

Medication Assisted Treatment in Hong Kong

The Way Forward

Dr. Ben Cheung,
Chairman Action Committee Against Narcotics (ACAN) Hong Kong
Hon. Consultant Psychiatrist Hong Kong & Sanatorium Hospital
Adjunct Assistant Professor, Dept of Psychiatry, Chinese University of Hong Kong

Independent Evaluation 2012

- Independent Evaluation of the Methadone Treatment Programme in Hong Kong
- Professor Robert Ali
- World Health Organisation Collaborating Centre for Research in the Treatment of Drug and Alcohol Problems

Instrument	Administration Self / Interviewer	Participant
Checklist on Service Quality	Self	MTP Director or Member of Management
Schedules for the Assessment of Standards of Care	Interviewer	MTP Director or Member of Management
Checklist on Programme Implementation	Self	MTP Director or Member of Management
Checklist for Service Description – OST Programme	Self	MTP Director or Member of Management
Checklist for Service Performance – OST Programme	Self	MTP Director or Member of Management
Checklist for Service Performance – HIV / Hepatitis Prevention and Management	Self	MTP Director or Member of Management
Staff attitude and Satisfaction Questionnaire	Self	Clinic Staff
Treatment Perception Questionnaire	Self	MTP Patients 50 patients per site
Kessler 10 Psychological Distress Scale	Self	MTP Patients 50 patients per site

Service Performance

- *Assesses service site, treatment concepts and objectives, client access, client rights, and networking with and referral to other services*
- PROGRAMME OBJECTIVES ARE APPROPRIATE
- HOWEVER
 - Case conferencing discussing client management and progress doesn't occur
 - No sanctions for disruptive behaviour
 - Medical records kept separate from pharmacy and counselling records HIV and Hepatitis

Prevention and Management

- HIV Prevention Programme is supported by staff
- **HOWEVER**
 - Immunization for hepatitis not routinely done
 - Screening for Hepatitis B and C not done

Service Quality

- Assesses the clinics
 - physical environment,
 - administrative arrangements
 - care processes
 - interactions with clients families
 - networking and referral activities
- **OVERALL GOOD STANDARD**
- **HOWEVER**
 - No supply of basic medications and basic psychiatric medications
 - Not all staff received first aid training for overdose emergencies
 - insufficient time allocated to adequately assess new clients
 - Standard patient information not always provided

Standards of Care

- access and admission,
- assessment procedures,
- treatment content and organisation,
- discharge planning,
- aftercare and referral,
- outreach and early intervention,
- patients' rights,
- treatment settings and staffing

Standards of Care

- OVERALL VERY GOOD
- EXCEPT
 - Psychiatric and psychological assessments inadequate
 - No standardized instruments for diagnosing dependence, intoxication and withdrawal
 - No treatment matching to patient needs and diagnosis

Staff Attitude and Satisfaction

- 44-item instrument, five-sections
 - Attitudes Towards Drug Use in Society
 - Attitudes Towards Methadone Treatment
 - Attitudes Towards MMT Patients
 - Knowledge about methadone
 - Satisfaction with their work environment
- Survey completed by 11 doctors, 9 social workers and 20 AMS

Attitudes Towards Drug Users and Methadone Treatment

- In general, staff attitudes to drug users in society were mildly negative, however:
 - AMS workers had the more negative attitude towards drug users
 - Doctors and social workers were mildly positive
- In general positive attitude towards methadone maintenance treatment
 - AMS staff generally negative towards goals of methadone treatment
- In general mildly negative view towards the patients motivation
 - doctors and AMS staff more negative attitudes
 - social workers had a positive view

Treatment Perception Questionnaire

- Staffs understanding of problems,
 - Agreement treatment objectives,
 - Staff availability,
 - Ability to motivate,
 - Staffs professional competence
- OVERALL, PATIENTS WERE MILDLY POSITIVE TOWARD STAFF

Treatment Perception Questionnaire

- **HOWEVER**
 - 44% felt staff had different ideas about treatment objectives
 - 39% felt staff hadn't always understood the kind of help they wanted
 - 23% were unsure or felt staff didn't help motivate them
 - 20% were unsure or felt staff weren't available for clinical care when needed

Treatment Perception Questionnaire

- Perception of treatment sub-scale assesses
- patient beliefs about:
 - communication of decisions,
 - treatment expectations,
 - therapeutic content,
 - duration of treatment,
 - program rules and regulations
- **OVERALL THE TREATMENT PERCEPTION SUBSCALE ACROSS CLINICS WAS MILDLY POSITIVE**

Treatment Perception Questionnaire

- **IN FACT**
 - 85% agreed staff were good at their job
 - 78% agreed they received the help they wanted
- **HOWEVER**
 - 41% felt they hadn't had enough time in
 - treatment to sort out their problems
 - 33% didn't like some treatment rules and regulations
 - 18% didn't like all the treatment sessions

Other Issues

- Uneven case load in different clinic (significant)
- Only small number of patients under 21 years
- Ethnic minorities constitute significant minority of treatment
 - Chinese 92.2%, Nepalese 4.4%, Vietnamese 1.3%, Indian 0.4%, Pakistani 0.3%, Filipino 0.1%
- Individual treatment plans don't appear to be guided by structured assessment
- AMS staff morale reportedly low
- Greater collaboration required between social workers and doctors
- Cost of MTP for non-HK residents higher
- Clinic infrastructure influencing accessibility
- confidentiality and enrolment

METHADONE TREATMENT PROGRAMME

- The MTP should continue and focus on maintenance treatment.
- New clinics should be introduced.
- Consideration to introduce MTP into prison.
- Consideration to introduce innovative treatment styles and settings.
- Consideration to introduce buprenorphine for young and/or pregnant.
- The MTP fee adjusted.
- Clinics should have appropriate physical infrastructure.
- The MTP include unsupervised dosing.
- Service capacity should be capped at 350.
- one doctor per 150 and one counsellor per 50.

METHADONE TREATMENT PROGRAMME

- Assessing treatment progress through regular structured clinical review.
- Counselling adopt a community reinforcement approach.
- Clinics adopt case management.
- Case conferences routine.
- Standardised single clinical records.
- Urine drug testing based on clinical indications.
- Hepatitis B immunization should routinely be provided.
- Consideration to introduce routine testing for Hepatitis B and C status.

WORKFORCE

- AMS staff additional training
 - values clarification, basic principles of management of drug dependence and the importance of adequate dose of medication.
 - assessment of intoxication and withdrawal as well as strategies to minimise diversion.
- Consideration to professionalizing the AMS workforce.
- Alternatively consider nurses or other appropriately trained health professional to take over the role of dispensing.
- Social Workers training
 - psychosocial interventions for drug users including community reinforcement approaches
 - application of psychosocial interventions in MTP programs
- Doctors training
 - diagnosis and treatment of drug dependence
 - detection of common comorbid conditions

HEALTH PROMOTION AND COMMUNICATION

- Consideration to undertake a public health campaign
- Promote return on investment from MTP for community
- Include personal stories from current or past patients.
- Separate campaign to encourage entry into treatment

MONITORING AND EVALUATION

- Clinics involved in routine monitoring of patient as well evaluation of treatment outcomes.
- Independent university based studies of epidemiology of heroin and other drugs as well as identifying emerging trends.
- Repeat studies of the MTP every 5 years

Way forward

- Invited independent expert in the field for evaluation and recommendation
- Dedication, courage and persistence from non-government advisory committee to follow the issues
- Commitment and resources allocation from Government
- Establish regular monitoring, review and continuous improvement measures
- Importance to take the community perspective