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## **Executive Summary**

Report of the Task Force on  
Youth Drug Abuse

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# **Executive Summary**

November 2008

## 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 fluid and cursive, with the first name "Wong" and last name "Lung" clearly distinguishable.

Wong Yan Lung  
Secretary for Justice

## EXECUTIVE SUMMARY

### Task Force on Youth Drug Abuse

1. In October 2007, the Chief Executive in his Policy Address announced the appointment of the Secretary for Justice, who is also the 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 consulted widely through existing fight-crime and anti-drug networks to consolidate strategies to combat the problem from a holistic perspective. The membership and terms of reference of the Task Force are at **Annexes 1** and **2** respectively.

2. This Report sets out the detailed recommendations made by the Task Force. Given the pressing nature of the problem, the Task Force has not waited for the publication of this Report before implementing measures which are in line with its recommendations and which can be readily put into effect. The updated position of the measures already taken is specifically highlighted for ease of reference<sup>1</sup>.

### Trend of Drug Abuse in Hong Kong

3. The reported number of young drug abusers aged under 21 has increased by 34% in the three years ending 2007. This increase runs counter to the overall declining trend of reported drug abusers generally for the past decade. The rising trend continued in the first half of 2008, increasing by 22.4% year-on-year.

4. In 2007, nearly all reported young drug abusers (99%) abused psychotropic substances, while only 2% took what can be described as “traditional” drugs (mainly heroin). Ketamine was the most common type of psychotropic substance abused by young people (80.2%), followed by ecstasy (21.3%), ice (13.6%), cannabis (11.9%) and cocaine (11.8%)<sup>2</sup>.

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<sup>1</sup> Measures taken thus far in respect of individual recommendations are shown in text in *italics*.

<sup>2</sup> As some drug abusers took more than one drug, the percentages add up to more than 100%.

## **Abuse of Psychotropic Substances**

### *Harm*

5. Contrary to common misconceptions, psychotropic substances are both harmful and addictive. They not only affect the mind and cause serious mental diseases, but also damage the function of other organs in the body. They cause both physical and psychological dependence. In a landmark decision in June 2008, the Court of Appeal substantially raised the sentencing tariffs for trafficking ketamine and ecstasy, accepting the compelling medical evidence regarding their harmful and addictive effects.

### *Hidden nature*

6. Unlike traditional drugs such as heroin, many psychotropic substances can simply be sniffed or swallowed, rather than injected. The discomfort of withdrawal symptoms is not obvious initially and their harmful effects on the body, like the development of mental diseases, may also not be immediate or apparent. 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. These factors render it difficult for family members and law enforcement agencies to identify the abusers; young abusers themselves are also less motivated to seek help.

### *Accessibility*

7. 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. Although scheduled as a dangerous drug in Hong Kong, ketamine is currently not subject to control under international drug conventions. This makes the monitoring of the international supply and trafficking more difficult. Coupled with the less frequent abuse patterns, such common psychotropic substances may be relatively more affordable or accessible to youngsters.

### *Challenges*

8. Given its hidden nature, 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 measures very costly. Drug abuse is also highly transmittable through peer influence. Society as a whole pays dearly for it through health care, the criminal justice system, social welfare, economic productivity and competitiveness. If left unchecked, the problem will undermine the fabric of our society. Immediate action is needed.

### **The Cause: Risk Factors and Protective Factors**

9. Drug abuse behaviour is promoted by risk factors and buffered by protective factors at various levels: personal/interpersonal, family, school and community. Youth drug abuse is often a manifestation of some wider and more intricate issues such as family, adolescent or health problems. Other manifestations such as smoking, gambling, Internet addiction, pre-marital pregnancy, juvenile delinquency and suicide share many common risk and protective factors.

### **Our Strategic Response: A Holistic Approach**

10. We must adopt a holistic approach to reduce the impact of the risk factors and enhance the effect of protective factors, following a five-pronged strategy -

- (a) 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. The school sector is an important platform for enhancing such efforts.
- (b) Our treatment and rehabilitation services play a key part in identifying drug abusers, and helping them to kick the habit and be reintegrated into society. The possible use of voluntary and compulsory drug testing should be explored as a means to identify young drug abusers early for intervention, and the probation system should be enhanced for those caught by the criminal justice system.

- (c) 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.
- (d) On external cooperation, we must work closely with our counterparts in the Mainland and overseas to combat this global problem, with emphasis on tackling cross boundary drug abuse.
- (e) To better understand the drug abuse problem and to respond to new challenges brought by the changing drug scene locally and overseas, we attach great importance to carrying out evidence-based research.

11. In order to more comprehensively and effectively avail vulnerable youth to the protective factors, it is essential to foster a caring culture for our youth within the community at large, strengthen complementary support among various sectors and stakeholders, and promote participation in the anti-drug cause by all. This is an additional and yet fundamentally important dimension in the overall strategy.

### **Preventive Education and Publicity**

12. We need to address the following issues of concern -
- (a) Insufficient understanding of the youth drug abuse problem and misconception in some quarters that drug abuse is not their concern.
  - (b) Widespread misconception, especially among the youth, that psychotropic substances are less harmful than “traditional” narcotics such as heroin.
  - (c) Inadequate or incorrect knowledge about the legal consequences of drug offences.
  - (d) Insufficient drug knowledge or skills among parents, teachers and social workers in identifying signs of drug abuse.



## *Nomenclature and messages*

13. To better reflect the harmfulness of psychotropic substance abuse, for preventive education and publicity purposes, the generic reference to drug abuse should be “吸毒” or “吸食毒品”. 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”, or, for more colloquial usage, “丸仔毒品”, “K仔毒品” or the like, instead of “精神藥物”<sup>3</sup>. (Recommendation 4.1) *The Administration has since the launch of a territory-wide campaign in June 2008 (see paragraph 15 below) adopted the new nomenclature, and explained to the public why psychotropic substances such as ketamine and ecstasy are “毒品” in terms of both health impact and addictiveness. It has also appealed to the media and others to adopt the changes.*

14. 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. (Recommendation 4.2) *The Administration has adopted this new approach since the launch of the territory-wide campaign (see paragraph 15 below).*

## *Two-year territory-wide campaign*

15. 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 levels. The Beat Drugs Fund (BDF) may also be capitalised on to augment the resources. (Recommendation 4.3) *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*

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<sup>3</sup> 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.

*Against Drug Abuse and Illicit Trafficking. In support, 59 BDF projects were approved in 2008 with a record grant of some \$33 million.*

### *Parental education*

16. There should be more engagement with 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 Non-Governmental Organisations (NGOs) should be utilised to reach out to parents of different backgrounds. (Recommendation 4.4) *The Narcotics Division (ND) is working with the Education Bureau (EDB), Social Welfare Department (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.*

### *Engaging the youth on the Internet*

17. With Internet being the most effective medium to reach out to young people, 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. (Recommendation 4.5) *To tie in with the territory-wide campaign, ND's website has been improved. One of the recently approved BDF projects is to develop an interactive online game for the anti-drug cause.*

### *Drug InfoCentre*

18. The Hong Kong Jockey Club Drug InfoCentre should be updated and enhanced as the focal point and resource centre for drug education. (Recommendation 4.6) *BDF has recently approved a project to develop new interactive game consoles at the Drug InfoCentre to educate young visitors through engaging means.*

### *Collaboration with other policy areas*

19. There should be enhanced collaboration of promotional efforts in related policy areas to achieve synergy in anti-drug education. (Recommendation 4.7)

### **The School Sector**

20. There is a common concern in the school sector 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. Another concern is that many teachers and management staff are not fully equipped with the knowledge and skills to conduct drug education and handle drug abuse cases effectively. Suitable and sufficient support services should be provided to schools in case their students encounter drug problems.

### *Healthy school policy with an anti-drug element*

21. To counteract possible stigmatisation and on a macro level, all schools should devise a healthy school policy to build positive values and attitudes among students from an early stage, which will enhance their ability to resist taking drugs. A school may devise a school-based policy to address its students' specific needs. (Recommendation 5.1) *EDB is taking the lead to promote institutionalisation of a healthy school policy in all schools. A dedicated anti-drug education team is spearheading and coordinating such efforts.*

### *Strengthening drug education*

22. 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 for positive peer influence and life values cultivation. (Recommendation 5.2)

23. To complement the efforts at schools, all departments and NGOs concerned should strengthen their drug education programmes for students, with improved format and content. 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. (Recommendation 5.3) *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.*

#### *Identification of at-risk students who may need help*

24. 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. (Recommendation 5.4) *EDB is encouraging schools to organise the active participation of all teachers and staff in the measures to promote the healthy growth of students and in identifying at-risk students for early intervention. EDB, ND, SWD and the Police are, in consultation with the school and social work sectors, enhancing school and social work guidelines in relation to drugs.*

#### *Enhancing support for schools*

25. A set of resource kits should be developed for (a) 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. (Recommendation 5.5) *ND and EDB are working together to develop the resource kits in modular form, which are targeted for completion in phases in 2009.*

26. 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. Teaching relief grant should be provided to enable teachers to take part in the training. (Recommendation 5.6) *ND and EDB are commissioning NGOs to run the teacher training programmes in the 2008-09 school year. Teaching relief grant will be provided for teachers to attend two-day training.*

27. 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. Further programmes may be organised to reinvigorate the support of school heads and to update them on the latest drug trends. (Recommendation 5.7) *An anti-drug seminar for school heads was organised on 4 July 2008. More than 500 school principals and educators from primary and secondary schools took part.*

28. More anti-drug talks and programmes should be co-organised with parent-teacher associations and their federations to enhance home-school cooperation in the anti-drug cause. (Recommendation 5.8) *The theme of the Committee on Home-School Co-operation 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.*

29. The Police School Liaison Programme (PSLP) should be strengthened and the communication on drug matters among schools, EDB and the Police should be enhanced. (Recommendation 9.3) *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.*

30. 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. (Recommendation 6.1)

## **Treatment and Rehabilitation**

31. Several major issues of concern have been identified -

- (a) Many psychotropic substance abusers are “hidden” and/or are not motivated to seek help. They have remained out of reach of existing help networks.
- (b) The provision of downstream treatment and rehabilitation services, notably medical services for psychotropic substance abusers, is considered to have fallen behind demand.

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

### *Outreaching services*

32. To address the hidden nature of psychotropic substance abuse and young drug abusers' lack of motivation to seek help, the outreaching service should be strengthened to meet an acute service need. (Recommendation 6.2) *The enhanced service of one additional Social Work Assistant for each of the 16 district-based Youth Outreaching Social Work Teams and 18 Young Night Drifter Teams has started since October 2008.*

33. 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 Counselling Centres for Psychotropic Substance Abusers (CCPSAs) on referral of needy cases. (Recommendation 6.3)

### *Counselling services and other assistance*

34. 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. (Recommendation 6.4) *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.*

35. Medical support services should be provided at CCPSAs to enable timely and early medical intervention to drug abusers who require elementary medical treatment. This may encompass procurement of medical consultation services from the community and provision of appropriate nursing staff as part of the centre complement. (Recommendation 6.11)



36. In the longer term and taking into account the service demand, CCPSAs should be further strengthened in terms of both the human resources provision in each centre and the number of centres in the territory. (Recommendation 6.5)

*Medical treatment to psychotropic substance abusers with psychiatric problems*

37. To meet an imminent service need and to better collaborate with CCPSAs and anti-drug agencies in the relevant clusters, the Substance Abuse Clinic (SAC) at the Queen Mary Hospital (QMH) should be re-opened and a new SAC be set up at the United Christian Hospital (UCH). (Recommendation 6.12) *The SACs at QMH and UCH have come into operation since July and October 2008 respectively.*

38. The service delivery model of SACs should be reviewed to enhance the effectiveness of specialist medical intervention. (Recommendation 6.14)

39. There should be provision of designated medical social workers at SACs to service the rising number of psychiatric attendances by drug abusers. (Recommendation 6.7) *The medical social workers have started work since October 2008.*

40. Subject to availability of resources, the Hospital Authority should 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. (Recommendation 6.13)

41. In the longer term and taking into account evolving service needs, the capacity and support service provided by psychiatric medical social services at SACs should be further strengthened. (Recommendation 6.8)

*Drug Treatment and Rehabilitation Centres*

42. Additional places should be provided at SWD-subsidised Drug Treatment and Rehabilitation Centres (DTRCs) to meet the anticipated increase in the residential service demand downstream. (Recommendation 6.6) *New resources for 101 places have been approved starting from 2008-09.*

### *Training for private medical practitioners*

43. 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. (Recommendation 6.16) *ND is now inviting proposals for launching the training programme in 2009.*

### *Rehabilitation of offenders and drug abusers*

44. The Community Support Service Scheme (CSSS) teams should be strengthened to ensure adequate support services to assist juvenile offenders in reintegrating into the community. (Recommendation 6.9) *Additional Assistant Social Work Officers for the five CSSS teams have started work since October 2008.*

45. A two-year pilot project on an enhanced probation service should be launched 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. (Recommendation 6.10) (See paragraphs 62-64 below.)

46. There should be enhanced efforts to educate the public to accept rehabilitated drug abusers and to appeal to different sectors of the community for support. (Recommendation 6.18) *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.*

### *Multi-disciplinary and integrated approach*

47. In the context of preparing the Fifth Three-year Plan on Drug Treatment and Rehabilitation Services for 2009-11, the Administration should –

- (a) continue to pursue the multi-disciplinary approach in a pragmatic manner with a view to developing appropriate cooperation and networking models on a cluster basis (Recommendation 6.15);
- (b) consider whether and how best to pursue and recognise further structural training programmes for anti-drug workers in the



light of demand and the changing drug scene (Recommendation 6.17); and

- (c) explore further measures to enhance the reintegration elements of the treatment and rehabilitation programmes and to promote and solicit community and family support (Recommendation 6.19).

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

### *Sustained service improvement and resources to meet changing needs*

48. To meet the increasing needs of psychotropic substance abusers, ND should closely monitor the re-engineering pace of the drug treatment and rehabilitation programmes and work with SWD and the Department of Health (DH), as the Controlling Officers, which would work with subvented agencies to update their programmes and performance targets as appropriate. (Recommendation 6.20)

49. The Administration should ensure that anti-drug resource allocation should meet the changing demand including the review of the resources spent on the Methadone Treatment Programme and the subvention allocation to the Society for the Aid and Rehabilitation of Drug Abusers, both only handling opiate abusers. (Recommendation 6.21)

50. The Administration should continue to critically monitor the demand for downstream services for psychotropic substance abusers, seek appropriate provision for efficient and effective programmes, and encourage the development of non-subvented services that are of good quality. (Recommendation 6.22)

### **Drug Testing**

51. Drug testing could serve a number of objectives: monitoring and deterrence, early intervention, preventing drug abuse, and crime investigation and prevention. An appropriately designed drug testing regime has the potential of providing the most effective tool of early identification and intervention, a mainstay of our treatment and rehabilitation strategy to tackle the youth drug abuse problem.

52. 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 for consent of the suspect, for ascertaining whether a person has consumed dangerous drugs. There are various issues concerning human rights, law and order, trust, stigmatisation, support services, resources, etc that must be addressed before introducing new drug testing schemes.

### *Compulsory drug testing*

53. As a matter of principle, new legislation should be introduced 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. 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. (Recommendation 7.1)

54. In particular, public views should be sought 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. (Recommendation 7.2)

55. The primary purpose of the compulsory drug testing scheme is to enable early intervention for treatment and rehabilitation, instead of facilitating prosecution. The proposed compulsory drug testing scheme for youngsters should therefore 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. (Recommendation 7.3)

56. 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. (Recommendation 7.4)

57. Given the trend of and concern about cross boundary drug abuse among young people, the public should be consulted 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). (Recommendation 7.5)

58. 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 treatment and rehabilitation programmes, as well as the resource implications. (Recommendation 7.6)

### *Voluntary drug testing*

59. 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. (Recommendation 7.7) *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.*

60. The provision of a voluntary drug testing service targeting students should be further explored by DH in the context of its endeavours to promote student and adolescent health. (Recommendation 7.8)

61. The provision of a voluntary drug testing service, as part of the enhanced medical support in CCPSAs to identify and motivate drug abusers to receive early medical and social intervention and rehabilitation treatment, should be pursued. (Recommendation 7.9)

### **Probation System**

62. Drug courts established overseas 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. Diversion from custodial sentence, judicial supervision, immediate sanctions for non-compliance and rewards for reduced drug use are the

cornerstone of this approach. The judge plays a key and active role in the supervision and rehabilitation of drug abusers.

63. A wholesale transplant of the drug court model to Hong Kong may not be justified. On the other hand, the Probation Order is a significant sentencing option in Hong Kong, providing for suitable intervention of drug offenders through treatment, supervision, and judicial oversight, instead of a possible custodial sentence.

64. It will be useful to try out an intensified rehabilitation system with closer cooperation between Probation Officers and the Judiciary in the form of a carefully designed pilot project, borrowing some key features of the drug courts overseas. Probation Officers 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. (Recommendation 6.10) (Paragraph 45 above is relevant.)

## **Law Enforcement**

65. The law enforcement agencies should intensify efforts in both supply reduction and crime prevention, particularly at boundary control points. It will also be useful, by way of background knowledge (without in any way interfering with sentencing in any specific case), to provide the Judiciary with up-to-date information regarding drugs and drug-related issues and research results.

## ***Sentencing***

66. ND should continue to liaise with the Judiciary Administration to provide Judges and Judicial Officers with the latest drug information, and organise seminars or exchange sessions with the participation of law enforcement agencies and visits to drug treatment and rehabilitation facilities. (Recommendation 9.1)

67. The law enforcement agencies and the Department of Justice should work closely together to utilise section 56A of the Dangerous Drugs

Ordinance<sup>4</sup> (Cap.134) and the aggravating factor of drug importation for enhanced sentencing in appropriate cases. (Recommendation 9.2)

### *Juvenile Protection Section*

68. The Juvenile Protection Section operated by the Police should be strengthened to enhance early identification, post-caution supervision and aftercare services. (Recommendation 9.4) *Additional Police resources have been deployed for this purpose.*

### *Intelligence gathering*

69. 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. (Recommendation 9.5) *Extra Police resources have been deployed to commence the cyber patrol service since April 2008. Efforts are being made to reinvigorate the drug reporting hotline.*

### *Collaboration*

70. The law enforcement departments should sustain their crime prevention efforts through publicity and preventive education, partnership with the community and NGOs, and working with industry stakeholders. (Recommendation 9.10)

71. The Customs and Excise Department (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. (Recommendation 9.6) It should also continue to strengthen cooperation with industry partners on information collection against the smuggling of drugs. (Recommendation 9.7)

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<sup>4</sup> 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 offence and if it thinks fit, to 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.

## Cross Boundary Drug Abuse

72. According to the Central Registry of Drug Abuse (CRDA), around 17% of all reported young drug abusers had taken drugs in the Mainland (mostly Shenzhen) in 2007. 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.

### *Collaborative and complementary law enforcement actions by Hong Kong and Mainland authorities*

73. The Administration should step up cooperation with the Mainland authorities, with the Hong Kong Police obtaining information of youngsters caught abusing drugs in the Mainland for the purposes of informing their parents and providing suitable rehabilitative services. (Recommendation 10.1) *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.*

### *Repatriating Hong Kong youngsters caught abusing drugs in the Mainland*

74. The Administration should further discuss 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 these young persons received, contact their parents or guardians to collect them, and/or facilitate social workers support where appropriate. (Recommendation 10.2) *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.*

### *Police enquiries of youngsters apparently under the influence of drugs*

75. 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 is a cause for concern, the Police should make enquiries of this person and contact his or her parents if necessary. (Recommendation 10.3)

### *Detection capability at boundary control points*

76. The Customs detector dog services should be enhanced to strengthen enforcement actions and the deterrent effect against drug abusers and traffickers. (Recommendation 9.8) *14 Customs officers and 11 detector dogs in the Dog Unit have started service by phases since September 2008.*

77. The Customs plainclothes operations should be enhanced over time to detect drug trafficking cases at the boundary control points. (Recommendation 9.9)

### *Facilitating the parental role*

78. 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 record at the Immigration Department in respect of their children. (Recommendation 10.4)

### *Preventive education and publicity*

79. The Administration should continue its efforts 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. (Recommendation 10.5)

## **External Cooperation**

### *International standards and programmes*

80. The Administration should keep a close watch over the United Nations developments over the UNGASS<sup>5</sup> evaluation in March 2009 to see what useful lessons Hong Kong can draw 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 in compliance

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<sup>5</sup> In 1998, the 20<sup>th</sup> 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.



with international standards and best practices and contribute to the international efforts. (Recommendation 10.6)

#### *International control of ketamine*

81. The Administration should liaise closely with the Mainland authorities and consider whether and how best to contribute to the Mainland's efforts in advocating international control over ketamine. (Recommendation 10.7)

#### *Strengthening cooperation with the Mainland and Macao*

82. 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. (Recommendation 10.8)

#### *Enhancing collaborative law enforcement efforts*

83. There should be closer cooperation among the 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. (Recommendation 10.9)

### **Research**

#### *Monitoring of drug abuse situation*

84. Ongoing efforts should be made to improve CRDA and the Student Survey, the backbone of our monitoring system. (Recommendation 11.1) *On CRDA, ND is taking measures to (a) maintain close contact with the reporting agencies and help address their concern and suggestions; (b) reduce the possibility of under-reporting; and (c) widen and deepen the reporting network. On the Student Survey, ND has extended the coverage of the 2008 round to include students from Primary Four to post secondary. Future rounds will be conducted at three-year intervals.*



85. There is no universally accepted method to accurately measure the size of the drug abusing population. Further research should be launched to review the various methodologies for estimating the drug abusing population, recommend a possible method that is suitable in the Hong Kong context, and apply the method in due course. (Recommendations 11.2 and 11.3) *The research outline is being developed.*

86. 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. (Recommendation 11.4) *The research outline is being developed.*

87. 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. (Recommendation 11.5)

#### *Harmful effects and impact of psychotropic substance abuse*

88. In response to the ever-changing drug scene, 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 policies and programmes. (Recommendation 11.6) *BDF is sponsoring a study to establish a solid scientific background on the harmful effects of ketamine abuse.*

#### *Evaluation of drug treatment and rehabilitation services*

89. Controlling Officers (SWD, DH, etc) should explore whether and how best to introduce more outcome indicators, and/or include them in their Funding and Service Agreements (FSAs) with subvented agencies and/or reflect them in the respective Controlling Officers' Reports. DH should step up efforts to enter into FSAs with the NGOs it subvents where appropriate. ND should collect from treatment agencies more information and statistics about their delivery of services. (Recommendation 11.7)

90. Subject to the findings of the final review and necessary adjustments, the pilot Service Information System<sup>6</sup> (SIS) should be

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<sup>6</sup> A data management system which collects data regularly from each participating subvented DTRC about the centre itself, its programmes and clients.

extended to all subvented DTRCs and be promoted for voluntary adoption by non-subvented DTRCs as far as possible to facilitate continuous service improvement. (Recommendation 11.8)

91. Subject to the progress of implementing 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. (Recommendation 11.9)

### **Beat Drugs Fund**

92. BDF is a key vehicle for the Administration 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 to respond to the changing drug scene and rise to the challenges of new threats.

93. Continuous improvement efforts should be made to make the most of the BDF scheme to support community participation in the anti-drug cause. (Recommendation 12.1) *Improvements are being made to the operations of BDF so that it would (a) better focus on worthwhile projects; (b) identify from the approved projects exemplary programmes and practices and promulgate them; and (c) encourage research projects.*

### **Institutional Support**

94. In implementing the anti-drug policy, ND plays a critical coordination role among bureaux, departments, NGOs, and many other stakeholders in the community. It is headed by the Commissioner for Narcotics who is the only directorate officer in the setup.

95. A permanent directorate post of Principal Assistant Secretary should be created in ND to provide intensified steer, input and coordination to combat the drug abuse problem and, in particular, to take forward the recommendations of the Task Force (Recommendation 12.2). *The Administration is planning to seek the approval of the Legislative Council to create the proposed post within the 2008-09 legislative session.*

## Community Care, Support and Participation

### *Complementary support*

96. Youth drug abuse is a complex problem, intrinsically linked to a number of other social issues. To tackle the drug abuse and other youth problems in a comprehensive manner, support from many policy perspectives is relevant. Collaboration with the Family Council, Women's Commission, Commission on Youth, bureaux and departments, NGOs and stakeholders should be enhanced.

97. 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. (Recommendation 13.1)

### *Path Builders: promoting a caring culture in the community*

98. The Government alone is unable to fight the youth drug abuse and other youth problems at more fundamental levels. We need to intensify efforts to mobilise greater community participation, to tap into the goodwill and resources of different sectors including corporations, businessmen, professionals and individuals.

99. 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 and sustaining a culture of community care, support and participation. (Recommendation 13.2) *In September 2008, the Path Builders initiative was formally launched. The Administration and Action Committee Against Narcotics (ACAN) are making proactive efforts to promote the initiative in the community.*

## Way Forward

100. The bureaux and departments concerned will from now on focus on the implementation of the recommendations both individually and

collectively. To sustain the efforts of the Task Force, 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.

101. There will be adjustment of current operations and priorities of government and non-government parties, redeployment of existing resources, and requirements of new funds and human resources, particularly in respect of longer-term measures.

102. The Administration 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.

103. 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 all the community. The Task Force sincerely hopes that their Report and the measures that are already underway will strengthen that resolve and collaboration.

**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.

