

切勿吸毒致崩解

健康第一 預防為先
體力爭取好前途

毒品

明瞭的真相

CHAPTER

第 3 章

戒毒治療和康復服務：

全力協助 重建新生

TREATMENT AND REHABILITATION

- HELPING TO HEAL



吸毒

Call



香港最早為藥物倚賴者提供的戒毒治療服務，是由當時的監獄署（現稱懲教署）在五十年代末期開始推行的。當局發現當時因毒品或與毒品有關罪行而被判監的囚犯中，接近90%是染上毒癮的。一九六三年，香港戒毒會開始向藥物倚賴者提供自願住院戒毒服務。到了一九七六年年末，由於零售的海洛英供應短缺，衛生署在全港迅速擴展新推行的美沙酮門診戒毒服務。現在，共有十間非政府機構協助推行這三個主要戒毒治療計劃。這些機構雖然規模不大，但合共提供的住院牀位數目較多。

多年來，藥物倚賴者的年齡和性別分布與其社會和經濟背景已有很大改變。例如，據一九五九年白皮書透露，許多藥物倚賴者接受的教育不多，他們不是失業，就是從事一些收入或地位低微的工作，如拉人力車或當妓女等。根據目前藥物濫用資料中央檔案室的紀錄顯示，超過97%的藥物倚賴者曾經接受學校教育，而約40%被呈報時是有工作的。教育程度的改變，也許是由於政府自一九七一年起推行免費小學教育及由一九七八年起推行三年免費中學教育。藥物倚賴者的教育程度提高後，他們的入息水平和就業的比率也相應增加。

The first treatment services for drug dependent persons in Hong Kong were developed by the then Prisons Department (now the Correctional Services Department) in the late 1950s, when it was discovered that almost 90% of convicts, imprisoned for both drug and drug related crimes, were addicted. In 1963, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) began to provide voluntary in-patient treatment services to drug dependent persons, and in late 1976, following a heroin shortage in the streets, the Department of Health rapidly expanded the new out-patient Methadone Treatment Programme on a territory-wide basis. These three major treatment programmes are now augmented by ten non-government agencies which, although smaller in scale individually, provide collectively a larger number of in-patient beds.

During these years, there were a number of changes in the age and sex distribution of drug dependent persons, as well as in their socio-economic background. For example, the 1959 White Paper revealed that many had not received much education; they were either unemployed or employed in low-income or low-status occupations such as rickshaw-pulling or prostitution. Current CRDA records show that over 97% of drug dependent persons have received some schooling and about 40% were employed at the time they were reported. The change in the education level may have arisen from the introduction of free primary school education and of three years' free secondary school education for all children in 1971 and 1978 respectively. Increased educational standards in turn have enhanced earning power and the proportion of drug dependent persons who are employed.

Against the background of rapid economic, social and demographic developments, Hong Kong has adopted a multi-modality approach to the provision of drug treatment and rehabilitation services, to meet the changing types of abuse, and the needs of drug dependent persons from varying backgrounds. To ensure that these developments are kept under constant scrutiny, the Government and the ACAN have arranged regular policy reviews, ranging from a 1992 report by the UK Drug Demand Reduction Task Force which concluded:

“Many of the Drug Abuse Treatment and Rehabilitation Services in Hong Kong have been pioneers in the field, and are internationally known and highly regarded. There are many expert and dedicated workers in the treatment and rehabilitation agencies, and there is no doubt that Hong Kong is a leader in the field in Asia, and a source of information and advice for many countries in the area ...”

to the Treatment and Policy Review set up by the Commissioner for Narcotics at the suggestion of the Director of Audit, also in 1992, which concluded that “Treatment and Rehabilitation should always respond to changes in the pattern of drug abuse ...” and made a number of recommendations including the enhancement of coordination and networking amongst the various rehabilitation agencies, and also for the amalgamation of the medical social service components of SARDA’s in-patient programmes and the Methadone Treatment Programme.

由於經濟、社會和人口的發展一日千里，香港在提供戒毒治療康復服務方面採用多種模式的方針，以應付日新月異的藥物濫用方式，及照顧來自不同背景的藥物倚賴者的需要。為確保這些發展經常受到監察，政府和禁毒常務委員會定期進行政策檢討，例如在一九九二年，英國減少毒品需求專責小組擬備檢討報告，結論認為：

“香港所提供的戒毒療康服務，不少是開創先河、國際知名並深為各國稱許的。有關的機構不少是由具備專門知識和熱心的人員負責提供服務。毫無疑問，香港在這個範疇內在亞洲區居於領導地位，為區內不少國家提供資料和意見”

此外，禁毒專員亦於同年接納核數署（現稱審計署）的建議，設立戒毒治療及康復政策檢討委員會，該會的結論為“療康服務應經常因應藥物濫用模式的轉變而作出配合.....”，並提出多項建議，包括加強不同康復機構之間的協調和聯繫，以及將香港戒毒會住院計劃和美沙酮門診治療計劃兩者的醫療社會服務合併。



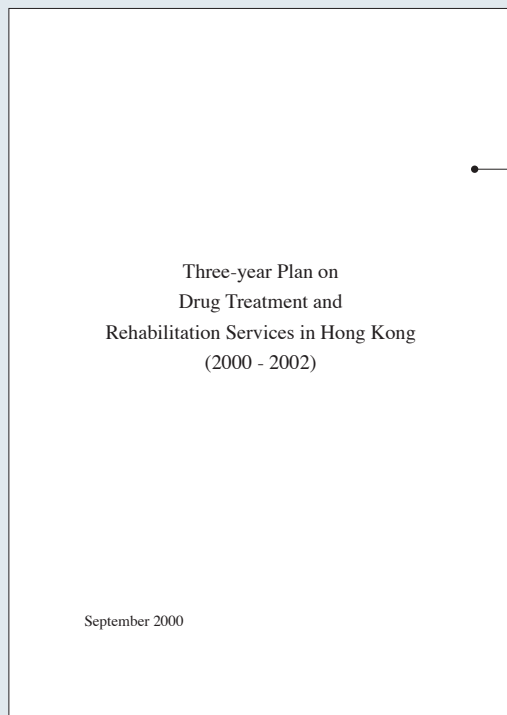


在二十世紀九十年代的十年間，香港大部分時間都是經濟蓬勃，失業率極低，而且薪金和物價穩步上升。然而，很多人亦感到生活的壓力迫人，難以應付，有些人因此轉而濫用藥物，濫用的物品主要是舊式的鴉片類毒品或者日益普遍的新合成藥物或精神藥物。有見及此，當局分別在一九九四和九六年召開兩個創新的“毒品問題高峰會議”，出席人士包括高級政府官員及來自各部門、資助團體和推行禁毒工作的非政府機構的代表。高峰會議其中一項主要成果，便是促成政府撥款3.5億港元成立“禁毒基金”，基金的利息收入將用以資助有意義的禁毒計劃。

為了保持動力，對日新月異的社會作出回應，政府總部禁毒處聯同各有關政府部門和其他團體，於一九九七年擬訂第一個《香港的戒毒治療與康復服務三年計劃（一九九七至九九年）》，並獲得禁毒常務委員會通過。接著又制定第二個三年計劃（二零零零至零二年）。這個計劃的目標，是研究香港提供的戒毒康復服務能否配合藥物濫用者的特性和需要；以及就所提供服務的未來計劃和需進行的調整，作出指引。值得注意的是在一九九五年，世界衛生組織有關藥物倚賴者療康服務的國際政策、法律及計劃工作小組，對逾七十個國家自一九九三年的立法及政策制訂進行研究後，援引香港為例，指香港透過有系統的中央資料搜集及分析，在制訂社會政策時能理性地應付不斷轉變的藥物濫用情況。

Most of the last decade of the 20th Century was a time of considerable prosperity in Hong Kong, when unemployment rates were very low, and when prices and wages were rising steadily. It was also a time of considerable stress for many who found it difficult to cope with the increased pressures of their daily lives, and some of them turned to drugs, either the old opiates or the increasingly available new synthetics or psychotropics. Against this background, two innovative Drug Summits were held in 1994 and 1996 attended by senior Government leaders and representatives of all departments, subvented agencies, and non-government organizations who were active in the field. One major result from this new initiative was the creation, by the Government, of a Beat Drugs Fund with a capital of \$350 million, the income from which was to be used to finance worthwhile anti-drug projects.

To maintain the growing momentum of change, the Narcotics Division of the Government Secretariat, in conjunction with relevant Government departments and other concerned organizations, drew up, in 1997, the first Three-Year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (1997-1999), which was endorsed by the ACAN. It was followed by the second Three-Year Plan (2000-2002). Their key objectives were to examine whether the provision of treatment and rehabilitation services in Hong Kong accorded with the drug abusers characteristics and needs; and to provide a guide to future plans and any necessary adjustments to the services being provided. It is noteworthy that, in 1995, the WHO Working Group on International Policy, Law and Programmes for Treatment and Rehabilitation of Drug Dependent Persons, after studying the legislation and policy formulation of over 70 countries since 1993, cited Hong Kong as an example of responding rationally to changing drug scenes in forming social policies through systematic central data collection and analysis.



香港戒毒治療和康復服務三年計劃 (二零零零至二零零二年)
The Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2000-2002)

At the beginning of the new Millennium, substantial progress was also being made in drafting enabling legislation for a new registration scheme for drug treatment and rehabilitation centres, which aims to improve the standard of the services they provide, and ensure that residential patients will be treated in a properly managed and secure physical environment. The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance was passed in April 2001 and is set for implementation in April 2002. On the commencement of this ordinance, drug treatment and rehabilitation centres which provide voluntary residential services for four or more drug dependent persons will need to obtain a licence from the Director of Social Welfare.

踏進新紀元，當局也在草擬賦權法例以引進新的戒毒療康中心發牌計劃方面，取得重大進展。這項發牌計劃旨在提高戒毒療康中心的服務水準，及確保住院戒毒者能在管理妥善和安全的環境下接受戒毒治療。《藥物倚賴者治療康復中心（發牌）條例》於二零零零一年四月通過，預計在二零零二年四月實施，屆時，任何人士或團體若經營戒毒治療及康復中心，為四位或以上人士提供自願住院服務，必須向社會福利署署長申請牌照。



懲教署開創先河

PIONEER WORK OF THE CORRECTIONAL SERVICES DEPARTMENT



由於在五十年代中期，全港監獄的囚犯中，約有90%染有毒癮，當時的監獄署領先開創強迫戒毒計劃。監獄署成為一切有組織戒毒治療工作的先驅，其成就贏得國際的注意。

一九五八年之前，染有毒癮的囚犯與其他犯人完全受到同樣看待。這種情況顯然未如理想，監獄署亦發覺有需要特別提供一些計劃，協助被判刑的吸毒犯戒毒康復。

當時，有不少對社會有益的計劃急待進行，所以建造一所戒毒中心未能獲得撥款。然而，到了一九五八年，政府在新落成的大欖涌水塘下方找到一處合適地點，該處最終改建為第一所專門為濫用藥物犯人進行戒毒治療的懲教機構。

As 90% of all prison inmates in Hong Kong were drug addicts in mid-1950s, the then Prisons Department did a lot of pioneer work in providing compulsory placement programmes. It was the forerunner of all organized treatment of drug abuse in Hong Kong, and its achievement had attracted international attention.

Until 1958, persons found to be drug dependent upon admission to prison were treated just like other prisoners. This situation proved unsatisfactory and it became obvious to the prison authority that there was a need for a special programme to rehabilitate those who had been sentenced to imprisonment, and were drug dependent.

At that time there were many socially desirable projects competing for priority and therefore funds were not available for a purpose-built centre. In 1958, however, a site was found below the newly completed Tai Lam Chung Reservoir, which was eventually converted to provide the first penal institution specifically geared to treat drug dependent prisoners.

Those selected for treatment had to be drug dependent, and sentenced to imprisonment for a period of not more than three years. Their background and other relevant factors were taken into consideration by a classification board before final acceptance into the programme. With the growth of experience, the admission criteria were amended to include a minimum sentence of six months. This change was made to ensure that there was sufficient time for treatment to be effective, especially since after-care at that time was on a purely voluntary basis.

Expansion came in early 1969 when the Government introduced the Drug Addiction Treatment Centre Ordinance (Cap. 244). This legislation, which formalized the establishment of Addiction Treatment Centres, was a result of ten years' valuable experience and intensive research at Tai Lam Prison. The ordinance empowers the court to sentence a drug dependent person found guilty of an offence punishable with imprisonment (other than non-payment of a fine) to detention in a drug addiction treatment centre, if the court is satisfied, in the circumstances of the case and having due regard to the character and previous conduct of the individual, that it is in his interest and that of the public that he should undergo a period of treatment and rehabilitation. Before a detention order is made, the court is required to remand the person into a drug addiction treatment centre for a suitability report by the Prison authority for a period not exceeding three weeks. Suitability for admission is assessed on the basis of a drug dependent person's physical health, type of offence committed, history of drug dependence, criminal background, availability of accommodation and other relevant factors. If the court accepts the suitability report, the ordinance allows for an order of detention in a drug addiction treatment centre to be made for a period of not less than two months nor more than 12 months from the date of the order. The actual

獲送往接受戒毒的犯人，必須是刑期不超過三年的吸毒犯。這些人的背景和其他有關因素都要先經過一個遴選委員會審核，才可最終獲准加入治療計劃。後來，隨着經驗增加，監獄署修改加入計劃的準則，規定犯人至少服刑六個月，以確保有足夠時間令戒毒治療見效。由於當時的善後輔導純屬自願性質，所以更需有充分時間讓吸毒犯戒除毒癮。

擴展工作於一九六九年初展開，政府根據這十年間的寶貴經驗和在大欖監獄進行的深入研究工作，制定《戒毒所條例》（第244章），正式確立戒毒所制度。根據這項條例所賦予的權力，法庭在考慮案情、吸毒犯的性格及過往行為後，若認為對犯人本身及社會均有利，可將應判監禁的吸毒犯（欠交罰款者除外）送往戒毒所接受戒毒治療。在發出羈留令前，法庭須首先將犯人扣押在戒毒所內不超過三個星期，等候懲教署作出報告後，方下決定，這份報告以犯人的健康狀況、犯案種類、過去的吸毒史、犯罪背景、戒毒所內是否有剩餘名額和其他有關因素作為考慮基礎加以評估。倘法庭接納這份報告，認為吸毒犯適宜送入戒毒所，則根據法例規定，法庭可判吸毒犯入戒毒所兩個月至一年，由頒布羈留令的日期開始計算。懲教署署長將會考慮戒毒者的健康狀況、



曾濫用藥物的男犯人在喜靈洲戒毒所接受體能煉。

Male inmates undergoing physical training at Hei Ling Chau Drug Addiction Treatment Centre.



戒毒進展和獲釋後是否能夠不再吸毒，才決定戒毒者的實際扣押時期。戒毒所的監督和職員會密切監察戒毒者的治療進展。此外，戒毒者亦會獲得由高級監督出任主席的法定檢討委員會定期接見。

強迫戒毒計劃旨在為有需要者進行戒毒，使其恢復健康，並幫助他們戒除對毒品的依賴，重新適應社會。計劃除提供全面醫療服務外，也會透過工作治療和個別及小組輔導等方法多管齊下，讓他們戒除在心理/情緒上對毒品的依賴。體力勞動和戶外工作是整個計劃的重要部分，目的是使戒毒者增強體魄，從而建立自尊，重拾自信。這些工作大部分以服務社會為主，讓戒毒者覺得工作富意義，並對社會有所貢獻，從而得到滿足感。

period of detention is determined by the Commissioner of Correctional Services who will give due regard to an inmate's health and progress, and the likelihood of his remaining abstinence from drugs following his release from institutional care. The inmate's progress is closely monitored by the centre's Superintendent and staff. He is also seen at regular intervals by a statutory Board of Review chaired by a Senior Superintendent of Correctional Services.

The aims of the compulsory drug treatment programme are to detoxify where necessary, and restore physical health, to deal with the causes of the inmates' dependence on drugs, and to facilitate their readjustment to society. A full medical service is provided and psychological/emotional dependence is tackled by a combination of work therapy and individual and group counselling. Physical and outdoor work are important parts of the programme, and are designed to improve the inmates' health, and to give them a sense of pride and confidence. Much of the work is community-oriented so as to give them the personal satisfaction of achieving something worthwhile and of benefit to the public.



女犯人在芝麻灣戒毒所進行工作治療。

Female inmates receiving work therapy in Chi Ma Wan Drug Addiction Treatment Centre.

Post-release employment and accommodation are arranged by an after-care officer, and attempts are made to ensure that no one is released from institutional care without confirmation that he has a job or full-time studies to go to on discharge. Of even more importance is the availability of after-care officers for counselling and advice during the 12 months compulsory supervision following release. Research has shown that a drug dependent person is most likely to relapse during this critical period after treatment (in which case he can be recalled for further treatment), and that the interest, assistance and guidance that after-care staff provide are crucial to help him remain abstinent and law-abiding.

Two drug addiction treatment centres are operated by the Correctional Services Department, at Hei Ling Chau for men, and Chi Ma Wan for women. While admissions had been steadily increasing in the years before, there was a marked reversal of the trend in 1996, when the numbers were 2 650, dropping to 1 916 in 1997, and even further to 1 372 in 1999. Since the start of the programme in 1969, some 57 400 persons have been admitted, of whom 3 600 were women and 53 800 men.

戒毒者獲釋後，會由一名善後輔導員負責安排職業和居所。當局會盡量確保，在未確定犯人獲釋後會有工作或就讀全日制課程前，不會釋放任何囚犯。更重要的是，犯人獲釋後的12個月內仍須接受強制監管，由善後輔導員給予輔導和意見。研究結果顯示，吸毒者在戒毒後的這段期間最易重新染上毒癮（如果有這種情況，他們會被召回再接受治療），因此善後輔導員的關懷、協助和指導十分重要，可幫助他們遠離毒品，奉公守法。

懲教署轄下設有兩間戒毒所，一間是為男犯人而設的喜靈洲戒毒所，另一間是為女犯人而設的芝麻灣戒毒所。雖然入住戒毒所的人數在過往多年持續上升，但於一九九六年卻有明顯的下降趨勢，只有 2 650 名，並在一九九七年下跌至 1 916 名，而到了一九九九年更減至 1 372 名。自這項計劃在一九六九年推行以來，入住戒毒所的人數共有 57 400，其中女性為 3 600 人，男性為 53 800 人。



香港戒毒會提供的自願院治療服務

VOLUNTARY IN-PATIENT ROLE OF THE SOCIETY FOR THE AID AND REHABILITATION OF DRUG ABUSERS



香港戒毒會推行全港最龐大的自願住院戒毒治療計劃。前往該會求診的藥物倚賴者，都可立即獲得社會福利和醫療方面的照顧，以及全面的康復服務。治療程序包括入院前的門診治療、住院治療，然後是善後輔導。戒毒者成功完成康復計劃後，便可加入香港培康聯會成為會員，以便與其他戒毒者繼續互相支持。在一九六五年，只有371名男性求診者在石鼓洲接受戒毒治療。在一九九九年，共有2 104名男女戒毒者入住該會的石鼓洲康復院、婦女康復中心和凹頭青少年中心。

一九六零年，一群社會知名人士有感於本港嚴重缺乏自願戒毒設施，因此創立了香港戒毒會。一九六一年二月，《有毒癮者治療及康復條例》（第326章）通過，由此確立了香港戒毒會的法定地位。該會後來籌得一筆經費，並以每年一元的象徵式租金向政府租用石鼓洲作為戒毒中心，該處是一個荒蕪小島，距離本港西南約13公里，面積約121公頃。香港戒毒會隨即在島上興建一些基

The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) operates the largest voluntary in-patient treatment programme in Hong Kong. Drug dependent persons who apply to SARDA for treatment receive prompt social and medical care followed by comprehensive rehabilitation services. The programme begins with a pre-admission service, then in-patient treatment and after-care, and finally membership in the Pui Hong Self-Help Association for continued mutual support. In 1999, a total of 2 104 men and women were admitted to its Shek Kwu Chau and Women's Treatment Centres and the Au Tau Youth Centre, as compared with 371 men in Shek Kwu Chau only in 1965.

The history of SARDA began in 1960 when it was founded by a group of prominent citizens, who were concerned about the lack of any voluntary treatment facilities for drug dependent persons in Hong Kong at that time. After the passage of the Drug Addicts Treatment and Rehabilitation Ordinance (Cap. 326) in February 1961, which established its legal status, and with subsequent fund-raising, SARDA obtained, by lease from the Government, the barren island of Shek Kwu Chau with an area of some 121 hectares situated some 13 kilometres to the South West of Hong Kong at a rent of \$1 per year. Arrangements were soon made for the construction of basic facilities to house the small number of staff and the first batch of detoxified patients who arrived from Castle Peak Hospital for rehabilitation. The centre was officially opened by the then Governor of Hong Kong,

Sir Robert Black on 23 April 1963. The administration of the island and the medical arrangements are the responsibility of the Medical Superintendent.

From the very beginning, it has been the policy of the Society to include, as a major part of its therapy programme, the development and expansion of the initial basic facilities which existed on the island at the time of arrival of the first rehabilitants. The majority of the residents, being skilled or semi-skilled in various trades or in horticultural and animal husbandry, have been able over the years to contribute their technical experience towards the improvement of the island's environment. Today the Shek Kwu Chau Centre consists of a complex of workshops, farms and domestic buildings, all of which constitute an essential and integral part of a thriving community of men who have submitted themselves voluntarily for the treatment of their addiction.

The island community has a capacity for 350 persons, which can cope with admission demand throughout the year. New arrivals are provided with detoxification facilities on the island for up to two to three weeks, after which they are

本設施，以容納數名職員和第一批從青山醫院轉介的戒毒康復者。一九六三年四月二十三日，石鼓洲戒毒康復院正式啟用，由當時的港督柏立基爵士主持揭幕禮。島上的行政和醫療服務的安插，全都由一名醫療總監負責。

從最初開始，香港戒毒會秉持的政策，是擴充和發展島上收容第一批康復者時建成的設施，這是其治療計劃的重要一環。由於島上大部分康復者都是各行各業的熟練或半熟練工人，或多或少懂得園藝和飼養禽畜，因此都能貢獻所長，改善島上的環境。目前，石鼓洲康復院已設有工場、農場和宿舍，為島上自願戒毒者提供一個不假外求的小社區。

島上設施共可容納350人，可應付全年入院戒毒者的需求。初來戒毒的人首先透過島上設施進行兩至三週的戒毒治療，然後便要參加一項為期四至二十三星期的康復計劃，需時多久視乎個別戒毒者的需要或方便程度而定。院方提供一醫療服務，以協助戒毒者恢復健康。經驗豐富的職員除向戒毒者提供個別和小組輔導外，還會以身作



香港戒毒會於一九六一年選址興建戒毒所的地點。
Area chosen for the construction of SARDAs rehabilitation centre in 1961.



八十年代香港戒毒會位於石鼓洲的戒毒所外貌。

SARDA's rehabilitation centre at Shek Kwu Chau in 1980s.

則，為他們樹立良好榜樣。這些職員都是已康復的戒毒者，經過職前和在職訓練後獲挑選出任小組組長或工作導師。康復計劃仍以工作治療為主，但社會教育和行為模式的改變也日益受注重，讓康復者出院後可以成功入社會。

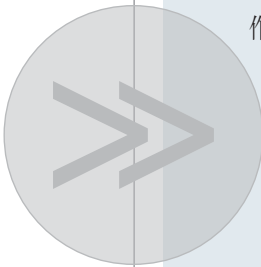
藥物倚賴者接受戒毒治療後，會根據他們的技能分配到各宿舍。沒有一技之長的青少年，則會被派往有導師的單位接受技能訓練。島上共有13間宿舍，各有一個起居作息和工作的環境，以及備有康樂體育設施。日常的工作，計有木工、建造、烹飪、耕種、電工、金工、機械和裁剪等，因此從內部分工、維修和發展的角度來看，島上的社區完全可以自給自足，需假外求的只是工作所需的基本物資而已。戒毒會十分重视戒毒者參與島上的管理工作，並極力鼓勵各人以共同福祉為己任。因此，院方會在各層面就所有與大眾福利有關的事情共同磋商。

石鼓洲戒毒康復院自開辦以來，共有逾61 600人次的藥物倚賴者曾經接受戒毒治療，當中不少是再次入院者，原因是院方鼓勵出院後重染毒癮的人士盡快返回島上戒毒。對於那些因種種原因不適

transferred to the Rehabilitation Programme for a period of four to 23 weeks according to their individual requirements or convenience. General medical services are provided throughout to facilitate their restoration to a satisfactory standard of physical health. Individual and group counselling and role modelling are provided to the residents by experienced staff members who were formerly afflicted by narcotic abuse themselves and who were selected to serve as group leaders or work supervisors after pre-service and in-service training. Work therapy still forms the backbone of the rehabilitation programme but increasingly social education and behavioural modification are emphasized to prepare the residents for successful re-integration into the community following discharge.

All residents, after detoxification, are allocated to various houses, according to their skills and abilities, unskilled youngsters being placed in units where training skills are provided by staff instructors. There are 13 houses, each a unit for living, working, sports and recreation. They are concerned with such diverse tasks as carpentry, building, cooking, farming, electrical work, metal work, mechanics, and tailoring, so that from the internal labour, maintenance and development points of view, the community is totally self-sufficient, importing only the basic materials essential for these tasks. Great emphasis is placed upon general participation in community management, and every resident is encouraged to see the well-being of the community as his responsibility, and to this end consultation is required at all levels and in all matters relating to the common welfare.

Of some 61 600 admission cases entering Shek Kwu Chau for treatment since its opening, many were repeaters because encouragement is given to discharges to seek readmission as soon as possible following their relapse to drugs. Those who find institutional life unacceptable or inconvenient for



one reason or another are strongly recommended to avail themselves of out-patient methadone treatment provided by the Department of Health. The door, however, always remains open for those who are motivated to become completely drug-free by undergoing the treatment programme at Shek Kwu Chau.

Women's Treatment Centre, SARDA

SARDA's Women's Treatment Centre (WTC), was established in late 1968 in a tenement building in Wan Chai to rehabilitate female drug dependent persons who sought treatment voluntarily. It was funded with a capital grant and operating expenses from the Lotteries Fund for the first two years. Since 1972, the WTC has received an annual subvention from the Department of Health and has gradually developed into a therapeutic community with an interdisciplinary treatment team responsible for in-patient programme management as well as social rehabilitation and community after-care.

In 1986, the WTC was moved to the Sun Tsui Estate, Tai Wai, Shatin. In 1997, it was relocated to Beas Hill, Sheung Shui, and finally, in February 2000 to Hang Tau, Sheung Shui, where there are ten detoxification beds and 32 for rehabilitation. Up to 31 December 1999, the total number of admissions was 2 424. An adult female rehabilitation centre was established in 1997 in the Sun Tsui Estate quarters, Shatin vacated by the WTC.

The Pui Hong Self-Help Association

The SARDA Alumni Association was established by Dr. James M N Ch'ien and a small group of successfully

應住院生活或感到不便的戒毒者，院方大力推薦他們參加衛生署提供的美沙酮門診治療計劃。不過，對於有志完全脫離吸毒行列，自願到石鼓洲戒毒的人，戒毒之門永遠為他們打開。

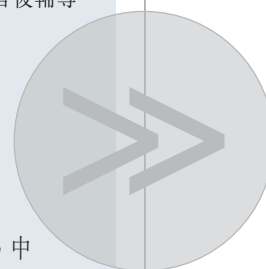
香港戒毒會婦女康復中心

一九六八年下半年，香港戒毒會在灣仔一幢唐樓開設一所婦女康復中心，為自願戒毒的婦女提供療康服務。該中心的開辦經費和首兩年的運作費用，由政府獎券基金撥款資助。由一九七二年開始，該中心改由當時的醫務衛生處每年提供資助，並逐漸發展成為一個設有一組提供多元化服務的治療人員的治療中心。該組人員除負責住院計劃的管理外，也推行社會康復和善後輔導工作。

一九八六年，婦女康復中心遷往沙田大圍新翠邨；一九九七年，遷往上水雙魚山；最後在二零零零年二月，中心再度遷到上水坑頭，新址分別設有戒毒和康復牀位10和32個。截至一九九九年十二月三十一日，康復中心的總入住人次為 2 424 名。一九九七年，香港戒毒會在沙田新翠邨的空置宿舍，開設一所成人婦女康復中心。

香港培康聯會

一九六七年，錢明年博士和數名已康復的藥物倚賴者成立了香港戒毒會康復先進聯誼會，為該會各康復中心出院的戒毒者繼續提供服務，鼓勵他





們發揮自助和互助精神。該聯誼會最初在一九六八年根據《社團條例》（第151章）註冊，其後在一九八七年根據《公司條例》（第32章）重新註冊為香港培康聯會。最重要的改變之一，是該會把其宗旨修訂為一系列具體明確的執行目標和工作，鼓勵會員共同負起領導的責任，以及由各分區更廣泛參與決策，同時擴大會員人數，接受從香港戒毒會屬下康復中心出院六個月或以下的戒毒者為試用會員，而出院後第一年內保持不沾毒品和不犯罪案者，可成為普通會員。該會在一九八八年由會員籌款和獲得香港賽馬會撥款資助，設立永久會址作為總事處和康樂中心。

培康聯會的四個地區分會與香港戒毒會屬下的四間分區社會服務中心互有聯繫。聯會的會員協助香港戒毒會推行康復計劃，包括尋找新個案，提供以身作則的輔導，擔任朋輩輔導員，並協助推行預防教育工作（包括禁毒常務委員會舉辦的禁毒運動），擔任義工和現身說法講述康復者的經歷和生活體驗。自一九八九年以來，該會的外展工作隊為衛生署轄下的特別預防計劃提供支援，前往一些藥物倚賴者流連的地區，在街頭向海洛英倚賴者作出輔導，以便低感染愛滋病毒/愛滋病的危險，並收集棄置針筒以供焚毀。由於該隊的努力，使用注射方法濫用藥物的人士的感染率極低（少於1%），亦因此在一九九八年獲頒發“傑出愛滋病工作者表揚計劃”獎項。

treated drug dependent persons in 1967 to provide continued self-help and mutual support for SARDA discharges. It was first registered under the Societies Ordinance (Cap. 151) in 1968, and reincorporated as the Pui Hong Self-Help Association in 1987 under the Companies Ordinance (Cap. 32). Important revisions implemented at that time included the translation of its aims into a set of specific operational objectives and tasks, the encouragement of shared leadership and wider participation in decision-making from the district chapter level, and the expansion of its membership by accepting those discharged from SARDA's treatment centres after six months or less as probationary members and those remaining drug-free and crime-free during the first year after discharge as ordinary members. Through its members' fund raising efforts, as well as a grant from the Jockey Club, permanent premises were acquired in 1988 to house its head office as well as a recreation centre.

The four district chapters of Pui Hong are linked with SARDA's four regional social service centres. Members of the association support SARDA's rehabilitation programme in case-finding, role modelling, and peer counselling and contribute to preventive education work, including the ACAN's preventive campaigns, with volunteer manpower and public testimony about rehabilitated abusers' lives and experiences. Since 1989, Pui Hong's out-reaching team has supported the work of the Special Prevention Unit of the Department of Health in visiting known congregating areas to give street counselling to heroin dependent persons on reducing the risk and dangers of HIV/AIDS infection and to collect abandoned syringes for incineration. For its contribution in keeping the infection rate exceptionally low amongst injecting drug users (below 1%), the team received an "Outstanding AIDS Workers Award" in 1998.

When three hostels/half-way houses were first established by SARDA — two for men and one for women discharged from its treatment centres, they were all operated by the Pui Hong Self-Help Association. But in 1989, when they began to receive an annual subvention from the Social Welfare Department, their supervision was transferred to SARDA. At present, there are four male half-way houses (for those who have completed a minimum of 12 weeks stay in Shek Kwu Chau) and one female hostel for WTC discharges, which can accommodate 66 men and ten women respectively. These five half-way houses are contributing substantially to the social re-integration of rehabilitated drug dependent persons. SARDA's follow-up data indicate that those who passed over the bridge of a half-way house after discharge from a treatment centre were much more successful in their social re-integration at the end of their after-care period than those who are discharged directly into the community.

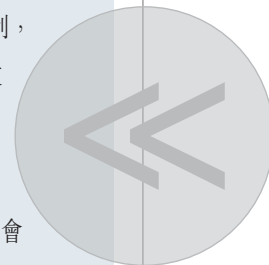
During 1999, Pui Hong extended its rehabilitation and educational role into the sphere of income-generation enterprises by establishing a cooperative shop in Shek Kwu Chau, selling daily necessities, the profits from which are used to support cultural-recreational activities for the Island's residents as well as rehabilitants elsewhere.

In 2000, with administrative assistance from SARDA, it embarked on a larger and more ambitious venture by creating a transportation company offering removal, express delivery and messenger services and the provision of casual labour. The overall aims are to support the socio-vocational rehabilitation of voluntary patients, to generate income for SARDA's discharges, and to provide training for self-employment by those recovering from addiction who are not yet competitive in the open job market.

香港戒毒會期設有三間宿舍/中途宿舍，收容從其康復中心出院的戒毒者，兩間收容男性，一間收容女性，全部由培康聯會負責管理。然而，到了一九八九年，這三間宿舍開始接受社會福利署的每年資助，因此改由香港戒毒會接手管理。該會目前設有四間男性中途宿舍（收容在石鼓洲戒毒康復院至少住滿12星期的人士）和一間女性宿舍（收容婦女康復中心的康復者），可分別容納66名男性和10名女性。這五間中途宿舍對康復者重返社會方面，貢獻良多。根據香港戒毒會的善後輔導資料顯示，從戒毒中心出院後先入住中途宿舍的人，比那些出院後直接重返社會的戒毒者來說，更能在善後輔導期結束後成功投入社會。

一九九九年，培康聯會擴展其康復服務和教育工作的角色，開始經營業務，在石鼓洲開設一所出售日用品的合作社。合作社所得盈利，用於資助島上居民和其他康復者的文娛康樂活動。

在二零零零年，聯會得到香港戒毒會的行政支援，推行一項更具雄心的大型計劃，就是創立一所運輸公司，提供搬運、速遞和信差服務，並有散工待聘。這項計劃旨在為自願戒毒的人士提供職業康復的支援，並為香港戒毒會的康復者帶來收入，同時亦向那些正在康復而又未能在公開的求職市場中找到工作的戒毒者提供自僱訓練。



其他非政府機構提供的自願院治療服務

VOLUNTARY IN-PATIENT ROLE OF OTHER NON-GOVERNMENT ORGANIZATIONS



過去三十多年來，向本港藥物倚賴者提供住院治療設施的非政府志願機構數目日趨增加，它們目前提供的牀位數目/治療名額已超逾政府各醫院和香港戒毒會所提供的數量。差不多所有這些機構都採用“福音戒毒治療法”，目標除了是為受助人戒除毒癮外，最終及最重要的是透過研讀聖經，幫助受助人開展健康新生活。戒毒計劃的內容雖然因機構而異，不過大部分都是採用“突然停止法”進行戒毒，為期一至兩週，然後是六個月或以上的住院康復服務，包括輔導、職業訓練、基本教育、工作治療和宗教訓練。所有這些機構都提供善後輔導。

基督教機構傳統上是由所屬的本地或海外教會撥款資助，而非宗教的戒毒治療計劃則由志願團體提供經費。不過，這些機構大部分也會由政府定期資助，包括撥地、收取象徵式租金、寬減差餉、向合資格的受助人發放綜合社會保障援助金（綜援）以支付膳宿費用，以及按月撥款，讓這些機構聘請教師為受助人提供教育。不過，到了九十年代中期，政府發覺當中有些機構需要更大的公帑資助。

Over the past 30 years, an increasing number of voluntary non-government organizations have offered in-patient facilities to drug dependent persons in Hong Kong, to the extent that the number of beds/treatment spaces they can offer now exceeds those available in Government hospitals and SARDA. Almost all these agencies practise the “christian therapeutic approach” in which stopping the clients’ drug abuse is one of the goals. The ultimate and most important of which is to help clients to start a new and healthier life, centred around biblical teachings. Although the content of the programmes varies with the agency, in most cases one or two weeks of detoxification by the “cold-turkey method” is followed by six months or more in-house rehabilitation, which includes counselling, vocational training, basic education, work therapy and religious training. All agencies provide after-care.

Traditionally, Christian agencies were funded by their churches, local or overseas, whilst secular treatment programmes were financed by voluntary organizations. But most have also been regularly assisted by the Government in terms of land, nominal rents, rates relief, payment of Comprehensive Social Security Assistance (CSSA) to eligible clients to cover charges for food and accommodation, and a monthly grant for the employment of teachers to provide education. In the mid-1990s, however, it appeared that some of them were in need of greater public financial support.

Following the Second Summit Meeting on drug abuse in Hong Kong, chaired by the then Governor Patten on 23 May 1996, the Government decided to include non-government agencies in its subvention system provided that an evaluation was carried out on the effectiveness of their drug treatment and rehabilitation programmes. The Social Welfare Department therefore commissioned the Chinese University of Hong Kong to undertake such a study on the effectiveness of the services being provided in January 1997.

Of the ten potential agencies identified as being candidates for examination, three declined to participate and in the case of two others, it was only found possible to examine them partially. The following five were found to have met the criteria set by the Social Welfare Department, on completion of the study in December 1997, and therefore qualified for subvention :

- The Barnabas Charitable Services Association, which provides residential treatment and rehabilitation services for female drug dependents. In its one-year programme, the first six months are spent at the Association's Lamma Training Centre which provides treatment, and another six months at their half-way house in Ma On Shan. This is followed by a one-year after-care programme to help service recipients to handle problems after their discharge. Rehabilitation is through the Christian faith. Apart from individual and group counselling, family therapy, general education, job skill training, social and recreational activities, remedial service and shelter service are provided for clients after discharge.

一九九六年五月二十三日，本港舉行第二次香港毒品問題高峰會議，由時的港督彭定康負責主持。會後，政府決定把非政府機構納入資助範圍，但首先須就這些機構所提供的療康計劃的成效進行評估。社會福利署遂於一九九七年一月委託香港中文大學研究各機構所提供服務的成效。

本港共有十間機構獲初步確定為評估對象，但其中三間拒絕參加，而另有兩間則只能作局部評估。當該研究在一九九七年十二月結束時，以下五間機構，被證實符合社會福利署所訂的準則，因此合資格接受資助：

- 基督教巴拿巴愛心服務團為女性藥物倚賴者提供住院式的戒毒康復服務。根據該團的一年治療計劃，藥物倚賴者須首先入住設於南丫島的訓練之家，接受為期六個月的治療，另外六個月則在馬鞍山的中途宿舍接受治療，出院後便接受一年善後輔導服務，以學習面對出院後的種種問題。該團主要通過基督教信仰幫助藥物倚賴者康復，除了為他們提供個人及小組輔導、家庭治療、通識教育、職業技能訓練、社交及康體活動等外，更為出院後的康復者提供庇護及輔導服務。



由巴拿巴愛心服務團舉辦的陽光社區教育網絡 - 生龍活虎嘉年華會。

Sunshine Net - Healthy Life Carnival held by Barnabas Charitable Service Association.

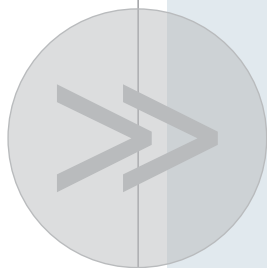
基督教得生團契的戒毒康復者組成樂隊，在禁毒音樂會中演出。

A band formed by rehabilitated drug dependent persons of the Christian New Being Fellowship performing at an anti-drug radio show.



- 基督教得生團契成立於一九八九年，在西貢北潭涌設有中心，在一個寧靜及簡樸的鄉村環境中為最多54名濫用藥物（包括精神藥物）的青少年提供康復服務；此外，團契又在西貢設有中途宿舍，供最多12名青少年住宿。該團契的綜合訓練內容包括：小組及個別輔導、一般學科教育、生活實務訓練、紀律訓練、職業技能訓練及聖經研讀等。

- The Christian New Being Fellowship, founded in 1989, operates a centre in Pak Tam Chung, Sai Kung. It provides rehabilitation services to a maximum of 54 youngsters who abuse drugs, including psychotropic substances, in a quiet and simple country environment. It also operates a half-way house in Sai Kung providing services to a maximum of 12 youngsters. Its programme offers individual and group counselling, general education studies, life skills and disciplinary training, vocational training as well as bible class.





正在接受康復治療的藥物倚賴者在靈愛青年中心位於蛋家灣的戒毒中心研讀聖經。

Rehabilitating drug dependent persons attending their daily bible study session in the Tan Ka Wan Treatment Centre of Ling Oi Youth Centre.

- Ling Oi Youth Centre, established in 1970 by the Finnish Evangelical Lutheran Mission, provides an integrated Christian drug therapeutic rehabilitation service, which includes pre-admission guidance and counselling, a programme of physical, social and spiritual rehabilitation, a reintegration programme in a half-way house and an after-care programme with a fellowship self-help group. The drug treatment centre, at Tan Ka Wan, Sai Kung, accommodates up to 24 persons. Its half-way house in Kwai Shing Circuit, Kwai Chung, has a capacity for 28 residents.

- 靈愛青年中心於一九七零年由基督教信義會芬蘭差會創立，為藥物倚賴者提供一個綜合性的福音戒毒康復服務，包括入院前的接見輔導、住院期間的身、心、靈康復治療、完成戒毒治療後的中途宿舍學習訓練、善後輔導服務及弟兄團契等跟進工作。戒毒中心位於西貢蛋家灣，名額24名，而位於葵涌葵盛圍的中途宿舍，名額為28名。





- 香港晨曦會設於西貢的晨曦島戒毒中心，提供福音戒毒和康復服務，着重通過治療形式的團體生活來糾正濫用藥物行為。除了聖經研讀外，中心還為藥物倚賴者安排小組討論、個別輔導、工作治療，以及游泳和足球等體能鍛鍊。此外，該會還舉辦領袖才能訓練課程。

- Operation Dawn's Island Centre in Sai Kung adopts a Christian spiritual approach to drug treatment and rehabilitation, which emphasizes behavioural sanctification in a therapeutic community setting. Group discussions, individual counselling, work therapy and exercises such as swimming and soccer games are programmed together with bible studies. There is also a successful leadership training course.

晨曦會戒毒者在晨曦島上舉行戶外崇拜。

Rehabilitating drug dependent persons of Operation Dawn holding outdoor worship on Dawn Island.





禁毒專員盧古嘉利參觀聖士提反會位於沙田的戒毒院舍。

The Commissioner for Narcotics, Mrs. Clarie Lo, visiting a residential drug treatment centre of St. Stephen's Society in Shatin.

- St. Stephen's Society is a Christian Fellowship which provides assistance to displaced and distressed persons such as street sleepers, former offenders and others having difficulties in adjusting to society. Drug dependent persons who take part in the programme are steered through work projects, counselling and community living to become responsible and moral citizens; the Society also works with the families of its clients.

- 聖士提反會是一個基督教團契，旨在協助露宿者、釋囚，以及其他難於適應社會的人士，透過工作計劃、輔導和群體生活，引導藥物倚賴者成為有責任感和有道德的公民。該會又經常與受助者的家人合作，以期達到這個目標。



陳佳胤教授和他率領的香港中文大學研究小組所作的研究，證明接受調查的五所機構都在本港的戒毒療康工作中擔當著舉足輕重的角色。事實上，這些機構三分之一的受助人都是由社會福利署感化主任轉介，而在研究期間，這些機構往往都有戒毒者等候入院的輪候名單。該研究還發現，這些機構最常採用的戒毒方法是不用藥物的戒毒治療，以及至少一年住院康復服務；這方法符合香港和海外其他戒毒治療中心通常採用的模式。當研究完成後，聖士提反會因本身已找到經費而決定不申請資助。至於其餘四間機構，政府自一九九八年三月起開始向它們提供資助。

嚴格紀律、導師以身作則、朋輩支持、預防重染毒癮的措施、輔導和重獲父母的關懷等，都是治療計劃的特色。這些機構清楚知道，藥物濫用往往只是潛在社會心理問題的表徵，因此十分注重提供全面的照顧。它們的最終目標不僅是幫助受助人戒毒，而且更要他們建立一個健康的新生活模式。因此，受助人如果再次吸煙嗜酒、結交損友和過夜生活，便可視為故態復萌，戒毒失敗。這些機構提供的戒毒方式能夠為受助人生活的各方面帶來改變，足以顯示其服務的長處及效用。

The study by Professor Chen Char-nie and his Chinese University of Hong Kong investigating team found that the five agencies examined have played an important role in drug treatment and rehabilitation work in Hong Kong, that one-third of their clients were referred to them by probation officers of the Social Welfare Department and that, during the study period, there were often waiting lists for admission. The team also discovered that drug-free detoxification, with at least one year of residential rehabilitation, was a commonly adopted schedule, which is in line with the approach usually adopted by other drug abuse treatment centres in Hong Kong and overseas. After completion of the study, St. Stephen's Society decided not to apply for subvention, as it had its own funding sources. Government subvention of the remaining four agencies began in March 1998.

Strict discipline, modelling, peer support, relapse prevention, counselling and re-parenting are regular features of all the therapeutic programmes. The agencies appreciate that drug abuse is often merely the symptom of underlying psychosocial problems. Holistic care is emphasized, and the ultimate target of the agencies is not only to help their clients abstain from drug-taking, but also to attain a new and healthy lifestyle. Smoking, drinking, meeting undesirable friends, and "late-night" living are thus usually regarded as "treatment failure" or relapse. The ability to bring changes in various aspects of a client's life is certainly an aspect of their strength, and an essential reason for their effectiveness.



美沙酮代用及戒毒計劃

METHADONE MAINTENANCE AND DETOXIFICATION PROGRAMMES



Methadone was developed by the German pharmaceutical industry as a synthetic narcotic in the early 1940s, when the supply of morphine (from the Near East and Western Asia) was threatened by the Second World War. It was, and remains, relatively unique because of its very extended duration of action – 24-36 hours compared to 3-4 hours for heroin, morphine, codeine, pethidine, etc. — and its high level of predictable efficacy when taken by mouth.

In November 1963, in response to a growing epidemic of heroin addiction and general treatment failure rates approaching 99% in New York, the City's Health Research Council gave a grant to Professor Vincent Dole of Rockefeller University to find a simple but effective treatment for opioid addiction. The search was for a pharmacological intervention, and the studies were carried out on volunteer chronic, hard-core heroin dependent persons. It was found that those patients given oral doses of methadone hydrochloride became more alert and interested in what was taking place, and began making plans for the future. Of great clinical significance were the effects of reducing drug craving and preventing the onset of withdrawal syndrome for 24 hours or longer in the absence of any sedation or psychomotor impairment. Their physiological state was stabilized, without

美沙酮是一九四零年代初期德國藥物業發展出來的一種合成鎮痛劑，正值當時（來自近東和西亞細亞的）嗎啡供應量受到第二次世界大戰的影響。美沙酮的性質獨特，不僅因為它可以抑制毒癮發作長達24至36小時，而海洛英、嗎啡、可待因和海洛英（二乙酰嗎啡）等藥物則只可維持三至四小時，而且口服後功效顯著。

一九六三年十一月，美國紐約市衛生研究局有鑑於該市吸食海洛英的人數大增，而且一般戒毒治療的失敗率幾達99%，因此撥款資助洛克菲勒大學的杜爾教授找出可治療鴉片類毒癮的簡單有效戒毒方法。他們向一些自願接受調查的長期海洛英倚賴者進行研究，希望從藥物方面找到戒除毒癮的方法。研究發現，這些人士服用美沙酮鹽酸化物口服劑後，會變得對周遭發生的事情較為留意和關心，並開始計劃未來。尤其重要的是在臨牀方面，這種藥物能有效減輕毒癮和防止毒癮發作達24小時或以上，而無需服食鎮靜劑。他們的



生理情況較前穩定，不會在吸毒後的興奮狀態和毒癮發作時的萎靡狀態之間波動；這與海洛英倚賴者一天內有數次經歷這些高低潮形成強烈對比。換言之，他們的狀態變得“正常化”。

美沙酮是一種口服劑，效力持久而安全，經證明是理想的藥物，每天只須服用一劑已經見效，因此，它在代用治療方面的效用在最初推出的數年間已得到充分確定。它的優點主要包括：吸毒次數、罪案率和死亡率都大幅減少，而就業、健康和社會行為也有所改善。同時值得注意的是在推出初期，美沙酮戒毒遠較其他模式更能令戒毒者願意持續接受戒毒治療。

在六十年代，人們開始認識到許多國家的藥物濫用問題其實十分普遍，激發起各界人士熱心討論和研究，以求找出醫學上和社會上更有效的解決方法。在香港，監獄署早在五十年代末期已對吸毒犯提供住院戒毒。到了六十年代初期，香港戒毒會和若干宗教團體也開始為自願戒毒者提供戒毒治療。一九六四年十二月二十九日，禁毒諮詢委員會（當時政府唯一就各項與毒品有關事宜作出諮詢的政策諮詢團體）最先提出是否可能設立門診戒毒。當時，委員會成立一個醫療工作小組，負責研究這類戒毒治療能否有助減少藥物濫用情況，以及是否有藥物能讓藥物倚賴者無須住院而成功戒除毒癮。

該工作小組在一九六五年三月向禁毒諮詢委員會提交報告。在報告的第一段，該小組強調，由於本港當時嚴重缺乏可靠資料，因此急需就毒品問題的每一個範疇進行有系統的研究。小組成員一

the swings between the “high” of drug action and the “low” of incipient or actual withdrawal. This is in marked distinction to the cycles experienced by heroin dependent persons several times daily. They were “normalised”.

Methadone, being orally effective, long-acting and safe, proved to be the ideal agent, allowing once-a-day dosage, and its effectiveness as a maintenance treatment was well established in the first few years. The principal benefits included dramatic reductions in drug use, crime and mortality rates, and improved employment, health and social behaviour. Also noted in those early years were far higher rates of patient retention in treatment when compared to other modalities.

The prevalence of drug abuse in many countries was becoming widely known in the 1960s, stimulating greater debate and research into more effective ways of dealing with it, both medically and socially. In Hong Kong, residential treatment for convicted drug dependent persons had begun within the Prisons system in the late 1950s, and for voluntary patients by SARDA and some religious organizations in the early 1960s. The possibility of out-patient treatment was first raised by the Narcotics Advisory Committee (which was then the Government's sole policy-advisory body on all issues affecting drugs) on 29 December 1964, when it appointed a Medical Working Party which was asked to consider whether such treatment could contribute to reducing drug abuse. It was also asked whether there was any therapeutic agent which was likely to be successful in the ambulatory treatment of addiction.

The Working Party's report was submitted to the Narcotics Advisory Committee in March 1965 and stressed, in its opening paragraph, the urgent need for properly organized research in every area concerning drug addiction, in view of the lack of reliable knowledge then prevailing. Their

unanimous opinion was that the treatment of drug addiction meant treatment to terminate addiction, and that the first step required a drug-free environment, followed by after-care. They commented that, at that time, a large quantity of methadone was being obtained by drug dependent persons from “certain medical practitioners”, and that they believed that methadone substitution treatment could not be effective when the patient was at liberty, in an environment where heroin was available. Their conclusion was that there was no satisfactory symptomatic treatment to manage withdrawal symptoms on an out-patient basis, and that the treatment of choice, at that stage, both from the point of view of the patient and his attendant, was residential methadone substitution therapy. The Working Party’s report ended on a positive note by stressing the desirability of experimentation in every area of drug addiction.

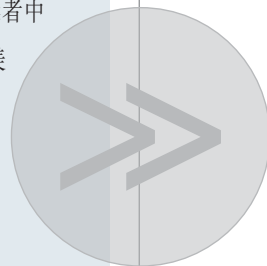
Later in the 1960s, as described elsewhere in this report, Dr. L K Ding, a local medical practitioner, and a member of ACAN’s Treatment Sub-committee, as well as of the Executive Committee of the Discharged Prisoners Aid Society (DPAS), who had been very impressed with the practical results being achieved through the use of methadone in New York City, eventually persuaded his Society and the Medical and Health Department to set up two experimental methadone maintenance clinics in Kowloon and Wan Chai in 1972.

In the meantime, in 1970, a Pre-Admission Methadone Experimental Programme was approved by SARDA on the suggestion of Dr. James M N Ch’ien, its Senior Social Welfare Officer (who had visited Dr. Vincent Dole’s Methadone Clinic in New York two years earlier), and lasted for a year, its purposes being both prevention and research. The first purpose was to avoid drop-outs from Shek Kwu Chau applicants, and the second was to study the pre-admission

致認為，戒毒治療就是指可讓吸毒者終止吸毒的治療方法，而第一步就是必須有一個無毒的環境，然後是善後輔導。他們批評，當時藥物倚賴者可從“某些醫生”取得大量美沙酮，同時，他們認為戒毒者如果隨時隨地可得到海洛英，則美沙酮代用療法便無法達到預期效果。工作小組的結論認為，並沒有理想的對癮治療可以透過門診方式處理脫癮徵狀，因此不論從求診者或醫者的角度看來，以當時階段而言可選擇的戒毒方法，便是住院美沙酮代用戒毒。工作小組報告的結語十分正面，強調政府宜在毒品問題的各個範疇進行實驗。

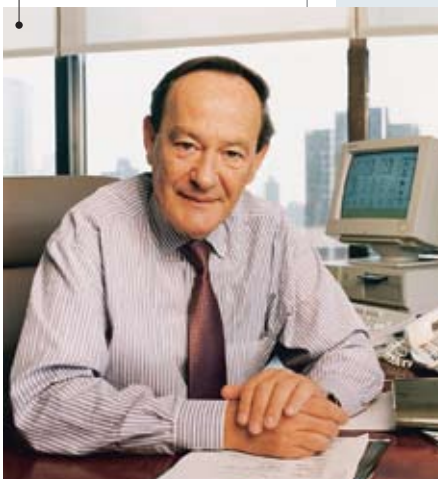
一如報告書曾提及，到了六十年代末期，禁毒常務委員會戒毒治療小組委員會一名委員，同時也是香港釋囚協助會執行委員會委員陳立僑醫生由於對紐約市使用美沙酮戒毒療法的實際成效十分讚賞，終於成功游說釋囚協助會和醫務衛生處在一九七二年分別在九龍和灣仔兩地設立實驗性質的美沙酮代用治療診所。

同時，在一九七零年，香港戒毒會也根據該會的高級社會福利主任錢明年博士的建議（錢博士曾於一九六八年參觀紐約市杜爾醫生設立的美沙酮診所），通過開辦一項“入院前美沙酮戒毒試驗計劃”。這項試驗計劃為期一年，目的為預防和研究，既希望防止入住石鼓洲的戒毒者中途放棄戒毒，同時研究入院前服用美沙酮者的生活和對戒癮治療的反



應，與沒有服用美沙酮的戒毒者有何不同。這項試驗確實證明，石鼓洲戒毒者入院前服用美沙酮可減低戒毒失敗的比率——與一九七零年初次戒毒者整體上有18%中途退出比較，當時在253名院者中，只有4%（10名）中途放棄。這個簡短的實驗也顯示美沙酮的穩定作用能夠減少戒毒者等候入住石鼓洲期間的焦慮和犯罪行為，同時也令他們更得到親友接納，而他們接受輔導時也有更好的現。由當時開始，香港戒毒會一直向申請入住石鼓洲的人士提供自願的入院前美沙酮戒毒治療。

紐曼醫生
Dr. Robert Newman



一九七四年年底，紐約市伯利恆——以色列醫療中心的紐曼醫生繼一九七二年為世界衛生組織進行研究，來港考察香港的戒毒方法後，應邀再來港，研究香港政府整體的戒毒治療和康復計劃，並就這些計劃的未來發展提出建議。他的報告在一九七五年三月提交禁毒常務委員會。報告的主要建議，是在現有的美沙酮代用計劃之外，另外引進一項美沙酮

門診戒毒計劃，以提供短期的戒毒治療。美沙酮代用計劃是讓戒毒者長期服用美沙酮，以取代吸食海洛英或鴉片，而美沙酮戒毒治療的目的則是在六至八個星期內逐漸減少美沙酮劑量，使戒毒者能戒除毒癮。報告的其他建議還包括：收容的戒毒者應年滿18歲或以上，不設最高年齡限制；不應因健康或心理方面的症狀把求診者拒諸門外；以及雖然一般申請人都是正染有毒癮，但這不應是一個絕對必須的條件，因為有些長期染上毒癮的人可能在離開醫院或出獄後提出申請，而他們在醫院或獄中也許已經接受戒毒治療。報告又對多個範疇提出詳細建議，包括收取戒毒者的程序、轉換戒毒治療計劃、停止及重新接受戒毒、劑量和支援服務。

social functioning of those taking methadone and their reaction to withdrawal treatment as compared with non-methadone applicants. The experiment proved conclusively that pre-admission methadone reduced the failure rate for SKC applicants — out of 253 participants only ten dropped out, or 4%, compared to an overall 18% rate of new applicants in 1970. This short experiment also showed that methadone stabilization reduced anxiety and criminal behaviour for those addicts waiting for admission to SKC. It also enhanced the acceptability of such persons to their families and friends, and made them more responsive to counselling. Thereafter, pre-admission methadone was made available continuously to SARDA's applicants on a voluntary basis.

In late 1974, Dr. Robert Newman of the Beth-Israel Medical Centre in New York City, who had previously visited Hong Kong in 1972 on a World Health Organization Fellowship study of local addiction treatment methods, was invited back to examine the overall drug treatment and rehabilitation programmes of the Hong Kong Government, and to make recommendations for their development. His report was presented to ACAN in March 1975. Its principal recommendations were, in respect of methadone, that a detoxification programme with substantial capacity to provide short-term withdrawal treatment on an out-patient basis should be introduced, in addition to the existing methadone maintenance programme. Unlike methadone maintenance, in which a patient is maintained indefinitely on methadone as a “substitute” for heroin or opium, methadone detoxification is aimed at weaning a patient off drugs by gradually reducing the dosage of methadone over six to eight weeks. Other proposals in the report were that prospective patients should be aged 18 years or older, with no upper age limit, that no physical or psychological diagnosis should be considered automatic grounds for rejection, and that, although applicants generally would have a current physical dependence on narcotics, this should not be an absolute

requirement since some long-term drug dependent persons might apply after a period in hospital or in prison, during which they were detoxified. Detailed proposals were also made regarding admission procedures, transfers between treatment programmes, terminations and readmissions, dosages and supportive services.

Dr. Newman's report was endorsed by ACAN. The original plan called for the Medical and Health Department to start with only one experimental methadone detoxification clinic and thereafter progressively open more clinics in various parts of Hong Kong at staggered intervals. In the event, however, a serious shortage of drugs on the illicit market in the first half of 1976 and an unprecedented upsurge in their prices provided immediately compelling reasons to launch methadone detoxification on a much larger scale. The first methadone detoxification clinic was opened at the Violet Peel Polyclinic in Wan Chai on 1 June 1976 and about three weeks later, 11 more were opened simultaneously in various parts of Hong Kong Island, Kowloon and the New Territories. By 11 October 1976, the total number of these clinics had grown to 16 and, a few months later, in 1977, to 21.

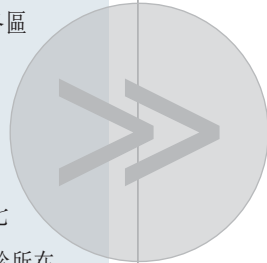
As in methadone maintenance, drug dependent persons undergoing methadone detoxification are required to visit the clinic daily and take their methadone on the spot. This is designed to prevent abuse or misuse of the drug, which may occur if it is allowed to be taken away. The charge per visit is one dollar, a nominal fee which may be waived if a patient is in financial difficulties.

Although it was recognized that methadone maintenance and detoxification are types of treatment with different objectives, experience in Hong Kong has indicated considerable advantage in maintaining flexibility in the

紐曼醫生的建議獲禁毒常務委員會通過。最初的計劃是由醫務衛生處先行開辦一所試驗性質的美沙酮戒毒診所，然後分階段在香港各區逐步開設更多戒毒診所。但在一九七六年上半年，毒品供應奇缺，價格亦暴漲至前所未見的情況，促使美沙酮戒毒計劃全面加速推行。一九七六年六月一日，第一所美沙酮戒毒診所在灣仔貝夫人分科診療所設立，約三星期後，再在港九新界各區同時開設11所。到了一九七六年十月十一日，美沙酮戒毒診所的數目已增加至16所，而數月後，在一九七七年，增加至21所。

與美沙酮代用計劃一樣，參加美沙酮戒毒計劃的藥物倚賴者須每天前往戒毒診所，在該處服用美沙酮而不能把所服劑量帶走。這個做法的目的是防止濫用或誤用美沙酮。每次治療象徵式收費一元，如戒毒者有經濟困難則可豁免。

雖然美沙酮代用和美沙酮戒毒計劃的目標各有不同，但根據在本港推行的經驗所得，顯示這兩種計劃應維持相當彈性才會有較大好處，所以醫務衛生處採取切合



藥物倚賴者每日前往美沙酮診所服用適當劑量的美沙酮。

Drug dependent person getting a daily dosage of methadone from the methadone clinic.



實際的方式，容許戒毒者在一般戒毒期過後一段時間內繼續到戒毒診所接受戒毒治療，另一方面在戒毒者提出要求時，准許他們到代用診所服用美沙酮。此外，又容許戒毒者正式轉往另一類診所。這些措施的最終目的，是鼓勵藥物倚賴者繼續接受治療，直至戒除毒癮為止。

一九七八年，布政司署（現改稱政府總部）管理參議組對美沙酮戒毒計劃進行全面檢討，以便決定能否改進這項計劃的組織、方法及程序。其中一項重要的建議，是將代用和戒毒兩種計劃合併，使各診所均能同時進行代用及戒毒治療。這項建議獲醫務衛生署接納，並由一九七九年八月六日起實施。當時全港共有20間美沙酮診所：4間設在港島、11間在九龍，而5間則位於新界區。

目前，凡前往任何美沙酮診所求診的藥物倚賴者，都會獲告知可以選擇戒毒療法或代用療法。如選擇戒毒療法，美沙酮的份量便逐漸遞減，但如覺得所服美沙酮劑量不足，便可往見醫生，由醫生為他增加劑量。這個做法旨在抑制戒毒者的脫癮徵狀，使他不曾因感到不適而抵受不住引誘，重新吸毒。藥物倚賴者如用戒毒療法戒毒失敗，可採用代用

operation of the programmes. The Medical and Health Department therefore adopted a pragmatic approach and permitted some patients to continue attendance at the clinics long after the normal period allowed for detoxification had passed, whilst, similarly, detoxifying patients attending maintenance clinics at their request. In addition, formal transfers between each type of clinic were permitted. The over-riding aim was to encourage the drug dependent person to continue treatment for as long as his individual circumstances indicated to be necessary.

In 1978, the Management Services Division of the Government Secretariat undertook an overall examination of the methadone treatment programme to determine whether, and what, improvements could be made to its organization, methods and procedures. One of the important recommendations put forward was that the two programmes should be combined so as to enable every clinic to handle both maintenance and detoxification patients. This recommendation was accepted by the Department and implemented with effect from 6 August 1979, by which time the number of methadone clinics was 20 – four on Hong Kong Island, 11 in Kowloon and five in the New Territories.

Every patient now attending any methadone clinic is informed that he can opt for either detoxification or maintenance. If he prefers detoxification, the dosage of methadone is reduced gradually. If, at any time, he feels that he is not receiving enough methadone, he can approach the Medical Officer who will adjust the dosage accordingly. The emphasis is on suppressing the patient's withdrawal symptoms and keeping him comfortable so that he will not be tempted to return to drugs. If he fails to achieve detoxification, he can remain on methadone maintenance. Since 1993 the duties of Medical Social Workers at the methadone clinics have



been undertaken by social workers from SARDA, who are particularly concerned with counselling work amongst patients who are under 21 years of age, are “first-timers”, or who have specifically requested an interview with SARDA staff.

In the difficult field of treatment for drug dependent persons, whose condition has often been described as chronically relapsing, practical and realistic objectives must be set. Whilst it is correct to describe methadone maintenance as a form of substitution therapy, it is considered important to have out-patient facilities readily available and easily accessible to all those who want such treatment, whether they be first timers or relapsed cases, to assist them to stay away from illicit drugs as much as possible and for as long as possible. As an appropriate dose of methadone can suppress withdrawal symptoms for 24 hours, it helps the patient either to remain in, or to acquire, gainful employment, and thus be a contributing member of the community. This, in turn, enables him to maintain or regain his self respect and facilitates his re-integration into society.

療法。由一九九三年起，美沙酮診所內醫務社會工作人員的職責由香港戒毒會的社工取代。他們特別著重對年齡在21歲以下、初次吸毒者或特別要求會見香港戒毒會人員的戒毒者進行輔導。

戒毒治療並不容易。戒毒者經長時間治療後仍會重新染上毒癮，因此必須定下切實可行的目標。美沙酮代用計劃誠然是一種代用療法，對於有需要接受治療的人士，不論新症還是舊症，有關的門診設施必須能夠方便他們，並盡可能使他們遠離毒品，而且時間愈長愈好。一次適當的美沙酮服量，可使戒毒者抑制毒癮24小時，讓他們可繼續工作或尋找工作以維持生計，成為社會上有用的一分子，從而可保持或重拾自尊，容易重返社會。

禁毒常務委員會主席羅理基爵士於一九八零年為何文田美沙酮診所主持開幕儀式。

The ACAN Chairman, Sir Albert Rodrigues, officiating at the opening ceremony of Ho Man Tin Methadone Clinic in 1980.



美沙酮戒毒計劃也為無力購買昂貴毒品的藥物倚賴者，提供簡易、安全廉宜的取代辦法，使他們不致於為了滿足毒癮而犯罪，或用其他不法手段獲取金錢購買毒品。自從實施這項計劃以來，觸犯輕微毒品罪行的人數不斷下降。

有些批評這個計劃的人質疑接受美沙酮戒毒的藥物倚賴者能否有朝一日停止服用美沙酮。換言之，美沙酮會否令人上癮？一位知名的美國戒毒治療專家高斯登醫生在一九九八年發了一篇文章，正好解答這個問題。現摘錄該文如下：

“.....有些人能夠終身戒除毒癮，有些人卻重染毒癖。不少人覺得長期繼續服用美沙酮十分有用。以美沙酮為代用品的人，身心機能一切如常運作。除非進行美沙酮化驗報告，否則任何測試也測不出來。不錯，服用美沙酮的求診者如果突然停用，便會出現難受的脫癮徵狀，但是比起停服胰島素製劑的糖尿病人、停服類固醇的類風濕關節炎患者，或者停用地高辛的心臟病人，他的情況要輕微得多。奇怪的是，從沒有人把這些藥物及其他須長期服用的藥物治療貶抑為“容易上癮”藥物。簡單來說，對於一種容易復發的長期疾病，美沙酮可說是既安全又有效的藥物。如果藥物倚賴者不接受戒毒治療，對其本身和社會都會造成嚴重後果。它更有一個好處：由於美沙酮是口服劑，求診者可以無須再作靜脈注射。換言之，由污染針筒傳染愛滋病、肝炎和其他嚴重傳染疾病的機會便減低。

The programme also provides drug dependent persons who cannot afford to buy expensive drugs on the illicit market with a cheap, safe and readily available alternative so that they do not have to resort to crime or other illicit means in order to support their drug habits. Since the introduction of the programme, there has been a continuing decline in the number of minor drug offenders.

Some critics of the programme have asked whether an addict under treatment with methadone can ever stop taking the medication, i.e. is it addictive? This was answered in an article by Dr. Avram Goldstein, a distinguished American expert in the field of addiction, published in 1998, which stated, *inter alia*:

“... Some can, and remain abstinent, but others relapse to heroin use. Many find it useful to continue methadone indefinitely. All physical and mental functions are normal in a methadone-maintained person. No test other than an actual methadone assay can pick out such a person. Yes, a methadone patient who abruptly stops taking methadone will suffer unpleasant withdrawal symptoms. But these are much less serious than if a diabetic stops insulin, a patient with rheumatoid arthritis stops steroids, or a patient with heart disease stops digoxin. Curiously, the pejorative term “addictive drug” is never applied to those and other instances of long-term drug therapy. In short, methadone is a safe and effective medication for a chronic relapsing disease that if untreated wreaks havoc on the addict and on society. A special benefit is that it is taken by mouth, so intravenous drug use can cease. That means reduced risk of AIDS, hepatitis, and other serious infections spread by contaminated needles.

All this is supported by experimental and epidemiologic evidence published in the medical journals and in official government and quasi-government sources. The ultimate absurdity is the notion that stopping methadone treatment will be cost-effective. On the contrary, as addicts relapse, the costs of crime, law enforcement, and health care will inevitably escalate.”

The Hong Kong programme can cater for thousands of drug dependent persons daily, and is administered under very strict controls; all patients are required to swallow their dose (which is mixed with a green-drink) in the presence of the dispensing personnel. No methadone can be taken away from the clinics. With these safeguards, there is no doubt that it continues to play a very important role in the treatment and rehabilitation of opiate dependent persons in Hong Kong. The thousands of patients who attend the clinics every day, and all voluntarily, provide clear evidence of this. Of the 21 clinics, six are day clinics, with five operating from 7 am to 10 pm and one from 7 am to 5 pm. The other 15 are evening clinics, with one operating from 1 pm to 8 pm, another one from 3 pm to 10 pm and 13 from 6 pm to 10 pm.

Nevertheless, in view of the controversy which has surrounded this treatment mode, and the emergence of new drugs which allegedly may serve as a substitute for methadone, the ACAN Treatment and Rehabilitation Sub-committee decided that a comprehensive review of the Methadone Treatment Programme (MTP) should be conducted. In May 1999, a working group was formed to conduct the review, to identify areas for change/improvement in the programme, and to consider whether there are other alternative drugs to methadone in detoxification and maintenance. The Working Group, which was supported by two sub-groups, completed its review in 2000 and made a number of recommendations.

上述說法全可從醫療雜誌和官方及半官方資料中取得實驗或流行病學方面的證據。最荒謬的是，有人認為停止採用美沙酮療法有更大的成本效益。事實正好相反：如果戒毒者重新染上毒癮，罪案、執法和健康護理等費用便無可避免地會大幅增加。”

香港的美沙酮計劃每日為數以千計的藥物倚賴者提供服務。計劃的執行極為嚴格，所有戒毒者均須在配藥人員面前吞服美沙酮，不得將美沙酮服劑帶走。有了這些防範措施，毫無疑問，美沙酮戒毒計劃仍然是本港為吸食鴉片類毒品者所提供的治療與康復服務中極重要的一環。每日均有數以千計的自願戒毒者前往診所就診，這就是最佳證明。21間美沙酮診所中，6間為日間診所（5間由上午7時至晚上10時開放及1間由7時至下午5時開放），其餘15間只在晚上開放（1間由下午1時至晚上8時；另1間由下午3時至晚上10時及13間由晚上6時至10時開放）。

鑑於美沙酮治療計劃經常引起爭議，並且也有新近面世的藥物據稱可代替美沙酮，禁毒常務委員會轄下的戒毒治療及康復小組委員會因此決定需要全面檢討美沙酮治療計劃，並於一九九九年五月，成立工作小組，就美沙酮治療計劃進行檢討，以研究需改變或改善的地方，並考慮是否存在有如美沙酮般具有“戒毒”及“代用”功能的其他藥物。該工作小組由兩小組支援，於二零零零年完成有關檢討，並提出多項建議。



該工作小組結論認為現有的美沙酮治療計劃已達到其宣稱的目標，並能有效協助藥物倚賴者照常工作和參與社交生活，同時有助減少服食過量藥物的行為、由藥物引致的死亡，以及血液傳播疾病的蔓延。該檢討因此建議美沙酮治療計劃應繼續推行。

不過，工作小組由於認識到美沙酮治療計劃應朝向較多以知識為基礎的服務模式，所以建議美沙酮治療計劃應改善現有的支援服務。改善的地方包括改善輔導及轉介服務，為家長及其家庭組織支援小組，並且加強為年青求診者及女性求診者推行的家庭支援服務。該工作小組也建議改善美沙酮診所的環境，以便為求診者提供更多服務，

如職業技能講座/研討會、支援小組活動及公共健康教育活動等。

有關替代/輔助藥物方面，該小組也建議應連同醫院管理局轄下的物質誤用診所和有關的療康機構一同參與進行更多研究，以便充分評估納曲酮對防已戒毒的美沙酮求診者再染毒癮所發揮的效用。

The Group concluded that the current MTP fulfilled its declared objectives and was effective in assisting drug dependent persons to sustain their employment and social life, as well as helping society to reduce the incidence of drug overdoses, drug-related deaths and the spread of blood-borne diseases. The review therefore recommended that the MTP should continue.

However, recognizing that the MTP should move towards a more knowledge-based approach to service provision, the Working Group recommended that existing support services should be improved, by enhancing counselling and referral services and forming support groups for patients and their families, as well as services for the young and for women patients' families. The Working Group also recommended improvements to the physical setting of methadone clinics to cater for the delivery of additional activities for patients, such as job-skill talks/seminars, support group activities and public health education programmes. Regarding alternative/supplementary drugs, it is also recommended that more research should be conducted, with the involvement of the Hospital Authority's Substance Abuse Clinics and interested drug treatment and rehabilitation agencies, to fully assess the effectiveness of naltrexone in relapse prevention for detoxified methadone patients.



禁毒處舉行記者會，公布檢討美沙酮治療計劃的結果。

Narcotics Division holding a press briefing to announce the result of a review on Methadone Treatment Programme.

其他有關服務

OTHER RELATED SERVICES



Substance Abuse Clinics

In response to the need to fill the service gap in medical and psychiatric treatment for psychotropic substance abusers, the Hospital Authority established a pilot Substance Abuse Clinic in Kowloon Hospital in 1994. There are now six such clinics operating in Kowloon Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Queen Mary Hospital, Kwai Chung Hospital, Castle Peak Hospital Tuen Mun Mental Health Centre.

These clinics accept referrals from counselling centres for psychotropic substance abusers, voluntary agencies and medical practitioners, and other health care providers as well as patients seeking service direct from them. Clients are treated largely on an out-patient basis. Services include drug treatment, counselling and in some cases, psychotherapy. The need for a short period of in-patient treatment is determined by the specific medical needs of patients. Specific treatment is provided for those with identified concomitant or psychiatric illnesses. Altogether the six clinics treated a total of about 700 cases in 2000.

物質誤用診所

為了填補濫用精神藥物者在藥物和精神治療方面服務的不足，醫院管理局於一九九四年在九龍醫院開設試驗性質的物質誤用診所。目前本港共有六間這類診所，分別設於九龍醫院、東區尤德夫人那打素醫院、威爾斯親王醫院、瑪麗醫院、葵涌醫院和青山醫院屯門神健康中心。

這些診所診治由濫用精神藥物者輔導中心、志願機構、醫生和其他健康護理機構轉介的人士和直接向他們求診的病人。大部分的戒毒者都是接受門診治療。這些診所的服務包括戒毒治療、輔導和在某些情況下提供心理治療。求診者是否需要接受短期的住院治療，則視乎個別的醫療需要而定。患有濫用藥物所引致的身體或精神疾病的病人，會獲得特別的治療。二零零零年內，該六間診所共診治了約700名病人。



為濫用精神藥物者提供的輔導服務

- “健康新一代”計劃

這是一項由社會福利署推行的社區預防藥物濫用計劃，設有兩支經專門訓練的社工隊，共有前線社工13名。計劃的對象是間中或抱嘗試心態濫用藥物的21歲以下青少年。他們在生理上不至於倚賴違禁藥物，在心理或精神方面也未出現持續的問題。計劃旨在引導他們遠離藥物，建立健康生活。二零零零年內，計劃通過小組輔導，為超過 1 100 人提供服務；計劃所舉辦的講座及認識藥物活動亦吸引了超過 20 000 人參加。

- 明愛容圃中心

明愛容圃中心的臨時辦事處設於屯門兆禧苑，於一九九六年啟用，為居於新界西的濫用精神藥物青少年和他們的家人提供個人或小組輔導服務。該中心的社工除了處理轉介的個案外，還會主動接觸區內的邊緣青少年，務求及早介入，協助他們解決問題。該中心也會舉辦學校禁毒講座和進行其他形式的社區工作，宣傳禁毒信息。二零零零年內，中心處理了174宗個案。

Counselling Services for Psychotropic Substance Abusers

- Against Substance Abuse Scheme

This is a community-based substance abuse prevention programme implemented by the Social Welfare Department and has two specialised teams comprising 13 front-line social workers. The scheme is mainly targeted at the occasional/experimental substance abusers aged under 21 who have no physical dependence on illicit drugs and do not suffer from chronic psychological or mental problems. It helps them develop a healthy lifestyle by steering them away from substance abuse. The scheme served more than 1 100 people through group counselling, and over 20 000 people through talks and drug-awareness sessions during 2000.

- Caritas HUGS Centre

The Centre, which began operations in 1996 at its temporary premises at Siu Hei Court in Tuen Mun, provides individual and group counselling services to young psychotropic substance abusers and their family members in New Territories West. Apart from receiving referrals, social workers also reach out to high-risk youth in the community to intervene into their problem as early as possible. It also conducts anti-drug talks in schools and provides other forms of community work disseminating anti-drug messages. In 2000, it handled 174 cases.

- Hong Kong Christian Service PS33 Centre

This is the first centre for psychotropic substance abusers in Hong Kong. It was set up in March 1988. Its main objective is to provide quality rehabilitation services for psychotropic substance abusers and their family members through intensive counselling. The centre also provides case consultation, case assessment and professional training for allied professionals; preventive-educational programmes for potential and occasional substance abusers; and enquiry services for the general public. In 2000, it handled 206 cases and organized 321 group sessions and preventive educational programmes for various participants.

- Hong Kong Lutheran Social Service

Cheer Lutheran Centre, which commenced operation in October 1998, is a newly established psychotropic substance abuse counselling centre for the youth in New Territories East. Its main objectives are to provide counselling service for psychotropic substance abusers as well as their family members, and to provide preventive educational programmes for teenagers and potential psychotropic substance abusers. In 2000, the centre has handled 173 cases and implemented more than 254 preventive educational programmes.

- 香港基督教服務處PS33

香港基督教服務處PS33在一九八八年三月成立，是香港首間為濫用精神藥物者而設的中心，旨在通過深入輔導，為濫用精神藥物者和他們的家人提供高質素的康復服務。此外，該中心也提供個案諮詢和個案評估服務，為有關的專業人員提供專業訓練，為有可能及間中濫用藥物者提供預防教育計劃，及為一般市民提供查詢服務。二零零零年，PS33處理了206宗個案及為不同的參加者舉辦了321個小組輔導及預防教育計劃。

- 香港路德會社會服務處路德會青欣中心

路德會青欣中心在一九九八年十月啟用，是一所新落成的精神藥物濫用問題輔導中心，為居於新界東的青少年服務，主要宗旨是為濫用精神藥物者和他們的家人提供輔導服務，以及為青少年和可能濫用精神藥物的人士舉辦預防教育計劃。二零零零年，中心處理了173宗個案，並推行了超過254項預防教育計劃。





其他服務

- 愛滋病顧問局

愛滋病顧問局就本港在預防、護理和控制愛滋病方面的政策，向政府提供意見。該局轄下設有三個委員會：愛滋病科學委員會負責處理技術和科技事宜；愛滋病預防及護理委員會負責預防工作和護理服務；及接納愛滋病患者促進委員會提倡平等，推動市民不應歧視愛滋病患者。顧問局及其三個委員會的成員包括政府和非政府機構的代表及社區領袖。

該局轄下成立的藥物濫用專責小組負責就制訂有關藥物濫用者的愛滋病毒/愛滋病預防和護理策略，向愛滋病預防及護理委員會提供意見。專責小組亦協助協調與藥物濫用者有關的愛滋病毒/愛滋病干預活動。

Other Services

- Advisory Council on AIDS

This Council provides policy advice to the Government on the prevention, care and control of HIV infection in Hong Kong. It is underpinned by three committees. The Scientific Committee on AIDS (SCA) deals mainly with technical and scientific matters. The AIDS Prevention and Care Committee (APCC) focuses on the prevention work and care services. The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) promotes equity and non-discrimination towards people who are affected by the epidemic. Members of the Advisory Council and its three committees include Government representatives, non-government organizations and community leaders.

The Task Force on Drug Users governed under the Council is responsible for advising APCC on the formulation of HIV/AIDS prevention and care strategies for the drug taking population. It also helps to co-ordinate HIV/AIDS intervention activities in relation to the drug taking population.



明愛樂協會為喜靈洲戒毒所的犯人舉辦康樂活動。

Caritas Lok Heep Club organizes entertainment programmes for the inmates in Hei Ling Chau Drug Addiction Treatment Centre.

- Caritas Lok Heep Club

Founded in 1968, the Club has four objectives, which are to help former drug abusers go through the rehabilitation process; to help drug dependent persons receive drug withdrawal treatment; to assist family members of drug dependent persons, methadone patients and former drug dependent persons to deal with their problems, and to combat drug abuse through preventive education. To meet the changing needs of society, the Club revised its constitution and refocused its services in 1996. It functions mainly through its two centres in Tung Tau Estate and Wan Chai. During 2000, it served more than 1 000 case work clients.

- 明愛樂協會

明愛樂協會於一九六八年成立，有四個宗旨，分別是協助已戒除毒癮者完成康復過程；協助藥物倚賴者接受戒毒治療；協助藥物倚賴者、美沙酮求診者和已戒除毒癮者等三類人士的家
人解決問題；以及通過預防教育遏止藥物濫用問題。為了切合不斷轉變的社會需要，樂協會於一九九六年修改了會章，並重新界定服務重點。該會主要由東頭邨和灣仔的中心提供服務。二零零零年，樂協會為超過 1 000 名受助人提供服務。

- 靈實醫院

靈實醫院在一九九四年十月正式停辦“和平房”戒毒康復住院服務。在得到禁毒基金資助兩年經費後，該醫院於一九九七年八月成立了“和平之光”流動工作隊，協助正在患病及需要住院的病人戒毒。流動工作隊所推行的計劃內容非常全面，包括三星期的戒毒治療、小組和個人治療、康復計劃和疾病治療。

- Haven of Hope Hospital

The drug addiction rehabilitation ward “Peace Ward” was formally closed in October 1994. With a two-year funding support from Beat Drugs Fund, “Mobile Acute Drug Rehabilitation Team” (MADRT) commenced its service in August 1997. The target of the service is to detoxify patients who concurrently suffer medical diseases which require hospital care. The holistic programme includes three weeks of detoxification, group and individual therapy, rehabilitation programme and treatment of medical illnesses.



靈實醫院

The Haven of Hope Hospital



- KELY Support Group

The Group helps adolescents and young adults who are experiencing difficulties in their lives by providing a safe, supportive and non-judgmental environment, where they can share their problems and support each other. It also operates a small drop-in centre in its main office for young people, a hotline service in both English and Chinese, and provides among others counselling services for individuals and their families.

- 啟勵扶青會

啟勵扶青會致力協助那些在人生路上遇到困難的青少年和年輕的成人，讓他們能夠在安全可靠、互相扶持、不被批評的環境下，互相傾訴疑難，彼此支持鼓勵。啟勵扶青會的總辦事處設有小型的青少年接待中心。此外，該會又提供粵語和英語熱線諮詢服務，以及個人與家人輔導服務等。



學生參與啟勵馬戲團舉行的工作坊。

Students participating in the workshop organized by the KELY Circus School.



- 香港培康聯會

香港培康聯會約有會員 2 918 人，大部分都是已經完成香港戒毒會所舉辦的治療和康復計劃的戒毒者。該會舉辦各種社區服務活動，作為其自助計劃其中一部分。此外，該會又特別開設工作技巧訓練中心，協助會員掌握就業所需技能。該會並開設速遞及搬運服務，為會員提供就業機會。

- 善導會

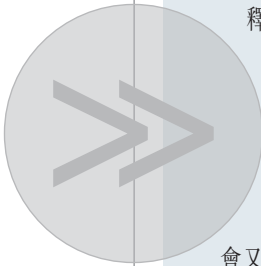
善導會通過社會工作服務和多種康復計劃監管釋囚（包括經常濫用藥物者和已戒除毒癮者），並協助他們改過自新。為協助藥物濫用者改過自新，該會其中的一個方法是推行減低危害、動機面談和預防重染毒癮等干預策略。該會又鼓勵已戒除毒癮者參加社區教育活動和社會服務計劃，藉此加強他們對社會的責任感。善導會定期為屬下八間宿舍和四間中途宿舍的舍員舉辦聚會，勸諭他們切勿濫用藥物及以身試法。

- Pui Hong Self-help Association

The Association consists of some 2 918 members, made up mainly of persons who had undergone treatment and rehabilitation programmes run by SARDA. As part of its self-help programme, various community-help activities are carried out. A job skill training centre is established to help members to acquire necessary skills for employment. In addition, the Association operates courier and removal services to provide employment opportunities for its members.

- Society for the Rehabilitation of Offenders

The Society for the Rehabilitation of Offenders Hong Kong (SROHK), is engaged in the supervision and rehabilitation of ex-offenders, including active and ex-drug abusers, through social work services and multi-rehabilitation programmes. The implementation of intervention strategies such as Harm Reduction, Motivational Interviewing and Relapse Prevention is one way to rehabilitate drug abusers. Former drug abusers are also encouraged to take part in community education programmes and social service projects, as a way of promoting their sense of responsibility towards the society. Regular meetings are also organized for residents of its eight SROHK hostels and 4 half-way houses to dissuade them from taking drugs and becoming involved in criminal activities.



善導會會長王見大法官頒獎予“抗毒歌聲處處聞”歌曲創作比賽的金獎得主。

The president of SROHK, the Hon. Mr. Justice Wong, presenting a trophy to the winner of the Gold Award in an anti-drug music competition.





- The Hong Kong Council of Social Service

The Committee on Substance Abuse (CSA) of the Hong Kong Council of Social Service promotes the exchange of views on drug problems in Hong Kong between non-government organizations and individuals concerned with the issue. Efforts are directed to enhance coordination, formulation and development of drug treatment, rehabilitation and preventive education. CSA stresses training of manpower as well as mobilization and development of human and other resources in combating drug abuse in Hong Kong. It also provides a job placement service for rehabilitated drug dependent persons and patients on methadone treatment.

- 香港社會服務聯會

香港社會服務聯會轄下的藥物濫用問題委員會，鼓勵關注藥物問題的非政府機構和個別人士就香港的藥物問題交換意見。委員會致力協調、策劃和發展有關戒毒治療、康復服務和預防教育等工作，並着力訓練人手、發動和發展人力及其他資源，以遏止本港的藥物濫用問題。委員會也為戒毒康復者和正接受美沙酮治療的人士提供安排就業服務。

香港社會服務聯會與內地團體舉辦研討會，交流有關預防濫用藥物政策及服務的意見。

A seminar coorganized by the Hong Kong Council of Social Service and their counterparts in the Mainland to exchange views on the policy and services on drug abuse prevention.

第一個和第二個三年計劃

THE FIRST AND SECOND THREE-YEAR PLANS



The First Three-Year Plan (1997-1999)

A proposal by the Chairman of ACAN Sub-committee on Treatment and Rehabilitation to draw up a three-year treatment action plan covering targets, numbers, districts and resources as well as to set policies, priorities and strategies for the treatment and rehabilitation services in Hong Kong was endorsed by ACAN in 1995.

The first Three-Year Plan on Drug Treatment and Rehabilitation was drawn up in February 1997 by the Narcotics Division, in conjunction with relevant Government departments and other bodies, including the Correctional Services Department, Department of Health, Social Welfare Department and the Hospital Authority.

第一個三年計劃 (一九九七至九九九年)

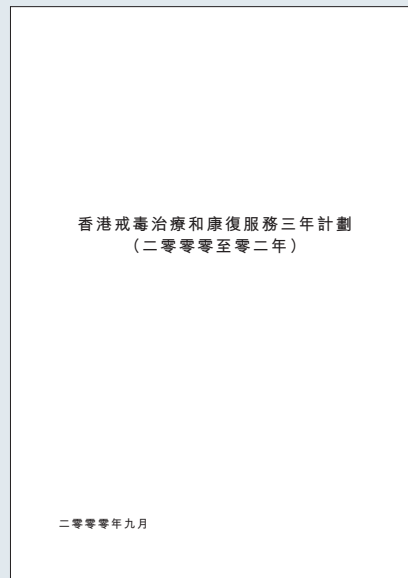
禁毒常務委員會在一九九五年通過其轄下戒毒治療及康復小組委員會主席提出的建議，為香港的戒毒療康服務制訂一套三年行動計劃，內容包括提供療康服務的目標、數目、地區、資源，以至釐定政策、優先次序和策略等。

第一個有關戒毒治療和康復服務的三年計劃，在一九九七年二月由禁毒處聯同各有關政府部門和其他團體，包括懲教署、衛生署、社會福利署和醫院管理局，聯合擬訂。

The objectives of the first Three-Year Plan were :

- (a) to help examine whether the provision of treatment and rehabilitation places matches the demand, and whether the balance of places between different types of programmes accords with the drug dependent persons' characteristics and needs;
- (b) to identify shortfalls or surpluses in any particular kind of service; and
- (c) to provide a guide to future plans and necessary adjustments to service provision.

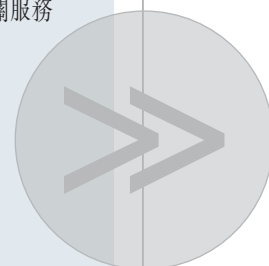
The Plan is reviewed every year, so as to assess the extent to which services are meeting the demand, monitor the progress of the implementation of the agreed plans for service provision, recommend plans for provision over a three-year period, and identify possible areas for further change and improving the effectiveness of the service.



第一個三年計劃的目標如下：

- (a) 協助研究各機構所提供的戒毒治療和康復服務名額能否配合需求，以及各類計劃的名額分配是否與藥物倚賴者的特性和需要相符；
- (b) 檢討各類服務是否有不足或過多情況；以及
- (c) 就所提供服務的未來計劃及需進行的調整，作出指引。

三年計劃每年檢討一次，以評定有關服務能否滿足需求，監察獲通過的服務計劃的推展情況，擬訂三年內的服務計劃，以及找出有關服務需要改變和提高效能的地方。





有關本港戒毒治療和康復服務未來發展的建議，現撮述如下：

為濫用鴉片類藥物者而設的戒毒治療和康復服務

為罪犯而設的強迫戒毒計劃

- 懲教署應監察男犯人進入戒毒所戒毒的趨勢，尤其21歲以下的犯人。在策劃新工程時，應優先考慮增加戒毒所收容男性藥物倚賴者的名額。

為濫用鴉片類藥物者而設的自願住院治療計劃

- 鑑於提供福音戒毒治療服務的志願機構對藥物倚賴者的康復工作，作出不少貢獻，當局應尋求方法支持這些機構，並加強它們的服務。
- 鑑於大部分女性戒毒中心都會優先考慮收容年輕的藥物倚賴者，當局應留意給予21歲以上女性藥物倚賴者的服務會否出現不足情況。

為鴉片類藥物倚賴者而設的自願門診治療計劃

- 應加強美沙酮戒毒者的社會、康樂、支援和輔導服務，以提供更全面的綜合服務。

A summary of the recommendations for the future development of drug treatment and rehabilitation services in Hong Kong is as follows:

Treatment and Rehabilitation Services for Opiate Abusers

Compulsory Treatment for Offenders

- The Correctional Services Department should monitor the trend in admissions of male inmates, particularly those aged under 21, into Drug Addiction Treatment Centres. Priority should be given to increasing the capacity of the centres for male drug dependent persons when new projects are planned.

Residential Voluntary Programme for Opiate Abusers

- As the non-government organizations providing Christian therapeutic services have made worthwhile contributions to the rehabilitation of drug dependent persons, ways should be sought to support and strengthen the operation of these agencies.
- As the priority for admission into most female centres is given to young drug dependent persons, attention should be paid to a possible service gap for female drug dependent persons over the age of 21.

Out-patient Voluntary Programme for Opiate Abusers

- The social, recreational, support and counselling services for methadone patients should be strengthened in order to provide a more integrated and comprehensive service.

Treatment and Rehabilitation Services for Psychotropic Substance Abusers

Counselling/Rehabilitative Service for Psychotropic Substance Abusers

- Counselling centres should be established in areas where the service is most needed, or in proximity to Hospital Authority's substance abuse clinics.
- If further counselling centres are planned, priority consideration should be given to locating the facility in New Territories East, New Territories North or East Kowloon.
- The future direction of funding SARDA should be looked into, in connection with an evaluation of the programme and its services.

Substance Abuse Clinics

- The Hospital Authority's plan to set up a laboratory for substance abuse biomedical tests should be supported.
- The additional manpower requirements for the expansion of the substance abuse clinic scheme should be examined in detail, having regard to the current and anticipated caseload.
- The need for on-site/outreach medical services to drug treatment and rehabilitation centres should be further considered.
- For improving the provision of integrated medical and psychosocial rehabilitation services for substance dependent persons, the coordination and cooperation between substance abuse clinics and non-government organizations providing counselling and rehabilitation services should be looked into.

為精神藥物倚賴者而設的戒毒治療及康復服務

為精神藥物倚賴者而設的輔導/康復服務

- 應在最需要輔導服務的地區，或醫院管理局物質誤用診療所附近，設立輔導中心。
- 日後如再計劃開設輔導中心，應優先考慮在新界東、新界北或東九龍設立。
- 在研究日後資助香港戒毒會的路向時，應一併考慮其計劃及各項服務的評核結果。

物質誤用診所

- 應支持醫院管理局成立物質誤用生物醫學測試化驗所的計劃。
- 應詳細研究物質誤用診所擴充服務所需的額外人手，並須考慮現時及預計的個案量。
- 應進一步考慮戒毒康中心的駐院/外展醫療服務需求。
- 應研究物質誤用診所和提供輔導及康復服務的非政府機構之間的協調和合作，以改善為藥物倚賴者提供的醫療和社會心理康復方面的綜合服務。



支援服務

為已康復的藥物倚賴者而設的中途宿舍

- 應不時檢討為已康復的藥物倚賴者而設的中途宿舍供求情況。

為前藥物倚賴者而設的支援服務

- 非政府機構在提供支援服務時，應配合已康復藥物倚賴者的需要。

第二個三年計劃 (二零零零至零二年)

- 第二個三年計劃於二零零零年十月完成及頒布，該計劃涵蓋二零零零至零二年，主要概述香港過去數年的濫用藥物情況及療康服務的重要發展，並載述目前和將來對各種療康方法的需求。
- 三年計劃的建議之一，是加強對目標對象的具體策略，以提高為藥物倚賴者提供療康服務的效用。這些目標對象包括年輕的藥物倚賴者、精神藥物倚賴者、女性藥物倚賴者、第一、二次濫用藥物的人士和濫用多種藥物者。

Support Services

Half-way Houses for Rehabilitated Drug Dependent Persons

- The demand and supply for half-way houses for rehabilitated drug dependent persons should be kept under review.

Support for Former Drug Dependent Persons

- Support services provided by non-government organizations should be geared towards catering for the needs of rehabilitated drug dependent persons.

The Second Three-Year Plan (2000-2002)

- The second Three-Year Plan was completed and promulgated in October 2000. Covering the period 2000-2002, the Plan gives an overview of the drug abuse trend and major developments in the drug treatment and rehabilitation field in the past few years and outlines the present and projected demands of different drug treatment and rehabilitation modalities.
- The Plan recommends, among other things, increased focus on specific strategies directing at targets such as young drug dependent persons, psychotropic substance abusers, female drug dependent persons, first and second timers of drug abuse and poly-drug users in order to enhance the effectiveness of treatment and rehabilitation services rendered to drug dependent persons.

Services for young drug dependent persons

- Tailor-made programmes should be mapped out and interfaced with mainstream services gearing towards users' development needs, e.g. uniformed group may provide a progressive programme for teenagers through experimental learning, leadership and value development, thereby enhancing disciplinary training and self-confidence building.

Services for psychotropic substance abusers

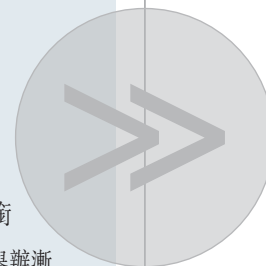
- In view of the rising trend of psychotropic substance abuse, a new counselling centre - the Cheer Lutheran Centre run by the Hong Kong Lutheran Social Service - was set up in Tai Po serving the New Territories East region in October 1998.
- On further expansion in service provision, subject to availability of resources, a new counselling centre for young psychotropic substance abusers is recommended to be established on the Hong Kong Island in the long run.
- Service at substance abuse clinics under the Hospital Authority can be augmented by incorporating or strengthening their out-reach elements and providing more educational and training activities.
- To improve the provision of integrated medical and psycho-social rehabilitation services for substance abusers, liaison between substance abuse clinics and non-government organizations providing drug rehabilitation and counselling services should be further enhanced.

為年輕藥物倚賴者提供的服務

- 應該策劃特別設計的治療計劃，並把這些治療計劃與那些針對藥物倚賴者成長需要的主流服務銜接。舉例來說，制服團體可以舉辦漸進式計劃，讓年輕藥物倚賴者從實際體驗中學習、發展領導才能和培養正確價值觀，從而加強他們的紀律訓練，並協助他們建立自信。

為精神藥物濫用者提供的服務

- 鑑於濫用精神藥物的情況顯示上升的趨勢，香港路德會社會服務處已在一九九八年十月在大埔開設一所輔導中心 — 青欣中心，專為新界東服務。
- 就進一步擴展這項服務而言，如果資源許可，建議港島區長遠來說應為濫用精神藥物的青少年設立一所新的輔導中心。
- 醫院管理局轄下的物質誤用診所可加強服務，包括加入或加強其外展環節，舉辦更多教育及訓練計劃。
- 為了改善為藥物倚賴者提供的綜合醫療及社會心理康復服務，物質誤用診所與提供戒毒康復及輔導服務的非政府機構，應該進一步加強聯繫。



為女性藥物倚賴者提供的服務

- 應鼓勵為婦女特別設計治療計劃，着重機能行為、個人和人際關係的發展、健康和性的問題，以及生活技能的訓練。
- 如果資源許可，幫助有子女的婦女重建新生的計劃，應該包括支援服務，照顧幼兒和子女在成長和情緒方面的需要、為父母提供訓練，並容許母親攜同年幼子女接受治療。

為第一、二次濫用藥物的人士提供的服務

- 由於第一、二次濫用藥物的人士徹底戒除毒癮的機會較高，因此，為這類藥物倚賴者而設的治療計劃，應該加入一些較獨特而又切合他們年紀的元素。

為濫用多種藥物的人士提供的服務

- 為協助濫用多種藥物者，戒毒工作者應該加深對濫用多種藥物和服藥過量的害處的認識，並應該在日常處理新個案時對求助的藥物倚賴者進行適當的評估甄別，了解他們有否濫用多種藥物。
- 戒毒工作者應該多採用深入的心理治療方法幫助濫用多種藥物者。

Services for female drug dependent persons

- Developing gender-specific treatment programmes for women with more focus on functional behaviours, individual and relationship development, health and sexuality issues, and life skills training is encouraged.
- Where resources allow, recovery programmes for women with children should include developmental and emotional support initiatives for infants and children, parenting training and the opportunity for young children to enter treatment with their mothers.

Services for first and second timers

- As first or second timers of drug abuse are considered to have a better chance of recovery, programmes for these groups of drug dependent persons should be given more distinctive, age-appropriate elements designed to help them.

Services for poly-drug users

- To assist poly-drug users, the awareness of drug workers on the harmful effect of multi-drug use and drug overdose should be enhanced. Proper assessment screening in the routine intake of drug dependent persons for multi-drug use should be advocated.
- More in-depth psychotherapy should be practised to assist poly-drug users.



Methadone Treatment Programme

- The Methadone Treatment Programme should continue, and should continue to comprise maintenance and detoxification elements.
- The Methadone Treatment Programme should continue to offer easy entry for those who wish to enroll.
- To better engage methadone patients, to give them a sense of purpose and to minimize the problem of such patients loitering in the vicinity of methadone clinics, social support services for these patients should continue to be strengthened.
- Social support and counselling services for methadone patients under the age of 21 should continue to be enhanced.
- The physical setting of the methadone clinics should be improved.

After-care services

- After-care and continued rehabilitation of rehabilitated persons in relapse prevention should be strengthened by intensifying work training and mutual assistance from centres in search of learning or job opportunities for discharges.

美沙酮治療計劃

- 美沙酮治療計劃應該繼續推行，並應該繼續包括代用治療和戒毒兩方面。
- 美沙酮治療計劃應該繼續採用讓有需要者方便參加的則。
- 為使美沙酮求診者有更積極的事可做，使他們有所寄託，並盡量避免他們在美沙酮診所附近徘徊，應該繼續加強對這些求診者的社會支援服務。
- 應該繼續加強對21歲以下美沙酮求診者的社會支援及輔導服務。
- 應該改善美沙酮診所的環境。

善後輔導服務

- 為協助康復者預防重染毒癮，各中心應提高善後輔導及持續的康復服務，例如為康復者加強提供在學習或求職方面的職業訓練及互助服務。

