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Task Force on Youth Drug Abuse

Membership

Chairman

Secretary for Justice

Members

Secretary for Education or representative

Secretary for Security or representative

Secretary for Food and Health or representative

Commissioner of Police or representative

Commissioner of Customs and Excise or representative

Director of Home Affairs or representative

Director of Health or representative

Director of Social Welfare or representative

Director of Information Services or representative

Commissioner for Narcotics, Security Bureau or representative

Representative from Department of Justice

Task Force on Youth Drug Abuse

Terms of reference

- (a) Review the Government's existing efforts in tackling the youth drug abuse problem, identify areas of focus and enhancement with a view to addressing the problem in a concerted and holistic manner;
- (b) Spearhead cross-bureaux and inter-departmental efforts at a strategic level;
- (c) Enhance collaboration among NGOs, other stakeholders and the community;
- (d) Examine new methods to combat the problem, and where appropriate, look into possible funding for the relevant initiatives and methods; and
- (e) Advise on cooperation with the Mainland to tackle cross boundary youth drug abuse and related drug trafficking problems.

**NGOs, bodies and individuals who have been consulted
and/or who have submitted views**

Individuals

Rev Sam CHENG

Dr CHOI Yuen-wan

A person named DORMA

Mr IP Shu On

Professor SH LEE

Ms Scarlett PONG

Professor Daniel SHEK

Dr John TSE

Mr WAI Chin Ho, Jack

Professor YIP Kam-shing

An anonymous parent

NGOs and Bodies

Action Committee Against Narcotics (ACAN)

ACAN Sub-Committee on Treatment and Rehabilitation

ACAN Sub-Committee on Preventive Education and Publicity

The Alliance of Anti-Drug Abuse Professionals Limited

Barnabas Charitable Service Association Limited

Christian Zheng Sheng Association Ltd

Committee on Services for Youth at Risk

District Council and District Fight Crime Committee Chairmen

A series of District Forum on the 2007 Policy Address

Drug Liaison Committee

Fight Crime Committee

The Hong Kong Association of Addiction Psychiatry

The Hong Kong College of Psychiatrists

Hong Kong Council of Social Service

The Hongkong Federation of Youth Groups

The HUGS Centre of the Caritas Youth and Community Service

Mission Ark

The Society for the Aid and Rehabilitation of Drug Abusers

Representatives from the Committee on Home-School Cooperation and
Federations of Parent-Teacher Associations

Representatives from school councils and principals' and teachers'
associations

Various drug testing methods

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Urine	<ul style="list-style-type: none"> • Assurance of reliable and accurate results • Least expensive • Most flexibility in testing different drugs, including alcohol and nicotine • Generally accepted in court proceedings 	<ul style="list-style-type: none"> • Specimen might be adulterated, substituted, or diluted • Limited window of detection • Test sometimes viewed as invasive or embarrassing • Biological hazard for specimen handling and transfer to laboratory 	<ul style="list-style-type: none"> • Typically 1 to 3 days, except for cannabis (1 day to 2 weeks) 	<ul style="list-style-type: none"> • About HK\$180 per drug tested 	Yes
Urine test kits (quick test kit)	<ul style="list-style-type: none"> • Easy • Convenient • Fast • Qualitative testing with visual colour change 	<ul style="list-style-type: none"> • For screening purpose only, subject to robust confirmation testing like urine tests • Certain food or medicines may affect the results • Collecting urine is intrusive and unpleasant • Easy to adulterate or substitute urine specimen 	<ul style="list-style-type: none"> • Typically 1 to 3 days 	<ul style="list-style-type: none"> • About HK\$10 per drug tested 	Yes

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Blood	<ul style="list-style-type: none"> • Most accurate confirmation of drug used • Results are the best indication of current intoxication • Generally accepted in court proceedings • Can detect several types of drugs and alcohol 	<ul style="list-style-type: none"> • Intrusive • Expensive • No field test kit available • Test must be conducted in laboratory and by trained personnel 	<ul style="list-style-type: none"> • Within 24 hours 	<ul style="list-style-type: none"> • About HK\$2,000 • Testing for all drugs of abuse with level determination/estimation 	Yes
Oral Fluids	<ul style="list-style-type: none"> • Sample obtained under direct observation • Minimal risk of tampering • Non-invasive • Samples can be collected easily in virtually any environment • Can detect alcohol use • Reflects recent drug use 	<ul style="list-style-type: none"> • Drugs and drug metabolites do not remain in oral fluids as long as they do in urine • Less efficient than other testing methods in detecting marijuana use • Not generally accepted in court proceedings 	<ul style="list-style-type: none"> • Approximately 10 to 24 hours 	<ul style="list-style-type: none"> • Available overseas • No information on the price 	No
Oral fluid test strip (quick test kit)	<ul style="list-style-type: none"> • Fast • Easy to collect oral fluid • Resistant to adulteration, substitution and dilution 	<ul style="list-style-type: none"> • Expensive • Weak in detecting cannabis metabolite • Unable to detect ketamine • For screening purpose only, subject to robust confirmation testing like urine tests 	<ul style="list-style-type: none"> • Within several hours to 1-2 days (depending on drug being tested) 	<ul style="list-style-type: none"> • Available overseas • About US\$15-20 for five to six drugs to be tested 	No

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Hair	<ul style="list-style-type: none"> • Longer window of detection • Greater stability (does not deteriorate) • Can measure chronic drug use • Convenient transport and storage (no need to refrigerate) • Collection procedure not considered invasive or embarrassing • More difficult to adulterate than urine • Can detect several types of drugs 	<ul style="list-style-type: none"> • More expensive • Test usually limited to basic 5-drug panel • Cannot detect very recent drug use (1 to 7 days prior to test) 	<ul style="list-style-type: none"> • Depends on the length of hair in the sample. Hair grows about a half-inch per month, so a 1 to 2-inch specimen would show a 3-month history 	<ul style="list-style-type: none"> • Available overseas • For one US service provider sourced, about US\$70 (excluding postage) for seven drugs to be tested 	No
Sweat Patch	<ul style="list-style-type: none"> • Non-invasive • Variable removal date (generally 1 to 7 days) • Quick application and removal • Longer window of detection than urine • No sample substitution possible 	<ul style="list-style-type: none"> • Limited number of labs able to process results • People with skin eruptions, excessive hair, or cuts and abrasions cannot wear the patch • Passive exposure to drugs may contaminate patch and affect results • Not generally accepted in court proceedings 	<ul style="list-style-type: none"> • Patch retains evidence of drug use for at least 7 days, and can detect even low levels of drugs 2 to 5 hours after last use 	<ul style="list-style-type: none"> • Available overseas • No information on the price 	No

Type of Test	Pros	Cons	Window of Detection	Price (HK or overseas price)	Availability in Hong Kong
Breathalyser	<ul style="list-style-type: none"> • Can only test for alcohol breath 	<ul style="list-style-type: none"> • Unable to test drugs 	<ul style="list-style-type: none"> • Around 30 minutes to 12 hours after consumption of alcohol 	<ul style="list-style-type: none"> • Minimal 	Yes

**Excerpt of provisions from the
Police Force Ordinance (Cap. 232) and the
Dangerous Drugs Ordinance (Cap. 134)
which may be invoked for drug testing**

Police Force Ordinance Section 3

An intimate sample means:

- (a) a sample of blood, semen or any other tissue fluid, urine or hair other than head hair;
- (b) a dental impression;
- (c) a swab taken from a private part of a person's body or from a person's body orifice other than the mouth.

A non-intimate sample means:

- (a) a sample of head hair;
- (b) a sample taken from a nail or from under a nail;
- (c) a swab taken from any part, other than a private part, of a person's body or from the mouth but not any other body orifice;
- (d) saliva;
- (e) an impression of any part of a person's body other than-
 - (i) an impression of a private part;
 - (ii) an impression of the face; or
 - (iii) the identifying particulars described in section 59(6).

Police Force Ordinance, Section 59A – Intimate samples

(1) In any investigation in respect of an offence committed or believed to have been committed, an intimate sample may be taken from a person for forensic analysis only if-

- (a) a police officer of or above the rank of superintendent ("authorizing officer") authorizes it to be taken;
- (b) the appropriate consent is given; and
- (c) a magistrate gives approval under section 59B for it to be taken.

(2) An authorizing officer may only give an authorization as required under subsection (1)(a) if he has reasonable grounds-

- (a) for suspecting that the person from whom the intimate sample is to be taken has committed a serious arrestable offence; and
 - (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.
- (3) An authorizing officer must give an authorization pursuant to subsection (2) in writing.
- (4) Where an authorization has been given pursuant to subsection (2), a police officer may request the person from whom the intimate sample is to be taken and that person's parent or guardian if he is under the age of 18 years, to give the appropriate consent to the taking of the sample and the police officer, in making the request, shall inform the person and his parent or guardian, as the case may be-
- (a) of the nature of the offence in which the person is suspected to have committed;
 - (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
 - (c) that he may or may not give his consent to the taking of the sample;
 - (d) that if he consents to the taking of the sample, he may at any time withdraw that consent before the sample is taken;
 - (e) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence;
 - (f) that he may make a request to a police officer for access to the information derived from the analysis of the sample; and
 - (g) that if the person is subsequently convicted of any serious arrestable offence, any DNA information derived from the sample may be permanently stored in the DNA database maintained under section 59G(1) and may be used for the purposes specified in subsection (2) of that section.
- (5) The person from whom an intimate sample was taken pursuant to subsection (1) is entitled to access to the information derived from the analysis of the sample.
- (6) The appropriate consent must be given in writing and signed by the person or persons giving the consent.

- (7) An intimate sample-
- (a) of urine may only be taken from a person by a police officer of the same sex as that person;
 - (b) of a dental impression may only be taken from a person by a registered dentist;
 - (c) other than urine or dental impression, may only be taken from a person by a registered medical practitioner.

Police Force Ordinance, Section 59C – Non-intimate samples

(1) In any investigation in respect of any offence committed or believed to have been committed, a non-intimate sample may be taken from a person with or without his consent for forensic analysis only if-

- (a) that person is in police detention or is in custody on the authority of a court; and
- (b) a police officer of or above the rank of superintendent ("authorizing officer") authorizes it to be taken.

(2) An authorizing officer may only give an authorization as required under subsection (1)(b) if he has reasonable grounds-

- (a) for suspecting that the person from whom the non-intimate sample is to be taken has committed a serious arrestable offence; and
- (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.

(3) An authorizing officer-

- (a) subject to paragraph (b), must give an authorization pursuant to subsection (2) in writing;
- (b) where it is impracticable to comply with paragraph (a), may give such authorization orally, in which case he must confirm it in writing as soon as practicable.

(4) Where an authorization has been given pursuant to subsection (2), a police officer shall, before the taking of a non-intimate sample, inform the person from whom the sample is to be taken-

- (a) of the nature of the offence in which the person is suspected to have committed;
- (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
- (c) of the giving of the authorization;

- (d) that he may or may not consent to the taking of the sample;
- (e) that if he does not consent to the taking of the sample, the sample will still be taken from him by using reasonable force if necessary;
- (f) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence;
- (g) that he may make a request to a police officer for access to the information derived from the analysis of the sample; and
- (h) that if he is subsequently convicted of any serious arrestable offence, any DNA information derived from the sample may be permanently stored in the DNA database maintained under section 59G(1) and may be used for the purposes specified in subsection (2) of that section.

(5) The person from whom a non-intimate sample was taken pursuant to subsection (1) is entitled to access to the information derived from the analysis of the sample.

(6) Any consent given for the taking of a non-intimate sample pursuant to this section must be given in writing and signed by the person or persons giving the consent.

(7) A non-intimate sample may only be taken by-

- (a) a registered medical practitioner; or
- (b) a police officer, or a public officer working in the Government Laboratory, who has received training for the purpose.

(8) A police officer may use such force as is reasonably necessary for the purposes of taking or assisting the taking of a non-intimate sample from a person pursuant to this section.

Dangerous Drugs Ordinance, Section 54AA – Taking of urine samples

(1) In any investigation in respect of an offence committed or believed to have been committed, a urine sample may be taken from a person only if-

- (a) a police officer of or above the rank of superintendent or a member of the Customs and Excise Service of or above the rank of superintendent ("authorizing officer") authorizes it to be taken;

- (b) the appropriate consent is given; and
 - (c) a magistrate gives approval under subsection (7) for it to be taken.
- (2) An authorizing officer may only give an authorization as required under subsection (1)(a) if he has reasonable grounds-
- (a) for suspecting that the person from whom the urine sample is to be taken has committed a serious arrestable offence; and
 - (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.
- (3) An authorizing officer must give an authorization pursuant to subsection (2) in writing.
- (4) Where an authorization has been given pursuant to subsection (2), a police officer or a member of the Customs and Excise Service may request the person from whom the urine sample is to be taken and that person's parent or guardian if he is under the age of 18 years, to give the appropriate consent to the taking of the sample and the officer or the member, in making the request, shall inform the person and his parent or guardian, as the case may be-
- (a) of the nature of the offence in which the person is suspected to have committed;
 - (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
 - (c) that he may or may not give his consent to the taking of the sample;
 - (d) that if he consents to the taking of the sample, he may at any time withdraw that consent before the sample is taken;
 - (e) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence in relation to dangerous drugs; and
 - (f) that he may make a request to a police officer or a member of the Customs and Excise Service for access to the information derived from the sample.
- (5) The person from whom a urine sample was taken pursuant to subsection (1) is entitled to access to the information derived from the sample.

(6) The appropriate consent must be given in writing and signed by the person or persons giving the consent.

(7) Where an authorization and the appropriate consent as required under subsection (1)(a) and (b) have been given, a police officer or a member of the Customs and Excise Service shall make an application to a magistrate in accordance with the Seventh Schedule for the magistrate's approval as required under subsection (1)(c) and the magistrate may give his approval in accordance with that Schedule.

(8) A urine sample may only be taken from a person by a police officer or a member of the Customs and Excise Service of the same sex as that person.

(9) In this section-
"appropriate consent" (適當的同意) means-

- (a) in relation to a person who has attained the age of 18 years, the consent of that person;
- (b) in relation to a person who has not attained the age of 18 years, the consent both of that person and of his parent or guardian;

"serious arrestable offence" (嚴重的可逮捕罪行) means an offence in relation to dangerous drugs for which a person may under or by virtue of any law be sentenced to imprisonment for a term not less than 7 years.

Dangerous Drugs Ordinance Section 52 –Powers of authorized officers

(1) For the purposes of this Ordinance, any police officer and any member of the Customs and Excise Service may-

- (a) stop, board and search any ship, aircraft, vehicle or train which has arrived in Hong Kong (not being a ship of war or a military aircraft), and remain thereon as long as it remains in Hong Kong;
- (b) search any person arriving in Hong Kong or about to depart from Hong Kong;
- (c) search any thing imported into or to be exported from Hong Kong;
- (d) stop, board and search any ship, aircraft, vehicle or train if he has reason to suspect that there is therein an article liable to seizure;

- (e) without a warrant issued under subsection (1E) where it would not be reasonably practicable to obtain such a warrant, enter and search any place or premises if he has reason to suspect that there is therein an article liable to seizure; or
- (f) stop and search any person, and search the property of any person, if-
 - (i) he has reason to suspect that such person has in his actual custody an article liable to seizure; or
 - (ii) such person is found in any ship, aircraft, vehicle, train, place or premises in which an article liable to seizure is found.

(1A) For the purposes of enabling a person to be searched under subsection (1)(f)(i), a police officer of or above the rank of inspector or a member of the Customs and Excise Service of or above the rank of inspector may request a registered medical practitioner or nurse registered or enrolled or deemed to be registered or enrolled under the Nurses Registration Ordinance (Cap 164), to examine the body cavities of that person.

(1B) A medical practitioner or nurse requested to examine the body cavities of a person under subsection (1A) may search the rectum, vagina, ears and any other body cavity of that person.

(1C) A medical practitioner or nurse carrying out an examination of a person at the request, under subsection (1A), of a police officer or member of the Customs and Excise Service who appears to be lawfully engaged in the performance of his duty shall not be bound to inquire whether or not the police officer or member is acting lawfully or within the scope of his duty.

(1D) A police officer or member of the Customs and Excise Service may detain a person in respect of whom a request is to be or has been made to a medical practitioner or nurse under subsection (1A) for such time as may reasonably be necessary to permit a medical practitioner or nurse to complete an examination of the body cavities of that person under this section.

(1E) Where it appears to any magistrate upon the oath of any person that there is reasonable cause to suspect that in any place there is an

article liable to seizure under this Ordinance, or with respect to which an offence has been committed or is about to be committed against the provisions of this Ordinance, the magistrate may, by his warrant directed to any police officer or to any member of the Customs and Excise Service, empower such officer or member by day or by night to enter the place named in the warrant and there to search for and seize, remove and detain any such article.

(2) For the purpose of enabling a ship or aircraft to be searched under subsection (1)-

- (a) the Commissioner of Customs and Excise or the Commissioner of Police may by order in writing under his hand detain a ship for not more than 12 hours or an aircraft for not more than 6 hours; and
- (b) the Chief Secretary for Administration may, by order in writing under his hand, detain a ship or aircraft for further periods of not more than 12 hours in the case of a ship or not more than 6 hours in the case of an aircraft.

Any order made under this subsection shall state the times from which and for which the order is effective.

(3) Any public officer may seize, remove and detain any thing if he has reason to suspect that such thing is an article liable to seizure.

(4) Any public officer authorized in writing by the Director may uproot, seize, remove and destroy any plant of the genus cannabis or the opium poppy.

(5) For the purposes of this Ordinance, any public officer authorized in writing by the Director may-

- (a) enter, inspect and search any place or premises occupied by-
 - (i) a person authorized by virtue of section 22(1)(a), (b) or (c) or (5A) or by virtue of section 24(1);
 - (ii) a person whose authorization as aforesaid has been withdrawn under section 33 and the withdrawal suspended;
 - (iii) a person by whom any such person as aforesaid is employed; or
 - (iv) a person to whom a licence has been issued under this Ordinance;

- (b) require the production of, and inspect, any register, record, book, prescription or other document kept or made pursuant to the requirements, or for the purposes, of this Ordinance or any other document relating to dealings in a dangerous drug by or on behalf of any such person as aforesaid; and
 - (c) inspect any stocks of a dangerous drug in the possession of any such person as aforesaid.
- (6) For the purposes of this Ordinance, any public officer authorized in writing by the Director may-
- (a) enter, inspect and search a hospital or institution specified in the Second Schedule or any place or premises occupied for the purposes of any such hospital or institution;
 - (b) require the production of, and inspect, any register, record, book, prescription or other document kept or made in any such hospital or institution pursuant to the requirements, or for the purposes, of this Ordinance or any other document relating to dealings in a dangerous drug for the purposes of such hospital or institution; and
 - (c) inspect any stocks of a dangerous drug in any such hospital or institution or in any such place or premises.
- (7) An authorization given by the Director under this section may be given to a police officer, member of the Customs and Excise Service or public officer by name or may be given to any police officer, member of the Customs and Excise Service or other public officer for the time being holding such rank or public office as the Director may specify, and may extend to all the powers specified in subsection (2), (4) or (5), as the case may be, or to such of those powers as the Director may specify.
- (8) Any public officer may-
- (a) break open any outer or inner door of or in any place or premises which he is empowered by this section to enter and search;
 - (b) forcibly board any ship, aircraft, vehicle or train which he is empowered by this section to board and search;
 - (c) remove by force any person or thing who or which obstructs any entry, search, inspection, seizure, removal or detention which he is empowered by this section to make;

- (d) detain every person found in any place or premises which he is empowered by this section to search until the same has been searched; and
 - (e) detain every person on board any ship, aircraft, vehicle or train which he is empowered by this section to search, and prevent any person from approaching or boarding such ship, aircraft, vehicle or train, until it has been searched.
- (9) (a) (i) An examination of the body cavities of a person under this section shall, unless that person otherwise consents, be carried out by a medical practitioner or nurse of the same sex as that person.
- (ii) Where a female has consented, under sub-paragraph (i), to an examination of her body cavities by a medical practitioner or nurse of the opposite sex, such examination shall be in the presence of another female.
- (b) Subject to paragraph (a), no female shall be searched under this section except by a female.
- (c) No person shall be searched under this section in a public place if he objects to being so searched.

(9A) The provisions of this Ordinance (including section 56) which could, but for this subsection, apply to a thing seized under this section shall not apply to the thing if it has been so seized on the ground that it is suspected to be specified property referred to in paragraph (d) of the definition of "article liable to seizure".

(9B) For the avoidance of doubt, it is hereby declared that where a thing referred to in subsection (9A) is released under section 24C(4) of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap 405), that subsection shall not operate to prevent the application of the provisions of this Ordinance (including this section and section 56) to that thing at any time on or after such release.

(10) In this section-

"article liable to seizure" (可予扣押的物件) means-

- (a) any dangerous drug referred to in section 55;
- (b) any money or thing liable to forfeiture under this Ordinance or forfeiture or confiscation under a corresponding law;

- (c) any thing which is or contains evidence of-
 - (i) an offence under this Ordinance or a corresponding law;
 - (ii) a drug trafficking offence within the meaning of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap 405);
- (d) any specified property within the meaning of Part IVA of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap 405);

"Commissioner of Customs and Excise" (香港海關關長) includes a Deputy Commissioner of Customs and Excise and an Assistant Commissioner of Customs and Excise;

"Commissioner of Police" (警務處處長) includes a deputy or assistant commissioner of police.

Outline of some estimation methods in measuring the drug abuse population¹

(1) Case-Finding Methods

1. Case-finding is a standard epidemiological method for obtaining an adequate number of cases for observation and research, especially when investigating rare health events in a population. It is basically a counting method involving search of actual drug abusers through an extensive network².
2. Case-finding is important, as seen by the fact that nearly every study involving nomination techniques or capture-recapture started with case-finding procedures. Pure case-finding studies are rare, but the findings are used in different ways to establish valid prevalence estimations.
3. As there is no single way or information source which can find all, or at least most of, drug users, a combination of different strategies is needed. Multi-source enumeration is one method widely used to overcome the lack of completeness and representativeness of single sources and can provide estimates of the prevalence of drug users.
4. Case-finding is applicable to studying drug use for several reasons. Firstly, drug use is rare. Secondly, as an illegal activity, it is largely hidden. Therefore, general population sample survey techniques will be too costly, inefficient, and may be ineffective for identifying drug users. Thirdly, a ready-made sampling frame or register does not exist, which, in part, is the reason for carrying out a case-finding study.
5. Although a proportion of the drug-using population will always remain hidden, there are times when drug users are more “visible”. These instances include - the process of buying and selling drugs, places where drug users meet, contact with law enforcement as a result of the need to buy or sell drugs or generate income illegally to obtain drugs, or when

¹ As documented in the website of the European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.org/>). Extracted from : Monograph on “Estimating the Prevalence of Problem Drug Use in Europe” : www.emcdda.europa.eu/attachements.cfm/att_34403_EN_Monograph1.pdf

² The CRDA is a typical system applying the case-counting method.

drug users seek attention for social, psychological or somatic consequences of drug use. In each of these areas and situations, drug users may be contacted.

6. The case-finding study must be acceptable to reporters and drug users. Information sources and screening strategies may need to be assessed in order to test whether they can provide the data required by the study. For example, it can be difficult to involve more deeply in research studies on subjects who are contacted by the police.

7. When different sources are combined, there is a considerable risk of over-estimating the total number of cases unless personal identifiers are available in a reliable and standardised way in all the sources to enable identification and removal of duplicates.

(2) Capture-Recapture Method (CRM)

8. CRM refers to a technique developed over a century ago to estimate the size of wild animal populations and involves “capturing” a random sample that are then “marked” and returned to their habitat.

9. Subsequently, a second random sample is “recaptured” and the number of marked animals from the first sample is observed. The ratio of marked animals to the recaptured sample size is assumed to be the same as the ratio of the first captured sample to the total population. Thus, if a “capture” sample of 200 animals is marked and released and a “recapture” sample of 100 contains ten animals which are marked, the estimate for the total population would be 2 000 (i.e. $10:100 = 200:2\ 000$).

10. In view of the real or perceived problems of asking people directly about drug use, CRM affords a means of estimating prevalence indirectly from data on known drug users.

11. The assumptions of the method are important -

- (a) the population under study must be closed, in the sense that individuals do not enter or leave the population during the study period;

- (b) the samples must be randomly selected and the probability of each individual being selected must be the same in each sample; and
- (c) the samples must be mutually independent.

12. Whether it is adequate to apply CRM as an estimation method, it is necessary to have a clear understanding of the quality of the data available, as well as of the process of data collection. There are a number of important criteria to consider. Failure to meet them will significantly undermine the reliability of the estimates.

13. Finally, the results obtained through CRM should be compared with other methods, as a combination of methods may help to ascertain boundaries for the estimate. Even if there is inconsistency, this may help to understand the data and the phenomena being studied.

(3) Multiplier Methods (MM)

14. This method involves applying a “multiplier” to a “benchmark” (the total of a sub-group of the drug-using population). The most commonly used “benchmark” is the total number of drug-related deaths (mortality data) but the multiplier can also be applied to other “benchmark” data such as the total number of abusers in treatment or total number of abusers arrested. The benchmark is then multiplied by an appropriate multiplier to estimate the total drug abuse population.

15. For example, if this method is applied to in-treatment data, then the benchmark is the total number of drug-users who underwent treatment in a given year, the multiplier is the in-treatment-rate (proportion of total drug-users in treatment). The formula is as follows :

$$T = B / c$$

where T is the estimated total of problematic drug-users, B is the total number of problematic drug users who underwent treatment in a given year and c is the estimated in-treatment rate.

16. MM for estimating the prevalence of drug use was first developed in the US during the 1970s. The method involved determining

the annual number of drug-related deaths in New York City and assuming that these deaths represented a proportion of active heroin users in the city. The proportion was obtained from a follow-up study of addicts receiving treatment, and was crudely estimated by the death rate observed amongst those users.

17. It is usually difficult for mortality data to meet the above assumptions. Hence, it might seem plausible to apply a multiplier to some other indicators, such as the number of arrests for drug offences. However, extension of the method could be quite arbitrary and must be carefully studied. Using mortality data is considered plausible because of the wide range of studies which have reported similar mortality rates. Rates for activities such as drug arrests are likely to vary within and between locations, and these rates are likely to change over time due to changing policies. So extension of MM must be applied with great caution.

(4) Nomination Methods

18. The use of nomination methods as a means of obtaining information about difficult-to-reach populations dates back many years having enjoyed a certain amount of fame and notoriety in the 1970s. Interest in these methods is now developing again in drug use epidemiology, its main virtue being its usefulness in dealing with relatively rare events.

19. The principles involved in using nomination techniques specifically to estimate prevalence of drug use are the same as those described elsewhere for MM. This procedure is characterised by -

- (a) a benchmark – the total number of the drug-using population who were in treatment at some points during the year in question, e.g. 3 000; and
- (b) a multiplier – an estimate from some sample surveys of the proportion of the drug abusing population who were in treatment that year, e.g. 20% (one fifth).

20. By applying the same benchmark-multiplier calculation to these figures, the overall drug-using population size would be : $3\ 000 / (1/5) = 3\ 000 \times 5 = 15\ 000$.

21. “Nomination methods” are generally thought of as estimation methods based on information which individuals in a sample provide about their network of acquaintances. The term “nomination ratio methods” is used to apply specifically to prevalence estimation by benchmark/ratio methods that estimate the required ratio from nominee information.

22. Broadly put, sample members are asked to name or nominate drug-using acquaintances and to say whether these acquaintances have been in touch with drug treatment centres, health services or any other similar body, within a stipulated time period. The proportion of treatment receiver nominated by the sample is then used as a multiplier (as described above) to give an estimate of the total number of drug users in conjunction with the benchmark known attendance figures at the drug treatment agencies.

23. Given a core random sample of drug users, typically we ask two questions of our core sample respondents, broadly of the following sort – “How many of your acquaintances have used drugs regularly in the last year?” and “How many of these have been for treatment in the last year?”. From these two answers, the proportion of drug users in treatment can be calculated. Of course, the questions will need rather more precise definitions of “drug user” and “treatment”. Respectively these will vary according to the aim of the study and the target population, and the type of benchmark data source available. Whether one year or another time span is more appropriate also needs to be determined.

**List of assessment criteria in
vetting Beat Drugs Fund applications**

ACAN and the Beat Drugs Fund Association consider each application on its own merits. In considering the applications, ACAN and the Association will take account of, but not limited to, the following factors-

(a) **Project strength**

- whether the proposed project will be able to bring direct benefits to the anti-drug cause in Hong Kong;
- whether there is a demonstrated need for the proposed project; whether the project differs from the work currently provided by other organisations or projects supported by the Fund;
- whether the proposed project carries the theme(s) or falls under the programme area(s) encouraged by the Association and meets the requirements in the project brief, if any;
- whether the proposed project is innovative and can convey in-depth anti-drug knowledge;
- the approach of the proposed project in spreading anti-drug message;
- whether the proposed project schedule is well-planned and the duration practical and reasonable;
- the degree of participants' involvement in the planning and implementation of the project;
- whether the proposed project will be evaluated in a robust, systematic, realistic and thorough manner;

- the number of beneficiaries/participants/users of the proposed project; and
- whether the proposed budget is reasonable and realistic.

(b) Project Commencement

- whether the project will commence after the completion of the vetting process.

(c) Strength of applicant

- past performance of the applicant in using the Fund; and
- technical and management capability of the applicant.

(d) Other factors

- for capital works projects, whether there will be any problem with recurrent expenditure, e.g. staff and maintenance expenditure;
- for research projects, whether there is any duplication with past research supported by ACAN and the Fund; and
- for preventive education and publicity projects, whether the drug abuse rate of the district in which the proposed project is to be launched is high, or will be potentially high; and the degree of young people's participation in the development and planning of the project.

2. The following projects are normally not considered -

- (a) conventional non-capital works projects spanning more than two years;
- (b) conventional projects exceeding \$3 million;
- (c) programmes eligible for Government subvention;

- (d) leaflets, booklets and CD-ROM projects without clear and sufficient information on contents and design;
- (e) projects which have been completed; and
- (f) projects which will commence before the completion of the vetting process.

**Guidelines for self-evaluation
of Beat Drugs Fund projects**

Background

To ascertain the effectiveness of projects sponsored by the Beat Drugs Fund and serve as an aid to reflection on the implementation of these projects, all applications of the Beat Drugs Fund are required to include in the applications the evaluation methods for their projects. All successful grantees will be required to evaluate their projects in terms of outputs, outcomes, impact and effectiveness in the Full Reports to be submitted to the Beat Drugs Fund Association upon project completion.

Evaluation Mechanism

2. A set of performance indicators should be proposed in the application to substantiate the outputs and outcomes, namely, quantifiable indicators and outcome-based indicators, aimed at evaluating the contribution of the projects towards the anti-drug cause in Hong Kong.

3. In the Full Report to be submitted upon project completion, the following items should be included to assess each project deliverable and their value for dissemination –

- description of the deliverable (e.g. type, title, quantity, etc.);
- evaluation of the quality and dissemination value of the deliverable;
- the dissemination activities conducted (please state the date, mode, etc.) and the responses of the participants/recipients to such dissemination activities;
- the value and feasibility for the deliverable to be widely disseminated by the Beat Drugs Fund or other means as well as suggested modes of dissemination; and

- a brief description of the elements/experiences contributing to the success of the project and feasibility of continuing the project should also be given.

4. For example, a preventive education and publicity project can be evaluated by means of a questionnaire survey for assessing the change in participants' awareness of the drug problem, their perception on the issue, etc. after attending an anti-drug activity.

Abbreviations

ACAN	Action Committee Against Narcotics
AHP	Adolescent Health Programme
APIs	Announcements in the Public Interest
ASWO	Assistant Social Work Officer
ATS	amphetamine-type stimulants
BDF	Beat Drugs Fund
CATOM	Chinese Addiction Treatment Outcome Measure
CCO	Control of Chemicals Ordinance
CCPSAs	counselling centres for psychotropic substance abusers
CHSC	Committee on Home-School Co-operation
CND	Commission on Narcotic Drugs
CPH	Castle Peak Hospital
CRDA	Central Registry of Drug Abuse
CRM	Capture-Recapture Method
CSD	Correctional Services Department
CSSS	Community Support Service Scheme
Customs	Customs and Excise Department
DATCs	drug addiction treatment centres
DCs	District Councils
DDO	Dangerous Drugs Ordinance
DFCCs	District Fight Crime Committees
DH	Department of Health
DIC	Hong Kong Jockey Club Drug InfoCentre
DLC	Drug Liaison Committee
DNA	Deoxyribonucleic acid
DoJ	Department of Justice
DTRCs	drug treatment and rehabilitation centres

EDB	Education Bureau
FCC	Fight Crime Committee
FHB	Food and Health Bureau
FSAs	Funding and Service Agreements
GC	Governing Committee
GDP	Gross Domestic Product
HA	Hospital Authority
HAD	Home Affairs Department
ICYSCs	Integrated Children and Youth Services Centres
INCB	International Narcotics Control Board
IT	Information Technology
IUT	Instant Urine Test
JPS	Juvenile Protection Section
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
LWB	Labour and Welfare Bureau
MM	Multiplier Methods
MSS	medical social services
MTP	methadone treatment programme
ND	Narcotics Division
NGOs	Non-Governmental Organisations
OLE	Other Learning Experiences
P.A.T.H.S.	Positive Adolescent Training through Holistic Social Programmes
PO	Probation Officer
Police	Hong Kong Police Force
PPB	Pharmacy and Poisons Board
PPO	Pharmacy and Poisons Ordinance
PSDS	Police Superintendent's Discretion Scheme
PSLP	Police School Liaison Programme

PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QMH	Queen Mary Hospital
RAG	Research Advisory Group
SACs	Substance Abuse Clinics
SHS	Student Health Service
SIS	Service Information System
SOPD	specialist out-patient departments
SWA	Social Work Assistant
SWD	Social Welfare Department
SYP	Summer Youth Programme
TWGHs CROSS	Tung Wah Group of Hospitals CROSS
UCH	United Christian Hospital
UK	United Kingdom
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
US	United States
WHO	World Health Organisation
WoC	Women's Commission
Y.E.S.	Youth Employment Start
YNDs	young night drifters
YOTs	Youth Outreaching Social Work Teams
YPTP	Youth Pre-employment Training Programme
YWETS	Youth Work Experience and Training Scheme