The Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012-2014)
The Sixth Three-year Plan on Drug Treatment and Rehabilitation Services In Hong Kong (2012 – 2014)

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CHAPTER 1
INTRODUCTION

(A) Background

1.1 Hong Kong adopts a multi-modality approach in providing drug treatment and rehabilitation services to cater for the different needs of drug abusers from varying backgrounds. With the rapid changes in drug abuse patterns and emergence of new substances, it is necessary to continuously refine and improve the service approach to keep abreast of the evolving needs. Since 1997, the Narcotics Division (ND) has been drawing up three-year plans setting out the policies, priorities and strategies on drug treatment and rehabilitation services. Each three-year plan serves to provide a reference for service providers to review and develop their action plans and programmes against the latest drug scene.

1.2 A total of five three-year plans have been issued (in 1997, 2000, 2003, 2006 and 2009 respectively). This is the Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (“Sixth Three-year Plan”) covering the period from 2012 to 2014.

(B) Objectives

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

(a) to assess the existing drug treatment and rehabilitation programmes in Hong Kong and see whether they can effectively respond to the characteristics and needs of drug abusers today;

(b) to identify room for adjustment and enhancement of the existing treatment and rehabilitation services; and

(c) to advise on the strategic direction to which drug treatment and rehabilitation services should take between 2012 and 2014.

(C) Consultation Process

1.4 The formulation of the Plan is a consensus building process among stakeholders. ND has engaged different parties and coordinated
input. Dr Ben Cheung, Chairman of the Action Committee Against Narcotics Sub-committee on Treatment and Rehabilitation (ACAN T&R Sub-committee), led a Working Group (WG) which comprised representatives from drug treatment and rehabilitation agencies, counselling centres, academic, the medical profession and government departments to advise on the formulation of the Plan. The membership list of the WG and its terms of reference are at Annexes I and II respectively.

1.5 ND solicited views from the social welfare sector through a focus group and a consultation session organised by the Hong Kong Council of Social Service (HKCSS) in June and July 2011 respectively. In August 2011, ND also consulted the medical sector with the help of the Hong Kong Medical Association in August 2011.

1.6 ND also heard views from service agencies, counselling centres, substance abuse clinics and related government departments. Frameworks and drafts of the Plan were reviewed by ACAN, its T&R Sub-committee, and Drug Liaison Committee (DLC). Their views were incorporated into the Plan as far as possible.

1.7 The Sixth Three-year Plan has also taken into account the recommendations on voluntary residential Drug Treatment and Rehabilitation Centres (DTRCs) as set out in the Report No. 55 of the Director of Audit issued in late 2010; and also the Report of the Public Accounts Committee published in early 2011.

(D) Overview

1.8 The Sixth Three-year Plan gives an account of the drug abuse situation in Hong Kong as captured by the Central Registry of Drug Abuse (CRDA), and the different treatment services rendered by the various government and non-governmental agencies. It summarises the major developments since the Fifth Three-year Plan covering 2009-2011. The Plan also addresses the major issues of concern that were identified during the consultation with the anti-drug sector and stakeholders, and recommends strategic direction in the period from 2012 to 2014.

(E) Implementation and Monitoring

1.9 ND will work closely with stakeholders, including concerned
government bureaux and departments (B/Ds), the Hospital Authority (HA) and non-governmental organisations (NGOs), to monitor the implementation of the recommendations and regularly report the progress to ACAN T&R Sub-committee and DLC.
CHAPTER 2

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

(A) Key Statistics from the CRDA

2.1 According to CRDA, the total number of reported drug abusers\(^1\) 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\(^2\) 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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\(^1\) For the purpose of CRDA reporting, a drug abuser is defined to be a person who is known or suspected to have taken any kind of substances in the last four weeks of the time of reporting, irrespective of the number of takings, and the substances harms or threatens to harm the physical or mental health or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic. Use of alcohol and tobacco is, however, not regarded as drug abuse.

\(^2\) More than one reason for current drug abuse might be reported for an individual drug abuser.
Key observations

2.2 Comparing the figures in the 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

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

No. of persons

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of persons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>779</td>
<td>4.4%</td>
</tr>
<tr>
<td>2003</td>
<td>755</td>
<td>4.4%</td>
</tr>
<tr>
<td>2004</td>
<td>621</td>
<td>4.4%</td>
</tr>
<tr>
<td>2005</td>
<td>675</td>
<td>4.4%</td>
</tr>
<tr>
<td>2006</td>
<td>644</td>
<td>4.4%</td>
</tr>
<tr>
<td>2007</td>
<td>710</td>
<td>4.4%</td>
</tr>
<tr>
<td>2008</td>
<td>760</td>
<td>4.4%</td>
</tr>
<tr>
<td>2009</td>
<td>725</td>
<td>4.4%</td>
</tr>
<tr>
<td>2010</td>
<td>675</td>
<td>4.4%</td>
</tr>
<tr>
<td>2011</td>
<td>738</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

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)

**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. 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);

3 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\textsuperscript{4} Subvented by SWD

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All ages</td>
<td>Age under 21</td>
<td>All ages</td>
</tr>
<tr>
<td>(a) New cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>502 (+8.2%)</td>
<td>229 (-9.1%)</td>
<td>555 (+10.6%)</td>
</tr>
<tr>
<td>Female</td>
<td>366 (+53.8%)</td>
<td>236 (+41.3%)</td>
<td>335 (-8.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>868 (+23.6%)</td>
<td>465 (+11.0%)</td>
<td>890 (+2.5%)</td>
</tr>
<tr>
<td>(b) Total no. of cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>509 (+9.2%)</td>
<td>231 (-8.3%)</td>
<td>555 (+9.0%)</td>
</tr>
<tr>
<td>Female</td>
<td>366 (+53.1%)</td>
<td>236 (+41.3%)</td>
<td>335 (-8.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>875 (+24.1%)</td>
<td>467 (+11.5%)</td>
<td>890 (+1.7%)</td>
</tr>
</tbody>
</table>

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

\textsuperscript{4} 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

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All ages</td>
<td>Age under 21</td>
<td>All ages</td>
</tr>
<tr>
<td>(a) New cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>270</td>
<td>46</td>
<td>213</td>
</tr>
<tr>
<td></td>
<td>(-21.1%)</td>
<td>(-15.2%)</td>
<td>(-4.7%)</td>
</tr>
<tr>
<td>Female</td>
<td>96</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>(-37.5%)</td>
<td>(-33.3%)</td>
<td>(+1.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>366</td>
<td>58</td>
<td>273</td>
</tr>
<tr>
<td></td>
<td>(-25.4%)</td>
<td>(-19.0%)</td>
<td>(-3.3%)</td>
</tr>
<tr>
<td>(b) Total no. of cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>277</td>
<td>47</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>(-19.9%)</td>
<td>(-17.0%)</td>
<td>(-4.5%)</td>
</tr>
<tr>
<td>Female</td>
<td>97</td>
<td>12</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>(-33.0%)</td>
<td>(-33.3%)</td>
<td>(+6.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>374</td>
<td>59</td>
<td>287</td>
</tr>
<tr>
<td></td>
<td>(-23.3%)</td>
<td>(-20.3%)</td>
<td>(-2.1%)</td>
</tr>
</tbody>
</table>

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

Figures were available since 2009
Table 3: SACs under HA

<table>
<thead>
<tr>
<th>Year</th>
<th>New Cases/First Attendances</th>
<th>Follow-up Attendances</th>
<th>Total Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% change</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
<td>Number</td>
</tr>
<tr>
<td>2006</td>
<td>729 (126)</td>
<td>-17.9% (-28.0%)</td>
<td>13 097 +14.0%</td>
</tr>
<tr>
<td>2007</td>
<td>568 (83)</td>
<td>-22.1% (-34.1%)</td>
<td>12 038 -8.1%</td>
</tr>
<tr>
<td>2008</td>
<td>554 (108)</td>
<td>-2.5% (+30.1%)</td>
<td>11 824 -1.8%</td>
</tr>
<tr>
<td>2009</td>
<td>808 (185)</td>
<td>+45.8% (+71.3%)</td>
<td>15 419 +30.4%</td>
</tr>
<tr>
<td>2010</td>
<td>959 (161)</td>
<td>+18.7% (-13.0%)</td>
<td>22 793 +47.8%</td>
</tr>
<tr>
<td>2011</td>
<td>892 (95)</td>
<td>-7.0% (-41.0%)</td>
<td>23 787 +4.4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All ages</td>
<td>Age under 21</td>
<td>All ages</td>
</tr>
<tr>
<td>(a) New / Re-admitted cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5 015 (-1.5%)</td>
<td>46 (-9.8%)</td>
<td>4 690 (-6.5%)</td>
</tr>
<tr>
<td>Female</td>
<td>911 (-1.3%)</td>
<td>6 (+100.0%)</td>
<td>826 (-9.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>5 926 (-1.4%)</td>
<td>52 (-3.7%)</td>
<td>5 516 (-6.9%)</td>
</tr>
<tr>
<td>(b) Attendance</td>
<td>2 352 766 (+1.9%)</td>
<td>2 334 811 (-0.8%)</td>
<td>2 272 849 (-2.7%)</td>
</tr>
<tr>
<td>(c) Attendance rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective registration</td>
<td>8 457 (+1.1%)</td>
<td>8 405 (-0.6%)</td>
<td>8 240 (-2.0%)</td>
</tr>
<tr>
<td>Daily attendance</td>
<td>6 446 (+2.2%)</td>
<td>6 397 (-0.8%)</td>
<td>6 227 (-2.7%)</td>
</tr>
<tr>
<td>Average daily attendance rate</td>
<td>76.2%</td>
<td>76.1%</td>
<td>75.6%</td>
</tr>
</tbody>
</table>

Note: ( ) denotes % change over the same period of last year
### Table 5: Voluntary Residential Drug Treatment and Rehabilitation Agencies

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

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

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5 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

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All ages</td>
<td>Age* under 21</td>
<td>All ages</td>
</tr>
<tr>
<td>(a) New admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>689 (+39.2%)</td>
<td>215 (+70.6%)</td>
<td>675 (-2.0%)</td>
</tr>
<tr>
<td>Female</td>
<td>176 (+41.9%)</td>
<td>78 (+44.4%)</td>
<td>168 (-4.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>865 (+39.7%)</td>
<td>293 (+62.8%)</td>
<td>843 (-2.5%)</td>
</tr>
<tr>
<td>(b) Re-admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>563 (-3.8%)</td>
<td>33 (+43.5%)</td>
<td>407 (-27.7%)</td>
</tr>
<tr>
<td>Female</td>
<td>144 (+28.6%)</td>
<td>3 (0%)</td>
<td>109 (-24.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>707 (+1.4%)</td>
<td>36 (+38.5%)</td>
<td>516 (-27.0%)</td>
</tr>
<tr>
<td>(c) Total admission [i.e. (a)+(b)]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1 252 (+15.9%)</td>
<td>248 (+66.4%)</td>
<td>1 082 (-13.6%)</td>
</tr>
<tr>
<td>Female</td>
<td>320 (+35.6%)</td>
<td>81 (+42.1%)</td>
<td>277 (-13.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>1 572 (+19.5%)</td>
<td>329 (+59.7%)</td>
<td>1 359 (-13.5%)</td>
</tr>
<tr>
<td>(d) Discharge #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1 185 (+12.3%)</td>
<td>167 (+60.6%)</td>
<td>1 120 (-5.5%)</td>
</tr>
<tr>
<td>Female</td>
<td>276 (+17.9%)</td>
<td>64 (+52.4%)</td>
<td>276 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>1 461 (+13.3%)</td>
<td>231 (+58.2%)</td>
<td>1 396 (-4.4%)</td>
</tr>
<tr>
<td>(e) Number under treatment (as at year/quarter end)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>537 (+8.9%)</td>
<td>117 (+67.1%)</td>
<td>578 (+7.6%)</td>
</tr>
<tr>
<td>Female</td>
<td>154 (+25.2%)</td>
<td>41 (+51.9%)</td>
<td>171 (+11.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>691 (+12.2%)</td>
<td>158 (+62.9%)</td>
<td>749 (+8.4%)</td>
</tr>
<tr>
<td>(f) Number under supervision (as at year/quarter end)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1 045 (+14.3%)</td>
<td>142 (+79.7%)</td>
<td>942 (-9.9%)</td>
</tr>
<tr>
<td>Female</td>
<td>259 (+12.1%)</td>
<td>62 (+55.0%)</td>
<td>259 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td>1 304 (+13.9%)</td>
<td>204 (+71.4%)</td>
<td>1 201 (-7.9%)</td>
</tr>
</tbody>
</table>

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.

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

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, 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.

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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.
CHAPTER 3

PROGRESS SINCE THE FIFTH THREE-YEAR PLAN

(I) Major Developments

(a) CE’s Anti-drug Campaign

3.1 In July 2009, the Chief Executive (CE) announced the stepping up of the anti-drug campaign along five directions, namely community mobilisation, community support, drug testing, rehabilitation and law enforcement. Under CE’s anti-drug campaign, a number of new initiatives, such as a trial scheme of school drug testing in Tai Po and introduction of hair drug testing technology, have been launched. Existing anti-drug measures and services have also been significantly enhanced by new resources. The Government injected $3 billion capital to the BDF providing new impetus to community projects and capital works for residential DTRCs to fulfil licensing requirements. More importantly, CE’s anti-drug campaign has significantly enhanced the awareness of the community. Various sectors in the community were engaged to fight against drug abuse together.

(b) Report No. 55 of the Director of Audit

3.2 The Audit Commission and subsequently the Public Accounts Committee (PAC) examined the adequacy and efficiency of the residential DTRCs services for drug abusers and published their reports in October 2010 and February 2011 respectively. The recommendations provided good food for thought and a steer of direction for future improvement of voluntary residential services in Hong Kong, which are summarised in Annex X. The Administration is committed to implementing the recommendations as appropriate.

(II) Implementation of the Fifth Three-year Plan

3.3 With the rollout of the Fifth Three-year Plan, considerable progress has been made in the drug treatment and rehabilitation sector. Most of the major recommendations and key initiatives in the last Three-year Plan are completed or on-going whilst a small number of recommendations are still in the developmental stage. Due to the space
constraint, we will highlight major activities led by the Government or sponsored by BDF below.

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

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

**CRDA**

3.4 ND has introduced a series of measures to improve CRDA since 2009. First, a new form without personal identifiable information has been developed for collecting data from reporting agencies on drug abusers who were not reported to CRDA for various reasons. The information collected is used to examine under-reporting. Second, a series of visits, briefing sessions and promotional seminars for existing / potential reporting agencies were conducted from May to September 2009 to enhance the reporting efficiency to CRDA and to widen the reporting network. Third, a new simplified data input procedure has been adopted since late December 2009 to reduce data input effort of the reporting agencies in providing previously captured data. Fourth, five more reporting agencies have been included in the Fourth Schedule to the Dangerous Drugs Ordinance (Cap. 134) following the introduction of a subsidiary legislation in June 2011.

**Survey of Drug Use among Students**

3.5 The findings of the 2008-09 Survey of Drug Use among Students were released in February 2010. Following the recommendation of the Task Force on Youth Drug Abuse, future rounds of the survey will be conducted more frequently at three-year intervals in order to monitor more closely the drug abuse situation among students. The new round of survey was conducted in the school year 2011/12.

(b) Number of Drug Abusers

3.6 To accurately measure the number of drug abusers, a research study on reviewing the various methodologies is underway. Results are expected to be available by end of 2012.
(c) Studying the drug abuse situation of non-engaged youth

3.7 With the support of BDF, ND has commissioned a research team in June 2010 to conduct a research study on the drug abuse situation of non-engaged youth and their service needs. Results are expected to be available by end of 2012.

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

3.8 ND has accorded priority in the BDF Annual Funding Exercises to research into a qualitative module.

(B) Early Identification of Youth at Risk and Intervention

(a) Schools and parents

3.9 In school years between 2009 and 2011, School of Professional and Continuing Education of The University of Hong Kong, Community Drug Advisory Council (CDAC) and Cheer Lutheran Centre of Hong Kong Lutheran Social Service were commissioned to provide professional training for teachers. In addition, the Hong Kong Federation of Youth Groups was commissioned in August 2009 to provide telephone support service manned by social workers for teachers. This service has been continued by Tung Wah Group of Hospitals (TWGHs) CROSS Centre since February 2011. A resource kit for school sector was launched in March 2010 to help schools formulate a Healthy School Policy (HSP) with an anti-drug element and to equip teachers and student guidance personnel/social workers with practical guidelines and protocol on the early identification of student drug abusers for appropriate intervention, and to help students develop a healthy lifestyle and positive values. Following that, a series of briefing sessions were organised for school heads, teachers and school social workers on the use of the resource kit. In the 2011/12 school year, about 92% of local schools had participated in the HSP.

3.10 For parents, a resource kit to enhance their anti-drug knowledge, attitude and skills to prevent, identify and handle youth drug problems was released in June 2009. Anti-drug educational materials were published and anti-drug seminars for parents were organised in 18 districts. A series of “train-the-trainer” workshops and demonstrations were arranged for teachers, parent education service units and parents on
using the resource kit. An online website was also launched. Moreover, TWGHs CROSS Centre has been commissioned to provide district-based parent talks and telephone support services manned by social workers for parents since August 2009.

(b) School social work service

3.11 The CE announced in his 2010-11 Policy Address to enhance the school social work service for secondary schools by a 20% increase in manpower (i.e. an increase of 96 social workers) to help prevent and tackle student drug abuse and related problems. New resources have been allocated to the operating NGOs since September 2011. The enhanced school social work service not only helps early identification of students to provide timely support, but also engages parents of students at risk in extending help, so as to bring positive change in students and sustain their healthy development.

(c) Family doctors

3.12 Under BDF sponsorship, the Hong Kong Medical Association (HKMA) organised a certificate course on the Management of Drug Abuse Patients for Family Doctors in May 2009 to enhance family doctors’ interests, awareness and knowledge on the problems of drug abuse. A total of 120 family doctors enrolled in the course. A CD-ROM containing the training materials and a manual was produced and distributed to all doctors since March 2011. The training materials were also available on the Internet for public access.

3.13 With the sponsorship of BDF, HKMA organised five training sessions on Management of Substance Abuse Patients in different districts between 2010 and 2012.

3.14 Moreover, the Project MAC, which was funded by the BDF and operated by TWGHs CROSS Centre, organised a series of training for a total of 100 medical practitioners.

(d) Outreaching service

3.15 Since December 2010, new resources have been injected into the 16 District Youth Outreaching Social Work Teams (YOTs) to provide each with one additional social worker at the Assistant Social Work Officer rank to tackle the upsurge in youth drug abuse.
(e) Voluntary drug testing service

**School drug testing**

3.16 ND has launched the Trial Scheme on School Drug Testing in Tai Po District (the Scheme) in the 2009/10 and 2010/11 school years, which has been smoothly completed. This is a key initiative of the CE’s anti-drug campaign. ND commissioned a research organisation to comprehensively assess the design, implementation and effectiveness of the Scheme, to study other local and overseas experiences in school drug testing and to suggest refinements and revisions to the Scheme, so as to consider how the Scheme could be gradually rolled out to other schools or districts.

3.17 The research report for the 2009/10 and 2010/11 school years confirmed that the Scheme has achieved its dual objectives: (1) strengthening students’ resolve to stay away from drugs; and (2) enhancing the motivation of students troubled by drugs to seek treatment and assistance. The research found no evidence to establish previous concerns such as possible labelling effect and adverse impact on the parent-child relationship, and parents’ and students’ trust in schools. The study recommended that school drug testing scheme should be further developed in Hong Kong. It should follow a voluntary, school-based, student-oriented approach with the participation of the community.

3.18 In light of the experience gained in the Scheme over the past two school years and recommendations on the Scheme by the research organisation, the Government has started to encourage schools from other districts to implement the Healthy School Programme with a drug testing component (HSP(DT)), to foster a drug-free culture on campus. The programme has been designed according to the needs and development of schools, aiming to promote students’ well being. The HSP(DT) consists of the school drug testing component whereby participation is voluntary, and a series of anti-drug educational, counselling and supportive services. These activities aim to help students develop healthy habits, positive attitudes and values towards life, so as to enhance students’ resilience and resolve to stay away from drugs. The BDF is open to joint application by interested schools and their NGO partner. As at May 2012, the BDF Association has approved funding applications by 45 schools to launch the HSP(DT) for the 2011/12 school year. A total of $15.5 million has been granted.
Hair testing

3.19 As part of the CE’s anti-drug campaign, the Government Laboratory has successfully developed the hair drug testing method which was accredited by the Hong Kong Accreditation Service. It launched a pilot scheme providing free hair testing services for a range of treatment and rehabilitation service units (CCPSAs, DTRCs, SACs, and outreaching teams, etc.) as an alternative drug testing method in June 2010.

Drug testing in CCPSAs

3.20 Voluntary drug test packaged with motivational interview and basic body check has been forming part and parcel of the On-site Medical Support Service (OSMSS) at the CCPSAs since October 2009.

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

(a) CCPSAs

3.21 To enable timely and early medical intervention to drug abusers who require elementary medical treatment, CCPSAs launched OSMSS in October 2009. This comprises the deployment of a Registered Nurse (Psychiatric) [RN(Psy)] on site and the provision of resources for procurement of medical support services from the community including body checks, drug tests, motivational interviews and drug-related consultation to PSAs.

3.22 In October 2010, four new CCPSAs were set up in Central and Western/Southern/Islands, Shamshuipo, Wong Tai Sin/Sai Kung and Tsuen Wan/Kwai Tsing districts, making a total of 11 CCPSAs over the territory. This aimed to strengthen further district-based collaboration amongst various stakeholders and enhance service synergy in each of the 11 administrative districts of SWD.

(b) Rehabilitation of drug offenders

Probation service

3.23 A Pilot Project on Enhanced Probation Service has been implemented in October 2009 in the two Probation Offices serving the
Kowloon City Magistrates’ Courts and Kwun Tong Magistrates’ Courts respectively. The project aims to provide more focused, structured and intensive treatment programmes for young offenders aged below 21 and convicted of drug-related offences, who are put on probation pursuant to the Probation of Offenders Ordinance (Cap 298). Services of the Pilot Project include probation supervision with more frequent progress reports to court, more frequent urine tests and curfew checks, intensive counselling programmes, therapeutic groups, employment assistance, school guidance, etc. The project would be extended for one year in 2012-13 financial year. As at 30 April 2012, 234 young offenders have been placed on the Pilot Project by the Courts.

3.24 A preliminary evaluation conducted in 2011 indicates that the project has been welcomed by the magistrates, parents of the probationers and probation officers as it provides more in-depth and intensive counselling and treatment to probationers and also helps probation officers build up a better working relationship with the parents. SWD is conducting a final review to assess the overall effectiveness of the Pilot Project with a view to deciding the way forward.

**DATCs**

3.25 CSD has taken a series of steps to re-organise institutional regime and redeploy resources in a bid to tackle the problem of youth drug abuse. Lai Sun Correctional Institution (LCSI) has been converted from a pre-release vocational training centre for male adult prisoners into a DATC for male young inmates in early 2010. It not only helped alleviate the overcrowding of Hei Ling Chau Addiction Treatment Centre, but also enhanced rehabilitative services and vocational training for young drug abusers through utilisation of existing facilities in LSCI. Besides, Hei Ling Chau Addiction Treatment Centre (Annex) was renamed to Nei Kwu Correctional Institution with extension of accommodation places from 140 to 180 for female drug abusers in February 2010.

3.26 CSD has also incorporated structured counselling and psychological programmes into the daily DATC programme. To uplift the competitiveness in open job market, DATC inmates have been arranged to attend vocational training courses. Half-day market-oriented vocational training programmes are provided for young abusers whereas voluntary part-time vocational training programmes are provided for adult abusers.
(c) DTRCs

3.27 The Government has made strenuous efforts to assist DTRCs in meeting the licensing requirements. Since publication of the Fifth Three-year Plan, eight DTRCs operating under Certificates of Exemption have obtained licence.

3.28 To ensure that young drug abusers promptly receive appropriate treatment, the Government has continued to encourage the treatment and rehabilitation sector to provide different models of service to address more effectively the various needs of young drug abusers. In 2010-11, the capacities of two DH-subvented DTRCs were further increased. Also, SWD has completed the allocation of 101 subvented DTRC places with resources approved in 2008-09.

3.29 In 2009, BDF supported a one-year pilot project by the Mission Ark in providing short-term residential programme of one to two months for young male drug abusers. The application by Mission Ark for extension of the project for one more year was approved in 2010. The project includes trainings on Neuro-linguistic Programming, war games and outdoor activities. As at 31 August 2011, 289 man-times of services have been provided to young drug abusers under the two projects.

(d) SACs

3.30 In 2009-10, HA made an additional provision of $12.5 million to enhance the services of its seven SACs by increasing consultation sessions to cope with the anticipated increase in demand for services. The SAC at Kwai Chung Hospital has started the operation of day sessions for substance abusers.

3.31 In 2010-11 financial year, HA further injected $10 million to cope with the demand for an increase in clinic sessions. HA has also provided adequate treatment capacity in SACs by working towards a median waiting time of around two weeks for first attendance. New Territories East Cluster has expanded its substance abuse service and added more sessions dedicated to the treatment of patients with substance abuse in North District Hospital in September 2009 and Alice Ho Miu Ling Nethersole Hospital in Tai Po in August 2010.
3.32 HA’s Substance Abuse Service Working Group regularly reviews and enhances the service provision of SACs. Taking the SAC in Pamela Youde Nethersole Eastern Hospital in Eastern District as an example, its day rehabilitation services have been enhanced in 2010-11 to include motivational interviewing, relapse prevention, activity of daily living training, leisure time management, and community orientation.

(e) Training for Anti-drug Workers

3.33 We continued to make efforts to strengthen the role of family doctors as the first point of contact for a person who starts to develop or has developed various symptoms associated with drug abuse. HA organised a seminar on substance abuse in May 2010 to enhance understanding on various treatment strategies of substance abusers and the importance of community partnership. Over 130 participants attended, including doctors, nurses, allied health professionals, social workers, etc.

3.34 With the support from BDF, Caritas Lok Heep Club has launched a series of training and exchange activities under the “Drug Knowledge Project”, of which drug workers including the medical profession are the targets. The project was kicked off in December 2010.

Social workers

3.35 Provision of structured training is one of the priority areas for the 2010 BDF Funding Exercise. With the funding support from the BDF, Caritas Hong Kong organised a certificate course for social worker in August 2011. 31 out of 34 participants were awarded certificates.

3.36 SWD organised 20 anti-drug programmes between 2009 and 2011. A total of 749 frontline social workers have participated in the programmes.

Teachers

3.37 For teachers, ND has commissioned NGOs to provide on-site training programmes for teachers of primary and secondary schools since 2008/09 school year. As at end August 2011, 364 programmes were provided by the service providers since 2008/09 school year.
(f) Reintegration of Abusers into Society

**Strengthening the service**

3.38 Since October 2010, SWD has enlisted assistance from 11 CCPSAs to provide after-care services for discharged residents from non-subvented DTRCs without such services.

3.39 A two-year project funded by BDF, namely “Stand Up, No Drug”, was launched by Hong Kong Christian Service in October 2010 targeted at young drug service users. This project aimed at building up a connection with the community and soliciting support from the public for drug abusers. Job and social skill training, job placement for drug abusers, anti-drug ambassadors training, mentor matching, volunteer work and anti-drug campaign for students and members of the public were some of the elements in this project. Key factors in successful community mobilisation are being investigated and results will be available when the project concludes in late 2012.

3.40 In November 2010, with the support of BDF, the St. Stephen’s Society launched a one-year residential programme “High Flyers” targeted at drug abusers aged from 18 to 30 living in the treatment centre of the grantee. The project aimed to provide opportunities for residents to receive career trainings on areas like information technology, design, health and beauty, and renovation and decoration. They would then choose one of the areas to develop a career path and receive more in-depth training. The project has benefited 90 participants.

**Support from the community**

3.41 We have continued to make use of the “Path Builders” initiative launched in September 2008 to support drug abusers in their treatment, rehabilitation and reintegration processes. Organisations including corporations, chambers of commerce, professional bodies and NGOs were encouraged to offer internships, visits, vocational training or job opportunities to rehabilitated abusers. Individuals were invited to become mentors of the young people or shared with them their professional knowledge and life experience.
**Reintegration into schools**

3.42 As regards educational programmes provided by DTRCs to school-aged young drug abusers, Education Bureau (EDB) has increased the level of subvention by some 40% per programme since the 2010/11 school year. EDB inspectors have also paid advisory visits to the DTRCs operating subvented educational programmes \(^\text{Note}\) for professional support and quality assurance of the programmes. Furthermore, EDB has organised workshops and professional networking activities for the teaching staff of the educational programmes to facilitate professional dialogues and sharing of good practices.

**Support from family**

3.43 With the support of BDF, the Hong Kong Lutheran Social Service ran a project named “LOVE HOME · LOVE LIFE” to provide emotional support service to the family members of unmotivated PSAs and to encourage the abusers to receive treatment through their family members. Project activities included family visits, one-to-one family counselling, supportive groups to the family members of drug abusers, and preventive programmes to parents.

3.44 Funded by BDF, Caritas Hong Kong launched the Project “Muguet” to help young drug abusers who are also mothers and their families understand how to make use of different social services to support their needs.

**(D) Continuum of Service by Different Sectors/ Modalities**

**(a) Tiered, Multi-modality Framework**

3.45 To conceptualise the broad array of services in the current landscape in a more systematic manner, ND, after several rounds of consultation with the anti-drug sector, published the first edition of a tiered, multi-modality approach of treatment and rehabilitation services for drug abusers in Hong Kong in December 2010 as a reference for the service sectors, service users and the public. It embodies a continuum of service from identification, treatment, rehabilitation to reintegration and sets out a direction for all concerned parties to work together to achieve the collective goal of a holistic service.

\(^\text{Note}\) In the 2011/12 school year, the number of DTRCs operating subvented educational programmes is 14.
3.46 CCPSAs and SACs have established collaboration through meetings and cross-referrals on a cluster basis. The first collaboration meeting was held in June 2009. Individual clusters have organised joint programmes and counselling groups, and provided outreaching service to CCPSAs. CCPSAs have also actively made case referrals to SACs for more intensive and specialist treatment since the launch of OSSMS in October 2009. CCPSAs and SACs will continue this collaboration in providing timely services to drug abusers.

(c) Other forms of multi-disciplinary collaboration

3.47 To promote multi-disciplinary collaboration in the treatment and rehabilitation sector, ND has invited representatives of YOTs and Overnight Outreaching Services for Young Night Drifters (YNDs) to DLC to widen the spectrum of representation there.

3.48 SWD has proactively organised visits and exchange activities amongst organisations in different modalities to facilitate deeper understanding of each other’s services and enhance case referral.

3.49 SACs has collaborated with relevant organisations in the community to facilitate the provision of medical services, including assessment, consultation, outreaching service, and relapse prevention. The services were provided to a range of clients, from high risk youths to in-patients.

3.50 In addition, individual HA service clusters have established fast track referral between different specialties for urgent cases. There was also collaboration between SACs and academic institutions for the provision of alternative therapy, for example, narrative therapy.

3.51 Anti-drug workers from different disciplines have joined hands to enhance multi-disciplinary collaboration. At district level, multi-disciplinary collaboration on anti-drug work has been actively pursued through a wide range of activities organised, co-organised and/or funded by the district social welfare offices of SWD during the years.
(E) Sustained Service Improvements

3.52 Efforts have been made in facilitating the treatment and rehabilitation agencies to re-engineer their services to meet the increasing needs of PSAs.

3.53 SWD and the five CCPSAs established before December 2008 (viz. TWGHs CROSS Centre – Eastern and Wanchai Office, Evergreen Lutheran Centre, Cheer Lutheran Centre, Caritas HUGS Centre, and PS33 Tsimshatsui Centre) have, under the Funding and Service Agreement renewal in October 2010, agreed to increase the coverage of their respective school drug programmes from 75% to 80% of the secondary schools in their catchment areas and to provide drug preventive education and publicity programmes to the general public at community level.

3.54 Separately, SWD has reviewed and/or enhanced the performance targets of its subvented day and night youth outreaching service and community support service scheme as well as drug treatment and rehabilitation services to tie in with respective service needs and proportionate to the additional resource provisions.

3.55 In 2011, DH has agreed with Society for the Aid and Rehabilitation of Drug Abusers (SARDA) under its subvention on setting and updating performance targets, such as detoxification rate, rehabilitation rate and occupancy standards, for enhanced monitoring of its performance.

3.56 ND has reviewed the Pilot Scheme of the “Drug Treatment and Rehabilitation Service Information System” (the System), and found it useful in simplifying data collection and information management. The System also enabled a more systematic manipulation of statistical data and better monitoring of the effectiveness of drug treatment and rehabilitation services. ND is in the process of fine-tuning and upgrading the software of the System taking into account feedback from the five subvented DTRCs participating in the Pilot Scheme, and from SWD, DH and EDB. ND aims to promote the System to all subvented DTRCs starting from end 2012, and encourage voluntary adoption of the System by non-subvented DTRCs. The extension of the System to a wider use would be conducive to the continuous improvement of services.
(F) Resource Alignment

*Beat Drugs Fund*

3.57 The Government has injected $3 billion into BDF since mid 2010, enabling more income to be generated to better support, among others, treatment and rehabilitation projects run by NGOs, as well as capital works to help the DTRCs to fulfil the licensing requirements and continuously improve their services. Subsequent to the capital injection, BDF launched a second round of funding exercise in 2010.

3.58 To attach greater importance to the treatment and rehabilitation projects, the 2011 Funding Exercise has given priority consideration to treatment and rehabilitation projects or projects involving treatment and rehabilitation components. The target funding ratio was 50% for projects in respect of treatment and rehabilitation. ND has also made effort to invite more applications by projects in this respect.

3.59 Since publication of the Fifth Three-year Plan, three rounds of funding exercise have been held. In total, 45 projects at a worth of about $47.1M comprise treatment and rehabilitation elements. A full list of projects is set out in *Annex XI*.

*NGOs’ Efforts*

3.60 To serve more PSAs, SARDA has launched a new programme, entitled “Project SARDA”, targeting at PSAs aged between 21 and 35, at Shek Kwu Chau (SKC) Treatment and Rehabilitation Centre since August 2010. The programme aimed at making early and better use of the existing resources of the SKC Centre to cater for PSAs and improving the utilisation of the centre.

(G) Continuum and Complementary with Efforts in Other Prongs

(a) Cross-boundary drug abuse and external cooperation

3.61 As part of the People Republic of China’s delegation, ND, SWD, DH, Customs and Police attended the annual United Nation’s Commission on Narcotics Drug to keep abreast of the international development and exchange views with other jurisdictions. At the regional level, the Administration attached great importance to the communication and co-ordination among Guangdong, Macau and Hong
Kong in respect of combating drug abuse and trafficking. Police have stepped up cooperation with the Mainland authorities.

3.62 In order to tackle the problem of cross-boundary drug abuse, particularly on young people from Hong Kong taking drugs on the Mainland during festive holidays, the Administration has also stepped up joint operations and publicity efforts at boundary control points in order to deter and detect cross-boundary drug abuse and trafficking.

3.63 HKCSS organised the “7th Mainland, Hong Kong and Macau Conference on Prevention of Drug Abuse” in 2011, with the support of BDF. The conference aimed to promote cross-sectoral exchange and communication among Guangdong, Hong Kong and Macau on drug issues. Elements included conference, workshop, and visit to anti-drug service organisations.

(b) Research

3.64 Several drug-related research studies were completed in 2010-11. They have looked into, namely, Nepalese drug abusers in Hong Kong; impact of ketamine on monkeys and mice; ways to dispel misunderstandings about psychotropic substances among young people; comparison between conventional and new technologies in Substance Abuse Clinics; and impact of ketamine on urological sequelae. Other ongoing projects, such as the longitudinal study on socioeconomic and health impacts of psychoactive drug abuse, and drug abuse situation and service needs of non-engaged youth are underway and are expected for completion in 2012-13. The research findings of physical harms caused by ketamine has also been reported to the World Health Organisation and the United Nations as supporting evidence in a bid to seek international control of ketamine.

(c) Law enforcement

3.65 Since summer vacation in 2009, law enforcement departments have been spearheading major enhancement of enforcement efforts specifically for the summer vacation in 2009 and beyond by conducting territory wide anti-drug operations in order to combat the problem of youth drug abuse at the supply side and to ensure no efforts are spared.

3.66 The abuse of new synthetic substance has become a new trend worldwide. In recent years, ND, in collaboration with the Government Laboratory, DH and law enforcement agencies, has taken a more
proactive approach in monitoring the threat of emerging drugs, both in the international and local scene. The effort has resulted in the amendment of the Dangerous Drugs Ordinance and the Control of Chemicals Ordinance in April 2011 which imposed control on three types of synthetic drugs and a precursor chemical.

3.67 In view of the psychotropic substance abuse problem in recent years, where ketamine in particular was prevalent among the young abusers, combating youth drug-related offences was the major focus and enforcement priority. More resources has been dedicated to tackle the problem of youth drug abuse. Additional manpower has been allocated to the Police School Liaison Programme and Juvenile Protection Section. A cyber patrol team has also been formed in the Police Narcotics Bureau, and the number of drug detector dogs for both the Customs and Excise Department and the Police were substantially increased.

(d) Preventive education and publicity

3.68 ND has made it easier for the public to obtain anti-drug information through a hotline “186 186”, which also provides a directory of treatment and rehabilitation services.

3.69 To raise community awareness and mobilise community support on anti-drug works, we launched the territory-wide campaign “Stand Firm! Knock Drugs Out!” in 2010. Annual large-scale publicity events followed by a series of anti-drug programmes have been organised to raise awareness of serious consequences of drug abuse and mobilise the community to fight against drug abuse. Home Affairs Department also launched the “Community Programmes Against Youth Drug Abuse” to support organising anti-drug programmes in the 18 districts.

3.70 An Announcement in the Public Interest to promote the important role played by the drug treatment and rehabilitation facilities (including DTRCs) and call for local support for setting up these facilities in the neighbourhood was launched in June 2011.
CHAPTER 4

DISCUSSIONS AND STRATEGIES

(A) Views and Discussions

4.1 We have collected views from the treatment and rehabilitation sector and relevant key participants in preparation of the Three-year Plan. HKCSS held a focus group and a consultation session in June and July 2011 respectively to discuss the Plan, and the comments collected are at Annex XII. Meanwhile, the key points raised by ACAN, its T&R Sub-committee and DLC are summarised at Annex XIII. We have taken into account all the comments and suggestions received in drawing up the Plan. The Sixth Three-year Plan has also taken into account the recommendations on voluntary residential DTRCs as set out in the Report No. 55 of the Director of Audit issued in late 2010 and the Report of the Public Accounts Committee published in early 2011.

(B) Major Areas of Concern

4.2 In summary, we have identified the following major areas of concern:

(a) in view of the hidden nature of drug abuse, it is hard to reach some drug abusers even significant resources have been given to service providers for early identification;

(b) there could be more cooperation amongst various anti-drug professionals to efficiently keep the emergence of new synthetic drugs under surveillance;

(c) there could be better collaboration amongst various sectors/modalities to ensure service continuum;

(d) the treatment and rehabilitation service could merge with other prongs of anti-drug strategy, in particular the preventive education and publicity, to achieve synergy;

(e) despite significant increase in resources in the past three years, there is still room for improvement in various downstream treatment and rehabilitation services, particularly the accessibility
and range of options;

(f) although the general public has shown increased understanding and acceptance to the drug treatment and rehabilitation services, it remains difficult to set up new facilities in local communities;

(g) there is calling for a more transparent, systematic and performance-oriented monitoring system; and

(h) there is a need to continuously review and reassign resources.

(C) Strategies for the Sixth Three-year Plan

(a) Early identification and intervention

4.3 In the past three years, we have greatly expanded our efforts to facilitate early identification and intervention of drug abusers, so as to offer rehabilitation services timely before the health condition of the abusers is much deteriorated. For instance, we have taken forward the Trial Scheme on School Drug Testing in Tai Po District in the 2009/10 and 2010/11 school years. Currently, we are actively encouraging schools to participate in the HSP(DT) from the 2011/12 school year onwards.

4.4 In addition, we would continue to identify new partners who can contact drug abusers at the generic settings (Tier 1). We should enhance the drug awareness and knowledge of these partners, so that they can identify potential drug abusers effectively, offer initial intervention and refer them for appropriate treatment if necessary. Moreover, we should actively devise new measures, such as a community-based drug testing scheme, to identify those hidden drug abusers in a more effective manner.

(b) Monitoring of Drug Abuse Situation

4.5 The prevalent psychotropic substances are easily available, although the abuse of them is “hidden” in nature. The emergence of new synthetic drugs also aggravates the problem. It takes us time to access the problems caused by the new drugs and put them under control. Therefore, we need to conduct further surveys and research studies to collect information and statistics from different angles, so that we could more accurately monitor the changes in drug abuse trends and characteristics of drug abusers.
4.6 The anti-drug sector should have intelligence on new drugs, so as to enhance awareness and formulate necessary measures in respect of preventive education, publicity, treatment and rehabilitation as necessary.

(c) Continuum of services by different sectors / modalities

4.7 In December 2010, ND published the first edition of the tiered, multi-modality framework of treatment and rehabilitation services for drug abusers in Hong Kong. It embodies a continuum of services from identification, treatment, rehabilitation to reintegration into society, and highlights the complementary roles of social welfare, healthcare, education, and aftercare services. We should properly utilise this schematic service framework and encourage communication, networking and collaboration among service providers within the same tier or across tiers, so as to ensure continuum of services. There is a clear description of service nature of various tiers, so that service providers could provide relevant training and support services accordingly. A district-based service approach is recommended to cater for the different characteristics of drug scene in different districts.

(d) Further enhancement of capacity and depth of downstream services

4.8 The Government has injected substantial new resources to implement the recommendations of the Task Force on Youth Drug Abuse and the CE’s anti-drug campaign (annual additional recurrent provision of $140 million). Notwithstanding this, the Government and the service providers should continue to review the capacity and depth of the services in response to the latest drug scenes, so as to better address the needs of drug abusers.

4.9 In this connection, we encourage NGOs to make full use of the BDF to develop treatment and rehabilitation projects (especially innovative ones) that are in line with this Sixth Three-year Plan.

4.10 We should continue assisting DTRC operators in meeting the licensing requirements as soon as possible. We should encourage operators of those centres requiring in-situ refurbishment or redevelopment to make concrete proposals and commence upgrading works early, and facilitate them to obtain funding under the BDF SFS. For other centres requiring reprovision, we should continue, in

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7 The tiered, multi-modality framework is not intended to be prescriptive in nature to cast service or resource boundaries.
consultation with relevant Government departments, assisting them in identifying suitable sites. In the meantime, we need to devise a publicity plan to engage relevant stakeholders to solicit local support through publicity.

(e) Reintegration into society and prevention of relapse

4.11 A treatment and rehabilitation programme is considered to be successful in the long run if the rehabilitants could eventually reintegrate into society without relapse. Apart from helping the rehabilitants staying away from drugs, we also need to address their needs in other aspects. We should provide suitable aftercare services to the rehabilitants. Where resources permit, we should involve families, schools, social workers, mentors and friends in the aftercare service/case management modal. We should provide assistance to the rehabilitants according to their particular circumstances to facilitate them to return to their normal school/work life. If practicable, we could draw on the existing resources in the community.

4.12 From a wider perspective, it is important for us to continue publicising the positive images of treatment and rehabilitation agencies and rehabilitated drug abusers, and to educate the public about the benefits that would be brought about through helping the rehabilitants.

(f) Sustained service improvement

4.13 In view of the changing drug scene, we need to continue monitoring the demand for and utilisation of various services to ensure the resources are properly allocated according to the needs. For instance, we put most of the resources on dealing with youth drug abuse problem, and we should also address the needs of the adult drug abusers. In addition, we should critically review various service models from a social context, such as the growing difficulty in putting new service centres in the community rendering the provision of accessible services to new development areas more difficult.

(g) Continuum and complementarity with efforts in other prongs

4.14 We need to ensure that our work under the five prongs is complementary to each other and will maximize the effectiveness of the overall anti-drug strategy. Preventive education and publicity can serve as a starting point for the developing more in-depth treatment and rehabilitation services. Meanwhile, in order to effectively put forward
treatment and rehabilitation facilities / programmes, we need to solicit public understanding and acceptance through appropriate preventive education and publicity activities.

4.15 As regards the other three prongs, we should continue our research efforts in assessing the drug abuse scene, examining the harms of various drugs and analysing the effectiveness of different treatment models. Law enforcement actions and external cooperation can not only deter people from taking drugs, but can also help us to identify and provide assistance to more drug abusers.
CHAPTER 5

RECOMMENDATIONS (PART 1):
DRUG TREATMENT AND REHABILITATION WORK

5.1 To take forward the strategies set out in Chapter 4, the following paragraphs set out the recommendations made.

(A) Early Identification and Intervention

5.2 While the number of reported drug abusers has declined since 2009, there are signs showing that drug abuse has become increasingly hidden. The time for newly reported drug abusers to be caught by the help network since they first took drugs has increased from two years in 2009 to 3.5 years in 2011. In the meantime, the location of drug abuse has shifted from public places to homes. In 2011, 79.9% of the total number of drug abusers took drugs at their own homes or at friends’ homes, and as much as 50% took drugs only at home.

(a) Families and Schools

5.3 Families and schools play a strategic role of being in the front line of preventing and combating drug abuse. Parents, schools, teachers and student guidance personnel /social workers should stay alert to any behavioural change or deterioration of health among the young people. This would help identify those who are at risk for early intervention. Some of the details as mentioned in the following paragraphs may touch upon the areas of preventive education and publicity. They are presented here as a holistic package of strategies targeting at families and schools.

(i) Families

5.4 We should strengthen support to parents and encourage them to understand and tackle the drug abuse problems. With drug abuse becoming increasingly hidden, we recommend that training and support services to parents should continue to help them identify early children who may be prone to drug abuse or those who are already abusing drugs. This could include a district-based approach whereas parent-teacher associations and district bodies provide relevant information at workshops/seminars. There should also be trainings for social workers on how best to render assistance to parents in need. NGOs may also
provide support via, for example, telephone support service manned by social workers.

5.5 We also recommend that regional networks like the District Fight Crime Committees (DFCCs) may, on a trial basis, carry out preventive education and publicity targeting at parents. The focus could be on raising awareness and understanding to drug abuse problems at the neighbourhood level, and encouraging parents to seek help when necessary. Paragraphs 5.28 and 5.29 have more elaborations on this suggestion.

5.6 We acknowledge that many working parents have so long working hours that they cannot spare time to participate in anti-drug activities. We recommend that anti-drug messages be disseminated through the mass media to increase parents’ awareness of the hidden nature of psychotropic substance abuse. The mass media can also serve as a platform for parents to obtain anti-drug information and seek help. For example, NGOs may suggest appropriate speakers at radio programmes to offer advice and follow up referrals to parents who seek help. For a more detailed discussion on the role of the mass media, please see paragraph 6.4.

(ii) Schools

5.7 A holistic school curriculum comprising knowledge, skills and attitudes is conducive to the effective promotion of anti-drug education in schools. With the New Senior Secondary Curriculum coming into effect in 2009/10 school year, various subjects such as “Liberal Studies” and “Health Management and Social Care” have strengthened the anti-drug education. “General Studies” at primary level has enriched anti-drug elements and the updated curriculum has been implemented since the 2011/12 school year. The learning elements to develop students’ related personal and social skills as well as the values have been included in the “Life and Society” curriculum to be implemented at junior secondary level with effect from 2012/13 school year. Besides, the Curriculum Development Council has conducted a consultation on “Moral and National Education Subject”, which is enriched based on the current “Moral and Civic Education Curriculum Framework” with a view to cultivating students’ positive values and attitudes, covering topics such as to treasure one’s health and to take responsibility for others’ health. EDB promulgated a curriculum guide on “Moral and National Education Subject” for primary and secondary schools on 30 April 2012.
5.8 Schools will continue to promote anti-drug education through school curriculum as well as learning experience and activities outside the lessons (e.g. class teacher periods, visits and weekly assemblies, etc.) in order to enrich students’ knowledge about psychotropic substances, to help them cultivate positive values and attitudes and to strengthen their skills to resist temptation of drugs.

5.9 Moreover, we recommend that ND and EDB should continue to promote the HSP(DT) at schools. Schools outside Tai Po District are encouraged to implement the HSP(DT) starting from the 2011/12 school year as part of the Healthy School Policy, and to holistically inculcate a drug-free culture on school campuses through voluntary drug testing, life and value education, etc. In addition to drug testing which has a deterrent effect, participating schools of the HSP(DT) will also provide specific preventive and support activities for students, parents and teachers, including skills training programmes, leadership training, and training workshops for parents and teachers etc. Both ND and EDB should continue to encourage schools to collaborate with appropriate NGOs to apply for BDF for implementation of the HSP(DT).

5.10 We also recommend that ND should continue to collaborate with EDB and to sponsor NGOs to organise structured training programmes for teachers to enhance their capabilities in implementing the HSP and anti-drug education in schools, and their skills in handling drug related problems. Furthermore, ND should continue to provide teachers with hotline services manned by social workers.

5.11 Starting from September 2011, the Government has allocated additional resources to strengthen school social work services in secondary schools by a 20% increase in manpower. The NGOs providing the services have utilised and deployed the new resources in a flexible manner, with the focus on helping schools which face bigger drug problems and providing more in-depth counselling for targeted groups according to varying backgrounds and circumstances of students (such as the degree of severity of their association with drugs). Apart from providing support to students at risk, social workers also engage the parents and help them improve their parenting skills and strengthen parent-child relationship, and enhance the motivation of these students to sustain the positive change and healthy development.
(b) Outreaching Service

5.12 Both CCPSAs and outreaching teams proactively go out to make contact with youth who are at risk and offer them immediate intervention, counselling and referral services. CCPSAs and outreaching teams can no longer just focus on the traditional “black spots” to identify drug abusers as they increasingly hide themselves at home or private premises. We encourage them to adopt diversified means (e.g. social networking and websites popular among the youth) to identify cases. CCPSAs and outreaching teams should also strengthen cooperation in formulating outreaching strategies and case management at district level, as well as in making cross-referrals of cases with different service needs.

(c) Family Doctors

5.13 Since the Fifth Three-year Plan, we are pleased to see more family doctors taking part in the anti-drug initiative. With the support of BDF, HKMA conducted a structured certificate course for private medical practitioner. The course contents were compiled into a professional training manual. HKMA also organised various preventive education activities under its district network to promote the importance of early intervention. We encourage HKMA to continue to organise training for doctors.

5.14 We encourage the medical sector to develop, on the existing basis, tools or protocols for screening, brief interventions and referral to treatment for use by frontline doctors. The ultimate objective is to mainstream and integrate drug abuse screening and the need of intervention into the routine practice and the healthcare setting of family doctors and the primary healthcare system.

(d) Student Health Service

5.15 Anti-drug elements have been incorporated into the Student Health Service (SHS) by DH which includes the Adolescent Health Programme (AHP) targeting secondary school students and the Junior Health Pioneer Workshops targeting Primary Three students. We recommend that DH better equip the SHS staff for measures that would help students resist drugs and get motivated to seek professional help as early as possible.
(e) Involvement of Other Players in Tier 1

5.16 Tier 1 of the Tiered Multi-modality Framework mainly comprises non-drug treatment and rehabilitation service units having frequent contacts with potential abusers and their families (such as family doctors, social workers in youth/children centres, nurses, teachers, etc.). They have a role to play on prevention and early intervention. To expand the network of community intervention and support, we would promote the collaboration of these service units in identifying people at-risk and drug abusers and providing brief interventions for occasional drug users and their families. Drug abusers with more serious problems could be referred to service units at other tiers for treatment. Training for enhancing awareness and knowledge of drug abuse should also be provided to the service units at Tier I. This could also boost their confidence in handling problems. Please refer to paragraphs 5.44-5.46 for detailed discussion on training.

(f) Community-based Drug Testing

5.17 The hidden nature of psychotropic substance abuse and the shift in locality of abuse make it increasingly difficult to reach drug abusers. Despite the fact that drug consumption is an offence, there is currently no legal basis in Hong Kong to mandate suspected drug abusers to undergo drug testing. To enable more effective identification of those endangered by drugs, hence early intervention with the necessary assistance, the Government is considering whether to introduce legislation to implement drug testing at the community level, empowering law enforcement officers to require a person reasonably suspected of having consumed drugs to undergo drug test. This was one of the proposals by the Task Force on Youth Drug Abuse led by the Secretary for Justice. The issue needs a thorough deliberation as it involves many complex legal, human rights and implementation issues as well as support of downstream services, resource implications and implementation details. The Government adopts an open attitude and would solicit views from the public through a consultation exercise before a final decision.

(g) Surveillance of Emerging Drugs of Abuse

5.18 An inter-departmental working group consisting of ND, the Police, the Customs and Excise Department, the Government Laboratory and DH is in operation to monitor the emergence of new drugs in the local and overseas context and recommend legislative control if necessary.
As a preventive measure, the Government has taken pre-emptive efforts to list the derivatives of piperazine (e.g. trifluoromethylphenylpiperazine) as dangerous drugs in April 2011 through legislative means on the recommendations of the working group. To make the surveillance work more effective, consistent and extensive, we recommend that the Government continue to closely monitor the local and overseas drug trend and consider tasking relevant departments to liaise with professional bodies in other sectors.

5.19 On the other hand, HA is developing a chromatography-based analytical system with grants from BDF. The system will be used to identify the common and emerging drugs of abuse. Depending on the research outcome, consideration may be given to expanding efforts on this front.

5.20 Apart from surveillance, we recommend that the anti-drug sector share intelligence about emerging drugs of abuse in a timely manner, so that prompt response could be made on the fronts of preventive education and publicity as well as treatment and rehabilitation. We also encourage anti-drug agencies to provide the Government with information about emerging drugs of abuse gathered from time to time to enable joint efforts in early surveillance and prevention.

(B) Collaboration across and Continuum of Service by Different Sectors/Modalities

5.21 Drug abuse is often a manifestation of more deep-rooted family or growth problems and the harms caused are multifarious. This is especially so with psychotropic substances which are more prevalent in recent years. More often than not, we have to deal with not only detoxification, but also the damage on bodily functions caused by drugs. Drug abusers are becoming younger, and it is important to assist them in schooling and employment, as well as to support their families. Drug treatment and rehabilitation services should be people-oriented. To provide a seamless service to drug abusers, service providers should adopt a multi-disciplinary and holistic approach to engage different sectors (e.g. social welfare organisations, medical organisations, criminal justice setting, schools, as well as family members, etc.) as appropriate. They should also ensure smooth case referral and cooperation among service units at different stages.
(a) Tiered Multi-modality Framework (Second Edition)

5.22 The first edition of a tiered multi-modality framework of treatment and rehabilitation services for drug abusers was published in December 2010. It sets out the main functions and positioning of various services in a more structured manner and highlights the importance of continuum of service at different stages and the synergy effect produced by diverse professional services. With further comments from the anti-drug sector since its publication, ND has prepared the second edition of the framework which is attached at the end of this chapter.

(b) Collaboration/Linkages among Service Units

5.23 When the Fifth Three-year Plan came out, the Government, in the first instance, promoted the linkage between CCPSAs and SACs and coordinated an overall collaboration meeting for the operators. The Government then facilitated the collaboration among other service units. For example, CCPSAs has been provided with recurrent resources for OSMSS since October 2009, which bring together service centres and general practitioners and nurses. Moreover, the Government has organised tours and visits to enable drug treatment agencies and general welfare service units to get to know each other and encourage case referrals and cooperation.

5.24 The tiered multi-modality framework enables us to understand systematically the current and potential linkage among various services. We would like to have not only more service units but also a better communication, collaboration and networking among themselves. Currently we already see close cooperation through a systematic case referral mechanism among service units with a view to responding to the varying needs of each drug abuser. Looking ahead, we hope to continue to refine what we are doing now for delivering a seamless treatment programme for drug abusers. Where necessary, service units may work together to work out the best treatment and rehabilitation plan for a drug abuser at a multi-disciplinary meeting. We may contemplate how to promote a better linkage of the following services -

(a) from generic welfare services to specific community-based drug treatment and rehabilitation services, or even linking directly to voluntary residential treatment and rehabilitation services;
(b) from community-based drug treatment and rehabilitation services to voluntary residential treatment and rehabilitation services;

(c) from MTP to services within and beyond the tier;

(d) from community-based medical service units to specialty units in a hospital;

(e) networking among various departments in a hospital; and

(f) from voluntary and compulsory residential drug treatment and rehabilitation services to aftercare and generic employment/vocational training services.

5.25 The Government will continue to promote understanding and linkages among units through different platforms, e.g. collaboration meetings and visits, and encourage service units to trial some innovative schemes that involve cross-sector partnership. Moreover, making available a clear listing of service units in different tiers can be considered so as to facilitate one to decide what service to take. However, we should avoid imposing any rigid service paradigm upon individual service providers, acknowledging that different modalities or service units adopt different service approaches and philosophies. The resources they each have also vary. The people who go to seek help from service units largely come forward on voluntary basis.

(c) **Collaboration and Networking Models on a District/Cluster Basis**

5.26 Demographic structures of the 18 districts in Hong Kong are heterogeneous. Inevitably, the core of drug problem of each district varies from one another. We should encourage more targeted efforts at the district level.

5.27 With additional resources from the Government, the number of CCPSAs has increased to 11 since October 2010, corresponding to the 11 administrative districts of SWD. CCPSAs play a greater role as the first stop in the community for handling the problem of psychotropic substance abuse. They provide more focused services, hence a better understanding of the drug situation at different localities, in the districts CCPSAs may share expertise, best practices and intelligence on drug scene with counterparts on the front of social welfare, medical, educational and even law enforcement.
5.28 We also recommend building up district-based anti-drug networks, bringing in multi-disciplinary collaboration and mutual help in the neighbourhood, thereby raising community awareness of the drug problem. We also hope to solicit public support for establishing treatment and rehabilitation service and facilities in districts.

5.29 In practice, DFCCs are a case in point. DFCCs gather the relevant government departments and local leaders to disseminate anti-crime messages and encourage residents to be part of the fighting crime in their own districts. They focus on not just anti-drug work but the overall law and order situation of the districts. They can deal with drug abuse problems and the related law and order and social issues from a more comprehensive angle. They can also effectively engage agencies or personalities of different sectors, including using district-based network to enhance parents’ understanding of drug abuse problems.

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

5.30 The Government has injected substantial new resources in the past three years (an annual additional recurrent provision amounting to $140 million) to implement the recommendations of the Task Force on Youth Drug Abuse and take forward the anti-drug campaign spearheaded by the CE. This has satisfied the demand for various major services. However, the demand for certain specialised services continues and there may be a need to increase their capacity. In response to the latest drug trend, certain services could also be made more sophisticated. This would also be in line with the long-term strategy.

(a) Drug Treatment and Rehabilitation Centres

5.31 DTRCs are operated by NGOs and their services are broadly classified as medical and non-medical models (such as gospel affiliation). DTRCs take in drug abusers who wish to seek voluntary residential treatment and rehabilitation, and those who have been placed under a probation order. In the past three years, the Government has increased the capacity of DTRCs and improved the uneven utilisation among DTRCs. Coupling with measures such as sharing of information, the waiting time for DTRC admission has continuously been shortened. Between December 2010 and end-December 2011, about 77% of the probationers only waited for two weeks or less before admission to the
centres. Noting that the demand for female places is relatively higher, we shall continue to closely monitor the situation. We shall seek to provide more female places with additional resources where it deems necessary.

5.32 On the whole, considerations may be given to strengthening the voluntary residential services and adding new elements to enhance overall efficiency along several directions. We recommend that more assistance be given to rehabilitated residents in reintegrating into society (such as education, vocational training, pre-employment counselling and job placement) so long as the core services of the centres are not affected. Such services can be provided by drug treatment agencies direct or through cooperation with other service providers. The programmes may go beyond the residential period and continue after the rehabilitants are discharged. We encourage centres to build up partnership with agencies providing education, vocational training, job placement, etc., so that the rehabilitates may have a clearer idea of what to do upon discharge. Part D below elaborate on this idea.

5.33 We recommend enhancing the support to DTRCs for addressing the medical needs of residents. Some centres reveal that psychotropic substance abusers usually suffer more complications than abusers of traditional drugs, e.g. bladder dysfunction and psychiatric issues. Some residents would need to attend consultations in hospitals not only regularly but also frequently. Centres are under pressure to deploy staff to take residents to doctors, and staff is also under pressure to provide first aid for residents in case of emergency. We recommend that as a first step, some basic medical training be made available to staff of DTRCs to help them cope with the daily medical needs of residents. We also encourage DTRCs to collaborate with healthcare institutions and initiate projects on a trial basis that may support DTRCs in this respect.

5.34 DTRCs could offer an environment for drug abusers to distant themselves from the peers and break away from the vicious cycle of drug-taking. However, “novice” drug abusers are less likely to seek help from DTRCs as the bodily harm have yet to become apparent. For this group of drug abusers, we encourage DTRCs to initiate some services which would cause much disruption to their normal work or schooling. This could increase drug abusers’ motivation to seek assistance. DTRCs interested in providing such services may cooperate with the service providers at Tier 1.

5.35 The Drug Dependent Persons Treatment and Rehabilitation
Centres (Licensing) Ordinance (Cap. 566) came into operation in 2002 requiring DTRCs to meet the safety and management standards. Eight DTRCs have successfully obtained licences over the past three years, bringing the number of licensed centres to more than half of the total. The remaining DTRCs, constrained by geographical and environmental reasons, would have to deal with the challenging issues in relation to land, construction and sentiment of the local community.

5.36 The Government should expedite the licensing of DTRCs by working together with those that are still operating on Certificate of Exemption. DTRCs that can meet the statutory licensing requirements by in-situ upgrading/redevelopment should carry out improvement works as soon as possible. The Government would facilitate DTRCs to commence the works projects. In particular, the maximum amount of funding under the SFS of BDF has been substantially raised to $50 million since May 2011 and the claimable expenses have been expanded to cover, for example, feasibility study and recruitment of project coordinators. The Licensing Office of SWD and relevant departments would continue to give advice on the procedures of obtaining a licence. DTRC operators should, in their roles as proponents and implementers, seek to commence the projects early.

5.37 Some DTRCs would need to move away from their current location and search land for reprovisioning. The Government would continue to assist them in identifying land and soliciting support from local community. The Government would continue to promote community acceptance of treatment facilities through publicity programmes. DTRC operators, as project proponents, could be more proactive in the neighbourhood and make themselves known by the local community. In fact, community liaison work is listed as a fundable item under SFS of BDF. Relevant government departments would also provide expertise and support in the community liaison work.

(b) Public Hospitals

5.38 A growing number of research studies and clinical cases show that psychotropic substances (such as ketamine) damage not only the brain and urinary tract but also other organs. Moreover, as drug abuse has become increasingly hidden, serious or even permanent damage has already been inflicted when the drug abuser’s problems surface and require specialised treatment. Specialist services of HA, therefore, must take on a more significant role.
5.39 SACs treat drug abusers with psychiatric problems with consultations by psychiatrists and supporting services by occupational therapists and clinical psychologists. Some frontline staff are of the view that the supporting services can greatly facilitate one’s treatment and rehabilitation. For instance, occupational therapists can employ professional assessment tools on drug abusers and counsel them on the types of work that they can take having regard to their bodily harm. This would help them find jobs and lead a normal work life as soon as possible. We recommend that some projects with the involvement of these supporting services could be implemented as pilot schemes to prove their effectiveness, with a view to assessing whether there is a case to allocate recurrent resources in the long run. For example, with the support of BDF, HA will launch a trial scheme in 2012 to introduce occupational therapy service to DTRCs for helping drug abusers.

5.40 Some residents of DTRCs still have to go to SACs for regular medical follow-ups. The process of attending SAC follow-ups could be tough for some as they have to travel long distance while suffering from damaged urological system. Besides, this also exerts somer pressure on DTRC’s manpower deployment as staff need to accompany the residents to the medical sessions. In view of this, we recommend that SACs consider different ways to help DTRC residents, so long as resources are available and the services of SACs are not affected (please also see paragraph 5.33).

5.41 Many psychotropic substance abusers suffer complex bodily damage. It is widely known that ketamine abuse causes urological problems. HA should closely monitor the service demand and enhance the capacity of various services if necessary and when resources are available. A case management approach (e.g. conducting case conferences) providing patient-centred services may be contemplated if more than one specialist treatment is involved.

5.42 The General Out-patient Department and the Accident and Emergency Department in a public hospital, as well as specialised medical service such as the Psychiatric Department and the Urology Department, would have access to drug abusers. We recommend that public hospitals develop a continuum of services to facilitate early identification, hence offering help to drug abusers. For example, with BDF’s support, the North District Hospital will launch a short-term residential programme for hidden young drug abusers in 2012, providing crisis intervention (e.g. accident and emergency services) and community treatment and rehabilitation services. Drug abusers are given a chance
to disengage themselves from their peers for some time and to tackle seriously the bodily harms caused by drug abuse, thereby enhancing their resolve to stay away from drugs. We recommend that HA provide regular funding if the models are proven to be effective and resources permit.

(c) Probation Service

5.43 In October 2009, SWD launched a Pilot Project on Enhanced Probation Service in the probation offices serving two Magistrates’ Courts. The Pilot Project provides more focused, structured and intensive treatment programmes for young offenders aged below 21 and convicted of drug-related offences. SWD in a preliminary evaluation conducted in mid 2011 indicated that the closer supervision under the Pilot Project had helped probation officers build up a better working relationship with parents. Feedback from the participating magistrates, parents and probation officers has been positive. The Project was extended for a year in 2012-13. SWD is conducting a final review and expects to complete it in 2012-13. Subject to the outcome of the review and resources, the Pilot Project should be continued and refined as appropriate, so as to provide more suitable rehabilitation programmes for the probationers.

(d) Training for Anti-drug Professionals

5.44 Against the ever-changing drug scene and the specialisation and variety of drug treatment and rehabilitation services, it is essential to provide continuous professional training to anti-drug workers to keep them updated of the trend of drug abuse, needs of drug abusers and effective intervention methods. We encourage different agencies to continue organising more in-depth and structured training for anti-drug professionals to equip them for delivering treatment and rehabilitation programmes. In the long term, the anti-drug agencies should initiate regular trainings for their own staff having regard to the needs and characteristics of their target clients.

5.45 The training targets should not be confined to professional anti-drug workers. We recommend that service units that are not specialised in handling drug abuse problems (i.e. Tier 1) could be given training in identifying the characteristics of drug abusers; and getting to know the features of different professional treatment and rehabilitation services to facilitate referrals when necessary. Family doctors have made encouraging progress in this regard over the past three years.
They may serve as an example to other sectors.

5.46 Furthermore, we encourage local universities and educational institutions to continue to cover and strengthen anti-drug topics in the curricula of social work, education and medicine degree programmes. Seminars or sharing sessions could be organised for curriculum planners and/or lecturers to update them on the latest drug scene and service demand and thus to develop suitable course contents for students.

(e) Services for Ethnic Minorities

5.47 There are no specific guidelines or rules to bind how the agencies should provide treatment and rehabilitation services for ethnic minorities. We recommend that service units which have contact with ethnic minorities should enhance cultural sensitivity, and where practicable, provide services that would take into account their specific needs. In 2012, ND produced anti-drug posters in Nepali, Hindi and Urdu. Also, BDF will continue to consider projects catering for ethnic minorities in the light of the drug trend. Agencies could train their staff in understanding the cultural characteristics of ethnic minorities. Agencies could also make use of the existing social resources by partnering with ethnic minority organisations in identifying and helping drug abusers.

(f) Family Support

5.48 Family plays a pivotal role in fighting against drugs. Family support is necessary for drug abusers at all ages and through the whole rehabilitation process from prevention, identification, motivating drug abusers to be treated, to finally relapse prevention. Families should therefore be involved during the treatment and rehabilitation process. Timely family support may also help prevent inter-generational drug abuse.

5.49 We encourage drug treatment and rehabilitation agencies to continue developing family support services. Possible directions include assisting drug abusers in building a closer relationship with families, enhancing family involvement in the treatment process and strengthening support among different families. Agencies could also work with service units specialised in handling family cases (e.g. integrated family service centres). Such a cooperation makes the best use of existing resources and is conducive to making available a holistic service for drug abusers. For examples, a family service unit may encounter cases at risk or drug abuse cases. These cases could be referred to CCPSAs or CDCs.
for counselling or even residential services. In return, CCPSAs or CDCs can let family service units tackle the family issues of drug abusers. The objective is to make the treatment services more comprehensive. Moreover, DTRCs or CCPSAs may join hands with family service units in the aftercare programme for those rehabilitants who have been discharged from DTRCs.

(D) Reintegration into Society and Prevention of Relapse

(a) Overall – Multiple Pathways

Appropriate aftercare services and clear pathways help drug abusers turn over a new leaf. The tiered multi-modality framework describes the work at this stage, highlighting the multiple pathways available for rehabilitants, including education, vocational training and job placement in which different service units can take part. Many dedicated vocational training and job placement services are available for rehabilitated drug abusers. We should enhance information flow and facilitate better coordination among different stakeholders and make full use of the existing social resources rehabilitant in the provision of aftercare services and pathways leading to returning to school, attending vocational training/education or joining the workforce.

(b) Aftercare Services

CCPSAs have been providing aftercare services to rehabilitants discharged from non-subvented DTRCs since October 2010. CCPSAs and CDCs, as community-based dedicated treatment and rehabilitation units, can continue to play a prominent role in the provision and coordination of aftercare services, with involvement of families, schools, social workers, and mentors. If circumstances permit, a care-plan/case management approach may be considered for coordinating various relevant services.

(c) Education/Vocational Training in DTRCs

Education and vocational training provided by DTRCs serve a dual purpose. On one hand, it can, as part of the treatment and rehabilitation process, enhance the discipline, confidence and initiative of residents. On the other, it sets the pathways for residents after treatment from the centres. Drug abusers undergoing rehabilitation require different types of training as their ages, interests, skills, career
orientations and durations of treatment are different. Moreover, the contents and levels of the courses offered also vary because of different missions of the centres and other circumstantial factors (e.g. centre capacity, space and funding).

5.53 Against this background, we encourage DTRCs to continue to develop different types of education, vocational training and job preparation programmes taking into account the needs of abusers. As mentioned in paragraph 5.32, the training does not have to be provided by drug treatment agencies alone or completed before the discharge of the residents. There are certain constraints in providing education or job training for short-term treatment programmes. These centres should seek cooperation with other training institutions to better prepare residents for receiving education and vocational training upon discharge.

5.54 In terms of resources, EDB will continue to provide subvention for educational programmes operated by DTRCs and review on a regular basis the programme operation in order to meet the changing needs of young drug abusers. DTRC operators can also apply for the BDF to provide vocational training and job preparation services.

(d) Arrangements after Discharge

(i) Schooling

5.55 We encourage rehabilitated youths (such as those who have completed the voluntary treatment programmes) to return to schools. They may encounter difficulties when applying for re-admission to mainstream schools. The Regional Education Offices and Non-attendance Cases Team of EDB should continue to provide placement services to ensure that rehabilitated students aged 15 or below attend schools and to assist those above 15, if they so wish, in seeking suitable school places.

5.56 Although the service of Schools for Social Development (SSDs) is not aimed for students with drug abuse problems, students who have rehabilitated from drug abuse but have moderate to severe emotional and behavioural difficulties can be referred to SSDs for admission through the Central Co-ordinating Referral Mechanism co-managed by SWD and EDB. SSDs aim to provide intensive counselling and educational guidance for the students with a view to helping them tide over their transient development difficulties and strengthening their life skills. Students with marked improvements will be arranged for re-integration
into mainstream schools as soon as possible. At present, there are seven SSDs subvented by EDB, providing about 1 200 school places. 657 subvented residential places are also provided by SWD for the students of six SSDs. Under the current referral mechanism, social workers, student guidance personnel, educational psychologists and psychiatrists will refer students rehabilitated from drug abuse who have moderate to severe emotional and behavioural difficulties to SSDs for intensive counselling to help them tide over their transient development difficulties. SWD and EDB will continue to monitor the service demand for SSD.

(ii) Vocational Training and Job Placement

5.57 DTRC operators and service providers of vocational training and job placement services should enhance communication, establish linkages and maintain close partnership through regular meetings and other means, in order to strengthen pre-employment preparation and possible job matching for ex-drug abusers. We should also continue to encourage DTRCs to explore different ways to collaborate with corporations and the community in offering job opportunities for rehabilitants who are ready to take employment, so as to assist their reintegration into society.

(e) Drug Addiction Treatment Centres

5.58 CSD has increased the number of treatment places for young drug addicts and incorporated structured counselling and psychological programmes into the daily DATC programme by redeployment of resources and re-organisation of institutional regime in 2010. CSD should continue to monitor critically the demand for DATC services and improve its programmes, in particular vocational training, to enhance the competitiveness of the inmates in the employment market.

(E) Sustained Service Improvement

(a) Community-based Counselling Services

5.59 SWD will conduct a review of the funding and service agreement with the CCPSAs in 2013. SWD and NGOs concerned will review comprehensively the use of resources as well as the utilisation and provision of services. In particular, the review should also cover how CCPSAs, after addition of four service units in 2010, has strengthened their functions of being the first line in the community to identify, provide counselling and referrals for drug abusers as well as coordinating and
supporting other relevant units. The review will also follow up on the evaluation of OSMSS conducted by SWD in the fourth quarter of 2011 concerning the types and sophistication of medical support services, the support of nursing staff as well as partnership with medical practitioners.

5.60 Following consultation with SWD, the two social clubs had their services enhanced in April 2011 and renamed as CDCs in August 2011 with OSMSS implemented at the same time. Services provided by CDCs are specifically for drug abusers, ex-drug abusers and their families. CDCs also organise preventive education and publicity programmes for workers of the service sector and employers in need. We encourage CDCs to continue their services along this direction and duly review on their direction and position.

(b) Drug Treatment and Rehabilitation Centres

5.61 A review on the pilot scheme of the Service Information System (SIS) was completed by ND in 2011. ND is proceeding with upgrading the system, with a view to extending the SIS to all subvented DTRCs and promoted to non-subvented DTRCs for voluntary adoption in the second half of 2012. ND has set up a working group to solicit views from players on the future development of SIS. We hope that NGOs can actively participate in the new information system to streamline the procedures on collecting information and increase transparency so as to enhance the service quality of the whole sector.

5.62 Separately, ND, SWD and DH should continue to monitor critically the demand for DTRC services. The NGO operators should continuously adapt their service programmes to meet the evolving needs of drug abusers.

(c) Methadone Treatment Programme

5.63 The last comprehensive review of MTP was conducted in 2000, which is more than ten years ago. The Programme is subject to greater constraints and challenges at present. For example, there is continuous pressure from local communities for closure of existing clinics while it is difficult to establish new MTP clinics in new development areas, rendering the maintenance of accessible services increasingly difficult. While moving towards a holistic care approach, not only should an abuser’s drug dependence be stopped, his or her psychosocial needs also be addressed. In the meantime, the number of reported heroin abusers has been decreasing. Having regard to the above factors and the need
for providing more suitable and comprehensive services for the clients, DH is going to review the MTP in 2012 to identify service gaps and room for improvement.

(d) Beat Drugs Fund

5.64 With the capital injection of $3 billion in 2010, BDF is better endowed to support different types of anti-drug projects. On such basis, BDF expanded the amount of funding for the improvement works of DTRCs and began to subsidise school’s HSP(DT) projects in 2011. Also, BDF introduced in 2010 a new mechanism for evaluating the effectiveness of the projects applying for funding. In the 2011 BDF Funding Exercise, priority has been given to projects relating to treatment and rehabilitation services.

5.65 Looking forward to the next three years, BDF should further improve the monitoring mechanism as far as possible. Appropriate adjustment should be made to the funding priority of the regular funding exercises in the light of the prevailing drug situation. Moreover, BDF should proactively follow up on the utilisation of the new arrangements of funding for the enhance work of DTRCs and make appropriate adjustments as far as practicable and when necessary.
A Tiered, Multi-modality Approach of Treatment and Rehabilitation Services for Drug Abusers in Hong Kong
(Second Edition)

Introduction

The tiered, multi-modality framework (the table below and the schematic representation attached) is to conceptualise and articulate the treatment and rehabilitation services in Hong Kong in a more structured manner as a reference for relevant service sectors, the service users and the public. The framework is not intended to be prescriptive in nature to cast service or resource boundaries. The first edition of the framework was published in December 2010.

2. The framework embodies a continuum of services from identification, treatment, rehabilitation to reintegration, and highlights the complementary roles of social welfare, healthcare, education, and aftercare services. With unique expertise and strengths, services at each tier make distinctive contribution to the treatment and rehabilitation of drug abusers.

3. As far the Government and service providers in public and private sectors are concerned, the framework can, among other things, increase understanding of organisational interface, facilitate networking and collaboration between parties, and help oversee current provision and identify possible gaps. More importantly, it sets out a common basis for all concerned parties to work together to achieve the collective goal of a holistic service.

4. The users can have a pan picture of service offered for people of varying needs and at different stages of a treatment and rehabilitation process.
Tier 1 – Generic, primary services for open access, identification and assessment

Outline description  This Tier describes the frontline of service delivery which is the first response to the drug abusers and their families. They are primary services and directly accessible by drug abusers in general and their families. By virtue of their contact with the drug abusers and their immediate support network (e.g. parents and spouse) in their own environment, they are best placed to identify people at-risk and drug abusers and provide brief interventions for occasional drug abusers and their families. More serious drug abusers should be referred to other Tiers if necessary. Although frontline service personnel may not have in-depth knowledge in drug issues, appropriate training could equip them with skills to identify drug abusers and enhance their understanding on existing drug treatment and rehabilitation services (i.e. services amongst Tier 2 and Tier 3), which could greatly help them to make necessary referrals.

Aim/Purpose  To ensure universal access and continuity of care to all generic services with a view to reducing risks and vulnerabilities and encourage them to face the problem and seek suitable rehabilitation services at early stage, particularly for those who are early drug abusers, in mainstream services.

Target population  All in particular those vulnerable to drug abuse or already having problems with drug abuse.

<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds</th>
<th>Source of funding</th>
</tr>
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<tbody>
<tr>
<td>A. Voluntary programmes</td>
<td></td>
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<tr>
<td>a. Community setting</td>
<td></td>
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<tr>
<td>(i) District Youth Outreaching Social Work Teams</td>
<td>To seek out and engage people vulnerable to drug abuse, in particular those who do not normally participate in conventional social or youth activities, and are vulnerable to negative influence including drug abuse.</td>
<td>NGOs</td>
<td>LWB/SWD</td>
<td>Subvention</td>
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8 Envelope holders/Controlling officers, as applicable.
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<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds</th>
<th>Source of funding</th>
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<tr>
<td>(ii) Overnight Outreaching Service for Young Night Drifters</td>
<td></td>
<td>NGOs</td>
<td>LWB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(iii) Counselling centres for psychotropic substance abusers (CCPSAs)</td>
<td></td>
<td>NGOs</td>
<td>SB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(iv) Integrated Children and Youth Services Centres (ICYSCs)/ Children and Youth Centre (CYCs)</td>
<td>To identify and engage young people who would drop in and/or participate in the activities of the centres, and are vulnerable to negative influence including drug abuse.</td>
<td>NGOs</td>
<td>LWB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(v) Integrated Family Service Centres (IFSCs)</td>
<td>To raise parents’ awareness of potential drug issues of children and to provide support for such families as and where appropriate.</td>
<td>NGOs/SWD</td>
<td>LWB/SWD</td>
<td>Subvention/ Government</td>
</tr>
<tr>
<td>(vi) Other agencies</td>
<td>To raise the awareness of drug issues in various sectors through preventive education and publicity activities and other anti-drug works; and provide initial engagement / referral in coming into contact with drug abusers</td>
<td>NGOs</td>
<td>-</td>
<td>Community/ project funding from various sources</td>
</tr>
</tbody>
</table>

b. School setting

<p>| (i) Teachers and other school personnel including student guidance personnel | To identify, provide initial engagement and motivational counselling for at-risk students and handle drug-related cases. | Schools | EDB | Government/ Subvention/ Private |</p>
<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds⁸</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) School social workers</td>
<td>To provide initial engagement, motivational counselling to the students in need and their families, and subsequent referral to drug treatment and rehabilitation programmes upon consent.</td>
<td>NGOs</td>
<td>LWB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(iii) Police School Liaison Officers</td>
<td>To assist schools in identifying early juvenile delinquency, preventing and tackling students’ involvement in crime and illegal activities.</td>
<td>Police</td>
<td>SB/Police</td>
<td>Government</td>
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<td></td>
<td>To interview problematic students identified by schools on a small group or individual basis to assist them in building up positive values and observing discipline.</td>
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<tr>
<td>c. Healthcare setting</td>
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<tr>
<td>(i) Public hospital</td>
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<tr>
<td>- General Outpatient Clinics</td>
<td>To help identify drug abusers and in appropriate circumstances make necessary referrals.</td>
<td>HA</td>
<td>FHB</td>
<td>Subvention</td>
</tr>
<tr>
<td>- Accident and Emergency Units</td>
<td>To help identify drug abusers and in appropriate circumstances make necessary referrals.</td>
<td>HA</td>
<td>FHB</td>
<td>Subvention</td>
</tr>
<tr>
<td>(ii) DH’s services</td>
<td></td>
<td>DH</td>
<td>FHB/DH</td>
<td>Government</td>
</tr>
<tr>
<td>- Student Health Service</td>
<td>To promote anti-drug education for primary and secondary school students.</td>
<td>DH</td>
<td>FHB/DH</td>
<td>Government</td>
</tr>
<tr>
<td>Service/Service providers</td>
<td>Services for Drug Abusers and Objectives</td>
<td>Agencies</td>
<td>B/Ds[^8]</td>
<td>Source of funding</td>
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<tr>
<td>(iii) Family doctors/general practitioners</td>
<td>To promote awareness of drug abuse among healthcare professionals in everyday practice and develop and promulgate guidelines for early identification and referral.</td>
<td>Private practitioners/hospitals and medical professional bodies</td>
<td>FHB /DH</td>
<td>Private</td>
</tr>
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**B. Criminal justice setting**

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<tbody>
<tr>
<td>a. Police Superintendents’ Discretion Scheme and Community Support Service Scheme</td>
<td>To identify young offenders prone to drug abuse, provide post-caution and aftercare services.</td>
<td>Police NGOs</td>
<td>SB/Police LWB/SWD</td>
<td>Government/ Subvention</td>
</tr>
<tr>
<td>b. Probation system administered by probation officers and under judicial oversight</td>
<td>As required by the Court, to conduct a pre-sentence social enquiry with recommendation on the suitability of an offender for probation supervision, as an intervention measure in lieu of a custodial sentence. Drug abusers may be identified in the process. For an offender who has been placed under a probation order, a probation officer (PO) renders statutory supervision to the offender (i.e. the probationer) pursuant to the conditions stipulated in the Probation Order.</td>
<td>SWD/ Judiciary</td>
<td>LWB/SWD/ Judiciary</td>
<td>Government</td>
</tr>
</tbody>
</table>
**Linkages within the tier / with other tiers**

- To provide holistic and client-centred treatment, there should be a key worker for each drug abuser identified. The key worker should provide an initial assessment and intervention on the site as and when necessary. He or she should refer the drug abuser and their families to other tiers of services if necessary. The role of key worker can be played by school social workers, student guidance personnel, social workers in outreaching teams, ICYSCs, CYCs, IFSCs, probation officers and family doctors/general practitioners.

- A multi-disciplinary team work approach is most encouraged. At the school setting, the handling of drug abuse cases at schools should involve cross-discipline team work involving teachers, student guidance personnel, school social workers, police school liaison officers, etc. EDB, ND, SWD and the Police are, in consultation with the school and welfare sectors, jointly working in helping schools to revised school guidelines on anti-drug measures timely, in order to handle cases involving at-risk students and those with drug abuse problems. As for healthcare settings, private practitioners, hospitals and social workers may join hands to form a collaboration network for young drug abusers on a need and individual case basis.

- Tier 1 should ensure clear referral pathways and links with Tiers 2 and 3. For cases which cannot be handled by the services at Tier 1, they should be referred to CCPSAs or Centres for Drug Counselling (CDCs) at Tier 2. That said, Tier 1 services may still be delivered alongside Tier 2 services. For instance, a school social worker and a CCPSA may provide counselling to a drug abuser, but the CCPSA should play the role as a key worker of the treatment plan.

- CCPSAs undertake some outreaching work in Tier 1 to identify and engage target drug abusers apart from receipt of referrals or self-referrals, provide therapeutic counselling and on-site medical support service (OSMSS) in Tier 2 targeted for drug abstinence, and deliver aftercare services in Tier 4 for needy cases to sustain and achieve social re-integration. The day and night outreaching social work teams in Tier 1 should outreach and identify drug abuse cases and render in-depth counselling in the course of engaging and motivating them to receive designated drug treatment and rehabilitation services.

- The probation system serves as a service unit and a pathway linking to services in other tiers. As a key worker, a probation officer (PO) is required to report the probationer’s progress at regular intervals as directed by the court, or may initiate progress reports on the probationer’s unsatisfactory performance and bring the probationer to the court in dealing with a breach of the Order. A PO not only provides counselling and group activities to the probationer, but also refers probationers to suitable programmes (e.g. CCPSA, DTRC) run by other professionals or NGOs.

- Since 1 October 2009, SWD has implemented a two-year Pilot Project on Enhanced Probation Service in the two Probation Offices serving the Kowloon City Magistrates’ Courts and Kwun Tong Magistrates’ Courts respectively. The project aims to provide more focused, structured and intensive treatment and counselling services for young offenders aged below 21 and convicted of drug-related offences, who are put on probation pursuant to the Probation of Offenders Ordinance (Cap 298), and helps them to stay clear from drugs and turn a new leaf.
• For more serious cases, drug abusers may be admitted to hospitals for in-depth treatment or DTRCs at Tier 3 and follow up without going through Tier 2.
Tier 2 – Community-based specialised drug treatment and rehabilitation services

Outline description
This Tier describes the first line of drug-specific services. The interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment. A care plan should be concerned with outcomes across relevant domains of functioning (e.g. education, offending, mental health and other medical specialities). Commonly, interventions take place in community settings.

Aim/Purpose
To provide structured psychosocial interventions and medical services with a view to assisting drug abusers to abstain from drugs and motivating them into treatment systems within the community.

Target population
People with drug abuse problems, particularly occasional/habitual drug abusers, who require structured psychosocial and medical services.

<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds⁹</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Voluntary programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Community and healthcare settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) CCPSAs</td>
<td>To provide counselling and OSMSS to drug abusers with a view to assisting them to abstain from abusing psychotropic substance.</td>
<td>NGOs</td>
<td>SB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(ii) CDCs</td>
<td>To provide counselling and other support services to drug abusers, ex-drug abusers and their family members.</td>
<td>NGO</td>
<td>SB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(iii) General practitioners in partnership with CCPSAs and CDCs</td>
<td>To provide medical consultation service to drug abusers as part of the OSMSS by CCPSAs and CDCs.</td>
<td>CCPSAs, CDCs &amp; private practitioners</td>
<td>SB/SWD</td>
<td>Subvention</td>
</tr>
</tbody>
</table>

⁹ Envelope holders/Controlling officers, as applicable.
<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds⁹</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>(iv) Substance Abuse Clinics (SACs)</td>
<td>To provide specialist interventions and treatment to abusers with psychiatric complications through out-patient services in designated sessions.</td>
<td>HA</td>
<td>FHB</td>
<td>Subvention</td>
</tr>
<tr>
<td>(v) Specialist clinics in public hospitals</td>
<td>To provide specialist treatment e.g. in urology to abusers with other complications.</td>
<td>HA</td>
<td>FHB</td>
<td>Subvention</td>
</tr>
<tr>
<td>(vi) Specialist medical professionals in private practice</td>
<td>Drug abusers may seek help from psychiatrists and other professionals who are in private practice.</td>
<td>Private practitioners</td>
<td>FHB</td>
<td>Private</td>
</tr>
<tr>
<td>(vii) Methadone Treatment Programme (MTP)</td>
<td>To offer both maintenance and detoxification options for opiate drug dependent persons through a network of 20 methadone clinics on an outpatient mode; counselling services are provided for clients.</td>
<td>DH/NGO</td>
<td>SB/DH</td>
<td>Government/subvention</td>
</tr>
</tbody>
</table>

**B. Criminal justice setting**

a. Probation services

A PO provides counselling and group activities to the probationer, and also refers the probationer to suitable programmes run by other professionals and NGOs.

An enhanced system targeting young drug abusers is being tried out.

<table>
<thead>
<tr>
<th></th>
<th>Agencies</th>
<th>B/Ds⁹</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SWD/Judiciary</td>
<td>LWB/SWD/Judiciary</td>
<td>Government</td>
</tr>
</tbody>
</table>
Linkages within the tier / with other tiers

- As a first stop for drug-specific treatment and rehabilitation service in the community, social workers in CCPSAs and CDCs can serve as key workers for clients who mainly stay in Tier 2. The key worker should coordinate with elements from healthcare disciplines (e.g. general practitioners in partnership with CCPSAs and CDCs, or psychiatrists in SACs).

- Tier 2 should ensure clear referral pathways and links with Tier 1 and Tier 3.

- Tier 2 interventions may be delivered alongside Tier 3 interventions according to the needs of drug abusers. For example, a drug abuser who stays in a residential drug treatment and rehabilitation centre may visit public hospital to receive specialist psychiatric care by SAC and other specialist care if they suffer physical and mental damage. Some drug abusers need residential services but cannot leave their jobs for a long period of time for certain reasons. In this case, service units at Tier 2 and 3 can assist these drug abusers to develop a treatment programme which enable them to complete the treatment even if they remain in the community.

- Coordination among SAC and other specialty units is important to provide a holistic, patient-centred service in the public health system.

- SACs provide education and training to frontline staff of CCPSAs, CDCs and NGOs who need to work with psychotropic substance abusers (PSAs). CCPSAs and and CDCs also provide professional training sessions for allied professionals such as teachers, healthcare professionals, polices and social workers, with a view of facilitating their assistance to drug abusers.
Tier 3 – Residential, specialised treatment & rehabilitation and related services

Outline description
This Tier describes specialised services targeted for more serious drug abusers, as an adjunct to Tier 1 and Tier 2 and used for particular interventions or focused work and/or temporary periods. This tier also include other related services which arise from residential treatment and help rehabilitants lead a new life.

Aim/Purpose
To provide specialised interventions and setting for a particular period of time and for a specific function, as an adjunct to and a backstop for the services of the other two tiers.

Target population
People with complicated drug abuse problems requiring specific interventions

<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds10</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Voluntary programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. DTRCs</td>
<td>To provide residential treatment and rehabilitation programmes of various lengths and natures to drug abusers who wish to seek residential treatment voluntarily and those who are referred by Probation Officers. (see also B(c) below)</td>
<td>NGOs</td>
<td>SB/ SWD/DH</td>
<td>Subvention &amp; self-financed</td>
</tr>
<tr>
<td></td>
<td>There are also halfway houses which provide aftercare services to rehabilitated abuser (see Tier R)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Educational programmes for young drug abusers in DTRCs</td>
<td>To run educational programmes for school-aged DTRC residents.</td>
<td>NGOs</td>
<td>EDB</td>
<td>Subvention &amp; self-financed</td>
</tr>
</tbody>
</table>

10 Envelope holders/Controlling officers, as applicable.
<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds\textsuperscript{10}</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Public hospitals</td>
<td>To provide specialist interventions and treatment to abusers with more severe psychiatric complications and other co-morbidity through in-patient services in dedicated or non-dedicated wards.</td>
<td>HA</td>
<td>FHB</td>
<td>Subvention</td>
</tr>
<tr>
<td>d. Private hospitals</td>
<td>Drug abusers may seek help from psychiatrists and other professionals who are in private practice.</td>
<td>Private practitioners</td>
<td>FHB</td>
<td>Private</td>
</tr>
<tr>
<td><strong>B. Criminal justice setting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Drug Addiction Treatment Centre (DATC)</td>
<td>To provide compulsory residential treatment for persons of 14 years old or above who are convicted of offences punishable by imprisonment and addicted to drugs.</td>
<td>CSD</td>
<td>SB/CSD</td>
<td>Government</td>
</tr>
<tr>
<td>b. Other institutions including Rehabilitation, Detention and Training Centres and Correctional Institutions for young offenders</td>
<td>To provide correctional services to young offenders.</td>
<td>CSD</td>
<td>SB/CSD</td>
<td>Government</td>
</tr>
<tr>
<td>c. Probation services</td>
<td>A drug offender on probation may be referred to residential treatment and rehabilitation services, such as DTRCs. The probation officer concerned would visit the probationer at regular interval to monitor his/her progress. An enhanced system targeting young drug abusers is being tried out.</td>
<td>SWD/Judiciary</td>
<td>LWB/SWD/Judiciary</td>
<td>Government</td>
</tr>
</tbody>
</table>
**Linkages within the tier / with other tiers**

- To ensure service continuity, service providers in the Tier 1 and Tier 2 should continue to participate in the treatment process if needed.

- DTRCs should provide appropriate residential treatment programme according to the circumstances and needs of a drug abuser. Meanwhile, DTRCs should closely connect with Tier R in order to assist rehabilitants in completing their treatment and ensure smooth reintegration into society.

- For drug abusers who stay in particular settings, such as DTRCs, DATCs and hospitals, their treatment plan would be coordinated by the operating agencies.
Tier R – Reintegration and aftercare

Outline description
This Tier describes aftercare services, mainly as a follow up to specialised treatment and rehabilitation programmes (particularly residential service in Tier 3). The services serve as a bridge to help rehabilitated drug abusers reintegrate into society. Some of the services, particularly those related to education, vocational training and employment assistance, are openly accessible and generic services, though enhanced support would be given as appropriate to help drug abusers if they have special needs as a result of behavioural problems or learning difficulties.

Aim/Purpose
To build in protective factors so as to reduce the chance of relapse as rehabilitated drug abusers return to the community and to help them turn a new leaf.

Target population
Rehabilitated drug abusers who have completed a drug treatment and rehabilitation programme

<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds11</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Voluntary programmes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. DTRC operators</td>
<td>To provide aftercare service to rehabilitated abusers through their halfway houses.</td>
<td>NGOs</td>
<td>SB/ SWD /DH</td>
<td>Subvention &amp; self-financed</td>
</tr>
<tr>
<td></td>
<td>To follow through the aftercare plan of a rehabilitated drug abuser with involvement of their family members, school, referring social workers, supervising probation officers, mentor and others as and where necessary and feasible.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. CCPSAs</td>
<td>To provide counselling, support and aftercare services for dischargees from non-subvented DTRCs without such provision.</td>
<td>NGOs</td>
<td>SB/SWD</td>
<td>Subvention</td>
</tr>
</tbody>
</table>

11 Envelope holders/Controlling officers, as applicable.
<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. CDCs</td>
<td>To provide counselling and supportive services to rehabilitated drug abusers to maintain abstinence and to enhance their integration into the community.</td>
<td>NGOs</td>
<td>SB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>d. Aftercare service of Methadone Treatment Programme</td>
<td>To offer aftercare service to rehabilitated opioid dependent persons who have completed detoxification programme</td>
<td>DH/NGO</td>
<td>SB/DH</td>
<td>Government/ Subvention</td>
</tr>
<tr>
<td>e. Other agencies (e.g. rehabilitated abusers self-help organisations)</td>
<td>To assist rehabilitated abusers to reintegrate into society through activities like social gatherings, sharing sessions, voluntary services, etc.</td>
<td>NGOs</td>
<td>--</td>
<td>Community/ Funding from various levels</td>
</tr>
<tr>
<td>f. Other non-specialised programmes providing related education, vocational training and employment services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Employment services and specialised programmes for the youth</td>
<td>To provide career counselling, job referral, training and self-employment support services to young people aged 15-29.</td>
<td>LD, NGOs</td>
<td>LWB/LD</td>
<td>Government/ Subvention</td>
</tr>
<tr>
<td>(ii) Mainstream schools</td>
<td>After completion of a DTRC programme, rehabilitated school-aged drug abusers may, with the assistance of EDB / NGOs / key workers, apply for admission to mainstream schools to continue education. Support services may follow.</td>
<td>Public sector schools, NGOs</td>
<td>EDB/SWD</td>
<td>Subvention</td>
</tr>
<tr>
<td>(iii) Schools for Social Development (SSD)</td>
<td>After completion of a DTRC programme, rehabilitated students who still display moderate to severe behavioural/emotional difficulties may apply for</td>
<td>Aided schools</td>
<td>EDB/SWD</td>
<td>Subvention</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Service/Service providers</th>
<th>Services for Drug Abusers and Objectives</th>
<th>Agencies</th>
<th>B/Ds</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>admission to SSD which provides intensive support for the students with a view to helping them tide over their transient adaptation problems in the course of development and strengthening their learning motivation and life skills so that they can resume the mainstream education as soon as possible. All applications will be considered by the Vetting Committee under the Central Co-ordinating Referral Mechanism co-managed by EDB and SWD for vetting and arrangement of appropriate services.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(iv) Vocational training and specialised programmes for the youth</td>
<td>After completion of a DTRC programme, rehabilitated drug abusers may with the assistance of NGOs/key workers apply for vocational training/pre-employment training programmes.</td>
<td>VTC, ERB</td>
<td>LWB</td>
<td>Subvention and Employees Retraining Fund</td>
</tr>
</tbody>
</table>

**B. Criminal justice setting**

<table>
<thead>
<tr>
<th>a. Probation services</th>
<th>To provide supervision in the community after discharge from DTRCs until completion of the probation period</th>
<th>SWD/Judiciary</th>
<th>LWB/SWD/Judiciary</th>
<th>Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Post-institutional statutory supervision</td>
<td>To provide post-release statutory supervision.</td>
<td>CSD</td>
<td>SB/CSD</td>
<td>Government</td>
</tr>
</tbody>
</table>

76
Linkages within the tier / with other tiers

- Some DTRC operators have already provided aftercare services in the community. During statutory supervision, probationers are also taken care of by supervising probation officers when they finish a programme in DTRCs.

- CCPSAs play a supplementary role to help those who are discharged from non-subsidized DTRCs without aftercare programme. In this regard, CCPSA social workers can serve as key workers to coordinate an aftercare plan.

- Through concerted efforts, the Regional Education Offices and Non-Attendance Cases Team of EDB have been providing placement services to students in question to ensure that those aged 15 and below attend schools and to assist those above 15 who wish to return to school in seeking suitable school places.
A Tiered, Multi-modality Approach of Treatment and Rehabilitation Services for Drug Abusers in Hong Kong
(Second Edition)

Tier 1: Generic, primary services for open access, identification and assessment

Tier 2: Community-based, specialised drug treatment & rehabilitation services

Tier 3: Residential, specialised treatment & rehabilitation services

Tier R: Reintegration & aftercare
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency Unit</td>
</tr>
<tr>
<td>CCPSA</td>
<td>Counselling Centre for Psychotropic Substance Abusers</td>
</tr>
<tr>
<td>CDCs</td>
<td>Centres for Drug Counselling</td>
</tr>
<tr>
<td>CSSS</td>
<td>Community Support Service Scheme</td>
</tr>
<tr>
<td>CYC</td>
<td>Children and Youth Centre</td>
</tr>
<tr>
<td>DATC</td>
<td>Drug Addiction Treatment Centre</td>
</tr>
<tr>
<td>DTRC</td>
<td>Drug Treatment and Rehabilitation Centre</td>
</tr>
<tr>
<td>GOPC</td>
<td>General Outpatient Clinic</td>
</tr>
<tr>
<td>ICYSC</td>
<td>Integrated Children and Youth Services Centres</td>
</tr>
<tr>
<td>IFSC</td>
<td>Integrated Family Service Centres</td>
</tr>
<tr>
<td>MTP</td>
<td>Methadone Treatment Programme</td>
</tr>
<tr>
<td>PE&amp;P</td>
<td>Preventive Education and Publicity</td>
</tr>
<tr>
<td>PSDS</td>
<td>Police Superintendents’ Discretion Scheme</td>
</tr>
<tr>
<td>SAC</td>
<td>Substance Abuse Clinic</td>
</tr>
<tr>
<td>SHS</td>
<td>Student Health Service</td>
</tr>
<tr>
<td>SSD</td>
<td>School of Social Development</td>
</tr>
<tr>
<td>YND</td>
<td>Overnight Outreaching Service for Youth Night Drifters</td>
</tr>
<tr>
<td>YOT</td>
<td>District Youth Outreaching Social Work Teams</td>
</tr>
</tbody>
</table>
CHAPTER 6
RECOMMENDATIONS (PART 2):
COMPLEMENTARITY WITH OTHER PRONGS

6.1 We stated under strategies in Chapter 4 that treatment and rehabilitation and other fronts under the five prongs (i.e. preventive education and publicity, legislation and law enforcement, external co-operation and research) are complementary to each other and mutually reinforcing. Set out below are interfaces between treatment and rehabilitation and the other fronts, as well as efforts that can be made in other areas to support drug treatment and rehabilitation work.

(A) Preventive Education and Publicity

6.2 Preventive education and publicity can complement the work of treatment and rehabilitation in a number of ways. First, it can enhance the community’s vigilance against drug problem, reduce potential drug abuse cases and identify early and offer immediate help to drug abusers, so as to reduce pressure on downstream treatment and rehabilitation services. Secondly, those in need could recognise the ways to seek assistance. Thirdly, through mobilising different sectors to support the treatment and rehabilitation services they would understand the importance of community support for rehabilitants. As such, members of the community can, through various means, identify drug abusers, support the setting up of treatment services and encourage rehabilitated drug abusers to reintegrate into society.

(a) Families and Schools

6.3 Our works towards families and schools have been discussed in paragraphs 5.3 to 5.11 of Chapter 5.

(b) General Publicity

6.4 We recommend making good use of the mass media (including announcements in the public interest and short stories on television and radio) and posters to disseminate the following messages:

(a) The hidden nature of psychotropic substance abuse and the importance of seeking assistance early. To this end, we can
highlight the role of family members in identifying drug abusers, and let the abusers know that people around them are willing to help.

(b) To enhance understanding of the treatment and rehabilitation agencies and rehabilitants. We can arrange sharing sessions by the anti-drug agencies and rehabilitants to illustrate how the services can help abusers to lead a new life, in order to solicit the community’s acceptance of drug treatment and rehabilitation facilities.

(c) The importance of community support to the rehabilitants’ new life. The support of the community to rehabilitants can help building up a positive image of the drug treatment and rehabilitation facilities. This can also encourage rehabilitants to reintegrate into the society.

6.5 Besides, the Hong Kong Jockey Club Drug InfoCentre (DIC), being a dedicated exhibition centre for anti-drug education, is an effective education and publicity platform. We recommend continuously enriching the facilities, activities and contents of the DIC, and collaborating with various organisations to arrange diversified and multi-disciplinary activities to enhance the public understanding of anti-drug work (including drug treatment and rehabilitation services).

(c) Roving Exhibitions

6.6 In order to solicit public acceptance of the drug treatment and rehabilitation facilities, we need to emphasize that drug abuse problem is a concern to everybody. We recommend enriching the content of the anti-drug roving exhibitions to include treatment and rehabilitation services and the importance of these services in helping rehabilitants to reintegrate into society.

6.7 We recommend enlisting support of property management agencies and public transport operators to have exhibitions held at their properties. We will also have the anti-drug message disseminated at the premises of the Government and public organisations.

(d) Social Media

6.8 Social media networks and various online communication platforms are becoming the common communication tools among hidden
youth drug abusers and youth at-risk (e.g. non-engaged youth). We recommend further exploring suitable measures, such as making use of e-forums and websites popular among young people, to reach out to this group of hidden youth.

(B) Community Mobilisation

(a) Community Participation

6.9 We would continue appealing to various sectors, e.g. “Path Builder” or other platform, for support for drug abusers. This could promote a culture of community care, support and participation.

6.10 For the business sector, corporations can give donations to treatment and rehabilitation agencies and provide job placement opportunities to the rehabilitants. We can also continue to encourage social and professional organisations or individuals to participate in voluntary services and to serve as mentors. In addition, corporations can, either at their own initiatives or in collaboration with parent federations, organise seminars and trainings for their staff with a view to engaging working parents. We need to raise the parents’ awareness of the widespread and hidden nature of drug abusing problem, as well as highlight the importance of family/parents in the fight against youth drug abuse.

(b) Community Acceptance

6.11 Apart from the above-mentioned preventive education and publicity work, we would support activities that could enhance the public’s understanding of treatment and rehabilitation services. Those agencies which have to set up service points (in particular residential DTRCs which require reprovisioning) can apply BDF to organise activities to solicit community acceptance.

(c) Mutual co-operation in the Neighbourhood

6.12 We recommend promoting co-operation among various stakeholders at the neighbourhood level to enhance their awareness of the drug abusing problem, as well as soliciting community support for treatment and rehabilitation services and acceptance to the rehabilitants to reintegrate into society. For details, please see paragraphs 5.28 to 5.29 in Chapter 5.
(C) Research

(a) Monitoring of Drug Abuse Situation

(i) CRDA and Student Survey

6.13 CRDA and Student Survey are the core elements of our monitoring system. We recommend maintaining the close connection between CRDA and the reporting agencies, as well as widening the reporting network, so as to facilitate smooth operation of CRDA and raise the reference value of the information collected. As regards the Student Survey, it will be conducted every three years, and the current one for the 2011/12 school year is in progress. The findings of the survey will facilitate ND and various stakeholders to monitor the drug abuse situation among local students and to formulate new strategies and measures as necessary.

(ii) Better Estimating the Drug Abusing Population

6.14 As recommended by the Fifth Three-year Plan, ND has commissioned a research to review the current methods of estimating drug abusing population, and to recommend a suitable method applicable to the Hong Kong situation. The research is expected to complete by the end of 2012. ND will review the outcome and recommendations of the research, and apply them to supplement CRDA and other statistics as appropriate.

(iii) Studying the Drug Abuse Situation of Non-engaged Youth

6.15 In accordance with a recommendation in the Fifth Three-year Plan, ND has commissioned a research to review qualitatively the drug abuse situation among non-engaged youth and their corresponding service needs. The research is expected to complete by the end of 2012, which may provide useful information to better evaluate the youth drug abuse situation and their service needs, with a view to formulating appropriate policies and measures.
6.16 The Qualitative Module is a tool to gather, collate and analyse relevant information that is scattered in different sources outside the formal statistical domains. The World Health Organisation (WHO) in particular noted that qualitative methods are best used to study hidden populations; groups usually not identified through the routine household or student surveys, and those who seldom visit health, welfare or justice institutions. This kind of module can help us to grasp the local drug scene and to detect changes (e.g. new drugs or new abuse patterns), so that we could conduct dedicated research on particular issues.

6.17 In fact, as pointed out by the Task Force on Youth Drug Abuse, it is difficult to identify a suitable researcher to develop the module. Under the Fifth Three-year Plan period, ND has tried hard but still could not identify a suitable researcher to develop and launch the supplementary system. Notwithstanding this, given the importance of the supplementary system (in particular in addressing the hidden nature of psychotropic substance abuse), we would continue to identify a suitable researcher, with a view to collecting more information about the drug abuse situation in Hong Kong on top of the quantitative information currently available.

(b) Studies on the Harmful Effects and Impact of Psychotropic Substance Abuse

6.18 We encourage and support conducting further research studies on the harmful effects and impact of psychotropic substance abuse, with a view to providing evidence in the formulation of anti-drug policies and programmes.

6.19 ND has uploaded all the completed research projects to its website. We recommend proactively introducing the research findings to the treatment and rehabilitation sector. The research findings could be transformed into useful materials for the treatment and rehabilitation sector to develop future services.
(D) Law Enforcement / International Co-operation

6.20 Through law enforcement actions and co-operation with the relevant Mainland authorities, law enforcement agencies can effectively curb the supply of drugs and deter drug abuse behaviours. The early intervention at schools and provision of support to juvenile offenders by the law enforcement agencies are conducive to the success of treatment and rehabilitation services.

6.21 At present, ketamine is not covered under the “Convention on Psychotropic Substances 1971”. In certain overseas regions (in particular developing countries), ketamine is a common anesthetic in human and veterinary medicine. However, it is widely abused as drug which seriously endangers people’s health and causes social problems. Abuse of ketamine is prevalent in Hong Kong. It accounts for about 30% of the number of drug abusers and about 70% among youth drug abusers. To effectively tackle the spread of ketamine abuse, legislation by individual countries cannot solve the whole problem. We will, at the international level, continue urging other nations to pay attention to the harmful effects and development of ketamine abuse. We will also enhance regional co-operation and intelligence sharing in order to curb the trafficking of ketamine at source.
CHAPTER 7

SUMMARY OF MAJOR RECOMMENDATIONS
AND KEY INITIATIVES

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

Part 1: Drug Treatment and Rehabilitation Work

(A) Early Identification and Intervention

(a) Families and Schools (Paragraphs 5.3-5.11)

(i) Families

7.2 We should step up our efforts in assisting parents to understand drug problems and encouraging them to make extra proactive efforts on the prevention and early identification fronts.

7.3 A district-based approach should be adopted in promoting preventive education and publicity for parents.

7.4 Mass media should be made use as a dissemination channel so that parents may receive anti-drug messages in a more effective manner.

(ii) Schools

7.5 A holistic school curriculum comprising knowledge, skills and attitudes is required to promote anti-drug education effectively in schools.

7.6 Schools should be encouraged to collaborate with suitable NGOs according to schools’ needs, and apply for BDF to implement the HSP(DT).

7.7 A structured training programme for teachers should be organised to enhance their capabilities in implementing the HSP and anti-drug education in schools, and their skills in handling drug problems, and to provide teachers with hotline services manned by social workers.
(b) Outreaching Service (Paragraph 5.12)

7.8 CCPSAs and outreaching teams are encouraged to approach at-risk youths and young drug abusers through more diversified means. Co-operation on outreaching strategies and case management at district level between CCPSAs and outreaching teams should also be stepped up and cross-referrals of cases involving different service needs be made.

(c) Family Doctors (Paragraphs 5.13-5.14)

7.9 Doctors are encouraged to continue to take an active part and organise structured training programmes. We encourage organisations concerned to develop tools or protocols for screening, brief interventions and referral to treatment and promote adoption by frontline doctors.

(d) Student Health Service (Paragraph 5.15)

7.10 Health care staff of SHS on anti-drug education should be better equipped.

(e) Involvement of Other Players in Tier 1 (Paragraph 5.16)

7.11 The collaboration of these service units should be promoted in identifying people at-risk and drug abusers and providing brief interventions for occasional drug users and their families, and appropriate training.

(f) Community-based Drug Testing (Paragraph 5.17)

7.12 A consultation paper to implement drug testing at the community level should be issued to solicit views from members of the public.

(g) Surveillance of Emerging Drugs of Abuse (Paragraphs 5.18-5.20)

7.13 The Government should continue to monitor closely the local and overseas drug trend, while anti-drug sector may exchange information about emerging drugs of abuse in a timely manner so that prompt action could be taken in preventive education and publicity as well as treatment and rehabilitation.

7.14 HA is developing a chromatography-based analytical system with grants from BDF. The system will be used for surveillance of drugs abused by drug abusers and high-risk individuals so as to identify the
common and emerging drugs of abuse. Depending on the research outcome, consideration may be given to expanding efforts on this front.

(B) Collaboration across and Continuum of Service by Different Sectors/Modalities

(a) Tiered Multi-modality Framework (second edition) (Paragraph 5.22)

7.15 The tiered multi-modality framework (second edition) sets out a foundation as a reference for the Government and private/public organisations in providing a comprehensive service for drug abusers. This also allows the users have an overall understanding of services provided in different modality.

(b) Collaboration/Linkages among Service Units (Paragraphs 5.23-5.25)

7.16 Based on the foundation of tiered multi-modality framework, various service units should continue to be encouraged to establish closer linkages and co-operation on service and case management.

(c) Collaboration and Networking Models on a District/Cluster Basis (Paragraphs 5.26-5.29)

7.17 The two platforms provided by CCPSAs and DFCCs can be complementary to each other at service and district levels, enabling the district drug problem to be dealt with in greater depth and breadth.

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

(a) Drug Treatment and Rehabilitation Centres (Paragraphs 5.31-5.37)

7.18 We should continue to monitor the situation closely and seek additional resources to provide more places for female drug abusers when necessary.

7.19 Overall efficiency should be enhanced, including to strengthen assistance to rehabilitated drug abusers to reintegrate into society, to
enhance support to DTRCs so that they can better meet the medical needs of residents and to explore the provision of new services targeting abusers in their initial drug experimentation stage.

7.20 Licensing progress should be expedited. Those DTRCs which can be enhanced by in-situ upgrading/redevelopment to meet the statutory licensing requirements are encouraged to carry out improvement works as soon as practicable. For those DTRCs which require reprovisioning, the Government will continue to facilitate them in every possible way and make greater efforts to solicit local support and promote community acceptance via publicity programmes.

(b) Public Hospitals (Paragraphs 5.38-5.42)

7.21 SACs should be encouraged to roll out pilot scheme(s) to increase the participation of other supporting services, such as occupational therapists and clinical psychologists. Broader participation should be further considered if they are proven to be effective.

7.22 SACs should be recommended to consider adopting other approaches to provide services for DTRC residents subject to the availability of resources and on the condition that the services of the centres are not affected.

7.23 A case management approach (e.g. conducting case conferences) providing patient-centred services may be contemplated if more than one specialist treatment is involved.

7.24 Public hospitals should be encouraged to put forward more service delivery models to facilitate early identification and intervention of drug abusers.

(c) Probation Service (Paragraph 5.43)

7.25 Subject to the outcome of the review and availability of resources, the Pilot Project on Enhanced Probation Service should be continued to provide more focus, systematic and in-depth rehabilitation programmes for the probationers.

(d) Training for Anti-drug Professionals (Paragraphs 5.44-5.46)

7.26 Agencies should be encouraged to continue to organise more in-depth and structured training for anti-drug professionals to equip them
with sufficient knowledge and skills to deliver treatment and rehabilitation programmes. In the long term, the agencies should initiate to provide training according to the needs.

7.27 Training should be extended to those service units which are not specialised in handling drug abuse problem (i.e. Tier 1) to enrich their drug knowledge.

7.28 Local universities and educational institutions should be encouraged to cover and/or strengthen anti-drug topics in the curriculum of social work, education and medicine degree programmes.

(e) Services for Ethnic Minorities (Paragraph 5.47)

7.29 Anti-drug agencies should be encouraged to enhance cultural sensitivity, provide cultural training to staff and offer services that can cater for the particular needs of ethnic minorities as far as practicable.

7.30 Treatment and rehabilitation agencies should be encouraged to partner with different ethnic minority organisations in order to identify drug abusers more effectively and provide more relevant services for them.

(f) Family Support (Paragraphs 5.48-5.49)

7.31 We continue to encourage DTRCs to develop family support services and to continue to work with the existing service units dedicated to handling family cases (e.g. Integrated Family Service Centres).

(D) Reintegration into Society and Prevention of Relapse

(a) Overall – Multiple Pathways (Paragraph 5.50)

7.32 Ways to enhance information flow and facilitate better coordination among different stakeholders (bureaux, departments, agencies, etc.) to provide aftercare services and multiple pathways for rehabilitated drug abusers should be explored.

(b) Aftercare Services (Paragraph 5.51)

7.33 CCPSAs and CDCs should continue to play a prominent role in the provision and coordination of aftercare services, with involvement of
the family, school, social worker, mentor and others. A care-plan/case management approach should be considered.

(c) Education/Vocational Training in DTRCs (Paragraphs 5.52-5.54)

7.34 EDB should continue to provide subvention for the educational programmes operated by DTRCs and review on a regular basis the programme operation in order to meet the changing needs of young drug abusers.

7.35 DTRC operators should be encouraged to apply for the BDF to provide vocational training and job preparation services.

(d) Arrangements after Discharge (Paragraphs 5.55-5.57)

(i) Schooling

7.36 EDB and/or SWD should continue to provide placement services for rehabilitated students to assist them to return to schools and refer students rehabilitated from drug abuse who have moderate to severe emotional and behavioural difficulties to SSDs for admission.

(ii) Vocational Training and Job Placement

7.37 DTRC operators and service providers of vocational training and job placement services should enhance communication, establish more formal linkages and maintain close partnership through regular meetings and other means.

7.38 We should continue to seek community support to facilitate drug abusers’ reintegration into society and leverage the “Path Builders” initiative where appropriate.

(e) Drug Addiction Treatment Centres (Paragraph 5.58)

7.39 CSD should continue to monitor critically the demand for DATC services and improve its programmes, in particular vocational training, to enhance the competitiveness of the inmates in the employment market.
(E) Sustained Service Improvement

(a) Community-based Counselling Services (Paragraphs 5.59-5.60)

7.40 SWD should review comprehensively the use of resources as well as the utilisation and provision of services to cater for the needs of drug abusers.

(b) Drug Treatment and Rehabilitation Centres (Paragraphs 5.61-5.62)

7.41 The SIS will be extended to all subvented DTRCs and promoted to non-subvented DTRCs for voluntary adoption following the system upgrading which is expected to be completed in 2012.

7.42 ND, SWD and DH should continue to monitor critically the demand for DTRC services. The operators should continuously adapt their service programmes to meet the evolving needs of drug abusers.

(c) Methadone Treatment Programme (Paragraph 5.63)

7.43 DH should conduct a review of the MTP to identify service gaps and room for improvement.

(d) Beat Drugs Fund (Paragraphs 5.64-5.65)

7.44 BDF should further improve the monitoring mechanism as far as possible, with a view to facilitating overall improvement of the treatment and rehabilitation services.

Part 2: Continuum and Complementarity with Other Prongs

(A) Preventive Education and Publicity

(a) Families and Schools (Paragraph 6.3)

7.45 Please refer to paragraphs 7.2 to 7.7 for the work of families and schools.
(b) General Publicity (Paragraphs 6.4-6.5)

7.46 We recommend the good use of the mass media (including announcements of public interest) and posters should be made to disseminate the importance of seeking assistance early and to enhance community understanding for the treatment and rehabilitation facilities and rehabilitated drug abusers.

7.47 We should continue to optimise the DIC so as to facilitate better understanding of anti-drug work (including drug treatment and rehabilitation services).

(c) Roving Exhibitions (Paragraphs 6.6-6.7)

7.48 The contents of the anti-drug roving exhibitions should be enriched, including enhancing the community’s knowledge of treatment and rehabilitation services and highlighting the importance of these services in helping rehabilitated drug abusers reintegrate into society.

7.49 Support of property management agencies and public transport operators should be enlisted to hold exhibitions at their properties, and also to explore making use of properties of the Government and public organisations to hold exhibitions.

(d) Social Media (Paragraph 6.8)

7.50 We should continue to explore suitable measures to reach out to hidden young drug abusers through social media.

(B) Community Mobilisation

(a) Community Participation (Paragraphs 6.9-6.10)

7.51 We should continue to appeal participation from all sectors of the community to lend drug abusers a helping hand, such as through the “Path Builders” initiative or other platforms.

(b) Community Acceptance (Paragraph 6.11)

7.52 Suitable activities should be supported to enhance the public’s understanding of treatment and rehabilitation services.
(c) Mutual Help in the Neighbourhood (Paragraph 6.12)

7.53 Co-operation among various stakeholders at the neighbourhood level should be promoted to heighten their awareness of the drug problem as well as solicit public support for treatment and rehabilitation services and accepting rehabilitated drug abusers to reintegrate into society.

(C) Research

(a) Monitoring of Drug Abuse Situation (Paragraphs 6.13-6.17)

(i) CRDA and Student Survey

7.54 We should continue to enhance CRDA and Student Survey.

(ii) Better Estimating the Drug Abusing Population

7.55 Subject to the outcome and recommendations of the research, study method to supplement CRDA and other statistics currently being collected should be applied as appropriate.

(iii) Studying the Drug Abuse Situation of Non-engaged Youth

7.56 Subject to the outcome and recommendations of the research study, a better understanding of the drug abuse situation of these young people and their service needs will assist formulating further policies and measures.

(iv) Qualitative Module of the Supplementary System

7.57 Efforts should continue to be made to identify a suitable researcher, with a view to collecting more information about the drug abuse situation in Hong Kong, in addition to the quantitative information currently available.

(b) Studies on the Harmful Effects and Impact of Psychotropic Substance Abuse (Paragraphs 6.18-6.19)

7.58 We should continue to encourage and support further studies on the harmful effects and impact of psychotropic substance abuse. The treatment and rehabilitation sector should be constantly briefed on the
findings of the researches.

(D) Law Enforcement / International Co-operation (Paragraphs 6.20-6.21)

7.59 Law enforcement agencies continue to curb the supply of drugs and deter drug abuse behaviour, and participate in the early intervention at schools and support for juvenile offenders.

7.60 Regional cooperation and exchange of intelligence information should be enhanced in order to interdict trafficking of ketamine and control sources.

(E) Implementation and Monitoring

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

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

Membership of the Working Group on the Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012-2014)

Chairman: Dr Ben CHEUNG Kin-leung
Chairman of ACAN Sub-committee on Treatment and Rehabilitation Services

Members:

Dr CHENG Chi-man
ACAN member

Mr Jacob CHAN Lai-sang, MH
Yang Memorial Methodist Social Service

Mr Kent LAM Kwok-keung
Hong Kong Children and Youth Services

Ms Brenda CHUNG Yin-ting
Tung Wah Group of Hospitals CROSS Centre

Ms Angelique TAM Chi-wah
Society for the Aid and Rehabilitation of Drug Abusers

Mr LAW Chee-wah
The Finnish Evangelical Lutheran Mission Ling Oi Centre

Rev Sam CHENG Chun-wah
Christian New Life Association Limited

Mr WONG Wai-chung
St. Stephen’s Society

Dr CHEUNG Wai-him
Kwai Chung Hospital Substance Abuse Assessment Clinic

Mr Moses MUI Wai-keung
The Hong Kong Council of Social Service

Dr LAM Ming
Hospital Authority
ANNEX I

Members:

Dr Samuel YEUNG Tze-kiu
Department of Health

Ms Vivian LAM Yee-mui
Social Welfare Department

Mr YUEN Shu-fan
Correctional Services Department

Ms Gregor LAU Choi-chu
Education Bureau

Miss Mandy WONG Man (from 22 August 2011 onwards)
Narcotics Division, Security Bureau

Mr Enoch YUEN Ka-lok
Narcotics Division, Security Bureau

Ms Elaine HO Wing-yin
Narcotics Division, Security Bureau

Secretary:

Ms Terri KWONG Sin-hang (up to 9 October 2011)
Ms Sharon LEUNG Sau-fan (from 10 October 2011 onwards)
Narcotics Division, Security Bureau
ANNEX II

Terms of Reference of the Working Group on the Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012-2014)

1. To assess the existing drug treatment and rehabilitation programmes in Hong Kong and see whether the services provided align with the distribution of drug abusers’ characteristics and needs;

2. To identify room for adjustment and enhancement of the existing treatment and rehabilitation services in Hong Kong; and

3. To advise on the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2012 to 2014.
ANNEX III

Services and Contact Details of Counselling Services Available at the Community

(A) Counselling Centres for Psychotropic Substance Abusers

Tung Wah Group of Hospitals – CROSS Centre: Eastern and Wanchai Office & Central Western, Southern and Islands Office

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

The programmes provided by the centre are based on cognitive behavioural therapy as well as family therapy. Art and sport activities are regularly held to strengthen the resilience of clients to stay away from drugs. The centre also conducts therapeutic groups such as motivational interviewing groups and relapse prevention groups. Recognising the importance of family support during the rehabilitation process, support group service to parents will be held.

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

Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited – Evergreen Lutheran Centre

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

According to recent statistics, the number of young psychotropic substance abusers is increasing. It warrants the concern from some of the professionals, such as front-line social workers, teachers and youth workers. The drug abuse problem can be handled much more effectively only when the front-line professionals are equipped with enough awareness, drug knowledge and handling skills. Therefore, the centre has been putting much effort to provide trainings and programs to increase their ability in facing and dealing with the problem. Moreover, outreaching service was provided since April 2007. The social workers visit the “black spots” frequently to reach the young substance abusers, rendering all kinds of trainings and counselling services.
Hong Kong Christian Service – PS33 Tsimshatsui Centre

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

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

Since PS33 Shamshuipo Centre was established in 2010, the original PS33 renamed PS33 Tsimshatsui Centre and it serves Kowloon City and Yau Tsim Mong.

Hong Kong Christian Service – PS33 Shamshuipo Centre

PS33-Shamshuipo Centre was established in October 2010. Its main objective is to provide intensive counseling, detoxification services as well as medical support services for psychotropic substance dependent persons and their family in Shamshuipo. Besides handling cases, the centre organizes therapeutic group sessions and professional training sessions for social workers, teachers and allied professionals.

To facilitate the rehabilitation of drug service users, a project named “Stand Up, No Drug” sponsored by the Beat Drugs Fund has been launched. That is to set up a team of mentors, connect drug service users to various kinds of resources, learning and job opportunities so as to achieve life modification and social reintegration.

Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited – Rainbow Lutheran Centre

Since its establishment in October 2010, the Rainbow Lutheran Center has been offering individual, family and group counseling for psychotropic substance abusers and their families in Wong Tai Sin and Sai Kung. It also provides medical support to increase the motivation of drug abusers to stay away from drugs and rebuild a healthy life.

The Center also devotes to organizing preventive drug education programmes for secondary schools in the districts to raise the youth’s awareness of the harmful effects of drug abuse. In order to achieve early identification and intervention, social workers would visit the high-risk locations to engage the young drug abusers who are in need of counseling and supportive training.
To tackle the problem of psychotropic substance abuse, the Center strives to provide professional training and community education for social workers, teachers and allied professionals, aiming to join forces to build a drug free community.

**Hong Kong Children and Youth Services – Sane Centre**

HKCYS Sane Centre is established as one of the Counselling Centres for Psychotropic Substance Abusers in October 2010 through the Government subvention. The Centre comprises different professionals, including registered social workers, registered psychiatry nurse and peer counselors. The services cover the needs of psychotropic substance abusers in Tsuen Wan and Kwai Tsing districts. The concept of holistic approach namely “Body, Mind, Social Bond, and Spirituality” is the main theme of working approach which generates 3-tiers services of preventive, educational and therapeutic treatment and rehabilitation programmes for habitual/occasional drug abusers, at-risk youth, community stakeholders and professionals.

The Centre has joined hands with various organizations in the community to establish a helping network and information exchange platform, such as religious organization, medical agencies, probation office, integrated family service centre, integrated community centre for mental wellness, integrated children and youth services centre, district outreaching social work team and overnight outreaching services for young night drifters.

**Caritas Hong Kong – Caritas HUGS Centre**

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

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

With cooperation of the Family Centres, Integrated Children and Youth Centre, Youth Outreaching Team, the Centre carries out “Hugs not Drugs-Parents Support Scheme” for needy families in the community by activities of parents support groups, family programmes and parents support hotline (Tel: 2677 7999).

**Evangelical Lutheran Church Hong Kong, Social Service Head Office – Enlighten Centre**

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

**Hong Kong Sheng Kung Hui Welfare Council – Neo-Horizon**

The Neo-Horizon is a counselling centre for psychotropic substance abusers
established in 2008 in Shatin. It aims to help psychotropic substance abusers and
potential drug abusers to stay abstinence through individual, group and family
counselling and various supporting programmes, such as Traditional Chinese
Medicine, art and drama therapy.

The Neo-Horizon also provides preventive education and makes
outreaching efforts, such as setting up booths in different hot spots where potential
abusers gather, in order to achieve early prevention, identification and intervention.
To tackle the problem of psychotropic substance abuse comprehensively and
effectively, cooperation between social workers and medical professionals will be
strengthened and multi-disciplinary collaboration among organisations, schools,
families and other stakeholders in the community will be promoted. Trainings will
also be rendered to enhance the ability and skills of relevant anti-drug workers in
handling drug cases.

**Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod
Limited – Cheer Lutheran Centre**

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

Preventive education is another major work focus of the centre. Drug
education talks and workshops for secondary school students are also organised. In
order to promote the co-operation of different professions in tackling drug problem,
the centre provides professional training of drugs to professionals such as teachers,
social workers and doctors. Furthermore, as the centre is concerned for female drug
abusers’ needs and context. After successful of I-meta project, we launch a Project
I-phoenix which is about Use of art and research in both sex issues in 2010-2012.
## Contact Details of CCPSAs

<table>
<thead>
<tr>
<th>Name of Agency / Centre</th>
<th>Serving District</th>
<th>Address / Website</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tung Wah Group of Hospitals – CROSS Centre</td>
<td>Central Western, Southern &amp; Islands</td>
<td>Rm 1501-1504, Tung Ning Building, 2 Hillier Street, Sheung Wan, Hong Kong</td>
<td>2884 0282</td>
</tr>
<tr>
<td>Tung Wah Group of Hospitals – CROSS Centre</td>
<td>Eastern and Wanchai</td>
<td>9/F., TWGHs Fong Shu Chuen Social Services Building, 6 Po Man Street, Shau Kei Wan, Hong Kong</td>
<td>crosscentre.tungwahcsd.org</td>
</tr>
<tr>
<td>Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited – Evergreen Lutheran Centre</td>
<td>Kwun Tong</td>
<td>2 Horse Shoe Lane, Kwun Tong, Kowloon</td>
<td><a href="http://www.cheerevergreen-lutheran.org.hk">www.cheerevergreen-lutheran.org.hk</a></td>
</tr>
<tr>
<td>Hong Kong Christian Service – PS33 Tsimshatsui Centre</td>
<td>Kowloon City &amp; Yau Tsim Mong</td>
<td>G/F., 33 Granville Road, Tsimshatsui, Kowloon</td>
<td><a href="http://www.hkcs.org/gcb/ps33/ps33.html">www.hkcs.org/gcb/ps33/ps33.html</a></td>
</tr>
<tr>
<td>Hong Kong Christian Service – PS33 Shamshuipo Centre</td>
<td>Shamshuipo</td>
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<td><a href="http://www.hkcs.org/gcb/ps33/ps33.html">www.hkcs.org/gcb/ps33/ps33.html</a></td>
</tr>
<tr>
<td>Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited – Rainbow Lutheran Center</td>
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<td><a href="http://www.cheerevergreen-lutheran.org.hk">www.cheerevergreen-lutheran.org.hk</a></td>
</tr>
<tr>
<td>Hong Kong Children and Youth Services – Sane Centre</td>
<td>Tsuen Wan &amp; Kwai Tsing</td>
<td>Units 1603-1604, 16/F., No. 99, Tai Ho Road, Tsuen Wan, N.T.</td>
<td><a href="http://www.sanecentre.net">www.sanecentre.net</a></td>
</tr>
<tr>
<td>Name of Agency / Centre</td>
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<tr>
<td>Caritas - Hong Kong – Caritas HUGS Centre</td>
<td>Tuen Mun</td>
<td>Unit 41-44, G/F., Hing Shing House, Tai Hing Estate, Tuen Mun, N.T. <a href="http://www.hugs.org.hk">www.hugs.org.hk</a></td>
<td>2453 7030</td>
</tr>
<tr>
<td>Evangelical Lutheran Church Hong Kong, Social Service Head Office – Enlighten Centre</td>
<td>Yuen Long</td>
<td>G/F., Tze Ping House, Tin Tze Estate, Tin Shui Wai, Yuen Long <a href="http://www.elchk.org.hk/service/Other/New_info/programme/teenlong.html">www.elchk.org.hk/service/Other/New_info/programme/teenlong.html</a></td>
<td>2446 9226</td>
</tr>
<tr>
<td>Hong Kong Sheng Kung Hui Welfare Council – Neo-Horizon</td>
<td>Sha Tin</td>
<td>G/F., Chung Kwan House, Chung On Estate, Ma On Shan, Shatin, N.T. neoh.skhwc.org.hk</td>
<td>8202 1313</td>
</tr>
<tr>
<td>Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited – Cheer Lutheran Centre</td>
<td>Tai Po &amp; North</td>
<td>G/F., Ching Chung House, Ching Ho Estate, Sheung Shui, N.T. <a href="http://www.cheerevergreen-lutheran.org.hk">www.cheerevergreen-lutheran.org.hk</a></td>
<td>2660 0400</td>
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</table>
(B) Centres for Drug Counselling

Caritas - Hong Kong
Caritas Lok Heep Club

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

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

Contact
Hong Kong Centre
Address: 12/F Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong
Telephone: 2893 8060
Email: fslhchk@caritassws.org.hk
Website: www.caritaslokheepclub.org.hk

Kowloon Centre
Address: Room 1-4, G/F Yiu Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon
Telephone: 2382 0267
Email: fslhekln@caritassws.org.hk
Website: www.caritaslokheepclub.org.hk
## Services and Contact Details of Substance Abuse Clinics at the Hospital Authority (As at December 2011)

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Hong Kong East</th>
<th>Hong Kong West</th>
<th>Kowloon Central</th>
<th>Kowloon East</th>
<th>Kowloon West</th>
<th>New Territories East</th>
<th>New Territories West</th>
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<tbody>
<tr>
<td>Clinic</td>
<td>Substance Misuse Clinic Pamela Youde Nethersole Eastern Hospital</td>
<td>Substance Abuse Clinic Department of Psychiatry Queen Mary Hospital</td>
<td>Kowloon Hospital Substance Abuse Clinic</td>
<td>Kowloon East Substance Abuse Clinic</td>
<td>Kwai Chung Hospital Substance Abuse Assessment Clinic</td>
<td>Prince of Wales Hospital / North District Hospital / Alice Ho Miu Ling Nethersole Hospital Substance Abuse Clinic</td>
<td>Tuen Mun Substance Abuse Clinic Castle Peak Hospital</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>2595 4015</td>
<td>6200 3554</td>
<td>3129 6710</td>
<td>3513 5070</td>
<td>2959 8082</td>
<td>2632 2584</td>
<td>2456 8260</td>
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<td>Service Target</td>
<td>Substance abusers with psychiatric complications and/or psychiatric co-morbidity</td>
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<td>Referral Procedure</td>
<td>Referral from doctors or social workers.</td>
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<td>Mode of Treatment</td>
<td>Assessment, treatment and rehabilitation</td>
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<td>Treatment Process</td>
<td>Depend on client’s condition</td>
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<td>Address</td>
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<td>(1) 3/F, South Wing, David Trench Rehabilitation Centre, 1F High Street, Hong Kong</td>
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<tr>
<td></td>
<td>Psychiatric Out-Patient Department, 1/F West Wing, Kowloon Hospital, No. 147A Argyle Street, Kowloon</td>
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<td></td>
<td>1/F, Block P, United Christian Hospital, 130 Hip Wo Street, Kwan Tong, Kowloon</td>
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<tr>
<td></td>
<td>10/F, Block K, Princess Margaret Hospital, Lai Chi Kok, Kowloon</td>
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<td>Day hospital: Ward L5, Block L, 5/F, Kwai Chung Hospital, 3-15 Kwai Chung Hospital Road, Kowloon</td>
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<td></td>
<td>Clinic: 1/F, North Wing, LKS specialist clinic, Prince of Wales Hospital, N.T.</td>
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<td>(2) Psychiatric SOPD, North District Hospital, 9 Po Kin Road, Sheung Shui, N.T.</td>
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<td>(3) Psychiatric SOPD, G/F, Blk F, Alice Ho Miu Ling Nethersole Hospital</td>
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<tr>
<td></td>
<td>1/F, Block C, No. 13 Tsing Chung Koon Road, Castle Peak Hospital, Tuen Mun, N.T.</td>
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</tbody>
</table>
Objectives of Methadone Clinics

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

Entry Requirements

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

Services Provided

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Methadone Clinics</th>
<th>Address</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HK</td>
<td>Aberdeen Methadone Clinic</td>
<td>10 Aberdeen Reservoir Road, Aberdeen</td>
<td>2554 1665</td>
</tr>
<tr>
<td></td>
<td>Eastern Street Methadone Clinic</td>
<td>45 Eastern Street, Sai Ying Pun</td>
<td>2549 5108</td>
</tr>
<tr>
<td></td>
<td>Shau Kei Wan Methadone Clinic</td>
<td>8 Chai Wan Road, Shau Kei Wan</td>
<td>2560 0582</td>
</tr>
<tr>
<td></td>
<td>Violet Peel Methadone Clinic</td>
<td>G/F, 2 O’Brien Road, Wanchai</td>
<td>2835 1761</td>
</tr>
<tr>
<td>Kowloon</td>
<td>Ho Man Tin Methadone Clinic</td>
<td>50 Princess Margaret Road, Ho Man Tin</td>
<td>2713 6091</td>
</tr>
<tr>
<td></td>
<td>Hung Hom Methadone Clinic</td>
<td>22 Station Lane, Hung Hom</td>
<td>2333 8957</td>
</tr>
<tr>
<td></td>
<td>Kwun Tong Methadone Clinic</td>
<td>457 Kwun Tong Road, Kwun Tong</td>
<td>2345 7103</td>
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<tr>
<td></td>
<td>Lee Kee Methadone Clinic</td>
<td>99 Carpenter Road, Kowloon City</td>
<td>2272 9621</td>
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<td>Ngau Tau Kok Methadone Clinic</td>
<td>60 Ting On Street, Ngau Tau Kok</td>
<td>2318 0976</td>
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<tr>
<td></td>
<td>Robert Black Methadone Clinic</td>
<td>600 Prince Edward Road East, San Po Kong</td>
<td>2716 5211</td>
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<tr>
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<td>Sham Shui Po Methadone Clinic</td>
<td>137 Yee Kuk Street, Sham Shui Po</td>
<td>2393 1928</td>
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<tr>
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<td>Wu York Yu Methadone Clinic</td>
<td>55 Sheung Fung Street, Tze Wan Shan</td>
<td>2325 5221 Ext. 221</td>
</tr>
<tr>
<td></td>
<td>Yau Ma Tei Methadone Clinic</td>
<td>143 Battery Street, Yau Ma Tei</td>
<td>2770 2584</td>
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<tr>
<td>Region</td>
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</tr>
<tr>
<td>New Territories East</td>
<td>Cheung Chau Methadone Clinic</td>
<td>Cheung Chau Hospital Road, St. John Hospital, Cheung Chau</td>
<td>2981 9442 Ext. 29</td>
</tr>
<tr>
<td></td>
<td>Sha Tin (Tai Wai) Methadone Clinic</td>
<td>3 Man Lai Road, Tai Wai</td>
<td>2604 5355</td>
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<tr>
<td></td>
<td>Shek Wu Hui Methadone Clinic</td>
<td>108 Jockey Club Road, Sheung Shui</td>
<td>2671 9484</td>
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<td>Tai Po Methadone Clinic</td>
<td>37 Ting Kok Road, Tai Po</td>
<td>2664 5020</td>
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<tr>
<td>New Territories West</td>
<td>Lady Trench Methadone Clinic</td>
<td>213 Sha Tsui Road, Tsuen Wan</td>
<td>2942 6736</td>
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<td>Tuen Mun Methadone Clinic</td>
<td>11 Tsing Yin Street, Tuen Mun</td>
<td>2452 9113</td>
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<td>Yuen Long Methadone Clinic</td>
<td>269 Castle Peak Road, Yuen Long</td>
<td>2470 9307</td>
</tr>
</tbody>
</table>
ANNEX VI

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

Agency
Barnabas Charitable Service Association Limited

Centre
Lamma Training Centre

Centre Details
Address: Lamma Island
Contact Person: Miss Li Sze Man  
Telephone: 2982 1008
Hotline Number: 2982 1008  
Fax: 2982 0295
E-mail: ltc@barnabas.com.hk  
Website: www.barnabas.com.hk

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

Licensed Capacity
26

Target Clients
Female drug abusers at or under the age of 40

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

Aftercare Service
1-year aftercare service
Agency
Barnabas Charitable Service Association Limited

Centre
Ma On Shan Halfway House & Short-term Home

Centre Details
Address: Wing A&B, G/F, Lee Wah House, Lee On Estate, Ma On Shan, the New Territories
Short-term Home Contact Person: Lee Sing Tung
Telephone: 2640 1683 Hotline Number: 2640 1683
Fax: 2640 0391 E-mail: hwh@barnabas.com.hk
Website: www.barnabas.com.hk

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

Licensed Capacity
- Long Term Residential Treatment Programme: 11
- Short Term Residential Treatment Programme: 16

Target Clients
- Long Term Residential Treatment Programme*: Female drug abusers at or under the age of 40
- Short Term Residential Treatment Programme: Female drug abusers at or under the age of 40 who have not received Barnabas’ service in the last three years
* Long Term Residential Treatment Programme by Lamma Training Centre’s referral only

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

Aftercare Service
- Long Term Residential Treatment Programme: 1-year aftercare service
- Short Term Residential Treatment Programme: 6-month aftercare service
Agency
Caritas – Hong Kong

Centre
Caritas Wong Yiu Nam Centre

Centre Details
Address: Hang Hau Road, Sai Kung, the New Territories
Contact Person: Ms. May Ngai Telephone: 2335 5088
Hotline Number: 2335 5088 Fax: 2335 5855
E-mail: fswyn@caritassws.org.hk Website: family.caritas.org.hk

Treatment and Rehabilitation Modality Adopted
The centre provides residential treatment service. The professional staff team includes psychiatrists, nurses, social workers, peer counsellors, teachers, cook and clerks. Apart from the professional detoxification treatment provided by medical staff, counselling service, vocational/ interest courses and various training activities are offered by the centre. All social workers possess Certificate in Drug Treatment and knowledge in drug treatment and rehabilitation.

Licensed Capacity
28

Target Clients
Male aged below 30 who abuse opiate or psychotropic related drugs

Duration of Treatment and Rehabilitation Programme
Treatment programmes last for 1 to 6 months

Aftercare Service
Rehabilitated drug dependent persons will receive 1-year aftercare service including frequent drug tests after completing the programme
ANNEX VI

Agency
Christian New Life Association Limited

Centre
Christian New Life Association Limited

Centre Details
Corresponding Address: 2302-3, 23/F, Multifield Commercial Centre, 426 Shanghai Street, Yau Ma Tei, Kowloon
Contact Person: Rev. Sam Cheng  Telephone: 2397 6618
Hotline Number: 2397 6618  Fax: 3426 9242
E-mail: samcheng@hknewlife.com  Website: www.hknewlife.com

Treatment and Rehabilitation Modality Adopted
- Gospel-based, counselling-assisted
- Group work
- Occupational training

Licensed Capacity
40

Target Clients
- No age limit
- Male

Duration of Treatment and Rehabilitation Programme
6-month treatment programme

Aftercare Service
- Individual follow up
- Church referral
- Occupational training
Agency
Christian Zheng Sheng Association Limited

Centre
Ha Keng Treatment and Rehabilitation Youth Centre for Male

Centre Details
Address: Ha Keng, Lantau Island
Contact Person: Mr. Chan Siu Cheuk  Telephone: 9307 1102
Hotline Number: 9027 2547  Fax: 2984 9763
E-mail: almancsc@ me.com  Website: www.drugrehab.com.hk

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

In Christian Zheng Sheng College, an affiliate of the association, they provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 6 and vocational training. To create hands-on opportunities, they have set up various businesses.

Licensed Capacity
50

Target Clients
Youth male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme
30 months

Aftercare Service
Aftercare service has already been integrated into the programme
Agency
Christian Zheng Sheng Association Limited

Centre
Ha Keng Treatment and Rehabilitation Female Centre

Centre Details
Address: Ha Keng, Lantau Island
Contact Person: Mr. Chan Siu Cheuk
Hotline Number: 9027 2547
E-mail: almancsc@me.com
Telephone: 9307 1102
Fax: 2984 9763
Website: www.drugrehab.com.hk

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

In Christian Zheng Sheng College, an affiliate of the association, they provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 6 and vocational training. To create hands-on opportunities, they have set up various businesses.

Intake Capacity
14

Licensed Clients
Female or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme
30 months

Aftercare Service
Aftercare service has already been integrated into the programme
Agency
Christian Zheng Sheng Association Limited

Centre
Cheung Chau Male Training Centre for Youth

Centre Details
Address: Cheung Chau
Contact Person: Mr. Chan Siu Cheuk       Telephone: 9307 1102
Hotline Number: 9027 2547          Fax: 2984 9763
E-mail: almanesc@ me.com           Website: www.drugrehab.com.hk

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

In Christian Zheng Sheng College, an affiliate of the association, they provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 6 and vocational training. To create hands-on opportunities, they have set up various businesses.

Licensed Capacity
40

Target Clients
Youth male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme
30 months

Aftercare Service
Aftercare service has already been integrated into the programme
ANNEX VI

Agency
Christian Zheng Sheng Association Limited

Centre
Cheung Chau Female Training Centre

Centre Details
Address: Cheung Chau
Contact Person: Mr Chan Siu Cheuk  Telephone: 9307 1102
Hotline Number: 9027 2547  Fax: 2984 9763
E-mail: almancsc@me.com  Website: www.drugrehab.com.hk

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

In Christian Zheng Sheng College, an affiliate of the association, they provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 6 and vocational training. To create hands-on opportunities, they have set up various businesses.

Licensed Capacity
20

Target Clients
Female or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme
30 months

Aftercare Service
Aftercare service has already been integrated into the programme
Agency
Christian Zheng Sheng Association Limited

Centre
Mui Wo Male Training Centre for Adult

Centre Details
Address: Mui Wo, Lantau Island
Contact Person: Mr. Chan Siu Cheuk   Telephone: 9307 1102
Hotline Number: 9027 2547   Fax: 2984 9763
E-mail: almancsc@ me.com   Website: www.drugrehab.com.hk

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

Licensed Capacity
24

Target Clients
Adult male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme
2 years

Aftercare Service
Aftercare service has already been integrated into the programme
Agency
Christian Zheng Sheng Association Limited

Centre
Tai O Kau San Tei Male Treatment and Rehabilitation Centre for Adult

Centre Details
Address: Kau San Tei, Tai O
Contact Person: Mr. Chan Siu Cheuk    Telephone: 9307 1102
Hotline Number: 9027 2547    Fax: 2984 9763
E-mail: almancsc@me.com    Website: www.drugrehab.com.hk

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

Licensed Capacity
18

Target Clients
Adult male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme
2 years

Aftercare Service
Aftercare service has already been integrated into the programme
Agency
DACARS, Limited

Centre
Enchi Lodge

Centre Details
Address: Enchi Lodge, Sheung Shui, the New Territories
Contact Person: Liaison Officer
Telephone: 2673 8272
Hotline Number: 8104 2188
Fax: 2679 3780
E-mail: dacars@hotmail.com

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

Licensed Capacity
24

Target Clients
Male drug or alcohol abuser

Duration of Treatment and Rehabilitation Programme
6 to 12 months

Aftercare Service
Rehabilitants will be referred to halfway houses or churches or other arranged accommodation. 2 years of aftercare service will be provided.
Agency
Glorious Praise Fellowship (Hong Kong) Limited

Centre
Glorious Praise Fellowship (Hong Kong) Limited

Centre Details
Address: 47 Siu Lam, Castle Peak Road-Tai Lam, Tuen Mun, the New Territories
Contact Person: Mr. Wong Tsang Wing/ Mr. Chris Kwok    Telephone: 2451 9802/ 91319272
Hotline Number: 2451 9802    Fax: 2451 9191
E-mail: chrisgpf@yahoo.com.hk

Treatment and Rehabilitation Modality Adopted
Drug abusers receive medication and treatment from registered doctors

Licensed Capacity
30

Target Clients
All drug abusers

Duration of Treatment and Rehabilitation Programme
12 months

Aftercare Service
6 months aftercare service
Agency
Hong Kong Christian Service

Centre
Jockey Club Lodge of Rising Sun

Centre Details
Address: 33 Tsing Wun Road, Tuen Mun, the New Territories
Contact Person: Mr. Max Szeto (Superintendent) Telephone: 2468 0044
Hotline Number: 2468 0044 Fax: 2468 0555
E-mail: jclrs@hkcs.org Website: www.hkcs.org

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

Licensed Capacity
32

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

Duration of Treatment and Rehabilitation Programme
3 to 6 months detoxification and rehabilitation service

Aftercare Service
24-month aftercare service
Agency
Mission Ark Limited

Centre
Yuen Long Centre

Centre Details
Corresponding Address: 2302-3, 23/F, Multifield Commercial Centre, 426 Shanghai Street, Yau Ma Tei, Kowloon
Contact Person: Rev. Sam Cheng        Telephone: 2397 6618
Hotline Number: 2397 6618            Fax: 3426 9242
E-mail: samcheng@hknewlife.com        Website: www.hknewlife.com

Treatment and Rehabilitation Modality Adopted
- Gospel-based, counselling-assisted
- Group work
- Occupational training

Licensed Capacity
20

Target Clients
- No age limit
- Male

Duration of Treatment and Rehabilitation Programme
6-month treatment programme

Aftercare Service
- Individual follow up
- Church referral
- Occupational training
ANNEX VI

Agency
Operation Dawn Limited

Centre
Dawn Island Drug Treatment and Rehabilitation Centre

Centre Details
Address: Fo Tau Fan Chau (Dawn Island), Sai Kung, the New Territories
Contact Person: Mrs. Mamre Lilian Yeh  Telephone: 2714 2434
Hotline Number: 2714 2434  Fax: 2713 0124
E-mail: info@opdawn.org.hk  Website: www.opdawn.org.hk

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

Licensed Capacity
50

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

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

Aftercare Service
Follow-up period of 6 months or above after completion of treatment programme
Agency
Operation Dawn Limited

Centre
Girl Centre

Centre Details
Correspondence Address: Shop C, G/F., No.32 Apliu Street, Sham Shui Po, Kowloon
Contact Person: Mrs. Mamre Lilian Yeh  Telephone: 2714 2434
Hotline Number: 2714 2434     Fax: 2713 0124
E-mail: info@opdawn.org.hk    Website: www.opdawn.org.hk

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

Licensed Capacity
15

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

Duration of Treatment and Rehabilitation Programme
1 year

Aftercare Service
Follow-up period of 6 months or above after completion of treatment programme
Agency
Operation Dawn Limited

Centre
Wong Tai Sin Centre (Half-way House)

Centre Details
Address: G/F., 111-115 Lung Chak House, Lower Wong Tai Sin Estate, Kowloon
Contact Person: Mrs. Mamre Lilian Yeh  Telephone: 2714 2434
Hotline Number: 2714 2434   Fax: 2713 0124
E-mail: info@opdawn.org.hk  Website: www.opdawn.org.hk

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

Licensed Capacity
16

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

Duration of Treatment and Rehabilitation Programme
3 months

Aftercare Service
Follow-up period of 6 months or above after completion of treatment programme
ANNEX VI

Agency
Perfect Fellowship Limited

Centre
Koo Tung Rehabilitation Centre

Centre Details
Address: 48 Ki Lun Tsuen, Kwu Tung, Sheung Shui, the New Territories
Contact Person: Mr. Liu Chi Cheung  Telephone: 9200 8546
Hotline Number: 2764 3975  Fax: 3007 5436
E-mail: perfect_fellowship@yahoo.com

Treatment and Rehabilitation Modality Adopted
Four principles as treatment methods:
- Back to God
- Back to the Bible
- Back to the nature
- Back to the family

Licensed Capacity
20

Target Clients
All drug abusers

Duration of Treatment and Rehabilitation Programme
2 weeks to 10 weeks

Aftercare Service
Provide occupational and education institution referrals to promote lifelong learning
Agency
Remar Association (Hong Kong) Limited

Centre
Remar Association (Hong Kong) Limited

Centre Details
Corresponding Address: 210 Ma Tin Tsuen, Yuen Long, the New Territories (Central Office)
Contact Person: Mr. Jose Jorge   Telephone: 3193 4919
Hotline Number: 6730 2607   (English)   E-mail: work@remarhongkong.com
Website: www.remarhongkong.com and www.facebook.com/RemarHongkong

Treatment and Rehabilitation Modality Adopted
Long term rehabilitation program based on a Christian faith

Licensed Capacity
20

Target Clients
Drug abusers aged over 18

Duration of Treatment and Rehabilitation Programme
Rehabilitating persons are able to stay as long as they wish

Aftercare Service
Not available
Agency
St. Stephen's Society Limited

Centre
Tuen Mun Multi-Purpose Rehabilitation Home (Female)

Centre Details
Contact Person: Mr Cheung Yeng Kay
Hotline Number: 2720 0179

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

Licensed Capacity
13

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

Duration of Treatment and Rehabilitation Programme
At least a period of 12 months

Aftercare Service
Job training, counselling and community living continue, plus fellowship and small group ministry to the poor
Agency
St. Stephen's Society Limited

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

Centre Details
Contact Person: Mr Cheung Yeng Kay Hotline Number: 2720 0179

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

Licensed Capacity
318

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

Duration of Treatment and Rehabilitation Programme
At least a period of 12 months

Aftercare Service
Job training, counselling, community living, fellowship and small group ministry to the poor
Agency
The Christian New Being Fellowship Limited

Centre
Training Centre

Centre Details
Mailing Address: P.O. Box 38, Sai Kung, the New Territories
Contact Person: Mr. Fung To Sun Telephone: 2329 6077
E-mail: info@newbeing.org.hk Hotline Number: 2329 6077
Website: www.newbeing.org.hk (official) Fax: 2329 6614
       www.freshu.com.hk (e-counselling)
       www.freshu.com.hk/freshchannel (web radio)

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

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

Licensed Capacity
93

Target Clients
Male drug abuser aged under 25

Duration of Treatment and Rehabilitation Programme
12-18 months

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

Centre
Halfway House

Centre Details
Address: Po Tung Road, Sai Kung, the New Territories
Contact Person: Mr. Fung To Sun     Telephone: 2329 6077
E-mail: info@newbeing.org.hk     Hotline Number: 2329 6077
Website: www.newbeing.org.hk (Official)     Fax: 2329 6614
www.freshu.com.hk (E-counselling)
www.freshu.com.hk/freshchanel (Web radio)

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

Licensed Capacity
12

Target Clients
Male drug abuser aged under 25

Duration of Treatment and Rehabilitation Programme
3-6 months

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

Centre
Ling Oi Tan Ka Wan Centre

Centre Details
Address: Tan Ka Wan, Sai Kung, the New Territories
Contact Person: Mr Paul Tsang       Telephone: 2369 7052
Fax: 2791 8377           E-mail: felmhk@netvigator.com
Website: www.lingoi.org

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

Licensed Capacity
40

Target Clients
Male drug abusers

Duration of Treatment and Rehabilitation Programme
12 months (including 9 months in treatment centre and 3 months in halfway-house)

Aftercare Service
2 years aftercare service on completion of the 12-month programme
Agency
The Finnish Evangelical Lutheran Mission

Centre
Ling Oi Centre

Centre Details
Address: Flat 6D, Fung Yat Social Service Complex, 364 Kwai Shing Circuit, Kwai Chung, the New Territories
Contact Person: Mr. Samson Dai
Fax: 2608 2582
Website: www.lingoi.org

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

Licensed Capacity
34

Target Clients
Rehabilitating male drug abusers who have completed a treatment programme

Duration of Treatment and Rehabilitation Programme
3 months (excluding treatment period before admission), can be extended if necessary

Aftercare Service
2 years aftercare service on completion of half-way house programme
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Au Tau Youth Centre

Centre Details
Address: 2C Castle Peak Road Yuen Long
Contact Person: Superintendent
Hotline Number: 2574 3300
E-mail: sarda@sarda.org.hk

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

Licensed Capacity
20

Target Clients
Young male drug abusers aged 25 or below

Duration of Treatment and Rehabilitation Programme
3-6 months

Aftercare Service
1 year aftercare service
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Adult Female Rehabilitation Centre

Centre Details
Address: Unit No. 2-3, 5-8, G/F, & Unit No. 1-8, 2/F, Sun Ming House, Sun Chui Estate, Sha Tin, the New Territories
Contact Person: Centre-in-charge   Telephone: 2699 9936
Hotline Number: 2574 3300       Fax: 2695 7528
E-mail: sarda@sarda.org.hk       Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
Adult Female Rehabilitation Centre provides 3 to 12 months residential rehabilitation. The Centre adopts the Therapeutic Community model in helping the residents.

Licensed Capacity
24

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

Duration of Treatment and Rehabilitation Programme
3-week detoxification treatment at SARDA's Women’s Treatment Centre, followed by 3 to 12 months’ residential rehabilitation.

Aftercare Service
The Centre offers 1-year aftercare service to discharged residents
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Shek Kwu Chau Treatment and Rehabilitation Centre

Centre Details
Address: Shek Kwu Chau, Cheung Chau
Contact Person: Superintendent               Telephone: 2981 0389
Hotline Number: 2574 3300                    Fax: 2818 7181
E-mail: sarda@sarda.org.hk                   Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
Voluntary medical treatment along with psychosocial services are rendered to the drug abusers receiving treatment in the Centre.

Licensed Capacity
316

Target Clients
Voluntary male drug abusers of all ages and a programme named “Project SARDA” for aged 21 to 35 male Psychotropic Substance Abusers (PSAs)

Duration of Treatment and Rehabilitation Programme
The treatment process involves a 3-week detoxification, followed by an individualized rehabilitation programme extending from 4-23 weeks.

The programme named “Project SARDA” was launched to extend our service in providing 6-12 months residential treatment to the Psychotropic Substance Abusers (PSAs). Job Skills training are introduced as part of the continuing learning and employment skill enhancement programme.

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

Centre
Bradbury Hong Ching Centre

Centre Details
Address: Flat B, 7/F, Sing Woo Building, 10 Sing Woo Road, Happy Valley, Hong Kong
Contact Person: Supervisor of Hong Kong Social Service Centre
Telephone: 2838 2323     Hotline Number: 2574 3300
Fax: 2891 2152      E-mail: sarda@sarda.org.hk
Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
Halfway house

Licensed Capacity
18

Target Clients
Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme
3 months

Aftercare Service
1 year aftercare service
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Bradbury Pui Ching Centre

Centre Details
Address: 7/F, Chung Yuen Mansion, 71A Waterloo Road, Kowloon
Contact Person: Supervisor of North Kowloon Social Service Centre
Telephone: 2776 8271     Hotline Number: 2574 3300
Fax: 2778 3345      E-mail: sarda@sarda.org.hk
Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
- Mutual support, self-discipline and self-help modality
- Community re-integration

Licensed Capacity
19

Target Clients
Rehabilitated male drug abusers with at least 3 months’ proven abstinence

Duration of Treatment and Rehabilitation Programme
1 year

Aftercare Service
Social workers will provide aftercare counselling service
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Kowloon Hostel

Centre Details
Address: Unit 601-604, Kar Man House, Oi Man Estate, Ho Man Tin, Kowloon
Contact Person: Supervisor of North Kowloon Social Service Centre
Telephone: 2776 8271     Hotline Number: 2574 3300
Fax: 2778 3345      E-mail: sarda@sarda.org.hk
Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
Halfway house

Licensed Capacity
20

Target Clients
Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme
3 months

Aftercare Service
1 year aftercare service
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Luen Ching Centre

Centre Details
Address: Unit 605-608, Kar Man House, Oi Man Estate, Ho Man Tin, Kowloon
Contact Person: Supervisor of East Kowloon Social Service Centre
Telephone: 2356 2663 Hotline Number: 2574 3300
Fax: 2356 2622 E-mail: sarda@sarda.org.hk
Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
Halfway House

Licensed Capacity
20

Target Clients
Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme
3 months

Aftercare Service
1 year aftercare service
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Female Hostel

Centre Details
Address: 15/F, Tak Wah Mansion, 290-292 Hennessy Road, Wan Chai, Hong Kong
Contact Person: Supervisor of Women’s Social Service Centre
Telephone: 2574 2311    Hotline Number: 2574 3300
Fax: 2891 2105    E-mail: sarda@sarda.org.hk
Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
Halfway house

Licensed Capacity
16

Target Clients
Rehabilitated female drug abusers

Duration of Treatment and Rehabilitation Programme
3 months

Aftercare Service
1 year
Agency
The Society for the Aid and Rehabilitation of Drug Abusers

Centre
Sister Aquinas Memorial Women's Treatment Centre

Centre Details
Address: 108, Hang Tau Road, Sheung Shui, the New Territories
Contact Person: Medical Superintendent
Telephone: 2652 5284
Hotline Number: 2574 3300
Fax: 2606 7625
E-mail: sarda@sarda.org.hk
Website: www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted
The Therapeutic Community model

Licensed Capacity
42

Target Clients
Female drug-abusers aged below 30

Duration of Treatment and Rehabilitation Programme
Detoxification: 2-3 weeks
Rehabilitation: 3-12 months

Aftercare Service
1 year aftercare service
Agency
The Society of Rehabilitation and Crime Prevention, Hong Kong

Centre
Bradbury OASIS Hostel

Centre Details
Address: 1/F, Wah Lok Building, 6-8 Yim Po Fong Street, Kowloon
Contact Person: Mr. Wong Yuk-wah Telephone: 2770 4267
Fax: 2770 4405 E-mail: sup_oasis@sracp.org.hk
Website: www.sracp.org.hk

Treatment and Rehabilitation Modality Adopted
The programme has three characteristics:

- Short-term: two to three weeks are required for detoxification (at Substance Abuse Assessment Unit in Kwai Chung Hospital), with hostel rehabilitation for 6-12 months.
- Community rehabilitation: long term residential treatment is not required; most treatment procedures are conducted in the community.
- Multi-disciplinary: the treatment team consists of psychiatrists, psychiatric nurses, professional social worker, hostel wardens, and experienced peer counsellors.

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

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

Licensed Capacity
16

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

Duration of Treatment and Rehabilitation Programme
- Detoxification period: 2-3 weeks
- Hostel rehabilitation: 6-12 months

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

Agency
The Society of Rehabilitation and Crime Prevention, Hong Kong

Centre
Hong Kong Female Hostel

Centre Details
Address: Block G & H, 11/F, City Centre Building, 144-149 Gloucester Road, Wan Chai, Hong Kong
Contact Person: Ms. Wong Po Man
Telephone: 2507 4458
Fax: 2824 1142
E-mail: hkfh@sracp.org.hk
Website: www.sracp.org.hk

Treatment and Rehabilitation Modality Adopted
The programme has three characteristics:

- Short-term: two to three weeks are required for detoxification (at Substance Abuse Assessment Unit in Kwai Chung Hospital), with hostel rehabilitation for 6-12 months.
- Community rehabilitation: long term residential treatment is not required; most treatment procedures are conducted in the community.
- Multi-disciplinary: the treatment team consists of psychiatrists, psychiatric nurses, professional social worker, hostel wardens, and experienced peer counsellors.

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

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

Licensed Capacity
10

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

Duration of Treatment and Rehabilitation Programme
- Detoxification period: 2-3 weeks
- Hostel rehabilitation: 6-12 months

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

Agency
Wu Oi Christian Centre

Centre
Shun Tin Halfway House

Centre Details
Address: Units 1-5, G/F. Tin Hang House, Shun Tin Estate, Kwun Tong, Kowloon
Contact Person: Mr. Cheung Tsang Sum  Telephone: 2782 2779
Hotline Number: 2782 2779     Fax: 2782 5949
E-mail: office1@wuoi.org.hk     Website: www.wuoi.org.hk

Treatment and Rehabilitation Modality Adopted
- Christian drug rehabilitation
- Method: a holistic rehabilitation programme
- Gradual transformation through rehabilitation

Licensed Capacity
20

Target Clients
Male clients who are receiving the training in our Christian drug rehabilitation centres

Duration of Treatment and Rehabilitation Programme
12 months rehabilitation (live-in)

Aftercare Service
Aftercare (live-out)
Agency
Wu Oi Christian Centre

Centre
Long Ke Training Centre

Centre Details
Address: Sai Kung, the New Territories
Contact Person: Mr. Loo Ka Lun
Hotline Number: 2782 2779
E-mail: office1@wuoi.org.hk

Treatment and Rehabilitation Modality Adopted
- Christian drug rehabilitation
- Method: a holistic rehabilitation programme
- Gradual transformation through rehabilitation

Licensed Capacity
50

Target Clients
- Male adult drug abusers aged 21 or above
- Referral cases (e.g. through Probation Officers, Counselling Centres for Psychotropic Substance Abusers, churches, schools, hospitals, etc.)

Duration of Treatment and Rehabilitation Programme
12 months rehabilitation (live-in)

Aftercare Service
Aftercare (live-out)
ANNEX VI

Agency
Wu Oi Christian Centre

Centre
Tai Mei Tuk Female Training Centre

Centre Details
Address: Tai Po, the New Territories
Contact Person: Ms. Tam Siu Ping
Hotline Number: 2782 2779
E-mail: office1@wuoi.org.hk
Telephone: 2782 2779
Fax: 2782 5949
Website: www.wuoi.org.hk

Treatment and Rehabilitation Modality Adopted
- Christian drug rehabilitation
- Method: a holistic rehabilitation programme
- Gradual transformation through rehabilitation

Licensed Capacity
12

Target Clients
- Female drug abusers
- Referral cases (e.g. through Probation Officers, Counselling Centres for Psychotropic Substance Abusers, churches, schools, hospitals, etc.)

Duration of Treatment and Rehabilitation Programme
12 months rehabilitation (live-in)

Aftercare Service
Aftercare (live-out)
Agency
Wu Oi Christian Centre

Centre
Green Island Youth Training Centre

Centre Details
Address: Green Island, Hong Kong
Contact Person: Mr. Chan Ka Fai
Hotline Number: 2782 2779
E-mail: office1@wuoi.org.hk

Telephone: 2782 2779
Fax: 2782 5949
Website: www.wuoi.org.hk

Treatment and Rehabilitation Modality Adopted
■ Christian drug rehabilitation
■ Method: a holistic rehabilitation programme
■ Gradual transformation through rehabilitation

Intake Capacity
20

Target Clients
■ Male youths drug abusers aged below 21
■ Referral cases (e.g. through Probation Officers, Counselling Centres for Psychotropic Substance Abusers, churches, schools, hospitals, etc.)

Duration of Treatment and Rehabilitation Programme
12 months rehabilitation (live-in)

Aftercare Service
Aftercare (live-out)
CSD currently runs three DATCs: the Hei Ling Chau Addiction Treatment Centre, Lai Sun Correctional Institution and Nai Kwu Correctional Institution.

2. The major components of the DATC programme are described as follows:

(a) Medical Services – A full medical service is provided to all inmates including detoxification, medical consultation, and promoting general health together with referral to specialist clinics or hospitals if needed.

(b) Counselling Services – Individual and group counselling sessions as well as specially designed “Relapse Prevention Group” under the Risks and Needs Assessment and Management Protocol for Offenders are conducted to help inmates consolidate their motivation to abstain from drug use and develop coping skills to deal with personal risks factors associated with drug use.

(c) Psychological Services – Psychological services including individual and group psychological interventions are provided to inmates to promote their psychological well-being, change their offending behaviour, strengthen their personal efficacies in dealing with craving and to prevent them from relapsing into drug use.

(d) Work Therapy and vocational Training – Inmates are assigned to work which is commensurate with their capabilities, skills and physical fitness. A wide variety of work therapy and vocational training in different trades including book binding, garment, laundry, envelop making, fibre glass work, kitchen and cleansing work are organised as well as Horticulture Assistant Training Course, Exhibition Booth Setting & decoration Training Course, Retail Salesperson Training Course, Chef Assistant Training Course, Environmental Hygiene & cleaning Worker Training Course, Cafe Assistant Training Course, Hairstyling Training Course and Painting & Decoration Training Course.

(e) Education – Formal education is provided to all young inmates with a view to promoting their general education and fostering good habit of self-study. Subjects taught include English, Chinese, Mathematics, self and social development and computer subjects. Adult inmates may attend educational courses on a voluntary basis.

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

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

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

Supervision Service

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

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

Pre-release Programme

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

Job Placement

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

Halfway House Facilities

9. Halfway house facilities are provided to those who are in need of accommodation, intensive supervision or encounter problems after release from DATCs. Currently, CSD operates two halfway houses, namely, the Bauhinia House and the Pelican House, for supervisees discharged from DATCs. The maximum capacities of these two houses are 24 and 40 respectively. The period of residence depends on individual progress, and is normally between one and two months.
## Contact Details of DATCs

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hei Ling Chau Addiction Treatment Centre</td>
<td>Hei Ling Chau Island</td>
<td>2986 6320</td>
</tr>
<tr>
<td>Lai Sun Correctional Institution</td>
<td>Hei Ling Chau Island</td>
<td>2986 6527</td>
</tr>
<tr>
<td>Nai Kwu Correctional Institution</td>
<td>Hei Ling Chau Island</td>
<td>2986 6001</td>
</tr>
</tbody>
</table>
Hong Kong Council of Social Service

The Network on Substance Abuse Service (Network on SAS) of the HKCSS was established with over 33 representatives from NGOs involved in drug treatment, rehabilitation and prevention. Its goal is to promote the exchange of views on drug related issues and to collaborate service-interfacing between NGOs and the concerned parties.

In responding to the Trial Scheme on School Drug Testing in Tai Po District, Tiered Multi-modality Approach of Treatment and Rehabilitation Services for Drug Abusers and Sixth Three-year Plan, Network on SAS organised series of consultation meetings, and channelled views of the sector to related government departments. Moreover, the 7\textsuperscript{th} Mainland, Hong Kong and Macau Conference on Prevention of Drug Abuse, drug training and agency visitation were organised for exchange of expertise, experiences and resources among professional workers in drug abuse on a regional and international scale to enhance the capacity building of the sector.

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

Mobile Acute Drug Rehabilitation Team of Haven of Hope Hospital

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

The Team has collaborated with NGOs in providing services. It also provides weekly group counseling service to ex-addicts. The service is provided by its peer counselor and the pastoral worker of the respective local church. In order to encourage the discharged clients to build up a network for mutual support and sharing,
the hospital has assisted them to set up a self-help group in 2004.

Contact
Address: Haven of Hope Hospital
8 Haven of Hope Road, Tseung Kwan O, Kowloon
Telephone: (852) 2703 8888
Fax: (852) 2703 8755

Pui Hong Self-Help Association

The PHSHA is a NGO formed by a group of rehabilitated drug abusers in 1967. It aims to promote the spirit of self-help and mutual support among its member to enable them to lead a drug free and productive life. Linked with SARDA’s four regional service centres, its four district chapters organise various social activities for their members. The association also operates a co-op shop on Shek Kwu Chau to serve the residents under treatment.

Contact
Address: Flat C, 4/F Haven Court, 128 Leighton Road, Causeway Bay, Hong Kong
Telephone: (852) 2576 2356
Fax: (852) 2882 3534

KELY Support Group

KELY Support Group (KELY) is committed to improving the quality of life and helping young people to develop positive peer support networks in Hong Kong.

Established in 1991 as a youth self-help group for youths with drugs and alcohol issues, KELY is a bilingual charitable organisation which provides non-judgmental, empathetic and confidential support to youths between the ages of 14 to 24 in Hong Kong. Our mission is to empower young people through non-judgmental peer support to make informed choices in reaching their potential.

KELY provides support services to vulnerable local Chinese, English-speaking and Ethnic minority youths in Hong Kong. Our wide range of programmes and services focus on drug prevention and intervention, as well as the development of healthy self-esteem amongst youths. These include the provision of:

- harm reduction education to schools;
- multimedia / art projects for students;
- circus arts and peer support training;
- youth forums and discussion groups; and
- a youth helpline on drugs and suicide.
Life Education Activity Programme (LEAP)

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

The Primary Programme is taken to schools in specially designed mobile classrooms that are equipped with state-of-the-art technology and provide a relaxed and intimate environment for children’s enjoyment and open discussion. LEAP now operates seven mobile classrooms, as well as a Secondary Programme. The Programmes reach some 88,000 school children annually, including over 4,500 students with Special Needs. LEAP also has a parent programme entitled “Safe and Successful”, which aims at equipping parents with skills to help their children establish correct values and to prevent substance abuse.

Community Drug Advisory Council (CDAC)

CDAC is a bilingual non-governmental organisation that was established in 1985. The mission of the Council is to prevent initiation of drug abuse and minimise harms associated with drug abuse.

CDAC develops and provides drug and health education programmes for a diverse variety of schools and organisations. Target groups include students ranging from preschool to university level, at-risk population, ex-drug abusers, parents, teachers and other professionals. CDAC provides consultancy for teachers; advice and referral services for people who have problems concerning drug abuse through outreach; editing and developing drug information resources specific to certain target groups. For example, “B.R.I.G.H.T. (2011~)”, a series of drug and health newsletter,
which was tailored for primary and secondary schools, a self-edited magazine called “Youth Express” for youths, and drug information booklets designed for parents. These publications were all designed to raise public awareness on drug issues.

With the sponsorship from the Narcotics Division, Security Bureau, a project titled “Two-day Advanced Anti-Drug Teacher Training for Key School Personnel” was started. It is estimated that near a thousand of key school personnel will benefit from the project.

Contact
Address: G/F., 12 Borrett Road, Central, Hong Kong
Telephone: (852) 2521 2880
Fax: (852) 2525 1317
Email: cdac@netvigator.com
Website: www.cdac.org.hk
ANNEX IX

Major features of the new Beat Drugs Fund Special Funding Scheme for Drug Dependent Persons Treatment and Rehabilitation Centres (SFS)

(a) The funding ceiling per project is raised from $3 million to $50 million in normal circumstances. If the approved project value is $6 million or above, the SFS will support 80% or $6 million, whichever higher.

(b) SFS accepts funding application from both Drug Treatment and Rehabilitation Centres (DTRCs) operating on Certificates of Exemption and DTRCs that have already obtained licences. Applications can be made for funding for capital works to meet the statutory licensing requirements and/or enhance service capacity and sophistication.

(c) DTRC operators may apply for funding for carrying out a technical feasibility study, the maximum amount of which should be capped at $1.5 million in normal circumstances.

(d) For works projects which required procurement of Authorised Persons (APs) or consultants, an amount not exceeding $30,000 may be provided in the approved budget of successful applications for reimbursement to the AP or consultant concerned for carrying out preliminary work for the purpose of lodging a funding application.

(e) The salary of one project coordinator and the expenses to seek local support can be included into the estimated project cost.

Narcotics Division
Security Bureau
### Recommendations on Residential Drug Treatment and Rehabilitation Services
Set Out in Report No.55 of the Director of Audit

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<tr>
<th>The Audit Commission’s Recommendations</th>
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<tr>
<td>A. Allocation of resources to SARDA</td>
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<td><strong>Para. 2.12</strong></td>
<td><strong>Para. 2.13</strong></td>
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<td>Given that Centre 1 had been under-utilised for quite a number of years, Audit has recommended that the <strong>Commissioner for Narcotics</strong> should, in collaboration with the <strong>Director of Health</strong>, 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.</td>
<td>The <strong>Commissioner for Narcotics</strong> welcomes the audit recommendation. She has said that:</td>
</tr>
<tr>
<td><strong>(a)</strong> the audit recommendation is in line with the policy initiatives which the Administration has been pursuing;</td>
<td><strong>(a)</strong> the audit recommendation is in line with the policy initiatives which the Administration has been pursuing;</td>
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<tr>
<td><strong>(b)</strong> 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;</td>
<td><strong>(b)</strong> 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;</td>
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<td><strong>(c)</strong> of the four residential T&amp;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;</td>
<td><strong>(c)</strong> of the four residential T&amp;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;</td>
</tr>
<tr>
<td><strong>(d)</strong> 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</td>
<td><strong>(d)</strong> 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</td>
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\(^1\) 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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<td>serve more psychotropic substance abusers and redeploying existing resources to this pilot project as early as possible;</td>
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<td>(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</td>
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<td>(f) the ND will, in collaboration with the DH, closely monitor the progress and provide all necessary support.</td>
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Para. 2.14

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.

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**B. Usage of Treatment Centres**

Para. 3.32

Audit has recommended that the **Commissioner for Narcotics** should, in collaboration with the **Director of Social Welfare** and the **Director of Health**:

**Overall capacity to meet demands**

(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; |

Para. 3.34

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.

**Overall capacity to meet demands**

Para. 3.35

The **Commissioner for Narcotics** has said that:

(a) the audit recommendation in paragraph 3.32(a) is in line with the policy initiatives which the Administration is pursuing;

(b) the ND has been keeping the overall capacity under close review.
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<td>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;</td>
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<td>(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;</td>
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<td>(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;</td>
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<td>(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;</td>
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<td>(f) Audit’s observations and the Government’s efforts must be seen against the peculiar landscape of treatment centres, as follows:</td>
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<td>(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;</td>
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<td>(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</td>
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### The Audit Commission’s Recommendations

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<th>(iii)</th>
<th>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:</th>
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<td>• NGOs’ own missions, convictions, and service philosophies and priorities;</td>
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<td>• NGOs’ own resources and donations, the use of which is governed by NGOs themselves and wishes of donors;</td>
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<td>• mutual trust, respect and understanding between NGOs and the Government;</td>
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<td>• the programme content, duration and target service recipients (e.g. gender and age) which are largely on the NGOs’ own initiative; and</td>
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<td>• 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;</td>
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### Response from the Administration on the Report

(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:

(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;

(ii) programmes offered by non-subvented NGOs are generally
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| 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 (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: • 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; (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; (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); (j) it is natural that some of the additional resources are used to
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<td>convert non-subvented places to subvented 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));</td>
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<td>(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;</td>
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<td>(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;</td>
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<td>(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;</td>
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<td>(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</td>
<td>(n) 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.</td>
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<tr>
<td>(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.</td>
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**Uneven workloads among treatment centres**

(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

Para.3.36

The **Commissioner for Narcotics** has said that:

(a) the audit recommendation in paragraph 3.32(b) is in line with what the Administration has been pursuing in earnest in recent years;

(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;

(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);
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<td>(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;</td>
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<td>(e) as set out in the Fifth Three-year Plan, the provision of the various T&amp;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;</td>
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<td>(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:</td>
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<td>(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</td>
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<td>their work (see para. 3.30(d));</td>
<td>(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</td>
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<td>(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</td>
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<td>(g) 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</td>
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<td>(g) The above efforts will continue, following the recommendations made by Audit.</td>
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**The Government’s information collection and sharing system**

(c) Improve the existing system of information collection from treatment centres to meet the needs of different stakeholders.

Para. 3.39

The **Commissioner for Narcotics** has said that:

(a) The audit recommendation in paragraph 3.32(c) is in line with the policy initiatives which the Administration is pursuing;

(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;

(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

[^1]: Page 168
(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.

Para. 3.41
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.

Para. 3.42
The Secretary for Education also welcomes the audit recommendation of improving the existing information collection and sharing system. He has said that:

(a) the EDB does not have any information of those people residing in treatment centres who are not participants of any educational programmes; and

(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.
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| **Para. 3.33**  
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:  
(a) ascertain the reasons for the uneven allocation of PO referral cases; and | **Para. 3.38**  
The Commissioner for Narcotics has said that:  
(a) the audit recommendations in paragraph 3.33 are in line with the policy initiatives which the Administration is pursuing;  
(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 befriended probationers, and to help probationers reform themselves, including (where applicable) giving up their undesirable drug abuse habits;  
(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);  
(d) the ND will also liaise with the SWD and the DH to help them address the problems from their operational perspectives; and  
(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. |
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| (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. | **Probationers’ waiting time for receiving treatment**<br>Para. 3.37

The Secretary for Labour and Welfare and the Director of Social Welfare have said that:

(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;

(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;

(c) the reasons for the uneven allocation of cases and the relatively long waiting period for some of the treatment centres are as follows:
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<td>(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);</td>
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<td>(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</td>
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<td>(iii) some other centres are also more popular because they provide flexibility in the duration of treatment programmes, which are most welcomed by probationers;</td>
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<td>(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;</td>
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<td>(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;</td>
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<td>(f) POs will continue to arrange appropriate community-based drug treatment programmes to assist probationers convicted of</td>
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<td>The Audit Commission’s Recommendations</td>
<td>Response from the Administration on the Report(^1)</td>
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<td>drug-related offences while awaiting centre placement; and</td>
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<td>(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.</td>
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</tbody>
</table>

C. Treatment Centres on Government Sites/Premises

Para.4.27
Audit has recommended that the Director of Social Welfare should, in collaboration with the Commissioner for Narcotics and the Director of Lands:

**Scale of operation for treatment centres occupying government sites/premises**

(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;

(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);

**Case 4: Operation of another treatment centre at Shatin**

(c) take proper measures to enforce the Conditions of Grant (e.g. Centre 21 being operated on a satisfactory scale and the

Scale of operation for treatment centres occupying government sites/premises

Para.4.29
The Secretary for Labour and Welfare and the Director of Social Welfare have said that:

(a) the SWD will review the appropriate degree of monitoring over non-subvented treatment centres with due consideration to the following:

(i) the exact wording and/or implied meaning of the relevant provisions of the old land grant against the current context;

(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

(iii) the quality control or performance requirements which should be proportionate to the Government’s input of public resources; and
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<th>The Audit Commission’s Recommendations</th>
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<td>submission of audited accounts);</td>
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<tr>
<td>(d) follow up on the propriety of the</td>
<td>(b) for new treatment centres, the SWD will</td>
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<td>NGO 2’s appointment of auditor as</td>
<td>seek the advice of the ND and the Lands D in</td>
</tr>
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<td>mentioned in paragraph 4.25(b); and</td>
<td>setting up an appropriate monitoring</td>
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<td>(e) explore ways to make effective use</td>
<td>mechanism based on the considerations in (a)</td>
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<td>of Centre 21’s capacity to meet the</td>
<td>above, taking into account the intrinsic</td>
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<td>demand for residential T&amp;R services.</td>
<td>differences between schools and treatment</td>
</tr>
<tr>
<td></td>
<td>centres (see para. 4.9).</td>
</tr>
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</table>

Para.4.30
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.

Para.4.31
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).

**Case 4: Operation of another treatment centre at Shatin**

Para.4.36
The **Secretary for Labour and Welfare** and the **Director of Social Welfare** have said that:

(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);
<table>
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<tr>
<th>The Audit Commission’s Recommendations</th>
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<tbody>
<tr>
<td>(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;</td>
<td></td>
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<tr>
<td>(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);</td>
<td></td>
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<tr>
<td>(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</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
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</tbody>
</table>

Para 4.37
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
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<th>The Audit Commission’s Recommendations</th>
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<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Para.4.38
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.

Para.4.28
Regarding Case 3 (paras. 4.11 to 4.19), Audit has *recommended* that the **Director of Lands** should, in collaboration with the **Commissioner for Narcotics** and the **Director of Social Welfare**:

(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;

(b) draw lessons to prevent recurrence, which may include tightening up the controls to monitor the use of granted sites/precincts and making it clear that sponsoring B/Ds need to oversee the operation of the intended activities on government sites/precincts; and;

(c) explore alternative uses of the recovered site, including, among others, inviting other NGOs to set up a treatment centre thereon.

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Case 3: Idling of a treatment centre site on Lantau Island

Para.4.32
The **Director of Lands** and the **Commissioner for Narcotics** agree with the audit recommendations in paragraph 4.28.

Para.4.33
The **Director of Lands** has said that:

(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

(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,
<table>
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<th>The Audit Commission’s Recommendations</th>
<th>Response from the Administration on the Report&lt;sup&gt;1&lt;/sup&gt;</th>
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<tr>
<td>and letting of the site to the applicant if the application is supported by the relevant B/D.</td>
<td>Para 4.34</td>
</tr>
<tr>
<td>Para 4.34</td>
<td>The <strong>Commissioner for Narcotics</strong> has said that:</td>
</tr>
<tr>
<td>(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;</td>
<td>(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;</td>
</tr>
<tr>
<td>(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</td>
<td>(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</td>
</tr>
<tr>
<td>(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.</td>
<td>(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.</td>
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<td>Response from the Administration on the Report&lt;sup&gt;1&lt;/sup&gt;</td>
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<td><strong>Para. 4.35</strong></td>
<td>Para. 4.35</td>
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<tr>
<td>The Director of Social Welfare has said that:</td>
<td>The <strong>Director of Social Welfare</strong> has said that:</td>
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<tr>
<td>(a) the SWD was not aware of the granting of the STT;</td>
<td>(a) the SWD was not aware of the granting of the STT;</td>
</tr>
<tr>
<td>(b) the SWD is ready to join hands in exploring the alternative uses of the recovered site; and</td>
<td>(b) the SWD is ready to join hands in exploring the alternative uses of the recovered site; and</td>
</tr>
<tr>
<td>(c) the SWD has confirmed with the Lands D that no similar cases are found.</td>
<td>(c) the SWD has confirmed with the Lands D that no similar cases are found.</td>
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</table>

### D. Licensing of Treatment Centres

**Para. 5.31**

Audit has recommended that the **Director of Social Welfare** should:

**Need to monitor works progress of treatment centres**

(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;

(b) support non-subvented treatment centres in preparing realistic works schedules;

**Problem 1: Difficulties in securing suitable sites/premises for re-provisioning**

(c) explore measures to make use of vacant sites/premises for re-provisioning of treatment centres (such as assessing the

**Para. 5.34**

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.

**Para. 5.35**

The **Director of Social Welfare** has said that:

(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

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<sup>1</sup> Source: The Audit Commission’s Report on Social Welfare Development.
The Audit Commission’s Recommendations

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<th>The Audit Commission’s Recommendations</th>
<th>Response from the Administration on the Report¹</th>
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<td>feasibility of removing the illegal/old structures and constructing new structures on the sites);</td>
<td>(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:</td>
</tr>
<tr>
<td>(d) continue with the SWD’s efforts in pursuing an improved record system to document the reasons for rejecting vacant sites/premises for se as treatment centres; and</td>
<td>(i) helping centres to identify possible sites;</td>
</tr>
<tr>
<td>(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.</td>
<td>(ii) providing information about appropriate funding;</td>
</tr>
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</table>

Para.5.32

Audit has also recommended that the Commissioner for Narcotics and the Director of Social Welfare should:

Problem 1: Difficulties in securing suitable sites/premises for re-provisioning

(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;

(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

Para.5.36

The Commissioner for Narcotics has said that:

(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
| The Audit Commission’s Recommendations | Response from the Administration on the Report

- is suggested that CoEs may only be renewed annually after a proper review of the licensing progress;

- 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

- 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.

**Problem 1: Difficulties in securing suitable sites/premises for**
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<th>The Audit Commission’s Recommendations</th>
<th>Response from the Administration on the Report¹</th>
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<td><strong>re-provisioning</strong></td>
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<tr>
<td>Para 5.37</td>
<td>The <strong>Director of Social Welfare</strong> has said that:</td>
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<td>(a) ongoing <strong>concerted effort</strong> 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</td>
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<tr>
<td>(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.</td>
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<tr>
<td>Para 5.38</td>
<td>The <strong>Commissioner for Narcotics</strong> has said that:</td>
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<tr>
<td>(a) the audit recommendations in paragraph 5.32(a) and (b) are in line with the policy initiatives which the Administration is pursuing;</td>
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<tr>
<td>(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));</td>
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<tr>
<td>(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</td>
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<td>proposal for re-provisioning two centres (see para. 3.6);</td>
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<tr>
<td>(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;</td>
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<tr>
<td>(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:</td>
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<tr>
<td>(i) the Administration is undertaking slope maintenance works of both man-made and natural slopes behind Centres 28 and 29;</td>
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<td>(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</td>
<td></td>
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<tr>
<td>(iii) subvented NGOs can apply for government funding for slope maintenance works under a block vote for slope-related capital works for subvented organisations</td>
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</table>
**Problem 2: Difficulties involved in in-situ upgrading**

(c) identify more effective ways to solicit NGOs’ cooperation to proceed with their improvement works as early as possible.

Para. 5.39
The **Commissioner for Narcotics** has said that:

(a) the audit recommendation in paragraph 5.32(c) is in line with the policy initiatives which the Administration is pursuing;

(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

(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.

Para. 5.40
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,
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<td>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.</td>
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**Para. 5.33**
Regarding the capital injection into the BDF (see para. 5.29), Audit has also *recommended* that the **Commissioner for Narcotics** should implement the expanded SFS as early as possible.

**Problem 3: Difficulties in securing adequate funding**

**Para. 5.41**
The **Commissioner for Narcotics** has said that:

(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.
**ANNEX XI**

**List of Beat Drugs Fund Granted Projects**  
**Related to Drug Treatment and Rehabilitation Services**  
in Hong Kong (2009-2011)

<table>
<thead>
<tr>
<th>Year of approval</th>
<th>Type</th>
<th>Grantee</th>
<th>Project Summary</th>
<th>Amount of grant (SM)</th>
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</thead>
</table>
| 1. 2009          | Treatment and Rehabilitation  | Barnabas Charitable Service Association Ltd | Mentorship Program  
This project aimed to recruit mentors for female rehabilitated drug abusers. | 0.27                 |
| 2. 2009          | Treatment and Rehabilitation  | Christian Zheng Sheng Association        | Purchasing Boat as Main Transportation  
This project aims to procure a boat to meet the transportation need for the drug treatment and rehabilitation centre of Christian Zheng Sheng Association. | 0.94                 |
| 3. 2009          | Treatment and Rehabilitation  | Kwai Chung Hospital                      | R3 Project (Refuse Drug, Redesign Lifestyle and Re-integrate into Community)  
The project was to provide an integrated and multi-disciplinary programme to help patients build up their resilience to substance abuse. | 1.44                 |
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<tr>
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<th>Project Summary</th>
<th>Amount of grant (SM)</th>
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<tbody>
<tr>
<td>4. 2009</td>
<td>Treatment and Rehabilitation</td>
<td>Mission Ark Ltd.</td>
<td>Pilot Scheme on Short Term Treatment for Drug Addicts</td>
<td>0.67</td>
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<td></td>
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<td>This project supported a pilot scheme on the provision of short term treatment</td>
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<td>programmes including trainings on Neuro-linguistic Programming to help</td>
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<td></td>
<td></td>
<td></td>
<td>rehabilitants.</td>
<td></td>
</tr>
<tr>
<td>5. 2009</td>
<td>Treatment and Rehabilitation</td>
<td>The Hong Kong Medical Association</td>
<td>Laboratory Testing and Diagnosis in Drug Abuse</td>
<td>0.09</td>
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<td></td>
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<td></td>
<td>The project aimed to organise a seminar for medical doctors. The seminar was</td>
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<td></td>
<td>to cover topics on how laboratory tests could help screen substance abusers.</td>
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<tr>
<td>6. 2009</td>
<td>Mixed Type</td>
<td>Caritas – Hong Kong</td>
<td>Life Architect</td>
<td>0.86</td>
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<td></td>
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<td>This project was to reach hidden youths on the Internet and hidden young female</td>
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<td>drug abusers in night entertainment venues to approach and motivate them to</td>
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<td></td>
<td>participate in various counselling services.</td>
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<td>Year of approval</td>
<td>Type</td>
<td>Grantee</td>
<td>Project Summary</td>
<td>Amount of grant (SM)</td>
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<tr>
<td>7.</td>
<td>2009, Mixed Type</td>
<td>Centre for Community Cultural Development Limited</td>
<td>Make Shows, Not Dose! This project was to train lower secondary school students to write songs and conduct public performance after having sharing sessions with musicians and rehabilitants.</td>
<td>0.05</td>
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<td>8.</td>
<td>2009, Mixed Type</td>
<td>Hong Kong Children &amp; Youth Services Tai Po / North Outreaching Youth Social Work Service</td>
<td>“Walking with You” Community Collaboration Project  This project aimed to enhance the role of medical practitioners in providing intervention and counselling to young drug abusers in Tai Po and North Districts, strengthening the role of parents in treatment and rehabilitation process and providing appropriate services to young drug abusers.</td>
<td>1.09</td>
</tr>
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<td>9.</td>
<td>2009, Mixed Type</td>
<td>Hong Kong Lutheran Social Service, LC-HKS (Evergreen Lutheran Centre)</td>
<td>Love Home · Love Life Emotional support service was provided to the family members of psychotropic substance abusers and the project encouraged the abusers to receive treatment through their family members.</td>
<td>0.82</td>
</tr>
<tr>
<td>Year of approval</td>
<td>Type</td>
<td>Grantee</td>
<td>Project Summary</td>
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<td>10.</td>
<td>Mixed Type</td>
<td>Hong Kong Sheng Kung Hui Welfare Council</td>
<td>Together We Walk&lt;br&gt;This project was to form a network in Shatin to promote...</td>
<td>0.36</td>
</tr>
<tr>
<td>11.</td>
<td>Mixed Type</td>
<td>Methodist Centre</td>
<td>“Anti-drugs Friendly Support” Community Anti-drugs Project&lt;br&gt;This project provided...</td>
<td>0.44</td>
</tr>
<tr>
<td>12.</td>
<td>Mixed Type</td>
<td>The Society of Rehabilitation and Crime Prevention, Hong Kong</td>
<td>Integrated Drugs Education Programmes for South Asian&lt;br&gt;This project supported South Asians through increasing their awareness towards drugs and reducing the risk of drug abuse.</td>
<td>1.07</td>
</tr>
<tr>
<td>Year of approval</td>
<td>Type</td>
<td>Grantee</td>
<td>Project Summary</td>
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<td>13.</td>
<td>Mixed Type</td>
<td>Tung Wah Group of Hospitals Jockey Club Shatin Integrated Services Centre</td>
<td>TEENS Program – Adolescent-at-risk Based Community Drugs Prevention This project was to provide preventive education and early identification services for schools, to provide treatment and rehabilitation services to young drug abusers identified and to attract youth’s concern on drug problem through a web platform.</td>
<td>0.23</td>
</tr>
<tr>
<td>14.</td>
<td>Mixed Type</td>
<td>Wong Tai Sin District Fight Crime Committee, Our Lady of Maryknoll Hospital/Department of Family Medicine &amp; Primary Heath Care Kowloon West Cluster and Hong Kong Playground Association</td>
<td>“Fresh Express” An Integrated Community Project on Anti Youth Drug Abuse at Wong Tai Sin This project involved co-operation between medical professionals, social workers at district-based level to provide anti-drug activities targeting young drug abuser, students, teachers and public. Body check and counselling service for psychotropic substance youth drug abusers were provided.</td>
<td>0.49</td>
</tr>
<tr>
<td>Year of approval</td>
<td>Type</td>
<td>Grantee</td>
<td>Project Summary</td>
<td>Amount of grant ($M)</td>
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<tr>
<td>15.  2009</td>
<td>Mixed Type</td>
<td>Yang Memorial Methodist Social Service</td>
<td>Joint Hand in Hand for Healthy School Life, Happy Community Life!</td>
<td>0.63</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>This project involved district-based multi-disciplinary co-operation for provision of preventive education and early identification services for youths.</td>
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<tr>
<td>16.  2010</td>
<td>Treatment and Rehabilitation</td>
<td>Caritas - Hong Kong</td>
<td>Project &quot;Muguet&quot; – Comprehensive Service for Drug-abusing Mothers</td>
<td>1.35</td>
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<td></td>
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<td></td>
<td>The grantee helps young drug-abusing mothers and their families through eradicating the mothers’ drug use and related problems in health, parenting and relationships.</td>
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</tr>
<tr>
<td>17.  2010</td>
<td>Treatment and Rehabilitation</td>
<td>Hong Kong Lutheran Social Service Cheer Lutheran Centre</td>
<td>I-Phoenix 戒毒治療計劃</td>
<td>0.81</td>
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<td></td>
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<td></td>
<td>Treatment and rehabilitation services are provided for young psychotropic substance abusers referred from different sources. The project also includes a research adopting a qualitative approach to study the views and trend on substance abuse.</td>
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<tr>
<td>Year of approval</td>
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<tr>
<td>18. 2010</td>
<td>Treatment and Rehabilitation</td>
<td>Hong Kong Lutheran Social Service, LC-HKS</td>
<td>Pregnant Psychotropic Substance Abusers Supporting Scheme To provide one-stop medical and supportive treatment and rehabilitation service to pre- and post-natal psychotropic substance abusers, their infants/toddlers and family members in Kowloon East so as to curb inter-generational drug abuse.</td>
<td>0.83</td>
</tr>
<tr>
<td>19. 2010</td>
<td>Treatment and Rehabilitation</td>
<td>Mission Ark Ltd</td>
<td>Extension on the Pilot Scheme on Short Term Treatment for Drug Addicts This was a short-term residential programme for male drug abusers. Approaches like positive psychology, solution-focus therapy and neurolinguistic programming were adopted.</td>
<td>0.94</td>
</tr>
<tr>
<td>20. 2010</td>
<td>Treatment and Rehabilitation</td>
<td>Southern District Fight Crime Committee</td>
<td>Life Stage Young psychotropic substance abusers are provided with trainings so as to empower and rekindle their strengths to live a drug-free life.</td>
<td>0.37</td>
</tr>
<tr>
<td>Year of approval</td>
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| 21.              | 2010 Treatment and Rehabilitation | St. Stephen's Society                            | High Flyer  
Drug abusers living in the treatment centre of the grantee are provided with career trainings for developing a career path. | 0.66                 |
| 22.              | 2010 Treatment and Rehabilitation | The Hong Kong Council of Social Service           | The 7th Mainland, Hong Kong and Macau  
Conference on Prevention of Drug Abuse  
This project organised a conference to promote cross-sectoral exchange and communication among Guangdong, Hong Kong and Macau on drug issues. | 0.35                 |
| 23.              | 2010 Mixed Type                  | Barnabas Charitable Service Association Ltd.     | Beat Drugs Alliance  
Training is provided to rehabilitate drug abusers and they are engaged as counsellors to run an anti-drug website which assists to identify hidden drug abusers. | 1.17                 |
| 24.              | 2010 Mixed Type                  | Caritas Hong Kong                                | Drug Knowledge Project  
This project aims at enhancing the knowledge of the drug workers, school personnel, as well as the general public on drug abuse and drug treatment and rehabilitation work in Hong Kong. | 0.64                 |
<table>
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<tr>
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<tbody>
<tr>
<td>25.  2010</td>
<td>Mixed Type</td>
<td>Evangelical Lutheran Church Social Service - Hong Kong</td>
<td>&quot;Shining Stories @ Narrative Therapy&quot;&lt;br&gt;High risk female teenagers in Tin Shui Wai and North District are identified from schools and by outreaching teams. They are provided with follow-up casework.</td>
<td>0.99</td>
</tr>
<tr>
<td>26.  2010</td>
<td>Mixed Type</td>
<td>Hong Kong Christian Service</td>
<td>Stand Up, No Drug&lt;br&gt;This project aims at enhancing drug service users' attachment to the community and mobilising support from the community.</td>
<td>1.46</td>
</tr>
<tr>
<td>27.  2010</td>
<td>Mixed Type</td>
<td>Hong Kong Playground Association, Our Lady of Maryknoll Hospital / Department of Family Medicine &amp; Primary Health Care Kowloon West Cluster and Steering Committee of Wong Tai Sin Fresh Community Anti-drugs Alliance</td>
<td>&quot;Fresh Community&quot; An Integrated Anti-drugs Programme for Youth and Community Enhancement @ Wong Tai Sin&lt;br&gt;Co-operation among different disciplines are engaged so as to provide social-medical counselling and activities for young drug abusers in Wong Tai Sin District. Through outreach body check service in schools and in the community, hidden drug abusers, youngsters with minor offence, specific female groups are identified for receiving the service.</td>
<td>1.4</td>
</tr>
<tr>
<td>Year of approval</td>
<td>Type</td>
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<td>28.</td>
<td>2010</td>
<td>Mixed Type</td>
<td>QK Blog, Kwai Tsing Safe Community and Healthy City Association Limited</td>
<td>1.71</td>
</tr>
</tbody>
</table>
|                  |             |                                                                         | **QK Blog – The Sunflower Bed**  
At-risk youths were to be identified through physical fitness, web-based lifestyle questionnaire and further assessment by social worker, occupational therapist, nurse and specialist doctor. Occupational lifestyle redesign programme for adolescents was to be provided to the identified drug users. |                     |
| 29.              | 2010       | Mixed Type                                                             | The Hong Kong Federation of Youth Groups                                                                                                                                                                     | 2.07                |
|                  |             |                                                                         | **Project Shine II**  
Training workshops for parents, teachers and social workers on early identification and intervention are organised in Tsuen Wan and Kwai Tsing districts. As for young drug abusers, counselling and motivational activities based on an evidence-based cognitive behavioural therapy are provided. |                     |
| 30.              | 2010       | Mixed Type                                                             | The International Drug Abuse Treatment Foundation                                                                                                                                                    | 0.24                |
|                  |             |                                                                         | **"Moving Heart" Campaign**  
Rehabilitated youth and adult drug abusers attended a 'total value' training course, performed voluntary work and delivered anti-drug talks in schools.                                                                 |                     |
<table>
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<tr>
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</table>
| 31. 2010        | Mixed Type  | The Society of Rehabilitation and Crime Prevention, Hong Kong          | Reaching Out to South Asian Community on Drug Education II  
Culturally sensitive drug awareness educational programmes for South Asian ethnic youth and community members are arranged. Knowledge and awareness building, health check, employment support, rehabilitative treatment referral and relapse prevention are included in the project. | 1.88                |
| 32. 2010        | Mixed Type  | Tung Wah Group of Hospitals CROSS Centre                                | Family and Community Based Residential Treatment Service for Young Substance Abusers  
A family based short-term residential treatment service for young substance abusers and intensive community-based aftercare service are provided.                                                                 | 1.36                |
| 33. 2010        | Mixed Type  | Wan Chai District Fight Crime Committee/Methodist Centre               | Project '3F' (Free from Drugs; Friends of You; Faith in Life)  
The project provides a one-stop outreaching and rehabilitation service which includes identification of drug addicts, counselling, rehabilitation and aftercare services.                                           | 0.48                |
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| 34. 2010 | Mixed Type | Yang Memorial Methodist Social Service | Community Based Recovery & Support Program for the South Asians  
This territory-wide project aims at identifying and engaging drug dependent persons of the South Asian minority into a community-based recovery and support programme. | 1.67 |
| 35. 2011 | Treatment and Rehabilitation | The Society for the Aid and Rehabilitation of Drug Abusers | "Blossom Heart" – Horticultural Therapy for Young Female Ex-drug Addicts and Their Family Members (Sister Aquinas Memorial Women's Treatment Centre)  
Horticultural therapy is provided to female ex-drug abusers so as to enhance rehabilitants' general life skills and self-esteem, and improve their relationship with the family members through joint sessions. | 0.28 |
<table>
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<tr>
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</table>
| 36.              | 2011 Treatment and Rehabilitation| Tang Ka Lam Alan                      | A Specialized Nurse Clinic for Psychotropic Substance Abusers  
A specialist nurse clinic for psychotropic substance abusers is set up at the Prince Wales Hospital and provide intensive counselling and motivational interviews to psychotropic substance abusers. | 2.03                |
| 37.              | 2011 Treatment and Rehabilitation| Wu Oi Christian Centre                | Provision of an Activity Room and Vocational Training for Wu Oi Christian Centre at Long Ke  
An activity room will be constructed at Long Ke Training Centre. | 2.32                |
| 38.              | 2011 Treatment and Rehabilitation| Finnish Evangelical Lutheran Mission - Ling Oi Centre | To Purchase a 6-seater Mini-van for Drug Treatment Centre  
To purchase a 6-seater mini-van for transporting staff and rehabilitants and daily food and goods for centre operation. | 0.28                |
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<tr>
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<tr>
<td>39.</td>
<td>Mixed Type</td>
<td>Division of Paediatric Surgery &amp; Paediatric Urology, Department of Surgery, The Chinese University of Hong Kong</td>
<td>A Targeted Urological Treatment Program for Secondary School Students Abusing Psychotropic Substance and a Territory-wide School-based Survey of Bladder Dysfunction Symptoms Associated with Psychotropic Substance Abuse. The project comprises of a survey to reach secondary school students to promote adoption of anti-drug attitude and a urological treatment programme to treat hidden youths suffering from bladder dysfunction as a result of psychotropic substance abuse.</td>
<td>2.15</td>
</tr>
<tr>
<td>40.</td>
<td>Mixed Type</td>
<td>Hong Kong Children and Youth Services Sane Centre</td>
<td>F.A.M.I.L.Y. Project (Father and Mother I Love You). The project organises a support programme for family members of drug abusers and high-risk youths, with a view to strengthening the resilience of the family members and equipping them with skills to help addicted family members quit drugs.</td>
<td>0.44</td>
</tr>
<tr>
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<tr>
<td>41.</td>
<td>Mixed Type</td>
<td>The Hong Kong University of Science and Technology</td>
<td>Multi-directional Optimization of Hair Drug Testing Platform: Rehabilitation Services Support for Local Communities</td>
<td>1.55</td>
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<td></td>
<td>This project is to optimise an existing hair drug testing platform by reducing sample amount, lowering running cost and testing time as well as seeking accreditation of the hair-drug testing platform.</td>
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<tr>
<td>42.</td>
<td>Mixed Type</td>
<td>Caritas - Hong Kong</td>
<td>Say No to Drug Driving</td>
<td>0.94</td>
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<td></td>
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<td>The grantee provides a series of drug prevention and support services for transportation industry, especially drug abusing drivers and their families.</td>
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<tr>
<td>43.</td>
<td>Mixed Type</td>
<td>The Society for the Aid and Rehabilitation of Drug Abusers</td>
<td>Soaring Internet (Au Tau Youth Centre)</td>
<td>0.5</td>
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<tr>
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<td>Creative media training to young drug rehabilitants will be provided to prepare them for further training in information technology.</td>
<td></td>
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<tr>
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<td>44.</td>
<td>2011 Mixed Type</td>
<td>Caritas - Hong Kong</td>
<td>Life Architect 2&lt;br&gt;The project provides outreach services to hidden female drug abusers in night clubs and online hidden drug abusers. Counselling and rehabilitation services are offered. Aftercare services to assist them to pursue further education, employment and training are also included.</td>
<td>4.29</td>
</tr>
<tr>
<td>45.</td>
<td>2011 Mixed Type</td>
<td>Kwai Tsing Safe Community and Healthy City Association</td>
<td>The Sunflower Bed&lt;br&gt;At-risk youths are identified through physical fitness assessment, web-based lifestyle questionnaire and further assessment by social worker, occupational therapist and specialist doctor. Occupational lifestyle redesign programme for adolescents will be provided to the identified drug users.</td>
<td>2.47</td>
</tr>
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</table>
本會欣見「三年計劃」工作小組中有禁毒教育及宣傳小組的委員參與，而此三年計劃的擬議大綱中亦包括預防教育及宣傳措施。雖然近日被呈報的吸食危害精神毒品數字略為下降，但吸毒及濫藥問題已趨隱閉及普遍；必須及早預防教育，加強治療及康復服務的配套，並且繼續發展跨界別合作及多元化戒毒治療服務。本會於二零一一年六月廿一日及七月十二日分別舉辦聚焦小組及諮詢大會，收集業界對於「三年計劃」的建議。初步有以下意見：

禁毒教育及宣傳

1. 「三年計劃」應涵蓋禁毒教育及宣傳，其名稱亦應包括預防及治療的訊息。除了戒毒治療及康復外，預防教育及宣傳亦十分重要；因爲這是戒毒治療和康復的初級預防(Primary Prevention)，而且減少毒品需求(Demand reduction)，須在禁毒教育及宣傳展開。很多時候，預防教育與戒毒治療及康復的關係密切，互相連接。例如在講座中遇到求助個案，便要提供戒毒輔導；而在提供教育及宣傳時，也要具備接觸個案的經驗及過來人的分享及參與。

2. 在校提供的禁毒教育及培訓經常重覆，且不夠深入，只是停留在毒品的基本知識、吸毒對身體的禍害及毒品辨識技巧等；未能配合現時學生的需要。建議提供針對性及較深入的小組輔導，現時學生對毒品有不同程度的接觸；有些是有朋友吸食毒品，有些曾觀看別人吸毒，亦有些是拒絕了多次後始吸毒；故此不應以用一套資料及教材，或者一次性的禁毒教育講座，便可以解決問題；必須按照學生的需要，配合學校的政策，提供不同模式及介入程度的活動，以免這些高危學生染上毒癮，屆時社會將要付出更高昂的代價。

3. 同時，教師亦需要較深入的培訓，除了評估及辨識吸毒學生的，還要加入處理懷疑吸毒學生的原則、程序及技巧：如何協助承認吸毒的學生，促進校方與家長溝通，以及面對其他學生及家長的詢問等。由於吸毒問題敏感，又涉及法律責任，家長亦會擔心其擴散傳染，老師極需要有關的裝備及培訓。

4. 在處理學生吸毒問題上，學校、老師及家長之間要有更多的討論及諮詢，由校方制定一系列處理學生藥物程序指引，並獲得老師、家長及學生的認同及共識；以便一旦發生問題時，大家都清楚彼此的角色及責任，減少爭拗的出現，以及保障各方的權益。
5. 未來每間學校將增加0.2位校工處理校園的毒品及其他問題，他們的角色、定位及功能，如何與業界轉介及協作等，亦有待探討。此外，校園檢測的人手及支援不足，但未來採用頭髮驗毒，發現吸毒學生的機會升高，必須正視這問題。而且在校推行禁毒教育，是由哪個政府部門及政策局跟進，亦不清晰。禁毒處是否可擔任帶領協調的角色，再配合教育局及社署的參與？

6. 家長的預防教育及宣傳工作數量不足，而且只給高小或以上的家長，但家長教育應在初小便開始，而且應透過不同渠道及模式，方便雙職家長亦能抽時間出席。

7. 業界發現少數族裔濫藥的情況日益嚴重，而在預防教育及宣傳方面卻忽略他們的需要。少數族裔由於語言、宗教及文化差異，未能在主流服務中得到支援。再加上部份少數族裔人士來自濫藥問題較嚴重的國家，他們文化亦會影響對毒品的看法，故更有需要加強少數族裔的預防政策，如製作少數族裔語言的禁毒宣傳訊息，在指定學校及清真寺，向家長宣傳禁毒資訊，或在高危青年流連的地方及早預防及介入。

### 戒毒治療及康復服務

1. **醫療支援**

   1.1 新型毒品對吸毒者造成精神及身體功能的損害，戒毒服務必須取得醫療支援，如牙科、泌尿科、精神科等等。但現時政府的專科診所均需要很長時間排期，才能預約。私家醫療費用昂貴，很多戒毒者未能負擔，唯有直接到急症室求助，卻加重了急症室的壓力。

   1.2 建議在每間戒毒院舍增設醫護人員，協助及管理藥物派發、基本的護理、精神徵狀的處理等。

   1.3 提供足夠的資源聘請合理的人手，例如院舍服務是24小時運作，醫護人員必須能支援三更制。另外，在護士放假時應聘請替工補替，才能切合實際需要。

   1.4 難以聘請精神科護士，期望處方留意及正視資源供應及醫護人員的市場供

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求。建議由衛生署或醫管局分派醫護人員到院舍診症，以能有效協助戒毒機構。

1.5 現時「物質誤用診所」只服務有精神科症狀之濫藥者，但有其他因濫藥引致的病徵卻未能處理。

1.6 建議認可中醫治療及應用，因爲中醫較易應診，不少戒毒服務機構均表示中醫能有效協助戒毒者。

2. **設立中央轉介機制**，分配濫藥者到不同的戒毒機構，由機制負責評估服務對象的需要，按照他們的意願，分配濫藥者到適切的戒毒服務單位。但中央轉介機制須兼顧各機構的理念及手法，服務對象的意願及不同程度的戒毒需求。

3. **少數族裔服務**

3.1 現時少有為南亞裔戒毒者提供非宗教性的自願戒毒住宿服務，由於他們多數是回教徒，但現時自願性戒毒院舍多是基督教背景，由於宗教及文化差異，未能適合南亞裔人士的需要，期望政府能撥款資助成立非宗教背景的戒毒機構。

3.2 由於設立新戒毒院舍的門檻太高，以致團體即使有意開辦院舍戒毒服務，亦不能開辦或提供相關服務。

3.3 戒毒機構在提供服務給南亞裔人士亦遇到困難，如語言障礙、文化、膳食、輔導、學員之間的溝通等等，建議提供文化敏銳性訓練（cultural sensitivity training）給現時的機構同工，以及增加資源，聘請南亞裔的同工。

3.4 同工觀察所得，南亞裔監禁者很少獲得感化令，法庭大都不給予機會南亞裔接受感化令而直接判監禁。

3.5 現時極少服務提供給少數族群女性，女性宿位一向短缺，要很長的輪候時間；再加上少數族裔的宗教因素，可以入住的戒毒院舍更少，令少數族裔女性更難進入戒毒服務。另一方面，婦女入住房舍時，亦缺乏相關的配套，如懷孕婦女、兒童照顧服務等等。

4. **重返社會**

4.1 中途宿舍服務可以有效幫助濫藥者重返社會，但因發牌條例而令新的中途宿舍很難開設。現有中途宿舍求過於供。
4.2 香港缺少專職的個案經理去全面計劃濫藥者的治療、康復及離院的安排。

4.3 有建議戒毒中心與外展社工協作，包括由外展轉介戒毒者入院，或者在戒毒者出院前轉介外展服務，以協助他們重返學校及社會。

4.4 政府未有資源協助戒毒者重投工作市場，如就業輔導、工作配對、為聘請的機構提供訓練及嘉許等等。

4.5 聘請過來人擔任活動助理的職位，協助戒毒者在過渡期適應職場的要求，培養良好的工作態度，同時機構亦方便監察其操守，故此應繼續保留活動助理的職位。

4.6 現時少數族裔戒毒者缺乏就業支援服務，故建議提供適當的職業訓練，廣東話及英語班、支援及互助小組，協助他們投入社會。

5. 「加強感化服務的先導計劃」的報告雖然肯定感化服務的成效，但有質疑先導計劃未有成效比較研究，例如與沒有參加先導計劃而接受感化令的個案作出比較。另外，計劃亦包含很多不同項目，未能反映出計劃成效的主要原因。第三：計劃的部分措施，如表現好有提早完成感化等，與現時提供戒毒服務的機構相違背。

6. 對於院舍發牌及搬遷，禁毒處或社署是否有既定時間表？建議禁毒處統籌及協調各政策局及政府部門，爭取撥地興建戒毒院舍，最理想是由禁毒處或社署提供戒毒院舍，以便機構更有效及專注提供戒毒服務。

7. 院舍牌照的申請涉及不同政府部門，以及需要進行地區諮詢工作，所消耗的時間人力物力，並非一般非牟利機構可以承擔。尤其是一些早期成立的戒毒院舍，其資源更是緊拙，已把有限資源投放在前線的戒毒工作。故此，建議禁毒處承擔主導及協調角色，代機構與各相關政府部門聯繫及溝通，促使院舍盡快獲得牌照，以便專注服務提供。

8. 院舍發牌制度的門檻太高，以致有意提供院舍戒毒服務的機構及團體，不能開辦院舍服務，而青少年短期院舍宿位不足的問題，仍未得到解決。自從 2004年後，一直未有新的戒毒院舍成立，引證了現時發牌制度窒礙了院舍服務的發展。
整體禁毒策略

1. 「分層多模式架構」

1.1 架構的目標不清晰，禁毒處亦未有解釋架構的用途；此外，架構推出前未有與業界充分溝通及諮詢，只是在禁毒處內幾個會議中商討，在未得到大部份業界同意，便倉卒推出該架構，引起業界很多憂慮及擔心；例如會否影響其服務定位及角色，以及對未來發展及資源分配，有長遠的意義。

1.2 很多服務未有列出合適的分層。例如，外展服務只有在第 1 層，但現時外展服務包括了第 1, 2 及 R 層；綜合家庭服務中心未有作好準備提供戒毒服務，同工又欠缺訓練，卻將其納入戒毒治療及康復的架構；還有，濫用精神藥物者輔導中心應提供專業性介入輔導，現在由預防教育以致重症治療均要兼顧，令其難以專注輔導服務，尤其是重症濫藥者及輪候院舍的個案。

2. 禁毒基金

2.1 計劃應保留彈性，除了計算人數，還要計算人次；因為有些學生需要較多的注意，全校式的講座並不能達致果效，必須透過小班、小組、或者多次的活動。此外，禁毒基金的標書亦不宜脫離現實，因近期標書要求同工的學歷及資格近乎吹毛求疵。

2.2 同工觀察所得，基金在同一時段，批出大量類似的計劃，給類同的服務對象，造成服務重疊，浪費資源及造成不必要的競爭；建議禁毒基金在批款前多作考慮，在批款後亦擔任協調的角色，促進機構間的溝通，提供平台作交流，以致不同服務能建立伙伴關係，互相配搭及協作。

2.3 對於禁毒基金將提高對戒毒治療及康復計劃的撥款比例，業界則認為基金不應預先按性質劃分，反而應該考慮申請計劃的質素，服務的需求而審批撥款；而且現時有不少計劃都是混合型，即同時包括教育及宣傳、戒毒治療及康復的元素；加上戒毒服務多屬固定撥款；相對而言，教育及宣傳則多為時限性的短期計劃，對象更廣泛，欠缺固定資源，更需要基金的資助。

2.4 加強與禁毒基金的溝通及增加透明度，例如一年有多少次撥款申請，及列出行事時間表，何時會收到通知；即使計劃不被接納，也應以書面回覆，若可能的話，也列出不接納的原因，好讓申請人改進等等。

3. 就著研究工作舉辦研討會或發布會，吸引業界關注及認識研究報告的發現及
成果，把研究心得或工作手法應用在現有的服務，或者對未來服務發展的啟示，增加業界的知識，開闊眼界及視野。現時只在網站上載研究工作的摘要，十分可惜。

4. 在吸毒重災區組織地區協調及統籌的平台，讓不同服務交流地區需要，資源投放上更有規劃，減少重覆，以及促進協作及配搭。

5. 現時服務透明度不足，欠缺戒毒服務單位的詳細資料，尤其是輪候時間；雖然禁毒處的網頁有列出各服務單位的資料，但仍未包括服務對象年齡、完成治療比率及成功率等數據。另外，建議禁毒處舉辦定期探訪，讓不同戒毒機構新入職的同事親身了解現時的戒毒服務。

6. 在服務連貫性方面，建議提早轉介將離開院舍之戒毒者給青少年外展服務或地區濫用精神藥物者輔導中心，協助戒毒者適應離開院舍後的生活，處理其情緒、就業、家庭及朋輩的問題，幫助他們維持其操守。

7. 參考外國經驗，推動緩害；美沙酮診所亦是緩害服務的一種，其成效顯著。緩害是看重生命價值及個人尊嚴，從而救命、挽回及協助戒毒者重建新生。
Summary of the Main Points Raised by the Action Committee Against Narcotics, its Sub-committee on Treatment and Rehabilitation and Drug Liaison Committee

1. To enhance monitoring on effectiveness of treatment and rehabilitation services. The revised Special Funding Scheme on Drug Dependent Persons Treatment and Rehabilitation Centres would provide an opportunity to strengthen the monitoring of different treatment and rehabilitation services;

2. To further explore family-based therapy, which has evidence that supported its effectiveness in helping drug abusers’ abstinence from drugs;

3. To strengthen support for family members, particularly those of high-risk groups, like further enhancing the support services for family members in the Funding and Service Agreement of CCPSAs;

4. To consider preventive education and publicity measures for inclusion in the Plan;

5. To work out some common outcome indicators in the long run to enhance monitoring of the services;

6. To highlight the role of the family in early identification, treatment and rehabilitation as well as social integration;

7. To reinforce training for professionals and peer counselors;

8. To enhance vocational training for drug abusers receiving residential treatment and rehabilitation service;

9. To review the needs of young adult drug abusers;

10. To encourage contribution by the business sector, e.g. providing more job opportunities for rehabilitated abusers;

11. To make use of social network to disseminate treatment and rehabilitation and preventive education and publicity messages;

12. To strengthen support to help those young drug abusers with long history of drug abuse;

13. To consider Chinese medicine on drug treatment; and

14. To promote the role of multi-disciplinary approach.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACAN T&amp;R Sub-committee</td>
<td>Action Committee Against Narcotics Sub-committee on Treatment and Rehabilitation</td>
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<tr>
<td>B/Ds</td>
<td>Government Bureaux/Departments</td>
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<td>BDF</td>
<td>Beat Drugs Fund</td>
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<td>BMCPCACD</td>
<td>Board of Management of Chinese Permanent Cemeteries Annual Charity Donation</td>
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<td>CCPSAs</td>
<td>Counselling Centres for Psychotropic Substance Abusers</td>
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<td>CDAC</td>
<td>Community Drug Advisory Council</td>
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<td>CDCs</td>
<td>Centres for Drug Counselling</td>
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<td>CE</td>
<td>Chief Executive</td>
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<td>CECPL</td>
<td>Chief Executive’s Community Project List</td>
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<td>DIC</td>
<td>Hong Kong Jockey Club InfoCentre</td>
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<td>CRDA</td>
<td>Central Registry of Drug Abuse</td>
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<td>CSD</td>
<td>Correctional Services Department</td>
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<td>CSSS</td>
<td>Community Support Service Scheme</td>
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<td>DATCs</td>
<td>Drug Addiction Treatment Centres</td>
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<td>DFCCs</td>
<td>District Fight Crime Committees</td>
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<td>DH</td>
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<td>EDB</td>
<td>Education Bureau</td>
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<td>HA</td>
<td>Hospital Authority</td>
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<td>HKCSS</td>
<td>Hong Kong Council of Social Service</td>
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<td>HKMA</td>
<td>Hong Kong Medical Association</td>
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<td>HKPIC</td>
<td>Hong Kong Poison Information Centre</td>
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<td>HSP</td>
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<td>HSP(DT)</td>
<td>Healthy School Programme with a Drug Testing Component</td>
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<td>KCH</td>
<td>Kwai Chung Hospital</td>
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<td>KH</td>
<td>Kowloon Hospital</td>
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<td>LF</td>
<td>Lotteries Fund</td>
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<td>LSCI</td>
<td>Lai Sun Correctional Institution</td>
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<td>MTP</td>
<td>Methadone Treatment Programme</td>
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<tr>
<th>Acronym</th>
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<td>ND</td>
<td>Narcotics Division</td>
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<td>NGOs</td>
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<td>OSMSS</td>
<td>On-site Medical Support Service</td>
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<td>Public Accounts Committee</td>
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<td>Sir Robert Ho Tung Charitable Fund</td>
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<td>Working Group</td>
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<td>District Youth Outreaching Social Work Teams</td>
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