

research snapshot

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An evaluation of a residential addiction treatment program in Hong Kong

What this research is about

This research describes an evaluation of a residential addiction treatment program in Hong Kong. Many people all over the world suffer from one or more addictions. The syndrome model of addiction suggests that different addictions share many similar causes and negative consequences. Many addiction treatment programs focus on treating people's symptoms. However, treatment centres around the world are starting to offer programs that address the underlying causes of addictions.

There are few treatment programs in Hong Kong for people with addictions other than drug addiction. The researchers created a pilot program called RESTART to help people suffering from different addictions in Hong Kong. The program ran in September 2014, June 2015, and March 2016. It taught people about building relationships, recognizing and responding to emotions, standing up for oneself, acceptance, preventing relapse, and taking steps to change the addictive behaviour. The program ran a camp that lasted four days and three nights. It had three workshops and a one full-day camp afterwards.

The program was for people with different addictions including gambling disorder, alcohol addiction, and smoking. RESTART participants did different activities in the program including exercise, art, and relationship building games. Family members also participated in family activities at the camp to understand addiction, learn how to cope with addiction problems, and reduce their stress. In this study, the researchers evaluated whether the RESTART program reduced people's addictive behaviour over a period of time. They also evaluated

What you need to know

In this article, the researchers evaluated a residential addiction treatment program in Hong Kong called RESTART. The researchers compared 44 RESTART participants and 42 control participants who received treatment as usual from three treatment centres in Hong Kong. Participants completed questionnaires at four different times before, during, and after the program. RESTART improved participants' belief in their ability to control their addictive behaviour. RESTART participants were more willing to tell others about their distress. They also thought their emotions and life were less affected by their addiction. The RESTART program had similar effects on all participants, regardless of their demographics, addictions, or mental health states.

whether the program affected people differently depending on their sociodemographic characteristics, mental health, and the type of addiction they had.

What the researchers did

The researchers recruited 44 participants from three treatment centres in Hong Kong to participate in RESTART. They also recruited 42 controls from the same treatment centres. The controls were a group of people who had similar characteristics to the program participants but received treatment services as usual.

The researchers asked RESTART participants and control participants to complete questionnaires at four different times. Participants completed the questionnaires two weeks before the camp, after the camp, after the workshops and the one full-day camp,

and two months after the entire program. The Health Conscious Scale assessed how health concerns were integrated into participants' daily lives (e.g., exercising). The Motivation to Build a Healthy Life Scale assessed how motivated participants were to have a healthy life. The Kessler Psychological Distress Scale (K10) assessed participants for distress including nervousness and depression. The Distress Disclosure Scale assessed whether participants were likely to tell others about their distress. The Perceived Disturbance by Addiction questionnaire assessed how much participants' emotions and life were affected by their addiction. The Self-Efficacy of Urge Management Scale assessed whether participants thought they could control their addictive behaviour.

What the researchers found

The RESTART program improved participants' belief in their ability to control their addictive behaviour over time. Participants were more willing to tell others about their distress. They also thought their emotions and life were less affected by their addiction. These three outcomes improved steadily over time. RESTART did not increase participants' consciousness about their health or reduce their distress.

Participants who suffered from addiction for less than five years were more motivated to lead a healthy life after they did RESTART. Participants who suffered from addiction for at least five years were motivated to lead a healthy life after they did the camp, but their motivation did not last.

Participants who were female, and those who were single, separated, divorced, or widowed were more likely to tell others about their distress than participants who were male or married. This was observed for both RESTART and control participants. The RESTART program had similar effects on all participants, regardless of their demographics, addictions, or mental health states. These results suggest that RESTART is helpful for people who have different addictions and characteristics.

How you can use this research

The results suggest that treatment service providers could use the RESTART program alongside their

regular treatment services. Researchers could further investigate how RESTART affects participants and if the format of the program needs to be changed. They could also investigate whether people with certain characteristics would benefit more from a short-term residential program like RESTART.

About the researchers

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Citation

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