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15 August 2018

Dear Officer in-Charge,

**Beat Drugs Fund Invites Applications
for 2018 Funding Exercise of the Regular Funding Scheme**

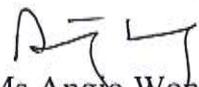
The Beat Drugs Fund (BDF) is inviting applications for the 2018 Funding Exercise of the BDF Regular Funding Scheme (RFS) from 15 August to 17 September 2018. Interested applicants may submit applications to the Secretariat of BDF Association during this period.

The BDF was established in 1996 to support various types of projects organised by different sectors of the community against the problem of drug abuse. Projects funded by the RFS include those that provide treatment and rehabilitation services to people with drug problems, organise preventive education and publicity programmes targeting the general public and/or specific groups, conduct researches on drug abuse problem, or a combination of the above themes.

To ensure that projects funded by the BDF could respond to the latest drug situation, a set of priority areas have been set by the BDF Association (details on the priority areas are at Annex). The Guide to the 2018 Funding Exercise and application form are available on the website of Narcotics Division, Security Bureau (www.nd.gov.hk/en/beat_drug_fund_2018.htm).

For enquiries, please feel free to contact the undersigned at tel. 2867 2286 or Mr. Wong at tel. 2867 2737.

Yours sincerely,


(Ms Angie Wong)
for Secretary

Beat Drugs Fund Association

c.c. Governing Committee of the Beat Drugs Fund Association

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2018 Funding Exercise of the Beat Drugs Fund Regular Funding Scheme

Priority Areas

For 2018 Funding Exercise of the Beat Drugs Fund Regular Funding Scheme, the Beat Drugs Fund Association will accord priority to projects that address the prevalent drug situation. Projects meeting one or more of the following areas will be accorded priority:

On the **treatment and rehabilitation** front, priority consideration will be given to:

- (a) projects that take into account the latest demographic characteristics of drug abusers and cater for their varying needs. They may include young adults (aged 21 – 35), female drug abusers including pregnant women/mothers, ethnic minorities (EMs) and sexual minorities. The projects could be on a pilot basis, community or residential based, or involve treatment in a hospital setting or in an outreaching mode;
- (b) projects that support family members of drug abusers, which could serve as a means of engaging hidden drug abusers in families, providing motivational support for handling emotional distress, as well as preventing inter-generational drug abuse patterns;
- (c) projects that promote/strengthen collaboration among various sectors and service modes to tackle the increasingly complex psychotropic substance abuse (PSA) cases, especially those involving “Ice” abuse, and to facilitate a continuum of T&R services for drug abusers. Key players may involve community-based service units, residential drug treatment and rehabilitation centres, medical services, law enforcement agencies, other welfare service units as well as non-governmental organisations or bodies serving specific groups;
- (d) projects that facilitate early identification of drug abusers and intervention, including but not limited to peer snowballing, closer collaboration with parties which may have contact with drug abusers in their services for case referral, etc.;
- (e) projects that strengthen aftercare services for those who have successfully quitted drugs so as to minimise relapse and facilitate reintegration into society. Examples include counselling at post-treatment stage, occupational therapies, vocational training, provision of job placement opportunities, job counselling, mentorship programmes, etc.; and

- (f) projects that provide structured training or platforms for experience sharing among anti-drug workers, medical professionals and related sectors/personnel to equip them with the necessary skills and knowledge of handling the increasingly complex PSA cases.

On the **preventive education and publicity** front, priority consideration will be given to:

- (g) projects that enhance awareness of drug harms, especially in respect of “Ice”, cocaine, cannabis and/or ketamine, among the general youth, high-risk youth, students at different levels or with different backgrounds, EMs and/or sexual minorities, who may be at risks of drug abuse, particularly in providing preventive education on the risks and harms associated with drug abuse, rectifying mistaken concepts and promoting attitudinal change towards drugs, encouraging early help-seeking, and enhancing knowledge of the serious consequences of committing drug-related offences;
- (h) projects that enhance awareness of the drug problem among young adults (aged 21 – 35), young persons who fall outside the school network, employers and/or business operators, increase understanding of the harms of prevalent drugs, develop resilience towards drug temptation, facilitate identification of hidden abusers, encourage early help-seeking, and establish a drug-free culture at workplace;
- (i) projects that enhance the awareness of families, especially at-risk families (e.g. teenage mothers, parents or family members being ex-drug abusers, and family members being high-risk youth), of the drug problem, and strengthen the role and abilities of family members in reducing the risk of drug abuse, identifying hidden abusers early and encouraging early help-seeking; and
- (j) projects that promote community acceptance of T&R services and facilities and reintegration of rehabilitees into the society.

On the **research** front, priority consideration will be given to:

- (k) researches on the characteristics of PSA, particularly on psychotropic substances which have gained prevalence in Hong Kong such as “Ice”, cocaine and cannabis to provide more information about the drug harms and to identify suitable treatment methods; and
- (l) researches on the behavioural patterns (e.g. reasons for hidden drug abuse, relapse and its prevention, and impacts of inter-generational drug abuse) of different groups of drug abusers (e.g. female drug abusers, pregnant drug abusers, working drug abusers, and drug abusers of EMs).