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Report of the Task Force on
Youth Drug Abuse

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Say No to Drugs Say Yes to Youth

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November 2008

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FOREWORD

“Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world’s most valuable asset.”

Opening statement of the Political Declaration
adopted by the United Nations General Assembly
Special Session on drugs in 1998

This solemn statement of warning, adopted by the world leaders in the United Nations 10 years ago, rings even louder today.

As I am reading the final draft of the Task Force Report, amidst the figures, deliberations and proposed measures, I pause and cast my mind back to the many faces I have encountered in the past year in connection with this work.

It was the 19-year-old speaking with stutters and slurs who introduced me in the most vivid manner to the severe harm of ketamine. The 13-year-old hip-hop dancer who started taking the same drug when he was eleven, sent chills down my spine as to how some of our children are being victimised by drugs. The 16-year-old girl with heavy make-up who told me about her abusive father and quarrels at home, and the 15-year-old student who insisted he would still join his friends at the drugs party although he knew full well the harm of drugs, all remind me what a tough battle it is that we are fighting.

Equally unforgettable are the brave parents who joined us at the launching ceremony of the publicity campaign. We saw tears of pain of one parent as he recounted how heartbreaking it was to see his boy being destroyed by drugs and the inability to help him pull through. We also saw tears of joy as another parent shared how she refused to give up on her daughter who eventually turned a new leaf.

Abuse of psychotropic substances has replaced heroin as our number-one enemy in the youth drug scene of Hong Kong. It represents 99% of drug abuse cases under the age of 21. It is a world-wide problem.

As the Task Force surveyed the efforts made by overseas countries to combat drug abuse, we feel more compelled to come up with focused, holistic and sustainable strategies to prevent Hong Kong from deteriorating to the deplorable state we have seen elsewhere.

Apart from building on the on-going efforts which have served us well over the years, the Task Force has invigorated the entire anti-drug publicity and proposed new endeavours including drug tests and enhanced probationary measures. Some of these proposals are controversial and there is a need for consultation and consensus before proceeding.

However, to tackle the problem of youth drug abuse at root, what we need is a caring culture. Apart from supporting parents and schools to strengthen the basic protective net, we need greater community involvement to provide our young people with opportunities and positive influence. We have been deeply impressed by the goodwill present in our society and motivated to provide a platform for the supplies and needs to meet. We are deeply indebted to all the corporations, professionals, NGOs and individuals who joined the troop of *Path Builders* to help our young people.

Last but not least I would like to thank my colleagues of different bureaux and departments for their contribution to the work of the Task Force. Your participation demonstrates not only the admirable professionalism and diligence, but also the common burden and desire shared by many parents to do something for our young people. I must in particular pay tribute to colleagues in the Narcotics Division for the toil and sacrifices you have made in the past year on this exceptional work to speak new life to our young people in need.

The conclusion of the work of the Task Force only inaugurates an intensified war on drugs. As the Proverbs say, "he who refreshes others will himself be refreshed". May this spirit prevail as we get prepared to take the various recommendations forward.

A handwritten signature in black ink, reading "Wong Yan Lung". The signature is written in a cursive, flowing style.

Wong Yan Lung
Secretary for Justice

Chapter I

INTRODUCTION

(A) Background

1.1 In the past three years, Hong Kong has seen a significant rise in the number of young people (under the age of 21) abusing psychotropic substances. The increase has reversed the trend of overall decline in the total population of drug abusers for the past decade. Nearly all young drug abusers take psychotropic substances instead of traditional drugs like heroin. Some young people have been misled into thinking that it is trendy to take drugs, and that those substances are not harmful or addictive. As there may not be any immediately obvious withdrawal symptoms and that the harmful effects may not be recognised until after a few years, the drug abusing behaviour may remain “hidden” in the meantime. The damage to the body may have become permanent and irreversible when the problem is eventually identified.

1.2 In addition to physical harm, drug abuse also causes or aggravates other problems to the abuser, including poor family relationships, school or work performance, social relationships, daily activities and self image. Society as a whole also pays dearly for it through health care, the criminal justice system, social welfare, economic productivity and competitiveness. Furthermore, drug abuse is highly transmittable through peer influence where a drug abuser may pass on his drug abusing behaviour to his friends, schoolmates or colleagues at work. If left unchecked, the problem will undermine the fabric of our society. The Administration is therefore determined to arrest this trend in a concerted and holistic manner.

(B) Task Force on Youth Drug Abuse

1.3 In October 2007, the Chief Executive in his Policy Address announced the appointment of the Secretary for Justice, the incumbent Deputy Chairman of the Fight Crime Committee (FCC), to lead a high level inter-departmental task force to tackle the youth drug abuse problem. The Task Force would make use of the existing anti-crime and anti-drug networks to consolidate strategies to combat the problem from a holistic perspective.

1.4 The Task Force would review current anti-drug measures, spearhead cross-bureaux and inter-departmental efforts, and enhance collaboration among Non-Governmental Organisations (NGOs), stakeholders and the community, with a view to identifying areas of focus and improvement. Initiatives that the Task Force would consider spanned over the five prongs of the anti-drug strategy, i.e. preventive education and publicity, treatment and rehabilitation, legislation and law enforcement, research and external cooperation. Bureaux and departments have been requested to revisit their existing programmes and put forward concrete proposals for submission to the Task Force for discussion. The membership and terms of reference of the Task Force are at **Annexes 1** and **2** respectively.

1.5 Given the pressing nature of the problem, the Task Force has given itself one year's time to complete its task. It started with a general overview of the drug abuse situation and devised a series of initial measures that could be implemented in the short to medium term, for which around \$53 million has been allocated in 2008-09. The Task Force then considered in detail each of the five prongs of the anti-drug strategy and engaged the stakeholders in earnest with a view to drawing up long-term, sustainable and comprehensive strategies.

(C) Consultation through Anti-drug and Fight-crime Networks

1.6 Over the past year, while spearheading cross-bureaux and inter-departmental efforts, the Task Force has maintained a close

partnership with the existing fight crime and anti-drug networks including FCC, the Action Committee Against Narcotics (ACAN), the Research Advisory Group (RAG), and the Drug Liaison Committee (DLC). The Task Force appreciates the enormous amount of efforts these bodies have dedicated to advising the Administration in the past, and has benefitted from their wise counsel in the course of Task Force deliberations.

1.7 To further tap the views and expertise of various stakeholders, we have also met with a wide spectrum of bodies and individuals, and benefitted from many submissions and comments received through various channels. Our hearty thanks go to many school principals, teachers, parents, frontline anti-drug and social workers, the medical profession, treatment and rehabilitation agencies, District Councils (DCs), District Fight Crime Committees (DFCCs), young people themselves, and many others. **Annex 3** sets out the NGOs, bodies and individuals who have been consulted and/or who have submitted views to the Task Force.

(D) Way Forward

1.8 The Task Force has summed up its work in the past year in this Report, setting out its recommendations on further measures to be pursued immediately and sustainable, comprehensive strategies to be implemented in the longer term. The publication of this Report concludes the mandate of the Task Force but inaugurates an intensified and strategically considered battle on youth drug abuse by the Administration and the community.

1.9 The bureaux and departments concerned will focus on the implementation of the recommendations individually and collectively. The Commissioner for Narcotics will be responsible for the coordination of the implementation of the recommendations. Regular reports will be made to ACAN and FCC.

1.10 The Task Force appreciates that youth drug abuse is merely a manifestation of more deep-rooted problems related to their families, studies or development. The Administration need to and will continue to

work closely with ACAN, FCC, NGOs, and other stakeholders including parents, social workers, schools, healthcare professionals, academia, the media and the wider community. Whether Hong Kong can arrest the tide of youth drug abuse and protect our next generation from its scourge depends on the determined and collaborative efforts of everyone. The Task Force sincerely hopes that this Report and the measures which are already underway will strengthen that resolve and collaboration.

Chapter II

YOUTH DRUG ABUSE: TRENDS, CHARACTERISTICS AND CHALLENGES

(A) World Situation

2.1 Historically, the problem of drug abuse was largely associated with the use of heroin and other opiates among lower and working class adults. The rising threat of psychotropic substances in the past decades has significantly changed this longstanding pattern.

2.2 According to the 2008 World Drug Report published by the United Nations Office on Drugs and Crime (UNODC), the extent of drug use of the global population is as follows -

Chart 1 Extent of drug use (annual prevalence) estimates (2006/07 or latest year available)

	Cannabis	Amphetamine-type stimulants		Cocaine	Opiates (of which is Heroin)
		Amphetamines	Ecstasy		
Number of abusers (in millions)	165.6	24.7	9	16	16.5 (12.0)
in % of global population aged 15-64	3.9%	0.6%	0.2%	0.4%	0.4% (0.3%)

Note : Annual prevalence is a measure of the number/percentage of people who have consumed an illicit drug at least once in the 12-month period preceding the assessment.

Sources : UNODC, Government reports, European Monitoring Centre for Drugs and Drug Addiction, Inter-American Drug Abuse Control Commission, local studies.

2.3 The international community is now recognising amphetamine-type stimulants (ATS)¹ as a new threat after cocaine and cannabis, with its abuse being more prevalent than that of heroin and other opiates. Ketamine, the most commonly abused psychotropic substance among youngsters in Hong Kong, is a synthetic drug and analysed by

¹ ATS are synthetic drugs made in a chemical laboratory (including ice and ecstasy), whereas cannabis, cocaine and opiates are derived from plants.

UNODC as part of the ATS markets². ATS, cannabis and cocaine are included as psychotropic substances in Hong Kong's Central Registry of Drug Abuse³ (CRDA).

2.4 Against this backdrop, there has been an increasing trend of youth drug abuse in recent years. According to UNODC⁴, drug prevalence rates among youth in many countries are higher than that for the general population, up to three or four times higher in some cases.

2.5 Although there is a lack of comprehensive worldwide data, many regional studies have shown that psychotropic substances have replaced opiates as the dominant drug among young drug abusers⁵. The problems of youth drug abuse and psychotropic substances are intimately related.

² Global Amphetamine-Type Stimulants Assessment Report (*UNODC 2008*). Ketamine's appearance on ATS markets, either in connection with the "club drug" scene, or found knowingly or unknowingly as an active ingredient in "ecstasy", is a relatively recent phenomenon. In 2001, only two countries reported seizures of ketamine. In 2006, this number increased to 20, including mainly East and South-East Asian countries but also Australia, Canada, France, Argentina and Russia. Ketamine is currently not subject to control of the international drug conventions (see Chapter X for details).

³ CRDA is a voluntary reporting system. See Chapter XI for details. According to CRDA, "psychotropic substances" are defined to include hallucinogens (e.g. cannabis), depressants, stimulants (e.g. ice, ecstasy and cocaine), tranquillizers and other drugs and substances such as ketamine, cough medicine and organic solvent. The other category in CRDA is "narcotics analgesics" or "narcotic drugs", which refer to heroin, opium, morphine and physeptone/methadone. They may be referred to as traditional drugs in this Report.

⁴ World situation with regard to drug abuse, with particular reference to children and youth. *E/CN.7/2001/4, UNODC Commission on Narcotic Drugs, Forty-fourth session, Vienna, 20-29 March 2001*

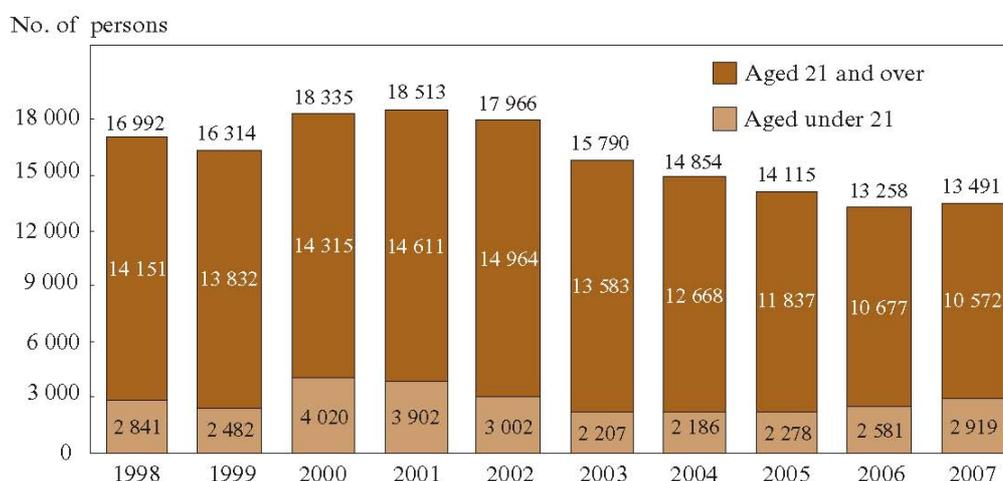
⁵ The 2007 Monitoring the Future – National Results on Adolescent Drug Use (*NIDA, US*); Smoking, drinking and drug use among young people in England 2007 (*NHS Information Centre, UK*); and the 2004 Survey of Drug Use among Students (*Narcotics Division, HKSAR*) have similar findings.

(B) Drug Abuse Trend in Hong Kong

(a) CRDA figures

2.6 The total number of drug abusers reported to CRDA fluctuated over the years. There was a general downward trend in the reported number except for a slight pick-up in 2000 and 2001 (18 335 and 18 513 respectively). The number has since decreased steadily to 13 258 in 2006, until a reversal again in 2007 (13 491, an increase of 1.8%).

Chart 2 Reported drug abusers by age group, 1998-2007

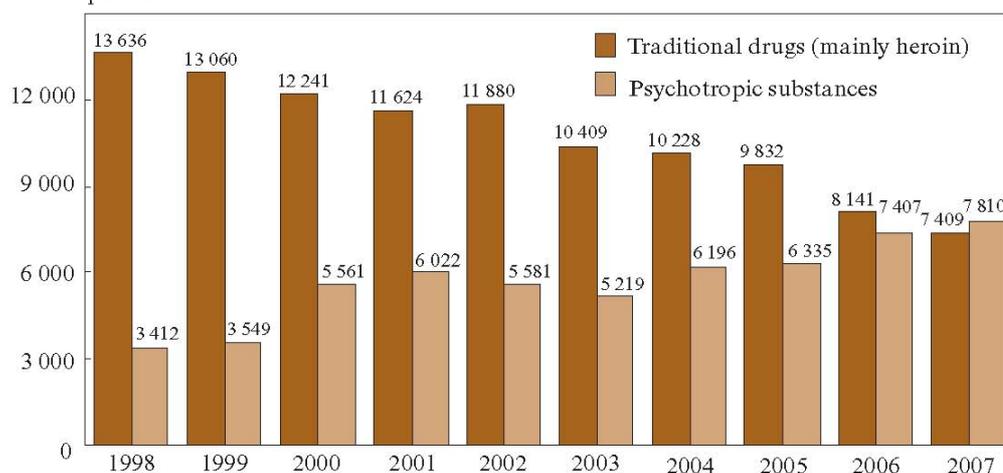


2.7 Opiates (mainly heroin) have long been the dominant, traditional illicit drugs in Hong Kong. But we have witnessed a steadily decreasing popularity. In the past decade (1998-2007), the number of reported abusers taking narcotic drugs has decreased from 13 636 to 7 409, a drop of 46%. On the contrary, we have seen a steady rise in the number of reported abusers taking psychotropic substances over the same period, from 3 412 to 7 810, or an increase of 129%. 2007 indeed saw the number of reported abusers taking psychotropic substances having overtaken the number of those taking traditional drugs, the first time ever recorded⁶.

⁶ There was also an increasing trend of abuse of both narcotic drugs and psychotropic substances in the past decade, with the proportion against total rising from 8.3% in 1998 to 13.6% in 2007.

Chart 3 Reported drug abusers of psychotropic substances and traditional drugs, 1998-2007

No. of persons



Notes : 1. Figures exclude persons with unknown drug information.

2. An individual drug abuser may abuse both psychotropic substances and traditional drugs concurrently in a given year.

2.8 Regarding young drug abusers aged under 21, we have seen an alarming rising trend in recent years, with over 2 900 reported abusers in 2007, representing an increase of 34% in three years. This has contributed to the reversal in the total number of all drug abusers in 2007. The rising trend has continued into 2008, with an increase of 22% in the first half of the year over the same period in 2007.

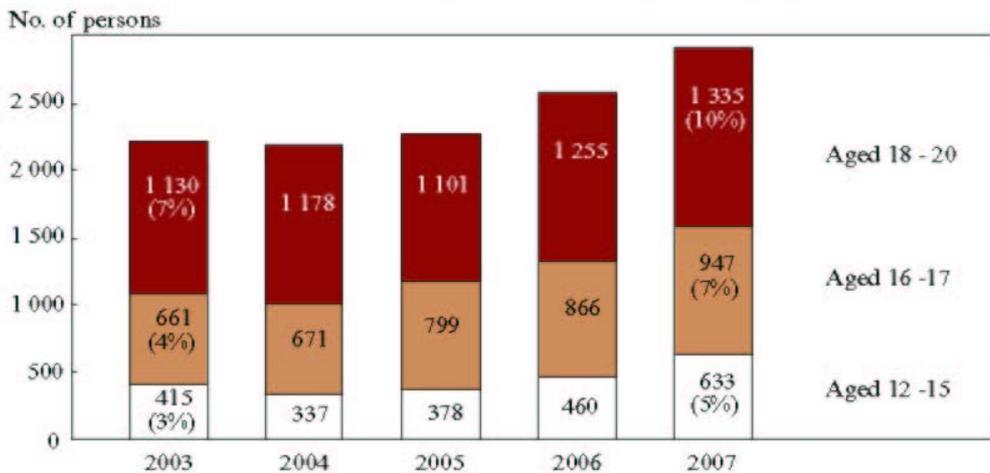
2.9 In 2007, the rate of drug abusers reported to CRDA is 0.21%⁷ of the total population, while the rate of youth drug abusers under 21 is 0.34%⁸ which was 1.6 times of the former.

⁷ The percentage refers to the number of reported drug abusers as a proportion of population aged 11 and over.

⁸ The percentage refers to the number of reported drug abusers as a proportion of population aged between 11 and 20.

2.10 We have also seen a younger drug abuse population overall, with the proportion of those aged under 21 as against the total rising from 14% in 2003 to 22% in 2007. The mean age of young drug abusers has declined from 17.4 in 2003 to 17.1 in 2007.

Chart 4 Reported drug abusers aged under 21 by specific age groups, 2003-2007

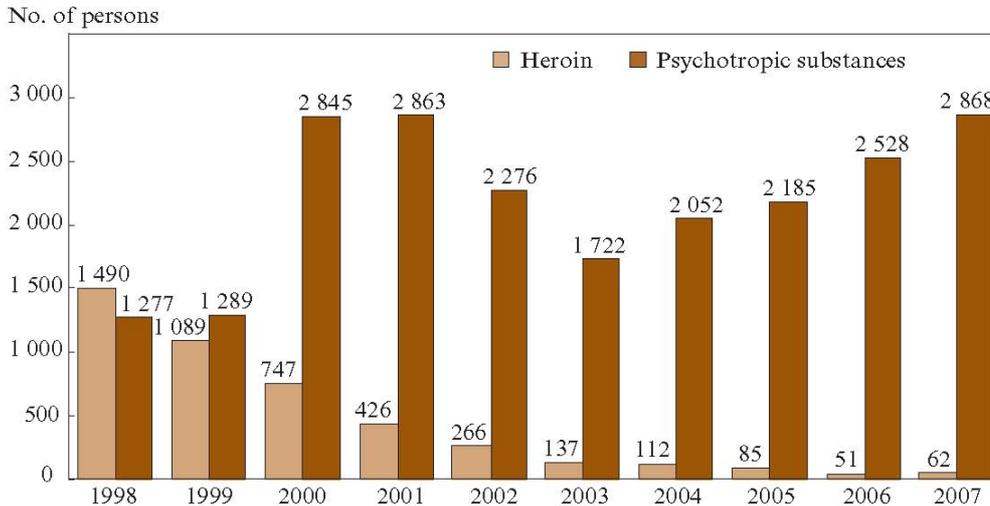


Notes :1. Figure in bracket refers to the proportion of all reported drug abusers in a given year.
 2. For those below the age of 12, the number is less than 6 and percentage is less than 0.5%, throughout the period.

2.11 We have also observed a general lowering of the age of first-time abuse of young drug abusers in recent years. Over the same period from 2003 to 2007, the mean has dropped from 15.8 to 15.4. In 2003, half of the young drug abusers first took drugs at ages below 16. In 2007, this median age dropped to 15.

2.12 The steady declining trend of heroin abuse and increasing trend of psychotropic substance abuse is most significant among young drug abusers. In 1998, some 58% of young drug abusers took heroin and 50% psychotropic substances (some took both). In 2007, only 2% took heroin, and 99% took psychotropic substances.

Chart 5 Reported drug abusers aged under 21 of psychotropic substances and heroin, 1998-2007



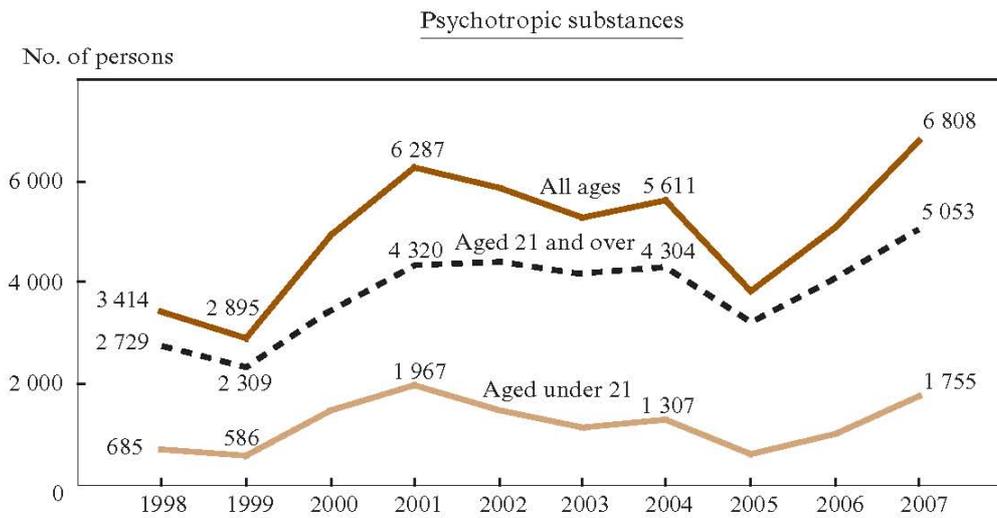
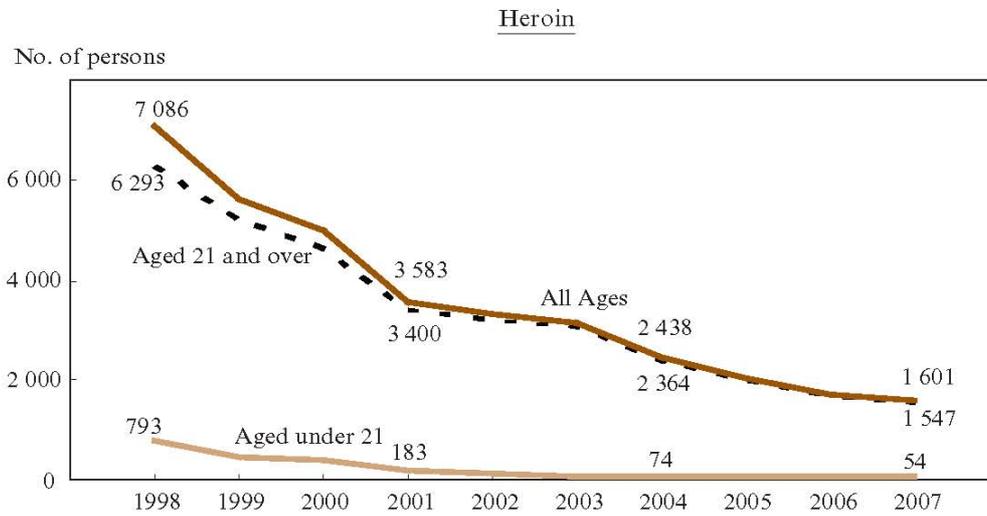
Notes :1. Figures exclude persons with unknown drug information.
 2. An individual drug abuser may abuse both psychotropic substances and heroin concurrently in a given year.

(b) Other figures and information

2.13 The escalating, inter-related problems of psychotropic substance abuse and youth drug abuse could be illustrated by statistics on drug-related offences.

2.14 Over the past decade, the number of arrests for drug-related offences involving heroin has declined continually. On the other hand, the number of arrests for drug-related offences involving psychotropic substances has generally been on the rise, with occasional peaks and troughs. The current peak of 6 808 in 2007 represented a 79% increase over just two years. 1 755 of them were young persons under 21 years of age.

Chart 6 Persons arrested for drug-related offences by age group, 1998-2007



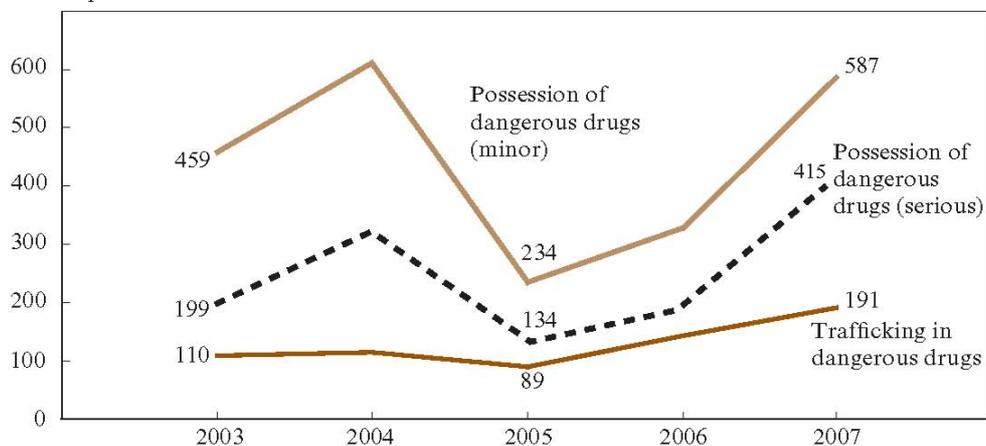
Note : An individual may be arrested for offences of both heroin and psychotropic substances concurrently in a given year.

Sources: Police and Customs

2.15 For those youngsters under 21 prosecuted for drug-related offences, the majority were related to possession of dangerous drugs, followed by trafficking in dangerous drugs. Over two years since 2005, there have been increases of 151% of cases of prosecution of minor possession offences; over 200% for serious possession offences; and 115% for trafficking offences.

Chart 7 Persons aged under 21 prosecuted for drug-related offences, 2003-2007

No. of persons



Note : An individual may be prosecuted for more than one offence in a given year.

Source : Judiciary

2.16 The CRDA and law enforcement statistics on the serious problem of youth drug abuse are corroborated by other studies and anecdotal information.

2.17 For example, to study the drug abuse situation of the young people in Hong Kong, the Hong Kong Council of Social Service, in 2006, interviewed 1 123 young people who had either ever used or were currently abusing drugs⁹. The study found that 69.1% of the subjects used drugs for the first time at the age of 15 or below. A slight proportion of them (3.2%) even used drugs for the first time at an age below 12¹⁰.

⁹ 青少年濫用藥物概況調查 2006. 香港社會服務聯會及全港地區青少年外展社會工作隊

¹⁰ However, it should be noted that due to the non-statistical sample design, the survey results could not be generalised to other young people beyond the survey coverage.

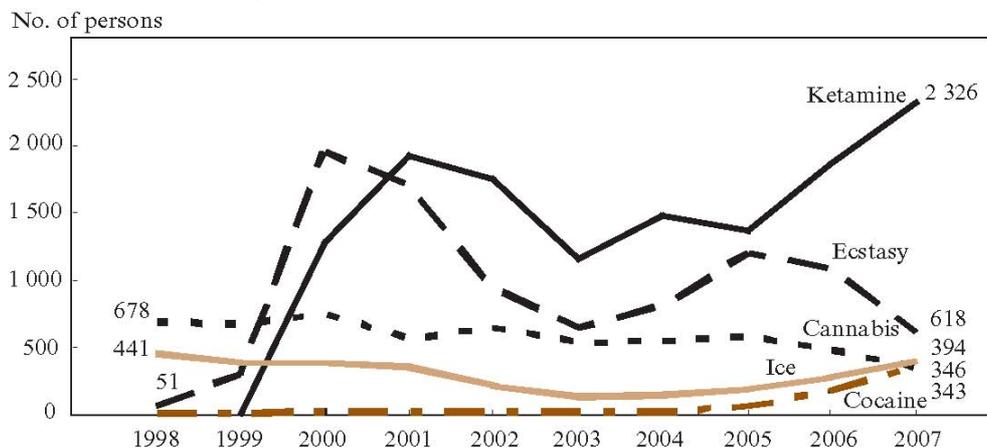
2.18 News reports in recent years also highlighted the problem and aroused significant community concern. For instance, a thirteen-year-old girl died in a disco due to a fatal dose of ecstasy in July 2006. In June 2007, four Form 2 female students were found to have used ketamine in the classroom. The ketamine was suspected to be purchased from a schoolmate. In November 2007, three Form 1 male students were arrested for drug possession and trafficking at school.

(c) Profile of young drug abusers

2.19 In 2007, a total of 2 919 young drug abusers aged under 21 were reported to CRDA, accounting for 22% of the total number of reported drug abusers. Nearly all of them (99%) abused psychotropic substances, while only 2% took traditional drugs (mainly heroin). 37.8% of those young psychotropic substance abusers took multiple drugs.

2.20 In 2007, ketamine was the most common type of psychotropic substances abused by young drug abusers (80.2%), followed by ecstasy (21.3%), ice (13.6%), cannabis (11.9%) and cocaine (11.8%). Ketamine has remained the most common psychotropic substance of abuse since 2001 and has been on a rising trend in recent years. Declines in the number of abusers taking ecstasy and cannabis were observed in 2006 and 2007. On the contrary, the significant increase in numbers taking ice and cocaine since 2004 calls for close attention.

Chart 8 Reported drug abusers aged under 21 by major type of psychotropic substances, 1998-2007



Note : An individual drug abuser may abuse more than one type of substances concurrently in a given year.

2.21 The mean age of the reported young drug abusers was 17.1. Some 70.9% of them were male. Half of them first abused drugs when they were under 15.

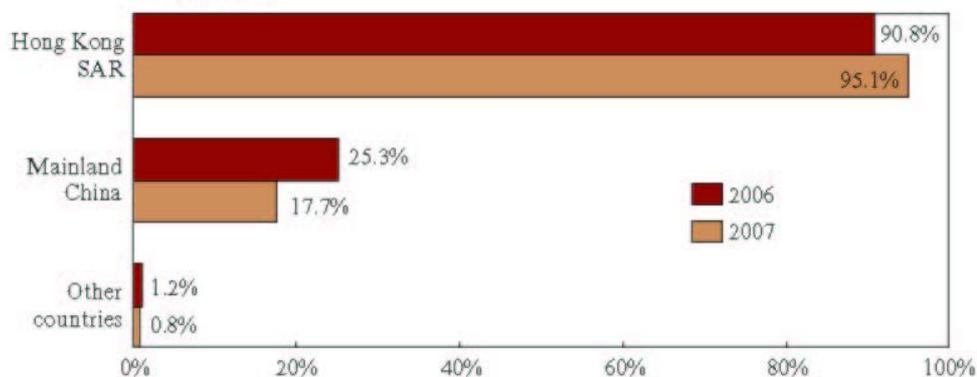
2.22 69.7% had attained lower secondary level of education; 27.9% upper secondary level; 1.8% primary or lower level; and only 0.5% tertiary level.

2.23 41.8% were previously convicted, with 13.5% convicted of drug-related offences and 27.7% convicted of other offences only. The association between crime and drugs is apparent.

2.24 40.5% were employed, 26.4% students and about one-third non-engaged (neither studying nor employed).

2.25 Along with the close social and economic links within the Pearl River Delta region, cross-boundary drug abuse is an issue of concern. In 2006, 25.3% of the young drug abusers reported that they had taken drugs in the Mainland (mainly Shenzhen). This figure dropped to 17.7% in 2007. This is a problem more serious among the young drug abusers, as the corresponding figure for all drug abusers was 11% in both 2006 and 2007.

Chart 9 Proportion of reported drug abusers aged under 21 by place of abusing drugs, 2006 and 2007

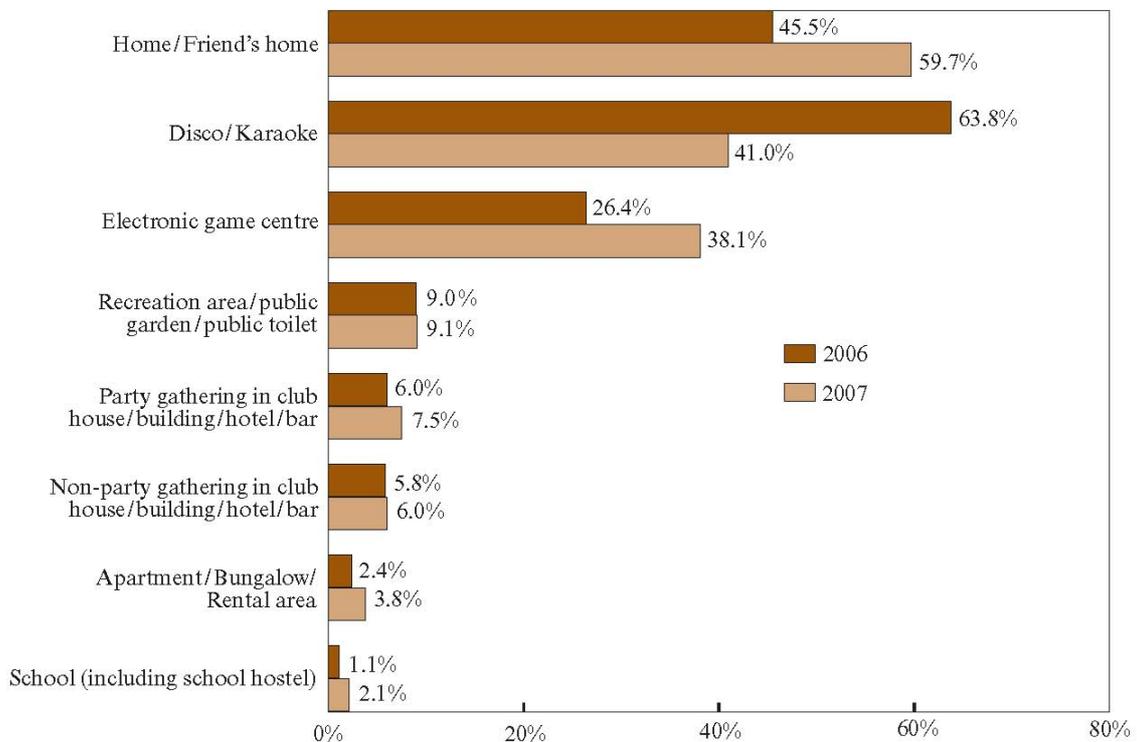


Notes : 1. Figures exclude persons with unknown place of abusing drugs.
 2. More than one type of place may be reported for each individual drug abuser.
 3. Proportion refers to the proportion of all reported drug abusers in a given year.

2.26 Regarding the locality of drug abuse, home and karaoke/disco top the list. 59.7% of young drug abusers indicated to have taken drugs at home in 2007 (45.5% in 2006)¹¹; 41.0% at karaoke/disco (63.8% in 2006). The reversal in order of popularity may possibly be attributed to enhanced law enforcement efforts in places of public entertainment. Some have suggested that the after school hours before the return of parents from work are a high-risk window for taking drugs alone or in the company of friends. Recreation areas/public gardens/public toilets were also common localities (26.4% and 38.1% in 2006 and 2007 respectively).

¹¹ Most of those young drug abusers taking drugs at home or at friend's home also took drugs elsewhere, such as at entertainment venues. The proportion of those only taking drugs at home or at friend's home was 13.4% and 21.5% in 2006 and 2007 respectively.

Chart 10 Proportion of reported drug abusers aged under 21 by locality of abusing drugs, 2006 and 2007



Notes : 1. Figures exclude persons with unknown locality of abusing drugs.
 2. More than one type of locality may be reported for each individual drug abuser.
 3. Proportion refers to the proportion of all reported drug abusers in a given year.

(C) Characteristics and Challenges of Psychotropic Substance Abuse

(a) Harm

2.27 Abuse of psychotropic substances is known to have caused many adverse effects on one's health, family, social life, school and work performance.

2.28 As the name implies, psychotropic substances affect the mind and the mental health of a person. The harmful effect may range from attention deficit, deteriorating memory, movement disorders to cognitive impairment, depression and hallucination. Serious mental diseases may result^{12 13 14}. Worse still, an impaired state of the mind may make one more vulnerable to accidents and senseless behaviours, endangering the safety of not only his or her own self but also others.

2.29 Psychotropic substances may also damage the function of other organs in the body. For example, ketamine may have adverse effects on many important bodily functions, including the cardiovascular, respiratory, neuromuscular, gastrointestinal, reproductive and immune systems¹⁵. Some local research suggests that habitual abuse of ketamine may result in significant bladder dysfunction and renal impairment, causing frequent visits to the toilet as often as every 15 minutes. Even kidney transplant may not fully restore the renal function¹⁶.

¹² A study commissioned by ACAN in 2005 showed that ketamine abusers were found to have more problems with fine motor coordination than non-abusers. The abusers were also found to have impaired executive functioning, displaying difficulty with organising tasks, verbal memory and using semantic clustering and abstract thinking in their memory strategy. (Chen Ronald et. al. 2005. A study on the cognitive impairment and other harmful effects caused by ketamine abuse. ACAN)

¹³ Research has shown that methamphetamine (ice) can damage brain blood vessels and nerve endings and cause changes in brain chemicals. These effects put chronic methamphetamine abusers at risk of cognitive impairment and early onset of movement disorders, similar to those seen in Parkinson's disease. 3,4-Methylenedioxymethamphetamine (ecstasy) causes actual depletion of tissue stores of serotonin, which impairs the brain function in regulating aggression, mood, sexual activity, sleep and sensitivity to pain.

¹⁴ A study supported by the Beat Drugs Fund in 2006 revealed that there was clear association between cough mixture abuse and folate deficiency. Many people with the habit of cough mixture abuse were at risk of severe damage to their brain and nervous system. The side effects might come on suddenly and might lead to severe permanent disabilities. In pregnant mothers, there was the possibility of causing severe brain damage to the fetus. (Au WY et. al. 2006. A Survey in Folate Deficiency and its Serious Consequences in Drug Abuser, with Emphasis on Cough Mixture Abuse. Beat Drugs Fund)

¹⁵ Cardiovascular toxicity usually manifests as hypertension, tachycardia, and palpitations. Respiratory toxicity may include respiratory depression and apnea. Central nervous system adverse effects may include confusion, hostility and delirium. (Krystal JH et al. Subanaesthetic effect of the non-competitive NMDA antagonist, ketamine, in humans: psychometric, perceptual, cognitive, and neuroendocrine responses. *Arch Gen Psychiatry* 1994; 51:199-214)

¹⁶ A local study demonstrated an association between ketamine abuse and lower urinary tract pathology, which caused intractable urinary symptoms and severe impairment of patients' quality of life. Findings suggested that the progressive disease process might end up as irreversible chronic renal failure rendering patients dependent on dialysis. (Chu PS, Kwok SC, Lam KM. "Street ketamine"-associated bladder dysfunction: a report of 10 cases. *Hong Kong Medical Journal* 2007; 13:S1-S3)

2.30 Contrary to common misconception in some quarters, psychotropic substances are potentially addictive in nature, causing both physical dependence and psychological dependence. Physical dependence may be manifested in the appearance of withdrawal symptoms due to absence of drugs. Psychological dependence refers to the experience of impaired control over drug use, and is characterised by repeated and excessive use of a drug.

2.31 In a landmark decision in June 2008, the Court of Appeal substantially raised the sentencing tariffs for trafficking ketamine and ecstasy. The Court accepted the compelling medical evidence regarding the harmful and addictive effect of these two most commonly psychotropic substances being abused by youngsters. More details can be found in Chapter IX (paragraphs 9.8 - 9.11).

(b) Hidden nature

2.32 Unlike traditional drugs such as heroin, psychotropic substance abuse is more “hidden” in nature.

2.33 In the first place, many common psychotropic substances can simply be sniffed or swallowed, rather than injected. The need for apparatus is often minimal. This makes discovery more difficult, notably at home which is the most common place of drug abuse among youngsters.

2.34 Secondly, some common psychotropic substances could be subject to less frequent recreational or experimental use at the beginning, without the discomfort of non-administration. According to CRDA, the median monthly frequency of abuse for reported ketamine and heroin abusers were 4 and 60 times respectively in 2007. 14% of abusers taking only psychotropic substances cited ‘to avoid discomfort of its absence’ as a reason of current drug use¹⁷. On the other hand, this reason is the most popular one cited by heroin abusers (52%).

¹⁷ This has risen from 8% in 2003.

2.35 It is also suggested that the other harmful effects of psychotropic substances on the body, like the development of mental diseases, may not be immediate or apparent at the beginning, but may gradually surface after a few years.

2.36 The lower frequency of abuse, and the slow emergence of withdrawal symptoms and other harmful effects on the body would make enquiries by family members less likely and young abusers themselves less motivated to seek help, who may remain hidden from the usual help networks for quite some time. Half of the young drug abusers who are reported to CRDA for the first time have a drug abuse history of two years or more.

(c) Accessibility

2.37 The most common psychotropic substances in Hong Kong, ketamine, ecstasy and ice, are synthetic drugs which can be produced wholly from precursor chemicals in clandestine laboratories. This makes the monitoring of the supply and trafficking more difficult than heroin, which is made from opium plants grown only in a few countries.

2.38 Worse still, ketamine, the most popular illicit drugs in Hong Kong, is not subject to control of the international drug conventions. Illicit diversion from legal supply and international trafficking are challenges for the law enforcement authorities.

2.39 It is also suggested that the purely synthetic nature of the common psychotropic substances, the availability of supply and the less frequent abuse patterns may make them relatively more affordable or accessible to youngsters.

2.40 According to CRDA, in 2007, half of the reported heroin abusers spent over \$127 every time in taking the drug, while half of the reported abusers of ketamine spent over \$100 every time. Taking into account the different frequencies in taking the two drugs (paragraph 2.34), heroin abusers tended to spend much more (with a median monthly usual

expenditure at \$6,000) than ketamine abusers (with a median monthly usual expenditure at \$450).

2.41 In the case of cocaine, the recent increase in the number of reported young drug abusers (from 20 in 2004 to 343 in 2007) coincides with a falling retail price during the same period according to law enforcement intelligence.

(d) Challenges

2.42 The rise of psychotropic substance abuse among our young people is posing significant challenges to Hong Kong.

2.43 A major difficulty is identification and contact. Many youngsters at risk or those who have fallen victim to drug abuse may remain out of reach or unknown to help networks for years. A significant proportion of the young drug abusers are non-engaged (not studying or unemployed). There is a tendency to abuse drugs at home while many also frequent places outside Hong Kong to seek drugs and other illicit sensations.

2.44 This is made worse by some common features of psychotropic substances, including their slow but severe harm on a person, “hidden” nature from discovery and relative accessibility.

2.45 A natural consequence is that the problem may be much more serious than the community may readily appreciate or understand. By the time multiple harm to an individual abuser fully surfaces, or until the extent of the affected youth population is fully revealed, serious damage would have already been deeply inflicted on the individual and the community alike, making any remedial measure, even if effective, very costly.

2.46 The truth of the matter is that the drug problem is becoming an enormous burden to world communities economically. The United States estimated that the drug problem had cost the country about US\$143 billion in 1998, equivalent to about 1.6% of the country’s Gross Domestic Product

(GDP) that year¹⁸. Likewise, Canada estimated the cost at about CAD\$8.24 billion in 2002, equivalent to about 0.7% of the country's GDP¹⁹. A recent study in the United Kingdom estimated that a problem drug addict may cost the community more than £800,000 over the addict's lifetime²⁰.

2.47 In Hong Kong, the cost of the drug problem was estimated to be around HK\$4.23 billion in 1998, equivalent to about 0.3% of the local GDP that year^{21 22}. The cost covers abusers' expenditure on drugs; the cost to health as well as welfare systems in providing prevention, treatment, education and welfare services arising from drug abuse; the cost of law enforcement and criminal justice system in tackling drug problem; the loss of income due to lower or non-productivity of the abusers; and the cost borne by the abusers for property damage under the influence of drug.

2.48 Psychotropic substances are a long-term scourge on our young people, severely stifling the growth of our new generation and sapping our strength and competitiveness in a manner unknown to many. We must come to grips with this serious and escalating problem and rise to the challenge.

2.49 In launching a new battle against this problem, the Task Force has investigated and deliberated with a view to unveiling the true nature and extent of the problem, reviewed and reinvigorated our strategies, taken any immediate actions which could be implemented, and made specific recommendations in the short, medium and long term. We shall discuss the details in the following chapters.

¹⁸ The Economic Costs of Drug Abuse in the United States, 1992-1998. *Executive Office of the President, Office of National Drug Control Policy*

¹⁹ Rehm, J. et al. (2006). The Cost of Substance Abuse in Canada 2002. *Canadian Centre for Substance Abuse*

²⁰ BBC News (14 June 2008) http://news.bbc.co.uk/go/pr/fr/-/2/hi/uk_news/7454338.stm

²¹ Cheung Y.W. (2000). Social Costs of Drug Abuse in Hong Kong, 1998. *Narcotics Division, HKSAR*

²² A newly commenced longitudinal study focusing on a whole bunch of socioeconomic and health impacts of substance abuse will provide an update to the figures. The study is supported by the Beat Drugs Fund and is scheduled to be completed in 2011. Please also see Chapter XI of this Report.

2.50 Implementation of the recommendations will require collaboration among Government and non-Government parties, adjustment of their operations and priorities, redeployment of existing resources, and new funds and human resources particularly in respect of longer term measures. The Task Force members, representing the relevant bureaux and departments involved, are fully convinced of the necessity to tackle the drug abuse problem among our young people effectively and urgently, and are committed to pursuing the various measures recommended herein to the best of our endeavours.

Chapter III

WHY DO THE YOUTH TAKE DRUGS AND OUR RESPONSE

(A) Analysis

3.1 Drug abuse is a complex social problem. It can be analysed from many perspectives.

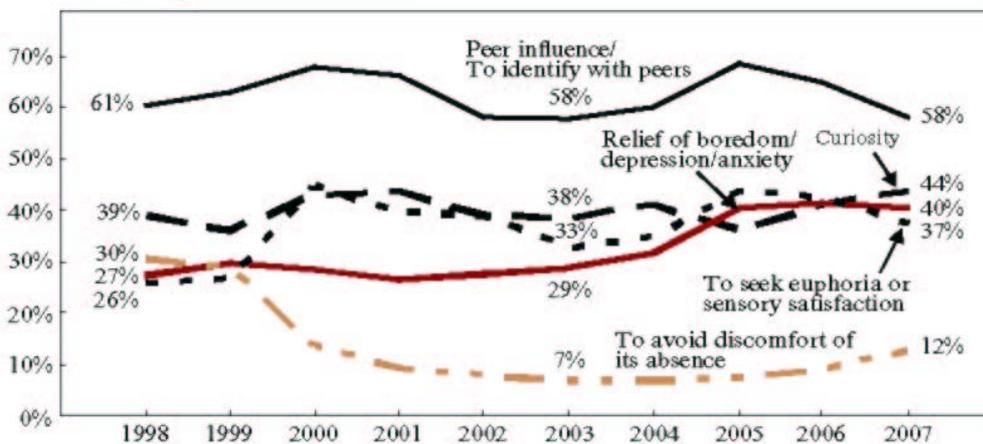
3.2 When we focus on the youth and the personal level, a starting point to look at is the reasons given by the young drug abusers themselves.

3.3 According to CRDA, in 2007, the reported young drug abusers aged under 21 gave the following reasons for current drug abuse -

- Peer influence / To identify with peers (58.3%)
- Curiosity (43.5%)
- Relief of boredom/ Depression/ Anxiety (40.4%)
- To seek euphoria or sensory satisfaction (37.2%)
- To avoid discomfort of its absence (12.4%)

3.4 The trend over the last ten years is shown in the chart below –

Chart 1 Proportion of reported young drug abusers by major reason for current drug abuse, 1998-2007



- Notes : 1. Percentage refers to the proportion of reported young drug abusers claiming the respective reason for current drug abuse.
2. Figures do not include those abusers who did not give any reason for current drug abuse.
3. More than one reason for current drug abuse may be reported by an individual drug abuser.

3.5 It can be seen from the above that peer influence has always remained the most popular reason for current drug abuse, as attributed by 58.2% to 68.2% of young drug abusers. Curiosity is an important personal factor¹, with a steady attribution ranging between 35.7% and 43.5%. Indeed it is also the single most often quoted reason, way ahead of others, for the first use of psychotropic substances among students in the 2004 survey.

3.6 Relief of boredom, depression and anxiety is also a significant factor, ranging between 26.4% and 41.3%. Such factors are strongly related to adolescent growth and problem-coping ability.

3.7 Over the years there has been a significant decreasing trend of avoiding discomfort of absence of drugs, from 30.5% in 1998 to 12.4% in 2007. On the other hand, seeking euphoria or sensory satisfaction has generally risen from 25.6% in 1998 to 37.2% in 2007. This may be attributed to the decreasing prevalence of heroin abuse among the youth, from 58.4% in 1998 to 2.1% in 2007, and the increasing prevalence of psychotropic substance abuse, from 50.1% in 1998 to 98.9% in 2007.

(B) Research²

3.8 The above personal and interpersonal factors are also closely related to others which may contribute to drug abuse, such as lack of psychological competencies and coping skills, underachievement, and non-engagement. From an ecological perspective, one may describe these

¹ The reasons for first abuse of psychotropic substances in the 2004 student survey are as follows -

- Curiosity (34.9%)
- Peer influence / pressure (15.4%)
- To seek euphoria or sensory satisfaction (14.0%)
- Relief of boredom/ Depression/Anxiety (10.4%)
- To relieve pressure (6.4%)
- To keep up spirits (2.7%)
- To show off (1.6%)
- Others (14.6%)

² See Shek, D.T.L. (2007). Tackling Adolescent Substance Abuse in Hong Kong: Where We Should and Should Not Go. *The Scientific World Journal (TSW Child Health & Human Development)*, 7, 2021–2030. DOI 10.1100/tsw.2007.315. See also “A study to identify the risk and protective factors on drug use among the youngsters” by the Hong Kong Council of Social Service, 1996.

as risk factors at the individual level. There are other risk factors at different levels.

3.9 In the school setting, one may attribute youth drug abuse to such factors as poor academic achievement, inadequate educational aspiration and lack of appropriate life skills of students.

3.10 From a family viewpoint, parental absence, loose parental supervision and sanction against drug abuse, lack of positive relationship with adults and lack of family strength are some common risk factors.

3.11 At the societal level, one may identify risk factors like availability of drugs, growing addiction culture, postmodern youth culture, growing poor population, growing pessimism about upward social mobility, pathological emphasis on achievement, etc.

3.12 In contrast with the risk factors, there are protective factors which may help us protect young people from drugs. One may see them as the absence of risk, or as the low end of a risk factor. They may also be conceptually distinct from risk factors, but could moderate or buffer some of the risk factors.

3.13 Some common protective factors identified in literature³ and by front-line workers and stakeholders⁴ include -

- at the individual level - healthy attribution style, self-efficacy, hope, faith, problem solving, life and social skills, positive values and attitudes, good peers;
- at the family level - supportive home environment, parental support and guidance, trust;

³ See Hauser, S.T. (1999). Understanding resilient outcomes: adolescent lives across time and generations. *J. Res. Adolesc.* 9, 1-24; See also Smith, C. and Carlson, B.E. (1997) Stress, coping and resilient in children and youth. *Soc. Serv.Rev.* 71(2), 231-256

⁴ The importance of protective factors is indeed widely shared by many parties which we have met or submitted views to us, including ACAN, DLC, RAG, representatives from DFCCs, school councils, principals' and teachers' associations, and social services organisations such as the Hong Kong Federation of Youth Groups, and the Hong Kong Council of Social Service.

- at the school level - schools with effective pastoral care and student guidance system, appropriate discipline, expectations; and
- at the community level - supportive non-parent adults, anti-drug publicity, drug controls.

3.14 Given the above analysis and research, a natural strategy in the international community to tackle the youth drug abuse problem is to reduce the impact of the risk factor and promote the influence of protective factors. This constitutes the foundation of our policy responses.

(C) Policy Perspectives

3.15 Youth drug abuse is a complex problem, intrinsically linked to a number of other social issues. It is often a manifestation of some wider and more intricate issues such as family, adolescent or health problems that need to be tackled with equal, if not more, rigour. The problems cut across many policy areas.

3.16 Risk factors increase as children grow into adolescents. If these risk factors are not tackled in a proper manner with appropriate guidance or relevant skills match, or otherwise countered by promotion of protective factors, they can develop into more complex problems of which drug abuse is but one of them. Other manifestations include smoking, gambling, internet addiction, pre-marital pregnancy, juvenile delinquency, suicide, and other family problems.

3.17 Worse still, drug abuse and some other social problems or risk factors mentioned are prone to reinforce one another and they could be both the cause and the effect. In any case, the adverse consequences would be felt by all, the troubled youngsters themselves, their family members, the community, and society in general. In order to break this vicious cycle, a holistic approach canvassing different policy areas is essential in order to effectively tackle the youth drug problem.

(D) A Holistic Approach

3.18 Our anti-drug policy has long followed a five-pronged approach, namely, (1) preventive education and publicity, (2) treatment and rehabilitation, (3) legislation and law enforcement, (4) external cooperation and (5) research. Many of the measures under this approach are aimed at suppressing the risks factors and strengthening the protective factors. In addition, the Task Force believes that in order to more comprehensively and effectively avail the vulnerable youth to the protective factors, it is essential to foster a caring culture for our youth within the community at large. This represents an additional and yet fundamentally important dimension in the overall strategy.

3.19 On preventive education and publicity, the focus is on reducing the demand for illicit drugs by imparting knowledge on drugs to different stakeholders, dispelling any misconceptions, strengthening young people's life skills and resistance to adversity and temptations, and mobilising the whole community to join the anti-drug cause. Chapter IV will discuss our overall efforts, while Chapter V will focus on the school sector.

3.20 For those who have unfortunately fallen victim to drug abuse, our treatment and rehabilitation services play a key part in identifying them, and helping them to kick the habit and reintegrated into society. An overview will be given in Chapter VI. The possible use of voluntary and compulsory drug testing as a means to identify young drug abusers early for intervention will be considered in Chapter VII. Enhancement of the probation system for those abusers caught by the criminal justice system will be discussed in Chapter VIII.

3.21 On legislation and law enforcement, the focus is on reducing the supply and availability of illicit drugs based on a proper legal framework, in compliance with our obligations under the international conventions on illicit drugs. We will discuss our efforts in Chapter IX, and address the specific issue of compulsory drug test in Chapter VII.

3.22 Drug abuse problem is a global issue. We must work closely with our counterparts in the Mainland and overseas to combat the problem. Development on this front can be found in Chapter X, with emphasis on tackling the cross-boundary drug abuse problem.

3.23 To better understand the drug abuse problem, to respond to new challenges brought by the changing drug scene locally and overseas, and hence support continuous improvement of our anti-drug programmes, we attach great importance to carrying out evidence-based research. Details can be found in Chapter XI.

3.24 The above five prongs have served us well over the years. However, as mentioned above, to tackle the youth drug abuse problem at root, we must look beyond our usual confines and address some fundamental issues. We should enhance the culture of care for our young people in the community, strengthen complementary support among various sectors and stakeholders and promote participation in the anti-drug cause by all. Detailed efforts on this front are set out in Chapter XIII. Improvements to the operation of the Beat Drugs Fund (BDF) to support community participation are discussed in Chapter XII.

Chapter IV

PREVENTIVE EDUCATION AND PUBLICITY

(A) Overview of Existing Efforts

4.1 Preventive education and publicity is the mainstay of the demand reduction efforts; it is the very first line of defence in the war against youth drug abuse. Various stakeholders including ACAN, FCC, legislators, and NGOs alike consider this as the *most effective* means of our five-pronged strategy in combating drug abuse.

4.2 Over the years, great efforts have been made to arouse awareness of the drug issues in the community and to educate the public about the harm of drug abuse. ND has worked hand in hand with ACAN in organising wide-ranging educational and publicity activities to spread the anti-drug messages, in collaboration with many stakeholders in the community. They are supplemented by many other programmes organised by the Hong Kong Police Force (Police), the Customs and Excise Department (Customs), District Fight Crime Committees (DFCCs), NGOs, etc. The Beat Drugs Fund (BDF) is one of the sources of funding for individual projects.

4.3 The Hong Kong Jockey Club Drug InfoCentre (DIC) has served as a platform for providing drug education to students, parents and the general public. Since its opening in August 2004, about 120 000 visitors have patronised DIC.

(B) Issues

4.4 While we have all along spared no efforts on this front, there are widespread community views that we can do more to improve the scope, depth and intensity of preventive education and the publicity measures.

4.5 The Task Force has reviewed the whole matter. Apart from feedback and views from many stakeholders, the Task Force has considered the results of ND's 2007 public opinion survey on Government's anti-drug preventive education programmes and publicity as well as a series of special focus group sessions involving -

- School heads and teachers;
- Parents;
- Social workers;
- Adolescents (non-drug taking); and
- Rehabilitated young drug abusers.

4.6 The Task Force has identified some pertinent issues of concern as follows -

- (a) insufficient understanding of the youth drug abuse problem, and the serious consequences if the trend is not arrested;
- (b) widespread misconception, especially among the youth, that psychotropic substances are less harmful than "traditional" narcotics such as heroin. There are worrying signs of a permeating sub-culture of treating abuse of psychotropic substances as a social norm among the youth;
- (c) inadequate or incorrect knowledge about the legal consequences of drug offences. Many people are not aware that the consumption of drugs itself is illegal¹. Some young people also have the wrong impression that selling or trafficking psychotropic substances does not entail severe legal consequences;
- (d) misconception in some quarters that drug abuse is not their concern or has no relevance to them;

¹ Under section 8(1) of the Dangerous Drugs Ordinance (Cap. 134), save under and in accordance with that Ordinance or a licence granted by the Director of Health thereunder, no person shall (a) have in his possession; or (b) smoke, inhale, ingest or inject, a dangerous drug. Under section 8(2) of the same Ordinance, any person who contravenes the aforesaid provision shall be liable to a maximum fine of \$1,000,000 and imprisonment for seven years.

- (e) insufficient drug knowledge or skills among parents, teachers and social workers in identifying signs of drug abuse. This makes it difficult to render early assistance to students and children who have drug abuse problems; and
- (f) drug abuse in many cases is only a manifestation or symptom of broader family or adolescent problems.

4.7 In seeking to enhance preventive education and publicity efforts, our primary aim is to equip our adolescents, parents, teachers and the general community with adequate knowledge about drugs and the drug issues, entrench a beat drug element in the school system, and foster a drug-free youth culture in the community. What follows in this Chapter deals with the general issues and efforts in the community. Chapter V will focus on reinvigorating efforts in the school sector.

(C) Nomenclature and Messages

4.8 It is important that we disseminate the right messages to address the very problems we presently face in combating youth drug abuse – prevalent use of psychotropic substances and various misconceptions about it.

4.9 In this regard, there is a clear opinion in society that the Chinese term “濫藥”² as a common, generic reference to drug abuse does not convey the same degree of seriousness as “吸毒”³. As such, the former does little to correct some common misconceptions about psychotropic substances, especially among young people. This is not helped by the neutral or even positive connotation of “藥” in Chinese which literally means medications, and a misleading suggestion by those who would like to normalise drug abuse that experimental or recreational use is not “濫” meaning “excessive use”.

² Literally can mean “abuse or excessive use of medications”.

³ Literally means “taking drug”.

4.10 That said, another school of thought appreciates the popular acceptance of the pedantic reference of “濫藥” and is wary that the reference of “吸毒” might inadvertently turn young drug abusers away from seeking treatment.

4.11 After careful deliberations and consultations, the Task Force considers that, on balance, there are clear merits in associating the Chinese terminologies relating to psychotropic substances more directly with “毒品”. This position will go a long way to help correct the misconceptions about abuse of psychotropic substances.

Recommendation 4.1

The Task Force recommends that, for future preventive education and publicity purposes, the generic reference to drug abuse should be “吸毒” or “吸食毒品” and the use of such Chinese terms as “濫藥” or “濫用藥物” should be avoided as far as possible. In this context, drugs should be referred to as “毒品”, but not the more neutral term of “藥物”. In the case of psychotropic substances, they should be referred to as “危害精神毒品”⁴, or, for more colloquial usage, “丸仔毒品”, “K仔毒品” or the like, instead of “精神藥物”.

Measures taken thus far

The Administration has since the launch of the territory-wide campaign (see paragraph 4.14 et seq) adopted the new nomenclature, and explained to the public why psychotropic substances such as ketamine and ecstasy are “毒品” in terms

⁴ The Task Force fully appreciates the sensitivities of the nomenclature issue. Members are grateful to the parties which provided useful comments and suggested possible Chinese terms during the process. The Task Force is aware of possible unintended effects of the new Chinese reference in certain circumstances, for example, in extending help to youth at risk and in the medical and other professional contexts, but considers this not insurmountable. Youth at risk are always a specific target group of our preventive education and treatment efforts. To ensure effective communication with them, tailored messages and alternative Chinese terms may be used as appropriate. The Administration would also be careful not to encroach upon the professional usage of the Chinese term “精神科藥物”, which may be used by psychiatrists in prescribing medication for their patients.

of both health impact and addictiveness. It has also appealed to the media and others to adopt the changes.

4.12 The Task Force reckons that the youth drug abuse problem is a community problem with wide implications for all, and should be viewed and tackled as such. Different parties have different parts to play in combating the problem. Efforts in recent years focusing only on certain groups may not be sufficient. In devising publicity and preventive education, messages with suitable emphases should be conveyed to different target groups.

4.13 For reference, the Task Force has recommended the following principal messages for selected target groups -

Generally for all

- youth drug abuse incurs a huge cost to society and is eroding Hong Kong's competitiveness
- abuse of psychotropic substances is as harmful as abuse of traditional drugs like heroin
- drug abuse itself is unlawful, apart from possession, manufacture and trafficking
- all sectors join in and make a contribution to the war against drugs
- report on drugs
- help those in need to seek help

Children

- serious harmful effect of dangerous drugs
- psychotropic substances are as harmful as traditional drugs
- drug abuse is simply unacceptable in society
- a smart kid would say "no" to drugs
- taking drug is addictive

Adolescents

- immediate and long term consequences of abusing psychotropic substances
- abuse of psychotropic substances is not trendy or a social norm
- say “no” to drugs

Youth at risk

- abusing psychotropic substances is not a solution to the problems you face and there are better ways to tackle the problems
- immediate and long-term consequences of abusing psychotropic substances
- drug abuse is a dead end; don’t let drugs ruin your life
- never too late to seek help
- there are people around ready to offer help

Parents

- prevention of drug abuse starts at home
- equip yourself with drug knowledge
- express your care and concern for your children
- know your kid’s friends. Tell kids that those who ask them to take drugs are not friends at all
- enhance communications with children and understand their thinking
- seek help if necessary

Principals and Teachers

- one drug abuse case is too many on campus
- we ought not shy away from the problem
- the significant role of schools, principals and teachers in preventive education and in helping youth at risk
- equip yourself with knowledge in drugs and skills in handling abusers

Social workers

- you are at the forefront to help troubled youth
- be prepared with updated knowledge and skills

Recommendation 4.2

The Task Force recommends that future preventive education and publicity efforts should cover the whole community as well as target specific groups including children, youth at risk and people around them such as parents and teachers. The messages for each target group should be tailor-made, with emphasis on the serious health, legal, family and community consequences of psychotropic substance abuse.

Measures taken thus far

The Administration has adopted this new approach since the launch of the territory-wide campaign (see paragraph 4.14 et seq).

(D) Two-year Territory-wide Campaign

4.14 Having regard to the widespread misconceptions about psychotropic substances not only by the youth and also by general members of the public, and that any preventive efforts cannot be effective without collaboration among different sectors, the Task Force recognises the immediate need for major and intensified territory-wide efforts to bring home the serious harm of psychotropic substances, alerting the community to the worrying trend and situation of youth drug abuse, and mobilising community efforts to redress the same in a concerted and sustained manner. In this connection, the Task Force has already launched a two-year territory-wide campaign to implement these initiatives.

(a) Central publicity campaign

4.15 The central publicity campaign aims to convey to all sectors the key anti-drug messages. It seeks to foster an anti-drug atmosphere, and to mobilise various sectors of the community to take part in the anti-drug cause.

4.16 Various activities and programmes have followed the launch of the territory-wide campaign on 28 June 2008. Under the theme of “不可一、不可再。向毒品說不、向遺憾說不。” and “No Drugs, No Regrets. Not Now, Not Ever”, this two-year campaign seeks to convey to the public the horrific consequences of youth drug abuse based on facts and reality. They include a series of new Announcements in the Public Interest (APIs) depicting real-life experiences and accompanying publicity materials and measures, an anti-drug theme song by a pop music group, and large-scale projects such as a drama production project in collaboration with a radio station and a short-film competition using the Government’s Youth Portal platform (see paragraph 4.32).

(b) Programmes at the district and community level

4.17 The anti-drug campaign cannot be effective and far-reaching without the participation of various sectors of the community. We are forging partnership with many stakeholders, including District Councils, DFCCs, the media, business corporations, professional organisations, women associations, parent-teacher associations, youth organisations, uniformed groups, etc. Many of them are taking forward anti-drug activities and programmes from mid-2008 onwards to complement the central publicity efforts.

4.18 FCC has also adopted combating youth drug abuse as one of the publicity themes in 2008-09. Following its steer, DFCCs are organising various district-based activities, such as talks for parents, dramas, workshops, and anti-drug ambassador schemes to enhance awareness of the drug issues in the community.

4.19 The large number of activities of different nature organised under the Summer Youth Programme (SYP) every year provide another avenue for positive engagement of our children and youth. In the same vein, SYP has also adopted combating abuse of psychotropic substances as one of its themes in 2008.

4.20 For activities at the district and community level, the Home Affairs Department has played a key coordinating and facilitating role among many parties. Not the least, information on the activities is uploaded onto its web site to step up promotion.

Recommendation 4.3

The Task Force recommends that there should be sustained publicity and preventive education to change erroneous attitudes and misconceptions about psychotropic substance abuse, to foster a drug-free culture among the youth, and to appeal to various sectors of the community to support the anti-drug cause. Any campaign should include concerted and coordinated efforts at the district and community level. BDF may also be capitalised on to augment the resources.

Measures taken thus far

The two-year territory-wide campaign with the theme “不可一、不可再。向毒品說不、向遺憾說不。” and “No Drugs, No Regrets. Not Now, Not Ever” was launched in June 2008 to tie in with the annual International Day Against Drug Abuse and Illicit Trafficking. In support, 59 BDF projects were approved in 2008 with a record grant of some \$33 million.

(E) Parental Education

4.21 The importance of parents in preventing youth drug abuse cannot be over-emphasised. The Task Force fully supports enhancement of preventive education programmes for parents through different channels and means. This requires good planning and provision of activities that are tailored for parents of diverse backgrounds, including working adults with little time to spare. Appropriate measures should be adopted in this regard.

4.22 ND, the Social Welfare Department (SWD) and Education Bureau (EDB) have been organising workshops and seminars for parents to enrich their knowledge about drugs, to sharpen their communication skills with children and to inform them of ways to seek help. Many NGOs and parent-teacher associations are also providing similar assistance. The Task Force reckons there is a need to include a drug education element in the more general parenting and healthy living programmes for parents. Apart from dedicated education programmes, clear and relevant anti-drug messages may be embedded in regular programmes organised for parents. Such programmes should also allow parents to understand drug prevention as well as to enhance their skills in communicating with children.

4.23 Upon consulting the parent groups, the Task Force considers it necessary to devise a handy resource kit which could effectively deliver drug education to parents. Apart from providing useful information and answers to parents who may encounter the drug abuse problem at different stages or varying intensity, the resource kit should also contain reference materials for Government departments, parent-teacher associations, schools and other NGOs to plan and organise drug education programmes and modules for parents and train-the-trainers programmes.

Recommendation 4.4

The Task Force recommends more engagement of parents to equip them with drug knowledge and skills to identify and handle youth drug problems. Multiple channels, including

advertisements in the mass media, bill inserts, television drama series, resource kits, as well as seminars and sharing sessions organised by Government departments and NGOs should be utilised to reach out to parents of different backgrounds.

Measures taken thus far

ND is working with EDB, SWD and other relevant departments and NGOs to reach out to parents through various means. The production of a resource kit is underway for completion by early 2009. Demonstrations and training sessions on the use of the kit will be organised afterwards. A web-based version will also be developed to facilitate access to the information and materials.

(F) Engaging the Youth on the Internet

4.24 Popularity of Internet usage by the youth is well known and increasing. It is imperative to exploit this medium for disseminating anti-drug messages to the general youth and to assist those at risk.

4.25 Online resources are now provided through ND's website in the Government domain and other websites scattered over the Internet. The traditional approach of ND's website and its contents should be updated. The idea is to provide quality and user-oriented online anti-drug information and services by –

- (a) enriching the website contents through pulling together various resources;
- (b) designing the website architecture with a view to promoting accessibility and ease of use, meeting the needs of different users, notably young people, parents, teachers, drug dependent people, NGOs, etc;

- (c) enhancing user experience through developing and providing attractive website contents like hosting online interactive games, quality multi-media contents, etc;
- (d) providing a robust and scalable central infrastructure to provide progressive development;
- (e) providing a one-stop gateway to enable users to easily access online resources and services hosted by other organisations (e.g. NGOs providing preventive education, treatment and rehabilitation services); and
- (f) building up a strong and unified branding for the official anti-drug cause in Hong Kong through a domain name like www.nodrugs.gov.hk, to become the online place to go for anyone interested in anti-drug matters in any way.

4.26 Apart from the proposed anti-drug portal, we should exploit further online opportunities to reach out to the youth, in particular those at risk. Many of them may frequent discussion fora, blogs, popular social network and video sharing web sites, etc under the so-called “Web 2.0” trend. Wrong and misleading information about drugs may be easily circulated online without official notice (unlike in traditional media like the television or newspapers), dampening our educational effort. On the other hand, such latest web features can open up great opportunities to engage the youth in a way not envisaged before.

4.27 To take forward these recommendation and ideas, ND is making use of BDF where appropriate and will solicit proposals from the community. Collaboration between NGOs in the anti-drug field and professional entities in the design and IT sectors would be encouraged.

Recommendation 4.5

The Task Force recommends that efforts should be stepped up to engage the youth on the Internet. ND’s website should be revamped and constantly updated to serve as an engaging, informative and useful one-stop Internet resource centre and

portal for the anti-drug cause. Innovative projects should be encouraged and commissioned to make use of the latest features of the Internet medium.

Measures taken thus far

To tie in with the territory-wide campaign launched in June 2008, ND's website has been improved. Further efforts along the lines set out in Paragraph 4.25 will follow.

One of the priority areas of the 2008-2009 annual BDF exercise is dedicated to innovative online projects. One of the projects approved is to develop an interactive online game for the anti-drug cause. Such efforts will continue.

(G) Drug InfoCentre

4.28 Opened in June 2004, DIC located at Low Block, Queensway Government Offices is an exhibition centre dedicated to drug prevention. With an area of 900m², it contains an exhibition hall with audio-visual exhibits, an interactive theatre, a multi-purpose classroom, and a reference library. DIC has received over 120 000 visitors since its opening, including students from primary schools to tertiary institutions, overseas delegations, anti-drug authorities from the Mainland, NGOs and various bodies.

4.29 While DIC has been successful in educating the public on the harmful effects of drug abuse, there is scope to make better use of this precious asset and enhance its role as a platform for anti-drug activities. Besides, in the light of the rising trend of psychotropic substance abuse by the youth and the changing pattern of drug consumption, it is also necessary to update the exhibits and content of DIC. Some possible ideas include –

- (a) the existing exhibits and materials of DIC should be updated and new elements should be prepared with a view to making

the place more attractive and informative to young people, parents and the general public;

- (b) organising more anti-drug activities, such as seminars, at DIC for different sectors of the community, including parents and teachers;
- (c) encouraging community and district organisations to use DIC as both the venue and focal point for anti-drug work; and
- (d) organising roving anti-drug exhibitions at shopping arcades, housing estates and other community locations. This would facilitate dissemination of anti-drug messages to families who live far away from DIC or those who do not have time to visit DIC.

Recommendation 4.6

The Task Force recommends that, as an ongoing effort, DIC should be updated and enhanced as the focal point and resource centre for drug education.

Measures taken thus far

One of the approved projects in the 2008-09 annual BDF exercise is to develop new interactive game consoles at DIC to educate young visitors through engaging means.

(H) Collaboration with Other Policy Areas

4.30 As expounded in Chapter III, drug abuse may sometimes be a manifestation or symptom of some broader issues, such as adolescent health, youth development or family issues. While there is no substitute to direct anti-drug messages in preventive education and publicity, a more holistic, positive approach in addressing such broader issues would also be helpful to the anti-drug cause.

4.31 For example, the Student Health Service run by the Department of Health is a key platform to engage young people to safeguard both their physical and psychological health through comprehensive, promotive and preventive health programmes in both primary and secondary schools. Drug education is an integral element of such programmes. Various departments are working together to make the most of such resources and efforts through better planning, coordination and collaboration.

4.32 Another example is the Government's Youth Portal (youth.gov.hk). Operated by the Efficiency Unit and Radio Television Hong Kong, it is a one-stop service and information platform dedicated to young people. ND has partnered with the Youth Portal to organise anti-drug programmes targeting at the youth, in support of the territory-wide campaign.

Recommendation 4.7

The Task Force recommends that there should be enhanced collaboration of promotional efforts in related policy areas to achieve synergy in anti-drug education.

Chapter V

THE SCHOOL SECTOR

(A) Importance of the School Sector

5.1 The Task Force attaches great importance to the school sector in tackling the problem of youth drug abuse. About 900,000 primary and secondary students attend school every day. According to CRDA, some 50% of young drug abusers first use illicit drugs below the age of 15, generally during their nine-year compulsory education. Apart from the family, the school plays a large part in the life of adolescents and can be critical in shaping their behaviour in the formative years. School is a key institution on the path to adulthood.

5.2 The pivotal role the school sector plays in our battle against youth drug abuse has long been recognised. Over the years, progressive efforts have been made to enhance drug education in schools by incorporating anti-drug elements in both the school curriculum and other learning activities, with varied emphases and coverage at different levels or in different subjects. Specific drug education talks and programmes are delivered to individual schools by NGOs, not the least through funding support by ND and SWD, or sponsorship of BDF on a project basis.

5.3 The escalating youth drug abuse problem in recent years again highlights the importance of the school sector in the battle. The unhealthy youth sub-culture legitimising drug abuse, the falling age of first-time drug abusers, and the lack of motivation for abusers to seek help all call for appropriate responses. It is imperative to enhance preventive efforts in schools and to start early, and to make good use of the school platform to help identify and engage abusers in their initial drug experimentation stage.

(B) Issues and Strategy

5.4 In considering reinvigorating anti-drug efforts in the school sector, one pertinent issue identified by the Task Force is a common concern about possible stigmatisation due to anything related to drugs and the misconception in some quarters that combating youth drug abuse is of little relevance to them.

5.5 Youth drug abuse is not necessarily a problem confined to certain groups of young people with some particular attributes, as many other less obvious factors can be in operation at the same time. Adolescence is a period of experimentation and search for identity, and young people are more likely than adults to experiment with various things, including drugs. Young people are particularly vulnerable to peer influence as well as other risk factors such as the urge to prove oneself and to rebel against rules.

5.6 It would thus not be prudent to dismiss anti-drug efforts as irrelevant in any particular section of the community. In the school sector, preventive education is important for all. Every school should be well prepared to deal with any unfortunate case of drug abuse among students. With enhanced anti-drug efforts across the board, we should be able to engender a change to the mindset and minimise concern about possible stigmatisation, in the best interest of students.

5.7 Another issue identified by the Task Force is that many teachers are not that well-equipped with knowledge and skills in delivering drug education to students and handling drug cases effectively. The school management may also be in need of expertise, resources and support from the outside to put in place the right approach and protocol of dealing with anti-drug matters on campus.

5.8 To address the issues identified, the Task Force would propose a strategy along the following directions –

- (a) institutionalising a healthy school policy with an anti-drug element;

- (b) strengthening drug education;
- (c) identifying at-risk students who may need help; and
- (d) enhancing support for schools.

5.9 It is assessed that the critical success factors of implementing the strategy are a high degree of awareness of the drug issues among schools; the readiness and confidence of the school sector in tackling the youth drug abuse problem; and no stigmatisation of those schools which proactively devise and implement anti-drug measures.

(C) Healthy School Policy with an Anti-drug Element

5.10 The Task Force sees the need to foster a culture of embracing drug education in the school sector. This should start at the policy level in each school in accordance with school-based management.

Recommendation 5.1

The Task Force recommends that all schools should devise a healthy school policy to build up positive values and attitudes among students from an early stage, thereby enhancing their ability to resist taking drugs. A school may, having regard to its own circumstances, devise a school-based policy to address its students' specific needs.

Measures taken thus far

EDB is taking the lead to promote institutionalisation of a healthy school policy in all schools. It has set up a time-limited dedicated anti-drug education team to spearhead and coordinate such efforts during the initial three years and an advisory committee to benefit from the counsel of representatives from the school sector and departments concerned.

5.11 Each school should appoint an experienced teacher to coordinate all matters relating to the healthy school policy. The teacher will be responsible for fostering a caring environment and a positive and amicable atmosphere to encourage students to lead a healthy way of life. The school management will need to ensure that all staff understand and support the healthy school policy.

5.12 The healthy school policy should be an integral part of the school's Three Year Development Plan and Annual Plan and Report. It should be subject to regular review for adjustment and improvement.

5.13 The school management can make use of the healthy school platform to step up preventive education, beginning with curriculum planning and teaching strategy to equip students with drug knowledge, and correct their misconceptions about psychotropic substance abuse.

5.14 For schools in need, a targeted approach should be adopted under which they have to step up their efforts by formulating comprehensive anti-drug programmes pertaining to the students' needs, which should be discussed and endorsed by the School Management Committee or Incorporated Management Committee. Relevant Government bureaux and departments would also strengthen their support to these schools.

(D) Strengthening Drug Education

(a) School curriculum and beyond

5.15 Drug education has been integrated into the school curriculum for various Key Stages of Learning and related topics have been incorporated in relevant subjects at primary and secondary levels. Great efforts have been made through the school curriculum and learning experiences to cultivate positive values and attitudes among students for whole-person development.

Recommendation 5.2

The Task Force recommends that EDB should –

- (a) review and strengthen the anti-drug elements in various Key Learning Areas and subjects, notably in the new senior secondary curriculum to be implemented in 2009-10; and
- (b) encourage and provide more opportunities for students to engage meaningfully in Other Learning Experiences (OLE) for positive peer influence and life values cultivation.

5.16 EDB will continue to offer diversified learning opportunities to cultivate positive values among students. It will continue to provide educational programmes whereby students may acquire life skills and refusal skills to keep themselves away from drugs, to enhance their capability to resist temptation, and to handle adversities with proper attitudes and skills.

5.17 EDB will enhance its efforts to promote students' participation in uniformed group activities, Smart Teen Camps, visits to DIC and other youth development programmes such as the Understanding Adolescent Project¹, and P.A.T.H.S.², and by exploring further collaboration with other parties for offering OLE opportunities to students.

¹ EDB has organised the Understanding Adolescent Project (UAP) for primary schools since the 2004-05 school year. The UAP is a comprehensive support programme for personal growth. It aims at enhancing students' resilience in coping with the challenges they have to face as they grow up. Findings from students' evaluation questionnaires indicated that students who have participated in the UAP generally made progress in anger management, conflict resolution, goal setting and interpersonal relationship.

² To promote the holistic development of adolescents in Hong Kong, the Hong Kong Jockey Club Charities Trust donated HK\$400 million to implement a four-year project known as 'P.A.T.H.S. to Adulthood: A Jockey Club Youth Enhancement Scheme', in collaboration with EDB and SWD. The term 'P.A.T.H.S.' denotes Positive Adolescent Training through Holistic Social programmes.

(b) Drug education programmes for students

5.18 ND, SWD, the Police and DH have all along organised or sponsored talks and other activities for students to enhance their knowledge on drugs. Specific anti-drug talks have been provided to students at Primary Four and above through NGOs sponsored or subvented by ND and SWD. Preventing drug abuse is an integral part of the Student Health Service of DH, and the Police School Liaison Programme. The Task Force appeals to all schools to embrace such programmes in planning their school calendars.

Recommendation 5.3

The Task Force recommends that drug education programmes for students should be strengthened by all departments and NGOs concerned. The format and content of such programmes should be improved to make them both informative and relevant to schools and students. Where appropriate, different speakers such as doctors, Police officers, lawyers, and ex-drug abusers may be invited to create a strong impact on students. Appropriate measures should be taken to ensure the quality of programmes organised by NGOs and departments.

Subject to arrangements with schools, the Administration should further enhance and coordinate the various programmes, to extend the coverage to all primary (upper primary students) and secondary schools as far as possible in three years' time.

Measures taken thus far

In the 2008-09 school year, the ND-sponsored and SWD-subvented programmes would reach half of the primary school students of Primary Four and above and 75% of secondary schools.

(E) Identification of At-risk Students who may Need Help

5.19 Identification of early drug abusers for intervention is an important part in the anti-drug efforts in the school sector, not only to help the abusers themselves, but also to nip a possible campus problem in the bud.

5.20 The handling of drug abuse cases demands cross-discipline team work involving teachers, school social workers, police school liaison officers, etc. The Task Force understands that schools may possibly encounter difficulties in facilitating collaboration among different parties in helping out, in view of professional ethics, personal data privacy and other legal considerations.

5.21 The Task Force appreciates that the provision of drug testing may help identify drug abusers early, especially in the school sector context. There are, however, many sensitive issues that need to be addressed. Chapter VII will discuss the idea in detail.

Recommendation 5.4

The Task Force recommends that schools should play a proactive role in identifying and assisting at-risk students early and handle suspected drug abuse cases jointly with professionals from relevant sectors. Clear guidelines and protocols should be drawn up for all personnel in the school setting to handle cases involving at-risk students and those with drug abuse problems in a collaborative manner, to ensure appropriate assistance and timely referral and follow-up.

Measures taken thus far

EDB is encouraging schools to organise the active participation of all teachers and staff in the measures addressing the healthy growth of students and in identifying at-risk students early for intervention.

EDB, ND, SWD and the Police are, in consultation with the school and social work sectors, jointly working in enhancing school and social work guidelines with drug-related elements to handle cases involving at-risk students and those with drug abuse problems.

(F) Enhancing Support for Schools

5.22 The implementation of the above recommendations in schools is not possible without enhancing support for them in various ways.

(a) Resource kits for schools

5.23 In the first place, there should be a clear, convenient documentation and repository of relevant information in the form of resource kits for reference and training purposes. The resource kits should form part of the training and professional development materials to be used by NGOs for organising training or sharing for school heads, teachers, school social workers, and student guidance officers/teachers to enhance their knowledge, expertise and confidence in teaching and handling drug-related issues.

Recommendation 5.5

The Task Force recommends that a set of resource kits should be developed for -

- (a) the school management to help them formulate a school-based healthy school policy with an anti-drug element;

- (b) guidance and discipline teachers and school social workers to help them handle cases involving at-risk and drug-abusing students, providing useful guidelines and checklists as well as case studies and pointers; and
- (c) class and subject teachers to help them deliver drug education and identify at-risk students.

Measures taken thus far

ND and EDB are working together to commission an NGO to develop the resource kits in modular form, which are targeted for completion in phases in 2009.

(b) Professional development for teachers and school heads

5.24 Aside from the resource kits, the Task Force has not lost sight of the need to enhance continuous professional development of teachers for them to deliver the new tasks. The Task Force also appreciates the pivotal role of school heads in shaping and guiding the development of the recommended healthy school policy, given competing priorities and demands from various stakeholders.

5.25 The Task Force considers that structured training should be provided to include –

- (a) a half-day, on-site school-based training programme for class and subject teachers of local primary and secondary schools to enhance their knowledge on drugs and drug prevention as well as to develop their skills in early identification of at-risk students; and
- (b) two-day intensive training for key school personnel, such as guidance and discipline teachers, to equip them with

knowledge and practical skills in planning and implementing a healthy school policy with an anti-drug element, and to collaborate with various quarters of the community and the Government to prevent drug abuse, identify at-risk students and handle drug cases involving students.

Recommendation 5.6

The Task Force recommends that, starting from the 2008-09 school year, structured professional training for teachers should be enhanced to reinforce their competence and knowledge in delivering drug education and handling at-risk students who may have drug abuse problems. The training programme aims to cover all local schools in five years time. Teaching relief grant should be provided to enable teachers to take part in the training.

Measures taken thus far

ND and EDB are working together to commission NGOs to run the teacher training programmes in 2008-09 school year. Resources have been obtained to provide teaching relief grant for teachers to attend two-day training.

Recommendation 5.7

The Task Force recommends that a seminar by senior officials, medical experts and prominent figures from the anti-drug field should be organised for school heads to appeal for their support and to facilitate exchange of practical experiences in implementing anti-drug initiatives in schools. Subject to progress of the enhanced anti-drug efforts in the school sector in future, further programmes may be organised to reinvigorate support of school heads and to update them on the latest drug trends.

Measures taken thus far

An anti-drug seminar for school heads was jointly organised by ND and EDB on 4 July 2008. More than 500 school principals and educators from primary and secondary schools took part.

(c) School social work service

5.26 As detailed in Chapter VI, the Task Force sees merits in seeking an enhancement to the provision of the school social work service to augment the efforts in the secondary school platform in implementing the healthy school policy. As set out in Recommendation 6.1, subject to availability of resources, the school social work service should be strengthened to complement the overall enhancement of anti-drug efforts in the school sector following progressive implementation of the healthy school policy.

(d) Police School Liaison Programme

5.27 As detailed in Chapter IX, the Police School Liaison Programme (PSLP) can play a key part in supporting schools in combating the youth drug abuse problem on campus. As set out in Recommendation 9.3, PSLP should be strengthened and the communication on drug matters among schools, EDB and the Police should be enhanced.

(e) Reaching out to parents for mutual support

5.28 Home-school cooperation can play a significant part in educating youngsters, especially so in preventing youth drug abuse. Parent-teacher associations and their federations are important vehicles to engage and mobilise parents to join the ranks in the anti-drug cause. As discussed in Chapter IV, an anti-drug resource kit is being developed to equip parents with knowledge and skills in preventing youth drug abuse and to identify potential problems among their children early.

Recommendation 5.8

The Task Force recommends that more anti-drug talks and programmes should be co-organised with parent-teacher associations and their federations so as to outreach to more parents for enhanced home-school cooperation in the anti-drug cause.

Measures taken thus far

EDB and ND are working hand in hand with the Committee on Home-School Co-operation (CHSC) to promote this cause. The theme of the CHSC Annual Symposium held in October 2008 was dedicated to healthy family with prevention of drug abuse as an integral element. Hundreds of parents, teachers and school personnel attended the event.

Chapter VI

TREATMENT AND REHABILITATION

(A) Overview of Existing Efforts

6.1 Treatment and rehabilitation is an indispensable part of our drug demand reduction efforts to help unfortunate individuals who have fallen victim to drug abuse.

6.2 Broadly speaking, we adopt a multi-modality approach to cater for the different needs of drug abusers with varying backgrounds and circumstances¹. The services can be grouped into the following five categories –

- (a) counselling centres for psychotropic substance abusers (CCPSAs) subvented by SWD provide counselling services and other assistance to psychotropic substance abusers and youth at risk;
- (b) Substance Abuse Clinics (SACs) run by the Hospital Authority (HA) provide medical treatment to drug abusers with psychiatric problems;
- (c) methadone treatment programme (MTP) provided by DH offers both maintenance and detoxification options for opiate drug dependent persons of all ages through a network of 20 methadone clinics on an outpatient mode;
- (d) 39 residential drug treatment and rehabilitation centres and halfway houses (DTRCs) run by 17 NGOs. 20 of them are subvented by DH or SWD whereas 19 are non-subvented.

¹ The different service modalities may refer to the different points of intervention, different target groups (e.g. opiate users or psychotropic substance abusers), different treatment approaches (e.g. medical-based or faith-based), different aims (e.g. detoxification, maintenance or psychiatric treatment), or other differences.

All except three are currently providing services to young drug abusers as well as adult abusers; and

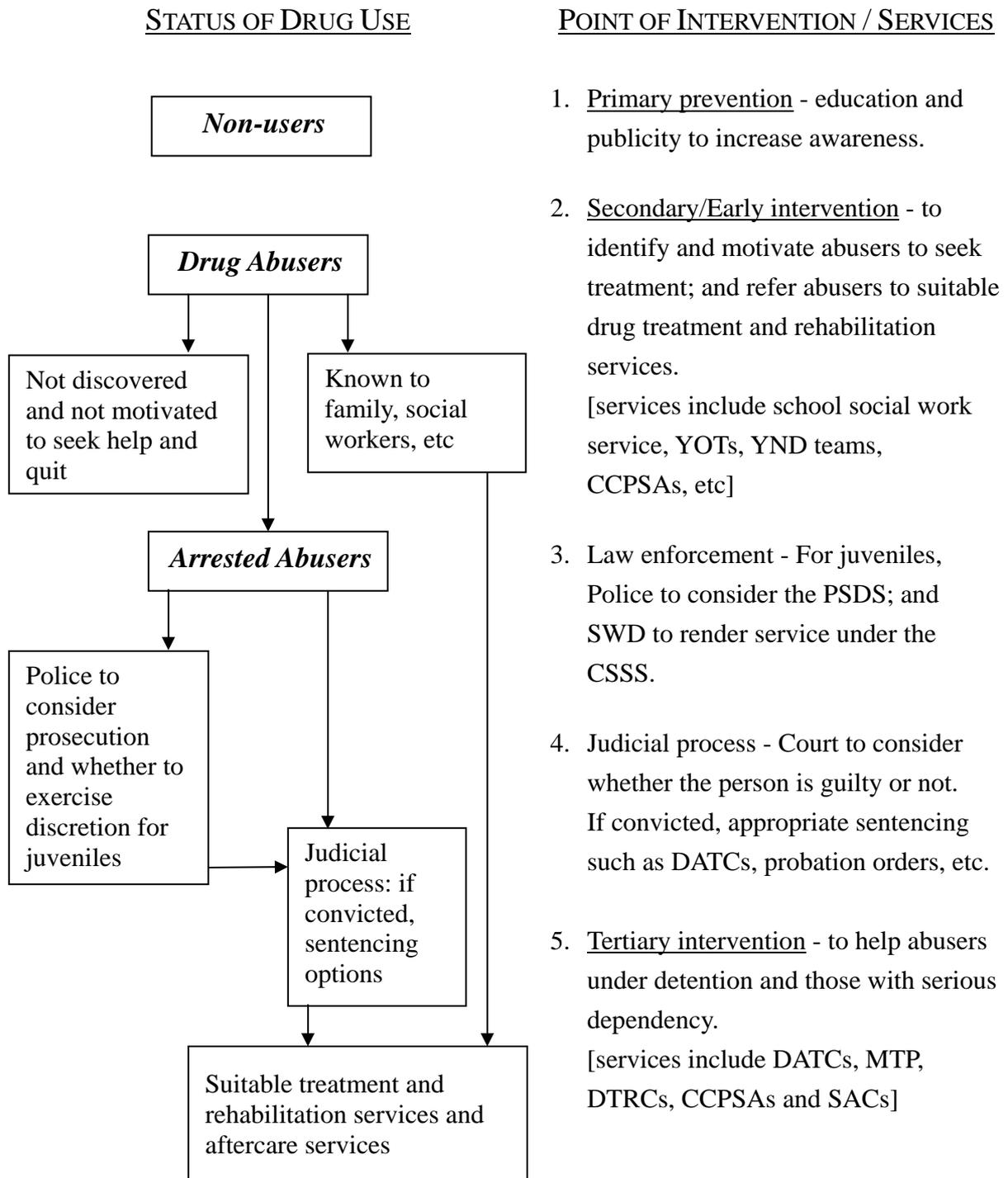
- (e) compulsory drug treatment programme at drug addiction treatment centres (DATCs) operated by the Correctional Services Department for persons of 14 years old or above who are found guilty of offences punishable by imprisonment and addicted to drugs.

6.3 Efforts to engage the youth and identify those at risk include services such as the school social work service, District Youth Outreaching Social Work Teams (YOTs), and designated Integrated Children and Youth Services Centres which provide overnight outreaching service for young night drifters (YNDs). Regarding young people who have broken the law, professional intervention may be made through the Community Support Service Scheme (CSSS) for those subject to the Police Superintendent's Discretion Scheme (PSDS), and through the probation service and DATC programme, among other sentencing options, for those convicted.

6.4 A schematic diagram of the various services and programmes in different stages of drug use can be found in Chart 1.

Chart 1

Services and Programmes in Different Stages of Drug Use



6.5 We keep our treatment and rehabilitation programmes under regular review through the cyclical formulation of a “Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong”² in consultation with the anti-drug sector. We also keep in touch with anti-drug workers from subvented and non-subvented centres, youth groups, social welfare organisations, etc through various forum including ACAN and DLC.

(B) Issues

6.6 In its exchanges with the stakeholders, the Task Force has identified several major issues of concern having regard to the rising trend of psychotropic substance abuse, particularly among the youth, as follows –

- (a) Many psychotropic substance abusers are “hidden” and/or are not motivated to seek help. They have remained out of reach of the existing help networks. Identification tools and outreaching programmes should be useful for seeking them out for treatment and rehabilitation. The inadequacy of early intervention has been regarded as a service gap in the anti-drug sector.
- (b) The provision of downstream treatment and rehabilitation services, including counselling, medical and residential drug treatment services is considered to have fallen behind demand. In particular, the inadequacy of medical services for psychotropic substance abusers has been criticised.

² The Plan maps out the future direction which drug treatment and rehabilitation services should take. Its formulation goes through a consensus building process among the stakeholders, providing a platform for all to reflect on the past years’ efforts and develop complementing strategies and programmes in view of the latest drug trend. ND plays a coordinating and overseeing role in the preparation and roll -out of the Plan. The drawing up of the Fifth Three-Year Plan for 2009-11 is underway. A working group comprising anti-drug workers from drug treatment and rehabilitation agencies, counselling centres, academics, medical professionals and Government departments has been tasked to consider and advise on the objectives, scope, work plan and preparation of the Plan. Consultation sessions have been organised to gather views from the service sector direct. ACAN, its Treatment and Rehabilitation Sub-committee, and DLC will be consulted before the Plan is finalised.

- (c) Whether and how more structured and focused treatment programmes may be provided to young drug abusers who fall under the criminal justice system should be considered.

(C) Strategy

6.7 To address the above concerns, the Task Force has pursued a strategy focusing on the following areas –

- early identification of youth at risk and intervention;
- enhancement of downstream programmes in terms of capacity and sophistication;
- continuum of service by different sectors/modalities;
- training for anti-drug workers;
- reintegration of abusers into society;
- sustained service improvements; and
- resource alignment;

and, accordingly, made a number of recommendations to enhance the welfare and medical services and undertake further policy measures.

(D) Enhancing Welfare Services

6.8 The Task Force considers that the welfare services should be enhanced to strengthen early identification, timely intervention, and remedial counselling and treatment for potential, occasional and habitual young drug abusers, as well as compulsory supervision and counselling for convicted drug offenders.

(a) School social work service

6.9 The Administration has maintained the policy of “one school social worker for each secondary school” since September 2000. SWD provides subventions to 34 NGOs which deliver the school social work service in collaboration with school personnel and other welfare service units/stakeholders in the community. In the 2007-08 school year, there are some 490 secondary schools each served by a school social worker pitched at the rank of Assistant Social Work Officer (ASWO).

6.10 Apart from conducting programmes to promote the positive development of secondary school students from adolescence to adulthood, the school social work service has played a pivotal role in the early intervention of problem students with a view to preventing them from becoming hardcore youth at risk. School social workers provide the necessary professional support to tackle the student drug abuse problems, among other psychosocial and behavioural problems. This includes initial engagement, motivational counselling to the needy students and their families, and subsequent referral to drug treatment and rehabilitation programmes upon consent.

6.11 The secondary school platform is always an important one to prevent and combat youth drug abuse. As set out in Chapter V, upon the recommendation of the Task Force, EDB is implementing a healthy school policy with an anti-drug element. In support, school social workers should play an important role, as part of the school guidance team, in early identification of vulnerable and problem students, organising preventive and education programmes, and providing them counselling and referral services.

Recommendation 6.1

The Task Force recommends that, subject to availability of resources, the school social work service should be strengthened to complement the overall enhancement of

anti-drug efforts in the school sector following progressive implementation of the healthy school policy.

(b) Day and overnight outreaching service

6.12 The outreaching service plays an important part of our early intervention strategy, by seeking out and engaging young people, in particular those who do not normally participate in conventional social or youth activities, and are vulnerable to negative influence including drug abuse. There are at present 16 YOTs providing a day service and 18 YND teams providing an overnight service, all operated by NGOs on subvention.

6.13 The outreaching service has demonstrated effectiveness in the early identification of potential or occasional young drug abusers who are non-engaged in study or employment. Through on-the-spot contacts and immediate intervention, social workers can establish trustful relationship with youngsters through rapport building which is in turn crucial in cultivating and maintaining their motivation to abstain from drugs.

6.14 The Task Force recognises that the rising number of young psychotropic substance abusers has created increasingly heavy workloads for the outreaching service.

Recommendation 6.2

The Task Force recommends the strengthening of the manpower of the outreaching service to meet an acute service need.

Measures taken thus far

Starting from 2008-09, one additional Social Work Assistant has been approved for each of the 16 district-based YOTs and

18 YND teams and the enhanced service has started since October 2008.

Recommendation 6.3

The Task Force also recommends that, in the longer term and taking into account the service demand, the outreaching service should be further strengthened to enhance early identification and engagement of youth at risk, in particular young drug abusers, to render immediate intervention and to strengthen collaboration with CCPSAs on referral of needy cases.

(c) CCPSAs

6.15 CCPSAs are cluster-based, designated units providing preventive education services and community-based treatment and rehabilitation support to psychotropic substance abusers.

6.16 At present, there are five CCPSAs operated by NGOs on subvention serving the whole territory. Each centre covers three to five districts in their respective region, i.e. Hong Kong Island, Kowloon West, Kowloon East, New Territories East and New Territories West.

6.17 The Task Force observes an increasing caseload due to the prevalence of psychotropic substance abuse, and service limitations due to the wide geographical coverage of a given centre and that drug abusers are generally less motivated to seek help. Given the increasing community awareness of the youth drug problem, enhanced upstream efforts to seek out abusers and the gradual surfacing of health problems due to psychotropic substance abuse, further surges in the downstream service demand is anticipated in the longer run.

6.18 The Task Force also observes that CCPSAs have established networks with district social welfare offices, SACs, district-based outreaching teams, CSSS, and other service units and stakeholders within their service clusters. The operation of CCPSAs should be gradually enhanced –

- (a) to enable CCPSAs to enhance collaboration with the aforesaid services in the community as appropriate;
- (b) to strengthen preventive programmes in secondary schools (Chapter V) and for parents (Chapter IV);
- (c) to receive referral of needy cases from schools, following the adoption of the healthy school policy with an anti-drug element (Chapter V);
- (d) to provide on-site medical support (paragraphs 6.28 - 6.29 below); and
- (e) to provide more outreaching service to the boundary areas and intensive follow-up services for drug abusers and their family members, following the stepping up of efforts to tackle the cross boundary drug abuse problem (Chapter X).

6.19 The Task Force considers that a total of seven CCPSAs, each serviced by seven frontline social workers on average, would not be adequate to rise up to the anticipated challenges in the longer term.

Recommendation 6.4

The Task Force recommends that CCPSAs should enhance collaboration with relevant services in the community for anti-drug preventive education as well as treatment and rehabilitation and two additional CCPSAs should be set up as soon as possible.

Measures taken thus far

Additional resources have been approved starting from 2008-09. Two new centres are expected to start operation in end 2008 in Yuen Long and Shatin, subject to identification of suitable premises and local consultation.

Recommendation 6.5

The Task Force also recommends that, in the longer term and taking into account the service demand, the CCPSAs should be further strengthened in terms of both the human resources provision in each centre and the number of centres in the territory.

(d) DTRCs

6.20 DTRCs are operated by NGOs to cater for the needs of those drug abusers who wish to seek residential treatment voluntarily, rehabilitation and social reintegration through a medical or non-medical model (such as gospel affiliation). DTRCs also provide aftercare service to rehabilitated abusers through their halfway houses with specific service objectives, including abstinence from taking drugs, reintegration into the community and developing a new direction in life and positive change in behaviour. This is another immediate pressure point due to the enhanced upstream measures.

Recommendation 6.6

The Task Force recommends that additional places should be provided at SWD-subvented DTRCs to meet the anticipated increase in the residential service demand downstream.

Measures taken thus far

New resources for 101 places have been approved starting from 2008-09.

(e) Medical social services at SACs

6.21 Overseas reports have estimated that among people with drug abuse, at least 53% also suffer from at least one other mental disorder. As a result of their mental health problems and residual incapability, drug abusers and their families may encounter problems of family relationship, household finances, etc.

6.22 The provision of medical social services (MSS) has, over the years, played an increasing role in promoting the rehabilitation and well-being of these patients and their families. Medical social workers of SWD serving in SACs of HA have been liaising closely with healthcare professionals to render more holistic assessment, treatment and psychosocial intervention conducive to early rehabilitation of drug abusers with mental health problems. According to the service statistics in 2007-08, the overall uptake rate of MSS cases in respect of the total number of psychiatric attendances registered under HA was about 10%.

6.23 Following the enhanced upstream efforts, corresponding increased referrals from the CCPSAs and other youth service units, and the opening up of two new SACs in 2008, it is anticipated that psychiatric attendances will continue to increase. There is also a case to consider in the longer term more intensive and comprehensive services to the abusers

and their families, and collaboration with other anti-drug units such as CCPSAs. Support services including parents' education, group services, life skills and resilience enhancement programmes, etc could be stepped up.

Recommendation 6.7

The Task Force recommends the provision of designated medical social workers at SACs to service the rising number of psychiatric attendances by drug abusers.

Measures taken thus far

Four medical social workers have been approved and started work since October 2008.

Recommendation 6.8

The Task Force also recommends that, in the longer term and taking into account evolving service needs, the capacity and support service provided by psychiatric MSS at SACs should be further strengthened.

(f) CSSS

6.24 Currently, five CSSS teams operated by NGOs on subvention provide support services to young offenders cautioned under the PSDS. These teams assist the offenders in reintegrating into the community, eliminating their deviant behaviour, and reducing their likelihood of law infringement. CSSS team staff also participate in the Family Conference which brings together family members of a cautioned juvenile with professionals from relevant Government departments and agencies to assess his or her needs and tailor-make a follow-up plan.

6.25 Following enhancement of law enforcement efforts to combat youth drug abuse, it is anticipated that the number of cautioned juveniles will increase. The CSSS teams should also play a critical, proactive role in following up and providing services.

Recommendation 6.9

The Task Force recommends strengthening the CSSS teams to ensure adequate support services to assist juvenile offenders in reintegrating into the community.

Measures taken thus far

Additional provisions for one additional ASWO have been approved for each of the five CSSS teams and the enhanced service has started since October 2008.

(g) Probation service

6.26 For offenders with drug abuse problems who fall under the criminal justice system, probation service is one of the sentencing options by which they are subject to supervision pursuant to the conditions stipulated in a court order.

Recommendation 6.10

The Task Force recommends a two-year pilot project on an enhanced probation service to provide more focused, structured and intensive treatment programmes for young drug offenders pursuant to the Probation of Offenders Ordinance (Cap. 298), having regard to overseas drug court practices. Details are set out in Chapter VIII.

(E) Enhancing Medical Services

6.27 Drug abuse can cause complex disorders in the biological mechanism and severe harms to the brain. There is a high prevalence of mental disorders among drug abusers, and there is also a high degree of co-morbidity between various mental disorders, which would require specialist treatment. On the other hand, a distinguishing feature of psychotropic substances is that, unlike heroin, the addictiveness and serious harm often surface gradually after a few years. The different stages of abuse may call for different kinds of medical intervention in its own right and in support of some more general efforts.

(a) On-site medical support for CCPSAs

6.28 At present, CCPSAs are only manned by social workers. Experience tells that the effectiveness of early intervention efforts could be enhanced by appropriate and timely medical support. For potential and occasional drug users, advice by medical practitioners on the potential harms of drug abuse or any signs of health deterioration arising from drug use can deter drug abuse behaviour or heighten abusers' awareness to seek treatment early. As for those who are in the early stage of developing psychiatric problems, timely medical intervention could help change the drug abusing behaviour, which could help reduce the demand for further specialist treatment in SACs later on.

6.29 The Task Force sees merit in introducing medical support services at CCPSAs ranging from body checks, drug tests, motivational interviews, to drug-related consultation. This can help identify and motivate drug abusers for seeking early rehabilitation services, assess their health conditions, help abusers stay with the treatment programme, and make timely referrals of needy cases to SACs. This would make CCPSAs service more comprehensive as a first stop in the community, among other existing healthcare units, to handle psychotropic substance abusers.

Recommendation 6.11

The Task Force recommends that medical support services should be provided at CCPSAs to enable timely and early medical intervention to drug abusers who require elementary but not yet specialist medical treatment at SACs. This may encompass procurement of medical consultation service from the community and provision of appropriate nursing staff as part of the centre complement.

(b) Immediate enhancement of SAC services

6.30 SACs are set up by HA to provide specialist medical intervention for substance abusers who have developed psychiatric complications and/or co-morbidity³. They provide treatment services to both psychotropic substance and opiate abusers. They each operate a triage system which screens all new cases and accord priority to urgent ones. Youth drug abusers account for about 14.6% of the new cases in 2007.

6.31 SACs operate designated sessions within the psychiatric specialist out-patient departments (SOPD) of hospitals. Treatment is provided by a psychiatrist experienced in substance abuse service to patients referred from various sources such as CCPSAs, general practitioners or related NGOs. The social support and aftercare services of SACs are largely provided by CCPSAs to complement MSS.

³ While the exact scope of services, set-up, staffing support and mode of operation vary among the SACs, in general they cover the following key services – (a) treatment of psychiatric co-morbidity of psychotropic substance abusers (e.g. depression, conduct or personality disorder); (b) treatment of psychiatric complication of psychotropic substance abusers (e.g. drug-induced psychosis, cognitive impairment); and (c) provision of detoxification services on a very limited basis to those abusers assessed with specific needs (mainly opioid detoxification). The SAC in the Castle Peak Hospital also deals with patients with alcohol dependence and abuse.

6.32 When the Task Force looked into SAC operations in end 2007, there were only five SACs⁴ in the whole territory. In the two clusters without an SAC i.e. Hong Kong West and Kowloon East, psychiatry services were provided to drug patients in the SOPD of the Queen Mary Hospital (QMH)⁵ and the United Christian Hospital (UCH) respectively without designated sessions. The Task Force also noted that while four CCPSAs⁶ had set up informal linkages with the SACs in operation in their respective clusters (thus providing principal support for cases receiving specialist medical intervention), the remaining CCPSA in Kowloon East, namely the Evergreen Lutheran Centre, was left with no SAC support in its cluster. The situation is very undesirable.

Recommendation 6.12

The Task Force recommends that the SAC at QMH should be re-opened; and a new SAC should be set up at UCH to meet an imminent service need and to better collaborate with CCPSAs and anti-drug agencies in the relevant clusters.

Measures taken thus far

The SACs at QMH and UCH have come into operation since July and October 2008 respectively.

(c) Further enhancement of service capacity of SACs

6.33 The demand for services of SACs has been on the rise and the total SAC attendances have increased from 6 116 in 2001 to 12 606 in 2007. The average number of new cases referred from CCPSAs to SACs was

⁴ Pamela Youde Nethersole Eastern Hospital in the Hong Kong East Cluster; Kwai Chung Hospital in the Kowloon West Cluster; Kowloon Hospital in the Kowloon Central Cluster; Prince of Wales Hospital in the New Territories East Cluster; and Castle Peak Hospital in the New Territories West Cluster.

⁵ In 2005, the SAC in QMH was closed as a part of the re-organisation of services within the hospital.

⁶ TWGHs CROSS Centre in Hong Kong, PS33 in Kowloon West/Central, Cheer Lutheran Centre in New Territories East and Caritas HUGS Centre in New Territories West.

around 80 cases per month in the past years, with some 50 put on the waiting list. The average waiting time for the first appointment has been lengthening over the years, which could now be as long as 10 to 15 weeks in some SACs.

6.34 Following the enhanced upstream efforts and the opening of two additional CCPSAs in end 2008, it is anticipated that referrals from CCPSAs and anti-drug NGOs will further increase.

6.35 Another major service area of SACs is the provision of education and training to frontline staff of CCPSAs and NGOs who need to work with psychotropic substance abusers. The purpose is to assist these staff to identify abusers with early signs of mental disorders for early referral.

Recommendation 6.13

The Task Force recommends that HA should, subject to availability of resources, further strengthen the service capacity of SACs and their support in education and training to frontline staff in anti-drug agencies to cope with the anticipated increase in demand for services.

(d) Improvement of the service delivery model of SACs

6.36 At present, SACs' clinical services are mainly provided through out-patient services in designated sessions. In-patient services are only available in the Castle Peak Hospital, Kwai Chung Hospital (KCH) and Kowloon Hospital, for treatment of serious psychiatric complications and/or co-morbidity and detoxification where necessary. There are no designated in-patient beds for psychotropic substance abusers in these hospitals and the patients are admitted to the psychiatric wards for treatment. The SAC in KCH is the only one with day hospital services, providing detoxification, individual and group therapy, occupational

therapy, and relapse prevention programme. The exact scope of services and mode of operation indeed vary among the SACs.

Recommendation 6.14

The Task Force recommends that the service delivery model of the SACs should be reviewed to enhance the effectiveness of specialist medical intervention. For example, regarding the day-time detoxification service currently provided by the SAC in KCH, HA should review the need for day-time detoxification currently available only in the SAC in KCH, its effectiveness and consider whether the service should be extended to other SACs, covering also psychotropic substance abusers.

(F) Policy Measures

6.37 From a policy coordination perspective, the Task Force also recommends a number of further measures.

(a) Multi-disciplinary approach

6.38 It is recognised that youth drug abuse problem is a manifestation of deeper family or youth development problems. To treat and rehabilitate a drug abuser, it should be most effective if a patient-centred, holistic approach can be adopted involving social workers, medical professionals, educationalists, family members, etc as appropriate. In particular, abstinence from drugs on a long-term basis cannot be achieved without an attitude change on the part of the abuser, family and peer support, provision of services such as vocational training and job hunting, as well as rebuilding one's identity and sense of worthiness.

6.39 Under the multi-modality approach of treatment and rehabilitation services as explained in paragraph 6.2 above, at the case management level, service providers of each modality already seek professional input from outside and involve other stakeholders to provide a comprehensive treatment programme. At the agency level, there are some informal linkages, for example, between SACs and CCPSAs, which work in collaboration to provide targeted services for early intervention and referral to specialist medical intervention. We have also, more systematically, sought to draw together social workers and medical practitioners to provide early intervention and motivational interview services to drug abusers in a pilot scheme launched in June 2008⁷.

6.40 There is a case to further develop the multi-disciplinary approach. Notably, the Administration should explore enhancement of collaboration between CCPSAs and SACs as well as other relevant agencies on a cluster basis. An appropriate arrangement straddling different sectors should facilitate exchange of information to enhance case management, improve coordination of service delivery, complement service deliverables, and ensure a more effective use of community resources and the provision of a continuum of medical and social services that are holistic and patient-centred for youth drug abusers. This should be part of the role of CCPSAs in enhancing collaboration with relevant services in the community (paragraph 6.18 et seq) and take into account the evaluation of the effectiveness of the pilot scheme mentioned above (paragraph 6.39).

Recommendation 6.15

The Task Force recommends that, in the context of preparing the Fifth Three-year Plan for 2009-11, the Administration should continue to pursue the multi-disciplinary approach in a pragmatic manner with a view to developing appropriate

⁷ Following the advice of ACAN, a two-year pilot collaboration scheme was launched in June 2008 to provide early intervention to young psychotropic substance abusers. The scheme involves social workers referring abusers to designated medical practitioners who provide body check service and motivational interviews. The aim is to alert the abusers of any signs of health deterioration as a result of drug use and to heighten their awareness to seek treatment early.

cooperation and networking models on a cluster basis.

Measure taken thus far

Formulation of the Fifth Three-year Plan for 2009-11 is underway for publication in early 2009.

(b) Professional training for anti-drug workers

6.41 Relevant short-term training programmes for anti-drug workers have been launched, including one on the Protocol on Screening and Assessment of Poly-drug Abusers in 2005, and a Workshop on Practical Skills in Handling Psychotropic Substance Abusers in 2007. ND also commissioned in 2006 the first structured training programme for frontline anti-drug workers and peer counsellors to enrich their drug knowledge and enhance their professionalism.

6.42 In view of the changing drug scene, there is a continuing need to equip anti-drug workers in a systematic and structured manner, with the necessary knowledge and skills to deliver treatment intervention effectively. This should cover not only social workers, but also others in contact with vulnerable youth and abusers in one way or the other, such as general medical practitioners who see thousands of patients a day.

Recommendation 6.16

The Task Force recommends that training should be provided to private medical practitioners to enhance their awareness and knowledge of the youth drug abuse problem, so that they can provide medical advice and treatment, and if necessary, referral services.

Measure taken thus far

ND is now inviting proposals for launching the training programme in 2009.

Recommendation 6.17

The Task Force also recommends that, in the context of preparing the Fifth Three-year Plan for 2009-11, the Administration should consider whether and how best further structured training programmes for anti-drug workers should be pursued and recognised in the light of demand and the changing drug scene.

Measure taken thus far

Formulation of the Fifth Three-year Plan for 2009-11 is underway for publication in early 2009.

(c) Reintegration into society

6.43 Any treatment and rehabilitation programme must target at drug abusers' reintegration into society and seek to prevent relapse. This would require not only a proper design of the programme to change attitudes, build up skills and provide aftercare services, but also community and family support for rehabilitated abusers.

Recommendation 6.18

The Task Force recommends educating the public about accepting rehabilitated drug abusers and appealing to different sectors of the community for support.

Measure taken thus far

Such educational and appeal efforts are part of the territory-wide campaign launched in June 2008 and the *Path Builders* initiative launched in September 2008.

Recommendation 6.19

The Task Force also recommends that, in the context of preparing the Fifth Three-year Plan for 2009-11, further measures should be explored to enhance the reintegration elements of the treatment and rehabilitation programmes and to promote and solicit community and family support.

Measure taken thus far

Formulation of the Fifth Three-year Plan for 2009-11 is underway for publication in early 2009.

(d) Sustained service improvements

6.44 As psychotropic substances have become popular drugs of choice in the recent years, drug treatment agencies are encouraged to re-engineer their opiate-oriented treatment and rehabilitation programmes to match the needs of psychotropic substance abusers. All four subvented non-medical drug treatment agencies and two of the three subvented medical drug treatment agencies, have extended their services to cater for the specific needs of psychotropic substance and occasional drug abusers since end 2003.

6.45 To understand how our treatment and rehabilitation programmes are doing, we have been collecting relevant information and statistics from service providers and making research efforts on service effectiveness. Details are set out in Chapter XI.

Recommendation 6.20

The Task Force also recommends that, to meet the increasing needs of psychotropic substance abusers, ND should, through ongoing statistics collection and research efforts, closely monitor the re-engineering pace of the drug treatment and rehabilitation programmes and work with SWD and DH, as the Controlling Officers, which would discuss with subvented agencies in updating their programmes and performance targets as appropriate.

(e) Resource and service demand

6.46 Currently a significant proportion of anti-drug resources is allocated to heroin-oriented treatment and rehabilitation services. 16% of the anti-drug expenditure was spent on programmes that supported both heroin and psychotropic substance abusers, whereas 67% was spent on programmes for heroin abusers. 17% was spent on programmes for psychotropic substance abusers⁸.

6.47 Although the number of heroin abusers still remains at a high level⁹ and residential treatment service for heroin abusers is more expensive than non-residential services for psychotropic substance abusers (such as CCPSAs and SACs), there is a continuing need to ensure appropriate resource allocation to meet the changing demand.

6.48 Looking forward, the enhancement of the Administration's efforts to raise public awareness and to train stakeholders (including teachers, school social workers, general medical practitioners and parents) to identify drug abusers, coupled with the enhanced efforts by outreaching

⁸ Support services such as youth outreaching teams, overnight outreaching service, etc rendered to youth and youth at risk, including those who have drug abuse problems, are under general welfare provision and not covered by the allocation.

⁹ There were 7 390 reported heroin abusers recorded in the Central Registry of Drug Abuse in 2007.

and anti-drug workers, will likely unearth demand for more downstream services.

Recommendation 6.21

The Task Force recommends that the Administration should ensure that anti-drug resource allocation meets the changing demand, including the review of the resources spent on MTP¹⁰ (with an annual allocation of around \$35 million) targeting heroin abusers, and the subvention allocation to the Society for the Aid and Rehabilitation of Drug Abusers (with an annual allocation of around \$72 million) which only handle opiate abusers.

Recommendation 6.22

The Task Force also recommends that the Administration should continue to critically monitor the demand for downstream services for psychotropic substance abusers over time, seek appropriate provision for efficient and effective programmes, and encourage the development of non-subvented services that are of good quality.

¹⁰ We observe that the demand for MTP services has been falling over the years. Any resource review of the MTP should not only take into account the continuing demand from heroin abusers (a large number remaining), but also the need to maintain the safety net and the role of MTP in preventing crime and transmission of important infections like viral hepatitis and HIV infection.

Chapter VII

DRUG TESTING

(A) Overview

(a) Objectives of drug testing

7.1 Drug testing can reveal whether a person has used illicit drugs. Depending on the actual mode of operation, it may serve the following objectives¹ -

- (i) **Monitoring and deterrence** - Drug testing as a form of monitoring underlines the need to enquire into the more private areas of a person's life, and in doing so, reduces the likelihood of drug abuse. Its effectiveness will depend on a number of factors including the degree of social consensus as to what constitutes socially transgressive behaviour and the capacity to apply some kinds of negative sanction or punishment.
- (ii) **Early intervention** - Drug testing as a tool for early intervention highlights the importance of identifying drug abusers early so that they may be motivated and guided towards counselling or treatment as soon as possible to avoid the problem from further deteriorating.
- (iii) **Preventing drug abuse** - Drug testing prevents drug abuse because one can use potential testing as an excuse to refuse drugs when approached by a peer. Drug testing can also help create a culture of disapproval towards drugs e.g. in schools.

¹ See, for example, "Random drug testing of school children – A shot in the arm or a shot in the foot for drug prevention?" by Neil McKeganey (2005), and US's National Drug Control Strategy 2007.

- (iv) **Crime investigation and prevention** – In countries and places where consumption of drugs is an offence, drug testing can be a tool to enforce the law and to deter offending. Separately, drug testing may also assist in preventing other crimes which may be committed to finance the habit (e.g. theft, prostitution, burglary and trafficking of drugs) by identifying offenders and suspects who are drug abusers for treatment options. This helps break the connection between drug abuse and crime.

7.2 The above objectives may be intertwined with one another. For example, development of the criminal justice system has been moving in the direction of rehabilitation rather than punishment, and seeking to divert juvenile offenders away from prosecution for alternative remedies of the delinquent behaviour. This is especially important in the youth drug abuse context when we come to devising a drug testing scheme.

7.3 In sum, drug testing, depending on the design of the scheme and the specific objectives it seeks to achieve, can be a powerful means to protect public health and maintain law and order.

7.4 Drug testing can be on urine, hair, blood and others. As background, the characteristics of various drug testing methods are set out in **Annex 4**.

(b) Mainland and overseas examples

7.5 Drug testing to identify drug abusers has been in place in different forms and to various extents in some jurisdictions. Notably, drug testing in schools and for law enforcement purposes has attracted considerable discussion.

(i) *Drug testing in schools*

7.6 Drug testing practice in schools differs in various jurisdictions and it remains a subject of debate. Issues of concern include privacy, confidentiality, consent, who should bear the cost, who should take up the role of conducting the tests, the process of selecting subjects for testing, the process of testing, drug testing methods, false positive problems, the consequences of a positive drug test, and so on.

7.7 In the United States (US), drug testing is widely available in the school setting and considered to be a key tool to address the youth drug abuse problem as it prevents drug use in the first place, helps users get the help they need and sends a message that drug use is not acceptable. Drug testing is underpinned by a US Supreme Court ruling in June 2002² which broadened the authority of public schools to test students for illegal drug use if they engage in competitive extracurricular activities. This ruling has greatly expanded the scope of school drug testing, which previously had been allowed only for student athletes. Although it is still up to individual schools to decide if drugs are a significant threat, and if testing is an appropriate response, the availability of federal, state and local funding to be used for drug testing underlines the priority accorded to the measure by the US administration.

7.8 In the United Kingdom (UK), cleaning up schools has been one of the priorities in the war on drugs. Although drug testing has been practised in the independent school sector for several years, the British Government openly supported random drug testing of students only in 2004, which started the availability of drug tests in state schools. The Department for Education and Skills has issued guidance³ to schools on drug related matters, among others, the use of drug testing. Whether and how to implement student drug testing is up to each individual school. The guidance does not cite any legal authority overriding the need for consent when putting in place a drug testing scheme.

² Board of Education of Independent School District No. 92 of Pottawatomie County et al. v. Earls et al., decided on 27 June 2002.

³ “Drugs: Guidance for schools” issued by the Department for Education and Skills provides guidance on all matters related to drug education, the management of drugs within the school community, etc.

7.9 In Singapore, some schools also administer drug tests. It is for the individual school to decide whether or not drug tests should be administered, taking into account its individual circumstances. There is no need for schools to seek government's approval in relation to their internal drug testing procedures.

(ii) Drug testing for law enforcement purposes

7.10 Drug testing is also in place in some jurisdictions as part of their law enforcement efforts.

7.11 In the Mainland, pursuant to the Anti-drug Law, persons found suspected to be drug abusers can be required to provide a urine sample for testing. Should the person refuse to undergo such a test, compulsory drug testing can be administered. For those who are tested positive for drugs, they will be subject to a fine of 2,000 yuan and administrative detention for 10 to 15 days⁴. The Anti-drug Law also specifies three types of detoxification measures for drug addicts i.e. voluntary detoxification, detoxification in community and compulsory detoxification treatment in isolation. The latter two are compulsory in nature, and may be ordered by the public security authorities under different circumstances.

7.12 In Malaysia, by virtue of the Dangerous Drugs Act, it is lawful for a police officer not below the rank of sergeant or an officer of the Customs to require an arrested person to provide a specimen of his urine for the purposes of an examination of the person to afford evidence as to the commission of offences under the Act, including consumption and possession of dangerous drugs. Any person who, without reasonable excuse, fails to provide a specimen of his urine, shall be guilty of an offence.

⁴ In the Mainland, the act of taking drugs is regarded as an act against the administration of public security under the Law on Penalties for Administration of Public Security. The Criminal Law of the People's Republic of China does not provide that the taking of illicit drugs is a criminal offence.

7.13 In Singapore, under the Misuse of Drugs Act, consumption of controlled drugs is an offence⁵. There is a general provision whereby any Central Narcotics Bureau officer, immigration officer or police officer not below the rank of sergeant may require a person suspected of drug consumption to provide his urine sample for tests. Urine samples will first be tested on the Instant Urine Test (IUT) machine as preliminary screening. After a person has been tested positive on the IUT machine, two samples of his urine will be sent for confirmatory tests. A confirmed drug abuser may be required to be subject to supervision, or to be admitted and detained for treatment and rehabilitation.

7.14 In the UK, pursuant to the Police and Criminal Evidence Act, the police may require a person who is arrested for or charged with a trigger offence (e.g. robbery, burglary, and possession of controlled drugs) to provide a sample of urine or non-intimate sample for the purpose of ascertaining whether he has any specified Class A drug (heroin or cocaine) in his body. This power may also be exercised where a police officer of at least the rank of inspector has reasonable grounds for suspecting that the misuse by that person of a specified Class A drug caused or contributed to the offence for which he is arrested or with which he is charged. A person who fails without good cause to give any sample which may be taken from him is guilty of an offence. The information obtained from the sample may be used for the purpose of informing any decision about the giving of a conditional caution, for the purpose of informing any decision about the appropriate sentence and any decision about his supervision or release in case he is convicted of an offence, for the purpose of drug assessment which the person is required to attend, for the purpose of ensuring that appropriate advice and treatment is made available to the person concerned, etc. These provisions enable identification of problem drug users earlier in the criminal justice system and refer them to treatment and other support programmes, even if they do not go on to be charged with any offence⁶.

⁵ A citizen or a permanent resident of Singapore commits this offence even if the consumption takes place outside Singapore.

⁶ Section 63B of Police and Criminal Evidence Act 1984 as amended by the Drugs Act 2005.

(c) Current position of drug testing in Hong Kong

7.15 In Hong Kong, from a drug treatment and rehabilitation perspective, a drug test for screening and identification purposes is not readily available in the public sector. In the first place, a young person, or his or her parents, must take the initiative to seek medical consultation from a private doctor or a medical officer at an Out-Patient Clinic of the Hospital Authority. The need to administer a drug test is a professional matter for individual medical practitioners. While drug tests can be a common part of the medical procedures for diagnosis and treatment in a Substance Abuse Clinic (SAC), they are more for tertiary (late) intervention and treatment than for screening and early identification purposes. The use of quick test kits by layman social workers in Counselling Centres for Psychotropic Substances Abusers (CCPSAs) is subject to many limitations. There are perhaps more hurdles than incentives to undergo drug testing for even those who are willing to take the first step to seek help.

7.16 In the school setting, some international schools have on their initiatives put in place various drug testing schemes. For instance, parents may be asked to sign a consent form at the beginning of a school year for this purpose. Students may then be randomly, or with reasonable cause, selected to undergo a drug test. Those with a positive result will be requested to attend follow-up counselling or treatment. We are not aware of any mainstream schools instituting a drug testing scheme for students.

7.17 From the law enforcement perspective, consumption of dangerous drugs is an offence under the Dangerous Drugs Ordinance (Cap. 134)⁷ (DDO). It is, however, difficult to gather sufficient evidence to prove consumption nowadays, particularly because many dangerous drugs

⁷ Section 8 of the Dangerous Drugs Ordinance (Cap. 134) provides that –
“(1) Save under and in accordance with this Ordinance or a licence granted by the Director thereunder, no person shall –
(a) have in his possession; or
(b) smoke, inhale, ingest or inject, a dangerous drug.
(2) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable –
(a) on conviction upon indictment to a fine of \$1,000,000 and, subject to section 54A, to imprisonment for 7 years; or
(b) on summary conviction to a fine of \$100,000 and, subject to section 54A, to imprisonment for 3 years.”

are consumed in a manner which is much more difficult to detect, e.g. by swallowing tablets, as compared with inhaling or injecting heroin.

7.18 Under section 59C of the Police Force Ordinance (Cap. 232), authorised police officers can take non-intimate samples (e.g. nails, saliva and hair) from a person suspected of having committed a serious arrestable offence⁸ (including consumption of drugs). However, in practice, non-intimate samples are generally of low evidential value in proving to the satisfaction of the court that an offence relating to consumption of dangerous drugs has been committed.

7.19 Separately, intimate samples (e.g. urine and blood) can be collected by law enforcement officers with the person's consent. Specifically, under section 54AA of the DDO, authorised Police and Customs officers can take a urine sample from a person suspected of having committed a serious arrestable offence (including consumption of drugs), subject to the consent of the person (or, in the case of a minor, the consent of his or her parent or guardian) and judicial approval. In practice, the suspect is very unlikely to give consent and hence drug testing in this context is not common in Hong Kong⁹.

7.20 Section 52 of the DDO provides for the examination of a person's body cavities by a doctor or nurse, and this may be done without that person's consent. However this power may only be exercised where a Police or Customs officer (of or above the rank of inspector) has reason to suspect that the person has in his actual custody an article liable to seizure under the Ordinance. Mere suspicion that a person has consumed dangerous drugs is not sufficient for invoking this power.

⁸ An offence in relation to dangerous drugs for which a person may be sentenced to imprisonment for a term not less than 7 years.

⁹ More generally, section 59A of the Police Force Ordinance (Cap. 232) also empowers authorised Police officers to take intimate samples from a person suspected of having committed a serious arrestable offence, subject to the consent of the person (or in the case of a minor, the consent of the person's parent or guardian) and judicial approval. It covers all serious arrestable offences not just those related to dangerous drugs.

7.21 An excerpt of statutory provisions which may be invoked for drug testing is at **Annex 5**.

7.22 For a young offender below the age of 18, the Police may place him under the Police Superintendent's Discretion Scheme instead of initiating a prosecution action, provided that certain criteria are met and the offence involved is of a less serious nature. The young offender must, with parental consent, agree and comply with the conditions a Superintendent of Police may impose in issuing a caution. For a youngster arrested for drug-related crimes, a possible range of measures may include undergoing a urine test to confirm whether he or she has a problem of drug abuse, receiving drug treatment, and post-caution visits by the Police's Juvenile Protection Section. One difficulty is that if the youngster subsequently fails to comply with the conditions (like attending the drug treatment programme), the range of sanctions may be limited and in particular prosecution action may be precluded given that a caution has been administered and there has been an elapse of time¹⁰.

7.23 As regards a person prosecuted and convicted of an offence, the Court may require reports in respect of various sentencing options. In preparing such reports, the relevant authorities may carry out drug tests on the convicted offender. For one reported to have drug abusing behaviour, the Court may at its discretion pass a sentence with a drug treatment element, notably detention in a Drug Addiction Treatment Centre (DATC) run by the Correctional Services Department or a Probation Order with a requirement to attend a drug treatment centre or participate in a drug treatment programme.

(d) The case for provision of drug testing in Hong Kong

7.24 Statistics show that 99% of the young drug abusers in Hong Kong abuse psychotropic substances. Unlike traditional drugs such as heroin which would require fume inhaling or injection, many psychotropic substances can readily be taken through snorting or swallowing without any paraphernalia. There may be few obvious withdrawal symptoms in the

¹⁰ See section 26 of the Magistrates Ordinance, Cap. 227 where a summary offence is statute barred after 6 months.

short term. There is also an increasing trend of abusing drugs at home or across the boundary, out of sight of public authorities or parents. This makes psychotropic substance abuse by youngsters difficult to detect by law enforcement officers, their parents, teachers or peers. As expounded in Chapter II, many abusers have remained out of reach of the existing help networks given the hidden nature of psychotropic substance abuse.

7.25 Early identification and intervention is thus a mainstay of our treatment and rehabilitation strategy to tackle the youth drug abuse problem. The Task Force considers that an appropriately designed drug testing regime has the potential of being a most powerful tool in such efforts. However, as noted in paragraphs 7.15-7.23 above, the present system is not conducive to drug testing.

7.26 From a law and order perspective, the nexus between problematic entertainment venues and drug abuse has been a major concern. The Task Force has recognised the intensified efforts by the Police in stepping up law enforcement operations in such premises to meet the challenge. The largest karaokes and discos in Kowloon in which drugs were often found have ceased business as a result of these operations. However, it has been a substantial commitment in terms of manpower and other resources, and drugs are still available in smaller entertainment venues. Police operations can be frustrated by the general alertness of traffickers and abusers nowadays, the connivance of venue staff in warning patrons of the police entry, and the dark and crowded environment enabling patrons to discard drugs before being searched.

7.27 Undercover operations are conducted, but they are mainly targeted at dealers rather than abusers. When the Police check the entertainment venues, persons are often found in a secluded area with drugs discarded onto the floor. Although the taking of urine sample is provided for in the DDO (paragraph 7.19 above), such power could seldom be exercised for proof of consumption of drugs since it requires consent of the person.

7.28 Without a voluntary self-admission, it is hardly possible to prove that a person is in possession of the discarded drugs or has consumed drugs, so no arrest can be made and the persons concerned continue to take drugs. This is dangerous as it is reinforcing the perception that consuming drugs is of no legal consequence.

7.29 In view of the above, the Task Force sees a strong need to look into whether and how further drug testing may be made available in Hong Kong for the purposes of health protection and law and order.

7.30 The Task Force is aware of the arguments against drug testing as raised by some quarters. Certain pertinent issues have to be considered very carefully before taking forward any proposals.

(e) Issues for consideration

7.31 Drug testing inevitably requires the taking of body samples, intimate or non-intimate, which may give rise to privacy concerns. Consent of the subject (and/or of the subject's parents) is required under the present law, unless there is clear justifications and overriding legal authority.

7.32 The Task Force notes that there is currently no legal authority, whether under the existing legislation or at common law, for the law enforcement agencies to carry out compulsory drug tests, without the need to obtain consent of the suspect, for ascertaining whether a person has consumed dangerous drugs¹¹. Therefore, some form of legislative backing, and justification for such, would be required if compulsory drug testing is to be taken forward to help identify drug abusers.

¹¹ See paragraphs 7.18 – 7.20 above. Separately, under Regulations 54 and 96 of the Education Regulations (Cap. 279 sub. leg.), the Permanent Secretary for Education has power to require a student to submit to medical examination and to require a principal to expel or suspend a student. In context this power is primarily for protecting health and well being of pupils and those coming into contact with them, and for determining their physical fitness (see sections 84(1)(f) and (g) of the Education Ordinance (Cap. 279)). It is doubtful whether this power may be invoked for ascertaining whether a pupil has taken drugs.

(i) *Compulsory drug testing*

7.33 Compulsory drug testing is potentially a very effective means of screening and identifying drug abusers for crime investigation, treatment and prevention.

7.34 However, compulsory drug testing may be argued as an interference with human rights, in particular the right to privacy, comprising the right to human dignity and bodily integrity (including right to refuse medical treatment). Some may argue that compulsory drug testing would lead to abuse of civil liberty by giving excessive powers to law enforcement agencies (or such other parties administering the test), particularly on juveniles who are vulnerable and would require special protection from those who may abuse their position of power. In addition, although consuming drugs is an offence under the DDO, it is for the prosecution to prove that a person has committed that offence. Some may argue that to use the result of drug testing obtained by compulsory power from an individual as evidence against the individual in a criminal charge may possibly infringe the right not to incriminate oneself¹².

7.35 Even where a compulsory drug testing scheme only for identification and treatment purposes without involvement of law enforcement officers is carried out in, for example, schools, it still could give rise to concerns about privacy. Another objection is the undermining of the trust between staff and students that should be in place in an education setting, which would in turn impact negatively on other aspects of young people's educational work, including drug education. There are other difficult issues like possible stigmatisation of a student who has been tested positive, false positive and false negative results, cost-effectiveness and others¹³.

¹² Legislative precedent exists for such compulsory powers, for example under the Road Traffic Ordinance (Cap. 374) which, under prescribed circumstances, requires a driver to undergo a breathalyzer test, the result of which may be used in evidence.

¹³ Some may even query the underlying assumption of the proclaimed efficacy of drug testing in preventing drug abuse. See footnote 1.

7.36 Such an interference could only be justified if it is prescribed by law, for a lawful purpose, and rational and proportionate to the problem.

7.37 The Task Force has given the matter careful consideration. Given the grave harm caused by the abuse of psychotropic drugs to those who consume them and the community at large, the difficulties in detecting and proving consumption of dangerous drugs which is a serious arrestable offence, and the degree of seriousness of the whole youth drug abuse problem we now face, the Task Force believes that there is a strong case to pursue a legislative exercise to provide for compulsory drug testing by our law enforcement agencies for the lawful purposes of crime investigation and prevention and protection of public health. The statutory scheme must be designed carefully in a rational and proportionate manner, with built in safeguards against arbitrariness and for the protection of affected persons' rights. The various implications must be addressed fully.

7.38 The Task Force also considers that the proposed investigative powers through compulsory drug testing should be confined to law enforcement officers who have been given appropriate training and are subject to strict discipline.

(ii) Voluntary drug testing based on consent

7.39 There may be two approaches in devising a voluntary drug testing scheme based on consent. One is to make available a convenient drug test service and to offer the service on a purely voluntary basis. Another approach is to target the drug test at a certain population (like students of a school) and press for comprehensive compliance coverage¹⁴ through various means.

7.40 The first approach is only effective in helping those who are willing to come forward for help (e.g. caring parents who are able to persuade their at-risk child to seek help). Indeed, if a person is willing to come forward for help, he or she may have, to a certain extent, already

¹⁴ Not necessarily physical administration of the test on each and every subject of the population. Compliance may be achieved by obtaining prior consent to a possible drug test in future under specified circumstances, as in randomised testing.

admitted using drugs. Drug testing may be seen as the beginning of a treatment process or a pre-requisite for further treatment and follow-up services. The Task Force considers that naturally, it is not as an effective tool for screening as the second approach below, but it can still play a useful role to offer help to those in need.

7.41 The second approach can be effective as far as the target population is concerned, if a reasonable level of compliance (i.e. in subjecting oneself to the test) can be achieved. Compliance may be achieved through possible incentives, appropriate sanctions when consent is not given, peer pressure and other means. In the school setting, it may be feasible in certain international schools as students (or parents on their behalf) who do not give consent to drug testing may ultimately be denied enrolment. However, this may not be workable for other schools where the same kind of competition in enrolment or parental attention may not be present. In any case, schools will be discouraged from dismissing students found to have abused drugs.

7.42 But even a scheme purely based on consent is not without criticisms if the second approach is followed. Some may see it an unethical intrusion into the privacy of a person, with the kind of pressure or sanction resulting if consent is not given. The various objections to compulsory drug testing (paragraphs 7.34-7.35 above) may also be applicable here, but probably not with the same degree of emphasis¹⁵.

¹⁵ More practically, a scheme based on consent will next invite the question of whether parental consent will be sufficient legal authority for a drug test to be carried out on a child. Parental consent alone provides that a drug test may be carried out lawfully but it does not determine that a drug test shall be carried out. The law also recognises that a child, depending on his or her age, may have the competence to determine his or her own well-being. In that case, parental consent would not suffice if the child refuses to undergo a drug test. The case law does not specify an age at which a child is recognised to have such competence. The older the child, the more likely he or she is to have such competence. Article 12 of the Convention on the Rights of the Child, an international human rights treaty applicable to Hong Kong, is also relevant - "... to assure to the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child".

7.43 The Task Force has carefully considered the whole matter and the many challenges presented. On balance, it considers the possible options under a voluntary approach should be further considered but a more in-depth investigation and analysis of the relevant environment and possible implications is necessary before these options can be usefully formulated. The availability of a drug testing scheme in the community can play a useful role in helping those who themselves are willing to come forward. A credible and effective drug test service targeting students, though ultimately based on consent, would enable the schools to tackle the youth drug abuse problem more effectively and send a strong message of our resolve.

(B) Possible Options under a Compulsory Approach

7.44 As noted in paragraphs 7.33 to 7.38 above, the Task Force sees a strong need to look into how a compulsory drug testing scheme can be introduced with legislative backing.

7.45 The Task Force must emphasize at the outset that the purpose of introducing compulsory drug testing is not to facilitate prosecution for the sake of punishing offenders, but rather to enhance early intervention and rehabilitation. However, experience elsewhere shows that a degree of coercion and deterrence is necessary. Notably, if law enforcement officers are given the power to require a compulsory drug test, they would be in a better position to prove that an offence of consumption of dangerous drugs has been committed. This can then provide a concrete basis to identify the drug abuser and to exert background coercion to induce the drug abuser to undergo treatment in lieu of prosecution.

7.46 The Task Force fully recognises the sensitive issues and wide implications involved in seeking to introduce compulsory drug testing, particularly from a human rights perspective. A proper balance needs to be struck with legal and other pertinent issues adequately addressed. The community must be consulted in mapping out the way forward.

Recommendation 7.1

As a matter of principle, the Task Force recommends the introduction of new legislation to empower law enforcement officers to require a person reasonably suspected of having consumed dangerous drugs to be subjected to a drug test, although important issues including the extent of coverage, human rights concerns, read-across implications on law and enforcement, resources as well as implementation details have to be carefully considered. The primary purpose of the compulsory drug testing scheme is to enable early intervention for treatment and rehabilitation, instead of facilitating prosecution. A proposal for a compulsory drug testing scheme should be set out in a detailed consultation paper and public views should be invited before the proposal is taken forward.

7.47 The Task Force sets out below the key elements and related issues of the compulsory drug testing scheme, as well as the basis of our recommendation in respect of each of the same.

(a) Age limit

7.48 One major issue which has to be considered is whether compulsory drug testing should apply to young persons only or to persons of all ages, and if the former, where to draw the line.

7.49 The focus of the Task Force is admittedly on how best to tackle the drug abuse problem among our young people. Within its terms of reference, the proposed scheme should aim at protecting young people against the prevalent use of psychotropic substances in Hong Kong.

7.50 Young people belong to a vulnerable section of the community that need greater protection from bad influences including drugs. It is also commonly accepted that young people should be diverted from the courts to treatment and rehabilitation where possible. As stated before, the trend of psychotropic substance abuse among young people is such that more decisive measures are needed to arrest it. Because of these considerations, the Task Force believes that there is justification to offer young and especially first-time drug abusers separate treatment and rehabilitation options instead of resorting to immediate prosecution. This represents a departure from the more conventional criminal justice system and the justifications applicable to the young drug abusers may not necessarily apply to the case of older and traditional drug abusers¹⁶. There are precedents for different age limits in respect of various offences in Hong Kong and in different countries. It is therefore not a matter of legal necessity to apply the proposed compulsory drug testing scheme to persons of all ages.

7.51 If the proposed scheme is made applicable only to young persons, the next question will be whether the age limit should be set at 18 or 21. One may argue that the age of majority is 18 in Hong Kong and overseas which is recognised in the Convention on the Rights of the Child. Young persons or offenders are also generally defined as persons under the age of 18 or even younger in the criminal justice system in Hong Kong¹⁷. On the other hand, the age of 18 is not in line with ND's long-established definition of youngsters under the anti-drug policy and in its statistical records. The cut-off ages of various sentencing options and for other services for young offenders, though varied, are generally set higher than 18 to benefit more people¹⁸. Furthermore, the number of young drug abusers above 18 is significant and the rationale for alternative treatment for young offenders applies equally to those above 18. There is no simple

¹⁶ As among youngsters, psychotropic substance abuse is on the rise among adults, but is still trailing behind heroin abuse which remains dominant. Such heroin abusers are generally more easily identifiable. The argument for early identification and intervention is less strong.

¹⁷ Protection of Children and Juveniles Ordinance (Cap. 213) (juveniles aged 14-18); Reformatory School Ordinance (Cap. 225) (young persons aged 14-16/ youthful offenders aged 10-16); and Juvenile Offenders Ordinance (Cap. 226) (young persons aged 14-16).

¹⁸ Training centres (aged 14-21); detention centres (aged 14-25); rehabilitation centres (aged 14-21); young prisons (aged 14-21); Young Offender Assessment Panel (female aged 14-21/ male aged 14-25); and Community Support Service Scheme (aged below 25).

answer to the question as to where the line should be drawn. The Task Force sees merit to seek more views in this respect.

7.52 Nevertheless, the Task Force notes that there are also cogent arguments for making compulsory drug testing applicable to all ages. The Administration's anti-drug policy is not made exclusively for the young, and the same enforcement powers are usually applied to both minors and adults in respect of the same offence. Treatment and rehabilitation of drug abusers is provided to all ages. The international drug control conventions are also of general application. Persons of all ages should be treated equally. If a distinction is drawn in the law between adults and youngsters in terms of drug testing requirements, it would create enforcement difficulties. For instance, if a group of people are caught suspected of consuming dangerous drugs together, it would seem unreasonable to require the 'under aged' abusers to undergo drug testing with a prospect of prosecution and conviction but to allow the older group members to go away scot-free (which, as discussed above, results from the limited investigative power in the present law).

Recommendation 7.2

The Task Force recommends that the Administration should consult the public as to whether the proposed compulsory drug testing scheme should apply to young people only or to persons of all ages, and if the former, what the age limit should be.

(b) Tiered intervention structure

7.53 As the proposed drug testing scheme is primarily aimed to identify youngsters who have drug abuse problems for treatment and rehabilitation, the Task Force considers that a tiered intervention structure should be introduced whereby youngsters should be offered the chance of rehabilitation instead of prosecution for the first time they are caught and tested positive. The consequences should get more serious for persistent offending with prosecution as the last resort. In considering a tiered

structure, the Task Force reckons that there are different degrees of drug addiction among the abusers.

7.54 In order to set up a tiered structure with differentiations between different abusers, a central database of persons tested positive in compulsory drug tests would have to be set up. A person tested positive for the first time (“the first-timer”) would be given a warning and offered the service of voluntary treatment and rehabilitation programmes through information provision or assistance by social workers. Appropriate follow-up visits can also be considered. The evidence obtained by the compulsory drug test will not be admissible as evidence for any offence of consumption¹⁹. If the same person is caught and tested positive for consuming dangerous drug a second time (“the second-timer”), the law enforcement officer of a sufficiently senior rank has the discretionary power to offer the second-timer a mandatory treatment option in lieu of prosecution. If the same person is caught and tested positive for consuming dangerous drug a third time or more (“the third-timer” and beyond), he would be prosecuted and the positive drug test result would be admissible evidence to prove consumption at trial.

7.55 The warning given to the first-timer is the first step in the overall scheme for deterring or rehabilitating young drug abusers. Although the first-timer will not face prosecution for the consumption offence based upon the evidence obtained by the compulsory drug test²⁰, in the case of a young offender, this first step would have alerted his parents/guardian of his drug problem (the drug test and/or the warning would have been administered with the knowledge of the parents/guardian). This prospect of itself will give rise to considerable deterrent effect. Further, upon being so alerted, most probably the parents/guardian would consider the treatment or rehabilitation programmes offered or at least would become more vigilant from then on. Therefore it may not be necessary to confront the first-timer at that stage with the choice between compulsory treatment and prosecution, which would involve considerable public resources.

¹⁹ This is without prejudice to the possibility of charging the consumption offence based on evidence other than the drug test result, or the charging of non-consumption drug-related offences.

²⁰ As mentioned, currently, consumption cases are difficult to prosecute in any event due to the difficulty of proof.

7.56 However, this treatment of first-timer is not without concerns. Some may argue that the first warning is feeble, and may even give a wrong message that a young person need not worry about the risk of being prosecuted unless and until he has been caught consuming dangerous drugs for the second time. This may also create a disparity with young persons caught in possession of dangerous drugs on the same occasion, with the first-timer not having to face prosecution, the second-timer at risk, and the third-timer definitely.

7.57 The alternative is to dispense with a first warning and directly offer a choice between mandatory treatment and prosecution to first-timers. Second-timers and subsequent offenders will be prosecuted right away. It should be noted that the person is prosecuted and convicted, sentencing options themselves can contain mandatory treatment and rehabilitation elements (paragraph 7.23 above).

7.58 The Task Force is in favour of a tiered intervention structure. In terms of protecting the welfare of youngsters, the criminal justice system tends to steer young offenders away from prosecution in favour of rehabilitation options. A tiered intervention structure may make the whole scheme of compulsory drug testing more acceptable by providing a further buffer from prosecution. As to whether a two-tier structure (paragraph 7.57 above) or a three-tier structure (paragraph 7.54 above) is more appropriate, the Task Force's preference is with the three-tier system especially if the scheme is confined to young people. However, this matter is debatable and the Task Force believes the public should also be consulted thereon.

7.59 Further, if it is ultimately decided that the proposed compulsory drug testing scheme should be made applicable to persons of all ages, it is possible for different tiers of intervention to be applied to youngsters and adults, with more lenient treatment for the former.

Recommendation 7.3

The Task Force recommends that the proposed compulsory drug testing scheme for youngsters should comprise a tiered intervention structure offering a warning and/or treatment and rehabilitation option for those who test positive, diverting them away from possible prosecution which should be the last resort. The public should be consulted on the options of a two-tier or a three-tier intervention structure.

(c) Presence of parents/legal guardians or an independent person

7.60 As a safeguard against possible abuse of power by law enforcement agencies for the protection of a young person under the age of 18, the presence of a person independent of the law enforcement officers during the provision of the body samples by the young person can be considered.

7.61 Parents and legal guardians should assume parental responsibility for young persons aged under 18. They should attend to their needs and welfare. In case they cannot be reached, relatives should be contacted. To deal with those situations in which after a reasonable period of time, no one related to a minor is available, an independent person drawn from a stand-by pool should be present to oversee the taking of the body sample. The composition of the pool of independent persons can be further considered.

Recommendation 7.4

The Task Force recommends that the proposed compulsory drug testing scheme should provide for the taking of body samples of a minor in the presence of his or her parent or legal guardian (or relatives), or an independent person in case the

former is not available. The public should be consulted on the possible pool of independent persons.

(d) Extra-territorial effect for the consumption offence

7.62 According to CRDA, a significant proportion (i.e. 11%) of all reported drug abusers had taken drugs in the Mainland in 2007. As regards those aged under 21, some 17% had taken drugs in the Mainland.

7.63 The Task Force notes that if we tighten control in Hong Kong by instituting compulsory drug testing, we would expect certain enforcement difficulties as some might argue that the drugs had been taken outside Hong Kong, especially those who frequent venues outside Hong Kong to take drugs. The “balloon effect”²¹ might also see more going to Shenzhen to seek indulgence, exacerbating the current cross-boundary drug abuse problem. Although legislating with a view to regulating the behaviour of persons outside Hong Kong’s boundary is the exception rather than the rule, there should be a case to consider giving the offence of consumption of drugs extra-territorial effect as part of the package of the proposal for compulsory drug testing. After all, the harms to the offender himself and to the others in the Hong Kong community would be equally great even if drug consumption takes place outside Hong Kong.

7.64 The Task Force notes that the Basic Law does not prohibit the legislature from making law with extra-territorial effect. There are also recent legislative precedents of extra-territoriality, e.g. in respect of offences related to child sex tourism. From a legal policy point of view, there is a case for legislating with extra-territorial effect for the offence of consumption of drugs. There is, however, a need to demonstrate the nexus between the territory and the legislation, avoid undue intrusion into the jurisdictions of other territories, and consider whether the proposed extra-territoriality should apply only to Hong Kong residents or to any person regardless of his nationality or residency.

²¹ Enhanced efforts in one geographical area may result in greater illegal activities in neighbouring areas if not checked by comparable action at the same time.

7.65 Having regard to the substantially wider scope of change to the criminal justice system should the offence be legislated with extra-territorial effect, and the various complex issues involved, the Task Force considers that this is an important matter on which the public should be consulted.

Recommendation 7.5

The Task Force recommends consulting the public as to whether extra-territorial effect should be introduced to the offence of consumption of drugs (and the extent in terms of the degree of connection of the drug abusers to Hong Kong), or whether the status quo should be maintained (i.e. no extra-territorial effect).

(e) Support services and other issues

7.66 The use of compulsory drug testing to identify drug abusers is but the first step in the whole scheme of measures to drive a wedge into a problematic area not fully exposed hitherto. At present, we are unable to estimate precisely the number of young drug abusers and at-risk youth who may be uncovered by the new enforcement powers and schemes. However, if the compulsory drug testing scheme is to be implemented, there will be a huge demand for downstream support services which should be put in place in good time. It is also important that the mandatory treatment and rehabilitation programmes to be offered to youngsters in lieu of prosecution are of requisite quality and proven effectiveness, and are sufficiently wide to cater for the needs of youngsters with different backgrounds.

7.67 The need to strengthen support services applies not only to the new treatment and rehabilitation options to be provided under the compulsory drug testing scheme. It is applicable also more generally to the downstream service provision for drug abusers (such as CCPSAs, SACs and Drug Treatment and Rehabilitation Centres) and convicted offenders (e.g. probation service and DATCs) caught through other channels. The

possible impact on Government departments, subvented agencies and NGOs has to be carefully assessed and addressed.

7.68 In addition, there are other important issues that need to be considered, to name but a few: the circumstances under which the proposed new powers may be triggered, actual procedures of drug testing, possible technological neutrality of drug tests, procedural safeguards against arbitrary use of the powers and to protect affected persons' rights, and consequences of offenders failing to complete mandatory treatment programmes. Many of these do not admit easy answers. The Administration and the community need to carefully consider and deliberate through the whole matter to decide on how best to take forward this important next step in our war on drugs.

Recommendation 7.6

The Task Force recommends that alongside the formulation of a detailed proposal for a compulsory drug testing scheme, the Administration should conduct an assessment on the corresponding increase in the demand for downstream support services, including in particular the treatment and rehabilitation programmes, as well as the resource implications.

(C) Possible Options under a Voluntary Approach

(a) School-based drug testing programmes

7.69 As a matter of principle, as is the current practice in some international schools in Hong Kong, parents of students in other schools may be asked to sign a consent form pursuant to which students will be randomly selected, or with reasonable cause, to undergo drug tests as administered by the school itself or by other professionals as appropriate. Students may then be requested to attend follow-up counselling or treatment.

7.70 In reality, however, maintaining a reasonable level of compliance among parents and students will be far more complex and difficult in the local school setting. As set out in paragraphs 7.41 to 7.42 above, the administration of the tests by schools may lead to a number of complex social, ethical and technical issues as well as adding to the heavy workload of schools. In addition, strong resistance from schools and parents may be encountered. It may also be difficult to obtain parental consent especially from at-risk families.

7.71 In view of the above, the Task Force considers that making drug testing a mandatory requirement for all schools across the board may not be practicable. In line with the principle of school-based management, it may be better for the school authority itself to consider whether drug testing is a feasible and appropriate tool which it would like to adopt.

7.72 However, given the host of issues of concern identified, it is unlikely that the majority of schools would, on their own initiative, consider arranging school-based drug tests. In order to assist the schools to consider the feasibility of introducing drug tests on campus, the different means available, and to facilitate its adoption where appropriate, the Administration should undertake a more in-depth study into the relevant issues and suggest model schemes for reference. In particular, the study should draw up protocols tailored to the local school setting, identify critical success factors, suggest a promotion scheme for voluntary adoption by local schools, and address the various issues of concern including liberty of persons, possible labeling effect, ways to promote compliance among parents and students, the kind of sanctions and incentives to be provided, which party should conduct the drug tests, the funding of the scheme, support and referral services required, etc.

Recommendation 7.7

The Task Force recommends that, a research project should be commissioned to devise possible school-based drug testing schemes for voluntary adoption by schools, having regard to the practices in local international schools and those in overseas jurisdictions.

Measures taken thus far:

Plans are being drawn up by ND to invite research proposals on how a school-based drug testing scheme for voluntary adoption by local schools should be devised.

(b) Providing drug testing in the Student Health Service

7.73 The Task Force has considered whether it is desirable and cost-effective to add a drug test to the health check programme under the Student Health Service (SHS) which focuses on students.

7.74 Currently about 50% of Primary One to Secondary Seven students participate in SHS. Enrolled students annually attend an SHS centre for a series of health checks and physical examination, which screens for health problems related to growth, psychological health and behaviour etc. The idea is to invite parents to consent to adding a drug test to the series of health checks. They will then be notified of the test result, and, if positive, invited to refer the child to SWD or designated NGOs for voluntary follow-up services.

7.75 There are, however, concerns raised. Past experience has shown that students joining SHS normally have good family support. It may not be a good use of resources to screen those students who are unlikely to be a concern. Students may also feel intimidated by the drug test option and refuse to attend the health checks altogether, thereby jeopardising SHS itself.

7.76 Another pragmatic approach is to sever the drug test from the health check programme, and to locate a drug test service at SHS centres taking advantage of the infrastructure, core medical staff and wide regional network in place. Parents are therefore at liberty to bring their children to these premises for drug tests and screening, without any prior SHS enrolment. Again, there are concerns that co-locating the drug screening

service in SHS centres may undermine the smooth running of the normal programme. Students may still equate attending SHS centres as attending for drug screening and rather drop out instead, again hampering the level of participation in SHS.

7.77 The Task Force appreciates the validity of all these concerns which need to be fully addressed before any action can be taken. But as students are a primary focus of our help, the Administration should further explore ways to deliver a voluntary drug test service focusing on students to further supplement the current student health service and promotion programme.

Recommendation 7.8

The Task Force recommends that the provision of voluntary drug test service targeting students should be further explored by DH in the context of its endeavour to promote student and adolescent health.

(c) Drug testing in CCPSAs

7.78 As envisaged by the Task Force, CCPSAs should enhance collaboration with other services in the community as a first stop for psychotropic substance abusers seeking assistance, with established network with stakeholders within their service cluster and through various means of case intake.

7.79 As discussed in Chapter VI, the Task Force has recommended that medical support services should be introduced into CCPSAs to enable timely and early medical intervention to drug abusers who do not yet require specialist medical treatment at SACs. Apart from body checks and drug-related consultation, etc, such services should encompass drug testing to facilitate screening, early identification and assessment of the health conditions of the drug abusers for timely referrals.

Recommendation 7.9

The Task Force recommends that the provision of a voluntary drug test service, as part of the enhanced medical support enhanced in CCPSAs to identify and motivate drug abusers to receive early medical and social intervention and rehabilitation treatment, should be pursued.

Chapter VIII

PROBATION SYSTEM

(A) Drug Court as a Response to the Drug Problem

8.1 Drug courts have been established in a number of countries with a significant drug abuse predicament e.g. the United States, Australia and Canada. They are specialised courts adopting a multi-disciplinary approach to handle cases involving drug abusing offenders through comprehensive supervision, drug testing, treatment and rehabilitation, immediate sanctions and incentives. The judge plays a key and active role in the supervision and rehabilitation of drug abusers. The Task Force has looked into the practices overseas to consider a possible Hong Kong response.

(a) Objectives

8.2 The concept of therapeutic jurisdiction through a drug court is a relatively new concept which emerged only in the mid-1980s in the United States as a result of the unprecedented impact of the emergence of crack cocaine on the nation's criminal justice system. The first drug court was established in Miami in 1989. There are currently over 1 000 drug courts operating in the United States, most of which are targeted at adults. Some new variations have been created, including juvenile drug courts which are set up separately in view of the differences in circumstances, abuse pattern and reason of abuse between adult and juvenile drug abusers. In Canada, the drug court was first established in Toronto in 1998, whereas the drug court of New South Wales in Australia came into operation in 1999.

8.3 Drug courts in different countries share the same objective to address the cyclical relationship between relapse of drug abuse and recidivism, with some differences in eligibility, programme design and expected programme outcomes. They generally aim to reduce or

eliminate offenders' dependence on or propensity to use drugs, to reduce the level of drug-related offending behaviour and to promote the reintegration of offenders into the community.

(b) Example of drug court operation

8.4 After initial screening based on certain eligibility criteria¹, drug offenders are allowed to participate in the drug court programme voluntarily with court-monitored treatment as an alternative to the typical criminal adjudication process. Programmes can last at least one year, and sometimes longer.

8.5 Judges in a drug court are closely and intensively involved throughout the programme. They work with a multi-disciplinary team to design the programme content, and preside over the whole process to monitor and supervise the progress of treatment and rehabilitation of a participant.

8.6 The multi-disciplinary team working under judicial direction may comprise a prosecutor, a defence counsel, a probation officer, a family member of the offender, the offender's teacher, a social worker, an addiction worker, a law enforcement agent and other health care workers. The roles and responsibilities of the team members are defined. They work together on a case management basis and tailor interventions to meet the complex and varied needs of each individual participant, providing him or her access to a continuum of appropriate treatment and rehabilitation services. They also meet regularly to update each other on the progress of the participant with a view to recommending to the judge adjustment of the treatment programme or possible rewards and sanctions for the participant.

8.7 Participants are subject to random or regular drug testing and court appearances. As an immediate response to the participant's progress,

¹ In Australia, to be eligible for the drug court programme, a person must be highly likely to be sentenced to full time imprisonment if convicted; has indicated that he will plead guilty to the offence; be dependent on the use of prohibited drugs; be 18 years old or over; and be willing to participate. A person is not eligible if he is charged with, among other things, an offence involving violent conduct or a sexual offence, or is suffering from a mental condition.

the judge can, having regard to the recommendations made by the multi-disciplinary team, confer rewards on a participant who maintains a satisfactory level of compliance with the conditions of the treatment programme. On the other hand, sanctions may be imposed on the participant for non-compliance. Rewards may include a decrease in the degree of supervision or the frequency of testing, while sanctions may include an increase in the frequency of court appearances, counselling or other treatment.

8.8 Successful completion of the programme may result in dismissal of criminal charges or imposition of a non-custodial sentence. On the contrary, pre-mature termination of the programme by the court may lead to re-sentencing of the offender for the original offence, in which case a custodial sentence will likely be imposed.

(c) Observation

8.9 Although the features of a drug court in different jurisdictions may differ, evaluations to date in general support the value of drug courts in achieving higher treatment retention rate, reducing drug use and associated behaviours². However, note should be taken that the present findings can only be based on a relatively short history of the drug courts.

8.10 The concept of drug courts is premised on the belief that increased and harsher penalties will not necessarily prevent or reduce drug abuse behaviour. The traditional court process, which may focus attention on incarceration, does not address well the drug abusers' addiction problem.

8.11 Under a drug court programme, judicial supervision on treatment combined with immediate sanctions for non-compliance and rewards for reduced drug use are the cornerstone of its approach. Instead

² See (a) "Drug Courts: A National Phenomenon" at US National Drug Courts Institute's website; (b) a study commissioned by Scottish Executive "The Glasgow Drug Courts in Action: the First Six Months" (2002); and (c) a research paper by Karen Freeman "Evaluating Australia's First Drug Court: Research Challenges" (2003).

of immediately putting a drug offender in jail when there has been a relapse, the emphasis is on correcting behaviour to stop the offender from abusing drugs. Through accepting responsibility for his own actions, a participant will learn that he can indeed stop or at least reduce his drug abuse. Awareness by the offender that immediate consequences will flow from a contravention of the rules of the court acts as a powerful incentive in ensuring compliance and a reduction in illegal drug use. In addition, apart from engaging the family as a valued partner, drug courts have been able to gather available professional resources in the community to address the individual needs of the participants in a collaborative manner.

(B) Probation System in Hong Kong

(a) A sentencing option

8.12 In relation to the drug court concept, the Task Force has looked into the current options for sentencing young drug offenders aged below 21 in our own criminal justice system. In passing a sentence, the court may take into account various factors including the gravity of the offences, criminal history, family and social background of offenders, mitigation reasons, rehabilitation prognosis, etc. Generally speaking, first-time offenders committing drug offences of a less serious nature may be fined. For repeated and serious offenders, the court may consider other more severe sentencing options as appropriate. For reference, the court sentences among 2 227 young drug offenders from 2005 to 2007 are as follows -

- 801 (36%) fined;
- 685 (31%) on Probation Order;
- 657 (29%) on custodial sentences administered by the Correctional Services Department, including detention in Drug Addiction Treatment Centres (DATCs), Rehabilitation Centres, Detention Centres and Training Centres and incarceration in young prisons; and
- 84 (4%) on other sentences such as Community Service Orders, suspended sentence, bound-over, etc.

8.13 It can be seen that the Probation Order is a significant sentencing option, providing for intervention measures for drug offenders in lieu of a custodial sentence, as in an overseas drug court programme. Underpinned by the Probation of Offenders Ordinance (Cap. 298) (the Ordinance), probation supervision has been well established in Hong Kong for over 50 years. It is administered by officers of SWD under judicial oversight.

(b) Operation

8.14 Pursuant to the Ordinance, the court will first require a Probation Officer (PO) to submit a pre-sentence social enquiry report with recommendation on the suitability of an offender for probation supervision. The PO will gather information about the offender's personal background, developmental history as well as his circumstances and attitudes regarding the offence and rehabilitation prospects. Home visits and collateral contacts with the significant others of the offender will also be conducted by the PO in the course of social enquiry.

8.15 Before placing an offender on Probation Order, the court will explain to him the effects of the Order and the consequences if he fails to comply with the Order or re-offends. For an offender aged 14 or over, the court will not make the Order unless he expresses willingness to comply with the probation requirements. Such consent is not required to make the Order for an offender aged under 14. For an offender who does not give consent, the court may impose other options including a custodial sentence such as compulsory drug abstinence treatment in a DATC where circumstances so warrant.

8.16 Following the sentence to place an offender on probation, the PO shall render statutory supervision to the offender (i.e. the probationer) pursuant to the conditions stipulated in the Probation Order. The Order shall last for a period of not less than one year or more than three years. On rehabilitation, the PO shall provide counselling and group activities to the probationer, and meet his individual needs with special programmes run by other professionals and NGOs including detoxification, psychological service, urine tests and other support services.

8.17 The PO is required to report the probationer's progress at regular intervals as directed by the court, or may initiate progress reports on the probationer's unsatisfactory performance and bring the probationer to the court in dealing with a breach of the Order. In these reports, the PO may make recommendations to the court on the probationer's suitability for continuous supervision and the feasibility to modify probation requirements after taking account of factors like the probationer's response to statutory supervision, his or her motivation and capacity to change as well as requirement for extra support services in the community.

8.18 The PO or probationer may make an application to the court for discharge of the Probation Order, while the court shall not amend the Order by reducing the probation period, or by extending that period longer than three years. If the probationer is found to be no longer suitable for probation supervision due to a breach of the Order or commission of further offence(s), the court may discharge the Order and re-sentence the probationer for the original offence.

(C) Pilot Project on Enhanced Probation Service

8.19 The Task Force notes that the way drug courts are administered overseas is very different from conventional courts in our criminal justice system. In particular, our Judicial Officers are not expected or used to playing a leading, coordinating and administrative role in the rehabilitation of offenders, and it would be difficult for them to do so in the absence of appropriate legislation or constitutional framework for a drug court model.

8.20 The setting up of a drug court would also entail significant resource implications, as our Judicial Officers currently have limited time to provide individualised attention to each case, ongoing judicial supervision and direct interaction with the offenders.

8.21 The same goes for the establishment and operation of a multi-disciplinary team for each individual case, if the team is to meet regularly on pre-sentence preparations, draw up a rehabilitation programme

and monitor the participant's progress. Time is also required to gain trust and consensus among the members in the team who may have their own ideas and competing priorities.

8.22 In view of the above, the Task Force does not consider the idea of a wholesale transplant of the drug court model to Hong Kong justified at the moment. In the Hong Kong context, consistent with the spirit of drug court programmes overseas, the current system of probation service seeks to provide for suitable intervention of drug offenders through treatment, supervision, and judicial oversight, prior to a possible custodial sentence. Within the existing legislative framework, the Task Force considers that there may be room to make better use of this platform to enhance results, by borrowing some key features of the drug courts overseas.

8.23 The Task Force believes it will be useful to try out an intensified rehabilitation system with closer cooperation between POs and the Judiciary in the form of a carefully designed pilot project. POs can step up their coordinating and supervisory role to strengthen case assessment, treatment planning and progress monitoring in close consultation with concerned parties and professionals. Judicial Officers may play an enhanced sanctioning role in the rehabilitative process. More detailed proposals are set out in the following paragraphs.

Recommendation 6.10

The Task Force recommends a two-year pilot project on an enhanced probation service to provide more focused, structured and intensive treatment programmes for young drug offenders pursuant to the Probation of Offenders Ordinance (Cap. 298), having regard to overseas drug court practices (cf. paragraph 6.26 of Chapter VI).

(a) Target clientele and designated courts

8.24 Subject to discussion with the Judiciary, it is proposed that the pilot project may be launched at one or two designated Magistracies to deal with new drug-related probation cases.

8.25 The target clientele is young offenders aged below 21 convicted of drug-related offences, subject to assessment of their suitability for probation and their consent if they are aged 14 or above. While sentencing is a matter for the court, the project may benefit those who would be subject to probation in the normal course as well as provide an alternative to imposing a fine.

(b) Treatment and rehabilitation programme

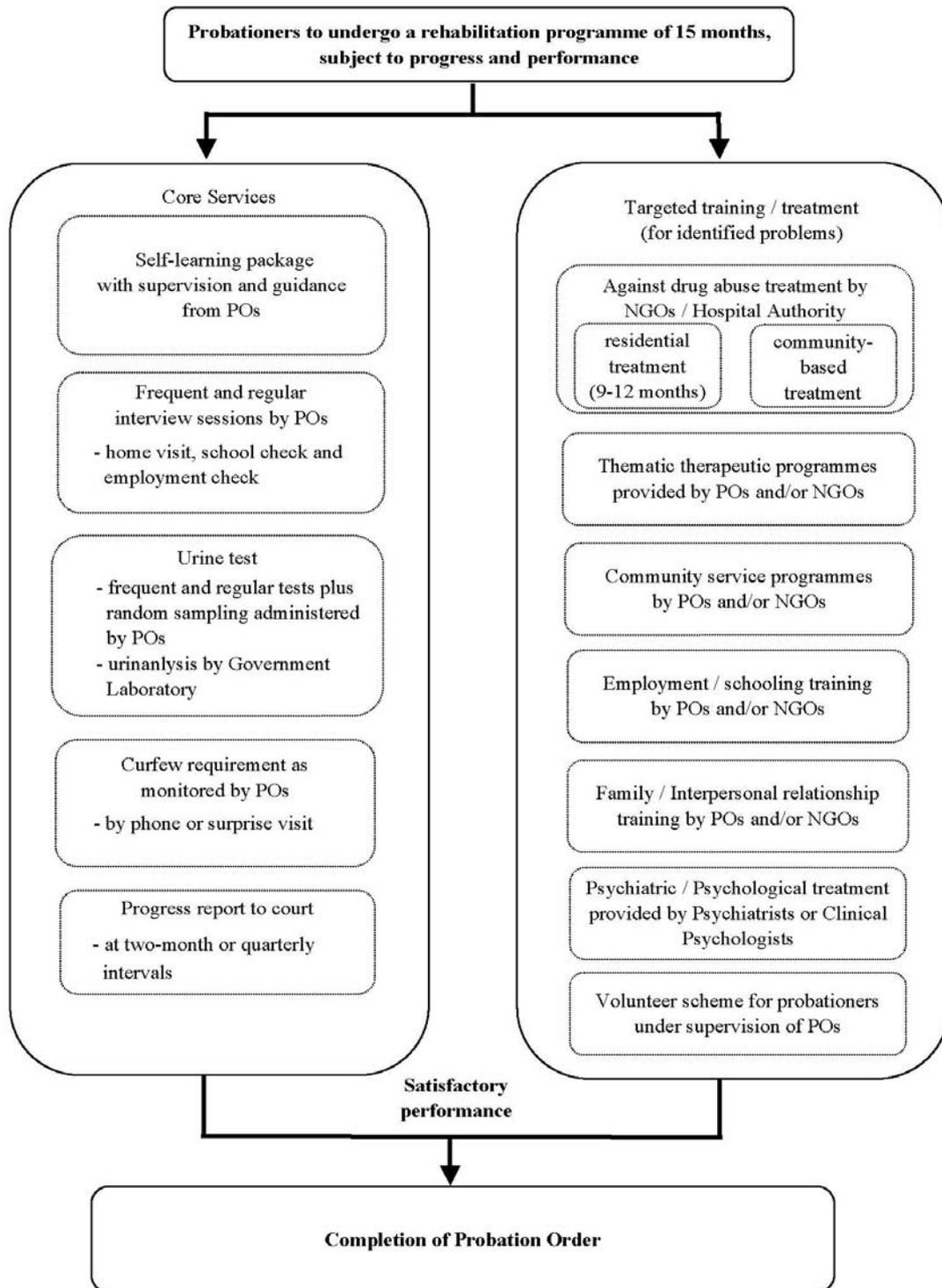
8.26 Probationers under the pilot project shall normally undergo a 15-month intensive rehabilitation programme. The actual length may vary from 12 months to 18 months subject to the performance and progress of the probationer. As an incentive, probationers with good progress may be allowed to complete the whole rehabilitation programme in 12 months. POs will apply to the court for earlier discharge of the Orders. The rehabilitation programme under the pilot project shall include two major components –

- Core modules – involving the POs supervising and monitoring the probationers (e.g. reporting sessions, urine tests, curfew requirement and progress reports to the court); and
- Targeted training and treatment programmes – involving the POs addressing the risks and needs of the probationers beneath their offending and drug abuse behaviour (e.g. psychological problem, inadequate problem solving skills, poor interpersonal relationships, etc).

A set of proposed protocol of the pilot project is given at Chart 1.

Chart 1

Proposed Protocol of Pilot Project on Enhancement of Probation Service for Young Drug Offenders



8.27 In contrast with the existing practice where POs supervise various kinds of offenders committing different types of offences, a pool of designated POs would be appointed to provide focused, intensive and specific services for young drug offenders in this pilot project.

8.28 These POs should implement the rehabilitation process by working closely with NGOs such as the Counselling Centres for Psychotropic Substance Abusers (CCPSAs) and Drug Treatment and Rehabilitation Centres (DTRCs) in tailor-making programmes specifically for individual drug offenders. The pilot project, as compared to the existing practice of probation service, should bring more targeted services as follows –

Items	Existing Probation System	Pilot Project
Goals and tasks	Determined by POs on an individual case basis	Clear specific objectives
Statutory supervision	Reporting session at least once a month	Closer monitoring, more frequent reporting sessions and urine tests
Training and treatment	Relevant NGOs are engaged for the provision of programmes	Programmes are specially designed to meet the specific needs and risks of the probationer, including self-learning packages for understanding the detrimental consequences of drug abuse and availability of therapeutic groups
Measuring performance and progress	Based on the POs' professional assessment	More objective indicators to facilitate the POs' professional assessment
Incentives and sanctions	Probationers have to complete the whole supervision period. They will be brought before the court for warning or extension of probation order in case of unsatisfactory performance	More incentives and sanctions, in terms of frequency of supervision sessions and urine tests, and curfew requirement. Subject to the court's directive, earlier discharge of the probation order for rewarding good performance

Items	Existing Probation System	Pilot Project
Judicial monitoring	Progress reports are made following the court's directives or on recommendation by POs on an individual case basis	More involvement of the court in the rehabilitation process, including the court seeking more progress reports on the probationer's performance and giving directions as appropriate
Community involvement	POs as case managers to tap community resources for the rehabilitation of the probationers	POs will continue to serve as case managers and will develop closer partnership with service providers and stakeholders in the community to tailor-make programmes for individual probationers

(c) Stakeholders' collaboration

8.29 The implementation and success of the pilot project shall hinge on the collaboration of key stakeholders through multi-disciplinary efforts.

8.30 Magistrates of the designated court shall play an important sentencing role in putting appropriate drug offenders under the pilot project. They also need to consider more frequent progress reports and preside over more frequent hearings to monitor closely the probationers' performance.

8.31 Closer and more effective monitoring of the drug abuse problems of the young offenders would require more frequent urine tests and early availability of the results. The Government Chemist will be relied on to provide more urinalysis services and produce the results within a shorter timeframe.

8.32 Last but not the least, POs should work in closer collaboration with service providers such as CCPSAs, SACs and DTRCs which provide community-based counselling, medical intervention and residential drug treatment and rehabilitation programmes respectively.

(d) Evaluation

8.33 Performance measurements should be drawn up to compare the cases involving young drug offenders placed under the pilot project and cases under the existing PO programme in other Magistracies.

8.34 Performance measurements may include the successful completion rate of the Probation Orders, the reconviction rate of cases within the probation period and one year after completion of the Probation Orders, surveys to gauge the behavioural, attitudinal and cognitive change of probationers from the perspectives of the POs, probationers and their significant others, and surveys to collect the feedback of probationers and their family members towards the programmes under the pilot project.

8.35 Subject to satisfactory outcome of the pilot project and availability of resources, the Administration may, in consultation with the Judiciary, consider continuation of the enhanced probation service with necessary fine-tuning and possible expansion of coverage in future.

(e) Implementation timetable

8.36 Taking into account the lead time required for the preparatory work, such as setting up the office for the designated PO team and developing treatment programmes and training packages, the pilot project may be launched in the latter half of 2009-10 financial year.

Chapter IX

LEGISLATION AND ENFORCEMENT

(A) Legislation

(a) Overview

9.1 The supply and use of drugs is strictly controlled in Hong Kong by legislation. Four major Ordinances are in operation -

- (a) The Dangerous Drugs Ordinance (Cap.134) (DDO) is the principal legislation dealing with dangerous drugs. The Police and Customs are responsible for enforcing the Ordinance in respect of the trafficking, manufacture and other non-medical use of dangerous drugs, and DH is responsible for the licensing of import, export, manufacture, sale and supply of dangerous drugs for medical purposes. The maximum penalties for drug-related offences are severe. For example, trafficking in or the manufacture of dangerous drugs is subject to a maximum penalty of a fine of \$5 million and life imprisonment, whereas possessing or consuming a dangerous drug is subject to a maximum penalty of a fine of \$1 million and seven years' imprisonment.
- (b) Precursor chemicals that can be used for the manufacture of illicit drugs are controlled under the Control of Chemicals Ordinance (Cap.145) (CCO). Licensing requirements and other controls are imposed on a list of precursor chemicals as set out in international conventions. The maximum penalty for importing, exporting, manufacturing, supplying or possessing specified chemical substances without a licence is a fine of \$1 million and imprisonment for 15 years. The Customs are the licensing and major enforcement authority under this Ordinance.

- (c) The Pharmacy and Poisons Ordinance (Cap.138) (PPO) controls the medical use of drugs by providing for the licensing of manufacturers, wholesalers, retailers and import and export dealers, the registration and testing of pharmaceutical products and the keeping of an up-to-date Poisons List. Almost all dangerous drugs are subject to the additional controls provided for under the PPO by being included in the Poisons List. A few common substances of abuse are controlled by the PPO but not the DDO, notably cough medicine containing codeine¹. The maximum penalty for an offence under the Ordinance is a fine of \$100,000 and two years' imprisonment. The Pharmacy and Poisons Board (PPB) is responsible for the enforcement of the provisions of the Ordinance. In practice, it acts through DH and executive committees established under the PPO.
- (d) The Import and Export Ordinance (Cap.60) provides that the import and export of every consignment of a pharmaceutical product is subject to licensing requirements. The licensing authority is delegated to the Director of Health who normally consults the PPB before an application for an import or export licence is granted. The Customs are the major enforcement agency under this Ordinance and are tasked to suppress illicit imports and exports.

9.2 Furthermore, the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap.405) and the Organized and Serious Crimes Ordinance (Cap.455) provide for the tracing, freezing and confiscation of the proceeds of drug trafficking and for action against drug money laundering. The maximum penalty for money laundering offences in both Ordinances is a

¹ Codeine is a narcotic drug widely used for its cough-suppressant properties and is used, to a much lesser extent, as a pain-killer. Codeine is also a drug with abuse potential. Codeine is a dangerous drug controlled by the DDO. However, pharmaceutical products containing therapeutic dosage of codeine - currently set at 0.5% or below - are exempted from the control of the DDO but are subject to the controls of the PPO instead. Under the PPO, for preparations containing codeine at more than 0.1% but less than 0.2%, a record must be kept of every sale transaction in respect of the name and address and identity card number of the purchaser, and the name and quantity of the cough preparation sold. Preparations containing not less than 0.2% of codeine are subject to more stringent control and could only be obtained with doctors' prescription.

fine of \$5 million and 14 years' imprisonment. The Joint Financial Intelligence Unit manned by Police and Customs officers analyses information it receives regarding suspicious transactions which may constitute money laundering or other financial crimes, and refers to investigative units for further action as necessary.

(b) Ongoing review

9.3 The Task Force has recognised the Administration's continuous efforts in keeping the legislation and its implementation up to date, in view of the changing drug abuse and trafficking trends and related social problems.

9.4 Hong Kong has strictly complied with the three international drug conventions, namely, the 1961 Single Convention on Narcotic Drugs as amended by the Protocol of 1972 (1961 Convention), the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Legislative measures have been taken to implement decisions of the United Nations Commission on Narcotic Drugs in connection with these three Conventions. For instance, the inclusion of a substance under Schedule I of the 1961 Convention for international control obliges Hong Kong to put that substance under the control of the DDO.

9.5 In addition, where there is evidence of a widespread abuse of a substance in other countries or when the abuse of a substance in Hong Kong is assessed to constitute a public health or social problem, the substance concerned may be considered to be scheduled as a dangerous drug under the DDO beyond prevailing international requirements. One notable example is the scheduling of ketamine under the DDO in 2000.

9.6 Apart from subjecting illicit drugs and related activities to appropriate controls, legislation also provides for necessary enforcement and ancillary powers. One important issue under consideration is the inability of law enforcement officers to administer drug tests on suspects in the absence of the latter's written consent and judicial sanction, making the proof of the commission of consumption offence most difficult, if not

impossible. Legislative amendment is required if some form of compulsory drug testing is to be introduced. This subject together with the sensitive issues involved has been discussed in Chapter VII in detail.

(c) Sentencing guidelines

9.7 Sentencing in any individual case is a matter for the court concerned, which depends on the circumstances of the case including the facts, the evidence admitted, and the application of any relevant guidelines or tariffs, judicial precedents and other relevant considerations.

9.8 In this connection, the Task Force welcomes the Court of Appeal's landmark judgment in *Secretary for Justice v HII Siew-cheng* (CAAR 7/2006) delivered in June 2008. In that case, DoJ, in view of the increasing threat of psychotropic substances in Hong Kong, appealed to the Court of Appeal to seek an increase in the tariffs for offences involving ketamine and ecstasy to be set at a level closer to that imposed for heroin. During the appeal, expert witnesses' reports, research findings, medical evidence, and other latest information including abuse and seizure figures had been submitted to the Court of Appeal to demonstrate the prevalence of the drugs and their multiple harms on the abusers.

9.9 In the judgment, the Court of Appeal recognised the increasing prevalence of ketamine and ecstasy abuse among young people and their harmful and addictive effects on abusers. It substantially raised the sentence tariffs for trafficking offences relating to ketamine and ecstasy². The previous and lower tariffs of which were set some ten years ago.

² New sentence tariffs for traffickers in ketamine and ecstasy –

- (1) up to 1 gramme – within the sentencer's discretion;
- (2) over 1 gramme to 10 grammes – 2 to 4 years' imprisonment;
- (3) 10 to 50 grammes – 4 to 6 years' imprisonment;
- (4) 50 to 300 grammes – 6 to 9 years' imprisonment;
- (5) 300 to 600 grammes – 9 to 12 years imprisonment;
- (6) 600 to 1000 grammes – 12 to 14 years' imprisonment; and
- (7) over 1000 grammes – 14 years upwards.

The previous sentence tariffs are as follows –

- (1) up to 25 grammes – within the sentencer's discretion;
- (2) over 25 grammes to 400 grammes – 2 to 4 years' imprisonment;
- (3) 400 to 800 grammes – 4 to 8 years' imprisonment; and
- (4) over 800 grammes – 8 years and upwards.

9.10 The Court of Appeal also emphasised the need for a custodial sentence against traffickers who operate at discos and similar premises and prey on young people. While some of the “social” or “non-commercial” trafficking cases involving small quantities of drugs can properly be regarded as falling into the lower end of the sentencing scale, this factor should not, in itself, provide a general basis for imposing a lighter sentence than would have been imposed for commercial trafficking.

9.11 The Task Force notes that the Court has held in no uncertain terms that psychotropic substances are seriously addictive and dangerous. The Court also underlines that “social trafficking” between friends and acquaintances is equally serious to attract a custodial sentence.

9.12 On another front relating to cough medicine, there have been occasional queries about the seemingly light penalties given in recent years involving the illegal sale and storage of the substance, ranging from a fine of \$2,000 to \$40,000 plus four months’ imprisonment suspended for three years, as against a maximum penalty of \$100,000 fine and two years’ imprisonment³ as set out in the PPO.

9.13 Although the abuse of cough medicine is relatively less common among young people currently (the seventh in descending order in 2007, with 127 abusers reported to CRDA), DH is, in consultation with DoJ, closely monitoring the situation, including the penalties imposed by the courts. If there is sufficient evidence in relation to the prevalence and adverse consequences of this abuse, it would make an application to the court to review the present sentencing level.

³ Over the years, the control over the use and sale of cough preparations containing codeine has been tightened, e.g. in 2005, by lowering to 0.2% the concentration threshold above which preparation containing codeine would be subject to stringent control as prescription drugs – see footnote 1. A balance has to be struck between allowing reasonable access of such a medicine by members of the public for legitimate use and restricting their availability to control abuse. Further tightening the control does not appear justified.

9.14 Moreover, pharmacies and registered pharmacists convicted of an offence may be subject to disciplinary action by the PPB. DH is also considering whether there is a case to apply to the PPB to impose heavier disciplinary penalties in appropriate cases to enhance the deterrent effect.

9.15 While any application for review of sentence or sentencing guidelines will depend on facts of the cases before the courts and any relevant surrounding circumstances, the Task Force believes it will be useful, by way of background knowledge (without in any way interfering with sentencing in any specific case), to provide our Judges and Judicial Officers with up-to-date information regarding drugs and drug-related issues and research results.

Recommendation 9.1

The Task Force recommends that ND should continue to liaise with the Judiciary Administration to provide Judges and Judicial Officers with, as background knowledge, the latest drug information, and to organise seminars or talks with the participation of law enforcement agencies and visits to drug treatment and rehabilitation facilities.

(d) Enhanced sentencing

9.16 Section 56A of the DDO is a special provision empowering the court, where it is satisfied with evidence that an adult has involved a minor in the commission of a drug-related offence⁴ and if it thinks fit, to

⁴ These include –

- (a) the procuring, supplying or trafficking by whatever means of a dangerous drug for or to a minor for possession or otherwise by a person;
- (b) a person obtaining by whatever means a dangerous drug from a minor;
- (c) provision by a person to a minor of any pipe, equipment or apparatus fit and intended for the smoking, inhalation, ingestion or injection of a dangerous drug;
- (d) a person intentionally or unintentionally employing, hiring, using, persuading, enticing, or coercing a minor in the commission of a specified offence or the avoidance of detection or apprehension of such and offence; and
- (e) use of a minor in assisting the operation or management of premises which are used as a divan or for unlawful trafficking, manufacturing, or storage of a dangerous drug.

pass a sentence on the convicted adult offender that is more severe than the sentence it would, in the absence of such evidence, have passed.

9.17 Over the past years, there have been various successful cases of invoking enhanced sentencing pursuant to section 56A. Applications have been made, where possible, for the imposition of a heavier sentence to increase deterrence against exploitation of the young in illicit drug activities.

9.18 To ensure the maximum use of the provision where appropriate, DoJ has issued a circular on the subject to remind all public prosecutors. The law enforcement agencies have also issued instructions to officers involved in the investigation and prosecution of drug offences and emphasised the importance of this provision during the training of officers.

9.19 Separately, to deter frequent deliveries of small quantities of drugs from the Mainland, trafficking by way of import or export, irrespective of the small quantities, should be treated as an aggravating factor for the purposes of sentencing, pursuant to *HKSAR v NG Po Lam (CACC 114/2004)* & *HKSAR v HONG Chang Chi (CACC 187/2001)*. Investigating officers have been reminded of this factor to ensure that all relevant evidence of importation will be provided to DoJ for submission to and consideration by the court for enhanced sentencing where appropriate.

Recommendation 9.2

The Task Force recommends that the law enforcement agencies and DoJ should work closely together to continue to utilise section 56A of the DDO and the aggravating factor of importation of drugs for enhanced sentencing in appropriate cases.

(B) Law Enforcement

9.20 In the fight against drugs, the Task Force appreciates that law enforcement agencies are taking rigorous and persistent enforcement actions, including frequent raids by the Police on entertainment venues which have led to the closure of many large problematic discos, and intensified efforts by the Customs at boundary control points.

9.21 There are, however, increasing concerns that drug-related activities are moving to some small bars, hotel and villa rooms, private premises or even schools. New modes of trafficking and supply of drugs have also emerged from time to time. At the boundary control points, there are observations that drugs are now smuggled into the territory in frequent but small batches. There has been a marked increase in the number of young persons arrested for drug offences in Hong Kong in recent years. The year 2007 and the first half of 2008 recorded a rise of 114% and 233% respectively in the number of cross-boundary drug trafficking cases by youngsters over the corresponding period in the previous year.

9.22 Against such subtle changes, in addition to the usual law enforcement actions, the Task Force sees the need for the law enforcement agencies to focus and intensify efforts in both supply reduction and crime prevention. In particular, early intervention at schools, support for juvenile offenders, information and intelligence gathering as well as detection capability at boundary control points should be strengthened. Law enforcement agencies also play a key part in our external cooperation efforts, more details of which are set out in Chapter X.

(a) Police School Liaison Programme

9.23 Under the Police School Liaison Programme (PSLP), there are at present 25 school liaison officers and 33 secondary school liaison officers who assist schools in identifying early juvenile delinquency, preventing and tackling students' involvement in crime and illegal activities through a multi-agency approach involving the school community, Government departments and NGOs.

9.24 Apart from liaising closely with schools on the practical enforcement of the law and collecting information concerning student involvement in illegal activities, school liaison officers also interview problematic students identified by schools on a small group or individual basis to assist them in building up positive values and observing discipline, and conduct talks in schools regularly on a wide range of topics including preventing and combating drug abuse.

9.25 Recent years saw a rising trend of youth involvement in crimes, in particular drug abuse, as well as of reported crimes involving students as both offenders and victims. To better utilise the school platform for prevention and early intervention of youth drug abuse and other juvenile crimes, the Task Force sees a need to improve the manning scale of school liaison officers. Taking on an enhanced role in supporting schools, they can increase the frequency of school visits, strengthen preventive education activities, and intensify police-school communication on drug and other crime control issues.

Recommendation 9.3

The Task Force recommends that PSLP should be strengthened and the communication on drug matters among schools, EDB and the Police should be enhanced.

Measures taken thus far

27 additional police school liaison officers will join PSLP in the fourth quarter of 2008 and the communication protocols have been enhanced for the more effective sharing of information between various parties.

(b) Juvenile Protection Section

9.26 Currently, the Juvenile Protection Section (JPS) operated by the Police provides referral services and conducts supervisory home visits in respect of youngsters, including drug abusers, cautioned under the Police Superintendents' Discretion Scheme (PSDS), a programme aiming to steer offenders under the age of 18 away from prosecution. Youngsters arrested for drug-related crimes are required to undergo a urine test with parental consent to confirm whether there is any habit of drug abuse, in order to be considered for PSDS instead of being prosecuted.

9.27 Experience shows that a large majority of young drug abusers has a history of committing other crimes prior to their drug addiction. To prevent young offenders from becoming embroiled in the drug subculture and reduce drug-related recidivism, the Task Force sees a need to strengthen JPS to identify early young offenders prone to drug abuse, enhance the frequency of home visits and adopt a more consistent and coordinated approach in supervision of all juveniles cautioned under the PSDS, having regard to the seriousness of offences committed and the extent to which they are considered to be at risk of re-offending.

Recommendation 9.4

The Task Force recommends the strengthening of JPS to enhance early identification, post-caution supervision and aftercare services.

Measures taken thus far

Additional provisions of one sergeant and five constables have been approved and the enhanced service will start in the fourth quarter of 2008.

(c) Intelligence gathering

9.28 The Police attach great importance to stepping up intelligence and information gathering, to keep abreast of new modes of trafficking and supply of drugs.

9.29 In view of the increasing popularity of the Internet among youngsters and the potential use of the Internet platform by criminals to disseminate information on the sale, distribution and abuse of illicit drugs, the Task Force sees clear merits to strengthen the capacity of the Police to carry out Internet patrol on narcotics offences. For example, the “policing” of the Internet for open information about dance parties, private parties and other functions where drugs may be available can lead to enforcement actions.

9.30 Separately, the Task Force considers that existing channels to gather information and intelligence on drug trafficking and abuse activities should be strengthened and made more user-friendly to encourage reporting of drug crimes and black spots of illicit drug activities.

Recommendation 9.5

The Task Force recommends that cyber patrols for intelligence on drug trafficking and abuse should be strengthened, and the Police’s existing dedicated drug reporting hotline should be reinvigorated to better appeal to the public for information on drug trafficking and abuse activities.

Measures taken thus far

One sergeant and three constables have started the cyber patrol service since April 2008. Efforts are being made to reinvigorate the drug reporting hotline.

(d) Working with NGOs

9.31 While the Customs have an effective and extensive intelligence system for the detection of drug trafficking, the rising problem of youths being exploited as drug couriers presents a new challenge.

9.32 In response, the Customs have made special efforts recently to step up liaison with NGOs that are involved in youth drug abuse matters with a view to understanding better the behavioural pattern of cross boundary young drug abusers and the modus operandi of drug syndicates in recruiting young drug couriers.

9.33 There has been positive feedback from NGOs. The information collected includes the way of getting drugs and crucial indicators of cross boundary drug traffickers and abusers, like their backgrounds, age profiles, travelling patterns, common land boundary control points used, modes of transport, etc. Consolidation of such information would be valuable in updating the risk profiles and identifying the modes of trafficking activities, which would assist frontline officers in targeting high-risk travellers.

Recommendation 9.6

The Task Force recommends that the Customs should continue to enhance partnership with NGOs to understand the latest situation of youth drug abuse and drug trafficking trend, as well as the behavioural pattern of the youth, so as to identify the changing mode of operation used by drug syndicates to recruit young drug couriers.

(e) Working with industry partners

9.34 To prevent drug syndicates from taking advantage of the efficient logistics and transport industry in Hong Kong to ship their drugs around, the Customs have solicited the cooperation and support of industry

partners to enhance the collection of information and the accuracy of cargo profiling.

9.35 Cooperation programmes have been launched with express companies and strategic partnership developed with the precursor chemical industry to identify high-risk express parcels and suspicious consignments. Seminars were also held to raise the risk awareness of their frontline staff.

Recommendation 9.7

The Task Force recommends that the Customs should continue to strengthen cooperation with industry partners on information collection against the smuggling of drugs.

(f) Detection capability at boundary control points

9.36 With the heavy traffic of passengers and cargoes between Hong Kong and the Mainland, there is a growing tendency for drug syndicates to manufacture and stockpile drugs on the Mainland and transport them in small quantities into Hong Kong. Illicit drugs are also found hidden in cross boundary coaches or concealed by individual passengers, notably at land control points⁵. The Task Force supports enhancing the Customs' detection capability.

9.37 Stationing detector dogs at the control points is an effective means to detect drug possession and trafficking at boundary or border control points, as recognised by the international customs community. They can carry out efficient searches on vehicles, cargoes and passengers for dangerous drugs, while making minimal impact on the traffic. Their presence at control points also yields a strong deterrent effect on drug traffickers.

⁵ Including Lo Wu control point, Lok Ma Chau control point, Man Kam To control point, Sha Tau Kok control point, as well as Shenzhen Bay control point and Lok Ma Chau Spurline control point.

9.38 Over the years, Customs detector dogs have assisted in the successful detection of drug cases. Among the 140 drug cases detected at the land boundary control points in the first six months of 2008, 11 were attributed to detector dogs.

9.39 Another effective means to combat drug trafficking at boundary control points is to deploy plainclothes officers to identify suspicious drug couriers among passengers. For instance, in the first six months of 2008, 8 out of 13 trafficking cases in the Lok Ma Chau control point were detected in this way.

9.40 The huge volume of passengers passing through Customs clearance area within a matter of seconds gives uniformed officers very little time for passenger profiling to identify potential drug traffickers for detailed inspection. Deploying plainclothes officers in and beyond the Customs Hall can lengthen the time for profiling and allow detection to be done effectively in a discreet manner.

Recommendation 9.8

The Task Force recommends that the Customs detector dog services should be enhanced to strengthen enforcement actions and the deterrent effect against drug abusers and traffickers.

Measures taken thus far

Additional provisions have been approved to expand the existing Dog Unit by 14 customs officers and 11 detector dogs. The enhanced service has been coming into operation by phases since September 2008.

Recommendation 9.9

The Task Force also recommends that plainclothes operations should be enhanced over time to detect drug trafficking cases at the boundary control points.

(g) Crime prevention

9.41 Crime prevention and preventive education are also important aspects of the work of our law enforcement departments, in a bid to tackle the problem at source.

9.42 Apart from regular talks, seminars and anti-drug campaigns against youth drug abuse at schools and in the community, the Police also organised projects targeting at-risk youths to promote positive values and healthy lifestyle, in collaboration with NGOs and Government departments at the district level.

9.43 The Customs have focused their preventive efforts on tackling the cross boundary drug problem, seeking to raise the awareness among the public, especially the youth, of the serious consequences of drug trafficking and the penalties of drug abuse in the Mainland.

9.44 To curb a possible upsurge during festive seasons, the two disciplined services always step up their publicity efforts, for instance through media interviews and joining forces with district bodies and DFCCs in various publicity initiatives like leaflet distribution at the boundary control points.

9.45 Separately, the Correctional Services Department, apart from detaining and rehabilitating offenders, has been undertaking public education initiatives for the youth over the years to help prevent juvenile delinquency. Notably, since 2001, it has been running the Green Haven Scheme to promote anti-drug messages, arranging young people aged

between 13 and 18 to visit a mini drug museum and inmates of the Drug Addiction Treatment Centre on Hei Ling Chau.

9.46 On another front, DH is also undertaking publicity efforts targeting pharmacies, registered pharmacists, medical doctors and other industry stakeholders as a stern reminder of their statutory obligations and professional duties to abide by the law on drugs and poisons.

9.47 The Task Force commends such complementary efforts which should be sustained.

Recommendation 9.10

The Task Force recommends that the law enforcement departments should continue and sustain their crime prevention efforts through publicity and preventive education, partnership with the community and NGOs, and working with industry stakeholders.

Chapter X

CROSS BOUNDARY DRUG ABUSE AND EXTERNAL COOPERATION

CROSS BOUNDARY DRUG ABUSE

(A) Overview

10.1 In recent years, the cross boundary drug abuse problem has been perceived to be serious in the community. Some suggest that the proximity of Hong Kong to Shenzhen, together with the increased convenience of travelling between Hong Kong and cities in the Pearl River Delta Region, has exacerbated the problem. Some express worries about the situation as Hong Kong people now choose to abuse drugs in Shenzhen when many local problematic entertainment venues have closed down following stringent enforcement action by the Police.

10.2 According to CRDA, around 11% (or 1 451) of all reported drug abusers had taken drugs in the Mainland (mostly Shenzhen) in 2007. The average age was 29. As regards those aged under 21, some 17% (or 490) of the total had taken drugs in the Mainland. About half of them came from the North, Yuen Long and Tuen Mun Districts. The average age was 17.

10.3 According to the Shenzhen authorities, in 2007, they arrested 166 Hong Kong residents for abusing drugs. 148 of them were aged 21 or over, and 16 were aged below 21¹. The numbers in the past three years and the penalties imposed are set out in Chart 1 below.

¹ The age was unknown for two persons.

Chart 1 Number of persons arrested for abusing drugs in Shenzhen according to the penalties imposed

	2005	2006	2007
Administrative detention	290	458	114
Addiction treatment	60	82	51
Fine	0	36	1
Total	350	550 ²	166

10.4 Some social workers observe that many youngsters cross the boundary to Shenzhen to abuse drugs and return to Hong Kong in the small hours. It is very difficult to estimate the number of such youngsters. As background reference, we have compiled some passenger departure statistics after midnight at the land boundary control point of Lok Ma Chau which operates round the clock. Care must be taken to read the statistics as youngsters may be travelling for legitimate reasons with their families.

Chart 2 Daily average number of passenger departure between 0000 and 0600 hours at the land boundary control point of Lok Ma Chau, 2007

Age	Weekday (Tue - Fri)	Weekend (Sat + Sun+ Mon)	Long Holiday (six periods)	Whole Year
Below 11	56	83	112	67
11 to 14	8	19	30	13
15 to 16	32	61	59	44
17 to 18	122	190	187	151
19 to 20	234	308	325	266
21 and above	6 308	7 153	7 202	6 671
All ages	6 759	7 813	7 915	7 212

(B) Hong Kong Efforts

10.5 The Administration is very concerned about the cross boundary drug abuse situation and has, over the years, taken various measures in consultation with ACAN.

² The 2006 figures do not add up to a total of 550 because some people were both treated and fined.

10.6 On the preventive education and publicity front, tackling cross boundary drug abuse is one of the key focus areas. With an outside donation of \$5 million to this area received in 2004, a series of TV docu-drama “Anti-Drug Files” featuring real life cases and a TV programme of ten one-minute episodes targeting parents were produced, and 18 educational and publicity projects targeting young people were sponsored. The donation also funded the production of an education kit for primary and secondary schools to disseminate anti-drug messages and consequences of cross boundary drug abuse. In the Beat Drugs Fund funding exercises in 2004, 2007 and 2008, tackling cross boundary drug abuse was included as one of the priority areas for support.

10.7 The Police and Customs also regularly conduct educational and publicity activities at boundary control points like distributing leaflets, often in collaboration with community leaders, District Councils, District Fight Crime Committees as well as NGOs. Prior to and during long holidays, such efforts are stepped up, in tandem with dedicated publicity measures, such as broadcasting of APIs through the mass media and on trains, displaying huge panel posters and banners at the Lo Wu Station, and featured media interviews to issue warning messages. Other publicity campaigns against cross boundary drug abuse conducted by the Police include distributing leaflets during seminars to students in the New Territories and to youngsters in amusement game centres and cyber cafes. Similar messages are also circulated through the New Territories North School Crime Prevention Network.

10.8 As regards law enforcement, the Police and Customs work closely together to combat and prevent cross boundary youth drug abuse. They maintain close liaison with their Mainland counterparts to formulate strategies and cooperation arrangements, exchange information and intelligence, and undertake joint or coordinated operations to tackle cross boundary crimes.

10.9 The Police have also agreed with the Shenzhen authorities on a mechanism for receiving Hong Kong residents arrested within the Guangdong Province for abusing drugs and repatriated by the Mainland authorities to Hong Kong (in batches, subject to the Mainland authorities’

resources and arrangements). Social workers are invited to receive the drug abusers on the Hong Kong side together with the Police, and to provide counselling and follow-up services on a voluntary basis. Since 2004, the Police have received 166 Hong Kong residents under this mechanism. 16 of them were aged under 21.

10.10 ND has developed a tripartite cooperation framework with our Guangdong and Macao counterparts to promote exchanges and cooperation in anti-drug efforts among the three places. Starting from 2001, the three places have been, on a rotation basis, hosting annual tripartite conferences or functions. Information is exchanged, and experiences shared on various fronts covering law enforcement, research, treatment and rehabilitation as well as preventive education.

(C) Mainland Efforts

10.11 The Task Force notes that, following proactive liaison between our law enforcement agencies and their Mainland counterparts, the Mainland side has been stepping up law enforcement efforts against drug abuse, particularly in entertainment venues. From September to December 2007, the Shenzhen authorities conducted a special operation against entertainment venues involved in drug offences. To complement such efforts, the Hong Kong Police also conducted a major operation against drug trafficking and abuse through publicity, education and law enforcement during the same period, resulting in the arrest of over 300 persons and seizure of a significant amount of drugs. In a similar vein, Hong Kong Customs and the Mainland Customs also conducted a major joint operation at boundary control points to intercept suspicious drug couriers between November and December 2007 and another one between July and August 2008, both resulting in significant seizures and arrests.

10.12 In the Mainland, the act of taking drugs is regarded as an act against the administration of public security under the Law on Penalties for Administration of Public Security³. Those caught for such an act are normally subject to a fine of 2,000 yuan and administrative detention for 10 to 15 days. Following the coming into force of the new Anti-drug Law in June 2008, three types of detoxification measures are meted out to drug addicts (i.e. voluntary detoxification, detoxification in community, and compulsory detoxification in isolation).

(D) Issues

10.13 In tackling cross boundary drug abuse, the Task Force reckons that the risk of Hong Kong youngsters being caught and sanctioned by the authorities for abusing drugs in the Mainland is relatively small. It has the following observations -

- (a) Hong Kong residents caught abusing drugs across the boundary and repatriated by the Shenzhen authorities are mainly adults. Relatively few youngsters are repatriated to Hong Kong under the present mechanism.
- (b) Law enforcement against drug abuse is often subject to what is described as a “balloon effect”. Enhanced efforts in one geographical area may result in greater illegal activities in neighbouring areas if not checked by comparable action at the same time, as observed between Shenzhen and Hong Kong (especially in areas like Yuen Long and North District given the proximity).
- (c) Youngsters have a perception that their chances of being caught abusing drugs in the Mainland are small and the general price level there is lower than that in Hong Kong.
- (d) While parents should be primarily responsible for taking care of their own children, some may simply be unaware that their

³ The Criminal Law of the People’s Republic of China does not provide that the taking of illicit drugs is a criminal offence.

children may have travelled outside Hong Kong, not to mention their drug abuse behaviour across the boundary.

10.14 It is not feasible to seek to restrict vulnerable young people from crossing the boundary as freedom of movement is a fundamental right of Hong Kong residents including minors. Currently, a Hong Kong resident who abuses drugs outside Hong Kong does not commit an offence under Hong Kong law; nor is his or her conduct outside Hong Kong punishable in Hong Kong. Accordingly, the Task Force sees a strong need for collaborative efforts with the Mainland side (particularly Shenzhen) to combat such illegal activities in its jurisdiction. Hong Kong authorities can take parallel action against drug abuse in Hong Kong to maximise the effect of law enforcement.

10.15 More importantly, the Task Force believes parents should have greater awareness to this problem and any suspicious behaviour of their children, and assume greater responsibility in preventing their children from abusing drugs whether in Hong Kong or in the Mainland. The Administration should consider providing information and assistance to parents where appropriate.

(E) Strategy and Measures

(a) Collaborative and complementary law enforcement actions by Hong Kong and Mainland authorities

10.16 Having regard to the “balloon effect”, enhancement of law enforcement efforts in tackling youth drug abuse will be most effective when synchronised between the authorities in the two places. The parallel operations of Shenzhen and Hong Kong from September to December last year proved to be very effective (paragraph 10.11 above).

10.17 In this regard, stringent law enforcement action against entertainment venues by the Shenzhen authorities in tandem with heightened efforts by the Police and Customs in Hong Kong would be essential to deter Hong Kong youngsters from abusing drugs in Shenzhen.

The Task Force endorses the on-going close liaison and cooperation between our law enforcement agencies and their Mainland counterparts, including efforts to strengthen parallel local action, exchange intelligence for mutual enforcement benefits, and plan for appropriate joint operations with their Shenzhen counterparts. The Task Force has reviewed specific aspects of collaboration and makes recommendations in the following paragraphs.

(b) Sharing of information

10.18 At present, the Mainland authorities provide information about Hong Kong residents arrested in the Mainland to the Hong Kong Police for the purpose of prevention and detection of crime. This covers Hong Kong residents caught abusing drugs. Such information is currently not further shared with other Government departments or parties outside the Government.

10.19 The Task Force considers that information of an individual young person having been caught abusing drugs in the Mainland should, as far as possible, be made available to the person's parents so as to enable the parents to take remedial measures including seeking help and assistance from appropriate bodies. Further and with the view to providing follow-up rehabilitative services, the said information may also be made available to other Government departments or suitable supportive bodies, subject to consideration of privacy and personal data issues. This is in line with the Administration's view that parents should pay greater attention to their children regarding any drug abuse behaviour, whether it takes place in or outside Hong Kong, and be provided with appropriate assistance.

10.20 In order to establish such a system, the Administration is discussing with the Mainland authorities regarding the provision of such information, as a further development of the existing arrangement on repatriation of drug abusers.

Recommendation 10.1

The Task Force recommends that the Administration should step up cooperation with the relevant Mainland authorities to tackle the problem of cross boundary drug abuse, including the Hong Kong Police obtaining from the Mainland authorities information of youngsters caught abusing drugs in the Mainland. The said information can then be made available to the parents of the young persons concerned and for the purpose of the provision of suitable rehabilitative services.

Measures taken thus far

Constructive discussions have been held with the Mainland authorities regarding the provision of such information. Detailed arrangements are being made to implement the new measures.

(c) Repatriating Hong Kong youngsters caught abusing drugs in the Mainland

10.21 As noted in paragraph 10.9 above, the number of young people repatriated by the Mainland authorities and received by the Police under the present mechanism has been relatively small over the years.

10.22 Following the tightening up of law enforcement action and more robust application of the law and penalties by the Mainland authorities, the Task Force envisages the number of Hong Kong youngsters caught abusing drugs in the Mainland will increase. The Task Force recommends that whenever a young drug abuser is caught and administratively detained in the Mainland, he or she will be repatriated to Hong Kong and received by the Hong Kong Police.

10.23 The Task Force also sees a need to enhance assistance for the repatriated youngsters. The health and well being of these young persons are likely to be matters of concern as they have been caught abusing drugs and administratively detained. The Police upon receiving these young persons may make enquiries of them and contact their parents or guardians to collect them at a police station or at a boundary control point⁴. Social workers can also be invited to the point of collection to offer possible service. Where their parents or guardians fail to present themselves, the Protection of Children and Juveniles Ordinance (Cap. 213) may be invoked, where the criteria are met, by any Police officer or any person authorised by the Director of Social Welfare as and when necessary.

Recommendation 10.2

The Task Force recommends further discussion with the Mainland authorities so that whenever a young drug abuser is caught and administratively detained in the Mainland, he or she will be repatriated to Hong Kong and received by the Hong Kong Police. The Police may then make appropriate enquiries of the young persons received, contact their parents or guardians to collect them, and/or facilitate social workers support where appropriate.

Measures taken thus far

Constructive discussions have been held with the Mainland authorities who are prepared to enhance their efforts in this regard. Detailed arrangements are being made to implement the new measures.

⁴ Under Section 10 of the Police Force Ordinance (Cap. 232), a police officer is required to take lawful measures for (amongst other things) preventing injury to life and property. Accordingly, a Police officer who is concerned about the health and well being of a young person or concerned that he is at risk can make enquiries of him to ascertain whether he is capable of looking after himself. Such enquiries could extend, where necessary, to contacting the young person's parents/guardian so that the young person may be released to them from a place of safety.

(d) Police enquiries of youngsters apparently under the influence of drugs

10.24 There have been repeated reports that some Hong Kong youngsters returning from Shenzhen are arriving in Hong Kong under the influence of drugs, especially among those coming back in the small hours through Lok Ma Chau. Their entry is usually uneventful, unless subject to customs search, as consumption of drugs outside Hong Kong is not an offence in Hong Kong.

10.25 Where it is obvious that a young person is under the influence of drugs at boundary control points and his health and well being give rise to concern, the Police can intervene by making enquiries with a view to contacting their parents if necessary.

10.26 Apart from the Police's own operations, officers of the other disciplined services at boundary control points may also be vigilant about suspicious or vulnerable youngsters during the course of their normal duties (in line with their own profiling and monitoring efforts), and alert Police colleagues. Appropriate enforcement and deployment strategies may be worked out to strengthen the deterrent effect, for example through special assignments during weekends or long holidays.

Recommendation 10.3

The Task Force recommends that where it is obvious that a young person is intoxicated or otherwise incapacitated upon his return from the Mainland via a boundary control point, and that his health and well being give rise to concern, the Police should make enquiries of this person and contact his or her parents if necessary.

(e) Detection capability at boundary control points

10.27 Hong Kong young people abusing drugs in the Mainland may easily be tempted to bring back drugs to Hong Kong for later consumption, or be lured by drug dealers to become couriers. Strengthening the detection capability at boundary control points can contribute to tackling the cross boundary drug abuse problem. As detailed in Chapter IX and set out in Recommendations 9.8 and 9.9, the Customs detector dog services and plainclothes operations should be enhanced to strengthen enforcement actions and the deterrent effect against drug abusers and traffickers.

(f) Facilitating the parental role

10.28 One reason why some youngsters may abuse drugs in the Mainland unchecked is that parents are not aware of the whereabouts of their own children, not to mention their travelling outside Hong Kong. By being informed of and reasonably restricting their children's movements, parents may be better able to exercise their responsibility over them.

10.29 In the first place, parents may consider keeping their children's home visit permits so that their children cannot cross the boundary without their notice. Secondly, parents can apply to the Immigration Department for a statement of travel records on behalf of their children under 18 at a fee of \$140. The Task Force sees merit in advising parents of these respects.

Recommendation 10.4

The Task Force recommends that the Administration should advise parents to keep their under-age children's home visit permits, and inform them of the availability of a statement of travel records in respect of their children at the Immigration Department.

(g) Preventive education and publicity

10.30 As referred to in paragraphs 10.6 and 10.7 above, the Administration has all along placed emphasis on preventive education and publicity measures against cross boundary drug abuse. We are stepping up such efforts, and are riding on the momentum of the Territory-wide Campaign against Youth Drug Abuse to educate the public about the legal consequences of abusing drugs in the Mainland. The preparation of a set of new resource kits for school personnel and parents will also incorporate elements in relation to cross boundary drug abuse, including the implementation of any of the measures recommended above.

Recommendation 10.5

The Task Force recommends that the Administration should continue to step up preventive education and publicity against cross boundary drug abuse, including the implementation of any of the relevant measures recommended by the Task Force in that connection.

EXTERNAL COOPERATION

(A) Overview

10.31 The drug problem knows no boundary. Its transnational nature makes it difficult for jurisdictions to tackle the problem in isolation but requires close cooperation and coordination among countries and places. Hong Kong has all along been a committed partner in international and regional efforts to combat drug trafficking and abuse.

10.32 At the global level, Hong Kong strictly complies with the United Nations (UN) drug conventions⁵, putting in place and enforcing a regulatory regime over substances and precursors under convention control. Notably, the Administration introduces legislative measures to implement decisions of the UN Commission on Narcotic Drugs⁶ (CND) from time to time, and compiles drug-related returns and statistical reports to the International Narcotics Control Board⁷ (INCB).

10.33 To keep abreast of the global drug scene, international standards and requirements, Hong Kong participates in the annual meeting of the CND as part of the Chinese delegation. As a token of our commitment, Hong Kong makes an annual contribution of HK\$120,000 to the UN Drug Control Programme. There are also other international meetings and seminars like International Drug Enforcement Conference which Hong Kong actively participates to share experience and exchange views with counterparts around the world.

10.34 Hong Kong itself organises events aiming at enhancing cooperation and the sharing of experience and expertise. For instance, in 2005, ND and ACAN jointly organised an “International Conference on Tackling Drug Abuse”⁸ with the participation of some 400 delegates from the Mainland, Macao and overseas countries.

10.35 At the regional level, we have attached great importance to the communication and coordination among Guangdong, Macao and Hong Kong in respect of combating drug abuse and trafficking. A tripartite cooperation framework has been developed with our Guangdong and Macao counterparts as noted in paragraph 10.10 above.

⁵ The Single Convention on Narcotic Drugs 1961, as amended by the Protocol of 1972 was applied to Hong Kong in January 1965 and the protocol in July 1978. The Convention on Psychotropic Substances 1971 was applied to Hong Kong in January 1991. The UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 was applied to Hong Kong in May 1997.

⁶ The Commission on Narcotic Drugs is the central policy making body of the UN on drug-related matters. It is empowered to consider all matters pertaining to the aim of the conventions, including the scheduling of substances to be brought under international control.

⁷ The International Narcotics Control Board is the independent and quasi-judicial monitoring body for the implementation of the UN international drug control conventions.

⁸ The theme was “Recent Advances in Anti-substance Abuse Initiatives in the Global Context”.

10.36 Under an arrangement of reciprocal appointments to advisory committees between Singapore and Hong Kong, the Commissioner for Narcotics is a member of the National Council Against Drug Abuse in Singapore which advises the Singaporean Government on anti-drug work and policy, whereas the Director of Singapore's Central Narcotics Bureau is a member of ACAN.

10.37 Law enforcement is also an area that external cooperation is of vital importance to reduce the supply of drugs. Since Hong Kong is conveniently located in the region and has excellent international transport links, it is inevitable that drug trafficking syndicates may attempt to traffic drugs to and through Hong Kong. But law enforcement efforts made by the Police and Customs have yielded good outcome, as the numerous reports on interception of drug trafficking clearly illustrate.

10.38 Law enforcement departments maintain close cooperation with their Mainland and overseas counterparts, as well as with regional and international organisations. Specifically, intelligence is shared, and operational directions for joint enforcement actions have been drawn up to interdict drug trafficking activities. Regular meetings are also held with their counterparts to update each other on the latest drug abuse and drug trafficking situation in the region.

10.39 Given the close relationship between the drug problem and many transnational crimes, external cooperation efforts naturally go beyond the strict confines of drug controls and extend into countering money laundering, sharing confiscated criminal proceeds, and promoting mutual legal assistance in criminal matters. Hong Kong has since 1990 been an active member of the Financial Action Task Force on Money Laundering. We have signed Mutual Legal Assistance in Criminal Matters Agreements with 25 countries⁹ and Surrender of Fugitive Offenders Agreements with
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⁹ Australia, Belgium, Canada, Denmark, Finland, France, Germany, Indonesia, Ireland, Israel, Italy, Japan, Malaysia, the Netherlands, New Zealand, the Philippines, Portugal, Poland, Singapore, South Korea, Sri Lanka, Switzerland, the UK, Ukraine and the US.

countries¹⁰. We have also put in place a policy to share with overseas jurisdictions confiscated drug trafficking proceeds exceeding \$10 million.

(B) Issues

10.40 The Task Force recognises that Hong Kong has already established extensive networks with its external counterparts and authorities in dealing with the drug problem as a world problem. There are a few pertinent issues on which Hong Kong may focus attention.

(a) UN development

10.41 In 1998, the 20th United Nations General Assembly Special Session (UNGASS) adopted a package of resolutions to counter the world drug problem, namely Political Declaration, Declaration of the Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem. One fundamental premise is that countering the world drug problem is a common and shared responsibility that must be addressed in a multilateral setting and that required an integrated and balanced approach.

10.42 The 51st CND session held in March 2008 had a general overview of the subject and discussed progress achieved by governments in meeting the goals and targets set by UNGASS. In its report to the CND, the UN Office on Drug and Crime (UNODC) described the world drug problem as “contained” but not “solved”.

10.43 One issue that has generated a lot of debate in the 51st CND session is the progress of developing drug demand reduction strategies and measures to tackle the drug problem. Some recalled the inherent bias of the international drug control system towards criminal justice and supply reduction. Some highlighted the importance of comprehensive measures for drug demand reduction, emphasising the need for a balanced approach

¹⁰ Australia, Canada, Finland, Germany, India, Indonesia, Ireland, Malaysia, the Netherlands, New Zealand, the Philippines, Portugal, Singapore, South Korea, Sri Lanka, the UK, and the US.

to supply and demand reduction measures and to resource allocation, which must be driven by an evidence-based approach to evaluate effectiveness. This is an area in which Hong Kong should keep an active interest.

(b) Global drug scene and control

10.44 The international community is now recognising amphetamine-type stimulants (ATS) as a new threat, with its abuse being more prevalent than that of cocaine and heroin combined. Unlike heroin and cocaine, which are made from plants that are grown only in a few countries, ATS are synthetic drugs which can be manufactured in any country and are principally synthesised in clandestine laboratories from precursor chemicals and are more difficult to control.

10.45 In this regard, UNODC is undertaking a global monitoring programme, aimed at the development of a global information and evidence base for effective operational responses and interventions to the problem of illicit synthetic drugs. In Hong Kong, as far as our young people are concerned, abuse of opiates is insignificant. The most commonly abused drugs in 2007 are ketamine (80%), ecstasy (21%) and ice (14%), the latter two both belong to the category of ATS. Naturally, Hong Kong should have a keen interest in international development in monitoring ATS.

10.46 While ketamine is the most commonly abused drug among young people in Hong Kong, it is not scheduled for control under the international drug control treaties. But widespread abuse of ketamine in certain regions, especially in East and South-east Asia, the trafficking of ketamine in that region and other regions, including Oceania and South America, has fuelled support from some countries for the possible addition of ketamine to the list of internationally controlled substances.

10.47 In the 49th CND session in 2006, a resolution was passed to call upon Member States to put ketamine under national control¹¹. In the

¹¹ Currently, ketamine is a controlled drug in Hong Kong, Mainland, many Asian countries (including Singapore, Thailand, Malaysia and the Philippines), almost half of the EU member states (including the UK), the US and Canada, etc. However, the degree of control varies from place to place (e.g. being less stringent in the US and the UK).

50th CND session in 2007, another resolution was passed to convey the concern of the CND about ketamine abuse to the Expert Committee on Drug Dependence (Expert Committee) of the World Health Organisation¹² (WHO) which is undertaking a critical review of ketamine. In the 2007 INCB Report presented to the 51st CND session this year, it was noted that abuse and trafficking of ketamine was a matter of concern to the Governments of several countries in East and South-east Asia, including China and Japan.

10.48 Although ketamine is already controlled under the Dangerous Drugs Ordinance (Cap.134) in Hong Kong beyond the international requirement, tighter global control of the drug would help reduce our supply and abuse situation.

(c) Regional cooperation

10.49 The tripartite cooperation framework among Hong Kong, Guaugdong and Macao has, over the years, strengthened our ties in anti-drug work and facilitated our exchange and cooperation on drug issues of mutual concern. While past activities were organised mainly in the form of conferences, workshops and seminars, the latest function hosted by Hong Kong in 2006-07 enabled participants from the three places to visit government departments and anti-drug organisations to see them in action, so that participants were able to understand the underlying philosophies, monitoring mechanism, daily operations and services of the departments or centres concerned, and to focus on practical cooperation where appropriate. This has built a strong basis for opening up more opportunities for further collaboration in future.

10.50 Closer liaison and partnership on areas relating to law enforcement, research, treatment and rehabilitation, and preventive education and publicity is worth pursuing. More in-depth exchange sessions and cross-training programmes among the three places to enhance

¹² Under the Convention on Psychotropic Substances 1971, WHO is the only organisation recognised for making recommendation to schedule a substance as a controlled drug, and the CND may make a decision based on a recommendation of WHO.

understanding of each other's drug control systems, latest regulatory, legislative and rehabilitation measures, etc will be valuable. Collaborative research projects on specific subjects may also be promoted.

10.51 Rapid developments and progress have also been observed in the anti-drug work in other places of the Mainland. There should be merit in exploring more exchange and collaboration opportunities with other places in the Mainland, making reference to the successful experience of the tripartite cooperation framework.

(d) Illicit drug trafficking

10.52 Increasingly drug traffickers are taking advantage of the sophisticated means of communication and transport to move drugs around the world. They would constantly shift their mode of operation and transportation route to conceal the drugs and evade detection. Experience has shown that when the syndicates detect that strong enforcement is being taken by one enforcement agency they would immediately explore new routes or new modes of transport and look for an alternative port of entry to import or export their drugs.

10.53 Recent trends observe that there is a growing tendency for drug syndicates to manufacture and stockpile drugs in the Mainland and transport them in small quantities to Hong Kong for local or other markets.

10.54 There is a strong need for law enforcement agencies to remain vigilant, establish closer cooperation and regular intelligence exchange with Mainland, Macao and overseas counterparts.

(C) Strategy and Measures

(a) International standards and programmes

10.55 The three UN drug conventions and the related UN programmes provide an anchor for the world community to tackle the drug problem as a world problem under the principle of common and shared responsibility. Global resources and expertise are pooled to set

international standards and requirements, to promulgate best practices and to spearhead programmes to deal with specific issues.

10.56 The Task Force notes that the next major development on this front is the 52nd session of the CND to be held in March 2009. Ministers will attend a High Level Segment to formally review the UNGASS achievements since 1998 and to discuss future action priorities and goals in countering the world drug problem, with a possible view to preparing a new political declaration. One major area of focus is likely development of drug demand reduction strategies following the Guiding Principles promulgated in 1998. Another area of focus is possibly the new threat of ATS.

10.57 While Hong Kong adopts a multi-pronged anti-drug strategy with emphasis on both supply control and demand reduction, many of our stakeholders have advocated further investment into preventive education and publicity and treatment and rehabilitation. Synthetic drugs are also the major threat to our younger generation, much more so than opiates and cannabis.

Recommendation 10.6

The Task Force recommends that in the short term, the Administration should keep a close watch over the UN developments over the UNGASS evaluation in March 2009 to see what useful lessons Hong Kong could draw from them and what follow-up action or study is appropriate. As a long term commitment, Hong Kong should keep our anti-drug policy, measures and legislation under review to follow international standards and best practices and contribute our part to the international efforts.

(b) International control of ketamine

10.58 The Task Force recognises that the absence of international control over ketamine is a concern to both the Mainland and Hong Kong. In Hong Kong, almost all reported young drug abusers abuse psychotropic substances and ketamine is the most common among them (80%). In Mainland China, the abuse of ketamine ranked number five and accounted for some 3% of all abusers. In terms of seizure, Mainland China and Hong Kong together accounted for about 89% of all ketamine seized in the Asia Pacific Region in 2006.

10.59 So far WHO's position is that the present information is not sufficient to warrant scheduling of ketamine under the 1971 Convention. As set out in the report of WHO's Expert Committee of 2006 and stated by the WHO representative in the 51st CND session in March 2008, ketamine is an important anesthetic in human and veterinary medicine (notably in developing countries). Any pre-mature measures to tighten control of ketamine would make ketamine-based medicines inaccessible and render surgery impossible in many developing countries.

10.60 WHO's Expert Committee will have its next meeting possibly in 2009 and is collecting more information on ketamine from Member States. In Hong Kong we have collected information on the serious harm of ketamine and are prepared to provide such information to appropriate authorities.

Recommendation 10.7

The Task Force recommends that the Administration should liaise closely with the Mainland authorities and consider whether and how best we can contribute our part to Mainland's efforts in advocating international control over ketamine.

(c) Strengthening cooperation with the Mainland and Macao

10.61 The Task Force notes that given Hong Kong's proximity to Guangdong and Macao and the movement of people and goods among the three places, the drug problems Hong Kong is facing are very similar to those being faced by our Guangdong and Macao counterparts. Notably abuse of ketamine and other psychotropic substances among young people is a key concern among all three places. The standing tripartite cooperation framework provides an important platform for Hong Kong to forge closer partnership with Guangdong and Macao counterparts in the anti-drug work.

10.62 Separately, the Administration and ACAN also promote contacts with other places in the Mainland. With an ever increasingly close relationship between Hong Kong, Macao and the Mainland, the Task Force sees clear merits in enhancing exchanges to foster deeper cooperation and cross-fertilisation of ideas, knowledge and skills in the anti-drug cause.

Recommendation 10.8

The Task Force recommends that the Administration should continue to enhance the communication and collaboration in anti-drug work under the tripartite cooperation framework among Hong Kong, Guangdong and Macao, and explore new cooperation opportunities, where appropriate, with other Mainland counterparts.

(d) Enhancing collaborative law enforcement efforts

10.63 On the law enforcement front, the Task Force commends the law enforcement agencies for their continuous efforts in strengthening ties and cooperation with the Mainland, Macao and overseas counterparts in the sharing of information, intelligence exchange and joint operations for suppressing illicit drug production and trafficking activities.

10.64 Notably, to tackle the problem of cross boundary drug trafficking in the region, joint intelligence analysis with the Mainland counterparts has been stepped up to enhance the accuracy of passenger profiling, with the introduction of a unified case notification template to examine the latest drug trafficking trend and smuggling modus operandi. Joint operations have also been initiated with the Mainland authorities targeting suspicious youths, particularly during festive seasons. Regular meetings are held with counterparts of the Mainland and Macao to formulate strategies, exchange intelligence and coordinate joint operations. The Task Force sees merit in seeking some embrative cooperation arrangements among various law enforcement agencies in the region.

Recommendation 10.9

The Task Force recommends closer cooperation among Police and Customs services of the Mainland, Hong Kong and Macao. This should include the streamlining of procedures for the sharing of intelligence relating to cross boundary drug trafficking and information regarding contemporary drug trafficking methods.

Chapter XI

RESEARCH

11.1 Research is an important part of our five-pronged strategy in tackling the drug problem. Findings of objective, systematic and rigorously designed research studies provide a solid foundation to facilitate the formulation of evidence-based anti-drug policies and measures.

11.2 Drug-related research studies of the Government are coordinated and monitored by RAG. Comprising members from the academic, social welfare and medical fields, RAG plays a major role in ensuring the quality of the studies and interpreting the results for the benefits of ACAN and the Administration.

11.3 This chapter discusses the latest development of the research work and proposes the way forward.

(A) Monitoring of Drug Abuse Situation

(a) Current situation

11.4 Perhaps there is nothing more important than finding out and understanding the latest drug abuse situation.

11.5 ACAN and the Administration all along collect and publish two sets of data about the number of drug abusers and other relevant information, i.e. the standing Central Registry of Drug Abuse (CRDA) based on voluntary reporting; and the regular Survey of Drug Use among Students (Student Survey) conducted every four years. In formulating anti-drug policies and programmes, reference is also made to other statistics and information, including drug-related arrest and seizure figures, admission statistics from treatment and rehabilitation service agencies, thematic studies, etc.

(i) *CRDA*

11.6 CRDA is a voluntary reporting system. Since its establishment in 1972, it has played a pivotal role in monitoring the drug abuse situation in Hong Kong. It records information of drug abusers who have come into contact with and been reported by reporting agencies, including law enforcement departments, treatment and welfare agencies, and hospitals. It is not the intention of CRDA to ascertain the exact size of the drug abusing population in Hong Kong, but statistics derived from it reflect the trends of drug abuse.

11.7 CRDA is cost-effective and user-friendly, and provides the most up to date information for monitoring closely the situation. Over the years, it has been revamped several times to modify the data captured, system functions and reporting network to meet the ever changing needs. A review conducted in 2001¹ concluded that CRDA had performed in an excellent way in terms of its sensitivity, timeliness, accuracy and user-friendliness, and was effective in monitoring the drug abuse trend in Hong Kong.

(ii) *Student Survey*

11.8 While CRDA provides the most up-to-date information, the Student Survey is conducted regularly to keep track of the drug abuse situation among students in Hong Kong. The Student Survey was first conducted in 1987, and subsequently in 1990, 1992, 1996, 2000 and 2004. The 2008 round is underway.

11.9 The Student Survey is conducted by means of self-administered questionnaires. Owing to the sensitive nature of drug abuse, special measures have been taken to relieve the psychological burden of students in honestly answering questions about their drug abusing behaviour.

¹ Commissioned by ND, the “Review of Central Registry of Drug Abuse, 2001” was conducted by an independent research team led by Professor Lau Tai-shing and Professor Chen Char-nie of the Chinese University of Hong Kong.

11.10 The latest Student Survey in 2004 had covered a large effective sample size (representing a sampling proportion of 20% of all students under study), compared favourably to similar surveys overseas.

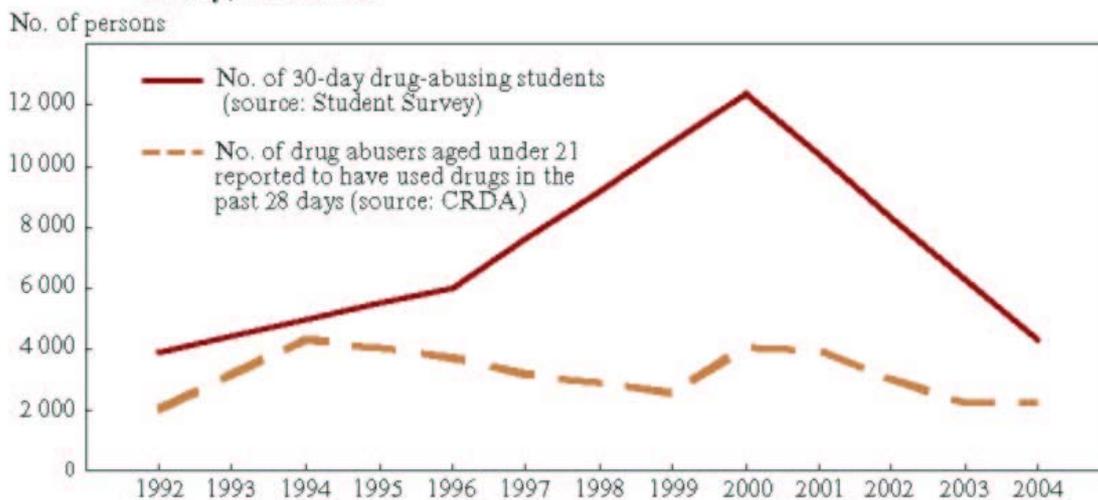
Chart 1 Comparison of Student Surveys conducted in Hong Kong, the US and England

	2004 Student Survey Hong Kong	US	England
No. of students covered by survey	About 500 000 (secondary level students)	About 12 million (Grades 8, 10, 12)	About 3 million (Years 7 to 11)
Effective sample size	About 100 000	About 50 000	About 10 000
Sampling proportion	20%	0.4%	0.3%

11.11 It was also comparable to overseas surveys in terms of the participation rate and response rate.

11.12 Although CRDA and the Student Survey are two different monitoring systems, both exhibit a similar trend in terms of change in the number of young drug abusers over the past years.

Chart 2 Number of young drug abusers captured by CRDA and estimated in the Student Survey, 1992-2004



(iii) Other drug-related statistics and data

11.13 In formulating anti-drug policies and programmes, reference is also made to drug-related statistics compiled by various Government departments and agencies. Kept in a computerised database called the Supplementary Drug Abuse Monitoring System (the Supplementary System), the statistics and data cover -

- (a) Drug arrests and conviction;
- (b) Drug seizure;
- (c) Admission/discharge from treatment centres and methadone clinics;
- (d) HIV infection by drug users injections;
- (e) Quantity of dangerous drugs supplied by wholesalers to medical practitioners;
- (f) Illicit drug retail price;
- (g) Drug purity and composition;
- (h) Drugs detected in death cases;
- (i) Drug-related death reports;
- (j) Number of Hong Kong citizens caught in the Mainland for taking drugs;
- (k) Urine toxicology screening; and
- (l) Worldwide drug statistics and illicit drug indices.

11.14 Although the data kept in the Supplementary System may not directly relate to existing drug abusers, they help the understanding of the drug problem from different perspectives and the monitoring of changes of the drug situation in a swift manner.

11.15 For a more comprehensive understanding of the drug abuse situation in Hong Kong, ND also commissions thematic studies from time to time to research into the a particular aspect of the drug problem or drug-abuse related issue. Compared with regular data collection systems

like CRDA and the Student Survey, thematic studies are tailored to meet specific objectives, with more in-depth and detailed coverage². Thematic studies however take longer time and more resources to take forward and complete.

(b) Issues of concern

11.16 In recent years, concerns have been raised by different quarters as regards the limitations of CRDA and the cogent need to monitor more closely the drug abuse situation among the youth. Several major issues are set out as follows -

- (a) The existing drug monitoring system is unable to provide an accurate estimate on the prevalence of drug abuse in Hong Kong. Owing to the voluntary nature of CRDA and the Student Survey, the number of drug abusers might be grossly underestimated. There are increasing demands for a more accurate estimate of the number of drug abusers in Hong Kong to facilitate better allocation of resources and formulation of policies and measures.
- (b) In addition to the overall prevalence, there are also requests for more information regarding the “hidden” drug abuse population, so that services can be redesigned to meet their needs.
- (c) CRDA and the Student Survey together are not comprehensive enough to cover all drug abusers in Hong Kong. There are demands for other fact-finding methods such as development

² Studies being conducted or completed recently include –

- (a) Engagement of Parents in Anti-drug Work;
- (b) Study of Cocaine Abuse in Hong Kong;
- (c) Study of Patterns of Drugs of Abuse Using Conventional and New Technologies;
- (d) Short-Term and Long-Term Effects of Chinese Herbal Medicine in Drug Detoxification – a Meta-Analysis;
- (e) Longitudinal Study of Psychotropic Substance Abusers in Hong Kong;
- (f) Study of Drug Abuse Situation among Ethnic Minorities in Hong Kong;
- (g) Public Opinion Survey on Anti-drug Publicity;
- (h) Study of Social Costs of Drug Abuse in Hong Kong; and
- (i) Study in Folate Deficiency and its Serious Consequence in Drug Abuser, with Emphasis on Cough Mixture Abuse.

of a qualitative information system to complement the existing monitoring. The non-response rate of the Student Survey and the under-reporting of CRDA should also be reduced as far as possible.

(c) Improvements and further research

(i) CRDA and the Student Survey

11.17 CRDA and the Student Survey are the backbone of our monitoring system. They need continuous improvements to remain relevant and useful to our cause.

Recommendation 11.1

The Task Force recommends that on-going efforts should be made to improve CRDA and the Student Survey.

Measures taken thus far

ND is taking measures to –

- (a) maintain close contact with the reporting agencies and help address their concern and suggestions, e.g. by promoting electronic data submission to enhance efficiency and reduce workload;
- (b) reduce the possibility of under-reporting, e.g. by introducing an additional form for agencies to record and report non-identifying information of those drug abusers who may not be willing to be identified; and
- (c) widen and deepen the reporting network, e.g. by identifying new reporting agencies and parties and promoting CRDA to them.

ND has, in consultation with RAG and ACAN, extended coverage of the 2008 Student Survey to include students from

Primary Four to post secondary. Every effort is being made to relieve the psychological burden of students in providing sensitive information and to improve the school and student participation rates³. Future rounds of the survey will also be conducted more frequently at three-year intervals, in order to more closely monitor the drug abuse situation among students.

(ii) *Better estimating the drug abusing population*

11.18 There is no universally accepted method to accurately measure the size of the drug abusing population in a country or territory. As noted from the experience of various countries, the estimation of the drug abuse population is a difficult issue. The drug abuse data reporting systems adopted by different jurisdictions vary in accordance with their own drug policies.

11.19 Owing to the sensitivity of the subject matter and operational difficulties, a territory-wide household survey to locate the drug abusers is not considered feasible in Hong Kong. Nevertheless, a number of indirect methods have been developed in other places to estimate the number of drug abusers in a country or territory. An outline can be found at **Annex 6**.

11.20 While each method may have its own merits and limitations, it would be worthwhile to examine them further to see whether any of them is applicable in the local context, and, if so, how best to apply it to make an estimation.

Recommendation 11.2

The Task Force recommends that further research should be launched to review the various methodologies for estimating

³ For example, to encourage participation, a confidential report showing the aggregated statistics of each participating school will be provided to the principal after the survey is completed.

the drug abusing population and recommend a possible method that is suitable in the Hong Kong context.

Measures taken thus far

The research outline is being developed.

Recommendation 11.3

The Task Force recommends that, subject to satisfactory identification of a suitable estimation method, a further study may be considered in due course to apply that method for estimating the number of drug abusers in Hong Kong.

(iii) Studying the drug abuse situation of non-engaged youth

11.21 The term “non-engaged youth” refers to young people who are exposed to a prolonged period of non-engaged status, i.e. being unschooled and unemployed. The service sector has called for attention to this group of youngsters as they usually have a lower level of resilience and are prone to psychological or behavioural problems such as drug abuse. Worse still, they are generally less motivated to seek assistance and may remain out of reach of the usual help networks for a long time.

11.22 Some quarters have called for surveys to estimate the number of non-engaged youths who have drug abuse problems and to study their characteristics, so that services may be redesigned to cater for their needs.

11.23 The Task Force has looked into the possibility of conducting a survey on the number of non-engaged young drug abusers but found that statistically, there is no obvious sampling frame of non-engaged youth that we may draw samples from to ascertain the extent of the problem of drug abuse among this particular group of youngsters.

11.24 That said, the study on estimation methods proposed above may also cover the feasibility of estimating specifically the number of non-engaged young drug abusers and the suitability of different estimation methods for this purpose. As appropriate, the follow-up study in estimating the total number of drug abusers may also estimate the number of non-engaged young drug abusers.

11.25 Meanwhile, it is important to better understand the drug taking behaviour, socio-economic characteristics, service needs and other relevant issues in relation to non-engaged youth who have drug abuse problems.

Recommendation 11.4

The Task Force recommends that further research should be launched to understand qualitatively the drug abuse situation among non-engaged youth and their corresponding service needs, leveraging on past studies on general or other issues relating to non-engaged youth, and taking care to avoid duplications.

Measures taken thus far

The research outline is being developed.

(iv) Qualitative module of the Supplementary System

11.26 Comprising principally statistical data, the Supplementary System was originally designed with an additional qualitative module, which was held up owing to non-availability of a suitable researcher at the time of the launch in 2006.

11.27 The purpose of setting up a qualitative module is to establish a framework to gather, collate and analyse relevant information that is scattered in different sources outside the formal statistical domains. This would encompass reaching out through different means in a structured manner (e.g. review of professional literature, newspapers and magazines,

internet research, key informant personal interviews, focus group discussions, etc). The framework would help give us a fuller picture of the local drug scene, detect changes (e.g. new drugs detected or new abuse patterns), and our follow-up with dedicated research on worthwhile issues.

11.28 WHO has highlighted the importance of employing qualitative methods in monitoring the drug abuse situation. In particular, WHO noted that populations that are best reached or studied through qualitative methods include hidden populations, groups usually not detected through the traditional household or student surveys, and those who do not commonly participate in health, welfare or justice institutions.

11.29 The Task Force recognises the possible contribution of a qualitative module of the Supplementary System to complement our existing monitoring efforts, but also appreciates the difficulties in identifying a suitable researcher for its development.

Recommendation 11.5

The Task Force recommends that efforts should be made to develop and launch the qualitative module of the Supplementary Drug Abuse Monitoring System to provide more information about the drug abuse situation in Hong Kong, in addition to quantitative information currently available.

(B) Harmful Effects and Impact of Psychotropic Substance Abuse

(a) Past efforts

11.30 In view of the rising number of reported psychotropic substance abusers over the years, ND has commissioned a number of research studies to investigate the various aspects of the problem -

- (a) Focus Group Study on the Psychotropic Substance Abuse (2001);
- (b) In-depth Study of the Psychotropic Substance Abuse Problem in Hong Kong (2001);
- (c) Study on the Treatment and Rehabilitation for Psychotropic Substance Abusers (2001);
- (d) Study on the Psychotropic Substance Abuse Problem in Hong Kong (2001);
- (e) Study of Substance Abuse in Underground Rave Culture and Other Related Settings (2004);
- (f) Study on the Cognitive Impairment and Other Harmful Effects Caused by Ketamine Abuse (2005);
- (g) Study in Folate Deficiency and its Serious Consequence in Drug Abuser, with Emphasis on Cough Mixture Abuse (2006);
- (h) Study of Cocaine Abuse in Hong Kong (2008); and
- (i) Study of Prevalence and Patterns of Drugs of Abuse Using Existing and Latest Technologies (to be completed in 2009).

11.31 Some studies above investigated the harmful effects of psychotropic drugs, some analysed the behavioural patterns of various subgroups of abusers, and some aimed at developing more effective preventive education and treatment models. They are meant to address imminent needs of the time and be completed and were or will be completed within relatively short periods of time.

11.32 On the other hand, longitudinal data about substance abusers over time are extremely valuable in the area of research. Currently the absence of such data has hampered our understanding of the root cause of the psychotropic substance abuse problem, long-term psychological and physiological consequences related to such abuse, progressive pattern of

drug abusers' behaviours and its future trends, making the planning of long-term strategies less effective.

(b) Longitudinal study

11.33 The Task Force is pleased to note that, following the advice of ACAN and RAG, a three-year longitudinal study was launched in November 2007 to address the research gap, led by a multi-disciplinary team with members coming from the chemical pathology, pharmacy, psychiatry, and sociology fields.

(i) Objectives

11.34 The objectives of the study are to -

- (a) study the long-term harmful effects of abusing psychotropic substances in a group of identified drug abusers;
- (b) study the acute toxicity of abusing psychotropic substances in a group of identified drug abusers;
- (c) review and analyse the existing treatment/rehabilitation practice for psychotropic substance abuse; and
- (d) assess the economic impact of psychotropic substance abuse to society.

(ii) Research methodology

11.35 The research team will, at six-month intervals⁴, conduct a longitudinal survey of a group of 400 to 500 new or early drug abusers recruited from youth outreaching teams on their physical and psychosocial changes caused by drug abuse. To supplement the survey, the research team will conduct three rounds of focus group discussions with young drug abusers recruited from treatment and rehabilitation centres. The information from these two sources will be compared and triangulated.

⁴ A total of six rounds of questionnaire interviews will be conducted during the research period.

11.36 Furthermore, the research team will perform initial screening of young people who have taken a heavy dose or are overdosed with psychotropic substances, using the latest screening technology followed by toxicological assessment.

11.37 The research team will also conduct a thorough review on the existing treatment and rehabilitation models for psychotropic substance abuse in the literature. In particular, it will look into the operation of local substance abuse clinics by interviewing selected patients.

11.38 The study will estimate the cost of drug abuse in Hong Kong by studying the direct and indirect costs with reference to a group of identified drug abusers. A sample of deceased addicts will be selected for detailed investigation to collect more information pertaining to mortality and life expectancy of drug abusers, as compared with that of the general population.

(iii) Implications of the study

11.39 The anticipated benefits of this large-scale study include the following -

- (a) A clearer understanding of both the long-term and short-term (acute) harmful effects of common psychotropic substances will be possible (e.g. whether the damage caused by psychotropic substances is reversible or curable, how they will threaten and affect the life of abusers, etc). This will be useful in warning the public the danger of psychotropic substances, and alerting anti-drug workers of the possible complications involved in the treatment and rehabilitation of psychotropic substance abusers.
- (b) By following closely the progressive patterns of drug abusing behaviour of identified drug abusers, we will have a deeper understanding of the reasons why youngsters take psychotropic drugs, which may be a manifestation of deeper family or youth development problems. This will be valuable to our formulation of future preventive education and treatment.

- (c) The review results of the treatment and rehabilitation models available in other places of the world to tackle psychotropic substance abuse will serve as important reference for both the Administration to adjust its strategy and drug treatment agencies to refine their treatment programmes.
- (d) There will be a more comprehensive estimate of the social impact and costs, both tangible and intangible, of psychotropic substance abuse. This will be useful for the better planning of our anti-drug strategy in the long run with a view to reducing the overall burden of the problem to society.

(c) Further research

11.40 Pending completion of the longitudinal study scheduled for 2011, it is expected that the local drug scene will not remain static and further research needs will emerge and be identified. In particular, further research studies on physiological damages of prevalent or emerging psychotropic substances such as ketamine and ice⁵ on human bodies may be conducted. Also, studies that involve laboratory experiments of applying psychotropic substances on animals may be supported to demonstrate the harmful effects of the drugs and understand the physiological mechanism behind, considering the limitation⁶ associated with studies that apply illicit drugs on human beings for research purposes.

Recommendation 11.6

The Task Force recommends that further studies on the harmful effects and impact of psychotropic substance abuse should be encouraged and supported to provide evidence-based support to the formulation of anti-drug

⁵ Young ice abusers reported to CRDA recorded a 48% increase in 2007 over 2006.

⁶ For instance, drug abusers usually abuse a combination of drugs that may affect the study results, street drugs used by subjects commonly contain impurities, and it will be unethical to apply illicit drugs on human purposefully for studying their effects.

policies and programmes in response to the ever-changing drug scene.

Measures taken thus far

With support from BDF, ND commissioned in July 2008 the study “Long-term Ketamine Abuse and Apoptosis in Cynomologus Monkeys and Mice”. This study will establish a solid scientific background on the harmful effects of ketamine abuse.

(C) Evaluation of Drug Treatment and Rehabilitation Services

(a) Existing efforts

11.41 Hong Kong’s drug treatment and rehabilitation services are characterised by a multitude of different modalities to cater for the different needs of drug abusers from varying backgrounds and dependent conditions. They differ in objectives, operators, target clients, programme philosophies and content, funding sources, monitoring systems, etc. Details can be found in Chapter VI.

11.42 Owing to the diversity and uniqueness of various treatment models, service agencies and departments have adopted different approaches in monitoring the performance of the services. The most basic information gathered is the output indicators (such as the number of admissions, completion rate of the programmes, total number of training sessions, etc) to understand the workload of a treatment service. Outcome indicators (such as customer satisfaction rate, abstinence rate, rate of staying drug free upon termination of aftercare service, etc), which better reflect the effectiveness of the services, are also available in certain modalities, albeit less common.

11.43 These performance indicators are featured in Funding and Service Agreements (FSAs) between SWD and subvented NGOs. In the case of NGOs subvented by DH⁷, they have to follow the Government's subvention guidelines and submit returns on performance indicators. The practice of including in the Controlling Officers' Reports performance indicators of services they subvent or they provide directly varies among SWD, DH, CSD and FHB. Some of the service agencies may on their own accord publish their performance indicators.

11.44 In overseeing the general service provision, ND also collects and collates statistics with reference to various performance indicators in place, but the arrangement varies from modality to modality and from agency to agency. Evaluation efforts are rather rudimentary.

Recommendation 11.7

The Task Force recommends that -

- (a) Controlling Officers (SWD, DH, etc) should explore whether and how best to introduce more outcome indicators, and/or include them in their FSAs with subvented agencies and/or reflect them in the respective Controlling Officers' Reports;
- (b) DH should step up efforts to enter into FSAs with NGOs it subvents where appropriate; and
- (c) ND should collect from treatment agencies more information and statistics about their delivery of services, e.g. workload statistics on abusers of different types of drugs.

⁷ DH has initiated action to establish FSAs with its subvented NGOs.

(b) Recent developments

11.45 Over the past years, in-depth evaluation of drug treatment programmes in Hong Kong was not common. Only a handful of studies on specific modalities were conducted on an ad hoc basis, including a service review of a CCPSA in 1997, and of MTP conducted in 2000. Also in 1997, a review was done to assess the effectiveness of treatment centres running on a faith-based model with a view to deciding whether they should be covered under the subvention net. While ten centres had been invited to join the review, only seven were willing to participate in the exercise and eventually four started to receive government subvention.

11.46 Launched in 2001 and financed by BDF, the Chinese Addiction Treatment Outcome Measure (CATOM) was a systematic and scientific tool comprising a paper-pencil questionnaire and a software programme for data entry and analysis. The system could generate statistics about the psychological and mental state of the service recipients of respective programmes and the effectiveness of the service agencies in running the programmes. A number of service agencies had originally shown interest in the project but then expressed concern about providing pilot outcome data to the system. CATOM could not be sustained without sufficient service data from the agencies eventually.

11.47 Feedback has been received from ACAN and from certain quarters that our evaluation system should seek continuous improvements to better assess the effectiveness of various treatment programmes or modalities. Views from the anti-drug sector are however diverse. Some service agencies hold the stance that they have their own ideologies and priorities in running their service which should not be fettered. Some consider that their mode of operation is unique in itself which makes comparison with other programmes meaningless. Moreover, we should also recognise the rather unique positioning of SACs (integral part of the public medical service), MTP (medicine-based substitution therapy) and DATCs (integral part of the criminal justice system).

(c) The Service Information System

11.48 One of the recommendations of the Second Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong for 2000-2002⁸ released in 2000 was to develop a set of service standards for the local drug treatment and rehabilitation services. Following the recommendation and the experience of the CATOM development, ND has set out to develop a Service Information System (SIS) for DTRCs.

11.49 SIS is a data management system which collects data regularly from each participating DTRC about the centre itself, its programmes and clients. A special task force has been set up to provide a steer on the design of the system, monitor the collection and analysis of data gathered and oversee the trial run of the system.

(i) Objectives

11.50 The primary objectives of SIS are to -

- (a) collect more detailed information about the programmes offered by the participating DTRCs;
- (b) compile a set of output/outcome indicators;
- (c) maintain longitudinal records of clients to facilitate future follow up and case studies; and
- (d) provide management statistics to facilitate centres' daily management and operation.

⁸ The Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong is a policy paper mapping out the strategies and future direction to which drug treatment and rehabilitation services should take. The plan provides anchor points for related departments and treatment agencies, subvented or non-subvented, to reflect on their services and develop complementing strategies and programmes to response to the latest drug trend.

(ii) The pilot run

11.51 The pilot run of SIS began in July 2006 involving voluntary participation by five subvented DTRCs. Compared with the performance management systems currently run by subventing departments which focus on monitoring the efficient and effective use of subvention resources, SIS is more demanding in terms of submission of data and information. It also places greater emphasis on outcome indicators to measure the effectiveness of respective programmes, and provides greater characterisation of the clients and a wider range of behavioural and other changes with which to describe the outcome. The availability of outcome indicators common to all participating centres makes comparison of effectiveness between these centres possible. Participating centres are also encouraged to seek self-improvement by referring to their respective year-on-year outcome indicators.

11.52 A final evaluation has been planned for 2009. The SIS Task Force will examine the data collected, give suggestions to improve the system, and discuss the way forward.

Recommendation 11.8

The Task Force recommends that, subject to findings of the final review and necessary adjustments, SIS should be extended to all other subvented DTRCs and be promoted for voluntary adoption by non-subvented DTRCs as far as possible to facilitate continuous service improvement.

11.53 The SIS pilot project is valuable to not only DTRCs, but also other treatment modalities in Hong Kong, given our basic objectives to develop broadly comparable indicators. On the other hand, the Task Force is conscious that outcome indicators must be relevant and sensitive to the objectives and uniqueness of the respective treatment modalities. As such, SIS may not be strictly applicable in all circumstances.

11.54 It should be noted that Controlling Officers are monitoring the treatment modalities they provide or subvent through their own systems (FSAs, subvention guidelines, Controlling Officers' Reports, etc) in the main to ensure proper programme operation and accountability of public resources. On the other hand, ND is developing the pilot SIS for DTRCs to seek more in-depth evaluation of programme effectiveness from a more strategic policy perspective. Notwithstanding the different objectives, there may be certain overlapping in reporting coverage and scope for adjustments of the two systems in future. There is a long term need to consider relieving the reporting burden of agencies and better aligning resource allocation with policy objectives.

Recommendation 11.9

The Task Force recommends that, subject to progress of implementation of SIS, studies may be carried out in the longer term to explore ways to develop a more structured and systematic outcome monitoring system for other treatment modalities in Hong Kong and to consider whether and how best the performance monitoring systems of Controlling Officers and SIS may dovetail or converge with each other.

Chapter XII

BEAT DRUGS FUND AND INSTITUTIONAL SUPPORT

BEAT DRUGS FUND

(A) Background

12.1 Combating drug abuse requires collaboration among different stakeholders in the community. NGOs and tertiary institutions are among the key partners of the Government in the anti-drug cause.

12.2 Many NGOs are providing programmes and services in preventive education and treatment and rehabilitation. Tertiary institutions are a major source of expertise to undertake anti-drug projects and drug-related research, on their own initiative or in collaboration with relevant NGOs.

12.3 Recurrent subvention and Government expenditure are a principal source of funding to support their work. Many of them also, or solely, rely on community and other resources. This is important in many respects, not least in tapping into the community itself in tackling a social problem. It is also incumbent on Government to play a part. The Beat Drugs Fund (BDF) is a major Government commitment in this regard, which aims at providing a steady source of additional funding to augment Government subvention to finance worthwhile anti-drug projects.

12.4 In 1996, the Legislative Council approved a one-off allocation of \$350 million for setting up BDF. The intention is to keep the capital base of BDF intact and to generate income from investment for disbursement. The actual amount of funds allocated each year depends on the level of income generated as well as the quality of applications received. To date, BDF has supported 395 projects, with a total approved grant of \$196.4 million.

12.5 The administration of BDF is entrusted to the Beat Drugs Fund Association, which is a non-profit making company limited by guarantee. The Association decides on the use of the Fund on the advice of ACAN.

12.6 The Beat Drugs Fund Association is governed by the Governing Committee (GC) which comprises the Permanent Secretary for Security as Chairperson, three non-official members and two official members, namely the Commissioner for Narcotics and the Director of Accounting Services. ND provides secretariat support to the Association.

(B) Use of BDF

12.7 Applications to BDF are normally invited once a year. ACAN and GC may set specific priority areas to solicit projects in response to the prevailing drug abuse trend. For example, in the 2008-09 annual funding exercise, one of the priority areas is to fund preventive education and publicity projects in support of the territory-wide campaign against youth drug abuse recommended by the Task Force (Recommendation 4.3).

12.8 Over the years, BDF has also established special funding schemes to meet specific needs. In 2002, a dedicated scheme was set up to support drug treatment and rehabilitation centres to undertake upgrading or reprovisioning capital works in order to meet the licensing requirements of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566). In early 2008, a dedicated scheme was established to support measures recommended by the Task Force. The projects already launched or being planned include -

- Resource Kit for Parents (Recommendation 4.4)
- Resource Kits for the School Sector (Recommendation 5.5)
- Anti-drug Training for Medical Practitioners (Recommendation 6.16)
- Study on School-Based Drug Testing Scheme (Recommendation 7.7)

- Review on the Various Methodologies for Estimating the Drug Abusing Population (Recommendation 11.2)
- Study on the Drug Abuse Situation of Non-Engaged Youth in Hong Kong (Recommendation 11.4)
- Qualitative module of the Supplementary Drug Abuse Monitoring System (Recommendation 11.5)
- Further Studies to Understand the Harmful Effects and Impact of Psychotropic Substance Abuse (Recommendation 11.6)

(C) Continuous Improvements

12.9 Over the years, continuous efforts have been made to improve the operations of BDF. The Task Force noted a few latest initiatives being pursued in support of its work.

(a) Improving the vetting process

12.10 A list of factors has been developed as assessment criteria (see **Annex 7**). One of the factors listed is whether the proposed project is innovative and can convey in-depth anti-drug knowledge. It is also provided that programmes eligible for Government subvention, and conventional non-capital works projects spanning more than two years are normally not considered. Grants disbursed will not normally exceed \$3 million. But for exceptionally innovative projects, the maximum grant can be \$5 million, and the maximum funding duration, three years.

12.11 There has been feedback from stakeholders in the anti-drug field that the innovation factor in vetting BDF applications has made it difficult to obtain resource support for many worthwhile projects. Some NGOs have reflected difficulties in hammering out "innovative" projects, as there is little room for innovation in substance (e.g. anti-drug messages) or form (e.g. distribution of leaflets, anti-drug ambassador schemes). There are also views that some approved BDF projects, though demonstrating benefits and effectiveness, have to be terminated upon expiry of the funding, as BDF would not renew support and no other source of funding could be made available.

12.12 There are other views that the current list of assessment criteria is important to ensure that only worthwhile projects would be funded.

(i) The vetting process

12.13 The initial vetting of BDF applications is carried out by ND and relevant Government agencies such as SWD and EDB. Consideration of applications is based on the strength of information provided.

12.14 Each of the Government agencies will draw up their own assessment which would be collated for consideration by a vetting panel with members drawn from ACAN and its Sub-committees. Research applications are considered by RAG. The vetting panel will consider applications in accordance with the assessment criteria and make a recommendation for funding approval or otherwise. Subject to ACAN's support, the recommendation will be submitted to GC for endorsement.

(ii) Consideration for improvement

12.15 Innovation is only one of the assessment criteria and, like any other factors listed, should not be construed as an overriding factor. While innovative projects should be encouraged, other worthwhile anti-drug projects should also be considered on their own merits and sponsored if sufficiently meritorious. It is incumbent on parties concerned, at various stages of the assessment, to adopt a "totality approach" by considering all relevant factors.

12.16 In practice, the vetting process might have, on occasion, inadvertently discouraged or given insufficient credits to some worthwhile projects. There might be occasional overplay of some particular factors without sufficient regard to a totality approach. Some moderation of the varied practices among parties would be helpful to the overall vetting work.

12.17 Furthermore, it may sometimes take a longer time than the normal funding period of two years to fully demonstrate the effectiveness or value of a project. This is especially the case when a programme, after some operational experience, may need fine-tuning for sustained running,

which might not easily be foreseen at the programme planning stage. Without proven efficacy, it may be difficult for an agency to seek long-term funding from Government subvention or other sources.

12.18 In terms of procedures, it would require perhaps the best logistics planning to demonstrate the effectiveness of a project in a timely manner and to fit into the appropriate Government budget cycle in order to sustain or continue a worthwhile project with little or no gap in funding support. This is not easy for many NGOs. While the vetting criteria themselves would not automatically disallow projects seeking renewal¹ pending further demonstration of the project efficacy or outcome of the application for long-term support from other sources, the vetting process might not always have paid sufficient regard to the legitimate claim of such projects or the mechanism of alternative funding sources.

(iii) Improvements to the practice

12.19 Having considered the above, the following improvements to the vetting process have been introduced in BDF 2008-09 annual exercise –

- (a) Prior to each stage of the vetting process and for the benefit of all parties participating (Government agencies, vetting panel and ACAN), ND would recap the original design of BDF, underline the totality approach in applying the assessment criteria and seek to resolve any differences in understanding among parties in the vetting process.
- (b) ND would also remind all parties concerned that due consideration should be given to BDF applications relating to similar projects approved in the past, where such applications are meant to fully demonstrate the efficacy of past projects or

¹ The list of vetting criteria provides that, among other things, projects which have been completed and projects which would commence before completion of the vetting process are normally not considered. The intent is to avoid retrospective funding of projects already carried out or being carried out before funding approval, but not to reject a proposal for prospective funding of a renewed part of a past project if it is sufficiently meritorious. Such past projects might have been supported by BDF or other funding sources in the first instance.

to bridge a funding gap pending determination of the outcome of long-term funding arrangements. To avoid abuse of BDF as a substitute for recurrent subvention, such applications shall be subject to the same approval process as new applications.

- (c) Where information of an application is lacking to enable a considered assessment, ND would request appropriate clarification or supplementary information from the applicant and possibly advice from relevant departments as well for the benefit of parties doing the vetting.

(b) Enhancing performance evaluation

12.20 Following a review by the Audit Commission and an internal review by ND and GC in 2002, the following improvements were made to the evaluation mechanism -

- (a) All BDF applicants are required to propose a set of performance indicators in their applications for evaluating the efficiency and effectiveness of their proposed projects.
- (b) A guideline on self-evaluation is provided by ND (see **Annex 8**). Having regard to the nature of the projects, applicants may devise appropriate performance indicators in terms of outputs, outcomes, impact and effectiveness.
- (c) The self-evaluation proposed by applicants will be considered by ND and relevant departments in vetting the applications. Their comments will be provided to the vetting panel.
- (d) Successful grantees are required to evaluate their projects with regard to the indicators in the Full Report upon project completion.
- (e) The transparency of BDF has been enhanced by enriching the information disseminated on ND's website, which includes an application form and guidelines, a summary of approved projects and project statistics. Final Reports of completed

projects are available for viewing at the Hong Kong Jockey Club Drug InfoCentre (DIC).

(i) Self-evaluation

12.21 The self-evaluation approach gives grantees the flexibility to devise their evaluation methods having regard to the nature of projects and resources without imposing a disproportionate burden on them. It strikes a balance between the need for systematic project evaluation and resource constraints.

12.22 The actual effectiveness of the self-evaluation mechanism relies heavily on the resources, knowledge, skills and commitments of individual organisations. While some have established elaborate performance evaluation mechanisms, there are cases where organisations only have an elementary understanding of the self-evaluation concepts and methodologies.

12.23 To improve the self-evaluation of approved BDF projects, ND is planning to take forward the following measures –

- (a) providing training (e.g. seminars) on self-evaluation concepts, practices and skills for potential applicants. A tertiary institution or an NGO with relevant expertise may be commissioned. Materials of the training sessions may also be uploaded onto ND's website for reference; and
- (b) organising more sessions for successful grantees in the past to share their self-evaluation experiences with potential applicants.

(ii) Final Reports

12.24 At present, the Final Reports of all research projects are subject to vetting by RAG. For all other projects, their Final Reports are submitted to the BDF Secretariat for adoption as a matter of course. Grants are usually disbursed on a reimbursement basis (occasionally in advance). These procedures are largely uneventful, unless the deliverables

cannot be achieved. To promote oversight of the self-assessment, ND is planning to pursue the following measures –

- (a) a sample of grantees may be required to present the Final Reports to panels that comprise a few members from GC, ACAN or its Sub-committees for adoption²; and
- (b) views of the panels should be provided to the grantees and documented for future reference, especially on identifying exemplary or effective projects.

(iii) Transparency and knowledge base

12.25 Transparency can play a great part in encouraging sound performance evaluation by grantees and identifying and promoting effective practices and programmes. Apart from the Final Reports, some of the deliverables of the projects, like research findings, publications, audio-visual materials (like songs and videos of anti-drug dramas and films), etc can indeed be very helpful reference. These are made available in DIC to different extents, but not on the web. To enhance transparency and promote effective practices, ND is planning to build up an online knowledge base of BDF projects for ease of access and reference by all.

(iv) Overall effectiveness of BDF

12.26 Apart from evaluating individual projects, it is important to assess the overall effectiveness of BDF. The last overall review was conducted in 1999. ND is planning to pursue another overall review in due course, subject to other competing commitments (notably implementation of the other improvement measures which should take priority). Where appropriate, an external party may be engaged.

² In sampling the grantees for such presentation, a number of factors may be considered, such as the amount of grant (focusing on, say, projects with a grant of over \$1 million), special interests shown by ACAN members when vetting the applications, innovative elements of projects, etc.

(c) Encouraging applications for research projects

12.27 Given their distinct nature, research projects under BDF have all along been treated differently from other types of BDF projects. Applications for research projects are assessed and monitored by RAG. Through the support of BDF, researchers have conducted many important research projects and provided invaluable evidence-based contribution to combating drug abuse in Hong Kong.

12.28 Feedback from academic researchers is that taking up BDF projects would require a substantial amount of time, as such research projects are usually complicated with significant administrative and analytical work. Worse still, the research work will be added to their normal duties in the absence of any relief. Many are therefore reluctant to submit BDF applications. ND has experienced difficulties in finding quality researchers to undertake specific assignments. The number of research applications has been on the low side over the years³.

12.29 The situation is unlikely to abate as the Task Force has recommended a number of important research studies as part of the overall anti-drug strategies. BDF is an important source of funding to support these studies (see paragraph 12.8 above). Their results will carry significant implications for the future direction of our anti-drug work.

Improvements

12.30 To encourage more academic researchers to submit quality BDF applications and to facilitate the process, ND is planning to –

- (a) put in place an arrangement to allow the employment of relief teachers, subject to appropriate conditions, as part of the legitimate claim of a research proposal; and

³ They took up only 4.8% of the total number of applications. 13 have been approved, which is some 6% of all approved projects.

- (b) tailor-make a new set of guidelines and application forms for research proposals, setting out the specific requirements, including details on the research methodology, milestones and interim deliverables.

(D) Summing up

12.31 The Task Force recognises BDF as a key vehicle for the Government to support anti-drug work initiated or undertaken by our community partners. It provides a flexible means beyond Government subvention to help players in the anti-drug sector and the community at large respond to the changing drug scene and rise to the challenges of new threats, by undertaking new programmes, pilot schemes, research projects and other measures on their own initiative or in support of strategic initiatives of the Government.

12.32 The Task Force looks forward to continuous, effective application of the BDF scheme to support community participation in the anti-drug cause.

Recommendation 12.1

The Task Force supports the latest initiatives being pursued to improve BDF operations and recommends that continuous efforts should be made in this direction to make the most of the BDF scheme to support community participation in the anti-drug cause.

Measures taken thus far

Improvements are being made to the operations of BDF so that it would -

- (a) better focus on worthwhile projects;

- | |
|--|
| <ul style="list-style-type: none">(b) identify from approved projects exemplary programmes and practices and promulgate them; and(c) encourage research projects. |
|--|

INSTITUTIONAL SUPPORT

(A) Narcotics Division

12.33 The five prongs of our anti-drug policy cut across the policy and operation areas of many bureaux and departments, ranging from law enforcement to social welfare, medical services, education, community affairs and so on. There are also many stakeholders in the community involving schools, NGOs, teachers, social workers, medical practitioners, parents and others. All along ND of the Security Bureau plays a central policy formulation and coordination role. It is headed by the Commissioner for Narcotics who is the only directorate officer in the setup.

12.34 To support the work of the Task Force and the Commissioner, a supernumerary directorate post of Principal Assistant Secretary has been created temporarily.

(B) Need for Enhancement

12.35 Following conclusion of the work of the Task Force, the bureaux and departments concerned will focus on the implementation of the recommendations individually and collectively. The Commissioner for Narcotics and ND will continue to play a critical coordination role among bureaux, departments, NGOs, and many other stakeholders in the community. They will need to spearhead the comprehensive strategies recommended by the Task Force on a sustained, long-term basis, addressing many complex issues straddling policy, legal, resource and other areas.

12.36 The Task Force considers that combating youth drug abuse, or the drug problem more generally, cannot be a short term or time-limited exercise. The nature of the tasks demands intensified steer, input and coordination at the directorate level.

Recommendation 12.2

The Task Force recommends that a permanent directorate post of Principal Assistant Secretary should be created in ND to underpin the Commissioner for Narcotics as soon as possible, in order to strengthen the directorate support to combat the drug abuse problem and, in particular, to take forward the recommendations of the Task Force.

Measures taken thus far

The Administration is planning to seek the approval of the Legislative Council to create the proposed directorate post in ND within the 2008-09 legislative session.

Chapter XIII

COMMUNITY CARE, SUPPORT AND PARTICIPATION

(A) Complementary Support

13.1 As expounded in Chapter II, youth drug abuse is a complex problem, intrinsically linked to a number of other social issues. It may be merely one of the many symptoms of some fundamental issues of the family, growth, learning or career being faced by our younger generation. To tackle the drug abuse and other youth problems in a comprehensive manner, support from many policy perspectives is necessary.

(a) Support for family

13.2 Families are fundamental building blocks of society, occupying a unique position that deserves special attention and support. The Family Council set up in December 2007 under the Chief Secretary for Administration's chairmanship advises the Government on strategies for supporting and strengthening the family. One initiative being pursued by the Family Council is to strengthen family education through a life-course family education approach to address the needs of family members at different stages of life. Pre-marriage and parenthood education is key to such an approach.

13.3 Many young drug abusers and youth at risk could be indirect victims of various family problems or dysfunctional family processes, such as poor parenting, parental absence, non-intact families, parental marital problems, domestic violence, families at risk or without adequate capacities, drop in family solidarity, etc. There may also be other concurrent risk factors in action, such as academic difficulties, poor peer relationships and involvement with the juvenile justice system. In turn, a troubled member who has drug abuse or other youth problems would take a heavy toll on the family.

13.4 At present, the provision of family support services spans over various Government bureaux and departments (e.g. EDB, Labour and Welfare Bureau, DH and SWD). Measures being pursued in various areas would complement the preventive efforts and contribute to the anti-drug cause.

(i) Strengthening general parental education

13.5 Apart from drug education for parents, more general parental education would be helpful, in areas like understanding the physical and psychological development of children, adolescent health, effective parenting skills as well as skills in preventing and dealing with children's behavioural problems.

13.6 The Women's Commission (WoC) has also placed nurturing caring families as one of its major foci in recent years, with particular emphasis on parenting education. It has piloted two projects in collaboration with the Kwun Tong District Council and the North District Council, seeking to promote quality parenting education and mutual support for parents on parenting issues. Separately, through its Capacity Building Mileage Programme, educational courses on childcare and youth development have been provided.

(ii) Enhancing support for needy families

13.7 In formulating family support initiatives and measures, there is a need to pay special attention to families having more complex needs, such as those related to family separation, immigration, income, housing, health, etc that impact on their well-being and progress. Parenting in such families may be easily weakened, or children in these families may be more vulnerable to parental marital problems.

(iii) Promoting healthy work-life balance and family-friendly employment practices

13.8 In Hong Kong, the quick and busy working life style has placed many working fathers and mothers under constant stress and

pressure, which potentially undermines their parenting role in families. While certain measures have already been in place to promote family-friendly employment practices and work-life balance in Hong Kong, the Family Council and other advisory bodies such as the WoC will advise on how to pursue more with a view to building up such an atmosphere in society, raising awareness of these practices among employers, and encouraging “family-friendly” firms.

(iv) Strengthening family support services

13.9 A diversity of family support services are currently provided by bureaux, departments and NGOs. Their various service units and agencies¹ will continue to strengthen their services to impart knowledge and skills on managing family life through different channels and platforms.

(b) Support for youth development

13.10 As discussed in Chapter III, positive youth development is a major protective factor to prevent drug abuse. Young people are often said to be growing up in a greenhouse, where their relatively smooth upbringing would make them difficult to handle life adversities. Apart from care and guidance that would best be given by parents and families, relevant skills training during this developmental period will be very useful in preparing them to face life’s future challenges, before growing into mature, responsible and contributing citizens. There is a continuous need to promote positive youth development to equip youngsters with life skills, refusal skills, interpersonal skills and the abilities to cope with life adversities.

13.11 As a matter of policy, youth development is promoted by the Home Affairs Bureau who works closely with the Commission on Youth in implementing programmes to achieve various objectives like enhancing the civic awareness of young people and their participation in community

¹ These include Maternal and Child Health Centres, Parent-Teacher Associations, Family Life Education Units, Integrated Family Service Centres, etc.

affairs, promoting leadership training for young people, broadening their horizons and international perspective, etc. Through its various programmes and initiatives, youngsters are encouraged to actively participate in community affairs, cooperate with youths of different background, interests and abilities, thereby fostering mutual respect and tolerance for other people, and strengthening their sense of commitment and devotion for the community.

13.12 In addition, SWD also plans and subvents an array of NGO-run preventive, developmental, supportive and remedial services to address the multifarious and changing needs of young people of different backgrounds through an integrated and holistic mode of service, notably through its core youth services comprising Integrated Children and Youth Services Centres, School Social Work Service, District Outreaching Social Work Teams, Overnight Outreaching Services for Young Night Drifters as well as the Community Support Service Scheme.

13.13 Another important player to promote positive youth development is the school system, which is, apart from the family, a large part of the life of an adolescent. The pivotal role of the school sector is discussed in Chapter V.

(c) Support for healthy growth

13.14 To help young people face the challenges of growing up, high priority has been given to promoting healthy lifestyle and psycho-social health of youngsters. In this respect, the Student Health Service (SHS) is a flagship programme of DH for primary and secondary school students. Services ranging from health examination, individual counselling, health education and referral are provided through its Student Health Service Centres. With a view to imparting health knowledge to students at an early age, SHS started in 2007 a “Junior Health Pioneer Workshop” targeting Primary Three students. It comprises health talks, games and group activities to educate students on the harmful effects of drugs, tobacco and alcohol, and equip them with refusal skills.

13.15 SHS has also launched the Adolescent Health Programme (AHP) as an outreaching service to secondary schools provided by a multi-disciplinary team comprising doctors, nurses, dieticians, social workers, clinical psychologists and health promotion officers. Apart from refusal skills and basic life skills training covering emotion and stress management and healthy living, AHP educates students on the harmful effects of drug abuse to health. In addition, AHP runs topical programmes for students, teachers and parents on topics including suicide and substance abuse prevention.

13.16 In view of the rising trend of youth drug abuse, DH has been working towards enhancing drug education as an integral element in promoting adolescent health. Starting the 2008-09 school year, drug abuse prevention and relevant life skills training will be made mandatory for all participating Secondary One classes. This should be an effective way to make use of the AHP platform manned by healthcare professionals and staff.

(d) Support for youth employment

13.17 Supporting youth employment is an important policy area of the Government. The work on this front has been significant and multifarious. Chief among many measures are the Youth Pre-employment Training Programme (YPTP) and the Youth Work Experience and Training Scheme (YWETS) championed by the Labour Department.

13.18 Launched in September 1999, YPTP aims to enhance the employability and competitiveness of school leavers aged 15 to 19 through a wide range of employment-related training. All eligible applicants are admitted and provided with modular training on leadership, discipline and team building, job-search and interpersonal skills, as well as job specific skills. On completion of modular training, trainees may undergo a one-month workplace attachment training at organisations including social service institutions and private companies.

13.19 YWETS was launched in July 2002 to enhance the employability of young people aged 15 to 24 with educational attainment

below the degree level by providing them with real work experience in the form of on-the-job training of 6 to 12 months. YWETS offers a variety of tailor-made employment projects to cater for trainees' needs and interests, covering such industries as wholesale and retail, aviation, tourism, information technology, education, social services, and catering.

13.20 A latest major initiative of the Labour Department is the establishment of two resource centres called Youth Employment Start (Y.E.S.) targeting those aged 15 to 29 who are leaving school, seeking new employment, or contemplating to start their own business. The aim is to provide one-stop service to help young people start their career on the right track, enhance their employability, and facilitate their access to the latest labour market information. Y.E.S. has also launched a mentorship scheme, inviting volunteer entrepreneurs and business professionals to give career guidance to young people.

(e) Collaborative efforts

13.21 The efforts from various policy perspectives are contributing in different complementary ways to tackle the drug abuse and other problems among the youth. The Task Force affirms the directions being pursued and lends support to various initiatives in the pipeline, particularly those mentioned above. There should be more opportunities for collaboration with such other policy programmes, through, for example, information exchange, joint programmes and thematic activities, the sharing of experience, expertise and resources, etc.

Recommendation 13.1

The Task Force recommends that efforts in tackling the youth drug abuse problem should be made by relevant bureaux and departments in a complementary manner, and where appropriate, with more collaborative opportunities in pursuing the programmes in related policy areas, including family matters, youth development, health matters and youth employment.

(B) *Path Builders: Promoting a Caring Culture in the Community*

13.22 The battle against youth drug abuse has to be fought at more fundamental levels outlined above. The Government is unable to fight it alone. Government-funded programmes are only part of the overall efforts to support the family, youth development, and health and career development of young people. Many NGOs, including social welfare agencies, community organisations and religious bodies, are already carrying out various activities and programmes with community resources to promote these causes.

13.23 However, the needs for care and positive influence among our young people are huge. To meet these needs, the Task Force sees the need to intensify efforts to mobilise greater community participation, to tap into the goodwill and resources of different sectors including corporations, businessmen, professionals and even individuals. In the course of consulting various sectors of the community in connection with its work, the Task Force is pleased to learn a significant number of people in Hong Kong are concerned about the youth drug problem and are both capable of and keen on making a contribution to this cause. The challenge lies in establishing a platform where these resources can be effectively connected and matched with the needs.

13.24 Support from the wider community can come in many different ways. Companies may provide youth employment and pre-employment training opportunities, or offer visits to students. Individuals can become mentors for vulnerable youths or tap into other opportunities to share with young people their valuable life experience. Experts like doctors and lawyers may give anti-drug talks from different perspectives. Businesses may disseminate the anti-drug messages to their employees or through their clientele networks, or provide space for anti-drug advertising or activities. People with skills and talents can put their expertise to help vulnerable youth in innovative ways. Some sponsors may wish to adopt a school or an NGO. Or some may like to make donations to selected bodies or anti-drug projects.

13.25 Such possible contributions may be channelled to our anti-drug programmes or other related policy programmes, or may go to the beneficiaries direct. The important thing is to pique people's interest in a good cause, present them with different feasible ways to help, and match their offerings big and small to those in need through various channels.

13.26 Young people need real opportunities for development, skills and confidence to resist peer group pressure and a genuine way to get out of trouble if need be. Some of them may just be stuck at a cross-road. Access to someone who cares could provide a turning point in the life of a young person. The Task Force firmly believes in the value of everyone in society playing a part. Together we can reach out to those who have so far not been exposed to drugs or are at risk, to give them opportunities and strengthen their resistance to adversity and temptations.

13.27 As set out in Chapter IV, involving the community and mobilising different sectors are a key part of our territory-wide campaign against youth drug abuse. The aim is not confined to combating drug abuse only, but also igniting a caring culture in the community to support the growth of our younger generation.

13.28 More importantly, in addition to reinvigorating the five-pronged approach, the Task Force believes that sustaining the culture of community care, support and participation should become a core part of our response to the drug problem.

Recommendation 13.2

The Task Force recommends that, with the territory-wide campaign against youth drug abuse setting the scene, a major initiative should be launched to appeal to all sectors of society to lend a helping hand to our younger generation and to facilitate anyone who wishes to contribute by any means, with a view to promoting a culture of community care, support and participation. Efforts should be sustained to foster the culture for our younger generation.

Measures taken thus far

On 12 September 2008, the *Path Builders* initiative was formally launched. The Administration and ACAN are making proactive efforts to promote the initiative in the community.

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Task Force on Youth Drug Abuse

Membership

Chairman

Secretary for Justice

Members

Secretary for Education or representative

Secretary for Security or representative

Secretary for Food and Health or representative

Commissioner of Police or representative

Commissioner of Customs and Excise or representative

Director of Home Affairs or representative

Director of Health or representative

Director of Social Welfare or representative

Director of Information Services or representative

Commissioner for Narcotics, Security Bureau or representative

Representative from Department of Justice

Task Force on Youth Drug Abuse

Terms of reference

- (a) Review the Government's existing efforts in tackling the youth drug abuse problem, identify areas of focus and enhancement with a view to addressing the problem in a concerted and holistic manner;
- (b) Spearhead cross-bureaux and inter-departmental efforts at a strategic level;
- (c) Enhance collaboration among NGOs, other stakeholders and the community;
- (d) Examine new methods to combat the problem, and where appropriate, look into possible funding for the relevant initiatives and methods; and
- (e) Advise on cooperation with the Mainland to tackle cross boundary youth drug abuse and related drug trafficking problems.

**NGOs, bodies and individuals who have been consulted
and/or who have submitted views**

Individuals

Rev Sam CHENG

Dr CHOI Yuen-wan

A person named DORMA

Mr IP Shu On

Professor SH LEE

Ms Scarlett PONG

Professor Daniel SHEK

Dr John TSE

Mr WAI Chin Ho, Jack

Professor YIP Kam-shing

An anonymous parent

NGOs and Bodies

Action Committee Against Narcotics (ACAN)

ACAN Sub-Committee on Treatment and Rehabilitation

ACAN Sub-Committee on Preventive Education and Publicity

The Alliance of Anti-Drug Abuse Professionals Limited

Barnabas Charitable Service Association Limited

Christian Zheng Sheng Association Ltd

Committee on Services for Youth at Risk

District Council and District Fight Crime Committee Chairmen

A series of District Forum on the 2007 Policy Address

Drug Liaison Committee

Fight Crime Committee

The Hong Kong Association of Addiction Psychiatry

The Hong Kong College of Psychiatrists

Hong Kong Council of Social Service

The Hongkong Federation of Youth Groups

The HUGS Centre of the Caritas Youth and Community Service

Mission Ark

The Society for the Aid and Rehabilitation of Drug Abusers

Representatives from the Committee on Home-School Cooperation and
Federations of Parent-Teacher Associations

Representatives from school councils and principals' and teachers'
associations

Various drug testing methods

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Urine	<ul style="list-style-type: none"> • Assurance of reliable and accurate results • Least expensive • Most flexibility in testing different drugs, including alcohol and nicotine • Generally accepted in court proceedings 	<ul style="list-style-type: none"> • Specimen might be adulterated, substituted, or diluted • Limited window of detection • Test sometimes viewed as invasive or embarrassing • Biological hazard for specimen handling and transfer to laboratory 	<ul style="list-style-type: none"> • Typically 1 to 3 days, except for cannabis (1 day to 2 weeks) 	<ul style="list-style-type: none"> • About HK\$180 per drug tested 	Yes
Urine test kits (quick test kit)	<ul style="list-style-type: none"> • Easy • Convenient • Fast • Qualitative testing with visual colour change 	<ul style="list-style-type: none"> • For screening purpose only, subject to robust confirmation testing like urine tests • Certain food or medicines may affect the results • Collecting urine is intrusive and unpleasant • Easy to adulterate or substitute urine specimen 	<ul style="list-style-type: none"> • Typically 1 to 3 days 	<ul style="list-style-type: none"> • About HK\$10 per drug tested 	Yes

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Blood	<ul style="list-style-type: none"> • Most accurate confirmation of drug used • Results are the best indication of current intoxication • Generally accepted in court proceedings • Can detect several types of drugs and alcohol 	<ul style="list-style-type: none"> • Intrusive • Expensive • No field test kit available • Test must be conducted in laboratory and by trained personnel 	<ul style="list-style-type: none"> • Within 24 hours 	<ul style="list-style-type: none"> • About HK\$2,000 • Testing for all drugs of abuse with level determination/estimation 	Yes
Oral Fluids	<ul style="list-style-type: none"> • Sample obtained under direct observation • Minimal risk of tampering • Non-invasive • Samples can be collected easily in virtually any environment • Can detect alcohol use • Reflects recent drug use 	<ul style="list-style-type: none"> • Drugs and drug metabolites do not remain in oral fluids as long as they do in urine • Less efficient than other testing methods in detecting marijuana use • Not generally accepted in court proceedings 	<ul style="list-style-type: none"> • Approximately 10 to 24 hours 	<ul style="list-style-type: none"> • Available overseas • No information on the price 	No
Oral fluid test strip (quick test kit)	<ul style="list-style-type: none"> • Fast • Easy to collect oral fluid • Resistant to adulteration, substitution and dilution 	<ul style="list-style-type: none"> • Expensive • Weak in detecting cannabis metabolite • Unable to detect ketamine • For screening purpose only, subject to robust confirmation testing like urine tests 	<ul style="list-style-type: none"> • Within several hours to 1-2 days (depending on drug being tested) 	<ul style="list-style-type: none"> • Available overseas • About US\$15-20 for five to six drugs to be tested 	No

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Hair	<ul style="list-style-type: none"> • Longer window of detection • Greater stability (does not deteriorate) • Can measure chronic drug use • Convenient transport and storage (no need to refrigerate) • Collection procedure not considered invasive or embarrassing • More difficult to adulterate than urine • Can detect several types of drugs 	<ul style="list-style-type: none"> • More expensive • Test usually limited to basic 5-drug panel • Cannot detect very recent drug use (1 to 7 days prior to test) 	<ul style="list-style-type: none"> • Depends on the length of hair in the sample. Hair grows about a half-inch per month, so a 1 to 2-inch specimen would show a 3-month history 	<ul style="list-style-type: none"> • Available overseas • For one US service provider sourced, about US\$70 (excluding postage) for seven drugs to be tested 	No
Sweat Patch	<ul style="list-style-type: none"> • Non-invasive • Variable removal date (generally 1 to 7 days) • Quick application and removal • Longer window of detection than urine • No sample substitution possible 	<ul style="list-style-type: none"> • Limited number of labs able to process results • People with skin eruptions, excessive hair, or cuts and abrasions cannot wear the patch • Passive exposure to drugs may contaminate patch and affect results • Not generally accepted in court proceedings 	<ul style="list-style-type: none"> • Patch retains evidence of drug use for at least 7 days, and can detect even low levels of drugs 2 to 5 hours after last use 	<ul style="list-style-type: none"> • Available overseas • No information on the price 	No

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Breathalyser	<ul style="list-style-type: none"> • Can only test for alcohol breath 	<ul style="list-style-type: none"> • Unable to test drugs 	<ul style="list-style-type: none"> • Around 30 minutes to 12 hours after consumption of alcohol 	<ul style="list-style-type: none"> • Minimal 	Yes

**Excerpt of provisions from the
Police Force Ordinance (Cap. 232) and the
Dangerous Drugs Ordinance (Cap. 134)
which may be invoked for drug testing**

Police Force Ordinance Section 3

An intimate sample means:

- (a) a sample of blood, semen or any other tissue fluid, urine or hair other than head hair;
- (b) a dental impression;
- (c) a swab taken from a private part of a person's body or from a person's body orifice other than the mouth.

A non-intimate sample means:

- (a) a sample of head hair;
- (b) a sample taken from a nail or from under a nail;
- (c) a swab taken from any part, other than a private part, of a person's body or from the mouth but not any other body orifice;
- (d) saliva;
- (e) an impression of any part of a person's body other than-
 - (i) an impression of a private part;
 - (ii) an impression of the face; or
 - (iii) the identifying particulars described in section 59(6).

Police Force Ordinance, Section 59A – Intimate samples

(1) In any investigation in respect of an offence committed or believed to have been committed, an intimate sample may be taken from a person for forensic analysis only if-

- (a) a police officer of or above the rank of superintendent ("authorizing officer") authorizes it to be taken;
- (b) the appropriate consent is given; and
- (c) a magistrate gives approval under section 59B for it to be taken.

(2) An authorizing officer may only give an authorization as required under subsection (1)(a) if he has reasonable grounds-

- (a) for suspecting that the person from whom the intimate sample is to be taken has committed a serious arrestable offence; and
 - (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.
- (3) An authorizing officer must give an authorization pursuant to subsection (2) in writing.
- (4) Where an authorization has been given pursuant to subsection (2), a police officer may request the person from whom the intimate sample is to be taken and that person's parent or guardian if he is under the age of 18 years, to give the appropriate consent to the taking of the sample and the police officer, in making the request, shall inform the person and his parent or guardian, as the case may be-
 - (a) of the nature of the offence in which the person is suspected to have committed;
 - (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
 - (c) that he may or may not give his consent to the taking of the sample;
 - (d) that if he consents to the taking of the sample, he may at any time withdraw that consent before the sample is taken;
 - (e) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence;
 - (f) that he may make a request to a police officer for access to the information derived from the analysis of the sample; and
 - (g) that if the person is subsequently convicted of any serious arrestable offence, any DNA information derived from the sample may be permanently stored in the DNA database maintained under section 59G(1) and may be used for the purposes specified in subsection (2) of that section.
- (5) The person from whom an intimate sample was taken pursuant to subsection (1) is entitled to access to the information derived from the analysis of the sample.
- (6) The appropriate consent must be given in writing and signed by the person or persons giving the consent.

- (7) An intimate sample-
- (a) of urine may only be taken from a person by a police officer of the same sex as that person;
 - (b) of a dental impression may only be taken from a person by a registered dentist;
 - (c) other than urine or dental impression, may only be taken from a person by a registered medical practitioner.

Police Force Ordinance, Section 59C – Non-intimate samples

(1) In any investigation in respect of any offence committed or believed to have been committed, a non-intimate sample may be taken from a person with or without his consent for forensic analysis only if-

- (a) that person is in police detention or is in custody on the authority of a court; and
- (b) a police officer of or above the rank of superintendent ("authorizing officer") authorizes it to be taken.

(2) An authorizing officer may only give an authorization as required under subsection (1)(b) if he has reasonable grounds-

- (a) for suspecting that the person from whom the non-intimate sample is to be taken has committed a serious arrestable offence; and
- (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.

(3) An authorizing officer-

- (a) subject to paragraph (b), must give an authorization pursuant to subsection (2) in writing;
- (b) where it is impracticable to comply with paragraph (a), may give such authorization orally, in which case he must confirm it in writing as soon as practicable.

(4) Where an authorization has been given pursuant to subsection (2), a police officer shall, before the taking of a non-intimate sample, inform the person from whom the sample is to be taken-

- (a) of the nature of the offence in which the person is suspected to have committed;
- (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
- (c) of the giving of the authorization;

- (d) that he may or may not consent to the taking of the sample;
- (e) that if he does not consent to the taking of the sample, the sample will still be taken from him by using reasonable force if necessary;
- (f) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence;
- (g) that he may make a request to a police officer for access to the information derived from the analysis of the sample; and
- (h) that if he is subsequently convicted of any serious arrestable offence, any DNA information derived from the sample may be permanently stored in the DNA database maintained under section 59G(1) and may be used for the purposes specified in subsection (2) of that section.

(5) The person from whom a non-intimate sample was taken pursuant to subsection (1) is entitled to access to the information derived from the analysis of the sample.

(6) Any consent given for the taking of a non-intimate sample pursuant to this section must be given in writing and signed by the person or persons giving the consent.

(7) A non-intimate sample may only be taken by-

- (a) a registered medical practitioner; or
- (b) a police officer, or a public officer working in the Government Laboratory, who has received training for the purpose.

(8) A police officer may use such force as is reasonably necessary for the purposes of taking or assisting the taking of a non-intimate sample from a person pursuant to this section.

Dangerous Drugs Ordinance, Section 54AA – Taking of urine samples

(1) In any investigation in respect of an offence committed or believed to have been committed, a urine sample may be taken from a person only if-

- (a) a police officer of or above the rank of superintendent or a member of the Customs and Excise Service of or above the rank of superintendent ("authorizing officer") authorizes it to be taken;

- (b) the appropriate consent is given; and
 - (c) a magistrate gives approval under subsection (7) for it to be taken.
- (2) An authorizing officer may only give an authorization as required under subsection (1)(a) if he has reasonable grounds-
- (a) for suspecting that the person from whom the urine sample is to be taken has committed a serious arrestable offence; and
 - (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.
- (3) An authorizing officer must give an authorization pursuant to subsection (2) in writing.
- (4) Where an authorization has been given pursuant to subsection (2), a police officer or a member of the Customs and Excise Service may request the person from whom the urine sample is to be taken and that person's parent or guardian if he is under the age of 18 years, to give the appropriate consent to the taking of the sample and the officer or the member, in making the request, shall inform the person and his parent or guardian, as the case may be-
- (a) of the nature of the offence in which the person is suspected to have committed;
 - (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
 - (c) that he may or may not give his consent to the taking of the sample;
 - (d) that if he consents to the taking of the sample, he may at any time withdraw that consent before the sample is taken;
 - (e) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence in relation to dangerous drugs; and
 - (f) that he may make a request to a police officer or a member of the Customs and Excise Service for access to the information derived from the sample.
- (5) The person from whom a urine sample was taken pursuant to subsection (1) is entitled to access to the information derived from the sample.

(6) The appropriate consent must be given in writing and signed by the person or persons giving the consent.

(7) Where an authorization and the appropriate consent as required under subsection (1)(a) and (b) have been given, a police officer or a member of the Customs and Excise Service shall make an application to a magistrate in accordance with the Seventh Schedule for the magistrate's approval as required under subsection (1)(c) and the magistrate may give his approval in accordance with that Schedule.

(8) A urine sample may only be taken from a person by a police officer or a member of the Customs and Excise Service of the same sex as that person.

(9) In this section-
"appropriate consent" (適當的同意) means-

- (a) in relation to a person who has attained the age of 18 years, the consent of that person;
- (b) in relation to a person who has not attained the age of 18 years, the consent both of that person and of his parent or guardian;

"serious arrestable offence" (嚴重的可逮捕罪行) means an offence in relation to dangerous drugs for which a person may under or by virtue of any law be sentenced to imprisonment for a term not less than 7 years.

Dangerous Drugs Ordinance Section 52 –Powers of authorized officers

(1) For the purposes of this Ordinance, any police officer and any member of the Customs and Excise Service may-

- (a) stop, board and search any ship, aircraft, vehicle or train which has arrived in Hong Kong (not being a ship of war or a military aircraft), and remain thereon as long as it remains in Hong Kong;
- (b) search any person arriving in Hong Kong or about to depart from Hong Kong;
- (c) search any thing imported into or to be exported from Hong Kong;
- (d) stop, board and search any ship, aircraft, vehicle or train if he has reason to suspect that there is therein an article liable to seizure;

- (e) without a warrant issued under subsection (1E) where it would not be reasonably practicable to obtain such a warrant, enter and search any place or premises if he has reason to suspect that there is therein an article liable to seizure; or
- (f) stop and search any person, and search the property of any person, if-
 - (i) he has reason to suspect that such person has in his actual custody an article liable to seizure; or
 - (ii) such person is found in any ship, aircraft, vehicle, train, place or premises in which an article liable to seizure is found.

(1A) For the purposes of enabling a person to be searched under subsection (1)(f)(i), a police officer of or above the rank of inspector or a member of the Customs and Excise Service of or above the rank of inspector may request a registered medical practitioner or nurse registered or enrolled or deemed to be registered or enrolled under the Nurses Registration Ordinance (Cap 164), to examine the body cavities of that person.

(1B) A medical practitioner or nurse requested to examine the body cavities of a person under subsection (1A) may search the rectum, vagina, ears and any other body cavity of that person.

(1C) A medical practitioner or nurse carrying out an examination of a person at the request, under subsection (1A), of a police officer or member of the Customs and Excise Service who appears to be lawfully engaged in the performance of his duty shall not be bound to inquire whether or not the police officer or member is acting lawfully or within the scope of his duty.

(1D) A police officer or member of the Customs and Excise Service may detain a person in respect of whom a request is to be or has been made to a medical practitioner or nurse under subsection (1A) for such time as may reasonably be necessary to permit a medical practitioner or nurse to complete an examination of the body cavities of that person under this section.

(1E) Where it appears to any magistrate upon the oath of any person that there is reasonable cause to suspect that in any place there is an

article liable to seizure under this Ordinance, or with respect to which an offence has been committed or is about to be committed against the provisions of this Ordinance, the magistrate may, by his warrant directed to any police officer or to any member of the Customs and Excise Service, empower such officer or member by day or by night to enter the place named in the warrant and there to search for and seize, remove and detain any such article.

(2) For the purpose of enabling a ship or aircraft to be searched under subsection (1)-

- (a) the Commissioner of Customs and Excise or the Commissioner of Police may by order in writing under his hand detain a ship for not more than 12 hours or an aircraft for not more than 6 hours; and
- (b) the Chief Secretary for Administration may, by order in writing under his hand, detain a ship or aircraft for further periods of not more than 12 hours in the case of a ship or not more than 6 hours in the case of an aircraft.

Any order made under this subsection shall state the times from which and for which the order is effective.

(3) Any public officer may seize, remove and detain any thing if he has reason to suspect that such thing is an article liable to seizure.

(4) Any public officer authorized in writing by the Director may uproot, seize, remove and destroy any plant of the genus cannabis or the opium poppy.

(5) For the purposes of this Ordinance, any public officer authorized in writing by the Director may-

- (a) enter, inspect and search any place or premises occupied by-
 - (i) a person authorized by virtue of section 22(1)(a), (b) or (c) or (5A) or by virtue of section 24(1);
 - (ii) a person whose authorization as aforesaid has been withdrawn under section 33 and the withdrawal suspended;
 - (iii) a person by whom any such person as aforesaid is employed; or
 - (iv) a person to whom a licence has been issued under this Ordinance;

- (b) require the production of, and inspect, any register, record, book, prescription or other document kept or made pursuant to the requirements, or for the purposes, of this Ordinance or any other document relating to dealings in a dangerous drug by or on behalf of any such person as aforesaid; and
 - (c) inspect any stocks of a dangerous drug in the possession of any such person as aforesaid.
- (6) For the purposes of this Ordinance, any public officer authorized in writing by the Director may-
- (a) enter, inspect and search a hospital or institution specified in the Second Schedule or any place or premises occupied for the purposes of any such hospital or institution;
 - (b) require the production of, and inspect, any register, record, book, prescription or other document kept or made in any such hospital or institution pursuant to the requirements, or for the purposes, of this Ordinance or any other document relating to dealings in a dangerous drug for the purposes of such hospital or institution; and
 - (c) inspect any stocks of a dangerous drug in any such hospital or institution or in any such place or premises.
- (7) An authorization given by the Director under this section may be given to a police officer, member of the Customs and Excise Service or public officer by name or may be given to any police officer, member of the Customs and Excise Service or other public officer for the time being holding such rank or public office as the Director may specify, and may extend to all the powers specified in subsection (2), (4) or (5), as the case may be, or to such of those powers as the Director may specify.
- (8) Any public officer may-
- (a) break open any outer or inner door of or in any place or premises which he is empowered by this section to enter and search;
 - (b) forcibly board any ship, aircraft, vehicle or train which he is empowered by this section to board and search;
 - (c) remove by force any person or thing who or which obstructs any entry, search, inspection, seizure, removal or detention which he is empowered by this section to make;

- (d) detain every person found in any place or premises which he is empowered by this section to search until the same has been searched; and
 - (e) detain every person on board any ship, aircraft, vehicle or train which he is empowered by this section to search, and prevent any person from approaching or boarding such ship, aircraft, vehicle or train, until it has been searched.
- (9) (a) (i) An examination of the body cavities of a person under this section shall, unless that person otherwise consents, be carried out by a medical practitioner or nurse of the same sex as that person.
- (ii) Where a female has consented, under sub-paragraph (i), to an examination of her body cavities by a medical practitioner or nurse of the opposite sex, such examination shall be in the presence of another female.
- (b) Subject to paragraph (a), no female shall be searched under this section except by a female.
- (c) No person shall be searched under this section in a public place if he objects to being so searched.

(9A) The provisions of this Ordinance (including section 56) which could, but for this subsection, apply to a thing seized under this section shall not apply to the thing if it has been so seized on the ground that it is suspected to be specified property referred to in paragraph (d) of the definition of "article liable to seizure".

(9B) For the avoidance of doubt, it is hereby declared that where a thing referred to in subsection (9A) is released under section 24C(4) of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap 405), that subsection shall not operate to prevent the application of the provisions of this Ordinance (including this section and section 56) to that thing at any time on or after such release.

(10) In this section-

"article liable to seizure" (可予扣押的物件) means-

- (a) any dangerous drug referred to in section 55;
- (b) any money or thing liable to forfeiture under this Ordinance or forfeiture or confiscation under a corresponding law;

- (c) any thing which is or contains evidence of-
 - (i) an offence under this Ordinance or a corresponding law;
 - (ii) a drug trafficking offence within the meaning of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap 405);
- (d) any specified property within the meaning of Part IVA of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap 405);

"Commissioner of Customs and Excise" (香港海關關長) includes a Deputy Commissioner of Customs and Excise and an Assistant Commissioner of Customs and Excise;

"Commissioner of Police" (警務處處長) includes a deputy or assistant commissioner of police.

Outline of some estimation methods in measuring the drug abuse population¹

(1) Case-Finding Methods

1. Case-finding is a standard epidemiological method for obtaining an adequate number of cases for observation and research, especially when investigating rare health events in a population. It is basically a counting method involving search of actual drug abusers through an extensive network².
2. Case-finding is important, as seen by the fact that nearly every study involving nomination techniques or capture-recapture started with case-finding procedures. Pure case-finding studies are rare, but the findings are used in different ways to establish valid prevalence estimations.
3. As there is no single way or information source which can find all, or at least most of, drug users, a combination of different strategies is needed. Multi-source enumeration is one method widely used to overcome the lack of completeness and representativeness of single sources and can provide estimates of the prevalence of drug users.
4. Case-finding is applicable to studying drug use for several reasons. Firstly, drug use is rare. Secondly, as an illegal activity, it is largely hidden. Therefore, general population sample survey techniques will be too costly, inefficient, and may be ineffective for identifying drug users. Thirdly, a ready-made sampling frame or register does not exist, which, in part, is the reason for carrying out a case-finding study.
5. Although a proportion of the drug-using population will always remain hidden, there are times when drug users are more “visible”. These instances include - the process of buying and selling drugs, places where drug users meet, contact with law enforcement as a result of the need to buy or sell drugs or generate income illegally to obtain drugs, or when

¹ As documented in the website of the European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.org/>). Extracted from : Monograph on “Estimating the Prevalence of Problem Drug Use in Europe” : www.emcdda.europa.eu/attachements.cfm/att_34403_EN_Monograph1.pdf

² The CRDA is a typical system applying the case-counting method.

drug users seek attention for social, psychological or somatic consequences of drug use. In each of these areas and situations, drug users may be contacted.

6. The case-finding study must be acceptable to reporters and drug users. Information sources and screening strategies may need to be assessed in order to test whether they can provide the data required by the study. For example, it can be difficult to involve more deeply in research studies on subjects who are contacted by the police.

7. When different sources are combined, there is a considerable risk of over-estimating the total number of cases unless personal identifiers are available in a reliable and standardised way in all the sources to enable identification and removal of duplicates.

(2) Capture-Recapture Method (CRM)

8. CRM refers to a technique developed over a century ago to estimate the size of wild animal populations and involves “capturing” a random sample that are then “marked” and returned to their habitat.

9. Subsequently, a second random sample is “recaptured” and the number of marked animals from the first sample is observed. The ratio of marked animals to the recaptured sample size is assumed to be the same as the ratio of the first captured sample to the total population. Thus, if a “capture” sample of 200 animals is marked and released and a “recapture” sample of 100 contains ten animals which are marked, the estimate for the total population would be 2 000 (i.e. $10:100 = 200:2\ 000$).

10. In view of the real or perceived problems of asking people directly about drug use, CRM affords a means of estimating prevalence indirectly from data on known drug users.

11. The assumptions of the method are important -

- (a) the population under study must be closed, in the sense that individuals do not enter or leave the population during the study period;

- (b) the samples must be randomly selected and the probability of each individual being selected must be the same in each sample; and
- (c) the samples must be mutually independent.

12. Whether it is adequate to apply CRM as an estimation method, it is necessary to have a clear understanding of the quality of the data available, as well as of the process of data collection. There are a number of important criteria to consider. Failure to meet them will significantly undermine the reliability of the estimates.

13. Finally, the results obtained through CRM should be compared with other methods, as a combination of methods may help to ascertain boundaries for the estimate. Even if there is inconsistency, this may help to understand the data and the phenomena being studied.

(3) Multiplier Methods (MM)

14. This method involves applying a “multiplier” to a “benchmark” (the total of a sub-group of the drug-using population). The most commonly used “benchmark” is the total number of drug-related deaths (mortality data) but the multiplier can also be applied to other “benchmark” data such as the total number of abusers in treatment or total number of abusers arrested. The benchmark is then multiplied by an appropriate multiplier to estimate the total drug abuse population.

15. For example, if this method is applied to in-treatment data, then the benchmark is the total number of drug-users who underwent treatment in a given year, the multiplier is the in-treatment-rate (proportion of total drug-users in treatment). The formula is as follows :

$$T = B / c$$

where T is the estimated total of problematic drug-users, B is the total number of problematic drug users who underwent treatment in a given year and c is the estimated in-treatment rate.

16. MM for estimating the prevalence of drug use was first developed in the US during the 1970s. The method involved determining

the annual number of drug-related deaths in New York City and assuming that these deaths represented a proportion of active heroin users in the city. The proportion was obtained from a follow-up study of addicts receiving treatment, and was crudely estimated by the death rate observed amongst those users.

17. It is usually difficult for mortality data to meet the above assumptions. Hence, it might seem plausible to apply a multiplier to some other indicators, such as the number of arrests for drug offences. However, extension of the method could be quite arbitrary and must be carefully studied. Using mortality data is considered plausible because of the wide range of studies which have reported similar mortality rates. Rates for activities such as drug arrests are likely to vary within and between locations, and these rates are likely to change over time due to changing policies. So extension of MM must be applied with great caution.

(4) Nomination Methods

18. The use of nomination methods as a means of obtaining information about difficult-to-reach populations dates back many years having enjoyed a certain amount of fame and notoriety in the 1970s. Interest in these methods is now developing again in drug use epidemiology, its main virtue being its usefulness in dealing with relatively rare events.

19. The principles involved in using nomination techniques specifically to estimate prevalence of drug use are the same as those described elsewhere for MM. This procedure is characterised by -

- (a) a benchmark – the total number of the drug-using population who were in treatment at some points during the year in question, e.g. 3 000; and
- (b) a multiplier – an estimate from some sample surveys of the proportion of the drug abusing population who were in treatment that year, e.g. 20% (one fifth).

20. By applying the same benchmark-multiplier calculation to these figures, the overall drug-using population size would be : $3\ 000 / (1/5) = 3\ 000 \times 5 = 15\ 000$.

21. “Nomination methods” are generally thought of as estimation methods based on information which individuals in a sample provide about their network of acquaintances. The term “nomination ratio methods” is used to apply specifically to prevalence estimation by benchmark/ratio methods that estimate the required ratio from nominee information.

22. Broadly put, sample members are asked to name or nominate drug-using acquaintances and to say whether these acquaintances have been in touch with drug treatment centres, health services or any other similar body, within a stipulated time period. The proportion of treatment receiver nominated by the sample is then used as a multiplier (as described above) to give an estimate of the total number of drug users in conjunction with the benchmark known attendance figures at the drug treatment agencies.

23. Given a core random sample of drug users, typically we ask two questions of our core sample respondents, broadly of the following sort – “How many of your acquaintances have used drugs regularly in the last year?” and “How many of these have been for treatment in the last year?”. From these two answers, the proportion of drug users in treatment can be calculated. Of course, the questions will need rather more precise definitions of “drug user” and “treatment”. Respectively these will vary according to the aim of the study and the target population, and the type of benchmark data source available. Whether one year or another time span is more appropriate also needs to be determined.

**List of assessment criteria in
vetting Beat Drugs Fund applications**

ACAN and the Beat Drugs Fund Association consider each application on its own merits. In considering the applications, ACAN and the Association will take account of, but not limited to, the following factors-

(a) **Project strength**

- whether the proposed project will be able to bring direct benefits to the anti-drug cause in Hong Kong;
- whether there is a demonstrated need for the proposed project; whether the project differs from the work currently provided by other organisations or projects supported by the Fund;
- whether the proposed project carries the theme(s) or falls under the programme area(s) encouraged by the Association and meets the requirements in the project brief, if any;
- whether the proposed project is innovative and can convey in-depth anti-drug knowledge;
- the approach of the proposed project in spreading anti-drug message;
- whether the proposed project schedule is well-planned and the duration practical and reasonable;
- the degree of participants' involvement in the planning and implementation of the project;
- whether the proposed project will be evaluated in a robust, systematic, realistic and thorough manner;

- the number of beneficiaries/participants/users of the proposed project; and
- whether the proposed budget is reasonable and realistic.

(b) Project Commencement

- whether the project will commence after the completion of the vetting process.

(c) Strength of applicant

- past performance of the applicant in using the Fund; and
- technical and management capability of the applicant.

(d) Other factors

- for capital works projects, whether there will be any problem with recurrent expenditure, e.g. staff and maintenance expenditure;
- for research projects, whether there is any duplication with past research supported by ACAN and the Fund; and
- for preventive education and publicity projects, whether the drug abuse rate of the district in which the proposed project is to be launched is high, or will be potentially high; and the degree of young people's participation in the development and planning of the project.

2. The following projects are normally not considered -

- (a) conventional non-capital works projects spanning more than two years;
- (b) conventional projects exceeding \$3 million;
- (c) programmes eligible for Government subvention;

- (d) leaflets, booklets and CD-ROM projects without clear and sufficient information on contents and design;
- (e) projects which have been completed; and
- (f) projects which will commence before the completion of the vetting process.

**Guidelines for self-evaluation
of Beat Drugs Fund projects**

Background

To ascertain the effectiveness of projects sponsored by the Beat Drugs Fund and serve as an aid to reflection on the implementation of these projects, all applications of the Beat Drugs Fund are required to include in the applications the evaluation methods for their projects. All successful grantees will be required to evaluate their projects in terms of outputs, outcomes, impact and effectiveness in the Full Reports to be submitted to the Beat Drugs Fund Association upon project completion.

Evaluation Mechanism

2. A set of performance indicators should be proposed in the application to substantiate the outputs and outcomes, namely, quantifiable indicators and outcome-based indicators, aimed at evaluating the contribution of the projects towards the anti-drug cause in Hong Kong.

3. In the Full Report to be submitted upon project completion, the following items should be included to assess each project deliverable and their value for dissemination –

- description of the deliverable (e.g. type, title, quantity, etc.);
- evaluation of the quality and dissemination value of the deliverable;
- the dissemination activities conducted (please state the date, mode, etc.) and the responses of the participants/recipients to such dissemination activities;
- the value and feasibility for the deliverable to be widely disseminated by the Beat Drugs Fund or other means as well as suggested modes of dissemination; and

- a brief description of the elements/experiences contributing to the success of the project and feasibility of continuing the project should also be given.

4. For example, a preventive education and publicity project can be evaluated by means of a questionnaire survey for assessing the change in participants' awareness of the drug problem, their perception on the issue, etc. after attending an anti-drug activity.

Abbreviations

ACAN	Action Committee Against Narcotics
AHP	Adolescent Health Programme
APIs	Announcements in the Public Interest
ASWO	Assistant Social Work Officer
ATS	amphetamine-type stimulants
BDF	Beat Drugs Fund
CATOM	Chinese Addiction Treatment Outcome Measure
CCO	Control of Chemicals Ordinance
CCPSAs	counselling centres for psychotropic substance abusers
CHSC	Committee on Home-School Co-operation
CND	Commission on Narcotic Drugs
CPH	Castle Peak Hospital
CRDA	Central Registry of Drug Abuse
CRM	Capture-Recapture Method
CSD	Correctional Services Department
CSSS	Community Support Service Scheme
Customs	Customs and Excise Department
DATCs	drug addiction treatment centres
DCs	District Councils
DDO	Dangerous Drugs Ordinance
DFCCs	District Fight Crime Committees
DH	Department of Health
DIC	Hong Kong Jockey Club Drug InfoCentre
DLC	Drug Liaison Committee
DNA	Deoxyribonucleic acid
DoJ	Department of Justice
DTRCs	drug treatment and rehabilitation centres

EDB	Education Bureau
FCC	Fight Crime Committee
FHB	Food and Health Bureau
FSAs	Funding and Service Agreements
GC	Governing Committee
GDP	Gross Domestic Product
HA	Hospital Authority
HAD	Home Affairs Department
ICYSCs	Integrated Children and Youth Services Centres
INCB	International Narcotics Control Board
IT	Information Technology
IUT	Instant Urine Test
JPS	Juvenile Protection Section
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
LWB	Labour and Welfare Bureau
MM	Multiplier Methods
MSS	medical social services
MTP	methadone treatment programme
ND	Narcotics Division
NGOs	Non-Governmental Organisations
OLE	Other Learning Experiences
P.A.T.H.S.	Positive Adolescent Training through Holistic Social Programmes
PO	Probation Officer
Police	Hong Kong Police Force
PPB	Pharmacy and Poisons Board
PPO	Pharmacy and Poisons Ordinance
PSDS	Police Superintendent's Discretion Scheme
PSLP	Police School Liaison Programme

PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QMH	Queen Mary Hospital
RAG	Research Advisory Group
SACs	Substance Abuse Clinics
SHS	Student Health Service
SIS	Service Information System
SOPD	specialist out-patient departments
SWA	Social Work Assistant
SWD	Social Welfare Department
SYP	Summer Youth Programme
TWGHs CROSS	Tung Wah Group of Hospitals CROSS
UCH	United Christian Hospital
UK	United Kingdom
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
US	United States
WHO	World Health Organisation
WoC	Women's Commission
Y.E.S.	Youth Employment Start
YNDs	young night drifters
YOTs	Youth Outreaching Social Work Teams
YPTP	Youth Pre-employment Training Programme
YWETS	Youth Work Experience and Training Scheme

