

## CHAPTER 2

### DRUG TREND, ANTI-DRUG SERVICES AND EXPENDITURE IN HONG KONG

#### (A) Key Statistics from the CRDA

2.1 According to CRDA, the total number of reported drug abusers<sup>1</sup> 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 13 252 in 2006, until a reversal again in 2007 (13 591, an increase of 2.6%) and reached 14 175 in 2008 (an increase of 4.3% over that of 2007). Regarding young drug abusers aged under 21, there has been an alarming rising trend in recent years, with over 3 400 reported abusers in 2008, representing an increase of 51% in three years. This has contributed to the reversal in the total number of all drug abusers since 2007. Though heroin is traditionally the most commonly abused drug in Hong Kong, the number of heroin abusers has been declining for years. On the contrary, there was a general rising trend in the abuse of psychotropic substances as a whole in the past decade or so. In 2008, the number of psychotropic substance abusers reached a record high of 8 306, as against 7 243 heroin abusers. The most common reasons reported<sup>2</sup> for taking drugs are to identify with peers (50.1%), to relieve boredom/depression/anxiety (44.1%) and to avoid discomfort of withdrawal (34.9%).

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<sup>1</sup> For the purpose of CRDA reporting, a drug abuser is defined to be a person who is known or suspected to have taken any kind of substances in the last four weeks of the time of reporting, irrespective of the number of takings, and the substances harms or threatens to harm the physical or mental health or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic. Use of alcohol and tobacco is, however, not regarded as drug abuse.

<sup>2</sup> More than one reason for current drug abuse might be reported for an individual drug abuser.

## Key observations

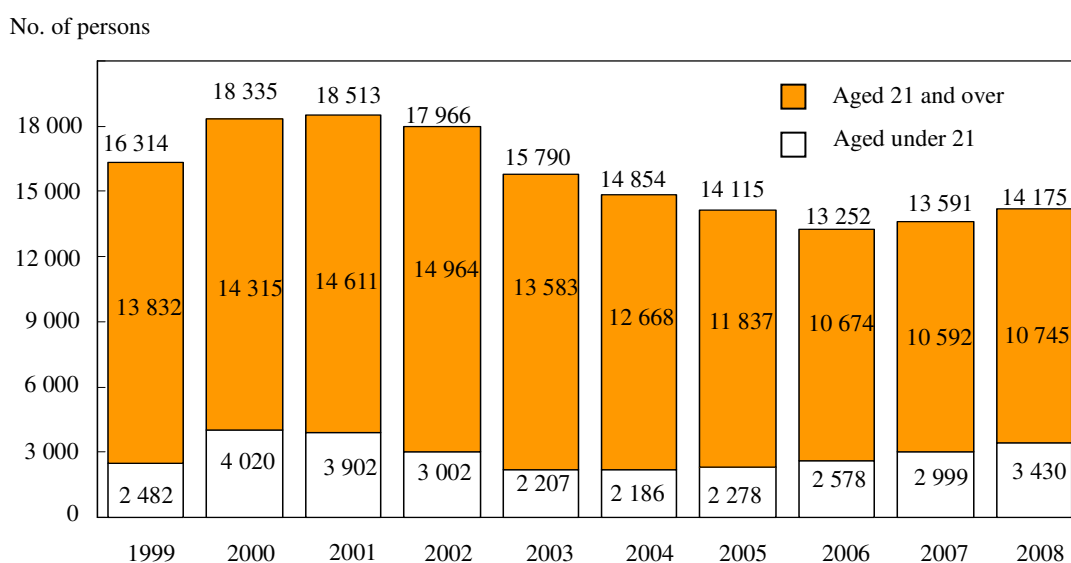
2.2 Comparing the figures in the three consecutive years from 2006 to 2008, the following observations were noted.

- (a) *For those aged under 21* – the number stood at 3 430 in 2008, being 14.4% and 33.0% higher than that in 2007 (2 999) and 2006 (2 578) respectively.
- (b) *Female Drug Abusers* – the number in 2007 (2 466) was 3.1% lower than that in 2006 (2 546), but the number in 2008 picked up to 2 900, being 17.6% higher than that in 2007.
- (c) *Newly Reported Persons* – the number was 4 621 in 2008 which was 10.6% and 31.4% higher than that in 2007 (4 179) and 2006 (3 517) respectively.
- (d) *Poly-drug Abusers* – both the number (3 229) and proportion (22.8%) of poly-drug abusers in 2008 were lower than those of 2007 and 2006. But at 32.8%, the proportion of youngsters under 21 taking multiple drugs was higher than that of the overall reported drug abusers in 2008.
- (e) *Heroin* – the number of heroin abusers continued to decline over the three-year period and stood at 7 243 in 2008, being 2.4% and 10.8% lower than that of 2007 (7 419) and 2006 (8 118) respectively.
- (f) *Psychotropic Substance Abusers* – the number stood at 8 306 in 2008, being 5.0% and 12.2% higher than that of 2007 (7 908) and 2006 (7 402) respectively. The number has since 2007 overtaken the number of heroin abusers.
- (g) *Ketamine* – it was the most popular type of psychotropic substances abused by the overall reported drug abusers as well as those aged below 21 in the past years. The number of abusers in 2008 stood at 5 042, being 24.2% and 63.7% higher than that in 2007 (4 058) and 2006 (3 080) respectively.

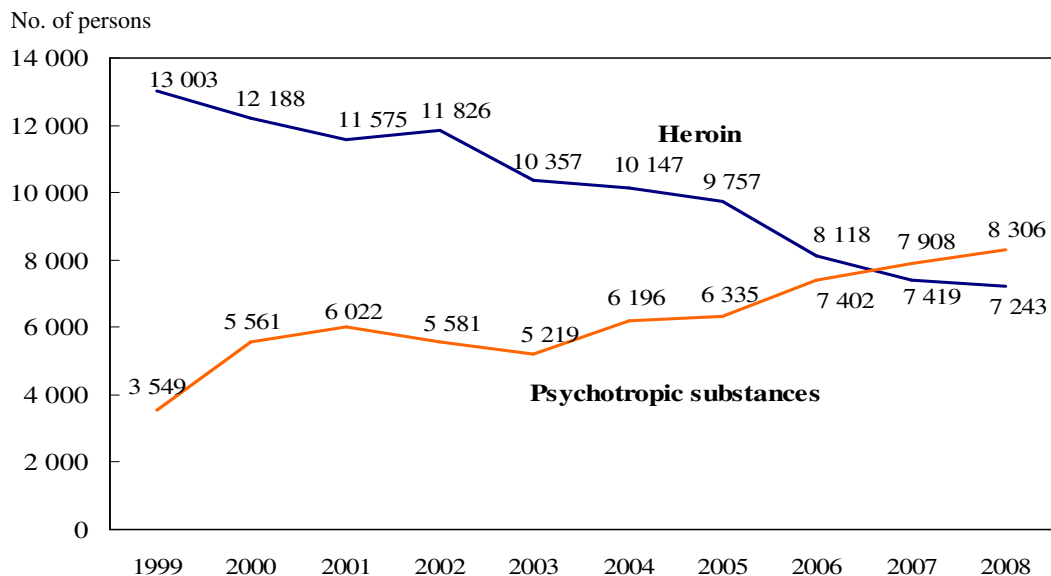
- (h) *Ecstasy* – it has been the second most popular type of psychotropic substances abused among young drug abusers under 21 throughout the reporting period. The number of abusers has, however, gone down by 40.1% (to 916) in 2007, and another 13.5% (to 792) in 2008.
- (i) *Ice* - the number of abusers was 1 360 in 2008, being 22.3% and 58.9% higher than that of 2007 (1 112) and 2006 (856) respectively.
- (j) *Cocaine* – the number of abusers in 2007 (716) was doubled that of 2006 (358), but has gone down by 4.5% (684) in 2008.
- (k) *Age of First Time Drug Abuse* – while the mean age of first abuse for those under 21 has remained at 15 over the reporting period, more of these youngsters started to first abuse drugs below the age of 15 (from 34% to 38%).

The four graphs below give a comparison of the positions of 1999 to 2008 and the *three-year period* in 2006 to 2008 in respect of the number of reported drug abusers taking common types of drugs.

**Graph 1 : Reported drug abusers by age group, 1999-2008**

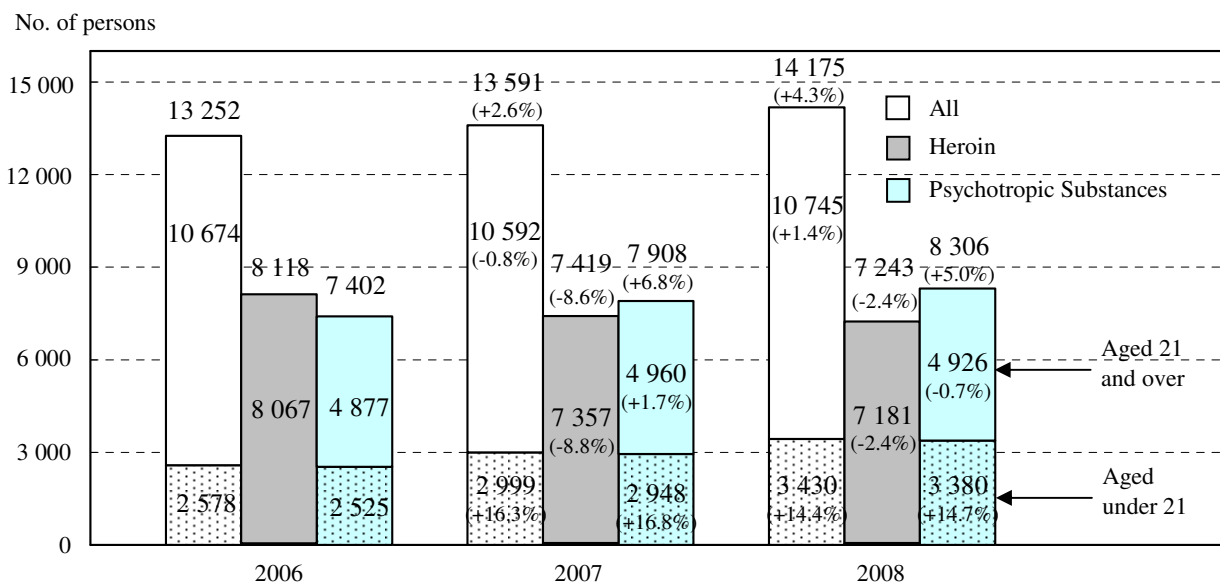


**Graph 2 : Reported drug abusers taking psychotropic substances and heroin, 1999-2008**



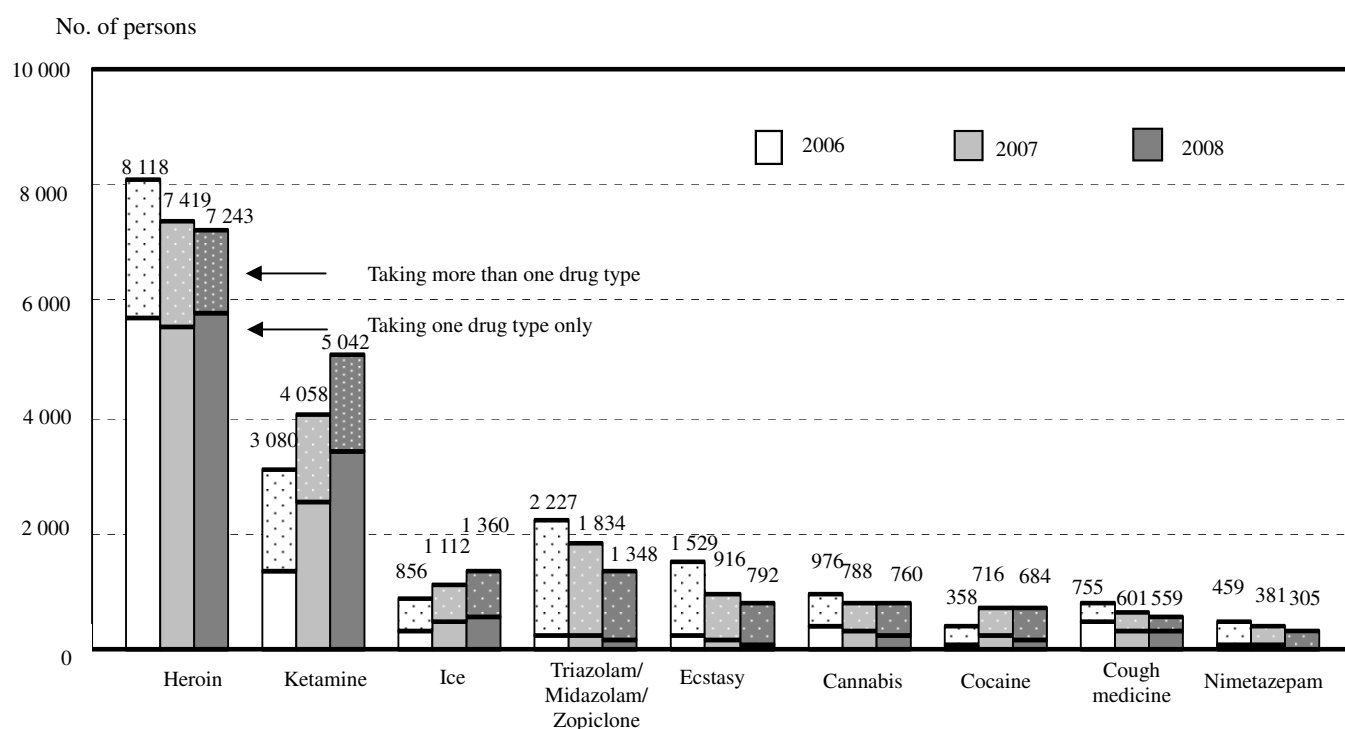
Note: An abuser may take both heroin and psychotropic substances in a given year.

**Graph 3 : Reported drug abusers taking psychotropic substances and heroin, 2006-2008**



Notes: 1. Figure in bracket is the percentage change over last year.  
 2. An individual drug abuser may abuse both psychotropic substances and heroin concurrently in a given year.

**Graph 4 : Common types of drugs abused, 2006-2008**



- Notes: 1. Figures exclude those with unknown type of drugs abused.  
 2. More than one type of drugs abused may be reported for each individual drug abuser in a given year.

(CRDA reports and statistics are available at this link [www.nd.gov.hk/drugstatistics.htm](http://www.nd.gov.hk/drugstatistics.htm))

## (B) Treatment Modalities in Hong Kong

2.3 Broadly speaking, we adopt a multi-modality approach to cater for the different needs of drug abusers with varying backgrounds and circumstances<sup>3</sup>. The services can be grouped into the following five categories -

- (a) counselling centres for psychotropic substance abusers (CCPSAs) subvented by the Social Welfare Department (SWD) provide counselling services and other assistance to psychotropic substance abusers and youth at risk (**Annex III**);

<sup>3</sup> 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.

- (b) Substance Abuse Clinics (SACs) run by the HA provide medical treatment to drug abusers with psychiatric problems (**Annex IV**);
- (c) methadone treatment programme (MTP) provided by the Department of Health (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 (**Annex V**);
- (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. All except three are currently providing services to young drug abusers as well as adult abusers (**Annex VI**); and
- (e) compulsory drug treatment programme at drug addiction treatment centres (DATCs) operated by the Correctional Services Department (CSD) for persons of 14 years old or above who are found guilty of offences punishable by imprisonment and addicted to drugs (**Annex VII**).

Apart from the services mentioned above, a number of agencies also provide support services in the combat against drug abuse and helping drug dependent persons to turn a new leaf. Descriptions on their services and contact details can be found at **Annex VIII**.

## (C) Service Capacity and Utilisation of the Different Treatment and Rehabilitation Modalities

2.4 The service capacity and utilisation figures of these programmes are shown below.

**Table 1 : Seven CCPSAs<sup>4</sup> Subvented by SWD**

		2006		2007		2008	
		All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
(a) New cases	Male	247 (+0.8%)	94 (-9.6%)	349 (+41.3%)	163 (+73.4%)	464 (+33.0%)	252 (+54.6%)
	Female	143 (+64.4%)	86 (+91.1%)	204 (+42.7%)	131 (+52.3%)	238 (+16.7%)	167 (+27.5%)
	Total	390 (+17.5%)	180 (+20.8%)	553 (+41.8%)	294 (+63.3%)	702 (+26.9%)	419 (+42.5%)
(b) Total no. of cases	Male	247 (0.0%)	94 (-9.6%)	350 (+41.7%)	163 (+73.4%)	466 (+33.1%)	252 (+54.6%)
	Female	143 (+64.4%)	86 (+91.1%)	204 (+42.7%)	131 (+52.3%)	239 (+17.2%)	167 (+27.5%)
	Total	390 (+16.8%)	180 (+20.8%)	554 (+42.1%)	294 (+63.3%)	705 (+27.3%)	419 (+42.5%)

Notes: ( ) denotes % change over the preceding year

<sup>4</sup> Two new CCPSAs in Yuen Long and Shatin started their operation in December 2008.

**Table 2 : SACs under HA**

Year	New Cases/ First Attendances		Follow-up Attendances		Total Attendances	
	Number	% change	Number	% change	Number	% change
2003	745 (158)	-14.3% (-33.9%)	8 424	+15.6%	9 169	+12.4%
2004	806 (184)	+8.2% (+16.5%)	8 062	-4.3%	8 868	-3.3%
2005	888 (175)	+10.2% (-4.9%)	11 485	+42.5%	12 373	+39.5%
2006	729 (126)	-17.9% (-28.0%)	13 097	+14.0%	13 826	+11.7%
2007	568 (83)	-22.1% (-34.1%)	12 038	-8.1%	12 606	-8.8%
2008	554 (108)	-2.5% (+30.1%)	12 512	+3.9%	13 066	+3.6%

Notes: ( ) denotes figures for those aged under 21

There are currently seven SACs operating in Hong Kong, namely,

- (a) Kwai Chung Hospital (KCH) Substance Abuse Assessment Clinic;
- (b) Kowloon Hospital (KH) Substance Abuse Clinic;
- (c) Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic;
- (d) Prince of Wales Hospital Substance Abuse Clinic;
- (e) Castle Peak Hospital Tuen Mun Substance Abuse Clinic;
- (f) Queen Mary Hospital (QMH) Substance Abuse Clinic<sup>5</sup>; and
- (g) Kowloon East Substance Abuse Clinic<sup>6</sup>.

As of 2008, a total of 18 beds were offered in KCH Substance Abuse Assessment Clinic and KH Substance Abuse Clinic whereas there is no fixed bed for the rest of the SACs.

<sup>5</sup> The QMH Substance Abuse Clinic was closed in 2005 and reopened in July 2008.

<sup>6</sup> The Kowloon East Substance Abuse Clinic which is located in United Christian Hospital was opened in October 2008.

**Table 3 : MTP under DH**

		2006		2007		2008	
		All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
(a) Total admission	Male	4 317 (-21.2%)	20 (-44.4%)	4 485 (+3.9%)	27 (+35.0%)	5 090 (+13.5%)	51 (+88.9%)
	Female	792 (-24.6%)	8 (-60.0%)	798 (+0.8%)	3 (-62.5%)	923 (+15.7%)	3 (0%)
	Total	5 109 (-21.8%)	28 (-50.0%)	5 284 (+3.4%)	30 (+7.1%)	6 013 (+13.8%)	54 (+80.0%)
(b) Attendance		2 402 032 (-2.9%)		2 268 821 (-5.5%)		2 308 948 (+1.8%)	
(c) Attendance rate	Effective registration	8 603 (-5.9%)		8 159 (-5.2%)		8 368 (+2.6%)	
	Daily attendance	6 581 (-2.9%)		6 216 (-5.5%)		6 309 (+1.5%)	
	Average daily attendance rate	76.0%		76.0%		75.4%	

Notes: ( ) denotes % change over of the preceding year

**Table 4 : Voluntary Residential Drug Treatment and Rehabilitation Agencies<sup>7</sup>**

		2006		2007		2008	
		All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
(a) New admission	Male	1 155 (+15.8%)	166 (+30.7%)	1 151 (-0.3%)	187 (+12.7%)	1 254 (+8.9%)	261 (+39.6%)
	Female	195 (+17.5%)	38 (+52.0%)	225 (+15.4%)	72 (+89.5%)	235 (+4.4%)	88 (+22.2%)
	Total	1 350 (+16.1%)	204 (+34.2%)	1 376 (+1.9%)	259 (+27.0%)	1 489 (+8.2%)	349 (+34.7%)
(b) Total admission	Male	2 831 (+4.7%)	168 (+24.4%)	2 860 (+1.0%)	204 (+21.4%)	3 007 (+5.1%)	285 (+39.7%)
	Female	269 (-4.9%)	38 (+40.7%)	266 (-1.1%)	73 (+92.1%)	284 (+6.8%)	95 (+30.1%)
	Total	3 100 (+3.8%)	206 (+27.2%)	3 126 (+0.8%)	277 (+34.5%)	3 291 (+5.3%)	380 (+37.2%)
(c) # Number of persons under treatment and aftercare		2 324 (+2.7%)	334 (+9.5%)	2 324 (0%)	431 (+29.0%)	2 514 (+8.2%)	544 (+26.2%)

Notes: ( ) denotes % change over the preceding year

# prior to 2008, figures on aftercare exclude the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) subvented halfway house

<sup>7</sup> As at December 2008, there are 17 NGOs operating 39 residential DTRCs with 1 479 bed spaces. Eight of these agencies are subvented by the government and operate 20 centres providing a total of 817 bed-capacity.

**Table 5 : DATC Programme of CSD**

		2006		2007		2008	
		All ages	Age* under 21	All ages	Age* under 21	All ages	Age* under 21
(a) New admission	Male	365 (+4.9%)	30 (-14.3%)	422 (+15.6%)	77 (+156.7%)	495 (+17.3%)	126 (+63.6%)
	Female	90 (+2.3%)	14 (+16.7%)	106 (+17.8%)	27 (+92.9%)	124 (+17.0%)	54 (+100.0%)
	Total	455 (+4.4%)	44 (-6.4%)	528 (+16.0%)	104 (+136.4%)	619 (+17.2%)	180 (+73.1%)
(b) Re-admission	Male	838 (-26.9%)	12 (-36.8%)	708 (-15.5%)	12 (0%)	585 (-17.4%)	23 (+91.7%)
	Female	105 (-9.5%)	1 (NA)	136 (+29.5%)	2 (+100.0%)	112 (-17.6%)	3 (+50.0%)
	Total	943 (-25.3%)	13 (-31.6%)	844 (-10.5%)	14 (+7.7%)	697 (-17.4%)	26 (+85.7%)
(c) Total admission [i.e. (a)+(b)]	Male	1 203 (-19.5%)	42 (-22.2%)	1 130 (-6.1%)	89 (+111.9%)	1080 (-4.4%)	149 (+67.4%)
	Female	195 (-4.4%)	15 (+25.0%)	242 (+24.1%)	29 (+93.3%)	236 (-2.5%)	57 (+96.6%)
	Total	1 398 (-17.7%)	57 (-13.6%)	1 372 (-1.9%)	118 (+107.0%)	1316 (-4.1%)	206 (+74.6%)
(d) Discharge #	Male	1 298 (-7.7%)	39 (-38.1%)	1 199 (-7.6%)	58 (+48.7%)	1 055 (-12.0%)	104 (+79.3%)
	Female	190 (-11.6%)	10 (-58.3%)	236 (+24.2%)	19 (+90.0%)	234 (-0.8%)	42 (+121.1%)
	Total	1 488 (-8.3%)	49 (-43.7%)	1 435 (-3.6%)	77 (+57.1%)	1 289 (-10.2%)	146 (+89.6%)
(e) Number under treatment (as at year/quarter end)	Male	625 (-9.2%)	22 (-21.4%)	484 (-22.6%)	41 (+86.4%)	493 (+1.9%)	70 (+70.7%)
	Female	128 (+1.6%)	7 (+40.0%)	124 (-3.1%)	16 (+128.6%)	123 (-0.8%)	27 (+68.8%)
	Total	753 (-7.5%)	29 (-12.1%)	608 (-19.3%)	57 (+96.6%)	616 (+1.3%)	97 (+70.2%)
(f) Number under supervision (as at year/quarter end)	Male	1 092 (+0.2%)	34 (-44.3%)	1 023 (-6.3%)	53 (+55.9%)	914 (-10.7%)	79 (+49.1%)
	Female	166 (-7.3%)	7 (-68.2%)	217 (+30.7%)	17 (+142.9%)	231 (+6.5%)	40 (+135.3%)
	Total	1 258 (-0.9%)	41 (-50.6%)	1 240 (-1.4%)	70 (+70.7%)	1 145 (-7.7%)	119 (+70.0%)

Notes: ( ) denotes % change over the preceding year

\* Refer to Young Inmate Programme for (d) to (f)

# excluding those transferred to other correctional programme

NA – Not applicable since there was no admission in the preceding year

CSD currently runs two DATCs, one for male and one for female, with a total bed capacity of 828.

CSD has developed a recidivism rate to measure the effectiveness of the DATC programme. The recidivism rate refers to the percentage of re-admission of DATC inmates to CSD's institutions due to reconviction within three years after discharge. The figures between 2000 and 2004 are appended below:

Year of Discharge	2000	2001	2002	2003	2004
Recidivism Rate	56.5%	54.2%	50.7%	51.0%	57.6%

2.5 From the utilisation figures, we observe the following trends:

- (a) *CCPSAs* – The number of total cases increased rapidly in the past three years, in particular the number of cases for clients aged under 21. We have seen an increase of 42.1% in the total number of cases from 2006 to 2007. The trend has continued into 2008, with an increase of 27.3% over 2007. This upsurge is prominent amongst youth drug abusers, with annual increases of 63.3% in 2007, and 42.5% in 2008.
- (b) *SACs* – Owing to the closure of the SAC in QMH in 2005, completion of a project supported by the Beat Drugs Fund (BDF), staff turnover and an increase in the number of follow-up cases, there was a downward trend in the total number of new admission cases handled by SACs from 2006 to 2008.
- (c) *MTP* – With the shift from heroin abuse to psychotropic substance abuse, there was a general decrease in the demand for MTP services since 2002. The total number of attendance decreased by 2.9% and 5.5% in 2006 and 2007 respectively, and slightly increased by 1.8% in 2008. As MTP services are targeted for heroin abusers, who are mostly aged over 21, the number of admission for those aged under 21 remain less than 1% of the total number of admission in the past three years.

- (d) *Voluntary Residential Drug Treatment and Rehabilitation Agencies* – Over the three-year period, the numbers of both new admission and total admission of drug abusers aged below 21 have grown more rapidly than that of the overall figures. On new admission, we have seen annual increases of 27.0% in the number of young drug abusers in 2007, and 34.7% increase in 2008, whereas the overall number increased only by 1.9% and 8.2% in the same intervals. Likewise, we have seen similar rising trend in the total admission, with an increase in young drug abusers of 34.5% from 2006 to 2007. This rising trend has continued with an increase of 37.2% from 2007 to 2008. In contrast, the overall number increased only by 0.8% and 5.3% in the same intervals.
- (e) *DATCs* – There was a slight downward trend in the total admission of DATC inmates over the three-year period of 2006 to 2008. On the contrary, we have seen an increase of 107% in the number of young inmates from 2006 to 2007. The trend has continued into 2008, with an increase of 74.6% over 2007. The rising trend is more significant among young female inmates, with an increase of 93.3% from 2006 to 2007, and another 96.6% from 2007 to 2008.

## **(D) Government Expenditure on Anti-drug/ Treatment and Rehabilitation Activities**

### (a) Government budget

2.6 In order to combat the drug problem, a substantial amount of public money has been used to support anti-drug activities. The table in the following page shows the relevant figures in the recent three years.

	2006/07 financial year	2007/08 financial year	2008/09 financial year
Total expenditure for anti-drug activities in the Government's Estimates of Expenditure	\$583.27 M	\$605.81 M	\$682.06 M
Amount spent on drug treatment and rehabilitation (% of total expenditure above)	\$264.91 M (45.42%)	\$290.01 M (47.87%)	\$305.96 M (44.86%)

2.7 The total expenditure spent on anti-drug activities has increased in recent years to tackle the problem. The average annual budget in this area for the past three years exceeded \$620M and around 45% of this amount was dedicated to drug treatment and rehabilitation purposes. This proportion is higher than that of the United States<sup>8</sup>, which spent around 24% of total drug budget on drug treatment healthcare.

2.8 In 2008-2009, around \$53M of the resources allocated for anti-drug activities in the Government Estimates of Expenditure is attributed to the implementation of a package of initial measures devised by the Task Force, out of which \$25.66M was dedicated or related to treatment and rehabilitation purposes. These include \$9.9M for the enhancement of day and overnight outreaching services, \$7.3M for the setting up of two additional CCPSAs, \$7.6M for the provision of 101 places at SWD-subsented DTRCs, \$0.86M for the enhancement of medical social services at SACs.

(b) Charitable and trust funds for anti-drug cause

2.9 BDF was established in 1996 to provide funding support to anti-drug projects including service programmes, activities and research projects. Up to and including the thirteenth tranche of applications in 2008/09, the Fund has approved a total of \$191.8M for 391 projects. Among these, 72 projects involving \$45.83M are devoted to drug treatment and rehabilitation programmes. Another 26 projects amounting to \$19.21M are "mixed-type" projects with treatment and

<sup>8</sup> See "National Drug Control Strategy FY 2009 Budget Summary" published by Office of National Drug Control Policy, Whitehouse, United States  
([www.whitehousedrugpolicy.gov/publications/policy/09budget/tbl\\_1.pdf](http://www.whitehousedrugpolicy.gov/publications/policy/09budget/tbl_1.pdf))

rehabilitation elements.

2.10 Separately, BDF also set up a Special Funding Scheme in 2002 to provide financial assistance to existing drug treatment and rehabilitation centres for meeting the licensing requirements stipulated in the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance, Cap. 566. A sum of \$23M has been set aside for this purpose and additional funding would be sought to meet actual needs if necessary.

2.11 There are a number of charitable and trust funds in Hong Kong providing relief and assistance to members of the general public or of specified groups. Some of these funding bodies welcome applications for sponsorship to support anti-drug activities and programmes. Typical ones are the Hong Kong Jockey Club Charities Trust, the Lotteries Fund, Sir Robert Ho Tung Charitable Fund (SRHTCF), Chinese Permanent Cemeteries Charity Donation (CPCCD), and the Chief Executive's Community Project List (CECPL).

2.12 In 2006 to 2008, ND has assisted to process quite a number of applications for funding from agencies to organise anti-drug functions. To quote, 14 applications under SRHTCF and CPCCD were approved which attracted a total funding of \$1.68M in support of drug treatment and rehabilitation activities. Anti-drug organisations' efforts in applying for funds from the so-called "third-sector" not only open up financial resources, but also heighten the sense of community participation and awareness of the drug abuse issue.