For discussion by
Drug Liaison Committee
on 10 August 2010

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DRUG LIAISON COMMITTEE

A Tiered, Multi-modality Framework of Drug Treatment and Rehabilitation Services in Hong Kong: Progress and Way Forward

PURPOSE

This paper updates Members on the development of a tiered, multi-modality framework of drug treatment and rehabilitation services in Hong Kong and sets out the way forward.

BACKGROUND

2. At the meeting on 4 March 2010, Members discussed the implementation progress of the Fifth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2009-2011) (Fifth Three-year Plan) and in that context the recommendation of development of a tiered, multi-modality framework of drug treatment and rehabilitation services in Hong Kong vide DLC Paper 2/2010.

3. Apart from this Committee, views from the Action Committee Against Narcotics (ACAN) and the ACAN Sub-committee on Treatment and Rehabilitation have been sought.

REFINEMENTS TO THE FRAMEWORK

4. The respondents generally welcome the direction of developing a tiered framework. Some of them commented on the positioning of individual services and that details should be clarified and fine-tuned. Taking into account the views collected, we have refined the proposed framework as in the **Annex**. Details are set out in a table covering services, service providers, objectives, responsible government bureaux and departments and source of funding. It is supplemented by a

schematic representation of services available to a drug abuser at different stages of a treatment and rehabilitation process.

5. Further responses are provided in the ensuing paragraphs.

Positioning of the framework

6. Individual respondents have pointed out that some services mentioned in the tiered framework currently have little involvement in drug treatment and rehabilitation; therefore, they are not fully ready for the new roles described therein. Others pointed out that for some existing anti-drug services, there are gaps in service provision which need to be addressed. Some are concerned about possible rigidities which might affect resource allocation.

7. We would like to underline that the purpose of the framework is to conceptualise the broad array of services in the current landscape in a more structured manner, embodying a continuum of services from identification, treatment, rehabilitation to reintegration, and enhancing the role of healthcare, education, and aftercare services. To recap[1], we anticipate potential benefits of the tiered framework as follows:

(a) To service providers –

  (i) a sense of common enterprise with others;

  (ii) facilitating networks and collaboration between services;

  (iii) clarification and greater understanding of roles and responsibilities of agencies;

  (iv) matching young people's needs to the most appropriate interventions; and

  (v) enabling practitioners to understand their key target population.

[1] Paragraph 46 of DLC Paper 2/2010.

(b) To policy bureaux and departments –

  (i) a clear framework in planning and comprehensive services;

  (ii) a basis for assessment and audit of current provision and gaps;

  (iii) increase in understanding of organisational interface; and

  (iv) supporting communication and coordination across agencies.

8. In addition, this framework can give service users a pan picture of services available under different modalities.

9. In this light, the framework is intended to be a skeleton for the flesh to fill in. It sets out a direction for all concerned parties to work together to achieve the collective goal of a holistic service. Accordingly, we include in the framework some service units which may have little involvement in anti-drug work so far, but can have good potential to be effective contributors. The revelation of gaps in the provision of existing anti-drug services is only natural and can indeed highlight the need for a concrete response in the way forward. The framework is certainly not intended to be prescriptive in nature to cast service or resource boundaries.

Early identification at primary healthcare setting

10. Some respondents have expressed the difficulty of screening drug abusers in the primary healthcare setting. For example, there is no standing procedure in general outpatient clinics and accident and emergency units of public hospitals to identify drug abusers and refer them to other appropriate services.

11. We acknowledge that anti-drug elements have not yet firmly taken root in the primary healthcare setting, but this is an important direction to pursue. As a first step, the Hospital Authority (HA) and the Department of Health (DH) will promote awareness of drug abuse among healthcare professionals in everyday practice and develop and promulgate

guidelines for early identification and referral for use *(paragraph 5.10 of Fifth Three-year Plan)*. At the same time, the Narcotics Division (ND) will, in collaboration with the Food and Health Bureau (FHB), HA and DH, continue to enhance training for healthcare professionals, through sponsorship by the Beat Drugs Fund (BDF) as appropriate *(paragraph 5.29 of Fifth Three-year Plan)*. Specifically to primary and secondary students, DH will enhance expertise and capacity of the Student Health Service to promote anti-drug education for them.

Education services for young drug abusers residing in drug treatment and rehabilitation centres (DTRCs)

12. How best to meet the educational needs of young drug abusers who are receiving residential treatment and rehabilitation services at DTRCs has become a subject of discussion in the community, in the light of the lowering age of young drug abusers in recent years. Their most basic and urgent need is to undergo treatment, rebuild their self-confidence and find a new direction in life so as to prevent a relapse and to prepare for reintegration into community. As such, during this transitional process of residential treatment and rehabilitation, the prime objective is to provide treatment and rehabilitation services. Education services provided there play a supportive and complementary role, aiming to maintain the basic education standard and learning momentum of young drug abusers to facilitate their early integration into mainstream schooling, if appropriate, and community after rehabilitation.

13. The Education Bureau (EDB) encourages operators of DTRCs to enhance the subvented educational programmes for school-age drug abusers receiving residential treatment *(paragraph 5.38 of Fifth Three-year Plan)*. With a view to enabling the DTRC operators to improve the education service, EDB will, starting from the 2010/11 school year, enhance the level of subvention to be around $460,000 per programme per annum, implying about 40% increase as compared to the present provision. The DTRCs are required to strengthen the structure and design of these programmes and broaden their scope (e.g. vocational elements) to accommodate diversified modes of education and activities in the light of the learning and training needs of school-aged DTRC residents. EDB will step up the support and monitoring of the operation of the educational programmes for quality assurance purpose. It is hoped that the enhanced programmes can enable school-aged drug abusers to resume school education, receive vocational training or enter into employment according to their aptitudes and needs as soon as possible after

rehabilitation.

Reintegration and aftercare

14. Some respondents commented that the higher one tier is, the more intense the level of care therein should be. They wonder why reintegration and aftercare services should belong to a higher tier (i.e. Tier 4) than residential services in Tier 3. In designing the framework, we consider it appropriate to put reintegration and aftercare as a separate stage after residential programmes. This does not only underline the importance we attach to aftercare services *(paragraphs 5.36-5.41 of Fifth Three-year Plan)*, but also more thoroughly depicts the "treatment journey" of a drug abuser under a continuum of care.

15. We recognise that at present, not all DTRCs are providing aftercare or follow-up services. As to those which are operating such services, they usually have only a few service points in the territory. To make the services more accessible to the dischargees from DTRCs, the Social Welfare Department has encouraged the seven counselling centres for psychotropic substance abusers (CCPSAs) to provide follow up for dischargees, especially those from non-subvented DTRCs. These cases may be recognised in the Funding and Services Agreements of CCPSAs.

16. In respect of education, EDB will continue its efforts in helping rehabilitated young drug abusers reintegrate into mainstream schooling.

17. Moreover, ND will seek to better understand the needs of dischargees through liaison with DTRC operators and work with the Labour Department, the Vocational Training Council (VTC), the Employment Retraining Board (ERB) and EDB to formulate and coordinate drug treatment and rehabilitation work on the full range of general and specialised services including liaison with NGOs for the optimal utilisation of services that the Administration offers to young people and which may be apt for the rehabilitation and vocational training/employment of young drug abusers[2].

[2] Examples are Teen 才再現計劃 (by VTC/ERB), Manpower Development Scheme (by ERB), the Youth Pre-employment Training Programme and Youth Work Experience and Training Scheme.

Service needs of adult drug abusers

18. Individual respondents have commented that the age of drug abusers covered by the tiered framework should be clearly defined. We would like to clarify that this framework applies to treatment and rehabilitation of drug abusers of all ages. As young drug abusers are transiting into adulthood, their service needs (as well as those of their families) can change accordingly. In this regard, we will continue to monitor the demand for downstream services, ensure appropriate resource allocation to meet the changing demand, seek appropriate provision for effective and new forms of programmes *(paragraphs 5.48 to 5.51 of Three Year Plan).*

Training

19. Some respondents urged continuous reinforcement of competence and knowledge of our anti-drug workers in various disciplines in order to deliver effective services across different tiers. In this regard, ND will continue to work together with parties concerned with a view to sustaining the provision of suitable training programmes for social workers, medical professionals and teachers *(paragraphs 5.29 to 5.34 of Fifth Three-year Plan).* We will also make use of the BDF to sponsor training programmes especially more structured ones.

Facilitating networks and collaboration across service modalities

20. Some respondents pressed for facilitation of networks and collaboration across service modalities and/or tiers in order to fully reap the benefits from the tiered framework. In this regard, we will continue to foster communications among service units, with a view to helping them to reach understanding on how referral/collaboration should be done. In this connection, ND plans to organise another collaboration meeting across different modalities within this year.

21. As drug abuse problem varies across districts in terms of magnitude and nature, localised strategy with collaboration between the government and partners at district level could be useful. We aim to further foster multi-disciplinary and cross-sector collaboration on a district basis in selected districts *(paragraph 5.43 of Fifth Three-year Plan).*

WAY FORWARD

22. Against the above background and development, we propose that the tiered multi-modality framework as refined in Annex should provide a healthy, useful basis to pursue further development. We cannot over-emphasise that the framework is only a beginning. ND, as the policy coordinator, will continue to work together with all parties concerned to strive for improvement as we pursue implementation of the Fifth Three-year Plan. We will review the tiered framework together with other initiatives of the Fifth Three-year Plan as we prepare the Sixth Three-year Plan (2012-14) commencing in 2011.

ADVICE SOUGHT

23. Members are invited to note the contents of the paper and give views on the way forward.

Narcotics Division, Security Bureau
Government Secretariat July 2010

Annex

A Tiered, Multi-modality Approach of Drug Treatment and Rehabilitation Services in Hong Kong

Tier 1 – Generic, primary services for open access, identification and assessment

Outline description

This Tier describes the frontline of service delivery which often provide the first response to the needs of drug abusers and their families. They are generic and primary services and generally allow direct access by drug abusers and families. Service providers may not necessarily have in-depth knowledge in drug issues. By virtue of their contact with the drug abusers and their immediate support network (e.g. parents and spouse) in their own environment, they are best placed to identify people at-risk and drug abusers and provide brief interventions for occasional drug abusers and their families. They should also refer more serious drug abusers to other Tiers if needed.

Aim/Purpose

To ensure universal access and continuity of care to all generic services with a view to reducing risks and vulnerabilities and encourage reintegration and maintenance, particularly for those who are early drug abusers, in mainstream services.

Target population

All in particular those vulnerable to drug abuse or already having problems with drug abuse.

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
a. In the school setting				
(i) Teachers and other school personnel including student guidance personnel	To identify, provide initial engagement and motivational counselling for at-risk students and handle drug-related cases.	Schools	EDB	Government/ Subvention/ Private

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(ii) School social workers	To provide initial engagement, motivational counselling to the students in need and their families, and subsequent referral to drug treatment and rehabilitation programmes upon consent.	NGOs	LWB/SWD	Subvention
(iii) Police School Liaison Officers	To assist schools in identifying early juvenile delinquency, preventing and tackling students' involvement in crime and illegal activities. To interview problematic students identified by schools on a small group or individual basis to assist them in building up positive values and observing discipline.	Police	SB/Police	Government
b. Community				
(i) 16 day outreaching teams	To seek out and engage people vulnerable to drug abuse, in particular those who do not normally participate in conventional social or youth activities, and are vulnerable to negative influence including drug abuse.	NGOs	LWB/SWD	Subvention
(ii) 18 night outreaching teams		NGOs	LWB/SWD	Subvention
(iii) 7 counselling centres for psychotropic substance abusers (CCPSAs)		NGOs	SB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(iv) Integrated Children and Youth Services Centres (ICYSCs)/ Children and Youth Centre (CYCs)	To identify and engage young people who would drop in and/or participate in the activities of the centres, and are vulnerable to negative influence including drug abuse.	NGOs	LWB/SWD	Subvention
(v) Integrated Family Service Centres (IFSCs)	To raise parents' awareness of potential drug issues of children and to provide support to the family if a child has drug problems as and where appropriate.	NGOs/SWD	LWB/SWD	Subvention/ Government
c. In the criminal justice settings				
(i) Police Superintendents' Discretion Scheme and Community Support Service Scheme	To identify young offenders prone to drug abuse, provide post-caution and aftercare services.	Police NGOs	SB/Police	Government
(ii) Probation system administered by probation officers and under judicial oversight	As required by the Court, to conduct a pre-sentence social enquiry with recommendation on the suitability of an offender for probation supervision, as an intervention measure in lieu of a custodial sentence. Drug abusers may be identified in the process. For an offender who has been placed under a probation	SWD/ Judiciary/ NGOs	LWB/SWD/ Judiciary	Government/ Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
	order, a probation officer (PO) renders statutory supervision to the offender (i.e. the probationer) pursuant to the conditions stipulated in the Probation Order. An enhanced system targeting young drug abusers is being tried out.			
d. In the primary healthcare settings				
(i) Public hospital				
- General Outpatient Clinics	To help identify drug abusers and in appropriate circumstances make necessary referrals.	HA	FHB	Subvention
- Accident and Emergency Units	To help identify drug abusers and in appropriate circumstances make necessary referrals.	HA	FHB	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(ii) DH's services				
- Student Health Service	To promote anti-drug education for primary and secondary school students.	DH	FHB/ DH	Government
(iii) Family doctors/general practitioners	To promote awareness of drug abuse among healthcare professionals in everyday practice and develop and promulgate guidelines for early identification and referral.	Private practitioners/ hospitals and medical professional bodies	FHB /DH	Private

Linkages within the tier / with other tiers

- To provide holistic and client-centred treatment, there should be a key worker for a drug abuser identified in different settings. The key worker should provide an initial assessment and limited intervention on the site. He or she should refer the drug abuser and their families to other tiers of services if necessary. The role of key worker can be played by school social workers, student guidance personnel, social workers in outreaching teams, ICYSCs, CYCs, IFSCs, probation officers and family doctors/general practitioners.

- A cross-disciplinary team work approach is most encouraged. At the school setting, the handling of drug abuse cases at schools should involve cross-discipline team work involving teachers, school social workers, police school liaison officers, etc. EDB, ND, SWD and the Police are, in consultation with the school and social work sectors, jointly working in enhancing school guidelines with drug-related elements to handle cases involving at-risk students and those with drug abuse problems. As for healthcare settings, private practitioners, hospitals and social workers may join hands to form a collaboration network for young drug abusers on a need and individual case basis.

- Tier 1 should ensure clear referral pathways and links with Tiers 2 and 3. For cases which cannot be handled on the site alone, they should be referred to CCPSAs at Tier 2. That said, Tier 1 services may still be delivered alongside Tier 2 services. For instance, a school social worker and a CCPSA may provide counselling to a drug abuser, but the CCPSA should play the role as a key worker of the treatment plan.

- CCPSAs undertake some outreaching work in Tier 1 to identify and engage target drug abusers apart from receipt of referrals or self-referrals, provide therapeutic counselling and on-site medical support in Tier 2 targeted for drug abstinence, and deliver aftercare services in Tier 4 for needy cases to sustain and achieve social re-integration. The day and night outreaching social work teams in Tier 1 should outreach and identify drug abuse cases and render in-depth counselling in the course of engaging and motivating them to receive designated drug treatment and rehabilitation services.

- The probation system serves as a service unit and a pathway linking to services in Tier 2 and Tier 3. As a key worker, a probation officer (PO) is required to report the probationer's progress at regular intervals as directed by the court, or may initiate progress reports on the probationer's unsatisfactory performance and bring the probationer to the court in dealing with a breach of the Order. A PO not only provides counselling and group activities to the probationer, but also coordinates special programmes run by other professionals and NGOs.

- Since 1 October 2009, a two-year pilot scheme has been launched in two magistracies to provide more focused, structured and intensive treatment programmes for convicted young drug offenders aged below 21 who are put on probation.

- For more serious cases, the patients may be admitted to hospitals for in-depth treatment or DTRCs at Tier 3 and follow up without going through Tier 2.

Tier 2 – First line of specialised drug treatment and rehabilitation, community based

Outline description This Tier describes the frontline of drug-specific services. The interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment. A care plan should be concerned with outcomes across relevant domains of functioning (e.g. education, offending, mental health and other medical specialities). Commonly, interventions take place in community settings.

Aim/Purpose To provide structured psychosocial interventions and medical services with a view to assisting drug abusers to abstain from drugs and motivating them into treatment systems within the community.

Target population People with drug abuse problems, particularly occasional/habitual drug abusers, who require structured psychosocial and medical services.

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
a. 7 CCPSAs	To provide counselling and on-site elementary medical support to drug abusers with a view to assisting them to abstain from abusing psychotropic substance.	NGOs	SB/SWD	Subvention
b. Lok Heep Club	To provide counselling and other support services to drug abusers, ex-drug abusers and methadone patients and their family members.	Caritas	SB/SWD	Subvention
c. General practitioners in	To provide medical consultation service to drug abusers	CCPSAs &	SB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
partnership with CCPSAs	as part of the on-site elementary medical services by CCPSAs.	private practitioners		
d. Probation services	A PO provides counselling and group activities to the probationer, and also coordinates special programmes run by other professionals and NGOs. An enhanced system targeting young drug abusers is being tried out.	SWD/ Judiciary/ NGOs	LWB/SWD/ Judiciary	Government/ Subvention
e. 7 Substance Abuse Clinics (SACs)	To provide specialist interventions and treatment to abusers with psychiatric complications through out-patient services in designated sessions.	HA	FHB	Subvention
f. Specialist clinics in public hospitals	To provide specialist treatment e.g. in urology to abusers with other complications.	HA	FHB	Subvention
g. Specialist medical professionals in private practice	Drug abusers may seek help from psychiatrists and other professionals who are in private practice.	Private practitioners	FHB	Private
h. Methadone Treatment Programme	To offer both maintenance and detoxification options	DH	SB/DH	Government/

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(MTP)	for opiate drug dependent persons through a network of 20 methadone clinics on an outpatient mode; counselling services are provided for clients.	/SARDA		subvention

Linkages within the tier / with other tiers

- As a first stop for drug-specific treatment and rehabilitation service in the community, social workers in CCPSAs can serve as key workers for clients who mainly stay in Tier 2. The key worker should coordinate with elements from healthcare disciplines (e.g. general practitioners in partnership with CCPSAs or psychiatrists in SACs).

- Tier 2 should ensure clear referral pathways and links with Tier 1 and Tier 3.

- Tier 2 interventions may be delivered alongside Tier 3 interventions, e.g. a drug abuser who stays in a residential drug treatment and rehabilitation centre may visit public hospital to receive specialist psychiatric care by SAC and other specialist care if needed.

- Coordination among SAC and other specialty units is important to provide a holistic, patient-centred service in the public health system.

- SACs provide education and training to frontline staff of CCPSAs and NGOs who need to work with psychotropic substance abusers (PSAs). CCPSAs and Lok Heep Club also provide professional training sessions for allied professionals such as teachers, healthcare professionals, polices and social workers, with a view of facilitating their assistance to drug abusers.

Tier 3 – More specialised treatment & rehabilitation services in residential setting

Outline description This Tier describes specialised services, as an adjunct to Tier 2 and used for particular interventions or focused work and/or temporary periods. Commonly, residential treatment services are involved.

Aim/Purpose To provide specialised interventions and setting for a particular period of time and for a specific function, as an adjunct to and a backstop for the services of the other two tiers.

Target population People with complicated drug abuse problems requiring specific interventions

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope Holders/ Controlling Officers, as applicable)	Source of funding
a. Voluntary programme				
(i) 40 Drug Treatment and Rehabilitation Centres (DTRCs) (including 12 halfway houses)	To provide residential treatment and rehabilitation programmes of various lengths and natures to drug abusers who wish to seek residential treatment voluntarily and those who are referred by Probation Officers. To provide aftercare service to rehabilitated abusers through their halfway houses.	NGOs	SB/ SWD /DH	Subvention & self-financed

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope Holders/ Controlling Officers, as applicable)	Source of funding
(ii) Educational programmes for young drug abusers in DTRCs	To run educational programmes for school-aged DTRC residents.	NGOs	EDB	Subvention & self-financed
b. In the criminal justice settings				
(i) Drug Addiction Treatment Centre (DATC)	To provide compulsory residential treatment for persons of 14 years old or above who are found guilty of offences punishable by imprisonment and addicted to drugs.	CSD	SB/CSD	Government
(ii) Other institutions including Rehabilitation, Detention and Training Centres and incarceration in young prisons	To provide correctional services to young offenders.	CSD	SB/CSD	Government
(iii) Probation services	A drug offender on probation may be referred to temporary residential services, such as DTRCs. The probation officer concerned would visit the probationer at regular interval to monitor his/her progress.	SWD/ Judiciary/ NGOs	LWB/SWD/ Judiciary	Government/ Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope Holders/ Controlling Officers, as applicable)	Source of funding
	An enhanced system targeting young drug abusers is being tried out.			
c. In the medical settings				
(i) Public hospitals	To provide specialist interventions and treatment to abusers with more severe psychiatric complications and other co-morbidity through in-patient services in dedicated or non-dedicated wards.	HA	FHB	Subvention
(ii) Private hospitals	Drug abusers may seek help from psychiatrists and other professionals who are in private practice.	Private practitioners	FHB	Private

Linkages within the tier / with other tiers

- Residential care should be kept to the minimum bringing the least community displacement and disengagement problem. To ensure continuity of care, the continued involvement of the co-workers in the Tier 1 and Tier 2 is important.

- For drug abusers who stay in particular settings, such as DTRCs, DATCs and hospitals, their treatment plan would be coordinated by the operating agencies.

Tier 4 – Reintegration and aftercare

Outline description This Tier describes aftercare services, mainly as a follow up to residential or custodial programmes in Tier 3. The services serve as a bridge to help rehabilitated drug abusers reintegrate into the society. Some of the services, particularly those related to education, vocational training and employment assistance, are openly accessible and generic services, though enhanced support would be given as appropriate to help young drug abusers if they have special needs as a result of behavioural problems or learning difficulties.

Aim/Purpose To build in protective factors so as to reduce the chance of relapse as a rehabilitated young drug abuser returns to the community; to help a rehabilitated young drug abuser turn a new leaf and become a useful member of the community.

Target population Rehabilitated drug abusers who have completed a residential or custodial drug treatment and rehabilitation programme

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
a. DTRC operators	To follow through the aftercare plan of a rehabilitated drug abuser with involvement of the family, school, referring social workers, supervising probation officers, mentor and others as and where necessary and feasible.	NGOs	SB/ SWD /DH	Subvention & self-financed
b. CCPSAs and Lok Heep Club		NGOs	SB/SWD	Subvention
c. Mainstream schools	After completion of a DTRC programme, rehabilitated school-aged drug abusers may, with the assistance of	Public sector schools,	EDB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
	EDB / NGOs / key workers, apply for admission to mainstream schools to continue education. Support services may follow.	NGOs		
d. 7 Schools of Social Development (SSD)	After completion of a DTRC programme, rehabilitated school-aged drug abusers who still display serious behavioural/emotional problems may apply for admission to SSD which provides intensive counselling and educational guidance for the students with a view to helping them tide over their transient development difficulties and strengthening their life skills so that they can resume the mainstream education as soon as possible. Applications will be considered by a central coordinating referral mechanism operated under EDB and SWD and to be vetted together with other cases requiring SSD placement referred from mainstream schools.	Aided schools	EDB/SWD	Subvention & self-financed
e. Vocational training and specialised programmes for the youth	After completion of a DTRC programme, rehabilitated drug abusers may with the assistance of NGOs / key workers / EDB apply for vocational training /pre-employment training programmes.	VTC, ERB	EDB LWB	Subvention and Employees Retraining

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
				Fund
f. Employment services and specialised programmes for the youth	To provide career counselling, job referral, training and self-employment support services to young people aged 15-29.	LD, NGOs	LWB/LD	Government/ Subvention
g. Post-institutional statutory supervision	To provide post-release statutory supervision.	CSD	SB/CSD	Government
h. Aftercare service of Methadone Treatment Programme	To offer aftercare service to rehabilitated opiate drug dependent persons who have completed detoxification programme	DH /SARDA	SB/DH	Government/ subvention

Linkages within the tier / with other tiers

- Some DTRC operators have already provided aftercare services in the community. Probationers are also taken care by supervising probation officers when they finish a programme in DTRCs.

- CCPSAs play a supplementary role to help those who undergo a programme with a centre which does not have an aftercare programme; or those who find the aftercare centre not readily accessible. In this regard, CCPSA social workers can serve as key workers to coordinate an aftercare plan with programme elements from other disciplines.

- Through concerted efforts, the Regional Education Offices and Non-Attendance Team of EDB have been providing placement services to students in question to ensure that those aged 15 and below attend schools and to assist those above 15, if they so wish, in seeking suitable school places.