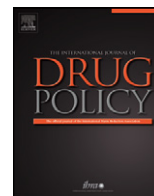




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Editorial

Tribute to Peter Lee, pioneer of methadone treatment in Hong Kong

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Earnest Irfon Lee (“Peter” Lee) passed away peacefully on 21 May 2008, after an illness of 3 months (Fig. 1). For colleagues in the field of harm reduction, Peter will always be remembered as the pioneer of methadone treatment in Hong Kong, and the person most responsible for the fact that to this day HIV has not taken root in the drug-taking community.

Born in Durham in the United Kingdom on 15 January 1916, he was given the nickname Peter by an Army officer who happened to know that Durham was a mere 15 km from the village of Peterlee; the name stuck! Peter’s military service was incredibly arduous; he spent three and a half years as prisoner of war in Java, Singapore, North Borneo and Sarawak. At war’s end he returned to England and studied economics at London University, and then entered the British Overseas Civil Service. Following several postings in East Africa he was assigned to Hong Kong, which was then a British territory, and in 1975 became Commissioner for Narcotics.

The 1960s and 1970s were a particularly difficult time for Hong Kong. There was a major influx of refugees seeking to escape civil war and the ensuing political turmoil in China, and the economy was slow to accommodate them with employment opportunities and services. Although there was no basis for even the roughest estimate of prevalence, it was obvious that there was very widespread addiction – to opium and/or heroin, depending on the fluctuation in availability and price.

As was true in most countries at the time, treatment was extremely limited. Hong Kong had a large programme for addicts in the Corrections Department, and there was also a long-term, voluntary, residential programme operated by the Society for the Aid and Rehabilitation of Addicts – SARDA. The capacity of SARDA was small, however, and the ability to expand severely constrained by limited resources. Based in part on encouraging results with a small number of pilot studies serving no more than a few hundred patients, Government determined to explore the potential for large-scale provision of methadone maintenance, and for this purpose engaged a consultant, Dr. Robert Newman of New York, to make recommendations. Dr. Newman delivered a detailed report suggesting how major, rapid expansion of methadone treatment services might be initiated, but no action was taken until Peter Lee became Commissioner (Newman, 1985). He quickly determined that there was no alternative to methadone maintenance if treatment were to



Fig. 1. Earnest Irfon Lee (“Peter” Lee) 1916–2008.

be available promptly to every addict who was willing to accept it. He sought and received the endorsement of the Governor of Hong Kong and immediately proceeded to work with the Department of Medical and Health Services to implement a wide network of clinics.

Peter refused to let any obstacle stand in the way of the most rapid possible expansion of services. He would not be diverted from his goal by limitations of funding, facilities or specialized personnel. His singular contribution was to act on the assumption that nothing could justify denying prompt treatment to those who wanted it. Expenditures were kept to a minimum, and most clinics amounted

to little more than two or three rooms within multi-disciplinary primary care health centres. Staffing was primarily by members of the Auxiliary Medical Service (AMS) who were given a day or two of the most basic orientation to the work that was required (AMS is a Government-funded operation with volunteers from all walks of life who do community service on a part-time basis for a token stipend).

The first clinic was opened in June 1976, in the Wanchai District. Less than 4 months later 11 more were operational, and in less than a year there were 21. Some were very large, with 1000 or more patients served each day; others were tiny – e.g., Cheung Chau, a small island which had an enrollment of about 20. The services of the methadone treatment clinics from the beginning, and to this day, represent the ultimate in “low threshold” orientation (Lee, 2001, 2007). The intent is very straight-forward: to assist patients one day at a time to significantly reduce, if not totally eliminate, their intake of illicit drugs. In the process, health care information is provided and, to the extent possible, basic medical and social needs addressed. In the majority of instances, however, these needs are met by referral to relevant resources that exist in the community. Registration is simple and free, and most applicants are admitted and begun on medication the very same day. Each client pays a nominal fee of one Hong Kong dollar (<US\$ 0.15) – the same fee collected from every Hong Kong resident utilizing the service of any Government health facility in the mid-1970s (it was believed that if the charge for a methadone visit were the one and only exception to the fee requirement, the service would be viewed with great suspicion). The fee has not changed in the past 30 years, despite the enormous inflation experienced in every other sector.

Capacity was developed so rapidly that in less than two years it was possible to launch an outreach campaign with ubiquitous public service announcements advising that immediate treatment for narcotic addiction was available for anyone who applied. Enrollment quickly reached 10,000, and the daily attendance has remained in the neighbourhood of 7500. The very low operating costs have allowed the methadone programme to be spared the periodic reductions in expenditures and cutbacks in services that virtually all other governmental operations experience during periods of financial exigency.

Methadone treatment in Hong Kong was considered a success from the start. Peter once observed that one of his greatest fears was that the then Director of Corrections might become a powerful adversary in light of the sharp downturn in crime following the introduction of methadone treatment on a large-scale, and the consequent directive that two prisons be closed. As it turned out, this was precisely the time the wave of “boat people” began arriving in Hong Kong, and the suddenly under-utilized Corrections Department facilities were used to house them.

In addition to his indispensable role in establishing the methadone programme, Peter also was responsible for the creation in Hong Kong of a computerized Central Registry for Drug Addicts (CRDA). With support from the US State Department an expert in computer systems, Bent Werbell, was invited to come from New York to design and oversee implementation of the registry. To this day the CRDA continues to be a resource without parallel anywhere in the world for monitoring drug use trends and carrying out a variety of epidemiological and outcome studies.

In 1985, the year in which Peter retired from Government, the first HIV case was reported in Hong Kong. However, unlike so many countries in Asia and the rest of the world, the explosive epidemic of the disease has never hit Hong Kong. The HIV prevalence of injection drug users has remained low at less than 0.5% in dif-

ferent surveillance studies (Chan & Lee, 2004; Lim et al., 2004). This in large measure is a tribute to the effectiveness of the multi-faceted response to addiction that was instituted during Peter's years as Commissioner. The interagency coordinating body – the Action Committee Against Narcotics – has continued to embrace Peter's vision of a four-pronged approach to the drugs problem: prevention and education, law enforcement, treatment, and international cooperation. Without question, however, major emphasis has consistently been placed on treatment and most specifically methadone treatment, which has become the cornerstone of Hong Kong's harm reduction efforts. It has served well the interests of the Hong Kong community (roughly 100,000 individuals have received care in the programme in the course of the past three decades), but has also been an inspiration for an endless stream of visitors from countries throughout the world who have come to see the operation first-hand.

Peter continued to contribute after his retirement as a tireless and extremely knowledgeable volunteer to drug rehabilitation and other community services in Hong Kong. To the very end, he was a patient and wise mentor and highly respected adviser, as well as a warm and generous friend to a legion of devoted acquaintances in Hong Kong and throughout the world.

A Scottish poet, Thomas Campbell (1777–1844), born in Glasgow less than three hours' drive from Peter's home town, once stated: “To live in the hearts we leave behind is not to die.” There are few people to whom this sentiment is more applicable.

Conflicts of interest

Robert Newman was consultant to the Hong Kong Government when Peter Lee developed the methadone treatment programme in the territory. Both authors declare that there is no conflict of interest.

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