

For information
on 17 January 2002

Legislative Council Panel on Security
Review on Methadone Treatment Programme

Purpose

This paper reports on the findings of a review of the Methadone Treatment Programme (MTP) operated by the Department of Health.

Background

2. Hong Kong adopts a multi-modality approach in drug treatment and rehabilitation services to cater for the different needs of drug dependent persons from various backgrounds. This approach includes a compulsory placement scheme operated by the Correctional Services Department, a voluntary non-residential maintenance or detoxification programme using methadone offered by the Department of Health, voluntary residential treatment programmes provided by non-government organisations (NGOs) including Christian therapeutic agencies, mixed mode programmes providing both residential and non-residential services operated by Substance Abuse Clinics under the Hospital Authority and clinics run by subvented NGOs, and counselling centres which provide outreach service for youth at risk, etc.

3. Amongst the different treatment and rehabilitation modalities, MTP which came into operation in 1972 is the only “substitution” therapy which caters for drug dependent persons who are not suitable for

or receptive to residential or other forms of treatment. Operating on a voluntary, out-patient mode, the programme allows drug dependent persons to stay with their families or work as usual and continue to perform other daily activities.

4. MTP in Hong Kong comprises two components. A drug dependent person can enrol in the “maintenance” part of the programme and replace illicit heroin use by adequate methadone dosage prescribed by doctor. He can also enrol in the “detoxification” part of the programme where he will be assisted to achieve a drug-free state by taking decreased dosages of methadone over a period of time.

5. MTP in Hong Kong adopts an open-door policy and services are provided to patients irrespective of sex, age, ethnic origin, religion, or nationality. It does not have a waiting list of patients as new patients are seen by the attending medical officer as they turn up. The only criterion for admission into MTP is that the person has to be opiate drug dependent without life-threatening medical condition. For clients suffering from medical illnesses which are considered by the attending medical officer as unsuitable for methadone treatment, they will be referred to specialist clinics/hospitals for treatment and advised to return to methadone clinic after their conditions have improved. Patients aged under 21 or those with less than two years’ addiction history are normally first encouraged to go for residential detoxification and rehabilitation programme.

6. Since the commencement of MTP in Hong Kong in 1972, the Administration has been monitoring the usefulness and effectiveness of

the programme. In May 1999, the Administration conducted a comprehensive review on MTP, with a view to evaluating the programme's usefulness and effectiveness, identifying any areas for improvement and considering, in the light of the development of other new drugs, whether there are other alternatives to methadone in drug detoxification and maintenance.

Methodology

7. The review was conducted by a Working Group formed specifically for this task. The Working Group comprised representatives of the Narcotics Division, Security Bureau; the Department of Health as well as the Action Committee Against Narcotics (ACAN). To support the review, an updating exercise on the profile of methadone patients was conducted. The exercise aimed to analyse the characteristics of methadone patients and examine whether there were any changes in the characteristics of and perception by such patients before and after receiving treatment. A total of 7 669 methadone patients and 922 newly admitted cases were selected for inclusion in the survey.

8. Apart from the above, a focus group study was conducted to solicit detailed information on the characteristics of target groups other than subjects covered in the survey of MTP and their views and perception on MTP. Altogether five categories of subjects (including drug dependent persons and service providers) and ten different target groups were organized. Focus group interviews involving a total of 80 participants were conducted. In addition, the Working Group reviewed

literature concerning the application of methadone in overseas countries including Australia, Canada, France, Singapore, Switzerland, the Netherlands, the United States, the United Kingdom and New Zealand, and studied the latest relevant literature on other drugs including naltrexone, levo- α -acetylmethadol (LAAM), buprenorphines as well as some Chinese medicine.

Major Findings

9. Recognizing that drug addiction is a chronic relapsing illness, the Working Group concluded that the current MTP fulfilled its declared objectives and was effective in helping drug dependent persons sustain their employment and social life, as well as helping society reduce instances of drug overdose, drug-related death and spread of blood-borne diseases. The review also confirmed that MTP should continue to comprise maintenance and detoxification elements so as to offer choice, though the mainstay of the programme should remain a substitution therapy with a “harm reduction” objective. The review affirmed MTP’s open-door policy and recognized that it worked well for those who had a need for the service. The Working Group observed that amongst the various drug treatment and rehabilitation modalities in Hong Kong, MTP engaged the largest number of drug dependent persons at a time. Its voluntary, out-patient nature and well-established territory-wide clinic network made the programme one of the most convenient and accessible drug treatment programmes in Hong Kong.

10. However, balancing the current operational mode of MTP and

the room MTP presents itself for further enhancement, the Working Group recognized that MTP should move towards a more knowledge-based approach to service provision. The Working Group considered that the existing support services of MTP could be improved. In connection with this, a clear set of outcome indicators for different MTP components (i.e. maintenance and detoxification) could be developed and training of staff could be enhanced. To address the constraints of out-patient detoxification which, in the main, are the lack of intensity and relatively weak supervision and peer support, naltrexone should be considered as a drug to assist relapse prevention and a research in this regard should be conducted accordingly. At the same time, public education on MTP should be enhanced in order to strengthen community's acceptance of the programme and in this connection, acceptance of the patronage of the programme.

11. Taking advantage of the large catchment of drug dependent persons under MTP, enhancement of referral services and coordination between MTP clinics and other drug treatment and rehabilitation agencies should facilitate patient management. With this development, the focal point of MTP should still remain on service recipients. Strengthened support services under MTP should, as far as practicable, contribute to a more comprehensive approach of service provision with emphasis on continuity of care for service recipients.

12. A summary of the recommendations and the final review report are annexed.

Implementation

13. Following the review, the relevant agencies under the lead of the Security Bureau are following up on the implementation of the recommendations.

14. The following actions have been put in train: -

- (i) With a view to moving towards a more knowledge-based approach in service provision, the existing forms used by the Department of Health and the Society for Rehabilitation of Drug Abusers (SARDA) in the initial admission of methadone patients are being revamped to include more detailed and relevant information on these patients. It is planned that the revamp will be completed in early 2002;
- (ii) Taking into consideration the complex psychosocial needs of the patients, various support services for the MTP will be strengthened. These include extending individual counselling service to additional patients and organizing additional group counselling services and family therapy groups. The Department of Health is following this up with SARDA;
- (iii) In order to align the staff of methadone clinics and social workers with the initiatives and new measures introduced pursuant to the review of the MTP, more training sessions and forums are being organised by the Department of Health and

SARDA. Two such sessions have been scheduled in 2002;

- (iv) The Sham Shui Po Methadone Clinic is being expanded to bring about an array of improved facilities to methadone patients. New facilities will include a health education room, dedicated rooms for support activities and counselling for individuals, and an information corner which will provide materials about support group activities, health education and job placement programmes, etc. Renovation of the Sham Shui Po clinic commenced in October 2001 and is expected to complete in early 2002; and
- (v) Subject to availability of funds, the Hospital Authority has agreed to launch a clinical trial in collaboration with the Department of Health and interested NGOs to assess the effectiveness of naltrexone in relapse prevention for detoxified patients in Hong Kong.

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