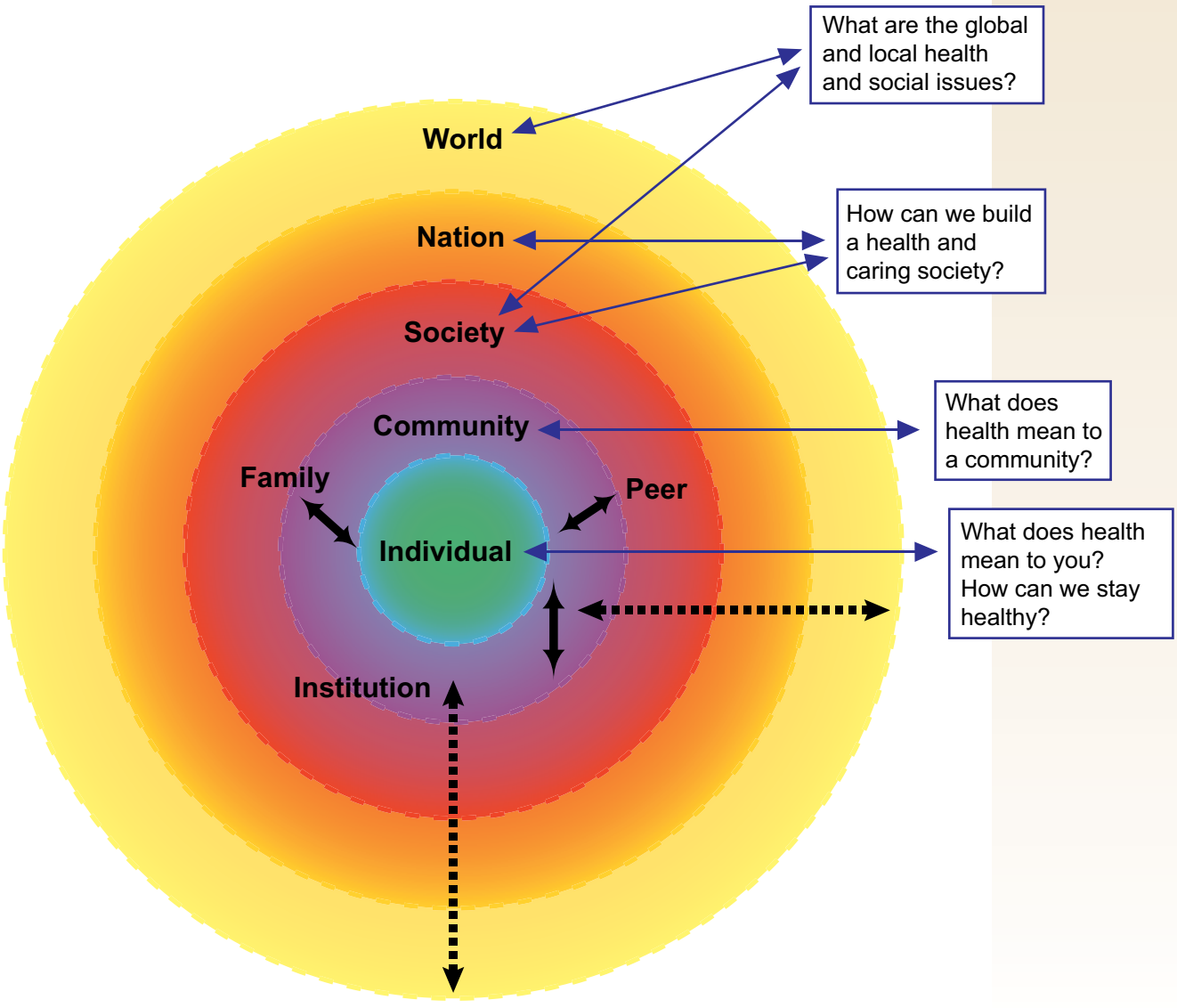
# 15D
# Health and Social Care Issue – Addiction

## Health Management and Social Care (Secondary 4-6)

# Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world (Figure 1).

Figure 1 The Various Levels and Essential Questions of HMSC



This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care Curriculum and Assessment Guide (Secondary 4-6)(2007). Each essential question is elaborated in 2-5 booklets. The booklets facilitate teachers to develop an overall framework and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. Details are as follows:

| Levels | Essential Questions | Booklets | |
|---|---|---|---|
| Individual, Family and Peer | What does health mean to you? | 1 | Personal Needs and Development across Lifespan |
| | | 2 | Health and Well-being |
| | How can we stay healthy? | 3 | Physical Well-being - Healthy Body |
| | | 4 | Mental Well-being - Healthy Mind |
| | | 5 | Social Well-being - Inter-personal Relationship |
| Community | What does health mean to a community? | 6 | Healthy Community |
| | | 7 | Caring Community |
| | | 8 | Ecology and Health |
| | | 9 | Building a Healthy City |
| Society | How can we build a healthy and caring society? | 10 | Health Care System |
| | | 11 | Social Welfare System |
| | | 12 | Medical and Social Care Professions |
| | | 13 | Health and Social Care policies |
| | | 14 | Social Care in Action |
| Local and Global Societies | What are the local and global health and social issues? | 15A | Health and Social Care Issue - Ageing Population |
| | | 15B | Health and Social Care Issue - Discrimination |
| | | 15C | Health and Social Care Issue - Domestic Violence |
| | | 15D | Health and Social Care Issue - Addiction |
| | | 15E | Health and Social Care Issue - Poverty |

The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situations, background of students, interest, learning skills and the previous knowledge of students. Social issues as well as the graphic organizers illustrated in Part 3.1.5 can be used to help student organize and analyze complex and abstract concepts so that they are able to construct their knowledge effectively, consolidate their learning and achieve deep understanding.

# What are the local and global health and social issues?

In the modern society, personal problems and social issues are often closely related. Personal problems refer to the perceived threats to the well-being of a person at the individual level and on his/her life. Public or social issues occur between different social systems and organisations, leading to raised attention in the society. A personal problem can be a social issue at the same time. For example, ageing can imply the decline in physical functioning of an individual. When over a half of the population enters their elderly stage, it becomes a social issue.

In his book, Sociological Imagination (1959), C. Wright Mills proposes that sociological imagination can be used as a means, a tool or a perspective for understanding. A person with sociological imagination can understand social issues through imagining the meaning of the people and events in his/her life. He/she is able to link up personal problems with social issues. With sociological imagination, students are able to identify linkages of personal problems (such as internet addiction) and social issues and analyze social problems by considering a variety of factors such as the social systems.

The topics of Health Management and Social Care Curriculum and Assessment Guide included inBooklets 15A – 15E are listed on the next page:

| Booklet | | Topics in HMSC Curriculum and Assessment Guide |
|---|---|---|
| 15A | Ageing Population | Compulsory part<br>2B Contemporary issues of vulnerability<br>2D Developments in the health and care industries<br>3B Developing health and social care / welfare policies<br>3C Implementing health and social care policies |
| 15B | Discrimination | Compulsory part<br>2B Contemporary issues of vulnerability<br>3C Implementing health and social care policies |
| 15C | Domestic Violence | Compulsory part<br>2A Structural issues related to health, social care and personal and social well-being<br>2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes<br>4D Social care, healthy relationships, social responsibility and commitment in the family, community and groups<br>5B Health and social care services and agencies |
| 15D | Addiction | Compulsory part<br>1B Factors which influence personal development<br>2B Contemporary issues of vulnerability<br>5C Mental health as a personal predicament and as linked to the social context<br>5B Health and social care services and agencies |
| 15E | Poverty | Compulsory part<br>2A Structural issues related to health, social care and personal and social well-being<br>3B Developing health and social care / welfare policies<br>5B Health and social care services and agencies |

# 15D Addiction

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## Learning Targets

### Through the study of the topic on addiction, students are expected to:

### Values and attitudes

- Appreciate lifelong personal responsibility for one's own health and well-being
- Take on the personal responsibilities in cultivating the conditions for personal development of oneself and the others

### Knowledge

- Understand the impact and implications of addiction
- Analyse the reasons for addition
- Identify the support and services available for addicts and suggest possible means or solutions

## Key Questions

### To achieve the above learning targets, teachers may use the following questions to enhance understanding:

- What are the impacts and implications of addiction?
- How can we help the addicts at different levels?

# 15D.1 Addiction

Addiction can be defined as the way in which individuals find themselves unable to stop engaging in the behaviour that is harming them or those whom they care about, even when they try to.

Addiction usually includes:

1. Physiological craving: an intense feeling of need and prolonged desire; yearning for the object (behavior);
2. Withdrawal symptoms: physically, psychologically, or socially harmful;
3. Tolerance: the need for more of the drugs (object) to get the same effect (American Psychiatric Association, 1980).

In general, it is characterised by the increased amounts to reproduce the effects originally produced by smaller doses, abnormally strong craving and habit-forming. It can be understood in terms of ‘desire’ and ‘behaviour’.

"Addiction" includes two kinds of desires: desire of the addicts and the desire for the objects. The overwhelming desires are pathetic if the patients fail to control themselves from the impulse of doing the addictive behaviour.

Addiction typically involves initial exposure to a stimulus followed by behaviours seeking to repeat the experience. After a number of repetitions of the behaviour-stimulus sequence, the addiction becomes established. The character and severity of the addiction may change over time, and it may be punctuated by attempts by the sufferer to abstain or regain control. In some cases, sufferers will achieve recovery for a sustained period or even permanently.

The addiction can be on substance or behavioural in nature.

The common types of substance include:

- Narcotics Analgesics e.g. Heroin Methadone
- Hallucinogens e.g. Cannabis, LSD
- Depressants e.g. Amylobarbitone, Methaqualone, Gamma Hydroxybutyric Acid (GHB)
- Stimulants e.g. Methylamphetamine, Cocaine, MDMA (Ecstasy)
- Tranquillisers e.g. Benzodiazepines, Chlordiazepoxide (Librium, Librax)
- Others, e.g Ketamine, Codeine
- Alcohol
- Tobacco

The common types of behavioural addictions include:

- Pathological Gambling
- Compulsive Buying
- Internet Addiction
- Sexual Addiction
- Workaholism
- Eating Disorder
- Compulsive Exercise

# 15D.2 Types of Addiction

## (A) Drug Addiction

### 1. Drug

Drugs are chemicals taken to alter the way in which the mind or body works. They can be used in the treatment of infections and diseases. World Health Organization (WHO) developed a very broad definition of drug as 'any substance, other than those required for the maintenance of normal health, which, when taken into the living organism, may modify one or more of its functions'.

Drugs can be divided into three types. These are:

- Medicines – used to treat and prevent diseases. They can be either bought over the counter at a chemist shop or obtained by prescription from the general practitioner (GP) or dentists.
- Social or recreational drugs – those drugs which are considered to be socially acceptable because they are being taken by a large part of the population. These drugs include caffeine which is found in tea and coffee, alcohol, and nicotine which is found in cigarettes and tobacco.
- Illegal drugs – these are controlled by legislation and are taken to produce feelings of pleasure and excitement but possessing and using them is against the law.

Drug Information

Narcotics Division, Security Bureau
Website: http://www.nd.gov.hk/en/druginfo.htm

## 2. Drug Addiction

Some drugs can lead to dependence syndrome, i.e. drug addiction. Drug addiction develops after repeated substance use and that typically implies a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Drug addiction includes different types of dependence: physical dependence - the continual use of drugs leads to physical reactions as the body craves a particular drug; and psychological dependence - the continual use of a drug in order to 'feel good' and to support a sense of well-being, a feeling that is short-term, disappearing as the effect of the drug wears off.

The fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) was published by the American Psychiatric Association to set forth diagnostic criteria, descriptions and other information to guide the classification and diagnosis of mental disorders in 1994. In this manual, addiction is regarded as manifested by the following symptoms:

| | |
|---|---|
| Tolerance | ✧ A need for markedly increased amounts of the substance to achieve intoxication or the desired effect.<br>✧ Markedly diminished effect with continued use of the same amount of the substance. |
| Withdrawal | ✧ The characteristic withdrawal syndrome for the substance.<br>✧ The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms. |

✧ The substance is often taken in larger amounts or over a longer period than was intended.
✧ There is a persistent desire or unsuccessful efforts to cut down or control substance use.
✧ A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.
✧ Important social, occupational, or recreational activities are given up or reduced because of substance use.
✧ The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression).

Drug addiction can result in a number of harmful effects on one's health and makes the person more likely to develop tuberculosis, kidney and liver problems and other infections including AIDS. Similarly mental illnesses like psychosis, depressive illness and anxiety disorders are also much more likely in a drug addict.

Drug addiction affects the personality of the individual and he may indulge in petty crimes, like stealing, shoplifting, commercial sex or other socially unacceptable behaviors just to support his habit. He might gradually drift away from his friends and family members moving in a circle of other addicts. He may also leave or be thrown out of his job and end up in prison. (WHO World Health Day 2001)

## 3. Understanding Youth Drug Abuse from Ecological Perspective

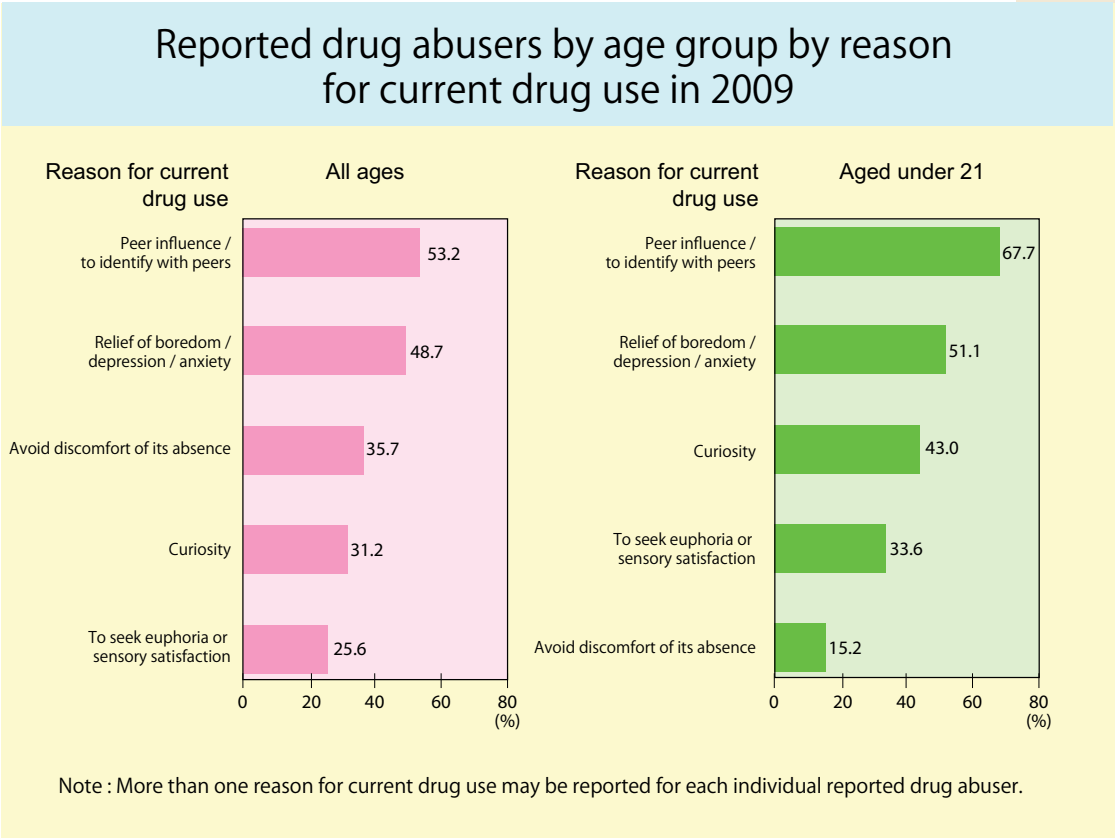
The latest figures on the youth drug abuse in Hong Kong are available at the Central Registry of Drug Abuse of the Narcotics Division of Security Bureau. (Website: http://www.nd.gov.hk/en/drugstatistics.htm)

| Ecological System | Risk Factors |
|---|---|
| Personal | ✧ Curiosity<br>✧ Lack of psychosocial competencies & coping skills<br>✧ Underachievement<br>✧ Non-engagement<br>✧ Hopelessness, emptiness, and lack of life meaning |
| Interpersonal | ✧ Undesirable peer influence in relation to growing emphasis of peer recognition (e.g. blogs)<br>✧ Few siblings in the family to practice psychosocial skills (e.g. conflict resolution) |
| School | ✧ Underachievement<br>✧ Undesirable after-school activities |
| Societal | ✧ Higher cultural acceptance of addiction<br>✧ Postmodern youth culture<br>✧ Availability of drugs (light punishment for cases involving psychotropic substances); fine calculated in the cost of operating drug retailing business |

| Ecological System | Risk Factors |
|---|---|
| Societal | ✧ Pathological emphasis on achievement leading to youth demoralization and mental health problems<br>✧ Growing poor adolescent population<br>✧ Growing pessimistic values and beliefs about having upward social mobility |

(Reference: Daniel T.L. (2007). Shek Tackling Adolescent Substance Abuse in Hong Kong: Where We Should and Should Not Go The Scientific World Journal 7, 2010-2030)

Figure15D.1 Reported drug abusers by age group by reason for current drug use in 2009




**Source : Central Registry of Drug Abuse ( Updated on 16.03.2010)**

## (B) Alcohol Abuse

In many parts of the world, drinking alcoholic beverages is a common feature of social gatherings. Alcohol enhances social and physical pleasure, increases sexual responsiveness and assertiveness, and reduces tension up to a point.

Unfortunately, the initial physical stimulation, brought on by low doses of alcohol, can lead some people into an addictive cycle. The expectation of improved feelings drives people to drink. But higher doses of alcohol dampen arousal, sap energy, and cause hangovers. It, in turn, leads to a craving for alcohol's stimulating effects, i.e. a craving to feel good again. The repetitive cycle of pleasure and displeasure is addiction.

The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties. Alcohol abuse may lead to neurological, gastrointestinal, hepatic and cardiovascular complications. Acute alcohol intoxication can lead to loss of control over one's behaviour, increased risk of accidents and even neurological & respiratory disorders. Chronic alcoholism can cause vitamin B1 deficiency, damage the nervous system and result in tremor, seizures, memory loss and confusion. Excessive alcohol consumption also increases the risks of oesophagitis, gastritis, gastric ulcers and some cancers such as oral and oesophageal cancer. Besides, heavy drinkers have a higher risk of pancreatitis, hepatitis, cirrhosis, and heart diseases. Obesity can be a consequence of chronic alcohol consumption (Centre for Health Protection, 2007).

Alcohol has been linked with a high incidence of violence and aggressive. Acute and chronic alcohol consumption is associated with high rates of homicides, suicides, spouse abuse, and child abuse. Laboratory research has produced evidence of links between the pharmacologic effects of alcohol and aggressive behaviour.

Alcohol use increases the risk of sexually transmitted diseases, pregnancy, and sexual assault because of impaired judgment, A male may feel powerful and become more aggressive under the influence of alcohol. He is less able to control himself and less aware of the consequences of his actions. A female who has been drinking also is less able to control herself and less aware of the consequences of her actions. Female who have been drinking alcohol are more vulnerable to sexual assault than females who have not been drinking.

## (C) Smoking

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Nicotine is an addictive drug. It causes changes in the brain that make people want to use it more and more. In addition, addictive drugs cause unpleasant withdrawal symptoms. The good feelings that result when an addictive drug is present - and the bad feelings when it's absent - make breaking any addiction very difficult. In fact, nicotine has been one of the most difficult addictions to quit in human history.

It is a proven fact that tobacco is hazardous to health. Chemicals from tobacco smoke pass through the lung into the blood streams and rush to the brain in less than 10 seconds; and it reaches the toes in 15-20 seconds.

Tobacco causes a variety of diseases:

- Respiratory Diseases
- Cardiovascular Diseases
- Cancers
- Digestive Disorders
- Oral Diseases

## (D) Gambling

Gambling is to bet anything valuable including money on an activity that people are unable to predict result. Gambling is a kind of game. Gambling has many different forms, such as: horse racing, dog racing, lottery, casino games, sport gambling, playing cards, bingo, as well as stocks.

### 1. Pathological Gambling

Pathological gambling refers to the persistent and recurrent maladaptive gambling behaviour which is harmful to an individual's personal, family and career life.

According to DSM-IV, it is indicated by five (or more) of the following:

- Is preoccupied with gambling
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- Has repeated unsuccessful efforts to control, cut back, or stop gambling
- Is restless or irritable when attempting to cut down or stop gambling

- Gambling as a way of escaping from problems or of relieving a depressive mood
- After losing money gambling, often returns another day to get even
- Lies to family members, therapist, or others to conceal the extent of involvement with gambling
- Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- Relies on others to provide money to relieve a desperate financial situation caused by gambling

## 2. Cycle of Pathological Gambling

The progressive cycle of gambling addiction typically follows a pattern of increasing involvement in the addictive behaviour. There are three phases in the pathological gambling:

| | |
|---|---|
| The Winning Phase | During the winning phase, gamblers experience a big win or a series of wins that leaves them with unreasonable optimism that their winning will continue. This leads them to feel great excitement when gambling, and they begin increasing the amounts of their bets. |
| The Losing Phase | During the losing phase, the gamblers often begin bragging about wins they have had, start gambling alone, think more about gambling and borrow money - legally or illegally. They start lying to family and friends and become more irritable, restless and withdrawn. Their home life becomes unhappy, and they are unable to pay off debts. The gamblers begin to 'chase' their losses, believing they must return as soon as possible to win back their losses. |
| The Desperation Phase | There is a marked increase in the time spent gambling. The desperation phase is characterized by remorse, blaming others and alienating family and friends. Eventually, the gamblers may engage in illegal acts to finance their gambling. They may experience hopelessness, suicidal thoughts and attempts, arrests, divorce, alcohol and/or other drug abuse, or an emotional breakdown. |

The progressive cycle of gambling makes gambling no longer fun and a form of harmless entertainment as many gamblers who become problematic or pathological (compulsive) gamblers and experience devastating illness that negatively affects every aspect of their lives. It has been noticed that the final phase of gambling is a phase of hopelessness: it makes gamblers feel desperate and helpless to themselves.

## (E) Internet Addiction

The Census and Statistics Department (C&SD) conducts the surveys on the usage and penetration of information technology (IT) in Hong Kong every year. According to the results of the Household Survey, personal computers (PCs) and Internet connections were very common in households. 75.8% of all domestic households in Hong Kong had PCs at home in 2009. Amongst those households with PCs at home, some 96.8% had their PCs connected to the Internet, representing 73.3% of all domestic households in Hong Kong.

Like gambling or drugs, internet activities provide emotional escape and relief from high intervals of stress and social interaction. With the simultaneous exposure of an intense social atmosphere, many people are fearful to expose themselves as shy and vulnerable human beings. It is the stress of study or work and fear of social interaction, in which online gaming has become an integral source for emotional pleasure and excitement stimulation. The games themselves allow people to anonymously protect themselves from the real world, both socially and emotionally, while stimulating excitement in the form of adrenaline. Thus, online gaming can develop into addiction.

### 1. Symptoms

The following are some of the symptoms of internet addiction:

- Preoccupied with Internet (frequently think about previous online activities)
- Increasing amounts of time in order to achieve satisfaction
- Repeatedly and unsuccessful attempts to control Internet use
- Feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use
- Stay online longer than originally intended
- Risk of the loss of significant relationship, job, educational or career opportunity
- Lie to family members, or others to conceal the extent of using Internet
- Use Internet as a way of escaping from problems or relieving mood (e.g., feelings of helplessness, guilt, anxiety, depression)

Self Tests on Internet Addictions

http://netaddiction.com

## 2. Health Impacts

The internet addicts may experience blisters, calluses, sore tendons, and numbness in the hands as a direct result of excessive play. Among a host of other negative consequences, there are problems directly resulting from internet addiction:

- Photo-sensitive epilepsy
- Hand-arm vibration syndrome
- Repetitive strain injuries
- Peripheral neuropathy
- Increased risk of childhood obesity
- Decreased participation in educational and sporting pursuits
- Increased social isolation

# 15D.3 Reasons for Addictions

## (A) Environmental Factors

Environmental factors are characteristics in a person's surroundings that increase his/her likelihood of addiction. A person may have many environmental domains of influence such as the community, family, and peers. The risk of addiction can develop in any of these domains.

### ❖ The community domain

An individual's connection with the community in which he/she lives plays a big part in the likelihood of addiction. For example, the higher the availability of a substance in the community and higher cultural acceptance of social use of the substance, the higher the risk of an individual's substance addiction.

### ❖ The family domain

Family conflicts and other family problems are contributing factors in addictions. For example, if parents have higher tolerance or even acceptance towards alcohol, their children will be more likely to have alcohol drinking.

### ❖ The peer domain

One of the main risk factors to addictive behaviours is having friends who engage in the problem behaviour. For example, if an individual's friends have favourable attitudes towards smoking, he/she has increased risk in engaging smoking as well as increased difficulties in quitting the smoking habit. Peer pressure is often the impetus for someone to begin experimenting with alcohol and drugs, too. The need to conform to the group is very strong for young people.

## (B) Biological Structures

Some children of alcoholics become alcoholic even they have been reared by nonalcoholic adoptive parents. It may suggest that the environment is less important than a person's genetic heritage. If one or both of their biological parents is an alcoholic, the children may be more likely to be alcoholic. Nevertheless, we should not accept the genetic explanation too readily and uncritically. The genetic theory of alcoholism may be a simplified view of the causes of the disease. Alcoholism probably results from a complex interaction of environmental factors and genetics. It results from physical, personal, and social characteristics that predispose a person to drink excessively.

## (C) Psychosocial Influence

People with a higher risk of developing addiction include:

- Those with psychiatric disorders such as clinical depression or anxiety.
- Those from disrupted homes or who have been abused.
- Those with poor impulse control or low stress tolerance.
- Those have difficulties in learning or learn from negative consequences.
- Those who seek to change oneself, growing up faster or to conform.

Once an individual has the initial experience of changing his/her mood with a substance, he/she is probably less resistant to using something else. Smoking and drinking coffee, then, might be a gateway to using alcohol. Alcohol might be a gateway to trying marijuana, which is a gateway to trying something like Lysergic acid diethylamide (LSD) or cocaine, and so on.

Feelings of escape, immersion and dissociation may also promote addictive behaviour. Taking drugs, alcohol, nicotine, gambling and online computer games provide an emotional or mental escape and serve as mood modifiers. These activities may temporarily relieve the stresses and strains of real life, but they also fall on a continuum from life enhancing to pathological and addictive behaviors.

# 15D.4 Problems Associated with Addictions

## (A) Physical Problems

Chemical dependency due to drugs, alcohol and nicotine addiction can induce harmful effects on one's physical health. Some examples are: cirrhosis of liver due to alcoholic addictions, carcinoma of lungs due to nicotine addiction, risk of catching hepatitis B infection or even HIV transmission due to injected drug abuse, etc. The problems can involve whole body systems such as central nervous system, renal system, respiratory system, digestive system and so on.

Meanwhile, most psychoactive drugs can reduce physical coordination, distort the senses or impair memory, attention and judgment. These effects can lead to serious safety risks, especially if the person who uses the drugs drives a vehicle or operates machinery. Effects such as reduced physical coordination and impaired judgment can lead to falls and other serious accidents.

Non-chemical dependency addictions such as online computer games and gambling also induce adverse effects on one's body. For example, individuals who play four to five hours per day have no time for physical exercise and thus induce different types of problems related to inadequate physical exercise such as over-weight. The putting off meals or sleep due to online games or gambling addictions may induce malnutrition as well as reduce body immunity.

## (B) Psychological Problems

Addictive behaviour often leads to long-term psychological problems or ongoing stressors in a person's life. These include personality disturbances, learning problems, and loss of memory, and these may further contribute to mental health problems such as anxiety, depression, suicidal feelings and behaviours, insomnia, emotional instability, irritability, aggressive behaviour and psychotic symptoms.

Psychological dependence develops when the substance or behaviour becomes central to a person's thought, emotions and activities. It is extremely difficult to stop using it or engaging it, or even stop thinking about it. A strong desire or craving to use the substance or engage in the activity may be triggered by any external or internal cues.

## (C) Social Problems

Addictions can lead to the breakdown of family relationships and friendships, unemployment, difficulties in work or school, telling lies, debts and criminal activity. More than this, addictive behaviours tend to predominate over all other social activity, leading to loss of all previous hobbies and interests.

A topical example can be found in the impairment of real life relationships as a result of excessive use of the internet. Internet addicts spend more time in solitary seclusion and spend less time with real people in their lives. Arguments may result due to the amount of time spent on-line. Internet addicts may attempt to conceal the amount of time spent on-line, which results in distrust and the disturbance of quality in once stable relationships.

# 15D.5 Treatments and Rehabilitation Services

## (A) Therapy

No single treatment is appropriate for all individuals for all types of addictions. It is most important to match treatment settings, interventions and services to each individual's particular problems and needs so as to help the individuals return to productive functioning in the family, workplace and society.

### 1. Medication

Medication treatments include reducing craving, replacing one drug (e.g. heroin) with another (e.g. methadone), blocking the effect of a certain drug, causing unpleasant reactions when the addicted drug is used, or improving one's psychological health.

Recovery from dependence can be a lengthy process and frequently requires multiple or prolonged intervention episodes. Relapse during the course of treatment are common. To be most effective, intervention must be readily available, tailored to individual needs, and part of a comprehensive plan has to address associated medical, psychological, vocational, legal and other social needs.

To be effective, treatment must address the individual's addictive conditions, i.e. any conditions associated with medical, psychological, social, vocational and legal problems. Therefore, in addition to medication to deal with physical impact from addiction, counselling or psychotherapy, family therapy, parenting instruction, vocational rehabilitation, and social and legal services may be necessary.

### 2. Behavioural therapy

Behavioural therapy facilitates interpersonal relationships and the individual's ability to function in the family and community. In designing treatment, considerations usually are placed on issues of motivation, building skills to resist addictive activity, replacing addictive activity with constructive and rewarding ones, and improving problem-solving abilities.

Stages of change model (refer to Bookleet (9) for details) helps people make increasingly healthy choices about their use of substances and addictive behaviours which is an approach of self-management. Motivational interviewing is a special counselling technique that supports change in small increments over time.

The following is the application of the model in addiction:

| Stages | | Addiction as Example |
|---|---|---|
| Pre-contemplation | People have yet to recognise that there is a problem behavior that needs to be changed. | ✧ Not yet acknowledging that there is a problem behavior that needs to be changed.<br>✧ May view the addictive behaviour as positive experience.<br>✧ Do not seek treatment & resistant to change.<br>✧ Lacking awareness of possible adverse consequences of excessive gambling. |
| Contemplation | People acknowledge that there is a problem but not yet ready or sure of wanting to make a change. | ✧ Some receptivity to the possibility of addressing the addiction.<br>✧ Acknowledging that there is a problem but not yet ready or sure of wanting to make a change.<br>✧ Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain.<br>✧ Assess barriers e.g., time, expense, hassle, fear, "I know I need to, doc, but ..." as well as the benefits of change. |
| Preparation/ Determination | People are ready to change and have made some initial attempts. | ✧ Client accepts that changes are necessary and worthwhile.<br>✧ Prepare to make a specific change and willing to have experiments with small changes as their determination to change increases. For example, sampling low-fat foods may be experimentation with or a move toward greater dietary modification. Switching to a different brand of cigarettes or decreasing their drinking signals that they have decided a change is needed. |

| Stages | | Addiction as Example |
|---|---|---|
| Action | People practise new behaviour. | ✧ Client initiates a range of new behaviors and demonstrates new knowledge, insights, attitudes and skills which governs the continuing actions of making changes.<br>✧ The action stage is the one that most physicians are eager to see their patients reach. If the prior stages have been glossed over, action itself is often not enough. Any action taken by patients should be praised because it demonstrates the desire for lifestyle change. |
| Maintenance and Relapse Prevention | People maintain the practice of the new behaviour in a period of time. | ✧ Developing a healthy and addiction-free lifestyle.<br>✧ Maintenance and relapse prevention involve incorporating the new behavior "over the long haul“. Discouragement over occasional "slips" may halt the change process and result in the patient giving up. However, most patients find themselves "recycling" through the stages of change several times before the change becomes truly established. |

## (B) Treatment and Rehabilitation Services in Hong Kong

### 1. For Drug Addiction

(Reference: Narcotics Division of the Security Bureau - http://www.nd.gov.hk)

The main types of our drug treatment and rehabilitation programmes include:

- Compulsory placement scheme operated by the Correctional Services Department;
- Voluntary out-patient methadone treatment programme provided by the Department of Health;
- Voluntary in-patient programmes run by the Caritas - Hong Kong, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Hong Kong Christian Service and other non-government organisations including Christian therapeutic agencies;
- Counselling service for psychotropic substance abusers provided by the Caritas - HUGS Centre, PS33 of the Hong Kong Christian Service, Cheer Lutheran Centre and Evergreen Lutheran Centre of Hong Kong Lutheran Social Service, Tung Wah Group of Hospitals - CROSS Centre, Evangelical Lutheran Church Hong Kong Enlighten Centre and Hong Kong Sheng Kung Hui Welfare Council Neo-Horizon; and
- Substance abuse clinics operated by the Hospital Authority.

Hong Kong adopts a multi-modality approach in providing treatment and rehabilitation services to suit varying needs of different drug dependent persons to enable them to lead a new life. The treatment modes include:

- Outpatient
- Inpatient
- (Short-term / long-term) Hostel
- Community - Counselling Centre for Psychotropic Substance Abusers (CCPSA)

Tuen Mun Substance Abuse Service is one of the examples. The service mainly caters for those with both drug abuse and psychiatric problems. It includes:

- **Tuen Mun Substance Abuse Clinic (TMSAC)**

  This clinic operates at Tuen Mun Mental Health Centre which includes a physical and mental assessment, detoxification service and counselling, treatment of co-existing psychiatric and psychological problems.

## Consultation-liaison Service

Consultation will be made to patients who are admitted to Tuen Mun Hospital and are suspected to have substance abuse. Hence, the substance abusers can be identified earlier and motivated to receive further treatment.

## Community Service

The service is in form of public education through talks, seminars and media coverage to general public, teachers, social workers and nurses. Through simple body check-up, individual medical consultation and educational talk, some of the young substance abusers and their relatives in the community are motivated to receive further treatment and attend the clinic. The parents are educated on the way to help their children to abstain from substance abuse.

## Befriender Group Meeting

"Befriender" is organised by Tuen Mun Substance Abuse Clinic (TMSAC) and Chaplain Service of Castle Peak Hospital for outpatients of TMSAC and inpatients of Castle Peak Hospital with substance abuse problems. The Meeting is chaired by nurse, chaplain and voluntary workers. The meeting is held in Castle Peak Hospital. The purposes of the meeting are to give mutual support to the participants and enhance their confidence against drug abuse through bible study and sharing.

Website

Castle Peak Hospital – Hospital Services http://www.ha.org.hk/cph/eng/service/service-index.html

CCPSA is another example. The objective of the CCPSA is to assist the abusers to abstain from psychotropic substance abuse and develop healthy life style through:

- Rehabilitation service after detoxification
- Individual and family counselling
- Counselling groups

The CCPSA adopts an integrated approach to link up the casework and group work counselling in the different stage of recovery of substance abusers. The two working approaches are also linked up in a systematic and effective way can be benefit to the client's needs.

Relapse prevention arms to provide on-going support to abusers and to enhance their resistance skills to substance and to maintain drug-free status successfully through:

- Psychoeducation
- Sharing personal substance abuse history
- Identification of high-risk situation for lapse and warning sign for lapse
- Development of coping skills
- Development of New Lifestyle Behaviours

## 2. For Pathological Gambling

The “Ping Wo Fund” was set up in September 2003 and is administered by the Home Affairs Bureau of Hong Kong. The following are the four funded counselling services:

- Tung Wah Group of Hospitals (TWGHs) Even Centre
- Caritas Addicted Gamblers Counselling Centre
- Zion Social Service
- Lutheran Sunshine Centre

There are also non-government funded programmes and self-help groups to deal with the pathological gambling. They are:

- Hong Kong Gamblers Recovery Centre
- Industrial Fellowship
- New Hope Fellowship
- Methodist Centre

The TWGHs Even Centre is one of the services to assist gamblers and families to resume a harmonist and balanced life while treating the pathological gambling behavior through a holistic and multi-disciplinary approach.

| Holistic and Multi-Disciplinary Approach | | |
|---|---|---|
| Hotline | Immediate support to the gamblers and families | |
| Counselling and Casework | Intensive Case Work Counselling | Individual, couples and families counselling |
| | Psychological and Psychiatric Assessment and Treatment | By Centre Clinical Psychiatrist and Contracted Psychiatrist |
| | Financial and Debt Counselling | For gamblers and their families |
| | Emergency Relief and Temporary Refuge | Food, transportation, temporary accommodation, etc. |
| Group Therapy | ✧ Psycho Education Group<br>✧ Treatment Group for Gamblers and Families – Cognitive Behavioural Therapy; Couple Treatment Group<br>✧ Body – Mind – Spirit and Yoga Treatment Group<br>✧ Support Group for Gamblers and Families<br>✧ Peer Counsellor and Volunteer Group<br>✧ Soccer Team | |
| Community and Youth Prevention Programs | Primary prevention<br>✧ To increase young people's knowledge in pathological gambling and decrease the availability of gambling | Targeting all students, including all who have / have not participated in gambling |
| | Secondary preventions<br>✧ To identify high-risk youths who have participated in gambling in order to prevent the progression of gambling addiction | Targeting high-risk students – frequent participants in gambling referred by social workers / teachers |

## 3. For Alcohol Abuse

Tuen Mun Alcohol Treatment Service is the first service of its kind in Hong Kong. It aims to help the alcohol abusers to manage their alcohol and its related problems. These problems include physical, psychological, marital, employment and family.  The services include:

### ✎ Tuen Mun Alcohol Problems Clinic (TMAPC)

This clinic operates at Tuen Mun Mental Health Centre. The service includes physical and psychiatric assessment, detoxification and counselling, treatment of co-existing psychological and psychiatric problems, and referral service to other medical specialties if necessary.

The clinic accepts referrals directly from all medical practitioners, social workers and clinical psychologists. Detoxification of alcohol dependence can be with out-patient or in-patient treatment.

### ✎ In-patient Service

The alcoholic patients of Tuen Mun Alcohol Problem Clinic requiring in-patient treatment for detoxification or management of co-existing psychiatric and psychological problems are admitted to Castle Peak Hospital. However, the situation is similar to substance abuse service, there is no specialised ward for in-patient treatment of alcohol abuser.

### ✎ Community Service

The service is provided in form of public education through talks, seminars and media coverage to general public, teachers, social workers and nurses.

### ✎ Alcohol Anonymous Group Meeting

Tuen Mun Alcohol Problems Clinic (TMAPC) has organised the Alcoholics Anonymous Group Meeting for out-patients of TMAPC and alcoholics in-patients of Castle Peak Hospital. Members from the Hong Kong Alcoholics Anonymous are invited to chair the meeting. The meeting is held in Castle Peak Hospital. The purposes of the group are to give mutual support to the participants and help the participants have better understanding of their own drinking problems.

Website

- ✧ Castle Peak Hospital – Hospital Services http://www.ha.org.hk/cph/eng/service/service-index.html
- ✧ **東華三院「遠酒高飛」酗酒治療計劃** – http://atp.tungwahcsd.org/

## 4. For Smoking

At present, there are a number of smoking cessation services run by the Department of Health (DH), the Tung Wah Group of Hospitals (TWGHs), the Pok Oi Hospital, the Hospital Authority (HA) and various organisations.

### Department of Health - smoking cessation clinics

The services provided by smoking cessation clinic under the Department of Health include: preliminary assessment, counselling on quitting smoking, nicotine replacement therapy and follow-up. In the preliminary assessment, the past medical history, smoking habit and nicotine dependence of quitters, the motivation of quitting smoking and the need of pharmacotherapy will be assessed by doctors and nurses.

Counselling on quitting smoking comprises of 4 sessions within 8 to 12 weeks which are either in individual or group format. Sharing and guidance on physiological and psychological adaptation, behavioural and lifestyle modification and environmental adjustments will be provided during the counselling.

Regular post-treatment follow-up for up to 1 year will be provided to quitters in order to provide necessary support and assistance.

### TWGHs Integrated Smoking Cessation Service

The multi-disciplinary team includes medical officer, nurse, clinical psychologist and counsellors who provide a comprehensive assessment including a medical check-up and nicotine dependency for every quitter. A tailor-made treatment plan will be formulated together with clients based on the quitter's nicotine dependency.

Both pharmacotherapy and psychological counselling are included in our smoking cessation services. Quitter will undergo a treatment of 8 weeks (with at least 4 individual counselling sessions and medical consulations) in helping them to quit smoking and re-build healthy lifestyles.

Quitters would be referred to clinical psychologist for psychological assessment and treatment if necessary.

### Hospital Authority Smoking Counselling and Cessation Programme

Smoking counselling and cessation services are provided by health care professionals, assisting smokers to quit smoking by offering them professional counselling and follow-up services as well as Nicotine Replacement Therapy (NRT) if needed.

The centres will also provide information and advice to smokers' relatives and friends who may wish to help the smokers to quit smoking. Another feature of the service is that frontline health care staff will proactively promote smoking cessation services to smokers, and the primary target groups of the service are inpatients and outpatients who are smokers.

### Pok Oi Smoking Cessation Service using Traditional Chinese Medicine

Free smoking cessation services including counselling and acupuncture are provided by POH Chinese medicine practitioners in the mobile clinics which serve at different districts. Quitter will undergo a treatment of counselling and acupuncture provided by the practitioners of the TCM within 2 months, with the post-treatment telephone follow-up within 1 year.

## 5. For Internet Addiction

The services are mainly provided by the Non-governmental Organisations (NGOs). The Hong Kong Christian Service is one of the NGOs which provide services to young people aged between 6 and 24 and their parents. The services include:

### Counselling Service

| | |
|---|---|
| Counselling Hotline | The Registered Social Workers provide follow up counselling service after receiving the hotline enquiries |
| Outreaching and Counselling Service | Through outreaching and counselling service, the social workers motivate the young addicts to change and enhance their self control in computer use through outreaching home visits and counselling service; assist families in handling their children's problems on internet addiction or indulgence; and make referrals and help clients to seek other appropriate social resources. |
| Online Agent Groups (Groups for young people) | To facilitate young people's motivation on healthy computer use, to nurture young people's interests in areas other than computer use and to help young people in building self control in computer use through topic discussion on internet issues, camping and outdoor activities. |

## Supportive services

| | |
|---|---|
| Talks and Workshops | To enhance the awareness of young people and parents on the issues of internet addiction, its harms and ways in handling. |
| Online Buddy Alliance | Young people who have been served by the Project are invited to join the "Online Buddy Alliance". In the alliance, a variety of interesting and challenging activities will be organised for them so as to build up their interests in areas other than computer and to foster their habits in healthy computer use. In addition, Online Buddies will help disseminate the messages of healthy computer use to the society. |
| Parent Support Network | Though Parent Support Network and the related activities, the social workers help parents to develop their skills and confidence in handling their children's internet problems; to relieve stress in parenting when handling the conflicts aroused from internet problems and build up a mutual aid network among them. |

Other NGOs

- TWGHs
  **預防青少年上網成癮服務計劃－不再迷「網」**
  http://cyberaddiction.nzdemo.com/
- Hong Kong Federation of Youth Groups
  **沉溺上網支援中心**
  http://www.hkfyg.org.hk/chi/ycs/InternetAddiction.html
- Youth and Community Service of Caritas Hong Kong
  **關注青少年沉迷上網工作小組－「解開迷網」**
  http://www.netopia.hk/

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