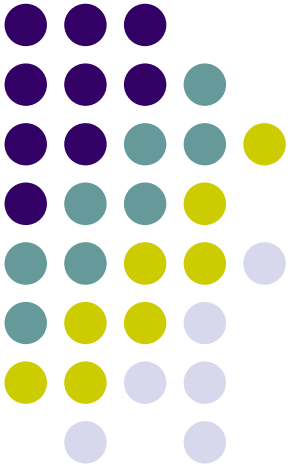
Joint Force in Tackling Drugs Misuse

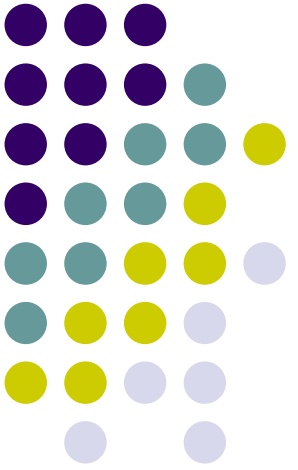
Report-back on Study Visit to UK on Prevention and Treatment Services on Youth Substance Abuse



Coordinated Four-tiered Drug Policy of London

Ms Ivy Chan

Hong Kong Christian Service



The National Drug Strategy

- In 1998, the UK Government launched its 10 year National Drug Strategy.

"Tackling drugs to build a better Britain."

Drug Strategy in London (2003)

The National Drug Strategy

Updated in 2002

- Reducing Availability
- Preventing people from using drugs
- Reducing and rehabilitating existing users
- Getting drug misusing offenders out of crime and into treatment

Drug Strategy in London (2003)

Four main aims of the Drug Strategy

- To help people resist drug misuse.
- To protect the communities from drug-related anti-social and criminal behaviour.
- To enable people with drug problems to overcome them and live healthy and crime-free lives.
- To stifle the availability of illegal drugs on the streets.

Drug Strategy in London (2003)

Drug Treatment Population Trend

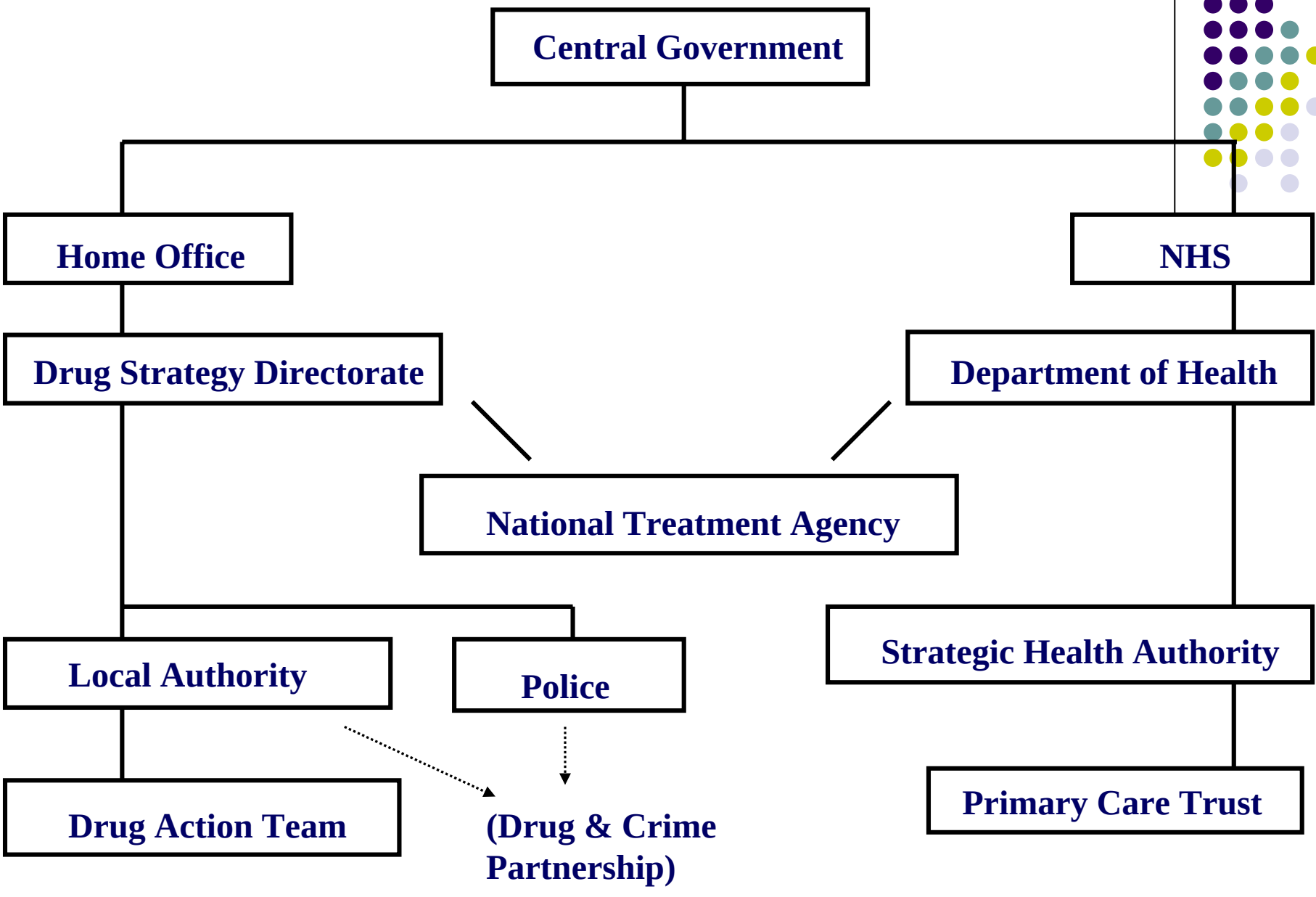
- Heroin was identified as the main problem drug.
- Crack on cocaine as the second problem drug.
- Cannabis as the main problem drug for under 18.
- Polydrug and alcohol misuse is also common.
- Each year 20,000 young people become adult problem drug users.
- The Home Office estimates there are 250,000 to 300,000 problematic drug misusers in England.

Drug Strategy in London (2003)

Drug Expenditure (UK)

	Anti-drug	Treatment & Rehabilitation
2004/05	£1300 million	£253 million
2005/06	£1480 million	£478 million

http://www.drugs.gov.uk/drug-strategy/funding/



Drug Strategy in London (2003)

Drug Strategy Directorate

- The Home Office Drugs Strategy Directorate oversees the delivery of the National Drugs Strategy's, aims through the work of drug action teams.

- The directorate works closely with, the Department of Health, the Department for Education and Skills and the Treasury as well as with key agencies.

National Treatment Agency (NTA)

- A special health authority, created by the Government in April 2001.

- Overall purpose:
  → Double the number of people in effective, well-managed treatment.
  → Increase the proportion of people completing or appropriately continuing treatment.

Drug Strategy in London (2003)

Drug Action Team (DAT)

- Local partnerships.
- Partnerships comprise the main local agencies tackling drug misuse locally.
- For local delivery of the National Drugs Strategy.
- Integrated planning to produce a coherent local strategy and framework of services

Drug Strategy in London (2003)

The Four-tiered Framework

- A framework to conceptualize the service components of an integrated and comprehensive client-based service.

- The model should be viewed as a flexible and dynamic strategic approach to commissioning and service provision of substance misuse interventions for drug users.

Substance Misuse – Key elements of effective practice (2003)

Tier 1 interventions :

Drug-related information and advice, screening and referral by generic services.

Tier 2 interventions :

Open access, non-care-planned drug-specific interventions.

Tier 3 interventions :

Structured, community-based care-planned drug treatment.

Tier 4 interventions :

Drug specialist inpatient treatment and residential rehabilitation.

Substance Misuse – Key elements of effective practice (2003)

Tier 1: Generic and primary Services

Definition:

Provision of drug-related information and advice, screening and referral to specialized drug treatment.

Substance Misuse – Key elements of effective practice (2003)

Tier 1: Generic and primary Services

Intervention:

- To ensure universal access and continuity of care to all people.
- To identify and screen those with vulnerability to substance misuse and identify those with difficulties in relation to substances.
- Concerned with education improvement, maintenance of health, educational attainment and identification of risks or child protection issues.

Substance Misuse – Key elements of effective practice (2003)

Tier 1: Generic and primary Services

Setting:

- General health setting
- Social care, education or criminal justice settings

Competency:

- Screening and identifying drug misuse
- Refer into local specialized drug treatment

Substance Misuse – Key elements of effective practice (2003)

Tier 2: Openly Accessible Specialist Services

Definition:

Provision of drug-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions and aftercare.

Substance Misuse – Key elements of effective practice (2003)

Tier 2: Openly Accessible Specialist Services

Intervention:

- Attract, motivate and engage people into drug treatment.
- Reduction of risks and vulnerabilities, reintegration and maintenance of any users in mainstream services.
- Support people prior to structured treatment.
- Brief psychosocial intervention.

Substance Misuse – Key elements of effective practice (2003)

Tier 2: Openly Accessible Specialist Services

Setting:

- Outreach, detach or street work

Competency:

- Drug and alcohol knowledge
- Motivational techniques
- Brief intervention

Substance Misuse – Key elements of effective practice (2003)

Tier 3: Community-based Care Services

Definition:

Provision of community-based specialized drug assessment and co-ordinated care-planned treatment and drug specialist liaison.

Substance Misuse – Key elements of effective practice (2003)

Tier 3: Community-based Care Services

Intervention :

- Deal with complex and often multiple needs, and not just with the particular substance problems.
- Multidisciplinary team-based work, including : comprehensive assessment, care planning and co-ordinating a range of structured and prescribed interventions.
- Work towards reintegrating and including the drug users in their family, community, school or place of work.

Tier 3: Community-based Care Services

Setting:

- Specialized drug treatment services with their own premises in the community or on hospital sites

Competency:

- Drug and alcohol specialized practitioners who should have different levels of competences depending on their roles in drug treatment systems and the needs of the client.

Tier 4: Specialized Drug Treatment

Definition:

Provision of residential specialized drug treatment, which is care planned and care co-ordinated to ensure continuity of care and aftercare.

Substance Misuse – Key elements of effective practice (2003)

Tier 4: Specialized Drug Treatment

Intervention :

- With complex care needs.
- Include short-term substitute prescribing, detoxification and places away from home.
- Inpatient treatment and residential rehabilitation.

Substance Misuse – Key elements of effective practice (2003)

Tier 4: Specialized Drug Treatment

Setting:

- Specialized dedicated inpatient or residential substance misuse units or wards

Competency:

- Staff will need to meet relevant National Standards, e.g. Drug and Alcohol National Occupational Standards (DANOS) competencies

Substance Misuse – Key elements of effective practice (2003)

Drug Classification

Class A

- Cocaine/crack
- Heroin
- Ecstasy (MDMA)
- LSD
- Magic mushrooms

Class A/B

- Amphetamines

Class C

- Cannabis
- Ketamine

Magic Mushrooms

There are around twelve different varieties of magic mushrooms that grow wild throughout the UK, and they have a powerful hallucinogenic effect similar to LSD. Magic mushrooms can be eaten raw or they can be cooked or stewed into a tea and drunk.

Khat

Khat is cultivated in east Africa e.g. Somalia, Ethiopia, Eritrea and Yemen. Mainly used in the Somali community and some Muslim countries. It is similar to amphetamine. It can cause insomnia, paranoia, anxiety, anorexia, irritability, anger and depression. Psychosis, constipation and susceptibility to ulcers, impact on the liver, teeth darkening.

Drug Law & Penalties

- Possession
  - Class A : 7 years' imprisonment and an unlimited fine
  - Class B : 5 years' imprisonment and an unlimited fine
  - Class C : 2 years' imprisonment and an unlimited fine

Drugs and the Law (2004)

Drug Law & Penalties

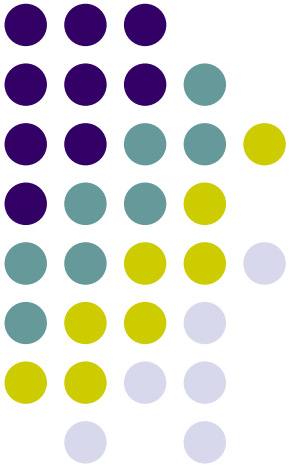
- Supply or Trafficking
  - Class A : Life imprisonment and an unlimited fine
  - Class B : 14 years' imprisonment and an unlimited fine
  - Class C : 14 years' imprisonment and an unlimited fine

Drugs and the Law (2004)

Practice and Implementation of Four-tiered Model

Mr Louis Toh

The Christian New Being Fellowship



Tier 1: Generic and Primary Services

- Drug-related information and advice
- Screening and Assessment
- Referral by generic services

Service Highlight: Youth Zone

Service Highlight

- Havering Drug Abuse Prevention Team
- Havering Tier 1 Screening Tool
- Community Assessment and Primary Services

Screening, assessment tools

Havering Tier 1 Screening Tool

Treatment Plan

- Care plan formulated by keyworker, client and carer where needed
- Set treatment goal: Maintenance or Abstinence
- Keywork sessions: Motivational work
- Detoxification: Community or Residential
- Refer to Life skills coordinator
- Refer to Care Manager
- Refer to Family Therapy
- Refer to Housing support

Current professional involvement & consent for disclosure of information

CLIENT NAME .....

I give consent to information about my case being shared between the following named people and agencies involved in my treatment.

	Name	Address	Phone Number	DATE Consent to contact *
SMS Keyworker				Yes / No
General Practitioner (see front sheet if more details required)				Yes / No
Care Manager				Yes / No
Social Worker				Yes / No
other drugs or alcohol agency				Yes / No
Probation Officer /DTTO				Yes / No
Homelessness or CAT Worker				Yes / No
Psychiatrist				Yes / No
Community Mental Health Team Worker				Yes / No
Family Members				Yes / No
NDTMS National Drug Treatment Monitoring System	The NDTMS collects data about all service users in structured ongoing care. Data consisting of the service users initials, date of birth, gender and drug service accessed are collected in order to minimise double counting. This information is used by the NDTMS to determine the level of demand for drug services and which services need further development. All information is kept strictly confidential. Your Name is not Provided. Your Address is not Provided. Any information produced is in the form of simple, aggregated statistical data relating to treatment teams. For Example: Number of service users (50) Age Range (21-30: 40 users; 31-50: 10 users)			Yes / No

Tier 2: Openly accessible Specialist Services

- Harm reduction
- Outreach (eg. Yellow Bus)

Service Highlight: Turning Point Harm Reduction

Needle Exchange

Service highlight : Yellow Bus

Brief Initial Assessment

- Mental state examination
- Risk assessment
- Drug & alcohol use history
- Physical, psychiatric, psychological and social problem
- Motivation assessment
- Urine test and blood test

(Community Assessment and Primary Services)

MEGABOND

Universal
Alcotip Swab
70% Isopropyl Alcohol

Tier 3 : Community-based Care Services

- Structured day care service
- Housing support

Service Highlight: CDP Directions

- Structured day care program
- Sixteen week program
- 8 -15 hours per week
- For both men and women under court order or probation
- Compulsory
- Aged from 15 to 29
- About 12-14 clients daily

CDP Directions day program

- Art counseling group
- Therapeutic group
- Life skills training
- Relapse prevention
- After-care service
- Complimentary therapies

Service highlight: Housing support

Look Ahead Housing Service

- 24 hour high-support housing
- Fully furnished, self-contained one-bedroom flat
- Referred by Care Co-ordinator
- For 12 mental ill-health residents with alcohol or drug dependency

Other support services

- Regular key working sessions provided by individual Keyworker to assess needs, set goals, monitor the progress
- Completion of an “Individual Service Agreement” (Support Plan)
- Develop life skills such as budgeting, education, dealing with benefit issues, cooking and leisure activities

Tier 4: Specialised Drug treatment

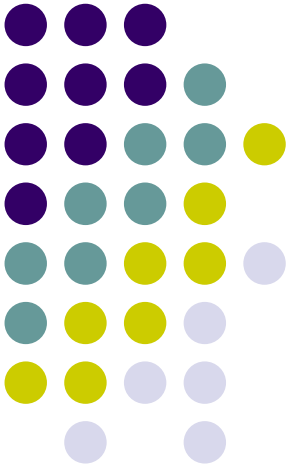
- Drug specialised inpatient treatment and residential rehabilitation

Service highlight: Rugby House

- A residential detoxification service for 13 men and women
- Stay for up to 21 days
- No assumptions about long term goals but helping the clients stabilize their feelings of chaos and crisis
- Provides motivational interviewing, relapse and risk prevention, women & men's groups, video topic group etc.

THE PATH TOWARDS DRUG FREE

1. HARM REDUCTION
2. COMMUNITY-BASED REHBAILITAION
3. ETHNIC MINORITY



Ms May Ngai
Caritas – Hong Kong

HARM REDUCTION (A Process)

SUBSTANCE ABUSE

HARM REDUCTION

DRUG FREE

The Harm Reduction Manual (2004)

Areas for Active Harm Reduction

1. Progressive Harm reduction of Drug Use
    a. Drug Use Practice
    b. Drug Use Change
    c. Stopping Injecting
    d. Stopping Residual Drug Use
    e. Achieving and Maintaining Abstinence

The Harm Reduction Manual (2004)

Areas for Active Harm Reduction

2. Lifestyle Harm Reduction

a. Achieving Safer Sexual Behaviour / Reducing Risks of Commercial Sex work

b. Reducing Criminal Behaviour

c. Leaving the Drug Subculture

d. Improving Personal Health Care

e. Improving Personal Relationship

f. Improving Family Life

g. Improving Personal Economic Condition

h. Improving Accommodation

Harm Reduction in Hong Kong

1. Bottom-up Vs Top-down policy
2. Moralistic idealism & Compassionate pragmatism : Education of the public
3. Evaluation of outcomes : Abstinent Rate only Vs Abstinent rate with other outcomes
4. Prevention : Say ”No” skills only Vs Say ”No” skills and Safe substance abuse (Focus and materials)
5. Poly substances abuse Vs Single substance abuse

The Harm Reduction Manual (2004)

Rehabilitation

1. Institution-based approach

2. Outreach approach

3. Community-based approach

Community-based Rehabilitation

Reintegration into local community

- Drug Treatment
- Housing (Half-way House)
- Education group
- Employment training (Career management service)
- Structured day programmes
- Therapeutic groups
- Support groups
- Life skills' courses (assertiveness, cooking, budgeting, etc
- Day centers and drop-in services
- Leisure activities

Drug Treatment

- Short-term Hospital Detoxification
- Outpatient Detoxification
  - 1. General Practitioner
  - 2. Specialist prescribing clinics
    e.g. Methadone or Buprenorphine clinic

Advantages

- Stay at or near home during the rehabilitation process
- Deal with the problems and reasons you use in the place where they happen
- Learn, and try out, new ways of dealing with things with support from people who can help you get it right
- Pick the bits of the programme that will be most useful to you
- Negotiate a rehabilitation programme with long-term treatment aims of limited drug use than if you go into residential rehabilitation

Not work for those:

- Still being around the people you use with can be difficult
- No support at nights or weekends -- which can be the hardest times
- Hard to ‘turn over a new leaf’ when many other things in life haven’t changed

Difficulties of Community-based Rehabilitation in Hong Kong

- Limited Public Acceptance
- Limited Resources Allocation
- Great Peer influence
- Not Enough Assessment and Coordination

Ethnic Minorities Service

- Cultural Differences
  - Types of Drug
  - Treatment ways (e.g. religions, meals etc.)

- Language Differences
  - Native professionals or agencies
  - Native volunteers
  - Leaflets and resources in different languages

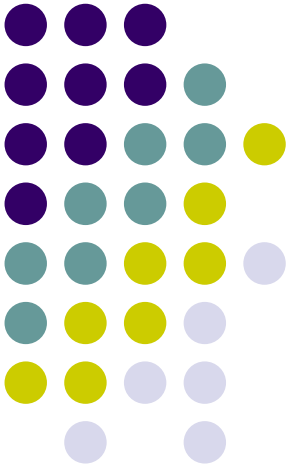
Difficulties of Ethnic Minorities Drug Services in Hong Kong

- Not a large number of Ethnic Minority substance abusers in Hong Kong (5%)
- Small and intact social circle
- Difficulties in Education and Employment due to language barrier
- Religion difference : Muslim abusers vs Christianity rehabilitation services
- Policy focus put on teaching them Chinese rather than providing different materials in different languages

Implication to Hong Kong

Mr Paul Lo

Evangelical Lutheran Church
Social Service - Hong Kong



- Resource allocation
- Multi-disciplinary approach
- School drug policy
- Government Philosophy

Drug Expenditure in UK (2005/06)

Prevention : especially for young people < aged 25	£ 163 million
Tackling supply of illegal drugs	£ 380 million
Reducing drug-related crime : treatment through Criminal Justice System	£ 367 million
Drug treatment service	£ 573 million
Total	**£ 1483 million**

http://www.drugs.gov.uk/drug-strategy/funding/

Drug treatment Expenditure in UK

(excluding prison-based treatment)

	Central government funding	Local funding	**Total**
Year	Allocation / % increase	Allocation	**Allocation**
2001/02	£142m / -	£145m	**£287m**
2002/03	£191m/ 37%	£131m	**£322m**
2003/04	£236m/ 23%	£200m	**£436m**
2004/05	£253m/ 7%	£204m*	**£457m**
2005/06	£300m/ 18%	£208m*	**£508m**
2006/07	£385m / 28%	£212m*	**£597m**

http://www.drugs.gov.uk/treatment/strategy/pooled-treatment-budget/

Drug Expenditure in Hong Kong

Year	2003-04	2004-05	2005-06	2006-07
	(million)	(million)	(million)	(million)
Anti-drug Law and Law Enforcement	299.9	308.2	297.1	295
Treatment & Rehabilitation	302.5	276.7	266.6	269
Prevention, Education & Publicity	20.2	18.9	17.7	18.5
Research	4.8	3.8	4	3.9
External Cooperation	3.2	2.3	1.2	1.7
Total	630.6	609.9	586.6	588.1

Legislative Council minutes on 22 Nov 2006

Drug Treatment Expenditure in Hong Kong and United Kingdom

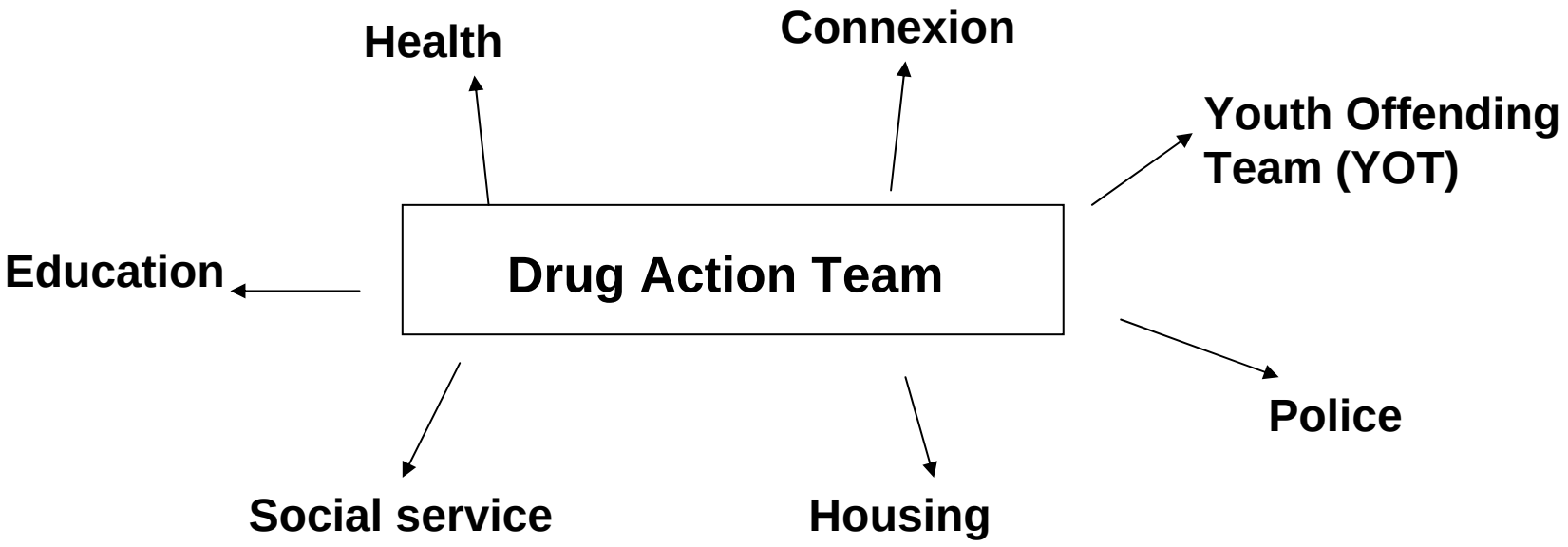
	2003-04	2004-05	2005-06	2006-07
Treatment & Rehabilitation (Hong Kong)	$ 302.5 million	$ 276.7 million	$ 266.6 million	$ 269 million
Drug Treatment Services (United Kingdom)	£ 436 million	£ 457 million	£ 508 million	£ 597 million

Legislative Council minutes on 22 Nov 2006

http://www.drugs.gov.uk/treatment/strategy/pooled-treatment-budget/

Regionalization on Service Delivery

Drug Action Teams (DATs) co-ordinate drug strategies at local level



School Drug Policy in UK

- All children and young people need to be able to make safe, healthy and responsible decisions about drugs, both legal and illegal.
- School play a central role in helping them make such decisions:
  - providing education about the risk and effects of drugs;
  - developing their confidence and skills to manage situations involved drugs;
  - creating a safe and supportive learning environment; and ensuring that those for whom drugs are a concern receive appropriate support.

Drugs : Guidance for schools (2004)

Purpose of the drug policy

- Clarify the legal requirements & responsibilities of the school
- Safeguard the health and safety of pupils
- Clarify the school's approach to drugs
- Guidance on developing, implementing and monitoring the drug education program
- Enable staff to manage drugs incidents with confidence and consistency

Drugs : Guidance for schools (2004)

Purpose of the drug policy

- Provide a basis for evaluating the effectiveness of the school drug education program and the management of drug incidents
- Reinforce the role of the school in contributing to local and national strategies

Drugs : Guidance for schools (2004)

School Drug Policy in UK

Definition of drugs:

A substance people take to change the way they feel, think or behave.

This includes:

- all illegal drugs : cannabis, cocaine, ecstasy
- all legal drugs : alcohol, tobacco, solvent
- all over-the-counter and prescription medicines

Drugs : Guidance for schools (2004)

School Drug Policy in UK

- Well-planned drug education program
- Responding to drug incidents
- Strategies to identify & support students for whom drug may be a problem
- Teachers training in addressing drug issue

Drugs : Guidance for schools (2004)

School Drug Education in UK

- should enable pupils to develop their **knowledge, skills, attitudes** and understanding about drugs and appreciate the benefits of a healthy lifestyle
- should be supported by a whole school approach that includes the school's value, staff training and the involvement of pupils, staff, parents, governors and the wider community

Drugs : Guidance for schools (2004)

School Drug Education in UK

- should start in primary schools and develop through each of the Key Stages to ensure continuity and progression
- should cover all drugs, specially tobacco, alcohol, volatile substances, cannabis and class A drugs
- particular attention to pupils who are vulnerable to drug misuse, including those at risk of exclusion & excluded from school

Drugs : Guidance for schools (2004)

School Drug Education in UK

- teachers should be the main providers of drug education, Secondary schools should establish specialist teams of teachers to teach drug education
- school should appoint a designated senior staff with overall responsibility for all drug issues within the school

Drugs : Guidance for schools (2004)

School Drug Education in UK

- parents should be given information about their child's drug education and have opportunities to become involved in planning and developing the drug policy and education program
- ensure that pupils have access to up-to-date information about sources of help and advice

Drugs : Guidance for schools (2004)

Responding to drug incidents

- The possession, use or supply of illegal and other unauthorised drugs within school boundaries is unacceptable
- In the case of illegal drugs, school should notify the police.
- Schools and police should work closely together to establish an agreed policy which clarifies roles and mutual expectations before incidents occur

Drugs : Guidance for schools (2004)

Responding to drug incidents

- For any drug incident, the utmost priority should be placed on safety
- Any respond should balance individual needs and wider community
- Incident involving illegal and other unauthorised drugs should involve the pupil's parents unless this would jeopardise the pupil's safety
- A full record of every incident

Drugs : Guidance for schools (2004)

Conclusion

- The Government perspective on drugs???
- Our perspective on drugs???
- New drug trend VS new ideas / services???
- Any discussion in society???

Thank you!

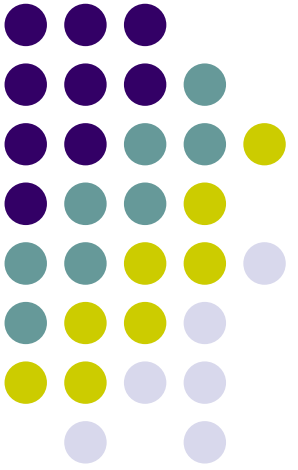
http://www.hkcss.org.hk/fs/

Developing a Multi-disciplinary Community Rehabilitation Mode

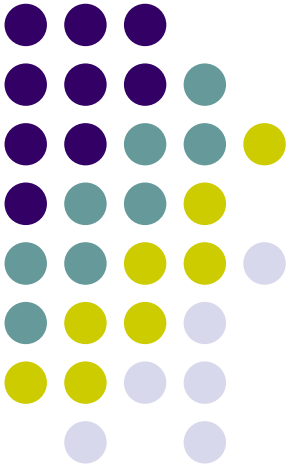
Dr Ben Cheung

Chairman,

ACAN Working Group on T&R, ND



Future Direction in Combating Substance Abuse in Hong Kong

Dr Choi Yuen Wan

Chairman of ACAN, ND