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保安局禁毒處  
NARCOTICS DIVISION,  
SECURITY BUREAU



禁毒常務委員會  
ACTION COMMITTEE  
AGAINST NARCOTICS



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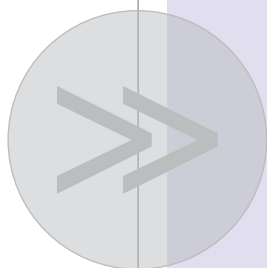


## 序言

## FOREWORD

保安局局長  
葉劉淑儀女士

MRS. REGINA IP,  
SECRETARY FOR SECURITY



欣逢禁毒常務委員會成立35周年紀念，我謹藉此機會向歷屆委員會委員衷心致意，感謝他們盡心竭力，遏止毒禍。

香港在打擊毒品問題方面取得長足進展，成績有目共睹。在一九五九年，政府發表《香港毒品問題白皮書》後，委任了當時的華民政務司負責統籌禁毒政策。在一九六五年，政府採納華民政務司及釋囚協助會的建議，成立禁毒常務委員會，匯聚所有直接參與對付香港毒品問題的政府部門及團體的代表，交流資訊及意見，並加強合作。禁毒常務委員會後來在一九七三年重組，廣納不同界別的更高層人士，成為在禁毒策略方面向政府提供意見的唯一組織。此外，政府又在政府總部保安局開設禁毒專員職位，並成立禁毒處，以便根據禁毒常務委員會的意見制訂政策，並統籌政府與非政府機構的工作，促進相互的合作。重組以後，禁毒常務委員會及其轄下三個小組委員

On the occasion of the 35<sup>th</sup> Anniversary of the Action Committee Against Narcotics (ACAN), I wish to pay tribute to past and present members for their untiring efforts in combating the menace of drugs.

Hong Kong has come a long way in the fight against narcotics. Following the publication of a White Paper on “The Problem of Narcotic Drugs in Hong Kong” in 1959, the Government appointed the Secretary for Chinese Affairs (SCA) to coordinate anti-drug policies. In 1965, following the recommendation of the SCA and the Discharged Prisoners Aid Society, the Government set up an Action Committee Against Narcotics, consisting of representatives of all Government departments and organizations directly concerned with Hong Kong’s narcotics problems, to promote greater exchange of information and ideas, and cooperation. In 1973, ACAN was reconstituted, with higher level and more broad-based membership, as the sole source of advice

to the Government on all aspects of its anti-narcotics strategies. A Commissioner for Narcotics post and a Narcotics Division in the Security Bureau of the Government Secretariat were created to formulate policies based on ACAN's advice, and coordinate work and cooperation between Government and non-government organizations. The reconstituted ACAN and its three Sub-committees have since been an invaluable source of advice from both Government and non-government organizations, academics, anti-drug workers and professionals in the past decades.

Since 1995, the drug situation has improved. The number of drug abusers reported to the Central Registry of Drug Abuse (CRDA) dropped from the peak of 20 327 in 1994 to 16 198 in 1999. The number of young people abusing drugs, especially psychotropic substances, recorded a rise in the year 2000. Despite the rising trend worldwide, Hong Kong's drug abuse situation is less serious than that in many overseas countries.

The success in containing the drug problem in Hong Kong is due to the dedication and determination of all those involved in the anti-drug cause. I am confident that with the experience and expertise built up over the years, as well as community support for the fight against drug abuse, we will be able to meet the challenges in the new Millennium and continue to make important milestones in working towards the common goal of a drug-free Hong Kong.

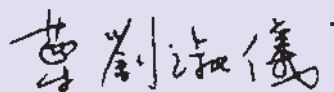


Mrs. Regina Ip  
Secretary for Security

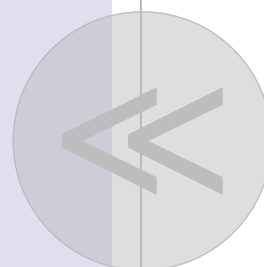
會在過去二十多年來，從政府和非政府機構、學者、禁毒工作者及專業人士方面聽取了非常寶貴的意見。

自一九九五年以來，香港的毒品問題漸見改善。在向藥物濫用資料中央檔案室呈報的個案中，濫用藥物的人數由一九九四年最高峰的 20 327 人下降至一九九九年的 16 198 人。濫用藥物（特別是精神藥物）的青少年人數，在二零零零年則有上升。雖然濫用藥物在全球呈上升趨勢，但相對於許多海外國家，香港的濫用藥物情況不算嚴重。

香港能夠在控制毒品問題上取得成績，全賴所有參與禁毒工作人士的熱誠和決心。我深信，憑著歷年累積的經驗和專業知識，加上社會人士對禁毒工作的支持，我們必定能夠在新世紀應付種種挑戰，在禁毒工作上再創新里程，繼續為建設一個無毒社會的目標而努力。



葉劉淑儀  
保安局局長



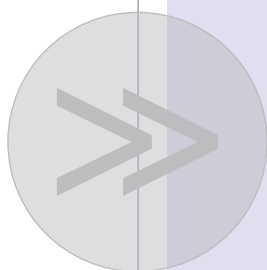


## 獻辭

## MESSAGE

禁毒專員  
盧古嘉利女士

MRS. CLARIE LO,  
COMMISSIONER FOR NARCOTICS



過去35年來，香港的禁毒工作成績超卓，不少市民得以免受毒品禍害，生活質素因而有所提高。禁毒工作能有此佳績，出現令人振奮的轉變，禁毒常務委員會着實功不可沒。

身為禁毒專員，本人能夠與禁毒常務委員會來自不同專業，且對禁毒工作充滿熱誠的委員共事，實在深感榮幸。香港的禁毒政策，是團隊工作的成果。本人深信，憑着委員的努力耕耘，我們未來的禁毒工作定會迭創佳績。

In the past 35 years, Hong Kong has made remarkable progress in containing the drug problem and enhancing the quality of life of many citizens who could have been gravely affected by the menace of drugs. The Action Committee Against Narcotics (ACAN) has been instrumental behind the many exciting changes that have helped transform Hong Kong's efforts towards a drug-free community.

As the Commissioner, I feel privileged to work along side with a multi-disciplinary team of professional and dedicated colleagues in ACAN. Anti-drug policy formulation is the result of effective team work. I am confident that, with their untiring efforts, we shall continue to excel in our work in the years to come.

On the occasion of ACAN's 35<sup>th</sup> Anniversary, it is important to take stock of the past while we plan for and look to the future. This book, drafted by one of my predecessors, Mr. Peter E. I. Lee, and collated by my colleagues in the Narcotics Division, aptly chronicles the important developments, major events and achievements over the past 35 years that shaped Hong Kong's anti-drug scene today. It also outlines our vision, plans and projects for the future. Thanks also to a competent and capable Editorial Board comprising Professor Lee Shiu-hung, Professor Daniel Shek, Dr. Choi Yuen-wan and Mr. Justein Wong, who have proof-read the drafts and offered extensive comments for improvements.

Our achievements in the past would not have been possible without the contributions and ardent support of all of our ACAN members, non-government organizations and the community. I offer my sincere thanks to all those involved in the anti-drug cause and look forward to their continued support in the days ahead.




Mrs. Clarie Lo

Commissioner for Narcotics

欣逢禁毒常務委員會成立35周年紀念，我們正好藉此機會回顧過去，展望將來。本特刊由前任禁毒專員利尚志先生撰寫，禁毒處的同事校對整理，編印成書。特刊主要敘述過去35年來香港禁毒工作的重要發展、大事和成績，同時勾劃我們的抱負、計劃和未來路向。此外，本人還要向各精明能幹的編輯委員會成員，包括李紹鴻教授、石丹理教授、蔡元雲醫生和王津先生致意，感謝他們認真審閱特刊的初稿，並提供不少寶貴意見。

本港的禁毒工作能夠取得佳績，全賴所有禁毒常務委員會委員、非政府機構和社會人士的貢獻和熱心支持。本人謹向所有曾參與禁毒工作的人士衷心致謝；並希望他們在未來的歲月裏仍然鼎力支持，消除毒禍。



盧古嘉利

禁毒專員





## 獻辭

## MESSAGE

前禁毒常務委員會主席  
羅理基爵士

SIR ALBERT RODRIGUES,  
FORMER CHAIRMAN OF  
THE ACTION COMMITTEE  
AGAINST NARCOTICS

欣逢禁毒常務委員會三十五周年紀念，本人謹向委員會歷屆同事及現任委員衷心致意，他們熱誠投入，致力把香港建設成一個無毒社會。

本人深信禁毒常務委員會定能與時並進，精益求精，並超越過去數十年的佳績，令禁毒事業再創高峰。

*Sir Albert Rodrigues*

羅理基爵士

前禁毒常務委員會主席

(一九七三年至一九八四年)

On the occasion of the 35<sup>th</sup> Anniversary of the Action Committee Against Narcotics, I wish to pay tribute to past colleagues and present members in the Committee for their untiring efforts in steering Hong Kong towards a drug-free society.

I am confident that ACAN will grow from strength to strength, and its members will continue their good work and surpass their achievements in the past decades.

*Sir Albert Rodrigues*

Sir Albert Rodrigues

Former Chairman

Action Committee Against Narcotics

(1973 to 1984)



獻辭

## MESSAGE

前禁毒常務委員會主席  
蔡永業醫生

DR. GERALD CHOA,  
FORMER CHAIRMAN OF  
THE ACTION COMMITTEE  
AGAINST NARCOTICS



On the occasion of the 35<sup>th</sup> Anniversary of the Action Committee Against Narcotics, it gives me great pleasure to congratulate the Chairman and members on a job well done.

I would like to take the opportunity to pay tribute to the pioneers who contributed to the success of the Committee. To the first Chairman, Sir Albert Rodrigues, credit must be given for having made a good start by laying down the guidelines on how to approach and tackle the problem of drug abuse in our community. Then, in 1973, Mr. (later Sir) Donald Luddington, as Secretary for Chinese Affairs and ex-officio member, further strengthened the Committee to make it more representative by appointing more Government and non-government members. Another step forward was the setting up of the Narcotics Division to serve the Committee. Successive Commissioners, Mr. E. I. Lee, Mr. G. Mortimer and Mr. G. Mulloy, all made their marks by becoming experts in the field, achieving results which attracted the attention of other territories in the region. Of

欣逢禁毒常務委員會三十五周年紀念，在此恭賀委員會主席及委員，為本港禁毒工作作出了重大的貢獻。

同時，本人也趁此機會向過去數十年來多位禁毒先鋒致意。他們努力不懈打擊毒禍，使委員會發揮所長，成就卓著。委員會第一屆主席羅理基爵士，曾就如何處理和打擊社會上濫用藥物問題訂下指引，為禁毒工作奠下良好基石。其後，在一九七三年，民政司及委員會然委員陸鼎堂先生（後為陸鼎堂爵士）委任更多政府及非政府人員加入為委員會委員，擴大委員會的代表性，因而增強委員會的角色。另一項革新的措施就是成立禁毒處為委員會作出行政支援。歷屆禁毒專員——利尚志先生、莫天敏先生和麥樂賢先生等均承先啟後，在推行禁毒工作方面不遺餘力，取得驕人成績，因此備受亞洲區其他國家注意。委員會早期的委員中，有兩位尤其值得一提，就是貝納祺御用大律師和施同福牧師。他們提出富建設性



的批評和中肯意見，對推動禁毒政策大有裨益。多年以來，其他繼任者也獻出同樣熱忱，全心全意入禁毒工作。

濫用藥物行為是一種容易重新染上的慢性疾病，不論採取哪種戒毒治療方法都不易戒除，而且並無一種簡便療法。不過，戒毒並不單是醫療上的問題，還涉及其他社會、經濟和心理等複雜因素，使戒毒困難重重，因此戒毒治療服務必須提供多種模式。可幸的是，除了有關政府部門外，志願機構如香港戒毒會等也提供了寶貴協助。禁毒常務委員會的角色，便是制訂政策予以執行、督導和協調政府部門和非政府團體之間的行動，並就藥物濫用的最新進展告知政府。濫用藥物行為現時對全球不少國家造成困擾，委員會在對抗這些行為方面擔當重要角色，而香港迄今為止在這方面的成就彌足自豪。最後，謹祝各位諸事順遂。

蔡永業醫生

前禁毒常務委員會主席

(一九八五年至一九九二年)

the original members on the Committee, two deserved special mention: Mr. Brook Bernacchi, Q.C. and the Rev. Dr. Karl Stumpf, whose constructive criticisms and sound advice were of great help. The baton has been passed to others in similar capacities over the years and they have carried on the work with similar energy and devotion.

Drug abuse is a chronic illness liable to relapse no matter what treatment is applied, for which there is no easy cure. But it is not just a medical problem. The difficulty is compounded by other social, economic and psychological factors. It must therefore be dealt with by a multi-disciplinary approach. Fortunately, besides the Government departments involved, the assistance of voluntary agencies such as Society for the Aid and Rehabilitation of Drug Abusers is available. The function of ACAN is to make policies and initiate actions, to supervise and coordinate the efforts of Government and non-government agencies involved, and to keep Government informed of progress made. Its role is crucial in the fight against an epidemic which has plagued many countries in the world where a permissive society exists. Hong Kong can be proud of its achievements thus far. I wish you all every success.

Dr. Gerald Choa

Former Chairman

Action Committee Against Narcotics

(1985 to 1992)

獻辭

## MESSAGE

前禁毒常務委員會主席  
陳佳鼎醫生

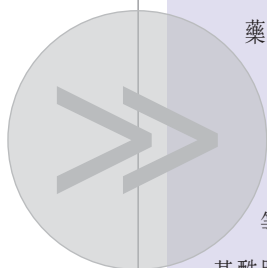
DR. CHEN CHAR-NIE,  
FORMER CHAIRMAN OF  
THE ACTION COMMITTEE  
AGAINST NARCOTICS



Hong Kong was closely linked to the Opium Wars in 1839-1842 and 1856-1858. It was also associated with an uprising of drug abusers in 1949. For example, 90% of offenders committed to prisons in 1949 were confirmed drug abusers (Lee, 1981). It may be because of these historical facts that the then Government of Hong Kong took a pragmatic approach. The objective was to contain the size of the problem, and the problem at the time was opium. The Government policy was initially coordinated by a Narcotics Advisory Committee set up in 1959 under the then Secretary for Chinese Affairs, and later by the Action Committee Against Narcotics after 1965.

香港與兩次鴉片戰爭（一八三九至一八四二年；一八五六至一八五八年）有著深厚的歷史淵源。另外，本港於一九四九年吸毒人數飆升，九成囚犯都是癮君子(Lee, 1981)，可見問題嚴重。這些史實大概說明了為何當時的香港政府決定正視現實，推行禁毒政策，其目標在於消滅毒禍，而當年所指的毒品，便是鴉片。禁毒政策初期由當時的華民政務司在一九五九年成立的禁毒諮詢委員會統籌，到一九六五年以後，則由禁毒常務委員會負責。





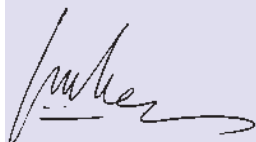
在打擊毒品的過程中，我們逐漸發覺到，要對付的毒品不只是鴉片，還有其他各式各樣的被濫用藥物，以五十年代為例，鴉片就被海洛英所取代 (Lau, M.P., 1967)。根據藥物濫用資料中央檔案室錄得的資料顯示，七十年代普遍被濫用的藥物，是麻醉鎮痛劑和巴比士酸鹽，八十年代是甲喹酮，到了八十年代末、九十年代初，可卡因、咳藥水、苯二氮草類藥物、大麻及有機溶劑開始出現。九十年代新興的被濫用藥物是安非他明，例如甲基苯丙胺及3,4—亞甲二氧基甲基安非他明等。最近又有氯胺酮及麥角副酸二乙基酰胺的出現，使藥物濫用情況更趨複雜。不過，海洛英多年來一直是主要被濫用的藥物。由於本地不少癮君子習慣以注射方式服用海洛英，有些甚至共用針筒，以致近年後天免疫力缺乏症病毒（愛滋病毒）和肝炎病毒蔓延的威脅大增。當然，愛滋病或性病是可透過性接觸傳染，這是不爭的事實。

香港的藥物濫用情況在一九九四年最為猖獗，當時本人身為禁毒常務委員會主席，對此有深刻體會。鑑於這樣的發展形勢，港督分別在一九九五及一九九六年，召開了毒品問題高峰會議，發動全港市民加入禁毒行列。政府更撥款3.5億元，成立禁毒基金會。基金會對支援和改善香港各項反藥物濫用工作，不遺餘力，貢獻良多，實在值得稱許。

It has gradually been realized that what we are facing is not just opium, but many other kinds of abused substances as well. For example, in the 1950s, opium was replaced by heroin (Lau M.P., 1967). The recorded data from the CRDA suggested that narcotic analgesics and barbituates were prevalent in the 1970s. Methaqualone surged up in the 1980s. Thereafter, cocaine, cough mixture, benzodiazepines, cannabis, and organic solvents first appeared in the late 1980s or early 1990s. Amphetamine substances such as methylamphetamine and 3,4-methylenedioxymethamphetamine became the new substances of abuse in the 1990s, and recently this trend seems to be complicated by the addition of ketamine and lysergic acid diethylamide. However, heroin has always remained the major abused substance throughout the years. This poses a newly rising threat of spreading infection by human-immunodeficiency virus (HIV) and hepatitis viruses as a proportion of our heroin abusers inject themselves and some of them may even share the syringes. This is not to deny that some may contract HIV infective or sexually-transmitted diseases through sexual contacts.

The rise of drug abuse in Hong Kong came to a peak in 1994 during my tenure as chairman of the ACAN. This led to two Governor's Summit Meetings in 1995 and 1996, mobilizing the whole community in Hong Kong. Subsequently the Government was also generous by putting aside \$350 million for the establishment of the Beat Drugs Fund Association. The latter has helped a great deal to support and improve all kinds of anti-substance abuse work in Hong Kong.

This book is written by Mr. Peter E. I. Lee, one of our former Commissioners for Narcotics, who will no doubt provide much personal and professional insight into the work and historical significance of the ACAN. Personally it was a privilege and an honour to serve in this great organization until my retirement from the Chinese University of Hong Kong. I am also grateful for all the help I received from all the members of the Committee, especially from the successive Commissioners for Narcotics and their staff members. Hong Kong has come a long way in fighting against abused substances. Over the years it has worked strenuously on reduction of supply and demand of these substances. The provision of methadone clinics has also been useful in reducing bio-psycho-social complications or harms of our drug abusers. What lies ahead is perhaps to have a more and deeper understanding of these complications or harms, in view of the high risks that infection by the deadly HIV could escalate any time in the future.



**Dr. Chen Char-nie**

Former Chairman

Action Committee Against Narcotics

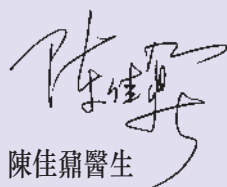
(1993 to 1998)

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Lee, P.E.I. (1981) *The Hong Kong Drug Scene in Khoo, T.P. (ed.), Aspects of Mental Health Care Hong Kong, 1981, pp. 274-278, Hong Kong: Mental Health Association of Hong Kong.*

這本特刊的作者利尚志先生曾擔任禁毒專員一職，對於禁毒常務委員會的工作，以至委員會在本港禁毒史上所佔的地位，定有一番精闢的見解，並會提供不少專業意見。本人能夠成為禁毒常務委員會這個出色的組織的一分子，直至從香港中文大學退休為止，感到十分榮幸。本人謹向委員會全體委員致意，特別是歷任的禁毒專員和屬下員工，感謝他們克盡厥職，鼎力協助委員會的工作。香港在打擊藥物濫用問題方面，成績有目共睹。多年來，香港一直竭力減少這些藥物的供求。另外，政府開設的美沙酮診所，亦有助減輕藥物倚賴者的生理—心理—社會併發症或所受的傷害。當前愛滋病這種致命的病毒隨時有肆虐的可能，因此，加深市民對這些併發症或傷害的認識，也許正是香港前急務。



**陳佳甯醫生**

前禁毒常務委員會主席

(一九九三年至一九九八年)





獻辭

## MESSAGE

禁毒常務委員會主席  
李紹鴻教授

PROFESSOR LEE SHIU-HUNG,  
CHAIRMAN OF  
THE ACTION COMMITTEE  
AGAINST NARCOTICS

建立一個無毒的社會，讓我們的下一代可以在健康安全的環境中茁壯成長，是香港每個市民的深切期望和目標。禁毒常務委員會為實現這些目標而致力禁毒，正能造福市民，為社會帶來安定。

禁毒常務委員會自一九六五年成立以來，一向是政府禁毒政策的唯一諮詢機構。禁毒處在諮詢禁毒常務委員會後，採取多管齊下的方針，從執法、預防教育和宣傳、戒毒治療和康復、研究計劃和國際合作五方面著手，推行香港特別行政區政府的禁毒策略。在政府官員及禁毒常務委員會委員多年來的努力下，禁毒工作取得驕人成果。正如其他主要國際城市一樣，香港也要面對濫用藥物和販毒問題。另外，在國際社會聯手打擊毒品的問題上，香港也被視為積極和十分合作的伙伴。

A drug free society where our younger generation can grow up in a safe and healthy environment is the aspiration and goal of every citizen in Hong Kong. The work of the Action Committee Against Narcotics in realizing this goal has an important impact on the well-being and stability of our community.

Since its establishment in 1965, ACAN has been the Government's sole advisory body on matters dealing with the fight against narcotics. The Narcotics Division puts into effect the five-pronged strategy of the Hong Kong Special Administrative Region Government through law enforcement, preventive education and publicity, treatment and rehabilitation, research and international cooperation, following consultations with ACAN on matters of importance. The continuous and untiring efforts of Government officials and ACAN members throughout the years have achieved remarkable results. Like many other major cities, Hong Kong also suffers from the drug abuse and trafficking problem. We are also looked upon as an active and cooperative partner in the international arena in tackling the drug problem.

The ACAN has a vital role to play in promoting cooperation between relevant Government departments and voluntary agencies in implementing anti-drug policies, and enlisting community support in the fight against drugs. We are determined to meet the challenges of the 21<sup>st</sup> Century, and curbing the rising trend of psychotropic substance abuse, which is a prevalent problem worldwide, will top our list of priority tasks for the future.

The publication of this commemorative book on the occasion of the 35<sup>th</sup> anniversary of ACAN allows us to take stock of our work and achievements so far. The book offers our readers a wealth of information and insights into the long and hard battle against drugs in Hong Kong for more than three decades. I would like to take this opportunity to pay tribute to past and present members of ACAN for their contribution to this worthy cause. With the experience and expertise built up over the years, I have every confidence in ACAN leading us to new heights in the fight against narcotics in the new Millennium.

I would also like to thank Mr. Peter E. I. Lee, who devoted time and effort in writing this book as a volunteer. As a former Commissioner for Narcotics and one of the key players in the anti-narcotics field in the 1970s and 1980s, Mr. Lee is in a unique position to take us through history and review the development of the anti-narcotics efforts in Hong Kong.



**Prof. Lee Shiu-hung**

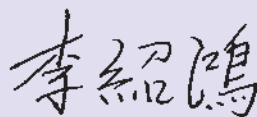
Chairman

Action Committee Against Narcotics  
(1999 to present)

禁毒常務委員會在推動有關政府部門和志願機構之間的合作方面，擔當著重要角色，負責執行禁毒政策和匯聚社會各界攜手打擊毒禍。我們定會積極面對二十一世紀帶來的挑戰。鑑於濫用精神藥物的情況與日俱增，並成為全球性問題，遏止濫藥上升趨勢，將會是我們往後日子的首要任務。

我們正好藉著禁毒常務委員會出版三十五周年紀念特刊這機會，回顧香港多年來禁毒方面的工作和成果。各位讀者可從本書內容得悉香港如何在過去三十多年與毒品進行漫長抗爭，並從中獲得啟發。本人謹藉此機會向禁毒常務委員會歷屆及現任委員致意，多謝他們盡心竭力，為香港的禁毒事業作出寶貴貢獻。本人深信委員會憑藉多年累積的豐富經驗和專長，定能在新紀元再創高峰，對抗毒禍。

本人在此感謝利尚志先生付出不少時間和心血，義務撰寫本書。利先生曾擔任禁毒專員一職，亦是一九七零和八零年代禁毒先鋒之一，由他帶領我們回顧歷史和重溫本港禁毒工作的發展，定必給大家帶來獨特的體會和闢的見解。



**李紹鴻教授**

禁毒常務委員會主席

(一九九九年至現在)



## 禁毒常務委員會的成立

### THE ACTION COMMITTEE AGAINST NARCOTICS - AN INTRODUCTION



港督麥理浩爵士於一九七四年一月七日主持禁毒常務委員會改組後的首次會議。

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

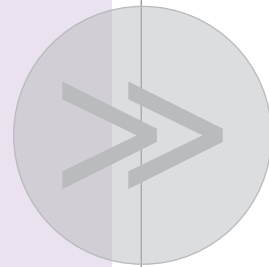


This book commemorates the 35<sup>th</sup> anniversary of the Action Committee Against Narcotics (ACAN) which, since its founding as a non-statutory advisory body in 1965, has helped to transform the major health, social and economic problems created in Hong Kong by drug trafficking and abuse, from a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

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

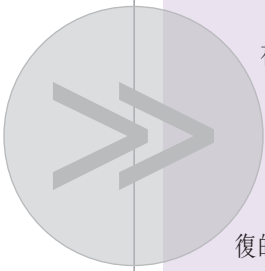
本特刊出版的目的，是紀念禁毒常務委員會成立35周年。禁毒常務委員會自一九六五年成立為非法定諮詢組織以來，一直協助解決因販毒和藥物濫用造成的健康、社會和經濟問題，使這些問題由資料混亂和缺乏社會人士關注，轉變為條理分明及獲得社會人士熱心參與，前景展露曙光。

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



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

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



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

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

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

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



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

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

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

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

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

政府亦通過，禁毒常務委員會轄下的戒毒治療及康復和禁毒教育及宣傳

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

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

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

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

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

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

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

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

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

Such praise presents a continuing challenge for the new Millennium.

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

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

面對千禧新紀元，香港定會繼續努力不懈抗禦毒禍，昂然接受各項新挑戰。



CHAPTER

第

1

章

歷史背景：  
面對問題 迎接挑戰

THE HISTORICAL BACKGROUND  
- RISING TO THE CHALLENGE



政府在一八八零年代發出授權書容許持有人合法藏有及處理鴉片。

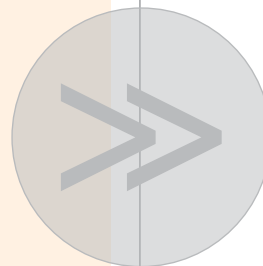
The opium bond issued by the Government in the 1880s authorizing its holder to possess and deal with opium.



Most people are aware that modern Hong Kong had its origins in the Opium Wars between Imperial China and Great Britain during the late 1830s and early 1840s. What is not so well known is that, during the succeeding 100 years, opium remained freely and legally available in the streets in Hong Kong, under a Government monopoly which formed, over most of the period, an important part of the territory's revenue (peaking at 45% of the total in 1918). Even in 1935, with a population of under one million, the annual consumption of opium was estimated at 50 tons, and, only one year later, 49 pounds of heroin and 3.6 million heroin pills, were seized by the authorities. The sale and use of opium was not made illegal until the end of the Second World War in 1945.

很多人都知道，今天的香港源於清朝政府與英國在一八三零年代末及一八四零年代初的鴉片戰爭，但較少人知道，在其後的一百年間，鴉片一直在香港市面合法流通。鴉片的銷售受政府專營權控制，並在這段期間大部分時間成為政府主要

收入來源之一（於一九一八年達至高峰，佔全部收入的45%）。即使於一九三五年，本港人口不足100萬，每年的鴉片銷量估計為50噸，僅僅一年後，當局檢獲49磅海洛英和360萬粒海洛英丸。直至第二次世界大戰在一九四五年結束後，買賣和吸食鴉片才屬違法。







林則徐於一八三九年在虎門焚毀逾 1 000 噸鴉片。

More than 1 000 tons of opium were burnt by Lin Ze-xu in Humen in 1839.

國際間認真討論禁制毒品貿易，始於一九零八年，在上海舉行的萬國禁煙會議。其後，國際聯盟和稍後成立的聯合國也對打擊販毒表示非常關注。於一九四六年，聯合國設立了麻醉藥品委員會，以管制麻醉藥品的合法買賣。自一九六一年起，《麻醉品單一公約》已獲168個國家確認，當中包括先後代表香港的英國和中國，因此，香港有責任履行國際間的義務，防止麻醉藥品的非法種植和販運。

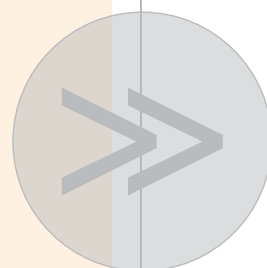
Serious international interest in the control of the narcotics trade was first shown at a conference in Shanghai in 1908, and since then world organizations, first the League of Nations and then the United Nations, have shown particular concern for the suppression of drug trafficking. In 1946, the Commission on Narcotic Drugs was set up to control the licit flow, and since 1961 the Single Convention on Narcotic Drugs has been ratified by 168 states, including the UK and China, on behalf of Hong Kong, which therefore has an international obligation to prevent illicit cultivation and trafficking in narcotic drugs.





When dealing with current problems, an appreciation of their origins, a knowledge of the underlying facts, and a willingness to be flexible and open-minded when considering possible ways of dealing with them, are all required if workable solutions are to be achieved. This is well illustrated in Hong Kong, where the essential pragmatism of both Government and people has dominated thinking on drug trafficking and abuse for the past 50 years.

面對任何問題，我們先要了解它的由來，認識基本事實，並願意以靈活開放的態度考慮各種解決問題的可行方法，這樣才可找到切實的解決辦法。這一點在香港正可充分獲得證明。在過去的五十年，政府和市民均抱著徹底務實的態度來應付濫用藥物及販毒問題。



第二次世界大戰結束時，香港人口僅餘60萬左右，不少居民陸續從中國內地和澳門返港，而湧到香港找工作的難民人數也與日俱增。這些人當中包括了上海最大的犯罪集團“青幫”。他們在一九四七至四九年間大批來港，迅即控制了犯罪活動和毒品供應，當時的毒品主要是來自伊朗、印度和中國內地的鴉片。若干年後，一些本地的潮州幫興起，取代了“青幫”，並透過其泰國同鄉兄弟偷運毒品入口。

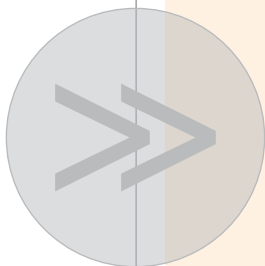
在五十年代，本港人口倍增至逾300萬。居住環境異常擠迫及惡劣，濫用藥物人口激增，以至在五十年代結束時，政府發現90%的監獄囚犯都染有毒癮。

政府最早開始考慮對濫用藥物和販毒問題採取行動，始於當時的華民政務司在一九五七年五月八日向布政司提交的報告。這份報告書富於遠見、洞察力強，全面描繪香港的毒品問題，指出藥物倚賴問題源自一九四五年之前，鴉片在政府專利權的控制下得以在市面自由流通，並分別從心理、社會和經濟角度分析為何濫用藥物問題滲透本港社會。報告從多方面探討毒品問題，包括販毒組織和涉及的金額、毒品的來源地和運輸方法、在香港本銷情況、警方和海關人員把毒販繩

Following the end of the Second World War, when Hong Kong's population had been reduced to 600 000, there was a steady inflow of returning residents from China and Macau, as well as growing numbers of immigrants seeking employment. Amongst them were members of the “Green Gang”, the leading criminal group in Shanghai, who migrated en masse between 1947 and 1949, and soon dominated crime and drug supplies, then in the form of opium from Iran, India and mainland China. Some years later, they were replaced by a number of local Chiu Chau street gangs, who organized imports from Thailand through their clan brothers, who had considerable commercial interests in that country.

In the 1950s, Hong Kong's population doubled to over three million, living conditions ranged from cramped to appalling, and drug addiction increased at such an alarming rate that, towards the end of the decade, 90% of the entire prison population was found to be addicted.

The starting point of Hong Kong's first efforts to consider action against drug trafficking and abuse is contained in a remarkably perceptive and far-seeing report which was made to the then Chief Secretary by the Secretary for Chinese Affairs on 8 May 1957. It provided a very comprehensive picture of the origins of drug addiction in Hong Kong from the permitted sale of opium, under the Government monopoly, in the years prior to 1945, and covered every aspect of the psychological, social and financial reasons why drugs became such a pervasive problem in Hong Kong. All aspects of the situation were reviewed, from the organization and finance of the traffic, the origins and means of transport of the drugs, the marketing of the product within Hong Kong, the difficulties experienced by the Police and the



Customs Services in bringing offenders to justice, and the almost complete lack of treatment facilities or preventive educational measures.

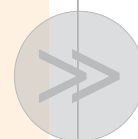
The report emphasized, very clearly, the need for a central authority which could coordinate the plans of the various Government departments engaged in anti-narcotics work, the almost complete absence of data on which future plans could be based (except for arrest and incarceration figures from the Police and Prisons Services), the possibility of corruption being a factor in the rapid spread of trafficking and addiction, and the need to impose more deterrent sentences for drug offences. Remarkably, the report also included a Police estimate that there were “30 000 confirmed drug addicts in the Colony”. More than 20 years later, the CRDA was able to give a fact-based approximation of 40 000 - in the interim, figures of 100 000 or more were frequently quoted, especially by vested interests in pursuit of their own agenda.

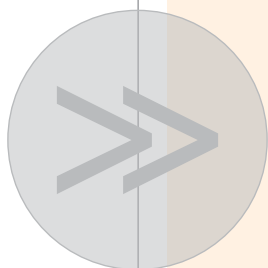
After one year's consideration by the various Government departments responsible for different aspects of the problem, a paper was produced for discussion for the Executive Council (ExCo) on 9 September 1958 which indicated that, in the intervening period, a very considerable amount of discussion had taken place between all Government departments involved in the problem. The ExCo approved the recommendations made in the paper, many of which required amendments to the law as well as additional financial provision for the departments involved. Significantly, the ExCo concluded that drugs constituted one of Hong Kong's greatest social and economic problems, approved the opening of a treatment and rehabilitation centre for drug dependent prisoners at Tai Lam Chung, and declared that no campaign

之於法時遇上的困難，以及戒毒設備或禁毒教育方面的工作幾乎完全付諸闕如等。

這份報告清楚強調，本港有需要設立一個中央機制，以協調各執行禁毒工作的政府部門的行動。此外，報告也指出，香港差不多完全缺乏可供日後制訂計劃時參考的數據（除了警務處和監獄署記錄的捕人數和入獄人數外）；貪污行為可能導致販毒和濫用藥物人數激增；以及有需要嚴懲販毒罪行，以收阻嚇之效。值得注意的是，報告載有一項警方的估計數字，指“本港共有三萬名經證實的藥物倚賴者”。二十多年後，藥物濫用資料中央檔案室根據資料，估計當時的藥物倚賴人數約為四萬。在這段期間，常有人指稱本港的藥物倚賴者為十萬或以上，這往往是一些人為了達到其目的而提出的說法。

經過負責毒品問題的各有關政府部門花了一年時間作出研究後，有關文件於一九五八年九月九日提交行政局審議。從這份文件所見，在這一年間，所有與打擊毒品問題有關的政府部門均曾就這個問題互相深入地交換意見。文件中的建議獲得行政局通過，當中有不少建議涉及修訂法例和向有關部門增加撥款。尤其重要的是，行政局的結論認為，毒品構成本港其中一項最嚴重的社會和經濟問題，並通過在大欖涌為倚賴藥物的囚犯設立一所戒毒及康復中心。行政局亦宣稱，如果





沒有香港市民的全力支持，政府是不可能獨力對抗毒禍的。雖然如此，行政局決定，除非政府顯示能夠採取更有效措施打擊毒品問題，否則不宜宣揚。因此，政府在一年後（一九五九年十一月十一日）向立法局提交《香港毒品問題白皮書》時，本港市民才首次對社會上的毒品問題及政府打擊毒品的建議措施有概括的認識。白皮書的結論指出：

“政府決意盡全力遏毒害，華民政務司現已受命主理一切禁毒策略方針上之調整事宜，以利警方及緝私隊工作，並由政府委任之禁毒諮詢委員會為其顧問，庶使有關禁毒之政策，獲得調協與實施。該委員會乃由行政立法兩局華人非官守議員及其歐籍同寅兩名所組成。至於改善禁毒問題，及根除毒害之一切措施，其成效如何，則端賴國際上與港九社會賢達及全體民眾之合作程度如何而定。此白皮書之目的乃係獲取此種支持與合作公布者也。”

香港對付販毒和濫用藥物問題的抗爭終於展開。

against drugs by the Government could hope to succeed without the backing of the people as a whole. Nevertheless, it was decided that no approach should be made to the public until the Government could show that it was taking more effective steps to combat the drug problem. It was, therefore, not until over one year later that the White Paper “The Problem of Narcotic Drugs in Hong Kong” was laid before the Legislative Council (on 11 November 1959), thus revealing to the Hong Kong public, for the first time, a comprehensive picture of the drug problem, and how the Government proposed to deal with it. It concluded :

“The Government is determined to do its utmost to suppress drug addiction in Hong Kong. The Secretary for Chinese Affairs has been specially entrusted with the coordination of policy directives to which the Police and Customs Services will work in their war against the drug traffic. To advise him on the implementation of official policies and practices intended to reduce the trade in, and use of narcotics in Hong Kong, a Narcotics Advisory Committee, comprising the Chinese non-official members of the Executive and Legislative Councils and two of their European colleagues, has been set up. The extent to which these measures will succeed in improving the present situation and in the eradication of drug addiction depends, however, upon the degree of cooperation received both through international channels and locally from community leaders and the public at large. The object of this White Paper is to elicit that support.”

Hong Kong's fight against drug trafficking and addiction had at last begun.



## 七十年代 — 關鍵性的十年

## THE 1970s - THE DECISIVE DECADE



The year 1971 was, in all respects, the seminal year in the development of an effective overall anti-narcotics strategy, although results on the ground were still some years away. The Secretary for Chinese Affairs' paper on "The Problem of Drug Abuse in Hong Kong" found that the number of drug dependent persons in the population was not known; nor was much data available about the basic causes of local addiction to drugs; there was evidence that considerable quantities of narcotics were still being imported into Hong Kong; there were not enough treatment facilities to cater for the minimum number of drug dependent persons who might require detoxification and rehabilitation; there was evidence that more people were experimenting with drugs and were becoming addicted to narcotics; seizures and sentences had little effect on the illicit traffic in drugs; only a limited number of Government departments had officers specializing in the problems created by drug abuse; the courts appeared to be unwilling to impose deterrent sentences despite the deliberate encouragement of the legislature; legislation to control synthetic drugs appeared to be inadequate; Government action and publicity had failed to convince the public that it really intended to stamp out drug trafficking and abuse; and the statutory treatment of drug dependent persons could be costing the Government \$30 million a year whilst the drug dependent persons might be paying in the region of \$500 million a year for their drugs at street level.

從各方面來說，一九七一年對本港日後發展一套全面而有效的禁毒策略，具極大的影響，縱然當時這些策略未能即見成效。民政司呈交的《香港毒品問題》報告發現，藥物倚賴者在本港人口中所佔的數目未詳，也沒有足夠數據顯示本港人士倚賴藥物的基本原因；有證據顯示，仍有大量毒品不斷輸入本港；本港並無足夠治療設施以應付可能需要戒毒和康復的藥物倚賴者的最低數目；有跡象證明有更多人嘗試濫用藥物，因而上癮；掃毒行動和對毒犯的判刑，對非法販毒活動並沒有起著多大作用；只有少數政府部門有官員對濫用藥物所引起的問題有專門認識；雖然立法機關表明應對毒犯加重刑罰，但法庭似乎不願意判處具阻嚇作用的刑罰；管制合成藥物的法例似乎不足；政府的措施和宣傳，未能令市民大眾相信它確實有意根絕販毒和濫用藥物的情況；政府為藥物倚賴者提供戒毒治療的開支，每年可能達3,000萬元，而藥物倚賴者購買毒品的費用，以零售價格計算，則每年可能高達五億元。



為了奠定基礎，以便將來能夠推行更有效的措施以打擊販毒和濫用藥物問題，一九七二年的報告提出四項建議：

- 重組禁毒常務委員會，使之成為政府禁毒政策的唯一諮詢組織。改組後的禁毒常務委員會，其成員應包括所有有關政府部門的首長，以及港督委任具有專門知識並曾參與各方面禁毒工作的非官方人士，以代替改組前較低層面的委員會。
- 設立禁毒專員一職，負責協調所有禁毒計劃，制訂政策建議供禁毒常務委員會考慮，監督、評估及檢討所建議政策的成效，就禁毒法例所需的修訂提供意見，以及代表香港出席有關國際政策的會議。
- 重整皇家香港警隊的毒品調查科，並賦予新的職權範圍，尤其著重策略目標方面的工作，即是專門對付從事經營、組織和管理毒品的進出口、製造和分銷的非法集團；至於打擊街頭毒販的工作，則交由分區的警務人員負責。
- 設立吸毒者中央檔案室，以便更準確地提供有關藥物倚賴者人口的資料、他們的人口轉變趨勢和特性的資料，及研究方法以評估戒毒治療的成效。

To provide a base from which more effective counter measures could be organized in future against the trade in, and abuse of drugs, the 1972 report made four recommendations :

- ACAN should be reconstituted, and should become the sole source of advice to the Government on all aspects of its anti-narcotics problem. It should consist of the heads of all relevant Government departments, together with unofficials appointed by the Governor for their expert knowledge and involvement in various aspects of the work, in place of the lower-level representation on the former Committee.
- A post of Commissioner for Narcotics should be created, to coordinate all anti-narcotics programmes; to formulate policy proposals for consideration by the ACAN; to monitor, assess and evaluate the results of recommended policies; to be responsible for advising on needed amendments to the anti-drug laws; and to represent Hong Kong at meetings concerned with international policy issues.
- The Narcotics Bureau of the Royal Hong Kong Police Force should be reorganized, with new terms of reference, targeting it specifically at strategic objectives, i.e. the syndicates which financed, organized, and managed the import, export, manufacture and distribution of drugs; all street-level activity against “pushers” should be left to the Divisional Police.
- A Central Registry of Drug Addicts should be established to provide more accurate information on the drug dependent population and on changing trends and characteristics within it over time, as well as to develop means of measuring the outcome of drug abuse treatment.

All these proposals were approved by the Government and by the middle of 1973, the new arrangements were in operation.

In dealing individually with the development of the four main areas of action over the following ten years, it should be borne in mind that, over the period, an ever closer coordination and interaction was being achieved between them. These four areas were law enforcement, treatment and rehabilitation, preventive education and publicity, and international action.

Law enforcement involved the Police Force, responsible for dealing with major drug trafficking syndicates and their international connections (through the Narcotics Bureau in Police Headquarters), and also with drug peddling in the streets through the Divisional Police. The Customs and Excise Service was charged with preventing the import of dangerous drugs into Hong Kong. It was also authorized to conduct anti-narcotics operations on land against manufacturing and distribution centres and drug divans.

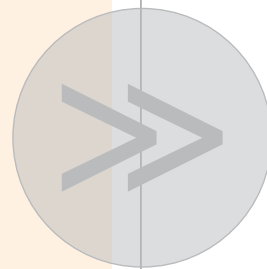
Some years later, having noted that the United Nations Commission on Narcotic Drugs had never discussed the considerable influence of corruption in sustaining the worldwide trade in narcotic drugs, the Hong Kong representative raised the issue at an annual meeting of the Commission, suggesting that it should be made the subject of a special investigation with a view to enforcing worldwide action to trace money-laundering activities and to seize the assets of global traffickers. The suggestion was received in silence and only one delegation from the United States spoke in support. Since then, however, there has been very positive action which led to the approval by the United Nations, in

這些建議全部獲得政府接納，至一九七三年年中，各項新安排經已付諸實施。

下文會就執法、戒毒治療和康復、預防教育和宣傳及國際間的行動四大範疇在其後十年的發展逐一說明。值得注意的是，在該段期間，這四個範疇之間的協調更形密切，並能互相發揮更大的影響力。

警務處是執法部門之一。設於警察總部的毒品調查科負責對付主要販毒集團及其國際關係網絡。此外，分區警務人員則負責打擊零售毒品的活動。香港海關負責防止危險藥物流入本港，同時亦獲授權在陸上進行緝毒行動，掃蕩製毒工場、毒品分銷中心和毒窟。

數年後，聯合國麻醉藥品委員會的香港區代發覺，該委員會從不曾討論過貪污情況助長各國販毒活動這一問題，因此在周年會議上提出討論。他建議委員會就這個議題進行深入調查，以便推動國際間的合作，追查清洗黑錢活動和沒收毒販的資產。各國代表對這項建議報以緘默，只有美國代表發言支持。不過，自此之後，聯合國採取





了積極行動，並在一九八八年通過《禁非法販運麻醉藥品和精神藥物公約》。歐洲聯盟和全球119個國家簽署成為締約國，佔全球國家數目的62%。

本港為藥物倚賴者提供的戒毒治療和康復服務在七十年代也有重大發展。監獄署（現改稱懲教署）於一九五八年在太欖涌監獄開設第一間戒毒所，而香港戒毒會也於一九六一年創辦第一批自願住院戒毒中心。不過，當時並沒有任何形式的門診戒毒服務。最先採取實際行動嘗試填補不足的並非政府，而是本港一名醫生——陳立僑醫生。他向來活躍於社區事務，同時也是禁毒常務委員會首屆戒毒治療小組委員會的委員。陳醫生在六十年代末期曾經訪問美國，其間會晤紐約洛克菲勒大學的杜爾教授及其妻雷韻達醫生。他們夫婦聯手發現美沙酮可作戒毒之用，並發展美沙酮作為一種無須住院的戒毒治療方法，令美沙酮戒毒者在健康和生活方面都得到很大的改善，陳醫生回港後向政府建議設立實驗性質的美沙酮診所。可是，這項建議遭禁毒常務委員會戒毒治療小組委員會和醫務衛生處否決。陳醫生堅持信念，於是說服香港釋囚協助會（他是該會的執行委員）在九龍開設一間美沙酮診所，並由一名美國傳教士白和敦醫生負責監督。終於，政府決定由醫務衛生處同時在港島開設一所同類型的診所。這兩間診所都由一九七二年起試辦，為期三年。

1988, of the “Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances” to which 119 states, and the European Union have become parties, representing 62% of all the states in the world.

Hong Kong's treatment and rehabilitation services for drug dependent persons also experienced major developments during the 1970s. The custodial programme had begun in 1958 by what is now the Correctional Services Department, in the first Drug Addiction Treatment Centre at Tai Lam Chung Prison, and the first voluntary in-patient centres were pioneered by SARDA in 1961. There was no provision, however, for any form of out-patient treatment. The first practical attempt to fill this gap was not made by the Government, but by a local general practitioner, Dr. L K Ding, a well-known activist in community affairs, who was also a member of the ACAN's first Treatment Sub-committee. During a visit to the United States in the late 1960s, he had met Professor Vincent Dole of Rockefeller University, NY and his wife, Dr. Marie Nyswander, who had jointly discovered and developed the use of methadone for the ambulatory treatment of narcotics dependence, and had been impressed by the results obtained in terms of the drug dependent patients' greatly improved general health and social functioning. On his return to Hong Kong, he proposed that the Government should set up an experimental methadone clinic here. The proposal was rejected by his ACAN Sub-committee and by the Medical and Health Department (MHD). Dr. Ding, being a man of conviction and courage, then persuaded the Discharged Prisoners Aid Society, of which he was an Executive Committee member, to set up such a clinic in Kowloon, supervised by an American missionary, Dr. Whitehill. The eventual solution was that the MHD would open a similar clinic on Hong Kong Island and that both should operate from 1972, for a trial period of three years.

In 1974, the Chairman of the ACAN (Sir Albert Rodrigues), the Director of Medical and Health Services (Dr. Gerald Choa) and Dr. T.M. Teoh visited Europe, Canada and the United States to survey the development of drug treatment policies and programmes in a number of countries. One result of the visit was an invitation to Dr. Robert Newman of New York (who had been in charge of that city's methadone clinics for over five years) to conduct an independent evaluation of the two clinics' work and results. In his 1975 report, Dr. Newman declared them an impressive success, and recommended a major expansion of the programme. By 1977, the major part of Hong Kong's urban areas had been covered by a network of 21 methadone clinics, offering out-patient maintenance or detoxification treatment to drug dependent persons on demand. It is significant that a recent study by the US National Academy of Sciences Institute of Medicine affirms the effectiveness of methadone treatment, concluding that "methadone maintenance has been the most rigorously studied drug treatment modality and has yielded the most incontrovertibly positive results".

Dr. Newman also proposed a review of the Central Registry of Drug Addicts (CRDA) to improve the system. In the same year, with funding from the US Government through the National Institute on Drug Abuse (NIDA), an American expert was recruited who, after a study of more than three months, recommended a new computerized "integrated data-base management system".

The CRDA was thus reorganized with enhanced data collection and analysis functions and improved efficiency.

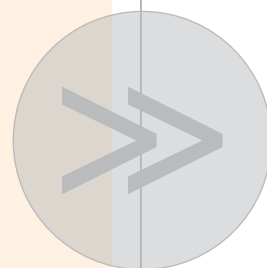
The first reports from the new system were published in September 1978, and provided the Government and all anti-narcotics agencies, for the first time, with a more detailed

於一九七四年，禁毒常務委員會主席（羅理基爵士）、醫務衛生處處長（蔡永業醫生）和張天民醫生前往歐洲、加拿大和美國訪問，考察多國戒毒政策和計劃的發展。這次訪問其中的一項成果，就是邀請了美國紐約市的紐曼醫生（紐曼醫生當時已主管紐約市各美沙酮診所逾五年）對這兩間美沙酮診所的工作和成效進行獨立評估。紐曼醫生在其一九七五年報告中盛讚該兩間診所成效卓著，並建議大規模擴充這項計劃。到了一九七七年，已有21間美沙酮診所遍布本港大部分市區，向有需要的藥物倚賴者提供門診代用治療或戒毒療程。美國藥物學院國家科學院最近一項研究也重申美沙酮戒毒治療的效用，並總結認為“美沙酮代用治療是經過最縝密研究的戒毒模式，而且功效卓著，不容置疑”。

紐曼醫生並建議檢討本港吸毒者中央檔案室的制度，以便作出改善。同年，當局聘請美國一名專家負責進行檢討，並由美國政府透過其國立問題研究所提供經費。該專家進行了三個月的研究後，建議改用一套新的電腦化“綜合資料管理系統”。

檔案室於是進行改組，加強資料收集和分析的功能，並改善運作效率。

首份採用新系統的報告在一九七八年九月發表，第一次為政府和所有禁毒機構提供較詳細而且相對地準確的資料。報告內容包括本港濫用藥物的



趨勢和特性，如流行藥物的種類、開始濫用藥物的年齡、濫用藥物的方式、藥物倚賴者的年齡、性別，及在各區的分佈等。這是香港打擊毒品問題的一個重要里程碑，為日後制訂政策工作奠定寶貴基礎，而且也為監察這些政策的整體成效提供重要途徑。

一九七五年亦有另一項極為重要的發展，就是在禁毒常務委員會的指導下，醫務衛生處設立了毒品行政組。該組負責擬定戒毒治療計劃供禁毒常務委員會考慮，並執行和監督政府通過的一切有關藥物倚賴者的治療和康復計劃。

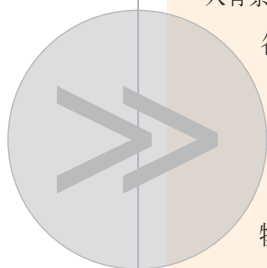
因此，到了七十年代的最後五年，香港戒毒治療服務的基礎已然確立。政府確認，毒癮是一種慢性及容易重新染上的疾病，因此採用多種模式的戒毒治療服務，發展多項以不同方法和技巧而又最具成本效益的戒毒計劃。採取多管齊下方針，是基於藥物倚賴者的年齡、倚賴藥物的歷史、個人背景、家庭狀況和責任、職業及其他特性

各有不同，實際上並無單一種治療方法能夠對所有藥物倚賴者產生同樣效用。這項政策的目標多年來一直行之有效，就是對每個有需要的藥物倚賴者提供戒毒治療。經驗證明，這個制度不單令個別戒毒者受惠，而且由於減少家庭和社會問題及減低犯罪率，社會整體也因而獲益不淺。

and relatively accurate picture of the characteristics and trends of drug abuse in Hong Kong, such as prevalence and incidence, primary drugs of abuse, methods of administering drugs, age and sex distribution, and the geographical breakdown of the drug abuser population. This was a major milestone in Hong Kong's battle against drugs, providing an invaluable basis for the future formulation of policy initiatives, and an equally important means of monitoring overall performance in implementing them.

One further - and very important - development took place in 1975; the establishment of a Narcotics and Drug Administration Division in the Medical and Health Department, under the guidance of ACAN. The new division was responsible for developing treatment plans for ACAN's consideration, and for implementing and supervising all government approved programmes and projects concerning the treatment and rehabilitation of drug dependent persons.

So, by the last five years of the 1970s, the rationale of Hong Kong's treatment services had crystallized. It recognized the chronically relapsing nature of drug abuse, and had adopted a multi-modality approach to treatment by developing a wide range of programmes, using various methods and techniques, in as cost-effective a way as possible. This approach accepted that one form of treatment suitable for some drug dependent persons, might not be effective for others, due to differences in age, history of addiction, personal background, family situation and responsibilities, employment and other characteristics. The underlying objective, which has now been successfully applied for many years, is to provide drug treatment on demand for every drug dependent person who needs it, having proved, over time, that such a regime benefits not only the individual concerned, but also, the overall community, through reduced family and social trauma and lower crime rates.



Preventive education and publicity which, having been recognized as a major element of any effective and coordinated drug abuse control programme, was re-evaluated and formalized in late 1975. The essential elements were seen to be :

- (a) To identify those most vulnerable to the risk of narcotics addiction, and the misuse or abuse of any drugs, so that preventive measures could be tailored to their needs.
- (b) To formulate a new overall strategy for preventive education and publicity, involving coordination with other anti-drug programmes, new objectives, and new ways of achieving them.
- (c) To review funding for preventive education and publicity programmes, which was seen to be totally inadequate, in relation to the magnitude of the work to be done in this field.

The new strategy was approved by the Government and implementation began in 1976.

So, by the year 1978, the Government's coordinated approach to drug trafficking and abuse was in full operation. What were the results? Here are some of them, achieved during the first five years of the new policy's implementation from 1976 to 1981 :

- The CRDA recorded 152 000 reports on 38 000 individuals, an average of about four reports per individual. For the first time ever, Hong Kong had a fact-based approximation of the number of drug dependent persons in its midst.

預防教育和宣傳已獲確認為任何有效和協調的藥物濫用管制措施中的一項重要元素。這方面的工作在一九七五年年底作出重新評估和制定，重點如下：

- (a) 鑑別那些人最容易染上毒癮、誤用或濫用藥物，以便制定預防措施照顧他們的需要。
- (b) 訂出一套全面的禁毒教育和宣傳策略，包括協調其他禁毒計劃、訂下新目標和達致目標的新方法。
- (c) 檢討禁毒教育和宣傳計劃的經費。當考慮到禁毒教育和宣傳工作需要大幅度增強，有關的經費顯然十分不足。

新策略獲得政府通過，並在一九七六年開始落實執行。

因此，到了一九七八年，政府在打擊販毒和藥物濫用方面的協調政策已全面推行。這方面的成績，從以下所載一九七六至八一年新政策實施最初五年的部分成果，可見一斑：

- 中央檔案室共接獲 152 000 份報告，涉及約 38 000 人，即平均每人有四次被呈報。香港首次對本港藥物倚賴者的人數有一個以事實為根據的估計。



- 被控與毒品有關罪行的藥物倚賴者人數下降79%，而被控與毒品無關罪行的藥物倚賴者人數則下降57%。
- 被判監的藥物倚賴者與非藥物倚賴者人數比較：前者下降70%，後者只下降15%。
- 被判監的藥物倚賴者相對於被判監總人數的比例下降24%。

到了一九七九年，由於美沙酮診所的數目迅速增加，很大程度上導致倚賴藥物的囚犯人數下降，政府關閉兩間戒毒所和兩所監獄。這個做法有兩項好處：對藥物倚賴者而言，他們可選擇無須住院而進行戒毒；對政府而言，當年數以萬計的越南船民在越戰結束後逃離家園，湧入香港，許多船民因此可被安置在空置的監獄裡。

- 由監禁式和自願住院戒毒服務改為以美沙酮門診治療為主的情況，可見於下列數字。一九七四年，44%藥物倚賴者香港戒毒會接受戒毒治療，30%在戒毒所戒毒，只有23%在當時兩間實驗性質的美沙酮診所戒毒。了一九八一年，到香港戒毒會戒毒的人數佔19%，到戒毒所佔12%，參與大幅度擴展的美沙酮計劃則佔69%。

- The number of drug dependent persons charged with drug offences was lower by 79%, whilst the number of drug dependent persons charged with non-drug offences decreased by 57%.
- Comparing admissions to prisons of drug dependent persons and non-drug dependent persons, the former fell by 70%, and the latter by only 15%.
- The proportion of drug dependent persons admitted to prisons, as compared with total admissions, fell by 24%.

By 1979, the decline in drug dependent prisoner numbers, attributable largely to the rapid expansion of methadone clinics, had caused the closure of two drug addiction treatment centres (DATCs) and two prisons. In a way, this was doubly fortunate, for the drug dependent persons who had been offered ways of dealing with their addiction in freedom, and for the Government, as that year saw an invasion into Hong Kong of tens of thousands of Vietnamese boat people, fleeing the aftermath of the war in their country; many of them were accommodated in the empty prisons.

- The major switch from custodial and in-patient voluntary treatment to out-patient methadone clinics can also be illustrated by the figures from 1974, when 44% were admitted to SARDA, 30% were in DATCs, and only 23% in the then two experimental methadone clinics. By 1981, the figures were 19% in SARDA, 12% in DATCs and 69% in the greatly expanded methadone treatment programme.



Hong Kong's progress and achievements against drug trafficking and abuse in the 1970s were made possible by a combination of Government's allocation of a high priority and adequate resources to deal with one of its most serious problems; the establishment of an efficient statistical base; integrated and coordinated programmes covering all aspects of the problem; high-level involvement in the formulation of policies; and, most importantly, the dedication, commitment and determination of large numbers of people in law enforcement agencies, Government departments and voluntary agencies, and amongst community leaders, to continue the unrelenting battle against drug trafficking, and to offer hope, relief and rehabilitation to its victims.

In an address given in Hong Kong in 1998, Dr. Robert Newman reviewed the anti-narcotics policies of the Hong Kong Government during the 1970s, as follows:

"During that period, your health authorities implemented a policy that has proven to be among the most enlightened and effective in the world, based on the following premises:

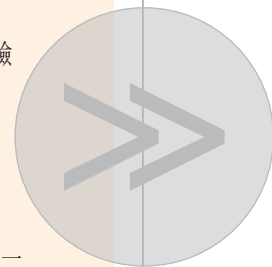
- the complex medical-social problem of addiction precludes reliance on a single approach. What is needed are coordinated treatment and education/prevention, international cooperation and local law enforcement efforts;
- Even multi-modality efforts, no matter how well implemented, are unlikely to eliminate addiction from the community;
- Notwithstanding this reality, a great deal can be done to help addicts while also serving the self-interest of the community at large; and

在七十年代，香港在打擊販毒和濫用藥物方面取得重大進展，成績斐然，這有賴政府優先處理及撥出足夠資源應付當時其中一個最嚴重的問題；設立有效率的統計基礎；推行完整、協調的計劃以涵蓋各方面的藥物問題；在釐定政策時重視高度參與；而最重要的是，多個政府部門、執法機關、志願機構和社團領袖均盡心竭力打擊販毒，為藥物倚賴者重燃希望。

紐曼醫生在一九九八年訪問香港，檢討政府在七十年代的禁毒政策，他說：

“在該段期間，貴衛生部門推行了一項經證明是全球最開明和最有效的政策。這項政策建基於下列的前提：

- 濫用藥物涉及複雜的醫療和社會問題，單靠一個方式解決問題是不可能的。社會需要的是透過戒毒治療、預防教育、國際間合作和本地執法行動多管齊下的方法，互相配合；
- 即使我們採用多種模式的處理方法，不論這些模式如何成功，也不可能根除社會上的濫用藥物問題；
- 雖然現實情況如此，我們可利用很多途徑幫助藥物倚賴者而又同時符合社會的整體利益；以及



- 不得被所謂‘最好的戒毒方法’這類治療教條妨礙我們向有需要協助的人給予即時援助和希望。

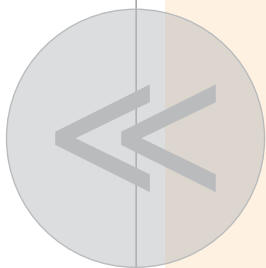
香港接納這些前提並落實執行，比世界上其他地方先進許多年，少數例外的國家是荷蘭和澳洲。香港可算是講求情理和富效率的典範。簡言之，香港採取的策略，在控制愛滋病、減少與毒品有關的罪案，及穩定濫用藥物的人數方面，較其他國家更加成功。這樣的評價不是要抬高香港，也不是認為香港可以因此自滿。相反來說，本人要提出警告：當大部份人傾向只注意玻璃杯內空著的一半時，便忽視了盛著水的另一半。

香港並沒有根絕毒品問題，而且無可避免地將會有人批評香港的禁毒措施，不能達到一些根本不可能達到的成績。香港必須抗衡以一個神奇處方替代現行政策的壓力，不論這道處方是指醫療上的“突破”或是以嚴厲的執法手段證明香港“嚴厲打擊毒品”。香港採用的方針一向十分奏效，因此，在考慮應否及如何改良這個方針時，各位必須確保建議的其他方法是已獲證明更為優越才可。根據世界各地的可靠經驗，本人十分懷疑任何其他方法能否達到這個水準。”

- Therapeutic dogma regarding "best" treatment practices must not be permitted to detract from the goal of providing immediate help and hope to all who need and want it.

In accepting and acting on these premises, Hong Kong was many years ahead of the rest of the world, the very few exceptions to this including the Netherlands and Australia. It remains an unparalleled model of common sense and effectiveness. The result has been a greater degree of success than any other country in containing AIDS, in lessening drug-related crime and in stabilizing the number of people using drugs. This assessment is not made to flatter, nor to suggest that there is cause for complacency. To the contrary: it is intended as a warning against the widespread tendency to focus on that half of the glass that is empty while ignoring the half that is full.

Addiction has not been eliminated from Hong Kong, and inevitably there are some who will criticize your anti-drug programmes for not achieving that which is unachievable. It is essential, however, to resist pressure to abandon your present policies, in favour of a magic solution, be it a medical “breakthrough” or Draconian law enforcement measures demonstrating that Hong Kong is “tough on drugs”. In considering whether and how to modify the approach that, to date, has served you so well, you must make sure that proposed alternatives have indeed been proven superior. Based on the documented experience worldwide, I strongly doubt any alternative will meet this standard.”



CHAPTER

第2章

法律架構：  
因時宜  
抵禦毒禍

THE LEGAL FRAMEWORK  
- FORTIFYING HONG KONG



## 禁毒法例和執法部門

## LAW AND ENFORCEMENT SERVICES

### 禁毒條例

《危險藥物條例》（第134章）是本港處理與毒品有關罪行的主要條例。香港一直嚴格遵行有關藥物管制的國際公約所訂立的原則。這些公約主要規定各締約方必須把所有危險藥物的跨境付運資料通知有關國家的藥物執法機關。凡有證據顯示某一藥物在其他國家廣被濫用，又或某一藥物在本港的濫用情況看來會構成公眾衛生或社會問題，當局便會考慮根據《危險藥物條例》把該藥物列為危險藥物，從而對該藥物的經營、管有、進口、出口和供應，施加條例所載的各項約束和管制。

至於作為合法醫療用途的危險藥物，凡有關進口、出口、製造、管有和供應，均須向衛生署署長申領牌照。當局定期視察領牌者，確保他們遵守法例，特別是有關貯藏和全部交易的紀錄。

### The Anti-narcotics Laws

The Dangerous Drugs Ordinance (Cap. 134), Hong Kong's main ordinance dealing with narcotics offences, adheres strictly to the principles laid down in international drug control conventions. These essentially consist of the requirements for keeping national drug enforcement agencies informed of the movements of all consignments of dangerous drugs across national borders. Where there is evidence of widespread abuse of a substance in other countries or when the abuse of a substance in Hong Kong appears to constitute a public health or social problem, the substance concerned will be considered for scheduling as a dangerous drug under the Dangerous Drugs Ordinance. The full sanctions and controls provided in the ordinance can then be applied with regard to dealing in, possession, import, export and supply of the drug.

As regards dangerous drugs intended for legitimate medical use, a licence is required from the Director of Health for their import, export, manufacture, possession and supply. Licensees are subject to periodic inspections to ensure their compliance with the law, particularly in relation to the storage and record keeping of all transactions.



The ordinance covers a wide range of dangerous and controlled drugs, including opium and its derivatives, barbitone, cocaine, codeine, cannabis and synthetic drugs which are likely to be abused. For major offences involving trafficking in or manufacturing dangerous drugs, the maximum penalty is life imprisonment and a fine of \$5 million. The maximum penalties that can be imposed for other drug-related offences are also severe. For instance, the maximum penalty for possessing a dangerous drug is a fine of \$1 million and seven years' imprisonment, for opening or managing a divan - a fine of \$5 million and 15 years' imprisonment, and for cultivating the cannabis plant or the opium poppy, a fine of \$100,000 and 15 years' imprisonment.

The Pharmacy and Poisons Ordinance (Cap. 138) controls the medical use of drugs by providing for the licensing of manufacturers, wholesalers, retailers and import/export dealers, the registration and testing of pharmaceutical products and the keeping of an up-to-date Poisons List. These facilitate proper control over psychotropic and other substances, making them lawfully obtainable only when prescribed by a medical doctor. The maximum penalty for an offence under this ordinance is a fine of \$100,000 and two years' imprisonment.

The Pharmacy and Poisons Board is responsible for the enforcement of the provisions of the Pharmacy and Poisons Ordinance. In practice, the Board acts through the Department of Health and executive committees established under the ordinance. Dangerous drugs are subject to the additional controls provided under the Pharmacy and Poisons Ordinance by being included in the Poisons List. Psychotropic and other potent medicinal substances are also included. All importers and exporters of pharmaceutical products containing substances included in the Poisons List are required to hold a Wholesale Poisons Licence issued by the Pharmacy and Poisons Board.

本條例涵蓋多種危險和受管制藥物，包括鴉片及其衍生物、巴比妥、可卡因、可待因、大麻及可能被濫用的合成藥物。任何人士如干犯涉及販運或製造危險藥物的嚴重罪行，最高可被判罰款500萬港元和終身監禁。干犯其他與毒品有關罪行的最高刑罰亦很重，例如管有危險藥物最高可被判罰款100萬港元和監禁七年；開設或經營煙窟，最高可被判罰款500萬港元和監禁15年；種植大麻或鴉片罌粟，最高可被判罰款10萬港元和監禁15年。

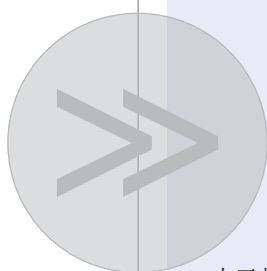
《藥劑業及毒藥條例》（第138章）管制藥物的醫療用途，包括就發牌予藥物製造商、批發商、零售商和進出口商；藥劑製品的註冊和試驗；以及備存最新的毒藥列表，訂定條文。這些條文有助妥善管制精神藥物和其他藥物，使市民只有憑醫生處方才可合法取得這些藥物。觸犯此條例的最高刑罰是罰款10萬港元和監禁兩年。

藥劑業及毒藥管理局負責執行《藥劑業及毒藥條例》的規定。該局透過衛生署和屬下各個根據該條例成立的執行委員會，落實有關工作。危險藥物透過被列入毒藥列表內，受《藥劑業及毒藥條例》進一步管制。精神藥物和其他烈性藥物也不例外。任何人如進口或出口含有毒藥列表所列藥物的藥劑製品，必須領有由藥劑業及毒藥管理局發出的毒藥批發牌照。



《進出口（一般）規例》（第60章，附屬法例）規定，進口及出口每批藥劑製品均須申領許可證。工業貿易署署長作為發出許可證的主管當局，在批准進口或出口許可證申請前，通常會徵詢藥劑業及毒藥管理局的意見。為進一步禁止精神藥物的非法交易，規定只有聘用註冊藥劑師的批發商才可進口及出口這些藥物。有關的註冊藥劑師，須負責神藥物的接收、供應、紀錄備存和貯存工作。海關是執行該條例的主要部門，負責打擊非法進出口活動。

在一九九六年六月一日前，《乙酰化物（管制）條例》（第145章）對三種乙酰化物做出管制。這三種乙酰化物中特別包括把嗎啡提煉成海洛英時必需的乙酸酐，而海洛英正是本港主要被濫用的藥物。當局對乙酰化物的管制，促使利用嗎啡提煉海洛英的活動在香港絕跡。



《化學品管制條例》（第145章）在一九九六年六月一日起生效，用以取代《乙酰化物（管制）條例》（第145章）。這項條例把管制範圍擴大至其他逾21種可用以製造毒品或非法藥物的化學品原料。條例根據國際公約的規定，對這些化學品原料實施發牌規定和其他管制措施。未經許可而進口、出口、製造、供應或管有這些

The Import and Export (General) Regulations (Cap. 60, subsidiary legislation) also provide that the import and export of every consignment of a pharmaceutical product is subject to licensing requirements. The licensing authority is the Director-General of Trade and Industry, who normally consults the Pharmacy and Poisons Board before an application for an import or export licence is granted. As an additional safeguard against the illicit trade in psychotropic substances, the import and export of such substances are restricted to wholesale dealers employing a registered pharmacist who is responsible for their receipt, supply, record keeping and storage. The Customs and Excise Department is the major enforcement agency under this ordinance, and is charged with the suppression of illicit imports and exports.


Prior to 1 June 1996, the Acetylating Substances (Control) Ordinance (Cap. 145) imposed controls on three acetylating substances, and in particular acetic anhydride, a chemical essential for the conversion of morphine into heroin — the main drug of abuse in Hong Kong. The controls over acetylating substances have contributed in part to the virtual elimination of heroin refining in Hong Kong.

The Control of Chemicals Ordinance (Cap. 145) came into operation on 1 June 1996, replacing the Acetylating Substances (Control) Ordinance (Cap. 145), and extending controls over 21 additional precursor chemicals that can be used for the manufacture of narcotics or illicit drugs. Licensing requirements and other controls are imposed on these precursor chemicals as set out in international conventions; severe penalties are provided for their unauthorized import, export, manufacture, supply or possession, the maximum penalty for which is a fine of \$1 million and imprisonment for 15 years. In June 1999, amendments to the ordinance were enacted in respect of potassium permanganate, a precursor for the manufacture

of cocaine, bringing Hong Kong's law into full compliance with the requirements of the United Nations. With the legislative amendments put into operation on 2 October 1999, the control of potassium permanganate has been greatly tightened, since the export, import, manufacture, transshipment, removal and storage of this substance all require licence and authorization from the Customs and Excise Department, which is the licensing and enforcement authority under this ordinance.

To fulfil its international obligations under the 1988 United Nations "Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances", the Government passed the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap. 405) and the Organized and Serious Crimes Ordinance (Cap. 455) which provide for the tracing, freezing, confiscation and recovery of the proceeds of drug trafficking and other serious crimes, as well as for action against drug money laundering. To keep pace with the latest trends, Cap. 455 was amended in 2000 to require money changers and remittance agents to identify customers and keep transaction records. Further legislative amendments to strengthen the confiscation and penalty provisions in the two ordinances were also introduced into the Legislative Council in the same year.

Under the law, it is an offence to launder drug money or deal with property knowing or believing it to represent the proceeds of drug trafficking. The maximum penalty for money laundering offences is a fine of \$5 million and imprisonment for 14 years. To allow for investigations into money laundering or to give consideration to the institution of proceedings, certain provisions of the Drug Trafficking (Recovery of Proceeds) Ordinance permit authorized officers to seize and detain specified property imported into or



化學品原料，可被重罰，最高刑罰是罰款100萬港元和監禁15年。於一九九九年六月，政府通過修訂該條例，加強管制高錳酸鉀（製造可卡因的化學品原料），使香港的法例完全符合聯合國的規定。修訂條例於一九九九年十月二日生效，大大收緊了對高錳酸鉀的管制，凡進口、出口、製造、轉運、移走或貯存這種物質，均須得到香港海關的發牌和批准。海關是《化學品管制條例》的發牌和執法當局。

為了履行《1988年聯合國禁止非法販運麻醉藥品和精神藥物公約》所規定的國際責任，香港政府通過《販毒（追討得益）條例》（第405章）和《有組織及嚴重罪行條例》（第455章），就追溯、凍結、沒收和追討販毒及嚴重罪行得益，以及對付清洗有關罪行得益等事宜作出規定。為針對這方面的最新趨勢，第455章已於二零零零年作出修訂，規定貨幣兌換商和匯款代理人必須確定客戶身分並備存交易紀錄。此外，政府也在同年向立法會提交修訂條例草案，務求進一步修訂這兩條法例，以加強有關沒收販毒得益的條文和刑罰。

根據法例，清洗黑錢或處理已知或相信為販毒得益的財產，即屬違法。觸犯清洗黑錢罪行的最高刑罰為罰款500萬港元和監禁14年。為了方便對清洗黑錢進行調查或考慮提出法律程序，《販毒（追討得益）條例》的若干條文准許獲授權人員扣押和扣留進出本港並涉嫌是販毒得益的指明財產。

法例也規定，任何人均有責任舉報涉及清洗黑錢的可疑交易，違者即屬觸犯法例，最高可被判罰款達五級（現為25,001至50,000港元）及監禁三個月。警務處和海關已特別成立警察/海關聯合財富調查組，負責收集、統籌和分析這類舉報所得資料。

exported from Hong Kong which represents the proceeds of drug trafficking.

The law also requires any person to report suspicious transactions which might involve money laundering. A person commits an offence by failing to do so, and is liable on conviction to a fine at level five (currently between \$25,001 and \$50,000) and imprisonment for three months. To facilitate the receipt, coordination and analysis of intelligence derived from such reports, a Joint Financial Intelligence Unit was set up and is jointly operated by the Police and the Customs.

禁毒常務委員會委員於一九八三年十二月前往堅尼地城焚化爐，視察燒毀檢獲毒品的情形。

ACAN members watching the disposal of seized drugs during a visit to the Kennedy Town Incineration Plant in December 1983.



## The Enforcement Services

Before the mid-eighties, the drugs consumed locally were smuggled into Hong Kong by air or by the traditional sea route from Thailand. With the opening up of mainland China, the trafficking routes have changed. Now, drugs are smuggled into Hong Kong mainly by land and sea through mainland China or by air and sea routes from source countries. The problems in stopping the illegal entry of drugs are compounded by Hong Kong's free port status, and can be illustrated by the arrival in 1999 of 64.56 million incoming passengers, 128 million tonnes of incoming cargo by air, land and sea, 87 708 arrival flights, 37 580 incoming ocean vessels and 115 330 river cargo vessels. Under such conditions, international cooperation is vital to Hong Kong's continued success in stopping the flow of drugs into the Special Administrative Region (SAR). The realistic objectives are to make drug trafficking difficult and risky through vigorous enforcement action, to impose exemplary sentences on those who are caught and convicted, and to keep street prices high by achieving drug seizures.

Vigorous law enforcement action is taken by the Hong Kong Police Force, the Customs and Excise Department, and the Department of Health to reduce the illegal supply of drugs and suppress trafficking, in accordance with the relevant laws, which are kept under regular review to ensure they are up-to-date and effective.

## 執法部門

八十年代中期以前，在本港濫用的藥物都是從泰國空運或傳統的海路走私來港。隨著內地向外開放，運毒路線已有所改變。目前，毒品多從海、陸方式經內地偷運入境，或由海路及空運從毒品生產國非法運港。由於香港屬於自由港，要制止毒品流入香港絕非易事，這可從以下數字略知一二：於一九九九年，經由海、陸、空來港的旅客共 6 456 萬人次，貨物共 1.28 億噸，抵港航班共 87 708 班次，抵港的遠洋輪船和內河貨船分別為 37 580 和 115 330 架次。以這樣頻繁的對外交通往來，國際間的合作對香港能否繼續成功堵截毒品來港尤為重要。切實可行的目標，是採取嚴厲的執法行動，以增加運毒的困難和風險，並對成功入罪的不法之徒判以重刑，以儆效尤，以及加緊緝毒，使毒品的零售價保持高企。

香港警務處、香港海關和衛生署負責根據有關法例，採取嚴厲的執法行動，以減少毒品的供應和打擊販毒。當局定期檢討法例，確保有關條文能配合最新情況和繼續行之有效。







海關人員在空置單位內拘捕兩名吸毒者。

The Customs and Excise Officers arrest two drug dependent persons in a vacant flat.



香港警方採取三管齊下的策略，對付非法毒品活動。在總部層面，毒品調查科找出和剷除負責入口和製造危險藥物的毒品集團。在總區層面，特別職務隊專門打擊那些供應毒品給街頭毒販的中層販毒者。至於在地區層面，其他特別職務隊負責對付在街頭零售毒品的人，而軍裝警務人員

則專門對用家和低層毒販採取行動。此

外，警方亦增加了資源處理愈來愈多青少年涉及毒品的問題。警方的整體執法方針強調找出及起訴毒販。

當局並利用有關污點證人的法例，由已定罪的毒販在法庭指證其集團的首腦。此外，毒品調查科與其海外的對口單位一直保持緊密合作，透過交換情報及聯合行動，合力打擊毒品的供應。

The Hong Kong Police Force adopts a three-tier strategy against illegal drug activities. At Force level, the Narcotics Bureau seeks to identify and eliminate syndicates responsible for the importation and manufacture of dangerous drugs. At regional level, Special Duty Squads target mid-level traffickers who supply drugs to street-level dealers. At district level, other Special Duty Squads aim to interdict street-level suppliers whilst uniformed branch officers take action against both users and low-level traffickers; increasing resources have also been dedicated to the escalating problem of juvenile involvement in drugs. The overall emphasis of the Force's enforcement policy is to identify and prosecute drug traffickers. Use is made of the Conspiracy Laws whereby convicted traffickers are used to give evidence against their syndicate's hierarchy. In addition, the Narcotics Bureau

plays an active role in cooperation with their counterparts overseas in suppressing the supply of drugs through information exchange and coordinated action.

The Customs and Excise Department also has a strategy for combating illegal drug activities at all levels. For anti-narcotics measures against illicit drug imports and exports at control points, it maintains a high level of vigilance on travellers and cargoes entering the SAR, with a view to intercepting any attempt at drug smuggling. The use of risk assessment techniques in cargo and passenger clearance has proved to be very successful; drug detector dogs and hi-tech equipment such as ion-scanners and X-ray machines have materially assisted in the interception of some significant seizures of drugs at the control points. There is a dedicated workforce, the Customs Drug Investigation Bureau, to investigate inland syndicate drug trafficking activities. It also coordinates international intelligence exchanges and cooperation with foreign drug enforcement agencies to suppress transnational drug crimes.

Apart from drug interdiction, the Drug Trafficking (Recovery of Proceeds) Ordinance, enacted in 1989, provides enforcement powers for tracing, restraining, confiscating and recovering drug proceeds. The ordinance is jointly enforced by the Customs and Excise Department and the Hong Kong Police Force and, since its enactment, drug proceeds amounting to \$342 million have been confiscated to the Government. As at the end of 1999, some \$133 million of assets were under restraint, pending confiscation proceedings.

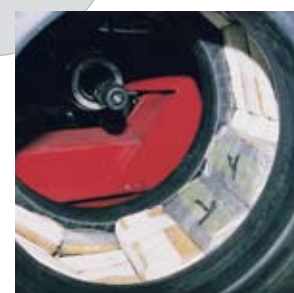
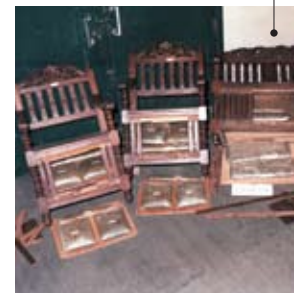
香港海關也備有策略對付各層面的非法毒品活動。在邊境檢查站對付違禁藥物進出口的禁毒措施方面，海關人員對入境旅客和貨物保持高度警覺，以堵截毒品的偷運活動。另外，海關人員在檢查旅客和貨物時使用風險評估技巧，證實十分成功。他們還使用緝毒犬和高科技器材如離子掃描器及X光機，致使多次在邊境檢查站緝獲大批毒品。特設的海關毒品調查局負責調查本港集團的販毒活動，以及協調國際間交換情報和與外國禁毒執法機關合作，打擊跨國的毒品罪案。

一九八九年通過的《販毒（追討得益）條例》除打擊販毒活動外，更授權執法人員追溯、凍結、沒收和追討販毒得益。這條例由海關和警方聯手執行，自實施以來，政府共沒收的販毒得益共3.42億元。截至一九九九年年底，政府凍結了約1.33億元資產，有待進行沒收的法律程序。

自一九九六年六月以來，香港海關已設立了一個發牌制度，以便根據《化學品管制條例》對24種化學品施加管制。這個發牌制度旨在防止毒販利用這些化學品非法製造毒品和精神藥物。同年，海關還成立了化學品管制課，以執行有關工作。

從木椅、皮馬、牛角、紅毛丹、朱古力及飛機輪胎中搜獲的毒品。

Drugs found inside benches, leather horses, bullhorns, rambutan, chocolates and aeroplane tyre.







毒品調查科人員向記者展示一九九九年十一月在元朗檢獲的大批海洛英。  
Officers of Narcotics Bureau briefing the media on the record seizure of heroin in Yuen Long in November 1999.

這個管制化學品原料的制度已獲國際公認為典範。過去數年以來，香港海關均派代表參與由聯合國國際麻醉品管制局組織的專家諮詢小組，並就化學品原料的管制提供專家意見。於一九九九年，聯合國一份有關化學品原料的報告書稱許香港海關在這範疇所作的努力及向其他國家提供及時而全面的受管制化學品的出口資料。

離子掃描器可在五至八秒內顯示出可疑物品藏有的毒品種類。  
Ion scanner which can detect different kinds of drugs within five to eight seconds.

政府化驗所在打擊藥物濫用問題方面擔當重要角色。化驗所對受《危險藥物條例》、《藥劑及毒藥條例》、《抗生素條例》（第137章）和《化學品管制條例》管制的危險藥物和藥劑進行法醫化驗，以便向政府各執法部門提供詳盡的科學分析。

化驗所人員對藥物進行法醫化驗，並發表分析報告，作為呈堂證據。此外，化驗所又提供藥物的情報資料和每月的藥物統計數字，派員前往涉及非法製毒的罪案現場協助蒐集證據，並為執法人員舉辦講座。



Since June 1996, the Customs and Excise Department has also maintained a licensing system to control 24 chemicals under the Control of Chemicals Ordinance, aimed at curtailing their availability to drug traffickers for the illicit production of drugs and psychotropic substances. A Controlled Chemicals Group was formed in the same year to enforce the system. The system of controls over precursor chemicals has been recognized internationally as exemplary. Over the years, representatives of the Department have participated in the Advisory Expert Group organized by the United Nations International Narcotics Control Board and have contributed expert opinions on precursor control. In 1999, a United Nations report on precursors praised the Hong Kong Customs for its efforts in this field, and in providing timely and comprehensive information on the exports of controlled chemicals to other countries.

The Government Laboratory plays an important role in fighting drug abuse. It offers a comprehensive scientific and analytical service for various law enforcement agencies in the forensic examination of dangerous drugs and pharmaceutical preparations controlled under the Dangerous Drugs Ordinance, the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance (Cap. 137), and the Control of Chemicals Ordinance.

The staff of the Laboratory conduct forensic drug examinations, issue analytical reports for presentation as evidence in courts, provide drug intelligence information and monthly drug statistics, attend crime scenes involving the illicit manufacture of drugs, and give lectures to law enforcement officers.

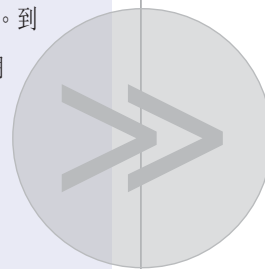
## IMPACT OF THE ICAC ON DRUG-RELATED CORRUPTION

Before 1974 corruption was widespread in Government departments, and was concentrated, as far as the law enforcement services were concerned, on drugs, vice establishments and gambling activities. Police corruption in drug trafficking took two basic patterns: one was related to the syndicates organized by the underworld bosses themselves, and the other involved syndicates formed by corrupt members of the Police Force. In the former, corrupt members of the Force tolerated and kept silent about drug trafficking after being offered bribes. The latter involved policemen who organized syndicates and actively solicited bribes from drug dens in certain localities.

As far as the first pattern is concerned, it is widely accepted that approximately five to six rival syndicates were running the narcotics underworld in Hong Kong up to the 1970s, with occasional changes in their relative strength. They were highly organized, with international connections, and mainly controlled import, export, manufacturing, and wholesale operations. These groups were usually organized on the basis of regional bonds, and the kinship ties that might exist among the top leaders. After the Second World War, Shanghai groups dominated the narcotics underworld in Hong Kong, but they were soon replaced by Cantonese and Chiu-Chow syndicates. In the 1970s, it appeared that various Chiu-Chow syndicates had assumed prominence over the heroin market. In the initial stages of development,

一九七四年之前，公營部門貪污風氣頗盛。就執法部隊而言，貪污情況主要集中在與黃、賭、毒有關的活動。警隊中涉及販毒活動的貪污模式有二：一種是由黑社會操控的集團，另一種則涉及警隊內的貪污集團。關於前者，警隊中的貪污分子收受賄賂，因而對販毒活動視而不見。至於後者，則是警務人員組成的貪污集團，經常向某些地區的毒窟索取賄款。

在七十年代之前，香港的地下毒品市場約由五、六個龐大集團操控，它們的勢力此消彼長。這些集團除了組織嚴密外，更有國際聯繫，主要控制毒品的進出口、製造和批發。這些集團通常劃分為堂口，而領導層可能是家族成員。第二次世界大戰之後，上海幫控制了本港的地下毒品市場，但很快便被廣州幫和潮州幫所取代。到了七十年代，毒品市場似乎主要由潮州各幫會操控。在初期，並非所有



生鴉片的入口或轉運都向警方行賄，但後來為了減低風險，賄款制度逐漸成立。賄款大多按貨運的次數支付。生鴉片通常是從東南亞（特別是金三角）經海、空二路偷運入境。當時，海路往往最安全，毒販利用船隻把毒品載到香港附近的公海，然後由本港船隻出海接收毒品。通常毒品走私活動以經營餐廳、貨運公司和康樂中心等正當業務作為掩飾。



廉政公署於一九七四年成立時的第一批職員。

The first batch of officers recruited by ICAC in 1974.

當局檢獲的毒品和拘捕的毒販，大部分不屬於偷運大量毒品的毒販、毒品製造或批發商，而是零售者。零售毒品的販毒集團據報各據地盤。這些集團每月向警務人員行賄，而賄款數額會按照市場需求和有關警務人員所冒風險程度而作調整。

廉政公署成立後，首任廉政專員在一次致詞中指出，根據保守估計，集團式貪污每年賺取的利潤高達10億港元，這筆款項比當時的香港上海滙豐銀行在全球業務中取得的全年利潤還要高。不過，了一九七四年，情況有所改變。當年，當局發現警隊一名英籍總警司擁有遠超過其公職收入的財富。這宗案件備受傳媒廣泛報導。

事後，政府根據一位高等法院法官（百里渠爵士）作出調查後所提的建議，成立廉政公署。這個肅貪倡廉的組織直接向港督負責，獲授廣泛的調查和拘捕權力，並配備一支清廉的

not all imports or shipments of raw opium were covered by payments made to the Police, but, to minimize uncertainty, the payment system was gradually formalized. In most cases, money was paid on the basis of the number of shipments. Raw opium was imported from South-East Asia, notably from the Golden Triangle, both by air and sea. The safest route was normally by sea: chartered ships carried cargoes to the high seas adjacent to Hong Kong, and then locally based boats would collect them. In most cases, the operation was organized under the cover of legitimate business organizations, such as restaurants, truck companies, and recreational centres.

The majority of seizures and arrests were not of large scale importers, manufacturers, and wholesalers, but of retail operators. Various syndicates covering retailing operations were reportedly organized on a territorial basis. Bribes were usually paid to members of the Police Force monthly with adjustments related to market demand and the risks of the policemen involved.

In a speech subsequent to the establishment of the Independent Commission Against Corruption (ICAC), its first Commissioner made a conservative estimate that the annual profits of syndicated corruption had amounted to \$1 billion, a sum greater than the annual profits of the Hong Kong and Shanghai Banking Corporation from its worldwide operations at that time. All this was changed when, in 1974, following a widely reported case of a British Chief Superintendent in the Police Force who was found to be in possession of considerable wealth, far in excess of his official earnings, the Government created the ICAC, as recommended by a High Court judge (Mr. Justice Alastair Blair-Kerr) after an official investigation, to be responsible directly to the Governor, backed up by considerably strengthened anti-bribery laws, wide powers of investigation and arrest, and



staffed by a new cadre of officers with clean career backgrounds.

In the new climate of public opinion created by this major development in Government policy, the results quickly became apparent. In 1974 a major drug trafficker, Ng Shek-ho (nicknamed "Crippled Ho") who had been operating a drug trafficking syndicate for many years, was arrested by the Police Narcotics Bureau and charged with major offences involving the smuggling of narcotics into Hong Kong, mainly from Thailand. He was convicted in 1975, and sentenced to 30 years' imprisonment, the longest sentence ever imposed by a Hong Kong court at that time; his two principal assistants were jailed for 25 years each. In 1977, warrants were issued for the arrest of two brothers, Ma Sik-yu and Ma Sik-chun, former associates of Ng Shek-ho, who were to be charged with the importation of 700 tonnes of opium into Hong Kong between 1968 and 1974. Ma Sik-yu escaped to Taiwan (which has no extradition arrangements with Hong Kong) before the warrant could be executed. His brother Ma Sik-chun was charged in August 1977 but, on being released on bail by a Magistrate, he, too, was smuggled out of Hong

隊，而有關的防止賄賂條例也作出修訂，以加強效力。

市民對這項政策帶來重大的發展十分雀躍，而新政策也收到立竿見影的效果。於一九七四年，一個操控販毒集團多年的大毒梟吳錫豪（綽號「跛豪」）終於被警方毒品調查科拘捕，控以偷運毒品（主要來自泰國）來港。吳錫豪在一九七五年被法庭定罪及被判入獄30年。這是在當時的香港司法史上最長的判刑。吳的兩名副手則各被判入獄25年。於一九七七年，當局也下令通緝馬惜如和馬惜珍兩兄弟（他們是吳錫豪以前的同黨），打算控以在一九六八至七四年期間偷運700噸鴉片入口。馬惜如在警方執行逮捕令前潛逃至台灣（當時台灣與香港並無引渡安排），其弟馬惜珍則在一九七七年八月被檢控，但在保釋期間同樣

七十年代的大毒販吳錫豪（左）、馬惜珍（中）及朱坤江（右）分別被警方捕。

Major drug traffickers arrested by the Police in 1970s: Ng Shek-ho (left), Ma Sik-chun (centre) and Chu Kwan-kong (right).



逃往台灣。馬惜如於一九九八年在台灣逝世，但其弟至今仍在警方通緝名單上。

一九七六年，另一販毒集團首腦朱坤江夫婦落網，於一九七七年被判入獄30年。朱氏夫婦曾於一九六九至七四年期間在香港和向歐洲販賣價值5,000萬至1.5億港元毒品。朱氏集團內其他八名重要人物合共被判入獄86年。

一九七五年八月，警方毒品調查科和香港海關聯手拘捕曾活躍於油麻地果欄的龐大販毒集團首腦陳文超。陳氏及其集團內重要人物被控串謀販毒罪名。陳氏於一九七六年被判入獄18年，而他的五名助手則分別被判監5至13年不等。這宗案件調查期間，當局發現部分警務人員和海關人員曾經收受販毒集團的賄款，因此通知廉政公署。一九七七年十月，共262名在職或前任政府人員涉嫌貪污。主腦人物被判入獄最多達25年，其他從犯則大多被革職或根據本港規例被勒令提早退休，以免因人數太多而干擾法庭運作和檢控工作。這宗事件差不多瓦解了警隊中組織嚴密的貪污活動。有些多年來嚴重貪污的警務人員已挾賊潛逃至台灣。這宗事件可說是廉署與專門打擊販毒的主要政府部門——警方毒品調查科成功合作打擊販毒的開始。毒品調查科是警察總部專門對付毒梟的單

Kong to Taiwan. Although Ma Sik-yu died in Taiwan in 1998, the case against his brother remains open.

In 1976, the leader of another major syndicate, Chu Kwan-kong and his wife, who had sold drugs valued at between \$50 million and \$150 million both in Hong Kong and to Europe, between 1969 and 1974, were arrested and sentenced by the courts in 1977 to 30 years' imprisonment. Eight other members of Chu's syndicate were imprisoned for a total of 86 years.

In August 1975, the Police Narcotics Bureau and the Customs and Excise Service arrested Chan Man-chiu, who had headed a large narcotics syndicate based in the Yau Ma Tei Wholesale Fruit Market. Chan and leading members of his syndicate were charged with conspiracy to traffic in dangerous drugs. Chan was convicted in 1976 and sentenced to 18 years' imprisonment, whilst five of his assistants received prison sentences of from five to 13 years. During the investigation of this case, it became known that the Police and Customs Service officers had received bribes from the drug syndicate, and the ICAC was informed. By October 1977, 262 serving or former Government officers had been identified as suspects. The ringleaders were charged in the courts and were sentenced to terms of imprisonment of up to 25 years. Many others were dismissed from the service or given early retirement under local regulations so as not to disrupt the courts and the prosecution service with their numbers. This event marked the virtual end of a notorious system of highly organized corruption in certain sections of the Police Force. A number of officers who had been heavily involved in such practices over many years fled to Taiwan with their ill-gotten gains. It also saw the beginning of a new era of successful cooperation by the ICAC with the mainstream of the Government's drive against drug trafficking, led by the Narcotics Bureau of the Police which, being a Headquarters

unit targeted at major traffickers, had remained free of the street-level corruption of its divisional colleagues.

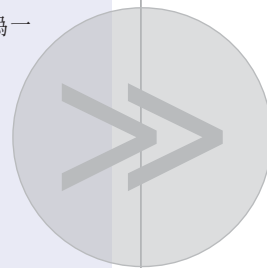
In the 1996 report of the United Nations International Narcotics Control Board in the Chapter headed “Drug Abuse and the Criminal Justice System”, special attention was given to this particular area of public affairs, and the need to provide adequate safeguards against the corruption or intimidation of public officials and institutions, as follows:

“The enormous sums of money generated by illicit drug trafficking have given drug traffickers immense economic power. This has enabled them to subvert public administration, including the criminal justice system, by bribing or otherwise corrupting officials or, if that fails, by attempting to intimidate them through threats and acts of violence. Police, judicial officers, politicians, tax authorities, customs officers and other officials are all threatened in some way. Moreover, legitimate businesses may become involved in the laundering of drug trafficking proceeds. Such money may then be invested again in otherwise legitimate businesses, making them dependent on illicit sources of funding and providing them with an unfair competitive advantage over businesses without such backing. Corruption undermines the legitimacy of governments and public confidence in the rule of law, as well as economic and social institutions. Corruption should be recognized as a problem before governments introduce counter measures involving legislation, training and procedural safeguards.

位，因此沒有如分區人員般涉及街頭的貪污罪行。

聯合國國際麻醉品管制局一九九六年報告書的其中一章，“藥物濫用和刑事司法體系”認為有需要提供足夠措施防止公職人士及機構貪污或受到威嚇。內文如下：

“透過販運違禁藥物得的巨額財富，為毒販帶來雄厚的經濟能力，使他們有能力透過行賄官員以削弱政府體制，包括刑事司法體系。如無法行賄，他們也會設法透過威嚇或暴力手段企圖恐嚇他們。警方、司法人員、政治家、稅局、海關和其他人員在某方面都面臨威脅。此外，合法業務也可能會涉及毒販清洗販毒收益。這些金錢可能再被用以資在其他合法業務中，形成這些業務需依賴非法的資金來源，而較諸沒有這類經濟作為後盾的業務，佔有不公平的競爭優勢。貪污損害政府的合法性和公眾對法治的信心，同時也對經濟和社會建造成不良影響。政府應確定貪污為一個嚴重的問題，然後透過立法、培訓和程序上的保障措施等各方面採取對策。





我們需要一個更具策略性的方針打擊販毒，以便更有效少毒品供應和紓緩國家刑事司法體系緊張的資源。這方面的目標，不應僅是拘捕和審訊懷疑干犯與毒品有關罪行的人，而且是要打亂販毒集團的運作，以根絕他們的活動。要達到這個目標，我們必須以這類犯罪集團的主腦為對象，進行調查和檢控，並須促進國際間合作和沒收毒販的犯罪收益，藉此限制販毒集團再投資和行賄的機會。透過這些措施，我們便可增強那些較軟弱或放任的司法體系，並逐漸杜絕販毒的庇護所。

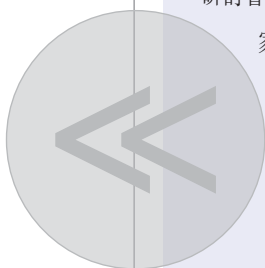
雖然各國都已在其國家推行了不少值得讚揚的措施改善執法行動，但事實上大規模的販毒活動大多以國際為基礎：即是一個犯罪集團網絡的首腦們可能身處一個國家，製毒者在另一國家，分銷者在第三個國家，而犯罪收益則在第四個國家清洗。因此，只在一個國家拘捕分銷毒品的罪犯，就等如砍掉一棵樹的樹枝一樣，大樹的根基仍然穩固。”

香港政府在處理與毒品有關的貪污情況時，明白到必須採取果斷行動，對付這個禍害社會和經濟的根源。香港在一九七四年成立廉政公署，可說是國際社會上的先鋒。一九九九年，廉政公署為慶祝成立25周年銀禧紀念，特別舉辦了一個國際研討會，當時有52個有類似組織和宗旨的國家派代表出席，與會者均認同香港有關的果斷行動。

A more strategic approach to tackling drug trafficking is needed to reduce supply more efficiently and to free the stretched resources of national criminal justice systems. The aim should be not only to arrest and try individuals suspected of having committed drug-related crimes, but also to disrupt the operations of entire drug trafficking gangs and eventually put them out of business. This can be done by targeting the organizers of such criminal groups for investigation and prosecution, by enhancing international cooperation and by depriving drug traffickers of the proceeds of their crimes, which in turn limits their opportunities to reinvest and to finance corruption. In this way weak and permissive jurisdictions can be strengthened and safe havens gradually eliminated.

While many commendable efforts to improve law enforcement have been made at the national level, the fact remains that most large-scale drug trafficking operations are internationally based: the organizers of a criminal network may be in one country, the producers in a second country, the distributors in a third and the proceeds of crime may be laundered in a fourth. Thus, apprehending offenders involved in illicit distribution only in one country is like cutting off some branches of a tree but leaving the roots intact.”

In dealing with drug related corruption, the Hong Kong Government was in the vanguard of administrations, worldwide, in recognizing the importance of acting decisively to deal with this major cause of social and economic disruption, when it created the ICAC in 1974. This was recognized at a conference celebrating the ICAC's "Silver Jubilee" - its first 25 years - in 1999, which was attended by representatives of 52 countries with similar organizations and purposes.



## 打擊清洗黑錢財務行動特別組織

# THE FINANCIAL ACTION TASK FORCE ON MONEY LAUNDERING

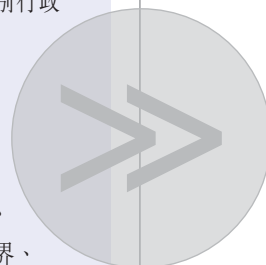
Money laundering is the process whereby criminal proceeds are manipulated through the financial system to conceal their source and confuse the money trail, and are then returned to their owners, legitimized and ready for use. The process can be broken down into three distinct phases : “placement” of the “dirty” money in a financial institution or by purchase of an asset; “layering” to disguise the source of funds by distributing them among other institutions as investments; and “integration” into the legitimate financial and economic systems.

As recently as the early 1980s, an anti-money laundering framework was lacking in most countries and was totally absent at the international level. The breakthrough came in 1988 when the United Nations promulgated the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (the Vienna Convention) - a major step in enlisting the global community in a multilateral initiative against drug trafficking. The Convention requires signatory governments to criminalize drug related money laundering, to assert their legal authority to confiscate criminal profits, and to exclude bank secrecy as grounds for declining to act against money laundering. The Vienna Convention has now been ratified by more than 100 governments, including Hong Kong as a Special Administrative Region of the PRC.

清洗黑錢是指不法分子透過金融制度操控非法活動的得益，以便隱藏這類金錢的來源和掩飾其行踪，藉此令犯罪所得的金錢在轉回罪犯手中時已是合法和可供使用。整個過程可清楚劃分為三部分：一．“部署” — 把“骯髒”的黑錢存入財務機構或購買資產；二．“分散” — 把金錢分散置於其他財務機構作資，以掩飾其來源；以及三．“回流” — 令黑錢融入合法的金融和經濟體系。

即使在八十年代初期，大多數國家仍沒有反清洗黑錢的制度，而在國際層面上更完全付諸闕如。直至一九八八年，聯合國通過《禁止非法販運麻醉藥品和精神藥物公約》（《維也納公約》）——一份發動全球國家共同打擊販毒的多邊協定，使國際間的合作從此跨進一大步。該公約規定締約方把清洗與毒品有關的黑錢列為刑事罪行，立法授權各國政府沒收犯罪收益，並規定銀行不得以私隱為理由拒絕協助打擊清洗黑錢活動。目前已有超過100個政府簽約落實《維也納公約》，包括中華人民共和國香港特別行政區。

一九八九年，七大工業國議決成立打擊清洗黑錢財務行動特別組織（以下簡稱“特別組織”），匯集法律界、金融界和執法機關的專家制訂政策的權力，以協



調全球打擊清洗黑錢的措施。這個組織的成員現包括亞洲、北美洲和歐洲的主要金融國家。

特別組織提出的40項打擊清洗黑錢建議涵蓋打擊清洗黑錢的一切有關事宜。特別組織同意執行這些建議，並鼓勵所有國家都加以採用。該40項建議最於一九九零年擬訂，其後因應特別組織在之後六年間所得經驗，並為反映全球清洗黑錢問題的轉變，於一九九六年作出修訂。

該40項建議載列清洗黑錢措施的基本架構，內容包羅刑事司法體系和執法、金融制度及其規例，以及國際間的合作，適用於世界各地。

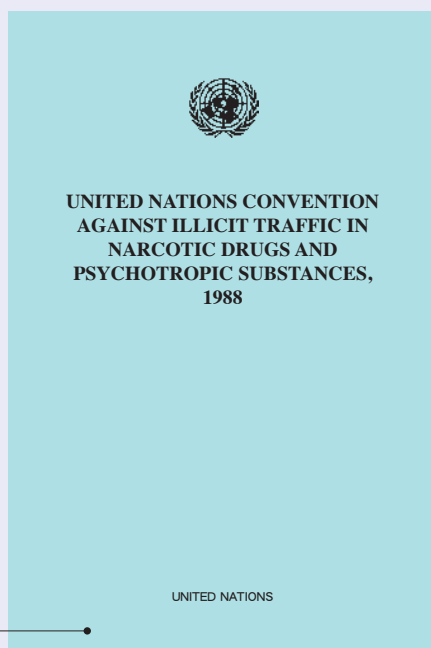
特別組織從開始便理解到成員國各有不同的法律和金融制度，不能完全採取一致的措施。這些建議因此代表行動的原則，而非指定各項細節，容許足夠彈性讓每個國家因應本身的情況和憲法架構而執行。只要成員國有政治決心，這些措施並不特別複雜或難以實行，也

In 1989, the governments of seven major industrial nations decided to create the Financial Action Task Force on Money Laundering (FATF) to harmonize global money laundering controls by bringing together the policy-making power of legal, financial and law enforcement experts. Its membership now includes the major financial-centre countries of Asia, North America and Europe.

The need to cover all relevant aspects of the fight against money laundering is reflected in the scope of the FATF Forty Recommendations - the measures which the FATF has agreed to implement and which all countries are encouraged to adopt. The Recommendations, which were originally drawn up in 1990, were revised in 1996 to take account of the experience gained over the previous six years and to reflect changes which had occurred in the global money laundering scene.

The Forty Recommendations set out the basic framework for anti-money laundering efforts and are designed to be of universal application. They cover the criminal justice system and law enforcement, the financial system and its regulation, and international cooperation.

It was recognized from the outset that FATF member countries have diverse legal and financial systems and so all cannot take identical measures. The Recommendations therefore represent principles for action, for every country to implement according to its particular circumstances and constitutional framework, allowing them a measure of flexibility rather than prescribing every detail. The measures are not particularly complex or difficult, provided there is the political will to act. Nor do they compromise the freedom to engage in legitimate transactions or threaten economic development.



聯合國禁止非法販運麻醉藥品和精神藥物公約  
United Nations Convention  
Against Illicit Traffic in Narcotic  
Drugs and Psychotropic  
Substances

FATF member countries are clearly committed to accepting the discipline of being subjected to multilateral surveillance and peer reviews. All member countries have their implementation of the Forty Recommendations monitored through a two-pronged approach: an annual self-assessment exercise and the more detailed mutual evaluation process under which each member country is subject to an on-site examination.

### Hong Kong Plays its Part

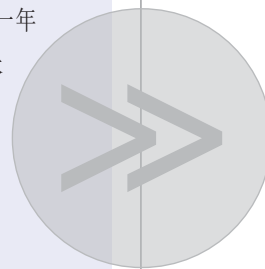
Hong Kong is committed to the fight against money laundering and has established a comprehensive and effective mechanism to tackle the problem, which requires coordination amongst Government departments, banks and other private organizations as well as with international bodies. The Narcotics Division is responsible for setting the overall policy and for coordinating the implementation of anti-money laundering measures with the Department of Justice, the Police, the Customs and Excise Department, and the Financial Services Bureau, as well as with financial regulators such as the Hong Kong Monetary Authority, the Securities and Futures Commission, the Office of the Commissioner of Insurance and the banks and non-bank financial sectors. The aim is to keep Hong Kong's anti-money laundering regime in step with the best practice worldwide. The Drug Trafficking (Recovery of Proceeds) Ordinance of 1989, together with the Organized and Serious Crimes Ordinance, provided a sound legal basis for countering money laundering. Both ordinances are regularly amended to keep pace with developments. In 1995, for example, they were significantly strengthened to make it more difficult for drug traffickers and other serious crime offenders to launder or retain their illicit profits, and in 2000, further amendments were made which require money changers and remittance

不會妨礙成員國從事合法交易的自由或其經濟發展。

特別組織的成員國均清楚表明願意接受多邊審查和其他成員國的評核。所有成員國對該40項建議的落實情況都受到雙重監察，包括一年一度自我評估，以及每個成員國在本土接受一次更詳盡的相互評核。

### 香港的角色

香港一直致力打擊清洗黑錢活動，並已建立周全而有效的打擊清洗黑錢機制，需要各政府部門、銀行、私營機構和國際組織互相配合。禁毒處負責制訂整體政策，並聯合律政司、警務處、香港海關、財經事務局和金融監管機構如香港金融管理局、證券及期貨事務監察委員會、保險業監督等，以及銀行和非銀行金融機構，協調推行反清洗黑錢的措施，務求令香港的反清洗黑錢制度能達致國際最高標準。於一九八九年通過的《販毒（追討得益）條例》與《有組織及嚴重罪行條例》，為香港反清洗黑錢工作提供穩固的法理基礎。這兩項條例不時作出修訂，以配合最新發展。舉例來說，這兩項條例的效力曾於一九九五年大大增強，使毒販和觸犯其他嚴重罪行的罪犯更難以清洗或保留非法得益。在二零零零年，政府進一步修訂條例，規定貨幣兌換商和匯款代理人必須遵行反清洗黑錢的措施，例如凡進行金額達二萬港元或以上的交易，均須確定客戶身分和備存交易紀錄。這項修訂也改善了有關沒收資產的條文及提高觸犯清洗黑錢罪行的刑罰。二零零零年十一月，《二〇〇〇年販毒及有組織罪行（修訂）條例草案》提交立法會審議，以便進一步加強上述兩項法例反清洗黑錢及沒收犯罪收益條文的效力。



特別組織的四十項建議  
The Forty Recommendations  
of the FATF



香港是特別組織成員之一。由特別組織提出的40項打擊清洗黑錢建議，香港透過立法及由有關的金融監管機構發出指引，差不多全部付諸實行。香港也是亞洲/太平洋反清洗黑錢組織創成員之一。這個組織於一九九七年二月成立，是亞太區內與特別組織性質相若的團體。

互相評核是特別組織最重要的工作之一。根據評核程序，特別組織成員的反清洗黑錢制度會先由跨國專家小組進行全面而嚴格的審核，然後提交所有成員國在全體會議上詳加審議和提問。

香港於一九九四年首次接受特別組織評核。於一九九九年六月特別組織全體會議正式通過的第二次互相評核報告，讚揚香港自一九九四年以來在打擊清洗黑錢活動方面取得的進展，尤其是香港已就一九九四年報告中列舉的不足之處，透過加強反清洗黑錢法例，加以改善，其中包括採取新措施，加強對貨幣兌換商和匯款代理人的管制。

香港在全球打擊清洗黑錢的行動中一向擔當領導地位，在打擊毒品和清洗黑錢方面的努力和成

agents to follow anti-money laundering measures such as customer identification and the keeping of records for transactions of or over HK\$20,000, and enhanced confiscation provisions and penalties. In November 2000, the Drug Trafficking and Organized Crimes (Amendment) Bill 2000 was introduced into the Legislative Council to further enhance the effectiveness of the anti-money laundering and confiscation provisions of the two ordinances.

Hong Kong is a member of the FATF, and has implemented almost all the Forty FATF Recommendations either by legislation or through guidelines issued by the relevant financial regulators. Hong Kong is also a founding member of the Asia/Pacific Group on Money Laundering (APG), a FATF style regional group established in February 1997.

Mutual evaluation is one of the most important exercises under the FATF. In such evaluations, members' anti-money laundering regimes are critically and comprehensively examined by multi-national teams of experts, followed by close scrutiny and questioning by all member jurisdictions at FATF Plenary meetings.

Hong Kong was first evaluated by the FATF in 1994. The Report on the Second Mutual Evaluation, formally adopted by the FATF Plenary in June 1999, commended Hong Kong's progress since 1994, noting, in particular, that all the deficiencies identified in the 1994 report had been remedied; its anti-money laundering legislation had been strengthened, and had included new measures to tighten controls on money changers and remittance agents.

Hong Kong plays a leading role in the fight against money laundering worldwide, and the territory's efforts and achievements in anti-drug and money laundering are well



recognized by the international community. Hong Kong was selected as the President of FATF for 2001/2002 at the 12<sup>th</sup> Plenary meeting of FATF held in Madrid, Spain in October 2000. The Commissioner for Narcotics took up the duty of the FATF President in July 2001 for a year.

## Regulatory Control

The Hong Kong Police Force and Customs and Excise Department, being responsible for enforcing anti-money laundering legislation in Hong Kong, set up a Joint Financial Intelligence Unit in 1989 to receive and analyse suspicious transaction reports. The banking, securities, insurance, futures and leveraged foreign exchange sectors have also created their own systems to counter money laundering. The Hong Kong Monetary Authority, the Office of the Commissioner of Insurance, and the Securities and Futures Commission have all issued guidelines on money laundering to the industries under their respective supervision, requiring them to observe stipulated standards and procedures in record-keeping, customer identification and reporting of suspicious transactions, etc. The guidelines are updated regularly to keep in step with the latest recommendations of the FATF and legislative changes.

Hong Kong is strongly committed to combating money laundering now and in the future. To maintain the effectiveness of its anti-money laundering regime and to meet the best international standards, Hong Kong will continue to cooperate closely with international organizations and individual governments on both multilateral and bilateral

果，深獲國際社會稱許。於二零零零年十月在西班牙馬德里舉行的特別組織第十二次全體會議上，香港當選為二零零一/零二年度特別組織主席。禁毒專員已於二零零一年七月出任特別組織主席一職，為期一年。

## 監控管制

警務處和香港海關負責執行本港打擊清洗黑錢的法例，兩個部門於一九八九年成立聯合財富情報組，收取和分析可疑交易的報告。本港的銀行、證券、保險、期貨和槓桿外匯業也已設立本身的制度，對付清洗黑錢活動。香港金融管理局、保險業監督、證券及期貨事務監察委員會等金融監管機構，已向其監管的行業發出反清洗黑錢指引，規定業界在備存紀錄、確定客戶身分和舉報可疑交易等時，必須遵守有關指定標準和程序。指引定期更新，以配合特別組織所提出的新建議及有關法例的修改。

香港代表團於一九九九年二月出席特別組織在巴黎舉行的全體會議，商討有關香港的互相評核報告。

Hong Kong delegation attending FATF Plenary Meeting held in Paris in February 1999 to discuss the mutual evaluation report on Hong Kong.



香港矢志打擊清洗黑錢活動，現在如此，將來亦一樣。為了維持反清洗黑錢制度的成效並達到最高的國際標準，香港將會繼續與國際組織和個別政府維持多邊和雙邊緊密合作，對付問題。全球國家面對的是一項艱巨的任務，正如美國外交事務局資助進行的一九九七年國際藥物管制特別小組報告指出：

“國際社會要有效執行這些打擊清洗黑錢的協議絕非易事，部分因是由於清洗黑錢專家往往使用最先進方法逃避執法行動。另一個問題便是國際金融交易非常龐大。單在美國，每天便有超過一萬億美元在金融市場流通。由於聯機密碼系統日漸普遍，在這個金融市場交易中掩飾非法金錢調動比以前更加容易。此外，在民主社會，國際貿易的擴展、經濟發展和繁榮都有賴全球資金自由流動，要對資金流通的情況施加嚴格的金融報告機制，便須面對社會、政治和法律方面的挑戰。有些國家的銀行奉行保密傳統，以保護與毒品無關的資金流動，或正如許多離岸的銀行業務庇護所一樣僅為了吸引新資金。管制機制由於被視為妨礙資金流動，更加難以得到這些國家的支持。”

由聯合財富情報組發出的外匯代理和貨幣兌換商參考指引  
Guideline for remittance agents and money changers issued by JFIU

聯合財富情報組  
The Joint Financial Intelligence Unit

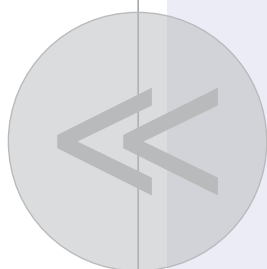
外匯代理 和 貨幣兌換商  
的參考指引  
A Guideline For  
Remittance Agents And  
Money Changers

遵從《有組織及嚴重罪行條例》和《販毒（追討得益）條例》的規定  
Compliance With The Requirements of The Organized and Serious Crimes Ordinance  
and The Drug Trafficking (Recovery of Proceeds) Ordinance

fronts to counter money laundering. Countries all over the world face a formidable task, as indicated in a 1997 Task Force Report on International Drug Control sponsored by the US Council on Foreign Relations:

“Effective implementation of these anti-money laundering agreements has thus far eluded the international community, in part because money laundering specialists use state-of-the-art methods to stay well ahead of law enforcement. A second problem is the huge volume of international financial transactions. In the United States alone, more than a trillion dollars move in and out of the financial system daily. Hiding illicit transfers in that flow is being made easier with the growing use of on-line encryption devices. Additionally, there are difficult social, political and legal challenges inherent in imposing a strict financial reporting regime on capital flows in democratic societies where

expanding international trade, economic development and prosperity are believed to depend upon the free flow of global capital. Control regimes construed as hindering that capital flow get even less support in countries with traditions of bank secrecy, whether to protect non-drug related flight capital or, as with many offshore banking havens, simply as a means of attracting new money.”



CHAPTER

第 3 章

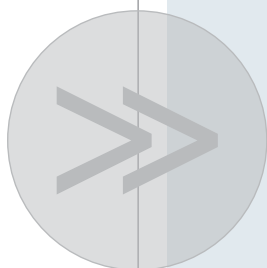
戒毒治療和康復服務：

全力協助 重建新生

TREATMENT AND REHABILITATION

- HELPING TO HEAL





香港最早為藥物倚賴者提供的戒毒治療服務，是由當時的監獄署（現稱懲教署）在五十年代末期開始推行的。當局發現當時因毒品或與毒品有關罪行而被判監的囚犯中，接近90%是染上毒癮的。一九六三年，香港戒毒會開始向藥物倚賴者提供自願住院戒毒服務。到了一九七六年年底，由於零售的海洛英供應短缺，衛生署在全港迅速擴展新推行的美沙酮門診戒毒服務。現在，共有十間非政府機構協助推行這三個主要戒毒治療計劃。這些機構雖然規模不大，但合共提供的住院牀位數目較多。

多年來，藥物倚賴者的年齡和性別分布與其社會和經濟背景已有很大改變。例如，據一九五九年白皮書透露，許多藥物倚賴者接受的教育不多，他們不是失業，就是從事一些收入或地位低微的工作，如拉人力車或當妓女等。根據目前藥物濫用資料中央檔案室的紀錄顯示，超過97%的藥物倚賴者曾經接受學校教育，而約40%被呈報時是有工作的。教育程度的改變，也許是由於政府自一九七一年起推行免費小學教育及由一九七八年起推行三年免費中學教育。藥物倚賴者的教育程度提高後，他們的入息水平和就業的比率也相應增加。

The first treatment services for drug dependent persons in Hong Kong were developed by the then Prisons Department (now the Correctional Services Department) in the late 1950s, when it was discovered that almost 90% of convicts, imprisoned for both drug and drug related crimes, were addicted. In 1963, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) began to provide voluntary in-patient treatment services to drug dependent persons, and in late 1976, following a heroin shortage in the streets, the Department of Health rapidly expanded the new out-patient Methadone Treatment Programme on a territory-wide basis. These three major treatment programmes are now augmented by ten non-government agencies which, although smaller in scale individually, provide collectively a larger number of in-patient beds.

During these years, there were a number of changes in the age and sex distribution of drug dependent persons, as well as in their socio-economic background. For example, the 1959 White Paper revealed that many had not received much education; they were either unemployed or employed in low-income or low-status occupations such as rickshaw-pulling or prostitution. Current CRDA records show that over 97% of drug dependent persons have received some schooling and about 40% were employed at the time they were reported. The change in the education level may have arisen from the introduction of free primary school education and of three years' free secondary school education for all children in 1971 and 1978 respectively. Increased educational standards in turn have enhanced earning power and the proportion of drug dependent persons who are employed.



Against the background of rapid economic, social and demographic developments, Hong Kong has adopted a multi-modality approach to the provision of drug treatment and rehabilitation services, to meet the changing types of abuse, and the needs of drug dependent persons from varying backgrounds. To ensure that these developments are kept under constant scrutiny, the Government and the ACAN have arranged regular policy reviews, ranging from a 1992 report by the UK Drug Demand Reduction Task Force which concluded:

“Many of the Drug Abuse Treatment and Rehabilitation Services in Hong Kong have been pioneers in the field, and are internationally known and highly regarded. There are many expert and dedicated workers in the treatment and rehabilitation agencies, and there is no doubt that Hong Kong is a leader in the field in Asia, and a source of information and advice for many countries in the area ...”

to the Treatment and Policy Review set up by the Commissioner for Narcotics at the suggestion of the Director of Audit, also in 1992, which concluded that “Treatment and Rehabilitation should always respond to changes in the pattern of drug abuse ...” and made a number of recommendations including the enhancement of coordination and networking amongst the various rehabilitation agencies, and also for the amalgamation of the medical social service components of SARDA’s in-patient programmes and the Methadone Treatment Programme.

由於經濟、社會和人口的發展一日千里，香港在提供戒毒治療康復服務方面採用多種模式的方針，以應付日新月異的藥物濫用方式，及照顧來自不同背景的藥物倚賴者的需要。為確保這些發展經常受到監察，政府和禁毒常務委員會定期進行政策檢討，例如在一九九二年，英國減少毒品需求專責小組擬備檢討報告，結論認為：

“香港所提供的戒毒療康服務，不少是開創先河、國際知名並深為各國稱許的。有關的機構不少是由具備專門知識和熱心的人員負責提供服務。毫無疑問，香港在這個範疇內在亞洲區居於領導地位，為區內不少國家提供資料和意見 .....”

此外，禁毒專員亦於同年接納核數署（現稱審計署）的建議，設立戒毒治療及康復政策檢討委員會，該會的結論為“療康服務應經常因應藥物濫用模式的轉變而作出配合 .....” ，並提出多項建議，包括加強不同康復機構之間的協調和聯繫，以及將香港戒毒會住院計劃和美沙酮門診治療計劃兩者的醫療社會服務合併。







在二十世紀九十年代的十年間，香港大部分時間都是經濟蓬勃，失業率極低，而且薪金和物價穩步上升。然而，很多人亦感到生活的壓力迫人，難以應付，有些人因此轉而濫用藥物，濫用的物品主要是舊式的鴉片類毒品或者日益普遍的新合成藥物或精神藥物。有見及此，當局分別在一九九四和九六年召開兩個創新的“毒品問題高峰會議”，出席人士包括高級政府官員及來自各部門、資助團體和推行禁毒工作的非政府機構的代表。高峰會議其中一項主要成果，便是促成政府撥款3.5億港元成立“禁毒基金”，基金的利息收入將用以資助有意義的禁毒計劃。

為了保持動力，對日新月異的社會作出回應，政府總部禁毒處聯同各有關政府部門和其他團體，於一九九七年擬訂第一個《香港的戒毒治療與康復服務三年計劃（一九九七至九九年）》，並獲得禁毒常務委員會通過。接著又制定第二個三年計劃（二零零零至零二年）。這個計劃的目標，是研究香港提供的戒毒療康服務能否配合藥物濫用者的特性和需要；以及就所提供服務的未來計劃和需進行的調整，作出指引。值得注意的是在一九九五年，世界衛生組織有關藥物倚賴者療康服務的國際政策、法律及計劃工作小組，對逾七十個國家自一九九三年的立法及政策制訂進行研究後，援引香港為例，指香港透過有系統的中央資料搜集及分析，在制訂社會政策時能理性地應付不斷轉變的藥物濫用情況。

Most of the last decade of the 20th Century was a time of considerable prosperity in Hong Kong, when unemployment rates were very low, and when prices and wages were rising steadily. It was also a time of considerable stress for many who found it difficult to cope with the increased pressures of their daily lives, and some of them turned to drugs, either the old opiates or the increasingly available new synthetics or psychotropics. Against this background, two innovative Drug Summits were held in 1994 and 1996 attended by senior Government leaders and representatives of all departments, subvented agencies, and non-government organizations who were active in the field. One major result from this new initiative was the creation, by the Government, of a Beat Drugs Fund with a capital of \$350 million, the income from which was to be used to finance worthwhile anti-drug projects.

To maintain the growing momentum of change, the Narcotics Division of the Government Secretariat, in conjunction with relevant Government departments and other concerned organizations, drew up, in 1997, the first Three-Year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (1997-1999), which was endorsed by the ACAN. It was followed by the second Three-Year Plan (2000-2002). Their key objectives were to examine whether the provision of treatment and rehabilitation services in Hong Kong accorded with the drug abusers characteristics and needs; and to provide a guide to future plans and any necessary adjustments to the services being provided. It is noteworthy that, in 1995, the WHO Working Group on International Policy, Law and Programmes for Treatment and Rehabilitation of Drug Dependent Persons, after studying the legislation and policy formulation of over 70 countries since 1993, cited Hong Kong as an example of responding rationally to changing drug scenes in forming social policies through systematic central data collection and analysis.

Three-year Plan on  
Drug Treatment and  
Rehabilitation Services in Hong Kong  
(2000 - 2002)

September 2000

香港戒毒治療和康復服務三年計劃  
(二零零零至二零零二年)

The Three-year Plan on Drug  
Treatment and Rehabilitation  
Services in Hong Kong (2000-  
2002)



At the beginning of the new Millennium, substantial progress was also being made in drafting enabling legislation for a new registration scheme for drug treatment and rehabilitation centres, which aims to improve the standard of the services they provide, and ensure that residential patients will be treated in a properly managed and secure physical environment. The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance was passed in April 2001 and is set for implementation in April 2002. On the commencement of this ordinance, drug treatment and rehabilitation centres which provide voluntary residential services for four or more drug dependent persons will need to obtain a licence from the Director of Social Welfare.

踏進新紀元，當局也在草擬賦權法例以引進新的戒毒療康中心發牌計劃方面，取得重大進展。這項發牌計劃旨在提高戒毒療康中心的服務水準，及確保住院戒毒者能在管理妥善和安全的環境下接受戒毒治療。《藥物倚賴者治療康復中心（發牌）條例》於二零零零一年四月通過，預計在二零零二年四月實施，屆時，任何人士或團體若經營戒毒治療及康復中心，為四位或以上人士提供自願住院服務，必須向社會福利署署長申請牌照。

## 懲教署開創先河

## PIONEER WORK OF THE CORRECTIONAL SERVICES DEPARTMENT



由於在五十年代中期，全港監獄的囚犯中，約有90%染有毒癮，當時的監獄署領先開創強迫戒毒計劃。監獄署成為一切有組織戒毒治療工作的先驅，其成就贏得國際的注意。

一九五八年之前，染有毒癮的囚犯與其他犯人完全受到同樣看待。這種情況顯然未如理想，監獄署亦發覺有需要特別提供一些計劃，協助被判刑的吸毒犯戒毒康復。

當時，有不少對社會有益的計劃急待進行，所以建造一所戒毒中心未能獲得撥款。然而，到了一九五八年，政府在新落成的大欖涌水塘下方找到一處合適地點，該處最終改建為第一所專門為濫用藥物犯人進行戒毒治療的懲教機構。

As 90% of all prison inmates in Hong Kong were drug addicts in mid-1950s, the then Prisons Department did a lot of pioneer work in providing compulsory placement programmes. It was the forerunner of all organized treatment of drug abuse in Hong Kong, and its achievement had attracted international attention.

Until 1958, persons found to be drug dependent upon admission to prison were treated just like other prisoners. This situation proved unsatisfactory and it became obvious to the prison authority that there was a need for a special programme to rehabilitate those who had been sentenced to imprisonment, and were drug dependent.

At that time there were many socially desirable projects competing for priority and therefore funds were not available for a purpose-built centre. In 1958, however, a site was found below the newly completed Tai Lam Chung Reservoir, which was eventually converted to provide the first penal institution specifically geared to treat drug dependent prisoners.

Those selected for treatment had to be drug dependent, and sentenced to imprisonment for a period of not more than three years. Their background and other relevant factors were taken into consideration by a classification board before final acceptance into the programme. With the growth of experience, the admission criteria were amended to include a minimum sentence of six months. This change was made to ensure that there was sufficient time for treatment to be effective, especially since after-care at that time was on a purely voluntary basis.

Expansion came in early 1969 when the Government introduced the Drug Addiction Treatment Centre Ordinance (Cap. 244). This legislation, which formalized the establishment of Addiction Treatment Centres, was a result of ten years' valuable experience and intensive research at Tai Lam Prison. The ordinance empowers the court to sentence a drug dependent person found guilty of an offence punishable with imprisonment (other than non-payment of a fine) to detention in a drug addiction treatment centre, if the court is satisfied, in the circumstances of the case and having due regard to the character and previous conduct of the individual, that it is in his interest and that of the public that he should undergo a period of treatment and rehabilitation. Before a detention order is made, the court is required to remand the person into a drug addiction treatment centre for a suitability report by the Prison authority for a period not exceeding three weeks. Suitability for admission is assessed on the basis of a drug dependent person's physical health, type of offence committed, history of drug dependence, criminal background, availability of accommodation and other relevant factors. If the court accepts the suitability report, the ordinance allows for an order of detention in a drug addiction treatment centre to be made for a period of not less than two months nor more than 12 months from the date of the order. The actual

獲送往接受戒毒的犯人，必須是刑期不超過三年的吸毒犯。這些人的背景和其他有關因素都要先經過一個遴選委員會審核，才可最終獲准加入治療計劃。後來，隨着經驗增加，監獄署修改加入計劃的準則，規定犯人至少服刑六個月，以確保有足夠時間令戒毒治療見效。由於當時的善後輔導純屬自願性質，所以更需有充分時間讓吸毒犯戒除毒癮。

擴展工作於一九六九年初展開，政府根據這十年間的寶貴經驗和在大欖監獄進行的深入研究工作，制定《戒毒所條例》（第244章），正式確立戒毒所制度。根據這項條例所賦予的權力，法庭在考慮案情、吸毒犯的性格及過往行為後，若認為對犯人本身及社會均有利，可將應判監禁的吸毒犯（欠交罰款者除外）送往戒毒所接受戒毒治療。在發出羈留令前，法庭須首先將犯人扣押在戒毒所內不超過三個星期，等候懲教署作出報告後，方下決定，這份報告以犯人的健康狀況、犯案種類、過去的吸毒史、犯罪背景、戒毒所內是否有剩餘名額和其他有關因素作為考慮基礎加以評估。倘法庭接納這份報告，認為吸毒犯適宜送入戒毒所，則根據法例規定，法庭可判吸毒犯入戒毒所兩個月至一年，由頒布羈留令的日期開始計算。懲教署署長將會考慮戒毒者的健康狀況、



曾濫用藥物的男犯人在喜靈洲戒毒所接受體能煉。

Male inmates undergoing physical training at Hei Ling Chau Drug Addiction Treatment Centre.



戒毒進展和獲釋後是否能夠不再吸毒，才決定戒毒者的實際扣押時期。戒毒所的監督和職員會密切監察戒毒者的治療進展。此外，戒毒者亦會獲得由高級監督出任主席的法定檢討委員會定期接見。

強迫戒毒計劃旨在為有需要者進行戒毒，使其恢復健康，並幫助他們戒除對毒品的依賴，重新適應社會。計劃除提供全面醫療服務外，也會透過工作治療和個別及小組輔導等方法多管齊下，讓他們戒除在心理/情緒上對毒品的依賴。體力勞動和戶外工作是整個計劃的重要部分，目的是使戒毒者增強體魄，從而建立自尊，重拾自信。這些工作大部分以服務社會為主，讓戒毒者覺得工作富意義，並對社會有所貢獻，從而得到滿足感。

period of detention is determined by the Commissioner of Correctional Services who will give due regard to an inmate's health and progress, and the likelihood of his remaining abstinence from drugs following his release from institutional care. The inmate's progress is closely monitored by the centre's Superintendent and staff. He is also seen at regular intervals by a statutory Board of Review chaired by a Senior Superintendent of Correctional Services.

The aims of the compulsory drug treatment programme are to detoxify where necessary, and restore physical health, to deal with the causes of the inmates' dependence on drugs, and to facilitate their readjustment to society. A full medical service is provided and psychological/emotional dependence is tackled by a combination of work therapy and individual and group counselling. Physical and outdoor work are important parts of the programme, and are designed to improve the inmates' health, and to give them a sense of pride and confidence. Much of the work is community-oriented so as to give them the personal satisfaction of achieving something worthwhile and of benefit to the public.





女犯人在芝麻灣戒毒所進行工作治療。

Female inmates receiving work therapy in Chi Ma Wan Drug Addiction Treatment Centre.

Post-release employment and accommodation are arranged by an after-care officer, and attempts are made to ensure that no one is released from institutional care without confirmation that he has a job or full-time studies to go to on discharge. Of even more importance is the availability of after-care officers for counselling and advice during the 12 months compulsory supervision following release. Research has shown that a drug dependent person is most likely to relapse during this critical period after treatment (in which case he can be recalled for further treatment), and that the interest, assistance and guidance that after-care staff provide are crucial to help him remain abstinent and law-abiding.

Two drug addiction treatment centres are operated by the Correctional Services Department, at Hei Ling Chau for men, and Chi Ma Wan for women. While admissions had been steadily increasing in the years before, there was a marked reversal of the trend in 1996, when the numbers were 2 650, dropping to 1 916 in 1997, and even further to 1 372 in 1999. Since the start of the programme in 1969, some 57 400 persons have been admitted, of whom 3 600 were women and 53 800 men.

戒毒者獲釋後，會由一名善後輔導員負責安排職業和居所。當局會盡量確保，在未確定犯人獲釋後會有工作或就讀全日制課程前，不會釋放任何囚犯。更重要的是，犯人獲釋後的12個月內仍須接受強制監管，由善後輔導員給予輔導和意見。研究結果顯示，吸毒者在戒毒後的這段期間最易重新染上毒癮（如果有這種情況，他們會被召回再接受治療），因此善後輔導員的關懷、協助和指導十分重要，可幫助他們遠離毒品，奉公守法。

懲教署轄下設有兩間戒毒所，一間是為男犯人而設的喜靈洲戒毒所，另一間是為女犯人而設的芝麻灣戒毒所。雖然入住戒毒所的人數在過往多年持續上升，但於一九九六年卻有明顯的下降趨勢，只有 2 650 名，並在一九九七年下跌至 1 916 名，而到了一九九九年更減至 1 372 名。自這項計劃在一九六九年推行以來，入住戒毒所的人數共有 57 400，其中女性為 3 600 人，男性為 53 800 人。

## 香港戒毒會提供的自願院治療服務

# VOLUNTARY IN-PATIENT ROLE OF THE SOCIETY FOR THE AID AND REHABILITATION OF DRUG ABUSERS



香港戒毒會推行全港最龐大的自願住院戒毒治療計劃。前往該會求診的藥物倚賴者，都可立即獲得社會福利和醫療方面的照顧，以及全面的康復服務。治療程序包括入院前的門診治療、住院治療，然後是善後輔導。戒毒者成功完成康復計劃後，便可加入香港培康聯會成為會員，以便與其他戒毒者繼續互相支持。在一九六五年，只有371名男性求診者在石鼓洲接受戒毒治療。在一九九九年，共有2 104名男女戒毒者入住該會的石鼓洲康復院、婦女康復中心和凹頭青少年中心。

一九六零年，一群社會知名人士有感於本港嚴重缺乏自願戒毒設施，因此創立了香港戒毒會。一九六一年二月，《有毒癮者治療及康復條例》（第326章）通過，由此確立了香港戒毒會的法定地位。該會後來籌得一筆經費，並以每年一元的象徵式租金向政府租用石鼓洲作為戒毒中心，該處是一個荒蕪小島，距離本港西南約13公里，面積約121公頃。香港戒毒會隨即在島上興建一些基

The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) operates the largest voluntary in-patient treatment programme in Hong Kong. Drug dependent persons who apply to SARDA for treatment receive prompt social and medical care followed by comprehensive rehabilitation services. The programme begins with a pre-admission service, then in-patient treatment and after-care, and finally membership in the Pui Hong Self-Help Association for continued mutual support. In 1999, a total of 2 104 men and women were admitted to its Shek Kwu Chau and Women's Treatment Centres and the Au Tau Youth Centre, as compared with 371 men in Shek Kwu Chau only in 1965.

The history of SARDA began in 1960 when it was founded by a group of prominent citizens, who were concerned about the lack of any voluntary treatment facilities for drug dependent persons in Hong Kong at that time. After the passage of the Drug Addicts Treatment and Rehabilitation Ordinance (Cap. 326) in February 1961, which established its legal status, and with subsequent fund-raising, SARDA obtained, by lease from the Government, the barren island of Shek Kwu Chau with an area of some 121 hectares situated some 13 kilometres to the South West of Hong Kong at a rent of \$1 per year. Arrangements were soon made for the construction of basic facilities to house the small number of staff and the first batch of detoxified patients who arrived from Castle Peak Hospital for rehabilitation. The centre was officially opened by the then Governor of Hong Kong,

Sir Robert Black on 23 April 1963. The administration of the island and the medical arrangements are the responsibility of the Medical Superintendent.

From the very beginning, it has been the policy of the Society to include, as a major part of its therapy programme, the development and expansion of the initial basic facilities which existed on the island at the time of arrival of the first rehabilitants. The majority of the residents, being skilled or semi-skilled in various trades or in horticultural and animal husbandry, have been able over the years to contribute their technical experience towards the improvement of the island's environment. Today the Shek Kwu Chau Centre consists of a complex of workshops, farms and domestic buildings, all of which constitute an essential and integral part of a thriving community of men who have submitted themselves voluntarily for the treatment of their addiction.

The island community has a capacity for 350 persons, which can cope with admission demand throughout the year. New arrivals are provided with detoxification facilities on the island for up to two to three weeks, after which they are

本設施，以容納數名職員和第一批從青山醫院轉介的戒毒康復者。一九六三年四月二十三日，石鼓洲戒毒康復院正式啟用，由當時的港督柏立基爵士主持揭幕禮。島上的行政和醫療服務的安排，全都由一名醫療總監負責。

從最初開始，香港戒毒會秉持的政策，是擴充和發展島上收容第一批康復者時建成的設施，這是其治療計劃的重要一環。由於島上大部分康復者都是各行各業的熟練或半熟練工人，或多或少懂得園藝和飼養禽畜，因此都能貢獻所長，改善島上的環境。目前，石鼓洲康復院已設有工場、農場和宿舍，為島上自願戒毒者提供一個不假外求的小社區。

島上設施共可容納350人，可應付全年入院戒毒者的需求。初來戒毒的人首先透過島上設施進行兩至三週的戒毒治療，然後便要參加一項為期四至二十三星期的康復計劃，需時多久視乎個別戒毒者的需要或方便程度而定。院方提供一醫療服務，以協助戒毒者恢復健康。經驗豐富的職員除向戒毒者提供個別和小組輔導外，還會以身作



香港戒毒會於一九六一年選址興建戒毒所的地點。

Area chosen for the construction of SARDa's rehabilitation centre in 1961.





八十年代香港戒毒會位於石鼓洲的戒毒所外貌。

SARDA's rehabilitation centre at Shek Kwu Chau in 1980s.

則，為他們樹立良好榜樣。這些職員都是已康復的戒毒者，經過職前和在職訓練後獲挑選出任小組組長或工作導師。康復計劃仍以工作治療為主，但社會教育和行為模式的改變也日益受注重，讓康復者出院後可以成功入社會。

藥物倚賴者接受戒毒治療後，會根據他們的技能分配到各宿舍。沒有一技之長的青少年，則會被派往有導師的單位接受技能訓練。島上共有13間宿舍，各有一個起居作息和工作的環境，以及備有康樂體育設施。日常的工作，計有木工、建造、烹飪、耕種、電工、金工、機械和裁剪等，因此從內部分工、維修和發展的角度來看，島上的社區完全可以自給自足，需假外求的只是工作所需的基本物資而已。戒毒會十分重视戒毒者參與島上的管理工作，並極力鼓勵各人以共同福祉為己任。因此，院方會在各層面就所有與大眾福利有關的事情共同磋商。

石鼓洲戒毒康復院自開辦以來，共有逾61 600人次的藥物倚賴者曾經接受戒毒治療，當中不少是再次入院者，原因是院方鼓勵出院後重染毒癮的人士盡快返回島上戒毒。對於那些因種種原因不適

transferred to the Rehabilitation Programme for a period of four to 23 weeks according to their individual requirements or convenience. General medical services are provided throughout to facilitate their restoration to a satisfactory standard of physical health. Individual and group counselling and role modelling are provided to the residents by experienced staff members who were formerly afflicted by narcotic abuse themselves and who were selected to serve as group leaders or work supervisors after pre-service and in-service training. Work therapy still forms the backbone of the rehabilitation programme but increasingly social education and behavioural modification are emphasized to prepare the residents for successful re-integration into the community following discharge.

All residents, after detoxification, are allocated to various houses, according to their skills and abilities, unskilled youngsters being placed in units where training skills are provided by staff instructors. There are 13 houses, each a unit for living, working, sports and recreation. They are concerned with such diverse tasks as carpentry, building, cooking, farming, electrical work, metal work, mechanics, and tailoring, so that from the internal labour, maintenance and development points of view, the community is totally self-sufficient, importing only the basic materials essential for these tasks. Great emphasis is placed upon general participation in community management, and every resident is encouraged to see the well-being of the community as his responsibility, and to this end consultation is required at all levels and in all matters relating to the common welfare.

Of some 61 600 admission cases entering Shek Kwu Chau for treatment since its opening, many were repeaters because encouragement is given to discharges to seek readmission as soon as possible following their relapse to drugs. Those who find institutional life unacceptable or inconvenient for



one reason or another are strongly recommended to avail themselves of out-patient methadone treatment provided by the Department of Health. The door, however, always remains open for those who are motivated to become completely drug-free by undergoing the treatment programme at Shek Kwu Chau.

### Women's Treatment Centre, SARDA

SARDA's Women's Treatment Centre (WTC), was established in late 1968 in a tenement building in Wan Chai to rehabilitate female drug dependent persons who sought treatment voluntarily. It was funded with a capital grant and operating expenses from the Lotteries Fund for the first two years. Since 1972, the WTC has received an annual subvention from the Department of Health and has gradually developed into a therapeutic community with an interdisciplinary treatment team responsible for in-patient programme management as well as social rehabilitation and community after-care.

In 1986, the WTC was moved to the Sun Tsui Estate, Tai Wai, Shatin. In 1997, it was relocated to Beas Hill, Sheung Shui, and finally, in February 2000 to Hang Tau, Sheung Shui, where there are ten detoxification beds and 32 for rehabilitation. Up to 31 December 1999, the total number of admissions was 2 424. An adult female rehabilitation centre was established in 1997 in the Sun Tsui Estate quarters, Shatin vacated by the WTC.

### The Pui Hong Self-Help Association

The SARDA Alumni Association was established by Dr. James M N Ch'ien and a small group of successfully

應住院生活或感到不便的戒毒者，院方大力推薦他們參加衛生署提供的美沙酮門診治療計劃。不過，對於有志完全脫離吸毒行列，自願到石鼓洲戒毒的人，戒毒之門永遠為他們打開。

### 香港戒毒會婦女康復中心

一九六八年下半年，香港戒毒會在灣仔一幢唐樓開設一所婦女康復中心，為自願戒毒的婦女提供療康服務。該中心的開辦經費和首兩年的運作費用，由政府獎券基金撥款資助。由一九七二年開始，該中心改由當時的醫務衛生處每年提供資助，並逐漸發展成為一個設有一組提供多元化服務的治療人員的治療中心。該組人員除負責住院計劃的管理外，也推行社會康復和善後輔導工作。

一九八六年，婦女康復中心遷往沙田大圍新翠邨；一九九七年，遷往上水雙魚山；最後在二零零零年二月，中心再度遷到上水坑頭，新址分別設有戒毒和康復牀位10和32個。截至一九九九年十二月三十一日，康復中心的總入住人次為 2 424 名。一九九七年，香港戒毒會在沙田新翠邨的空置宿舍，開設一所成人婦女康復中心。

### 香港培康聯會

一九六七年，錢明年博士和數名已康復的藥物倚賴者成立了香港戒毒會康復先進聯誼會，為該會各康復中心出院的戒毒者繼續提供服務，鼓勵他



們發揮自助和互助精神。該聯誼會最初在一九六八年根據《社團條例》（第151章）註冊，其後在一九八七年根據《公司條例》（第32章）重新註冊為香港培康聯會。最重要的改變之一，是該會把其宗旨修訂為一系列具體明確的執行目標和工作，鼓勵會員共同負起領導的責任，以及由各分區更廣泛參與決策，同時擴大會員人數，接受從香港戒毒會屬下康復中心出院六個月或以下的戒毒者為試用會員，而出院後第一年內保持不沾毒品和不犯罪案者，可成為普通會員。該會在一九八八年由會員籌款和獲得香港賽馬會撥款資助，設立永久會址作為總事處和康樂中心。

培康聯會的四個地區分會與香港戒毒會屬下的四間分區社會服務中心互有聯繫。聯會的會員協助香港戒毒會推行康復計劃，包括尋找新個案，提供以身作則的輔導，擔任朋輩輔導員，並協助推行預防教育工作（包括禁毒常務委員會舉辦的禁毒運動），擔任義工和現身說法講述康復者的經歷和生活體驗。自一九八九年以來，該會的外展工作隊為衛生署轄下的特別預防計劃提供支援，前往一些藥物倚賴者流連的地區，在街頭向海洛英倚賴者作出輔導，以便低感染愛滋病毒/愛滋病的危險，並收集棄置針筒以供焚毀。由於該隊的努力，使用注射方法濫用藥物的人士的感染率極低（少於1%），亦因此在一九九八年獲頒發“傑出愛滋病工作者表揚計劃”獎項。

treated drug dependent persons in 1967 to provide continued self-help and mutual support for SARDA discharges. It was first registered under the Societies Ordinance (Cap. 151) in 1968, and reincorporated as the Pui Hong Self-Help Association in 1987 under the Companies Ordinance (Cap. 32). Important revisions implemented at that time included the translation of its aims into a set of specific operational objectives and tasks, the encouragement of shared leadership and wider participation in decision-making from the district chapter level, and the expansion of its membership by accepting those discharged from SARDA's treatment centres after six months or less as probationary members and those remaining drug-free and crime-free during the first year after discharge as ordinary members. Through its members' fund raising efforts, as well as a grant from the Jockey Club, permanent premises were acquired in 1988 to house its head office as well as a recreation centre.

The four district chapters of Pui Hong are linked with SARDA's four regional social service centres. Members of the association support SARDA's rehabilitation programme in case-finding, role modelling, and peer counselling and contribute to preventive education work, including the ACAN's preventive campaigns, with volunteer manpower and public testimony about rehabilitated abusers' lives and experiences. Since 1989, Pui Hong's out-reaching team has supported the work of the Special Prevention Unit of the Department of Health in visiting known congregating areas to give street counselling to heroin dependent persons on reducing the risk and dangers of HIV/AIDS infection and to collect abandoned syringes for incineration. For its contribution in keeping the infection rate exceptionally low amongst injecting drug users (below 1%), the team received an "Outstanding AIDS Workers Award" in 1998.

When three hostels/half-way houses were first established by SARDA — two for men and one for women discharged from its treatment centres, they were all operated by the Pui Hong Self-Help Association. But in 1989, when they began to receive an annual subvention from the Social Welfare Department, their supervision was transferred to SARDA. At present, there are four male half-way houses (for those who have completed a minimum of 12 weeks stay in Shek Kwu Chau) and one female hostel for WTC discharges, which can accommodate 66 men and ten women respectively. These five half-way houses are contributing substantially to the social re-integration of rehabilitated drug dependent persons. SARDA's follow-up data indicate that those who passed over the bridge of a half-way house after discharge from a treatment centre were much more successful in their social re-integration at the end of their after-care period than those who are discharged directly into the community.

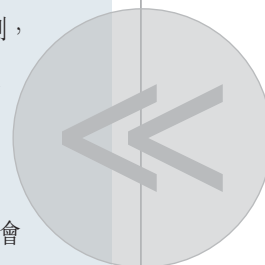
During 1999, Pui Hong extended its rehabilitation and educational role into the sphere of income-generation enterprises by establishing a cooperative shop in Shek Kwu Chau, selling daily necessities, the profits from which are used to support cultural-recreational activities for the Island's residents as well as rehabilitants elsewhere.

In 2000, with administrative assistance from SARDA, it embarked on a larger and more ambitious venture by creating a transportation company offering removal, express delivery and messenger services and the provision of casual labour. The overall aims are to support the socio-vocational rehabilitation of voluntary patients, to generate income for SARDA's discharges, and to provide training for self-employment by those recovering from addiction who are not yet competitive in the open job market.

香港戒毒會期設有三間宿舍/中途宿舍，收容從其康復中心出院的戒毒者，兩間收容男性，一間收容女性，全部由培康聯會負責管理。然而，到了一九八九年，這三間宿舍開始接受社會福利署的每年資助，因此改由香港戒毒會接手管理。該會目前設有四間男性中途宿舍（收容在石鼓洲戒毒康復院至少住滿12星期的人士）和一間女性宿舍（收容婦女康復中心的康復者），可分別容納66名男性和10名女性。這五間中途宿舍對康復者重返社會方面，貢獻良多。根據香港戒毒會的善後輔導資料顯示，從戒毒中心出院後先入住中途宿舍的人，比那些出院後直接重返社會的戒毒者來說，更能在善後輔導期結束後成功投入社會。

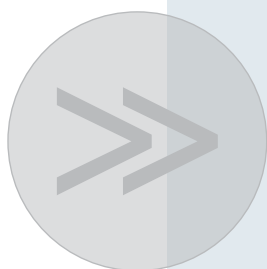
一九九九年，培康聯會擴展其康復服務和教育工作的角色，開始經營業務，在石鼓洲開設一所出售日用品的合作社。合作社所得盈利，用於資助島上居民和其他康復者的文娛康樂活動。

在二零零零年，聯會得到香港戒毒會的行政支援，推行一項更具雄心的大型計劃，就是創立一所運輸公司，提供搬運、速遞和信差服務，並有散工待聘。這項計劃旨在為自願戒毒的人士提供職業康復的支援，並為香港戒毒會的康復者帶來收入，同時亦向那些正在康復而又未能在公開的求職市場中找到工作的戒毒者提供自僱訓練。



## 其他非政府機構提供的自願院治療服務

### VOLUNTARY IN-PATIENT ROLE OF OTHER NON-GOVERNMENT ORGANIZATIONS



過去三十多年來，向本港藥物倚賴者提供住院治療設施的非政府志願機構數目日趨增加，它們目前提供的牀位數目/治療名額已超逾政府各醫院和香港戒毒會所提供的數量。差不多所有這些機構都採用“福音戒毒治療法”，目標除了是為受助人戒除毒癮外，最終及最重要的是透過研讀聖經，幫助受助人開展健康新生活。戒毒計劃的內容雖然因機構而異，不過大部分都是採用“突然停止法”進行戒毒，為期一至兩週，然後是六個月或以上的住院康復服務，包括輔導、職業訓練、基本教育、工作治療和宗教訓練。所有這些機構都提供善後輔導。

基督教機構傳統上是由所屬的本地或海外教會撥款資助，而非宗教的戒毒治療計劃則由志願團體提供經費。不過，這些機構大部分也會由政府定期資助，包括撥地、收取象徵式租金、寬減差餉、向合資格的受助人發放綜合社會保障援助金（綜援）以支付膳宿費用，以及按月撥款，讓這些機構聘請教師為受助人提供教育。不過，到了九十年代中期，政府發覺當中有些機構需要更大的公帑資助。

Over the past 30 years, an increasing number of voluntary non-government organizations have offered in-patient facilities to drug dependent persons in Hong Kong, to the extent that the number of beds/treatment spaces they can offer now exceeds those available in Government hospitals and SARDA. Almost all these agencies practise the “christian therapeutic approach” in which stopping the clients’ drug abuse is one of the goals. The ultimate and most important of which is to help clients to start a new and healthier life, centred around biblical teachings. Although the content of the programmes varies with the agency, in most cases one or two weeks of detoxification by the “cold-turkey method” is followed by six months or more in-house rehabilitation, which includes counselling, vocational training, basic education, work therapy and religious training. All agencies provide after-care.

Traditionally, Christian agencies were funded by their churches, local or overseas, whilst secular treatment programmes were financed by voluntary organizations. But most have also been regularly assisted by the Government in terms of land, nominal rents, rates relief, payment of Comprehensive Social Security Assistance (CSSA) to eligible clients to cover charges for food and accommodation, and a monthly grant for the employment of teachers to provide education. In the mid-1990s, however, it appeared that some of them were in need of greater public financial support.



Following the Second Summit Meeting on drug abuse in Hong Kong, chaired by the then Governor Patten on 23 May 1996, the Government decided to include non-government agencies in its subvention system provided that an evaluation was carried out on the effectiveness of their drug treatment and rehabilitation programmes. The Social Welfare Department therefore commissioned the Chinese University of Hong Kong to undertake such a study on the effectiveness of the services being provided in January 1997.

Of the ten potential agencies identified as being candidates for examination, three declined to participate and in the case of two others, it was only found possible to examine them partially. The following five were found to have met the criteria set by the Social Welfare Department, on completion of the study in December 1997, and therefore qualified for subvention :

- The Barnabas Charitable Services Association, which provides residential treatment and rehabilitation services for female drug dependents. In its one-year programme, the first six months are spent at the Association's Lamma Training Centre which provides treatment, and another six months at their half-way house in Ma On Shan. This is followed by a one-year after-care programme to help service recipients to handle problems after their discharge. Rehabilitation is through the Christian faith. Apart from individual and group counselling, family therapy, general education, job skill training, social and recreational activities, remedial service and shelter service are provided for clients after discharge.

一九九六年五月二十三日，本港舉行第二次香港毒品問題高峰會議，由時的港督彭定康負責主持。會後，政府決定把非政府機構納入資助範圍，但首先須就這些機構所提供的療康計劃的成效進行評估。社會福利署遂於一九九七年一月委託香港中文大學研究各機構所提供服務的成效。

本港共有十間機構獲初步確定為評估對象，但其中三間拒絕參加，而另有兩間則只可能作局部評估。當該研究在一九九七年十二月結束時，以下五間機構，被證實符合社會福利署所訂的準則，因此合資格接受資助：

- 基督教巴拿巴愛心服務團為女性藥物倚賴者提供住院式的戒毒康復服務。根據該團的一年治療計劃，藥物倚賴者須首先入住設於南丫島的訓練之家，接受為期六個月的治療，另外六個月則在馬鞍山的中途宿舍接受治療，出院後便接受一年善後輔導服務，以學習面對出院後的種種問題。該團主要通過基督教信仰幫助藥物倚賴者康復，除了為他們提供個人及小組輔導、家庭治療、通識教育、職業技能訓練、社交及康體活動等外，更為出院後的康復者提供庇護及輔導服務。



由巴拿巴愛心服務團舉辦的陽光社區教育網絡 - 生龍活虎嘉年華會。

Sunshine Net - Healthy Life Carnival held by Barnabas Charitable Service Association.

基督教得生團契的戒毒康復者組成樂隊，在禁毒音樂會中演出。

A band formed by rehabilitated drug dependent persons of the Christian New Being Fellowship performing at an anti-drug radio show.



- 基督教得生團契成立於一九八九年，在西貢北潭涌設有中心，在一個寧靜及簡樸的鄉村環境中為最多54名濫用藥物（包括精神藥物）的青少年提供康復服務；此外，團契又在西貢設有中途宿舍，供最多12名青少年住宿。該團契的綜合訓練內容包括：小組及個別輔導、一般學科教育、生活實務訓練、紀律訓練、職業技能訓練及聖經研讀等。

- The Christian New Being Fellowship, founded in 1989, operates a centre in Pak Tam Chung, Sai Kung. It provides rehabilitation services to a maximum of 54 youngsters who abuse drugs, including psychotropic substances, in a quiet and simple country environment. It also operates a half-way house in Sai Kung providing services to a maximum of 12 youngsters. Its programme offers individual and group counselling, general education studies, life skills and disciplinary training, vocational training as well as bible class.





正在接受康復治療的藥物倚賴者在靈愛青年中心位於蛋家灣的戒毒中心研讀聖經。

Rehabilitating drug dependent persons attending their daily bible study session in the Tan Ka Wan Treatment Centre of Ling Oi Youth Centre.

- Ling Oi Youth Centre, established in 1970 by the Finnish Evangelical Lutheran Mission, provides an integrated Christian drug therapeutic rehabilitation service, which includes pre-admission guidance and counselling, a programme of physical, social and spiritual rehabilitation, a reintegration programme in a half-way house and an after-care programme with a fellowship self-help group. The drug treatment centre, at Tan Ka Wan, Sai Kung, accommodates up to 24 persons. Its half-way house in Kwai Shing Circuit, Kwai Chung, has a capacity for 28 residents.
- 靈愛青年中心於一九七零年由基督教信義會芬蘭差會創立，為藥物倚賴者提供一個綜合性的福音戒毒療康服務，包括入院前的接見輔導、住院期間的身、心、靈康復治療、完成戒毒治療後的中途宿舍學習訓練、善後輔導服務及弟兄團契等跟進工作。戒毒中心位於西貢蛋家灣，名額24名，而位於葵涌葵盛圍的中途宿舍，名額為28名。







- 香港晨曦會設於西貢的晨曦島戒毒中心，提供福音戒毒和康復服務，着重通過治療形式的團體生活來糾正濫用藥物行為。除了聖經研讀外，中心還為藥物倚賴者安排小組討論、個別輔導、工作治療，以及游泳和足球等體能鍛鍊。此外，該會還舉辦領袖才能訓練課程。

- Operation Dawn's Island Centre in Sai Kung adopts a Christian spiritual approach to drug treatment and rehabilitation, which emphasizes behavioural sanctification in a therapeutic community setting. Group discussions, individual counselling, work therapy and exercises such as swimming and soccer games are programmed together with bible studies. There is also a successful leadership training course.

晨曦會戒毒者在晨曦島上舉行戶外崇拜。

Rehabilitating drug dependent persons of Operation Dawn holding outdoor worship on Dawn Island.







禁毒專員盧嘉利參觀聖士提反會位於沙田的戒毒院舍。

The Commissioner for Narcotics, Mrs. Clarie Lo, visiting a residential drug treatment centre of St. Stephen's Society in Shatin.

- St. Stephen's Society is a Christian Fellowship which provides assistance to displaced and distressed persons such as street sleepers, former offenders and others having difficulties in adjusting to society. Drug dependent persons who take part in the programme are steered through work projects, counselling and community living to become responsible and moral citizens; the Society also works with the families of its clients.

- 聖士提反會是一個基督教團契，旨在協助露宿者、釋囚，以及其他難於適應社會的人士，透過工作計劃、輔導和群體生活，引導藥物倚賴者成為有責任感和有道德的公民。該會又經常與受助者的家人合作，以期達到這個目標。



陳佳釅教授和他率領的香港中文大學研究小組所作的研究，證明接受調查的五所機構都在本港的戒毒療康工作中擔當著舉足輕重的角色。事實上，這些機構三分之一的受助人都是由社會福利署感化主任轉介，而在研究期間，這些機構往往都有戒毒者等候入院的輪候名單。該研究還發現，這些機構最常採用的戒毒方法是不用藥物的戒毒治療，以及至少一年住院康復服務；這方法符合香港和海外其他戒毒治療中心通常採用的模式。當研究完成後，聖士提反會因本身已找到經費而決定不申請資助。至於其餘四間機構，政府自一九九八年三月起開始向它們提供資助。

嚴格紀律、導師以身作則、朋輩支持、預防重染毒癮的措施、輔導和重獲父母的關懷等，都是治療計劃的特色。這些機構清楚知道，藥物濫用往往只是潛在社會心理問題的表徵，因此十分注重提供全面的照顧。它們的最終目標不僅是幫助受助人戒毒，而且更要他們建立一個健康的新生活模式。因此，受助人如果再次吸煙嗜酒、結交損友和過夜生活，便可視為故態復萌，戒毒失敗。這些機構提供的戒毒方式能夠為受助人生活的各方面帶來改變，足以顯示其服務的長處及效用。

The study by Professor Chen Char-nie and his Chinese University of Hong Kong investigating team found that the five agencies examined have played an important role in drug treatment and rehabilitation work in Hong Kong, that one-third of their clients were referred to them by probation officers of the Social Welfare Department and that, during the study period, there were often waiting lists for admission. The team also discovered that drug-free detoxification, with at least one year of residential rehabilitation, was a commonly adopted schedule, which is in line with the approach usually adopted by other drug abuse treatment centres in Hong Kong and overseas. After completion of the study, St. Stephen's Society decided not to apply for subvention, as it had its own funding sources. Government subvention of the remaining four agencies began in March 1998.

Strict discipline, modelling, peer support, relapse prevention, counselling and re-parenting are regular features of all the therapeutic programmes. The agencies appreciate that drug abuse is often merely the symptom of underlying psycho-social problems. Holistic care is emphasized, and the ultimate target of the agencies is not only to help their clients abstain from drug-taking, but also to attain a new and healthy lifestyle. Smoking, drinking, meeting undesirable friends, and "late-night" living are thus usually regarded as "treatment failure" or relapse. The ability to bring changes in various aspects of a client's life is certainly an aspect of their strength, and an essential reason for their effectiveness.



## 美沙酮代用及戒毒計劃

## METHADONE MAINTENANCE AND DETOXIFICATION PROGRAMMES



Methadone was developed by the German pharmaceutical industry as a synthetic narcotic in the early 1940s, when the supply of morphine (from the Near East and Western Asia) was threatened by the Second World War. It was, and remains, relatively unique because of its very extended duration of action – 24-36 hours compared to 3-4 hours for heroin, morphine, codeine, pethidine, etc. — and its high level of predictable efficacy when taken by mouth.

In November 1963, in response to a growing epidemic of heroin addiction and general treatment failure rates approaching 99% in New York, the City's Health Research Council gave a grant to Professor Vincent Dole of Rockefeller University to find a simple but effective treatment for opioid addiction. The search was for a pharmacological intervention, and the studies were carried out on volunteer chronic, hard-core heroin dependent persons. It was found that those patients given oral doses of methadone hydrochloride became more alert and interested in what was taking place, and began making plans for the future. Of great clinical significance were the effects of reducing drug craving and preventing the onset of withdrawal syndrome for 24 hours or longer in the absence of any sedation or psychomotor impairment. Their physiological state was stabilized, without

美沙酮是一九四零年代初期德國藥物業發展出來的一種合成鎮痛劑，正值當時（來自近東和西亞細亞的）嗎啡供應量受到第二次世界大戰的影響。美沙酮的性質獨特，不僅因為它可以抑制毒癮發作長達24至36小時，而海洛英、嗎啡、可待因和海洛英（二乙酰嗎啡）等藥物則只可維持三至四小時，而且口服後功效顯著。

一九六三年十一月，美國紐約市衛生研究局有鑑於該市吸食海洛英的人數大增，而且一般戒毒治療的失敗率幾達99%，因此撥款資助洛克菲勒大學的杜爾教授找出可治療鴉片類毒癮的簡單有效戒毒方法。他們向一些自願接受調查的長期海洛英倚賴者進行研究，希望從藥物方面找到戒除毒癮的方法。研究發現，這些人士服用美沙酮鹽酸化物口服劑後，會變得對周遭發生的事情較為留意和關心，並開始計劃未來。尤其重要的是在臨牀方面，這種藥物能有效減輕毒癮和防止毒癮發作達24小時或以上，而無需服食鎮靜劑。他們的



生理情況較前穩定，不會在吸毒後的興奮狀態和毒癮發作時的萎靡狀態之間波動；這與海洛英倚賴者一天內有數次經歷這些高低潮形成強烈對比。換言之，他們的狀態變得“正常化”。

美沙酮是一種口服劑，效力持久而安全，經證明是理想的藥物，每天只須服用一劑已經見效，因此，它在代用治療方面的效用在最初推出的數年間已得到充分確定。它的優點主要包括：吸毒次數、罪案率和死亡率都大幅減少，而就業、健康和社會行為也有所改善。同時值得注意的是在推出初期，美沙酮戒毒遠較其他模式更能令戒毒者願意持續接受戒毒治療。

在六十年代，人們開始認識到許多國家的藥物濫用問題其實十分普遍，激發起各界人士熱心討論和研究，以求找出醫學上和社會上更有效的解決方法。在香港，監獄署早在五十年代末期已對吸毒犯提供住院戒毒。到了六十年代初期，香港戒毒會和若干宗教團體也開始為自願戒毒者提供戒毒治療。一九六四年十二月二十九日，禁毒諮詢委員會（當時政府唯一就各項與毒品有關事宜作出諮詢的政策諮詢團體）最先提出是否可能設立門診戒毒。當時，委員會成立一個醫療工作小組，負責研究這類戒毒治療能否有助減少藥物濫用情況，以及是否有藥物能讓藥物倚賴者無須住院而成功戒除毒癮。

該工作小組在一九六五年三月向禁毒諮詢委員會提交報告。在報告的第一段，該小組強調，由於本港當時嚴重缺乏可靠資料，因此急需就毒品問題的每一個範疇進行有系統的研究。小組成員一

the swings between the “high” of drug action and the “low” of incipient or actual withdrawal. This is in marked distinction to the cycles experienced by heroin dependent persons several times daily. They were “normalised”.

Methadone, being orally effective, long-acting and safe, proved to be the ideal agent, allowing once-a-day dosage, and its effectiveness as a maintenance treatment was well established in the first few years. The principal benefits included dramatic reductions in drug use, crime and mortality rates, and improved employment, health and social behaviour. Also noted in those early years were far higher rates of patient retention in treatment when compared to other modalities.

The prevalence of drug abuse in many countries was becoming widely known in the 1960s, stimulating greater debate and research into more effective ways of dealing with it, both medically and socially. In Hong Kong, residential treatment for convicted drug dependent persons had begun within the Prisons system in the late 1950s, and for voluntary patients by SARDA and some religious organizations in the early 1960s. The possibility of out-patient treatment was first raised by the Narcotics Advisory Committee (which was then the Government's sole policy-advisory body on all issues affecting drugs) on 29 December 1964, when it appointed a Medical Working Party which was asked to consider whether such treatment could contribute to reducing drug abuse. It was also asked whether there was any therapeutic agent which was likely to be successful in the ambulatory treatment of addiction.

The Working Party's report was submitted to the Narcotics Advisory Committee in March 1965 and stressed, in its opening paragraph, the urgent need for properly organized research in every area concerning drug addiction, in view of the lack of reliable knowledge then prevailing. Their



unanimous opinion was that the treatment of drug addiction meant treatment to terminate addiction, and that the first step required a drug-free environment, followed by after-care. They commented that, at that time, a large quantity of methadone was being obtained by drug dependent persons from “certain medical practitioners”, and that they believed that methadone substitution treatment could not be effective when the patient was at liberty, in an environment where heroin was available. Their conclusion was that there was no satisfactory symptomatic treatment to manage withdrawal symptoms on an out-patient basis, and that the treatment of choice, at that stage, both from the point of view of the patient and his attendant, was residential methadone substitution therapy. The Working Party’s report ended on a positive note by stressing the desirability of experimentation in every area of drug addiction.

Later in the 1960s, as described elsewhere in this report, Dr. L K Ding, a local medical practitioner, and a member of ACAN’s Treatment Sub-committee, as well as of the Executive Committee of the Discharged Prisoners Aid Society (DPAS), who had been very impressed with the practical results being achieved through the use of methadone in New York City, eventually persuaded his Society and the Medical and Health Department to set up two experimental methadone maintenance clinics in Kowloon and Wan Chai in 1972.

In the meantime, in 1970, a Pre-Admission Methadone Experimental Programme was approved by SARDA on the suggestion of Dr. James M N Ch’ien, its Senior Social Welfare Officer (who had visited Dr. Vincent Dole’s Methadone Clinic in New York two years earlier), and lasted for a year, its purposes being both prevention and research. The first purpose was to avoid drop-outs from Shek Kwu Chau applicants, and the second was to study the pre-admission

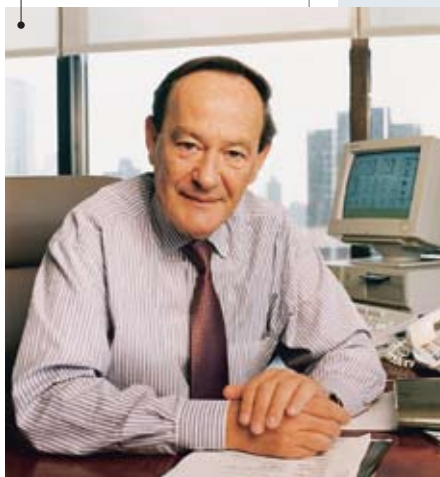
致認為，戒毒治療就是指可讓吸毒者終止吸毒的治療方法，而第一步就是必須有一個無毒的環境，然後是善後輔導。他們批評，當時藥物倚賴者可從“某些醫生”取得大量美沙酮，同時，他們認為戒毒者如果隨時隨地可得到海洛英，則美沙酮代用療法便無法達到預期效果。工作小組的結論認為，並沒有理想的對癮治療可以透過門診方式處理脫癮徵狀，因此不論從求診者或醫者的角度看來，以當時階段而言可選擇的戒毒方法，便是住院美沙酮代用戒毒。工作小組報告的結語十分正面，強調政府宜在毒品問題的各個範疇進行實驗。

一如報告書曾提及，到了六十年代末期，禁毒常務委員會戒毒治療小組委員會一名委員，同時也是香港釋囚協助會執行委員會委員陳立僑醫生由於對紐約市使用美沙酮戒毒療法的實際成效十分讚賞，終於成功游說釋囚協助會和醫務衛生處在一九七二年分別在九龍和灣仔兩地設立實驗性質的美沙酮代用治療診所。

同時，在一九七零年，香港戒毒會也根據該會的高級社會福利主任錢明年博士的建議（錢博士曾於一九六八年參觀紐約市杜爾醫生設立的美沙酮診所），通過開辦一項“入院前美沙酮戒毒試驗計劃”。這項試驗計劃為期一年，目的為預防和研究，既希望防止入住石鼓洲的戒毒者中途放棄戒毒，同時研究入院前服用美沙酮者的生活和對戒癮治療的反

應，與沒有服用美沙酮的戒毒者有何不同。這項試驗確實證明，石鼓洲戒毒者入院前服用美沙酮可減低戒毒失敗的比率——與一九七零年初次戒毒者整體上有18%中途退出比較，當時在253名院者中，只有4%（10名）中途放棄。這個簡短的實驗也顯示美沙酮的穩定作用能夠減少戒毒者等候入住石鼓洲期間的焦慮和犯罪行為，同時也令他們更得到親友接納，而他們接受輔導時也有更好的現。由當時開始，香港戒毒會一直向申請入住石鼓洲的人士提供自願的入院前美沙酮戒毒治療。

紐曼醫生  
Dr. Robert Newman



一九七四年年底，紐約市伯利恆——以色列醫療中心的紐曼醫生繼一九七二年為世界衛生組織進行研究，來港考察香港的戒毒方法後，應邀再來港，研究香港政府整體的戒毒治療和康復計劃，並就這些計劃的未來發展提出建議。他的報告在一九七五年三月提交禁毒常務委員會。報告的主要建議，是在現有的美沙酮代用計劃之外，另外引進一項美沙酮

門診戒毒計劃，以提供短期的戒毒治療。美沙酮代用計劃是讓戒毒者長期服用美沙酮，以取代吸食海洛英或鴉片，而美沙酮戒毒治療的目的則是在六至八個星期內逐漸減少美沙酮劑量，使戒毒者能戒除毒癮。報告的其他建議還包括：收容的戒毒者應年滿18歲或以上，不設最高年齡限制；不應因健康或心理方面的症狀把求診者拒諸門外；以及雖然一般申請人都是正染有毒癮，但這不應是一個絕對必須的條件，因為有些長期染上毒癮的人可能在離開醫院或出獄後提出申請，而他們在醫院或獄中也許已經接受戒毒治療。報告又對多個範疇提出詳細建議，包括收取戒毒者的程序、轉換戒毒治療計劃、停止及重新接受戒毒、劑量和支援服務。

social functioning of those taking methadone and their reaction to withdrawal treatment as compared with non-methadone applicants. The experiment proved conclusively that pre-admission methadone reduced the failure rate for SKC applicants — out of 253 participants only ten dropped out, or 4%, compared to an overall 18% rate of new applicants in 1970. This short experiment also showed that methadone stabilization reduced anxiety and criminal behaviour for those addicts waiting for admission to SKC. It also enhanced the acceptability of such persons to their families and friends, and made them more responsive to counselling. Thereafter, pre-admission methadone was made available continuously to SARDA's applicants on a voluntary basis.

In late 1974, Dr. Robert Newman of the Beth-Israel Medical Centre in New York City, who had previously visited Hong Kong in 1972 on a World Health Organization Fellowship study of local addiction treatment methods, was invited back to examine the overall drug treatment and rehabilitation programmes of the Hong Kong Government, and to make recommendations for their development. His report was presented to ACAN in March 1975. Its principal recommendations were, in respect of methadone, that a detoxification programme with substantial capacity to provide short-term withdrawal treatment on an out-patient basis should be introduced, in addition to the existing methadone maintenance programme. Unlike methadone maintenance, in which a patient is maintained indefinitely on methadone as a “substitute” for heroin or opium, methadone detoxification is aimed at weaning a patient off drugs by gradually reducing the dosage of methadone over six to eight weeks. Other proposals in the report were that prospective patients should be aged 18 years or older, with no upper age limit, that no physical or psychological diagnosis should be considered automatic grounds for rejection, and that, although applicants generally would have a current physical dependence on narcotics, this should not be an absolute

requirement since some long-term drug dependent persons might apply after a period in hospital or in prison, during which they were detoxified. Detailed proposals were also made regarding admission procedures, transfers between treatment programmes, terminations and readmissions, dosages and supportive services.

Dr. Newman's report was endorsed by ACAN. The original plan called for the Medical and Health Department to start with only one experimental methadone detoxification clinic and thereafter progressively open more clinics in various parts of Hong Kong at staggered intervals. In the event, however, a serious shortage of drugs on the illicit market in the first half of 1976 and an unprecedented upsurge in their prices provided immediately compelling reasons to launch methadone detoxification on a much larger scale. The first methadone detoxification clinic was opened at the Violet Peel Polyclinic in Wan Chai on 1 June 1976 and about three weeks later, 11 more were opened simultaneously in various parts of Hong Kong Island, Kowloon and the New Territories. By 11 October 1976, the total number of these clinics had grown to 16 and, a few months later, in 1977, to 21.

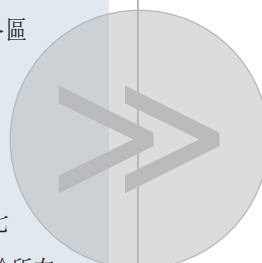
As in methadone maintenance, drug dependent persons undergoing methadone detoxification are required to visit the clinic daily and take their methadone on the spot. This is designed to prevent abuse or misuse of the drug, which may occur if it is allowed to be taken away. The charge per visit is one dollar, a nominal fee which may be waived if a patient is in financial difficulties.

Although it was recognized that methadone maintenance and detoxification are types of treatment with different objectives, experience in Hong Kong has indicated considerable advantage in maintaining flexibility in the

紐曼醫生的建議獲禁毒常務委員會通過。最初的計劃是由醫務衛生處先行開辦一所試驗性質的美沙酮戒毒診所，然後分階段在香港各區逐步開設更多戒毒診所。但在一九七六年上半年，毒品供應奇缺，價格亦暴漲至前所未見的情況，促使美沙酮戒毒計劃全面加速推行。一九七六年六月一日，第一所美沙酮戒毒診所在灣仔貝夫人分科診療所設立，約三星期後，再在港九新界各區同時開設11所。到了一九七六年十月十一日，美沙酮戒毒診所的數目已增加至16所，而數月後，在一九七七年，增加至21所。

與美沙酮代用計劃一樣，參加美沙酮戒毒計劃的藥物倚賴者須每天前往戒毒診所，在該處服用美沙酮而不能把所服劑量帶走。這個做法的目的是防止濫用或誤用美沙酮。每次治療象徵式收費一元，如戒毒者有經濟困難則可豁免。

雖然美沙酮代用和美沙酮戒毒計劃的目標各有不同，但根據在本港推行的經驗所得，顯示這兩種計劃應維持相當彈性才會有較大好處，所以醫務衛生處採取切合



藥物倚賴者每日前往美沙酮診所服用適當劑量的美沙酮。

Drug dependent person getting a daily dosage of methadone from the methadone clinic.



實際的方式，容許戒毒者在一般戒毒期過後一段長時間內繼續到戒毒診所接受戒毒治療，另一方面在戒毒者提出要求時，准許他們到代用診所服用美沙酮。此外，又容許戒毒者正式轉往另一類診所。這些措施的最終目的，是鼓勵藥物倚賴者繼續接受治療，直至戒除毒癮為止。

一九七八年，布政司署（現改稱政府總部）管理參議組對美沙酮戒毒計劃進行全面檢討，以便決定能否改進這項計劃的組織、方法及程序。其中一項重要的建議，是將代用和戒毒兩種計劃合併，使各診所均能同時進行代用及戒毒治療。這項建議獲醫務衛生署接納，並由一九七九年八月六日起實施。當時全港共有20間美沙酮診所：4間設在港島、11間在九龍，而5間則位於新界區。

目前，凡前往任何美沙酮診所求診的藥物倚賴者，都會獲告知可以選擇戒毒療法或代用療法。如選擇戒毒療法，美沙酮的服量便逐漸遞減，但如覺得所服美沙酮劑量不足，便可往見醫生，由醫生為他增加劑量。這個做法旨在抑制戒毒者的脫癮徵狀，使他不曾因感到不適而抵受不住引誘，重新吸毒。藥物倚賴者如用戒毒療法戒毒失敗，可採用代用

operation of the programmes. The Medical and Health Department therefore adopted a pragmatic approach and permitted some patients to continue attendance at the clinics long after the normal period allowed for detoxification had passed, whilst, similarly, detoxifying patients attending maintenance clinics at their request. In addition, formal transfers between each type of clinic were permitted. The over-riding aim was to encourage the drug dependent person to continue treatment for as long as his individual circumstances indicated to be necessary.

In 1978, the Management Services Division of the Government Secretariat undertook an overall examination of the methadone treatment programme to determine whether, and what, improvements could be made to its organization, methods and procedures. One of the important recommendations put forward was that the two programmes should be combined so as to enable every clinic to handle both maintenance and detoxification patients. This recommendation was accepted by the Department and implemented with effect from 6 August 1979, by which time the number of methadone clinics was 20 – four on Hong Kong Island, 11 in Kowloon and five in the New Territories.

Every patient now attending any methadone clinic is informed that he can opt for either detoxification or maintenance. If he prefers detoxification, the dosage of methadone is reduced gradually. If, at any time, he feels that he is not receiving enough methadone, he can approach the Medical Officer who will adjust the dosage accordingly. The emphasis is on suppressing the patient's withdrawal symptoms and keeping him comfortable so that he will not be tempted to return to drugs. If he fails to achieve detoxification, he can remain on methadone maintenance. Since 1993 the duties of Medical Social Workers at the methadone clinics have





been undertaken by social workers from SARDA, who are particularly concerned with counselling work amongst patients who are under 21 years of age, are “first-timers”, or who have specifically requested an interview with SARDA staff.

In the difficult field of treatment for drug dependent persons, whose condition has often been described as chronically relapsing, practical and realistic objectives must be set. Whilst it is correct to describe methadone maintenance as a form of substitution therapy, it is considered important to have out-patient facilities readily available and easily accessible to all those who want such treatment, whether they be first timers or relapsed cases, to assist them to stay away from illicit drugs as much as possible and for as long as possible. As an appropriate dose of methadone can suppress withdrawal symptoms for 24 hours, it helps the patient either to remain in, or to acquire, gainful employment, and thus be a contributing member of the community. This, in turn, enables him to maintain or regain his self respect and facilitates his re-integration into society.

療法。由一九九三年起，美沙酮診所內醫務社會工作人員的職責由香港戒毒會的社工取代。他們特別著重對年齡在21歲以下、初次吸毒者或特別要求會見香港戒毒會人員的戒毒者進行輔導。

戒毒治療並不容易。戒毒者經長時間治療後仍會重新染上毒癮，因此必須定下切實可行的目標。美沙酮代用計劃誠然是一種代用療法，對於有需要接受治療的人士，不論新症還是舊症，有關的門診設施必須能夠方便他們，並盡可能使他們遠離毒品，而且時間愈長愈好。一次適當的美沙酮服量，可使戒毒者抑制毒癮24小時，讓他們可繼續工作或尋找工作以維持生計，成為社會上有用的一分子，從而可保持或重拾自尊，容易重返社會。

禁毒常務委員會主席羅理基爵士於一九八零年為何文田美沙酮診所主持開幕儀式。

The ACAN Chairman, Sir Albert Rodrigues, officiating at the opening ceremony of Ho Man Tin Methadone Clinic in 1980.



美沙酮戒毒計劃也為無力購買昂貴毒品的藥物倚賴者，提供簡易、安全廉宜的取代辦法，使他們不致於為了滿足毒癮而犯罪，或用其他不法手段獲取金錢購買毒品。自從實施這項計劃以來，觸犯輕微毒品罪行的人數不斷下降。

有些批評這個計劃的人質疑接受美沙酮戒毒的藥物倚賴者能否有朝一日停止服用美沙酮。換言之，美沙酮會否令人上癮？一位知名的美國戒毒治療專家高斯登醫生在一九九八年發了一篇文章，正好解答這個問題。現摘錄該文如下：

“.....有些人能夠終身戒除毒癮，有些人卻重染毒癖。不少人覺得長期繼續服用美沙酮十分有用。以美沙酮為代用品的人，身心機能一切如常運作。除非進行美沙酮化驗報告，否則任何測試也測不出來。不錯，服用美沙酮的求診者如果突然停用，便會出現難受的脫癮徵狀，但是比起停服胰島素製劑的糖尿病人、停服類固醇的類風濕關節炎患者，或者停用地高辛的心臟病人，他的情況要輕微得多。奇怪的是，從沒有人把這些藥物及其他須長期服用的藥物治療貶抑為“容易上癮”藥物。簡單來說，對於一種容易復發的長期疾病，美沙酮可說是既安全又有效的藥物。如果藥物倚賴者不接受戒毒治療，對其本身和社會都會造成嚴重後果。它更有一個好處：由於美沙酮是口服劑，求診者可以無須再作靜脈注射。換言之，由污染針筒傳染愛滋病、肝炎和其他嚴重傳染疾病的機會便減低。

The programme also provides drug dependent persons who cannot afford to buy expensive drugs on the illicit market with a cheap, safe and readily available alternative so that they do not have to resort to crime or other illicit means in order to support their drug habits. Since the introduction of the programme, there has been a continuing decline in the number of minor drug offenders.

Some critics of the programme have asked whether an addict under treatment with methadone can ever stop taking the medication, i.e. is it addictive? This was answered in an article by Dr. Avram Goldstein, a distinguished American expert in the field of addiction, published in 1998, which stated, inter alia:

“... Some can, and remain abstinent, but others relapse to heroin use. Many find it useful to continue methadone indefinitely. All physical and mental functions are normal in a methadone-maintained person. No test other than an actual methadone assay can pick out such a person. Yes, a methadone patient who abruptly stops taking methadone will suffer unpleasant withdrawal symptoms. But these are much less serious than if a diabetic stops insulin, a patient with rheumatoid arthritis stops steroids, or a patient with heart disease stops digoxin. Curiously, the pejorative term “addictive drug” is never applied to those and other instances of long-term drug therapy. In short, methadone is a safe and effective medication for a chronic relapsing disease that if untreated wreaks havoc on the addict and on society. A special benefit is that it is taken by mouth, so intravenous drug use can cease. That means reduced risk of AIDS, hepatitis, and other serious infections spread by contaminated needles.

All this is supported by experimental and epidemiologic evidence published in the medical journals and in official government and quasi-government sources. The ultimate absurdity is the notion that stopping methadone treatment will be cost-effective. On the contrary, as addicts relapse, the costs of crime, law enforcement, and health care will inevitably escalate.”

The Hong Kong programme can cater for thousands of drug dependent persons daily, and is administered under very strict controls; all patients are required to swallow their dose (which is mixed with a green-drink) in the presence of the dispensing personnel. No methadone can be taken away from the clinics. With these safeguards, there is no doubt that it continues to play a very important role in the treatment and rehabilitation of opiate dependent persons in Hong Kong. The thousands of patients who attend the clinics every day, and all voluntarily, provide clear evidence of this. Of the 21 clinics, six are day clinics, with five operating from 7 am to 10 pm and one from 7 am to 5 pm. The other 15 are evening clinics, with one operating from 1 pm to 8 pm, another one from 3 pm to 10 pm and 13 from 6 pm to 10 pm.

Nevertheless, in view of the controversy which has surrounded this treatment mode, and the emergence of new drugs which allegedly may serve as a substitute for methadone, the ACAN Treatment and Rehabilitation Sub-committee decided that a comprehensive review of the Methadone Treatment Programme (MTP) should be conducted. In May 1999, a working group was formed to conduct the review, to identify areas for change/improvement in the programme, and to consider whether there are other alternative drugs to methadone in detoxification and maintenance. The Working Group, which was supported by two sub-groups, completed its review in 2000 and made a number of recommendations.

上述說法全可從醫療雜誌和官方及半官方資料中取得實驗或流行病學方面的證據。最荒謬的是，有人認為停止採用美沙酮療法有更大的成本效益。事實正好相反：如果戒毒者重新染上毒癮，罪案、執法和健康護理等費用便無可避免地會大幅增加。”

香港的美沙酮計劃每日為數以千計的藥物倚賴者提供服務。計劃的執行極為嚴格，所有戒毒者均須在配藥人員面前吞服美沙酮，不得將美沙酮服劑帶走。有了這些防範措施，毫無疑問，美沙酮戒毒計劃仍然是本港為吸食鴉片類毒品者所提供的治療與康復服務中極重要的一環。每日均有數以千計的自願戒毒者前往診所就診，這就是最佳證明。21間美沙酮診所中，6間為日間診所（5間由上午7時至晚上10時開放及1間由7時至下午5時開放），其餘15間只在晚上開放（1間由下午1時至晚上8時；另1間由下午3時至晚上10時及13間由晚上6時至10時開放）。

鑑於美沙酮治療計劃經常引起爭議，並且也有新近面世的藥物據稱可代替美沙酮，禁毒常務委員會轄下的戒毒治療及康復小組委員會因此決定需要全面檢討美沙酮治療計劃，並於一九九九年五月，成立工作小組，就美沙酮治療計劃進行檢討，以研究需改變或改善的地方，並考慮是否存有如美沙酮般具有“戒毒”及“代用”功能的其他藥物。該工作小組由兩小組支援，於二零零零年完成有關檢討，並提出多項建議。



該工作小組結論認為現有的美沙酮治療計劃已達到其宣稱的目標，並能有效協助藥物倚賴者照常工作和參與社交生活，同時有助減少服食過量藥物的行為、由藥物引致的死亡，以及血液傳播疾病的蔓延。該檢討因此建議美沙酮治療計劃應繼續推行。

不過，工作小組由於認識到美沙酮治療計劃應朝向較多以知識為基礎的服務模式，所以建議美沙酮治療計劃應改善現有的支援服務。改善的地方包括改善輔導及轉介服務，為家長及其家庭組織支援小組，並且加強為年青求診者及女性求診者推行的家庭支援服務。該工作小組也建議改善美沙酮診所的環境，以便為求診者提供更多服務，

如職業技能講座/研討會、支援小組活動及公共健康教育活動等。

有關替代/輔助藥物方面，該小組也建議應連同醫院管理局轄下的物質誤用診所和有關的療康機構一同參與進行更多研究，以便充分評估納曲酮對防已戒毒的美沙酮求診者再染毒癮所發揮的效用。

The Group concluded that the current MTP fulfilled its declared objectives and was effective in assisting drug dependent persons to sustain their employment and social life, as well as helping society to reduce the incidence of drug overdoses, drug-related deaths and the spread of blood-borne diseases. The review therefore recommended that the MTP should continue.

However, recognizing that the MTP should move towards a more knowledge-based approach to service provision, the Working Group recommended that existing support services should be improved, by enhancing counselling and referral services and forming support groups for patients and their families, as well as services for the young and for women patients' families. The Working Group also recommended improvements to the physical setting of methadone clinics to cater for the delivery of additional activities for patients, such as job-skill talks/seminars, support group activities and public health education programmes. Regarding alternative/supplementary drugs, it is also recommended that more research should be conducted, with the involvement of the Hospital Authority's Substance Abuse Clinics and interested drug treatment and rehabilitation agencies, to fully assess the effectiveness of naltrexone in relapse prevention for detoxified methadone patients.



禁毒處舉行記者會，公布檢討美沙酮治療計劃的結果。

Narcotics Division holding a press briefing to announce the result of a review on Methadone Treatment Programme.



## 其他有關服務

## OTHER RELATED SERVICES



### Substance Abuse Clinics

In response to the need to fill the service gap in medical and psychiatric treatment for psychotropic substance abusers, the Hospital Authority established a pilot Substance Abuse Clinic in Kowloon Hospital in 1994. There are now six such clinics operating in Kowloon Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Queen Mary Hospital, Kwai Chung Hospital, Castle Peak Hospital Tuen Mun Mental Health Centre.

These clinics accept referrals from counselling centres for psychotropic substance abusers, voluntary agencies and medical practitioners, and other health care providers as well as patients seeking service direct from them. Clients are treated largely on an out-patient basis. Services include drug treatment, counselling and in some cases, psychotherapy. The need for a short period of in-patient treatment is determined by the specific medical needs of patients. Specific treatment is provided for those with identified concomitant or psychiatric illnesses. Altogether the six clinics treated a total of about 700 cases in 2000.

### 物質誤用診所

為了填補濫用精神藥物者在藥物和精神治療方面服務的不足，醫院管理局於一九九四年在九龍醫院開設試驗性質的物質誤用診所。目前本港共有六間這類診所，分別設於九龍醫院、東區尤德夫人那打素醫院、威爾斯親王醫院、瑪麗醫院、葵涌醫院和青山醫院屯門神健康中心。

這些診所診治由濫用精神藥物者輔導中心、志願機構、醫生和其他健康護理機構轉介的人士和直接向他們求診的病人。大部分的戒毒者都是接受門診治療。這些診所的服務包括戒毒治療、輔導和在某些情況下提供心理治療。求診者是否需要接受短期的住院治療，則視乎個別的醫療需要而定。患有濫用藥物所引致的身體或精神疾病的病人，會獲得特別的治療。二零零零年內，該六間診所共診治了約700名病人。



## 為濫用精神藥物者提供的輔導服務

- “健康新一代”計劃

這是一項由社會福利署推行的社區預防藥物濫用計劃，設有兩支經專門訓練的社工隊，共有前線社工13名。計劃的對象是間中或抱嘗試心態濫用藥物的21歲以下青少年。他們在生理上不至於倚賴違禁藥物，在心理或精神方面也未出現持續的問題。計劃旨在引導他們遠離藥物，建立健康生活。二零零零年內，計劃通過小組輔導，為超過 1 100 人提供服務；計劃所舉辦的講座及認識藥物活動亦吸引了超過 20 000 人參加。

- 明愛容園中心

明愛容園中心的臨時辦事處設於屯門兆禧苑，於一九九六年啟用，為居於新界西的濫用精神藥物青少年和他們的家人提供個人或小組輔導服務。該中心的社工除了處理轉介的個案外，還會主動接觸區內的邊緣青少年，務求及早介入，協助他們解決問題。該中心也會舉辦學校禁毒講座和進行其他形式的社區工作，宣傳禁毒信息。二零零零年內，中心處理了174宗個案。

## Counselling Services for Psychotropic Substance Abusers

- Against Substance Abuse Scheme

This is a community-based substance abuse prevention programme implemented by the Social Welfare Department and has two specialised teams comprising 13 front-line social workers. The scheme is mainly targeted at the occasional/experimental substance abusers aged under 21 who have no physical dependence on illicit drugs and do not suffer from chronic psychological or mental problems. It helps them develop a healthy lifestyle by steering them away from substance abuse. The scheme served more than 1 100 people through group counselling, and over 20 000 people through talks and drug-awareness sessions during 2000.

- Caritas HUGS Centre

The Centre, which began operations in 1996 at its temporary premises at Siu Hei Court in Tuen Mun, provides individual and group counselling services to young psychotropic substance abusers and their family members in New Territories West. Apart from receiving referrals, social workers also reach out to high-risk youth in the community to intervene into their problem as early as possible. It also conducts anti-drug talks in schools and provides other forms of community work disseminating anti-drug messages. In 2000, it handled 174 cases.

- Hong Kong Christian Service PS33 Centre

This is the first centre for psychotropic substance abusers in Hong Kong. It was set up in March 1988. Its main objective is to provide quality rehabilitation services for psychotropic substance abusers and their family members through intensive counselling. The centre also provides case consultation, case assessment and professional training for allied professionals; preventive-educational programmes for potential and occasional substance abusers; and enquiry services for the general public. In 2000, it handled 206 cases and organized 321 group sessions and preventive educational programmes for various participants.

- Hong Kong Lutheran Social Service

Cheer Lutheran Centre, which commenced operation in October 1998, is a newly established psychotropic substance abuse counselling centre for the youth in New Territories East. Its main objectives are to provide counselling service for psychotropic substance abusers as well as their family members, and to provide preventive educational programmes for teenagers and potential psychotropic substance abusers. In 2000, the centre has handled 173 cases and implemented more than 254 preventive educational programmes.

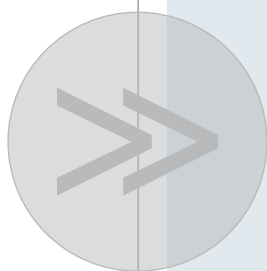
- 香港基督教服務處PS33

香港基督教服務處PS33在一九八八年三月成立，是香港首間為濫用精神藥物者而設的中心，旨在通過深入輔導，為濫用精神藥物者和他們的家人提供高質素的康復服務。此外，該中心也提供個案諮詢和個案評估服務，為有關的專業人員提供專業訓練，為有可能及間中濫用藥物者提供預防教育計劃，及為一般市民提供查詢服務。二零零零年，PS33處理了206宗個案及為不同的參加者舉辦了321個小組輔導及預防教育計劃。

- 香港路德會社會服務處路德會青欣中心

路德會青欣中心在一九九八年十月啟用，是一所新落成的精神藥物濫用問題輔導中心，為居於新界東的青少年服務，主要宗旨是為濫用精神藥物者和他們的家人提供輔導服務，以及為青少年和可能濫用精神藥物的人士舉辦預防教育計劃。二零零零年，中心處理了173宗個案，並推行了超過254項預防教育計劃。





## 其他服務

- 愛滋病顧問局

愛滋病顧問局就本港在預防、護理和控制愛滋病方面的政策，向政府提供意見。該局轄下設有三個委員會：愛滋病科學委員會負責處理技術和科技事宜；愛滋病預防及護理委員會負責預防工作和護理服務；及接納愛滋病患者促進委員會提倡平等，推動市民不應歧視愛滋病患者。顧問局及其三個委員會的成員包括政府和非政府機構的代表及社區領袖。

該局轄下成立的藥物濫用專責小組負責就制訂有關藥物濫用者的愛滋病毒/愛滋病預防和護理策略，向愛滋病預防及護理委員會提供意見。專責小組亦協助協調與藥物濫用者有關的愛滋病毒/愛滋病干預活動。

## Other Services

- Advisory Council on AIDS

This Council provides policy advice to the Government on the prevention, care and control of HIV infection in Hong Kong. It is underpinned by three committees. The Scientific Committee on AIDS (SCA) deals mainly with technical and scientific matters. The AIDS Prevention and Care Committee (APCC) focuses on the prevention work and care services. The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) promotes equity and non-discrimination towards people who are affected by the epidemic. Members of the Advisory Council and its three committees include Government representatives, non-government organizations and community leaders.

The Task Force on Drug Users governed under the Council is responsible for advising APCC on the formulation of HIV/AIDS prevention and care strategies for the drug taking population. It also helps to co-ordinate HIV/AIDS intervention activities in relation to the drug taking population.





明愛樂協會為喜靈洲戒毒所的犯人舉辦康樂活動。

Caritas Lok Heep Club organizes entertainment programmes for the inmates in Hei Ling Chau Drug Addiction Treatment Centre.

#### • Caritas Lok Heep Club

Founded in 1968, the Club has four objectives, which are to help former drug abusers go through the rehabilitation process; to help drug dependent persons receive drug withdrawal treatment; to assist family members of drug dependent persons, methadone patients and former drug dependent persons to deal with their problems, and to combat drug abuse through preventive education. To meet the changing needs of society, the Club revised its constitution and refocused its services in 1996. It functions mainly through its two centres in Tung Tau Estate and Wan Chai. During 2000, it served more than 1 000 case work clients.

#### • 明愛樂協會

明愛樂協會於一九六八年成立，有四個宗旨，分別是協助已戒除毒癮者完成康復過程；協助藥物倚賴者接受戒毒治療；協助藥物倚賴者、美沙酮求診者和已戒除毒癮者等三類人士的家解決問題；以及通過預防教育遏止藥物濫用問題。為了切合不斷轉變的社會需要，樂協會於一九九六年修改了會章，並重新界定服務重點。該會主要由東頭邨和灣仔的中心提供服務。二零零零年，樂協會為超過 1 000 名受助人提供服務。

- 靈實醫院

靈實醫院在一九九四年十月正式停辦“和平房”戒毒康復住院服務。在得到禁毒基金資助兩年經費後，該醫院於一九九七年八月成立了“和平之光”流動工作隊，協助正在患病及需要住院的病人戒毒。流動工作隊所推行的計劃內容非常全面，包括三星期的戒毒治療、小組和個人治療、康復計劃和疾病治療。

- Haven of Hope Hospital

The drug addiction rehabilitation ward “Peace Ward” was formally closed in October 1994. With a two-year funding support from Beat Drugs Fund, “Mobile Acute Drug Rehabilitation Team” (MADRT) commenced its service in August 1997. The target of the service is to detoxify patients who concurrently suffer medical diseases which require hospital care. The holistic programme includes three weeks of detoxification, group and individual therapy, rehabilitation programme and treatment of medical illnesses.

靈實醫院

The Haven of Hope Hospital





- KELY Support Group

The Group helps adolescents and young adults who are experiencing difficulties in their lives by providing a safe, supportive and non-judgmental environment, where they can share their problems and support each other. It also operates a small drop-in centre in its main office for young people, a hotline service in both English and Chinese, and provides among others counselling services for individuals and their families.

- 啟勵扶青會

啟勵扶青會致力協助那些在人生路上遇到困難的青少年和年輕的成人，讓他們能夠在安全可靠、互相扶持、不被批評的環境下，互相傾訴疑難，彼此支持鼓勵。啟勵扶青會的總辦事處設有小型的青少年接待中心。此外，該會又提供粵語和英語熱線諮詢服務，以及個人與家人輔導服務等。

學生參與啟勵馬戲團舉行的  
工作坊。

Students participating in the  
workshop organized by the  
KELY Circus School.



- 香港培康聯會

香港培康聯會約有會員 2 918 人，大部分都是已經完成香港戒毒會所舉辦的治療和康復計劃的戒毒者。該會舉辦各種社區服務活動，作為其自助計劃其中一部分。此外，該會又特別開設工作技巧訓練中心，協助會員掌握就業所需技能。該會並開設速遞及搬運服務，為會員提供就業機會。

- 善導會

善導會通過社會工作服務和多種康復計劃監管釋囚（包括經常濫用藥物者和已戒除毒癮者），並協助他們改過自新。為協助藥物濫用者改過自新，該會其中的一個方法是推行減低危害、動機面談和預防重染毒癮等干預策略。該會又鼓勵已戒除毒癮者參加社區教育活動和社會服務計劃，藉此加強他們對社會的責任感。善導會定期為屬下八間宿舍和四間中途宿舍的舍員舉辦聚會，勸諭他們切勿濫用藥物及以身試法。

- Pui Hong Self-help Association

The Association consists of some 2 918 members, made up mainly of persons who had undergone treatment and rehabilitation programmes run by SARDA. As part of its self-help programme, various community-help activities are carried out. A job skill training centre is established to help members to acquire necessary skills for employment. In addition, the Association operates courier and removal services to provide employment opportunities for its members.

- Society for the Rehabilitation of Offenders

The Society for the Rehabilitation of Offenders Hong Kong (SROHK), is engaged in the supervision and rehabilitation of ex-offenders, including active and ex-drug abusers, through social work services and multi-rehabilitation programmes. The implementation of intervention strategies such as Harm Reduction, Motivational Interviewing and Relapse Prevention is one way to rehabilitate drug abusers. Former drug abusers are also encouraged to take part in community education programmes and social service projects, as a way of promoting their sense of responsibility towards the society. Regular meetings are also organized for residents of its eight SROHK hostels and 4 half-way houses to dissuade them from taking drugs and becoming involved in criminal activities.

善導會會長王見大法官頒獎予“抗毒歌聲處處聞”歌曲創作比賽的金獎得主。

The president of SROHK, the Hon. Mr. Justice Wong, presenting a trophy to the winner of the Gold Award in an anti-drug music competition.







- The Hong Kong Council of Social Service

The Committee on Substance Abuse (CSA) of the Hong Kong Council of Social Service promotes the exchange of views on drug problems in Hong Kong between non-government organizations and individuals concerned with the issue. Efforts are directed to enhance coordination, formulation and development of drug treatment, rehabilitation and preventive education. CSA stresses training of manpower as well as mobilization and development of human and other resources in combating drug abuse in Hong Kong. It also provides a job placement service for rehabilitated drug dependent persons and patients on methadone treatment.

- 香港社會服務聯會

香港社會服務聯會轄下的藥物濫用問題委員會，鼓勵關注藥物問題的非政府機構和個別人士就香港的藥物問題交換意見。委員會致力協調、策劃和發展有關戒毒治療、康復服務和預防教育等工作，並着力訓練人手、發動和發展人力及其他資源，以遏止本港的藥物濫用問題。委員會也為戒毒康復者和正接受美沙酮治療的人士提供安排就業服務。

香港社會服務聯會與內地團體舉辦研討會，交流有關預防濫用藥物政策及服務的意見。

A seminar coorganized by the Hong Kong Council of Social Service and their counterparts in the Mainland to exchange views on the policy and services on drug abuse prevention.

## 第一個和第二個三年計劃

## THE FIRST AND SECOND THREE-YEAR PLANS



### The First Three-Year Plan (1997-1999)

A proposal by the Chairman of ACAN Sub-committee on Treatment and Rehabilitation to draw up a three-year treatment action plan covering targets, numbers, districts and resources as well as to set policies, priorities and strategies for the treatment and rehabilitation services in Hong Kong was endorsed by ACAN in 1995.

The first Three-Year Plan on Drug Treatment and Rehabilitation was drawn up in February 1997 by the Narcotics Division, in conjunction with relevant Government departments and other bodies, including the Correctional Services Department, Department of Health, Social Welfare Department and the Hospital Authority.

### 第一個三年計劃 (一九九七至九九九年)

禁毒常務委員會在一九九五年通過其轄下戒毒治療及康復小組委員會主席提出的建議，為香港的戒毒療康服務制訂一套三年行動計劃，內容包括提供療康服務的目標、數目、地區、資源，以至釐定政策、優先次序和策略等。

第一個有關戒毒治療和康復服務的三年計劃，在一九九七年二月由禁毒處聯同各有關政府部門和其他團體，包括懲教署、衛生署、社會福利署和醫院管理局，聯合擬訂。

The objectives of the first Three-Year Plan were :

- (a) to help examine whether the provision of treatment and rehabilitation places matches the demand, and whether the balance of places between different types of programmes accords with the drug dependent persons' characteristics and needs;
- (b) to identify shortfalls or surpluses in any particular kind of service; and
- (c) to provide a guide to future plans and necessary adjustments to service provision.

The Plan is reviewed every year, so as to assess the extent to which services are meeting the demand, monitor the progress of the implementation of the agreed plans for service provision, recommend plans for provision over a three-year period, and identify possible areas for further change and improving the effectiveness of the service.

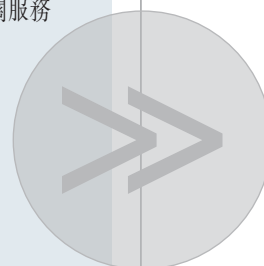
香港戒毒治療和康復服務三年計劃  
(二零零零至零二年)

二零零零年九月

第一個三年計劃的目標如下：

- (a) 協助研究各機構所提供的戒毒治療和康復服務名額能否配合需求，以及各類計劃的名額分配是否與藥物倚賴者的特性和需要相符；
- (b) 檢討各類服務是否有不足或過多情況；以及
- (c) 就所提供服務的未來計劃及需進行的調整，作出指引。

三年計劃每年檢討一次，以評定有關服務能否滿足需求，監察獲通過的服務計劃的推展情況，擬訂三年內的服務計劃，以及找出有關服務需要改變和提高效能的地方。





有關本港戒毒治療和康復服務未來發展的建議，現撮述如下：

### 為濫用鴉片類藥物者而設的戒毒治療和康復服務

#### 為罪犯而設的強迫戒毒計劃

- 懲教署應監察男犯人進入戒毒所戒毒的趨勢，尤其21歲以下的犯人。在策劃新工程時，應優先考慮增加戒毒所收容男性藥物倚賴者的名額。

#### 為濫用鴉片類藥物者而設的自願住院治療計劃

- 鑑於提供福音戒毒治療服務的志願機構對藥物倚賴者的康復工作，作出不少貢獻，當局應尋求方法支持這些機構，並加強它們的服務。
- 鑑於大部分女性戒毒中心都會優先考慮收容年輕的藥物倚賴者，當局應留意給予21歲以上女性藥物倚賴者的服務會否出現不足情況。

#### 為鴉片類藥物倚賴者而設的自願門診治療計劃

- 應加強美沙酮戒毒者的社會、康樂、支援和輔導服務，以提供更全面的綜合服務。

A summary of the recommendations for the future development of drug treatment and rehabilitation services in Hong Kong is as follows:

### Treatment and Rehabilitation Services for Opiate Abusers

#### Compulsory Treatment for Offenders

- The Correctional Services Department should monitor the trend in admissions of male inmates, particularly those aged under 21, into Drug Addiction Treatment Centres. Priority should be given to increasing the capacity of the centres for male drug dependent persons when new projects are planned.

#### Residential Voluntary Programme for Opiate Abusers

- As the non-government organizations providing Christian therapeutic services have made worthwhile contributions to the rehabilitation of drug dependent persons, ways should be sought to support and strengthen the operation of these agencies.
- As the priority for admission into most female centres is given to young drug dependent persons, attention should be paid to a possible service gap for female drug dependent persons over the age of 21.

#### Out-patient Voluntary Programme for Opiate Abusers

- The social, recreational, support and counselling services for methadone patients should be strengthened in order to provide a more integrated and comprehensive service.



## Treatment and Rehabilitation Services for Psychotropic Substance Abusers

### Counselling/Rehabilitative Service for Psychotropic Substance Abusers

- Counselling centres should be established in areas where the service is most needed, or in proximity to Hospital Authority's substance abuse clinics.
- If further counselling centres are planned, priority consideration should be given to locating the facility in New Territories East, New Territories North or East Kowloon.
- The future direction of funding SARDA should be looked into, in connection with an evaluation of the programme and its services.

### Substance Abuse Clinics

- The Hospital Authority's plan to set up a laboratory for substance abuse biomedical tests should be supported.
- The additional manpower requirements for the expansion of the substance abuse clinic scheme should be examined in detail, having regard to the current and anticipated caseload.
- The need for on-site/outreach medical services to drug treatment and rehabilitation centres should be further considered.
- For improving the provision of integrated medical and psychosocial rehabilitation services for substance dependent persons, the coordination and cooperation between substance abuse clinics and non-government organizations providing counselling and rehabilitation services should be looked into.

## 為精神藥物倚賴者而設的戒毒治療及康復服務

### 為精神藥物倚賴者而設的輔導/康復服務

- 應在最需要輔導服務的地區，或醫院管理局物質誤用診療所附近，設立輔導中心。
- 日後如再計劃開設輔導中心，應優先考慮在新界東、新界北或東九龍設立。
- 在研究日後資助香港戒毒會的路向時，應一併考慮其計劃及各項服務的評核結果。

### 物質誤用診所

- 應支持醫院管理局成立物質誤用生物醫學測試化驗所的計劃。
- 應詳細研究物質誤用診所擴充服務所需的額外人手，並須考慮現時及預計的個案量。
- 應進一步考慮戒毒療康中心的駐院/外展醫療服務需求。
- 應研究物質誤用診所和提供輔導及康復服務的非政府機構之間的協調和合作，以改善為藥物倚賴者提供的醫療和社會心理康復方面的綜合服務。



## 支援服務

### 為已康復的藥物倚賴者而設的中途宿舍

- 應不時檢討為已康復的藥物倚賴者而設的中途宿舍供求情況。

### 為前藥物倚賴者而設的支援服務

- 非政府機構在提供支援服務時，應配合已康復藥物倚賴者的需要。

## 第二個三年計劃 (二零零零至零二年)

- 第二個三年計劃於二零零零年十月完成及頒布，該計劃涵蓋二零零零至零二年，主要概述香港過去數年的濫用藥物情況及療康服務的重要發展，並載述目前和將來對各種療康方法的需求。
- 三年計劃的建議之一，是加強對目標對象的具體策略，以提高為藥物倚賴者提供療康服務的效用。這些目標對象包括年輕的藥物倚賴者、精神藥物倚賴者、女性藥物倚賴者、第一、二次濫用藥物的人士和濫用多種藥物者。

## Support Services

### Half-way Houses for Rehabilitated Drug Dependent Persons

- The demand and supply for half-way houses for rehabilitated drug dependent persons should be kept under review.

### Support for Former Drug Dependent Persons

- Support services provided by non-government organizations should be geared towards catering for the needs of rehabilitated drug dependent persons.

## The Second Three-Year Plan (2000-2002)

- The second Three-Year Plan was completed and promulgated in October 2000. Covering the period 2000-2002, the Plan gives an overview of the drug abuse trend and major developments in the drug treatment and rehabilitation field in the past few years and outlines the present and projected demands of different drug treatment and rehabilitation modalities.
- The Plan recommends, among other things, increased focus on specific strategies directing at targets such as young drug dependent persons, psychotropic substance abusers, female drug dependent persons, first and second timers of drug abuse and poly-drug users in order to enhance the effectiveness of treatment and rehabilitation services rendered to drug dependent persons.

### Services for young drug dependent persons

- Tailor-made programmes should be mapped out and interfaced with mainstream services gearing towards users' development needs, e.g. uniformed group may provide a progressive programme for teenagers through experimental learning, leadership and value development, thereby enhancing disciplinary training and self-confidence building.

### Services for psychotropic substance abusers

- In view of the rising trend of psychotropic substance abuse, a new counselling centre - the Cheer Lutheran Centre run by the Hong Kong Lutheran Social Service - was set up in Tai Po serving the New Territories East region in October 1998.
- On further expansion in service provision, subject to availability of resources, a new counselling centre for young psychotropic substance abusers is recommended to be established on the Hong Kong Island in the long run.
- Service at substance abuse clinics under the Hospital Authority can be augmented by incorporating or strengthening their out-reach elements and providing more educational and training activities.
- To improve the provision of integrated medical and psycho-social rehabilitation services for substance abusers, liaison between substance abuse clinics and non-government organizations providing drug rehabilitation and counselling services should be further enhanced.

### 為年輕藥物倚賴者提供的服務

- 應該策劃特別設計的治療計劃，並把這些治療計劃與那些針對藥物倚賴者成長需要的主流服務銜接。舉例來說，制服團體可以舉辦漸進式計劃，讓年輕藥物倚賴者從實際體驗中學學習、發展領導才能和培養正確價值觀，從而加強他們的紀律訓練，並協助他們建立自信。

### 為精神藥物濫用者提供的服務

- 鑑於濫用精神藥物的情況顯示上升的趨勢，香港路德會社會服務處已在一九九八年十月在大埔開設一所輔導中心——青欣中心，專為新界東服務。
- 就進一步擴展這項服務而言，如果資源許可，建議港島區長遠來說應為濫用精神藥物的青少年設立一所新的輔導中心。
- 醫院管理局轄下的物質誤用診所可加強服務，包括加入或加強其外展環節，舉辦更多教育及訓練計劃。
- 為了改善為藥物倚賴者提供的綜合醫療及社會心理康復服務，物質誤用診所與提供戒毒康復及輔導服務的非政府機構，應該進一步加強聯繫。

### 為女性藥物倚賴者提供的服務

- 應鼓勵為婦女特別設計治療計劃，着重機能行為、個人和人際關係的發展、健康和性的問題，以及生活技能的訓練。
- 如果資源許可，幫助有子女的婦女重建新生的計劃，應該包括支援服務，照顧幼兒和子女在成長和情緒方面的需要、為父母提供訓練，並容許母親攜同年幼子女接受治療。

### 為第一、二次濫用藥物的人士提供的服務

- 由於第一、二次濫用藥物的人士徹底戒除毒癮的機會較高，因此，為這類藥物倚賴者而設的治療計劃，應該加入一些較獨特而又切合他們年紀的元素。

### 為濫用多種藥物的人士提供的服務

- 為協助濫用多種藥物者，戒毒工作者應該加深對濫用多種藥物和服藥過量的害處的認識，並應該在日常處理新個案時對求助的藥物倚賴者進行適當的評估甄別，了解他們有否濫用多種藥物。
- 戒毒工作者應該多採用深入的心理治療方法幫助濫用多種藥物者。

### Services for female drug dependent persons

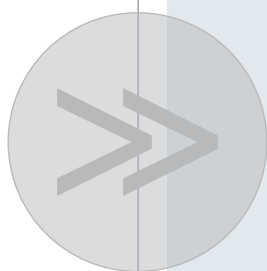
- Developing gender-specific treatment programmes for women with more focus on functional behaviours, individual and relationship development, health and sexuality issues, and life skills training is encouraged.
- Where resources allow, recovery programmes for women with children should include developmental and emotional support initiatives for infants and children, parenting training and the opportunity for young children to enter treatment with their mothers.

### Services for first and second timers

- As first or second timers of drug abuse are considered to have a better chance of recovery, programmes for these groups of drug dependent persons should be given more distinctive, age-appropriate elements designed to help them.

### Services for poly-drug users

- To assist poly-drug users, the awareness of drug workers on the harmful effect of multi-drug use and drug overdose should be enhanced. Proper assessment screening in the routine intake of drug dependent persons for multi-drug use should be advocated.
- More in-depth psychotherapy should be practised to assist poly-drug users.





## Methadone Treatment Programme

- The Methadone Treatment Programme should continue, and should continue to comprise maintenance and detoxification elements.
- The Methadone Treatment Programme should continue to offer easy entry for those who wish to enroll.
- To better engage methadone patients, to give them a sense of purpose and to minimize the problem of such patients loitering in the vicinity of methadone clinics, social support services for these patients should continue to be strengthened.
- Social support and counselling services for methadone patients under the age of 21 should continue to be enhanced.
- The physical setting of the methadone clinics should be improved.

## After-care services

- After-care and continued rehabilitation of rehabilitated persons in relapse prevention should be strengthened by intensifying work training and mutual assistance from centres in search of learning or job opportunities for discharges.

## 美沙酮治療計劃

- 美沙酮治療計劃應該繼續推行，並應該繼續包括代用治療和戒毒兩方面。
- 美沙酮治療計劃應該繼續採用讓有需要者方便參加的則。
- 為使美沙酮求診者有更積極的事可做，使他們有所寄託，並盡量避免他們在美沙酮診所附近徘徊，應該繼續加強對這些求診者的社會支援服務。
- 應該繼續加強對21歲以下美沙酮求診者的社會支援及輔導服務。
- 應該改善美沙酮診所的環境。

## 善後輔導服務

- 為協助康復者預防重染毒癮，各中心應提高善後輔導及持續的康復服務，例如為康復者加強提供在學習或求職方面的職業訓練及互助服務。

預防教育和宣傳：

市民同心 宣傳毒禍

CHAPTER

第4章



PREVENTIVE EDUCATION AND PUBLICITY

- SPREADING THE ANTI-DRUG MESSAGE  
AND PARTNERING WITH THE COMMUNITY



吸  
毒

## 推行預防教育和宣傳工作

# THE TASK OF PREVENTIVE EDUCATION AND PUBLICITY AGENCIES



Hong Kong's first public education campaign on the prevention of narcotics abuse was mounted in November 1959 which coincided with the publication of the Government's first White Paper on Narcotics, in which it was stressed:

"No campaign against drugs can hope to succeed without the backing of the people as a whole. Attempts will therefore be made to publicize the disastrous effects of drug addiction from the social and economic angle, and then to enlist the support and cooperation of voluntary agencies and the public ... the aim of the campaign is to protect their homes, their lives, their children and their neighbours from a terrible and insidious menace ... it is only with their active support and cooperation that the campaign can succeed."

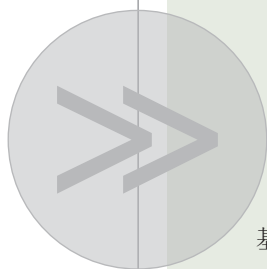
The methods used in the campaign included the display of posters and distribution of leaflets, talks given to civic and professional bodies, lectures delivered to schools, and appeals made through the mass media for support from the public in fighting the problem. Although the 1959 campaign did succeed in getting anti-narcotics publicity and preventive education off the ground, its momentum was not sustained in the ensuing years. As in many other countries, preventive policies were the most inadequately funded part of Hong Kong's anti-narcotics efforts which, at the time, tended to be dominated, both in the allocation of resources and in public attention, by law enforcement and treatment and rehabilitation.

一九五九年十一月，香港首次推行禁毒預防教育運動，當時適值政府發表第一份《毒品問題白皮書》。該白皮書強調：

“任何禁毒運動，若無整個社會的支持，勢難望其成功。因此，政府嘗試從社會及經濟的角度，揭露吸毒的悲慘結果，然後呼籲志願團體和社會人士支持與合作 ..... 這項運動的目標，在於保障個人生命、家庭、兒女和鄰居的安全，免招可怕及潛在的危機 ..... 而這項運動，亦端賴他們積極支持與合作，方能成功。”

這次宣傳運動中採用的方法，包括張貼海報、派發宣傳單張，為社團和專業組織舉辦講座，到學校向學生講解及透過大眾傳播媒介，呼籲市民支持禁毒。雖然一九五九年舉辦的預防教育和宣傳運動成功推行，但這方面的努力在繼後數年卻未能持續。正如許多其他國家一樣，預防教育在當時香港的禁毒工作中受資助最為不足；在資源分配和市民的關注程度方面，執法與戒毒治療及康復工作兩方面在當時的禁毒工作中佔較大的比重。

其後多年以來，預防教育的工作十分零碎。政府和非政府機構各自擬訂教育計劃和宣傳運動、分發資料，及各自推行活動。有一段頗長的時間，這方面的工作是採取“恐嚇”或“提供資料”的宣傳策略，或依個別機構和個人的意見和經驗推行，於是在推行禁毒措施時，完全缺乏協調和共同策略。反觀許多被毒品問題困擾的國家，均已逐漸明白統籌策略對防止藥物濫用問題的重要性。由於香港對整個毒品問題的嚴重程度和具體情況，差不多完全缺乏可靠的數據（因藥物或與藥物有關罪行而在本港監獄服刑的眾多人數除外），使政府無法制訂一套全面、整體的政策。



## 新策略的產生

基於上述原因，禁毒常務委員會無法對預防教育和宣傳的政策進行徹底檢討，直到一九七五年年底，情況才有改變，當局認識到預防教育和宣傳對任何有效和協調的防止毒禍計劃，極為重要。此外，中央檔案室和美沙酮計劃的三年試辦期（一九七二至七五年）也在這一年提供了不少資料。

首先，禁毒常務委員會設法找出那些是最易濫用藥物的人，以便擬訂切合他們需要的預防措施。根據中央檔案室就一九七二至七四年間登記的約3萬1千名藥物倚賴者紀錄進行的電腦分析，委員會發現最有可能成為藥物倚賴者的人，為年齡在15歲至24歲之間，只有小學程度，受僱於工廠的半熟練或非熟練工人或散工，居住環境擠迫，及與家人關係佳的青年男子。

Over succeeding years, work on preventive education became fragmented. Government and non-government agencies planned their own educational programmes and campaigns, distributed their own information materials, and tended to go their own ways. For a long time, programmes in this field were based on “scare tactics” and the “informational approach”, or on the ideas and experiences of individual organizations and personnel. There was neither coordination nor a strategic plan to deal with preventive measures, the crucial importance of which was being increasingly appreciated in a number of countries with drug abuse problems. The almost complete absence of any reliable data on the overall size and specifics of the problem (apart from the large numbers of those convicted of drug or drug-related offences in Hong Kong prisons) also frustrated attempts to form a coherent overall policy.

## The Evolution of a New Strategy

It was not therefore possible for ACAN to carry out a thorough review of its policies on preventive education and publicity until late 1975, when their vital role as an integral part of any effective and coordinated drug abuse control programme was recognized, and when more data was becoming available from the three-year (1972-75) experimental Central Registry of Drug Abuse and methadone treatment programmes.

The first step taken was to identify those who were most vulnerable to the risk of narcotic abuse, so that preventive measures could be tailored to their needs. This was achieved by a computer analysis of 31 000 drug dependent persons registered in the first Registry between 1972 and 1974, which indicated that the profile of a “potential drug dependent person” was a young male aged between 15 and 24, with no



more than primary school education, employed as a semi-skilled or unskilled factory worker or casual labourer, living in over-crowded conditions, and having a poor relationship with his family.

The Government resources being used for preventive education and publicity, which amounted to only 0.5% of total anti-narcotics expenditure (estimated in 1974 to be in the region of \$40 million annually), were then reviewed, and were considered grossly inadequate. It was eventually decided that this figure should be raised to 2.5% of the total budget — a figure equivalent to ICAC expenditure for similar purposes.

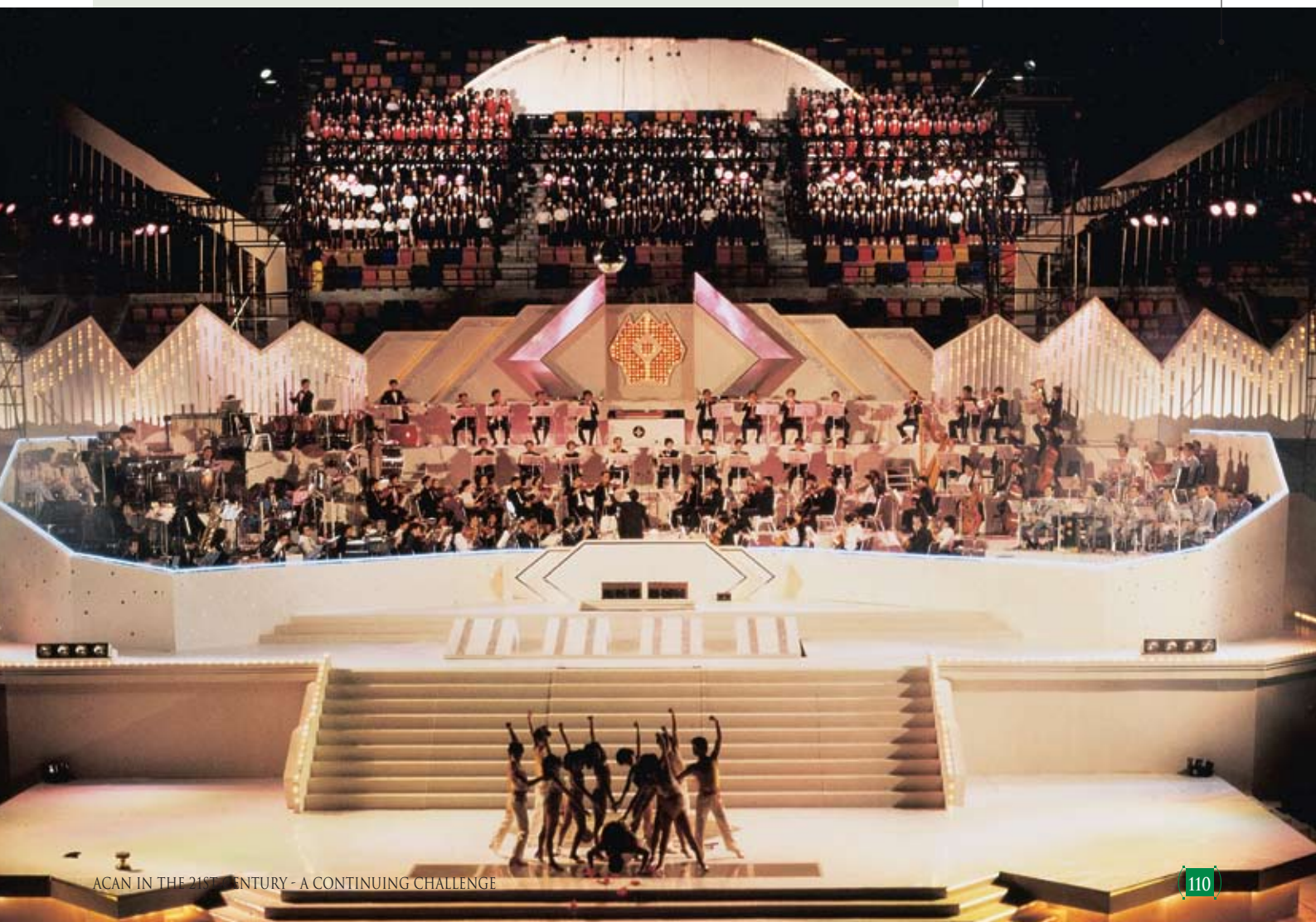


超過 1 000 名健兒參加於一九八零年舉行的「生龍活虎健步跑」。  
More than 1 000 people joined an anti-drug marathon held in 1980.

禁毒常務委員會接著檢討政府用於預防教育和宣傳的資源，發覺這方面的開支只佔所有禁毒工作總開支的0.5%（估計一九七四年的全年總開支約為4,000萬元）。委員會認為，資源嚴重不足。政府最後決定將預防教育和宣傳的開支提高至每年總預算的2.5%，相於廉政公署用於推行反貪污教育及宣傳的經費。

由禁毒常務委員會、市政局及香港電台合辦、在香港體育館舉行的禁毒教育綜合節目，是一九八三年的一項大型活動，吸引了逾 7 000 人參加。

A major event in 1983, the Anti-drug Educational Variety Show at the Hong Kong Coliseum, jointly organized by ACAN, Urban Council and Radio Television Hong Kong, attracted more than 7 000 people.







由八十年代至二零零一年製作的禁毒巴士廣告。

Bus advertisements to promote anti-drug messages throughout 1980s to 2001.



最後，禁毒常務委員會檢討了過往預防教育和宣傳的工作後，建議一個新策略，涵蓋整體理論基礎、目標及宣傳對象，及推行新策略所需方法和資源的調配。新建議獲得政府贊同，並在一九七六年實施。

## 新策略

禁毒常務委員會所採取策略的基本原則，是整個社會都應該積極參與。所有預防教育和宣傳措施都以此為依據，並有以下四大目標：

- (a) 使社會人士經常留意及正視毒品問題，並提醒他們濫用藥物的禍害；
- (b) 防止高危青少年濫用藥物；
- (c) 向藥物倚賴者宣傳現有的各種自願戒毒及康復設施，並鼓勵他們前往接受治療；以及
- (d) 向世界各國宣傳本港的禁毒工作、成績及目標。

新策略的建議最後指出，預防教育和宣傳的擴展，應與香港其他三項禁毒計劃，即執法、戒毒治療及康復和國際合作互相配合，俾能互相協調，對付

Finally, the past performance of preventive education and publicity in Hong Kong was examined, and a new strategy was proposed, incorporating the overall rationale, objectives, target groups, and the methods and mobilization of resources needed to implement it. The new proposals were acceptable to the Government and were put into practice in 1976.

## The New Strategy

The active participation of the whole community was a fundamental principle of the strategy adopted by ACAN. All preventive education and publicity measures were framed in the light of this, and had four major objectives:

- (a) to keep the drug abuse issue constantly before the public and to warn them about the dangers of drug abuse;
- (b) to prevent drug abuse among young people who are considered most at risk;
- (c) to inform drug dependent persons of the voluntary treatment and rehabilitation facilities available and to encourage them to come forward for treatment; and
- (d) to keep the international community aware of Hong Kong's anti-drug actions, achievements and intentions.

The new strategy proposals concluded that the continued expansion and development of preventive education and publicity should be undertaken in conjunction with Hong Kong's three other anti-narcotics programmes, i.e. law

enforcement, treatment and rehabilitation, and international cooperation, with a view to combating the problems of drug addiction in a coordinated manner. There was general agreement that in Hong Kong, as in other parts of the world, supply and demand reduction efforts, although enormously important, were not by themselves enough, and that the problem could only be contained, and ultimately eradicated, through effective prevention and educational measures, combined with readily available treatment and rehabilitation facilities.

Preventive education and publicity programmes have been organized both on a territory-wide basis and at the local level to heighten public awareness of the drug problem and to encourage people to adopt a drug-free lifestyle. Research studies have been conducted on various aspects of the drug abuse problem and the findings facilitate the planning of suitable anti-drug strategies and programmes. Cooperation at the international level, through exchanges of information and experience as well as joint action against illicit trafficking, has enhanced the effectiveness of efforts in all these areas.

毒品問題。委員會同意，香港正如世界各地一樣，減少毒品供求的措施雖然非常重要，但單靠這方面的行動仍不足夠；只有通過有效的預防措施和教育工作，再加上現有的治療及康復設施，才能將毒品問題控制，甚至根除。

預防教育和宣傳活動包括全港性和地區性，目的是提高市民大眾對毒品問題的關注，並鼓勵他們遠離毒品。當局曾就藥物濫用的各方面問題進行研究，研究結果有助制訂合適的禁毒策略和活動。在與各國合作方面，透過資訊和經驗的交流及國際間聯手打擊販毒活動，香港在禁毒各項工作的成效也大大提高。



於一九八一年舉辦的禁毒之聲民歌晚會上，禁毒專員利尚志把紀念品送贈予香港電台節目總監張敏儀，以表揚該台對禁毒工作的貢獻。

The Commissioner for Narcotics, Mr. E.I. Lee, presenting a souvenir to Controller of RTHK, Miss Cheung Man-ye, in appreciation of the station's contribution to the anti-drug cause in an ACAN Folk Night Concert held in 1981.



港督衛奕信爵士（中）在禁毒常務委員會主席蔡永業醫生（左）及禁毒專員麥樂賢（右）陪同下，參觀禁毒常務委員會於一九八七年在「第九屆非政府機構防止藥物及物質濫用國際會議」設立的展覽攤位。

The Governor, Sir David Wilson (centre), being briefed about the anti-drug efforts by the Chairman of ACAN, Dr. Gerald Choa (left), and the Commissioner for Narcotics, Mr. Gareth Mulloy (right), at the 9th International Conference of the Non-government Organizations for the Prevention of Drug and Substance Abuse in 1987.



過去25年來，政府在推廣禁毒活動方面增撥了不少經費。在二零零零/零一年度，

在預防教育及宣傳活動的撥款，包括禁毒基金的撥款，達4 240萬元。

此外，對於向較易染上毒癮人士宣傳毒禍的方法，也日漸多樣化和創新，而且禁毒常務委員會的工作也得到志願機構和公民團體更多支持。委員會的禁毒宣傳工作主要集中於以下範疇：



Over the past 25 years, there have been considerable increases in the amount of public funds devoted to anti-drug promotional activities. In 2000/2001, the allocation on preventive education and publicity activities, including funding from the Beat Drugs Fund, has reached \$42.4 million. There was also more variety and inventiveness in the methods used to reach vulnerable groups, and much greater support from voluntary agencies and civic bodies for ACAN's efforts in this field, which have concentrated on:

- 社區參與計劃和推廣工作，包括大型表演活動和地區活動如天才表演、電影、遊戲和比賽等。其他成功的活動還有：青年禁毒義工團（在一九八一年成立，並於二零零零年重組，吸納了逾78間機構及200人登記為義工。）、歌唱和作曲比賽，以及禁毒常務委員會“香港齊心同滅毒”計劃。這計劃以提供小額資助的形式，鼓勵地區撲滅罪行委員會、社團、學校或外展社工隊推行禁毒計劃。

- Community involvement projects and promotions, including mass spectator events, and district campaigns featuring talent and film shows, games and competitions. Other successful initiatives were the Youth Volunteer Group (established in 1981 and revamped in 2000 with an expanded membership of over 78 corporate members and over 200 individual members), singing and song-writing competitions, and ACAN's Community Against Drugs Scheme (CADS) which encourages and provides small-scale financing for District Fight Crime Committees (DFCC), community groups, schools, or

深水埗舉行為期一個月的禁毒運動，以焚毀“毒魔”揭開序幕。

The burning of a "drug devil" effigy to mark the opening of the month-long anti-drug campaign in Sham Shui Po.

青少年在“無毒一樣Cool”音樂會中齊跳Para Para。該音樂會由禁毒處及香港電台合辦，旨在為青少年建立新文化，讓他們在不沾染毒品的情况下盡享音樂及舞蹈帶來的樂趣，並提倡健康生活。

Youngsters participating in the para para dancing at the "Cool Without Drugs" Concert jointly organized by the Narcotics Division and RTHK on June 25, 2001. The concert aims to create a new culture for young people to enjoy music and dancing without taking drugs, and advocate a healthy lifestyle.





outreaching social work teams to help them implement anti-drug projects.

- Preventive education and publicity through the mass media and in schools

Television, Radio, Newspapers, TV Announcements in the Public Interest (APIs), and the Anti-Drug Abuse Hotline, have remained the mainstay of the ACAN's drive to disseminate anti-narcotics information and publicity to the general public, supported by large numbers of posters and information leaflets.

Drug education in both primary and secondary schools, carried out by members of the Narcotics Division School Talk Scheme has proved of lasting value. Talks are also given to parents, in cooperation with schools and parent-teacher associations, to workers in their workplaces, to boys' and girls' homes and correctional institutions. The Department of Health and the Social Welfare Department also organize training programmes and activities, with anti-drug themes, for students and teachers.

- 透過傳媒和在學校推行禁毒教育及宣傳：禁毒常務委員會主要透過電視、電台、報章、電視宣傳短片和禁毒諮詢熱線，配合各類海報和宣傳單張，向社會人士宣傳禁毒信息。

禁毒處派出的學校禁毒教育小組到中、小學推行藥物教育，收效亦甚大。小組又與學校和家長教師會合作，為家長舉辦講座，並前往在職人士的工作地點、男童院、女童院和懲教機構舉辦講座。此外，衛生署和社會福利署也為學校的師生舉辦以禁毒為主題的訓練課程和活動。



為中（上圖）、小學生（下圖）舉辦的禁毒講座。

Drug education talks conducted for secondary (top) and primary school (bottom) students.



禁毒處於一九八一年（上圖）及一九九九年（下圖）與香港電台合作，分別製作禁毒節目“毒海回頭”及“毒海浮生”。

Anti-drug programmes produced in collaboration with Radio Television Hong Kong in 1981 (top) and 1999 (bottom).

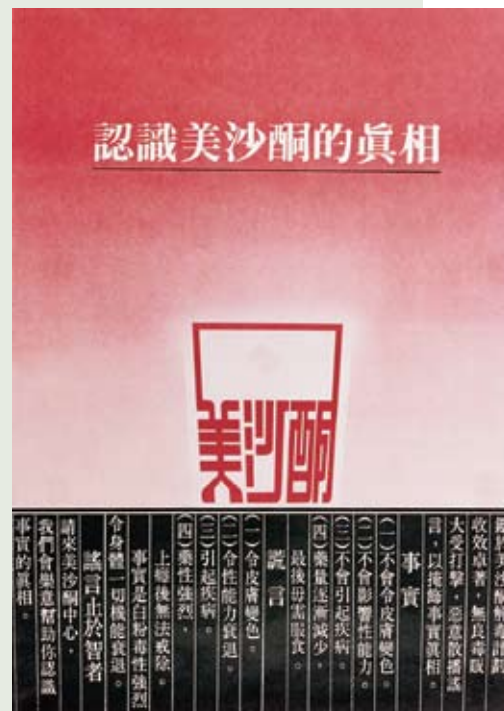
禁毒處與有線電視合辦的“無毒新世紀”校際問答比賽總決賽過程激烈，參加比賽的同學全神貫注，爭奪冠軍寶座。

Students vying for the championship in the final of the inter-school quiz jointly organized by the Narcotics Division and Cable TV.



宣傳海報  
1960s - 2000  
Promotional Posters

預防教育和宣傳：市民同心 宣傳毒禍













向全港中學派發的毒品問題教材。  
Drug education training kit distributed to secondary schools throughout the territory.



- 製作防止吸毒的教材和宣傳物品：禁毒處在新聞處的協助下，協調中央宣傳和推廣計劃，並協助其他政府部門推行宣傳運動和製作宣傳品，例如藥物教育教材套及專供專業人士、家長和其他有興趣人士參考的濫用藥物問題指南，使他們更深入認識與濫用藥物和其他物質有關的問題，及誤用後引起的症狀。

- Production of strategic education and publicity materials

With the assistance of the Information Services Department, the Narcotics Division plans and coordinates central publicity and promotion programmes, and assists other Government departments in running campaigns and produces materials, such as Drug Education Teaching Kits and a "Guidebook on Drug Abuse" for professionals, parents and others who need to know more about the problems associated with the abuse of drugs and other substances, and the symptoms resulting from misuse.

禁毒處為學校行政人員舉辦研討會，以加強禁毒教育講座的成效。

A series of seminars for school administrators organized to enhance the effectiveness of the drug education talks in schools.



In the light of constantly changing demographic, social and economic conditions in Hong Kong, ACAN undertakes periodic re-assessments of its policy recommendations to the Government in all areas of anti-narcotics work. In October 1995, for example, an independent researcher was commissioned by the Sub-committee on Research to evaluate students' awareness of anti-drug messages before and after attending the talks conducted by the Narcotics Division in secondary schools, technical institutes, and to Primary six students. In 2000, such talks also began to be delivered to Primary five students. Some of the major findings of the research were that equal emphasis should be placed on reasons for abusing drugs and on refusal skills to drug offers, pre-visit information leaflets should be distributed to enhance the value of the talks, a more 'situation and person' focused approach should be used, the contents of the talks should be continuously evaluated and updated, and preventive education should be viewed in the context of students' lifestyle, not as only related to substance abuse.

The Education Department has integrated drug education into the school curriculum, and recommends a cross-curricular approach for its implementation. At the secondary level, elements of drug education have been integrated into six subjects – Social Studies, Economic and Public Affairs, Religious Studies, Human Biology, Chemistry and Liberal Studies. In the Primary six syllabus, elements of drug education have been substantially integrated into the General Studies subject, which includes "Understanding of Drugs".

Regular drug education and drug training courses for serving secondary and primary school teachers are organized by the Education Department in collaboration with the Narcotics Division and non-government organizations.

有鑑於香港的人口、社會和經濟狀況不斷改變，禁毒常務委員會定期重新評估該會向政府提交的禁毒政策建議。例如在一九九五年十月，研究小組委員會委聘一名獨立研究人員評估禁毒處在中學、工業學院和為小六學生（於二零零零年，類似的講座已擴展至小五學生）舉辦講座前後，學生對禁毒信息的認知程度。這項研究發現，講座的内容應同時包括青少年濫用藥物的原因和拒絕毒品的技巧；在舉辦講座前應先派發資料單張，以收相輔相成之效；另外，研究亦指出講座應更多講述一些處境和個人處理的方法；應不斷評估和更新講座内容；預防教育應從關注學生的生活方式出發，而不僅只是針對物質濫用。

教育署已把藥物教育課題融入正規課程中，同時建議學校教授這課題時採取跨課程手法。在中學階段，藥物教育已融入了社會教育、經濟及公共事務、宗教、人類生物學、化學和通識教育等六個學科之中。在小六課程中，藥物教育也併入了常識科，課題包括“認識毒品”。

教育署聯同禁毒處和非政府機構，定期為在職中、小學教師舉辦藥物教育和訓練課程。





此外，衛生署在其青少年教育計劃中，已把藥物濫用的課題併入“健康生活”的主題中，並向其他政府部門和舉辦健康教育活動的社區團體提供專業意見和視聽資料。

一直以來，非政府機構在向社會各階層宣傳禁毒信息方面扮演著一個重要的角色。

In addition, the Department of Health has incorporated drug abuse into the overall theme of “a healthy lifestyle” in its education programmes for youths, and also provides professional advice and audio-visual materials to other Government departments and community organizations involved in health education activities.

Non-government agencies have continued to play an important role in spreading the anti-drug message to a wide section of the community.



社區藥物教育輔導會為教師舉辦藥物教育工作坊。  
CDAC organizes workshop on Drug Education for Trainers.





生活教育活動計劃在流動課室內  
為小學生進行藥物教育講座。

LEAP conducting drug education  
talk for primary school students  
inside its mobile classroom.



「生龍活虎群英會」為一九七九  
年的禁毒活動打響頭炮，大大提  
高參加者、公眾及傳媒對禁毒工  
作的關注。

The ACAN Mass Rally, the first and  
biggest anti-drug event in 1979,  
heightened interest in the anti-drug  
cause among participants, the  
public and the mass media.

約一萬名青少年攜手創出繪製香港歷來最大的帆布拼貼油畫紀錄。這幅油畫由 6 000 幅繪有禁毒信息的帆布拼合而成，總面積達 7 600 平方米，足以覆蓋三個足球場，於一九九五年三月在維多利亞公園完成。

About 10 000 young people painting anti-drug messages on 6 000 pieces of canvases assembled at Victoria Park in March 1995 to form the territory's largest ever canvas painting, measuring 7 600 square metres and covering three soccer pitches.



一九九六年五月召開的關注毒品問題第二次高峰會議，政府倡議成立“禁毒教育策略工作小組”，成員包括志願機構、教師、社會工作者和青少年，負責檢討禁毒常務委員會四大目標的工作成效及提出所需的改善建議。工作小組作出了以下的評估及建議：

At the Second Summit on Drugs held in May 1996, the Government took the initiative of forming a Task Group on Preventive Education Strategy, involving voluntary agencies, teachers, social workers and young persons, charged with reviewing Hong Kong's past performance and suggesting any necessary improvements, within the context of ACAN's four objectives. The Task Group made the following assessments and recommendations:

部門首長及保安局局長（中）在音樂會上主禮，為一九九九年的禁毒季揭開序幕。

Department heads and the Secretary for Security (centre) officiating at a concert that marked the opening of the Anti-drug Season in 1999.





## • The General Public

The Task Group considered that the general public accepts that a drug-free life will benefit both individuals and society. The strategy for this group should continue to stress the harmful effects of drug abuse and the benefits of a drug-free life. The Task Group therefore recommended that:

- (a) existing preventive education and publicity activities should be continued so as to spread anti-drug messages over a wide front;
- (b) anti-drug messages in TV APIs should be direct, concise and easy to understand. The TV APIs should not simply employ fear-tactics to dissuade people from taking drugs, as this might not be helpful in dealing with some of their deep-rooted reasons for so doing e.g. the frustrations of life. Instead, the APIs should persuade people that there are better alternatives than drugs, and encourage them to adopt a drug-free lifestyle;

## • 一般市民

工作小組認為，一般市民都同意遠離毒品的生活使個人和社會得益。對於這組人士的宣傳策略，應繼續強調濫用藥物的害處和無毒生活的好處。工作小組因此建議：

- (a) 繼續推行現有的預防教育和宣傳活動，以便廣泛宣傳反吸毒的信息；
- (b) 電視宣傳短片的禁毒信息應直接、簡潔和容易理解。電視短片不應只是採用嚇人的策略來勸人不要濫用藥物，因為這樣不能幫助藥物倚賴者面對其根深蒂固的濫用藥物原因，例如是對生活感到沮喪。短片應勸諭人們人生有很多比毒品更好的選擇，並鼓勵他們採納遠離毒品的生活方式；



多位政府部門及志願機構的代表出席一九九九年禁毒季閉幕禮，顯示群策群力，打擊毒禍的決心。

Concerted efforts in fighting drugs are demonstrated by the attendance of representatives from relevant departments and non-government agencies in the Grand Finale of Anti-drug Season in 1999.

- (c) 應該加強禁毒諮詢熱線的宣傳；以及
- (d) 定期更新宣傳單張，以提供最新的藥物濫用趨勢和濫用精神藥物的害處。針對濫用藥物的海報應張貼於商場、公共屋邨電梯大堂和互助委員會事處。

#### • 青少年/兒童

工作小組認為青少年的主要問題在於他們理智上雖然知道濫用藥物的害處，但有些人卻難以抗拒藥物的引誘或改變濫用藥物的行為。因此，工作小組建議：

- (a) 預防教育和宣傳策略應均衡地傳遞濫用藥物害處的信息和拒絕毒品技巧的實際建議、向青少年提供支援計劃的資料、以及消除青少年以為濫用藥物可以消憂解悶的誤解。
- (b) 中學生講座的内容應該因應上述建議作出修訂，並應加強校內的預防教育。
- (c) 為小六學生舉辦的禁毒教育講座應繼續按

現行模式進行。在各種年齡的兒童中，他們這組別最容易在暑假期間因等候升讀中學所引起的煩悶不安而濫用藥物。

禁毒處製作紀念品派發予市民大眾，宣傳毒禍。

Souvenirs with anti-drug messages produced by the Narcotics Division for distribution to the public.



- (c) publicity for the Anti-drug Abuse Hotline should be strengthened; and
- (d) information leaflets should be updated regularly to provide information on current drug abuse trends and the harmful effects of psychotropic substances. Posters against drug abuse should be displayed in shopping malls, the lift lobbies of public housing estates and in Mutual Aid Committees' offices.

#### • Young Persons/Children

The Task Group considered that the main problem with young persons is that although they may understand intellectually the harmful effects of drug abuse, some of them find it hard to resist the temptation to take drugs or to change their drug abuse behaviour. With this background, the Task Group recommended that:

- (a) preventive education and publicity strategy should strike a balance between the harmful effects of drug abuse and practical advice on refusal skills to drug offers, information on support programmes available to young persons, and messages to dispel their misconceptions that drug taking can relieve boredom/frustrations;
- (b) the contents of the secondary school talk programme should be revised to take the above into account, and preventive education at schools should be enhanced; and
- (c) anti-drug talks for primary six students should continue in the present format. They are the group of young children most vulnerable as they might be tempted to take drugs to relieve boredom and uncertainty when waiting for enrollment into secondary schools during the summer holidays.



## • Parents

The Task Group considered that the problem for parents is that the anti-drug messages do not seem compelling. Parents do not perceive the direct benefits of steering their children away from drugs until they find they are abusing them. Experience shows that while parents regard drug education as very important, most of them rarely know how to guide their children away from drugs.

In view of the above, the Task Group recommended that:

- (a) the preventive education and publicity strategy for parents should put emphasis on their important role to protect their children from drugs and on ways by which they can achieve this;
- (b) the existing preventive education and publicity programmes for parents should continue and should be made as easily available as possible;
- (c) a TV/radio API should be produced, featuring reasons why youngsters take drugs, and ways that would help parents to avoid drug abuse problems in their families;
- (d) the existing leaflet “Every Parent’s Guide to Drug Abuse” should be updated to include information on how to foster a stronger parent-child relationship, and on the support programmes that are available. Such leaflets should be made widely available; and
- (e) District School Liaison Committees should organize anti-drug programmes with parents and students’ participation to convey the message that a drug-free life will bring happiness and benefits to the whole family.

## • 家長

工作小組認為，在家長方面，問題在於反吸毒的信息對他們似乎並不迫切，因此他們不能察覺到指導子女遠離毒品有何直接好處，他們往往在發覺子女濫用藥物時才會醒覺。經驗顯示，雖然家長認同藥物教育非常重要，但是大多數都不知道如何指導子女遠離毒品。

基於以上各點，工作小組建議：

- (a) 向家長推行預防教育和宣傳的策略應強調他們在保護子女免受毒禍方面擔當重要角色，以及他們能夠達目標的方法；
- (b) 現有為家長提供的預防教育和宣傳計劃應繼續推行及盡量方便他們參加；
- (c) 製作電視/電台宣傳短片/聲帶，說明青少年濫用藥物的因，及協助家長教導子女遠離毒品的方法；
- (d) 現有的宣傳單張“教導子女遠離毒品”應予更新，包括如何加強親子關係和現有支援計劃的資料。這類單張應廣為派發；以及
- (e) 地區學校聯絡委員會應舉辦各種禁毒活動，鼓勵家長和學生一同參與，以傳遞“遠離毒品，建立幸福美滿家庭”的信息。





保安局局長葉劉淑儀（右二）為藥物資訊天地第一期主持揭幕儀式。

Secretary for Security, Mrs. Regina Ip (second from right), officiating at the opening ceremony of Drug InfoCentre Phase I.

一九八八年在紐約市舉行的聯合國打擊濫用藥物及非法販毒國際會議發表宣言，對於透過教育預防濫藥所起的作用明確指出：

“全面而有效的教育計劃是對付世界性藥物濫用問題所必需的其中一部分措施。有關當局應考慮訂立宣傳和教育計劃，提醒青少年和一般社會人士，特別是住在市區的居民，濫用容易上癮的藥物帶來種種害處，包括家庭和社交生活受破壞、危害健康、損害智力、顛倒道德價值觀，以及反社會和犯罪行為……公民團體、社區團體、關注團體和執法機關必需有效協調預防教育計劃，以確保這些計劃和活動與整體防止藥物濫用的計劃配合一致，並定期評估其效用。”

這些原則多年來引領本港預防教育和宣傳政策的發展。經驗證明，預防教育計劃倘能包括家庭、學校（包括國際學校及職業訓練學校）、傳媒和整個社會，大家一同合力打擊藥物濫用，其影響力當能大大地增強。

The “Declaration of the UN International Conference on Drug Abuse and Illicit Trafficking” held in New York in 1988, made a forthright statement on the value of prevention through education :

“Comprehensive and effective educational programmes are a necessary part of measures for counteracting drug abuse worldwide. The appropriate authorities should consider establishing publicity and educational programmes to alert young people and society in general, particularly in urban areas, to the dangers of habit-forming substances : disruption of family and social life, health risks, impairment of intellectual capacity, perversion of moral values, and anti-social and criminal behaviour ... Effective coordination of prevention programmes by civic, community and special interest groups, and law enforcement agencies, is necessary to ensure that common projects and activities are in tune with overall plans for drug abuse prevention, and periodically evaluated for efficiency.”

Such principles have guided the development of Hong Kong's preventive education and publicity policies over many years. Experience has shown that the impact of preventive programmes can be very considerably strengthened when they include families, schools (including international schools and vocational training schools), media and the community in a collective effort to discourage drug usage.

傑出禁毒工作者表揚計劃贊助人董趙洪娉女士頒發終身成就獎予錢明年博士。

The Patron of the Outstanding Anti-drug Workers Award Scheme, Mrs. Betty Tung, presenting Life Achievement Award to Dr. James Ch'ien.



## 藥物資訊天地

## THE DRUG INFOCENTRE



A proposal to establish a Drug Information Resource Centre was approved at a meeting of ACAN on 30 March 1999. Its purpose was to provide:

- (a) a focal point on past and present information, both local and overseas, on drug and substance abuse, for workers in the anti-drug field including teachers, school principals, social and youth workers, professionals in drug treatment and rehabilitation, as well as members of the public, especially students and parents;

禁毒常務委員會在一九九九年三月三十日的會議上，通過設立藥物資訊資源中心（現已命名為香港賽馬會藥物資訊天地）的建議；設立這個中心的目的如下：

- (a) 匯集本地和海外有關藥物及物質濫用的新舊資料，供從事禁毒工作的人員，包括教師、校長、社工和青少年工作者、戒毒治療及康復服務的專業人士，以及市民大眾，特別是學生和家長使用；



政務司司長曾蔭權（左四）為藥物資訊天地展覽館主持動土儀式。

The Chief Secretary for Administration, Mr. Donald Tsang (fourth from left), officiating at the Ground Breaking Ceremony of the exhibition hall of the Drug InfoCentre.

- (b) 為禁毒工作者提供支援，以推行和協調他們工作範圍內的計劃和服務；以及
- (c) 提供場地設立以藥物為主題的永久性展覽、政府部門和志願機構舉辦供市民參與的禁毒活動及/或禁毒基金資助的計劃。

根據建議，這個資訊天地應成為禁毒處的一部分，以便由該處的職員和義工提供支援，藉此減低經常性開支。資訊天地應包括兩部分：

- (a) 一間多用途室，可用作舉辦研討會和禁毒講座、一個圖書館供借閱圖書，並有電腦設施提供網上藥物資訊及一個義工室；以及
- (b) 一個展覽館。

位於金鐘道政府合署30樓禁毒處新辦事處內的“藥物資訊天地”，在二零零零年六月二十六日由保安局局長葉劉淑儀主持開幕儀式。資訊天地是由香港賽馬會慷慨贊助經費，因此資訊天地亦以此命名。賽馬會亦贊助第二期的興建費用。第二期設施位於金鐘道政府合署低座平台花園，是一個面積約900平方米的展覽館，預計會在二零零三年左右建成。

- (b) support for anti-drug workers in implementing and coordinating programmes and services within their respective work areas; and
- (c) a venue for permanent and thematic displays on drugs and the involvement of the community in anti-drug activities organized by Government departments, voluntary agencies and/or projects funded by the Beat Drugs Fund.

It was proposed that the centre should be part of the Narcotics Division, so that it can be supported by the staff of the Division and volunteers, thereby minimizing recurrent expenditure. It was also suggested that the centre should consist of two phases;

- (a) a multi-purpose room which can be used for seminars and drug talks, a library providing a lending section, with computing facility providing drug information on-line as well as a meeting room for volunteers; and
- (b) an exhibition hall.

The first phase of the plan was realized on 26 June 2000, when the Drug InfoCentre was opened on the 30<sup>th</sup> floor of the Queensway Government Offices, as part of the Narcotics Division's new and expanded accommodation, by the Secretary for Security, Mrs. Regina Ip. Funding was generously provided by the Hong Kong Jockey Club, in whose honour the Centre is named, which will also finance the building of the second phase, an Exhibition Hall of 900m<sup>2</sup> on the roof of the Low Block of the Queensway Government Offices, scheduled for completion in around 2003.





The new Drug InfoCentre contains:

- a library, with a collection of 8 000 items, including films, video tapes, Government and United Nations publications, publicity materials, books, journals, CD ROMs and teaching kits. It also has a computerized on-line library system which will facilitate searches for materials, and a book-lending service. A reading area and an audio-visual corner are also provided.
- a 90m<sup>2</sup>(extendable to 200m<sup>2</sup>) multi-purpose room, equipped with state-of-the-art audio-visual facilities, which will provide seating for 150 persons; it is an ideal venue for community involvement programmes, such as anti-drug sessions for students, seminars for professionals in the drug field, conferences and other functions.
- a Volunteer Meeting Room of 25m<sup>2</sup> for those who assist in community involvement programmes and support the Centre's objectives.

All the facilities are only a few minutes walk from the MTR Admiralty Station and bus terminus, and are accessible on foot from the adjacent Hong Kong Park. The opening hours are 9 a.m. to 6 p.m. from Monday to Friday, and from 9 a.m. to 1:30 p.m. on Saturdays.



新設的藥物資訊天地包括以下設施：

- 圖書館 — 有藏品 8 000 項，包括電影、錄影帶、政府及聯合國刊物、宣傳刊物、書籍、報刊、唯讀光碟、教材套等。館內裝設電腦化圖書館系統，方便檢索資料和借閱書籍。館內亦設有地方可供市民閱覽資料和使用視聽器材。
- 佔地90平方米（可擴大至200平方米）的多用途室 — 設有先進的視聽器材和150個座位，是一處舉辦社區參與活動（例如學生禁毒活動或禁毒專業人員研討會、會議和其他活動等）的理想地點。
- 義工室 — 佔地25平方米，專為義工而設，協助他們籌辦社區參與活動和支援藥物資訊天地舉辦禁毒活動。

由金鐘地鐵站及巴士總站步行往資訊天地，只需數分鐘。訪客亦可經鄰近的香港公園步行前往。開放時間為星期一至五上午九時至下午六時，及星期六上午九時至下午一時三十分。

第5章

CHAPTER

毒品問題高峰會議和禁毒基金：

群策群力 萬眾一心

THE DRUG SUMMITS AND THE BEAT DRUGS FUND  
- INVOLVING THE COMMUNITY





## The First Drug Summit - 6 March 1995

The first Summit Meeting on Drugs was convened by the then Governor Chris Patten, and attended by senior representatives of Government departments and non-government agencies engaged in work against the trafficking and abuse of drugs in Hong Kong. With the theme “Together we can beat drugs”, the meeting provided an opportunity for concerned citizens, community leaders, professionals and front-line workers in the field to express their views directly to senior policy-makers. The importance of two-way communication for the effective planning and delivery of services was emphasized.

## 第一次毒品問題高峰會議 (一九九五年三月六日)

第一次毒品問題高峰會議是由當時的港督彭定康召開，出席者包括本港打擊販毒和對付藥物濫用問題的政府和非政府機構的高層代表。會議以“眾志齊心，消滅毒禍”為主題。這會議提供了機會，讓關注毒品問題的市民、社會領袖、專業人士和禁毒工作的前線人員，直接向制訂政策的政府高層表達意見。會議著重雙向溝通，以期令策劃及提供服務更見成效。

由港督彭定康召開的第一次  
關注毒品問題高峰會議。

The first Summit Meeting on  
Drugs convened by the  
Governor, Mr. Chris Patten.



召開這次高峰會議的目的，是政府對年齡在21歲以下的青少年濫用藥物情況持續增加極感關注。在一九八九至一九九三年期間，呈報的藥物倚賴者人數整體上升了15%，但當中21歲以下青少年的人數增加達147%。每年呈報的個案數目中，15%以上涉及青少年。

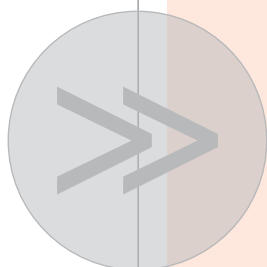
在高峰會議上，政府宣布了未來的工作計劃，包括政府將採取的26項行動。此外，高峰會議的240名參加者亦提出了多項有建設性的提議，供禁毒常務委員會研究。禁毒常務委員會其後根據這些提議，對政府應採取的跟進行動提出42項建議。大部分措施的籌備工作隨即展開。

一九九五年可說是創新和重要的一年。該年十月，當局宣布會增撥大量資源支援禁毒工作，包括成立一個3.5億港元的“禁毒基金”，給予積極參與禁毒工作的非政府機構額外的財政支援。

The conference was called because of the Government's serious concern about the persistent and worrying increase in drug abuse by those aged under 21. The figures were disturbing. Between 1989 and 1993, the number of reported drug dependent persons rose by 15% overall, but the number under the age of 21 increased by 147%. Over 15% of cases reported annually were then of young people.

At the Summit, a Forward Action Plan was announced, including 26 initiatives which the Government would take. In addition, the 240 participants submitted a number of constructive proposals for study by the ACAN, from which 42 recommendations for follow-up action were subsequently made. Preparatory work on a majority of the projects began immediately.

A very active, innovative and significant year culminated in the announcement, in October 1995, that substantial new resources would be made available for anti-drug work, including the creation of a \$350 million Beat Drugs Fund, and additional financial support for a number of non-government organizations active in the field.





## The Second Drug Summit - 23 May 1996

This was called to review the progress made since the first Summit. The Forward Action Plan proposed to provide additional posts in the various departments involved in anti-narcotics work, and to introduce amendments to the Dangerous Drugs and Pharmacy and Poisons Ordinances in that year's legislative session. It was also announced that the bilateral agreements with other countries on mutual cooperation to investigate drug trafficking and the confiscation of drug trafficking proceeds were to be extended beyond 1997. A network of similar agreements on mutual legal assistance in criminal matters would also be established.

A Task Group was set up in 1996 to review and improve Hong Kong's preventive education strategy. It was also proposed to organize an International Conference on Drug Education for Schools, involving 300 local educators, voluntary agencies and experts from Pacific Rim countries so as to pool ideas in this important area of anti-drug work. Other action plans to assist anti-drug projects in districts, and increased media publicity, were also announced.

In the field of treatment and rehabilitation, a number of schemes were designed to involve rehabilitated drug dependent persons in the dissemination of anti-drug messages. Other proposals dealt with improvements in the Drug Abuse Telephone Enquiry Service, in the use of the Internet, and with major publicity campaigns, using all media means, to promote an anti-drug culture among young people. The Summit also promised to conduct what soon became a landmark review of the services provided by non-government voluntary drug treatment and rehabilitation agencies, with a view to including them in the subvention system.

## 第二次毒品問題高峰會議 (一九九六年五月二十三日)

召開第二次高峰會議的目的，是檢討禁毒工作自第一次高峰會議以來的進展情況。會上提出的未來行動計劃，包括在各從事禁毒工作的政府部門增設額外職位，以及在該年的立法局期內提出修訂《危險藥物條例》和《藥劑業及毒藥條例》。會上也宣布香港與其他國家就合作調查販毒活動和沒收販毒得益所簽訂的雙邊協定，會延續至一九九七年以後。此外，又會與其他國家就刑事事件，訂立一系列提供相互法律協助的雙邊協定。

當局於一九九六年成立一個專責小組，檢討和改進本港的預防教育策略。高峰會議又建議舉辦學校藥物教育國際會議，邀請300名本港的教育工作者、志願機構代表和太平洋地區的專家參加會議，匯集有關這個重要範疇的意見。會上又宣布其他工作計劃，協助各區推行反吸毒計劃並加強透過傳媒作出宣傳。

在戒毒治療和康復服務方面，高峰會議構思了多項計劃，由已康復的藥物倚賴者參與傳播禁毒信息。其他建議包括改善禁毒諮詢熱線、使用互聯網，以及透過所有媒體舉行大型宣傳運動，推動青少年建立反吸毒文化。高峰會議又承諾檢討志願戒毒治療和康復服務機構所提供的服務，以期把這些志願機構納入資助制度之內。這檢討便成為禁毒研究工作的里程碑。

## 禁毒基金

在一九九五年三月舉行的第一次毒品問題高峰會議後，政府宣布有意成立禁毒基金，為非政府機構提供額外的財政資助，支持推行禁毒計劃。推行這項創新的計劃，是由於當時非政府機構合共為藥物濫用者提供的住院服務名額，比政府和資助機構所提供的還要多；這些團體對香港整體反吸毒工作的貢獻，也日益得到社會認同。禁毒基金提供資助的範圍，除了戒毒治療和康復工作外，還包括培訓、執法、禁毒教育和宣傳及研究方面等有意義的禁毒活動。

禁毒基金年報記錄了自1996年基金成立以來進行的工作。

The Beat Drugs Fund annual report records the work of the Fund since its inception in 1996.

當局在一九九六年三月成立為數3.5億元的禁毒基金；基金每年撥出的實際款額，則視乎基金投資所得的收入而定。

基金由禁毒基金會參照禁毒常務委員會的意見管理。禁毒基金會是依據《公司條例》（第32章）註冊的非牟利有限公司。禁毒處為基金會提供秘書處支援服務。基金會管理委員會的職權範圍和成員名單詳見附錄6。

## The Beat Drugs Fund

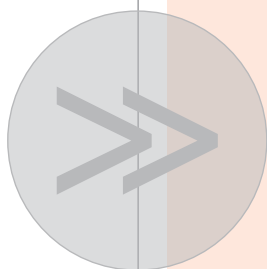
Following the first Drug Summit in March 1995, the Government announced its intention to establish a Beat Drugs Fund, to provide additional financial support for anti-drug programmes operated by non-government organizations. This imaginative development came at a time when the non-government organizations were providing, collectively, more in-patient accommodation for drug abusers

than the Government and subvented organizations, and when the major contributions they were making to Hong Kong's overall anti-narcotics efforts were being increasingly recognized. In addition to treatment and rehabilitation, the Fund also supports other constructive initiatives in the training, law enforcement, preventive education and publicity, and research fields.

The Fund was set up in March 1996 with a capital fund of \$350 million.

The actual amount of funds allocated each year depends on the level of income generated from its investments.

The administration of the Fund is entrusted to the Beat Drugs Fund Association, a non-profit making limited company incorporated under the Companies Ordinance (Cap. 32), on the advice of ACAN. The Narcotics Division provides secretarial support to the Association, whose terms of reference, and membership of the Governing Committee are given in Appendix 6.





禁毒基金資助救世軍屯門外展隊舉辦船上訓練課程。

Beat Drugs Fund finances the Salvation Army Tuen Mun Outreaching Social Work Team to organize a training course on boat.

Applications to the Fund are invited through the mass media, and are submitted directly to the Association. They are vetted by a three-tier mechanism, which is designed to ensure fairness, impartiality and transparency. Views are first sought from relevant Government departments on the applications. Applications, with views from relevant Government departments will then be submitted to the ACAN and its Sub-committees for consideration and recommendations on the relative priority of the applications. The Governing Committee of the Association will then decide on the selection of projects and the awarding of grants, on the basis of the recommendations proposed by the ACAN.

基金會透過大眾傳媒邀請各界向基金會提出申請。申請表須直接遞交基金會。基金會採用三層機制審批申請，以確保審批工作公平、公正和具透明度。基金會首先徵詢各有關政府部門對申請的意見。其後，申請表將連同有關政府部門的意見，提交至禁毒常務委員會及其屬下的小組委員會審議，以便委員就所有申請的優先次序作出考慮及建議。基金會管理委員會最後會根據禁毒常務委員會的建議，甄選計劃及釐定撥款金額。



禁毒基金資助善牧會培立中心為青少年舉辦歷奇訓練。

Beat Drugs Fund finances Sisters of the Good Shepherd Pelletier Hall to organize adventure-based training for teenagers.



禁毒基金資助赫塋坊劇團製作一齣禁毒舞台劇。

Beat Drugs Fund sponsors an anti-drug drama performance produced by Exploration Theatre.



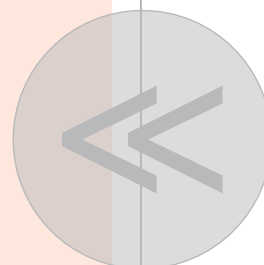
In order to provide for more projects, grants will not normally exceed \$3 million and the project duration should not last for more than two years. For projects which are regarded by the Association as exceptionally innovative, the maximum grant can be up to \$5 million and the project duration can be up to three years.

In 1999, a comprehensive review was conducted to evaluate the effectiveness of the Beat Drugs Fund's contribution to the anti-drug cause in Hong Kong. Different improvement measures in respect of vetting procedures, assessment criteria, programmes to be encouraged, enhanced publicity for the Fund and revision of the "Guide to Applications" were implemented to improve its use, operation and management.

為了讓更多計劃受惠，個別計劃所得撥款一般不超過300萬元，而資助期也不應超過兩年。如基金會認為計劃別具創意，則最高撥款額可達500萬元，而資助期也可長達三年。

當局於一九九九年進行了全面檢討，評估禁毒基金在推動本港禁毒工作方面的成效，並實施多項措施，包括改善審批程序和評核準則，訂明基金會鼓勵推行的計劃、加強宣傳，以及修訂《申請指引》，以改善基金的使用、運作和管理。





Since the Fund began operating in 1996, the following disbursements have been approved by the Governing Committee of the Beat Drugs Fund Association. Details of these projects are set out in the Beat Drugs Fund Annual Report.

禁毒基金自一九九六年成立以來，禁毒基金會管理委員會共批出的款額如下，有關獲資助活動的詳情，可參考禁毒基金年報。

	研究 (元) Research \$	戒毒治療及康復 (元) T&R \$	禁毒教育及宣傳 (元) PE&P \$	總計 (元) Total \$	批出的 計劃數目 Projects Approved
第一期 1st Tranche (1996/97)	-	4,166,400 (55.3%)	3,365,157 (44.7%)	7,531,557 (100%)	23
第二期 2nd Tranche (1996/97)	-	9,034,690 (76.9%)	2,715,251 (23.1%)	11,749,941 (100%)	29
第三期 3rd Tranche (1997/98)	-	7,452,619 (41.2%)	10,652,979 (58.8%)	18,105,598 (100%)	45
第四期 4th Tranche (1998/99)	-	4,210,500 (22%)	14,884,880 (78%)	19,095,380 (100%)	48
第五期 5th Tranche (1999/00)	2,693,900 (16.2%)	2,103,000 (12.7%)	11,812,000 (71.1%)	16,608,900 (100%)	29
<b>總計 TOTAL</b>	<b>2,693,900 (3.7%)</b>	<b>26,967,209 (36.9%)</b>	<b>43,430,267 (59.4%)</b>	<b>73,091,376 (100%)</b>	<b>174</b>

CHAPTER

第 6 章

毒品問題研究：  
積極探索 勇於求證

DRUG-RELATED RESEARCH

- MOVING TOWARDS AN EVIDENCE-BASED APPROACH



In a report by a Medical Working Party appointed by the Narcotics Advisory Committee in March 1965 to consider whether the provision of out-patient treatment of drug addicts could materially contribute to reducing drug abuse in Hong Kong, one significant paragraph commented on the paucity of data:

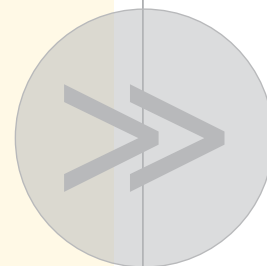
“We are moved to state here that, throughout our deliberations, we have been impressed by the lack of reliable knowledge, and the urgent need for properly organised research in every area concerning drug addiction. The mass of what might be politely termed misconceptions is as impressive as the lack of knowledge. These urgently require correction.”

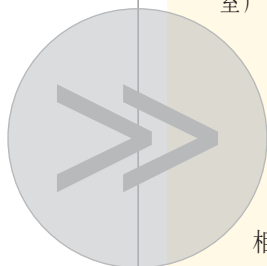
The validity of the Working Party's comment was recognized when, at the first meeting of ACAN on 16 June 1965, it was agreed that research should be included as one of its five Sub-committees; the others dealing with education and publicity, illicit traffic, deterrents, and treatment and rehabilitation.

香港禁毒諮詢委員會在一九六五年三月委任一個醫療工作小組，研究為吸毒者提供的門診服務能否真正減輕本港濫用藥物問題。該小組提交的報告書其中一段重要的文字對數據不足作出批評：

“在我們審議有關問題期間，深感可靠資料不足和有關吸毒問題的各個範疇急需系統化的研究。對這問題的誤解，就如資料不足一般嚴重。這些問題都急待糾正。”

禁毒常務委員會接納工作小組的意見，因此在一九六五年六月十六日第一次會議上，決定成立研究小組委員會，作為轄下五個小組委員會之一。其餘四個小組委員會分別處理教育及宣傳、打擊非法販毒的阻嚇措施及戒毒治療與康復工作。





在蒐集有關本港濫用藥物趨勢和特點的可靠資料，以及各項戒毒、康復和預防計劃的效能等方面，一九七六年是一個轉捩點，因為政府設立的吸毒者中央檔案室（現稱藥物濫用資料中央檔案室）（以下簡稱“檔案室”）在這一年作出重大改組。檔案室的新電腦資料處理系統採用綜合資料管理系統，是香港首次採用的技術。它的獨特之處是能將新加入的資料與原有資料互相比較，以便識別某一名藥物濫用者以前曾否被呈報，避免重複，且能提供多項趨勢分析。此外，該系統也能夠在收到的報告中找出謬誤及矛盾之處。

檔案室（由政府統計處兩名統計師負責管理）初期報告所收集的資料包括藥物倚賴者的年齡和性別、主要濫用的藥物和濫用方法。禁毒常務委員會和負責個別禁毒計劃的機構首次取得有關所推行政策和計劃進展情況的可靠資料，有助考慮是否有需要改變方針及/或重點。

The year 1976 proved to be the turning point in the search for reliable information on the trends and characteristics of drug abuse in Hong Kong, and on the effectiveness of its various treatment, rehabilitation and prevention programmes, when a major reorganization of the Government's Central Registry of Drug Addicts (CRDA) was launched. The Integrated Data Base Management System which formed the basis of the new Registry's computerized operations, was the first of its kind to be used in Hong Kong. Its unique feature is its matching capability, which enables the computer to identify whether an abuser has been previously reported, which avoids duplications, and enables the production of a variety of trend analyses. It can also detect errors and inconsistencies in the reports received.

Early reports from the Registry (which was administered by two Statisticians from the Census and Statistics Department) dealt with age and sex distribution, primary drug of abuse, and methods of administration. For the first time, ACAN and those responsible for individual anti-drug programmes were supplied with reliable factual information on the progress of their policies and plans, and thereby on areas where changes in direction and/or emphasis might be needed.





### Development of the CRDA in 1978/80

The CRDA's computerized system became fully operational in August 1978 and proved to be an effective tool for the assessment of the local drug addiction scene, and on its developing trends and characteristics. Up to the end of 1979, the Central Registry had secured the support and cooperation of about 180 reporting sources.

### 一九七八至八零年間檔案室的發展

檔案室的電腦處理系統在一九七八年八月全面投入服務，對於評估本港濫用藥物情況及其發展趨勢和特徵十分有效。直至一九七九年底，檔案室已獲得約180個呈報機構的支持和協助。

於一九七八年八月藥物濫用資料中央檔案室的電腦系統全面啟用後的日常運作。

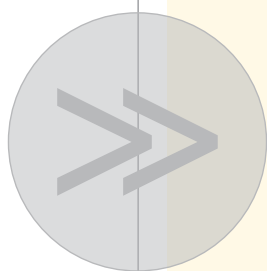
The computerized CRDA in daily use after its computer system came into full operation in August 1978.

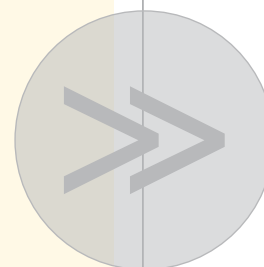
由一九七九年，當局根據檔案室的數據進行一些特別研究，以收集原有系統並無收集的資料，如戒毒者參加某項戒毒計劃為期多久或完成有關療程的日期，與其他資料一併分析。這些研究的目的是評估香港三個主要戒毒計劃的成效，分別是醫務衛生處的美沙酮自願門診計劃、監獄署的強迫戒毒計劃，及香港戒毒會在石鼓洲的自願住院戒毒計劃。研究結果顯示，在一九七四至八一年間，因觸犯與毒品有關的嚴重及輕微罪行而被起訴的人數由 18 623 名下降至 7 866 名，即減少 57.8%；年齡在 21 歲以下而被判入戒毒所的藥物倚賴者數目由 270 名（佔全部判入戒毒所的藥物倚賴者總數的 13.8%）下降至 116 名（佔總數 6.9%）；年齡在 21 歲以下入住香港戒毒會石鼓洲戒毒中心的人數由 269 名（佔總入人數 10%）下降至 130 名（佔總入人數 4.9%）。

檔案室於一九八零年上半年與資料處理組合作編製電腦程序，分析檔案室所收集有關藥物倚賴者社會背景的資料，令當局可從檔案室資料庫抽取被呈報在案的藥物倚賴者的學歷、職業訓練、就業及初次倚賴藥物的年齡等資料，對本港濫用藥物人口的資料分析更為詳盡。禁毒常務委員會首次可以借助這套操作精密的電腦裝置及其他資料，制訂政策並向政府提出建議。

Special studies based on the CRDA statistics were undertaken from 1979, which elicited additional data, not normally collected by the existing system, such as the length of stay in a treatment programme, or the date of discharge, to be included in the analysis. These studies evaluated the performances of Hong Kong's three major drug addiction treatment programmes, i.e. the Medical and Health Department's voluntary out-patient methadone treatment programme, the Prisons Department's Drug Addiction Treatment Centre programme, and SARDA's voluntary in-patient treatment programme on Shek Kwu Chau. They showed that, between 1974 and 1981, the number of persons prosecuted for major and minor drug offences in Hong Kong declined from 18 623 to 7 866 or 57.8%. The number of drug dependent persons aged under 21 admitted to the Drug Addiction Treatment Centres declined from 270 (13.8% of total admissions) to 116 (6.9%) and the number of those under 21 admitted to Shek Kwu Chau (SARDA) dropped from 269 (10% of total admissions) to 130 (4.9%).

In collaboration with the Data Processing Division, computer programmes to analyse social data on drug dependent persons collected by the CRDA were prepared in the first half of 1980. It was then possible to extract from the Registry database information on the schooling, vocational training, employment, and age of first addiction of known drug dependent persons, so that a more comprehensive picture of Hong Kong's drug dependent population could be compiled. Together with other indicators, ACAN now had, for the first time, a sophisticated mechanism on which to base its recommendations to the Government.



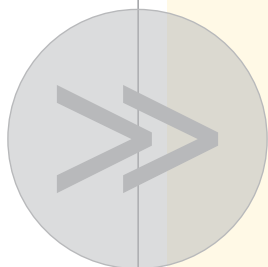


The new CRDA found that between September 1976 and December 1980, a total of 125 000 reports had been received, an average of 3.6 reports per individual. About 5% of drug dependent persons reported were under 20 years of age with about 0.2% under 15. The largest proportion of drug dependent persons were within the 20-29 age bracket which comprised 33% of the known drug dependent population. 63% of the individuals reported were aged 30 and over and, of the 35 000 known drug dependent persons, only 6% were females, but only 19% of the male drug dependent persons were below the age of 25, whereas 41% of the females were in this same age group. Of the 238 women drug dependent persons who were reported to the CRDA for the first time in 1980, 166 were reported by law enforcement agencies and 68 from treatment agencies, indicating that existing treatment facilities were not attracting as many female drug dependent persons as was hoped.

At that time, the most vulnerable period for a drug dependent person to be reported again for the first time occurred within the first three months after a previous contact with the CRDA (29% of the total). By the end of 48 months, the chance of a drug dependent person having been reported again at least once was 78%, and for females 66%. The majority of drug dependent persons (86%) had had some form of schooling, but the educational level remained low – an average of five to six years of education only. Nearly 80% of drug dependent persons reported to the CRDA had not received any form of vocational training. Despite the lack of adequate schooling and vocational training, 69% of all the reported individuals in 1980 claimed to have some form of lawful employment (full time, part-time or casual) at the time of their first report to the Registry.

檔案室又發現，在一九七六年九月至一九八零年十二月期間，共接獲 125 000 份報告，平均每名藥物倚賴者有3.6份報告。向檔案室呈報的藥物倚賴者中，年齡不足20歲的約佔5%，而不足15歲的則約佔0.2%。在已知的藥物倚賴者人口當中，年齡在20至29歲之間的有33%，佔最大比例。30歲或以上的藥物倚賴者則佔總呈報人數的63%，而在35 000 名已知藥物倚賴者中，只有6%為女性，但在男性藥物倚賴者中，只有19%年齡在25歲以下，而同一年齡組別的女性藥物倚賴者則佔41%。在一九八零年首次被呈報的238名女性中，166名由執法機關呈報，68名則來自戒毒機構；由此可見，現有的戒毒設施未能一如當局所希望吸引到大量女性藥物倚賴者求助。

當時，檔案室最大機會首次再接到有關某個藥物倚賴者的報告，是在上次呈報後的三個月內（佔總數的29%）。在48個月後，藥物倚賴者最少有一次再被呈報的可能性為78%，女性則為66%。大部分藥物倚賴者（86%）均曾接受某種形式的教育，但他們的教育水平頗低，平均只接受五至六年的教育，而向檔案室呈報的藥物倚賴者中，接近80%完全沒有接受任何形式的職業訓練。雖然他們的教育程度不高，亦無接受職業訓練，在一九八零年首次向檔案室呈報者有69%報稱有正當職業（包括全職、兼職和散工）。



## 由一九八一年起的檔案室報告

由於各有關機構向檔案室呈報資料，純粹出於自願，因此檔案室必須令呈報機構及藥物倚賴者確信其利益得到充分保障，才能鼓勵他們呈報。自檔案室成立以來，一切向檔案室呈報有關藥物倚賴者個人資料的紀錄，均絕對保密，除直接負責檔案室工作的人員外，其他人等不得取閱。在這方面，政府更進一步於一九八一年七月修訂《危險藥物條例》，規定檔案室及其呈報機構所儲存有關任何人使用危險藥物、接受護理、治療與康復服務，以及因涉及危險藥物案件而被定罪等資料，均受法律保護。除非事態嚴重或在迫不得已的情況下，否則這些紀錄可免受搜查，亦不得用作呈堂證物。如必須查閱，則須向律政司申請，在批准後方可取閱。

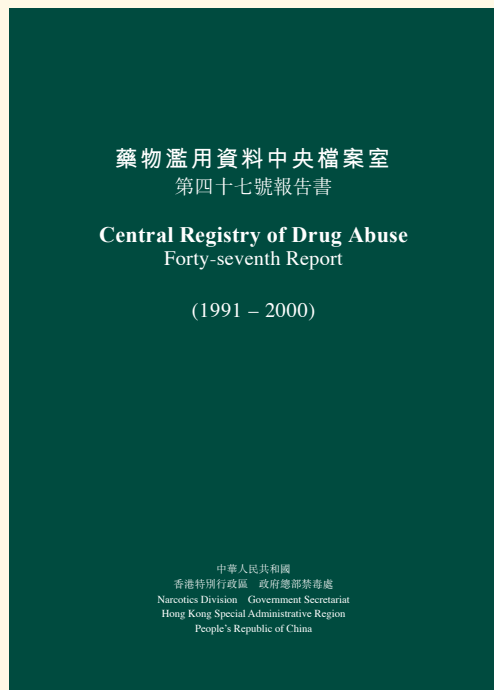
這項法例的實施加強了呈報機構對檔案室的信心，從而得到它們繼續合作，並按時呈報已知或疑是藥物倚賴者的可靠資料。同時，新法例又可保證藥物倚賴者個人資料不會外洩，藉以鼓勵他們主動接受治療。

## CRDA Reports from 1981

As reporting to the CRDA is entirely voluntary, it was essential to secure the confidence of both individual drug dependent persons and the reporting agencies that their interests would be given adequate protection, if reporting was to be encouraged. Since its inception, the records of all individuals reported to the CRDA were handled in strict confidence, and were accessible only to those directly involved in the operation of the Registry. As a major step forward, the Dangerous Drugs Ordinance was amended in July 1981 to provide statutory protection to the confidentiality of all records maintained by the CRDA and its reporting agencies relating to the use of dangerous drugs by any persons, the care, treatment and rehabilitation of such persons, and convictions for offences involving dangerous drugs. Such records are immune from search and from production in court except under very serious and compelling circumstances, in which event an application would have to be made to the Attorney General for his personal consideration.

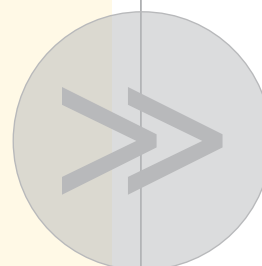
With the enactment of this legislation, the confidence of the CRDA reporting agencies in the Registry was further enhanced, providing a firm base for their continued cooperation and the regular supply of reliable information on known or suspected drug dependent persons. At the same time, individual drug dependent persons were assured that their anonymity would be maintained, thus encouraging them to come forward for treatment.





During the 1980s, the CRDA made annual reports on the numbers of individuals reported, their age and sex distribution, type of drug abused, methods of taking drugs, the age of first abuse, year of contact, and social characteristics such as education, employment, and district of residence. One of the most important capabilities of the Registry lies in its ability to analyse the reporting history of drug dependent persons at various time intervals subsequent to a report from specified agencies. Thus it is possible to identify the likelihood of a drug dependent person being reported by, for example, the Police during a defined time period after enrolment in one or another treatment programme. This proves to be an objective parameter by which to measure the impact of admission to specific treatment agencies. Furthermore, comparisons can be made, not only among the various treatment programmes, but also among different patient sub-groups within a programme.

在八十年代，檔案室每年就下列統計資料發報告：呈報人數、年齡及性別、被濫用藥物的種類和方式、首次濫用藥物的年齡、年份，以及其他社會特徵如教育、職業和居地區。檔案室最重要的功能之一，就是分析藥物倚賴者給某機構呈報後在不同階段的報告紀錄，因此檔案室可以估計藥物倚賴者參加某項治療計劃後在某段時間內再次被警方或其他機構呈報的可能性。此舉可客觀地衡量參加某種治療計劃對藥物倚賴者的影響。此外，亦可比較不同的戒毒治療計劃，與在同一計劃中不同組別病人的情況。

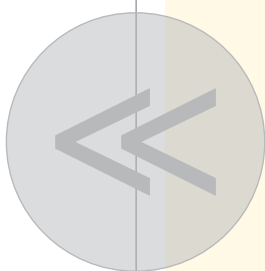


分析顯示，在一九八三年，藥物倚賴者最容易再次被呈報的時間，是在上次被呈報後三個月內（29%）。此後，再次被呈報的機會便逐漸減低。但藥物倚賴者在60個月後再被呈報的可能性則為86%。女性藥物倚賴者再被呈報的機會，一般都較低，在60個月後再被呈報的有72%。這些統計結果證實，正如其他地方一樣，戒毒之後的重染毒癮情況十分普通，香港的藥物倚賴者在戒毒後亦傾向於在短期內再度濫藥。此外，尤其重要的是，這些統計結果更顯示，凡經檔案室呈報機構鑑定為藥物倚賴者，在五年內再被呈報的機會高達80%以上，由此可見，檔案室的效用極高，而所存資料亦甚全面。

檔案室也定期進行一些特別評估研究，其中一項涉及一些入住較小規模戒毒治療及康復機構戒毒者的資料。這些機構包括兩間中途宿舍，即靈愛青年中心及香港基督教服務處同福樓，及三間住院式戒毒所，即挪威信義會戒毒所、晨曦會福音戒毒所及基督教互愛中心。

Analysis showed, in 1983, that the most vulnerable time period for a drug dependent person being subsequently reported occurred within the first three months after a previous report to the CRDA (29%). Thereafter the chances of his being subsequently reported gradually diminished. However, by the end of 60 months, the chance of an individual being reported again was 86%. The likelihood of female drug dependents being subsequently reported was generally lower, with 72% of them being reported again at the end of 60 months. These findings confirmed that drug abuse in Hong Kong, as elsewhere in the world, was a highly relapsing condition and that drug dependent persons tended to recycle themselves at fairly short intervals. Even more significantly, this substantiated the high degree of completeness and effectiveness of the Registry in identifying drug dependent persons in Hong Kong since, having once been identified as a drug dependent person by a CRDA reporting agency, an individual had more than an 80% likelihood of being reported again within five years.

The Registry also conducted special evaluation studies on a regular basis, one of which was on the subsequent history of persons admitted to various smaller scale treatment and rehabilitation programmes; two half-way houses, the Ling Oi Youth Centre and the Hong Kong Christian Service Tung Fook House, and three in-patient treatment centres, the Home for Drug Addicts of the Norwegian Lutheran Mission, Operation Dawn, and Wu Oi Christian Centre.



## Survey on Drug Use among Students of Secondary Schools and Technical Institutes

In 1987, 1990 and 1992, the Narcotics Division conducted three territory-wide school surveys to collect data on the drug use among students of secondary schools, international schools and technical institutes. In order to collect more comprehensive and up-to-date information for monitoring closely the drug abuse situation among the student population, a fourth survey was conducted from October to December 1996 and covered about 113 800 students in some 170 secondary schools and technical institutes.

The 1996 survey revealed that 2.7% of students covered had ever abused psychotropic substances, and 2.1% had abused heroin. The corresponding figures in 1992 were 3.1% and 0.4% respectively. Less than one-quarter of the student psychotropic substance abusers had abused drugs within 30 days prior to the survey. Most of them were aged between 14 and 17.

## 中學及工業學院學生使用藥物情況的調查

禁毒處在一九八七、一九九零和一九九二年進行了共三次全港學校調查，收集有關中學、國際學校和工業學院學生使用藥物的資料。為了蒐集更詳盡和最新的資料，以便密切監察上述學生的藥物濫用情況，禁毒處在一九九六年十月至十二月期間展開了第四次調查，受訪對象為約170間中學和工業學院的約113 800名學生。

一九九六年的調查結果顯示，有2.7%被涵蓋的學生曾濫用精神藥物，另有2.1%曾濫用海洛英。而一九九二年的數字則分別為3.1%及0.4%。濫用精神藥物的學生中，於調查前三十天內曾濫用精神藥物的學生少於四分之一，而這些學生中大部分的年齡介乎14至17歲之間。

大部分濫用藥物的學生為男性；他們首次濫用藥物的年齡是在12至15歲之間，主要因是出於好奇，而大部分都是從朋友處取得藥物。濫用精神藥物的學生中，超過85%表示很容易取得這類藥物。大麻是這類學生最常濫用的藥物，其次是咳藥和有機溶劑。

這項調查的正面發現，是絕大部分接受調查的學生均不贊成非醫療用途使用藥物，而與母親關係良好的學生則較少濫用藥物。

為了找出有關學生使用藥物的最新趨勢，禁毒處在二零零零年展開了第五次調查。為了方便制訂針對青少年濫用藥物的未來策略，這次調查搜集更多深入的資料，包括濫用精神藥物的形式（例如涉及跨境濫用藥物的問題）及原因，可望於二零零一年年底得到調查結果。

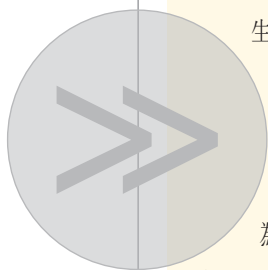
Most student drug abusers were male, and started to abuse drugs between the ages of 12 and 15, mainly out of curiosity; the majority obtained drugs from their friends. Over 85% of psychotropic substance abusers indicated that it was easy for them to obtain drugs if they wanted. Cannabis was the most common type of drug abused among student abusers, followed by cough medicine and organic solvents.

On the positive side, a great majority of the students surveyed did not approve of the non-medical use of drugs. Students who had good relationship with their mothers were found to be less likely to take drugs.

In order to ascertain the latest trend of drug use among students, the fifth survey was launched in 2000.

To facilitate the formulation of future strategy for tackling the drug abuse problem among youths, more in-depth information on the patterns of and reasons for taking psychotropic substances such as cross-border substance abuse were collected in this round of the survey.

It is expected that findings of this survey will be available towards end of 2001.



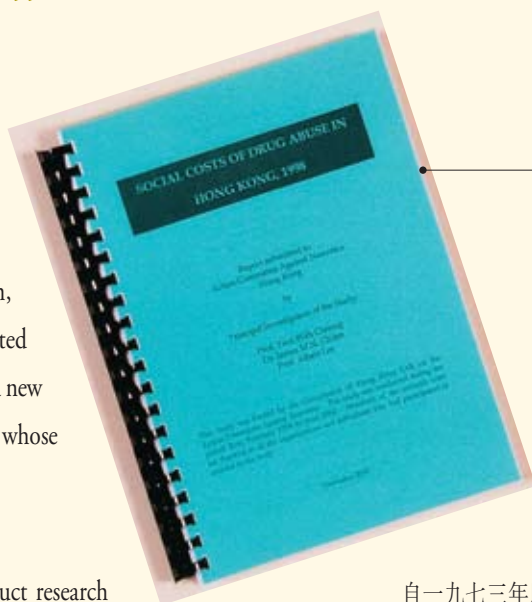


## Developments in the 1990s

In January 1993, ACAN was restructured for the first time since 1973 to enhance community participation, and to promote drug-related research facilities through a new Research Sub-committee, whose terms of reference were:

- (a) To identify and conduct research projects in various drug-related areas, specifically, on the treatment and rehabilitation of drug dependent persons and on the approach to preventive education and publicity, which could bring out insights on which the respective Sub-committee could formulate the appropriate strategies; and
- (b) To monitor drug-related studies conducted locally and overseas and draw attention to findings which are of relevance to Hong Kong.

About \$1.2 million every year are earmarked for research under the ACAN Vote.



## 九十年代的發展

禁毒常務委員會於一九九三年一月進行重組，這是

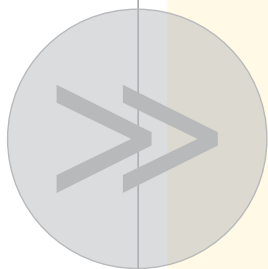
自一九七三年以來的第一次，目的是讓更多社會人士參與禁毒行列，及透過一個新的研究小組委員會，展開與禁毒有關的研究工作。研究小組委員會的職權範圍如下：

- (a) 選定及進行各項與毒品有關問題的研究項目，特別是為藥物倚賴者提供的戒毒治療和康復服務，以及推行禁毒教育與宣傳活動的方針，使各有關小組委員會能更深入了解問題，從而制定適當的策略；以及
- (b) 留意在本港及海外進行與毒品有關問題的研究，並注意其中與香港有關的研究結果。

禁毒常務委員會每年均撥款約120萬元作研究經費。

香港藥物濫用問題涉及的成本研究。

A study on the Social Costs of Drug Abuse in Hong Kong.



禁毒常務委員會轄下一個工作小組對檔案室運作進行檢討，於一九九三年六月完成，並提出若干建議。這些建議獲禁毒常務委員會通過，當中包括擴大檔案室的目標，以便參考整體人口的特點，確定和預測本港的藥物濫用趨勢和藥物濫用人口特性；整理從不同來源得來的統計數字，從而分析在某段期間呈報的藥物濫用人口的特性，以及把這些特性與不同機構所呈報的藥物倚賴者特性互相比較對照；提供統計數字，以便評估各項戒毒治療和康復計劃的成效；設立資料庫，以便因應要求提供資料，監察所選定類別的藥物倚賴者在某段期間的濫用藥物模式，供研究之用；以及作為一個基點，以便結合其他與毒品有關的統計系統，從中獲取資料，進而互相聯繫比較。禁毒常務委員會委託研究機構進行的研究，詳見每年由禁毒處出版的香港禁毒報告書。

於一九九四年，檔案室的呈報機構同意由一九九五年一月一日起採用新形式的紀錄表，由此引進了新的數據收集系統。新紀錄表收錄更詳細資料，並增加一些數據，如居所類別、就業情況、通常濫用藥物的開支，以及報稱現時濫用藥物的原因。新系統的程式在一九九五年年底完成測試，新增的功能如下：

In June 1993, a review of CRDA's operation was completed by an ACAN Working Group, the recommendations of which were approved by ACAN. They included an expansion of the objectives of the Registry to identify and forecast trends in the nature of addiction and the drug abuser population in Hong Kong, with reference to the demographic characteristics of the overall population; to coordinate statistics from various sources so as to facilitate analysis of distinctive features of the reported drug dependent population at any given time, and to contrast these with data on other reported abusers; to provide statistics to facilitate the evaluation of the effectiveness of various treatment and rehabilitation programmes; to provide a database which is responsive to requests, for research purposes, for the monitoring of selected groups of drug dependent persons with regard to their drug abusing patterns over a given period of time; and to provide a basis for integrating with other drug-related statistical systems so that the information they contain can be captured and various statistics related and compared. A list of the past research commissioned by ACAN can be found in the Hong Kong Narcotics Report published by the Narcotics Division every year.

The development of the new data collection system began in 1994 when CRDA's reporting agencies agreed to the introduction of a new record sheet as from 1 January 1995. The new document captures more detailed information, as well as additional data such as type of living quarters, employment status, customary expenditure on drug use, and the reported reason for current drug use. The new system's programmes were fully developed and tested by the end of 1995, and offered the following additional features:

(a) checking of the submission of record sheets from various reporting agencies so that non-reporting of drug abuse cases can be followed up; and monitoring progress on their coding and editing to ensure that timely statistics can be provided;

(b) making available on-line enquiry and retrieval of information on individual reports, as well as summary statistics, through the remote terminals in the Narcotics Division;

(c) selection of specific groups of drug dependent persons for research purposes, over a period of time;

(d) provision of a user-friendly query tool and downloading facility to extract data to a personal computer for further analysis; and

(e) enabling the auto-matching of death cases from the Immigration Department with the CRDA system to give a more realistic estimate of drug dependent person numbers.

In view of the prime importance of accurate current data to ACAN's policy-making functions, this new development marked a major advance in the constant search for understanding of the many social, economic and psychological problems which underlie drug addiction. It also provided a sound foundation for the expanded programme of research initiated and maintained by the new Research Sub-committee during the remainder of the 1990s and into the new Millennium, based on the principle that each project should be both useful and used.

(a) 核對不同呈報機構遞交的紀錄表，以便對沒有呈報藥物濫用個案的情況作出跟進；監察紀錄表的編碼和審核的進度，以確保能夠迅速提供最新數據；

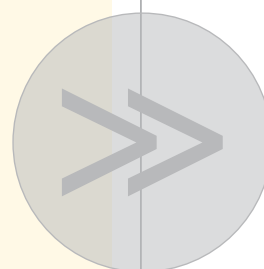
(b) 透過禁毒處遠程終端機的運作，提供聯機查詢服務、從個別報告抽取資料及提供摘要統計資料；

(c) 選取某類別的藥物倚賴者在一段時間內作研究用途；

(d) 提供操作簡易的查詢工具和下載設施，以抽取數據輸入個人電腦，供進一步分析；以及

(e) 入境事務處死亡個案與檔案室系統資料自動配對，以便更準確估計濫用藥物人數。

由於為禁毒常務委員會提供準確的最新數據以供制訂政策極為重要，這項新發展標誌政府在了解藥物濫用情況與眾多社會、經濟和心理問題的關係，跨進了一大步。同時，它也為新成立的研究小組委員會在九十年代後期及新紀元後開展及持續推行的研究計劃，提供良好基礎。進行新研究計劃的原則，是每項計劃應該既有用，而研究結果也應獲得充分利用。



# 《個人資料（私隱）條例》（第486章）

（下稱《私隱條例》）在一九九六年十二月生效之後，禁毒處了解到部分社會工作者關注他們向檔案室呈報受助人的資料可能造成的問題。當局於一九九七年四月向所有呈報機構發出指引，說明《私隱條例》對檔案室工作的影響，以及呈報機構在呈報有關受助人資料時需採取的措施。當局了解到外展機構有需要與其受助人建立良好關係，因此與這些機構作出安排，方便它們呈報藥物濫用受助人的個人資料。這些措施都可讓呈報機構就它們向檔案室呈報資料時對私隱問題有更正確的理解。

當局不時檢討檔案室的工作，以反映藥物濫用情況的轉變，並不斷改善其運作。禁毒處於二零零零年二月着手檢討檔案室的機制，以尋求進一步增強其功能及提供有用數據，以應付不斷轉變的藥物濫用模式。有關檢討預計會在二零零一年年底完成。

Since the coming into effect of the Personal Data (Privacy) Ordinance (Cap. 486) (PDPO) in December 1996, the Narcotics Division has been aware of some social workers' concern about the possible impact of reporting their clients' data to the CRDA. In April 1997, a guideline was issued to all reporting agencies setting out the implications of the PDPO upon CRDA's work and the measures reporting agencies need to take in reporting data from their clients. In appreciation of their need to build up rapport with their clients, arrangements had also been made with outreach agencies to facilitate the reporting of drug abusing clients' personal data. All these measures have facilitated agencies to take into proper perspective their privacy concerns in so far as they relate to the CRDA reporting.

The CRDA has continuously been kept under review to reflect changes in drug abuse situations. Improvements to the CRDA system have been made regularly. In February 2000, the Narcotics Division started to conduct a review on the mechanism of the CRDA with a view to identifying ways of further enhancing its functions and providing useful statistics to meet the requirements of changing drug abuse pattern. It is expected that the review will be completed by the end of 2001.

禁毒處舉辦研討會，以回應社工對在私隱條例下，向藥物濫用資料中央檔案室呈報個人資料的關注。

The Narcotics Division holds a seminar to address social workers' concern about the implications of Personal Data (Privacy) Ordinance on the reporting of personal data to the Central Registry of Drug Abuse.







二零零零年度禁毒常務委員會研究小組委員會委員。

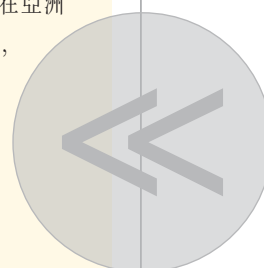
Members of the ACAN Research Sub-committee in 2000.

The research capacity of the Narcotics Division was augmented by contracting out some projects, or parts of projects, as and when necessary. A wide dissemination of research findings which have a strong community interest or far reaching policy implications has been achieved through the local media. Copies of research reports are also made available to professionals in drug-related fields, academics and, in addition to ACAN, relevant Government departments and non-government organizations. Hong Kong also has reciprocal arrangements with overseas administrations for the exchange of drug-related information and research.

Over the past 25 years, the ever increasing flow of detailed and thoroughly researched information on every aspect of the current and developing drugs situation has enabled ACAN to make informed assessments of any changes or adjustments needed in its policy recommendations to the Government. As a result, action has been taken which has contributed to the stabilization of the number of drug dependents in Hong Kong during these years, to a more hopeful climate of opinion about the future, and to the view voiced by international experts that Hong Kong continues to be a leader in the field of coordinated anti-drug action in Asia, and a source of information and advice for many countries in the area.

禁毒處在有需要時也會外判一些研究計劃或部分計劃，以擴大其研究範圍。關乎社會利益或對政府政策有深遠影響的研究結果，都會透過傳媒向市民公布。當局除了把研究報告送交禁毒常務委員會、有關政府部門和非政府機構外，也會廣為分發給與藥物有關行業的專業人士和學者。香港並與海外國家作出安排，交換與毒品有關的資訊和研究結果。

在過去25年來，禁毒常務委員會根據這些與日俱增、詳盡而且經過深入研究的資料，就當前和發展中的濫用藥物情況，向政府作出政策修訂的建議。這些發展導致香港濫用藥物的人數近年來趨於穩定，而大家對日後濫用藥物的情況亦較為樂觀，同時也促使國際專家認同香港在亞洲區的禁毒行動中繼續擔當領導角色，及為區內不少國家提供藥物資料和意見。



CHAPTER

第7章

國際禁毒工作：  
國際團結 眾志成城

THE INTERNATIONAL ARENA  
- FORMING A UNITED FRONT



Serious international interest in the control of the worldwide narcotics trade can be dated to a conference in Shanghai in 1908, but it was not until after the end of the Second World War, in 1946, that the first effective measures were taken to deal with what had, by then, become a major problem. For it was in that year that the new United Nations set up a Commission on Narcotic Drugs to control the licit flow of drugs, and to deal with the problems arising from the expansion of drug trafficking and abuse on a global scale.

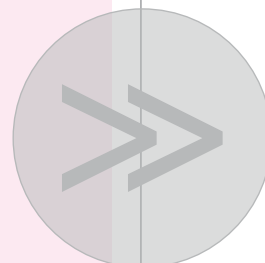
The United Nations International Narcotics Control Board is the successor to a number of drug control bodies, the first of which was established by international treaty over 70 years ago. A series of subsequent treaties conferred on the Board specific responsibilities “to limit the cultivation, production and manufacture and use of drugs to an adequate amount required for medical and scientific purposes” and “to prevent illicit cultivation, production and manufacture of, and illicit traffic in and use of, drugs,” in accordance with Article 9 of the Single Convention on Narcotic Drugs of 1953 as amended by the 1972 Protocol.

The almost universal coverage of world news via the TV, Internet, radio and the press now ensures that information on drug trafficking, the spread of addiction, money laundering and the criminal gangs involved, are never far from the news headlines. Such activities transcend national boundaries, and have resulted in the willingness of governments to cooperate, both intra- and inter-regionally, as they have realized that the spread of multi-drug abuse in their own countries cannot be fought successfully without determined, effective and coordinated action at international level.

國際間認真發起禁售鴉片的行動始於一九零八年在上海舉行的萬國禁煙會議，但真正有效打擊毒品的行動，卻要到一九四六年第二次世界大戰結束後才開始，那時吸毒已成為十分嚴重的問題。新成立的聯合國於一九四六年設立了麻醉藥品委員會，以管制麻醉藥品的合法買賣，並處理全球因販毒和濫用藥物情況日增而引起的問題。

聯合國國際麻醉品管制局繼多個藥物管制組織之後成立。最早的一個組織在七十多年前已根據國際條約成立。其後，各國再通過一系列條約，授權管制局執行指定職責，即根據經《1972議定書》修訂的《1953年麻醉品單一公約》第九條的規定，“限制毒品的種植、生產、製造和使用，至僅足夠作醫學和科學用途”及“防止毒品的非法種植、生產、製造、販運和使用”。

世界各地的新聞現在已可以透過電視、互聯網、電台和報章發布，因此有關販毒、濫用藥物、清洗黑錢和涉及犯罪集團的消息，經常會成為頭條新聞。這些活動超越國界，導致各國政府願意加強合作，因為他們明白到必須透過國際間堅定、有效和協調的行動才可成功遏止國內濫用多種藥物的問題。



本港並無種植可製造鴉片的罌粟，藥物倚賴者吸食鴉片製劑都是由出產地（主要是亞洲）經由其他國家偷運入境。因此，香港政府多年來透過與聯合國及其成員國的合作，積極參與國際對付毒品的行動，包括執法紀、打擊與毒品有關的貪污情況、戒毒治療及預防教育。舉例來說，香港在一九八七年成為海關合作理事會的獨立成員，並在同年稍後時間獲選負責亞洲及太平洋經濟社會委員會區域聯絡處的事務。聯絡處負責將亞太區經濟社會委員會屬下其他16個會員國所提供的一切毒品情報及資料匯集及進行監察。於一九九九年，這項工作改由日本執行，而聯絡處亦改名為“世界海關組織亞太區情報聯絡中心”，現有24個成員國。

Hong Kong grows no opium poppies and all the opiates which are used by its drug dependent community are imported from the producing areas, principally in Asia, through other countries. For many years, Hong Kong has therefore contributed actively to the international fight against narcotics, in the fields of law enforcement, drug-related corruption, treatment, and preventive education, through cooperation with the United Nations and its members. In 1987, for example, Hong Kong became an independent member of the Customs Cooperation Council and was, later that year, elected to run the Economic and Social Commission for Asia and the Pacific (ESCAP) Regional Liaison Office, which acts as the focal and monitoring point to which all intelligence and information on drug-related matters was sent by the 16 other members in the Region. Japan assumed this task in 1999, when it was renamed “The Regional Intelligence Liaison Office for the Asia/Pacific Region of the World Customs Organization”, which now has 24 members.

禁毒常務委員會委員與政府代表於一九九九年參觀新加坡一所戒毒中心。

Members of ACAN and Government representatives visiting a drug rehabilitation centre in Singapore in 1999.





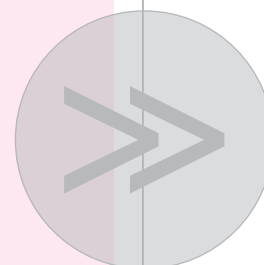


保安局局長葉劉淑儀及禁毒常務委員會主席李紹鴻教授（中）與訪港的新加坡全國肅毒理事會代表團會面。

The Secretary for Security, Mrs. Regina Ip, and the Chairman of ACAN, Professor Lee Shiu-hung (centre), meeting a delegation from the Singapore NCADA during their visit to Hong Kong.

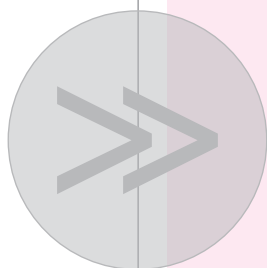
In March 1997, the Hong Kong and Singapore Governments agreed to formalize a visits exchange programme between senior government officials, which also included cross-appointments to Statutory Boards and Committees. The objectives were to broaden and enrich the experience of senior officials from both sides, to stimulate a cross fertilization of expertise and experience, and to reinforce the Hong Kong/Singapore partnership in public policy fields of mutual interest. Under the terms of this agreement, Hong Kong's Commissioner for Narcotics became a member of the Singapore National Council Against Drug Abuse, and the Director of Singapore's Central Narcotics Bureau joined ACAN.

香港政府和新加坡政府於一九九七年三月通過推行一個由高級政府官員互訪的交流計劃。這項計劃也包括互相委任官員為法定委員會及諮詢委員會的成員。計劃的目的是要擴闊和充實雙方高級官員的經驗，增加專門知識和經驗的交流，並增強香港和新加坡在有共同利益的公共政策上的伙伴關係。根據這項協議，香港禁毒專員加入為新加坡全國肅毒理事會的成員，而新加坡中央肅毒局局長也獲委任為禁毒常務委員會的委員。



過去40年來，販毒、藥物濫用及其他衍生的種種問題，一直是世界各國政府關注的重要議題。於一九九八年六月，聯合國大會召開有關毒品問題的特別大會，取得重大進展。各國代表在會上重申合力打擊全球毒品問題的決心。185個參與國家也就減少藥物需求的守則發表了一項政治宣言，可說是國際“毒品問題辯論”的一個重大突破，這是首次在這層面承認減低對藥物的需求是解決全球毒品問題的重要一環。聯合國大會要求麻醉藥品委員會考慮根據這項宣言擬訂的行動方案。其後在一九九八年十二月，一個由多國政府代表及專門組織組成的工作小組，就一份由聯合國國際藥物管制規劃署草擬的初步方案進行討論和修訂。該署以往曾經指出，全球的毒品交易對國際間的治安構成威脅，而毒品交易已經比鋼鐵業或汽車業更具規模。據估計，毒品交易每年的成交額至少達4,000億美元，約佔全球貿易總額8%。

For the past 40 years, drug trafficking and abuse, and their attendant problems, have been high on the agenda of governments in all parts of the world. Significant progress was made during 1998 when, at the special session on drugs of the United Nations General Assembly in June, the world community strengthened its commitment to confronting the world drug problem in a collaborative, balanced way. The adoption of a political declaration on the guiding principles of drug demand reduction by 185 participating countries constituted a considerable advance in the international “drugs debate”. It was the first time at this level that demand reduction was recognized as an indispensable component of any global approach to the world drug problem. The General Assembly requested the Commission on Narcotic Drugs to consider a proposed action plan based on this declaration, and a preliminary draft subsequently prepared by the United Nations International Drug Control Programme (UNDCP) was discussed and amended by an inter-governmental working group with specialized agencies, in December 1998. The UNDCP had previously underlined the threat to international order posed by the world drug trade, which had become a bigger industry than either iron and steel or motor vehicles. It estimated the annual turnover in drugs to be at least US\$400 billion, about 8% of the total volume of international trade.



The 42<sup>nd</sup> session of the Commission on Narcotic Drugs held in 1999 ended with the adoption of a resolution on the first United Nations action plan on drug demand reduction. The plan focused on identifying, assessing and communicating information on the causes and consequences of substance use; coordination mechanisms and the participation of all relevant authorities and sectors of society; the implementation of research and the dissemination of results; the development of customized programmes ranging from the discouragement of initial use to reduction of the negative health and social consequences of drug use; the enhancement of information and services offered to the public and to drug users in particular; and the development of evaluation strategies.

Hong Kong's dependence on its rapidly developing commercial and industrial sectors to sustain its burgeoning population in the 1950s and 60s, and the "open-door" policy of its free-port status makes Hong Kong vulnerable to being used by foreign and local drug traffickers. This ensured that the international dimension was never far from the minds of policy-makers in Hong Kong, as mentioned in ACAN's first report for 1965/66, "International conferences on narcotics, and visits to Hong Kong by overseas specialists and students both have their value in presenting a realistic image of Hong Kong abroad, as well as in the furtherance of practical cooperation in specialized fields. Hong Kong was represented in November 1965 at the 20<sup>th</sup> Session of the United Nations Narcotics Commission in Geneva ..."

麻醉藥品委員會在一九九九年召開第四十二次會議，會上通過第一份聯合國決議減低藥物需求的行動方案。這個方案集中找出濫用藥物的因果關係，並評估和交流這方面的資訊；協調機制和各有關當局和社會各界人士的參與；進行研究和公布研究結果；特別制訂一些計劃，如勸諭人們不要嘗試濫用藥物，及減少濫用藥物對健康和社會帶來的負面影響等等；加強向公眾人士特別是藥物倚賴者提供資訊和服務；以及制訂評估策略。

香港的人口在五十和六十年代迅速增加。社會極依賴工商業的蓬勃發展，加上自由港地位帶來的“門戶開放”政策，對本地和海外毒販都有極大吸引力。這使香港的政策制訂者保持國際視野，正如一九六五/六六年度禁毒常務委員會發表第一份報告書時指出：“國際毒品研討會及海外專家和學生訪問香港，都可讓海外國家對香港得到一個真實的印象，並在專門範疇上進一步合作。聯合國麻醉藥品委員會於一九六五年十一月在日內瓦召開第二十屆會議，香港亦有派代表出席……”。

在七十年代，香港在各方面的禁毒工作都取得重大進展，包括在一九七二年開設禁毒專員一職，在一九七三年重組禁毒常務委員會，在一九七四年發表第二份《毒品問題白皮書》，在一九七二年引進美沙酮門診治療及在一九七六/七七年把這項治療計劃擴展至全港地區，以及在一九七六年設立電腦化的吸毒者中央檔案室。這些措施吸引了亞太區以至其他地區不少國家的注意。由於香港引進的基本及創新措施日益成功，其他國家深感興趣之餘，紛紛派出禁毒人員來港受訓。這些人員都是透過本身政府與港府的雙邊安排，或是由聯合國組織如世界衛生組織、教育、科學及文化組織、國際勞工局及可倫坡計劃執行處贊助，來港參觀考察。禁毒人員包括行政人員、警務及海關人員、醫生、精神科專家及社會工作者。他們通常最感興趣是戒毒治療和康復、執法工作、禁毒教育及宣傳和中央檔案室。香港不斷向各國人員提供訓練設施，進一步反映香港政府與各國充分合作，打擊全球的毒品問題。

The major advances made in the 1970s in all areas of Hong Kong's anti-narcotics efforts, following the appointment of a Commissioner for Narcotics in 1972, the reorganization of ACAN in 1973, the publication of the Second White Paper on Narcotics in 1974, the introduction of methadone ambulatory treatment in 1972 and its extension to the whole territory in 1976/77, and the establishment of a computerized CRDA in 1976, attracted widespread interest in many countries, both regionally and across a wider spectrum. The increasingly successful impact of these fundamental and creative departures from previous practice stimulated a growing interest in Hong Kong as a training venue for anti-narcotics officials from other countries, who came on study visits, either through bilateral arrangements with their governments or under the sponsorship of the United Nations bodies such as World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO), International Labour Organization (ILO) and the Colombo Plan. These anti-narcotics officers included administrators, police and customs officers, doctors, psychiatrists, and social workers. To such visitors, treatment and rehabilitation, law enforcement, preventive education and publicity, and the CRDA were, and still remain, the main sources of interest. The continuing provision of these training facilities further demonstrates Hong Kong Government's commitment to full cooperation with other governments in the fight against the global problem of narcotics.



Hong Kong has always welcomed such visits from overseas officials and unofficials working in all areas of anti-drug work, and has benefited from the ensuing exchange of views and experiences. It has also profited from the attendance of its officials and non-government workers at international conferences, from visits paid to a variety of treatment, rehabilitation, educational and correctional service institutions in other countries and regions, and from the exchanges of views made possible by such visits.

Hong Kong has signed Mutual Legal Assistance Agreements with Australia, Canada, France, Israel, Italy, New Zealand, the Philippines, Portugal, the Republic of Korea, Switzerland, the United Kingdom and the US. Hong Kong has also signed Surrender of Fugitive Offenders Agreements with 13 countries and Transfer of Sentenced Persons Agreements with seven countries.

Hong Kong actively cooperates with international organizations, such as the United Nations Commission on Narcotic Drugs, the Interpol, the World Health Organization and the World Customs Organization on drug-related issues. Hong Kong has been a member of Financial Action Task Force on Money Laundering (FATF) since 1990. Hong Kong is also a founding member of the Asia/Pacific Group on Money Laundering (APG), a FATF style regional body since 1997. In October 2000, Hong Kong was selected to be the President of FATF in 2001/2002. In November 2000, the US Government removed Hong Kong from the list of major drug transit centres/territories for the first time since the list was compiled in 1987.



香港十分歡迎海外從事各類禁毒工作的官方或非官方人員到訪，從雙方交流意見和經驗中，獲益良多。此外，香港的政府或非政府人員也經常參加國際會議、探訪其他國家和區域的戒毒、康復、教育及懲教機構，交流心得。

香港與澳洲、加拿大、法國、以色列、意大利、新西蘭、菲律賓、葡萄牙、韓國、瑞士、英國和美國訂有“刑事法律互助協定”。香港亦與13個國家簽訂“移交逃犯協定”，及與七個國家簽訂“移交被判刑人士協定”。

香港就毒品問題積極與國際組織合作，這些組織包括聯合國麻醉品委員會、國際刑警、世界衛生組織和世界海關組織等。香港自一九九零年起，即為打擊清洗黑錢財務行動特別組織（簡稱“特別組織”）成員之一。此外，香港也是亞洲/太平洋反清洗黑錢組織創會成員之一。這個組織於一九九七年成立，是與特別組織性質相若的區域組織。在二零零零年十月，香港當選為二零零一至零二年度特別組織的主席。在二零零零年十一月，美國政府把香港由主要毒品轉運國家/實體的名單內剔除。這是該名單在一九八七年制訂以來美國首次作出這個決定。

禁毒專員盧古嘉利（右四）於二零零零年在華盛頓與美國助理國務卿（中）會面。

The Commissioner for Narcotics, Mrs Clarie Lo (fourth from right), meeting the US Assistant Secretary of State (centre) during a trip to Washington in 2000.

即使在沒有雙邊協定的情況下，香港政府也不斷尋求與其他國家合作。舉例來說，在二零零零年，香港的執法機關透過執法方面的聯絡渠道，向海外執法人員提供有關販毒、清洗黑錢和管制化學品原料等情報。香港也在凍結及沒收販毒得益的事宜上，向逾140個國家提供協助。

在全球的毒品供應者、分銷者和融資者互相勾結的情況下，國際販毒活動更形複雜，也更有組織。為有效打擊毒品交易，香港的警務和海關人員一向與內地當局和海外執法人員緊密合作。

香港在涉及凍結或沒收犯罪收益的毒品案中曾與多個國家，包括美國及澳洲緊密合作。香港與美國已攤分三宗案件的資產。此外，香港亦已與澳洲攤分一宗案件的資產。香港現正與美國及澳洲分別商討攤分另外兩宗及一宗案件的資產。

The Hong Kong Government continues to seek cooperation with other countries, even in the absence of bilateral agreements. For example, in 2000 Hong Kong law enforcement agencies provided operational intelligence on drug trafficking, money laundering, and control of precursor chemicals to their overseas counterparts through law-enforcement liaison channels. Hong Kong was also able to provide assistance to over 140 countries on restraint and confiscation of proceeds from drug trafficking.

The international trade in illicit drugs has become sophisticated and well organized with suppliers, distributors and financiers working together on a global scale. To effectively disrupt the trade, the Hong Kong Police and Customs officers work closely with their overseas counterparts and the Mainland authorities.

Hong Kong has cooperated with many overseas jurisdictions, including Australia and the US, in drug cases which involved restraint or confiscation of criminal proceeds. Among those cases concluded, Hong Kong and the US have shared in three cases. Hong Kong has also shared with Australia in one drug case. Hong Kong is now working with the US and Australia on the sharing of assets confiscated in two cases and one case respectively.



The Narcotics Bureau of the Police Force also cooperates with Australia, Canada, the UK and countries throughout South-East Asia in neutralizing trafficking syndicates by sharing intelligence and taking carefully coordinated enforcement action. The Narcotics Bureau is involved in major international drug trafficking investigations in unison with overseas law enforcement agencies leading to the interdiction of several large consignments of drugs in the Asia-Pacific region and arrest of the perpetrators.

香港警務處轄下的毒品調查科與加拿大、澳洲、英國和東南亞各國交換情報，並採取經過周密部署的執法行動，成功瓦解了多個販毒集團。此外，毒品調查科也與海外執法機關聯手偵查主要的國際販毒案，因而偵破亞洲/太平洋區數宗大型販毒案件及捕販毒份子。

在一個誌記美國首次與本港平均攤分被充公販毒資產的支票遞交儀式中，保安局局長葉劉淑儀從美國國家毒品管制局局長Barry McCaffrey將軍手上接受一張九十萬美元的支票。

At a ceremony to mark US sharing with HK for the first time half of the confiscated drug proceeds, the Secretary for Security, Mrs. Regina Ip, receives a cheque of US\$0.9 million from the Director of the US Office of National Drug Control Policy, General Barry McCaffrey.



保安局局長葉劉淑儀在一個攤分販毒資產支票遞交儀式上將支票遞交予署理澳洲聯邦警察副局長 Mr. Denis McDermott。

The Secretary for Security, Mrs. Regina Ip, presenting a cheque to the Acting Deputy Commissioner of Australian Federal Police, Mr. Denis McDermott, at an asset-sharing cheque presentation ceremony.



在一九九九年，毒品調查科與內地和外國執法人員聯手採取行動，嚴厲打擊國際販毒集團的活動。該年一月及二月，日本警察廳根據毒品調查科的情報，在兩次行動中檢獲共303公斤甲基安非他明及拘捕18人，當中六人為香港市民。在二月，該科與加拿大皇家騎警採取聯合行動，在溫哥華檢獲45公斤海洛英及拘捕兩名香港人。毒品調查科與內地公安局在六月聯手拘捕三名香港人及檢獲10公斤甲基安非他明。在七月，香港警方與澳洲聯邦警察聯合行動，在悉尼成功檢獲70公斤海洛英和拘捕四名香港人。在二零零零年，香港警方和內地執法人員聯手採取偵查行動，檢獲大批海洛英、甲基安非他明和一種受管制化學品。

In 1999, operations conducted by the Narcotics Bureau in cooperation with the Mainland and foreign enforcement agencies severely disrupted the activities of international drug syndicates. In January and February, the Japanese National Police Agency, acting on the bureau's information, seized two shipments of methylamphetamine totalling 303 kilograms and arrested 18 persons, six of them Hong Kong men. In February, an operation involving the bureau and the Royal Canadian Mounted Police led to the seizure of 45 kilograms of heroin and the arrest of two Hong Kong men in Vancouver. In June, a joint operation between the Narcotics Bureau and the Mainland's Public Security Bureau led to the arrest in the Mainland of three Hong Kong men and seizure of 10 kilograms of methylamphetamine. In July, a joint operation with the Australian Federal Police led to the interception of 70 kilograms of heroin and the arrest of four Hong Kong people in Sydney. In 2000, joint investigations between the Hong Kong Police Force and Mainland counterparts resulted in substantial seizures of heroin, methylamphetamine and a controlled chemical.

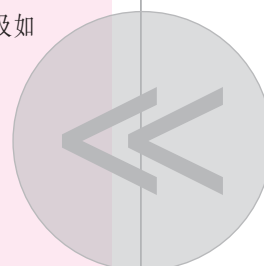




“中國的禁毒”白皮書  
The White Paper on Narcotics  
issued by Mainland China

Although the priority given to the drug problem and the approaches adopted to deal with drug trafficking and abuse vary from country to country, the universality of the problems which confront them is recognized. With globalization and the advent of information technology, the world has become virtually borderless. This points to the need for the quickening pace of international collaboration to frustrate the plans of the syndicates who control what has become a major global criminal enterprise. All countries now also participate, under the auspices of various UN agencies, or through bilateral arrangements, in international conferences/exchange visits, at which the interlocking issues of law enforcement, treatment, rehabilitation, prevention, and cross-border action, and the distribution of resources between them, can be discussed and debated.

雖然每個國家對毒品問題及對付販毒活動和推行反濫用藥物措施的優先次序有所不同，但它們均認識到各國正面對著毒品這個全球性問題。由於全球趨於一體化及資訊科技發達，世界幾乎已變成無國界。正因如此，我們更需加速國際合作的步伐，以打擊犯罪集團圖謀控制全球主要的犯罪活動。在聯合國轄下不同團體的支持下，或透過雙邊協定，所有國家亦不時參與國際會議或作互訪交流，藉此商討一些相互緊扣的議題如執法、治療、康復、預防及跨境行動，以及如何在這數方面分配資源，達致成效。



CHAPTER

第8章

展望未來：

無懼挑戰  
勇往直前

A LOOK INTO THE FUTURE  
- THE CHALLENGE CONTINUES



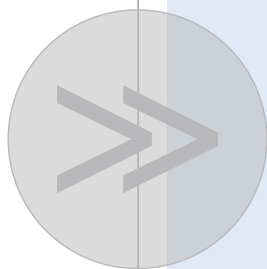
As the 21<sup>st</sup> Century begins, Hong Kong is facing some newly-emerging drug problems with reasoned confidence, based on the widely acknowledged success of ACAN and its contributory departments, agencies and members in overcoming the many and varied challenges of the past decades.

The most dominant feature of the modern world is the rapidly accelerating pace of change in all areas of human existence, from the global warming of the atmosphere caused by growing populations, forest destruction, and the enormous increase in the use of fossil fuels, to the globalisation of all economic and financial operations, and the revolutionary developments in communication technologies based on the micro-chip. These developments have created major current social issues like the loss of traditional job security, the breakdown of family relationships, and a growing sense of insecurity and unease about the future. Seeking relief from such worries, many people in different countries, and particularly the young, find comfort in communal fun and excitement provided by all-night “rave” parties, discos and bars which produce a sense of euphoria, and a ready market for the purveyors of the new party drugs such as “ice” (methamphetamine), “ecstasy”(MDMA), ketamine, and cannabis.

二十一世紀伊始，香港面對新的毒品問題，不過，我們有信心能夠應付未來的挑戰，因為過去數十年來，禁毒常務委員會、各有關部門及相關機構同心協力，克服了各式各樣的困難，成績有目共睹。

現今世界最主要的發展趨勢，是人類生活的各方面急劇轉變：人口不斷增加，砍伐林木和大量使用化石燃料，引致全球溫室效應；經濟金融運作趨於全球一體化；微型晶片面世，令通訊科技產生根本性的變化，凡此種種，都帶來了重大的社會問題，例如傳統的職業保障消失、家庭關係破裂，人們對未來日益感到惶恐不安等等，這些都是各國面對的問題。為了消解這些煩憂，不少人（尤其是青少年）喜歡通宵達旦參加狂野派對，或到的士高和酒吧尋歡作樂，追求快感。他們流連的場所，也就成為新興派對藥物的市場，這些新興藥物包括“冰”（甲基安非他明）、“搖頭丸”（亞甲二氧基甲基安非他明）、氯胺酮及大麻。



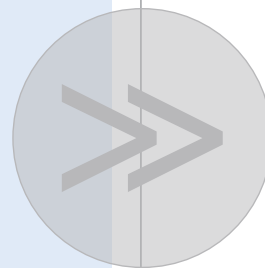


香港建立了完善的數據庫和組織架構，以解決當前及未來的毒品問題，這是禁毒常務委員會自一九六五年成立以來，經過數十年發展所得的成果。中央檔案室已在一九七六年電腦化，為決策者及公眾人士，提供連貫的資料，展示香港在打擊濫用藥物方面的工作進展。從附錄14的圖表“向檔案室呈報的濫用藥物者人數（1976-2000）”可見，在那25年期間，每年被呈報濫用藥物的人數大致維持不變，只有一九九四年的數目超過2萬，但其間香港的人口已由350萬倍增至700萬，這顯示估計的濫用藥物趨勢已下降，而被呈報的濫用藥物者的比例亦偏低，即每千人中只有三人濫用藥物。不過，該圖表亦顯示，在二零零零年被呈報的濫用藥物者增加了12%，其中首次被呈報的人數更上升了71.1%（由3 134人增至5 362人）。此外，下列附錄顯示的另一些毒品問題趨勢，也值得我們深切關注。

In addressing current and future drug problems, Hong Kong commands an impressive data bank and organizational structure, developed over the past decades since ACAN was established in 1965. The Central Registry of Drug Abusers, computerised in 1976, provides policy-makers and the general public with a continuous commentary on the progress of Hong Kong's efforts to deal with its drug abuse problems; as the chart - "Number of drug abusers reported to the CRDA, 1976-2000" at Appendix 14 demonstrates, the annually reported numbers have remained remarkably stable during those 25 years, only rising above 20 000 on one occasion, in 1994. During the period, the population of Hong Kong has doubled, from three and a half million to seven million. This indicates that the estimated prevalence of drug abuse within the community has fallen, and is at a relatively small three per thousand per annum. The chart also shows, however, that in 2000 there was a rise of 12% in the number of reported individuals, including an increase of 71.1% in newly reported persons (from 3 134 to 5 362). Within those figures, as the following Appendices show, there are other portents for the future which warrant serious concern.



- **Appendix 16 - “Young drug abusers aged under 21 reported to the CRDA, 1976-2000”** shows an overall upward trend, with a peak in 1994, followed by a steady fall to 1999, and a sharp rise of 104.9% in respect of newly reported persons (from 1 347 to 2 760) in 2000. About half the reported young abusers were within the 16-18 age bracket.
- **Appendix 15 - “Female drug abusers reported to the CRDA, 1976-2000”** indicates an almost continuous rising trend throughout the period, with a peak in 1996, followed by three years of declines, and a major rise in 2000 both in females under 21 years (+53.3% over the 1999 figure) and over 21 (+13%). Overall, the increase was 37.1%, from 2 166 to 2 969.
- **Appendix 17 - “Psychotropic substance abusers reported to the CRDA, 1990-2000”** shows a steady upward trend from 1990, when this new class of abuser was first charted, with a growing preponderance of those aged 21 and over. The proportion of psychotropic substance abusers to the total of all abusers increased from 23.3% in 1999 to 33.7% in 2000. For young abusers under 21, an increase of 23.9% was recorded, from 58.1% to 82% in the same period.
- **附錄16（“向檔案室呈報的21歲以下濫用藥物者（1976-2000）”）**顯示整體呈上升趨勢，在一九九四年更達高峰，之後數字持續回落，直至一九九九年止。在二零零零年，首次被呈報者的人數急升104.9%（由 1 347 人增至 2 760 人），大約一半被呈報的濫用藥物青少年年齡介乎16至18歲。
- **附錄15（“向檔案室呈報的女性濫用藥物者（1976-2000）”）**顯示，全期差不多持續呈上升趨勢，在一九九六年達高峰，之後三年數字回落，但在二零零零年，21歲以下及以上的女性濫用藥物者數目大增（與一九九九年比較，分別增加了53.3% 和13%）；整體數字由 2 166 人增至 2 969 人，升幅為37.1%。
- **附錄17（“向檔案室呈報的濫用神藥物者（1990-2000）”）**顯示，自一九九零年開始統計這類濫用藥物者的人數以來，一直呈上升趨勢，其中21歲及以上人士所佔比率日增。濫用神藥物者佔所有濫用藥物者的比率，由一九九九年的23.3%上升至二零零零年的33.7%。同期，21歲以下濫用神藥物青少年的比率由58.1%增至82%，增幅為23.9%。





精神藥物濫用問題專責小組於二零零零年四月舉行第一次會議。

The Task Force on Psychotropic Substance Abuse holding its first meeting in April 2000.

## 未來路向

為應付上述種種新發展帶來的挑戰，香港政府做了很多工作，並且因應情勢，採取新策略。鑑於濫用精神藥物的情況在香港和世界各地均日趨嚴重，香港政府遂於二零零零年初成立了一個跨部門的專責小組，以制訂全面策略，特別是從青少年入手，遏止濫用精神藥物的上升趨勢。專責小組的成員包括禁毒常務委員會的委員、禁毒處和多個政府部門的代表，以及相關範疇的專家。

## The Way Ahead

To meet the challenge of these new developments, the Hong Kong Government has done a great deal to react to new challenges and adopt new strategies. Given the worldwide and local increase of psychotropic substance abuse, the Hong Kong Government established a multi-disciplined Task Force in early 2000 to formulate a comprehensive strategy to deal with the rising trend of psychotropic substance abuse, especially amongst the younger population. It included members of ACAN, representatives of the Narcotics Division and other various Government departments and experts in relevant fields.

The Task Force recommended a multi-pronged approach, combining a tightening legislative regime, stepped up law enforcement, enhanced preventive education and publicity, more research on the essentials of psychotropic substance abuse, and enhanced cooperation with jurisdictions outside Hong Kong to address supply and demand reduction problems. It also strengthened communication with anti-drug authorities in the Mainland to tackle the problem of cross-boundary drug abuse and trafficking. At the end of 2000, the Task Force visited Guangdong and Macau and paved the way for further cooperation and joint efforts in combating psychotropic substance abuse. A substantial amount of work proposed by the Task Force has already been done and more will be carried out in 2001.

專責小組建議採取多管齊下的方針，包括收緊法例、嚴厲執法、加強預防教育和宣傳、對濫用精神藥物問題的本質進行更多研究，以及與香港境外的司法管轄區加緊合作，以減少精神藥物的供求。此外，專責小組亦與內地的禁毒機關加強溝通，攜手解決跨境的濫用藥物和販毒問題。在二零零零年年底，專責小組前往廣東及澳門訪問，為粵港澳三地進一步合力打擊濫用精神藥物問題，奠定基礎。專責小組建議推行的多項工作已告完成；更多的相關工作，會在二零零一年繼續進行。



禁毒處官員及禁毒常務委員會委員於二零零零年十二月到訪內地及澳門禁毒機關，交流三地的禁毒經驗。

Officers of the Narcotics Division and ACAN members visiting the Mainland and Macau authorities in December 2000 to exchange views and experience in fighting drugs.





香港早已認識到毒品危害社會，而且會影響個人及公眾的健康。濫用藥物不但是傳播嚴重傳染病（尤其是愛滋病、肝炎和結核病）的重要因素，也是犯罪誘因。由於濫用藥物是複雜而普遍存在的健康問題，香港政府的整體禁毒政策，將繼續以保障公眾健康為方針，包括提供廣泛的治療服務、進行預防教育和研究，以及加強與學校、區議會、各區撲滅罪行委員會及僱主/職工組織合作，一起解決吸煙、酗酒和濫藥這些會上癮的問題。此外，各禁毒機構將會聯合展開活動，特別以青少年、他們的父母及教師為對象，宣傳禁毒信息。這套積極嶄新的計劃，與過往墨守成規的一套截然不同，這有賴從事各項社會政策工作的人員同心協力，在工作地點、家居及康樂場地全面推廣健康生活。

在制訂禁毒政策方面，藥物濫用資料中央檔案室提供的協助相當有用。除了提供數據外，在過去20年來，香港和多個國家均進行了大量研究，探討導致最初濫用藥物的誘因，以及減低濫用藥物的因素。踏入新世紀，這類研究和分析對制定禁毒政策的方向，將繼續發揮重要作用。

It has long been recognized in Hong Kong that drug use is a societal as well as a health issue, which affects both the health of the individual and the public, being an important factor in the transmission of serious infectious diseases, particularly AIDS, hepatitis and tuberculosis, and as a cause of crime. Because addiction is such a complex and pervasive health issue, the Hong Kong Government will continue to include in its overall strategies a committed public health approach that includes extensive treatment, education, prevention and research efforts, with a greater concentration on collaborative efforts with schools, District Councils, District Fight Crime Committees and employers/workers organizations to deal with the linked addictions of tobacco, alcohol and drugs. Combined campaigns by all agencies in the anti-addictive drugs field, particularly those addressed to young people, their parents and teachers represent a new and positive departure from the rigid thinking of the past. The promotion of healthy living, in all its aspects, in the work-place, home, and recreational areas will benefit from cooperation by those working in many areas of social policy.

The CRDA provides a very useful tool for formulation of anti-drug policies. Apart from figures of the CRDA, over the past two decades, a great deal of research has been done in Hong Kong, and in many other countries, on the factors leading to initiation into drug use, and on others associated with a reduced potential for such use. Such investigations and analyses will continue to play a major role in determining the course of anti-drug policies in the new century.



Of the many risk factors leading to drug abuse, each representing a challenge to the psychological and social well-being of an individual and having a differential impact depending on the phase of development, those which affect the early harmony of the family are probably the most crucial, such as :

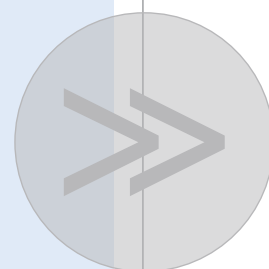
- chaotic home environments, particularly those in which parents abuse substances or suffer from mental illnesses;
- ineffective parenting, especially with children with difficult temperaments and conduct disorders; and
- lack of mutual attachments and nurturing.

Other risk factors relate to children interacting with others outside their families, specifically in school and peer groups, and within the community, such as changing youth culture. Some of these factors are inappropriate, shy and aggressive behaviour in the classroom, failure in school work, poor social coping skills, association with deviant peers and perceptions of approval of drug-using behaviour in the school, peer and community environments. Research in other countries has found that most teenagers show a tendency to move from the illicit use of legal substances (such as tobacco and alcohol) to the use of illegal drugs, with cannabis usually being the first; whilst this progression is not inevitable, the risk factor in such cases is very considerably higher than for those who never smoke or drink. Other factors - such as the availability of drugs, trafficking patterns, and a belief that drug use is generally tolerated - also influence a number of young people who start to use drugs.

在眾多導致濫用藥物的誘因(每個誘因均對個人的心理健康及社交適應力帶來衝擊；並在不同的成長階段中產生不同影響)中，最關鍵的大概是影響家庭初期融洽關係的因素，例如：

- 家庭環境複雜，尤以父母濫用藥物或患有精神病的家庭為甚；
- 未諳為人父母之道，特別是不懂得如何教導脾氣暴躁及行為失常的子女；以及
- 雙方關係疏離，父母未盡培育子女的責任。

其他誘因關乎子女與外界的接觸，特別是與同學和朋輩之間的交往，以及與社會的接觸，例如受不斷轉變的青年文化所影響。部份誘因包括課堂上行為偏差、表現害羞和作出侵略行為、學業成績欠佳、社交技巧不足、與同輩的不良分子為伍、誤以為在學校朋輩圈子和社區環境裏濫用藥物是被接受的行為。其他國家的研究發現，大部份青少年傾向於由濫用其他物品（如煙及酒）轉為濫用危險藥物，而最先嘗試的通常為大麻。雖然這種轉變並非一定會發生，但曾吸煙或喝酒的人，濫用藥物的機會通常會較那些從不吸煙或喝酒的人高出很多。其他如毒品的供應、販毒模式、誤以為濫用藥物是普遍獲容忍的行為等等，也是導致不少青少年開始濫用藥物的誘因。



根據上述研究及過往的經驗，香港在新世紀的禁毒工作重點之一，是加強保護青少年免受毒品禍害，並且要改變或除去吸毒的誘因，尤其是在下列範疇作出改善：

**家庭關係** — 研究顯示，青少年如果得不到家長適當管教，或者與父母發生衝突，會傾向嘗試服用藥物，情況與嘗試喝酒和吸煙類似。此外，缺乏管教的兒童，傾向於四處遊蕩，隨意找地方消磨時間，因而有可能濫用藥物及參與犯罪活動。因此，父母管教有方，可扶助子女在風險滿途的逆境中成長。

預防計劃可教導家長改善與子女的溝通、敦促子女遵守紀律、確立一致和明確的行為準則及掌握其他管教技巧，以幫助子女健康成長。家長應更主動關心子女的生活，包括與子女討論毒品問題、注意他們的活動、認識他們的朋友，以及了解他們的疑難和個人問題。

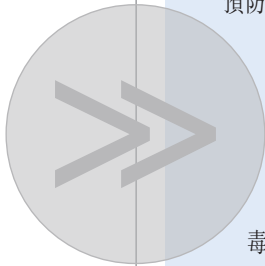
**朋輩關係** — 專為個人與朋輩建立正面關係而設的計劃，透過發展青少年的交際能力和技巧、改善溝通技巧及促進朋輩間良好社交行為，能加強青少年抗拒毒品的能力。

Based on such research and past experience, one of the key features of Hong Kong's drug prevention efforts in the new century will be to enhance the protective factors for young people, and to move toward reversing or reducing the risk factors, and particularly in the areas of:

**Family Relationships** Research has shown that poor parental monitoring and parent/child conflict can predict the initial level and course of drug use, which are similar for alcohol and smoking. Children who are not well monitored tend to loiter in the community, freely selecting places to spend time where substance abuse and other delinquent activities might occur. Thus, positive parenting practices can serve as a protective role in the face of adverse, risky environments.

Prevention programmes can enhance protective factors among young children by teaching parents about better family communication, discipline, firm and consistent rule making, and other parenting skills. It is considered that parents need to take a more active role in their children's lives, including talking with them about drugs, monitoring their activities, getting to know their friends, and understanding their problems and personal concerns.

**Peer Relationships** Programmes which focus on individuals' positive relationships with their peers by developing social-competency skills, improved communications and enhancement of peer social behaviour, can increase resistance skills to refuse drug offers.

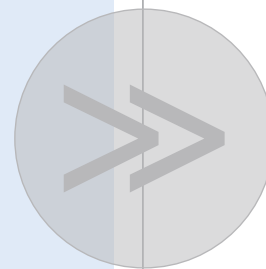


**The School Environment** Prevention programmes which concentrate on enhancing academic performance and strengthening students' bonding to their schools, can give them a sense of identity and achievement and reduce the likelihood of their "dropping out". If children understand the negative effects of drugs (physical, psychological, and social) and when they perceive their friends' and families' social disapproval of drug use, it is more likely that they will avoid it. Encouraging children to improve their school behaviour and performance also helps them form strong prosocial bonds with their parents, peers, the school, and the community.

**The Community Environment** Increasingly, Hong Kong people are "going north" to places like Shenzhen and other parts of Guangdong for recreational pursuit. The linkage between Hong Kong and the southern province of Guangdong in terms of human and cargo traffics has never been so close. There is a need for prevention programmes work at the community level with civic, religious, law enforcement, and governmental organizations to enhance anti-drug abuse norms and prosocial behaviour through changes in policies or regulations, mass media efforts, and community-wide awareness programmes. Community-based programmes are designed to provide a cleaner, safer, drug-free environment.

**學校環境** — 集中改進學業成績及加強學生與學校聯繫的預防計劃，可培養學生的認同感和成就感，減少他們“輟學”的機會。如果青少年了解毒品對生理、心理及社會造成的負面影響、感覺到朋輩和家人均對毒品反感，他們應會遠離毒品。同時，鼓勵青少年改進在學校的品行和學業成績，也有助他們與父母、朋輩、學校和社會建立緊密的社會聯繫。

**社區環境** — 香港市民日漸喜歡北上（如往深圳及廣東省其他地區）消遣。正因如此，香港及廣東省南部在人流及貨物進出方面的聯繫從未如此緊密，故有需要在社區層面開展預防計劃，由公民團體、宗教團體、執法機構和政府組織，透過政策或規例的修訂、傳媒力量以及社區禁毒宣傳活動，合力加強社會上的禁毒意識，務求提供一個安全而免受毒禍的環境。



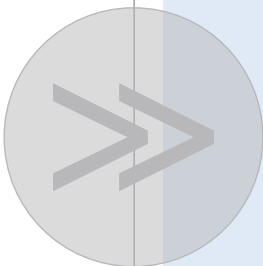
為加強香港政府及禁毒常務委員會廣泛的禁毒預防教育及宣傳措施，禁毒處印製了一份「教導子女遠離毒品」的小冊子，於二零零一年免費派予市民大眾。該小冊子提供資料如濫用藥物的醫學及法律後果、最常被濫用的物品種類、濫用藥物的跡象，及可供求助的機構一覽。小冊子為家長、教師及禁毒工作者提供有用的指導及參考，讓他們知道更多有關本港在新世紀伊始的濫用藥物問題。此外，政府亦增加與公共或私人機構一起籌辦伙伴式的禁毒計劃，原因是意識到對付毒品問題並非只是政府的責任，相反，這是一個關乎整個社會福祉的問題，因此必須與社會各方攜手，打擊毒禍。

禁毒處更新“教導子女遠離毒品”小冊子，向家長提供基本的藥物知識及讓他們教導子女遠離毒品。  
The updated “Parents’ Guide to Drug Abuse” provides parents with basic information on drugs and ways of steering their children away from drugs.



To reinforce the Hong Kong Government and ACAN's very extensive anti-drug preventive education and publicity measures, a booklet “Parents Guide to Drug Abuse”, made freely available in 2001, provides basic information on the medical and legal consequences of drug abuse, the most commonly-abused drugs, the usual behaviour of those

who abuse them, and a list of agencies which can provide information and assistance for those in need. It is intended to be a practical guide and reference for parents, teachers and anti-drug workers who need to know more about Hong Kong's drug abuse problems at the beginning of the new century. Partnership programmes held in conjunction or collaboration with public or private organizations have increased in recognition of the fact that the battle against drug is a community, rather than sole government enterprise.





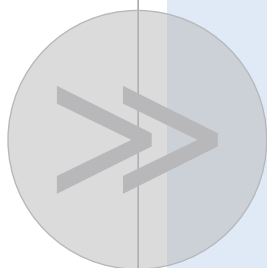
To provide a focal point for comprehensive information on drug and substance abuse for all workers in the anti-drug field, and for members of the public, especially students and parents, a Drug Information Centre, located in the Narcotics Division, was opened in June 2000, as described in Chapter 4. A much larger Exhibition Hall is to be built in 2003 on the roof of the Low Block of the Queensway Government Offices. In a complementary move, and to meet future challenges, the ACAN Volunteer Group, first founded in 1981, was reorganized into three teams in 2000; the Drug InfoCentre team, the individual team, and the corporate team, all of whom have pledged to participate in the anti-drug activities organized by the Narcotics Division, or to organize preventive education and publicity activities for the community or within their own organizations. They will be overseen by a committee of ACAN members, community leaders, and representatives of the Government and the volunteers; continued / specialised training will be given to them, to provide the necessary skills and knowledge they will need.

Hong Kong's drug treatment and rehabilitation services have been provided "on demand" to all who require them for the past 26 years. A multi-modality approach ensures that they cater for the different needs of drug dependent persons from various backgrounds. The services have been continuously adjusted and improved, over the years, to reflect changes in the latest drug scene.

為了向禁毒工作者及市民大眾（特別是學生和家長）提供一個讓他們閱覽有關毒品及濫用藥物全面資料的場地，禁毒處的藥物資訊天地已在二零零零年六啟用（詳見第四章）。一個規模更大的展覽館將會在二零零三年度，於金鐘道政府合署低座平台落成。為了作出配合和迎接未來的挑戰，在一九八一年創立的禁毒常務委員會禁毒義工團，已在二零零零年重組為三支隊——藥物資訊天地義工、個人義工和機構義工。全體義工均已承諾參與禁毒處舉辦的禁毒活動，或為社區或所屬團體舉辦預防教育和宣傳活動。一個由禁毒常務委員會委員、社區領袖以及政府代表和義工組成的委員會將會監察義工活動，而這些義工也會獲得持續/專門的訓練，讓他們學習所需的技巧和知識。

在戒毒治療和康復服務方面，香港在過去26年來一直因應有需要人士的要求，為他們提供服務；採用多管齊下的方針，確保切合背景各異的藥物倚賴者的不同需要。多年來，當局不斷因應最新的藥物濫用情況改進服務。





第二個香港戒毒治療和康復服務三年計劃（二零零零至零二年度）檢討了現時為藥物倚賴者提供的戒毒治療和康復服務，並展望新世紀之初的發展路向，之後每年均會重新評估有關服務，看看設施是否足夠及能否滿足所有藥物倚賴者不斷轉變的需要；確保對不同類別服務作出所需的調節；以及為香港的戒毒治療和康復服務找出最適當的發展方向。

香港政府經詳細檢討香港整個系列的多種模式服務後，總結認為這模式已成功達到其目標，這點亦已獲本地和國際專家確認，而自一九七六年起，香港政府一直透過藥物濫用資料中央檔案室及透過諮詢禁毒常務委員會和非政府機構，監察香港提供的多種模式服務。香港會不斷監察濫用藥物趨勢的轉變，並且對整體策略作出修訂，以確保所提供的服務切合時宜。

The second Three-year Plan (2000-2002) reviewed the existing treatment and rehabilitation services provided to drug dependent persons, and looked forward to the direction they should take in the opening years of the new century. It will be reappraised each year to assess whether the provision of places is adequate, and meets the changing needs of all drug dependent persons; to ensure that any necessary adjustments are made to particular types of service; and to identify the most appropriate future direction of Hong Kong's drug treatment and rehabilitation services.

After a detailed review of the whole spectrum of Hong Kong's multi-modality services which, since 1976, have been closely monitored through the CRDA and by consultation with ACAN and non-government organizations, the Government concluded that its objectives had been successfully realized. This had been confirmed by both local and international experts. The constant monitoring of changes in drug abuse trends will continue and adjustments will be made to overall strategies to ensure that the services provided reflect such changes.

In the coming two years, the implementation of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance which establishes a licensing scheme for voluntary residential drug treatment and rehabilitation centres will significantly affect Hong Kong's drug treatment and rehabilitation sector. The implementation of the recommendations of the Methadone Treatment Programme Review will also ensure that this most heavily subscribed treatment modality, as described in Chapter 3, will increase its impact and importance. With an increased focus on specific strategies directed at targets such as young drug users, female drug dependent persons and psychotropic substance abusers, it is expected that the treatment and rehabilitation assistance given to drug dependent persons in future years will be able to help them even more effectively than before.

As drugs are neither manufactured nor produced in Hong Kong, all illicit substances seized locally are smuggled into the territory. The enforcement and development of the laws against their import and use will continue to play a key role in Hong Kong's defences, in the 21<sup>st</sup> Century, against an international trade which has become sophisticated, well-organized and financed.

在未來兩年，當為自願住院式治療康復中心制訂發牌計劃的《藥物倚賴者治療康復中心（發牌）條例》正式實施後，本港的戒毒治療和康復服務界將出現重大轉變。此外，當政府實行美沙酮治療計劃檢討的建議時，也會確保這種最獲廣泛採用的治療模式（見第三章）發揮更大效能。隨着香港為青少年藥物倚賴者、女性藥物倚賴者和濫用精神藥物者加強服務，我們預期日後在治療和康復服務方面給予藥物倚賴者的協助，會更加有效。

由於毒品並非在香港製造或生產，所有在本地檢獲的違禁藥物都是偷運入境。鑑於國際毒品交易日趨複雜、組織嚴密和資金充裕，香港在二十一世紀將繼續以加強執行和制訂法例，作為打擊毒品進口和濫用的主要措施。

為了搗破毒品交易，香港警務處和香港海關與內地和不少海外國家的對口單位緊密合作，交換情報和協調執法行動。同時，保安局轄下禁毒處也與內地和海外的政府緊密合作，制訂禁毒政策。在二零零零年十一月，美國政府把香港從“主要毒品轉運中心”的名單上剔除（香港在一九八七年被列入該名單），顯示香港為防止被用作毒品轉運中心而作出的努力，獲得國際認同。

將來，國際間的聯繫及聯合行動會日益增加，其中包括交換有關新的或現有的毒販和清洗黑錢者的資料。

隨着全球各種活動（包括合法和非法活動）趨於一體化，各地政府已普遍認識到協解決問題的重要性，並且付諸實行。這從著重加強國際間合力打擊跨國罪行的《聯合國禁止跨國罪行公約》獲得確認，可見一斑。

The Hong Kong Police Force and the Customs and Excise Department, in their efforts to disrupt the trade, work in close collaboration with their counterparts in the Mainland and in many countries overseas, by sharing intelligence and coordinating enforcement action. The Narcotics Division also cooperates closely with the Mainland and overseas governments in formulating anti-drug policies. In November 2000, the US Government removed Hong Kong from the list of “major drug transit centres” (on which it had been included since 1987), in recognition of the territory’s sustained efforts to prevent its use for such purposes.

The future will witness an accelerating pace of international liaison and joint action between countries, in areas such as information exchange on new and existing traffickers and money laundering agents. With the globalization of the world in every aspect, including licit and illicit activities, the importance of joint governments efforts has been widely recognized and practised. This can be reflected in the ratification of the United Nations

Convention Against Transnational Crimes which emphasizes international cooperation against transnational crimes.

美國於二零零零年十一月將香港從主要毒品轉運中心的名單內除名。  
The US removed Hong Kong from the list of major drug transit centres in November 2000.



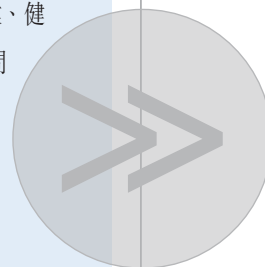


In 1997, the Basic Law provided, inter alia, for Hong Kong's continued participation in international organizations, amongst which is the Financial Action Task Force on Money Laundering (FATF), an inter-governmental organization established subsequent to the G-7 Economic Summit in 1989. The FATF develops and promotes policies to combat money laundering, in particular by setting anti-money laundering standards for all countries/jurisdictions to follow. In an auspicious beginning to the new century, Hong Kong was elected to the Presidency of the organization in 2001/2002, in recognition of its achievements in combating money laundering. The Commissioner for Narcotics assumed this role in July 2001.

Hong Kong is a small territory of 1 098 square kilometres, with no natural resources except the skills, enterprise and initiative of its seven million inhabitants, a population which has doubled since ACAN was first established in 1965. It has thrived on its spirit of self-reliance and the speed of its reaction to outside influences and events, switching in the 1950s, for example, from being an economy based on the entrepot trade to one of domestic-manufactured exports in the 1960s and 1970s, and then back to entrepot business in the 1980s and 1990s. As this book has recorded, it has reacted with similar speed and spirit to the social problems, including drug abuse, which rapid population growth and its attendant problems of housing, employment, health and education have brought in their train.

在一九九七年，《基本法》作出多項保證，其中包括保證香港可繼續參與國際組織，例如打擊清洗黑錢財務行動特別組織（特別組織）。特別組織是一九八九年七大工業國經濟高峰會議後成立的跨政府組織，負責制訂和宣傳打擊清洗黑錢的政策，特別是訂立供所有國家/司法管轄區依循的打擊清洗黑錢準則。新世紀伊始，香港即獲選為該組織在二零零一/二零零二年度的主席，顯示香港在打擊清洗黑錢方面的成就得到認同。禁毒專員在二零零一年七月出任該職。

香港的面積僅有1 098平方公里，但人口自禁毒常務委員會在一九六五年成立以來，已增加了一倍。除了700萬居民的技術、衝勁和進取心外，這個彈丸之地實在沒有天然資源可言。香港之所以繁榮興旺，全賴香港人自力更生的精神，以及對外界的影響和事件迅速應變的能力。舉例來說，在五十年代，香港的經濟以轉口貿易為基礎，到了六、七十年代，則以出口本地生產的貨物為主，但在八、九十年代，香港又回復到以轉口貿易為主導的經濟體系。正如本特刊所述，香港是以一貫積極進取的精神，靈活應變，來處理人口迅速增長及隨之而產生的住屋、就業、健康和教育問題，以及所衍生的社會問題，包括濫用藥物問題。

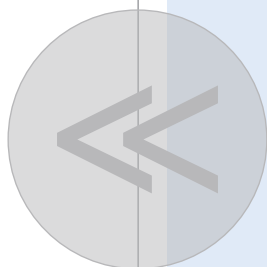


## 展望未來

現今販毒及濫用藥物問題錯綜複雜，所以禁毒常務委員會仍然要面對一項艱巨的工作，但與一九六五年委員會成立時所處身的境況大不相同，委員會現今可利用很多有效的方法，包括憑藉經證實的事實、詳細的研究、過往的佳績，以及不時按情況需要而修訂策略或採取新策略等方法來對付問題。香港已經作好準備，迎接二十一世紀富挑戰性而又未可預知的各種轉變。

## A Look into the Future

ACAN still faces a formidable task in dealing with the many ramifications of modern drug trafficking and abuse but, by contrast with its predecessor body in 1965, it now does so with an armoury of weapons based on authenticated facts, detailed research, successful performance, and a proven willingness to accept and implement any amendments to its strategies, or to adopt new ones, whenever conditions indicate their necessity. Hong Kong is well prepared to meet the future of unforeseeable, but always challenging change, in the 21<sup>st</sup> Century.



附  
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APPENDICES





# 附錄

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3. 禁毒常務委員會研究小組委員會職權範圍及成員名單
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16. 向藥物濫用資料中央檔案室呈報的二十一歲以下藥物濫用者（一九七六年至二零零零年）
17. 向藥物濫用資料中央檔案室呈報的精神藥物濫用者（一九九零年至二零零零年）



# APPENDICES



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2. Terms of Reference and Membership of the ACAN Sub-committee on Preventive Education and Publicity
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8. CRDA record sheet
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16. Young Drug Abusers aged under 21 reported to the CRDA (1976-2000)
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# 禁毒常務委員會 職權範圍

## ACTION COMMITTEE AGAINST NARCOTICS TERMS OF REFERENCE

1. 向政府建議應訂定政策禁止危險藥物非法運入或運經香港，並經常檢討此等政策。	1. To advise the Government on the policies to be adopted to interdict the illicit traffic in dangerous drugs into and through Hong Kong and to keep these policies under regular review.
2. 向政府建議採取措施根除本港社會的濫用藥物行為。	2. To advise the Government on the measures necessary to eradicate drug abuse from the community.
3. 為達到上述目的，就人力物力的適當分配問題，向政府提供意見，以確保政府政策得以實施。	3. To these ends, to be the channel for advice to the Government on the appropriate allocation of resources to ensure the implementation of Government's policies.
4. 確保本港各政府部門和志願機構，在政策的推行上取得協調和通力合作，並獲得社會人士的支持。	4. To ensure coordination and cooperation between Government departments and voluntary agencies in Hong Kong working towards the implementation of these policies and to enlist public support for them.
5. 經常檢討各政府部門和志願機構為推行政府政策而進行的各項計劃和工作，並確保此等計劃和工作能有效地進行。	5. To keep under review programmes and projects being undertaken by Government departments and voluntary agencies directed at implementing Government's policies to ensure that they are effective.
6. 為使政府政策得以更有效地推行，凡本委員會認為應予修改的政策、計劃、工作、法例和程序，均促請政府注意。	6. To draw the attention of the Government to those policies, programmes, projects, laws and procedures which in the opinion of the committee should be changed in order to implement Government's policies more effectively.
7. 就政府或其他有關方面向本委員會所提出，直接或間接與推行政府政策有關的事項，提供意見。	7. To advise on any matter referred to it by the Government, or from any other appropriate source, which may be concerned either directly or indirectly with the implementation of Government's policies.

# 禁毒常務委員會

## ACTION COMMITTEE AGAINST NARCOTICS

### 主席

李紹鴻教授, SBS, JP

### CHAIRMAN

Professor Lee Shiu-hung, SBS, JP

### 委員會成員

涂謹申議員

王津先生, JP

龐創先生, BBS, JP

林鉅津醫生, JP

石丹理教授, BBS, JP

陳錦祥先生, JP

蔡元雲醫生, JP

黎樹濠先生, JP

譚榮根博士, JP

陳澤江先生 (新加坡中央肅毒局)

何京文先生, JP

吳水麗先生, JP

葉國謙議員, JP

林兆榮先生, JP

歐陽卓倫醫生

廖成利先生

李炯前教授

梁栢賢醫生 (衛生署)

盧古嘉利女士, JP (禁毒專員)

### COMMITTEE MEMBERS

Hon. James To Kun-sun

Mr. Justein Wong Chun, JP

Mr. Edward Pong Chong, BBS, JP

Dr. Lam Kui-chun, JP

Professor Daniel Shek Tan-lei, BBS, JP

Mr. Paul Chan Kam-cheung, JP

Dr. Choi Yuen-wan, JP

Mr. Patrick Lai Shu-ho, JP

Dr. Tam Wing-kun, JP

Mr. Tan Seck-kang (Central Narcotics Bureau of Singapore)

Mr. Kenneth Ho King-man, JP

Mr. Ng Shui-lai, JP

Hon. Ip Kwok-him, JP

Mr. Andy Lam Siu-wing, JP

Dr. Henry Au Yeung Cheuk-lun

Mr. Bruce Liu Sing-lee

Professor Kenneth Lee Kwing-chin

Dr. Leung Pak-yin (Department of Health)

Mrs. Clarie Lo, JP (Commissioner for Narcotics)



# 禁毒常務委員會禁毒教育及宣傳小組委員會 職權範圍

## ACAN SUB-COMMITTEE ON PREVENTIVE EDUCATION AND PUBLICITY TERMS OF REFERENCE

在一九七六年七月，禁毒常務委員會通過全面的禁毒教育和宣傳策略，要旨如下：

In July 1976, ACAN endorsed an overall preventive education and publicity strategy with the following aims:

1. 使社會人士經常關注藥物濫用問題，並改變他們對該問題的態度。

1. To keep the drug abuse issue constantly before the public, and to change their attitudes to it.

2. 勸諭青年人，特別是最容易受藥物濫用風氣影響的青少年，切勿嘗試服用違禁藥物。

2. To dissuade and prevent young people, particularly those who are most exposed to the risk of drug abuse, from experimenting with illicit drugs.

3. 向濫用藥物者介紹現有的戒毒設施，並鼓勵他們接受戒毒治療。

3. To make known the available treatment facilities to existing drug addicts and to encourage them to come forward for treatment.

4. 使各國知悉本港的禁毒行動、成績和工作目標。

4. To keep the international audience aware of our actions, achievements and intentions.

為貫徹上述目標，以及肯定禁毒教育和宣傳活動對本港禁毒工作的重要性，小組委員會的任務如下：

Having regard to the above and the importance of preventive education and publicity as an integral part of Hong Kong's battle against narcotics:

1. 向禁毒常務委員會提出建議，因應情況的變化修訂政策，以達上述四項目標。

1. To make proposals to ACAN in respect of any policy changes required, in the light of changing circumstances, to achieve the four aims.

2. 與禁毒處和政府新聞處合作，策劃和推行禁毒常務委員會批准的計劃和政策，並監察其進度和成績。

2. To plan and implement, through the Narcotics Division and the Information Services Department, programmes and policies approved by ACAN and to monitor progress and results.

3. 統籌各政府部門和志願機構在禁毒教育和宣傳方面的計劃和措施。

3. To coordinate programmes and actions undertaken by Government departments and voluntary agencies in the field of preventive education and publicity.

4. 經常檢討個別計劃和禁毒常務委員會在禁毒教育和宣傳方面的整體工作，以評定其影響和成本效益。

4. To keep under review the impact and cost-effectiveness of both individual projects and ACAN's overall preventive education and publicity efforts.





# 禁毒常務委員會禁毒教育及宣傳小組委員會

## ACAN SUB-COMMITTEE ON PREVENTIVE EDUCATION AND PUBLICITY



### 主席

王津先生, JP

### CHAIRMAN

Mr. Justein Wong Chun, JP

### 委員會成員

龐創先生, BBS, JP

林鉅津醫生, JP

黎樹濠先生, JP

譚榮根博士, JP

何京文先生, JP

吳水麗先生, JP

葉國謙議員, JP

張大衛先生

彭盛福先生

林兆榮先生, JP

蘇兆康先生

曾開恆先生

歐陽卓倫醫生

許湧鐘先生, JP

林惠玲女士

廖成利先生

陳偉誠先生

何景安先生

余昌寧先生

謝英許先生

鄔淑賢女士

譚兆炳先生

麥漢楷先生

吳伍莉莉女士 (社會福利署)

梁兆強先生 (教育署)

葉潔梅女士 (政府新聞處)

麥營煒醫生 (衛生署)

冼錦華先生 (香港警務處)

盧古嘉利女士, JP (禁毒專員)

### COMMITTEE MEMBERS

Mr. Edward Pong Chong, BBS, JP

Dr. Lam Kui-chun, JP

Mr. Patrick Lai Shu-ho, JP

Dr. Tam Wing-kun, JP

Mr. Kenneth Ho King-man, JP

Mr. Ng Shui-lai, JP

Hon. Ip Kwok-him, JP

Mr. David Cheung

Mr. Tony Pang Shing-fook

Mr. Andy Lam Siu-wing, JP

Mr. Spencer So Siu-hong

Mr. Paul Tsang Hoi-hang

Dr. Henry Au Yeung Cheuk-lun

Mr. Hui Yung-chung, JP

Ms. Leona Lam Wai-ling

Mr. Bruce Liu Sing-lee

Mr. Chan Wai-shing

Mr. Ho King-on

Mr. Lawrence Yu Cheong-ning

Mr. Daniel Tse Ying-hui

Ms. Wu Shuk-yin

Mr. George Tam Siu-ping

Mr. Mak Hon-kai

Mrs. Lily Ng (Social Welfare Department)

Mr. Leung Shiu-keung (Education Department)

Miss Bonnie Yip (Information Services Department)

Dr. Mak Ying-wai (Department of Health)

Mr. Sin Kam-wah (Hong Kong Police Force)

Mrs. Clarie Lo, JP (Commissioner for Narcotics)

# 禁毒常務委員會研究小組委員會 職權範圍

## ACAN SUB-COMMITTEE ON RESEARCH TERMS OF REFERENCE

1. 選定和進行各項有關毒品問題的研究項目，特別是為濫用藥物者提供戒毒治療和康復服務，以及如何推行禁毒教育和宣傳活動的研究項目，使各有關小組委員會能更深入了解問題，並制定適當的策略。

1. To identify and conduct research projects in various drug-related areas, specifically, on the treatment and rehabilitation of drug abusers and on the approach to preventive education and publicity, which could bring out insights for the respective sub-committee to formulate the appropriate strategies.

2. 監察在本港和海外進行有關毒品問題的研究，並注意其中與香港有關的研究結果。

2. To monitor drug-related studies conducted locally and overseas and draw attention to findings which are of relevance to Hong Kong.



# 禁毒常務委員會研究小組委員會

## ACAN SUB-COMMITTEE ON RESEARCH

### 主席

石丹理教授, BBS, JP

### CHAIRMAN

Professor Daniel Shek Tan-lei, BBS, JP

### 委員會成員

錢明年博士

戴志飛博士

黎守信醫生

盧陳清泉女士

張越華教授

蘇秀冠博士

徐明心先生

陳家華博士

陳淑微女士

曾守焯教授

余則文醫生

許敬文教授

吳啟宏博士

李德誠醫生

龐愛蘭女士

李順潮醫生

林明醫生

陳建中先生 (懲教署)

梁栢賢醫生 (衛生署)

盧古嘉利女士, JP (禁毒專員)

### COMMITTEE MEMBERS

Dr. James M N Ch'ien

Dr. Jeffrey R Day

Dr. Benjamin Lai

Mrs. Lu Chan Ching-chuen

Professor Cheung Yuet-wah

Dr. Atara Sivan

Mr. Tsui Ming-sum

Dr. Kara Chan Ka-wah

Ms. Pearl Chan Shuk-mei

Professor David Tsang Sau-cheuk

Dr. Yu Chak-man

Professor Michael Hui

Dr. Ng Kai-wang

Dr. Dominic Lee Tak-shing

Ms. Scarlett Pong Oi-lan

Dr. Dennis Lam Shun-chiu

Dr. Lam Ming

Mr. Mathias Chan Kin-chung (Correctional Services Department)

Dr. Leung Pak-yin (Department of Health)

Mrs. Clarie Lo, JP (Commissioner for Narcotics)



# 禁毒常務委員會戒毒治療及康復小組委員會 職權範圍

## ACAN SUB-COMMITTEE ON TREATMENT AND REHABILITATION TERMS OF REFERENCE

就下列事項向禁毒常務委員會提出建議：

To make recommendations to ACAN on :

1. 濫用藥物者的戒毒治療和康復服務。

1. The treatment and rehabilitation of drug abusers.

2. 政府部門和志願機構建議就戒毒治療和康復服務方面的法例和計劃所進行的發展、擴展、修訂和統籌工作。

2. Proposals for the development, expansion, and/or modification and coordination of treatment and rehabilitation legislation and programmes, whether undertaken by Government departments or voluntary agencies.

3. 有關戒毒治療和康復服務的研究工作。

3. Research activities relating to treatment and rehabilitation.





# 禁毒常務委員會戒毒治療及康復小組委員會

## ACAN SUB-COMMITTEE ON TREATMENT AND REHABILITATION

### 主席

蔡元雲醫生, JP

### CHAIRMAN

Dr. Choi Yuen-wan, JP

### 委員會成員

涂謹申議員

陳錦祥先生, JP

張錦紅女士

彭盛福先生

楊超發醫生

盧鐵榮博士

張建良醫生

馮祥添先生

馮都新先生

李炯前教授

伍可兒博士

鄭淑梅女士

畢永利先生

黃成榮博士

陳魯孚先生

黎振滿牧師

周偉鑑先生

徐敏博士

周德華先生 (懲教署)

吳伍莉莉女士 (社會福利署)

梁栢賢醫生 (衛生署)

盧古嘉利女士, JP (禁毒專員)

### COMMITTEE MEMBERS

Hon. James To Kun-sun

Mr. Paul Chan Kam-cheung, JP

Miss Rainbow Cheung

Mr. Tony Pang Shing-fook

Dr. Henry Yeung Chiu-fat

Dr. Lo Tit-wing

Dr. Ben Cheung Kin-leung

Mr. Fung Cheung-tim

Mr. Sunny Fung To-sun

Professor Kenneth Lee Kwing-chin

Dr. Ng Ho-yee

Ms. Margaret Tay

Mr. Peter Pi Wing-lee

Dr. Wong Sing-wing

Mr. Michael Rufus Chan

Pastor Samuel Lai Chun-moon

Mr. Raymond Chow Wai-kam

Dr. Xu Min

Mr. Chow Tak-wah (Correctional Services Department)

Mrs. Lily Ng (Social Welfare Department)

Dr. Leung Pak-yin (Department of Health)

Mrs. Clarie Lo, JP (Commissioner for Narcotics)



# 毒品問題聯絡委員會 職權範圍

## DRUG LIAISON COMMITTEE TERMS OF REFERENCE

提供討論渠道，讓禁毒專員與從事減低毒品需求工作的機構可定期交換意見。

To provide a regular forum for the exchange of views between the Commissioner for Narcotics and agencies involved in drug demand reduction activities.



# 毒品問題聯絡委員會 DRUG LIAISON COMMITTEE

## 主席

盧古嘉利女士, JP (禁毒專員)

## CHAIRMAN

Mrs. Clarie Lo, JP (Commissioner for Narcotics)

## 委員會成員包括下列機構代表：

巴拿巴愛心服務團

明愛樂協會

基督教得生團契

基督教正生會

社區藥物教育輔導會

得基輔康會

香港基督教服務處PS33

香港社會服務聯會

香港路德會社會服務處

醫院管理局

啟勵扶青會

生活教育活動計劃

信義會芬蘭差會靈愛青年中心

香港晨曦會

香港培康聯會

戒毒康復協會人道援助基金

聖士提反會

香港戒毒會

香港善導會

基督教互愛中心

全備團契有限公司

衛生署

社會福利署

## COMMITTEE MEMBERS INCLUDE REPRESENTATIVES FROM:

Barnabas Charitable Service Association

Caritas Lok Heep Club

Christian New Being Fellowship

Christian Zheng Sheng Association

Community Drug Advisory Council

DACARS

Hong Kong Christian Service PS33

Hong Kong Council of Social Service

Hong Kong Lutheran Social Service

Hospital Authority

KELY Support Group

Life Education Activity Programme (LEAP)

Ling Oi Youth Centre, Finnish Evangelical Lutheran Mission

Operation Dawn

Pui Hong Self-Help Association

SER Foundation for the Humanitarian Aid

St Stephen's Society

The Society for the Aid and Rehabilitation of Drug Abusers

The Society for the Rehabilitation of Offenders, Hong Kong

Wu Oi Christian Centre

Perfect Fellowship Ltd

Department of Health

Social Welfare Department



## 禁毒基金會管理委員會 職權範圍

### GOVERNING COMMITTEE OF THE BEAT DRUGS FUND ASSOCIATION TERMS OF REFERENCE

1. 監禁毒基金的管理和資事宜。

1. To oversee the administration and investment of the Beat Drugs Fund.

2. 審議向基金提出的撥款申請。

2. To consider applications for financial support from the Fund.

3. 考慮禁毒常務委員會和其屬下小組委員會的建議，釐定撥款金額。

3. To decide on the grants having regard to the recommendations by the Action Committee Against Narcotics and its Sub-committees.

## 禁毒基金會管理委員會

### GOVERNING COMMITTEE OF THE BEAT DRUGS FUND ASSOCIATION

#### 主席

保安局局長

#### CHAIRMAN

Secretary for Security

#### 委員

李紹鴻教授, SBS, JP

周永新教授, JP

李國星先生

庫務署署長

禁毒專員

#### COMMITTEE MEMBERS

Professor Lee Shiu-hung, SBS, JP

Professor Nelson Chow Wing-sun, JP

Mr. Aubrey Li Kwok-sing

Director of Accounting Services

Commissioner for Narcotics

#### 秘書

保安局首席助理局長（禁毒）

#### SECRETARY

Principal Assistant Secretary for Security (Narcotics)





## 向藥物濫用資料中央檔案室呈報資料的機構 LIST OF CENTRAL REGISTRY OF DRUG ABUSE (CRDA) REPORTING AGENCIES

### 機構名稱

基督教巴拿巴愛心服務團有限公司  
香港小童群益會  
香港明愛  
香港中華基督教青年會  
基督教家庭服務中心  
基督教得生團契有限公司  
基督教正生會有限公司  
懲教署  
衛生署  
得基輔康會有限公司  
播道醫院  
香港港安醫院  
香港浸信會醫院  
香港基督教服務處  
香港遊樂場協會  
香港警務處  
香港養和醫院有限公司  
香港基督教女青年會  
醫院管理局  
信義會芬蘭差會靈愛青年中心  
香港晨曦會  
寶血醫院(明愛)  
社會福利署  
聖保祿醫院  
聖士提反會  
聖德肋撒醫院  
香港社會服務聯會  
香港青年協會  
救世軍  
香港戒毒會  
善導會  
荃灣港安醫院  
基督教互愛中心  
循道衛理楊震社會服務處

### NAME OF AGENCY

Barnabas Charitable Service Association Limited  
The Boys' and Girls' Clubs Association of Hong Kong  
Caritas - Hong Kong  
The Chinese Young Men's Christian Association of Hong Kong  
Christian Family Service Centre  
The Christian New Being Fellowship Limited  
Christian Zheng Sheng Association Limited  
Correctional Services Department  
Department of Health  
DACARS, Limited  
Evangel Hospital  
Hong Kong Adventist Hospital  
Hong Kong Baptist Hospital  
Hong Kong Christian Service  
Hong Kong Playground Association  
Hong Kong Police Force  
Hong Kong Sanatorium and Hospital Limited  
Hong Kong Young Women's Christian Association  
Hospital Authority  
Ling Oi Youth Centre, Finnish Evangelical Lutheran Mission  
Operation Dawn Limited  
Precious Blood Hospital (Caritas)  
Social Welfare Department  
St. Paul's Hospital  
St. Stephen's Society  
St. Teresa's Hospital  
The Hong Kong Council of Social Service  
The Hong Kong Federation of Youth Groups  
The Salvation Army  
The Society for the Aid and Rehabilitation of Drug Abusers  
The Society for the Rehabilitation of Offenders, Hong Kong  
Tsuen Wan Adventist Hospital  
Wu Oi Christian Centre  
Yang Memorial Methodist Social Service

# 藥物濫用資料中央檔案室紀錄

## CENTRAL REGISTRY OF DRUG ABUSE RECORD SHEET



### 藥物濫用資料中央檔案室 紀錄表

機密文件

注意：回答選擇題時，請圈出適當的答案

1. 呈報機構		辦事處／分處		空格內無須填寫		2. 洽見日期		<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div>日</div> <div><div></div><div></div><div></div></div> <div>月</div> <div><div></div><div></div><div></div></div> <div>年</div> </div>	
3. 洽見性質		5. 因觸犯與毒品有關的罪行而被捕		7. 其他(請註明)		6. 因觸犯其他罪行而被捕			
1 登記／入院接受治療		5 因觸犯與毒品有關的罪行而被捕		7 其他(請註明)		6 因觸犯其他罪行而被捕			
2 與毒品有關的輔導服務									
3 外展社會工作服務									
4 其他福利服務									
4. 姓名(中文姓名；如非華人，請用英文填寫)				4a. 中文姓名商用電碼					
				<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> </div>					
5. 性別：1 男 2 女				7. 香港身分證號碼(如非本港居民，請填寫其他證件號碼)					
6. 種族：1 華人 2 其他(請註明)				<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> </div>					
8. 婚姻狀況				9. 出生日期／年齡					
1 未婚 2 已婚／同居				<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div>日</div> <div><div></div><div></div><div></div></div> <div>月</div> <div><div></div><div></div><div></div></div> <div>年</div> <div>估計年齡</div> </div>					
3 離／寡 4 離婚／分居 9 不詳									
10. 伴侶有否濫用藥物？ 1 有 2 沒有 3 不適用 9 不詳				本欄無須填寫					
11. 教育水平		12. 職業訓練							
1 無受過教育／幼稚園程度		1 有(技工／學徒／技術員／技師／其他)*							
2 小學程度		8 沒有							
3 初中程度(中一至中三)		9 不詳							
4 高中程度(中四至中七)									
5 專上教育程度									
9 不詳									
		* 請圈出適當的答案							
13. 居住地區				14. 在香港居住的年期					
				<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div>日</div> <div><div></div><div></div><div></div></div> <div>月</div> <div><div></div><div></div><div></div></div> <div>年</div> </div>					
15. 居所類別									
1 受資助的公屋租住單位				5 寮屋					
2 居者有其屋計劃屋苑				6 其他房屋(請註明)					
3 私人樓宇									
4 房委會轄下的臨時房屋				9 不詳					
16. 就業情況(如答案為(1)、(2)或(3)，請註明工作性質)									
1 全職				6 學生					
2 散工／兼職				7 退休人士					
3 從事非法行業				8 其他(請註明)					
4 失業									
5 料理家務				9 不詳					
17. 有無犯罪紀錄？									
1 有，與毒品有關				4 有，但罪行不詳					
2 有，其他罪行				5 沒有					
3 有，與毒品有關和其他罪行				9 不詳					
18. 過去四星期內濫用的藥物種類									
藥物種類		通常服用藥物的方法		通常每日的開支(港元)		首次濫用藥物年齡			
1									
2									
3									
4									
19. 是否在香港開始濫用藥物？ 1 是 2 否 9 不詳									
20. 報稱現時濫用藥物的原因									
1 出於好奇				6 尋求快感或官能上的滿足					
2 受到同輩朋友影響／想和同輩朋友打成一片				7 受到伴侶影響					
3 解悶／情緒低落／焦慮				8 其他原因(請註明)					
4 自行治理疾病									
5 避免因沒有服食藥物而感到不適				9 不詳					

登記號碼

# 藥物濫用資料中央檔案室紀錄

## CENTRAL REGISTRY OF DRUG ABUSE RECORD SHEET

### CENTRAL REGISTRY OF DRUG ABUSE RECORD SHEET

**CONFIDENTIAL**

Note: Please circle the correct answer for multiple choice questions

1. Reporting Agency		Office/Branch		Leave blank		2. Date of Contact		day		month		year	
3. Nature of Contact		1 Registration/Admission for treatment		5 Arrested for drug-related offences									
2 Drug-related counselling services		6 Arrested for other offences											
3 Outreaching social work services		7 Other (please specify) .....											
4 Other welfare services													
4. Name (in Chinese characters; if non-Chinese, in English)						4a. Chinese Commercial Code for Chinese Name							
5. Sex: 1 Male 2 Female						7. HKID Card No. (for non-Hong Kong resident, please quote other document number)							
6. Race: 1 Chinese 2 Other (please specify)													
8. Marital Status						9. Date of Birth/Age							
1 Never married 2 Married/Cohabiting						day month year Estimated age							
3 Widowed 4 Divorced/Separated 9 Unknown													
10. Does the partner take drugs? 1 Yes 2 No 3 Not applicable 9 Unknown						Leave blank							
11. Educational Attainment						12. Vocational Training							
1 No schooling/Kindergarten						1 Yes (craft/apprenticeship/technician/technologist/other)*							
2 Primary						8 No							
3 Lower secondary (S1-S3)						9 Unknown							
4 Upper secondary (S4-S7)													
5 Tertiary													
9 Unknown						*Circle as appropriate							
13. District of Residence						14. Years of Residence in Hong Kong							
15. Type of Living Quarters													
1 Public and aided rental blocks						5 Squatter huts							
2 Home Ownership estates						6 Other housing (please specify) .....							
3 Private housing													
4 Housing Authority temporary housing						9 Unknown							
16. Employment Status (please specify the nature of job for (1), (2) & (3))													
1 Full-time worker .....						6 Student							
2 Casual/Part-time worker .....						7 Retired							
3 Worker in illicit trade .....						8 Other (please specify) .....							
4 Unemployed													
5 Home-maker						9 Unknown							
17. Previous Conviction(s)?													
1 Yes, drug-related offences						4 Yes, offences unknown							
2 Yes, other offences						5 No							
3 Yes, both drug-related and other offences						9 Unknown							
18. Type of drug(s) abused in the last four weeks													
Type of drug(s)		Usual method of taking		Usual daily expenditure (\$)		Age of first abuse							
1													
2													
3													
4													
19. Did drug abuse begin in Hong Kong? 1 Yes 2 No 9 Unknown													
20. Reported reason(s) for current drug use													
1 Curiosity						6 To seek euphoria or sensory satisfaction							
2 Peer influence/To identify with peers						7 Under influence of the partner							
3 Relief of boredom/depression/anxiety						8 Other reason (please specify) .....							
4 For self-medication													
5 Avoid discomfort of its absence						9 Unknown							

GS/ND6 (1/98)

Register No.

# 搜獲毒品數量 (一九七五年至二零零零年)

## DRUG SEIZURES, 1975 - 2000

年份 Year	海洛英 (公斤) Heroin (kg)	海洛英鹼 (公斤) Heroin Base (kg)	大麻草 (公斤) Cannabis Herbal (kg)	大麻樹脂 (公斤) Cannabis Resin (kg)	鴉片 (公斤) Opium (kg)	“搖頭丸” (粒) “Ecstasy” (MDA/MDEA/ MDMA/MBDB) (tablets)	“冰” (甲基安非他明) (公斤) “Ice” (Methylamphetamine) (kg)
1975	186	-	54 #	N.A.	422	-	N.A.
1976	164	-	87 #	N.A.	3 553	-	N.A.
1977	179	-	19 #	N.A.	147	-	N.A.
1978	285	48	1 #	N.A.	205	-	N.A.
1979	129	19	12 #	N.A.	125	-	N.A.
1980	76	38	39 #	N.A.	86	-	N.A.
1981	77	85	8 #	N.A.	140	-	N.A.
1982	116	232	55 #	N.A.	187	-	N.A.
1983	164	460	6 #	N.A.	91	-	N.A.
1984	230	972	56.1	20.6	50	-	N.A.
1985	259	113	145.4	16.8	112	-	N.A.
1986	401	162	52.5	38.9	96	-	N.A.
1987	488.4	76	270.5	14.5	186	-	N.A.
1988	879	2	40.5	14.2	71	-	0.001
1989	1066	2	382.1	53.5	109	-	9.5
1990	193	19	2 350.2	45.4	71	-	5.7 and 7 L *
1991	112	26	89	83.7	53	-	72.8
1992	558	5	2 982.9	33.6	29	-	18.6
1993	270	-	547.4	44	43	28	1.8
1994	542	4	3 116.2	73.2	10	1	133.4
1995	411	0.5	1 052.4	20.1	8	30	15.4
1996	309.1	-	8 822.7	27.9	13.6	14 406	46.8 and 196 tabs
1997	202.2	-	1 002.1	38.9	3.5	49 613	73.6 and 3 461 tabs
1998	209.4	-	585.1	39.7	1.8	282	232.7 and 13 tabs
1999	287.5	-	26.3	14.4	0.135 and 0.037 L	21 202	102.1 and 1 111 tabs
2000	339.3	-	226.7	6.4	3.277 and 1.8 L	378 621 and 0.06 kg	87.6 and 7 879 tabs

**附註:** 1. N.A. 指並無數據細目提供。  
2. # 包括大麻草、大麻樹脂、大麻油及大麻種子的數據細目未能提供。  
3. \* 搜獲的液體含有 3.77 公斤鹽酸甲基安非他明。

資料來源: 政府化驗所

**Notes:** 1. N.A. denotes no breakdown is available.  
2. # Including cannabis herbal, cannabis resin, cannabis oil and cannabis seed, and no breakdown is available.  
3. \* The liquid contains 3.77 kg of methylamphetamine HCL.

**Source:** Government Laboratory



# 因犯毒品罪行而被捕的人數 (一九七五年至二零零零年)

## NUMBER OF PERSONS ARRESTED FOR DRUG OFFENCES, 1975 - 2000

年份 Year	人數 No.
1975	13 869
1976	12 923
1977	8 975
1978	8 913
1979	6 185
1980	5 757
1981	7 866
1982	9 625
1983	11 229
1984	11 207
1985	12 432
1986	12 494
1987	11 253
1988	11 562
1989	9 544
1990	7 600
1991	7 813
1992	9 613
1993	12 794
1994	15 601
1995	16 143
1996	14 827
1997	12 247
1998	10 773
1999	8 733
2000	10 139

資料來源：香港警務處      Source : Hong Kong Police Force

























































# 被判監的藥物濫用者人數 (一九七五年至二零零零年)

## NUMBER OF DRUG ABUSER ADMISSIONS TO PRISONS, 1975 - 2000

年份 Year	人數 No.
1975	6 962
1976	4 737
1977	2 847
1978	2 860
1979	2 047
1980	1 297
1981	1 430
1982	1 989
1983	2 318
1984	2 159
1985	2 186
1986	2 311
1987	1 897
1988	1 990
1989	1 846
1990	1 748
1991	1 931
1992	2 389
1993	2 797
1994	3 562
1995	4 073
1996	4 476
1997	3 941
1998	3 867
1999	3 897
2000	3 966

資料來源：懲教署      Source : Correctional Services Department

## 香港提供的戒毒治療和康復服務 TREATMENT AND REHABILITATION SERVICES PROVIDED IN HONG KONG









































































計劃 Programme	機構名稱 Agency	電話熱線 Hotline	主要服務對象 (註) Major target client (Note)	服務對象 (性別) Target client (Sex)	治療服務 Treatment service		善後服務 Aftercare service					
					藥物治療 Drug treatment	治療期 Duration of treatment	中途宿舍 Half-way house	社工輔導 Counselling by social worker	宗教輔導 Religious counselling	文娛活動 Recreation	職業輔導 Occupational counselling	自助小組 Self-help group
強迫戒毒計劃 Compulsory Placement Programme	懲教署 Correctional Services Department	2986 6286				2-12 個月 2-12 months						
	• 喜靈洲戒毒所 Hei Ling Chau Addiction Treatment Centre											
	• 芝蔴灣戒毒所 Chi Ma Wan Drug Addiction Treatment Centre	2984 6600				2-12 個月 2-12 months						
美沙酮門診治療計劃 Methadone Out-patient Treatment Programme	衛生署 Department of Health 美沙酮診所 Methadone Clinics	2835 1831 2835 1834										
自願住院戒毒治療和 康復服務計劃 Voluntary Residential Treatment and Rehabilitation Programme	香港戒毒會 The Society for the Aid and Rehabilitation of Drug Abusers (SARDA)	2574 3300				3 星期-12 個月 3 weeks- 12 months						
	巴拿巴愛心服務團 Barnabas Charitable Service Association	2640 1683				12 個月 12 months						
	明愛黃耀南中心 Caritas Wong Yiu Nam Centre	2335 5088				1 個月 1 month						
	基督教得生團契 Christian New Being Fellowship	2329 6077				18 個月 18 months						
	基督教正生會 Christian Zheng Sheng Association	7112 8011 召 Call 1942				6 個月或以上 6 months or more						

註:

 濫用麻醉藥劑者  
Opiate Narcotics Abusers

 濫用精神藥物者  
Psychotropic Substance Abusers

## 香港提供的戒毒治療和康復服務 TREATMENT AND REHABILITATION SERVICES PROVIDED IN HONG KONG
























































計劃 Programme	機構名稱 Agency	電話熱線 Hotline	主要服務對象 (註) Major target client (Note)	服務對象 (性別) Target client (Sex)	治療服務 Treatment service		善後服務 Aftercare service					
					藥物治療 Drug treatment	治療期 Duration of treatment	中途宿舍 Half-way house	社工輔導 Counselling by social worker	宗教輔導 Religious counselling	文娛活動 Recreation	職業輔導 Occupational counselling	自助小組 Self-help group
濫用精神藥物者輔導計劃 Counselling Programme for Psychotropic Substance Abuse	得基輔康會 Drug Addict Counselling and Rehabilitation Services (DACARS)	8104 2188 2673 8272				9-12 個月 9-12 months						
	信義會芬蘭差會靈愛青年中心 Finnish Evangelical Lutheran Mission Ling Oi Youth Centre	2612 1342				9-12 個月 9-12 months						
	香港晨曦會 Operation Dawn	2714 2434				18 個月 18 months						
	戒毒康復協會人道援助基金 SER Foundation for Humanitarian Aid	2988 1771				12 個月 12 months						
	聖士提反會 St. Stephen's Society	2720 0179				12 個月 12 months						
	基督教互愛中心 Wu Oi Christian Centre	2782 2779				18 個月 18 months						
	香港基督教服務處 Hong Kong Christian Service PS33	2368 8269				1.5-3 年 1.5-3 years						
	社會福利署「健康新一代」計劃 Social Welfare Department Against Substance Abuse Scheme	2407 0138										
	明愛谷圃中心 Caritas HUGS Centre	2466 3132		 6-24歲 age 6-24								
	香港路德會社會服務處-路德會青欣中心 Hong Kong Lutheran Social Service- Cheer Lutheran Centre	2660 0400		 25歲以下 age below 25								

註：  
濫用麻醉鎮痛劑者  
Opiate Narcotics Abusers

濫用精神藥物者  
Psychotropic Substance Abusers



# 香港提供的戒毒治療和康復服務 TREATMENT AND REHABILITATION SERVICES PROVIDED IN HONG KONG

計劃 Programme	機構名稱 Agency	電話熱線 Hotline	主要服務對象 (註) Major target client (Note)	服務對象 (性別) Target client (Sex)	治療服務 Treatment service		善後服務 Aftercare service						
					藥物治療 Drug treatment	治療期 Duration of treatment	中途宿舍 Half-way house	社工輔導 Counselling by social worker	宗教輔導 Religious counselling	文娛活動 Recreation	職業輔導 Occupational counselling	自助小組 Self-help group	
物質濫用診所 Substance Abuse Clinic	醫院管理局 Hospital Authority												
	• 九龍醫院 Kowloon Hospital	2762 6263											
	• 東區尤德夫人那打素醫院 Pamela Youde Nethersole Eastern Hospital	2595 7608											
	• 威爾斯親王醫院 Prince of Wales Hospital	2632 2584											
	• 瑪麗醫院 Queen Mary Hospital	2855 3067 2466 7350											
	• 葵涌醫院藥物濫用評估中心 Kwai Chung Hospital Substance Abuse Assessment Unit	2959 8082											
	• 青山醫院屯門精神健康中心 Castle Peak Hospital Tuen Mun Mental Health Centre	2456 8260											
輔導與多元化之綜合服務計劃 Counselling and Multiple Integrated Service Programme	明愛樂協會 Caritas Lok Heep Club	2893 8060 2382 0267											
	香港培康聯會 Pui Hong Self-help Association	2576 2356											
	啟勵扶青會 KELY Support Group	9032 9096 (英語Eng) 9039 7472 (粵語Chi)											
	善導會 The Society for the Rehabilitation of Offenders, Hong Kong	2327 7377											
	香港社會服務聯會 Hong Kong Council of Social Service	2864 2929											

註：  
 濫用麻醉鎮痛劑者  
 濫用精神藥物者  
 Opiate Narcotics Abusers  
 Psychotropic Substance Abusers

# 被濫用的各種物品








## Substances Liable to

種類 Category	物質 Substance	俗稱 Chinese Colloquial	醫藥用途 Medical Use	濫用後果 Effects of Abuse
<b>Narcotics Analgesics</b> 麻醉鎮痛劑	 地匹哌酮 Dipipanone (Wellconal)	紅色菲仕通	鎮痛，防止因戒除毒癮所引起的不適 Pain relief, prevent narcotic drug withdrawal discomfort	<ol style="list-style-type: none"> <li>成癮</li> <li>昏迷</li> <li>壓抑呼吸</li> <li>噁心</li> <li>斷癮跡象： 流眼水、流鼻涕、打呵欠、食慾不振、煩躁、震顫、驚惶、感到寒冷、出汗、痙攣。</li> </ol> <ol style="list-style-type: none"> <li>Dependence</li> <li>Drowsiness</li> <li>Respiratory depression</li> <li>Nausea</li> <li>Withdrawal syndrome: watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills, sweating, cramps</li> </ol>
	 海洛英 Heroin	白粉、粉、灰、四仔、港紙、美金	沒有 None	
	 美沙酮 Methadone	蜜瓜汁	戒毒治療 Treatment of narcotic drug addiction	
	 菲仕通 Physeptone	帆船仔、白色菲仕通	鎮痛 Pain relief	
	 嗎啡針劑 Morphine Ampoules	嗎啡針	沒有 None	
	 鴉片 Opium	熟膏、福壽膏	沒有 None	
<b>Hallucinogens</b> 迷幻劑	 大麻 Cannabis	草	沒有 None	<ol style="list-style-type: none"> <li>舉止失常</li> <li>判斷力失準</li> <li>支氣管炎</li> <li>結膜炎</li> <li>內分泌紊亂</li> </ol> <ol style="list-style-type: none"> <li>Disoriented behaviour</li> <li>Impaired judgement</li> <li>Bronchitis</li> <li>Conjunctivitis</li> <li>Endocrine disorders</li> </ol>
	 大麻樹脂 Cannabis resin	大麻精	沒有 None	
	 麥角副酸二乙基酰胺 LSD	沒有 None	沒有 None	
<b>Depressants</b> 鎮抑劑	 <b>巴比士酸鹽</b> <b>Barbiturates:</b>			<ol style="list-style-type: none"> <li>成癮</li> <li>說話含糊</li> <li>迷惑</li> <li>記憶和思想受損</li> <li>抑鬱或情緒波動</li> <li>中毒性精神病</li> <li>睡眠失調</li> <li>肝臟和腎臟受損</li> </ol> <ol style="list-style-type: none"> <li>Dependence</li> <li>Slurred speech</li> <li>Disorientation</li> <li>Impaired memory and thinking</li> <li>Depression or mood swings</li> <li>Toxic psychosis</li> <li>Sleep disorder</li> <li>Liver and kidney damage</li> </ol>
	 異戊巴比妥 Amylobarbitone	沒有 None	鎮靜神經、催眠、抗痙攣 Sedative, hypnotic, anti-convulsant	
	 正丁巴比妥 Butobarbitone (Soneryl)	沒有 None		
	 速可巴比妥 (速可眠) Quinalbarbitone (Secobarbital)	莉莉四十		
<b>Stimulants</b> 興奮劑	 甲喹酮 Methaqualone (Mandrax)	忽得、糖仔、MX	沒有 None	<ol style="list-style-type: none"> <li>失眠</li> <li>抑鬱</li> <li>中毒性精神病</li> <li>食慾不振</li> <li>心臟和腎臟衰竭</li> </ol> <ol style="list-style-type: none"> <li>Insomnia</li> <li>Depression</li> <li>Toxic psychosis</li> <li>Loss of appetite</li> <li>Heart and kidney failure</li> </ol>
	 <b>安非他明：</b> <b>Amphetamines:</b>			
	 甲基安非他明 Methylamphetamine	冰	減低食慾、提神、治療發作性渴睡症 Appetite suppressant, stimulant, treatment of narcolepsy	
	 $\alpha$ - $\alpha$ 二甲基苯乙基胺 Phentermine (Duromine, Redusa, Mirapront)	大力丸		
	 可卡因 Cocaine	可卡因、可可精	局部麻醉劑 Local or topical anaesthetic	心臟衰竭 Heart failure

以下藥物未能盡錄。列於括號內的商業註冊藥名乃個別例子。同類或其他牌子的藥物在市面亦可能有售。若在醫生指導下服用藥物，則不算濫用。

This list of drugs is not exhaustive. Proprietary names (in brackets) are examples only. Generic or other brand name versions may be available. Use of substance under medical guidance does not constitute abuse.

# Abuse

種類 Category	物質 Substance	俗稱 Chinese Colloquial	醫藥用途 Medical Use	濫用後果 Effects of Abuse
<b>興奮劑</b> Stimulants	 亞甲二氧基甲基安非他明 MDMA (Ecstasy)	搖頭丸、忘我、 狂喜、E仔	沒有 None	1. 脫水 2. 筋疲力盡 3. 肌肉衰弱 4. 身體過熱 5. 抽搐 6. 崩潰 1. Dehydration 2. Exhaustion 3. Muscle breakdown 4. Overheating 5. Convulsion 6. Collapse
<b>鎮靜劑</b> Tranquillizers	<b>苯二氮草類：</b> Benzodiazepines：  氯氮草（利眠寧） Chlordiazepoxide (Librium, Librax) 安定 Diazepam (Valium) 舒樂安定 Estazolam 氟硝西洋（氟硝安定） Flunitrazepam (Rohypnol) 咪達唑侖（速眠安） Midazolam (Dormicum) 三唑侖 Triazolam 三唑侖 Triazolam 佐匹克隆 Zopiclone	綠豆仔 羅氏五號、羅氏十號 沒有 None 十字架 藍精靈 白瓜子 藍精靈 白瓜子	催眠 Hypnotic 催眠 Hypnotic	1. 成癮 2. 昏睡 3. 暈眩 4. 鎮靜神經 5. 抑鬱 6. 敵意 7. 動作不協調 8. 運動失調 9. 胎兒不正常 10. 失憶 11. 認知和神經肌運動功能受損 1. Dependence 2. Drowsiness 3. Dizziness 4. Sedation 5. Depression 6. Hostility 7. Incoordination 8. Ataxia 9. Foetal abnormalities 10. Loss of memory 11. Impaired cognitive and neuromotor functioning
<b>其他</b> Others	 氯胺酮 Ketamine  <b>咳藥：</b> Cough Medicine： 可待因 Codeine 右甲嗎南 Dextromethorphan  酒精 Alcohol  煙草 Tobacco  有機溶劑 Organic Solvents	K仔 高甸、止咳水、 囉囉變 DM丸、黃豆仔、O仔 酒、啤酒、葡萄酒、 拔蘭地、威士忌、 餐酒、香檳 煙、煙仔、 煙絲、雪茄 膠水、天拿水、 打火機油	手術用麻醉劑 Surgical anaesthetic 止咳 Cough suppressant 沒有 None 沒有 None 沒有 None	1. 說話迷糊 2. 記憶力衰退 3. 行動機能受損 4. 呼吸/心臟機能受損 5. 形成耐藥性，心理依賴 1. Delirium 2. Impaired memory 3. Impaired motor function 4. Respiratory/heart problems 5. Tolerance/dependence 1. 成癮 2. 壓抑呼吸 3. 中毒性精神病 4. 便秘 5. 食慾不振 6. 暈眩 1. Dependence 2. Respiratory depression 3. Toxic psychosis 4. Constipation 5. Loss of appetite 6. Dizziness 1. 成癮 2. 肝臟受損 3. 中毒性神經系統損害 1. Dependence 2. Liver damage 3. Toxic neurologic damage 1. 成癮 2. 肺部受損 1. Dependence 2. Lung damage 1. 知覺受損 2. 失去協調和判斷能力 3. 壓抑呼吸和腦部受損 1. Impaired perception 2. Loss of coordination and judgement 3. Respiratory depression and brain damage

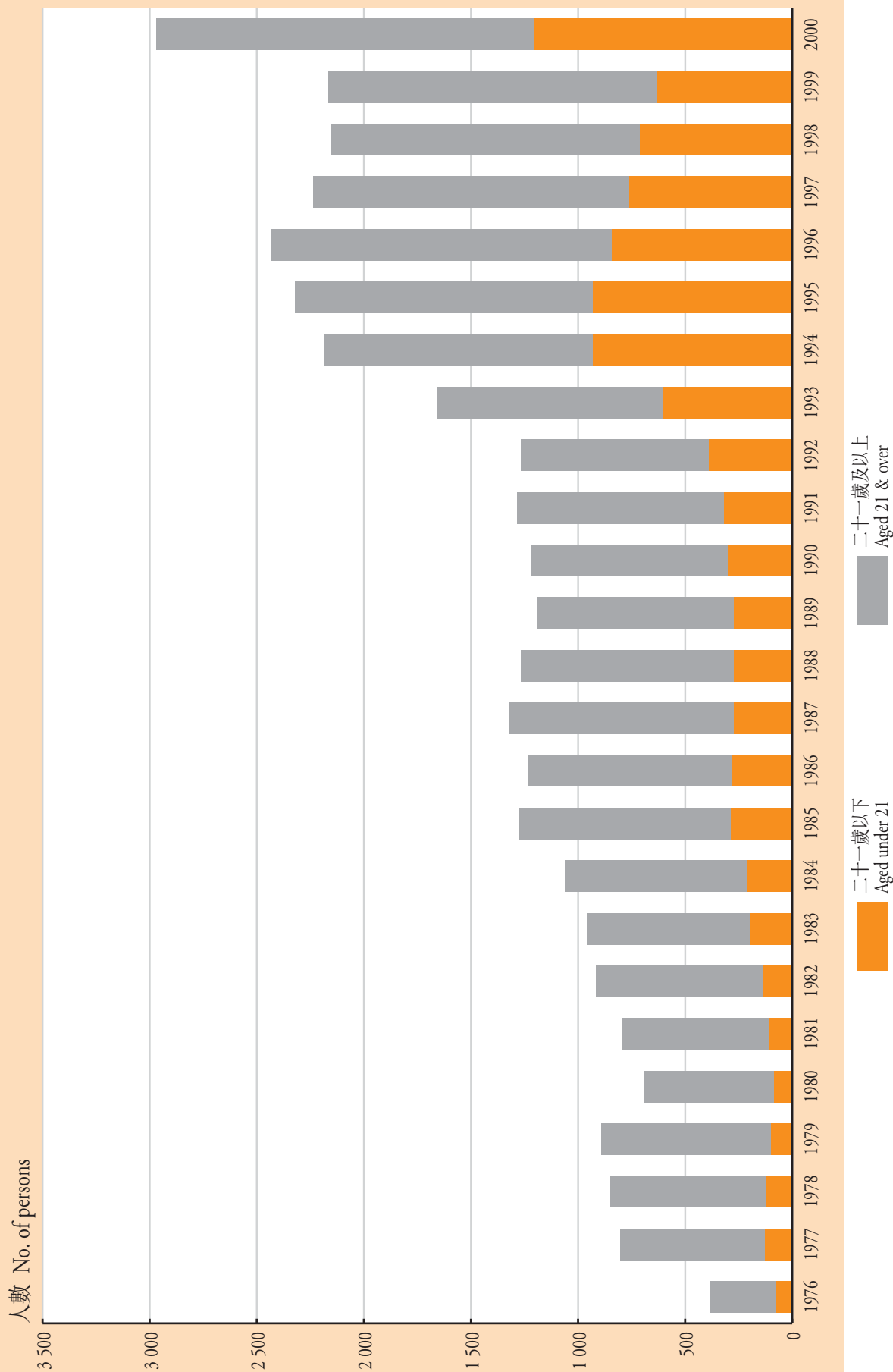
部份圖片由政府化驗所提供。Some of the photographs are provided by Government Laboratory.

# 向藥物濫用資料中央檔案室呈報的藥物濫用者人數 (一九七六年至二零零零年) NUMBER OF DRUG ABUSERS REPORTED TO THE CRDA, 1976-2000

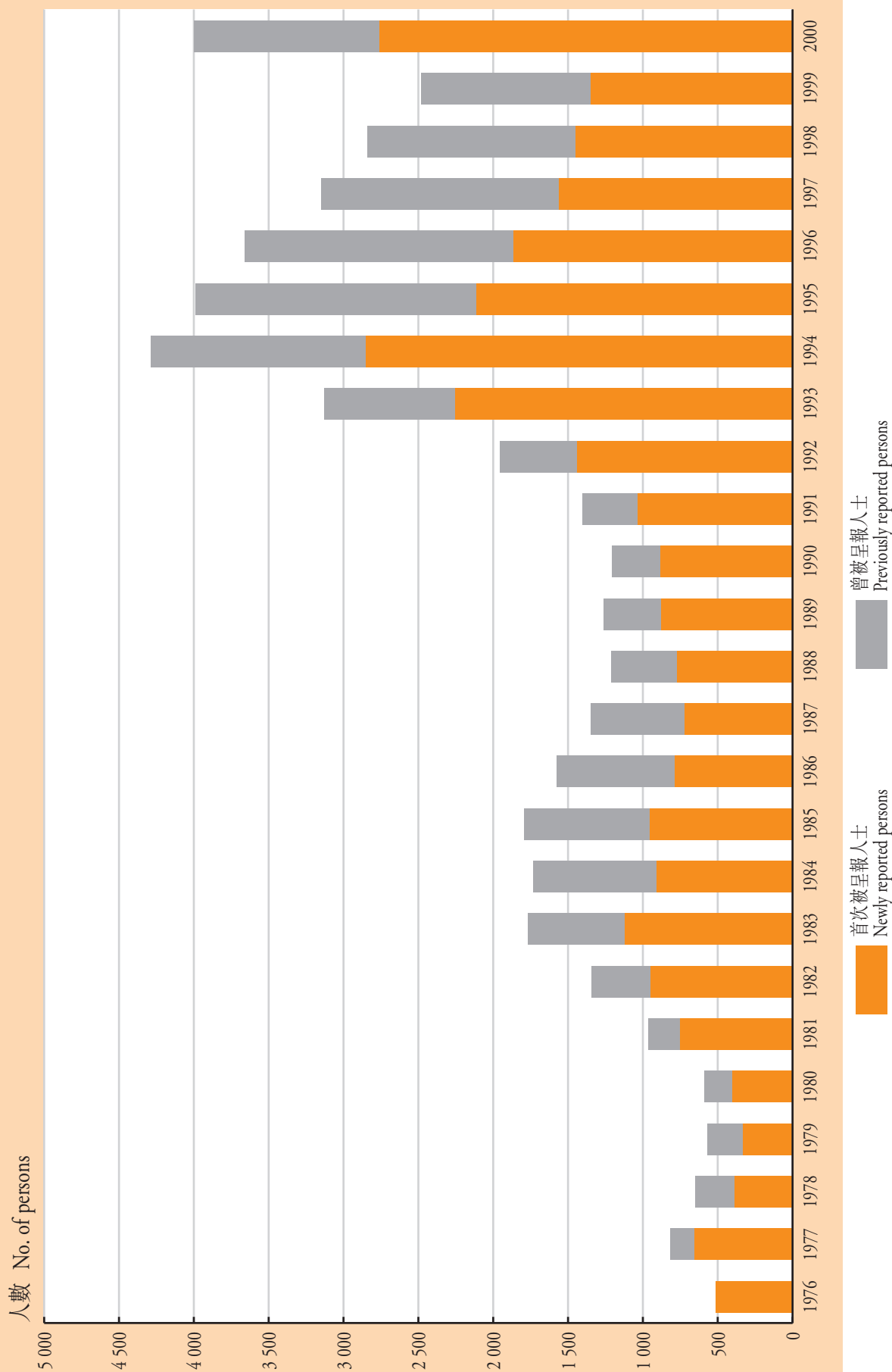




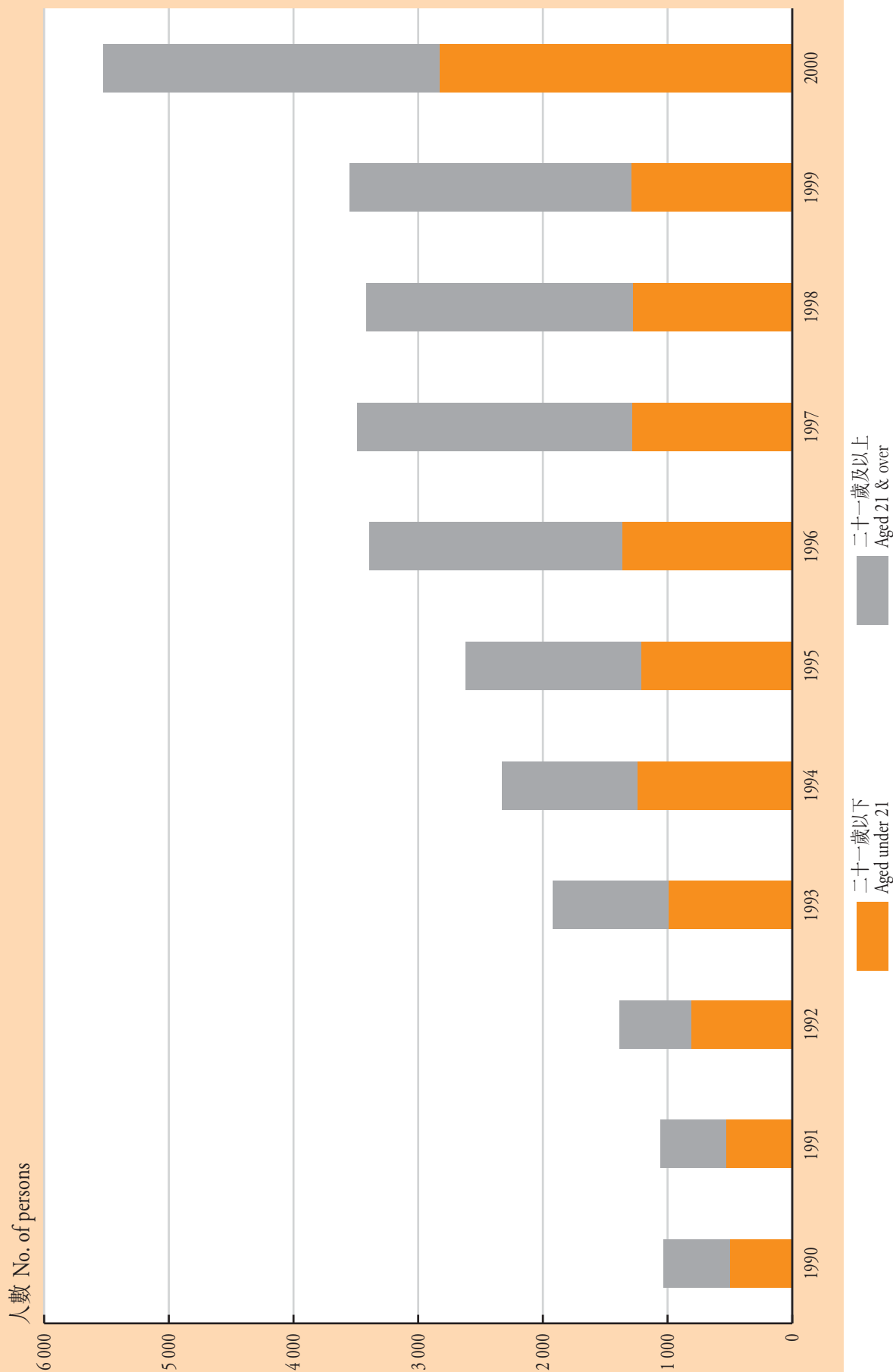
# 向藥物濫用資料中央檔案室呈報的女性藥物濫用者 (一九七六年至二零零零年) FEMALE DRUG ABUSERS REPORTED TO THE CRDA, 1976-2000



# 向藥物濫用資料中央檔案室呈報的二十一歲以下藥物濫用者 (一九七六年至二零零零年) YOUNG DRUG ABUSERS AGED UNDER 21 REPORTED TO THE CRDA, 1976-2000



# 向藥物濫用資料中央檔案室呈報的精神藥物濫用者 (一九九零年至二零零零年) PSYCHOTROPIC SUBSTANCE ABUSERS REPORTED TO THE CRDA, 1990-2000



## 作者簡介 ABOUT THE AUTHOR



利尚志先生在一九六一年加入香港政府政務職系，先後在當時的財政科、市政事務署和工商署任職共達十一年。在該段期間，他代表緝私隊（即現時的香港海關，但當年隸屬工商署）出席禁毒常務委員會轄下的非法販毒小組委員會，其間初次接觸到香港當時販毒和藥物濫用的嚴重問題。

一九七二年，利尚志先生獲委派為麥健時管理事務顧問公司的政府代表。該公司受香港政府聘請，負責研究港府的運作機制並提出報告，目的是改善政府的整體效率。在一九七三年年底，政府接納麥健時公司兩份報告書內的建議，並在當時的布政司署轄下成立行政策劃處，以監管建議的推行。利尚志先生獲委任出掌該處。

一九七五年三月，利尚志先生出任禁毒專員。禁毒專員一職最先在一九七二年開設，當時政府就禁毒策略作出重大檢討和改革，包括改組禁毒常務委員會。利尚志先生於一九八二年十一月自禁毒處退休及離開政府，隨即出任香港工業總會總幹事一職，直至一九八五年七月。

利尚志先生來港後，一直積極參與各種義務工作，包括學生及社團、社區中心、學校、諮詢組織，有時並為這些團體籌募經費。在過去兩年，他曾擔任香港戒毒會執行委員會的委員。

利尚志先生在一九七三年獲頒授英帝國官佐勳章，又在一九八二年獲頒授英國司令勳章。

Mr. Peter E. I. Lee joined the Hong Kong Administrative Services in 1961, and served in the Finance Branch and in the Urban Services and Commerce and Industry Departments for the following 11 years. During that period he represented the Preventive Service (now the Customs and Excise Department, but then part of the Commerce and Industry Department) on ACAN's Illicit Traffic Sub-committee, which introduced him to Hong Kong's major drug-trafficking and abuse problems.

In 1972 Mr. Lee was appointed Government representative with McKinsey and Company (Management Consultants) which had been commissioned to examine, and report on, the machinery of the Hong Kong Government, with a view to improving its overall efficiency. In late 1973, the Government accepted the recommendations made in the Company's two reports, and created the first Management Unit in the Government Secretariat to oversee their implementation; Mr. Lee was appointed as its first head.

On March 1975, Mr. Lee became Commissioner for Narcotics, a post first created in 1972 as a result of a major reorganization of the Government's anti-narcotics strategies, including the reconstitution of ACAN. On his retirement from the Narcotics Division and the Government service in November 1982, he became Executive Director of the Federation of Hong Kong Industries, until July 1985.

From the time of his arrival in Hong Kong, Mr. Lee has been actively engaged in a variety of voluntary work, including student and societies, community centres, schools, advisory organizations, and in fund-raising for a number of them. For the past two years, he has been a member of SARDA's Executive Committee.

Mr. Lee was awarded the OBE in 1973 and the CBE in 1982.



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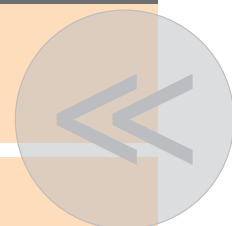
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