

## CHAPTER 2

### DRUG TREND, ANTI-DRUG SERVICES AND EXPENDITURE IN HONG KONG

#### (A) Key Statistics from the CRDA

2.1 According to CRDA, the total number of reported drug abusers<sup>1</sup> fluctuated over the years. After reaching the peak of 18 513 in 2001, the reported number decreased steadily to 13 252 in 2006. Afterwards, it rebounded to 14 241 in 2008 and then dropped again to 11 469 in 2011. Regarding young drug abusers aged under 21, there has been an alarming rising trend in recent years. The situation was alleviated significantly in 2011 with the reported number decreased to 2 006 from 2 811 in 2010 (a decrease of 28.6%). Though heroin is traditionally the most commonly abused drug in Hong Kong, the number of heroin abusers has been declining for years. On the contrary, there was a general rising trend in the abuse of psychotropic substances as a whole in the past decade or so. In 2011, the number of psychotropic substance abusers (PSAs) dropped to 6 844 from the record high of 8 505 in 2009, as against 5 934 heroin abusers. The most common reasons reported<sup>2</sup> for taking drugs are to identify with peers (48.8%), to relieve boredom/depression/anxiety (48.6%) and to avoid discomfort of withdrawal (40.5%).

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<sup>1</sup> For the purpose of CRDA reporting, a drug abuser is defined to be a person who is known or suspected to have taken any kind of substances in the last four weeks of the time of reporting, irrespective of the number of takings, and the substances harms or threatens to harm the physical or mental health or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic. Use of alcohol and tobacco is, however, not regarded as drug abuse.

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

## **Key observations**

2.2 Comparing the figures in the period from 2009 to 2011, the following observations were noted.

- (a) *For those aged under 21* – the number stood at 2 006 in 2011, being 28.6% and 40.8% lower than that in 2010 (2 811) and 2009 (3 388) respectively.
- (b) *Female Drug Abusers* – the number stood at 2 131 in 2011, being 15.6% and 23.0% lower than that in 2010 (2 526) and 2009 (2 769) respectively.
- (c) *Newly Reported Persons* – the number was 3 200 in 2011 being 15.9% and 28.3% lower than that in 2010 (3 806) and 2009 (4 460) respectively.
- (d) *Poly-drug Abusers* – the number (2 453) in 2011 was lower than those of 2010 (2 818) and 2009 (3 043), while the proportion (21.5%) of poly-drug abusers in 2011 was lower than that of 2010 (22.6%) and 2009 (21.8%). The proportion of youngsters aged under 21 taking multiple drugs was 27.1%, which was higher than that of the overall reported drug abusers in 2011.
- (e) *Heroin* – the number of heroin abusers continued to decline over the three-year period and stood at 5 934 in 2011, being 4.3% and 14.0% lower than that of 2010 (6 200) and 2009 (6 903) respectively. That said, heroin remained the most prevalent type of drug abused in Hong Kong.
- (f) *Psychotropic Substance Abusers* – the number stood at 6 844 in 2011, being 10.7% and 19.5% lower than that of 2010 (7 665) and 2009 (8 505) respectively. The number has since 2007 overtaken the number of heroin abusers.
- (g) *Ketamine* – it was the most popular type of psychotropic substances abused by the overall reported drug abusers as well as those aged under 21 in the past years. The number of abusers in 2011 stood at 3 600, being 20.9% and 31.8% lower than that in 2010 (4 553) and 2009 (5 280) respectively.
- (h) *Ice* – it has overtaken ecstasy, being the second most popular type of psychotropic substances abused among young drug abusers

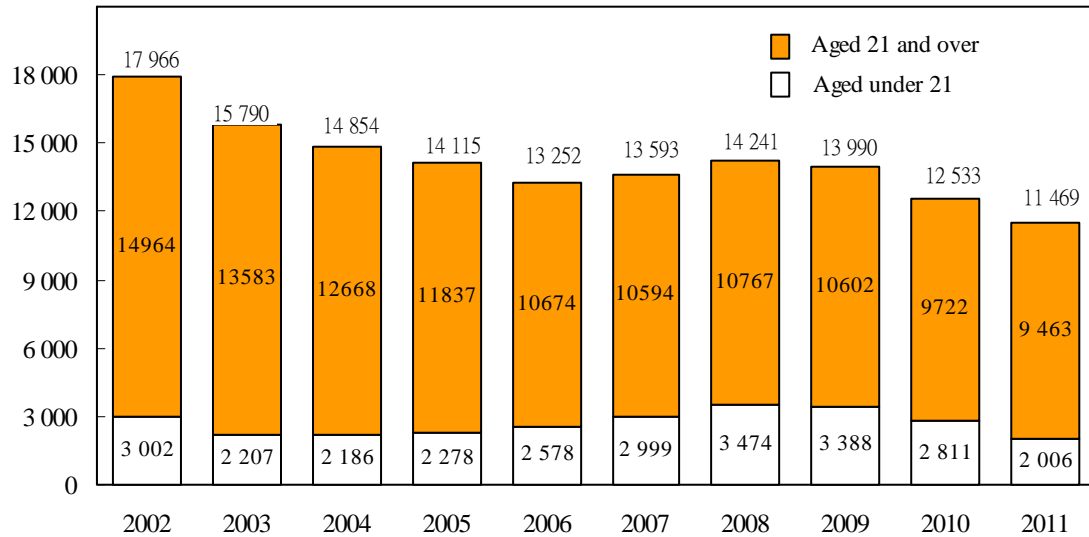
aged under 21 since 2009. The number of abusers in 2011 stood at 528, being 13.9% and 6.2% lower than that in 2010 (613) and 2009 (563) respectively.

- (i) Cocaine – the number of abusers was 858 in 2011, being 10.6% and 64.7% higher than that of 2010 (776) and 2009 (521) respectively.
- (j) Cannabis – the number of abusers was 392 in 2011, being 24.5% and 36.8% lower than that of 2010 (519) and 2009 (620) respectively.
- (k) *Age of First Time Drug Abuse* – the mean age of first abuse for those aged under 21 has remained at 15 during 2009 to 2011. During this period, more of these youngsters started to first abuse drugs below the age of 15 (from 43% to 45%).
- (l) *Non-Chinese Abusers* – the number has fluctuated in the region of 600 to 800 in the period of 2009 to 2011. As the number of Chinese drug abusers has dropped significantly since 2009, the proportion of non-Chinese drug abusers has grown steadily in the same interval.

The five graphs below give a comparison of the positions of 2002 to 2011 and the period from 2009 to 2011 in respect of the number of reported drug abusers taking common types of drugs.

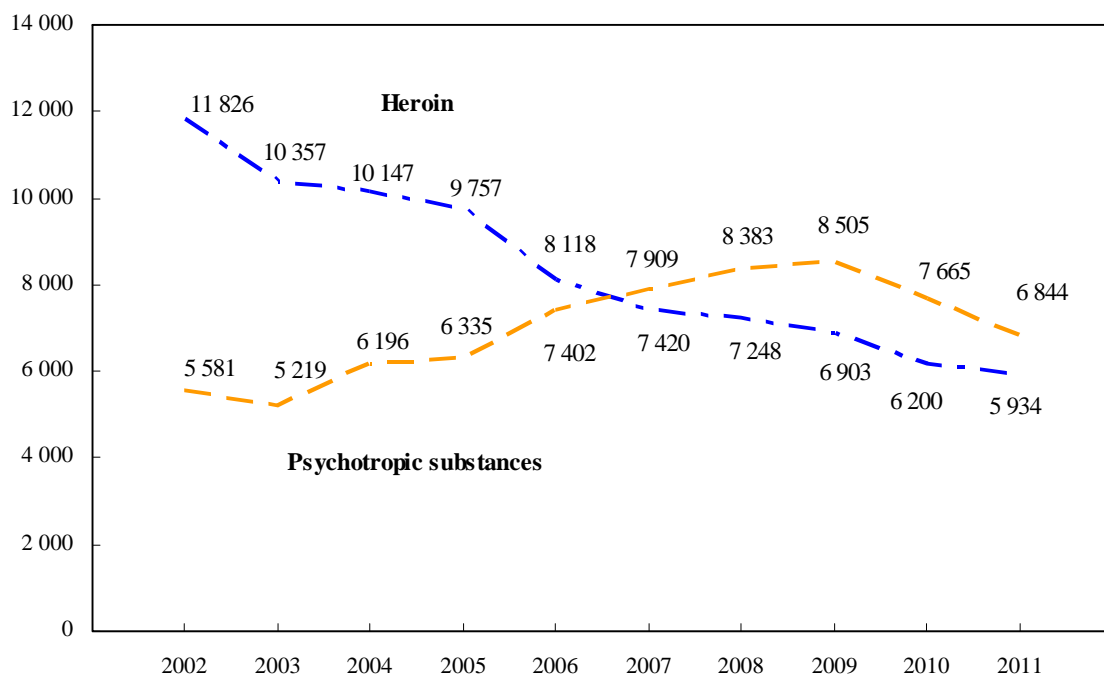
**Graph 1 : Reported drug abusers by age group, 2002 - 2011**

No. of persons



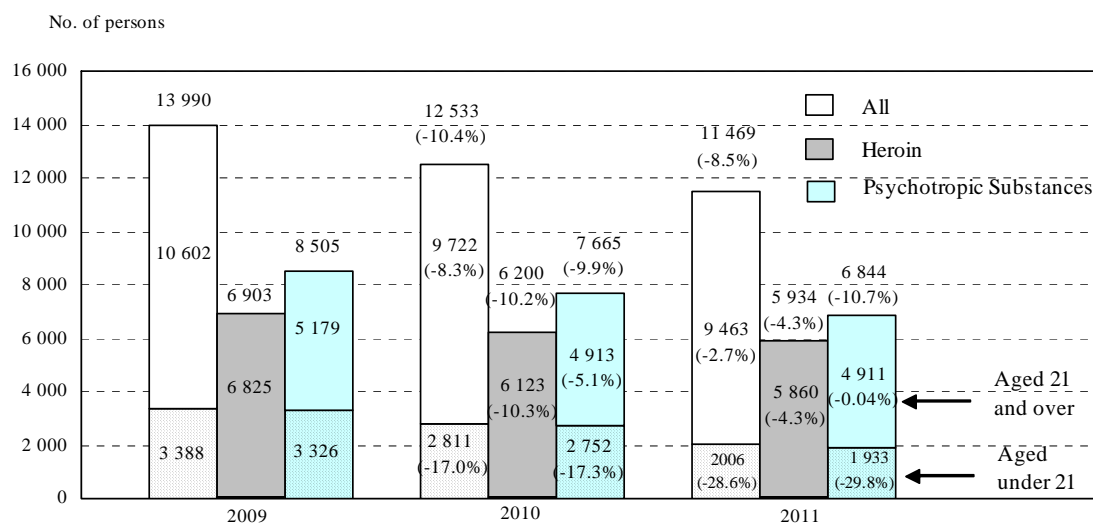
**Graph 2 : Reported drug abusers taking psychotropic substances and heroin, 2002 - 2011**

No. of persons



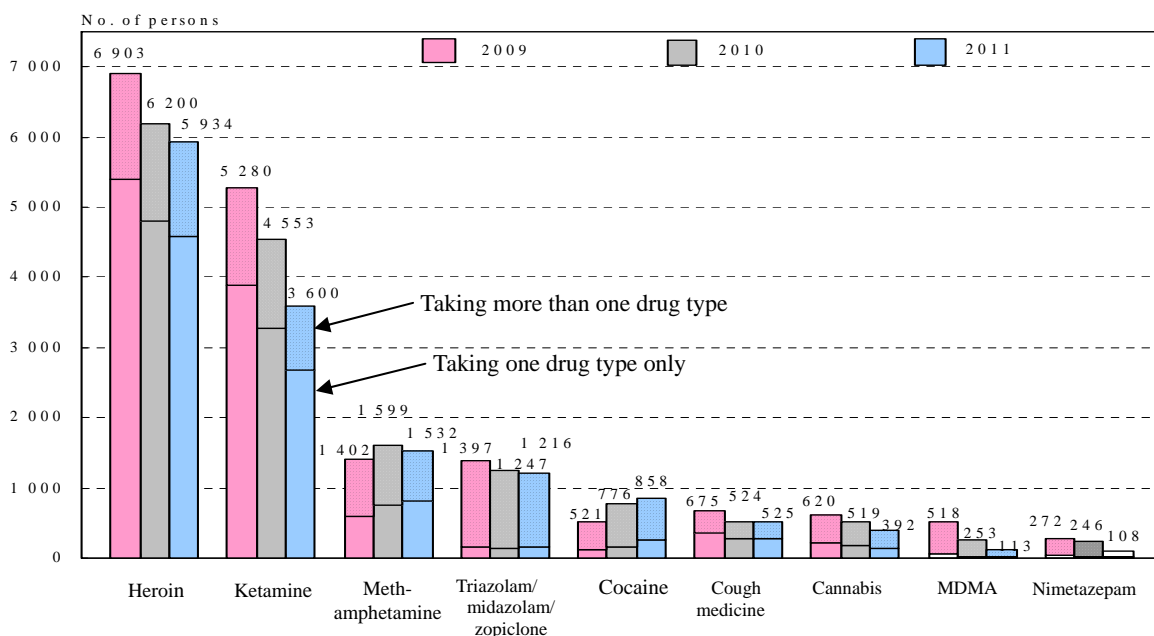
Note: An abuser may take both heroin and psychotropic substances in a given year.

**Graph 3 : Reported drug abusers taking psychotropic substances and heroin, 2009 - 2011**



Notes: 1. Figures in bracket denote the percentage change over the same period of last year.  
2. An individual drug abuser may abuse both psychotropic substances and heroin concurrently in a given year.

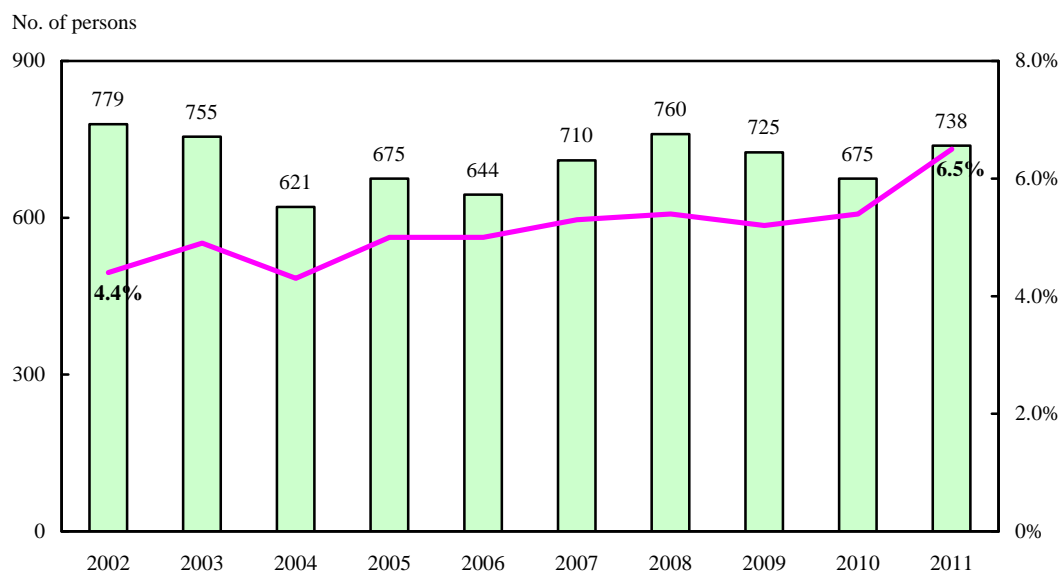
**Graph 4 : Common types of drugs abused, 2009 - 2011**



Notes: 1. Figures exclude those with unknown type of drugs abused.  
2. More than one type of drugs abused may be reported for each individual drug abuser in a given year.

(CRDA reports and statistics are available at this link [www.nd.gov.hk/en/drugstatistics.htm](http://www.nd.gov.hk/en/drugstatistics.htm))

**Graph 5 : Reported non-Chinese drug abusers, 2002 - 2011**



- Notes: 1. Figures exclude those with unknown ethnic group.  
2. % refers to the percentage of all reported drug abusers.

(CRDA reports and statistics are available at this link [www.nd.gov.hk/en/drugstatistics.htm](http://www.nd.gov.hk/en/drugstatistics.htm))

## **(B) Treatment Modalities in Hong Kong**

2.3 Broadly speaking, we adopt a multi-modality approach to cater for the different needs of drug abusers with varying backgrounds and circumstances<sup>3</sup>. The services can be grouped into the following five categories -

- (a) Community-based counselling services subvented by the Social Welfare Department (SWD) including counselling centres for psychotropic substance abusers (CCPSAs) which provide counselling services and other assistance to PSAs and youth at risk, as well as Centres for Drug Counselling (CDCs) which help drug abusers abstain from their drug abusing habits and reintegrate into the community after rehabilitation. CCPSAs and CDCs also provide counselling and supportive services to family members of drug abusers to deal with problems arising from drug abuse (**Annex III**);

<sup>3</sup> The different service modalities may refer differences in points of intervention, target groups (e.g. opiate users or psychotropic substance abusers), treatment approaches (e.g. medical-based or faith-based), aims (e.g. detoxification, maintenance or psychiatric treatment), or any other aspects.

- (b) Substance Abuse Clinics (SACs) run by the HA provide medical treatment to drug abusers with psychiatric problems (**Annex IV**);
- (c) methadone treatment programme (MTP) provided by the Department of Health (DH) offers both maintenance and detoxification options for opioid dependent persons of all ages through a network of 20 methadone clinics on an outpatient mode (**Annex V**);
- (d) 40 residential drug treatment and rehabilitation centres and halfway houses (DTRCs) run by 17 NGOs. 20 of them are subvented by DH or SWD whereas 20 are non-subvented. All except two are currently providing services to young drug abusers as well as adult abusers (**Annex VI**); and
- (e) compulsory drug treatment programme at drug addiction treatment centres (DATCs) operated by the Correctional Services Department (CSD) for persons of 14 years old or above who are found guilty of offences punishable by imprisonment and addicted to drugs (**Annex VII**).

Apart from the services mentioned above, a number of agencies also provide support services in the combat against drug abuse and helping drug abusers to turn a new leaf. Descriptions on their services and contact details can be found at **Annex VIII**.

### **(C) Service Capacity and Utilisation of the Different Treatment and Rehabilitation Modalities**

2.4 The service capacity and utilisation figures of these programmes are shown below.

**Table 1 : Eleven CCPSAs<sup>4</sup> Subvented by SWD**

		2009		2010		2011	
		All ages	Age under 21	All Ages	Age under 21	All ages	Age under 21
(a) New cases	Male	502 (+8.2%)	229 (-9.1%)	555 (+10.6%)	185 (-19.2%)	1 012 (+82.3%)	319 (+72.4%)
	Female	366 (+53.8%)	236 (+41.3%)	335 (-8.5%)	173 (-26.7%)	594 (+77.3%)	253 (+46.2%)
	Total	868 (+23.6%)	465 (+11.0%)	890 (+2.5%)	358 (-23.0%)	1 606 (+80.4%)	572 (+59.8%)
(b) Total no. of cases	Male	509 (+9.2%)	231 (-8.3%)	555 (+9.0%)	185 (-19.9%)	1 019 (+83.6%)	321 (+73.5%)
	Female	366 (+53.1%)	236 (+41.3%)	335 (-8.5%)	173 (-26.7%)	600 (+79.1%)	256 (+48.0%)
	Total	875 (+24.1%)	467 (+11.5%)	890 (+1.7%)	358 (-23.3%)	1 619 (+81.9%)	577 (+61.2%)

Note: ( ) denotes % change over the same period of last year

<sup>4</sup> Four new CCPSAs in Central and Western/Southern/Islands, Shamshuipo, Wong Tai Sin/Sai Kung and Tsuen Wan/Kwai Tsing districts commenced their operation in October 2010.



**Table 2 : Two CDCs Subvented by SWD**

		2009		2010		2011	
		All ages	Age under 21	All Ages	Age under 21	All ages	Age under 21
(a) New cases	Male	270	46	213 (-21.1%)	39 (-15.2%)	203 (-4.7%)	35 (-10.3%)
	Female	96	12	60 (-37.5%)	8 (-33.3%)	61 (+1.7%)	11 (+37.5%)
	Total	366	58	273 (-25.4%)	47 (-19.0%)	264 (-3.3%)	46 (-2.1%)
(b) Total no. of cases	Male	277	47	222 (-19.9%)	39 (-17.0%)	212 (-4.5%)	38 (-2.6%)
	Female	97	12	65 (-33.0%)	8 (-33.3%)	69 (+6.2%)	13 (+62.5%)
	Total	374	59	287 (-23.3%)	47 (-20.3%)	281 (-2.1%)	51 (+8.5%)

Notes: ( ) denotes % change over the same period of last year

Figures were available since 2009

**Table 3: SACs under HA**

Year	New Cases/ First Attendances		Follow-up Attendances		Total Attendances	
	Number	% change	Number	% change	Number	% change
2006	729 (126)	-17.9% (-28.0%)	13 097	+14.0%	13 826	+11.7%
2007	568 (83)	-22.1% (-34.1%)	12 038	-8.1%	12 606	-8.8%
2008	554 (108)	-2.5% (+30.1%)	11 824	-1.8%	12 378	-1.8%
2009	808 (185)	+45.8% (+71.3%)	15 419	+30.4%	16 227	+31.1%
2010	959 (161)	+18.7% (-13.0%)	22 793	+47.8%	23 752	+46.4%
2011	892 (95)	-7.0% (-41.0%)	23 787	+4.4%	24 679	+3.9%

Note: ( ) denotes figures for those aged under 21

There are currently seven SACs operating in Hong Kong, namely,

- (a) Kwai Chung Hospital (KCH) Substance Abuse Assessment Clinic;
- (b) Kowloon Hospital (KH) Substance Abuse Clinic;
- (c) Substance Misuse Clinic at Pamela Youde Nethersole Eastern Hospital;
- (d) Prince of Wales Hospital / North District Hospital / Alice Ho Miu Ling Nethersole Hospital Substance Abuse Clinic;
- (e) Tuen Mun Substance Abuse Clinic at Castle Peak Hospital (CPH);
- (f) Substance Abuse Clinic at Department of Psychiatry of Queen Mary Hospital (QMH) ; and
- (g) Kowloon East Substance Abuse Clinic.

As of December 2011, a total of 46 bedspaces were offered in the Tuen Mun Substance Abuse Clinic at CPH, KCH Substance Abuse Assessment Clinic and KH Substance Abuse Clinic whereas there was no fixed bedspace for the rest of the SACs.

**Table 4 : MTP under DH**

		2009		2010		2011	
		All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
(a) New / Re-admitted cases	Male	5 015 (-1.5%)	46 (-9.8%)	4 690 (-6.5%)	56 (+21.7%)	4 648 (-0.9%)	47 (-16.1%)
	Female	911 (-1.3%)	6 (+100.0%)	826 (-9.3%)	6 (0%)	801 (-2.9%)	3 (-50.0%)
	Total	5 926 (-1.4%)	52 (-3.7%)	5 516 (-6.9%)	62 (+19.2%)	5 449 (-1.2%)	50 (-19.4%)
(b) Attendance		2 352 766 (+1.9%)		2 334 811 (-0.8%)		2 272 849 (-2.7%)	
(c) Attendance rate	Effective registration	8 457 (+1.1%)		8 405 (-0.6%)		8 240 (-2.0%)	
	Daily attendance	6 446 (+2.2%)		6 397 (-0.8%)		6 227 (-2.7%)	
	Average daily attendance rate	76.2%		76.1%		75.6%	

Note: ( ) denotes % change over of the same period of last year

**Table 5 : Voluntary Residential Drug Treatment and Rehabilitation Agencies<sup>5</sup>**

		2009		2010		2011	
		All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
(a) New admission	Male	1 235 (-2.2%)	269 (+3.1%)	1 095 (-11.3%)	214 (-20.4%)	1 167 (+6.6%)	205 (-4.2%)
	Female	266 (+13.2%)	114 (+29.5%)	310 (+16.5%)	112 (-1.8%)	324 (+4.5%)	97 (-13.4%)
	Total	1 501 (+0.2%)	383 (+9.7%)	1 405 (-6.4%)	326 (-14.9%)	1 491 (+6.1%)	302 (-7.4%)
(b) Total admission	Male	3 057 (+1.6%)	281 (-1.4%)	2 782 (-9.0%)	241 (-14.2%)	3 122 (+12.2%)	288 (+19.5%)
	Female	321 (+13.0%)	115 (+21.1%)	356 (+10.9%)	114 (-0.9%)	407 (+14.3%)	118 (+3.5%)
	Total	3 378 (+2.6%)	396 (+4.2%)	3 138 (-7.1%)	355 (-10.4%)	3 529 (+12.5%)	406 (+14.4%)
(c) Number of persons under treatment and aftercare (as at year/quarter end)		2 515 (+0.04%)	636 (+16.9%)	2 567 (+2.1%)	663 (+4.2%)	2 717 (+5.8%)	632 (-4.7%)

Note: ( ) denotes % change over the same period of last year

<sup>5</sup> As at December 2011, there are 17 NGOs operating 40 residential DTRCs with 1 647 licensed capacity. Eight of these agencies are subvented by the government and operate 20 centres providing a total of 817 subvented places.

**Table 6 : DATC Programme of CSD**

		2009		2010		2011	
		All ages	Age* under 21	All ages	Age* under 21	All ages	Age* under 21
(a) New admission	Male	689 (+39.2%)	215 (+70.6%)	675 (-2.0%)	205 (-4.7%)	560 (-17.0%)	180 (-12.2%)
	Female	176 (+41.9%)	78 (+44.4%)	168 (-4.5%)	52 (-33.3%)	144 (-14.3%)	36 (-30.8%)
	Total	865 (+39.7%)	293 (+62.8%)	843 (-2.5%)	257 (-12.3%)	704 (-16.5%)	216 (-16.0%)
(b) Re-admission	Male	563 (-3.8%)	33 (+43.5%)	407 (-27.7%)	39 (+18.2%)	391 (-3.9%)	49 (+25.6%)
	Female	144 (+28.6%)	3 (0%)	109 (-24.3%)	5 (+66.7%)	116 (+6.4%)	12 (+140.0%)
	Total	707 (+1.4%)	36 (+38.5%)	516 (-27.0%)	44 (+22.2%)	507 (-1.7%)	61 (+38.6%)
(c) Total admission [i.e. (a)+(b)]	Male	1 252 (+15.9%)	248 (+66.4%)	1 082 (-13.6%)	244 (-1.6%)	951 (-12.1%)	229 (-6.1%)
	Female	320 (+35.6%)	81 (+42.1%)	277 (-13.4%)	57 (-29.6%)	260 (-6.1%)	48 (-15.8%)
	Total	1 572 (+19.5%)	329 (+59.7%)	1 359 (-13.5%)	301 (-8.5%)	1 211 (-10.9%)	277 (-8.0%)
(d) Discharge #	Male	1 185 (+12.3%)	167 (+60.6%)	1 120 (-5.5%)	229 (+37.1%)	892 (-20.4%)	217 (-5.2%)
	Female	276 (+17.9%)	64 (+52.4%)	276 (0%)	63 (-1.6%)	253 (-8.3%)	42 (-33.3%)
	Total	1 461 (+13.3%)	231 (+58.2%)	1 396 (-4.4%)	292 (+26.4%)	1 145 (-18.0%)	259 (-11.3%)
(e) Number under treatment (as at year/quarter end)	Male	537 (+8.9%)	117 (+67.1%)	578 (+7.6%)	115 (-1.7%)	596 (+3.1%)	119 (+3.5%)
	Female	154 (+25.2%)	41 (+51.9%)	171 (+11.0%)	35 (-14.6%)	182 (+6.4%)	34 (-2.9%)
	Total	691 (+12.2%)	158 (+62.9%)	749 (+8.4%)	150 (-5.1%)	778 (+3.9%)	153 (+2.0%)
(f) Number under supervision (as at year/quarter end)	Male	1 045 (+14.3%)	142 (+79.7%)	942 (-9.9%)	201 (+41.5%)	736 (-21.9%)	180 (-10.4%)
	Female	259 (+12.1%)	62 (+55.0%)	259 (0%)	60 (-3.2%)	246 (-5.0%)	40 (-33.3%)
	Total	1 304 (+13.9%)	204 (+71.4%)	1 201 (-7.9%)	261 (+27.9%)	982 (-18.2%)	220 (-15.7%)

Notes: ( ) denotes % change over the same period of last year

\* Refer to Young Inmate Programme for (d) and (f)

# excluding those transferred to other correctional programme

As at end of 2011, CSD runs three DATCs, two for male and one for female, with certified accommodation of 1 032.

2.5 From the utilisation figures, we observe the following trends:

- (a) *CCPSAs* – The number of total cases for all ages increased slightly in 2010, whereas the number for those aged under 21 was about 20% lower. In 2011, all the number of total cases increased: 61.2% for those aged under 21 and 81.9% for all ages.
- (b) *CDCs* – All the number of cases decreased in 2010. In 2011, the number of new cases for male of all ages and aged under 21 were 4.7% and 10.3% lower than that of 2010 respectively.
- (c) *SACs* – Compared with 2008, the total number of new admission cases and follow-up cases in 2010 increased by 73% and 93% respectively. In 2011, new admission cases was 7.0% lower but follow-up cases was 4.4% higher than that of 2010.
- (d) *MTP* – There was a general decrease in the reported number of heroin abusers and the MTP attendance in the past decade, although there was a trend of slowing down in more recent years. In 2011, the number of MTP attendance was 2.7% lower than that of 2010. As MTP services are targeted for heroin abusers, who are mostly aged 21 and over, the number of admission for those aged under 21 remained at about 1% of the total number of admission in the past three years.
- (e) *Voluntary Residential Drug Treatment and Rehabilitation Agencies* – The numbers of both new admission and total admission of drug abusers aged under 21 have changed more rapidly than that of the overall figures. On new admission, we have seen an annual increase of 9.7% in the number of young drug abusers in 2009 and an annual decrease of 14.9% in 2010, whereas the overall number only increased by 0.2% in 2009 and decreased by 6.4% in 2010. We have seen a similar trend in the total admission, with an annual increase in young drug abusers of 4.2% in 2009 and a decrease by 10.4% in 2010. In contrast, the overall number only increased by 2.6% in 2009 and decreased by 7.1% in 2010. In 2011, total new admission of drug abusers was 6.1% higher than that in 2010, whereas new admission of drug abusers aged under 21 decreased by 7.4% in the same period.

(f) *DATCs* – The total admission and new admission of DATC inmates increased in 2009 but decreased in 2010. The number of young inmates aged under 21 showed annual increase of 59.7% in 2009, followed by a decrease of 8.5% in 2010. Similarly, the new admission of DATC inmates aged under 21 also showed annual increase of 62.8% in 2009, followed by a decrease of 12.3% in 2010. In 2011, total admission and new admission of DATC inmates aged under 21 was 8.0% and 16.0% lower than that of 2010 respectively.

**(D) Government Expenditure on Anti-drug/ Treatment and Rehabilitation Activities**

(a) Government budget

2.6 In order to combat the drug problem, a substantial amount of public funding has been allocated to support anti-drug activities. The following table shows the relevant figures in the recent three years.

	2008/09 financial year	2009/10 financial year	2010/11 financial year
Total expenditure for anti-drug activities in the Government’s Estimates of Expenditure	\$682.06 M	\$735.45 M	\$821.61 M
Amount spent on drug treatment and rehabilitation (% of total expenditure above)	\$305.96 M (44.86%)	\$323.57 M (44.00%)	\$403.03 M (49.05%)

2.7 The total expenditure spent on anti-drug activities has increased in recent years to tackle the problem. The average annual budget in this area for the past three years exceeded \$740M and around 45% of this amount was dedicated to drug treatment and rehabilitation purposes. This proportion is higher than that of the United States<sup>6</sup>, which spent around 25% of total drug budget on drug treatment healthcare.

2.8 In 2009-2011, \$89.64M of the resources allocated for anti-drug activities in the Government Estimates of Expenditure is attributed to the implementation of a package of additional measures devised by the Task Force on Youth Drug Abuse which was dedicated or related to treatment

<sup>6</sup> See “National Drug Control Strategy FY 2011 Budget Summary” published by Office of National Drug Control Policy, Whitehouse, United States  
(<http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy11budget.pdf>)

and rehabilitation purposes. These include \$7.90M for further enhancement of day and overnight outreaching services; \$3.66M for capacity improvement of DH subvented DTRCs; \$4.74M for providing On-site Medical Support Service (OSMSS) at CCPSAs; \$19.80M for the setting up of four new CCPSAs; \$4.74M for the implementation of a two-year pilot project on enhance probation service out of which \$2.95M for strengthening of the urine testing service; \$6.30M for procurement of hair drug testing equipment to support the hair drug testing pilot scheme; \$22.50M for reinforcing of services at SACs; and \$20M for the implementation and a comprehensive assessment of Trial Scheme on School Drug Testing in Tai Po District.

(b) Charitable and trust funds for anti-drug cause

2.9 Beat Drugs Fund (BDF) was established in 1996 to provide funding support to worthwhile community-driven anti-drug projects. The scopes of the projects include preventive education and publicity, treatment and rehabilitation and research. Since its establishment, BDF has supported 602 projects involving a total of \$376.8M. Among these, 96 projects involving \$71.5M are treatment and rehabilitation programmes. Another 82 projects amounting to \$77.7M are “mixed-type” projects with treatment and rehabilitation elements.

2.10 Furthermore, Special Funding Scheme (SFS) was also set up under BDF in 2002 to provide financial assistance to existing DTRCs for meeting the licensing requirements stipulated in the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance, Cap. 566. With capital injection of \$3 billion made in 2010, the SFS was expanded in May 2011. The key features of the new SFS are listed in **Annex IX**.

2.11 Besides, there are a number of charitable and trust funds in Hong Kong providing relief and assistance to members of the general public or of specified groups. Some of these funding bodies welcome applications for sponsorship to support anti-drug activities and programmes. Typical ones are the Hong Kong Jockey Club Charities Trust, the Lotteries Fund (LF), Sir Robert Ho Tung Charitable Fund (SRHTCF), the Board of Management of Chinese Permanent Cemeteries Annual Charity Donation (BMCPCACD), and the Chief Executive’s Community Project List (CECPL). From 2009 to 2011, ND assisted in processing quite a number of applications for funding from agencies to organise anti-drug functions. 13 applications were approved which attracted a total funding of \$7.29M in support of drug treatment and



rehabilitation activities. It does not only widen the financial resources, but also heighten the sense of community participation and awareness of the drug abuse issue.