

# Effective Ways to Dispel of At-risk Youth's Misunderstandings about Psychotropic Substances

Principal Investigators:

Dr. Jacky Chau-kiu CHEUNG and Prof. Steven Sek-yum NGAI

Co-investigators:

Mr. Nai-yeung KWOK and Mr. Max SZETO

Chinese University of Hong Kong, City University of Hong Kong, and Hong Kong  
Christian Service

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# Objectives

- ① Targeting youth aged 13 to 21 at risk for psychotropic substance abuse
  - ① Identifying misunderstandings about psychotropic substance abuse
  - ① Investigating the effectiveness of ways to dispel at-risk youth's misunderstandings
    - ① Thereby reducing the youth's psychotropic substance abuse.
    - ① With a phased exploratory and evaluation research framework

# Research framework



Exploration

Training

Service evaluation

In-depth interviews with 8 *at-risk youths* and 8 *social workers*

Training for 10 (13) *social workers*

Baseline assessment of 200 (222) *at-risk youths*

Follow-up assessment of 200 (169) *at-risk youths*, in-depth interviews with 16 (14) *at-risk youths* (and 3 *social workers*), assessment of 971 *service encounters*

# Pro-drug misunderstandings about drug abuse explored

- ⊗ **Dispositional belief: playfulness or fit to drug abuse**
  - ⊗ E.g., being a dependent
  - ⊗ E.g., seeking excitement
- ⊗ **Calculative belief: benefit of drug abuse to the body, spirit, mood, relationship**
- ⊗ **Legitimizing belief: appropriateness or control over and normative support for drug abuse**
  - ⊗ E.g., having neutralizing effects by acidic materials
  - ⊗ E.g., having no addiction in the body

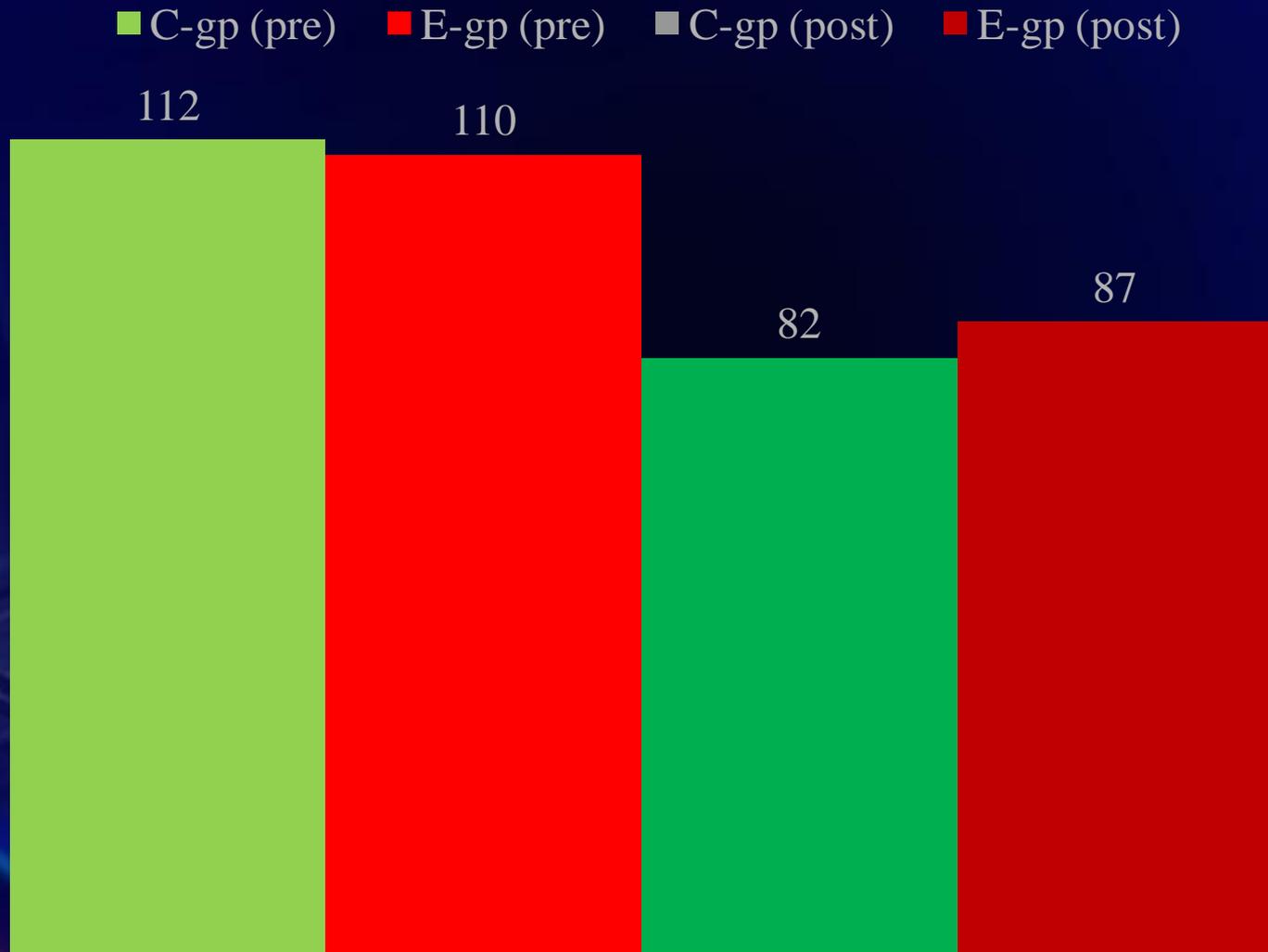
# Cognitive-behavioral integrated treatment (CBIT) model trained and practiced

- ⊗ CBIT Training: 5-day workshop with follow-up guidance or supervision and auditing
  - ⊗ Cognitive component
    - ⊗ E.g., awakening consciousness about the importance of reaching life goals
  - ⊗ Behavioral component
    - ⊗ E.g., teaching ways to handle cravings
  - ⊗ Motivational component
    - ⊗ E.g., setting feasible goals based on change motives

# Standardized effects of CBIT training on CBIT practice



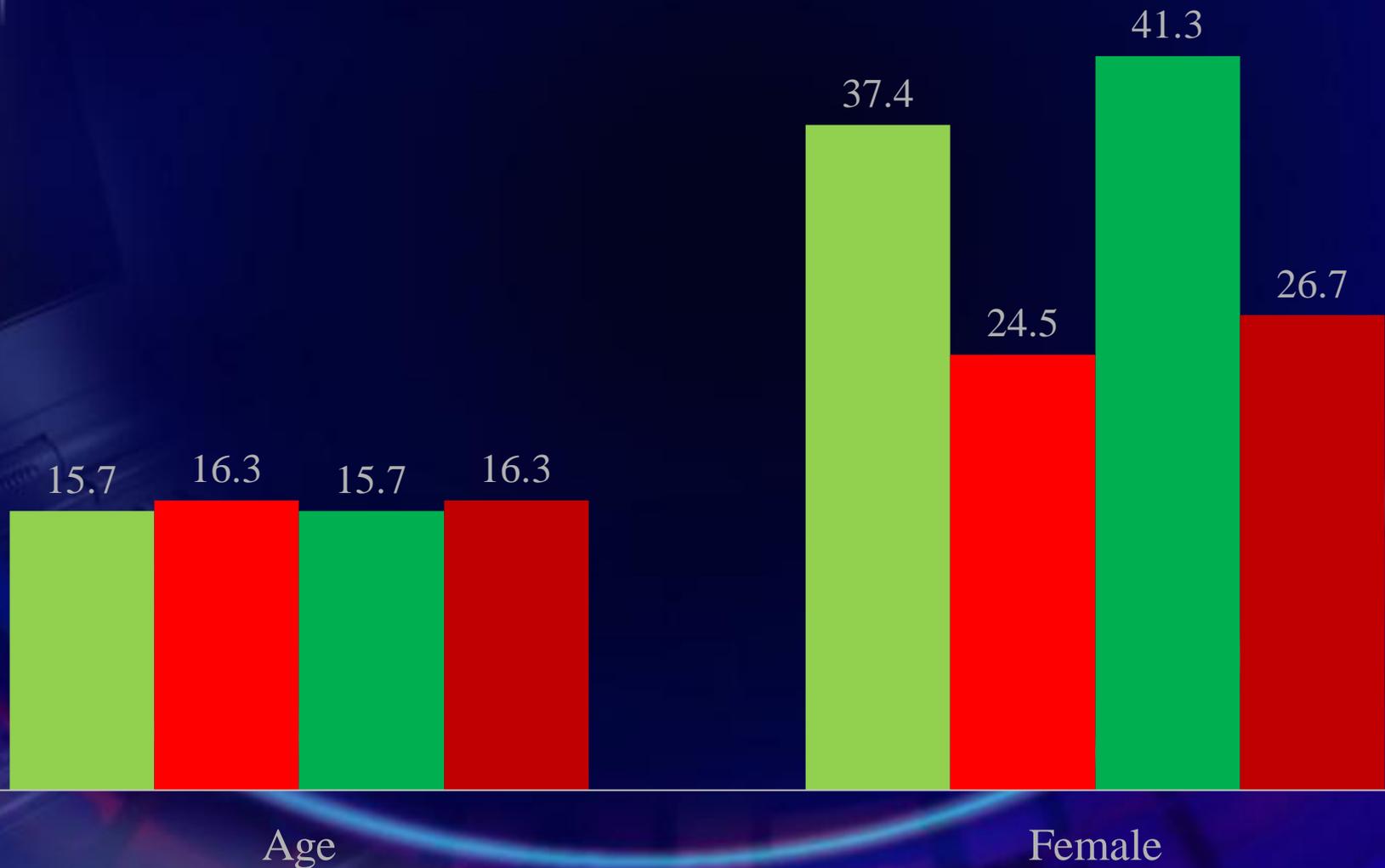
# Number of youths



Number of cases

# Age and gender

■ C-gp (pre) ■ E-gp (pre) ■ C-gp (post) ■ E-gp (post)



# CBIT experienced

■ E-gp (post) ■ C-gp (post)

Social worker trained motivational approach

66.9

52.7

Social worker trained behavioral approach

62.5

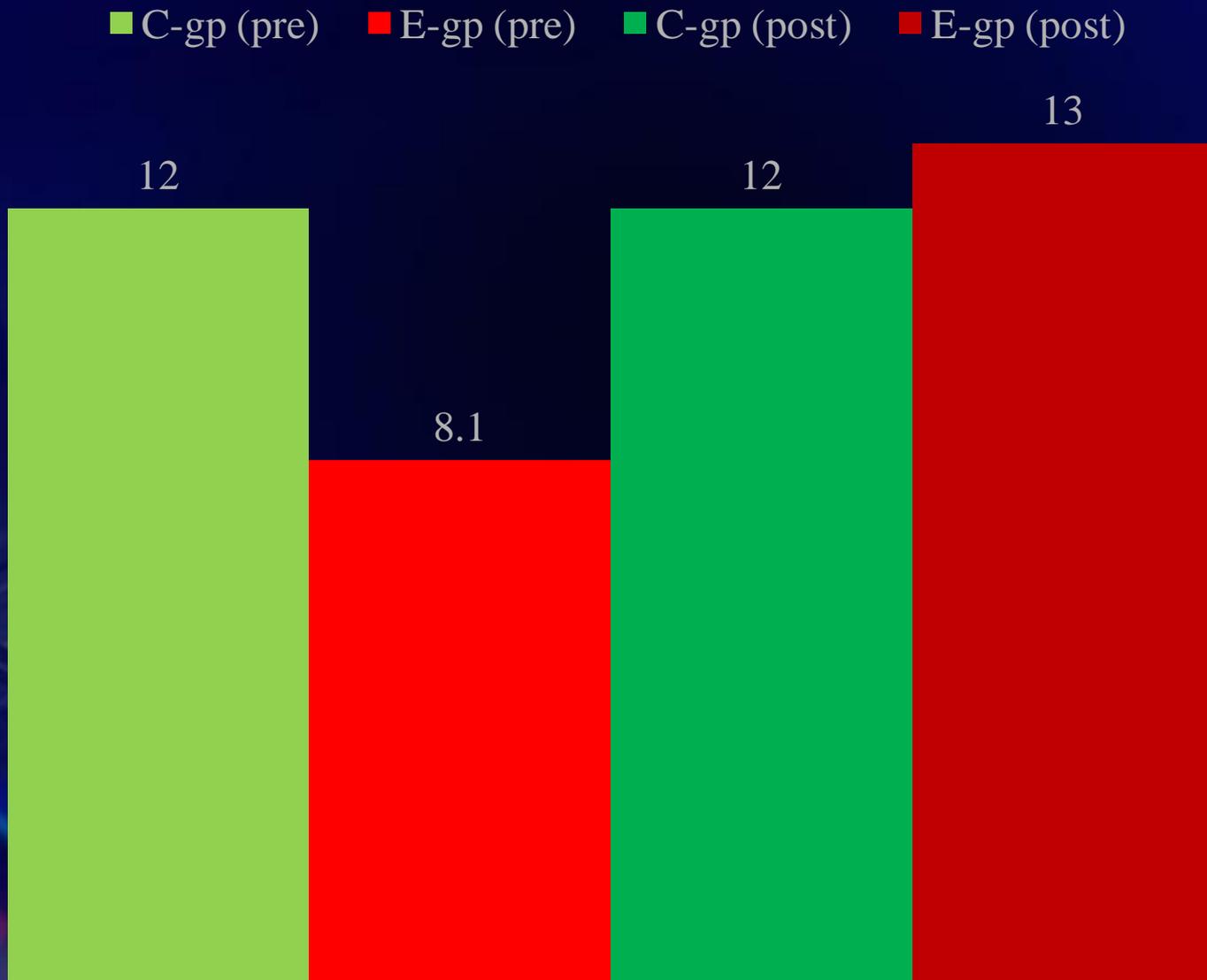
50.8

Social worker trained cognitive approach

64.2

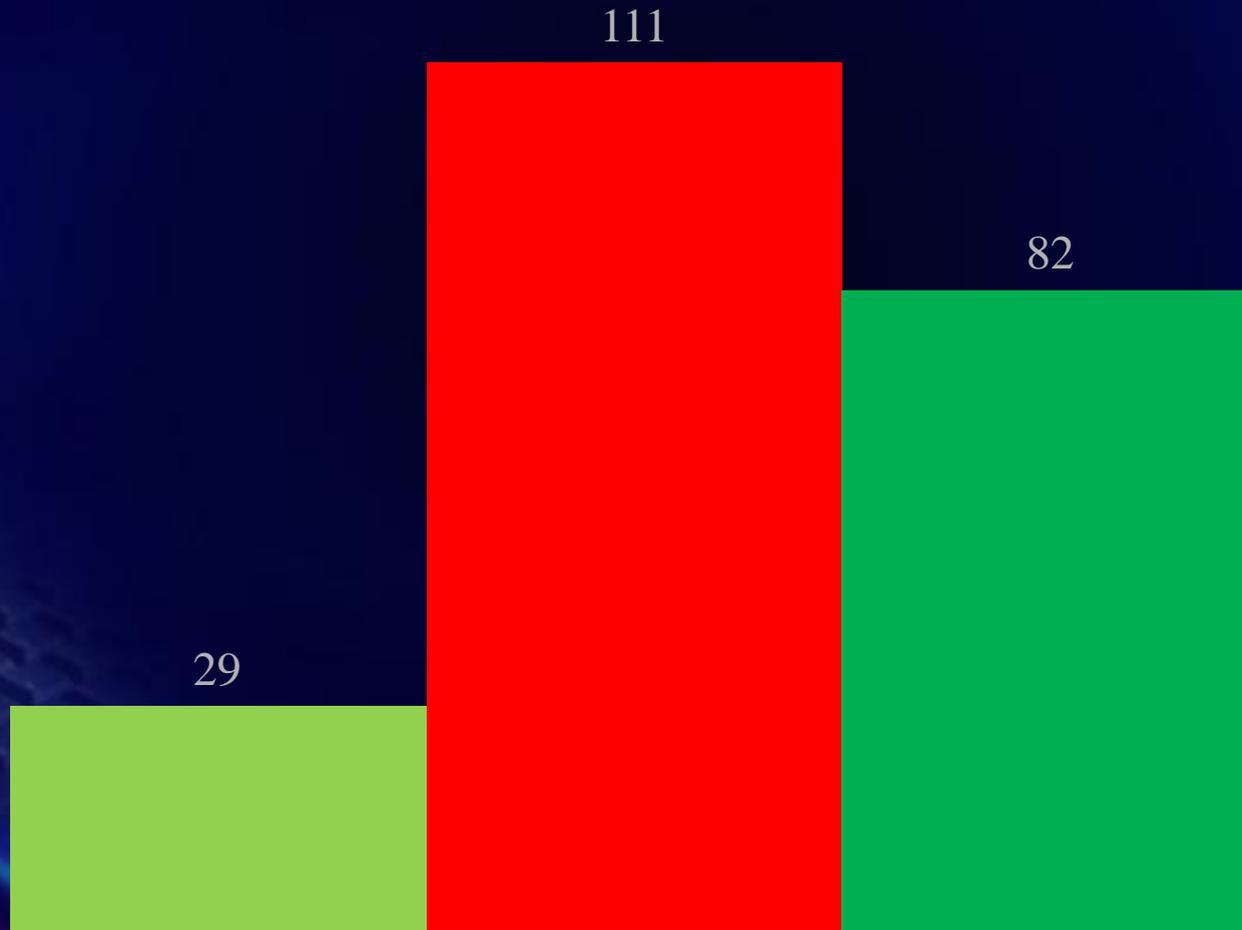
52.8

# Drug-free days



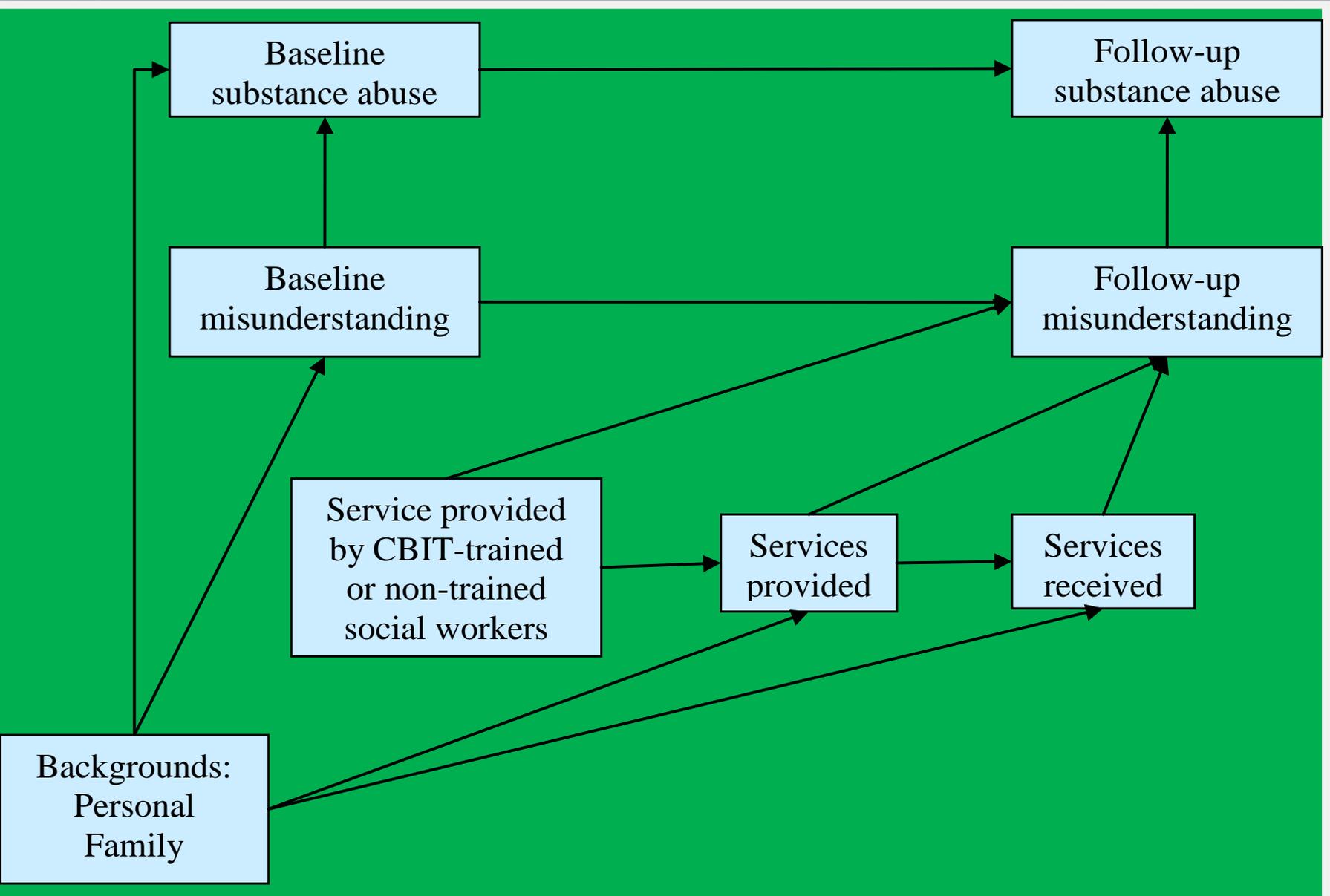
# Pre-intervention drug abuse

■ No   ■ less than weekly   ■ Weekly or heavier

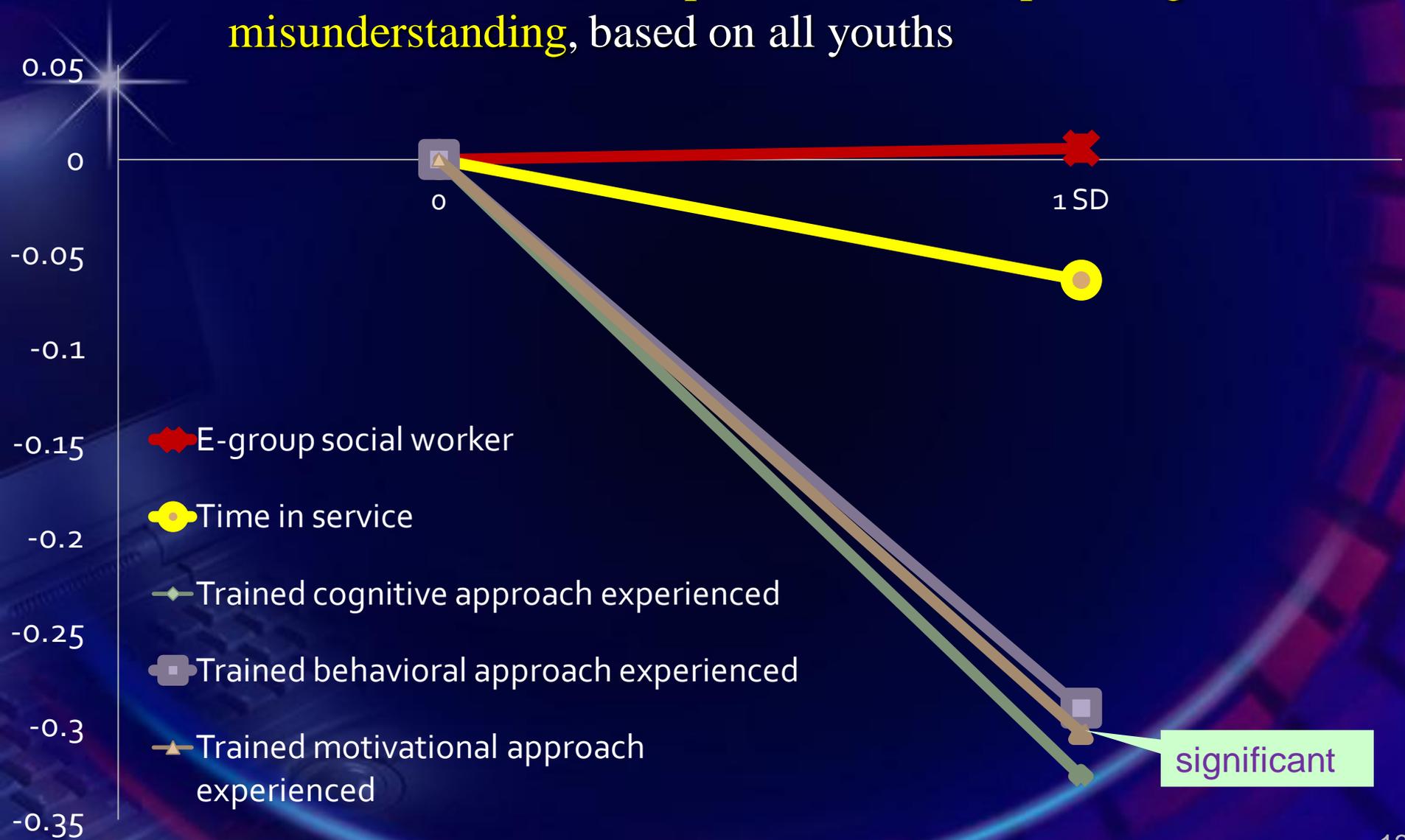


Number of cases

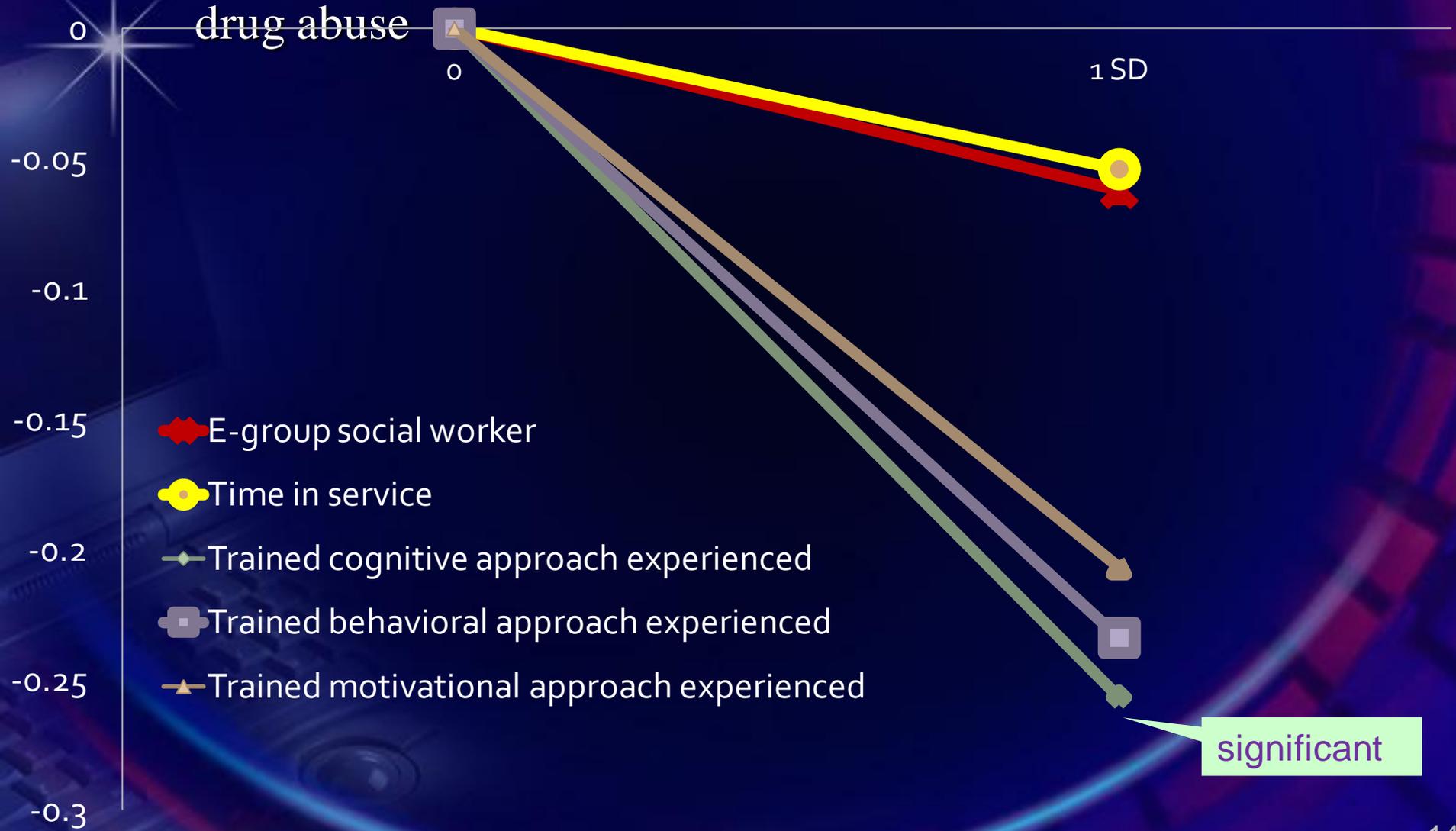
# Analytic framework



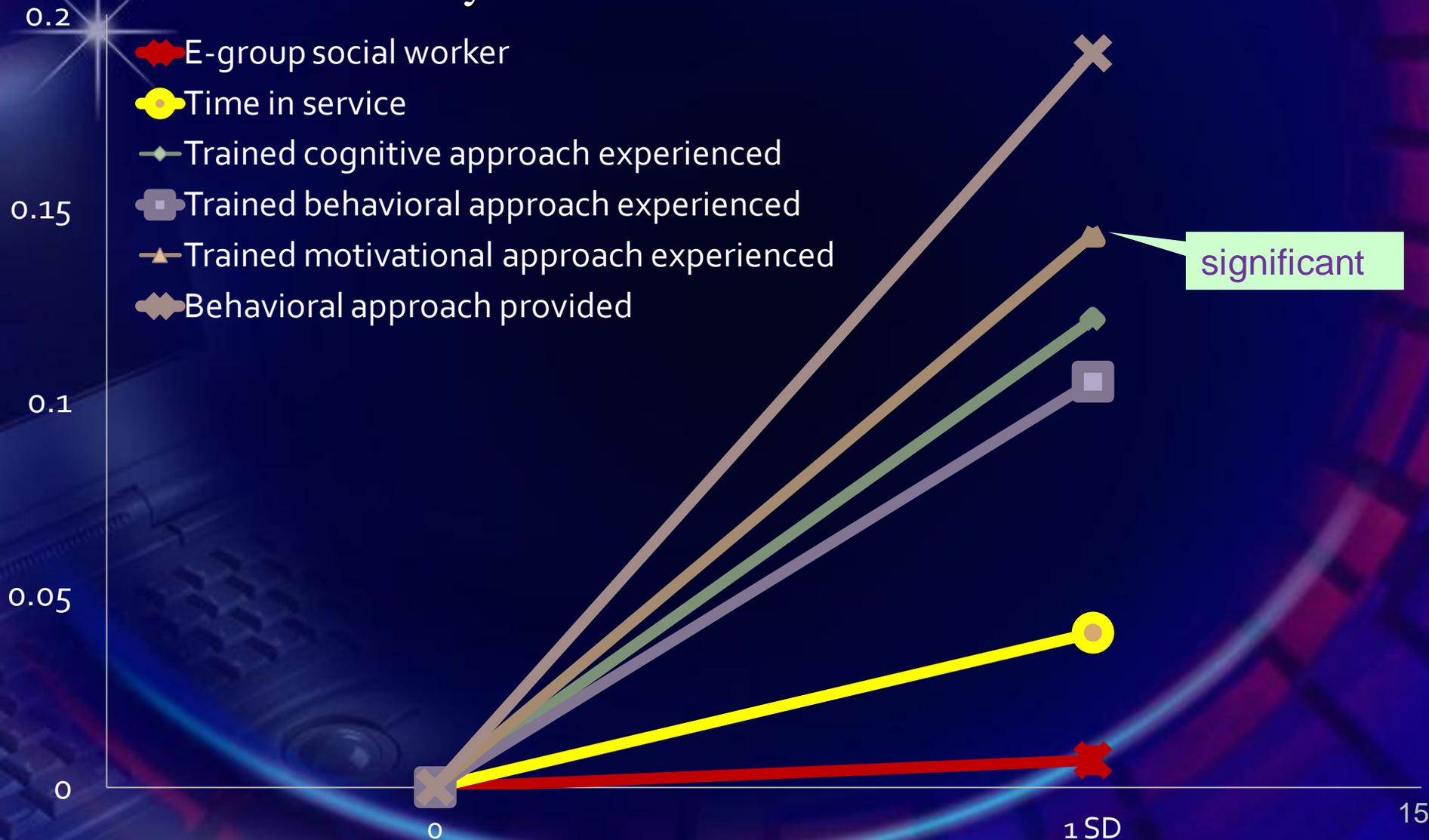
# Standardized effects on **post-intervention pro-drug misunderstanding**, based on all youths



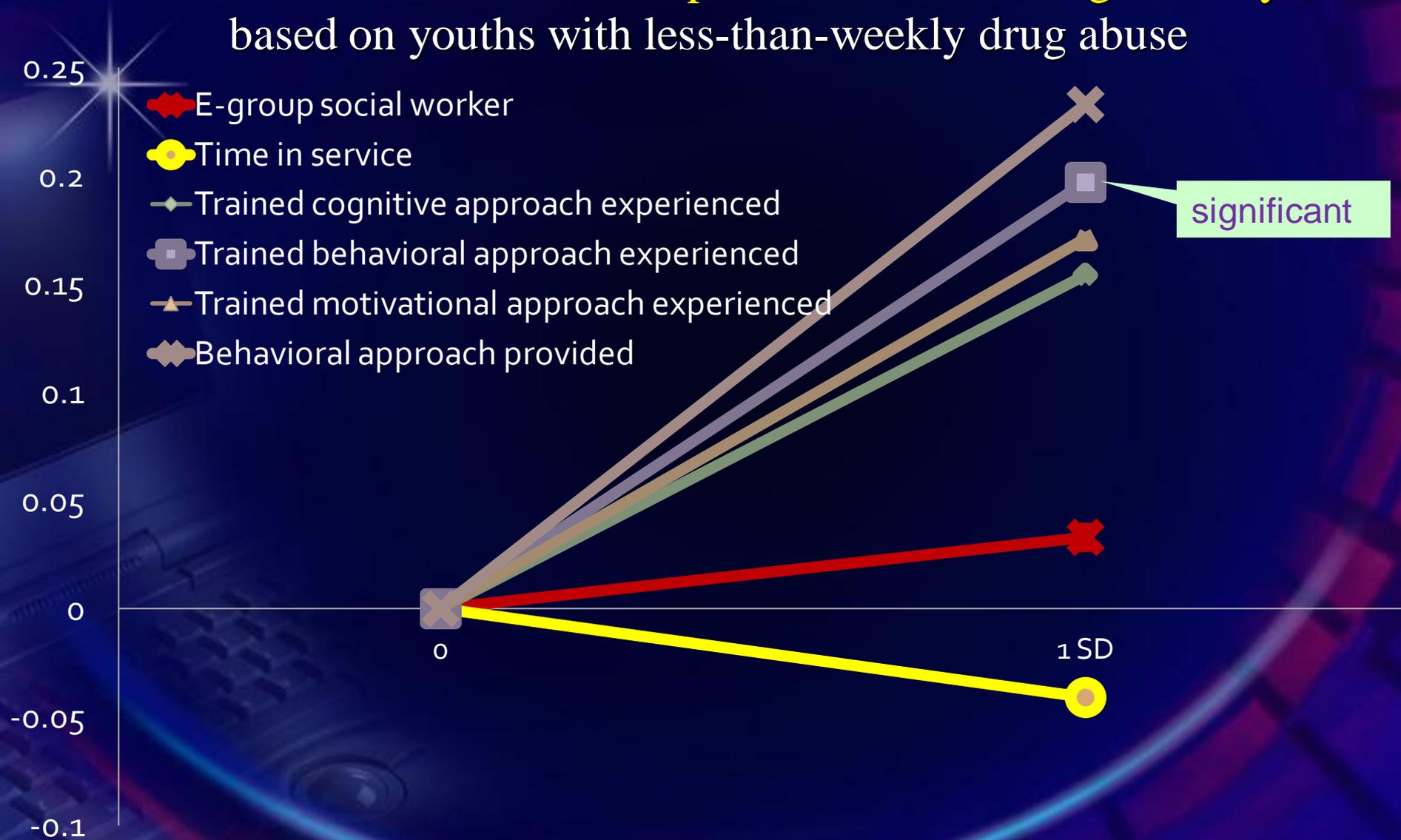
# Standardized effects on **post-intervention pro-drug misunderstanding**, based on youths with less-than-weekly drug abuse



# Standardized effects on **post-intervention drug-free days**, based on all youths



# Standardized effects on **post-intervention drug-free days**, based on youths with less-than-weekly drug abuse

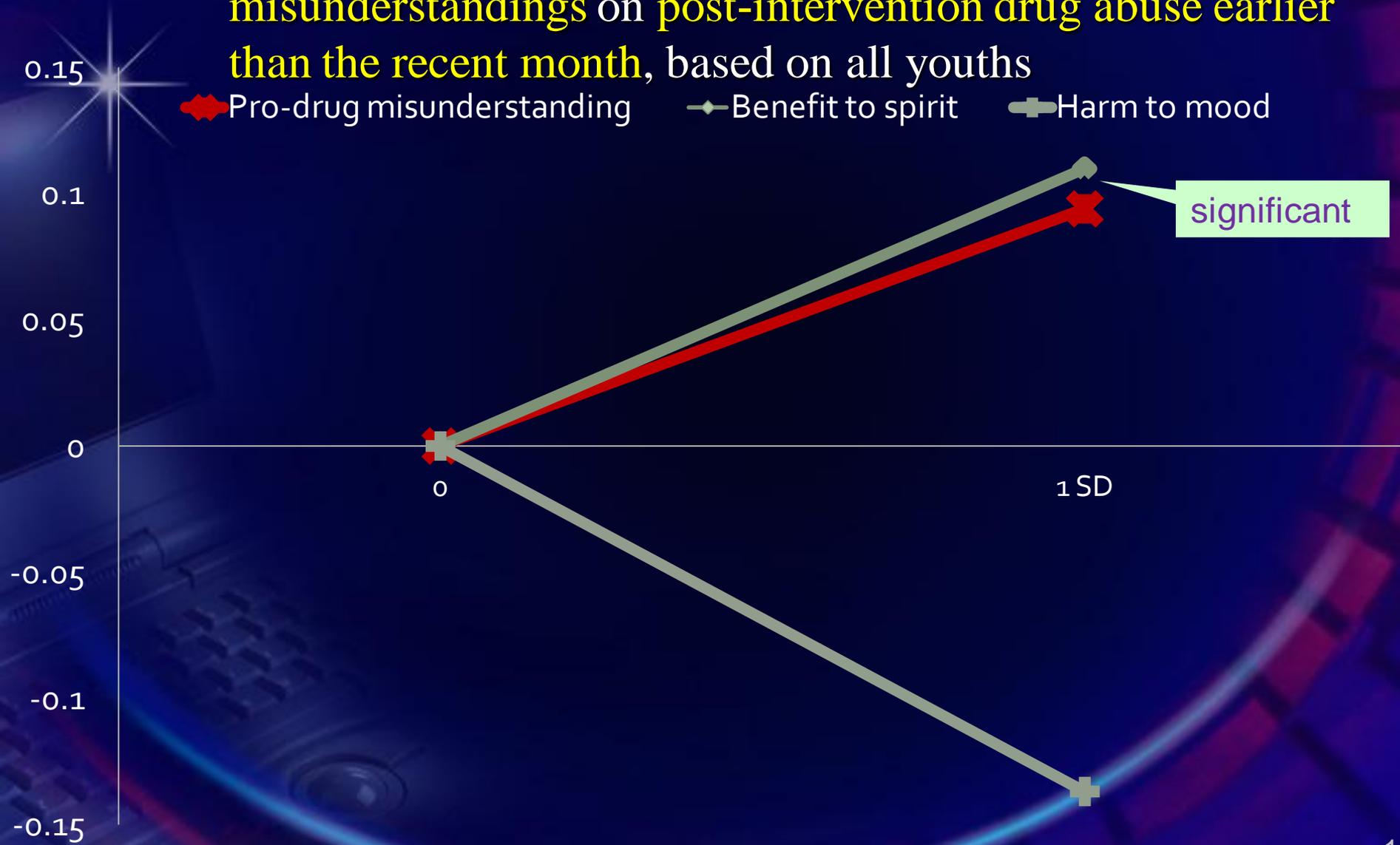


## Ways that CBIT helped, based on in-depth interviews

- ② **Direct benefits to youth**
  - ② Diagramming tools, imagery, experiment, distraction, contracting
- ② **Conditions facilitating service effectiveness**
  - ② Having a quiet place, drug abuse intensity (not heavy)
- ② **Indirect benefits to youth through facilitating social workers' mutual support**

# Standardized effects of **post-intervention misunderstandings on post-intervention drug abuse earlier than the recent month**, based on all youths

Pro-drug misunderstanding    Benefit to spirit    Harm to mood



# Implications

- Implementation of the therapy in terms of its cognitive, behavioral, and motivational components in the service encounter
- Reduction in misunderstanding, which reduces drug abuse within a short time
- Targeting particularly youth abusing drugs less than weekly (once in 8 or more days, that is, at of moderate level of drug abuse)

# Welcome to queries

Jacky Chau-kiu Cheung: [ssjacky@cityu.edu.hk](mailto:ssjacky@cityu.edu.hk)

Steven Sek-yum Ngai: [syngai@cuhk.edu.hk](mailto:syngai@cuhk.edu.hk)

City University of Hong Kong

