

**The Fifth Three-year Plan on
Drug Treatment and
Rehabilitation Services in Hong Kong
(2009-2011)**

Narcotics Division, Security Bureau

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Drug Treatment and Rehabilitation Services
In Hong Kong (2009 – 2011)**

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Annexes

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CHAPTER 1

INTRODUCTION

(A) Background

1.1 Hong Kong adopts a multi-modality approach in providing drug treatment and rehabilitation services to cater for the different needs of drug dependent persons from varying backgrounds. With the rapid changes in drug abuse patterns and emergence of new substances, it is necessary for the modalities to be continuously adjusted and improved to ensure that they can cater for the changing needs of drug dependent persons. For this reason, Narcotics Division (ND) has drawn up successive three-year plans on drug treatment and rehabilitation services since 1997 with the objectives of setting the policies, priorities and strategies of such services. They provide anchor points for service providers to reflect on their services and develop complementing strategies and programmes in view of the latest drug trends.

1.2 The first four Three-year Plans were promulgated in 1997, 2000, 2003 and 2006 respectively. This is the Fifth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (the Fifth Three-year Plan) covering the period from 2009 to 2011.

(B) Objectives

1.3 The objectives of the Fifth Three-year Plan are:

- (a) to assess the existing drug treatment and rehabilitation programmes in Hong Kong and see whether the services provided align with the distribution of drug dependent persons' characteristics and needs;
- (b) to identify room for adjustment and enhancement of the existing treatment and rehabilitation services in Hong Kong; and

- (c) to advise on the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2009 to 2011.

(C) Consultation Process

1.4 The formulation of the Plan is a consensus building process among relevant stakeholders. Playing a coordinating role, ND has engaged various stakeholders in the field for contribution. The process started with the setting up of a Working Group (WG) led by Dr Ben Cheung, Chairman of the Sub-committee on Treatment and Rehabilitation of the Action Committee Against Narcotics (ACAN T&R Sub-committee), which comprised anti-drug workers from various sectors including drug treatment and rehabilitation agencies, counselling centres, academia, the medical profession and government departments to advise on the preparation of the Plan. The membership list of the WG and its terms of reference are at **Annexes I** and **II** respectively.

1.5 Through a number of consultation meetings organised by the Hong Kong Council of Social Service (HKCSS) in July 2008, ND has solicited views from the service sector on the preparation of the Fifth Three-year Plan and on major issues of concern having regard to the rising trend of the psychotropic substance abuse.

1.6 Service agencies, counselling centres, substance abuse clinics and related government departments were invited to provide information and ideas for the Plan. Frameworks and drafts of the Plan in various stages of preparation were presented to ACAN, its T&R Sub-committee, and Drug Liaison Committee (DLC) for comment. Their views were incorporated into the Plan as far as possible.

1.7 The development of the Fifth Three-year Plan has also greatly benefited from two major reports published in 2008. They are the Task Force on Youth Drug Abuse and the Director of Audit's Report No. 50. Their useful recommendations which have provided good food for thought and a steer of direction have been suitably incorporated and reflected in this Three-year Plan.

(D) Overview

1.8 The Fifth Three-year Plan gives an account of the drug abuse situation in Hong Kong as captured by the Central Registry of Drug Abuse (CRDA), and the treatment services rendered by the various government and non-governmental agencies through different modalities. It also sums up the major developments in the provision of services and implementation of the last Three-year Plan in 2006-2008. During the consultation process with the service sector and relevant stakeholders, some major issues of concern were identified. To address the concerns, we focused our strategies on certain areas and made corresponding recommendations in this Plan with a view to providing the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2009 to 2011.

(E) Implementation and Monitoring

1.9 ND will work closely with relevant stakeholders, including concerned government bureaux and departments, the Hospital Authority (HA) and the non-governmental organisations (NGOs), to monitor the implementation of the recommendations, and make regular progress reports to ACAN T&R Sub-committee and DLC.

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 abusers¹ 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 reported² 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%).

¹ 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.

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

Key observations

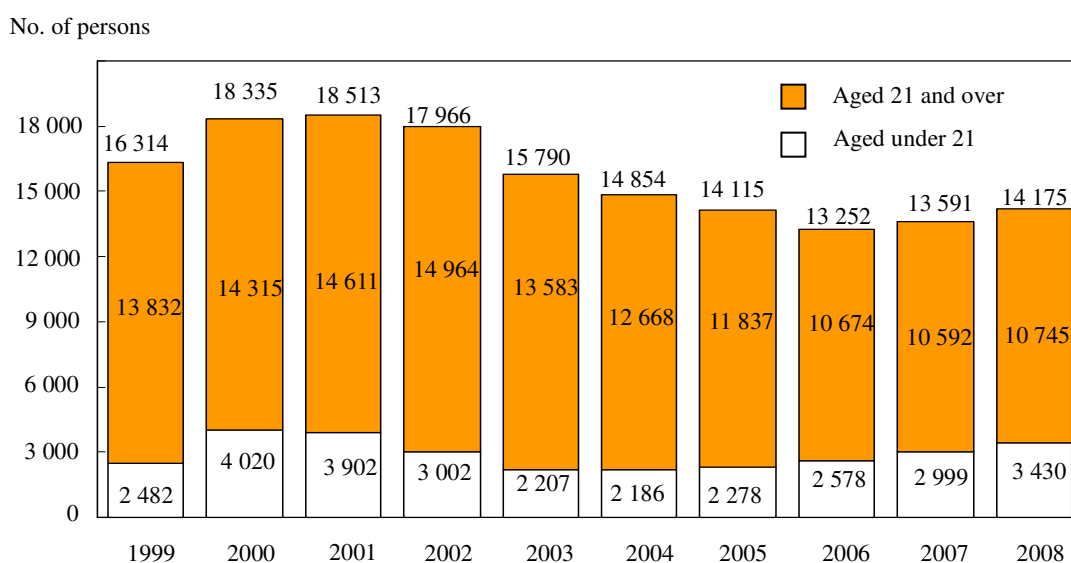
2.2 Comparing the figures in the three consecutive years from 2006 to 2008, the following observations were noted.

- (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.

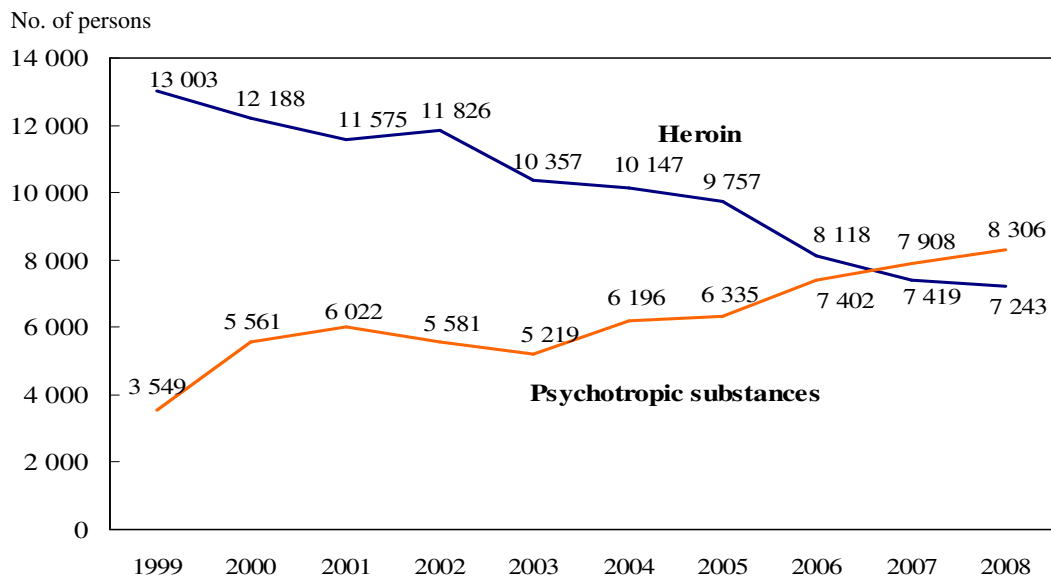
- (h) *Ecstasy* – it has been the second most popular type of psychotropic substances abused among young drug abusers under 21 throughout the reporting period. The number of abusers has, however, gone down by 40.1% (to 916) in 2007, and another 13.5% (to 792) in 2008.
- (i) *Ice* - the number of abusers 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

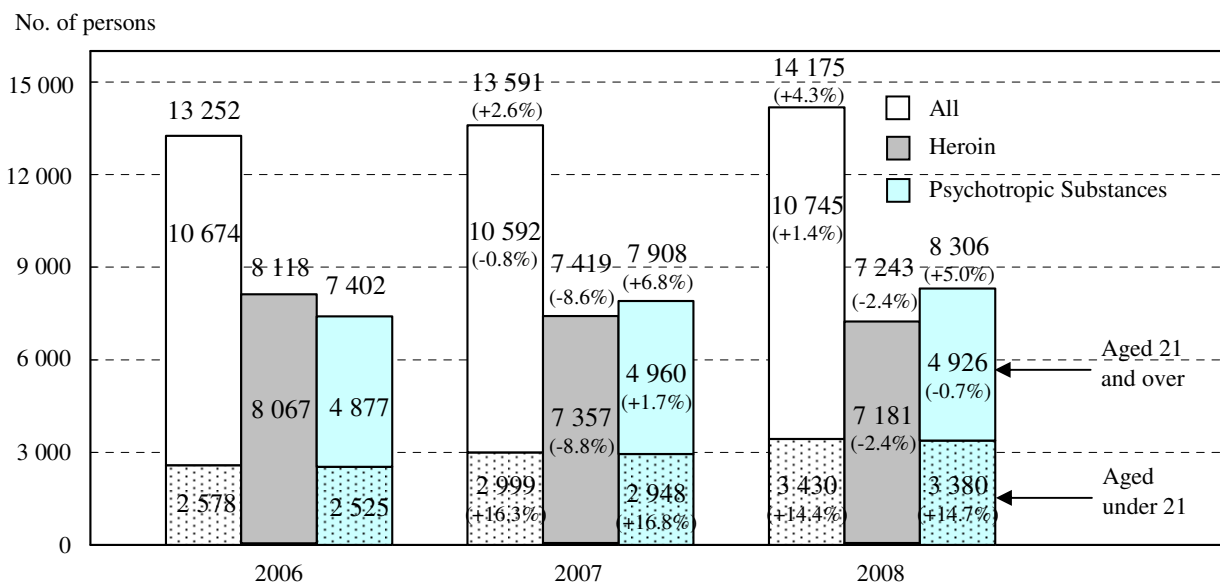


Graph 2 : Reported drug abusers taking psychotropic substances and heroin, 1999-2008



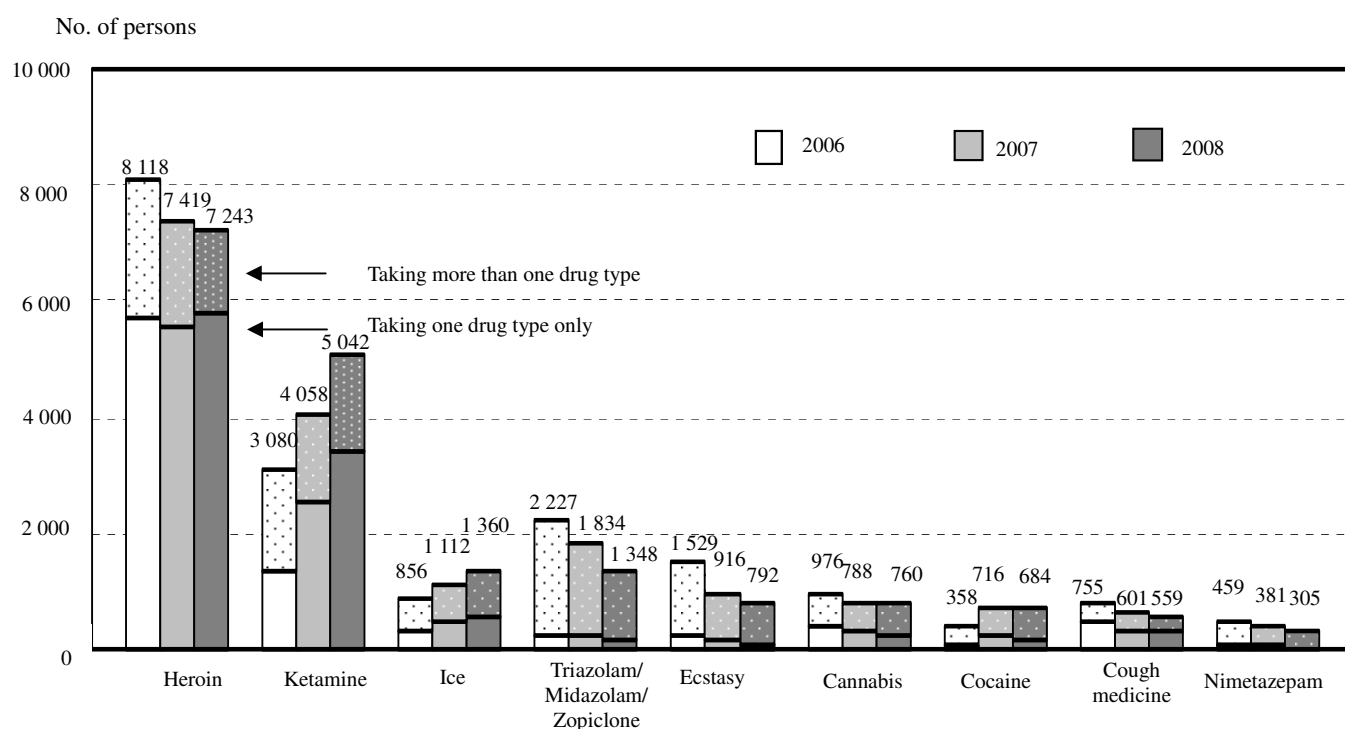
Note: An abuser may take both heroin and psychotropic substances in a given year.

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)

(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 circumstances³. 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**);

³ 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 CCPSAs⁴ 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

⁴ 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 Clinic⁵; and
- (g) Kowloon East Substance Abuse Clinic⁶.

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.

⁵ The QMH Substance Abuse Clinic was closed in 2005 and reopened in July 2008.

⁶ 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 Agencies⁷

| | | 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

⁷ 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 States⁸, 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

⁸ 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)

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.

CHAPTER 3

MAJOR DEVELOPMENTS IN 2006 – 2008 AND IMPLEMENTATION OF THE FOURTH THREE-YEAR PLAN

(A) Major Developments

(a) Task Force on Youth Drug Abuse

3.1 To tackle the escalating youth drug abuse problem, a high-level inter-departmental Task Force was set up in October 2007 under the chairmanship of the Secretary for Justice. It announced a series of initial measures in April 2008, a number of which have contributed to implementation of the Fourth Three-year Plan. Following extensive consultation and deliberation, it published a Report in November 2008, which contains a host of recommendations on long-term strategies and measures spanning over the five prongs of the anti-drug policy. Although the focus is on youth drug abuse, many of the Task Force's recommendations are also of general significance and application. The Administration has pledged to pursue rigorous implementation of the recommendations.

(b) Director of Audit's Report No. 50

3.2 The Audit Commission conducted an examination of the Government's voluntary treatment and rehabilitation programmes for drug abusers and published the results in Chapter 6 of the Director of Audit's Report No. 50 in March 2008. It provided useful observations and recommendations on the future development of drug treatment and rehabilitation services in Hong Kong, which are summarised at **Annex IX**. The Administration is committed to implementing the recommendations as appropriate.

(B) Implementation of the Fourth Three-year Plan

3.3 With the rollout of the Fourth Three-year Plan, considerable

progress has been made in the drug treatment and rehabilitation field. Most of the major recommendations and key initiatives in the last Three-year Plan are completed or on-going whilst a small number of recommendations are still in the developmental stage. The major activities are highlighted below.

(a) Early and effective intervention

Programmes for young psychotropic substance abusers

3.4 Hong Kong Lutheran Social Services Evergreen Lutheran Centre launched a project named “3C Action” in August 2006 for early identification and intervention of young psychotropic substance abusers at popular places of entertainment. Funded by BDF, it is an eighteen-month project that provided individual/ group counselling, interest group, skill training and other support services to participants.

3.5 The Hong Kong Christian Service PS33 (PS33) organised a two-year project “RAM · Express” in 2006, with support by BDF. Through a chain of services covering body check, motivational interview and counselling, the project provided early intervention for young psychotropic substance abusers aged between 14 and 26 to prevent them from turning into drug dependents.

3.6 The Evangelical Lutheran Church of Hong Kong launched a one-year project targeting cross-boundary drug abusers in September 2007. The project aimed to increase the awareness of young people, including the at-risk youth and those with history of psychotropic substance abuse, on drug abuse problem and to help them develop self-confidence, equip them with work skills and strengthen their family support network.

3.7 In view of the increase in psychotropic substance abuse cases, SACs organised various lectures, workshops and preventive education activities in the past three years for nurses, peer workers and social workers of drug counselling or detoxification centres to enhance their knowledge in handling psychotropic substance abusers. Workshops and talks were also conducted for youth and students of secondary schools and universities to enhance their awareness of the harmful effect of

substance abuse as well as to promote anti-drug messages.

3.8 During 2006 to 2007, Caritas HUGS Centre organised the “Youths’ New World Free to Feel Project” in collaboration with Caritas Tuen Mun District Outreaching Team and Caritas Tuen Mun Integrated Children and Youth Centre to identify, at the district and the school levels, youths who were at risk of taking psychotropic substances or were current drug abusers. Recreational activities, body checks, talent training and adventure training, etc. were offered. The programme aimed to enhance the self-confidence of the young participants and helped them diversify their interests.

Additional resource allocated

3.9 In the first quarter of 2007-2008, the SWD allocated \$3.7 million to the five CCPSAs for conducting outreaching visits to black spots frequently visited by youth drug abusers for early identification of problem and timely intervention and further strengthening collaboration with stakeholders concerned, for example, police and schools. In 2008-2009, additional provision was further made to strengthen the service of CCPSAs, with two new centres starting operation in Yuen Long and Shatin in December 2008.

3.10 To meet the imminent service need, the SAC at Queen Mary Hospital was re-opened in July 2008 and a new SAC at United Christian Hospital was set up in October 2008. Four designated medical social workers at SACs have started work since October 2008.

3.11 Starting from 2008-2009, one additional Social Work Assistant has been approved for each of the 16 district-based Youth Outreaching Social Work Teams (YOTs) and 18 designated Integrated Children and Youth Services Centres providing overnight outreaching service for young night drifters (YND) and the enhanced service has started since October 2008.

3.12 In 2008-2009, new resources for 101 places have been approved for SWD-subsented DTRCs.

3.13 27 additional police school liaison officers have joined the Police School Liaison Programme since the fourth quarter of 2008 to enhance the communication on drug matters among schools, Education Bureau (EDB) and the Police.

Involvement of other stakeholders

3.14 In July 2006, PS33 launched a one-year project, namely “Holding Life in Your Hands”, to provide opportunity for interaction and communication between students and drug abusers. Through the sharing by ex-drug abusers, students understood the adverse impact of drug abuse on personal growth. They also made use of their drawings to express their care and support to drug abusers under rehabilitation.

3.15 To help improve the relationships between drug abusers and their family members and to build up the supporting network among family members of drug abusers, a one-year project namely “FM Network” was launched by the Hong Kong Christian Service Jockey Club Lodge of Rising Sun in May 2008. Gatherings have been organised for family members of drug abusers twice a month to help them understand the causes of drug abuse, the needs of drug abusers and the support they could offer to the drug abusers during the treatment and rehabilitation process.

3.16 Caritas Lok Heep Club has been helping family members of drug abusers to deal with their codependency problem through talks and individual/group counselling programmes. The Caritas HUGS Centre, with the support of the BDF, launched the “Harmony Family with Drug Free Life in Tin Shui Wai” in 2007-2008 to raise the awareness of parents in the district of the problem of psychotropic substance abuse among young people, and to strengthen parent-child relationship through activities such as regional exhibitions, parent workshops and visits. The Centre also formed parents’ groups to promote mutual help among them.

(b) Cooperation among anti-drug professionals

Medical practitioners and NGOs

3.17 A two-year pilot project funded by BDF, namely “Project MAC – Motivation, Action and Check Up”, was launched by Tung Wah Group of Hospitals (TWGHs) CROSS Centre in early 2008 to provide body checks and motivational interviews for young substance abusers. The project aimed to widen the network for early identification and intervention of abusers, particularly young and occasional drug abusers, at community level, so that they would be given medical treatment or referred to NGOs for counselling or other services at an early stage. It also aimed to promote cooperation among anti-drug agencies, private medical practitioners and medical institutes. Up to end 2008, 12 medical practitioners and four medical check-up companies have joined the project and about 200 drug abusers have been referred for assessment.

Cooperation and networking across disciplines within a region

3.18 Since November 2006, TWGHs CROSS Centre has been working with psychiatrists in the local community to provide timely medical support, including assessment and treatment services, to drug abusers. The scheme facilitated abusers to commence the treatment process at an earlier stage to avoid further health deterioration during the period waiting for public medical service.

3.19 Since March 2007, Evergreen Lutheran Centre has been co-organising a scheme with the Hong Kong Poison Information Centre (HKPIC) of HA located in the same region to help drug abusers who have urinary problems. Upon initial assessment by Evergreen Lutheran Centre, those with obvious signs of ketamine abuse are referred to HKPIC for health assessment. Further referrals for medical treatment will also be arranged when necessary.

3.20 Tuen Mun SAC has strengthened their outreaching services and collaboration with NGOs. In 2008, three community outreaching programmes were conducted by psychiatrists, psychiatric nurses and occupational therapists to provide education, screening and assessment to

high risk youth at community drug counselling and youth centres. Outreaching and anti-drug social workers were invited to attend the Monthly Case Conference if multi-disciplinary case discussion was required for their clients who were undergoing treatment in Tuen Mun SAC.

3.21 With the funding support from the BDF, the Caritas Hong Kong Youth and Community Service launched “A Journey of Awakening” in July 2007. The project involved doctors, psychologists, occupational therapists and social workers as well as the Applied Cognitive Neuroscience Laboratory of the Hong Kong Polytechnic University and the Neuropsychology Laboratory of the University of Hong Kong. It provided a health assessment scheme, a life buddies scheme and a life re-structuring scheme, with a view to arousing the young psychotropic substance abusers’ concern for their health and inspire them with the hope of life. So far, the scheme has attracted 100 youth participants.

Judicial diversion

3.22 There was suggestion to introduce the overseas drug court practice to enhance our existing probation service. Views and comments from the service sector were solicited at the consultation session organised by HKCSS in July 2008. After careful consideration by the Task Force on Youth Drug Abuse, the Administration is planning to take forward a two-year pilot project on an enhanced probation service 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.

3.23 Currently, five Community Support Service Scheme (CSSS) teams operated by NGOs on subvention provide support services for young offenders cautioned under the Police Superintendent’s Discretion Scheme (PSDS). The Police also operates the Juvenile Protection Section (JPS) to provide referral services, post-caution supervision and aftercare services. Since the fourth quarter of 2008, one additional Assistant Social Work Officer for each of the five CSSS teams, and one sergeant and five constables for JPS, have come into operation. The enhanced services have started since the fourth quarter of 2008.

(c) Reintegration and relapse prevention

Programmes and services for ex-drug abusers and their family members

3.24 During the process in helping drug abusers to rehabilitate and reintegrate into the community, their family members such as parents, spouse and siblings often suffer from great pressure, which may further lead to emotional or mental disorders if it is not properly addressed. To cater for the needs of these family members, DACARS Limited Enchi Lodge organised a talk in May 2007 to enhance their ability to handle their own feelings and emotions when dealing with drug abusers.

3.25 Many drug abusers might have teeth problems, which spoiled their appearance and self-image and even hindered them from making new friends or getting employed. Hong Kong Christian Service Jockey Club Lodge of Rising Sun commenced the “Teeth Reborn” programme in 2007 to provide dental treatment service to clients of the treatment centre. It aimed to strengthen their self-confidence for reintegrating into society.

3.26 In the past three years, SARDA has put in ongoing efforts to help ex-drug abusers maintain a drug-free lifestyle and act as a contributing member in family. Training programmes and talks were held to improve their skills in nursing infants and teaching children. Scholarship was provided for their children to encourage them to care about their children’s health and studies.

3.27 Some NGOs such as the Finnish Evangelical Lutheran Mission, Operation Dawn and SARDA has established networks with the business sector to provide vocational training and job opportunities for the rehabilitated drug abusers. Employers participating in such programmes set a good example in practice to educate the public to support the reintegration of rehabilitated drug abusers.

3.28 The Society of Rehabilitation and Crime Prevention, Hong Kong cooperated with Kwai Chung SAC in the past three years to run “Project Oasis” to provide assessment and counselling services for drug abusers. Services including referral of drug abusers, short-term residential

detoxification treatment, rehabilitation programme and aftercare service were provided to enhance relapse prevention.

Building up a positive image of rehabilitated drug abusers

3.29 In collaboration with art therapists, a programme was organised by the TWGHs CROSS Centre in 2008 to assist young drug abusers to develop their interest and talent in art and encourage their participation in volunteer work. Participants visited the psychiatric inpatients of the Pamela Youde Nethersole Eastern Hospital and showed their care through the creation of art pieces. The programme aimed to build up the self-esteem of the young drug abusers which was essential for prevention of relapse. It also helped to build up a positive image of rehabilitated drug abusers.

3.30 To appeal to different sectors of the community to support the anti-drug cause and to promote a culture of care for young people, the territory-wide campaign under the theme of “No Drugs, No Regrets. Not Now, Not Ever” and the “*Path Builders*” initiative (details in paragraph 5.37 of Chapter 5) were launched in 2008. Support for drug abusers for treatment, rehabilitation and reintegration is an integral part of the initiatives.

(d) Structured professional training for anti-drug workers

Certificate course on drug treatment and rehabilitation

3.31 To support manpower development of the drug treatment and rehabilitation services, ND commissioned the School of Continuing Education, Hong Kong Baptist University to launch a certificate course for social workers and peer counsellors in 2006. It was a systematic training aimed to better equip frontline anti-drug workers with the latest knowledge and professional skills in handling drug abusers. The programme consisted of core units and specialised units. The core units covered topics like new trends of substance abuse, drug-related legislation, social factors in substance abuse, behavioural and cognitive theories of addiction, the development of drug treatment and rehabilitation services, etc. The specialised units were divided into two

streams with different contents tailor-made to suit the different requirements of social workers and peer counsellors. Representatives of key stakeholders such as the Security Bureau (SB), SAC, and DTRCs were invited to be the speakers. 68 participants completed the course and obtained certificates.

Professional training

3.32 ND and SWD co-organised a seminar in May 2007 for anti-drug workers to equip them with practical skills in handling psychotropic substance abusers. More than 270 participants attended the seminar.

3.33 In January 2008, the Hong Kong Medical Association (HKMA) organised a seminar to strengthen the capabilities of medical practitioners and social workers in responding to the needs of drug dependent persons in collaboration with HKCSS with support of BDF. The seminar brought together expertise from multiple disciplines in the treatment and rehabilitation services. Over 8 000 post-seminar booklets were distributed to HKMA members, social welfare agencies and youth workers in secondary schools.

3.34 HKCSS organised a series of anti-drug training programmes for various disciplines including two seminars on “Handling Drug Overdose” and “Team Approach in the Community-based Management of Substance Abusers” in December 2007 and January 2008 respectively. A “Workshop on Working with Female Substance Abusers: Attending to the Gender Difference” was also held in January 2008. Speakers of the programmes shared their observations, experiences and counselling skills on prevention and treatment services on substance abuse. The workshop not only highlighted the trends in treatment and rehabilitation services in Hong Kong, but also introduced an interventional model with a community-based concept.

3.35 The Administration recognised the significance in providing training to private medical practitioners to enhance their awareness and knowledge of the drug abuse problem, so that they can identify patient-abusers for intervention and provision of medical advice, treatment and, if necessary, referral services. BDF has therefore invited

proposals for running professional training programmes for family doctors, aiming to commence in early 2009.

(e) Fight against cross boundary drug abuse

3.36 The programme “Over the Rainbow”, targeting youngsters who had the habit of cross-boundary drug abuse or youth at-risk, was launched by TWGHs CROSS Centre in December 2006. Through publicity activities like drama, talks, adventure camps and community propagation events, the danger of cross-boundary drug abuse was disseminated to correct the misconceptions on drug abuse and encourage abusers to stay abstinent from drugs.

3.37 “Anti-drug Rover” is a one-year project organised by the Youth Outreach in August 2008. Funded by BDF, this project makes use of a roving multi-service lorry to approach the youth near the Lok Ma Chau Boundary Control Point at 7 p.m. to 3 a.m. during weekends to deliver anti-drug messages while providing attractive activities such as street dance, graffiti demonstration, karaoke, video/ card games, band shows and skating. Anti-drug videos are shown and ex-drug abusers are present to share their experience. Various support services such as counselling, employment service and simple body check can be introduced and arranged to the youth immediately. It is hoped that these trendy and healthy activities, with appropriate supportive services, can help the youth stay away from drugs.

3.38 Funded by BDF, the Friends of Scouting Jockey Club Long Ping Service Centre for Children and Youth launched the project “No Drug Abuse Campaign – Support Scheme for High Risked Youth” in July 2008. It is an 18-month project targeting the youth in Yuen Long. It aims to promote anti-drug education through mobile education centre, seminar, workshop, competition, carnival and distribution of pamphlets at the boundary areas. It provides on-the-spot drug education and intervention through day and night outreaching at the black spots in the boundary areas. A peer network is set up to promote positive, healthy hobbies for the high-risk youths. It also provides a drug education website and organises school workshops, mass activities, and workshops for parents.

3.39 BDF also approved the project “Cross-sectoral Collaboration to Curb Cross-boundary Substance Abuse” organised by Caritas – Hong Kong in October 2008. This two-year project, targeting at the youth in Yuen Long and Tin Shui Wai, includes programmes devised specifically for different groups of students. Interactive elements would be incorporated in preventive education programmes for general secondary school students while programmes for high-risk students would incorporate intervention elements. Other activities include renting a van to set up a mobile drug information and counselling booth near the boundary with body checking equipment, training of drug abusers as ambassadors, outreaching services by social workers, etc.

(f) Miscellaneous

Use of information technology

3.40 To benefit from the use of information technology, Operation Dawn set up the post of Information Technology Technician in 2006 to assist in uploading services information on the Internet and providing support to staff in using emails and other information technology facilities and applications.

3.41 TWGHs CROSS Centre launched a project in December 2007 to utilise the information technology to encourage young psychotropic substance abusers living in outlying islands such as Cheung Chau and Tung Chung to come forward for treatment. Through an Internet visual system, participants were able to consult psychiatrists direct on their health problems.

Licensing Scheme under Cap.566

3.42 Since the enactment of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) and the introduction of a statutory licensing scheme for treatment centres providing residential treatment to drug dependent persons in 2002, various government bureaux/ departments including ND, SWD, Buildings Department, Fire Services Department, Lands Department, Planning Department, Architectural Services Department and Housing

Department have been providing professional advice to DTRCs on land, planning and other technical issues pertaining to the upgrading/ redevelopment/ reprovisioning plan of the centres during the licensing process and at the consultation meetings with the drug treatment agencies. Since 2006, 12 agency-based individual consultation meetings have been conducted for 11 agencies in respect of their 18 DTRCs.

3.43 A sharing session was organised for DTRCs in January 2007 to help them understand how to solve the difficulties encountered in complying with the licensing requirements. Apart from this, ND and SWD have been liaising actively with departments concerned on suitable sites/ premises for reprovisioning of DTRCs in need. In recent years, suitable sites/ premises have been found for the reprovisioning of the Ling Oi Tan Ka Wan Centre of the Finnish Evangelical Lutheran Mission, Girl Centre of Operation Dawn Limited and the Training Centre and Halfway House of the Christian New Being Fellowship Limited. Relevant departments will continue to render assistance to identify suitable sites for reprovisioning of DTRCs.

3.44 As at 1 December 2008, among a total of 39 DTRCs currently covered by the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap.566), 13 had obtained a licence and 26 were operating under a certificate of exemption issued by the Director of Social Welfare, subject to renewal at regular intervals.

Service Information System (SIS)

3.45 SIS was designed to capture service data for reference by relevant policy maker, including the agencies. The system was rolled out on a trial basis in July 2006 and five drug treatment centres were invited to join the project. A full review on the effectiveness of the system would be conducted by end 2009 (details in paragraphs 5.56 and 5.57 of Chapter 5).

CHAPTER 4

DISCUSSIONS AND STRATEGIES

(A) Views and Discussions

4.1 During the preparation of the Plan, views were collected from the service sector and key players of the treatment and rehabilitation field. Comments gathered from the consultation sessions organised by the HKCSS in July 2008 are at **Annex X**. A summary of the points raised by ACAN, T&R Sub-committee and DLC is recorded at **Annex XI**. In drawing up the Plan, due consideration was given to all the comments and suggestions collected. The views of the Director of Audit in his Report No.50 and of the Task Force on Youth Drug Abuse in its Report have also provided good food for thought and a steer of the direction. We have naturally incorporated appropriate recommendations of the Task Force and the Director of Audit, with necessary adaptation, adjustment and elaboration in the context of this Fifth Three-year Plan.

(B) Major Issues of Concern

4.2 In overall terms, we have identified several major issues of concern as follows:

- (a) the existing methodologies and research findings for estimating the drug abuse population and understanding the drug abuse situation are considered not adequate;
- (b) unlike traditional drugs such as heroin which would require fume inhaling or injection, many psychotropic substances can readily be taken through snorting or swallowing without any paraphernalia. There may be few obvious withdrawal symptoms in the short term. There is also an increasing trend of abusing drugs at home or across the boundary, out of sight of public authorities or parents. This makes psychotropic substance abuse by youngsters difficult to detect by law

enforcement officers, their parents, teachers or peers. Many abusers have therefore remained out of reach of the existing help networks given the hidden nature of psychotropic substance abuse;

- (c) there are concerns about the under-provision and inadequacy of downstream treatment and rehabilitation services, including counselling, medical and residential drug treatment services;
- (d) there could also be better collaboration between different modalities to ensure a continuum of services;
- (e) resource allocation between services for heroin abusers and psychotropic substance abusers appears to lag behind the changing drug scene; and
- (f) there could be better cooperation and more synergy between our efforts on the front of treatment and rehabilitation and other prongs of the overall anti-drug strategy.

(C) Strategies for the Fifth Three-year Plan

4.3 To address the above concerns, our strategies should focus on the following areas:

(a) Strengthening surveys and studies for a better understanding of the drug abuse situation

4.4 Given the rapid changes of the drug scene, further surveys and research studies in various methodologies should be conducted to collect information and statistics from different angles for better estimation and monitoring of changes in drug abuse trends and characteristics of drug abusers. This could provide a more solid foundation to facilitate the planning of anti-drug strategies and programmes.

(b) Early identification of youth at risk and intervention

4.5 As discussed earlier, the rise of psychotropic substance abuse, particularly among our young people, is posing significant challenges to Hong Kong. Given the common characteristics of psychotropic substances, including their gradual but severe harm on a person, “hidden” nature from discovery and relative accessibility, as well as abusers’ lack of motivation to seek help, we need to step up efforts to facilitate early identification and contact, so that intervention and rehabilitation can be rendered before the harms have been deeply inflicted on abusers.

(c) Enhancement of downstream programmes in terms of capacity and sophistication

4.6 Currently downstream treatment and rehabilitation services have been provided through various channels, including CCPSAs, SACs and DTRCs. For young people who have broken the law, professional intervention may be made through CSSS for those subject to the PSDS, and through the probation service and DATC programme, among other sentencing options, for those convicted.

4.7 The enhancement of Government’s efforts to raise public awareness and to train stakeholders (including teachers, school social workers, general medical practitioners and parents) to identify drug abusers, coupled with the enhanced efforts by outreaching and anti-drug workers, may unearth latent demand for downstream services. Taking into account the unfolding development, the provision of the various services should be further strengthened or upgraded in terms of capacity and sophistication.

4.8 In view of the changing drug scene, there is a continuing need to equip anti-drug workers in a systematic and structured manner with the necessary knowledge and skills to deliver treatment intervention effectively. We should consider whether and how best further structured training programmes for anti-drug workers should be pursued and recognised in the light of demand and the changing drug scene.

4.9 Any treatment and rehabilitation programme must target at drug

abusers' reintegration into society and seek to prevent relapse. This would require not only a proper design of the programme to change attitudes, build up skills and provide aftercare services, but also community and family support for rehabilitated abusers. Further measures to enhance the reintegration elements of the treatment and rehabilitation programmes should be pursued and community and family support should be promoted and solicited.

(d) Continuum of service by different sectors / modalities

4.10 It is recognised that the drug abuse problem is a manifestation of deeper family or youth development problems. To treat and rehabilitate a drug abuser, it should be most effective if a patient-centred, holistic approach can be adopted involving social workers, medical professionals, educationalists, family members, etc as appropriate. We should further develop the multi-disciplinary approach in a pragmatic manner with a view to developing appropriate cooperation and networking models on a district basis.

(e) Sustained service improvement

4.11 Currently a significant proportion of anti-drug resources is allocated to heroin-oriented treatment and rehabilitation services. As psychotropic substances have become popular drugs of choice in the recent years, drug treatment agencies are encouraged to re-engineer their opiate-oriented treatment and rehabilitation programmes to match the needs of psychotropic substance abusers. We need to closely monitor the re-engineering pace of the drug treatment and rehabilitation programmes, better appreciate the outcome of various services and seek improvements in programmes and performance targets.

(f) Resource alignment

4.12 Although the number of heroin abusers still remains at a high level and residential treatment service for heroin abusers may in general be more expensive than non-residential services for psychotropic substance abusers (such as CCPSAs and SACs), there is a continuing need to closely monitor the demand and utilisation for various services

and ensure appropriate resource allocation to meet the needs of both heroin abusers and psychotropic substance abusers.

(g) Continuum and complementarity with efforts in other prongs

4.13 We need to ensure that efforts among the five prongs will work together in a complementary manner to strive for maximum impact and effectiveness of our overall anti-drug strategy. For example, preventive education and publicity can play a great part in helping identify drug abusers for intervention. Our research efforts should help not only better assessment of the drug abuse situation, but also examination of the service outcome for improvement and service alignment. Law enforcement actions and external cooperation may help trawl more abusers for rendering assistance.

4.14 The BDF is an important source of funding for supporting programmes and activities of non-recurrent nature, so that service providers may have extra resources to strengthen their drug prevention as well as treatment and rehabilitation programmes. Continuous efforts should be made to improve the operations of the BDF in order to make the most of the funding scheme to support community participation in the anti-drug cause.

(D) Other Issues

(a) Harm reduction

4.15 The issue of harm reduction has been discussed during consultation meetings with the anti-drug network and on other occasions. Some suggested that the zero tolerance policy should continue to avoid giving out any wrong message that occasional drug abuse was acceptable, while some others considered that a reduction in drug consumption would be better than no improvement at all. Overall speaking, there is general agreement that zero tolerance should remain the stated anti-drug policy, while harm reduction may be appropriate at the individual case-management level based on professional judgement. In the longer-term, there could be further healthy discussion on whether and

how the concept of harm reduction may be considered and developed in the context of Hong Kong.

(b) Gateway drugs

4.16 Some expressed concern about the possible relationship between drug abuse and the use of “gateway drugs” like tobacco and alcohol, as suggested in some overseas studies. The need for research efforts in the local context may be further considered.

(c) Overall anti-drug policy

4.17 Some suggested that there should be regular review on anti-drug policy to cover treatment and rehabilitation as well as other aspects of the anti-drug policy notably preventive education, with strategic objectives, action plan and expected outcomes. On the other hand, it was appreciated that the recent deliberations of the Task Force on Youth Drug Abuse has indeed served the purpose and its over 70 recommendations are of general significance and application, covering all the five prongs. The immediate priority should be the pursuit of implementation of the full range of the Task Force’s recommendations from short to long term. The need for expanding the next Three-year Plan and enhancing its preparatory work may be further considered in due course, taking into account the implementation progress of this Three-year Plan and the Task Force’s recommendations.

CHAPTER 5

RECOMMENDATIONS

5.1 To take forward the strategies set out in Chapter 4, the following recommendations are made:

(A) Strengthening Surveys and Studies for a Better Understanding of the Drug Abuse Situation

(a) CRDA and the Survey of Drug Use among Students (Student Survey)

5.2 Ongoing efforts should be made to improve CRDA and the Student Survey, the backbone of our monitoring system. 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.

(b) Better estimating the drug abusing population

5.3 There is no universally accepted method to accurately measure the size of the drug abusing population. While each method may have its own merits and limitations, 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 to supplement the CRDA and other statistics that are currently compiled.

(c) Studying the drug abuse situation of non-engaged youth

5.4 The service sector has called for attention to the non-engaged youths as they usually have a lower level of resilience and are prone to psychological or behavioural problems such as drug abuse. 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.

(d) Qualitative module of the Supplementary Drug Abuse Monitoring System (Supplementary System)

5.5 Drug-related statistics compiled by various Government departments and agencies are kept in the Supplementary System, which was originally designed with an additional qualitative module for establishment of a framework to gather, collate and analyse relevant information that is scattered in different sources outside the formal statistical domains. The framework would help give us a fuller picture of the local drug scene, detect changes (e.g. new drugs detected or new abuse patterns), and our follow-up with dedicated research on worthwhile issues. Owing to non-availability of a suitable researcher at the time of the launch in 2006, the qualitative module was held up. Efforts should be made to develop and launch the qualitative module of the Supplementary System to provide more information about the drug abuse situation in Hong Kong, in addition to quantitative information currently available.

(B) Early Identification of Youth at Risk and Intervention

(a) Schools and parents

5.6 Many young drug abusers are not motivated to seek help. It is of paramount importance that the people around them, in particular parents and teachers, are sensitive towards their change in behaviour or health conditions and capable to offer them guidance and assistance as early as possible when signs of taking drugs are observed.

5.7 ND is working with EDB, SWD and other relevant departments and NGOs to reach out to parents of different background through various means to enrich their knowledge about drugs, to sharpen their communication skills with children and to inform them of ways to seek

help. The production of a resource kit for parents is underway for completion by early 2009. Demonstrations and training sessions on the use of the kit will be organised afterwards.

5.8 EDB is encouraging schools to formulate a healthy school policy to build up positive values and attitudes among students from an early stage, thereby enhancing their ability to resist taking drugs. EDB is also reviewing and strengthening the anti-drug elements in various Key Learning Areas and subjects, notably in the new senior secondary curriculum to be implemented in 2009-10. ND and EDB are working together to commission an NGO to develop a resource kit for schools, targeting for completion in 2009, for

- (a) the 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.

Further efforts should be made along the above directions to engage parents, schools, teachers and others, such as fellow students, in identifying students who are at risk for early intervention.

(b) School social work service

5.9 The secondary school platform is a strategic front to prevent and combat youth drug abuse problem. In support of EDB's healthy school policy, school social workers should play an important role, as part of the school guidance team, in early identification of vulnerable and problem students, organising preventive and education programmes, and providing them counselling and referral services. In this regard, 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. Given the large number of schools, consideration should be given to making appropriate arrangements for the sharing of pooled resources.

(c) Family doctors

5.10 Family doctors are primary health care providers at the community level. They are often the first point of contact for a person who starts to develop or has developed various symptoms arising from drug abusing behaviour, and hence can play a powerful role in identifying drug abuse problems or potential problems, and intervening as appropriate. Funded by BDF, the Professional Training Programme for Family Doctors will commence in 2009 to strengthen the role of family doctors in drug treatment and rehabilitation. There should be more engagement and collaboration programmes for the medical profession to promote doctors' participation in the anti-drug cause. We should encourage the development of clinical protocols for screening, brief interventions and referral to treatment and promote adoption by frontline doctors. The HA (which runs the public out-patient clinics) and the medical professional bodies can play a useful role in this regard. The ultimate objective should be mainstreaming and integrating drug abuse screening and intervention into the routine practice and healthcare setting of family doctors and the primary healthcare system.

(d) Outreaching service

5.11 The outreaching service has demonstrated effectiveness in the early identification of potential or occasional young drug abusers who are non-engaged in study or employment. Through on-the-spot contacts and immediate intervention, social workers can establish trustful relationship with youngsters through rapport building which is in turn crucial in cultivating and maintaining their motivation to abstain from drugs. In 2008-2009, the outreaching service was enhanced by the addition of 34 Social Work Assistants.

5.12 On the other hand, all CCPSAs have started to provide outreaching services as well since 2008. Professional social workers are

dispatched to black spots of youth drug abuse. They seek acquaintance with the young people proactively and offer counselling and referral services to those at risk.

5.13 The rising number of young psychotropic substance abusers need close monitoring. 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, render immediate intervention and strengthen collaboration with CCPSAs on referral of needy cases.

(e) Voluntary drug testing service

5.14 Drug testing has the potential of a powerful tool in early identification and intervention. Consent and privacy have remained major concerns. As a start, we should promote voluntary drug testing on various fronts. In order to take the idea forward, 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, having regard to the practices in local international schools and schools in overseas jurisdictions. The provision of a voluntary drug testing service should be part and parcel of the enhanced medical support that should be provided in CCPSAs to help those who come forward to seek help. In addition, the idea 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. In whatever form, a voluntary drug testing service may trawl out more abusers. The need for downstream support services to help abusers identified deserves careful consideration.

(C) Enhancement of Downstream Programmes in Terms of Capacity and Sophistication

5.15 Given the increasing community awareness of the youth drug abuse problem, enhanced upstream efforts to seek out drug abusers and the gradual surfacing of health problems of psychotropic substance abusers, further surge in the downstream service demand is anticipated in

the longer run. The provision of downstream services should be further strengthened or updated in terms of capacity and sophistication.

(a) CCPSAs

5.16 Given the increasing caseload due to the prevalence of psychotropic substance abuse and service limitations due to the wide geographical coverage of a given centre, and that drug abusers are generally less motivated to seek help, CCPSAs should enhance collaboration with relevant services in the community for anti-drug preventive education as well as treatment and rehabilitation. The ways to better focus efforts on those in need or at risk should be considered.

5.17 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.

5.18 Two additional CCPSAs have been set up and started operation in end 2008 in Yuen Long and Shatin. Taking into account the service demand and subject to the availability of resources, the CCPSAs should be further strengthened in terms of both the human resources provision and/ or the number of centres in the territory.

(b) Rehabilitation of drug offenders

PSDS

5.19 Following enhancement of law enforcement efforts to combat youth drug abuse, it is anticipated that the number of cautioned juveniles will increase. In 2008-2009, we strengthened the resources for the CSSS teams subvented by SWD and JPS of the Police. We should make the most of the enhanced services to assist juvenile drug offenders.

Probation service

5.20 For offenders with drug abuse problems who fall under the

criminal justice system, probation service is one of the sentencing options by which they are subject to supervision pursuant to the conditions stipulated in a court order. To enhance the probation service, a two-year pilot project is being planned 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. Subject to resources being made available and taking into account the lead time required for the preparatory work, such as setting up the office for the designated Probation Officer team and developing treatment programmes and training packages, the pilot project may be launched in the latter half of 2009-2010 financial year. Under the pilot project, 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. An evaluation of the results should be made to consider the way forward for enhancing the probation service for drug offenders.

DATCs

5.21 DATCs run by CSD have long been an important sentencing option for convicted drug offenders who needs custody. With the increasing number of psychotropic substance abusers in recent years, CSD had commissioned a consultancy team from the University of Hong Kong to study the development of preventive and treatment programmes for offenders with problems of psychotropic substance abuse in 2003. The Report was completed in 2007 and concluded that the DATC programme could largely address the treatment need for offenders with problems of psychotropic substance abuse. CSD should continue efforts to fine-tune the programme based on the recommendations made by the consultancy team and the changing drug scene.

(c) DTRCs

5.22 DTRCs are operated by NGOs to cater for the needs of those drug abusers who wish to seek residential treatment voluntarily, rehabilitation and social reintegration through a medical or non-medical

model (such as gospel affiliation). DTRCs also provide aftercare service to rehabilitated abusers through their halfway houses with specific service objectives, including abstinence from taking drugs, reintegration into the community and developing a new direction in life and positive change in behaviour. With the enhanced upstream measures, pressure on the service demand downstream is anticipated. New resources for the subvention of 101 places have been approved starting from 2008-2009. We should closely monitor the service need, examine ways to meet the changing demands, and seek additional resources to provide more places if necessary. Apart from the capacity, we should also encourage development and advancement of new or proven service models that would better address the needs due to the changing drug scene.

5.23 One example is the co-location of two DTRCs and a private school to provide complementary services comprising drug treatment and rehabilitation programmes as well as education programmes to school-aged youngsters. Another example is shorter-term treatment and rehabilitation programmes for young psychotropic substance abusers which may cause less disruption to their work or schooling, help break the vicious cycle of those early experimenting with drugs, and can better motivate them to seek assistance. The increasing demand for such programmes is apparent.

5.24 To ensure that DTRCs would meet present day physical safety and management requirements, the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap.566) came into operation in 2002. Since then, various government departments have been providing support to DTRCs to help them meet the licensing requirements. The Administration would continue to render assistance to DTRCs by providing professional advice on land, planning and other technical issues (e.g. fire and building safety) pertaining to the upgrading/ redevelopment/ reprovisioning plan of the centres during the licensing process. Where appropriate, expansion of the licensed capacity should be considered and facilitated in the upgrading works to meet the prevailing demand and anticipated increases.

5.25 A BDF Special Funding Scheme was established in 2002 to help DTRCs which may have difficulties in seeking funding support from

other charitable funds to conduct capital works for meeting the licensing requirements. Over the years, a total provision of some \$9.7 million was approved by the Special Funding Scheme to support four capital projects. Efforts should be enhanced to facilitate DTRCs to make good use of this source of funding in support of their upgrading work.

(d) SACs

Enhancement of service capacity

5.26 The demand for services of SACs has been on the rise and the average waiting time for the first appointment has been lengthening over the years. To meet the imminent service need, the SAC at Queen Mary Hospital was re-opened in July 2008 and a new SAC at United Christian Hospital was set up in October 2008. Following the enhanced upstream efforts and the opening of two additional CCPSAs in end 2008, it is anticipated that referrals from CCPSAs and anti-drug NGOs to SACs will further increase. SACs also provide education and training to frontline staff of CCPSAs and NGOs to assist them in identifying psychotropic substance abusers with early signs of mental disorders for early referral. The service capacity of SACs and their support to frontline staff in anti-drug agencies should be further strengthened to cope with the anticipated increase in demand for services.

Improvement of service delivery model

5.27 At present, SACs' clinical services are mainly provided through out-patient services in designated sessions. In-patient services for psychiatric complications are available in all clusters, while the SAC in Kwai Chung Hospital is the only one with day hospital services. The exact scope of services and mode of operation vary among the SACs. The service delivery model of the SACs should be improved to enhance the effectiveness of specialist medical intervention. For example, HA should review the need for day-time detoxification currently available only in the SAC in Kwai Chung Hospital, its effectiveness and consider whether the service should be extended to other SACs.

Medical social services

5.28 Medical social workers of SWD serving in SACs of HA have been liaising closely with healthcare professionals to render more holistic assessment, treatment and psychosocial intervention conducive to early rehabilitation of drug abusers with mental health problems. With the anticipation of continual increase in psychiatric attendances, four medical social workers have been approved and started work since October 2008. Taking into account the evolving needs, the capacity and support service provided by psychiatric medical social services at SACs should be further strengthened to provide more intensive and comprehensive services to the abusers and their families, and to enhance collaboration with other anti-drug units such as CCPSAs.

(e) Training for Anti-drug Workers

Private medical practitioners

5.29 As mentioned in paragraph 5.10, the Professional Training Programme for Family Doctors will commence in 2009. Under the programme, professional training together with a manual will be provided to participating family doctors to enhance their awareness of the drug abuse problem, equip them with the necessary drug knowledge and skills to screen, advise or refer patients who have drug abuse problems to the relevant treatment services, hence widening the community network for early intervention. Participants would be eligible for earning Continuous Medical Education points or equivalent. Subject to the evaluation of the programme and feedback of the participants, further training programmes/ courses should be organised more systematically.

Social workers

5.30 In view of the specialty and variety of drug treatment and rehabilitation services, professional training is essential for anti-drug workers to update their knowledge of the trend of drug abuse behaviour and demand in drug treatment services. In 2006, ND commissioned the School of Continuing Education of the Hong Kong Baptist University to run a Certificate Course on Drug Treatment and Rehabilitation for Peer

Counsellors and Social Workers. Caritas Lok Heep Club will jointly organise with Social Welfare Practice and Research Centre of the Department of Social Work, The Chinese University of Hong Kong a Certificate Course in Treatment of Alcohol and Drug Abuse in April and May 2009. With support from BDF, training courses should be organised for anti-drug workers in a more sophisticated and structured manner. In the longer term, agencies with experience in organising such training courses should be encouraged to run the programme on a self-financing basis.

5.31 SWD has all along been providing training to its own departmental social workers. On some occasions especially for implementation of new welfare initiatives, the training may also be opened to social workers from the SWD-subsented welfare sector for enrolment while in normal circumstances the subvented NGOs would arrange appropriate training to their staff. The Staff Development and Training Section of SWD may consider providing more training on anti-drug work to its departmental social workers, apart from facilitating staff participation in other tailor-made programmes kicked off and/or subsidized by ND/ SB.

5.32 Currently local universities and educational institutions have included the drug abuse problem in the curriculum for social work students. Seminars or sharing sessions could be organised for curriculum planners and/ or lecturers to update them with recent changes in the drug scene and service demand to promote the development of suitable course contents for their students.

Teachers

5.33 Starting from the 2008-2009 school year, professional training for teachers would be enhanced to reinforce their competence and knowledge in delivering drug education and handling at-risk students who may have drug abuse problems. ND and EDB are working together to commission NGOs to run the teacher training programmes in 2008-2009 school year. The training programme aims to cover all local schools in five years time. To encourage teachers' active participation, a teaching relief grant would be provided to eligible schools.

5.34 To equip teachers with sufficient drug knowledge and counselling skills, it is desirable for training to be provided to them at an earlier stage when they study to join the teaching profession. Tertiary institutions should hence be advised to cover and/ or strengthen anti-drug topics in the curriculum of education degree programmes. There is also a pressing need for teachers on the job to reinforce their competence and knowledge in delivering drug education and handling at-risk students who may have drug abuse problems. Tertiary institutions should be encouraged to develop relevant training programmes to cater for the teachers' needs. For instance, the Hong Kong Institute of Education is planning to launch a programme on drug education for teachers. In the programme, representatives of ACAN and other frontline anti-drug workers may be invited to pass on the drug knowledge. Students with drug abusing history may also be invited to share their rehabilitation experiences to help teachers master the skills in guiding their students to stay away from drugs.

(f) Reintegration of abusers into society

5.35 The long-term success of any treatment and rehabilitation programme hinges on non-relapse of the rehabilitated drug abusers. Reintegration into society is a critical success factor in this regard.

Strengthening the service

5.36 Reintegration elements of the treatment and rehabilitation programmes should be strengthened. To this end, agencies should be encouraged to provide and enhance programmes that aim at providing vocational training, improving interview skill and enhancing employment/ volunteer work opportunities of rehabilitated drug abusers.

Support from the community

5.37 Rehabilitated drug abusers need to be accepted to keep them on the right track back to healthy and productive life. To promote reintegration, support from the community is essential. We should take full advantage of the two-year anti-drug campaign launched in June 2008

and the “*Path Builders*” initiative launched in September 2008 to support drug abusers for treatment, rehabilitation and reintegration. Notably, the “*Path Builders*” initiative seeks to mobilise various sectors of the community to foster a caring culture for the youth through innovative ways. For example, companies can provide vocational training project or job opportunities. Professionals can recount real-life experiences and speak with authority in giving valuable advice to young people. Individuals or organisations can provide sponsorship or financial support directly to support drug treatment and rehabilitation agencies. Engagement of employers through education and promotion efforts may also help them identify employees at risk for early intervention. It is vital to call on people of different disciplines to participate in this worthy cause. Suitable training or briefing to organisations or individuals participating in the scheme to impart them basic knowledge and skills in handling anti-drug matters should be provided. Apart from these, encouraging rehabilitated drug abusers to share their successful rehabilitation experience, through school talks and TV/ radio programmes, would also contribute to the propagation of the positive message. All these can benefit not only the youth generally preventing them from experimenting with drugs, but also rehabilitated young drug abusers helping them reintegrate into society.

Reintegration into schools

5.38 With the lowering of age of young drug abusers in recent years, more and more of them may need schooling during the treatment and rehabilitation process and schooling can also be a powerful way to help them kick the habit. While young drug abusers are receiving drug treatment and rehabilitation services in DTRCs, education programmes may be offered as part of the residential rehabilitation activities. Since 1995/96, EDB has been providing subvention for NGOs running DTRCs to operate educational programmes for young drug abusers aged 18 or below, preparing them for continuation of schooling or employment upon full rehabilitation. In September 2008, such educational programmes are operated in nine centres¹ under five NGOs. EDB reviewed the

¹ Caritas Wong Yiu Nam Centre; Training Centre and Halfway House of the Christian New Being Fellowship Limited; Lamma Training Centre and Ma On Shan Half-way House of the Barnabas Charitable Service Association Limited; Sister Aquinas Memorial Women's Treatment Centre and Au Tau Youth Centre of the Society for the Aid and Rehabilitation of Drug Abusers; and Shing

provision for these educational programmes in DTRCs in July 2008 having regard to their operation mode and needs of the service providers. With a view to helping the NGOs to enhance the learning and teaching effectiveness, EDB has also shared with them relevant resource materials and the latest development in the education sector. EDB should continue to provide the subvention and keep reviewing the programme operation to meet the changing needs of young drug abusers.

5.39 Students, including rehabilitated drug abusers, with behavioural/emotional or family problems may apply for admission to Schools for Social Development (SSD) through a central referral mechanism. The SSD will provide intensive counselling and educational guidance for the students with a view to helping them tide over their transient development difficulties and strengthening their life skills. Students with improvement will be reintegrated into mainstream schools as soon as possible. At present, there are seven aided SSDs receiving subvention from EDB. Some 1 000 school places are provided. SWD also provides subvention for on-site residential care for students of six of these schools, including two for girls and four for boys. EDB and SWD should take into account the special educational needs of students rehabilitating from drug problems when they consider the service demand and enhancement for SSD.

5.40 Some rehabilitated young drug abusers may have difficulties in seeking re-admission into mainstream schools, e.g. after completion of a voluntary drug treatment programme or completion of probation. Through concerted efforts, the Regional Education Offices and Non-Attendance Team of EDB have been providing placement services to students in question to ensure that those aged 15 and below attend schools and to assist those above 15, if they so wish, in seeking suitable school places. Such efforts should continue to help rehabilitated students return to normal schooling.

Mun Springs Multi-purpose Rehabilitation Homes (Male/Female) and Tuen Mun Multi-purpose Rehabilitation Home (Female) of the St. Stephen's Society Limited. Separately, the Ha Keng Treatment and Rehabilitation Youth Centre for Male and Ha Keng Treatment and Rehabilitation Female Centre and the Christian Zheng Sheng College are collocated to provide complementary services comprising drug treatment and rehabilitation programmes as well as education programmes to school-aged youngsters. (see paragraph 5.23)

Support from family

5.41 Family support is indisputably an important element in the rehabilitation process of a drug abuser. Family interactions provide reliable traces for service providers to develop framework to help rehabilitated drug abusers and prevent inter-generational drug abuse. Establishing effective family net-working with and among the abuser families is therefore essential to improve programme effectiveness and prevent relapse. We should encourage drug treatment and rehabilitation agencies to develop family support services.

(D) Continuum of Service by Different Sectors / Modalities

5.42 The drug abuse problem is often a manifestation of deeper family or youth development problems. To treat and rehabilitate a drug abuser, it should be most effective if a patient-centred, multi-disciplinary and holistic approach can be adopted involving social workers, medical professionals, educationalists, family members, etc as appropriate. Besides, an appropriate arrangement straddling different sectors should facilitate exchange of information to enhance case management, improve coordination of service delivery, complement service deliverables, and ensure a more effective use of community resources. We should continue to pursue the multi-disciplinary, holistic approach in a pragmatic manner with a view to developing appropriate cooperation and networking models on a district basis.

(a) Local Committees on Services for Young People

5.43 To enhance multi-disciplinary, cross-sector and cross-bureau/department collaboration, SWD has set up 12 district-based Local Committees on Services for Young People to enhance the coordination of efforts in examining current youth problems and the development of suitable intervention strategies. The Committees, chaired by the District Social Welfare Officers of SWD, comprise local leaders, young people, parents and representatives from schools, NGOs and other government departments such as EDB and the Hong Kong Police Force. We should encourage and facilitate discussions of issues related to the local drug

abuse problem at the meetings or in dedicated sessions where appropriate with a view to enhancing multi-disciplinary collaboration on anti-drug work at district level. This should contribute to the gradual development of a standing platform of cross-bureaux/ departments collaboration in the drug issues under shared responsibility, involving district heads of the education, health, law enforcement and social welfare arms subject to the policy steer and coordination of ND/ SB.

(b) Collaboration between CCPSAs and SACs

5.44 At the agency and case management level, it is recommended that collaboration between CCPSAs and SACs on a cluster basis should be enhanced to provide targeted services from early intervention to counselling and referral to specialist medical treatment. The CCPSA(s) and SAC within the same cluster should have better communications, establish more formal linkages and maintain close partnership through regular meetings and other means. Separately, ND is planning to coordinate an overall collaboration meeting between SACs and CCPSAs in 2009. The linkage between CCPSAs and SACs in each HA cluster is proposed in the following page:

| HA Cluster | SAC | CCPSA |
|----------------------|--|--|
| Hong Kong East | Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic | Tung Wah Group of Hospitals – CROSS Centre |
| Hong Kong West | Queen Mary Hospital Substance Abuse Clinic | |
| Kowloon East | United Christian Hospital Kowloon East Substance Abuse Clinic | Hong Kong Lutheran Social Services – Evergreen Lutheran Centre |
| Kowloon Central | Kowloon Hospital Substance Abuse Clinic | Hong Kong Christian Service – PS33 |
| Kowloon West | Kwai Chung Hospital Substance Abuse Assessment Clinic | |
| New Territories West | Castle Peak Hospital Tuen Mun Substance Abuse Clinic | Caritas Hong Kong – Caritas HUGS Centre |
| | | Evangelical Lutheran Church of Hong Kong – Enlighten Centre |
| New Territories East | Prince of Wales Hospital Substance Abuse Clinic | Hong Kong Lutheran Social Services – Cheer Lutheran Centre |
| | | Hong Kong Sheng Kung Hui Welfare Council – Neo-Horizon |

5.45 In the longer term, the network of collaboration may be extended from CCPSAs and SACs to other relevant organisations in the community, such as schools and DTRCs, to facilitate the provision of a continuum of medical and social services that are holistic and patient-centred for drug abusers.

(c) Other forms of multi-disciplinary collaboration

5.46 Through the joint efforts of the HKMA, HKCSS, NGOs and HA, a one-year programme was launched in Tai Po District in March 2009. Private practitioners, hospitals and social workers in the same district join hands to form a collaboration network for psychotropic substance abusers in the region. When private practitioners identify patients with drug

abuse problems, they will provide initial assessment service as well as refer the cases to social workers for counselling service. For serious cases, the patients will be admitted to the hospital for in-depth treatment and follow up. Relevant parties may be encouraged to pursue and develop the same or similar kinds of collaboration in other districts taking into account the experience gained.

5.47 A two-year pilot collaboration scheme, Project MAC, was launched with BDF support in June 2008 to draw together social workers and medical practitioners to provide early intervention and motivational interview services to drug abusers. Subject to evaluation of the effectiveness of the pilot scheme and availability of resources, consideration may be given to whether the scheme should continue and if so in what form.

(E) Sustained Service Improvements

5.48 Efforts have been made in facilitating the treatment and rehabilitation agencies to re-engineer their services to meet the increasing needs of psychotropic substance abusers. Through ongoing statistics collection and research efforts, ND should closely monitor the re-engineering pace of the drug treatment and rehabilitation programmes and work with SWD and DH, as the Controlling Officers, which would discuss with subvented agencies in updating their programmes and performance targets as appropriate.

(F) Resource Alignment

5.49 Currently a significant proportion of resources is allocated to heroin-oriented treatment and rehabilitation services. Although the number of heroin abusers still remains at a high level² and residential treatment service for heroin abusers may be more expensive than non-residential services for psychotropic substance abusers (such as CCPSAs and SACs), there is a continuing need to ensure appropriate resource allocation to meet the changing demand, including the review

² There were 7390 reported heroin abusers recorded in CRDA in 2007.

of the resources spent on MTP³ (with an annual allocation of around \$35 million) targeting heroin abusers, and the subvention allocation to SARDA (with an annual allocation of around \$72 million) which mainly handle opiate abusers.

5.50 The enhancement of the Administration's efforts to raise public awareness and to train stakeholders to identify drug abusers, coupled with the enhanced efforts by outreaching and anti-drug workers, will likely unearth demand for more downstream services. The Administration should critically monitor the demand for downstream services for psychotropic substance abusers over time, seek appropriate provision for effective and new forms of programmes and encourage and support non-subsided agencies to develop services that are of good quality.

5.51 During the consultation with the service sector, there are calls for further treatment and rehabilitation services for female drug abusers and ethnic minority groups. The Administration should consider the changing needs of such and other special groups for service enhancement and resource provision, and encourage agencies to make good use of BDF to organise programmes that aim at providing services for persons with special needs.

(G) Continuum and Complementarity with Efforts in Other Prongs

5.52 In addition to the efforts focusing on the treatment and rehabilitation services, the Administration has introduced and launched various measures in other prongs to fight the drug abuse problem, notably in the context of the recommendations of the Task Force. The measures as a whole promote complementary support and in turn strengthen the treatment and rehabilitation services. While details may be found in the Report of the Task Force, some pertinent initiatives are highlighted in the following paragraphs.

³ We observe that the demand for MTP services has been falling over the years. Any resource review of the MTP should not only take into account the continuing demand from heroin abusers (a large number remaining), but also the need to maintain the safety net and the role of MTP in preventing crime and transmission of important infections like viral hepatitis and HIV infection.

(a) Cross-boundary drug abuse and external cooperation

5.53 The Administration should step up cooperation with the relevant Mainland authorities to tackle the problem of cross-boundary drug abuse. The Hong Kong Police may obtain from the Mainland authorities information of youngsters caught abusing drugs in the Mainland. The said information can then be made available to the parents of the young persons concerned and for the purpose of the provision of suitable rehabilitative services. Discussions have also been held with the Shenzhen 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 inquiries of the young persons received, contact their parents or guardians to collect them, and/ or facilitate social workers' support where appropriate. Detailed arrangements are being made to implement these new measures.

5.54 The Customs plainclothes operations and detector dog services at the boundary control points should both be enhanced to strengthen enforcement actions and the deterrent effect against drug abusers and traffickers.

(b) Research

5.55 To ensure that service objectives are met and clients' needs are served in the light of the changing drug scene and circumstances, our performance monitoring system should be updated or enhanced regularly to better assess service effectiveness. It may be approached first from collecting basic information like output data, then outcome information, to more sophisticated data like individual clients' information as in the pilot SIS.

5.56 SIS is a data management system which collects data regularly from each participating DTRC about the centre itself, its programmes and clients. Compared with the performance management systems currently run by subventing departments which focus on monitoring the efficient and effective use of subvention resources, SIS requires submission of more data and information. It also places greater emphasis on outcome

indicators to measure the effectiveness of respective programmes, and provides greater characterisation of the clients and a wider range of behavioural and other changes with which to describe the outcome. Participating centres are encouraged to seek self-improvement by referring to their respective year-on-year outcome indicators.

5.57 The pilot run of SIS began in July 2006 involving voluntary participation by five subvented DTRCs. A final review of the SIS has been planned for 2009. Having regard to the potential merits of the SIS, and subject to findings of the final review and necessary adjustments, SIS should be extended to all other subvented DTRCs and be promoted for voluntary adoption by non-subvented DTRCs as far as possible to facilitate continuous service improvement.

5.58 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 in response to the ever-changing drug scene. For example, with support from BDF, ND commissioned in July 2008 the study “Long-term Ketamine Abuse and Apoptosis in Cynomolgus Monkeys and Mice”. This study will establish a solid scientific background on the harmful effects of ketamine abuse, which is significant for the improvement of treatment and rehabilitation programmes designed for psychotropic substance abusers.

5.59 Another direction that further research should take is to study the possible different drug abuse situations and service needs of different groups of abusers. Non-engaged youth being unschooled and unemployed, young adults with employment, and female drug abusers have been cited as examples.

(c) Law enforcement

5.60 An appropriately designed drug testing regime has the potential of providing a most effective tool of early identification and intervention, a mainstay of our treatment and rehabilitation strategy to tackle the youth drug abuse problem. Law enforcement agencies can have a useful role to play in this regard, apart from their crime prevention and investigation

perspectives.

5.61 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. The primary purpose of the compulsory drug testing scheme is to enable early intervention for treatment and rehabilitation, instead of facilitating prosecution. 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.

(d) Preventive education and publicity

5.62 There is widespread misconception that psychotropic substances are less harmful than “traditional” narcotics such as heroin, inadequate or incorrect knowledge about the legal consequences of drug offences, and insufficient understanding of the youth drug abuse problem, etc. In view of this, the Task Force has made a number of recommendations such as the launching of a two-year territory-wide campaign, tailored messages for targeted audiences, adoption of the new nomenclature for drug abuse, enhanced drug education for parents and students, and collaboration with other policy areas such as the Student Health Service and the Family Council. The above recommendations are being taken forward, under the oversight of ACAN Sub-committee on Preventive Education and Publicity.

5.63 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. Publicity and preventive education should be sustained in changing erroneous attitudes and misconceptions about psychotropic substance abuse, fostering a drug-free culture among the youth, and hence motivating drug abusers to seek help and come forward for early treatment.

CHAPTER 6

SUMMARY OF MAJOR RECOMMENDATIONS AND KEY INITIATIVES

6.1 The followings are a summary of the recommendations and key initiatives in this Plan.

(A) Strengthening Surveys and Studies for a Better Understanding of the Drug Abuse Situation

(a) CRDA and the Student Survey (Paragraph 5.2)

6.2 Ongoing efforts should be made to improve CRDA and the Student Survey.

(b) Better estimating the drug abusing population (Paragraph 5.3)

6.3 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.

(c) Studying the drug abuse situation of non-engaged youth (Paragraph 5.4)

6.4 Further research should be launched to understand qualitatively the drug abuse situation among non-engaged youth and their corresponding service needs.

(d) Qualitative module of the Supplementary System (Paragraph 5.5)

6.5 Efforts should be made to develop and launch the qualitative module of the Supplementary System to provide more information about the drug abuse situation in Hong Kong.

(B) Early Identification of Youth at Risk and Intervention

(a) Schools and parents (Paragraphs 5.6-5.8)

6.6 Further efforts should be made to engage parents, schools, teachers and others in identifying students who are at risk for early intervention.

(b) School social work service (Paragraph 5.9)

6.7 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.

(c) Family doctors (Paragraph 5.10)

6.8 There should be more engagement and collaboration programmes for the medical profession to promote doctors' participation in the anti-drug cause. The development and adoption of clinical protocols for screening, brief interventions and referral to treatment should be encouraged.

(d) Outreaching service (Paragraphs 5.11-5.13)

6.9 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, render immediate intervention and strengthen collaboration with CCPSAs on referral of needy cases.

(e) Voluntary drug testing service (Paragraph 5.14)

6.10 Voluntary drug testing should be promoted on various fronts including devising a school-based drug testing scheme for voluntary adoption by local school, providing voluntary drug testing service as part and parcel of the enhanced medical support in CCPSAs, and exploring the provision of a voluntary drug testing service targeting students by DH.

The need for downstream support services to help abusers identified deserves careful consideration.

(C) Enhancement of Downstream Programmes in Terms of Capacity and Sophistication

(a) CCPSAs (Paragraphs 5.16-5.18)

6.11 CCPSAs should enhance collaboration with relevant services in the community for anti-drug preventive education as well as treatment and rehabilitation. The ways to better focus efforts on those in need or at risk should be considered.

6.12 Medical support services should be provided at CCPSAs to enable timely and early medical intervention to drug abusers who require elementary medical treatment.

6.13 Taking into account the service demand and subject to the availability of resources, CCPSAs should be further strengthened in terms of the human resources provision and/ or the number of centres in the territory.

(b) Rehabilitation of drug offenders (Paragraphs 5.19-5.21)

6.14 In 2008-2009, we strengthened the resources for the CSSS teams subvented by SWD and JPS of the Police. We should make the most of the enhanced services to assist juvenile drug offenders.

6.15 A two-year pilot project on an enhanced probation service is being planned to provide more focused, structured and intensive treatment programmes for young drug offenders pursuant to the Probation of Offenders Ordinance (Cap. 298). An evaluation of the results should be made to consider the way forward.

6.16 CSD should continue efforts to fine-tune its DATC programme based on the recommendations made by the consultancy team from the University of Hong Kong and the changing drug scene.

(c) DTRCs (Paragraphs 5.22-5.25)

6.17 We should closely monitor the service need, examine ways to meet the changing demands, and seek additional resources to provide more places if necessary. Apart from the capacity, we should also encourage development and advancement of new or proven service models that would better address the needs due to the changing drug scene.

6.18 The Administration would continue to render assistance to DTRCs by providing professional advice during the licensing process. Where appropriate, expansion of the licensed capacity should be considered and facilitated in the upgrading works. Efforts should be enhanced to facilitate DTRCs to make good use of BDF in support for their upgrading work.

(d) SACs (Paragraphs 5.26-5.28)

6.19 HA should further strengthen the service capacity of SACs and their support to frontline staff in anti-drug agencies to cope with the anticipated increase in demand for services.

6.20 The service delivery model of SACs should be improved to enhance the effectiveness of specialist medical intervention.

6.21 Taking into account the evolving service needs, the capacity and support service provided by psychiatric medical social services at SACs should be further strengthened.

(e) Training for Anti-drug Workers

Private medical practitioners (Paragraph 5.29)

6.22 The Professional Training Programme for Family Doctors will commence in 2009 to strengthen the role of family doctors in drug treatment and rehabilitation. Subject to the evaluation of the programme, further training programmes/ courses should be organised more

systematically.

Social workers (Paragraphs 5.30-5.32)

6.23 With support from BDF, training courses should be organised for anti-drug workers in a more sophisticated and structured manner. In the longer term, agencies with experience in organising such training courses should be encouraged to run the programme on a self-financing basis.

6.24 The Staff Development and Training Section of SWD may consider providing more training on anti-drug work to its departmental social workers, apart from facilitating staff participation in other tailor-made programmes kicked off and/ or subsidised by ND/ SB.

6.25 Seminars or sharing sessions could be organised for curriculum planners and/ or lecturers to update them with recent changes in the drug scene and service demand to promote the development of suitable course contents for local university students.

Teachers (Paragraphs 5.33-5.34)

6.26 Starting from the 2008-09 school year, professional training for teachers would be enhanced to reinforce their competence and knowledge in delivering drug education and handling at-risk students who may have drug abuse problems.

6.27 Tertiary institutions should be advised to cover and/ or strengthen anti-drug topics in the curriculum of education degree programmes and develop relevant training programmes to cater for the teachers' need for drug knowledge and counselling skills.

(f) Reintegration of Abusers into Society

Strengthening the service (Paragraph 5.36)

6.28 Reintegration elements of the treatment and rehabilitation programmes should be strengthened.

Support from the community (Paragraph 5.37)

6.29 To promote reintegration of rehabilitated abusers, support from the community is to be promoted through the “*Path Builders*” initiative.

Reintegration into schools (Paragraphs 5.38-5.40)

6.30 To assist rehabilitated young drug abusers to reintegrate into schools, EDB and/ or SWD should (a) continue to provide subvention to the educational programmes in DTRCs and keep reviewing the operation of the programmes to meet the changing needs of young drug abusers; (b) take into account the special educational needs of students rehabilitating from drug problems when they consider the service demand and enhancement for SSD; and (c) continue the efforts in helping rehabilitated students return to normal schooling.

Support from family (Paragraph 5.41)

6.31 The provision of family support services by drug treatment and rehabilitation agencies should be encouraged.

(D) Continuum of Service by Different Sectors/ Modalities

(a) Local Committees on Services for Young People (Paragraph 5.43)

6.32 We should encourage and facilitate discussions of issues related to the local drug abuse problem at the meetings or in dedicated sessions of the Local Committees on Services for Young People where appropriate with a view to enhancing multi-disciplinary collaboration on anti-drug work at district level.

(b) Collaboration between CCPSAs and SACs (Paragraphs 5.44-5.45)

6.33 Collaboration between CCPSAs and SACs on a cluster basis should be enhanced by establishing more formal linkages and maintaining close partnership through regular meetings and other means.

6.34 The network of collaboration may be extended from CCPSAs and SACs to other relevant organisations in the community to facilitate the provision of a continuum of medical and social services that are holistic and patient-centred for drug abusers.

(c) Other forms of multi-disciplinary collaboration (Paragraphs 5.46-5.47)

6.35 Other forms of collaboration that can draw together professionals from different disciplines should be encouraged and pursued in a pragmatic manner with a view to developing appropriate cooperation and networking models on a district basis.

(E) Sustained Service Improvements (Paragraph 5.48)

6.36 ND should closely monitor the re-engineering pace of the drug treatment and rehabilitation programmes through ongoing statistics collection and research efforts. SWD and DH, as the Controlling Officers, should discuss with subvented agencies in updating their programmes and performance targets as appropriate.

(F) Resource Alignment (Paragraphs 5.49-5.51)

6.37 The Administration should ensure appropriate resource allocation to meet the changing demand, including the review of the resources spent on the MTP and the subvention allocation to SARDA, both mainly handling opiate abusers.

6.38 The Administration should continue to critically monitor the demand for downstream services for psychotropic substance abusers, seek appropriate provision for effective and new forms of programmes and encourage and support the development of non-subvented services that are of good quality.

6.39 The Administration should consider the changing needs of special groups for service enhancement and resource provision, and

encourage agencies to make good use of BDF to organise programmes that aim at providing services for persons with special needs.

(G) Continuum and Complementarity with Efforts in Other Prongs

(a) Cross-boundary drug abuse and external cooperation (Paragraph 5.53-5.54)

6.40 The Administration should step up cooperation with the relevant Mainland authorities to tackle the problem of cross-boundary drug abuse.

(b) Research (Paragraphs 5.55-5.59)

6.41 Subject to findings of the final review, SIS should be extended to all subvented DTRCs and be promoted for voluntary adoption by non-subvented DTRCs as far as possible.

6.42 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.

6.43 Further research should be conducted to study the possible different drug abuse situations and service needs of different groups of abusers, such as non-engaged youth being unschooled and unemployed, young adults with employment, and female drug abusers.

(c) Law enforcement (Paragraphs 5.60-5.61)

6.44 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.

(d) Preventive education and publicity (Paragraphs 5.62-5.63)

6.45 Publicity and preventive education should be sustained in changing 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.

(H) Implementation and Monitoring

6.46 This Plan gives strategic direction to government departments, service agencies and NGOs in delivering drug treatment and rehabilitation services in the short to medium term. Its implementation requires joint efforts from both government and NGOs and various stakeholders. ND will continue to provide policy support to back up the roll out of the recommendations. Comments from the ACAN and/ or its T&R Sub-committee would be sought for initiatives that require strategic input. Agencies and departments are called upon to make reference to the Plan and review their current activities, make adjustment to the service objectives or targets, if any, and contemplate deliverables to meet service needs. Service providers are welcome to carry out the initiatives individually or in partnership with others.

6.47 ND will monitor the overall implementation of the Plan and present periodic progress reports to the T&R Sub-committee of ACAN and DLC. Related government departments and agencies in the anti-drug sector are invited to keep ND informed of their programmes and activities that support the Plan, and to provide timely feedback on the implementation progress of the Plan. Such regular inputs are important and valuable to help ND, the T&R Subcommittee of ACAN and DLC to maintain an oversight, to propose necessary fine-tuning during the three year period, and to better take stock for preparing the next Three-year Plan.

6.48 In monitoring the progress, various efforts will be made to assess the effectiveness. Drug abuse is a complex social issue that has implications on various fronts such as legal, health care, welfare and security. Suffice it to say that the casual relationship between efforts put into an area and the results may not be established that readily. A host of relevant information has to be taken into account. In this regard, we have compiled a list of information at **Annex XII** on the general drug scene and the attainment of specific objectives we set for ourselves as useful references.

**Membership of the Working Group
on the Fifth Three-year Plan
on Drug Treatment and Rehabilitation Services in Hong Kong
(2009-2011)**

Chairman : Dr Ben Cheung
Chairman of ACAN Sub-committee on Treatment and Rehabilitation
Services

Members : Mr Jacob Chan Lai-sang, MH
ACAN member

Dr Tsui Ming-sum
ACAN member

Ms Ivy Chan
Hong Kong Christian Service PS 33

Dr Timothy Chan
The Hong Kong Council of Social Service

Mr Billy Tang
Hong Kong Lutheran Social Service

Mr Alexander Kwong Kit-ying
Au Tau Youth Centre, SARDA

Mr Toh Bing Fung
Christian New Being Fellowship

Rev Sam Cheng Chun-wah
Christian New Life Association

Mr Lee Fai-ping
Wu Oi Christian Centre

- Members :
- Dr Cheng Chi-man
Hong Kong Medical Association

 - Dr Lam Ming
Castle Peak Hospital Substance Abuse Assessment Clinic

 - Ms Margaret Tay
Hospital Authority

 - Miss Jessica Cheung
Social Welfare Department

 - Mr Lam Kwok-leung (up to 4 December 2008)
Mr Yuen Shu-fan (from 5 December 2008 onwards)
Correctional Services Department

 - Dr Lee Pui-man, Jeff
Department of Health

 - Mr David Wong
Narcotics Division, Security Bureau

 - Ms Candy Lau (up to 10 December 2008)
Mr Enoch Yuen (from 11 December 2008 onwards)
Narcotics Division, Security Bureau

 - Mr Muller Tang (up to 12 July 2008)
Ms Celia Tai (from 13 July 2008 onwards)
Narcotics Division, Security Bureau
- Secretary :
- Ms Mabel Au (up to 4 March 2009)
Ms Terri Kwong (from 5 March 2009 onwards)
Narcotics Division, Security Bureau

**Terms of Reference of the Working Group
on the Fifth Three-year Plan
on Drug Treatment and Rehabilitation Services in Hong Kong
(2009-2011)**

1. To assess the existing drug treatment and rehabilitation programmes in Hong Kong and see whether the services provided align with the distribution of drug dependent persons' characteristics and needs;
2. To identify room for adjustment and enhancement of the existing treatment and rehabilitation services in Hong Kong; and
3. To advise on the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2009 to 2011.

Services and Contact Details of Counselling Centres for Psychotropic Substance Abusers

Caritas Hong Kong – Caritas HUGS Centre

The Caritas HUGS Centre, which was established in 1996, is a counselling centre for young psychotropic substance abusers serving Tuen Mun, Tsuen Wan, Kwai Chung and Tsing Yi. The mission of the centre is “Hugs, Not Drugs”. It aims to help substance abusers to stay abstinent, and ultimately, to establish and maintain meaningful relationships with family members, relatives and friends who are drug-free.

The centre provides casework and group work counselling services to individuals and families, drug prevention programmes and activities to secondary schools and organises workshops for allied professionals such as youth workers and teachers in order to gain synergistic effect on combating drug abuse problems.

Hong Kong Christian Service – PS33

PS33 was established in 1988 and was the first centre for psychotropic substance abusers in Hong Kong. Its main objective is to provide quality rehabilitation services for psychotropic substance dependent persons and their family members through intensive counselling, detoxification services as well as psychiatric and medical support. Presently PS33 serves Kowloon City, Yau Tsim Mong and Shamshuipo.

Besides handling cases, the centre organises therapeutic group sessions and professional training sessions for social workers, teachers and allied professionals. In addition, the centre organises tailor-made drug prevention programmes for secondary school students to enhance their drug awareness.

In order to tackle the special needs of young drug abusers, PS33 launched a 2-year project named “RAM · Express” sponsored by the Beat Drugs Fund. Through a series of body-checks up and motivational interviewing to enhance awareness of the consequence of drug use, so as to stay away from drugs.

Hong Kong Lutheran Social Service – Cheer Lutheran Centre

The Cheer Lutheran Centre, established in 1998, is a counselling centre for psychotropic substance abusers catering for young people in Tai Po and North. Apart from providing counselling service to psychotropic substance abusers, the centre is active in delivering preventive education programmes in school so as to arouse youth's understanding of the harmful effects of drugs and values of no-drugs living.

Preventive education is another major work focus of the centre. Drug education talks and workshops for secondary school students are also organised. In order to promote the co-operation of different professions in tackling drug problem, the centre provides professional training of drugs to professionals such as teachers, social workers and doctors. Furthermore, as the centre is concerned for female drug abusers' needs and context, a two-year anti-drug project "I-META for Female" would be held with the subvention from ND in 2008 to 2010.

Hong Kong Lutheran Social Service – Evergreen Lutheran Centre

The Evergreen Lutheran Centre was established in October 2002. It provides individual, family and group counselling for psychotropic substance abusers and their families to tackle the drug abuse problems. In the rehabilitation process, it also provides supporting services for the families. Drug prevention programmes are organised for secondary schools in its serving districts comprising Kwun Tong, Wong Tai Sin and Sai Kung to enhance students' drug awareness and knowledge. Some groups and cases follow-up will be organised to the high risk students or occasional users in school.

According to recent statistics, the number of young psychotropic substance abusers is increasing. It warrants the concern from some of the professionals, such as front-line social workers, teachers and youth workers. The drug abuse problem can be handled much more effectively only when the front-line professionals are equipped with enough awareness, drug knowledge and handling skills. Therefore, the centre has been putting much effort to provide trainings and programs to increase their ability in facing and dealing with the problem. Moreover, outreaching service was provided since April 2007. The social workers visit the "black spots" frequently to reach the young substance abusers, rendering all kinds of trainings and counselling services.

Tung Wah Group of Hospitals – CROSS Centre

The TWGHs CROSS Centre was established in October 2002 to provide counselling services for psychotropic substance abusers, their families and the general public (particularly young people) on Hong Kong Island and the outlying islands comprising Eastern, Wanchai, Central & Western, Southern and Islands.

The programmes provided by the centre are based on cognitive behavioural therapy as well as family therapy. The centre also conducts therapeutic groups such as motivational interviewing groups and relapse prevention groups. Recognising the importance of family support during the rehabilitation process, the centre incorporates relationship building activities periodically for both clients and their families.

Preventive education to young people to steer them away from abusing psychotropic substances is another area the centre focuses on. The centre conducts a series of seminars, talks, workshops and therapeutic groups for secondary school students. The centre also publishes quarterly newsletters to arouse public awareness on drug prevention.

Hong Kong Sheng Kung Hui Welfare Council – Neo-Horizon

The Neo-Horizon is a new counselling centre for psychotropic substance abusers established in 2008 in Shatin. It aims to help psychotropic substance abusers and potential drug abusers to stay abstinence through individual, group and family counselling and various supporting programmes. It provides preventive education and outreaching services in order to achieve early prevention, identification and intervention. To tackle the problem of psychotropic substance abuse comprehensively and effectively, cooperation between social workers and medical professionals will be strengthened and the multi-disciplinary collaboration among organisations, schools, parents and other stakeholders in the community will be promoted. Trainings will also be rendered to enhance the ability and skills of relevant anti-drug workers in handling drug cases.

Evangelical Lutheran Church of Hong Kong – Enlighten Centre

The Enlighten Centre located at Yuen Long is another new counselling centre for psychotropic substance abusers established in 2008. Through innovative methods and alignment with regional network to form an effective team, its main objective is to provide quality and diversified social service to help local youngsters stay away from drugs and hence build up a healthy life. In addition to the counselling service offered to youths at risk and their parents and the trainings provided for service recipients and staff of collaborating organisations to develop their talents and strengthen their professional skills respectively, it also organises publicity activities in schools, the community and border area to deliver anti-drug messages and promote the drug-free culture in the region.

Contact Details of CCPSAs

| Name of Agency / Centre | Address / Website | Telephone |
|--|--|------------------------|
| Caritas Hong Kong – Caritas HUGS Centre | Address: Unit 1, G/F., Mei Tai House, Fu Tai Estate, Tuen Mun, N.T. Website: www.hugs.org.hk | 2466 3132 |
| Hong Kong Christian Service – PS33 | Address: G/F., 33 Granville Road, Tsimshatsui, Kowloon; and Unit 11-16, G/F, Nam Yiu House, Nam Shan Estate, Shamshuipoo, Kowloon Website: www.hkcs.org/gcb/ps33/ps33.htm | 2368 8269 3572 0673 |
| Hong Kong Lutheran Social Services – Cheer Lutheran Centre | Address: G/F., Shin Kwan House, Fu Shin Estate, Tai Po, N.T. Website: www.cheerevergreen-lutheran.org.hk | 2660 0400 |
| Hong Kong Lutheran Social Services – Evergreen Lutheran Centre | Address: 2 Horse Shoe Lane, Kwun Tong, Kowloon Website: www.cheerevergreen-lutheran.org.hk | 2712 0097 |
| Tung Wah Group of Hospitals – CROSS Centre | Address: 9/F., TWGHs Fong Shu Chuen Social Services Building, 6 Po Man Street, Shau Kei Wan, Hong Kong Website: crosscentre.tungwahcsd.org | 2884 1234 |
| Hong Kong Sheng Kung Hui Welfare Council – Neo-Horizon | Address: G/F., Chung Kwan House, Chung On Estate, Ma On Shan, Shatin, N.T. Website: neoh.skhwc.org.hk | 8202 1313 |
| Evangelical Lutheran Church of Hong Kong – Enlighten Centre | Address: G/F., Tze Ping House, Tin Tze Estate, Tin Shui Wai, Yuen Long Website: www.elchk.org.hk/service | 2446 9226 |

Services and Contact Details of Substance Abuse Clinics

| | | | | | | | |
|-----------------------|---|--|---|--|---|--|--|
| Clinic | Prince of Wales Hospital Substance Abuse Clinic | Kwai Chung Hospital Substance Abuse Assessment Clinic | Tuen Mun Substance Abuse Clinic Castle Peak Hospital (with Alcohol Problems Clinic) | Substance Misuse Clinic Pamela Youde Nethersole Eastern Hospital | Kowloon Hospital Substance Abuse Clinic | Substance Abuse Clinic Department of Psychiatry Queen Mary Hospital | Kowloon East Substance Abuse Clinic |
| Telephone No. | 2632 2584 | 2959 8082 | 2456 8260 | 2595 4015 | 3129 6710 | 2517 8140 | 3513 5070 |
| Service Target | Substance abusers with psychiatric complications and or psychiatric co-morbidity | Substance abusers with psychiatric complications and or psychiatric co-morbidity | Substance abusers with psychiatric complications and or psychiatric co-morbidity | Substance abusers with psychiatric complications and or psychiatric co-morbidity | Substance abusers with psychiatric complications and or psychiatric co-morbidity | Substance abusers with psychiatric complications and or psychiatric co-morbidity | Substance abusers with psychiatric complications and or psychiatric co-morbidity |
| Referral Procedure | Referral from doctors or social workers | Referral from doctors or social workers | Referral from doctors or social workers | Referral from doctors or social workers. | Referral from doctors or social workers | Referral from doctors or social workers | Referral from doctors or social workers |
| Mode of Treatment | Assessment, treatment and rehabilitation | Assessment, treatment and rehabilitation | Assessment, treatment and rehabilitation | Assessment, treatment and rehabilitation | Assessment, treatment and rehabilitation | Assessment, treatment and rehabilitation | Assessment, treatment and rehabilitation |
| Treatment Process | Depend on clients' condition | Depend on clients' condition | Depend on clients' condition | Depend on client's condition | Depend on client's condition | Depend on client's condition | Depend on client's condition |
| Bed Capacity | Flexible | Flexible | Flexible | Flexible | Flexible | Flexible | Flexible |
| Service Hours | Tuesday AM Friday AM Friday PM | Monday to Friday 8:30am to 1:00pm 2:00pm to 5:00pm | Monday and Thursday 2:00pm to 5:00pm Tuesday 9:00am to 1:00pm | Monday and Friday 2:00pm to 5:00pm | Tuesday 2:00pm to 5:00pm Friday 9:00am to 1:00pm | Every Wednesday morning | Monday to Friday 8:45am to 1:00pm 2:00pm to 5:30pm |
| Address | 3/F, North Wing, LKS specialist clinic, Prince of Wales Hospital | Ward L5, Block L, 5/F, Kwai Chung Hospital, 3-15 Kwai Chung Hospital Road | 1/F, Block C, No. 13 Tsing Chung Koon Road, Castle Peak Hospital, Tuen Mun | 7/F, East Block Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan | Specialist Out-Patient Department, 1/F West Wing, Kowloon Hospital, No. 147A Argyle Street, Kowloon | 5/F, Western Psychiatric Centre, 9B, Bonham Road, Hong Kong | 1/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwun Tong |

Services and Contact Details of Methadone Clinics

Objectives of Methadone Clinics

- (a) to provide a readily accessible, legal, medically safe and effective alternative to continued illicit self-administration of opiate drugs;
- (b) to reduce crime and antisocial behaviour due to illicit drug use;
- (c) to enable drug abusers to lead a normal productive life;
- (d) to reduce intravenous drug use and needle-sharing and thereby prevent the spread of diseases like AIDS, hepatitis B and tetanus; and
- (e) to assist drug abusers to detoxify and achieve a drug-free state.

Entry Requirements

No referral is required. Any person who is addicted to opiates and has no life-threatening medical illness may apply for admission. The charge is HK\$1 (for eligible person: Hong Kong residents) or HK\$23 (for non-eligible person) per visit. Registration can be made at any methadone clinic by presenting the identity card (or valid travel document for non-Hong Kong residents). The particulars of patients would be treated in the strictest confidence and would not be divulged without the patients' written consents.

Services Provided

- (a) history taking, medical examination, methadone prescription, blood and urine tests for patients;
- (b) guidance and counselling by social workers;
- (c) assessments, re-assessments, and individual treatment plans for patients;
- (d) referrals to other service agencies, for example, SACs, SARDA, religious organizations, for detoxification; and
- (e) group programmes, structured aftercare after detoxification, for patients.

Contact Details of Methadone Clinics

| Region | Methadone Clinics | Address | Tel. No. |
|---------------|---------------------------------|---|-----------------------|
| HK | Aberdeen Methadone Clinic | 10 Aberdeen Reservoir Road, Aberdeen | 2554 1665 |
| | Eastern Street Methadone Clinic | 45 Eastern Street, Sai Ying Pun | 2549 5108 |
| | Shau Kei Wan Methadone Clinic | 8 Chai Wan Road, Shau Kei Wan | 2560 0582 |
| | Violet Peel Methadone Clinic | G/F, 2 O'Brien Road, Wanchai | 2835 1761 |
| Kowloon | Ho Man Tin Methadone Clinic | 50 Princess Margaret Road, Ho Man Tin | 2713 6091 |
| | Hung Hom Methadone Clinic | 22 Station Lane, Hung Hom | 2333 8957 |
| | Kwun Tong Methadone Clinic | 457 Kwun Tong Road, Kwun Tong | 2345 7103 |
| | Lee Kee Methadone Clinic | 99 Carpenter Road, Kowloon City | 2272 9621 |
| | Ngau Tau Kok Methadone Clinic | 60 Ting On Street, Ngau Tau Kok | 2318 0976 |
| | Robert Black Methadone Clinic | 600 Prince Edward Road East, San Po Kong | 2716 5211 |
| | Sham Shui Po Methadone Clinic | 137 Yee Kuk Street, Sham Shui Po | 2393 1928 |
| | Wu York Yu Methadone Clinic | 55 Sheung Fung Street, Tze Wan Shan | 2325 5221 Ext. 221 |
| | Yau Ma Tei Methadone Clinic | 143 Battery Street, Yau Ma Tei | 2770 2584 |

ANNEX V

| Region | Methadone Clinics | Address | Tel. No. |
|----------------------|------------------------------------|--|----------------------|
| New Territories East | Cheung Chau Methadone Clinic | Cheung Chau Hospital Road, St. John Hospital, Cheung Chau | 2981 9442 Ext. 29 |
| | Sha Tin (Tai Wai) Methadone Clinic | 3 Man Lai Road, Tai Wai | 2604 5355 |
| | Shek Wu Hui Methadone Clinic | 108 Jockey Club Road, Sheung Shui | 2671 9484 |
| | Tai Po Methadone Clinic | 37 Ting Kok Road, Tai Po | 2664 5020 |
| New Territories West | Lady Trench Methadone Clinic | 213 Sha Tsui Road, Tsuen Wan | 2942 6736 |
| | Tuen Mun Methadone Clinic | 11 Tsing Yin Street, Tuen Mun | 2452 9113 |
| | Yuen Long Methadone Clinic | 269 Castle Peak Road, Yuen Long | 2470 9307 |

**Services and Contact Details of
Voluntary Residential Drug Treatment and Rehabilitation Centres**

Agency

Barnabas Charitable Service Association Limited

Centre

Lamma Training Centre

Centre Details

Address: Lot 728 – 729 in DD1, 44 – 45, Pak Kok San Tsuen, Lamma Island

Contact Person: Miss Choi Suk Shan Telephone: 2982 1008

Hotline Number: 2982 1008 Fax: 2982 0295

E-mail: lrc@barnabas.com.hk Website: www.barnabas.com.hk

Treatment and Rehabilitation Modality Adopted

- Gospel Therapy: Bible teaching and counselling
- Long Term Residential Treatment Programme

Intake Capacity

24

Target Clients

Female drug abusers at or under the age of 40

Duration of Treatment and Rehabilitation Programme

1-year residential treatment (9 months at Lamma Training Centre and 3 months at Ma On Shan Half-way House)

Aftercare Service

1-year aftercare service

Agency

Barnabas Charitable Service Association Limited

Centre

Ma On Shan Halfway House

Centre Details

Address: Wing A&B, G/F, Lee Wah House, Lee On Estate, Ma On Shan, the New Territories

Contact Person: Siu Lok Ming

Telephone: 2640 1683

Hotline Number: 2640 1683

Fax: 2640 0391

E-mail: hwh@barnabas.com.hk

Website: www.barnabas.com.hk

Treatment and Rehabilitation Modality Adopted

- Gospel Therapy: Bible teaching and counselling
- Long Term Residential Treatment Programme
- Short Term Residential Treatment Programme

Intake Capacity

- Long Term Residential Treatment Programme: 13
- Short Term Residential Treatment Programme: 12

Target Clients

- Long Term Residential Treatment Programme*: Female drug abusers at or under the age of 40
- Short Term Residential Treatment Programme: Female drug abusers at or under the age of 40 who have not received Barnabas' service in the last three years

* Long Term Residential Treatment Programme by Lamma Training Centre's referral only

Duration of Treatment and Rehabilitation Programme

- Long Term Residential Treatment Programme: 1-year residential treatment (9 months at Lamma Training Centre and 3 months at Ma On Shan Halfway House)
- Short Term Residential Treatment Programme: 3 to 6 months (depends on assessment)

Aftercare Service

- Long Term Residential Treatment Programme: 1-year aftercare service
- Short Term Residential Treatment Programme: 6-month aftercare service

Agency

Caritas – Hong Kong

Centre

Caritas Wong Yiu Nam Centre

Centre Details

Address: Hang Hau Road, Sai Kung, the New Territories

Contact Person: Mr. Sam Choi Telephone: 2335 5088

Hotline Number: 2335 5088 Fax: 2335 5855

E-mail: fswyn@caritassws.org.hk Website: family.caritas.org.hk

Treatment and Rehabilitation Modality Adopted

The centre provides residential treatment service. The professional staff team includes psychiatrists, nurses, social workers, peer counsellors, teachers, chef and clerks. Apart from the professional detoxification treatment provided by medical staff, counselling service, vocational/ interest courses and various training activities are offered by the centre.

Intake Capacity

24

Target Clients

Male aged below 30 who abuse opiate or non-opiate related drugs

Duration of Treatment and Rehabilitation Programme

Treatment programmes last for 1 to 6 months

Aftercare Service

Rehabilitated drug dependent persons will receive 1-year aftercare service after completing the programme

Agency

Christian New Life Association Limited

Centre

Christian New Life Association Limited

Centre Details

Address: 2/F, Multifield Commercial Centre, 426 Shanghai Street, Yau Ma Tei, Kowloon

Contact Person: Rev. Sam Cheng

Telephone: 2397 6618

Hotline Number: 2397 6618

Fax: 3426 9242

E-mail: samcheng@hknewlife.com

Website: www.hknewlife.com

Treatment and Rehabilitation Modality Adopted

- Gospel-based, counselling-assisted
- Group work
- Occupational training

Intake Capacity

40

Target Clients

- No age limit
- Male

Duration of Treatment and Rehabilitation Programme

6-month treatment programme

Aftercare Service

- Individual follow up
- Church referral
- Occupational training

Agency

Christian Zheng Sheng Association Limited

Centre

Ha Keng Treatment and Rehabilitation Youth Centre for Male

Centre Details

Address: Ha Keng, Lantau Island

Contact Person: Mr. Chan Siu Cheuk

Telephone: 9307 1102

Hotline Number: 9027 2547

Fax: 2984 9763

E-mail: almancsc@netvigator.com

Website: www.drugrehab.com.hk

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness, which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

50

Target Clients

Youth male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

30 months

Aftercare Service

Aftercare service has already been integrated into the programme

Agency

Christian Zheng Sheng Association Limited

Centre

Ha Keng Treatment and Rehabilitation Female Centre

Centre Details

Address: Ha Keng, Lantau Island

Contact Person: Mr. Chan Siu Cheuk

Telephone: 9307 1102

Hotline Number: 9027 2547

Fax: 2984 9763

E-mail: almancsc@netvigator.com

Website: www.drugrehab.com.hk

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness, which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

14

Target Clients

Female or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

30 months

Aftercare Service

Aftercare service has already been integrated into the programme

Agency

Christian Zheng Sheng Association Limited

Centre

Cheung Chau Male Training Centre for Youth

Centre Details

Address: Cheung Chau

Contact Person: Mr. Chan Siu Cheuk

Telephone: 9307 1102

Hotline Number: 9027 2547

Fax: 2984 9763

E-mail: almancsc@netvigator.com

Website: www.drugrehab.com.hk

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness, which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

40

Target Clients

Youth male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

30 months

Aftercare Service

Aftercare service has already been integrated into the programme

Agency

Christian Zheng Sheng Association Limited

Centre

Cheung Chau Female Training Centre

Centre Details

Address: Cheung Chau

Contact Person: Mr Chan Siu Cheuk

Telephone: 9307 1102

Hotline Number: 9027 2547

Fax: 2984 9763

E-mail: almancsc@netvigator.com

Website: www.drugrehab.com.hk

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness, which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

20

Target Clients

Female or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

30 months

Aftercare Service

Aftercare service has already been integrated into the programme

Agency

Christian Zheng Sheng Association Limited

Centre

Mui Wo Male Training Centre for Adult

Centre Details

Address: Mui Wo, Lantau Island

Contact Person: Mr. Chan Siu Cheuk

Telephone: 9307 1102

Hotline Number: 9027 2547

Fax: 2984 9763

E-mail: almanesc@netvigator.com

Website: www.drugrehab.com.hk

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness, which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

24

Target Clients

Adult male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

2 years

Aftercare Service

Aftercare service has already been integrated into the programme

Agency

DACARS, Limited

Centre

Enchi Lodge

Centre Details

Address: Enchi Lodge, Sheung Shui, the New Territories

Contact Person: Liaison Officer

Telephone: 2673 8272

Hotline Number: 8104 2188

Fax: 2679 3780

E-mail: dacars@hotmail.com

Treatment and Rehabilitation Modality Adopted

Gospel-based treatment model to assist physical, mental and spiritual recovery, incorporated with counselling by social workers, visiting medical care and pastoral guidance.

Intake Capacity

24

Target Clients

Male drug or alcohol abuser

Duration of Treatment and Rehabilitation Programme

6 to 12 months

Aftercare Service

Rehabilitants will be referred to halfway houses or churches or other arranged accommodation. 2 years of aftercare service will be provided.

Agency

Glorious Praise Fellowship (Hong Kong) Limited

Centre

Glorious Praise Fellowship (Hong Kong) Limited

Centre Details

Address: 47 Siu Lam, Castle Peak Road-Tai Lam, Tuen Mun, the New Territories

Contact Person: Mr. Lam Tik Ki/ Mr. Chris Kwok Telephone: 2451 9802/ 6110 3738

Hotline Number: 2451 9802

Fax: 2451 9191

E-mail: chasemcknelly@netvigator.com

Treatment and Rehabilitation Modality Adopted

Drug abusers receive medication and treatment from registered doctors

Intake Capacity

30

Target Clients

All drug abusers

Duration of Treatment and Rehabilitation Programme

12 months

Aftercare Service

6 months aftercare service

Agency

Hong Kong Christian Service

Centre

Jockey Club Lodge of Rising Sun

Centre Details

Address: 33 Tsing Wun Road, Tuen Mun, the New Territories

Contact Person: Mr. Max Szeto (Superintendent) Telephone: 2468 0044

Hotline Number: 2468 0044 Fax: 2468 0555

E-mail: jclrs@hkcs.org Website: www.hkcs.org

Treatment and Rehabilitation Modality Adopted

The focus of the working approach adopted by LRS is not merely to solve the clients' addiction problem. Rather, it is to assist the clients in their growth process, so that they can cope with current problems as well as future problems better. In the process, we use a holistic, incentive, client-program matching and competence-based working approach as our main strategy. All effort aims at building a loving environment and creating opportunity for clients' growth.

Intake Capacity

24

Target Clients

Target clients are substance abusers aged under 30. The out-patient clinic serves both sexes whereas the residential centre serves male abusers only.

Duration of Treatment and Rehabilitation Programme

1 to 6 months detoxification and rehabilitation service

Aftercare Service

24-month aftercare service

Agency

Mission Ark Limited

Centre

Yuen Long Centre

Centre Details

Address: 2/F, Multifield Commercial Centre, 426 Shanghai Street, Yau Ma Tei, Kowloon

Contact Person: Rev. Sam Cheng

Telephone: 2397 6618

Hotline Number: 2397 6618

Fax: 3426 9242

E-mail: samcheng@hknewlife.com

Website: www.hknewlife.com

Treatment and Rehabilitation Modality Adopted

- Gospel-based, counselling-assisted
- Group work
- Occupational training

Intake Capacity

20

Target Clients

- No age limit
- Male

Duration of Treatment and Rehabilitation Programme

6-month treatment programme

Aftercare Service

- Individual follow up
- Church referral
- Occupational training

Agency

Operation Dawn Limited

Centre

Dawn Island Drug Treatment and Rehabilitation Centre

Centre Details

Address: Fo Tau Fan Chau (Dawn Island), Sai Kung, the New Territories

Contact Person: Mrs. Mamre Lilian Yeh Telephone: 2714 2434

Hotline Number: 2714 2434

Fax: 2713 0124

E-mail: info@opdawn.org.hk

Website: www.opdawn.org.hk

Treatment and Rehabilitation Modality Adopted

Spiritual Therapy emphasizes on the well being of body, mind and spirit in the rehabilitation of drug abusers. We aim to help drug users to get rid of their dependency through holistic Christian treatment. The highlight of spiritual reconstruction restores psychological and physical health. The rehabilitants would experience drastic changes in mindset and behaviour as a “new creation”.

Intake Capacity

50

Target Clients

- Drug, substance or alcohol abusers, or persons with serious smoking problem
- Male
- No age limit

Duration of Treatment and Rehabilitation Programme

1 year (9 months at Dawn Island Drug Treatment and Rehabilitation Centre, 3 months at Half-way House)

Aftercare Service

Follow-up period of 6 months or above after completion of treatment programme

Agency

Operation Dawn Limited

Centre

Girl Centre

Centre Details

Correspondence Address: G/F, 311D Prince Edward Road West, Kowloon

Contact Person: Mrs. Mamre Lilian Yeh Telephone: 2714 2434

Hotline Number: 2714 2434

Fax: 2713 0124

E-mail: info@opdawn.org.hk

Website: www.opdawn.org.hk

Treatment and Rehabilitation Modality Adopted

Spiritual Therapy emphasizes on the well being of body, mind and spirit in the rehabilitation of drug abusers. We aim to help drug users to get rid of their dependency through holistic Christian treatment. The highlight of spiritual reconstruction restores psychological and physical health. The rehabilitants would experience drastic changes in mindset and behaviour as a “new creation”.

Intake Capacity

12

Target Clients

- Drug, substances or alcohol abusers, or persons with serious smoking problem
- Female
- No age limit

Duration of Treatment and Rehabilitation Programme

1 year

Aftercare Service

Follow-up period of 6 months or above after completion of treatment programme

Agency

Operation Dawn Limited

Centre

Wong Tai Sin Centre (Half-way House)

Centre Details

Address: G/F., 111-115 Lung Chak House, Lower Wong Tai Sin Estate, Kowloon

Contact Person: Mrs. Mamre Lilian Yeh Telephone: 2714 2434

Hotline Number: 2714 2434

Fax: 2713 0124

E-mail: info@opdawn.org.hk

Website: www.opdawn.org.hk

Treatment and Rehabilitation Modality Adopted

Spiritual Therapy emphasizes on the well being of body, mind and spirit in the rehabilitation of drug abusers. We aim to help drug users to get rid of their dependency through holistic Christian treatment. The highlight of spiritual reconstruction restores psychological and physical health. The rehabilitants would experience drastic changes in mindset and behaviour as a “new creation”.

Intake Capacity

16

Target Clients

Only for male rehabilitants who have completed the 9-month programme in Dawn Island Drug Treatment and Rehabilitation Centre

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

Follow-up period of 6 months or above after completion of treatment programme

Agency

Perfect Fellowship Limited

Centre

Koo Tung Rehabilitation Centre

Centre Details

Address: 48 Ki Lun Tsuen, Kwu Tung, Sheung Shui, the New Territories

Contact Person: Mr. Liu Chi Cheung Telephone: 9200 8546

Hotline Number: 2764 3975 Fax: 3007 5436

E-mail: perfect_fellowship@yahoo.com

Treatment and Rehabilitation Modality Adopted

Four principles as treatment methods:

- Back to God
- Back to the Bible
- Back to the nature
- Back to the family

Intake Capacity

20

Target Clients

All drug abusers

Duration of Treatment and Rehabilitation Programme

2 weeks to 10 weeks

Aftercare Service

Provide occupational and education institution referrals to promote lifelong learning

Agency

Remar Association (Hong Kong) Limited

Centre

Remar Association (Hong Kong) Limited

Centre Details

Address: 210 Ma Tin Tsuen, Yuen Long, the New Territories (Central Office)

Contact Person: Mr. Luis Domingues Telephone: 3193 4919

Hotline Number: 6730 2607 Fax: 3193 4919

E-mail: info@remarhongkong.com Website: www.remarhongkong.com

Treatment and Rehabilitation Modality Adopted

Long term rehabilitation program based on a Christian faith

Intake Capacity

20

Target Clients

Drug abusers aged over 18

Duration of Treatment and Rehabilitation Programme

Rehabilitating persons are able to stay as long as they wish

Aftercare Service

Not available

Agency

St. Stephen's Society Limited

Centre

Tuen Mun Multi-Purpose Rehabilitation Home (Female)

Centre Details

Contact Person: Ms. Karen Kwok

Hotline Number: 2720 0179

Treatment and Rehabilitation Modality Adopted

The drug dependent persons are steered through work projects, counselling and community living to become responsible and moral citizens.

Intake Capacity

13

Target Clients

Displaced and distressed persons such as street sleepers, former offenders, elderly people, and others having difficulty in adjusting to society. Female at all ages, including any language and racial background.

Duration of Treatment and Rehabilitation Programme

At least a period of 12 months

Aftercare Service

Job training, counselling and community living continue, plus fellowship and small group ministry to the poor

Agency

St. Stephen's Society Limited

Centre

Shing Mun Springs Multi-Purpose Rehabilitation Homes (Male/Female)

Centre Details

Contact Person: Ms. Karen Kwok

Hotline Number: 2720 0179

Treatment and Rehabilitation Modality Adopted

The drug dependent persons are steered through work projects, counselling and community living to become responsible and moral citizens.

Intake Capacity

210

Target Clients

Displaced and distressed persons such as street sleepers, former offenders, elderly people, and others having difficulty in adjusting to society. Men and women at all ages and teenagers, including any language and racial background.

Duration of Treatment and Rehabilitation Programme

At least a period of 12 months

Aftercare Service

Job training, counselling, community living, fellowship and small group ministry to the poor

Agency

The Christian New Being Fellowship Limited

Centre

Training Centre

Centre Details

Mailing Address: P.O. Box 38, Sai Kung, the New Territories

Contact Person: Mr. Fung To Sun

Telephone: 2329 6077

E-mail: info@newbeing.org.hk

Hotline Number: 2329 6077

Website: www.newbeing.org.hk (official)

Fax: 2329 6614

www.freshu.com.hk (e-counselling)

www.freshu.com.hk/freshchannel (web radio)

Treatment and Rehabilitation Modality Adopted

A residential “Youth Gospel Drug Treatment and Rehabilitation Integrated Training” with Christian faith modality is adopted to help the residents to achieve holistic recoveries, which includes building up good character, reconciling with families and getting ready for re-integrating into the society.

The main contents of training include:

- Life education, values re-construction
- Individual and group counselling
- Educational training: Chinese, English, computer and music training
- Multi-media production and vocational skills training
- Adventured based counselling and disciplinary training
- Family intervention: parents day, seminars and parents group

Intake Capacity

76

Target Clients

Youth Group: Male drug abuser aged under 25

Adult Group: Male drug abuser aged 26-35

Duration of Treatment and Rehabilitation Programme

12-18 months

Aftercare Service

- Aftercare service will be provided after graduation. It includes telephone contacts, individual or group counselling, and home visit to help our graduates re-integrate into the society. The service will last for six months.
- “Care” Group for parents of residents is held once a month (on the second Friday of each month from 6:30pm to 9:00pm). It aims at improving the communication and relationship between residents and their parents.
- “Fellowship of Graduates and Parents” is organised for graduates and parents of present and former residents on every Friday from 7:30pm to 9:00pm. It helps to establish a support and mutual-help network for graduates and their parents on a voluntary basis. The contents include: group sharing, worship, bible sharing and so on.

Agency

The Christian New Being Fellowship Limited

Centre

Halfway House

Centre Details

Address: Po Tung Road, Sai Kung, the New Territories

Contact Person: Mr. Fung To Sun

Telephone: 2329 6077

E-mail: info@newbeing.org.hk

Hotline Number: 2329 6077

Website: www.newbeing.org.hk (Official)

Fax: 2329 6614

www.freshu.com.hk (E-counselling)

www.freshu.com.hk/freshchanel (Web radio)

Treatment and Rehabilitation Modality Adopted

Halfway House: to help residents re-integrating into society in terms of family, study, work, and new social supporting network through individual counselling and participation in church. Relapse prevention is also provided.

Intake Capacity

12

Target Clients

Male drug abuser aged under 28

Duration of Treatment and Rehabilitation Programme

3-6 months

Aftercare Service

- Aftercare service will be provided after graduation. It includes telephone contacts, individual or group counselling, and home visit to help our graduates re-integrate into the society. The service will last for six months.
- “Care” Group for parents of residents is held once a month (on the second Friday of each month from 6:30pm to 9:00pm). It aims at improving the communication and relationship between residents and their parents.
- “Fellowship of Graduates and Parents” is organised for graduates and parents of present and former residents on every Friday from 7:30pm to 9:00pm. It helps to establish a support and mutual-help network for graduates and their parents on a voluntary basis. The contents include: group sharing, worship, bible sharing and so on.

Agency

The Finnish Evangelical Lutheran Mission

Centre

Ling Oi Tan Ka Wan Centre

Centre Details

Address: Tan Ka Wan, Sai Kung, the New Territories

Contact Person: Mr Paul Tsang

Telephone: 2369 7052

Fax: 2791 8377

E-mail: felmhk@netvigator.com

Website: www.lingoi.org

Treatment and Rehabilitation Modality Adopted

Through a disciplined life-style, physical training and study of the Christian belief, assist drug abusers to achieve a holistic change physically, socially and spiritually.

Intake Capacity

40

Target Clients

Male drug abusers

Duration of Treatment and Rehabilitation Programme

12 months (including 9 months in treatment centre and 3 months in halfway-house)

Aftercare Service

2 years aftercare service on completion of the 12-month programme

Agency

The Finnish Evangelical Lutheran Mission

Centre

Ling Oi Centre

Centre Details

Address: Flat 3A, Fung Yat Social Service Complex, 364 Kwai Shing Circuit, Kwai Chung, the New Territories

Contact Person: Mr. Samson Dai

Telephone: 2612 1342

Fax: 2608 2582

E-mail: felmhk@netvigator.com

Website: www.lingoi.org

Treatment and Rehabilitation Modality Adopted

To assist drug abusers to abstain from drugs and rebuild a new life through the Christian belief.

Intake Capacity

28

Target Clients

Rehabilitating male drug abusers who have completed a treatment programme

Duration of Treatment and Rehabilitation Programme

3 months (excluding treatment period before admission), can be extended if necessary

Aftercare Service

2 years aftercare service on completion of half-way house programme

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Au Tau Youth Centre

Centre Details

Address: PB 145, Au Tau Roundabout, Yuen Long, the New Territories

Contact Person: Superintendent

Telephone: 2478 7026

Hotline Number: 2574 3300

Fax: 2944 5900

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Au Tau Youth Centre adopts the Therapeutic Community model to enable trainees to learn responsibility and discipline through planned work positions and a promotion system.

Intake Capacity

20

Target Clients

Young male drug abusers of and under the age of 25

Duration of Treatment and Rehabilitation Programme

2-6 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Adult Female Rehabilitation Centre

Centre Details

Address: Unit No. 2-3, 5-8, G/F, & Unit No. 1-8, 2/F, Sun Ming House, Sun Chui Estate, Sha Tin, the New Territories

Contact Person: Centre-in-charge

Telephone: 2699 9936

Hotline Number: 2574 3300

Fax: 2695 7528

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Adult Female Rehabilitation Centre provides 3 to 6 months residential rehabilitation.

The Centre adopts the Therapeutic Community model in helping the residents.

Intake Capacity

24

Target Clients

Female drug-abusers above the age of 30. Children under the age of 5 may be admitted together with the mother.

Duration of Treatment and Rehabilitation Programme

3-week detoxification treatment at SARDA's Women's Treatment Centre, followed by 3 to 6 months' residential rehabilitation.

Aftercare Service

The Centre offers 1-year aftercare service to discharged residents

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Shek Kwu Chau Treatment and Rehabilitation Centre

Centre Details

Address: Shek Kwu Chau, Cheung Chau

Contact Person: Superintendent

Telephone: 2981 0389

Hotline Number: 2574 3300

Fax: 2818 7181

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Voluntary medical treatment along with psychosocial services are rendered to the drug abusers receiving treatment in the Centre.

Intake Capacity

316

Target Clients

Voluntary male opiate abusers of all ages

Duration of Treatment and Rehabilitation Programme

The treatment process involves a 3-week detoxification, followed by an individualized rehabilitation programme extending from 4-23 weeks.

Aftercare Service

On discharge from Shek Kwu Chau Treatment and Rehabilitation Centre, the client is provided with organised aftercare services for up to 12 months. The aftercare services provided include individual and group counselling, halfway house service, family counselling, organised recreational activities and community services, referral service, medical care, urine tests, etc.

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Bradbury Hong Ching Centre

Centre Details

Address: Flat B, 7/F, Sing Woo Building, 10 Sing Woo Road, Happy Valley, Hong Kong

Contact Person: Supervisor of Hong Kong Social Service Centre

Telephone: 2838 2323

Hotline Number: 2574 3300

Fax: 2891 2152

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Halfway house

Intake Capacity

18

Target Clients

Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Bradbury Pui Ching Centre

Centre Details

Address: 7/F, Chung Yuen Mansion, 71A Waterloo Road, Kowloon

Contact Person: Supervisor of North Kowloon Social Service Centre

Telephone: 2776 8271

Hotline Number: 2574 3300

Fax: 2778 3345

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

- Mutual support, self-discipline and self-help modality
- Community re-integration

Intake Capacity

19

Target Clients

Rehabilitated drug abusers with at least 3 months' proven abstinence

Duration of Treatment and Rehabilitation Programme

1 year

Aftercare Service

Social workers will provide aftercare counselling service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Kowloon Hostel

Centre Details

Address: Unit 601-604, Kar Man House, Oi Man Estate, Ho Man Tin, Kowloon

Contact Person: Supervisor of North Kowloon Social Service Centre

Telephone: 2776 8271

Hotline Number: 2574 3300

Fax: 2778 3345

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Halfway house

Intake Capacity

20

Target Clients

Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Luen Ching Centre

Centre Details

Address: Unit 605-608, Kar Man House, Oi Man Estate, Ho Man Tin, Kowloon

Contact Person: Supervisor of East Kowloon Social Service Centre

Telephone: 2356 2663

Hotline Number: 2574 3300

Fax: 2356 2622

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Halfway House

Intake Capacity

20

Target Clients

Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Female Hostel

Centre Details

Address: 15/F, Tak Wah Mansion, 290-292 Hennessy Road, Wan Chai, Hong Kong

Contact Person: Supervisor of Women's Social Service Centre

Telephone: 2574 2311

Hotline Number: 2574 3300

Fax: 2891 2105

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Halfway house

Intake Capacity

16

Target Clients

Rehabilitated female drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Sister Aquinas Memorial Women's Treatment Centre

Centre Details

Address: 108, Hang Tau Road, Sheung Shui, the New Territories

Contact Person: Medical Superintendent

Telephone: 2652 5284

Hotline Number: 2574 3300

Fax: 2606 7625

E-mail: sarda@sarda.org.hk

Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

The Therapeutic Community model

Intake Capacity

42

Target Clients

Female drug-abusers aged 29 or below

Duration of Treatment and Rehabilitation Programme

Detoxification: 2-4 weeks

Rehabilitation: 6-12 months

Aftercare Service

1 year aftercare service

Agency

The Society of Rehabilitation and Crime Prevention, Hong Kong

Centre

Bradbury OASIS Hostel

Centre Details

Address: 1/F, Wah Lok Building, 6-8 Yim Po Fong Street, Kowloon

Contact Person: Mr. Wong Yuk-wah Telephone: 2770 4267

Fax: 2770 4405 E-mail: pm_oasis@sracp.org.hk

Website: www.sracp.org.hk

Treatment and Rehabilitation Modality Adopted

The programme has three characteristics:

- Short-term: two to three weeks are required for detoxification (at Substance Abuse Assessment Unit in Kwai Chung Hospital), with hostel rehabilitation for 1-6 months.
- Community rehabilitation: long term residential treatment is not required; most treatment procedures are conducted in the community.
- Multi-disciplinary: the treatment team consists of psychiatrists, psychiatric nurses, professional social worker, hostel wardens, and experienced peer counsellors.

A social worker serves as the case manager of the service user to monitor the case progress in the hospital as well as in the hostel. After the detoxification stage, the social worker coordinates the various support service offered to the service users. These services include: employment enhancement service, voluntary group participation, medical follow up, family reunion, etc.

Intervention strategies include: individual counselling, group activities, employment training, job placement, recreational activities, volunteers training, family therapy, financial management, and residential arrangement during and after the rehabilitation service.

Intake Capacity

16

Target Clients

Males of all ages, heroin or/ and psychotropic substance abusers

Duration of Treatment and Rehabilitation Programme

- Detoxification period: 2-3 weeks
- Hostel rehabilitation: 1-6 months

Aftercare Service

1-year aftercare intervention is provided by social worker of the Society of Rehabilitation and Crime Prevention

Agency

The Society of Rehabilitation and Crime Prevention, Hong Kong

Centre

Hong Kong Female Hostel

Centre Details

Address: Block G & H, 11/F, City Centre Building, 144-149 Gloucester Road, Wan Chai, Hong Kong

Contact Person: Ms. Wong Po Man

Telephone: 2507 4458

Fax: 2824 1142

E-mail: fh@sracp.org.hk

Website: www.sracp.org.hk

Treatment and Rehabilitation Modality Adopted

The programme has three characteristics:

- Short-term: two to three weeks are required for detoxification (at Substance Abuse Assessment Unit in Kwai Chung Hospital), with hostel rehabilitation for 1-6 months.
- Community rehabilitation: long term residential treatment is not required; most treatment procedures are conducted in the community.
- Multi-disciplinary: the treatment team consists of psychiatrists, psychiatric nurses, professional social worker, hostel wardens, and experienced peer counsellors.

A social worker serves as the case manager of the service user to monitor the case progress in the hospital as well as in the hostel. After the detoxification stage, the social worker coordinates the various support service offered to the service users. These services include: employment enhancement service, voluntary group participation, medical follow up, family reunion, etc.

Intervention strategies include: individual counselling, group activities, employment training, job placement, recreational activities, volunteers training, family therapy, financial management, and residential arrangement during and after the rehabilitation service.

Intake Capacity

10

Target Clients

Females of all ages, heroin or/ and psychotropic substance abusers

Duration of Treatment and Rehabilitation Programme

- Detoxification period: 2-3 weeks
- Hostel rehabilitation: 1-6 months

Aftercare Service

1-year aftercare intervention is provided by social worker of the Society of Rehabilitation and Crime Prevention

Agency

Wu Oi Christian Centre

Centre

Shun Tin Halfway House

Centre Details

Address: Units 1-5, G/F. Tin Hang House, Shun Tin Estate, Kwun Tong, Kowloon

Contact Person: Mr. Cheung Tsang Sum

Telephone: 2782 2779

Hotline Number: 2782 2779

Fax: 2782 5949

E-mail: office1@wui.org.hk

Website: www.wui.org.hk

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Pencil framework - a holistic rehabilitation programme (for men)
- 12 months rehabilitation (live-in)
- 6-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

20

Target Clients

Male clients who have received the training in our Christian drug rehabilitation centres

Duration of Treatment and Rehabilitation Programme

12 months rehabilitation (live-in)

Aftercare Service

6-month aftercare (live-out)

Agency

Wu Oi Christian Centre

Centre

Long Ke Training Centre

Centre Details

Address: Sai Kung, the New Territories

Contact Person: Mr. Loo Ka Lun

Telephone: 2782 2779

Hotline Number: 2782 2779

Fax: 2782 5949

E-mail: office1@wui.org.hk

Website: www.wui.org.hk

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Pencil framework - a holistic rehabilitation programme (for men)
- 12 months rehabilitation (live-in)
- 6-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

50

Target Clients

- Male adult aged 21 or above
- Drug abusers
- Addicts
- Court referral cases
- Criminals and triad members

Duration of Treatment and Rehabilitation Programme

12 months rehabilitation (live-in)

Aftercare Service

6-month aftercare (live-out)

Agency

Wu Oi Christian Centre

Centre

Tai Mei Tuk Female Training Centre

Centre Details

Address: Tai Po, the New Territories

Contact Person: Ms. Tam Siu Ping

Telephone: 2782 2779

Hotline Number: 2782 2779

Fax: 2782 5949

E-mail: office1@wuoi.org.hk

Website: www.wuoi.org.hk

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Foundation framework - a holistic rehabilitation programme (for women)
- 12 months rehabilitation (live-in)
- 6-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

12

Target Clients

- Female
- Drug abusers
- Addicts
- Court referral cases
- Criminals and triad members
- Problem youth

Duration of Treatment and Rehabilitation Programme

12 months rehabilitation (live-in)

Aftercare Service

6-month aftercare (live-out)

Agency

Wu Oi Christian Centre

Centre

Green Island Youth Training Centre

Centre Details

Address: Green Island, Hong Kong

Contact Person: Mr. Chan Ka Fai

Telephone: 2782 2779

Hotline Number: 2782 2779

Fax: 2782 5949

E-mail: office1@wui.org.hk

Website: www.wui.org.hk

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Foundation framework - a holistic rehabilitation programme (for youths)
- 12 months rehabilitation (live-in)
- 6-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

20

Target Clients

- Male youths aged below 21
- Drug abusers
- Addicts
- Court referral cases
- Criminals and triad members
- Problem youth

Duration of Treatment and Rehabilitation Programme

12 months rehabilitation (live-in)

Aftercare Service

6-month aftercare (live-out)

**Services and Contact Details of
Drug Addiction Treatment Centres of
Correctional Services Department**

CSD currently runs two DATCs: the Hei Ling Chau Addiction Treatment Centre and Hei Ling Chau Addiction Treatment Centre (Annex).

2. The major components of the DATC programme are described as follows:
 - (a) Medical Services – A full medical service is provided to all inmates including detoxification, medical consultation, and promoting general health together with referral to specialist clinics or hospitals if needed.
 - (b) Counselling Services – Individual and group counselling sessions as well as specially designed “Relapse Prevention Courses” are conducted to help inmates consolidate their motivation to abstain from drug use and develop coping skills to deal with personal risks factors associated with drug use.
 - (c) Psychological Services – Psychological services including individual and group psychological interventions are provided to inmates to promote their psychological well-being, change their offending behaviour, strengthen their personal efficacies in dealing with craving and to prevent them from relapsing into drug use.
 - (d) Work Therapy and Job Training – Inmates are assigned to work which is commensurate with their capabilities, skills and physical fitness. A wide variety of job training in different trades including book binding, garment, laundry, envelop making, gardening, fibre glass work, kitchen and cleansing work are organised as well as basic bread making training course, cleaning services training course, construction industrial safety card course, environmental hygiene & cleaning worker training course, booth setting and decoration training course, cleaning skills and pest control training course, horticulture worker retraining course and removal and logistic training course.
 - (e) Education – Formal education is provided to all young inmates with a view to promoting their general education and fostering good habit of self-study.

Subjects taught include English, Chinese, Mathematics, self and social development and computer subjects. Adult inmates may attend educational courses on a voluntary basis.

- (f) Physical education and Recreation – To promote the general health of the inmates, physical education sessions are conducted by qualified physical education instructors. A wide variety of activities are offered at leisure hours so that inmates may learn to make good use of their spare time for healthy activities.

Assessment of Progress of Inmates

3. In order to strengthen the inmates' motivation, a promotion system comprising three stages of Initial Grade, Treatment Grade and Pre-release Grade is adopted during their stay in an addiction treatment centre.

4. Inmates' efforts, attitude, performance, progress and response towards the treatment programme are monitored and assessed regularly by DATC staff, and taking into account by the Board of Review when considering promotion and release of inmates. The first review of an inmate will be conducted within two months from his admission to a DATC. Thereafter the Board will assess his performance at least once a month.

Supervision Service

5. There are two specific objectives of the supervision services, namely, to facilitate the inmates' rehabilitation and reintegration into the community through fostering support between inmates, their families and the staff of CSD; and to help inmates lead a drug-free, law-abiding and industrious life after release.

6. Inmates released from DATCs are subject to 12 months' statutory aftercare period. During the supervision period, a supervisee may be recalled for a further period of detention if found in breach of any of the supervision conditions.

Pre-release Programme

7. A “Pre-release Reintegration Orientation Course” is organised for inmates to assist their reintegration into the community. The course covers different areas such as social welfare services, adult education, legal assistance, labour legislation, medical services, employment services, job interviewing techniques, labour market, and human interaction skills.

Job Placement

8. Job placement will be arranged for each inmate through their family/relatives and friends, supervising officers and prospective employers.

Halfway House Facilities

9. Halfway house facilities are provided to those who are in need of accommodation, intensive supervision or encounter problems after release from DATCs. Currently, CSD operates two halfway houses, namely, the Bauhinia House and the Pelican House, for supervisees discharged from DATCs. The maximum capacities of these two houses are 24 and 20 respectively. The period of residence depends on individual progress, and is normally between one and two months.

Contact Details of DATCs

| <i>Name of Institution</i> | <i>Address</i> | <i>Telephone</i> |
|--|----------------------|------------------|
| Hei Ling Chau Addiction Treatment Centre | Hei Ling Chau Island | 2986 6286 |
| Hei Ling Chau Addiction Treatment Centre (Annex) | Hei Ling Chau Island | 2986 6001 |

Services and Contact Details of Other Support Services

Caritas Lok Heep Club

The Caritas Lok Heep Club commenced operation in 1968. With two centres located in Kowloon and on Hong Kong Island, it helps drug abusers to deal with their drug problems, assists rehabilitated drug abusers to remain abstinent, supports the family members of these two target groups and provides the public with preventive education on combating drug abuse.

The Club functions mainly through providing counselling and supportive services to drug abusers and ex-drug abusers. It is also experienced in helping family members of drug/ ex-drug abusers by running talks, education programmes, as well as group sessions to help them to deal with problems related with drug-abuse. There is also a Family Visit Team to reach out to serve needy people. The Club provides drug tests to help assess the abstinence status of clients.

Contact

Hong Kong Centre

Address: 12/F Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong

Telephone: 2893 8060

Email: fslhchk@caritassws.org.hk

Website: www.caritaslokheepclub.org.hk

Kowloon Centre

Address: Room 1-4, G/F Yiu Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon

Telephone: 2382 0267

Email: fslhchk@caritassws.org.hk

Website: www.caritaslokheepclub.org.hk

Hong Kong Council of Social Service

The Network on Substance Abuse Service (Network on SAS) of the HKCSS was established with over 26 representatives from NGOs involved in drug treatment, rehabilitation and prevention. Its goal is to promote the exchange of

views on drug related issues and to collaborate service-interfacing between NGOs and the concerned parties.

In responding to the Fifth Three-year Plan and Task Force on Youth Drug Abuse led by the Secretary for Justice, Network on SAS organised series of consultation meeting, and channelled views of the sector to related government departments. Moreover, training, agency visitations and international conference are organised for exchange of expertise, experiences and resources among professional workers in drug abuse on a regional and international scale to enhance the capacity building of the sector.

Contact

Address: 12/F, Duke of Windsor Social Service Building, 15 Hennessy Road,
Wanchai, Hong Kong
Telephone: (852) 2864 2929
Fax: (852) 2865 4916
E-mail: council@hkcss.org.hk
Website: www.hkcss.org.hk

Mobile Acute Drug Rehabilitation Team of Haven of Hope Hospital

The in-patient detoxification service for the drug abusers was first started by the Haven of Hope Hospital in the early 1970s. In September 1997, the Mobile Acute Drug Rehabilitation Team was established in the hospital as a new model of care for the drug abusers who suffer concomitant medical illnesses. The philosophies of the team are based on Christ-centeredness and life respect to promote and provide holistic drug rehabilitation service for drug abusers. The team consists of a nurse experienced in drug rehabilitation, a peer counsellor and inputs from the multi-disciplinary team of the hospital. The detoxification process comprises basically a three-week in-patient voluntary rehabilitative programme, which provides detoxification, physical, psychosocial and spiritual care. Discharged detoxified drug abusers are referred to other drug rehabilitation organisations for follow-up, which aims to strengthen the rehabilitation and their re-integration into society.

The Team has collaborated with six NGOs in providing services. It also provides weekly group counselling service to ex-addicts. The service is provided by its peer counsellor and the pastoral worker of the respective local church. In order to

encourage the discharged clients to build up a network for mutual support and sharing, the hospital has assisted them to set up a self-help group in 2004.

Contact

Address: 8 Haven of Hope Road, Tseung Kwan O, Kowloon

Telephone: (852) 2703 8888

Fax: (852) 2703 8755

The Pui Hong Self-Help Association

The Pui Hong Self-help Association is a NGO formed by a group of rehabilitated drug abusers in 1967. It aims to promote the spirit of self-help and mutual support among its members to enable them to lead a drug-free and productive life. Linked with the SARDAs' four regional service centres, its four district chapters organise various social activities for their members. The association also operates a co-op shop on Shek Kwu Chau to serve the residents under treatment. As at the end of 2007, the total number of members stood at 3,688.

Contact

Address: Flat C, 4/F Haven Court, 128 Leighton Road, Causeway Bay, Hong Kong

Telephone: (852) 2576 2356

Fax: (852) 2882 3534

KELY Support Group

KELY (Kids Everywhere Like You) Support Group is committed to improving the quality of life and helping the youths to develop positive peer support networks in Hong Kong. KELY, established in 1991 as a youth self-help group for drug and alcohol problems, is a bilingual charitable organisation and a full member of the HKCSS.

KELY organises drug education, sexuality education, friendship, healthy physical and mental growth and eating disorder awareness programmes for primary and secondary school students of local and international schools. It has successfully added a peer support training programme to its services where students partake in peer support training courses to equip them for outreach within their schools. This is

particularly effective because the programme graduates are not only more accessible to their peers but also more approachable than counsellors. Also, the programme allows for understanding of risks within their schools, their fellow classmates and friends may be facing and can help facilitate research and provision of appropriate information as necessary.

Contact

Address: 2nd Floor, East Wing, 12 Borrett Road, Central, Hong Kong

Telephone: (852) 2521 6890

Email: contact@kely.org, help@kely.org

Website: www.kely.org

Life Education Activity Programme (LEAP)

Established in 1994, LEAP is a registered charity which provides internationally recognized health awareness and drug prevention programmes for students aged from five to 15. LEAP's cultural and age-appropriate programmes are designed to provide a sequential approach to learning about the body, how drugs affect it and, through role-play, to develop students' social competency skills to enable them to make responsible decisions.

The Primary Programme is taken to schools in specially designed mobile classrooms that are equipped with technology and provide a relaxed and intimate environment for children's enjoyment and open discussion. LEAP now operates six mobile classrooms and one static centre, as well as a Secondary Programme. The Programmes reach some 76 000 school children annually, including over 3 000 students with Special Needs. In October 2006, LEAP launched "Safe and Successful", a programme which aims at equipping parents with skills to help their children establish correct values and to prevent substance abuse.

Contact

Address: 3/F, Chung On Hall, 15 Stubbs Road, Wanchai, Hong Kong

Telephone: (852) 2530 0018

Fax: (852) 2524 8878

Email: leap@leap.org.hk

Website: www.leap.org.hk

Community Drug Advisory Council (CDAC)

CDAC is a bilingual non-governmental organisation that was established in 1984. The mission of the Council is to prevent initiation of drug abuse and minimise harms associated with drug abuse.

CDAC develops and provides drug education programmes for different schools and organisations. Target groups including students, at-risk youths, parents, teachers and other professionals. CDAC provides consultancy for teachers; advice and referral services for people who have problems concerning drug abuse; editing and developing drug information resources specific to certain target groups. For example, the “Drug Education Kit (2007/08)” which was tailored for primary and secondary schools, a self-edited youth magazine called “Youth Express” for youths, and drug information booklets designed for parents.

With the sponsorship from the Beat Drugs Fund, a two-year project D.R.O.P. (Drug Resistance, One-stop Programme) will commence in 2008 to provide anti-drug and health education programmes for about 5,000 at-risk youths.

Contact

Address: G/F., 12 Borrett Road, Central, Hong Kong

Telephone: (852) 2521 2880

Fax: (852) 2525 1317

Email: cdac@netvigator.com

Website: www.cdac.org.hk

**Recommendations on Drug Treatment and Rehabilitation Services
Set Out in the Director of Audit's Report No.50**

| The Audit Commission's Recommendations | Response from the Administration |
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| A. Monitoring of Drug Abuse Situation | |
| <p><u>Para.2.10</u> Audit has recommended that the Commissioner for Narcotics should:</p> <p>(a) consider supplementing the school surveys with other fact-finding methods to ascertain the drug abuse situation among students (see also paras. 2.34 to 2.44); and</p> <p>(b) closely monitor the trends of school and student participation in school surveys and, where appropriate, take further actions to improve the participation rates.</p> | <p><u>Para.2.11</u> The Commissioner for Narcotics agrees with the audit recommendations. She has said that:</p> <p>(a) the 2004 school survey included a number of measures to relieve the psychological burden of students in providing sensitive information (see Note 11 to para. 2.6). These measures should be useful in facilitating students to provide honest answers to the questionnaire. As with any statistical survey, there is no guarantee of the full validity of the information provided;</p> <p>(b) nevertheless, apart from the school survey, the ND also refers to other supplementary information to facilitate a more comprehensive understanding of the drug abuse situation among young people. For example, the ND will make reference to admission statistics from treatment and rehabilitation agencies, drug-related arrest and seizure figures, as well as thematic research studies. The ND will continue to make reference to the supplementary information and explore more effective means for better understanding of the situation among young people;</p> <p>(c) in statistics, the accuracy of the survey result highly depends on the sampling proportion (i.e. the sample size relative to the size of the population under survey). The 2004 school survey in Hong Kong had a sample size of about 95,600 students, representing a</p> |

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| <p align="center">The Audit Commission’s Recommendations</p> | <p align="center">Response from the Administration</p> |
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| | <p>sampling fraction of 19% of about 509,100 students under study. A similar school survey conducted in the United States had a sample size of 50,000, representing 0.4% of 12 million students under study. In the United Kingdom, the sample size was 10,000, representing 0.3% of 3 million students under study;</p> <p>(d) the school surveys in Hong Kong, in terms of school participation rate and student response rate (e.g. 83% and 82% respectively for the 2004 school survey), are also comparable with similar overseas surveys. Out of some 12,700 students in international schools in 2004, 5,500 (43%) responded to the 2004 school survey. Out of some 35,000 students in the Hong Kong Institute of Vocational Education, some 23,600 (67%) responded. These represent very encouraging sampling proportions, much higher than the overall sampling proportion (19% of all students); and</p> <p>(e) the ND will continue to explore ways to further improve the response rates in future surveys. For example, in the coming 2008 survey, the ND will consider possible ways to provide incentives to schools to encourage their participation.</p> <p>The issues are now further addressed in Chapter 5 (A)(a) of the Fifth Three-year Plan.</p> |
| <p><u>Para.2.32</u> Audit has recommended that the Commissioner for Narcotics should: <i>Need to review and enhance the CRDA</i> (a) ascertain the extent of under-reporting, and the reasons that have</p> | <p><u>Para.2.33</u> The Commissioner for Narcotics agrees with the audit recommendations. She has said that:</p> <p>(a) the overall abuse trend as indicated by the CRDA has been generally in line with the situation reflected by the drug crime</p> |

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| <p style="text-align: center;">The Audit Commission's Recommendations</p> | <p style="text-align: center;">Response from the Administration</p> |
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| <p>discouraged the agencies from reporting to the CRDA;</p> <p>(b) step up the ND's efforts to promote the CRDA, including strengthening its communication with reporting agencies;</p> <p>(c) take measures to include the five reporting agencies referred to in paragraph 2.21(c) and other potential parties in the Fourth Schedule to the Dangerous Drugs Ordinance (DDO);</p> <p>(d) establish a mechanism for regular review of the reporting network and for collecting agencies' feedback on the CRDA system and reporting form;</p> <p><i>Need to address agencies' concerns</i></p> <p>(e) take measures to address the reporting agencies' concerns about reporting to the CRDA (e.g. organising more regular briefing sessions/seminars, improving the CRDA Guidelines and re-circulating the Personal Data (Privacy) Ordinance guideline on a regular basis);</p> <p><i>Need to review the definition of drug abusers in the CRDA</i></p> <p>(f) keep the definition of drug abusers used in the CRDA under review and refine and revise it where appropriate; and</p> <p><i>Need to improve the efficiency of the CRDA</i></p> <p>(g) review the CRDA's reporting arrangement with the reporting agencies, with a view to streamlining the procedures, and</p> | <p>statistics. Between 1997 and 2006, heroin and ketamine seizures as well as heroin and ketamine arrests are all in line with the respective declining and rising trend of heroin and ketamine abusers;</p> <p>(b) to better appreciate the extent of under-reporting by the reporting agencies, the ND is considering a new form for them to record information (without any personal identity information) of those drug abusers who are engaged by the agencies but may not be willing to report their information to the CRDA due to various concerns;</p> <p>(c) the ND is well aware of the reasons quoted by Audit (see para. 2.23) as to why reporting agencies do not always report drug abuser cases to the CRDA. The ND has taken actions over the years to promote the CRDA, collect agencies' feedbacks and address agencies' concerns including:</p> <p>(i) issuing the CRDA guidelines to the reporting agencies every six months, and organising briefing sessions from time to time;</p> <p>(ii) sending fax or electronic mails (where applicable) to remind the reporting agencies to report cases to the CRDA from time to time; and</p> <p>(iii) introducing a new function since February 2008 on the electronic submission system (Note 20) to facilitate data reporting by the agencies, and the conduct of two briefing sessions about the electronic submission system (with over 60</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| <p>encourage agencies to make electronic submissions as far as possible.</p> | <p>participants);</p> <p>(d) the ND will continue to maintain close contact with the reporting agencies, promote the CRDA to them and step up measures to help address their concerns and suggestions. The ND will continue to collect feedback from the agencies through the DLC, ACAN (and its sub-committees) and daily contacts with them;</p> <p>(e) the ND will consult the reporting agencies referred to in paragraph 2.21(c) on their inclusion in the Fourth Schedule to the DDO in due course;</p> <p>(f) the regular exercise to prepare the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (Plan — Note 21) provides an ongoing platform for reviewing the reporting network and collecting feedback. The ND will continue to make optimal use of the channel; and</p> <p>(g) the ND has always encouraged reporting agencies to report abuser cases to the CRDA, whether via paper form or electronic form, in the way they find it convenient and efficient, as not all NGOs are resourceful or comfortable enough in using computers. The ND will continue to try its best to facilitate their reporting work and encourage agencies to make electronic submissions as far as possible.</p> <p>The issues are now further addressed in Chapter 5 (A)(a) of the Fifth Three-year Plan.</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| <p><u>Para.2.44</u> Audit has recommended that the Commissioner for Narcotics should consider, in consultation with the Research Advisory Group (RAG) and ACAN, further means to supplement the school surveys and the CRDA and, if required, develop the qualitative module as early as possible.</p> | <p><u>Para.2.45</u> The Commissioner for Narcotics agrees with the audit recommendation. She has said that:</p> <ul style="list-style-type: none"> (a) apart from the school survey and the CRDA, the ND also makes reference to other information or figures (such as admission statistics from treatment and rehabilitation agencies, and drug-related arrest and seizure figures — see para. 2.11(b)) for a more comprehensive understanding of the drug abuse situation, policy formulation and resource allocation. The ND also commissions thematic research studies to collect qualitative information and closely monitor the drug situation through sharing with ACAN (and its sub-committees), RAG and the DLC, liaison with other external counterparts and participation in regional and international conferences; and (b) the ND will explore, in consultation with ACAN and RAG as appropriate, further means to supplement the school surveys and the CRDA (e.g. the possible establishment of the qualitative module). For instance, the ND is considering launching a study to understand more about the drug abuse situation among the “non-engaged” youth. <p>The issues are now further addressed in Chapter 5 (A) of the Fifth Three-year Plan.</p> |
| <p>B. Effectiveness of the Treatment and Rehabilitation Programmes</p> | |
| <p><u>Para.3.29</u> Audit has recommended that the Commissioner for Narcotics</p> | <p><u>Para.3.30</u> The Commissioner for Narcotics agrees with the audit</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| <p>should :</p> <p><i>Alignment of resources with changing demands</i></p> <p>(a) critically review the existing distribution of resources for treatment and rehabilitation services and assess the need for allocating resources to deal with the treatment of psychotropic substance abusers;</p> <p><i>Drop in demand for SARDA and MTP services</i></p> <p>(b) critically review, in consultation with the Director of Health, the roles played by SARDA and the MTP to assess :</p> <p>(i) whether they should be continued in the present mode of operation; and</p> <p>(ii) how their existing resources and facilities could be rationalised;</p> <p><i>Re-designing of treatment and rehabilitation programmes</i></p> <p>(c) set up a mechanism to monitor the pace of re-engineering in the treatment and rehabilitation agencies;</p> <p>(d) step up the ND efforts in urging and facilitating the treatment and rehabilitation agencies to re-engineer their services;</p> <p><i>Improvement to quarterly returns on caseload</i></p> | <p>recommendations in Para.3.29(a), (e), (f) and (i). She also agrees in principle with the remaining audit recommendations (i.e. para. 3.29(b) to (d), (g) and (h)). She has said that:</p> <p><i>Re-designing of treatment and rehabilitation programmes</i></p> <p>(a) the ND is keenly aware of the changing drug abuse pattern and has made solid efforts in facilitating the treatment and rehabilitation agencies to re-engineer their services and in updating the skills and knowledge of anti-drug workers;</p> <p>(b) the ND will continue to monitor the re-engineering pace and reinvigorate its facilitating and training efforts, notably through the cyclical preparation and implementation of the Three-year Plan. The drawing up of the next Plan covering 2009 to 2011 will start shortly. The ND will also work closely with the Director of Social Welfare and the Director of Health, who, as Controlling Officers, would discuss with the subvented agencies in updating their programmes and performance targets as appropriate;</p> <p>The issues are now further addressed in Chapter 5 (E) and (F) of the Fifth Three-year Plan.</p> <p><i>Implementation of Three-year Plans</i></p> <p>(c) the Three-year Plan is a policy paper mapping out the strategies and future direction which drug treatment and rehabilitation services should take. The Plan provides anchor points for treatment and rehabilitation agencies, subvented or</p> |

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| The Audit Commission's Recommendations | Response from the Administration |
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| <p>(e) collect statistics from treatment and rehabilitation agencies on the numbers of heroin, psychotropic substance and multiple drug abuser cases they handled;</p> | <p>non-subvented, to reflect on their services and develop complementing strategies and programmes to meet their service objectives in view of the latest drug trend;</p> |
| <p><i>Implementation of Three-year Plans</i></p> | <p>(d) the ND plays a coordinating and overseeing role in the preparation and roll-out of the Plan. The formulation of the Plan is in itself a consensus building process among the relevant stakeholders. Both public and community resources have been invested in implementing the Plans over the years;</p> |
| <p>(f) take the lead in planning and overseeing the roll-out of recommendations in the Plans;</p> | <p>(e) the ND will take on board the audit recommendations and continue to take a leading role in preparing the Fifth Three-year Plan (2009 to 2011) and overseeing its implementation; and</p> |
| <p><i>Multi-disciplinary approach recommended by Psychotropic Substance Abuse Task Force</i></p> | <p>The issues are now further addressed in Chapter 6 (H) of the Fifth Three-year Plan.</p> |
| <p>(g) take a more active role in rolling out the multi-disciplinary approach, and work out a strategic plan (which may be subsumed under the forthcoming Three-year Plan) on how to take forward the multi-disciplinary approach recommended by the Psychotropic Substance Abuse Task Force;</p> | <p><i>Multi-disciplinary approach recommended by Psychotropic Substance Abuse Task Force</i></p> |
| <p>(h) set common goals and key milestones in the strategic plan, and have the goals and milestones agreed by all parties concerned; and</p> | <p>(f) the ND will continue to pursue the multi-disciplinary approach in a pragmatic and incremental manner in the context of preparing the Plan (2009 to 2011) and Resource Allocation Exercise bids.</p> |
| <p>(i) in collaboration with responsible policy bureaux/ departments, seek funding for the implementation of the strategic plan.</p> | <p><u>Para.3.31</u></p> |
| | <p>The Secretary for Financial Services and the Treasury agrees in general with the audit recommendations. Regarding the proposal for the ND to bid for resources through the Resource Allocation Exercise to support the implementation of the strategic plan (see paras. 3.28 and 3.29(i)), he has said that additional resources have been provided in</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| | <p>the 2008-09 Estimates for the high-level task force (led by the Secretary for Justice —see para. 1.10) to tackle the youth drug abuse problem with a multi-pronged approach.</p> <p>The issues are now further addressed in Chapter 5 (D) of the Fifth Three-year Plan.</p> |
| C. Monitoring the Performance of Various Treatment and Rehabilitation Programmes | |
| <p><u>Para.4.11</u> Audit has recommended that the Director of Health should enter into Funding Service Agreements (FSAs) with the DH-subvented NGOs and take measures to ensure that the NGOs would comply with the agreements.</p> <p><u>Para.4.12</u> Audit has also recommended that the Director of Social Welfare should keep performance targets under review and fine-tune them regularly.</p> | <p><u>Para.4.13</u> The Director of Health welcomes the audit recommendation, which is in line with the DH's position. He has said that:</p> <p>(a) besides reviewing NGOs' returns on performance measures (see para. 4.9), the DH also keeps abreast of developments in NGOs through attendance at meetings and official functions, ad hoc visits to various institutions and assessment visits while processing funding applications. Such contacts do facilitate its monitoring work; and</p> <p>(b) to further improve the control framework, the DH has been desirous of entering into FSAs with its NGOs and has concluded one with the Hong Kong Red Cross in early 2008. In the drug treatment and rehabilitation field, the DH has wished to start the FSA exercise with SARDA which receives about 90% of total funding for the three NGOs subvented by the DH.</p> <p><u>Para.4.14</u> The Director of Social Welfare agrees with the audit recommendation. He has said that the last review on treatment and</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| | <p>rehabilitation programmes was conducted in 2005-06 and the SWD will strive for continuous service improvement in joint effort with the ND and the operating NGOs.</p> <p><u>Para.4.15</u> The Commissioner for Narcotics also agrees with the audit recommendations.</p> <p>The issues are now further addressed in Chapter 5 (F) of the Fifth Three-year Plan.</p> |
| <p><u>Para.4.32</u> Audit has recommended that the Director of Health should:</p> <p><i>Caseload of methadone clinics</i></p> <p>(a) keep under review the justifications for maintaining those methadone clinics with extremely low utilisation in their present mode of operation;</p> <p><i>Performance reporting</i></p> <p>(b) report more outcome measures in the DH's Controlling Officer's Reports (CORs) and in its quarterly returns to the ND; and</p> <p><i>Extent of achieving detoxification</i></p> <p>(c) assess whether the results of detoxification so far achieved are satisfactory and whether there is a need to step up efforts with a view to:</p> | <p><u>Para.4.33</u> The Director of Health accepts the audit recommendations. He has said that :</p> <p><i>Caseload of methadone clinics</i></p> <p>(a) the conduct of utilisation reviews on methadone clinics has been in practice for many years;</p> <p>(b) in a 1992 review, the Administration came up with some principles underlying the setting up and operation of methadone clinics. These principles, as endorsed by the ACAN, included the need to provide methadone clinics in densely populated areas, the need to ensure easy access and convenience to patients, and the role of methadone clinics as a "safety-net", with capacity to cope with sudden demands for treatment due to reductions in the supply of drugs on the streets;</p> <p>(c) as a result of the review, the number of methadone clinics</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| <p>(i) encouraging more methadone patients to undergo detoxification; and</p> <p>(ii) providing more intensive care and counselling to help them become drug-free.</p> | <p>dropped from 25 to 20 over the years 1992 to 2002. This was made possible by closing or merging clinics that had alternative clinics nearby. Further closure of clinics is not desirable as easy accessibility will be hampered. On the other hand, setting up of new clinics in new towns where service needs exist is practically impossible due to neighbourhood's general resentment and District Councils' opposition;</p> <p>(d) in any case, the DH keeps under constant review MTP statistics in order to monitor utilisation and assess changes in service needs. Over the years, adjustments in the number of clinic sessions, doctor sessions and social workers' counselling sessions, clinics' opening hours, as well as manpower resources have been made accordingly. Furthermore, to maximise the use, the methadone clinics have been expanded and/ or renovated to provide venue for group counselling and health education whenever possible;</p> <p><i>Performance reporting</i></p> <p>(e) the DH will discuss with the ND on the appropriate outcome measures to be included in the CORs and in its quarterly returns to the ND;</p> <p><i>Extent of achieving detoxification</i></p> <p>(f) the conduct of reviews on the results of detoxification has been put into practice for many years;</p> <p>(g) the main objective of the MTP in Hong Kong is to provide a readily accessible, legal, medically safe and effective treatment to</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| | <p>combat against illicit self-administration of opiate drugs. It also aims to enable opiate abusers to lead a normal productive life and reduce intravenous drug use (including needle-sharing). Hopefully this can result in the prevention of spread of blood-borne diseases like AIDS and hepatitis B. All along, there has been a good coverage of opioid users by the MTP. The compliance of the methadone users to treatment is satisfactory. The attendance rate has been steady at around 75% in the past few years;</p> <p>(h) drug users who regularly receive service from the MTP have been found to have less criminal convictions, higher employment status and better family relationships than those who have not joined the programme. Furthermore, the prevalence of HIV infection among drug users in Hong Kong has remained low and stable over the years;</p> <p>(i) the MTP Working Group (see para. 4.21) concluded in its Report of 2000 that the MTP fulfilled its declared objectives and was effective in helping drug abusers to sustain their employment and social life as well as helping the society to reduce instances of drug overdose, drug-related deaths and the spread of blood-borne diseases. The MTP Working Group's review confirmed that MTP should continue to comprise maintenance and detoxification elements in order to offer choices, while the mainstay of the programme should remain a substitution (maintenance) therapy with a harm reduction objective;</p> <p>(j) regarding the results of detoxification, a literature review on comparing drug abstinence rates of 14 opioid detoxification</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| | <p>programmes in the United States, the United Kingdom and Sweden revealed that the pooled abstinence rate was around 33%. The average detoxification success rate for the MTP in Hong Kong is approximately 40% which compares favourably with that abroad;</p> <p>(k) it is well recognised worldwide that opiate drug addiction is a chronic relapsing condition. While some abusers can be successfully detoxified, the majority have to revert to drug use or an alternate replacement/maintenance; and</p> <p>(l) though the admission of methadone users to the detoxification scheme is entirely voluntary, MTP staff will continue to encourage and facilitate opiate abusers (particularly new methadone users, youths, women and those with a short history of opiate abuse) to join the detoxification programme. Intensive counselling and continuous support service are provided to facilitate them to abstain from drug use.</p> <p><u>Para.4.34</u> The Commissioner for Narcotics welcomes and agrees with the audit recommendations.</p> <p>The issues are now further addressed in Chapter 5 (F) of the Fifth Three-year Plan.</p> |
| D. Provision of Substance Abuse Services | |
| <p><u>Para.5.24</u> Audit has recommended that the Commissioner for Narcotics and the</p> | <p><u>Para.5.25</u> The Commissioner for Narcotics welcomes and agrees with the audit</p> |

| The Audit Commission's Recommendations | Response from the Administration |
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| <p>Secretary for Food and Health should, in consultation with the Chief Executive, the HA:</p> <p>(a) assess critically the service demand for SACs and expedite the implementation of the Psychotropic Substance Abuse Task Force's recommendation by strengthening the SAC services to meet the community needs;</p> <p>(b) in assessing the service demand, take into account the various constraints facing SACs as highlighted in paragraphs 5.10 to 5.20, including:</p> <p>(i) provision of treatment to psychotropic substance abusers residing in districts not covered by the catchment areas of existing SACs;</p> <p>(ii) need for enhancing the detoxification services to be provided for psychotropic substance abusers; and</p> <p>(iii) conduct of pre-admission body checks for abuser cases referred by treatment and rehabilitation agencies to SACs; and</p> <p>(c) explore the feasibility of extending the provision of the day-time detoxification service at the Kwai Chung SAC to other SACs.</p> | <p>recommendations. She appreciates the audit observation on the medical service needs of drug abusers. She has said that the ND will work with the Food and Health Bureau and other relevant parties on appropriate enhancement of SAC services and other appropriate means to meet the needs.</p> <p><u>Para.5.26</u> The Secretary for Food and Health welcomes the audit recommendations. He has said that he has initiated follow-up action with the Commissioner for Narcotics and the Chief Executive, HA on strengthening the support and services of SACs as appropriate, taking into account the role of SACs, the demand for the services, the service delivery model and the resources requirement.</p> <p><u>Para.5.27</u> The Chief Executive, HA welcomes the audit recommendations. He has said that:</p> <p>(a) while the HA provides its psychiatric services on a cluster basis and patients are arranged to attend at a SAC within their residential district as far as possible, the HA will not deny treatment to a patient just because he/ she is not living within the service catchment area of a SAC. However, if the patient in a referral case does not require the kind of specialist services available in SAC or the patient does not have the motivation for treatment, the case would not be taken up for follow-up;</p> <p>(b) decisions on any SAC expansion cannot be made in isolation. For example, impacts on other services, availability of resources (such as floor space) and competing priorities all need to be</p> |

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| | <p>considered. As to the provision of SAC service to psychotropic substance abusers residing in Hong Kong West and Kowloon East (see para. 5.13), the HA is planning to reopen the SAC in Queen Mary Hospital later in 2008 and is exploring with the Food and Health Bureau the possibility of opening a SAC in Kowloon East. Currently, while the Hong Kong West Cluster and the Kowloon East Cluster do not have SACs, drug abusers with psychiatric problems could receive treatment through the services available in their respective Specialist Out-patient Departments. As such, medical consultations are available and accessible in these clusters although they are provided through other means in the absence in these clusters although they are provided through other means in the absence of SACs;</p> <p>(c) historically, some SACs had performed pre-admission body check for residential DTRCs on a limited basis (see para. 5.18). But this service does not fall within the scope of SAC services. SAC has the designated function of providing specialist intervention for drug abusers who have developed psychiatric complications and/or co-morbidity. As a tertiary care provider, the HA is of the view that its services should be better targeted to those who need specialist services. At present, the treatment and rehabilitation agencies approach medical practitioners for body check services; and</p> <p>(d) with regard to the recommendations for enhancing the detoxification service for psychotropic substance abusers and extending the day-time detoxification service (see para. 5.24(b)(ii) and (c)), the HA will review the need for and the effectiveness of the day-time detoxification service and explore the feasibility of</p> |

| <p align="center">The Audit Commission’s Recommendations</p> | <p align="center">Response from the Administration</p> |
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| | <p>extending this service to other SACs, covering also psychotropic substance abusers.</p> <p>The issues are now further addressed in Chapter 5 (C)(d) of the Fifth Three-year Plan.</p> |
| <p><u>Para.5.32</u> <i>Audit has recommended that the Chief Executive, HA should encourage the other four SACs to compile treatment statistics in a similar manner as the Tuen Mun SAC.</i></p> <p><u>Para.5.33</u> Audit has also recommended that the Commissioner for Narcotics should collect such useful statistics from the HA to facilitate her future policy formulation and strategic planning.</p> | <p><u>Para.5.34</u> The Chief Executive, HA welcomes the audit recommendation. He has said that:</p> <p>(a) the HA has set performance measures for its psychiatric services which include length of stay and re-admission rates of psychiatric patients; and</p> <p>(b) at the request of the ND, the HA provides quarterly service statistics of its SACs to the ND. The HA will discuss with the ND and explore the feasibility of collecting further treatment statistics (e.g. the percentage of multiple drug abusers) in other SACs to facilitate the ND’s policy formulation and strategic planning and where the HA is the most appropriate source for collecting the information.</p> <p><u>Para.5.35</u> The Commissioner for Narcotics welcomes and agrees with the audit recommendations.</p> <p>The issues are now further addressed in Chapter 5 (A) of the Fifth Three-year Plan.</p> |

香港社會服務聯會
香港戒毒治療和康復服務第五個三年計劃(2009-2011)
意見書

1. 背景

香港禁毒處自一九九七年起，聯同各有關政府部門及團體，每三年制定「香港的戒毒治療與康復服務三年計劃」（「三年計劃」），至今已有十年歷史。香港社會服務聯會轄下的藥物濫用防治網絡（前稱毒品問題工作小組）一直積極參與其中，希望將業界關注的議題及建議，向禁毒處反映，務求令「三年計劃」能更切實帶動服務發展以及回應使用者的需要。

第五個三年計劃(2009-2011)的籌備工作經已展開，初步定於 2009 年初完成及公布。社聯於 2008 年 7 月中舉辦了五次諮詢會議（其中一次主要有關「三年計劃」），並在轄下的藥物濫用防治服務網絡及相關工作小組收集委員意見，以供禁毒處及業界參考。

2. 對制定「三年計劃」的整體意見

2.1 全面規劃

本港的濫藥情況與趨勢，無論在人口以至藥物類型上已有很大的改變。預計濫藥問題在短期內亦不能即時改善，我們必須要以新的方式面對及處理。

過去，「三年計劃」為本港禁毒工作提供藍圖，但由於只集中在戒毒治療及康復服務範疇，故未能全面回應整體濫藥情況。業界支持及欣賞禁毒處不排除在是次「三年計劃」中包括預防及研究層面相關的工作，但長遠而言，處方應考慮**全面制定「香港的禁毒策略三年計劃」**。在英國及澳洲均有制定全國性的禁毒策略 (National Drug Strategy)，透過跨部門及跨界分的參與，**釐定不同界別的具體目標及工作**，值得參考。

2.2 具體策略

「三年計劃」除了作為回顧服務發展及提出建議外，更應就各項建議**定出策略目標 (strategic objectives)、具體促使計劃落實的工作方法 (action plan)及預計成效 (expected outcomes)**，**並就建議的策略配套適當資源，清楚列出每項目標的財政預算**，好讓「三年計劃」能夠真正成為全面的禁毒服務策略文件，令有關部門、業界及公眾知悉計劃的發展方向及方便評估計劃的執行成效。

2.3 定期及全面檢討

以往「三年計劃」較為著重在制定之前與業界溝通及進行諮詢，業界表示希望日後可**每年定期與處方共同檢討「三年計劃」實施進度**，跟進各項工作的情況。並於每次「三年計劃」再進行規劃前，全面**就上次計劃的目標、資源分配等項目作詳細的成效檢討**，確保各項政策及服務能切實執行。

2.4 跨部門協調

「三年計劃」為本港防治濫藥的政策文件，要得以全面有效落實當中的建議，就必須好好**處理跨部門協調的問題**，確保各項涉及其他部門的事項，例如有關醫療、教育方面的工作能順利推行。

3. 業界對「三年計劃」(2009-2011) 及整體禁毒策略的重點關注項目

3.1 理念及方向

減低危害

本港的禁毒政策背後的推行理念主要是 1) 減低供應及 2) 減低需求。而在不少西方國家，近 20 年開始更加入「減低危害」這個理念範疇。「減低傷害」這概念不單指可用於個人，還適用家庭及社區層面，而在服務上，亦不單用於康復治療，更適用於預防教育上。在本港，採用美沙酮便是一項「減低危害」的策略。

因應不同的文化背景及社會發展情況，我們未必適合倉促全面引入「減低危害」的策略，但業界期望可有更多討論空間，**探討發展一些適合香港情況的「減低危害」措施，及研究是否適合將「減低危害」加入成為我們制定政策與服務基礎信念。**

加強刑罰

業界認為**單以加強刑罰作為「減低需求」的措施有其限制**，擔心嚴打只會令濫藥者更隱蔽，例如他們會因憂慮需要入獄而放棄接受戒藥治療。另外，有同工亦反映家長們相同地會因現時刑罰加重後，對安排子女接受戒藥服務有更大心理負擔，造成求助障礙。

統合處理濫用物質問題

濫藥問題正反映出新一代青少年著重眼前享樂，忽視健康。一些研究更指出濫藥問題其實與吸煙及酗酒有很密切關係，例如濫用物質問題都多由吸煙或飲酒開始。雖然禁毒處的職權範疇只集中於處理違法毒品，但要有效防治濫藥問題，政府實有需要**探討將防治濫用各類物質的工作統**

合處理，制定相互配合的策略，以收治標及治本之效。

3.2 服務規劃機制

如上所述，完善並強化現有「三年計劃」的規劃與檢討機制是解決以往服務欠缺全面規劃的首要工作。除此之外，具體掌握濫藥與服務需求情況將有助作出對應的規劃。

審計署指現時香港主要根據「藥物濫用資料中央檔案室」數據反映濫藥情況及趨勢，由於有關資料乃以自願呈報方式收集，故難免低報藥物濫用人數，其敏感度亦見不足。另外，一些高危組群，例如輟學及雙待青年的數字就更未有機制收集。因此，現有的數據是不能反映真實情況，容易令人低估問題，不能以足夠的資源及力度處理濫藥情況。

我們重申建議禁毒處應參考英國、美國及澳洲等國家，以**高度保密的普查方式掌握濫藥者人數及相關資料**，並配合定期的針對危害精神毒品方面的調查，以便更快速掌握濫藥問題及趨勢，規劃相應禁毒策略。

除了數據可幫助我們確切掌握問題情況，同工的實戰經驗對釐定有效的政策與到位的服務亦非常重要。業界建議政府**多開設討論平台，在推行各項措施前，廣泛諮詢同工意見**，特別在執行層面，以確保措施具針對性及切實可行。

有鑑於政府以往曾**就濫毒問題召開高峰會議**，成功帶動有關的政府部門、業界、服務使用者以至其家屬參與討論，並定出切實及具影響之建議，因此業界要求政府每三至五年舉辦跨部門的高峰會議，廣泛向服務提供者及使用者瞭解現時不同服務的情況及他們的需要，避免亂石投林，資源錯配的情況一再出現。

3.3 發展服務回應新趨勢

現時的濫藥問題已與以往濫用傳統毒品的時代有著很大的轉變，我們需要抗衡的不單只是藥物或販藥者，所以在打擊濫藥的供應及需求的同時，更要遏止「濫藥普遍化」的歪風漫延。濫藥的文化就如傳染病爆發一樣，必須推動全民預防及積極監控，否則擴散速度會非常高。因此，我們必須先重新評估問題，才可達至根治問題。

業界建議禁毒處**在本地推動更多相關研究工作**，例如有關濫藥低齡化、家居濫藥問題；切合青年需要的戒藥服務模式(包括醫療服務與住宿服務)等等。有關資料可**為業界提供指導方向，促進服務發展**。

業界非常認同審計署報告中指有需要重新檢視禁毒資源投放的比例，除了要調適不同類型戒毒治療及康復服務的資源，以確保能有效回應濫藥人士的真正需要外，亦應考慮**增加用於預防教育及宣傳的資源**(這部份的開支一向大約只佔整體禁毒工作開支的 3%)，提供更多從家庭、學校、社區以及高危青少年方面著手的預防工作，並以更適切的手法及渠道實施各種措施。

除此之外，亦有需要**定期檢討服務推行情況，檢視各項服務的成效指標是否可針對性地回應問題**，以及能讓服務提供者有空間，適切地處理各個案的實際需要，避免令不合適的服務指標疾礙服務的提供。例如在外展服務中處理濫藥個案需要較長時間才可能會有進展，因此，以一般的人手比例及服務指標用於處理這些個案時，就會對同工造成限制，容易導致重量不重質的反效果。

由於濫藥問題及濫藥者需要可能瞬息萬變，因此服務方面亦要作出彈性回應，禁毒處應透過不同方式，**鼓勵新服務形式的產生**。

3.4 服務協調及分工

現時有接觸及處理濫藥人士，特別是青少年的服務為數不少，包括濫用藥物者輔導中心、地區外展、深宵外展、社區支援服務計劃、學校社工、綜合青少年服務隊、戒毒治療及康復中心等等。無論這些服務成立目的及資助是純針對處理濫藥者與否，它們之間必須有更佳協調才可發揮更好成效。當中首要處理的就是服務定位問題，不同的服務定位必須要清楚釐定，否則不但會導引資源重疊，更會影響服務成效。以濫用藥物者輔導中心為例，其開展之初乃專門提供傳統的輔導，時至今日，服務因應政府資源投放的取向而加入外展工作以及預防教育工作元素。這樣一方面對中心人力需求造成拉扯，亦會形成與坊間其他類似服務有分工不清的情況產生。對於資源投放、政策及服務的發展，我們期望業界有機會表達訴求，以及在改動前獲得充份的諮詢。

業界建議進行研究，**全面了解現有服務所發揮的功能及強項，重新釐定不同服務的角色與定位，避免每次只以補救式及零散地投放資源於服務上**。譬如針對處於不同的濫藥階段，提供不同層次的服務，並引入**地區層面的高層次協調機制**，主動就濫藥情況與相關的部門及單位(包括社會服務、醫療、教育、警方等等)進行定期溝通，交換意見及促進協作。

3.5 加強預防工作

如上所述，增加禁毒工作用於預防教育及宣傳方面的資源是必須要的，因為要抗衡「濫藥普遍化」的潮流文化，推展預防濫藥的教育就尤為重要。業界認為即將出的「**健康校園政策**」可在這方面發揮一定功效，並進一步建議將有關政策**擴展至幼稚園、職業訓練院校及大專**。一方面從幼小開始加強學生注意健康的意識成效最好，另一方面，較年長的學生亦有不少濫藥情況，故同樣需要引入有關政策，推動預防濫藥教育。業界更建議「三年計劃」內必須加入「健康校園政策」部份，清楚列出該政策的目標及預計成效，並作跟進檢討。

其實香港多年前已參考澳洲經驗發展出一套**預防濫藥的健康教育服務**，而澳門方面近年亦從本港引入有關服務，並由政府全資在當地的中小幼學校推行。香港政府亦應考慮提供足夠資源，廣大發展該服務。

至於在推行預防教育的實務上，業界認為**過來人分享**有一定成效，建議多加採用。除此之外，亦應在推廣工作中加入**法制教育**部份，增加青少年對濫藥刑責的認知及釐清誤解。

3.6 宣傳策略

宣傳策略要收效，就必須對應不同接收者的想法與需要。政府最新一輯以「不可一、不可再」(say no to drugs) 為標題的宣傳手法，可能對於一些完全未有接觸毒品的人士較為適合。然而，一些青年人亦反映不太明白廣告內容，加上在外國已有研究證實以「不」(完全否定)的宣傳方式並不能收效。建議政府應**參考外國研究，避免重覆外國的失敗經驗，並特別考慮從那些已有濫藥行為人士角度設計宣傳策略**，確保更有效運用資源。

3.7 及早識別

業界認同「及早識別」的原則，但認為其目的應是為被識別的濫藥者提供適切的跟進，而非將他們標籤隔離。因此在**及早識別的同時必須要配套完善的服務處理問題**。絕大部份**業界反對在學校進行毒品測試**的建議，認為會嚴重破壞學生與學校，甚至與家長的互信關係，而且測試存在太多涉及道德及人權問題，並非單以家長同意書即可解決。

3.8 研究施法分流

美國在十多年前已設立藥物法庭，把毒品相關的罪行分流處理，經由跨專業人士的評估，令輕微罪行及初犯者有改過自身的機會。鑑於香港的文化背景不同，且藥物法庭涉及司法層面一些技術上的問題，藥物法庭暫時未必即時完全適用於香港，但**禁毒處應繼續帶動**

業界以及司法界討論有關課題，參考其概念精粹於香港發展適切的服務，提供輔導服務給初犯及輕微的毒品罪犯，以便減少重犯的機會。其實，香港已於去年開始推行「施虐者輔導計劃」，該計劃亦是運用類似的理念，提供強制輔導服務給施虐者，以減少家暴重演。此外，亦可考慮參考警司警戒召開家庭會議的模式，以團隊工作的手法，協助干犯輕微罪行的青少年解決問題根源。

3.9 醫療配套

良好及適時的醫療服務配套的確對戒藥者有一定幫助。

近年在禁毒處的支持及推動下，促進了不少醫療與社會服務界的合作計劃協助濫藥者。然而，有關的計劃並非常設性，業界認為必須加強現有物質濫用診所，改善現時服務，才能解決醫療配套不足的問題。**物質濫用診所**服務最受業界關注的範疇包括：

- **資源不足**，服務量以及內容未能配合濫用精神藥物者輔導中心、戒藥康復住宿服務以至外展青少年服務的個案需求
- **不同區域的服務欠統一性及制度化**，服務容易因人事及資源改變而削減
- **只處理有精神病徵狀的濫藥個案**，與服務原來的設計有差異，亦未能顧及戒藥者身體其他機能問題的醫療需要
- 診所應定期與轉介機構溝通，加強合作成效

而較理想的物質濫用診所除處理個案的醫療需要外，其功能亦應包括以下：

- 由護士接聽的公眾服務查詢熱線
- 以外展形式提供與濫藥及藥物相關的培訓予高危濫藥組群/家長，及評估個案的測試服務予濫藥者
- 為社區醫生提供個案諮詢服務，以強化協同效應
- 統籌地區濫藥會議，結集區內不同界別人士密切監控濫藥情況，促進服務交流及提昇質素

3.10 支援家庭

家長可以是青少年濫藥問題的引發者，不少濫藥的問題均源自家庭，要長遠解決問題，家庭或許需要整體接受治療。家長亦同時可以是問題的受害者，面對突如其來的打擊，他們是極需要支援。

業界認同透過加強家長對濫藥問題的認知，以及教導他們辨識子女有否濫藥是改善問題的第一步。另一方面，家長支援小組亦可協助他們處理對子女濫藥的情緒及行為反應。現時一些服務單位提供的家長工作，為

家長提供情緒輔導，改善親子關係之餘，亦引導他們正確面對子女濫藥，提供技巧予他們協助子女戒藥，預防子女重吸，以及面對重吸等等問題。這些家長工作並沒有獲得資助，但非常具價值的工作，實在有需要增加資源大力發展。

3.11 戒藥中和康復後與社會接軌

戒除藥癮並非一朝一夕，過程中為戒藥者給予支持與接納，以及在其成功後安排他們重投社會，過正常生活是非常重要的。

學校層面

針對青少年濫藥者，特別是在學的一群，必須確保他們在戒藥的過程中仍然可接受適當的教育服務。要達到此目標，工作包括研究加強專為濫藥學生而設的學校服務，或如何在原校方面作出特別配合及調適，以便有關學生可繼續上學。業界期望將推行的「健康校園政策」可協助處理現時濫藥學生缺乏支援及跟進的問題。

工作層面

對於一些已受藥物影響導致身體機能上有後遺症的青少年，他們在戒藥過程以及康復後均極難在市場上找到工作。他們不能重投社會不但有機會導致重染濫藥行為，亦為社會帶來負擔。建議禁毒處主動**投放種子基金，鼓勵機構以社會企業模式培訓及僱用這些青年**，改善他們的就業機會。

社會接納

社會對於濫藥者的接納亦十分重要，我們應鼓勵他們接受治療，戒除毒癮，重投社會；**用批判歧視的態度對待濫藥者，只會有礙他們尋求協助**，令濫藥問題變得更嚴重。

3.12 針對特別組群需要

由於青少年濫藥問題而成立的專責小組已建議投放大量資源，針對處理有關問題，然而業界亦希望禁毒處同時投放資源關注一些特別組群的濫藥問題與需要：

女性

現時為女士而設的治療住宿服務需求殷切，特別是**為青年女性提供的短期住宿**為甚，建議處方投放資源加強有關服務。

少數族裔

由於少數族裔人士的文化及語言不同，因此當他們涉及毒品的案件時，多數會被判監，不能如其他本地人一樣有機會接受戒藥輔導。另外，現時本港沒有為三十歲以上的戒藥者提供非宗教治療住宿服務；加上言語限制造成溝通障礙，令他們的選擇更少；故此，業界建議處方多了解他們的需要，並作出跟進，例如，**為法官提供適切的簡介及服務資訊、研究為少數族裔人士提供治療住宿服務。**

跨境濫藥者

跨境濫藥的現象持續，除了在本地宣傳濫藥禍害及有關內地的刑責、加強打擊源頭及增強各口岸的抽查外，業界認為**政府需要推動在內地鄰近城市與當地公安合作為港人設立危機輔導支援中心**，協助在內地濫藥被捕人士盡早求助。由於濫藥者在內地被捕時乃最佳之介入時機，故如能把握這契機，為濫藥者以及其家人給予輔導與協助，好讓他們日後回港再接受戒藥服務有更佳的承接。

成年人士

濫藥問題在成年人士中亦有趨向增加之勢，而**不少北上濫藥者當中，更不乏在職者甚至專業人士**。因此，各項預防及治療的策略均不應忽略這一群。

青少年院舍不足

現時提供醫療模式的**青少年戒藥院舍只有三間**，提供的宿位只有六十多個，以致青少年戒藥者經常因宿位不足而要輪候，故**建議加強宿位**，以便提供適時適切的服務。

3.13 與不同界別協作

上述各項建議工作必須有不同界別(例如醫療、教育、警方、地區人士及商界等)的參與才可得以更成功。現時，業界與醫療方面的協作較多，但仍只是起步階段，有待進一步發展。建議處方亦可**加強推動及資助業界與其他的重要界別開展不同的協作計劃**，為服務使用者提供更多不同層面的介入工作。

3.14 戒藥服務培訓

由於戒藥服務的專門、獨特及多變性，同工對藥物的知識、濫藥行為的趨勢及戒藥服務的認識均需要在職培訓及定期更新。禁毒處 2006 年與浸會大學合辦的培訓課程是一個很好的開始，我們期望**禁毒處積極考慮定期開辦相關的證書課程**，供有關的工作人

員，包括青少年服務及戒藥康復服務同工報讀，以提昇業界的服務質素。此外，業界亦建議在大專院校提供針對戒藥服務的課程。

3.15 塑造新文化

濫藥問題漸趨普遍，並已形成一種新文化，要有效阻止歪風漫延，政府必須動員整個社會的持續關注及支持，為社會塑造一種新文化，特別是在青少年組群當中推動的健康新文化，為我們的下一代加強「防疫」工作。

- 完 -

**Summary of the Main Points Raised by the
Action Committee Against Narcotics, its Sub-committee on
Treatment and Rehabilitation and Drug Liaison Committee**

1. To collect data of drug abusers and various relevant information through surveys and studies so as to have a better grasp of the actual drug abuse problem;
2. To enhance support for the treatment and rehabilitation programmes that have proved to be effective, such as making good use of the BDF;
3. To enhance service for those drug abusers under the PSDS or under probation;
4. To allocate more or redeploy resources to provide suitable treatment and rehabilitation services;
5. To review various treatment and rehabilitation services, including reviewing the role and effectiveness of the SACs and CCPSAs, in order to enhance and improve the services;
6. To strengthen the overall collaboration of professionals from different disciplines for the provision of immediate advice and medical support for drug abusers and anti-drug workers;
7. To enhance the awareness and identification skills of parents and teachers in respect of drug problems and provide for them counselling and support services;
8. To encourage and support parental participation in the treatment and rehabilitation programmes for their children;
9. To consider encouraging programmes that offer employment opportunities for ex-drug abusers;
10. To inject resources for improving medical services and strengthening co-operation between the medical sector and social workers;
11. To enhance communication between the law enforcement agencies and the Mainland to curb the inflow of drugs into Hong Kong;

12. To incorporate anti-drug messages into the primary and secondary school curricula;
13. To improve follow-up services so as to help rehabilitated drug abusers re-integrate into society;
14. To strengthen urine testing service;
15. To continue the inter-departmental co-operation in combating the drug problem;
16. To consider drawing up proposals in the context of the Three-year Plan to enhance interface and coordination in preventive education, early intervention and treatment and rehabilitation services;
17. To assist young people in building up abilities to resist the temptations of drugs through the promotion of healthy living and experiential learning;
18. To make reference to the successful overseas experience when devising activities, the objectives of which should be clearly defined and a mechanism for reviewing effectiveness should be introduced;
19. To promote the co-operation of schools and the police with treatment and rehabilitation agencies;
20. To explore and facilitate the re-engineering of treatment and rehabilitation agencies for the implementation of innovative service delivery;
21. To promote co-operation of SACs with treatment and rehabilitation agencies on referral of clients;
22. To convene or subsidise relevant organisations to attend international conferences on a regular basis for experience sharing;
23. To include specific strategies for tackling the problem of psychotropic substances abuse and address the needs of drug abusers of the age group from 21 to 30;
24. To strengthen the work on encouraging re-integration of drug abusers into society systematically such as to include follow-up action like promotion through publicity of successful re-integration cases to enhance the society's acceptance;

25. To consider using a theme to highlight the key focus and objectives of the Fifth Three-year Plan;
26. To explore whether harm reduction should be adopted under the ultimate goal of zero tolerance to drugs;
27. To set out clearly ways to identify high-risk persons;
28. To conduct consultation with frontline workers to develop reasonable and achievable outcome measures such as drug-free duration;
29. To set up a mechanism to review the work progress and effectiveness of Three-year Plan with participation from the anti-drug sector;
30. To launch a “Drug Free Healthy Schools Project” to promote a drug-free environment in schools and to create a “Drug-free Healthy Schools Project Fund” to provide financial assistance to the schools planning to participate in this project;
31. To provide family net-working service to improve the effectiveness of drug treatment and rehabilitation programmes and prevent relapse;
32. To educate students on early identification of young drug abusers;
33. To urgently allocate more resources for follow-up of drug abuse cases in schools;
34. To explore the relationship between alcohol abuse and drug abuse in the long run;
35. To improve the operations of the Beat Drugs Fund to support programmes and activities of non-recurrent nature; and
36. To review the anti-drug policy regularly to cover treatment and rehabilitation as well as other aspects of the anti-drug policy notably preventive education, with strategic objectives, action plan and expected outcomes.

List of background information that may help assess the results of anti-drug efforts

Specific Objectives

- Enhancement of a multi-disciplinary and integrated approach among schools, Counselling Centres for Psychotropic Substance Abusers, Substance Abuse Clinics and Drug Treatment and Rehabilitation Centres to ensure a continuum of services and more effective service provision from identification, counselling, treatment to rehabilitation.
- Completion of a pilot scheme in selected magistracies by providing more focused, structured and intensive treatment programmes under close supervision of Probation Officers to enhance probation services for convicted drug offenders and evaluation of results to decide on the way forward.
- Conduct research and formulate a proposal on compulsory drug testing, with a view to conducting wide public consultation and, subject to public views, introduce a legislative proposal into the Legislative Council.
- Completion of a study on voluntary school-based drug testing and a pilot scheme, followed by a review and refinement of the scheme for general promotion in all schools.
- Completion of research to review the various methodologies for estimating the drug abusing population and, subject to its results, to apply any suitable method to Hong Kong to supplement Central Registry of Drug Abuse (CRDA) and other statistics currently being collected.
- Completion of the two-year territory-wide campaign with the theme "No Drugs, No Regrets. Not Now, Not Ever" and assessment of results.
- Implementation of a Healthy School Policy with an anti-drug element in schools.

Drug Scene

- Trends of young drug abusers reported to the Central Registry of Drug Abuse (CRDA) (numbers, age, drugs abused, profile, etc).
- Trends of student drug abusers shown in the Student Surveys in 2008/09 and 2011/12 (numbers, age, drugs abused, profile, etc).
- Arrest figures in relation to drug offences and drug seizure figures.
- Admission figures of treatment and rehabilitation programmes.

Abbreviations

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|------------------------|---|
| ACAN T&R Sub-committee | Sub-committee on Treatment and Rehabilitation of the Action Committee Against Narcotics |
| BDF | Beat Drugs Fund |
| CCPSAs | counselling centres for psychotropic substance abusers |
| CECPL | Chief Executive's Community Project List |
| CPCCD | Chinese Permanent Cemeteries Charity Donation |
| CRDA | Central Registry of Drug Abuse |
| CSD | Correctional Services Department |
| CSSS | Community Support Service Scheme |
| DATCs | drug addiction treatment centres |
| DH | Department of Health |
| DLC | Drug Liaison Committee |
| DTRCs | drug treatment and rehabilitation centres |
| EDB | Education Bureau |
| HA | Hospital Authority |
| HKCSS | Hong Kong Council of Social Service |
| HKMA | Hong Kong Medical Association |
| HKPIC | Hong Kong Poison Information Centre |
| JPS | Juvenile Protection Section |
| KCH | Kwai Chung Hospital |
| KH | Kowloon Hospital |
| MTP | methadone treatment programme |
| ND | Narcotics Division |
| NGOs | non-governmental organisations |
| PS33 | Hong Kong Christian Service PS33 |
| PSDS | Police Superintendent's Discretion Scheme |
| QMH | Queen Mary Hospital |

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|---------------------------|--|
| SACs | Substance Abuse Clinics |
| SARDA | Society for the Aid and Rehabilitation of Drug Abusers |
| SB | Security Bureau |
| SIS | Service Information System |
| SRHTCF | Sir Robert Ho Tung Charitable Fund |
| SSD | Schools for Social Development |
| Student Survey | Survey of Drug Use among Students |
| Supplementary System | Supplementary Drug Abuse Monitoring System |
| SWD | Social Welfare Department |
| the Fifth Three-year Plan | the Fifth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong |
| TWGHs | Tung Wah Group of Hospitals |
| WG | Working Group |
| YND | young night drifters |
| YOTs | Youth Outreaching Social Work Teams |