

**NSS Enriching Knowledge for the Health
Management and Social Care (HMSC) Curriculum
Series –**

Addiction

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Chapter 1: Introduction to Addiction

Ms Elda Chan Mei Lo
Supervisor
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Outline

1. Introduction to Addiction
2. Models for understanding addiction
3. Stages of change model

1. Introduction to Addiction

1. i) Substance ii) Behavioural
2. Models for understanding addiction
3. Stages of change model

The definition 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): increased amounts to reproduce the effects originally produced by smaller doses, abnormally strong craving, habit-forming

What is addiction?

- Habitual patterns of intentional, appetitive behaviors
- Excessive and produce serious consequences
- Stability of these problematic behavior patterns over time
- Interrelated psychological and physiological components to the behavior
- Difficulty stopping or modifying them (DiClemente, 2003)

Substance – Common Types

- 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)
- Tranquillizers e.g. Benzodiazepines, Chlordiazepoxide (Librium, Librax)
- Others, e.g Ketamine, Codeine
- Alcohol

- Tobacco

Behavioural Addictions – Common Types

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

Etiology of addiction

- To change addiction is to understand **why** and **how** they begin because it often uncovers the source of the problem
- Single-cause etiological models have been woefully **inadequate** to explain either adoption or cessation of addiction behavior. (DiClemente, 2003)

2. Models for understanding addiction

- Genetic/physiological models
- Personality/intra-psychic models
- Cognitive/social learning models
- Coping/escape model
- Social/environment models
- Integrative bio-psycho-social model

2.1 Genetic/physiological models

- Dopamine imbalance
- D2A1 of the D2 receptor
- Serotonin imbalance
- ADHD

2.2 Personality/intra-psychic models

- Impulsivity
- Nonconformity
- Antisocial traits
- Hyperactivity
- Religiosity
- Emotionality

2.3 Cognitive/social learning models

- Cognitive distortions
- Perceived effects of the behaviour
- Cultural / Social / Familial Modeling
- Development of life value / world view

2.4 Coping/escape

- Inadequate coping mechanism – problem solving and emotional coping
- As escape or comfort

2.5 Social/environment models

- Societal influence / culture
- Peer pressure
- Availability – access to addiction substance or behaviour
- Family system

2.6 Integrative bio-psycho-social model

- Support the complexity and interactive nature of addiction

3. Stages of change model

3.1 Pre-contemplation

Characteristics:

- Not yet acknowledging that there is a problem behavior that needs to be changed
- May view the addictive behaviour as positive experience
- Do not seek treatment & resistant to change
- Lacking awareness of possible adverse consequences of excessive gambling

3.2 Contemplation Stage

Characteristics:

- Some receptivity to the possibility of addressing the addiction
- Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
- Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain.
- Assess barriers e.g., time, expense, hassle, fear, "I know I need to, doc, but ..." as well as the benefits of change

3.3 Preparation Stage

Characteristics:

- Client accepts that changes are necessary and worthwhile
- 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 an 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.

3.4 Action Stage

Characteristics:

- Client initiates a range of new behaviors and demonstrates new knowledge, insights, attitudes and skills which governs the continuing actions of making changes
- The action stage is the one that most physicians are eager to see their patients reach. Many failed New Year's resolutions provide evidence that 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.

3.5 Maintenance and Relapse Prevention

Characteristics:

- Developing a healthy and addiction-free lifestyle
- 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

What works in therapy : Australian clients say

Four common factors:

- Client Factors
- Relationship/Alliance Factors
- Hope and Expectation
- Model and Technique

Chapter 2: Understanding Pathological Gambling

Ms Elda Chan Mei Lo
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Tung Wah Group of Hospitals Even Centre

Outline

1. What is Pathological Gambling?
2. The Gambling Problem in Hong Kong
3. Problem Gambling Counselling Services
4. Counselling and Case Work

1. What is Pathological Gambling?

What is gambling?

Bet anything valuable including money on an activity that you are unable to predict result.

These activities should have the following characteristics:

- Have time limit
- The result cannot be reversed
- The result cannot be control in any ways

Definition of Pathological Gambling

Persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:

(Diagnostic and Statistical Manual of Mental Disorders IV Edition – DSM-IV-TR)

- 1) Is preoccupied with gambling
- 2) Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- 3) Has repeated unsuccessful efforts to control, cut back, or stop gambling
- 4) Is restless or irritable when attempting to cut down or stop gambling
- 5) gamble as a way of escaping from problems or of relieving a dysphonic mood
- 6) After losing money gambling, often returns another day to get even
- 7) Lies to family members, therapist, or others to conceal the extent of involvement with gambling
- 8) Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- 9) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- 10) Relies on others to provide money to relieve a desperate financial situation caused by gambling

2. The Gambling Problem in Hong Kong

Prevalence of gambling and problem gambling (Adult)

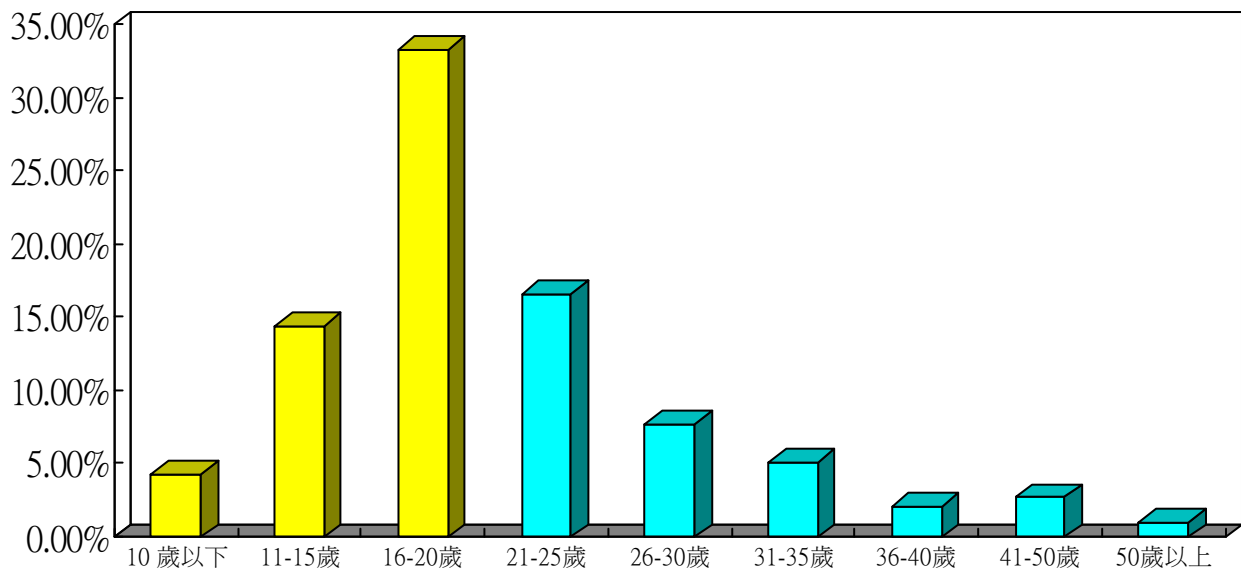
	2001	2005	2008
Had gambled in the last 12 months	77.8%	80.4%	71.3%
Problem Gambling	4.0%	3.1%	2.8%
Pathological	1.8%	2.2%	1.7%

Prevalence of gambling and problem gambling (Youth)

	2002	2005
Had gambled in the last 12 months	53.8%	32.3%
Problem Gambling	4.5%	1.1%
Pathological	2.6%	1.5

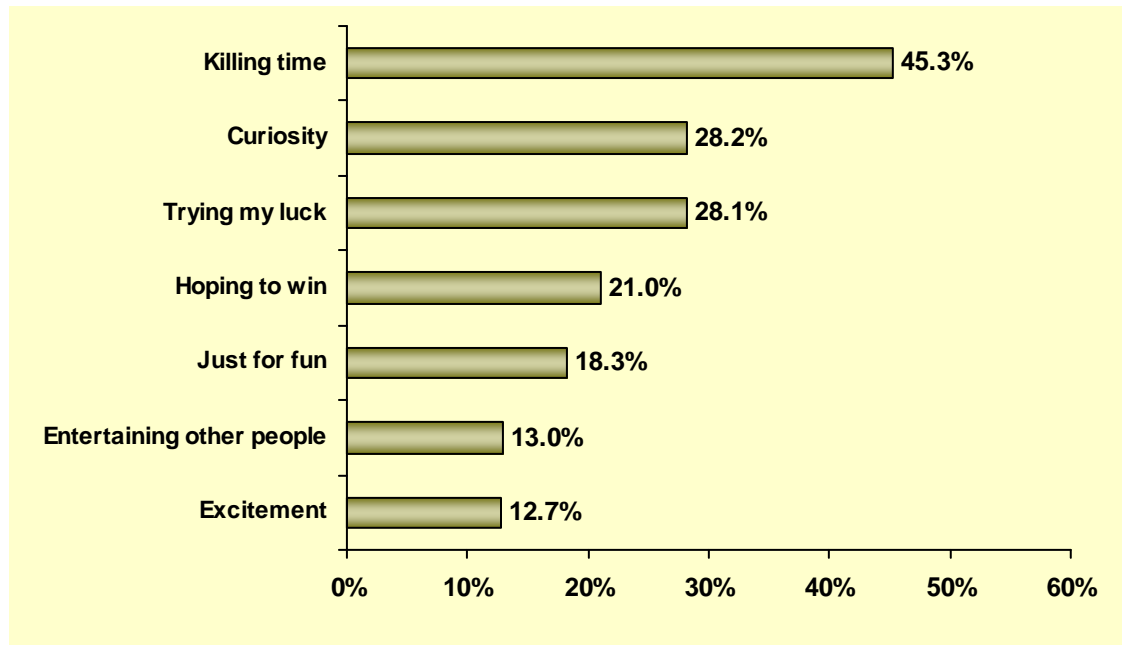
(Source: Hong Kong Polytechnic University, 2002; Hong Kong University, 2005)

Age began gambling

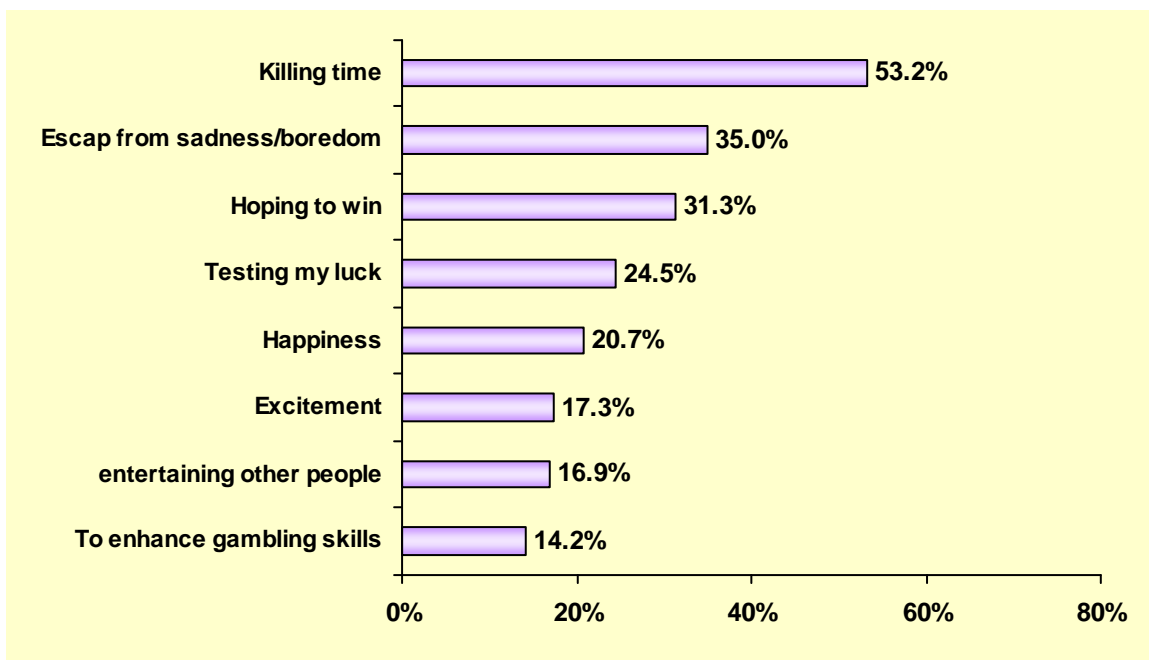


(Source: Tung Wah Group of Hospitals Even Centre, Service Statistics on 3200 cases)

Reasons for participating in first gambling



Reasons for continuing to gamble



3. Problem Gambling Counselling Services

Four Government Funded Counselling Services

(funded through “Ping Wo Fund” that is administered by the Hong Kong SAR Government Home Affairs Bureau)

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

Non-Government Funded Programs or Self Help Groups

- HK GA
- Industrial Fellowship
- New Hope Fellowship
- Methodist Centre

TWGHs Even Centre

- Even Centre is funded through “Ping Wo Fund” that was set up in September 2003 by the Government to provide prevention and treatment on problem gambling.
- Our mission is to assist gamblers and families to resume a harmonist and balanced life while treating the pathological gambling behaviour.

Holistic and Multi-Disciplinary Approach

- Hotline
- Counselling and Casework
- Group Therapy
- Community and Youth Prevention Programs
- Professional Training
- Research
- International Conference

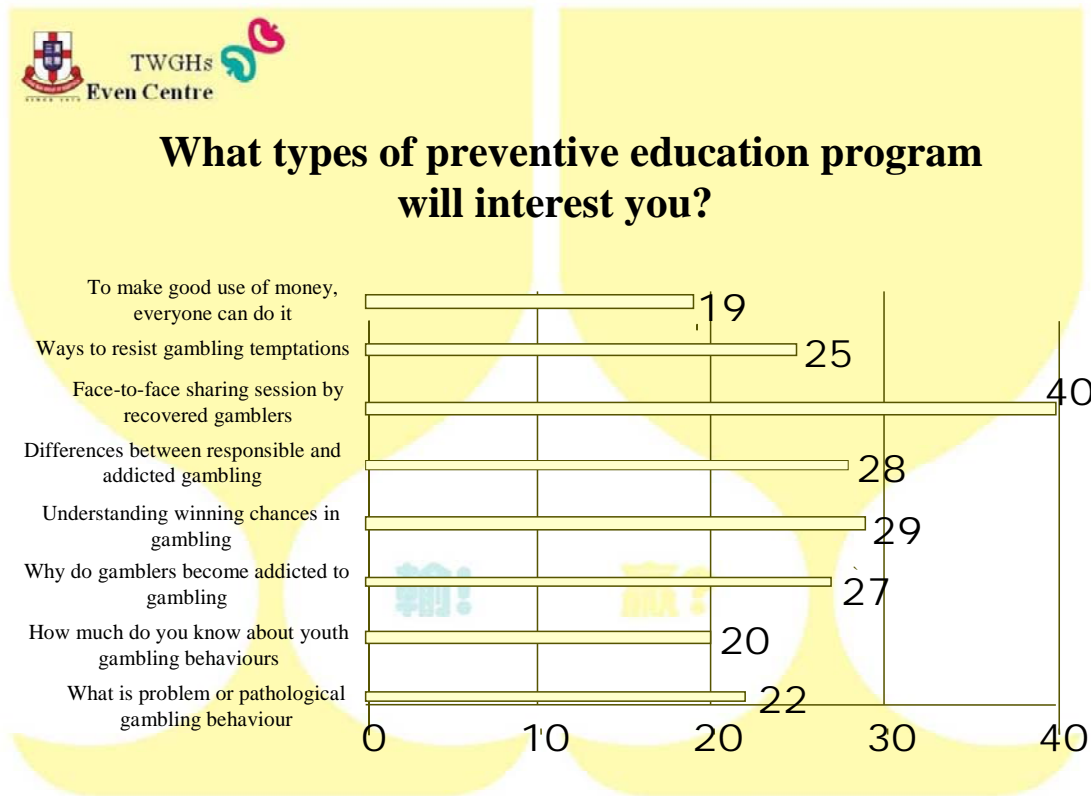
4. Counselling and Case Work

- ✓ **Intensive Case Work Counselling**
- Individual, couples and families counselling
- ✓ **Psychological & Psychiatric Assessment and Treatment**
- By Centre CP & Contracted Psychiatrist
- ✓ **Financial & Debt Counselling**
- For gamblers and their families
- ✓ **Emergency Relief and Temporary Refuge**
- Food, transportation, temporary accommodation, etc.

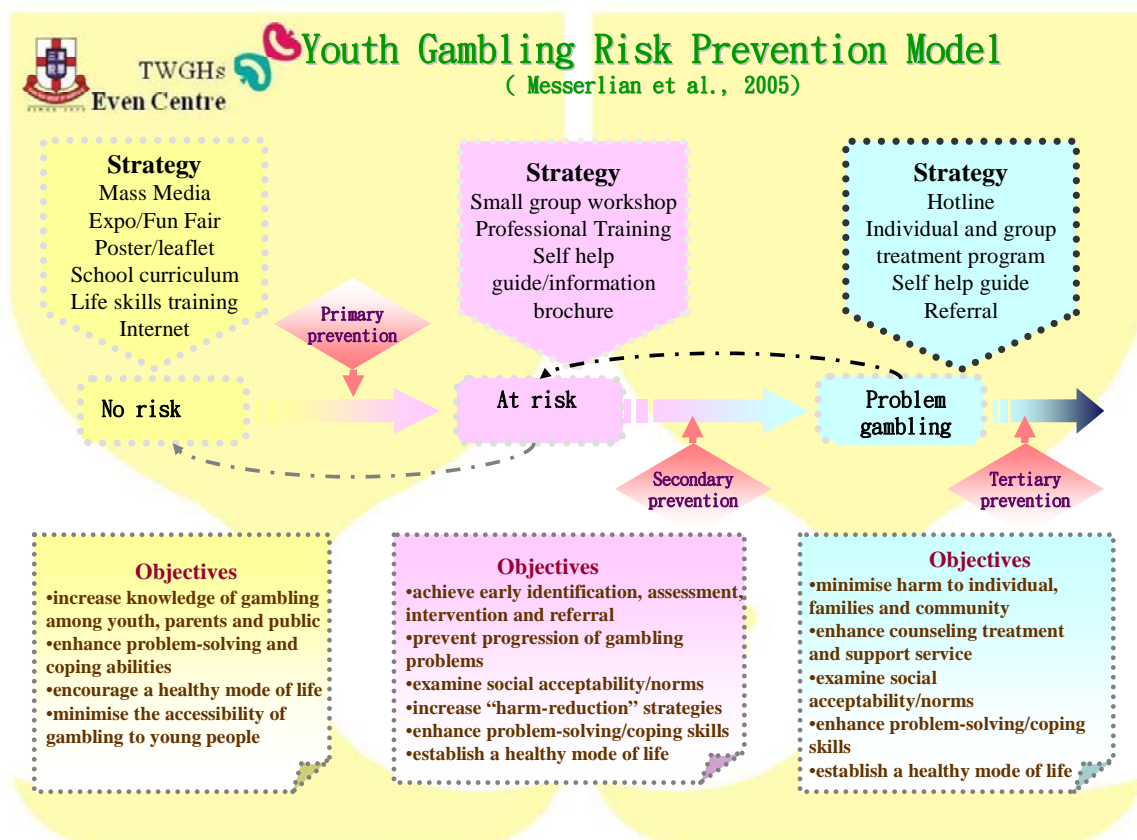
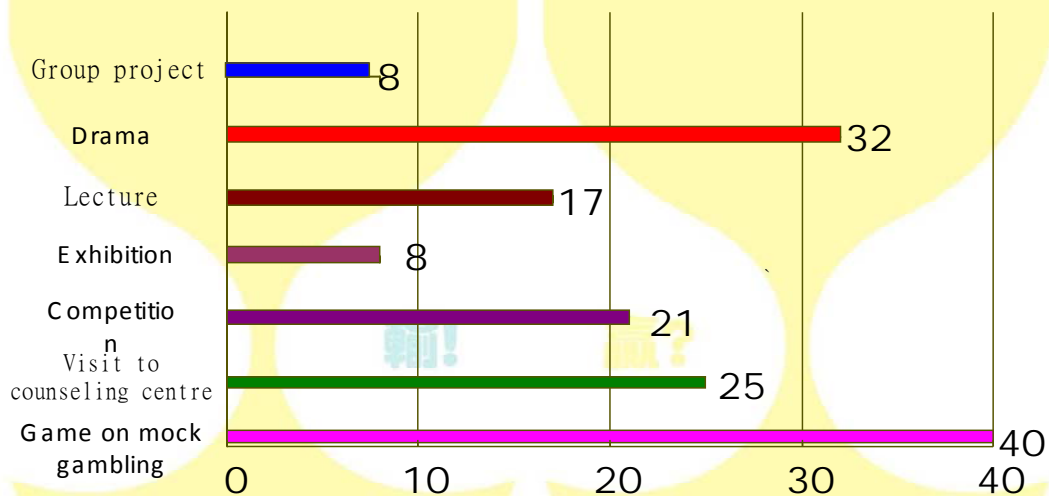
- Clinical experiences reveal that problem gambling is a complex and multi-faceted addictive behaviour. Growing evidences support that pathological gambling can be caused and maintained by a wide range of biological, psychological, inter-personal, environmental, family and spiritual factors.
- Treatment and intervention approaches should be applied according to the different treatment needs.

Group Therapy

- Psycho Education Group
- Treatment Group for Gamblers and Families – Cognitive Behavioural Therapy; Couple Treatment Group
- Body- Mind – Spirit and Yoga Treatment Group
- Support Group for Gamblers and Families
- Peer Counsellor & Volunteer Group
- Soccer Team



What kind of formats would you suggest to use to deliver the prevention education?



Youth Gambling Risk Prevention Model (Messerlian et al., 2005)

Therapy Objectives

1. offer education programmes of primary and secondary preventions to increase young people's knowledge in pathological gambling and decrease the availability of gambling
2. identify high-risk youths who have participated in gambling in order to prevent the progression of gambling addiction

service target: institutions under the Vocational Training Council (VTC)/tertiary institutions/continuing education colleges/integrated children and youth service centres

Section 1

Implementing learning programmes

Lectures (primary prevention) :

targeting all students, including all who have/have not participated in gambling

Implementing learning programmes

Groups (secondary prevention) :

targeting high-risk students—frequent participants in gambling referred by social workers / teachers

Parents may have underestimated the level of participation of youth gambling

	The actual situation on whether young people have gambled in the past 12 months	Parents' estimation on whether young people have gambled in the past 12 months
Have not gambled in the past 12 months	71.0 %	89.4 %
Have gambled in the past 12 months	28.2 %	8.1 %
Don't know / not sure / can't remember / hard to say	0.1 %	2.5 %

Young interviewees reviewed that the more frequent their parents gamble, the larger the proportion of their gambling behaviour in the past 12 months

Young interviewees reviewed that the more frequent their parents gamble, the easier they would start to gamble in youth

Parents do not know their children's bet in World Cup 2006

	Youth planning to bet in World Cup 2006	Parents expecting their children will bet in World Cup 2006
\$1-499	60.7 %	33.3 %
\$500-999	9.8 %	2.0 %
\$1000 或以上	11.5 %	0%
Don't know/ not sure/ can't remember/ hard to say	18.0 %	64.7 %
Total	100 %	100 %

1st and 2nd Asian Pacific Problem Gambling and Addiction Conference in 2005 and 2008

Nov 2008

- Co-organized with Division on Addiction, Harvard Medical School and Chinese University of Hong Kong
- Over 300 overseas and local participants
- 2 keynotes, 3 plenary sessions, 8 training workshops and 24 papers presentations
Even Centre
- Address: 11/F, Tung Sun Commercial Centre, 194-200 Lockhart Road, Wanchai, Hong Kong
- Phone: 2827 4567
- Fax: 2827 4884
- Website: eventcentre.tungwahcsd.org

Chapter 3: Understanding drug addiction

Ms Silvia Cheng Oi Kwan
Worker-in-charge
Caritas HUGS Centre

Outline

1. Services by Caritas HUGS Centre
2. Figures of youth drug abuse
3. Reasons of taking drugs
4. What's drug abuse?
5. Treatment and Rehabilitation for Drug Abusers

1. Caritas HUGS Centre

Our Centre has commenced since 1st July of 1996.

Our Service Boundary is West of New Territories (including Tuen Mun, Tsuen Wan, Kwai Chung & Tsing Yi)

Counselling Centre for Psychotropic Substance Abusers (CCPSA), providing non-residential drug counseling & rehabilitation service

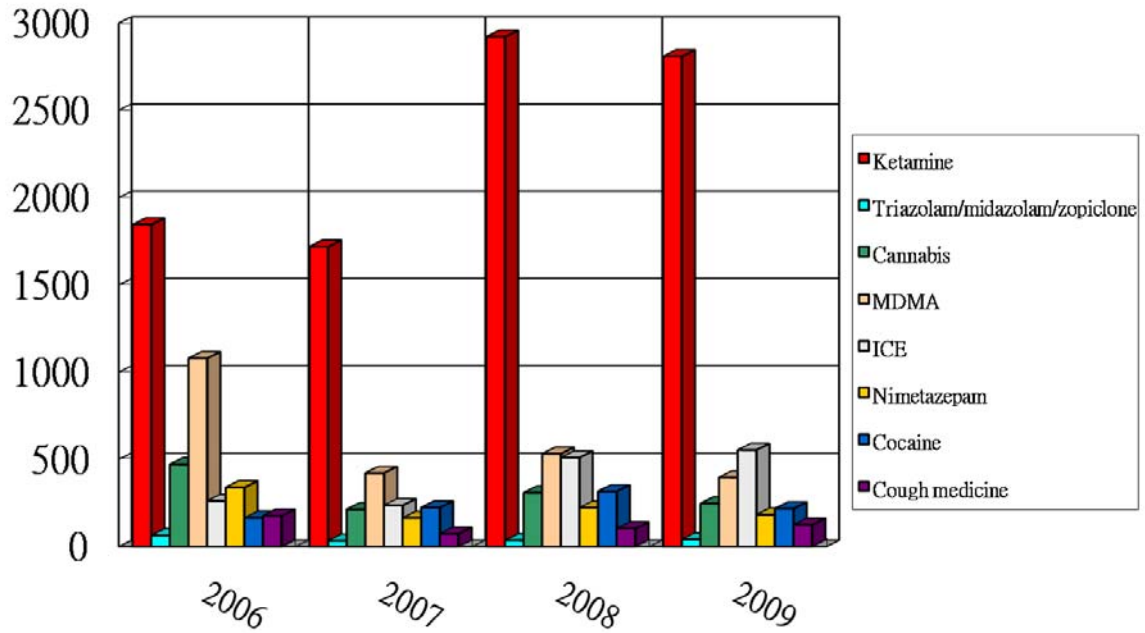
Service Target Users:

- ⇒ Aged under 30, habitual or occasional psychotropic substance abusers
- ⇒ Significant others of our service users
- ⇒ Allied Professionals, interested person and the general public

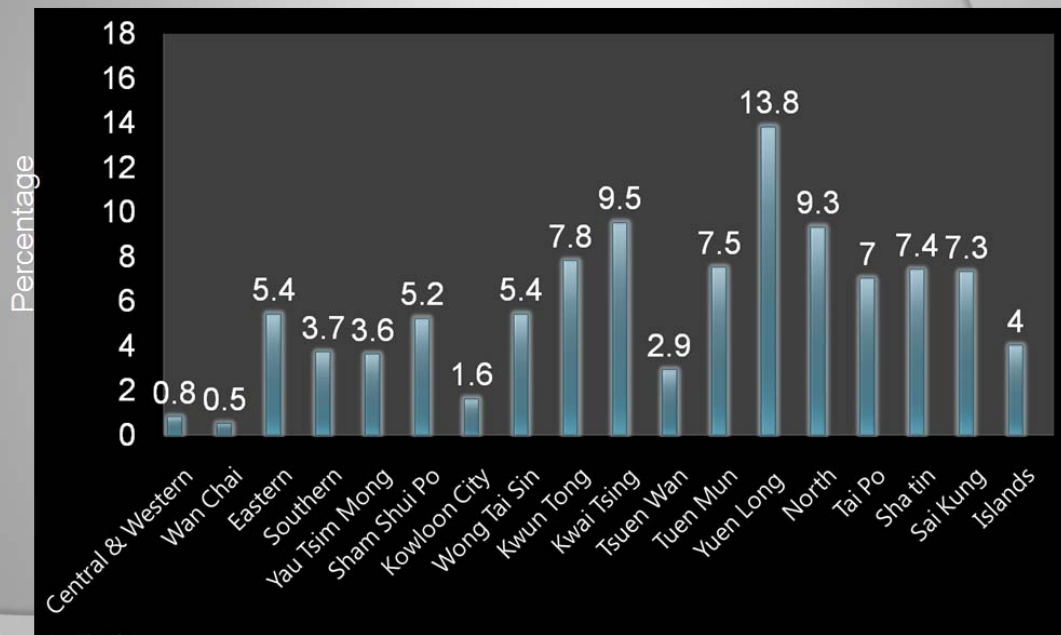
Services by Caritas HUGS Centre

- ⇒ Individual & family counseling
- ⇒ Group counseling
- ⇒ Drug information & referral for medical & residential treatment
- ⇒ Nursing and health care
- ⇒ Community education program
- ⇒ Preventive & educational program for secondary school students
- ⇒ Professional training
- ⇒ Enquiry hotline service
- ⇒ Outreaching service

2. Figures of youth drug abuse

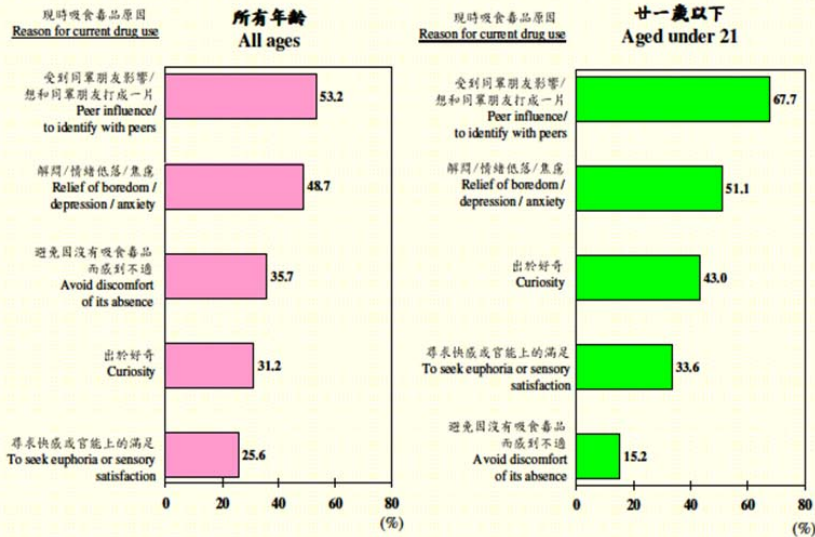


Reported Drug Abusers by Ketamine by district of residence in 2009 (CRDA)



Caritas HUGS Centre

**按現時吸食毒品原因劃分的二零零九年被呈報吸食毒品人士
Reported drug abusers by age group by reason
for current drug use in 2009**



註釋：同一被呈報吸食毒品者可被呈報多於一個現時吸食毒品原因。
Note: More than one reason for current drug use may be reported for each individual reported drug abuser.

資料來源：藥物濫用控制中心報告
Source: Central Registry of Drug Abuse
資料更新於 16.03.2010
Updated on 16.03.2010

Caritas HUGS Centre

3. Reasons of taking drugs

Observation from working experience

- ⇒ Low achievement in academic performance
- ⇒ Lack of satisfaction
- ⇒ Adverse peer influence
- ⇒ Emotional disturbance
- ⇒ Positive attitude towards drug-taking behavior
- ⇒ Low self-esteem
- ⇒ Family factors

Understanding adolescent drug abuse Ecological Perspective

Ecological System	Risk Factors
Personal	<ul style="list-style-type: none">• Curiosity• Lack of psychosocial competencies & coping skills (growing up in a “greenhouse”)• Underachievement• Nonengagement• Hopelessness, emptiness, and lack of life meaning
Interpersonal	<ul style="list-style-type: none">• Undesirable peer influence in relation to growing emphasis of peer recognition (e.g. blogs)• Few siblings in the family to practice psychosocial skills (e.g. conflict resolution)
School	<ul style="list-style-type: none">• Underachievement• Undesirable after-school activities
Societal	<ul style="list-style-type: none">• Growing addiction culture• Postmodern youth culture• Availability of drugs (light punishment for cases involving psychotropic substances); fine calculated in the cost of operating drug retailing business• Pathological emphasis on achievement leading to youth demoralization and mental health problems• Growing poor adolescent population• Growing pessimistic values and beliefs about having upward social mobility

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

4. What's drug abuse?

Definition of Drugs & Psychotropic Substance

- ⇒ **Drug** is any substance that can be used to modify a chemical process or processes in the body.
- ⇒ **Psychotropic substance** is a chemical that alters brain function, resulting in temporary changes in perception, mood, consciousness, or behaviour.

Definition of Drug Abuse

1. Drug abuse refers to the taking of drugs without following medical advice or prescription, or the indiscreet use of dangerous drugs for non-treatment purposes.
2. Drug abuse is the use of illicit drugs or the abuse of prescription or over-the-counter

drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed.

3. The use of illegal drugs or the inappropriate use of legal drugs. The repeated use of drugs to produce pleasure, to alleviate stress, or to alter or avoid reality (or all three).

Drug abuse = drug addiction?

Drug VS Substance

Hard drugs vs Soft drugs

Drug Misuse

DSM-IV-TR Drug/Substance abuse criteria

A maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).
2. Recurrent substance use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)
3. Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

Alternatively, the symptoms have never met the criteria for substance dependence for this class of substance.

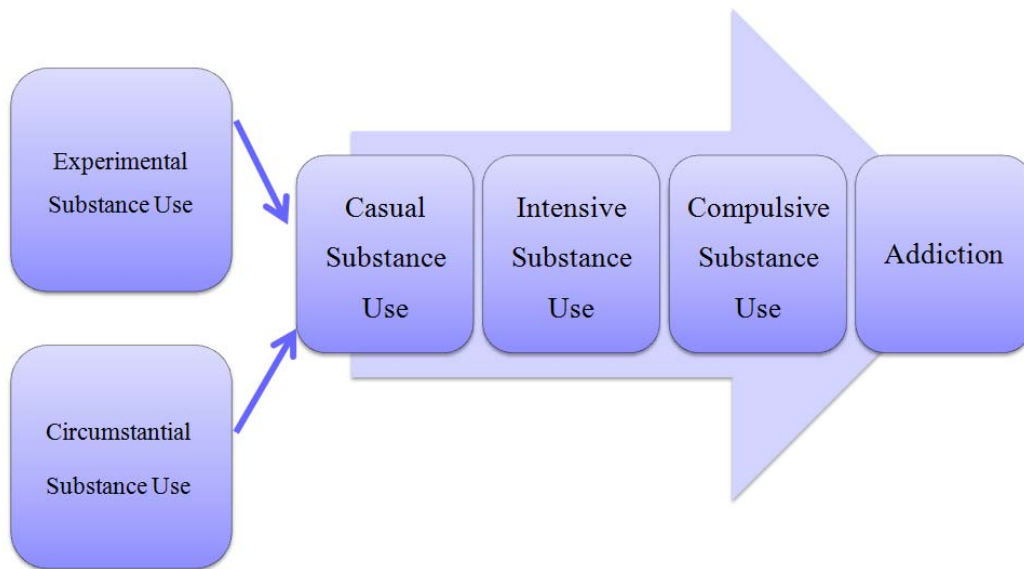
A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring in the same 12-month period:

1. Tolerance, as defined by either of the following:
 - a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b) Markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal, as manifested by either of the following:
 - a) The characteristic withdrawal syndrome for the substance
 - b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended
4. Any unsuccessful effort or a persistent desire to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance, use of the substance, or recover from its effects

6. Important social, occupational, or recreational activities given up or reduced because of substance use
7. Continued substance use despite knowledge of having had a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by the substance

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Continuum of Substance Use



From Bozarth, 1990. Terms described on the continuum were suggested by Jaffe, 1975.

5. Treatment and Rehabilitation for Drug Abusers

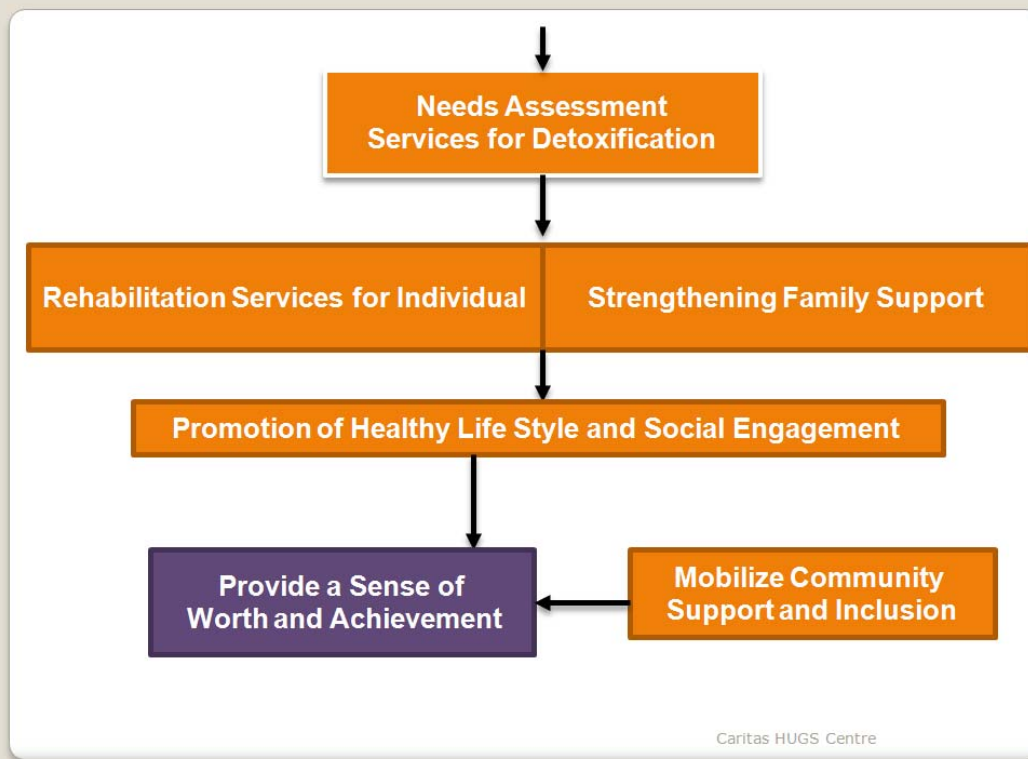
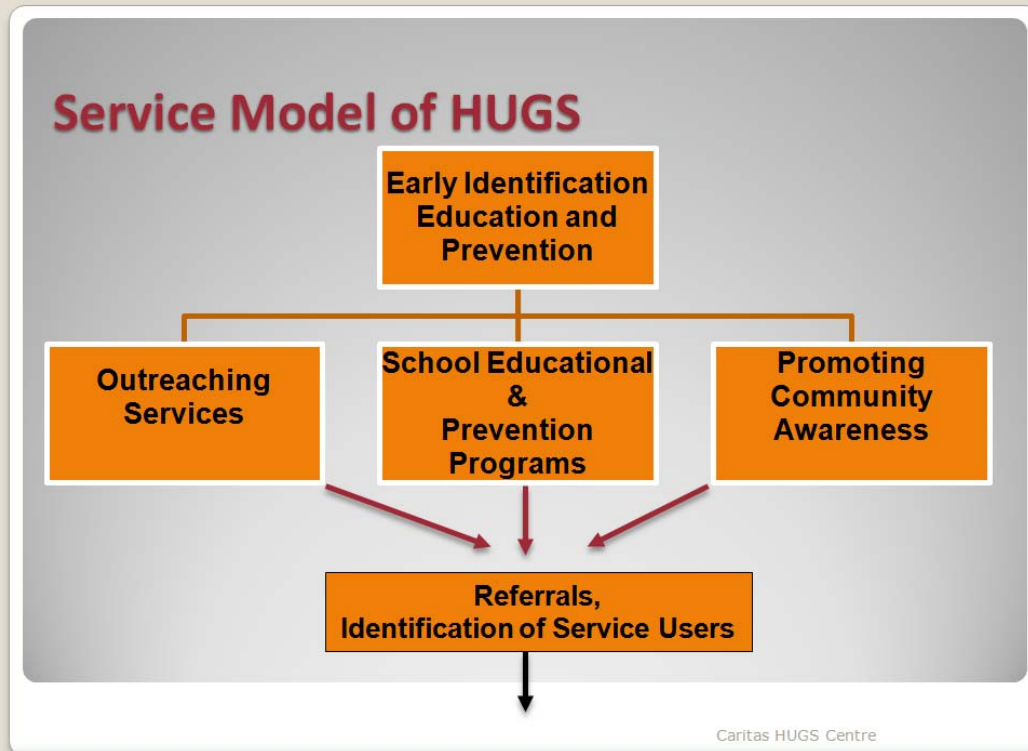
Treatment mode in Hong Kong

Outpatient, Inpatient, (short-term /long-term) Hostel, Community

Community

- Counseling Centre for Psychotropic Substance Abusers (CCPSA)
 - Individual and family counseling;
 - Counseling groups;
 - Rehabilitation service after detoxification
- Objectives:
 - assisting abusers to abstain from psychotropic substance abuse and develop healthy life style

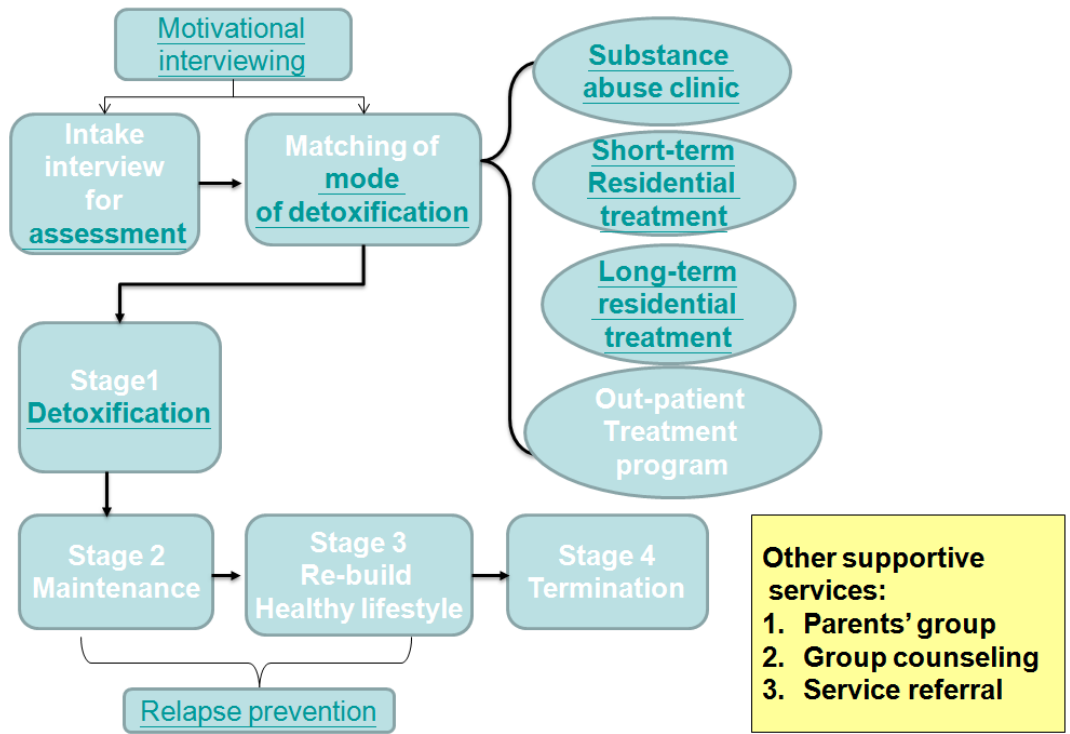
Service Model of HUGS



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Non-drug users	Educational program Professional training Advocacy	Groups Parents group Volunteer group	Case work intervention → motivational Interviewing → detoxification service match up → relapse prevention → life style modification
Community			
Potential drug abusers	School talks	Planned social exposure group	
Experimental drug abusers	Community education program	Counselling group	
Occasional drug abusers			
Habitual drug abusers	Special vocational training		

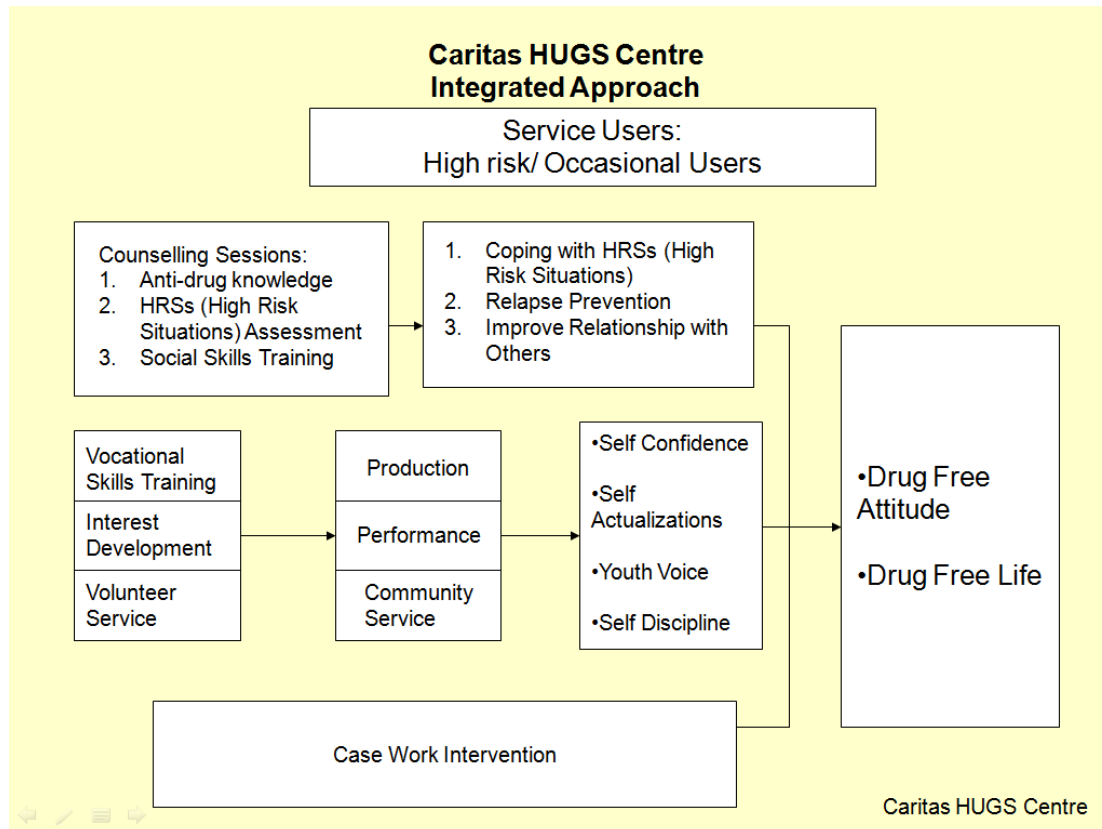
Service delivery of HUGS to different types of substance abusers



The flow chart of case handling

Integrated Approach for Substance Abusers

- ⇒ Linking up the casework and group work counselling in the different stage of recovery of substance abusers.
- ⇒ To link up two working approaches in a systematic and effective way can be benefit to the client's needs.



Relapse Prevention

- ⇒ *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 Behaviors*

Community Recovery



It aims to provide on-going supportive atmosphere for young substance abusers, and to enhance their resistance skills to substance and to maintain drug-free status successfully.

Caritas HUGS Centre



Reference

<http://www.nd.gov.hk/>

<http://hugs.org.hk/>

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

Chapter 4: Understanding Internet Addiction

Mr Elvis Ng
Social worker
Hong Kong Family Welfare Society

Outline

1. Background and Causes of Internet Addiction
2. Symptoms and Influence of Internet Addiction
3. Recovery of Internet Addiction

1. Background and Causes of Internet Addiction

Influence of Internet nowadays

- Percentage of households with PC at home connected to Internet among all households in Hong Kong 2009 - 73.3%
- Percentage of persons aged 10 & over who had knowledge of using PC in Hong Kong 2009 – 72.2%
(Summary of Survey Results - Household Survey on Information Technology Usage and Penetration, OGCIO)
- What's the "Pros & Cons" when Internet becomes more popular?
- Some of popular concerns on the negative effects of internet use:
 - Internet Risks (e.g. undesirable peer influence)
 - Legal Aspects (e.g. hacking, stealing online games' weapons)
 - Ethical Aspects (e.g. compensated dating, ;cyber bully problems)
 - Internet Addiction (e.g. gaming, information, sex, gambling)

Why is the internet addictive and easily over-used?

- Cheap Cost
- Free service
- Accessibility (24 hours)
- Anonymity
- Efficient for information exchange

The Norms of Internet Generation

- Freedom
- Customization
- Scrutiny
- Integrity
- Collaboration
- Entertainment
- Speed
- Innovation

Types of Internet Addictions

- Gaming
- Information Overload
- On-line Gambling
- Cyber-relational
- Cyber-sexual

Causes of addiction

- Biological Factors
 - Genes, Puberty, Dopamine
- Environmental Factors (accessibility)
- Cultural/Social Factors
 - Knowledge & Information is important nowadays
 - Study requirement
 - Peer Influence
- Psychological Factors
 - Build up self-identity
 - Fulfilling needs – Love, Power, Freedom, Fun
 - Escaping from boredom/pains

*Internet Addiction is a problem, or result of other problems, eg. family issues?
Popular use of Internet would incite youth to criminal acts?*

2. Symptoms of Net Addictions

- 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/index.php?option=com_content&view=article&id=64&Itemid=88

Influence on youngsters and adults

- Biological & Psychological
- Mental
 - Anxiety, depression
- Social
 - Alienation
- Academic & Work Performance
- Family Relationship
- Legal Aspects
 - Crimes in Cyberspace, e.g. stealing, piracy

3. Recovery of Internet Addiction

- Counselling, eg. Behavioral modification, Cognitive therapy, Motivational interviewing
- Dealing with psychological needs
- Strengthen social skills
- Explore to work with different systems, Family, Peers, Schools
- Enhance of family relationship by teaching parenting skills
- Extend social network
- Life goal planning

Case Study and Intervention Strategies

- New mode of work/life-style
- New form of learning – changing mode of teaching
- New mode of communication or relationship building
- Child-protection
- Parenting with Net Generation
- Lost of Privacy
- Cyberbully
- “Netiquette” and Ethical acts in Cyberspace
- Online Counseling

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