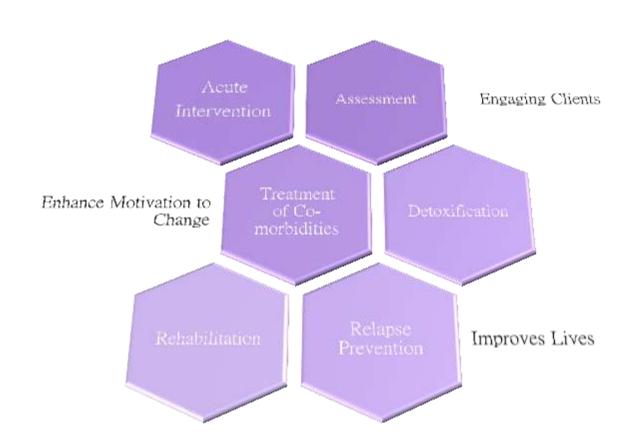




What we do...



Features of TMSAC Service

- Low barrier of service entry and short waiting time
- Same team of professionals overlooking whole management plan
- Case nurse system to enhance co-ordination and retention in the service
- Regular review of case management plan, treatment goal, exit from service
- Specialized in-patient service for patients with substance use disorders

Figures about our clients (2018-2019)

- Active caseload: 1070; Annual attendance: 5937
- Annual new case in-take: 165
 - Referral source: Psychiatric 38.8%; General hospitals 17%; Primary healthcare 12.1%; Social services 9.1%
 - Mean age: 39; M/F ratio: 106/59; Jobless: 63%; Has a partner: 25.4%; Criminal record: 55%
 - Primary drug: Meth 29.7%; Z-drug 23.6%; Heroin 11%
 - Polydrug use: 55% (common 2nd drugs: meth, Z-drug, cocaine)
 - Co-existing psychiatric condition: 53%

Assessment / Case Formulation

- Questions to answer What, When, Why, Who, How, Where
- Five dimensions:
 - Extent of SA + Diagnosis of SUD +/- concurrent mental conditions
 - Negative consequences
 - Motivation to change
 - Client's strength and resources
 - Functional analysis of drug use
 - Risk assessment self-harm, violence, neglect/abuse
- Assessment can/should also be therapeutic

Acute Intervention

- Mental health crisis
 - Deliberate self-harm
 - Aggressive behaviour
 - Drug intoxication
 - Serious drug withdrawal
- Compulsory hospitalization under Mental Health Ordinance
- Safeguard safety of patients and public
- Can be a window of engagement / further intervention

Comorbid Psychiatric Disorder

- "Dual Diagnoses" estimated to be ~ 50%
- Complicated relationships
 - Mental illness leads to drug use
 - Drug use leads to mental illness
 - Common "precursors" leading to both mental illness and drug use
- More difficult to treat, higher risk, worse prognosis
- Simultaneous treatment of both drug use and mental illness is key to better outcome

Detoxification

- Scheduled clinical admission for detoxification
- Medical-assisted detoxification
 - Medication to minimize risk and suffering from withdrawal
 - Close nursing monitoring for optimizing dosage
- Window to address and review other needs
- "Tasting" of how things can be without drug
- Just the beginning of treatment

Rehabilitation

- Negotiation of treatment goal and plan of how to get there
- Mend relationships
- Peer support
- Vocational rehabilitation through occupational therapy
- Develop new interest and social support
- Practical supports financial, housing, parenting etc…
- Lending hope

Relapse Prevention

- Identify high risk situations and prepare countermeasures
- Case management approach
- Community Psychiatric Service
- Regular need assessment
- Pharmacological relapse prevention
- Linking up with community partners

