

**Recommendations on Residential Drug Treatment and Rehabilitation Services
Set Out in Report No.55 of the Director of Audit**

The Audit Commission's Recommendations	Response from the Administration on the Report ¹
A. Allocation of resources to SARDA	
<p><u>Para.2.12</u> Given that Centre 1 had been under-utilised for quite a number of years, Audit has recommended that the Commissioner for Narcotics should, in collaboration with the Director of Health, closely monitor the pace of re-engineering in Centre 1 and provide necessary support to SARDA in implementing cost-effective projects to cope with PSA.</p>	<p><u>Para.2.13</u> The Commissioner for Narcotics welcomes the audit recommendation. She has said that:</p> <ul style="list-style-type: none"> (a) the audit recommendation is in line with the policy initiatives which the Administration has been pursuing; (b) the Administration has been expediting efforts to help SARDA to re-engineer its services, some of which are reported in paragraphs 2.5 to 2.7 and 2.9 to 2.11; (c) of the four residential T&R centres operated by SARDA (see Note 8 to para. 2.4), three have successfully re-engineered. The average percentage of psychotropic substance abusers they admitted has risen from 41% in 2006 to 79% in 2009. Occupancy rates are also high, averaging 96% in 2009; (d) as regards Centre 1, following the developments reported in paragraphs 2.10 and 2.11, the ND has had further exchanges and meetings with SARDA to elaborate the ND's advice on the "Project Youth Care" proposal, emphasising the need for expediting the use of the under-utilised facilities in Centre 1 to

¹ After Report of the Director of Audit published in October 2010, public hearings were held by the Public Accounts Committee on 7 December 2010 and their report was published in February 2011. The Administration has proactively followed up relevant process and reported the progress to the Public Accounts Committee through official letter reply and annual report on a regular basis. The concerns have also been further addressed on Chapter 5 of the Sixth Three-year Plan.

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	<p>serve more psychotropic substance abusers and redeploying existing resources to this pilot project as early as possible;</p> <p>(e) the Administration needs also to bear in mind that Centre 1 has a legitimate role to help heroin abusers who still remain at a sizeable number; and</p> <p>(f) the ND will, in collaboration with the DH, closely monitor the progress and provide all necessary support.</p> <p><u>Para.2.14</u> The Director of Health has said that the DH will continue to support SARDA in re-engineering its services, under the leadership of the ND.</p>
B. Usage of Treatment Centres	
<p><u>Para.3.32</u> Audit has recommended that the Commissioner for Narcotics should, in collaboration with the Director of Social Welfare and the Director of Health:</p> <p><i>Overall capacity to meet demands</i></p> <p>(a) keep the overall capacity of treatment centres under close review to see if it can meet the service demands, taking into account the audit observations in paragraphs 3.8 to 3.11;</p>	<p><u>Para.3.34</u> The Commissioner for Narcotics welcomes the audit recommendations in paragraphs 3.32 and 3.33. The Secretary for Labour and Welfare and the Director of Social Welfare also agree with the audit recommendations in paragraph 3.33.</p> <p><i>Overall capacity to meet demands</i></p> <p><u>Para.3.35</u> The Commissioner for Narcotics has said that:</p> <p>(a) the audit recommendation in paragraph 3.32(a) is in line with the policy initiatives which the Administration is pursuing;</p> <p>(b) the ND has been keeping the overall capacity under close review.</p>

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	<p>The ND is grateful to Audit for recognising some of the Administration's specific efforts in recent years as set out in paragraphs 3.3 to 3.6;</p> <p>(c) in addition to helping existing treatment centres upgrade or re-provision their premises to meet licensing requirements, the Administration supports their expansion where feasible and justified (subject to site and physical constraints). Examples include Centres 28 and 29 (for which the Administration supported expansion from 64 to 200 places — see para. 3.14), Centres 30 and 31 (for which the Administration supported expansion from 60 to 96 places) and Centre 23 (for which the Administration supported expansion from 40 to 50 places). Actions are underway to help the NGOs concerned take forward their proposals. This is indeed a recommendation in the Fifth Three-year Plan;</p> <p>(d) in the 2009-10 Policy Address, the Government pledged to provide more rehabilitation facilities for young drug abusers and to invite proposals for new and effective modes of service and treatment programmes. The invitation exercise is now scheduled for the fourth quarter of 2010;</p> <p>(e) the above efforts will continue. The ND will coordinate inter-departmental efforts in consultation with stakeholders through ACAN, the Drug Liaison Committee and other appropriate platforms. The preparation in 2011 of the Sixth Three-year Plan (2012-14) will provide a structured opportunity to involve players in the anti-drug sector;</p>

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	<p>(f) Audit's observations and the Government's efforts must be seen against the peculiar landscape of treatment centres, as follows:</p> <ul style="list-style-type: none"> (i) currently, there are 40 treatment centres run by 17 voluntary NGOs, which have been pioneered and developed over the last four decades. Traditionally, Christian agencies were funded by their churches, local or overseas, and secular treatment programmes were financed by voluntary organisations. Most have also been regularly assisted by the Government in terms of land, nominal rents, rates relief, payment of Comprehensive Social Security Assistance to eligible clients, and grants for employment of teachers; (ii) the 17 NGOs represent a wide array of voluntary organisations with different backgrounds, philosophies, treatment approaches, capabilities and resource back-up. Many of them are small ones and many of their treatment centres are serviced by ex-drug abusers after rehabilitation. For a long time, the clients they served were usually adult heroin abusers. Residential drug treatment services are hardly a mainstream, well-developed social welfare service or a focus of many more established NGOs in the community. Apart from SARDA (which began to receive government subvention in the 1960s), the Government started in late 1990s to provide recurrent subvention through the DH and the SWD to some treatment centres after an open invitation or assessment of programme effectiveness; and

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	<p>(iii) the partnership between NGOs and the Government builds on not only those factors observed by Audit in paragraph 3.16, but also a number of other equally important factors from NGOs' perspectives, such as the following:</p> <ul style="list-style-type: none"> • NGOs' own missions, convictions, and service philosophies and priorities; • NGOs' own resources and donations, the use of which is governed by NGOs themselves and wishes of donors; • mutual trust, respect and understanding between NGOs and the Government; • the programme content, duration and target service recipients (e.g. gender and age) which are largely on the NGOs' own initiative; and • for those NGOs which receive subvention, they will have to meet certain service targets and be subject to monitoring. For those which do not, they have a larger degree of flexibility in their operation; <p>(g) the current landscape of treatment centres with community participation and a mix of subvented and non-subvented places (as referred to in para. 3.11(a)) represents a balance that offers many advantages, as follows:</p> <p>(i) NGOs follow different approaches and philosophies in running treatment services. The diversity of programmes they offer enables drug abusers to choose and receive treatment that may best meet their individual needs;</p> <p>(ii) programmes offered by non-subvented NGOs are generally</p>

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	<p>more flexible and apt to respond to the changing drug scene or social needs. Their contribution is also important in mobilising community resources on top of government provision to help unfortunate ones, with little government intervention and bureaucratic rigidities; and</p> <p>(iii) subject to the wishes of NGOs concerned, appropriate use of government subvention is also an important tool in suitable circumstances. For examples, this helps:</p> <ul style="list-style-type: none"> • performance monitoring of services recognised to be of quality; • assurance of treatment centre places for helping drug abusers instead of those with other social needs; and • development of new services to meet a service gap; <p>(h) Audit's observations in paragraph 3.11(b) that most of the residential places for PSA treatment were provided by non-subvented centres are a natural result of their fast response to the changing drug scene to best meet the increasing demand of psychotropic substance abusers;</p> <p>(i) the Government also plays its part by allocating additional resources. Since the escalated efforts to combat youth drug abuse beginning with the Task Force led by the S for J in 2007-08, the Government has injected new resources to subvent additional places in SWD-subvented and DH-subvented treatment centres (see paras. 3.3 and 3.6);</p> <p>(j) it is natural that some of the additional resources are used to</p>

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	<p>convert non-subsented places to subsented places (as quoted in Case 1 in para. 3.9) to reinforce the grounds gained by NGOs to help psychotropic substance abusers, as mentioned in paragraph 3.10 (which also addresses the audit observations in para. 3.11(b) and (c));</p> <p>(k) moreover, increase in physical capacity normally requires bigger space/premises or relocation. Physical constraints and local consultations are issues that need to be addressed before new resources can be put in;</p> <p>(l) the ND appreciates Audit's reminder that not all 1,635 places were available to drug abusers (see para. 3.11(c)). According to the Ordinance, any facility offering residential places for four or more drug abusers are subject to licensing control. The Administration is keenly aware of the limitations of their availability, such as those highlighted by Audit which the Administration will duly take into account in its overall planning;</p> <p>(m) it must be reckoned that in many instances, NGOs are indeed providing residential places to meet multiple social needs according to their own missions and target recipients. Such places are counted towards the 1,635 places only because drug abusers are among their intended clients and the NGOs have agreed to subject these residential places to statutory control relating to treatment centres. Centre 21 in Case 4 (see paras. 4.20 to 4.26) is a case in point. As far as this case is concerned, the ND's understanding is that no drug abuser seeking treatment has been denied a place due to its occupation by a non-drug abuser;</p>

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	<p>(n) the Administration also recognises the manpower limitations of some treatment centres (see para. 3.11(c)(ii)), which are a reflection of the diverse nature of the landscape of treatment centres portrayed in (f) above; and</p> <p>(o) engaging treatment centres to maximise the use of their existing facilities and assisting them in expanding their capacities, as well as the provision of additional resources to secure subvented places for drug abusers, has been an important part of the Administration's work.</p>
<p><i>Uneven workloads among treatment centres</i></p> <p>(b) in her review of the overall capacity of treatment centres in (a) above, critically assess the extent of the service gap and take appropriate actions to reduce it as far as possible; and</p>	<p><u>Para.3.36</u> The Commissioner for Narcotics has said that:</p> <p>(a) the audit recommendation in paragraph 3.32(b) is in line with what the Administration has been pursuing in earnest in recent years;</p> <p>(b) possible service gaps are something always close to the heart of the Government. The ND has been making every effort to monitor the changing situations, analyse possible pressure points and pursue new measures to close the gaps as far as possible;</p> <p>(c) the situation and analysis reported in paragraphs 3.13 and 3.14 are principally the results of the Government's efforts in recent years. Sustained efforts are in the pipeline to address the problems identified, taking into account the considerations peculiar to the landscape of treatment centres described in paragraph 3.35(f);</p>

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	<p>(d) on the supply side, the treatment centres are heterogeneous in terms of their philosophy, treatment programmes and emphasis, targeted clients and programme duration. On the demand side, drug abusers (as assisted by Pos where applicable) will choose the centres that they deem are most suitable, in terms of religious background, treatment model, duration of treatment programme, etc. to meet their individual needs. Therefore, a drug abuser cannot be automatically allocated to a centre purely according to vacancies. The suitability of the services offered by different NGOs, on top of the numbers of places on the surface, is an important factor;</p> <p>(e) as set out in the Fifth Three-year Plan, the provision of the various T&R services should be further strengthened or upgraded in terms of both capacity and sophistication. As regards treatment centre services, the Fifth Three-year Plan recommended, apart from seeking additional resources to provide more places where justified, the development and advancement of new or proven service models (e.g. short-term residential programmes and programmes with more emphasis on education) that would better address the needs due to the changing drug scene;</p> <p>(f) apart from taking measures to increase the number of treatment centre places (especially in centres with high occupancy and for female places), the Administration also pursues other measures, such as the following, to even out the workloads:</p> <p>(i) on the demand side, the SWD is disseminating updated information about occupancy rates of treatment centres and programmes they offer to POs periodically to assist them in</p>

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	<p>their work (see para. 3.30(d));</p> <p>(ii) on the supply side, to better meet the educational needs of school-age centre residents, starting from the school year 2010/11, the EDB has enhanced the level of subvention to educational programmes in treatment centres to around \$460,000 per programme a year (with 10 students in each programme — see Note 21 to para. 3.29(f)), implying about 40% increase as compared to the previous provision. The centres are required to strengthen the structure and design of these programmes and broaden their scope (e.g. vocational elements) to meet the diverse learning and training needs of school-age residents; and</p> <p>(iii) on the supply side, the Administration also continues to focus on centres with lower occupancy rates and solid service capabilities to strive for fuller use of their capacities. For instance, for Centre 1, the Administration is expediting efforts to help SARDA deliver the “Project Youth Care” proposal (see paras. 2.10 and 2.11). For Centre 21 (see para. 3.24), the Administration has been making efforts to encourage it to receive referrals from a wider network. Notably, since obtaining a licence in November 2009 (with an increase of more than 100 places), the centre has been taking up more and more PO referral cases. As at 31 August 2010, among the 62 probationers residing in Centre 21, 35 (56%) were admitted within the past 6 months. The SWD will encourage POs to, where suitable, refer more cases to Centre 21. Nonetheless, the Government must pay due regard to the constraints faced</p>

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	<p>by this non-subvented centre and allow time for it to build up its workload at a pace allowed by its limited manpower and operational experience; and</p> <p>(g) the above efforts will continue, following the recommendations made by Audit.</p>
<p><i>The Government's information collection and sharing system</i></p> <p>(c) improve the existing system of information collection from treatment centres to meet the needs of different stakeholders.</p>	<p><u>Para.3.39</u> The Commissioner for Narcotics has said that:</p> <p>(a) the audit recommendation in paragraph 3.32(c) is in line with the policy initiatives which the Administration is pursuing;</p> <p>(b) following a recommendation of both the Task Force led by the S for J and the Fifth Three-year Plan, the ND is conducting a final evaluation of the SIS which was participated by five subvented treatment centres. Having regard to the potential merits of the SIS and subject to findings of a final review and necessary adjustments, the ND considers that the SIS should be extended to all other subvented treatment centres and be promoted for voluntary adoption as far as possible by non-subvented centres to facilitate continuous service improvement;</p> <p>(c) in its evaluation, the ND noted the vast amount of information/statistics being collected from treatment centres by different departments for different purposes and the different bases in arriving at the information/statistics. The ND also reckoned that drug-related statistics (e.g. admission statistics) were discussed at meetings of ACAN (and its sub-committees) and the Drug Liaison Committee; and</p>

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	<p>(d) the ND will review, in collaboration with the SWD, the DH, the EDB and relevant stakeholders, the information required, streamline the information collection procedures, and promote the collection from and the sharing of information among relevant parties.</p> <p><u>Para.3.41</u> The Director of Health welcomes the audit recommendation in paragraph 3.32(c) of improving the existing system of information collection from treatment centres to meet the needs of different stakeholders. He has said that the recommendation is in line with what the DH is planning to do together with the ND.</p> <p><u>Para.3.42</u> The Secretary for Education also welcomes the audit recommendation of improving the existing information collection and sharing system. He has said that:</p> <p>(a) the EDB does not have any information of those people residing in treatment centres who are not participants of any educational programmes; and</p> <p>(b) to facilitate the formulation of a more comprehensive picture on the profile of youths concerned, the EDB finds it useful to have information from all the treatment centres (irrespective of their joining the educational programmes or not) in respect of youths undergoing T&R as well as those having completed rehabilitation with readiness to re-join the mainstream schools and those having successfully resumed schooling.</p>

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<p><u>Para.3.33</u> Regarding the probationers' waiting time for receiving treatment (see paras. 3.17 to 3.28), Audit has recommended that the Director of Social Welfare should:</p> <p>(a) ascertain the reasons for the uneven allocation of PO referral cases; and</p>	<p><u>Para.3.38</u> The Commissioner for Narcotics has said that:</p> <p>(a) the audit recommendations in paragraph 3.33 are in line with the policy initiatives which the Administration is pursuing;</p> <p>(b) the uneven allocation of PO referrals must also be seen against the landscape of treatment centres analysed in paragraph 3.35(f), as well as the POs' professional roles and legal duties to advise, assist and befriend probationers, and to help probationers reform themselves, including (where applicable) giving up their undesirable drug abuse habits;</p> <p>(c) from a policy perspective, the ND is pursuing various initiatives to work on the supply side to enhance the capacity and sophistication of treatment centre services (see paras. 3.35 and 3.36);</p> <p>(d) the ND will also liaise with the SWD and the DH to help them address the problems from their operational perspectives; and</p> <p>(e) in order to help young drug abusers who committed offences, an enhanced probation scheme has been running on a trial basis in two of the seven magistracies since October 2009 (Note 23), with additional resources provided. In such instances, with enhanced attention given to young drug abusers, admission to treatment centres is not a cause for concern. The Administration is keeping a close watch of the effectiveness of the programme for review and consideration of expansion.</p>

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<p>(b) in collaboration with the Commissioner for Narcotics and the Director of Health, critically review the undesirable situation when some probationers had to wait for a long time (e.g. more than 2 months) before admission, and take measures to reduce the waiting time for treatment as far as possible.</p>	<p><i>Probationers' waiting time for receiving treatment</i></p> <p><u>Para.3.37</u> The Secretary for Labour and Welfare and the Director of Social Welfare have said that:</p> <p>(a) in pursuit of the Probation of Offenders Ordinance, POs carry out their legal duties through applying their professional knowledge and skills to advise, assist and keep contact with probationers under their supervision to help them become law-abiding citizens, including giving up their undesirable habits (e.g. abusing drugs). In the course of arranging appropriate drug treatment for the probationers, POs have to pay due regard to the preference of the probationers and that of their parents over the type of treatment programmes (e.g. whether religious model or medical model, and whether with educational programmes), the length of treatment programme, etc. While waiting time for admission is always a factor under consideration, the PO cannot recommend the court to send a probationer aged 14 or above into a treatment centre against his/her own wish;</p> <p>(b) it should be noted that about 70% of the placements to treatment centres had been arranged within 2 weeks (see Table 2 in para. 3.22). POs will continue to try their best to arrange probationers to suitable centres;</p> <p>(c) the reasons for the uneven allocation of cases and the relatively long waiting period for some of the treatment centres are as follows:</p>

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	<p>(i) there had been a rapid increase in the number of young female drug abusers in the past few years. Against this background, the SWD has secured recurrent resources to provide an additional 101 subvented places in 2008, of which 27 are for female drug abusers. However, owing to physical constraints and the fact that the existing female centres already reached their licensing capacities, plus the difficulties in establishing new licensed centres, it remains a challenge to shorten the waiting time (in particular that for female drug abusers);</p> <p>(ii) some centres are more popular as they provide relatively comprehensive drug treatment programmes (including both educational and pre-vocational training for young drug abusers) to meet their specific rehabilitation needs; and</p> <p>(iii) some other centres are also more popular because they provide flexibility in the duration of treatment programmes, which are most welcomed by probationers;</p> <p>(d) the SWD will make joint efforts, in collaboration with the ND and the DH, to reduce the waiting time for treatment centres as far as possible;</p> <p>(e) the SWD agrees with the audit observations in paragraphs 3.26 and 3.28 on the long waiting time for treatment centres, which may lead to increasing workloads of POs;</p> <p>(f) POs will continue to arrange appropriate community-based drug treatment programmes to assist probationers convicted of</p>

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	<p>drug-related offences while awaiting centre placement; and</p> <p>(g) the SWD will continue to encourage POs to take note of the occupancy situation of individual treatment centres before referring probationers to them for admission.</p>
C. Treatment Centres on Government Sites/Premises	
<p><u>Para.4.27</u> Audit has <i>recommended</i> that the Director of Social Welfare should, in collaboration with the Commissioner for Narcotics and the Director of Lands:</p> <p><i>Scale of operation for treatment centres occupying government sites/premises</i></p> <p>(a) monitor the scale of operation for non-subvented treatment centres on government sites/premises, including taking follow-up actions on significant under-utilisation of centres identified and on non-submission of drug abuser statistics;</p> <p>(b) in respect of (a) above, devise a suitable monitoring mechanism specifically for treatment centres, making reference, where appropriate, to the EDB's practices (paras. 4.8 to 4.10 are relevant);</p> <p><i>Case 4: Operation of another treatment centre at Shatin</i></p> <p>(c) take proper measures to enforce the Conditions of Grant (e.g. Centre 21 being operated on a satisfactory scale and the</p>	<p><i>Scale of operation for treatment centres occupying government sites/premises</i></p> <p><u>Para.4.29</u> The Secretary for Labour and Welfare and the Director of Social Welfare have said that:</p> <p>(a) the SWD will review the appropriate degree of monitoring over non-subvented treatment centres with due consideration to the following:</p> <p>(i) the exact wording and/or implied meaning of the relevant provisions of the old land grant against the current context;</p> <p>(ii) the physical conditions and operational constraints of the non-subvented treatment centres, especially the manpower and organisational limitations, in the course of encouraging more case admissions; and</p> <p>(iii) the quality control or performance requirements which should be proportionate to the Government's input of public resources; and</p>

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<p>submission of audited accounts);</p> <p>(d) follow up on the propriety of the NGO 2's appointment of auditor as mentioned in paragraph 4.25(b); and</p> <p>(e) explore ways to make effective use of Centre 21's capacity to meet the demand for residential T&R services.</p>	<p>(b) for new treatment centres, the SWD will seek the advice of the ND and the Lands D in setting up an appropriate monitoring mechanism based on the considerations in (a) above, taking into account the intrinsic differences between schools and treatment centres (see para. 4.9).</p> <p><u>Para.4.30</u> The Commissioner for Narcotics has said that, taking note of the audit recommendations in paragraph 4.27(a) and (b), the ND will assist the SWD and the Lands D in reviewing the existing cases and working out a better monitoring mechanism on the future granting of government sites/premises to non-subvented treatment centres.</p> <p><u>Para.4.31</u> The Director of Lands has said that the Lands D will provide assistance, as necessary, to the SWD on the monitoring of the scale of operation for treatment centres occupying government sites/premises (including Case 4).</p> <p><i>Case 4: Operation of another treatment centre at Shatin</i></p> <p><u>Para.4.36</u> The Secretary for Labour and Welfare and the Director of Social Welfare have said that:</p> <p>(a) the SWD agrees with the audit recommendations in paragraph 4.27(c). The SWD is examining how best to enforce the Conditions of Grant with due regard to the considerations given in paragraph 4.29(a);</p>

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	<p>(b) the SWD also agrees with the audit recommendation in paragraph 4.27(d) and will follow up on the propriety of NGO 2's appointment of auditor;</p> <p>(c) the SWD welcomes the audit recommendation in paragraph 4.27(e) and will explore with Centre 21, in consultation/collaboration with the ND, on enriching the centre's education and pre-vocational programmes for school-age probationers as well as improving its manpower strength (given that this self-financing centre is currently manned by volunteer staff and hence its manpower constraint problem should be recognised);</p> <p>(d) in the past, Centre 21 had only admitted a limited number of PO referral cases. It has started to receive more PO referral cases recently. As at 31 August 2010, of the 62 probationers residing in Centre 21, 35 (56%) were admitted within the past 6 months (see para. 3.36(f)(iii)); and</p> <p>(e) the SWD will encourage its POs to, where appropriate, refer more cases to Centre 21. However, with due regard to its constraints (especially on manpower and operational experience), the centre will have to admit residents by phases.</p> <p><u>Para.4.37</u> The Commissioner for Narcotics also agrees with the audit recommendations in paragraph 4.27(c) to (e) and will provide assistance. She has said that the government site was allocated to NGO 2 for multiple social welfare purposes, including but not limited</p>

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	<p>to treatment of drug abusers. The ND needs also to defer to policy views of the Labour and Welfare Bureau from a wider social welfare perspective. The new residential block completed in Phase II (providing 108 additional places) was licensed in November 2009 (see para. 4.23). It takes time for Centre 21 to fill up its capacity.</p> <p><u>Para.4.38</u> The Director of Planning has said that Centre 21 operated by NGO 2 is considered as a kind of “Social Welfare Facility”, which is a permitted use under the existing zoning plan.</p>
<p><u>Para.4.28</u> Regarding Case 3 (paras. 4.11 to 4.19), Audit has <i>recommended</i> that the Director of Lands should, in collaboration with the Commissioner for Narcotics and the Director of Social Welfare:</p> <p>(a) ascertain the reasons for the failure in detecting the idling site on Lantau Island, and conduct a review to ascertain if there are similar cases;</p> <p>(b) draw lessons to prevent recurrence, which may include tightening up the controls to monitor the use of granted sites/premises and making it clear that sponsoring B/Ds need to oversee the operation of the intended activities on government sites/premises; and;</p> <p>(c) explore alternative uses of the recovered site, including, among others, inviting other NGOs to set up a treatment centre thereon.</p>	<p><i>Case 3: Idling of a treatment centre site on Lantau Island</i></p> <p><u>Para.4.32</u> The Director of Lands and the Commissioner for Narcotics agree with the audit recommendations in paragraph 4.28.</p> <p><u>Para.4.33</u> The Director of Lands has said that:</p> <p>(a) the Lands D will follow up the recommendations with the relevant parties as appropriate, and in particular, inspect the 12 other treatment centres operated on land grants or STTs (other than the site in Case 3) for signs of idling and seek the SWD's advice on whether the centres have been operated to its satisfaction; and</p> <p>(b) the Lands D will consider suitable use of any recovered sites in the same manner as for other vacant government sites, e.g. allocation of the site to other departments for their required use,</p>

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	<p>and letting of the site to the applicant if the application is supported by the relevant B/D.</p> <p><u>Para.4.34</u> The Commissioner for Narcotics has said that:</p> <p>(a) the ND will provide assistance where appropriate. The SWD has already been working with the Lands D on a stocktaking exercise to prevent recurrence, and no similar omission has been identified;</p> <p>(b) the ND was informed by the Lands D in April 2009 of the possible availability of the Lantau site at a meeting when relocation proposals for Centres 28 and 29 were reviewed. Upon receipt of information of the site provided by the Lands D in August 2009 (see para. 4.14(b)), the ND requested the SWD to follow up the case. The view then taken was that the site was too small for the purpose (for a treatment centre with 200 places); and</p> <p>(c) the ND's initial observations are that the premises on the Lantau site are in very poor physical conditions (see Photographs 1 to 4 in para. 4.15(c)), very small, and very remote with access difficulties, and the scope for refurbishment/redevelopment into a treatment centre is limited. The ND has understood from NGO 1 that despite possession of the government site since 1994, the many adverse factors and the higher statutory licensing requirements since 2002 have led to its decision to surrender the site.</p>

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	<p><u>Para.4.35</u> The Director of Social Welfare has said that:</p> <p>(a) the SWD was not aware of the granting of the STT;</p> <p>(b) the SWD is ready to join hands in exploring the alternative uses of the recovered site; and</p> <p>(c) the SWD has confirmed with the Lands D that no similar cases are found.</p>
D. Licensing of Treatment Centres	
<p><u>Para.5.31</u> Audit has <i>recommended</i> that the Director of Social Welfare should:</p> <p><i>Need to monitor works progress of treatment centres</i></p> <p>(a) closely monitor the works progress of treatment centres (in liaison with the DH in the case of Centre 1) to ensure that they meet the licensing requirements as early as possible;</p> <p>(b) support non-subvented treatment centres in preparing realistic works schedules;</p> <p><i>Problem 1: Difficulties in securing suitable sites/premises for re-provisioning</i></p> <p>(c) explore measures to make use of vacant sites/premises for re-provisioning of treatment centres (such as assessing the</p>	<p><u>Para.5.34</u> The Director of Social Welfare agrees with the audit recommendations in paragraphs 5.31 and 5.32. The Commissioner for Narcotics also welcomes the audit recommendations in paragraphs 5.31 to 5.33.</p> <p><i>Need to monitor works progress of treatment centres</i></p> <p><u>Para.5.35</u> The Director of Social Welfare has said that:</p> <p>(a) the audit recommendations in paragraph 5.31(a) and (b) are in line with the SWD's current strenuous joint efforts with the ND and other concerned departments to assist treatment centres to meet the licensing requirements. The peculiar landscapes of the centres (see para. 3.35(f)) as well as NGOs' lack of motivation as quoted in Case 6 (see para. 5.25) are relevant; and</p>

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<p>feasibility of removing the illegal/old structures and constructing new structures on the sites);</p> <p>(d) continue with the SWD's efforts in pursuing an improved record system to document the reasons for rejecting vacant sites/premises for use as treatment centres; and</p> <p>(e) continue with the SWD's efforts, in collaboration with the Commissioner for Narcotics, in reviewing how to minimise the lead time in bidding for potential sites.</p> <p><u>Para.5.32</u> Audit has also <i>recommended</i> that the Commissioner for Narcotics and the Director of Social Welfare should:</p> <p><i>Problem 1: Difficulties in securing suitable sites/premises for re-provisioning</i></p> <p>(a) promote to the communities the important role played by treatment centres (including the dissemination of past successful cases) and call for local support of setting up centres;</p> <p>(b) consider exploring with the relevant B/Ds the possibility of providing appropriate support and assistance to treatment centres for the necessary slope maintenance works; and</p>	<p>(b) to closely monitor the works progress and to identify more effective ways in persuading treatment centres to start improvement works, the SWD will continue the practices of:</p> <p>(i) helping centres to identify possible sites;</p> <p>(ii) providing information about appropriate funding;</p> <p>(iii) conducting consultation meetings with centres with the presence of other relevant departments;</p> <p>(iv) arranging experience-sharing sessions with the presence of other relevant departments;</p> <p>(v) updating the reference kit for obtaining the licence;</p> <p>(vi) conducting joint inspection with relevant departments to give on-site advice on areas for upgrading/improvement; and</p> <p>(vii) making regular collateral contacts and liaisons.</p> <p><u>Para.5.36</u> The Commissioner for Narcotics has said that:</p> <p>(a) the ND will support the SWD in seeking additional manpower and doubling efforts in working with non-subvented treatment centres to prepare realistic work schedules, among other new initiatives and enhanced anti-drug work entrusted to the SWD. It</p>

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	<p>is suggested that CoEs may only be renewed annually after a proper review of the licensing progress;</p> <p>(b) the ND will assist the SWD in working out a better site identification and allocation mechanism, e.g. taking stock of the number of NGOs that need re-provisioning, conducting a site search for the required number of sites and ascertaining their feasibility, conducting a matching exercise in consultation with NGOs, and asking District Officers of the Home Affairs Department to help District Social Welfare Officers and NGOs to undertake informal and then formal local consultations; and</p> <p>(c) the Government takes the licensing progress seriously. Rendering full assistance is a recommendation of the Fifth Three-year Plan. Apart from periodic reporting by the SWD to the Drug Liaison Committee and the T&R Sub-committee of ACAN, discussion was escalated to an ACAN meeting in June 2009 to comprehensively review the progress and the government assistance rendered. Directorate officers from the Fire Services Department, the Buildings Department, the Home Affairs Department, the Planning Department and the Lands D were invited to attend the meeting to explain efforts they had made to assist treatment centres and to appeal for their enhanced support for the cause. NGOs and centre operators would be assisted and further motivated to give positive response correspondingly in order to promote the welfare of residents in receiving T&R service in safer and better-equipped treatment centres.</p> <p><i>Problem 1: Difficulties in securing suitable sites/premises for</i></p>

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	<p><i>re-provisioning</i></p> <p><u>Para.5.37</u> The Director of Social Welfare has said that:</p> <p>(a) ongoing concerted effort will be pursued with concerned parties, including the necessary cooperation and involvement of treatment centres in shortening the lead time in site searching, screening, bidding and allocation in a transparent and effective way; and</p> <p>(b) with the provision of two additional staff effective from October 2010, the SWD will be able to speed up the process of site search, amongst other priorities of anti-drug work.</p> <p><u>Para.5.38</u> The Commissioner for Narcotics has said that:</p> <p>(a) the audit recommendations in paragraph 5.32(a) and (b) are in line with the policy initiatives which the Administration is pursuing;</p> <p>(b) the ND will assist the SWD in working out a better site identification and allocation mechanism (see paras. 5.35(b) and 5.36(b));</p> <p>(c) promotion to the communities on the important role played by treatment centres (including the dissemination of past successful cases) is part of the strategy which the Administration is pursuing, as is evidenced in the recent consultation on the</p>

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	<p>proposal for re-provisioning two centres (see para. 3.6);</p> <p>(d) as set out in the “Checklist for Drug Dependent Persons Treatment and Rehabilitation Centre for Obtaining a Licence”, the necessary procedures for securing a site/premises require the specified operator to get consent from local community through consultation together with the government departments concerned. NGOs, as the project proponent, have an important role to play in district consultation;</p> <p>(e) the ND welcomes Audit’s recommendation on slope maintenance (see para. 5.32(b)) and sympathetic remarks. The Government has been assisting treatment centres in undertaking necessary slope maintenance works wherever feasible. For example:</p> <p>(i) the Administration is undertaking slope maintenance works of both man-made and natural slopes behind Centres 28 and 29;</p> <p>(ii) as quoted in Note 29 to paragraph 5.21, the Administration has offered assistance to a non-subvented centre in slope maintenance works. The ND has coordinated with the B/Ds concerned to review the relevant STT conditions with a view to allowing the Government to carry out the investigation and improvement works; and</p> <p>(iii) subvented NGOs can apply for government funding for slope maintenance works under a block vote for slope-related capital works for subvented organisations</p>

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	<p>(other than education and medical subventions), subject to a maximum expenditure ceiling of not more than \$21 million for each project. Centre 1 is one of the beneficiaries; and</p> <p>(f) the ND will continue to coordinate departmental efforts to render assistance where appropriate.</p>
<p><i>Problem 2: Difficulties involved in in-situ upgrading</i></p> <p>(c) identify more effective ways to solicit NGOs' cooperation to proceed with their improvement works as early as possible.</p>	<p><u>Para.5.39</u> The Commissioner for Narcotics has said that:</p> <p>(a) the audit recommendation in paragraph 5.32(c) is in line with the policy initiatives which the Administration is pursuing;</p> <p>(b) in drawing up the framework and details of the expanded SFS, subject to the BDF Governing Committee's deliberations, the ND plans to allow treatment centres to use the funding to undertake technical feasibility studies (before taking forward a works project), commission APs, and employ project coordinators; and</p> <p>(c) the ND is also mobilising community support for treatment centres through the "Path Builders" initiative (Note 31), including inviting professionals to help in works project on a pro bono basis.</p> <p><u>Para.5.40</u> The Director of Social Welfare agrees with the audit observations concerning NGO 3 in Case 6 (see para. 5.25) and other NGOs' lack of motivation which have rendered the progress of site search,</p>

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	funding application and in-situ upgrading or re-provisioning work less than satisfactory. He has said that continuous assistance and effort would be pursued to motivate NGOs and centre operators to take more positive action to tie in with the Administration's intensified effort.
<p><u>Para.5.33</u> Regarding the capital injection into the BDF (see para. 5.29), Audit has also <i>recommended</i> that the Commissioner for Narcotics should implement the expanded SFS as early as possible.</p>	<p><i>Problem 3: Difficulties in securing adequate funding</i></p> <p><u>Para.5.41</u> The Commissioner for Narcotics has said that:</p> <ul style="list-style-type: none"> (a) the audit recommendation in paragraph 5.33 is in line with the policy initiatives which the Administration is pursuing; and (b) the ND is drawing up details of the expanded SFS (including the funding scope, vetting and funding procedures, monitoring and control mechanisms) based on the framework supported by ACAN in May 2010 (see para. 5.29). Necessary consultation will be made with the government departments concerned, ACAN, the Drug Liaison Committee and treatment centre operators.