members. The warden (in my hostel) also gave me advice on how to communicate with them ...For instance, I learned that I need to put effort into the relationship rather than solely receiving from my family. Also, they told me that my family cares and concerns me even though I was delinquent in the past. I06 shared."

Another one reported that she was determined to build a harmonious family with her children despite the trauma in her family of origin.

"I couldn't solve the problems in my family of origin but I didn't want to leave them in the past. When I continued to live with them, there was nothing I could do. Thus, the situation remained the same. However, I can change in my new family. I have a new mindset. I will tell them it is no big deal if there are any conflicts. If there is a problem, we can discuss and solve the problem together. I want to build a harmonic family with my children." I17 said.

Some interviewees shared their practices that could enhance their mental health and prevent relapse.

"Engaging in physical exercise can also be helpful for stress relief. I did it when I was in prison. After being released, I don't have the facilities here. But sometimes in the early morning, I would go swimming as I live near the pier" I21 suggested.

"When I wanted to take drugs, I did mindfulness meditation. At first, I didn't know that it was mindfulness meditation. It allows you to pause and reflect. When you want to reach a point where you no longer rely on drugs, you need to have a method" I30 recalled.

6.2.4 Having a goal-oriented life

Previous studies suggested that purpose in life can provide protection from negative events (Schaefer, et al, 2013). Most of the recovered interviewees could recognize their life purpose or targets that they would like to achieve. Few of them identified their family members were the motivation to quit drugs.

"I seldom talked to my mum when I was in the prison. Since her health condition was poor, it was hard for her to visit me. I could only know her condition by asking the welfare officer in the prison. However, she might tell a lie as she didn't want me to worry about her. I was really worried about her. There was nothing I could do to know her condition...However, I can call her right after I get off work now. I told her my schedule. She doesn't need to worry about me. She knows where I will go" I13 said.

"My mum was sick before and my dad is physically handicapped. My mum told me to come back home and take care of my son as she had burnt out in terms of finances and mental health. Later, we sat down and discussed the issue. I have thought a lot. In the past, I left my son and asked my parents to take care of him. I was bad. I should shoulder the responsibility to take care of him. Also, as my son is growing up, I don't want him to see me like that." I16 mentioned.

One interviewee revealed that she stays away from drugs in order to regain the custody of her children.

> *"If I keep on taking drugs, I am afraid that my children will be adopted. Therefore, I swear I won't relapse. Since the bind-over order almost ends, I will be able to get back my children (if I behave properly). We have been separated for 4 years. Looking back, I was still taking drugs when my daughter was about 3 years old. She was poor. After taking drugs, I was unmotivated to take care of her. She was still a little kid at that time but I didn't shoulder the responsibility to take care of her. I felt I was really bad in the past so I am determined to accompany them more in the future" I18 said.*

One interviewee expressed her desire to help others through blood donation. Through this act of helping others, she discovered a sense of purpose and meaning in her life.

> *"I have a rare blood type, A+. There was a significant moment in my life when I gave birth and experienced excessive bleeding. During that time, it was challenging to find donors with a compatible blood type. This made me realize how crucial it is for the world to have access to rare blood types like mine. I often yearned to contribute, but my past struggles with drug addiction made it seem unattainable. However, now that I have been clean for five years, I have transformed my life completely. I decided to get my blood tested again, and to my delight, it was deemed suitable for donation. This news brought tremendous joy to me as I accomplished my first wish (to be able to donate blood and help others in need)" I10 shared.*

Another interviewee discovered his life purpose in religion.

> *"Believing in and following Jesus can help others. When you initially enter this new way of life, a new environment, you will have a new perspective and a new mindset. You can transfer this new way of thinking to them (those who need help). If they are willing to stay and embrace it, they can transform themselves" I03 illustrated.*

Chapter 7 Recommendation

7.1 Community-based residential rehabilitation centres

This study has highlighted the effectiveness of compulsory placement schemes and residential drug treatment centers in helping drug users overcome their addiction while residing in isolated centers away from the community. However, reintegrating into the community poses challenges and temptations for these individuals. Therefore, it is suggested to establish community-based residential rehabilitation centers or halfway houses to provide transition support and prevent relapse among individuals who have recently undergone treatment. The community-based residential rehabilitation centers or halfway houses aims to bridge this gap by providing a step-down approach, gradually reintegrating individuals into society while still offering a supportive safety net. This transitional support promotes a smoother reintegration process and reduces the chances of relapse.

The community-based residential rehabilitation centers (halfway houses) play a vital role in facilitating the residents' reintegration into society by enabling their involvement in employment and helping them establish positive social networks, which are essential for maintaining drug abstinence. Residents can connect with others who have similar experiences and challenges, fostering a sense of camaraderie and understanding. Peer support helps individuals stay motivated, share coping strategies, and provide encouragement during difficult times. Consequently, these services not only address the primary concern of ex-offenders, which is finding a place to live upon release but also monitor their progress in reintegrating back into society. As commented by our interviewees, frequent urine tests as requested by halfway houses could motivate them to attain drug abstinences and the counselling services provided by social workers in the halfway houses guided them to reintegrate into society step by step.

It should be noted that the provision of community-based residential rehabilitation centers does not aim to separate the individuals from his/her families, but offer an option for those who needs transitional housing support. Our quantitative survey found that more than half of our respondents

were living alone. Our in-depth interviews also revealed that many of the ex-offenders with drug use problems got challenge in finding a place to live after release from prison. Furthermore, they seldom contacted with their family members and got a poor relationship with their family members. Therefore, living with their family might not be a preferred option for them. The community-based residential rehabilitation centers not only offer shelter, but also facilitate residents in acquiring social support from their peers within the centers. This support system helps them develop a positive social circle and to alleviate their feelings of loneliness, which is recognized as one of the factors contributing to continued drug use.

On the other hand, family support, as one of the social supports, has been proved as a positive and significant impact on the motivation of individuals with the drug abuse in following the rehabilitation programme (Sukamto, et al., 2019; Adejoh, Temilola & Adejuwon, 2018). Recognizing the significance of family involvement, these centers should actively encourage and facilitate the participation of family members in the rehabilitation process and consider to provide family counselling to residents. By enabling residents to enhance their social capital, it aids in their reintegration into society and serves as a deterrent against drug relapse.

7.2 Employment support

Based on the aforementioned discussion, the provision of employment support offers more than just generating income to individuals with a history of drug use. It also plays a crucial role in helping them distance themselves from drug use by addressing issues such as boredom and facilitating the development of positive social connections. Previous studies have emphasized the significance of employment as a top life priority for individuals in all stages of recovery (Laudet, 2012; Dong, et al., 2018).

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified several potential barriers to employment that individuals with drug use issues may encounter, some of which were mentioned by our interviewees. These barriers include a lack of job skills or lower educational attainment, poor work history, limited interpersonal skills or motivation to work, and a criminal

history.

Research has indicated that stigma in the workplace can have detrimental effects on employee outcomes, such as reduced performance and satisfaction, as well as higher turnover rates (Baur, et al, 2018). To address this issue, stakeholders should not only strengthen employment support through vocational training and job referrals but also provide strategies to help ex-offenders with drug use problems manage the stigma they may face. Additionally, organizational practices should be implemented to assist employers and managers in avoiding negative outcomes for employees with a history of incarceration or drug use.

On the job trainings focused on interpersonal skill and stress management should also be included in employment support. Training in interpersonal skills can help individuals to build positive relationships, both in personal and workplace while stress management can equip individuals with effective coping mechanisms to handle stressors without resorting to drug use.

In addition to traditional employment support, it is recommended to incorporate career and life planning into employment services. The Youth Development and Intervention Framework (YDIF) aims to foster the growth of individuals by developing their core competencies. This enables them to make initial career and life decisions, cultivate positive career and life identities, and broaden their aspirations. While the framework primarily focuses on young people, the concept of the Expanded Notion of Work (ENOW) recognizes the equal significance of unpaid work, such as voluntary work in organizational settings, domestic/neighborhood provisioning, and serious leisure. This broader perspective can also benefit retired individuals by helping them find purpose in life and nurture a sense of hope in their daily lives.

7.3 Education on drugs

During the in-depth interviews, it was observed that some current drug users showed a lack of motivation to quit drugs. They identified themselves as social drug users, believing they were not addicted and that drugs, particularly "ice", were not as harmful as commonly portrayed. On the other

hand, certain individuals highlighted that they used one type of drug as a substitute or means to quit another type of drug that they deemed more harmful. Additionally, some individuals viewed drugs as a form of medication that aided in pain relief or the treatment of illnesses.

To prevent drug abuse and avoid misconceptions about drugs, it is recommended that stakeholders enhance educational efforts to raise public awareness about the potential risks and dangers associated with drug use. The individuals can learn about the short-term and long-term effects on physical and mental health, as well as the potential for addiction and overdose. This knowledge allows individuals to make informed decisions and take steps to protect their well-being.

Other than educating the risks and dangers associated with drug use, providing information on support services available and treatment options can connect those people at risk to the resources that met their needs and ultimately contribute to overall well-being of communities affected by drug abuse. It is believed that drug education plays a crucial role in promoting individual and public health, preventing drug abuse, reducing harm, and supporting individuals in making informed choices regarding their drug use.

7.4 Good lives model

The Good Lives Model is a strengths-based approach and has been advocated in the rehabilitation and crime prevention field (Ward & Fortune, 2014). This model posits that individuals have 11 primary goods of every individual:

- life (including healthy living and functioning)
- knowledge (how well-informed one feels about things that are important to them)
- excellence in play (hobbies and recreational pursuits)
- excellence in work (including mastery experiences)
- excellence in agency (autonomy, power, and self-directedness)
- inner peace (freedom from emotional turmoil and stress)
- relatedness (including intimate, romantic, and familial relationships)
- community (connection to wider social groups)

- spirituality (in the broad sense of finding meaning and purpose in life)
- pleasure (feeling good in the here and now)
- creativity (expressing oneself through alternative forms)

According to this model, offenders engage in criminal behavior due to limitations in meeting these needs within themselves and their environment, leading them to seek fulfillment through offending. Conversely, if social services can assist them in developing capabilities and strengths, they can learn to fulfill their needs in a pro-social manner.

Interviewees in the study highlighted that those current social services primarily focus on providing immediate financial aid, which they perceived as short-term measures, is ineffective for successful reintegration into society in the long run. Instead of solely providing materialistic support, respondents emphasized that employment support was the most significant factor in abstaining from drugs. This finding aligns with previous research on the Good Lives Model, as employment can satisfy many of the primary needs mentioned earlier and reduce the likelihood of reoffending. However, current employment support for ex-offenders is deemed inadequate, despite its crucial role in rehabilitation.

It is recommended that stakeholders continue their efforts to promote social inclusion among entrepreneurs, the community, and ex-offenders. Additionally, individuals who are retired or have disabilities should be given more opportunities to enhance their well-being through the utilization of social service agencies. Furthermore, positive relationships play a vital role in the Good Lives Model. This research revealed that some ex-offenders, especially elder ex-offenders who might not be able to return to job market, have limited social networks that mainly comprise drug users. This situation can increase the risk of drug relapse. Thus, the adoption of peer support services is encouraged to break the cycle of poor social support networks and empower individuals to establish positive relationships within the community. The peer support not only helps them to develop positive support network, the process of experience sharing also fosters a sense of understanding, empathy and acceptance, and reduce isolation.

7.5 Trauma-informed approach

The findings of this study align with previous research, indicating that adverse childhood experiences (ACEs) are prevalent among ex-offenders from diverse cultural backgrounds. Many of the relapsed respondents in this study had experienced childhood maltreatment, which contributed to the development of distorted values and ineffective emotional coping strategies. These individuals exhibited low self-esteem and tended to view relationships in a materialistic manner. Unfortunately, their trauma had not been addressed, resulting in self-destructive behaviors.

To help these individuals regain a sense of control in their lives, it is imperative to adopt a trauma-informed approach within social services. By using a trauma informed lens, social workers and therapists can assist clients in reframing their past traumatic experiences, linking them to their personality development, self-perception, views on society and values, and interpersonal relationships. This approach, as suggested by Morris et al. (2019), allows individuals to cultivate self-compassion and self-acceptance, enabling them to regulate their distress symptoms, gain insights into their conditions, and ultimately achieve a drug-free life.

7.6 Preventive measures

As highlighted in the previous chapter, curiosity and peer influence emerged as the primary factors contributing to initial drug use among our survey respondents and in-depth interviewees. Furthermore, the average age of first drug use among the survey respondents was 19.78. These findings underscore the importance of strengthening preventive measures specifically targeting young individuals.

To address this issue, it is recommended that stakeholders prioritize the implementation of comprehensive drug education programs in schools and communities. These programs should provide accurate information about the risks and consequences of drug use, while dispelling common myths and promoting healthy lifestyle choices. By emphasizing the dangers associated with drug abuse, these educational initiatives can equip young people with the knowledge necessary to make informed decisions.

In addition to education, programs aimed at fostering positive peer influence should be offered to young individuals. These initiatives can empower youth to resist negative peer pressure by encouraging the formation of supportive, drug-free peer groups. Providing opportunities for young people to engage in constructive activities together further reinforces the positive influence of their peers.

In the pursuit of effective prevention strategies, it is worth considering the integration of innovative technologies and studying their effectiveness. For instance, virtual reality (VR) can be utilized as a tool to simulate the effects of drug use and enable young individuals to experience these effects in a controlled environment. It is believed that immersive VR experiences can have a profound impact on individuals' perceptions and behaviors. By immersing youth in a virtual environment that replicates the visuals seen and audio heard by drug users after taking drugs, it is possible to enhance their understanding of the negative consequences associated with drugs. This innovative approach may help reduce curiosity about drug use, foster empathy, and facilitate informed decision-making.

Chapter 8 Conclusion and limitation

8.1 Conclusion

The findings from this study highlight the importance of employment, life goals, and resilience in influencing post-release substance use among ex-offenders in Hong Kong. By understanding the reintegration experiences of individuals with substance abuse backgrounds, policymakers and service providers can improve drug treatment and rehabilitative services. In addition to offering financial assistance, a more holistic and person-centered approach that addresses mental health and well-being is recommended. By supporting ex-offenders in leading fulfilling lives, society can promote social inclusion and reduce stigmatization.

While this study provides valuable insights, it is essential to acknowledge its limitations. The sample size was limited, with potential unequal distribution among the three groups. Physical limitations among certain groups, as well as a selection bias introduced by referrals from social workers, may have impacted the study results. To enhance the representativeness of future research, larger sample sizes and specific population studies, such as gender-specific analyses, are recommended. Addressing protective and risk factors related to reintegration can further inform crime prevention efforts and support ex-offenders in their transition back into society.

Overall, this study contributes to a better understanding of post-release substance use among ex-offenders in Hong Kong. By collaborating with stakeholders and providing support, we can work towards a more inclusive society that values the rehabilitation and reintegration of individuals with criminal backgrounds. Future research should continue to explore these themes and strive for methodological transparency, including reporting response rates, to ensure the credibility and trustworthiness of findings.

8.2 Limitations

One notable limitation of this study is the sample size, which was restricted for both the survey and in-depth interviews. This limitation may have impacted the representativeness of the findings, particularly if there was unequal distribution among the three groups. Additionally, physical limitations among certain participants, such as attention difficulties or physical handicaps, may have affected the quality of data collected. Future research should aim for larger sample sizes and consider specific population studies to enhance the generalizability of findings.

Another limitation to consider is the reliance on referrals from social workers for participant recruitment. This method may have introduced a selection bias, as evidenced by the majority of respondents being in the recovery group. Without a clear response rate, it is challenging to assess the representativeness of the sample and the generalizability of findings. Reporting response rates and potential biases in future research studies is crucial for transparency and accountability in methodology, as well as for ensuring the credibility of findings. By addressing these limitations, researchers can improve the quality and reliability of their research on post-release substance use among ex-offenders.

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Appendix A

Questionnaire of survey

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The Society of Rehabilitation and Crime Prevention, Hong Kong

「本港更生人士的毒品使用概況和相關因素」研究調查

問卷調查同意書 [參加者填寫]

您好! 本會正在進行一項研究調查，目的是為了解現時「本港更生人士的毒品使用概況和相關因素」。本會一直支持更生人士策勵更生、預防重犯。由於香港現時缺乏有關更生人士出獄後吸毒情況的資訊。本會希望透過此調查，探討這些更生人士出獄後使用毒品的風險因素、維持遠離毒品的保護因素，以及與依賴美沙酮戒毒治療相關的因素，從而完善相關的康復服務。

是次研究共分為兩個階段。第一階段是問卷調查，而第二階段則是個人面談。參與者將於第一階段填寫問卷，需時約 60 分鐘。問卷調查包括八項元素：(一) 基本個人資料、(二) 濫用藥物習慣、(三) 濫用藥物依賴程度、(四) 多向度社會支持度、(五) 幸福指數、(六) 戒毒的積極程度、(七) 個人成長中的創傷經驗、(八) 重吸危機程度。第一階段完結後，合適的參與者將會被個別邀請參與個人面談。您的寶貴意見將對日後本會設立相關康復服務有很大幫助。

承蒙參與者為第一階段的問卷調查付出寶貴的分享與時間，每位參與者於完成後可獲一張港幣五十元正之禮券以作回饋。參與是次研究純屬自願性質，研究中您有權就研究程序的任何部分提出疑問，您亦有權隨時退出參與。研究所得的資料可能被用作日後的分析及發表。但您可以放心，您的個人私隱權利將得以保障，亦即您的個人資料及分享意見會絕對保密。如您對是次研究有任何問題，歡迎聯絡研究及發展部，電話：2511-0968 / 電郵：info.rdd@sracp.org.hk

若您願意接受我們的邀請參與是次研究調查，請您填寫以下部份:
本人確認已閱讀及明白同意書的內容，並且確認同意參與是次研究調查。

參加者姓名： _____

參與者簽名： _____

日期： _____

香港善導會

研究及發展部

<<本港更生人士的毒品使用概況和相關因素研究>>

問卷調查 [參加者填寫]

第一部份： 基本資料

(一)個人資料

請在適當的方格內填上剔號「✓」。

1. 性別：	☐ 男	☐ 女		
2. 年齡：	_____歲			
3. 教育程度：	☐ 沒有接受過正式的教育	☐ 小學程度	☐ 初中程度	
	☐ 高中程度	☐ 大學/大專或以上程度		
4. 婚姻狀況：	☐ 未婚 (單身)	☐ 未婚 (交往中)	☐ 已婚	
	☐ 離婚/分居	☐ 喪偶	☐ 其他 (請註明) _____	
5. 與誰人同住:	(可選擇多於一項)			
	☐ 父母	☐ 伴侶	☐ 子女	☐ 祖父母
	☐ 獨居	☐ 宿舍舍友	☐ 朋友	☐ 其他 (請註明) _____
6. 住屋類型：	☐ 公屋	☐ 租住整個單位	☐ 床位/板間房	
	☐ 套房	☐ 露宿	☐ 宿舍	
	☐ 自置物業	☐ 其他 (請註明) _____		
7. 工作：	☐ 全職	☐ 兼職	☐ 散工	☐ 退休
	☐ 家庭主婦	☐ 在學	☐ 失業	☐ 其他 (請註明) _____
8. 現時主要收入來源：	☐ 工作薪金/酬金	☐ 伴侶支持	☐ 家人支持	
	☐ 朋友支持	☐ 綜援	☐ 傷殘津貼	
	☐ 問人臉/借	☐ 其他 (請註明) _____		
9. 每月個人總收入 (港幣$)：	☐ 少於 2,000	☐ 2,000-3,999	☐ 4,000-5,999	
	☐ 6,000-7,999	☐ 8,000-9,999	☐ 10,000 或以上	
10. 賭博習慣：	☐ 有	☐ 已戒除	☐ 沒有	
11. 酗酒習慣：	☐ 有	☐ 已戒除	☐ 沒有	
12. 吸煙習慣：	☐ 有	☐ 已戒除	☐ 沒有	

（二）健康狀況及犯事概況

請在適當的方格內填上剔號「✓」。

1. 確診長期病患：	☐ 有：_____。 請註明：_____	☐ 沒有
2. 曾被確診精神病患：	☐ 有：_____。 請註明：_____	☐ 沒有
3. 接受精神科治療：	☐ 曾經接受治療 ☐ 現正接受治療	☐ 從來沒有接受治療
4. 刑事紀錄次數：	_____次	
5. 最近一次被判刑期多少：	_____月	
6. 最近一次判刑種類：	☐ 罰款 ☐ 監禁 ☐ 感化令 ☐ 社會服務令 ☐ 緩刑 ☐ 其他（請註明）_____	
7. 曾被定罪的類別: (可選擇多於一項)		
☐ 偷竊/盜竊/爆竊	☐ 行劫	☐ 藏毒/販賣毒品
☐ 傷人/侵犯人身	☐ 恐嚇/勒索	☐ 刑事毀壞
☐ 走私/帶水貨	☐ 非禮/強暴	☐ 從事/經營色情場所
☐ 商業犯罪（貪污/詐騙/偽造文件）	☐ 其他（請註明）_____	

第二部份：濫用藥物習慣

請在適當的方格內填上剔號「✓」。

1. 首次濫用藥物年齡：_____			
2. 濫用藥物持續：_____年_____月			
3. 最近一次入獄前 30 日內，有否濫用藥物或使用美沙酮? ☐ 有 ☐ 沒有			
4. 現時濫用藥物狀況： ☐ 仍有濫用 ☐ 只服用美沙酮 ☐ 已戒除			
5. 請細心閱讀以下各題，填上你認為最適合的答案。			
	1. 在過去 30 日內，你有多少次：		
	沒有	間中有	經常有
A. 吸食大麻	☐	試過_____次	每日_____次 / 每星期_____次
B. 吸食白粉（海洛英）	☐	試過_____次	每日_____次 / 每星期_____次
C. 服食 FING 頭丸 (亞甲二氧基甲基安非明)	☐	試過_____次	每日_____次 / 每星期_____次
D. 吸食 K 仔（氯胺酮）	☐	試過_____次	每日_____次 / 每星期_____次
E. 吸食冰（甲基安非他明）	☐	試過_____次	每日_____次 / 每星期_____次

	1. 在過去 30 日內，你有多少次：		
F. 服食忽得	☐	試過____次	每日____次 / 每星期____次
G. 服食五仔	☐	試過____次	每日____次 / 每星期____次
H. 服食藍精靈	☐	試過____次	每日____次 / 每星期____次
I. 服食白瓜子	☐	試過____次	每日____次 / 每星期____次
J. 吸食可卡因	☐	試過____次	每日____次 / 每星期____次
K. 服食咳藥水	☐	試過____次	每日____次 / 每星期____次
L. 吸食有機溶劑（天拿水）	☐	試過____次	每日____次 / 每星期____次
M. 服食其他毒品（不包括吸煙或飲酒） 請註明：_____	☐	試過____次	每日____次 / 每星期____次

	2. 在過去 30 日外，你曾經：	
	從來沒有	有
A. 吸食大麻	☐	☐ 持續____年____月
B. 吸食白粉（海洛英）	☐	☐ 持續____年____月
C. 服食 FING 頭丸	☐	☐ 持續____年____月
D. 吸食 K 仔（氯胺酮）	☐	☐ 持續____年____月
E. 吸食冰（甲基安非他明）	☐	☐ 持續____年____月
F. 服食忽得	☐	☐ 持續____年____月
G. 服食五仔	☐	☐ 持續____年____月
H. 服食藍精靈	☐	☐ 持續____年____月
I. 服食白瓜子	☐	☐ 持續____年____月
J. 吸食可卡因	☐	☐ 持續____年____月
K. 服食咳藥水	☐	☐ 持續____年____月
L. 吸食有機溶劑（天拿水）	☐	☐ 持續____年____月
M. 服食其他毒品（不包括吸煙或飲酒） 請註明：_____	☐	☐ 持續____年____月

6. 主要濫用藥物地點：（只可選一項）

☐ 自己家中　☐ 朋友 / 同學 / 鄰居家中　☐ 公眾遊樂場 / 球場 / 公園 / 公廁
☐ 酒吧　☐ 大廈梯間 / 後巷　☐ 學校（包括宿舍）
☐ 沙灘　☐ 遊艇　☐ 出租屋 / 渡假屋 / 酒店 / 其他出租地方
☐ 卡拉 OK 房　☐ 網吧　☐ 其他樓上場所(如樓上咖啡店 / 書店等)
☐ 戲院　☐ 電子遊戲機中心　☐ 其他（請註明）_____

7. 次要濫用藥物地點：（可選擇多於一項）

☐ 自己家中　☐ 朋友 / 同學 / 鄰居家中　☐ 公眾遊樂場 / 球場 / 公園 / 公廁
☐ 酒吧　☐ 大廈梯間 / 後巷　☐ 學校（包括宿舍）
☐ 沙灘　☐ 遊艇　☐ 出租屋 / 渡假屋 / 酒店 / 其他出租地方
☐ 卡拉 OK 房　☐ 網吧　☐ 其他樓上場所（如樓上咖啡店 / 書店等）
☐ 戲院　☐ 電子遊戲機中心　☐ 其他（請註明）_____

8. 首次濫用藥物來源：（只可選一項）

☐ 朋友　☐ 男朋友 / 女朋友　☐ 網友
☐ 同學　☐ 父母　☐ 兄弟姊妹
☐ 娛樂場所工作人員　☐ 鄰居　☐ 藥房職員
☐ 毒販　☐ 陌生人 / 其他人（請註明）_____

9. 首次濫用藥物的原因：（只可選一項）

☐ 好奇　☐ 受朋輩影響　☐ 逃避不開心或不安的感覺
☐ 減輕壓力　☐ 止痛　☐ 解悶 / 消磨時間
☐ 減肥　☐ 尋求刺激　☐ 提神
☐ 跟潮流　☐ 避免因沒有服食藥物時而感到不適　☐ 其他（請註明）_____

10. 持續濫用藥物的原因：（可選擇多於一項）

☐ 好奇　☐ 受朋輩影響　☐ 逃避不開心或不安的感覺
☐ 減輕壓力　☐ 止痛　☐ 解悶 / 消磨時間
☐ 減肥　☐ 尋求刺激　☐ 提神
☐ 跟潮流　☐ 避免因沒有服食藥物時而感到不適　☐ 其他（請註明）_____

11. 有否曾接受其他戒毒服務：

☐ 有　☐ 沒有

次數：_____

接受最長服務時間持續_____年_____月

12. 曾接受戒毒服務類型：（可選擇多於一項）

☐ 醫院管理局轄下物質誤用診所　☐ 福音戒毒
☐ 戒毒輔導服務中心　☐ 濫用精神藥物者輔導中心
☐ 自願住院戒毒治療康復計劃　☐ 美沙酮治療計劃　☐ 其他（請註明）_____

13.細心閱讀以下各句子，然後選出一個你認為最適合的答案。

	非常極度不同意	非常不同意	不同意	中立	同意	非常同意	非常極度同意
1. 為了濫用藥物，我願意犯法。	1	2	3	4	5	6	7
2. 因為犯法，我才進行濫用藥物的行為 (如: 吸食毒品)。	1	2	3	4	5	6	7

[B]14.參加美沙酮治療計劃的原因：（可選擇多於一項）

☐ 不適用

☐ 被轉介	☐ 作為代用品	☐ 作戒毒治療
☐ 希望過正常生活	☐ 出於好奇	☐ 自由度高
☐ 受他人影響	☐ 費用便宜	☐ 其他（請註明）_____

[B]15.參與美沙酮治療計劃持續:

☐ 不適用

☐ 持續 _____年_____月

[A/C] 16.有否曾停止濫用藥物：

☐ 不適用

☐ 有，最長時間持續_____年_____月　　☐ 沒有

[A-C] 17.有否停止濫用藥物後重吸：

☐ 不適用

☐ 有　　☐ 沒有

[A-C]18.重吸的原因：（可選擇多於一項）

☐ 不適用

☐ 好奇	☐ 受朋輩影響	☐ 逃避不開心或不安的感覺
☐ 減輕壓力	☐ 止痛	☐ 解悶 / 消磨時間
☐ 減肥	☐ 尋求刺激	☐ 提神
☐ 跟潮流	☐ 避免因沒有服食藥物時而感到不適	☐ 其他（請註明）_____

[D] 19. 停止濫用藥物的原因：（可選擇多於一項）

☐ 不適用

☐ 影響健康	☐ 濫用藥物是犯法的，怕被拘捕	☐ 影響學業
☐ 影響工作	☐ 影響日常生活	☐ 影響家庭
☐ 影響與朋友的關係	☐ 男朋友 / 女朋友不喜歡	☐ 沒有足夠金錢

☐ 其他（請註明）_____

第三部份：濫用藥物依賴程度

以下問題涉及您曾濫用藥物期間的使用情況，請為每一個問題選擇最合適的答案。

	從不/幾乎從不	有時	經常	總是/幾乎總是
1. 您認為您使用（藥物）難以控制嗎？	0	1	2	3
2. 中斷一次劑量會使您感到焦慮或擔憂嗎？	0	1	2	3
3. 您為自己使用（藥物）感到擔憂嗎?	0	1	2	3
4. 您希望自己停止用藥嗎?	0	1	2	3

	不困難	有點困難	很困難	不可能
5. 您認為自己停止用藥有多困難?	0	1	2	3

第四部份：多向度社會支持度

請仔細閱讀下列句子並以出獄後三個月內的狀態，選出一個您認爲最合適的答案。

	非常極度不同意	非常不同意	不同意	中立	同意	非常同意	非常極度同意
1. 當我有需要時，會有一個重要的人陪我。	1	2	3	4	5	6	7
2. 我可以和一個重要的人分享快樂和悲傷。	1	2	3	4	5	6	7
3. 家人會設法幫助我。	1	2	3	4	5	6	7
4. 我在家人上得到我想要的情結幫助和支持。	1	2	3	4	5	6	7
5. 我有一個重要的人是我安心感的來源。	1	2	3	4	5	6	7
6. 朋友會設法幫助我。	1	2	3	4	5	6	7
7. 當我遇到困難時，我可以向朋友求助。	1	2	3	4	5	6	7
8. 我可以和家人傾訴我的困難。	1	2	3	4	5	6	7
9. 我可以和朋友分享快樂和悲傷。	1	2	3	4	5	6	7
10. 我有一個重要的人會在乎我的感受。	1	2	3	4	5	6	7
11. 家人願意幫我做出決定。	1	2	3	4	5	6	7
12. 我可以和朋友傾訴我的困難。	1	2	3	4	5	6	7

第五部份：幸福指數

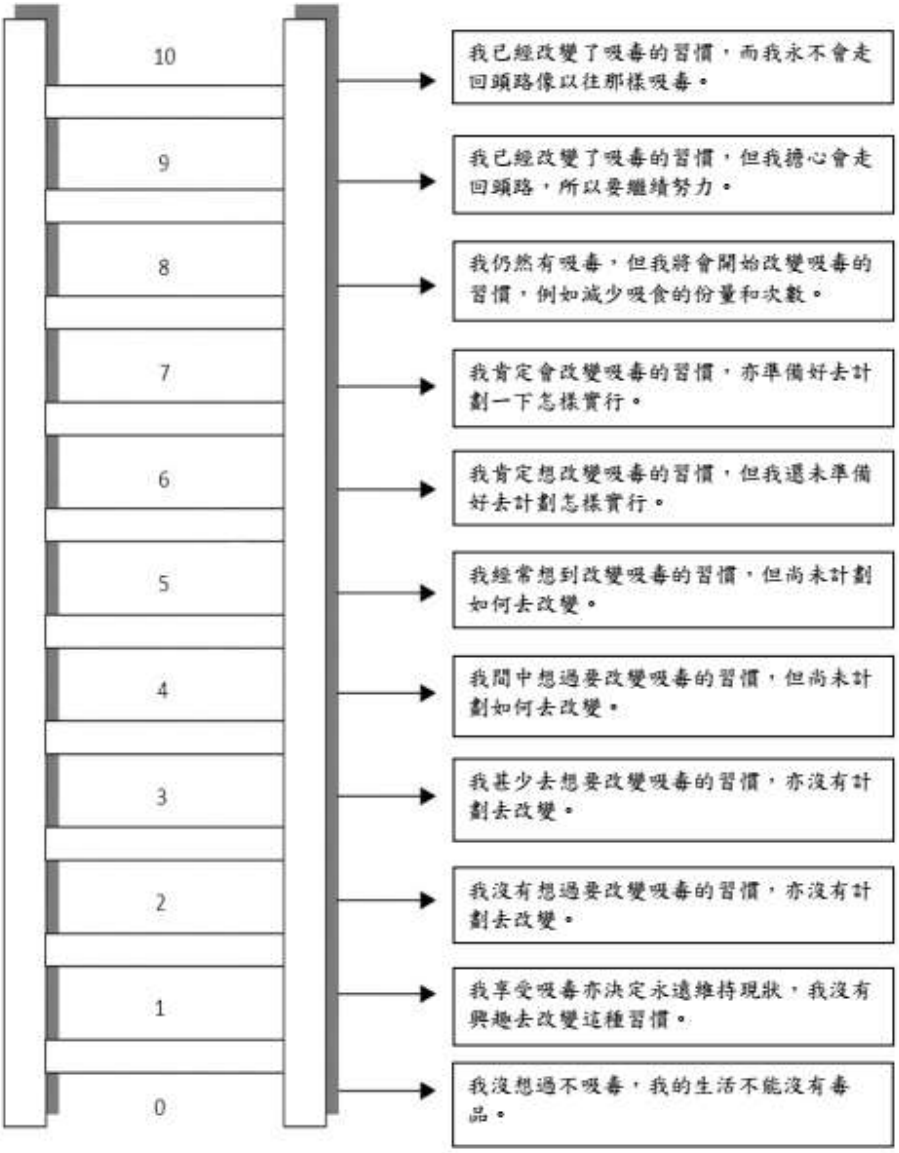
請仔細閱讀下列句子並以出獄後三個月內的狀態，選出一個您認為最合適的答案。

1.	總的來說，你覺得自己的人生在多大程度上有目標性、有意義？	0 完全沒有	1	2	3	4	5	6	7	8	9	10 非常有
2.	你有多經常感覺到你在向自己的目標前進？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
3.	你有多經常地感覺到自己完全沉浸在你所做的事情裡？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
4.	總的來說，你的健康狀況如何？	0 非常糟糕	1	2	3	4	5	6	7	8	9	10 非常好
5.	總的來說，你有多經常感覺到開心？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
6.	在多大程度上在你需要的時候你會得到他人的幫助和支持？	0 完全不會	1	2	3	4	5	6	7	8	9	10 完全會
7.	總的來說，你有多經常感到焦慮？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
8.	你有多經常達到你為自己所設定的重要的目標？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
9.	總的來說，在多大程度上你感覺你做的事是有價值的？	0 完全沒有	1	2	3	4	5	6	7	8	9	10 非常有
10.	總的來說，你有多經常有正面的、好的感覺？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
11.	總的來說，在多大程度上你對事物感到興奮和感興趣？	0 完全沒有興趣	1	2	3	4	5	6	7	8	9	10 非常有興趣
12.	你在日常生活中感覺多孤單？	0 完全不孤單	1	2	3	4	5	6	7	8	9	10 非常孤單
13.	你有多滿意你現在的身體狀況？	0 非常 不滿意	1	2	3	4	5	6	7	8	9	10 非常滿意
14.	總的來說，你有多經常地感到生氣？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
15.	在多大程度上你感覺到被愛？	0 完全沒有	1	2	3	4	5	6	7	8	9	10 非常有
16.	你有多經常感到自己有能力處理好要做的事？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
17.	在多大程度上，你感到人生有方向?	0 完全沒有	1	2	3	4	5	6	7	8	9	10 非常有
18.	和你同齡同性別的人相比，你的健康狀況如何？	0 非常糟糕	1	2	3	4	5	6	7	8	9	10 非常好
19.	你對自己與家人和親密朋友的關係有多滿意？	0 非常不滿意	1	2	3	4	5	6	7	8	9	10 非常滿意
20.	總的來說，你有多經常地感覺到悲傷？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
21.	有多經常你會在做自己喜歡的事情的時候忘記時間？	0 從來沒有	1	2	3	4	5	6	7	8	9	10 總是
22.	總的來說，你感到多滿足？	0 非常不滿足	1	2	3	4	5	6	7	8	9	10 非常滿足
23.	總的來說，你有多幸福？	0 非常不幸福	1	2	3	4	5	6	7	8	9	10 非常幸福

第六部份：戒毒的積極程度

思動階梯

以下每個梯級表示吸毒者對於改變吸毒習慣的一種想法和態度，請選擇一個最貼切形容你現在處於的位置。



第七部份：個人成長中的創傷經驗

在您 18 歲之前的成長過程中（請仔細閱讀以下句子並圈出最能描述您情況的答案: 「是」或「否」）:

1. 在您 18 歲之前，您的父母或家庭裡的其他成年人是否時常或經常…… 對您罵髒話、侮辱您、批評您或羞辱您？*或* 做一些事情來令您害怕您的身體可能會受到傷害？	是	否
2. 在您 18 歲之前，您的父母或家庭裡的其他成年人是否…… 時常或經常推您、抓住您、摑打您或向您扔東西？*或* 曾經打您打得很嚴重，以致您出現傷痕或受傷？	是	否
3. 在您 18 歲之前，是否曾經有一個成年人，或比您至少年長 5 歲的人…… 以性的形式觸碰或撫摸您，或使您觸碰他們的身體？*或* 企圖或實際上與您口交、肛交或陰道性交？	是	否
4. 在您 18 歲之前，您是否時常或經常感到…… 家庭裡沒有人愛您，或家庭裡沒有人認為您是重要的或與別不同的？*或* 您的家人並不互相照料、關係緊密或互相支持？	是	否
5. 在您 18 歲之前，您是否時常或經常感到…… 您沒有足夠的東西吃，只有骯髒的衣物給您穿著，以及沒有人保護您？*或* 您父母醉得太厲害或精神太亢奮，以致無法在您有需要時照顧您或帶您去看醫生？	是	否
6. 在您 18 歲之前，您的父母是否曾經分居或離婚？	是	否
7. 在您 18 歲之前，您的母親或繼母，是否…… 時常或經常被推、被抓住、被摑打，或有人向她扔東西？*或* 有時、時常或經常被踢、被咬、被拳打，或被人以硬物毆打？*或* 曾經被打，或被人用槍或刀威脅，持續至少幾分鐘？	是	否
8. 在您 18 歲之前，您是否與有飲酒問題的人、酗酒者或吸毒者住在一起？	是	否
9. 在您 18 歲之前，您的家庭成員之中是否有人是抑鬱的或患精神病的，*或* 是否有家庭成員曾試圖自殺？	是	否
10. 在您 18 歲之前，您是否有家庭成員曾坐牢（入獄）？	是	否

第八部份：重吸危機程度

請形容你在過去一星期的狀態，細心閱讀以下各句子，然後選出一個你認為最適合的答案，句子中提到的「毒品」指你目前吸食的毒品。

	非常不同意	不同意	中立	同意	非常同意
1. 我以往吸毒時常有的感覺間中又再出現	□	□	□	□	□
2. 有些時候我會想吸毒	□	□	□	□	□
3. 我有一種不由自主的口癮	□	□	□	□	□
4. 我可以自己戒毒	□	□	□	□	□
5. 我因為別人的話而生氣	□	□	□	□	□
6. 我擔心會再吸毒	□	□	□	□	□
7. 我覺得煩躁	□	□	□	□	□
8. 為了吸毒，我幾乎願意做任何事	□	□	□	□	□
9. 我覺得比以前輕鬆安樂	□	□	□	□	□
10. 我沒有動力去做任何事	□	□	□	□	□
11. 沒有毒品我也會沒事	□	□	□	□	□
12. 為了我的家人著想，我不可再吸毒	□	□	□	□	□
13. 我已從毒癮中康復過來	□	□	□	□	□
14. 我害怕吸毒引起的幻覺和妄想	□	□	□	□	□
15. 我有信心自己不會再吸毒	□	□	□	□	□
16. 我感到寂寞	□	□	□	□	□
17. 如果我吸毒，我會無法控制自己	□	□	□	□	□
18. 如果有人把毒品送到我跟前，我會無法拒絕	□	□	□	□	□
19. 我為自己的未來而擔心	□	□	□	□	□
20. 如果我一人獨處，我會吸毒	□	□	□	□	□
21. 如果我吸毒，我的學業/事業會嚴重受到影響	□	□	□	□	□

	非常不同意	不同意	中立	同意	非常同意
22. 如果朋友給我毒品，就算我身在醫院也會吸食	□	□	□	□	□
23. 我無法控制我的感覺	□	□	□	□	□
24. 如果有毒品放在我面前，我會吸食它	□	□	□	□	□
25. 那不耐煩的感覺令我感到疲累	□	□	□	□	□
26. 我覺得自己是個吸毒者	□	□	□	□	□
27. 如果我有一大筆錢，我想買毒品	□	□	□	□	□
28. 我會不惜做任何事以取得金錢買毒品	□	□	□	□	□
29. 吸食毒品後，我的緊張情緒得以舒緩	□	□	□	□	□
30. 吸食毒品後，我覺得好像事事都會順利	□	□	□	□	□
31. 為了得到毒品，即使要我去偷我也願意	□	□	□	□	□
32. 吸食毒品後，我會感到精力充沛	□	□	□	□	□
33. 在不久的將來，我會再吸毒	□	□	□	□	□
34. 為了得到毒品，即使要做非法的事我也願意	□	□	□	□	□
35. 即使我知道我會被拘捕，我都會吸毒	□	□	□	□	□

---------- 問卷完畢 ----------

感謝您的參與。

Appendix B

Interview questions

「本港更生人士的毒品使用概況和相關因素研究」面談問題
美沙酮治療組

熱身問題

1. 近排生活點啊？疫情對你生活有無影響？
2. 覺得自己身體狀況最近點？
3. 你最近仲有無吸毒？有無間唔中玩下？
    a. (如有) 最近一次吸係幾時？食邊隻？有幾經常食？

最近一次入獄

4. 被捕之前嗰一個月有無吸食毒品？
    a. 嗰時食緊邊隻毒品？
    b. 有幾經常食？一星期幾多次？
    c. 喺邊到食多？
    d. 大約每個月用幾多錢買毒品？喺邊到買？
    e. 最主要令你吸毒嘅原因係咩？
5. 請問你係被判咩刑罰？(例如：戒毒所/一般監獄)
6. 入獄後要停止濫藥，有無後遺症？
7. 你覺得入面嘅戒毒服務幫唔幫到你？
    a. 點樣幫到你？有無一啲令你印象深刻嘅事件？

出獄後

8. 你出獄後一個月每一日主要有啲咩做？
    a. 花幾多時間喺呢樣嘢上面? 其餘時間呢？
9. 你出獄後一個月主要同啲咩人聯絡？ 點解搵佢哋?
10. 你出獄後有無咩目標？點解有/無？
11. 你出獄後面對最大嘅挑戰係咩？
12. 你當時係點樣解決呢啲問題？
    a. 你有無主動搵人幫手？
    b. 係咩人？佢點樣幫到你呀？
13. 你出獄後住邊？同入獄之前住嘅地方近唔近？
14. 你當時面對嘅壓力有幾大？ (1 至 10 分：1 係完全無壓力，10 係非常大壓力)
15. 你點樣去消除呢啲壓力？

對濫藥的看法

16. 你覺得間唔中食一次毒品算唔算戒咗毒？
17. 你覺得毒品係啲咩？

18. 你覺得毒品有無幫過你啲咩？點解？
    a. 有無一啲令你印象深刻嘅事件？
19. 你有無為毒品犧牲咗啲咩？
    a. 你覺得值唔值得？
20. 你覺得毒品同你犯事有咩關係？
21. 你覺得毒品同朋友有咩關係？
    a. 如果你無呢班朋友，對你嘅吸毒行為有無影響？點解?
22. 你覺得毒品同不安/唔開心嘅情緒有咩關係？
    a. 如果你無不安/唔開心嘅情緒，對你嘅吸毒行為有無影響？點解?
23. 你覺得毒品同生活沉悶有咩關係？
    a. 如果你無生活沉悶呢種感覺，對你嘅吸毒行為有無影響？點解?
24. 你覺得毒品點樣影響你嘅日常生活？
25. 你點樣睇吸緊毒嘅自己？
26. 戒咗毒之後嘅生活會有咩唔同？
27. 假設你宜家戒咗毒，你點睇無再吸毒嘅自己呢？

美沙酮治療

28. 你係幾時開始食美沙酮？食咗幾耐？
29. 出獄後第一次食係幾時？
30. 點解會開始食美沙酮？當時嘅情境係點？
31. 點解會選擇食美沙酮，而唔係其他毒品？
32. 你食用美沙酮嘅同時，仲有無食其他毒品？點解？
33. 對於你嚟講，美沙酮嘅作用係咩？如果你無食美沙酮，你覺得你宜家會點？
34. 你覺得美沙酮幫唔幫到人戒毒？

戒毒服務

38. 你有無諗住完全戒毒？點解？
39. 你有無接受過其他戒毒服務？
40. 你覺得有邊啲戒毒服務最幫到你？點解？
41. 你認為政府可以點樣幫坐完監嘅人唔再吸毒？
42. 你認為社會可以點樣幫坐完監嘅人唔再吸毒？

完結問題

43. 今次嘅面談差唔多啦，你仲有無其他嘢想補充或者想問返我地？
44. 有無勉勵嘅說話想同其他吸毒人士講？
45. 再一次好多謝你花時間分享寶貴嘅經歷同意見，對本會嘅研究有好大幫助。

「本港更生人士的毒品使用概況和相關因素研究」面談問題
復吸組

熱身問題

1. 近排生活點啊？疫情對你生活有無影響？
2. 覺得自己身體狀況最近點？
3. 你最近仲有無吸毒？有無間唔中玩下？
    a. (如有) 最近一次吸係幾時？食邊隻？有幾經常食？

最近一次入獄

4. 被捕之前嗰一個月有無吸食毒品？
    a. 嗰時食緊邊隻毒品？
    b. 有幾經常食？一星期幾多次？
    c. 喺邊到食多？
    d. 大約每個月用幾多錢買毒品？喺邊到買？
    e. 最主要令你吸毒嘅原因係咩？
5. 請問你係被判咩刑罰？(例如：戒毒所/一般監獄)
6. 入獄後要停止濫藥，有無後遺症？
7. 你覺得入面嘅戒毒服務幫唔幫到你？
    a. 點樣幫到你？有無一啲令你印象深刻嘅事件？

出獄後

8. 你出獄後一個月每一日主要有啲咩做？
    a. 花幾多時間喺呢樣嘢上面? 其餘時間呢？
9. 你出獄後一個月主要同啲咩人聯絡？ 點解搵佢哋?
10. 你出獄後有無咩目標？點解有/無？
11. 你出獄後面對最大嘅挑戰係咩？
12. 你當時係點樣解決呢啲問題？
    a. 你有無主動搵人幫手？
    b. 係咩人？佢點樣幫到你呀？
13. 你出獄後住邊？同入獄之前住嘅地方近唔近？
14. 你當時面對嘅壓力有幾大？ (1 至 10 分：1 係完全無壓力，10 係非常大壓力)
15. 你點樣去消除呢啲壓力？

對濫藥的看法

16. 你覺得間唔中食一次毒品算唔算戒咗毒？
17. 你覺得毒品係啲咩？

18. 你覺得毒品有無幫過你啲咩？點解？
    a. 有無一啲令你印象深刻嘅事件？
19. 你有無為毒品犧牲咗啲咩？
    a. 你覺得值唔值得？
20. 你覺得毒品同你犯事有咩關係？
21. 你覺得毒品同朋友有咩關係？
    a. 如果你無呢班朋友，對你嘅吸毒行為有無影響？點解?
22. 你覺得毒品同不安/唔開心嘅情緒有咩關係？
    a. 如果你無不安/唔開心嘅情緒，對你嘅吸毒行為有無影響？點解?
23. 你覺得毒品同生活沉悶有咩關係？
    a. 如果你無生活沉悶呢種感覺，對你嘅吸毒行為有無影響？點解?
24. 你覺得毒品點樣影響你嘅日常生活？
25. 你點樣睇吸緊毒嘅自己？
26. 戒咗毒之後嘅生活會有咩唔同？
27. 假設你宜家戒咗毒，你點睇無再吸毒嘅自己呢？

出獄後復吸

28. 你出獄幾耐之後開始返濫藥?
29. 出獄後你係點樣開始接觸返毒品？
30. 你喺監禁前、後係咪服食同一種毒品？
    a. (如不同) 點解會試新毒品？劑量有無唔同？
    b. 同過往食嘅時候感覺有咩唔同？
31. 有咩原因令你食返？
32. 你覺得今次食返同以前第一次食毒品嘅原因有咩相似或唔同？

戒毒服務

33. 你有無諗住戒毒？點解？
34. 你有無曾經接受過戒毒服務？
35. 你覺得有邊啲戒毒服務最幫到你？點解？
36. 你認為政府可以點樣幫坐完監嘅人唔再吸毒？
37. 你認為社會可以點樣幫坐完監嘅人唔再吸毒？

完結問題

38. 今次嘅面談差唔多啦，你仲有無其他嘢想補充或者想問返我地？
39. 有無勉勵嘅說話想同其他吸毒人士講？
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「本港更生人士的毒品使用概況和相關因素研究」面談問題
康復組

熱身問題

1. 近排生活點啊？疫情對你生活有無影響？
2. 覺得自己身體狀況最近點？
3. 你最近仲有無吸毒？有無間唔中玩下？(如有→ 出獄首發/復吸組)
    a. (如有) 最近一次吸係幾時？食邊隻？有幾經常食？

最近一次入獄

4. 被捕之前嗰一個月有無吸食毒品？
    a. 嗰時食緊邊隻毒品？
    b. 有幾經常食？一星期幾多次？
    c. 喺邊到食多？
    d. 大約每個月用幾多錢買毒品？喺邊到買？
    e. 最主要令你吸毒嘅原因係咩？
5. 請問你係被判咩刑罰？(例如：戒毒所/一般監獄)
6. 入獄後要停止濫藥，有無後遺症？
7. 你覺得入面嘅戒毒服務幫唔幫到你？
    a. 點樣幫到你？有無一啲令你印象深刻嘅事件？

出獄後

8. 你出獄後一個月每一日主要有啲咩做？
    a. 花幾多時間喺呢樣嘢上面? 其餘時間呢？
9. 你出獄後一個月主要同啲咩人聯絡？ 點解搵佢哋?
10. 你出獄後有無咩目標？點解有/無？
11. 你出獄後面對最大嘅挑戰係咩？
12. 你當時係點樣解決呢啲問題？
    a. 你有無主動搵人幫手？
    b. 係咩人？佢點樣幫到你呀？
13. 你出獄後住邊？同入獄之前住嘅地方近唔近？
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對濫藥的看法

16. 你覺得間唔中食一次毒品算唔算戒咗毒？
17. 你覺得毒品係啲咩？

18. 你覺得毒品有無幫過你啲咩？點解？
    a. 有無一啲令你印象深刻嘅事件？
19. 你有無為毒品犧牲咗啲咩？
    a. 你覺得值唔值得？
20. 你覺得毒品同你犯事有咩關係？
21. 你覺得毒品同朋友有咩關係？
    a. 如果你無呢班朋友，對你嘅吸毒行為有無影響？點解?
22. 你覺得毒品同不安/唔開心嘅情緒有咩關係？
    a. 如果你無不安/唔開心嘅情緒，對你嘅吸毒行為有無影響？點解?
23. 你覺得毒品同生活沉悶有咩關係？
    a. 如果你無生活沉悶呢種感覺，對你嘅吸毒行為有無影響？點解?
24. 你覺得毒品點樣影響你嘅日常生活？
25. 你點樣睇吸緊毒嘅自己？
26. 戒咗毒之後嘅生活有咩唔同？
27. 你點睇無再吸毒嘅自己呢？

出獄後無復吸

28. 有咩原因令你出獄後可以堅持唔再掂返毒品？(例如：朋友？社工？驚再坐監？)
29. 喺堅持唔吸返嘅過程入面，你覺得最大嘅困難係咩？
30. 你點樣面對呢啲困難？
31. 有啲咩幫到你堅持唔吸返?
32. 你做咗啲咩行動確保自己唔吸返？

戒毒服務

33. 你有無曾經接受過戒毒服務？
34. 你覺得有邊啲戒毒服務最幫到你？點解？
35. 你認為政府可以點樣幫坐完監嘅人唔再吸毒？
36. 你認為社會可以點樣幫坐完監嘅人唔再吸毒？

完結問題

37. 今次嘅面談差唔多啦，你仲有無其他嘢想補充或者想問返我地？
38. 有無勉勵嘅說話想同其他吸毒人士講？
39. 再一次好多謝你花時間分享寶貴嘅經歷同意見，對本會嘅研究有好大幫助。

Appendix C

Consent forms for survey and qualitative interviews

香港善導會
The Society of Rehabilitation and Crime Prevention, Hong Kong

「本港更生人士的毒品使用概況和相關因素」研究調查

問卷調查同意書 [參加者填寫]

您好! 本會正在進行一項研究調查，目的是為了解現時「本港更生人士的毒品使用概況和相關因素」。本會一直支持更生人士策勵更生、預防重犯。由於香港現時缺乏有關更生人士出獄後吸毒情況的資訊。本會希望透過此調查，探討這些更生人士出獄後使用毒品的風險因素、維持遠離毒品的保護因素，以及與依賴美沙酮戒毒治療相關的因素，從而完善相關的康復服務。

是次研究共分為兩個階段。第一階段是問卷調查，而第二階段則是個人面談。參與者將於第一階段填寫問卷，需時約 60 分鐘。問卷調查包括八項元素：(一) 基本個人資料、(二) 濫用藥物習慣、(三) 濫用藥物依賴程度、(四) 多向度社會支持度、(五) 幸福指數、(六) 戒毒的積極程度、(七) 個人成長中的創傷經驗、(八) 重吸危機程度。第一階段完結後，合適的參與者將會被個別邀請參與個人面談。您的寶貴意見將對日後本會設立相關康復服務有很大幫助。

承蒙參與者為第一階段的問卷調查付出寶貴的分享與時間，每位參與者於完成後可獲一張港幣五十元正之禮券以作回饋。參與是次研究純屬自願性質，研究中您有權就研究程序的任何部分提出疑問，您亦有權隨時退出參與。研究所得的資料可能被用作日後的分析及發表。但您可以放心，您的個人私隱權利將得以保障，亦即您的個人資料及分享意見會絕對保密。如您對是次研究有任何問題，歡迎聯絡研究及發展部，電話：2511-0968 / 電郵：info.rdd@sracp.org.hk

若您願意接受我們的邀請參與是次研究調查，請您填寫以下部份:
本人確認已閱讀及明白同意書的內容，並且確認同意參與是次研究調查。

參加者姓名：_____

參與者簽名：_____

日期：_____

香港善導會
The Society of Rehabilitation and Crime Prevention, Hong Kong

「本港更生人士的毒品使用概況和相關因素」研究調查

個人面談同意書

您好! 本會正在進行一項研究調查，目的是為了解現時「本港更生人士的毒品使用概況和相關因素」。本會一直支持更生人士策勵更生、預防重犯。由於香港現時缺乏有關更生人士出獄後吸毒情況的資訊。本會希望透過此調查，探討這些更生人士出獄後使用毒品的風險因素，維持遠離毒品的保護因素，以及與依賴美沙酮戒毒治療相關的因素，從而完善相關的康復服務。

是次的個人面談是本研究的第二階段，參與者將會接受一次的面對面訪問，訪問內容將探討您對濫用藥物的觀點，對社會和文化狀況的反應，導致目前情況的昔日事件，以及監禁時及出獄後的個人經驗。訪問長約 90 分鐘，實際時間視乎參與者提供細節的長短。您的寶貴意見將對日後本會設立相關康復服務有很大幫助。

參與是次研究純屬自願性質，研究中您有權就研究程序的任何部分提出疑問，您亦有權隨時退出參與。為了方便準確記錄訪問內容，整個訪問過程都會錄音。研究所得的資料只會作是次研究之用，您的個人私隱權利將得以保障，您所提供的個人資料亦會絕對保密，您的名字並不會於任何的文章和報告內出現，如有必要會以假名替代。研究完成後，所有資料及錄音將會被清洗及燒毀。

承蒙參與者為第二階段的個人面談付出寶貴的分享與時間，每位參與者於完成後可獲港幣一百元正之禮券以作回饋。

如您對是次研究有任何問題，歡迎聯絡：研究助理 蕭朗森先生或 楊芷曖小姐，電話：2511-0968／電郵：info.rdd@sracp.org.hk

若您願意接受我們的邀請參與是次研究調查，請您填寫以下部份:

本人確認已閱讀及明白同意書的內容，並且確認同意參與是次研究調查。

參加者姓名：_____

參與者簽名：_____

日期：_____