

禁毒常務委員會的成立

THE ACTION COMMITTEE AGAINST NARCOTICS - AN INTRODUCTION



港督麥理浩爵士於一九七四年一月七日主持禁毒常務委員會改組後的首次會議。

The Governor, Sir Murray MacLehose (centre), chairing the first meeting of the reconstituted ACAN on 7 January 1974.

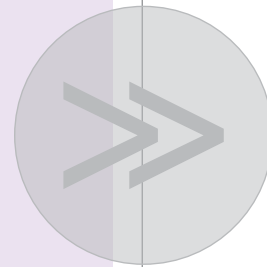


This book commemorates the 35th anniversary of the Action Committee Against Narcotics (ACAN) which, since its founding as a non-statutory advisory body in 1965, has helped to transform the major health, social and economic problems created in Hong Kong by drug trafficking and abuse, from a state of apathy, confusion and failure to one of communal involvement, ordered and informed progress, and positive hope.

In 1965, the Hong Kong representative at the 20th Annual Session of the United Nations Commission on Narcotic Drugs reported that, in the previous year, Hong Kong had seized more morphine than any other country or territory in the world, except Thailand - and that country exceeded Hong Kong's total by only eight kilograms. He also reported that as heroin was the drug of choice for many drug dependent persons, it was also the product in which international trafficking syndicates were most interested, that the two main centres for the seizure of heroin in the Far East were Hong Kong and Thailand, and that Hong Kong's total seizures of this drug in 1964 exceeded those of all other countries in the world except Thailand and USA. In those days, so little was known about the possible extent of drug abuse in Hong Kong, that no estimate could be made of how much of this international trade was destined for consumption in Hong Kong, or the extent to which the then Colony was being used as a regional or global transit centre. Such a situation was not uncommon elsewhere, as the 1965 annual report of the United Nations Permanent Central Narcotics Board (later renamed the International Narcotics Control Board) indicated:

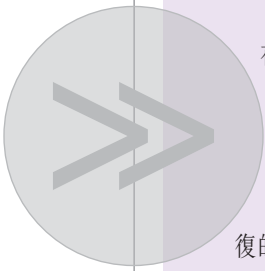
本特刊出版的目的，是紀念禁毒常務委員會成立35周年。禁毒常務委員會自一九六五年成立為非法定諮詢組織以來，一直協助解決因販毒和藥物濫用造成的健康、社會和經濟問題，使這些問題由資料混亂和缺乏社會人士關注，轉變為條理分明及獲得社會人士熱心參與，前景展露曙光。

於一九六五年，香港代表出席聯合國麻醉藥品委員會第二十屆周年會議時報告，除泰國外，香港於上一年在國際間檢獲最多嗎啡，而泰國檢獲的嗎啡的總數量僅比香港多八公斤。香港代表亦在報告中指出，由於不少藥物倚賴者都以吸食海洛英為主，因此海洛英是國際販毒集團最感興趣的毒品；香港和泰國是遠東區檢獲最多海洛英的兩個中心；香港於一九六四年全年檢獲海洛英的數量，除泰國和美國外，超越世界各國。當時，政府對於香港的濫藥情況所知甚少，因此無法估計這類國際間的毒品交易有多少數量是供本港內銷，也不知道當時這個殖民地被用作區域或全球性毒品轉運中心的程度。這種情況在其他國家也十分普遍，一如聯合國中央麻醉品常設局（後改名為國際麻醉品管制局）在其一九六五年年報中指出：



“.....各國政府發表有關執行麻醉品協議的年報顯示，只有少數政府承認它們有嚴重的毒品問題。年報中提供的許多數字低得驚人，顯然不符事實。”

香港政府於一九五九年發表《香港毒品問題白皮書》後，委任華民政務司統籌所有打擊本港販毒和濫用藥物問題的政策，並成立禁毒諮詢委員會，由行政、立法兩局的華人非官守議員和兩名歐籍非官守議員出任委員，向他提供意見。然而，這個新組織面對不少棘手問題，特別是華民政務司根本沒有任何行政人員協助他進行統籌工作。此外，當時有關毒品問題廣泛程度的基本數據，差不多付諸闕如，一般估計藥物倚賴者人數約15萬至25萬，唯一現成的資料便是監獄中有不少犯人是因毒品罪行而入獄，又或是有些犯人在入獄時被發現是藥物倚賴者。



在這種情況下，禁毒諮詢委員會的工作難免沒有多大進展。後來，於一九六四年十月，華民政務司署與香港釋囚協會（協助釋囚戒毒和康復的機構）聯合舉辦了一個吸毒問題研討會，會上建議成立禁毒常務委員會，成員由所有與香港禁毒工作直接有關的政府部門和機構組成，目的是在執行層面上更深入交流資訊和意見

“... the annual reports of governments on the working of the narcotics treaties show that only a few of them recognize that they have a serious problem of addiction. Many of the figures given are so low as to suggest they are far from reality.”

Following the publication in 1959 of the White Paper on “The Problem of Narcotic Drugs in Hong Kong”, the Government appointed the Secretary for Chinese Affairs (SCA) as coordinator of its policies to reduce the trade in and consumption of narcotics in Hong Kong, and set up a Narcotics Advisory Committee, comprising the Chinese Unofficial Members of the Executive and Legislative Councils and two of their European colleagues, to advise him. But the new arrangements faced major problems, not the least of which was that no executive staff was provided to the SCA to assist him in coordination work. There was also an almost complete lack of basic data about the prevalence of the problem — estimates of between 150 000 and 250 000 drug dependent persons were common — the only available hard fact being the high percentage of those in the prison system who had been convicted of drug offences or who, on admission, had been found to be drug dependent persons.

Under such conditions, it was inevitable that little progress was made until a seminar was held in October 1964 between the SCA and the Discharged Prisoners Aid Society (DPAS) which was then heavily involved in the post-discharge treatment and rehabilitation of former prisoners, which recommended the setting up of an Action Committee Against Narcotics, consisting of representatives of all departments and organizations directly concerned with Hong Kong’s narcotics problems, and designed to achieve, at operational level, a much greater exchange of information and ideas, and of practical cooperation. The proposal was accepted

by the Government, and a full-time Assistant Secretary was appointed to coordinate the work of the new ACAN and its five Sub-committees, and to liaise with all Government departments and voluntary organizations who were active in the field.

But, by 1971, it became clear that even these new arrangements had had little practical effect in restraining drug traffickers, or in reducing crime rates and numbers in the over-crowded prisons. Faced with increasing public concern, the Secretary for Home Affairs was directed to conduct an in-depth study on the continuing problems in drug policy formulation and implementation, and to suggest what new arrangements were needed to produce practical results. His report, made in 1972, recommended the reconstitution of ACAN, with higher level and more broad-based membership, as the sole source of advice to the Government on all aspects of its anti-narcotics strategies; the creation of a Commissioner for Narcotics post and a Narcotics Division in the Security Branch of the Government Secretariat to coordinate work on the problem and to formulate and monitor the execution of ACAN's agreed policies; the reorganization of the Police Narcotics Bureau so as to target strategic objectives, street-level activity being left to the Divisional Police; and the establishment of a Central Registry of Drug Addicts (CRDA) to provide a factual base on which ACAN could base its policies. All these proposals were implemented by 1973, laying the foundations for an impressive results-oriented decade, and for steady progress in all areas of anti-narcotics work up to the end of the century and beyond.

及彼此間切實合作。政府接納這項建議，並委任一名全職的助理華民政務司統籌新成立的禁毒常務委員會和其轄下五個小組委員會的工作，並與所有政府部門和負責有關範疇的志願機構聯絡。

可是，了一九七一年，政府發覺這些新措施收效很少，顯然不能真正遏制毒販、減低罪案率，或使過分擠迫的監獄中的囚犯數目減少。面對社會人士與日俱增的關注，政府於是委派民政司深入研究有關毒品政策在制訂和執行上持續出現的問題，及建議應採取那些可取得實際成效的新措施。民政司於一九七二年提交報告，建議重組禁毒常務委員會，使之具備更高層面而又有廣泛代表性的委員，作為唯一就各種反吸毒策略向政府提供意見的諮詢機構。報告並建議開設禁毒專員一職，及在政府總部設立禁毒處，以協調所有禁毒工作、制訂政策建議，並監察禁毒常務委員會所通過政策在執行上的成效；重組警務處毒品調查科，專門對付策略性的目標，至於對付街頭毒販的工作則交由分區警務人員負責；以及設立一個吸毒者中央檔案室，以便提供一個真實數據的基礎，供禁毒常務委員會擬訂政策。這些建議於一九七三年付諸實施。新安排為其後碩果累累的十年奠下良好基礎，也令日後邁進千禧年的一切禁毒工作取得穩定進展。

於一九九二年，鑑於更多社會人士參與各種諮詢委員會向政府提供意見，禁毒常務委員會的架構也進行了重大檢討。有關的建議其後獲得政府通過。由這時開始，禁毒常務委員會成為一個主要是由非官方人士組成的諮詢組織，而政府官員（保安司和衛生署署長除外）只在有需要時才出席會議；保安司是由禁毒專員擔任代表。這樣，禁毒常務委員會提供的意見，便可來自不同的社會聲音或政治觀點。

政府亦通過，禁毒常務委員會轄下的戒毒治療及康復和禁毒教育及宣傳兩個小組委員會，成員應主要來自禁毒常務委員會，並應如工作委員會般執行職務，詳細研究各項問題，並且收集和聽取其他團體（包括志願機構和政府部門）的意見。這些小組委員會中的禁毒常務委員會委員因此便可直接向禁毒常務委員會提出建議，並協助該會在政策或實際問題上作出決定。

與此同時，一個新的研究小組委員會也告成立，統籌有關毒品問題的研究事宜。此舉是確保香港掌握戒毒治療和康復方面最新的趨勢，為本港及海外有關毒品問題的研究提供重點課題。此外，小組委員會也獲授權委聘人員研究特定的課題。

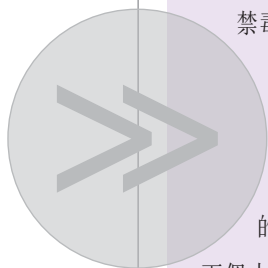
當局也發覺，雖然禁毒常務委員會有三間志願機構（即社區藥物教育輔導會、香港戒毒會和香港社會服務聯會）派代表出任委員，但仍有不少志願機構並無代表參與。因此，當局成立毒品問題聯絡委員會，由禁毒專員擔任主席。設立這個委員會的目的，是與從事戒毒治療、康復及禁毒教育的人士定期舉行會議。政府可請這些人士提供意見，或與他們討論各有關建議。這些團體也可在會議上就政府的政策提出建議或反映他們關注

In 1992, recognizing a trend towards greater community participation in the Government's Advisory Committees, a major review of the constitution of ACAN was undertaken, and the proposals made were subsequently approved by the Government. Under these, ACAN became a largely unofficial advisory body, with officials (except the Secretary for Security and the Director of Health) in attendance only if and when required; the Secretary for Security was represented by the Commissioner for Narcotics. It was felt that, in this way, ACAN could become a source of advice from a diversity of community or political points of view.

It was also agreed that the two ACAN Sub-committees, on Treatment and Rehabilitation and Preventive Education and Publicity, should be formed mainly from members of ACAN, and should act more as its working committees, considering issues in detail, and seeking and hearing the views of other bodies, including voluntary agencies and Government departments. ACAN members of the Sub-committees were thus enabled to present their recommendations directly, and help ACAN to decide on how to advance on policy or practical issues.

At the same time, a new Sub-committee was formed to coordinate research into drug related matters. This was to ensure that Hong Kong kept up-to-date with trends in drug rehabilitation and treatment, as well as providing a focus for drug related research undertaken in Hong Kong and elsewhere. It was also empowered to commission research into specific topics.

It was also recognized that although three voluntary agencies were represented on ACAN (the Community Drug Advisory Council, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), and the Hong Kong Council of Social



Service), there was a large number of voluntary agencies who were not. The Drug Liaison Committee was therefore created, under the chairmanship of the Commissioner for Narcotics, to provide a forum for regular meetings with all those involved in treatment, rehabilitation and preventive education. It was envisaged that the Government could call on this Committee for advice, and could discuss proposals with them. In turn these organizations could use the Committee to make suggestions on, or reflect their concern about, Government policy; their views could then be represented to ACAN or one of its Sub-committees. These proposals were approved by the Government and were introduced with effect from 1 January 1993. Today the 20-man ACAN comprising expertise from the medical, social welfare, education, legal and other fields includes also a member from the Singapore Central Narcotics Bureau to broaden international perspective. Hong Kong's ability to act decisively, when a need for change in a major policy-making body had been judged necessary, had once again been demonstrated.

Over the years, a number of international medical experts have paid tribute to what one described as "... the extraordinarily effective job that Hong Kong has done in dealing with a notoriously difficult problem ... nowhere else (except in Australia and the Netherlands) has immediate treatment on demand been achieved ... no database similar to the Central Registry of Drug Abuse exists anywhere else in the world ... and the ACAN, its central policy-making body, has been very successful in ensuring that the multi-faceted efforts of all groups are integrated into a coordinated overall approach."

Such praise presents a continuing challenge for the new Millennium.

的事項。他們的意見便由委員會向禁毒常務委員會或其轄下有關的小組委員會反映。政府接納上述建議，並於一九九三年一月一日付諸實施。時至今日，禁毒常務委員會共有成員20名，他們都在醫療、社會福利、教育、法律和其他方面具備專業知識。此外，新加坡中央肅毒局也有代表出任委員會委員，以擴闊委員會在國際上的視野。這些安排再一次證明如果某個主要的政策制訂機關有需要作出改變時，香港是有能力採取果斷的行動。

多年來，海外不少醫學界專家都對本港的禁毒工作深表讚賞。曾經有人指出：“..... 香港在處理這棘手問題時表現異常出色 全球各地沒有任何地方（除了澳洲和荷蘭）為求診者提供即時戒毒治療服務 全球各地也沒有一個像藥物濫用資料中央檔案室般的資料庫 香港的中央禁毒政策制訂組織——禁毒常務委員會——在協調各有關團體的多元化反吸毒措施及戒毒治療、康復服務方面，非常成功。”

面對千禧新紀元，香港定會繼續努力不懈抗禦毒禍，昂然接受各項新挑戰。

