

DRUGS AND HIV VULNERBILITY
PREVENTING HIV/AIDS AMONG DRUG USERS

HONG KONG
METHADONE TREATMENT PROGRAMME (MTP)

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Summary and Recommendations

- The Methadone Treatment Programme (MTP) in Hong Kong has been fully operational since 1972. It is a low cost intervention that offers treatment to some 10,000 clients of whom approximately 7000 attend daily. It is the most popular treatment facility in Hong Kong.
- The Programme consists of a network of 21 outpatient methadone clinics located in population centres where drug users congregate. It offers substitution treatment to opiate addicts, are low-threshold unadorned facilities, open 7 days a week and practice an open door and non-judgmental policy. Clients pay just 1 HK\$ per attendance.
- Although the clinics have not succeeded in eliminating neither additional illegal drug use nor some needle sharing among clients, the programme has been successful in reducing injection drug user's risk behaviours. The methadone clinics offer HIV/AIDS health education to drug users.
- The Hong Kong methadone treatment programme owes its success to the government commitment to a rational, evidence based approach to the treatment and rehabilitation of drug users. In addition to the MTP the government supports the efforts of an extensive networks of non-government organisations to provide after care and rehabilitation services.
- However, there is no room for complacency. The changing patterns of drug use in the community, the increase in the use of non-opiate and poly-drugs, the decline in the age of newly reported opiate users, and the increase in the number of women users.will necessitate some re-thinking the Programme.
- The MTP and their non government organisation (NGO) partners who offer after care and rehabilitation should consider endorsing the principles of harm reduction so as to facilitate effective HIV prevention for drug users.
- It is recommended that the accumulated experience of the programme be used to develop a more responsive approach to drug users to ensure that all users whether opiate users or not are offered suitable and timely assistance and most critically preventive HIV/AIDS interventions.
- Attention should be paid to the high number of clients who regularly use additional drugs. More attention should be given to providing counselling to long term drug users, and to a review of the currently prescribed dosages. Higher dosages for certain clients should be considered.
- The programme could be more pro-active in reaching out to drug users in the community and in undertaking assessments of their needs. There is growing evidence of 'street users' engaging in risky behaviours and using multiple substances. The clinic could use its vast experience in working with drug users to expand the scope of its activities.
- There is at present inadequate dialogue and collaboration between the Drug Control authorities in Hong Kong and the HIV/AIDS Prevention and Control organisations¹. For effective prevention to continue should be improved.

¹ It is interesting to note for example that ACAN in its 2000 report -make no mention of HIV prevention and that the Narcotics Division 2000-2002 plan also fails to sufficiently address issues of HIV prevention.

Background

Hong Kong is a Special Administrative Region (SAR) of the People's Republic of China that came into existence in 1997 after a century of British colonial rule. Official figures derived from a voluntary reporting system that began in 1972 indicate that in 1999 there were 16,307² drug users known to the authorities. However, in the absence of any other estimation of the overall drug use situation these data must be seen as primarily as indicative of drug use trends in Hong Kong. The Methadone Treatment Programme, which is the subject of this report, is the cornerstone of Hong Kong's multi-modality response to drugs which consists of a range of clinical and residential facilities many of which are implemented by non-government organisations including religious bodies. However, it is the methadone clinics that attract the largest number of voluntary clients. Thus for example data from 1998 indicates that 65.7% of all drug treatment admissions in Hong Kong were to the methadone treatment programme.³

To-date, Hong Kong has been successful in containing the HIV epidemic. Surveillance of HIV has been ongoing since 1984 and cumulative figures suggest that the number HIV infected individuals in December 2000 was just 1542. Of these 500 people have progressed to AIDS. Altogether just 32 of those infected could be directly attributable to injection drug use.

However, at the start of the new millennium the Hong Kong authorities are acutely aware of rapid social and economic changes in both Hong Kong and across the border on the Chinese mainland. New drug taking patterns are emerging in many neighbouring countries in East and South Asia, and drug injecting has emerged as a key risk factor for HIV/AIDS in the Chinese mainland. This report examines Hong Kong's methadone treatment programme and considers its appropriateness for the future.

Setting the Scene: drug use in Hong Kong

Hong Kong began formulating its anti-narcotics policy over 40 years ago. In 1959 the government published a White Paper ' *The Problem of Narcotic Drugs in Hong Kong*'. The paper referred to drugs as 'one of Hong Kong's greatest social and economic problems'. In a 1974 White Paper the government announced that it was determined to 'stop illicit drug trafficking of drugs through Hong Kong and to eradicate drug abuse from the community'.

A multi-sectoral Action Committee Against Narcotics (ACAN) was formed in 1965 and re-constituted in 1993. Its functions are to advise the government on all aspects of drug control and policy. ACAN has had a major impact on the

² Central Registry of Drug Abuse, 46th Report (Jan 1991-June 2000) Narcotic Division, Government Secretariat, Hong Kong SAR (table 6.6)

³ Admissions to treatment facilities in Hong Kong show that 65.7% were to MTP, 15.8% to drug free treatment and rehabilitation facilities run by SARDA, 12.4% to Drug Addiction Treatment centres (that cater also for psychotropic drug users) and 6.1% to other facilities. Source: Review of Methadone Treatment Programme December 2000

development of drug policy in Hong Kong. Upon its suggestion the Narcotics Division in the Government Secretariat was established, the police dealing with narcotics was re-organised and internal corruption dealt with, the post of Commissioner of Narcotics was created, as was the Central Registry of Drug Abuse (CRDA). ACAN was charged with insuring collaboration between those working in law enforcement, treatment and rehabilitation, preventive education and publicity. ACAN continues to focus on all aspects of drug control, prevention, treatment and rehabilitation though not specifically on the prevention of HIV/AIDS among drug users.

Drug use trends

The most authoritative source of information about current drug use and drug use trends in Hong Kong is the Central Registry of Drug Abuse (CRDA) which was established in the Narcotics Division of the Government Secretariat in 1972. The major objectives of the CRDA are to identify trends in the nature of addiction in Hong Kong and to analyse the characteristics of the addict population. Approximately 34 different agencies report regularly to the CRDA comprising law enforcement, treatment agencies, hospitals and clinics and many of the welfare organisations in Hong Kong.⁴ Each reporting agency completes a record sheet on a *voluntary basis* whenever they come into contact with a known or suspected drug abusers. The Narcotics Division provides guidelines and training for reporting agencies. For the purpose of reporting drug abuse is defined as 'the taking of drugs which harms or threatens the physical, mental or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic'. Thus, the abuse all scheduled drugs including psychedelics is reported not merely that of narcotic drugs. The analysis from reporting agencies distinguishes between new or previously reported individuals. All records are confidential and accessible only to those involved in the operation of the CRDA.⁵ Hong Kong now has 24 years of the CRDA data, with reports updated half yearly. Since its inception the Registry had received more than 731 700 reports encompassing 98 320 drug users⁶.

The total number of drug users known to the Registry at any one time has not varied greatly between 1980 to 1999. These range from 13 171 reported cases in 1980 to 16 307 in 1999. The number of reported addicts peaked in 1994 (20 328). The majority of drug users reported to the Registry use heroin (85.5% in 1999) of whom 54% were injectors.

A number of underlying trends should be noted. The most important of these are: an increase in young users, a decline in the age of newly reported opiate users (fewer of whom are injectors), an increase in the number of women drug users, and an increase in the number of new users who are using non-opiate drugs as well as a combination of drugs. Some of the significant features are listed below:

⁴ The majority of newly cases are reported by law enforcement agencies (55%), 30% by welfare agencies and 20% from treatment and rehabilitation centres. CRDA 46th Report

⁵ Central Registry of drug abuse, 46th report, January 1991-June 2000, Narcotic Division, Government Secretariat, Hong Kong Special Administrative Region of China

⁶ Hong Kong Narcotics Report, 2000, Action Committee Against Narcotics

- The number of young users (under 21) has been rising steadily. The most recent statistics show a rise of 42% between the second half of 1999 and the first half of 2000. About half of those were aged between 16-18.
- The mean age of *newly reported* drug users has been declining. The mean age of those reported in 1980 was 36.3 while in 1999 it was 24.8
- Under half of drug users under 21 used heroin (49%)
- Although the majority of drug users are men, the numbers of newly reported women has more than doubled in the last decade. (From 238 women in 1980 to 692 in 1999).
- Although heroin remains the predominant drug of abuse among all reported individuals⁷, there are significant increases in the number of MDMA (ecstasy) ketamine and methylamphetamine (ice) users.
- The most significant increases in non-opiate use were noted among those under the age of 21, though psychotropic drug use was not confined to young users only.⁸
- The use of cannabis was considerably higher among those under 21 (In 2000 22.6% of those under 21 used cannabis compared to just 4.1% of those over 21).
- 32% of newly reported cases under 21 in the first half of 2000 reported using more than one drug
- When comparing 1991 with 1999⁹ there is a decline in a number of heroin injectors and an increase in the use of heroin by fume inhalation.

The Registry does not purport to represent an accurate account of the drug use situation in Hong Kong but is indicative of drug use trends. Informal accounts from outreach workers would suggest that psychotropic drug use is more extensive among young people than indicated by the CRDA data.

The implications of these changes in drug use behaviour, for the future of Hong Kong's methadone programme will be examined in section xx

The legal framework:

The Dangerous Drugs Ordinance (CAP. 134) has been operative since 1969¹⁰. Section 8 deals with the possession of drugs in Hong Kong and proscribes the maximum sentences for '*Possession of dangerous drug otherwise than for trafficking, and consumption of dangerous drug*'. According to the law '*no person shall have in his possession or smoke, inhale, ingest or inject a dangerous drug*' and '*any person who contravenes (the above) shall be guilty of an offence and shall be liable to either (on conviction upon indictment) to a fine of HK\$1,000,000 and subject to 54A¹¹ to*

⁷ In 1999- 92% of those over 21 and 49% of those under 21 used heroin (CRDA)

⁸ For those under 21 in 1999 29% used amphetamines (13% ecstasy, 17% used ice) For those over 21 5.4% used amphetamines.(CRDA)

⁹ In 1991 63.6% injected heroin while in 1999 54.1% injected. Fume inhalation was practised by 17.5% in 1991 compared with 39.6% in 1999(CRDA)

¹⁰ The Dangerous Drugs Ordinance underwent a number of subsequent amendments in 1979 and 1992

¹¹ 54A states that no sentence, other than a non-custodial sentence, shall be imposed on a person against section 8 or 36 unless the court has first considered a report of the Commissioner of Correctional Services on the suitability of such a person for cure and rehabilitation centres and the availability of places at addiction treatment centres. (Dangerous Drugs Ordinance (CAP 134)

imprisonment for seven years or on summary conviction to a fine of HK\$100,000 and subject to 54A to imprisonment for 3 years'. In addition there are additional guidelines on sentencing and on penalties in the guidelines issued to judges.

The Dangerous Drugs Ordinance Cap 134 Part Y section 36 prohibits the possession of drug use paraphernalia '*no person shall have in possession any pipe, equipment or apparatus fit and intended for the smoking, inhalation or injection of a dangerous drug*'. Furthermore, traces of blood or of an illegal drug may be used as evidence in the court of law that an offence of possession has been committed.

Under the Drug Addiction Treatment Centre Ordinance (Ch 244 of the Laws of Hong Kong) which was gazetted in 1997 the establishment of compulsory Addiction Treatment Centres (DTAC) was formalised. The courts were empowered to sentence an addict found guilty of an offence to detention in such a centre, which is operated by the Correctional Service Department. The Ordinance allows for an order of detention in a centre for a period of not less than 2 month and not more than 12 month.¹²

Interventions

Hong Kong adopts a wide variety of approaches to the treatment and rehabilitation of drug users catering to the different needs of drug users. These range from a Compulsory placement scheme operated by the Correctional Services Department, consisting of two compulsory addiction treatment centres, to the methadone treatment programme which offers voluntary 'substitution' long-term therapy to those who are not able or willing to attend other forms of treatment. In addition Hong Kong has numerous voluntary residential drug-free treatment programme where clients undergo detoxification followed by rehabilitation and after care¹³. All are run by non-government organisations some by religious organisations. Most receive major financial support from the Hong Kong Government. The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) is the largest of the voluntary organisation was established in 1961 and now had a yearly budget for its voluntary treatment and rehabilitation facilities in 1998/99 of almost 30 million HK\$.¹⁴ SARDA spends about HK\$ 9 million annually on supporting 21 social workers / counsellors to work in Hong Kong's methadone clinics. In addition the Department of Health's Hospital Authority in Hong Kong has established six substance abuse clinics which cater predominantly to non-opiate drug users.

The first two methadone clinics were set up in Kowloon and Hong Kong Island by a GP Dr. LK Ding. By 1972 the programme has expanded and their running taken over by the Department of Health. There are now 21 methadone clinics strategically located in different Hong Kong neighbourhoods.

Setting the Scene: HIV/AIDS infection in Hong Kong

¹² Since this scheme began in 1969 about 56 000 people had been treated in these centres, most of them men. Admission of sentenced drug user has been on the increase since 1992.

¹³ Including two facilities for women only

¹⁴ Report on review of Methadone Treatment Programme, Narcotics Division, Security Bureau, Dec. 2000

HIV/AIDS Policy:

Hong Kong initiated its HIV/AIDS prevention policy in 1984 with the establishment of an *Expert Committee on AIDS* in the Medical and Health Department. In the subsequent two years AIDS counselling including an AIDS hotline were established, voluntary HIV testing was made available, voluntary medical surveillance and reporting was instigated and the safety of blood products were ensured.

In the following years Hong Kong's HIV/AIDS strategy followed closely upon the World Health Organisation guidelines. Efforts were at first focused on enhancing public knowledge on the risks of HIV by expanding education and public information, and expanding the AIDS counselling services of the Department of Health. In 1990 Hong Kong's Governor appointed an Advisory Council on AIDS (ACA). This Council was charged with the task of advising the government on AIDS prevention and care strategies. At the same time HIV surveillance was strengthened by the introduction of unlinked anonymous testing among selected population groups.

The Advisory Council on AIDS¹⁵ advises the government on AIDS policies. It meets every three months to deliberate issues and these meetings are followed by the issuance of recommendations and guidelines. The recommendations of the Council have informed Hong Kong's policy to-date. Additionally, the council has commissioned an external evaluation of Hong Kong's programme (1998). As a result the following major recommendations were made:

1. Shifting the response from publicity and education to prevention and focusing efforts where they will have the greatest impact i.e. vulnerable groups such as travellers from China, sex workers and their clients, men who have sex with men, youth, STD clinic attendees and ***injecting drug users***.
2. Strengthening of partnerships especially through a participatory community planning process as well as improving joint evaluations of ongoing initiatives with community and other stakeholder
3. Ensuring quality care for those infected with the virus and maintaining Hong Kong's commitment to providing good treatment and support to those living with HIV/AIDS.¹⁶

The Hong Kong Advisory Council on AIDS (ACA) has accepted these recommendations and in its August 1999 to July 2000 report it provides an account of the community planning process which was initiated in order to strengthen the co-ordinated response to HIV/AIDS. The structure and role of the ACA itself has been revised and a number of technical sub-committees established. Task forces to recommend strategies for the prevention of HIV among vulnerable groups have been

¹⁵ Hong Kong Advisory Council on AIDS (August 1999 to July 2000) Report, Secretariat, Advisory Council on AIDS, Hong Kong

¹⁶ Moving Ahead Together: Expanding Hong Kong's Response to AIDS. Review of Hong Kong's AIDS situation and Programme by the External Review Team for the Advisory Council on AIDS, 1998

established, among them is a Task Force on Drug Users. A draft strategy for preventing HIV among drug users in Hong Kong has already been accepted.¹⁷

The HIV/AIDS situation in Hong Kong:

At the end of December 2000 a total of 1542 HIV infection (of whom 265 were women) and 500 AIDS cases (57 women) had been reported in Hong Kong. The majority (57%) of infection was due heterosexual transmission while 19% were due to homosexual transmission. The information on the epidemiology of HIV/AIDS is monitored through a number of surveillance mechanisms. Surveillance began in mid 1980's as a voluntary case reporting system. However, by mid 1990's a programme of sero-surveillance studies were established in communities with/without risk taking behaviours. At present HIV/AIDS epidemiology is co-ordinated by the Department of Health's AIDS Unit through four different ongoing reporting mechanisms.

Below are the different sources of information HIV employed in Hong Kong:

- 1) Voluntary HIV/AIDS reporting - this is a case-based surveillance system, which consists of voluntary reporting by doctors and voluntary reporting by laboratories This voluntary reporting system has been ongoing since 1984
- (2) HIV sero-prevalence studies in three population sub-groups. Clients in Social Hygiene clinics (For the treatment of STD) and drug users attending treatment programmes are offered voluntary HIV tests. All blood donors were tested for HIV
- (3) Unlinked Anonymous Screening (UAS) began in 1990 and is targeted at drug users attending methadone clinics, street drug users, correctional institution inmates, tuberculosis clients, pregnant women and male government recruits.
- (4) Behavioural Surveillance began in 1994 and consists of surveys that focus on 9 behavioural markers selected to monitor sexual and drug taking behaviours.¹⁸

Current trends indicate an increase in infections among women, the majority of which are the result of sexual transmission

HIV infections among drug users in Hong Kong

Drug users in Hong Kong are subjects in all of the surveillance systems described above. The table below shows the settings, system of surveillance and the approximate sample size in each setting where drug users are tested.

Setting	System	Since	Sample size
Methadone clinics	Unlinked anonymous screening using urine samples	1992	3000-4000 / yearly
Rehabilitation services	Voluntary testing	1985	<1000 yearly
Street addicts approached by	Voluntary testing on unlinked saliva	1993 to 1997	200-500 / yearly

¹⁷ AIDS Prevention and Care Committee (APCC) Discussion Paper D-13/99-02. Accepted- (Verbal communication).

¹⁸ These are: age of sexual debut, number of sexual partners, history of commercial sex, recent condom use, condom use at last intercourse,, history of injection, practice of needle sharing, needle sharing at last injection and use of clean needles.

outreach workers	samples		
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Source: Assessing HIV Risk in a Population: Final report of the AIDS Scenario and Surveillance Research Project, Hong Kong 2000

At the end of 2000, 32 (2 women) injecting drug users were infected with the HIV and a further 9 have progressed to AIDS. These figures represent just 2.1% of the total known infections in Hong Kong. However, although the absolute numbers of HIV infected drug users remains small there is a persistent rising trend of infections. e.g. In the year 2000 the prevalence rate in methadone clinics was 0.27% and 0.6% in residential drug treatment facilities.¹⁹ Moreover, 47% of the newly reported HIV infected drug users were reported in the last 2 years.

High Risk behaviours among drug users

For drug users the most critical risk behaviours are injection drug use and needle sharing. Data from the CRDA register suggests that there has been a change in drug use behaviour with a significant reduction in injecting among newly reported users. Data from the first half of 2000 suggests that among newly reported drug users, injecting is the most popular method of using heroin (54.8%), while fume inhalation was favoured by 36.5% of newly reported drug users and smoking was the preferred method for 15.1%. These preferences are similar to those drug users with longer histories of drug use (i.e. who were previously reported).²⁰

Additional information on risk taking among drug users can be derived from a number of studies which were conducted in methadone clinics, in the treatment and rehabilitation facility of Shek Kwu Chau (SKC),²¹ and from a Street Addict Survey conducted yearly by SARDA and PHSHA²². A large number of clients were surveyed (12161 new clients in methadone clinics, 16674 clients of SKC and 2806 street addicts). Below are data from a few of these studies:

Injecting and sharing behaviour in different treatment facilities: All studies of drug users in Hong Kong suggest that there is still a high level of injecting drug use. However, studies in methadone clinics and in residential rehabilitation centres suggest that for these clients the level of needle sharing is generally low.

¹⁹ Data from Unlinked Anonymous Screening.

²⁰ CRDA 46th Report

²¹ This facility was established in 1963 by the Society for the Aid and Rehabilitation of Drug Users (SARDA) and caters for some 350 male drug users located on a small island about an hour away from Hong Kong island

²² PHAHA: Pui Hong Self Help Association.

- In a study of **methadone clinic** clients conducted between August and October 1999 729 clients attending 21 clinics were interviewed as part of the Review of the Methadone Treatment Programme (December 2000). Data from this study suggested that 42% of clients had used heroin in the 4 weeks prior to interview (58% had not) and 20 % had injected, though less than 5% reported sharing needle and syringes in the previous 4 weeks.
- In a study of **methadone clinic** clients conducted by the Special Preventive Programme of the Department of Health, the Virus Unit and the Narcotics and Drug Administration between December 1999 to February 2000 in 20 clinics 690 clients completed a behavioural questionnaire. About 71% had used illicit drugs in the previous 4 weeks and 46% had injected. 29% had injected in the previous week. Only 15% of those who had ever injected (51%) admitted ever sharing and just 8% of the above had shared within the previous week.²³
- In studies undertaken in the residential treatment centre of Shek Kwu Chau it was found that prior to their admission to this drug free facility between 74%-78% had injected drugs. Of these less than 4% were known to be sharing injecting equipment.

However, studies of Street Addicts conducted by SARDA/PHSHA indicate that needle sharing remains a prominent feature of their drug use behaviour. Below is data from the Street Addict Studies 1992-2000. However, it is interesting to note that there has been an overall decline in the percentage of addicts who inject and a decrease in the numbers who admit to sharing needles and syringes. Nevertheless, almost a third of Street Addicts are still sharing injecting paraphernalia. It is also interesting to note that data from the December 2000 survey show that 16% of the 500 drug users interviewed went across the border to the Chinese mainland for the purpose of buying and using drugs. As needles and syringes are much more difficult to obtain in Mainland China the likelihood of sharing injection equipment is considerably greater than in Hong Kong.

Street Addict studies: 1992-2000

%	1992	1993	1994	1995	1996	1997	1998	1999	2000
IDUs	82.2%	69.6%	70.5%	70.4%	67.4%	66.5%	71.4%	68.0%	65.1%
Ever Needle sharing	70.9%	70.4%	73.7%	54.7%	66.6%	60.4%	57%	58.2%	49.2%
Current needle sharing	62.3%	40.3%	43.8%	27.3%	45.5%	32.7%	32.7%	39.4%	29.4%

HIV Prevention among drug users in Hong Kong

Although still small, there have been recent increases in the numbers of drug users who are becoming infected with HIV. The need for stringent efforts to prevent the spread of the disease is recognised by the authorities. The Hong Kong Advisory Council on AIDS through its sub-committee on drug considered how to improve prevention focused on drug takers and made the following recommendations:

²³ Preliminary report on Risk Behaviour and HIV prevalence study among methadone clinic patients (unpublished report)

- An open policy of *harm reduction* should be advocated in parallel with supply and demand reduction policies.
- There should be a liberalisation of the criminal liability for possessing needles and syringes so as to encourage safe drug use.
- Needle and syringe exchange schemes should be considered.
- Voluntary testing for HIV to be encouraged. (1999)

In Hong Kong's three-year Plan on the Treatment and Rehabilitation Services which was prepared by the Narcotics Division Bureau, for the years 2000-2002 there are increased provision for the clinics to enhance HIV prevention. The plan calls for efforts to increase the awareness of drug workers on the harmful effect of multiple-drug use, the increase in social support to clients and their families, and the development of group activities. Additionally the plan noted that the increase in female drug use necessitated more gender sensitive approaches. However, the plan makes no mention of some of the Advisory Council on AIDS major concerns such as the need to have an explicitly open policy on harm reduction, increasing voluntary HIV testing and a needle and syringe exchange scheme.

In order to achieve this the committee recommends that HIV/AIDS education and harm reduction programmes should be regularly conducted in every drug treatment centre, methadone clinic and continued in the aftercare phase of recovery. Furthermore, education targeted at users of 'party drugs' should be increased. The committee also urges that media publicity on the association between HIV and drug use be continued and staged frequently. The committee also recognises the need for peer counsellors and for improved training for para-professionals to contribute to prevention efforts.

Currently, the Special Preventive Programme of the Department of Health closely monitors the trend of HIV in Hong Kong. The key responsibility for the preparation of publicity and education materials has been given to the Red Ribbon Centre which is an AIDS Education and Research facility operated by the Department of Health and since 1998 a UNAIDS collaborating centre. The Red Ribbon Centre undertakes extensive prevention activities by targeting the general population and especially vulnerable groups. It prepares mass media information campaigns, including regular TV information broadcasts. It has a Web site where people are given guidelines on how to assess their own risk behaviours. The Centre stages information exhibitions in shopping arcades and other community venues to educate on HIV/AIDS

The Red Ribbon Centre opened officially in 1997 but has been in operation targeting methadone clinic clients for HIV preventive activities since the mid 80's. It distributes posters and leaflets at the clinics and offers training to clinic staff. In addition the Red Ribbon has assisted the clinics in the conduct of surveys of clients and in improving the staff's interviewing skills. A project to distribute free condoms in clinics was first begun in 1994 in 6 methadone clinics was later extended to all clinics and is ongoing. Approximately 5000 condoms are distributed each month.

Key objectives of the Methadone Treatment Programme

Hong Kong's response to drug use is both comprehensive and multi-sectoral but the. Methadone Programme represents its major and sometimes most controversial response. It was set up in 1972 as a response to Hong Kong's rising drug use problems and the emerging widespread concerns in the public over high level criminal connections with the drug trade and police corruption.

The major objectives of the programme were re-stated by the Programme Review (December 2000):

- To provide a readily accessible, legal, medically safe and effective alternative to continued drug use
 - To help clients to lead a normal and economically productive life
 - To help in the reduction of crime and antisocial behaviour related to illicit opiate drug use
 - To assist in the prevention of blood-borne diseases like hepatitis, tetanus and HIV infection by reducing intravenous drug use and needle-sharing through surveillance, health education and counselling
 - To assist drug dependent persons to achieve a drug free state by providing a detoxification programme.
 - To provide a 'safety net' by accommodating rising demands.
 - To continue to operate an open door policy
- (Methadone Programme Review, December 2000)

Main Activities of the Methadone Treatment Programme (MTP)²⁴

The Methadone Treatment Programme in Hong Kong consists of 21 outpatient clinics, four on Hong Kong Island, ten in Kowloon and 7 in the New Territories. The clinics adopt an open-door policy and accept anyone regardless of age, sex, nationality or religion (including visitors to Hong Kong). Clinics open on 7 days a week including holidays (special arrangements are made during typhoons) and remain open for long hours to cater for the needs of clients who are working.²⁵ Clients are required to pay HK\$1 per clinic attendance. The clinics have no waiting lists and the attending medical officer sees new clients as soon as possible after they present themselves at the clinic. The majority of clinics share facilities with general outpatient clinics. Clinic facilities generally include a dispensing counter, an area for the administrative staff and one/two rooms, which serve the medical officer and the social workers. All clinics display HIV/AIDS prevention material and makes condoms freely available to those who want them.

Medical Assessment

A medical and social history and a physical examination is undertaken on admission and a check list on drug use and sexual behaviours is completed. A urine test is routinely undertaken after the initial visit and for both new and readmitted clients urine tests are conducted every 2 weeks in the first 2 months to determine clients' tolerance to methadone. The initial dose of methadone does not usually exceed 30 mg. At the initial interview the physician tries to assess the patient's tolerance on opiate based on the frequency and estimated amounts of drugs used daily. After admissions doses of methadone may be increased by 10mg daily. The optimum dose does not usually exceed 60 mg daily.

Clients under the age of 21 or those with less than two years addiction history are first encouraged to go for residential drug free treatment. However, if the clients consider such treatment as inappropriate they are admitted to the maintenance programme. Those under the age of 18 are generally requested to provide evidence of parental consent.

All new and readmitted clients are provided with counselling by the medical officer on HIV/AIDS prevention. The dangers of contracting the virus through unprotected sexual activities and through the sharing of needle and syringes are carefully explained, and the use of condoms is promoted.

Support services

Counselling is provided by social workers seconded to the clinics by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) a major non-

²⁴ Information for this section from the Report on Review of Methadone Treatment Programme Narcotic Division, Security Bureau, December 2000.

²⁵ Six of the clinics are open from 7.00 a.m. to 10.00 p.m. and fourteen are open from 6.00 p.m. to 10.00 p.m.

government organisation that is primarily funded by the government. SARDA has been operating residential and aftercare services for drug users since 1961. It provides the clinics with 21 full time social workers serving a client population of over 6000 attendees daily. Intensive counselling is offered to clients below the age of 21, but because of limited resources counselling to older clients and re-admitted clients is only provided on request. One social worker is assigned to each clinic. Social workers provide their clients with information on how to prevent HIV/AIDS. Although a peer education programmes has begun it is still at an embryonic stage. Clinics have little or no facilities for group activities or discussions. The clinics do not engage in any community-based activities and their staff ventures beyond the walls of the clinic. Outreach services are as yet non-existent.

Clinic Treatment

The clinics offer clients two treatment options:

Detoxification Programme: In general new clients aged under 21 or those with a short history of addiction will be encouraged to consider residential treatment. However where clients consider that too disruptive to their work or schooling may be detoxified on an outpatient basis. When a patient opts for this option the clinic will offer counselling and a full explanations of the detoxification programme. A detoxification regime will be initially be implemented for 3-5 months. Clients undergoing detoxification are regularly monitored and counselled. If detoxification fails clients will be encouraged to try again by enrolling in a drug free residential programme or to try again. Clients who have successfully completed their treatment are followed up for 18 months. Urine is tested every 3 months to verify that no illegal opiates are being used. Uptake for the detoxification programme is rather low.²⁶

Maintenance Programme: Clients are required to attend clinics once a day to take a dose of methadone under the supervision of the clinic staff. For a newly admitted patient the dosage of methadone is increased from the beginning dose of 30 mg. to reach their optimal dose. The average daily methadone dose at the clinics is 60mg. After registration each patient will be issued with a patient identification card which is required before methadone is dispensed. Methadone must be consumed on the premises and in full view of the clinic staff. Changing clinics requires the approval of the medical officer. Urine tests are conducted once every four weeks.

Example: A methadone clinic

This clinic opened in 1974 and is situated in General Outpatient Clinic but has a separate entrance from the rest of the service so that methadone clients do not mix with the rest of the patients. It remains open from 7.00 a.m. to 10.00 p.m. daily. Approximately 1000 clients are registered at this
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²⁶ Data from November 2000 show that just 1.5% of the total client group are receiving detoxification treatment. Over the previous 4 years the success rate of detoxification at the methadone clinics was 20%

clinic of whom about 850 attend each day making this one of the largest clinics in Hong Kong. Staffing consists of one full time doctor who is also in charge of 8 other smaller clinics. The doctor works intensively in 2 of the 8 clinics and supervises the other 7 evening clinics. The doctor assesses each new client following a protocol, which includes questions on social history, medical and sexual history, drug taking history, patterns and behaviours. In addition a clients undergo a physical examination. The doctor formulates a treatment plan for the client and provides all clients with basic HIV preventive information Two social workers works here part-time (9 clinical sessions). The social worker targets young/new clients particularly those under 21. Each has a caseload of some 70 clients monthly. In addition there are 13 Auxiliary Medical Service staff working here and they carry out the day to day dispensing work.

Patient profile: The majority of clients are over 25 and the ratio of males to females is 8:1. Approximately 50-60% of clients are in employment. 95% of all this clinic's clients are on the methadone maintenance programme and only 5% on the opiate detoxification programme. The average methadone dose prescribed at this clinic is 60 mg and the optimal dose is 70 mg. At least 70% of maintenance clients are known to be using heroin as well as their prescribed methadone (most continue to inject). Detoxification clients are offered counselling for the duration of their programme and are followed up for 18 months after completion of detoxification.

HIV/AIDS prevention: The clinic provides leaflets and displays posters informing clients about the risks of HIV infection and providing information about safe drug use and safe sex. A video providing relevant information is being continuously shown in the clinic. Free condoms are available at the clinic

Clients pay \$HK1 each time they attend the clinic.

Many clients have contacts in Mainland China across the border.

The clinic described above is one of the largest methadone clinics in Hong Kong.

As of October 2000 the Methadone Treatment Programme had 9 434 clients of whom approximately 69% attended daily.

Main Outcomes²⁷

As indicated above the primary objectives of Hong Kong's methadone treatment programmes is to provide a readily accessible, medically safe, effective and legal alternative to illegal drug use. The methadone programme seeks to help drug users resume a normal, productive and crime free life in the community. Increasingly the methadone treatment clinics have undertaken public health functions such as HIV surveillance, health education and counselling.

There is no doubt that the Programme has succeeded in many of its objectives. A large proportion of known drug users in Hong Kong attends the clinics and is the single most popular drug treatment model used by 65% of drug users in treatment. Furthermore, the clinics, which are strategically located in Hong Kong, offer a first point of contact with a helping agency for many of Hong Kong's drug users and act as an important channel for referral to other treatment agencies for those who seek to become drug free. In addition, the methadone clinics provide an important 'safety net' for drug users at times when heroin becomes scarce or unavailable. Preventing drug

²⁷ Report on Review of Methadone Treatment Programme Report and Annex, Narcotics Division, Security Bureau, December 2000

users from switching to the injection use of psychoactive drugs and other dangerous substances.

Measured against its stated objectives it is clear that the methadone treatment programme has succeeded in its major objectives.

(1) The provision of low threshold, easily accessible treatment, legal alternatives to illicit drugs.

The methadone programme is the largest treatment programme in Hong Kong attracting the vast majority of drug users known to the CRDA. Active registration in the programme as of October 2000 was 9 434 clients (of a total of 12904 known heroin users- at the end of 1999) Of these about 69% attended methadone treatment clinics daily. The number of clients who also use illicit drugs has been reduced. (71% had used heroin in the 4 weeks prior to the Methadone review).²⁸

(2) Helping clients lead a normal and economically productive life and reduce criminal involvement

The methadone treatment review indicated that about 49% of clinic clients were unemployed when they joined the methadone programme but that their employment record improved slightly while in treatment (44% were now unemployed). There was also a decrease in crime committed by methadone clients. Of those joining the programme about 80% had some criminal involvement. While attending the programme about 50% claimed that clients committed less crime when they joined the methadone programme.

(3) Reducing high risk behaviours

The methadone treatment review found that of those who were still using heroin less than 5% had shared syringes with others. Most clients in the programme (91%) knew that AIDS might be contracted through the shared use of unsterilized needle and syringes. The incidence of HIV among clinic clients remains low. Unlinked anonymous screening found 0.27% prevalence rate in the year 2000. However, this rate, though low represent an increase when compared to previous years.

The majority of clients expressed general satisfaction with the clinic service although there were some who complained about the dosages, which range between 30 and 60 mgs daily (higher doses are rarely prescribed) and the clinic environments (clinics do not have sufficient room for counselling and group activities).

Hong Kong's Methadone Treatment

Indicators

Indicators for evaluating the MTP are implied but not clearly spelt out. It is noticeable however, the numbers of drug users in Hong Kong have remained relatively stable and that few people seem to be injecting and sharing injection equipment. Indicators specific to the programme itself may include the percentage of

²⁸ Some studies (December 1999-February 2000) conducted by the Special Preventive Programme. The Virus Unit and the Narcotics and Drug Administration found much larger numbers of illicit drug users among methadone clinic patients - (71% in the 4 weeks prior to interview)

drug users who attend the clinics, and the percentage that attend regularly. Both of these have already been discussed in this report and indicate that both are high - the MTP is the most popular treatment model in Hong Kong.

The low rates of HIV among clinic clients, the evidence that clinic clients are well informed about HIV as well as the declining numbers of clients who share needle and syringes are additional (non-explicit) indicator that it is possible to carry out effective HIV/AIDS education in the clinics.

Evaluating the Programme

Over the decades since it was first established the Hong Kong methadone treatment programme has been evaluated a number of times, and numerous research projects have been undertaken to determine whether it functions well and whether it is adequate in meeting the needs of its clients. Prominent among these periodic evaluations are the reports of Prof. Robert Newman (in 1994 and 1998) who was instrumental in setting up the methadone clinics and who subsequently re-visited the Hong Kong programme to determine its progress. The most recent evaluation, already alluded to throughout this report, is the Review of the Methadone Treatment Programme which was completed in December 2000. The comments below summarises the views and opinions expressed in those reports as well as the verbal /informal comments made in respect to the programme by key informants in Hong Kong.

The methadone treatment programme in Hong Kong has been in operation for over a quarter of a century. It remains accessible, friendly and inexpensive. There is little doubt that its establishment was a timely and highly successful response to the drug use situation in the 1970's and beyond. The Programme continues to remain the major treatment response to drug problems in Hong Kong and is credited with the outstanding record of keeping HIV infections among drug users at a minimal rate. It is interesting to remember that soon after its inception a major prison in Hong Kong was closed for lack of inmates. The programme has had a continued impact on reducing drug-related crime. Overall, the programme has been judged to be successful in meeting most of its objectives and the December 2000 Review of the programme recommended unequivocally its continuation.

The key question is however, whether the methadone treatment programme as it is currently constituted is likely to serve Hong Kong well in the future. Is the programme sufficiently responsive to the changing drug scene in Hong Kong and elsewhere in Asia and will it continue to be effective in preventing the spread of HIV in their vulnerable client group. The Review has addressed some if not all of these issues.

(1) Will the methadone treatment programme continue to contribute to the successful prevention of harmful drug use and HIV? Although it is not possible to demonstrate a direct causal relationship between the low rate of HIV among drug users and the availability of methadone there is no doubt that Hong Kong was well prepared to deal with and contain the HIV epidemic among drug users. Hong Kong has a variety of voluntary treatment facilities of which methadone maintenance

treatment is the most significant approach. The methadone clinics are important venues for HIV prevention among drug users. They are used as sentinel sites to monitor the epidemic, offer voluntary HIV testing²⁹ and provide education on HIV. Assisted by the Red Ribbon Centre, the clinics distribute leaflets and posters about the harmful effects of drug use and particularly on the dangers of injection and of sharing needles and syringes. Condoms are also available in all clinics, as is information on safe sex.

However, recent changes in drug use patterns in Hong Kong and the increases in the HIV infections among methadone clients indicates that Hong Kong cannot remain complacent and that HIV prevention among this highly vulnerable group must continue to be conducted rigorously. Of major concern is the lack of sufficient communication and collaboration between the Hong Kong Advisory Council on AIDS and its AIDS prevention and Care Committee and the Action Committee against Narcotics. On the operational level there is also little formal co-operation between the Narcotics Division, the methadone treatment programme and the Health Department in planning preventive HIV/AIDS education and information at the clinics.

(2) Does the fact that the concept of 'harm reduction' is not explicitly stated in the Methadone Treatment Programme objectives an impediment to successful HIV prevention policy? HIV prevention among drug users would be much strengthened if this concept was clarified and adopted officially as an objective for the methadone programme. Aspects of harm reduction are implicit in the methadone clinic approach. But the lack of explicit endorsement is an impediment to continued effective prevention of HIV. For example, it is sometimes unclear whether detoxification rather than long-term maintenance are really the most desirable goals for the programme. Social workers from SARDA are perhaps naturally inclined to recommend drug free rehabilitation as a favoured approach. In fact however, the numbers of clients who opt for the detoxification programme remains small. The introduction of needle and syringe exchange schemes has not been given serious consideration on the ground that needle and syringes are easily obtained in Hong Kong. However the harm reduction objective of such a scheme which is to provide an opportunity for HIV prevention has as yet been overlooked. It is also notable that little effort is made to try to counter the widespread continued use by clients of drug injection by manipulating (increasing) the conservative dosages of methadone prescribed to many clients.

(3) Are changes in drug use patterns in Hong Kong adequately addressed in the methadone clinics? The answer is probably that they are not but should the clinics transform themselves to be more generic drug treatment clinics? There is evidence of changes in the clinic client profiles and these probably reflect changes in drug use patterns in Hong Kong. Many methadone treatment clients are long- term opiate users and the clinic is less popular with younger drug users. Below is a summary of information on the client profile of those attending the clinics:

- Just 13.5% of clients have used drugs for less than 5 years. The rest have addiction careers spanning from 5-30 years. (Mean length of

²⁹ Between 1991-1999 just 5423 clinic clients underwent voluntary testing.

addiction career is 18 years)

- Almost a third (29%) of clients have been registered in the programme for between 10-19 years and a further 19% for 20 years or more. Making for a substantial group (48%) of 'old' clients.
- The client group is characterised by large number of previous admission to the programme. Thus, the mean number of previous admission was 7. (With ¼ having between 5-9 previous admissions).
- Only 14% were newly registered clients with no previous admissions

These data confirm that the methadone treatment programme is successful in attracting heroin users, and caters largely to those who have long addiction careers.

So far non-opiate drug users are offered help in 6 small Substance Abuse Clinics who see an average of 500 patients a year (some of whom have predominately alcohol problems). It is true that methadone clinics do not generally have a role beyond providing treatment to heroin users. However, as drug use patterns in the community are changing, the methadone clinics 'the jewel in the crown' of Hong Kong's drug treatment policy need to consider using their accumulated knowledge and expertise in the drug field to ensure that all drug users are accessed and helped. Crucially no one engaging in high-risk behaviours whether they are injecting heroin or misusing other substances and engaging in unprotected sexual activity should be excluded from preventive efforts.

Coverage

The methadone programme adequately covers the population of opiate users in Hong Kong. Clinics are distributed throughout the territory so as to make for easy access to clients. However, the clinics are not designed to address non-opiate drug use and this may become a problem in the future.

Replicability

The Hong Kong methadone treatment programme is easily replicated once government support is gained. The programme has succeeded in preserving a simple and cheap mode of operation. The safety of the delivery and distribution of the methadone itself are well regulated. Guidelines for the dispensing of methadone are clear, clients consume the drug on the premises, and opportunities for 'double scripting' are minimal through the use of identification procedures. The cost to clients has been kept to a minimum (just HK\$1) per dose of methadone making it affordable for everyone. The programme has been noted to be not only the most popular in Hong Kong but also the cheapest.

Sustainability

The methadone treatment programme is the government's official response to injecting opiate use. The Hong Kong Government funds the programme, and although

it relies heavily on volunteer auxiliary medical workers³⁰, and on the services of social workers seconded by SARDA (which is subvented by the government), the government remains fully committed to the continuation and improvement of the programme. Suggestions about improving the physical conditions in the clinics have been made by the Methadone Review and are likely to be accepted by the government.

Main lessons learned

The main lesson learnt from the Hong Kong experience is that methadone treatment programme owes its success to the government commitment to a rational, evidence-based approach to the treatment and rehabilitation of drug users. The government recognised the usefulness of methadone substitution programmes in the early 1970's and once introduced, the programme has been sustained. The Narcotics Division Security Bureau continues to state its objective as 'providing effective and timely response to new trends and situations' and 'promoting a greater awareness of the harmful effects of drugs'. The government of Hong Kong also supports additional ancillary services for drug users, through significant subvention of the non-governmental sector³¹.

After over a quarter of a century of existence, it is evident that low cost methadone clinics can be effective. Hong Kong's clinics are unadorned facilities with minimum staff, many of whom are volunteers receiving no more than a stipend to assist them to cover their expenses. Clinics are located in population centres where there are many known drug users, are open long hours and provide non-judgmental, easy access service to drug users. Although a significant proportion of clinic clients also use street drugs from time to time, in addition to their methadone prescription, they remain in contact with a treatment service and thus exposed to prevention messages. This approach has enabled the programme to make a significant contribution to drug and HIV prevention and control.

It is highly probable that Hong Kong's early adoption of methadone is an important factor in its low HIV infection rates among drug users. Opiate substitution treatment is cheap and easy to access and the clinics provide ongoing education about safe injecting practises for those who continue to inject. Indeed the rate of injection and of sharing needles and syringes among clinic patients is low. Additionally the methadone clinics provide the opportunity for tracking HIV/AIDS infection rates among drug users. However, it is of concern to note that ACAN in its 2000-report make no mention of HIV prevention and that the Narcotics Division 2000-2002 plan also fails to address issues of HIV prevention.

Recommendations

³⁰ The government runs the Auxiliary Medical Service. The participants are part-timers who are paid an honorarium for their contribution

³¹ For example the government made available in 1996 HK\$350 million for a 'Beat Drugs Fund' which is now a significant source of funding for drug prevention, treatment and control efforts in the territory.

1. *It is recommended* that in the light of changing political, social and economic conditions in Hong Kong that official and strategic communication be established between the Narcotics control and prevention authorities and the HIV/AIDS prevention and control authorities.
2. *It is recommended* that the rehabilitation and after care services, many of which work closely with the methadone clinics adopt and explicitly promote the principles of harm reduction. To-date all the after-care non-medical services for drug users in Hong Kong are abstinence based. Harm reduction messages would ensure the most effective HIV prevention for drug users.
3. It is recommended that MTP should build monitoring and evaluation mechanisms into their programme to include clear indicators by which the programme can be evaluated.
4. *It is recommended* that attention should be paid to the high number of clients who regularly use additional drugs. Clinics need to review the dosages of methadone prescribed to clients. Higher dosages for certain clients should be considered.
5. *It is recommended* that clinics offer counselling to all those who may need it and not restrict social work interventions to new clients under 21.
6. *It is recommended* that the MTP be more pro-active in reaching out to drug users in the community and undertaking assessments of their needs. There is growing evidence of 'street users' engaging in risky behaviours and using multiple substances not just opiates. The clinics could use their vast experience in working with drug users to expand their scope of activities.

Summary: Project profile

Name	Methadone Treatment Programme
Country	China - Hong Kong Special Administrative Region
Related thematic area	Treatment intervention
Contact persons	Dr. Cindy Lai, Assistant Director of Health, Special Health Services, Department of Health, Government of Hong Kong Special Administrative Region Ms Mimi Lee, Principal Assistant Secretary for Security (Narcotics) Dr. SS Lee, Special Health Services, Department of Health, Government of Hong Kong Special Administrative Region
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Project status	Ongoing
Key primary partners / stakeholders	The Government of Hong Kong Special Administrative Region Department of Health, Narcotics Division, Narcotic addicts in Hong Kong
Secondary partners/stakeholders	Society for the Aid and Rehabilitation of Drug Abusers (SARDA), Hong Kong Council of Social Services, Auxiliary Medical Services (AMS), ex-addict volunteers, Red Ribbon Centre for HIV/AIDS prevention
Funding	Operating costs of the Hong Kong methadone programme for the years 1999/2000 are as follows: <u>Department of Health</u> : HK\$33 million. This includes salaries for 3 full-time senior Medical officers and 43 additional medical officers who work on a roster basis and the use of premises in government run clinics. (Clients pay HK\$ 1 per clinic attendance). <u>SARDA</u> Hk\$9 million. SARDA pays for one social worker per clinic and undertakes the training and supervision of peer/outreach workers <u>Total</u> yearly expenditure: HK\$ 42 million Clinics catered for 2 460 316 client attendances. Expenditure per client attendance was about 17 HK\$ in 1999. ³²
Non-funding resources required	Need for adequate premises located in areas where users live/congregate. Premises to include facilities for venues where harm reduction education can be ongoing. Need for volunteers / peer educators/ outreach workers to provide ancillary services at the clinics Need for continuing community-based treatment and rehabilitation services offering alternative treatment options.

³² Report on Review of Methadone Treatment Programme, Narcotic Division, Security Bureau, December 2000, p. 60-61, 4.2

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