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2026

Three-year Plan on
Drug Treatment and
Rehabilitation Services
in Hong Kong



Narcotics Division,
Security Bureau
March 2024



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LET'S STAND FIRM KNOCK DRUGS OUT

**Three-year Plan on
Drug Treatment and
Rehabilitation Services in
Hong Kong
(2024-2026)**

Narcotics Division,

Security Bureau

March 2024

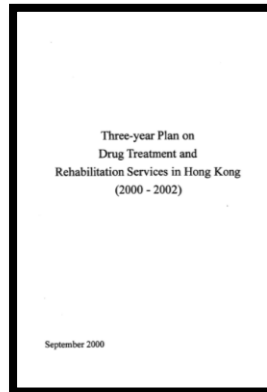
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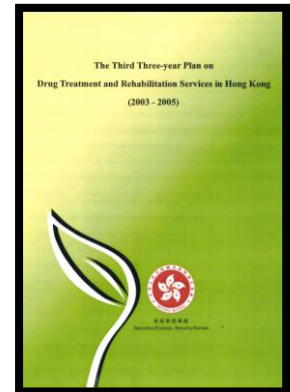
THE PAST THREE-YEAR PLANS AND THE CONVENORS



Three-year Plan (1997-1999)
drawn up by
the Narcotics Division



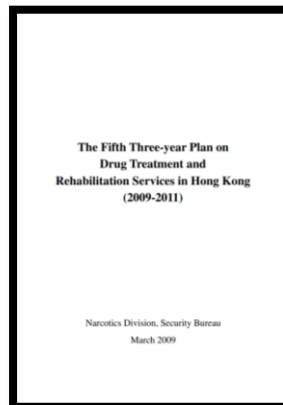
Three-year Plan (2000-2002)
drawn up by
the Narcotics Division



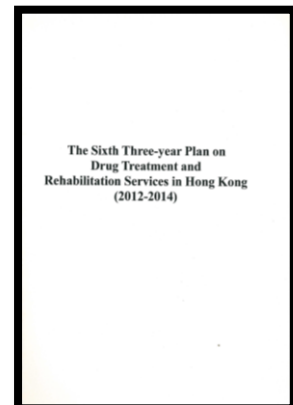
Convenor of Three-year Plan
(2003-2005)
Dr LAM Kui-chun



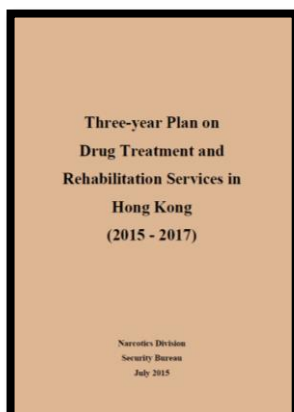
Convenor of Three-year Plan
(2006-2008)
Dr LAM Kui-chun



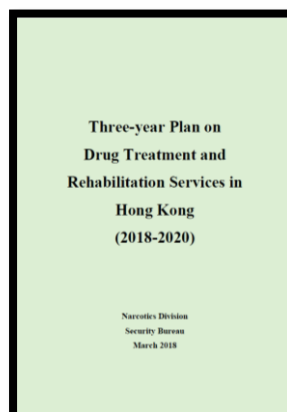
Convenor of Three-year Plan
(2009-2011)
Dr Ben CHEUNG Kin-leung



Convenor of Three-year Plan
(2012-2014)
Dr Ben CHEUNG Kin-leung



Convenor of Three-year Plan
(2015-2017)
Dr Ben CHEUNG Kin-leung



Convenor of Three-year Plan
(2018-2020)
Dr Ben CHEUNG Kin-leung



Convenor of Three-year Plan
(2021-2023)
Dr Ben CHEUNG Kin-leung

FOREWORD

Since the promulgation of the first Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (Three-year Plan) in 1997, our society has achieved considerable success in curbing the drug problem. With the concerted efforts of the Government and the anti-drug sector, the number of reported drug abusers have drastically declined over the past three decades. This achievement could only be attained with the continuous improvement of drug treatment and rehabilitation services provided in Hong Kong. I am heartened to witness the people-oriented efforts made by service providers to render support, guidance and companionship to drug abusers and rehabilitees over the years.

Despite such achievements, the ever-changing drug scene is evolving even faster and becoming increasingly complex nowadays as a result of the constantly advancing technology that reshapes the ways of our lives. The changes in both overseas and local circumstances have presented new challenges to the anti-drug work in Hong Kong. Amid these changing times, the Three-year Plans have proven their value to the anti-drug sector in guiding service providers keep abreast of the latest local and global drug scene and ensure the services are well suited and responsive to the needs of abusers and their families.

The preparation of the 2024–26 Three-year Plan has been a valuable process of collaboration and co-creation among the Government, anti-drug service units and other stakeholders in the anti-drug sector. It provides a platform for in-depth exchange of experiences and ideas, constituting a course of consensus-building to the strategic directions of the drug treatment and rehabilitation services in the coming three years, which should be embraced not only by the anti-drug sector but also the general public.

Having the opportunity to lead the preparation of the tenth Three-year Plan, it has been a delightful experience for me to witness the momentum gained over the years among various sectors to work together, joining hands to offer appropriate drug treatment and rehabilitation services to those who are in need. I am confident that the Government, the anti-drug sector and our society

as a whole would continue to work closely together to achieve the objectives of the strategic directions in this Three-year Plan and join hands to build a drug-free Hong Kong.

A handwritten signature in black ink, appearing to read 'Dennis Wong', written in a cursive style.

Professor Dennis WONG Sing-wing
Chairman of the Working Group on the Three-year Plan
on Drug Treatment and Rehabilitation Services
in Hong Kong (2024 – 2026)

EXECUTIVE SUMMARY

Since 1997, the Narcotics Division (ND) has been working closely with stakeholders to formulate a plan on drug treatment and rehabilitation (T&R) services every three years (Three-year Plan). The Three-year Plans set out the strategic directions for T&R services as a reference for service providers to develop plans and programmes that could effectively respond to the latest drug situation and needs of drug abusers and rehabilitees of the time.

This is the tenth Three-year Plan, covering the period from 2024 to 2026. The preparation of this Three-year Plan is supported by the Working Group on the Three-year Plan (2024-2026) (Working Group) led by the Chairman of the Action Committee Against Narcotics Sub-committee on Treatment and Rehabilitation (T&R Sub-committee), Professor Dennis WONG Sing-wing, and comprising members from a wide range of relevant fields including social welfare service units, T&R agencies, medical professionals, academics, the Hospital Authority, and relevant Government bureaux/departments (B/Ds). As in the previous Three-year Plans, ND extensively consulted stakeholders and service units of the anti-drug sector through meetings and focus group discussions.

According to the Central Registry of Drug Abuse (CRDA), there has been a general decline in the total number of reported drug abusers since 2009, despite a slight rebound in 2021. Nevertheless, the number as well as the proportion of reported drug abusers who are aged under 21 have been rising since 2018. There are 659 (12%) reported drug abusers below 21 years old in 2023. Meanwhile, the proportion of the newly reported drug abusers who are 35 years old or below is 40% in 2023. On the other hand, the median drug history of newly reported abusers in 2023 is 6 years, which has exceeded the record of 5.7 years in 2019 before the outbreak of the COVID-19 epidemic. As to the types of drugs abused, the proportion of psychotropic substances has been gaining ground and is as high as 68% of the total reported drug abusers in 2023. Among the psychotropic substances abused in the reported cases in 2023, cocaine and methamphetamine (commonly known as “Ice” in Hong Kong) are the most common. At the same time, the prevalence of cannabis remains a concern. It has been the most common type of drug abused among reported drug abusers aged under 21 since 2019. The decriminalisation and even legalisation of

recreational use of cannabis in some overseas jurisdictions in recent years has posed challenges to anti-drug work in Hong Kong.

To facilitate the formulation of the Three-year Plan (2024-26), ND had consulted about 80 service units/stakeholders in the anti-drug sector between April and September 2023. The views collected during the consultation mainly covered six major areas, namely -

- (a) evidence-based treatment of abusers of psychotropic substances, especially for cocaine, “Ice” and cannabis;
- (b) prompt response to drug scene and changes in social environment;
- (c) encouraging drug abusers to seek help;
- (d) support for specific groups of drug abusers;
- (e) aftercare services for drug rehabilitees; and
- (f) other areas of anti-drug work, including capacity building of relevant personnel, drug-related researches, as well as preventive education and publicity (PE&P).

Arising from the consultation and after discussions at Working Group, T&R Sub-committee and the Drug Liaison Committee, 44 strategic directions under seven broad categories have been drawn up, namely –

- (a) To foster cross-disciplinary and cross-sectoral collaborations;
- (b) To provide targeted treatment for abusers of psychotropic substances, especially for cocaine, “Ice” and cannabis;
- (c) To respond promptly to changing drug scene and social environment;
- (d) To encourage drug abusers in seeking help and treatment;
- (e) To provide support for drug abusers from specific population groups that responds to their needs, and such groups include ethnic minorities, people who abuse drugs in the context of sex (particularly men who have sex with men with drug abuse problem), pregnant drug abusers and drug-abusing parents, and drug abusers of older age;
- (f) To provide aftercare support and services; and
- (g) Other areas of anti-drug work, including research, licensing of drug treatment and rehabilitation centres, Methadone Treatment Programme, drug abusers with offence history and PE&P.

The above strategic directions serve as a reference for service providers of the anti-drug sector to develop plans and programmes that could effectively respond to the latest drug situation and needs of drug abusers and rehabilitees. ND, in partnership with relevant Government B/Ds, will continue to oversee and co-ordinate efforts in taking forward T&R initiatives in accordance with the strategic directions with a view to helping the needy ones to recover from drug abuse and re-build a healthy and fruitful life.

Chapter 1

INTRODUCTION

(A) **Anti-drug Work in Hong Kong**

- 1.1 The Government fights against drugs through a multi-pronged strategy as set out in paragraphs of 1.2 to 1.6 below.
- 1.2 **Preventive Education and Publicity (PE&P)** is the first line of defence in combating drug abuse. Anti-drug education and publicity programmes raise the awareness of the public on the harms of drugs, and appeal to them to stay away from drugs. Through different platforms and channels, the goal of the PE&P efforts is to promote early identification of hidden drug abusers and encourage early help-seeking. To ensure the effectiveness and efficacy of PE&P initiatives, the Narcotics Division (ND) consults the Action Committee Against Narcotics (ACAN) and its Sub-committee on PE&P regularly in reviewing and devising relevant strategic directions and work plans.
- 1.3 The provision of **Treatment and Rehabilitation (T&R)** services helps drug abusers overcome addiction, quit drugs, maintain abstinence, and eventually reintegrate into the society. The Government has long adopted a multi-modality approach to render T&R services, so as to cater to the diverse needs of drug abusers from varying backgrounds.
- 1.4 On **Legislation**, the Government all along remains vigilant in monitoring global and local drug trends, and takes timely action to bring new substances under legislative control. The Government from time to time proposes amendments to the Dangerous Drugs Ordinance (Cap. 134) and Control of Chemicals Ordinance (Cap. 145) to include new substances under statutory control, having regard to a host of relevant factors, including international control requirements, the uses and harmful effects of the substances, severity of abuse in the local and overseas contexts, advice of ACAN and relevant authorities, etc. One of the aims of such exercise is to ensure that law enforcement agencies in Hong Kong could respond effectively to the drug scene.

- 1.5 On the front of **Law Enforcement**, law enforcement agencies are fully committed to combating illegal drug-related activities, including trafficking, possession, import, export, supply and manufacture of dangerous drugs. The strategy of targeting drug supply at source through stemming the illegal import of dangerous drugs, strengthening the policing of black spots, targeting drug trafficking on the Internet and social media, and deploying other measures to combat drug trafficking is adopted.
- 1.6 On **External Cooperation**, the Government is committed to international and regional efforts to combat drug trafficking and abuse all along, and has established extensive networks with external counterparts in dealing with drug problem. Through actively participating in regional and international drug fora, Hong Kong has established extensive networks with counterparts from various jurisdictions. As the drug problem knows no boundary, the Government continues to closely co-operate and co-ordinate efforts with other jurisdictions.
- 1.7 **Research** is an important component to support the evidence-based anti-drug strategy in Hong Kong. ND and ACAN have from time to time commissioned or supported various research projects and surveys. To gain deeper understandings on various drug-related areas and to explore effective solutions, in particular those that would be applicable to the local context, researches on different drug-related topics such as drug harms, drug-taking subculture, and analysis of drug-related research data would continue to be encouraged. Since the establishment of Beat Drugs Fund (BDF) Regular Funding Scheme in 1996, a total of 81 projects with research elements have been supported. There are also surveys of drug use among students and public opinion surveys on anti-drug publicity measures. Research and survey findings are uploaded to ND's website¹ while ND proactively shares research findings on T&R with the relevant sectors to facilitate the development of evidence-based T&R services.

¹ The relevant research projects and surveys can be found on https://www.nd.gov.hk/en/research_reports.html.

1.8 The drug situation and anti-drug efforts in Hong Kong are reported to the Legislative Council from time to time² to keep the public informed of the latest drug situation, the Government's work against drugs, and to raise public awareness of drug issues in Hong Kong.

(B) Objective of Three-year Plan for 2024 - 2026

1.9 Under the policy of encouraging and helping drug abusers to achieve abstinence, the objectives of this Three-year Plan are –

- (a) to evaluate the existing T&R programmes in Hong Kong and assess whether the services provided align with the latest drug scene and service needs;
- (b) to identify areas for adjustment and enhancement of the existing T&R services; and
- (c) to advise on the strategic directions to which T&R services should take in the three-year period from 2024 to 2026.

(C) Preparation of Three-year Plan for 2024 - 2026

1.10 The Three-year Plan is the fruit of partnership between ND and the anti-drug sector. During the preparation, ND consulted representatives of more than 80 parties through 28 meetings and focus group discussions held between April and September 2023. These parties included counselling centres for psychotropic substance abusers and centre for drug counselling, drug treatment and rehabilitation centres, substance abuse clinics of the Hospital Authority (HA), district youth outreaching social work teams and overnight outreaching teams for young night drifters, outreaching teams for ethnic minorities, grantees of BDF, organisations providing support services for sexual minorities and sex workers, and relevant Government departments and experts in the anti-drug sector.

² In 2023, ND reported the drug situation in Hong Kong in 2022 to the Legislative Council Panel on Security on 6 June 2023. The paper and minutes of the panel meeting can be found on <https://www.legco.gov.hk/yr2023/chinese/panels/se/papers/se20230606cb2-499-4-c.pdf> and <https://www.legco.gov.hk/yr2023/english/panels/se/minutes/se20230606.pdf> respectively.

- 1.11 The preparation of the Three-year Plan was supported by the Working Group on the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2024-2026) (Working Group), comprising members from a broad range of relevant fields including social welfare service units, drug treatment and rehabilitation agencies, medical professionals, academics, HA, and relevant Government bureaux and departments (B/Ds) and led by Professor Dennis WONG Sing-wing, the Chairman of ACAN Sub-committee on Treatment and Rehabilitation (T&R Sub-committee). The membership list and terms of reference of Working Group are at **Annex A**.
- 1.12 The framework for consultation as well as the formulation of this Three-year Plan were discussed and reviewed by ACAN, its T&R Sub-committee and the Drug Liaison Committee (DLC).

(D) Implementation and Follow-up

- 1.13 ND will disseminate this Three-year Plan to respective stakeholders, including relevant Government B/Ds, HA and non-governmental organisations for reference in planning and developing their services and programmes. It will also make the document available on its website. Views on areas other than T&R services collected during consultation will be shared with relevant parties through established mechanisms for consideration and follow-up as appropriate.
- 1.14 ND will maintain close liaison with the stakeholders to follow up on the implementation of the recommended strategic directions, and report progress to ACAN, its T&R Sub-committee and DLC as and when necessary.

Chapter 2

EXISTING TREATMENT AND REHABILITATION SERVICES AND OTHER ANTI-DRUG INITIATIVES

2.1 This chapter provides an overview of the existing treatment and rehabilitation (T&R) services, as well as other anti-drug initiatives. Progress and achievements on various fronts since the issue of the ninth Three-year Plan for 2021 to 2023 are also covered hereunder.

(A) Existing T&R Services - Multi-modality Approach

2.2 Hong Kong adopts a multi-modality approach in providing drug T&R services. Drug abusers can receive the services that best meet their needs to help them overcome addiction, quit drugs, and reintegrate into the society. A list of major T&R service units in Hong Kong can be found at **Annex B**.

2.3 There are various types of drug T&R services in Hong Kong involving different service providers, such as Government departments, the Hospital Authority (HA), non-governmental organisations (NGOs) as well as private practitioners. There are residential-based or community-based T&R services, some with religious backgrounds and some without; some are operated or subvented by the Government while others operate on a self-financing basis. People with drug abuse problem may receive the services that most suit their needs on a voluntary basis. Convicted drug-dependent persons may be ordered by the court for admission to Drug Addiction Treatment Centres (DATCs) operated by the Correctional Services Department (CSD) on a compulsory basis or receive services in other drug T&R residential or community-based units under court or probation orders.

(i) Drug Treatment and Rehabilitation Centres (DTRCs)

2.4 DTRCs, currently all operated by NGOs, provide a drug-free residential environment to drug abusers to help them quit drugs. The centres also offer support services (e.g. vocational and/or life skill training) to facilitate rehabilitees to reintegrate into the society after leaving the

centres. Education programmes are available in some DTRCs for young residents having regard to their personal growth stage, learning diversity, and interests. Some also offer vocational training and career counselling. To help rehabilitees maintain abstinence from drugs, there are different types of aftercare services of DTRCs such as continuous monitoring, counselling, and mutual support groups after completion of their residential drug treatment programmes. To better support the recovery of drug rehabilitees, counselling services for the family members of rehabilitees are provided.

2.5 Currently, there are 37 DTRCs run by 16 NGOs, 19 of which are subvented by the Department of Health (DH) or the Social Welfare Department (SWD) whereas 18 are self-financing. Some DTRCs offers T&R programmes that cater to the needs of specific groups of drug abusers, in particular the specific groups set out in paragraphs 4.21 to 4.33 in Chapter 4. Some DTRCs provide free residential T&R programmes, while others charge a monthly fee.

Figure 1: Number of new admissions to DTRCs



Table 1: Number of persons under treatment in DTRCs or on aftercare by DTRCs as at 31 December of each respective year

	2018	2019	2020	2021	2022	2023
Age under 21	340	315	272	274	249	206
All ages	2 549	2 523	2 422	2 545	2 627	2 711

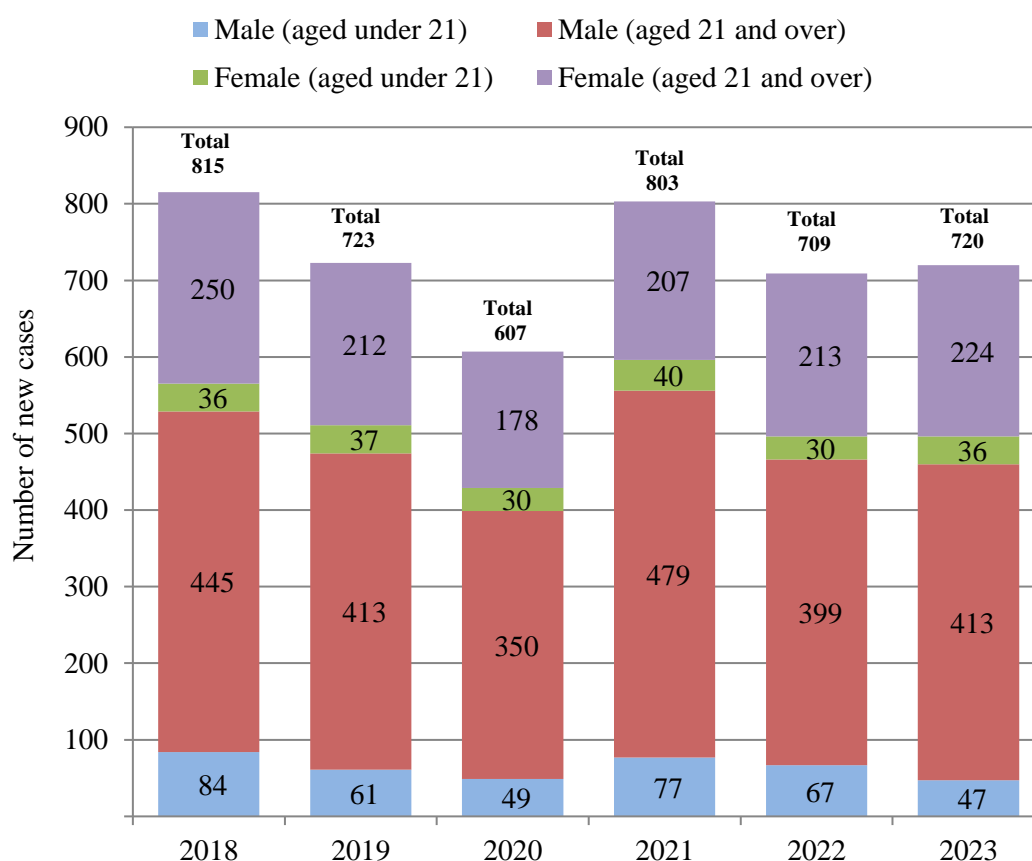
Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

(ii) Counselling Centres for Psychotropic Substance Abusers (CCPSAs)

2.6 CCPSAs offer counselling and support services to psychotropic substance abusers (PSAs) and their family members with a focus on community-based drug treatment and recovery. To facilitate early medical intervention, CCPSAs provide on-site medical support services such as body checks and drug tests, as well as motivational interviews and drug-related consultations. In cases where more intensive medical care is needed, CCPSAs will refer individuals to Substance Abuse Clinics (SACs) run by HA and other medical specialists. In addition, CCPSAs provide aftercare services for individuals discharged from DTRCs, ex-probationers, and discharges from CSD's facilities. There are currently 11 district-based CCPSAs operated by seven NGOs, and they are subvented by SWD.

2.7 CCPSAs also conduct anti-drug preventive education and publicity programmes in the community, secondary schools, post-secondary education institutions as well as workplaces to enhance knowledge and awareness of drug abuse problems. For professionals who may come across PSAs in the course of their work, such as teachers, medical and health professionals, police officers and social workers, CCPSAs offer professional training to them at district level via talks and seminars, group activities, etc. with a view to enriching their knowledge and capacity to render assistance to PSAs.

Figure 2: Number of new cases of CCPSAs



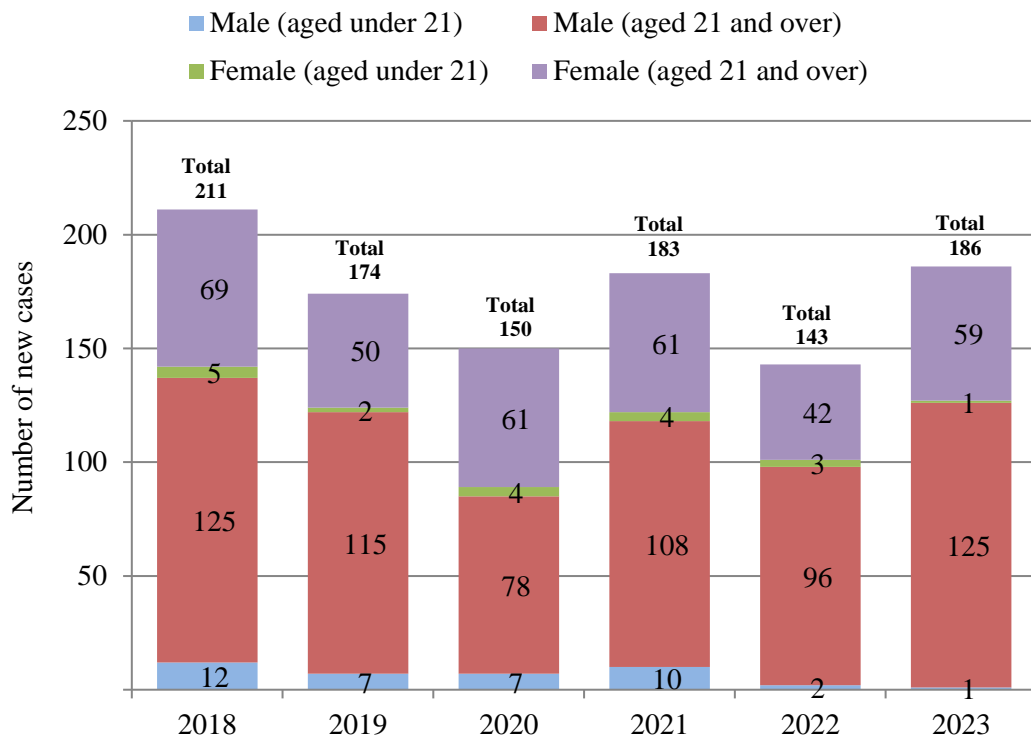
Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

(iii) Centre for Drug Counselling (CDC)

2.8 CDC, subvented by SWD, has two sub-bases³ to provide territory-wide community-based T&R services to help drug abusers quit drugs, and assist drug rehabilitees maintain abstinence. While the target clients of CDC were mainly heroin abusers when the centre was first established in the 1960s, CDC has broadened its focus to cover PSAs and their family members to keep pace with evolving drug trend. Individual counselling, group activities and support for drug abusers and their family members as well as on-site medical support service are provided to identify and motivate drug abusers to seek T&R services.

³ Namely, the Hong Kong Centre in Wanchai and the Kowloon Centre in Wong Tai Sin operated by Caritas Lok Heep Club

Figure 3: Number of new cases of CDC

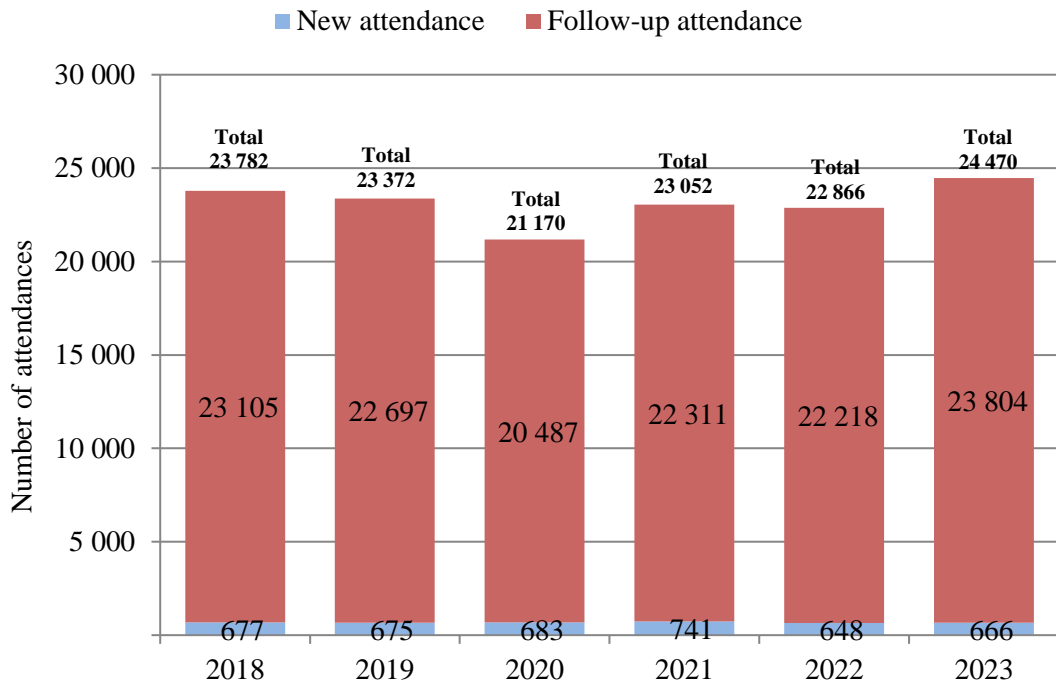


Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

(iv) Substance Abuse Clinics (SACs)

2.9 SACs, operated by HA, offer outpatient medical consultation and treatment by psychiatrists to drug abusers with psychiatric problems, and provide other supporting services by occupational therapists, clinical psychologists and social workers. SACs accept referrals from T&R service units, relevant NGOs and medical practitioners. Apart from striving to offer first consultation sessions to new cases within four weeks, SACs exercise flexibility in advancing medical appointments, arranging consultation sessions in shorter intervals and/or offering immediate preliminary assessments by psychiatric nurses to address the needs of individual patients having regard to their medical conditions. There are currently nine SACs under the seven hospital clusters operated by HA.

Figure 4: Number of new and follow-up attendances at SACs



Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

2.10 In addition to the specialist outpatient services offered by SACs, HA provides inpatient psychiatric treatment to drug abusers in need among other service users. Comprehensive range of treatment is provided, including physical care, medication, psychotherapy, individual and family education and counselling, rehabilitation and psychosocial intervention. Furthermore, Psychiatric Day Hospitals operated by HA provide multidisciplinary assessment, continued care and rehabilitation services to psychiatric patients (including drug-taking patients). Besides, Community Psychiatric Services of HA and its 24-hour “Mental Health Direct” hotline offer support and advice to psychiatric patients including those drug-taking ones, their carers and relevant stakeholders.

(v) Methodone Treatment Programme (MTP)

2.11 Using methadone as a maintenance agent in the treatment for abusers of opiate drugs is currently recognised as one of the most effective treatments by the international medical community and is endorsed by organisations such as the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization.

- 2.12 Launched in 1972, the voluntary out-patient MTP adopts an open-door policy, where people in need may attend any methadone clinic voluntarily to receive services. Currently, DH operates a total of 18 clinics in Hong Kong. MTP adopts an integrated treatment approach, offering professional counselling and social welfare support to provide holistic care alongside the provision of methadone as a maintenance agent. There are also medical check-ups by doctors before a patient receives treatment under the Programme.
- 2.13 MTP provides a legal, effective, affordable and readily accessible alternative to illegal opiate drugs to people who are dependent on opiates; reduces crime and anti-social behaviour arising from drug abuse; enables drug abusers to lead a more productive life and continue their work; and prevents the spread of blood-borne diseases through reduction of intravenous drug taking and needle-sharing. Methadone works by controlling the withdrawal symptoms of opiate abusers when they go through abstinence from illicit opiate drugs, and prevent them from falling prey to temptation of taking drugs again and even committing crimes. There are aftercare services which last for 18 months for participants who have completed the detoxification programme for prevention of relapse.

Table 2: Utilisation of MTP

	2018	2019	2020	2021	2022	2023
Attendance rate:						
Effective registration	5 782	5 247	5 298	4 861	4 329	4 018
Daily attendance	4 383	3 876	4 077	3 683	3 197	2 995
Average daily attendance rate	75.8%	73.9%	77.0%	75.8%	73.9%	74.5%

Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

(vi) Drug Addiction Treatment Centres (DATCs)

2.14 CSD operates compulsory drug addiction treatment programmes in its four DATCs. Where the courts consider suitable, drug dependent persons aged 14 or above who are convicted of relevant offences, not necessarily drug-related, will undergo the treatment programmes in DATCs with a view to preparing them for reintegration into the society and maintaining abstinence from drugs. The programmes incorporate structured and market-oriented vocational training programmes for inmates to help them achieve recognised qualifications and equip themselves with work skills. Mindfulness-based psychological treatment is also provided to minimise relapse.

2.15 In 2023, a trial programme called the Enhanced DATC Programme was implemented in the male adult DATC, specifically in the Hei Ling Chau Addiction Treatment Centre, with the aim of strengthening the therapeutic aspects of the existing “3T” (therapy, talent, and target) treatment programme in DATC. This trial programme incorporates the principles of the Good Lives Model, which assists in establishing positive life goals and identifying and addressing the underlying causes of drug relapse. As part of this trial programme, cardiovascular exercises and mindful stretching practices are organised for inmates to improve their physical fitness and enhance their emotional well-being. The inmates’ health indicators are measured periodically to monitor their progress in terms of health improvement and to be regularly reviewed by individual Health Index Card. Additionally, the introduction of the Good Lives Model encourages inmates to set personal life goals. To support these goals, appropriate institutional and NGO services are provided to each inmate based on their specific needs and objectives.

2.16 Upon release from DATCs, continuous care and guidance are given to the dischargees through a 12-month statutory supervision. During the supervision period, supervising officers work closely with the dischargees and their families to help them overcome challenges on their return to the community. Supervising officers pay frequent visits to the dischargees’ homes and workplaces to maintain regular contacts with them. Drug tests are also arranged to ensure the dischargees remain drug-free. Furthermore, under the Enhanced DATC Programme mentioned in paragraph 2.15 above, there is an initiative, namely Companion Programme, which allows NGOs to build connections with the inmates

while they are still in custody and provide social support to inmates at their early stage of statutory supervision to facilitate their reintegration into the community and help them maintain abstinence from drugs. Besides, since 2004, CSD has collaborated with CDC to implement the “Continuing Care Project” to provide additional aftercare support to discharges who require ongoing assistance by CDC after the completion of their statutory supervision.

Figure 5: Number of admissions to DATCs

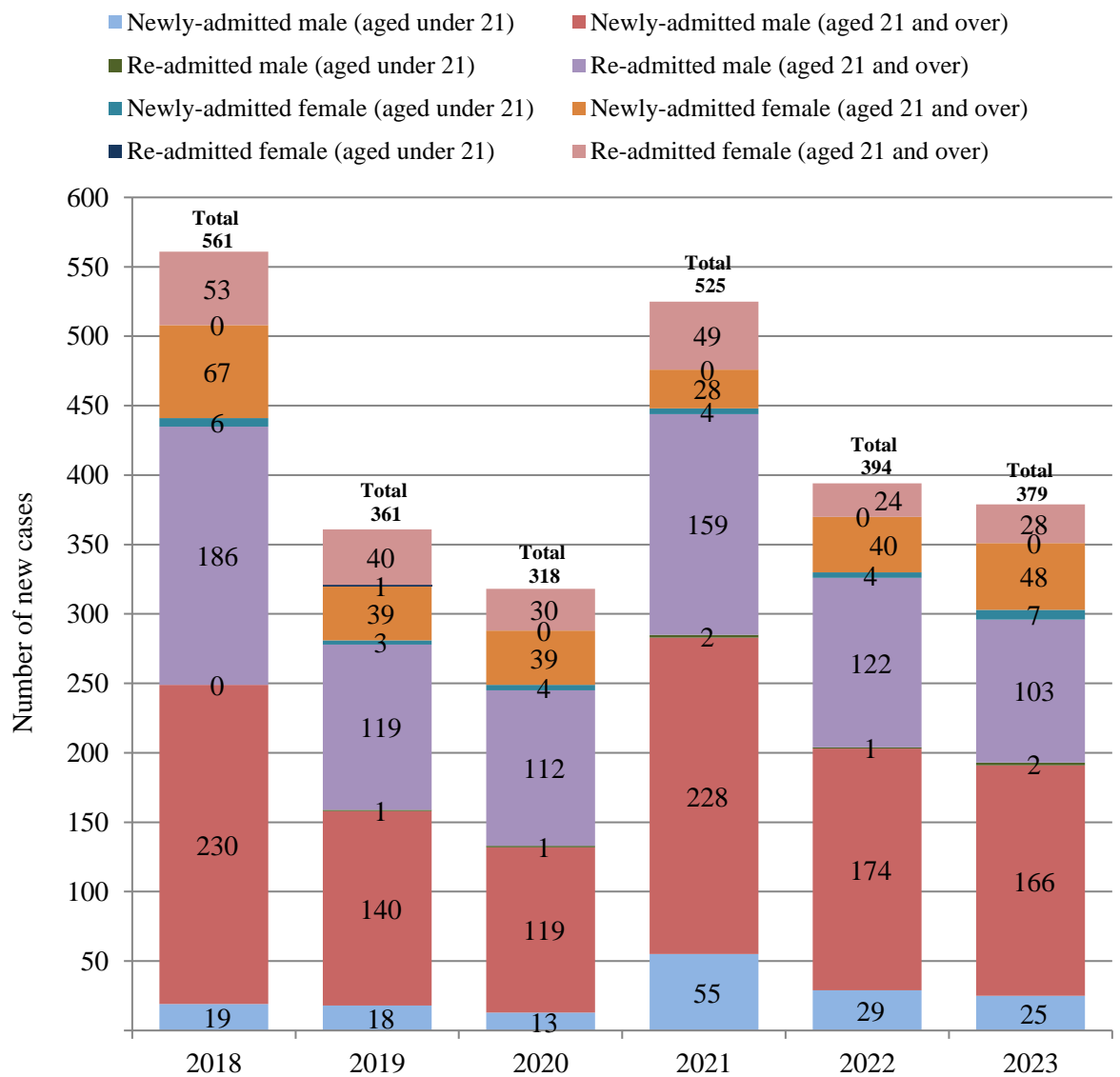


Table 3: Number of discharges and number of persons under treatment and supervision in DATCs as at 31 December of each respective year

	2018	2019	2020	2021	2022	2023
Dischargees*	610	506	242	439	467	401
Treatment [#]	413	201	272	335	273	250
Supervision [#]	551	511	199	351	394	335

* The numbers represent the total number of dischargees for the whole year but exclude those transferred to other correctional programmes.

[#] The numbers represent the people under treatment/supervision as at 31 December of the respective years.

Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

(vii) Enhanced Probation Service (EPS)

2.17 Illicit possession and consumption of dangerous drugs are criminal offences under the Dangerous Drugs Ordinance (Cap. 134). For those having committed drug-related offence, the courts have the discretion to give probation supervision among a range of sentencing options including custodial sentence. When a probation order is given, individuals with drug-related issues are normally required to undergo anti-drug counselling and treatment under the statutory supervision of a probation officer (PO).

2.18 Since 2009, SWD has been operating EPS for suitable individuals aged below 21 who have been convicted of drug-related offences. SWD has raised the age limit of EPS to below 25 since September 2022 so that more young drug offenders would be benefitted from the programme. PO will assess the suitability of individual offenders for receiving EPS during social investigation. The goal of EPS is to provide a more focused, structured, and intensive treatment program for young offenders. Under EPS, POs provide more frequent and intensive interview sessions with probationers and their families. Surprise home visits and school or employment checks are also arranged to assist probationers in staying on the right path. In addition, more frequent and random urine tests are conducted to ensure that probationers remain drug-free. Structured thematic therapeutic programs and training are also

arranged to meet the rehabilitation needs of individual probationers. EPS has been proven effective in preventing drug relapses and reducing reconviction rates of young offenders during the probation supervision period.

Table 4: Number of probationers placed under EPS

	2018	2019	2020	2021	2022	2023
No. of new cases	41	30	38	67	56	68
No. of completed cases	38	39	33	29	70	58

Remark: The figures for 2020-2023 should be viewed with caution as they might have been affected by the local COVID-19 pandemic since its outbreak in early 2020.

(viii) District Youth Outreaching Social Work Teams (YOT) and Overnight Outreaching Teams for Young Night Drifters (YND)

2.19 Subvented by SWD, YOT/YND teams seek out and engage young people aged 6 to 24 who do not normally participate in conventional social activities and are vulnerable to negative influence and delinquency risks including drug abuse. Through on-the-spot contacts and immediate intervention, social workers establish trustful relationship with youngsters through rapport building, which is conducive to cultivating and maintaining motivation to quit and stay away from drugs. This facilitates early identification of at-risk youths and those who are already abusing drugs. Other services such as drug counselling and rehabilitation are also offered as appropriate, and cases may be referred to appropriate service units for follow-up. At present, there are 19 YOT teams and 18 YND teams.

(B) Anti-drug initiatives and progress made between 2021 and 2023

2.20 After extensive consultation with stakeholders, service providers and relevant committees, including the Action Committee Against Narcotics (ACAN), its Sub-committee on Treatment and Rehabilitation (T&R Sub-committee) and the Working Group on the Three-year Plan (2021-2023), ND promulgated the Three-year Plan covering the period from 2021 to 2023 in March 2021 which sets out recommendations on various fronts.

Since the issue of the Three-year Plan (2021-2023), relevant Government bureaux and departments (B/Ds), HA and different anti-drug service units have been responding to the strategic directions set out in the Three-year Plan by implementing new anti-drug initiatives and refining their services and programmes. Major efforts and progress made are summarised in the ensuing paragraphs.

(i) Continued and enhanced multi-disciplinary and cross-sectoral collaboration

- 2.21 The importance of collaboration among different sectors and disciplines has been highlighted as a vital approach to achieving effective delivery of T&R services in order to cater for the different backgrounds and varying needs of drug abusers. Through joint case conferences, established referral mechanisms, joint programmes and regular meetings, collaboration among relevant Government B/Ds, anti-drug service units, other welfare service units, medical service units in both public and private settings and community organisations has been continuously strengthened at different levels.
- 2.22 To forge further cross-sectoral and cross-disciplinary collaboration at the district level, ND has continued to share the latest drug trend and exchange views on the major anti-drug work with different service units and community stakeholders through different channels. ACAN and T&R Sub-committee meet regularly to discuss and review various anti-drug initiatives, including those taken forward by various NGOs using subvention, the Beat Drugs Fund (BDF) and other resources. The Drug Liaison Committee (DLC) convened by ND also meet at least three times a year to foster closer collaboration amongst Government departments and service units.
- 2.23 Specific to the social services sector, the meetings of district coordinating committees (DCCs) arranged by SWD serves as a focal point for sharing of information among different NGOs in districts. In 2021 and 2022, ND joined 11 meetings of DCCs covering all districts in Hong Kong to brief members on the recent drug trend of the time and encourage closer cross-sector/service collaboration. Relevant anti-drug service units have also been invited to join the meetings to promote their work and programmes. In addition, various anti-drug service units have been actively participating in different coordinating committees, working groups and

network in the districts that they are serving. Case referral mechanisms are maintained not only among anti-drug service units, social service units and medical service units, but also with other professionals and community stakeholders such as lawyers, school principals and ethnic minority leaders.

2.24 Within the anti-drug sector, ad hoc visits, experience sharing workshops and information exchange sessions have been organised to encourage closer ties among service units. For example, community-based T&R service units jointly organised a one-day experience sharing seminar on T&R services in December 2022 with more than a hundred frontline practitioners to exchange views on a diverse range of subjects, including anti-drug work against cannabis abuse, training and development for peer counsellors, as well as promoting a mutual support network amongst practitioners. Furthermore, anti-drug service units and community stakeholders worked together to implement joint activities and programmes such as –

- joint outreaching services by CCPSAs, YOT and YND;
- the Companion Programme for discharges from DATC as set out in paragraph 2.16 above launched by CSD in collaboration with NGOs;
- relapse prevention groups by POs of SWD and CCPSAs; and
- joint training programme on working with young drug abusers and their families for POs, CCPSAs and DTRCs.

(ii) Wider use of technology

2.25 To prepare for unexpected circumstances including public health situations and help ease the tremendous workload of DTRCs arising from escorting service users to attend medical appointments, ND has been working closely with HA and pressed ahead with a pilot project of providing online medical consultation for drug abusers attending T&R programmes at selected DTRCs who are diagnosed with psychiatric issues. The pilot project was launched in June 2022. SACs of HA have been making continuous efforts to identify more suitable patients to join the pilot project and further expand the project to cover more DTRCs.

- 2.26 Meanwhile, anti-drug service units have been accumulating more experiences in using different innovative means and technology in their service delivery amid the COVID-19 epidemic, e.g. online counselling, adopting virtual reality for counselling, online outreaching through social media, online educational programme for promoting the harms of cannabis, etc.
- (iii) Continued provision of targeted services for specific groups of drug abusers

Ethnic minority drug abusers

- 2.27 To cater for the service needs of the ethnic minorities, the NGOs providing T&R services to drug abusers contacted the three outreaching teams for ethnic minorities (OTEMs) commissioned by SWD to enhance collaboration in working on the ethnic minority drug abusers. In November 2021, ND invited SWD and one of the OTEMs to share their work with DLC and exchange views on areas for collaboration. SWD also organised sharing sessions in December 2021 and January 2023 for social workers and healthcare professionals from anti-drug service units and OTEMs to improve their sensitivity, skills and knowledge in handling drug abuse problems among ethnic minorities. With funding support of the BDF Regular Funding Scheme (RFS), an NGO organised a training on handling drug abuse problem of the ethnic minority communities to frontline practitioners of the anti-drug sector and tertiary students of related disciplines.
- 2.28 For early identification of drug abuse problem among the ethnically diverse population, some anti-drug service units have conducted targeted outreach programme and set up mobile health check stations in hot spots. Anti-drug information were provided in their languages to raise their awareness and facilitate understanding. Some anti-drug service units have been proactively working with outreaching teams to conduct targeted joint outreaching services and anti-drug promotion for ethnic minorities. There was also a tailor-made BDF project targeting youngsters of this population to strengthen their resilience and self-efficacy to resist drugs and develop positive personal growth. Besides, some anti-drug service units have engaged drug rehabilitees of different ethnicities as peer counsellors or social workers to cater to the specific needs of ethnic minority drug abusers. With the support of BDF, a DTRC

operator has run a project to provide vocational training courses for their ethnic minority residents to prepare them for reintegration into the society. Furthermore, under that project, drug abusers and their family members were provided with professional counselling services to improve the capability of family members to support drug rehabilitees in maintaining abstinence.

Pregnant drug abusers and drug-abusing parents

2.29 For pregnant drug abusers and drug-abusing parents, the *Chief Executive's 2022 Policy Address* stipulated that manpower at subvented community-based T&R service units would be strengthened, and the Government has injected extra funding to CCPSAs and CDC on a recurrent basis from FY2023-24 onwards. After consulting the service units concerned on relevant arrangements, including adjustments to the Funding and Service Agreements, SWD has implemented the initiative in June 2023. The additional resources supported pregnant drug abusers and drug-abusing parents to strengthen their motivation to quit drugs and continue to receive drug treatment, thereby reducing their risk of relapsing into drugs. More support has been provided to attend to the needs of drug-abusing parents with newborns or pregnant drug abusers to attend medical check-ups and treatments. More tangible support and training in pre-natal care, childcare, post-natal care and escort services have also been provided. Not only would this measure prevent inter-generation drug abuse, but also help the prevention of other family and children problems.

People who abuse drugs in the context of sex (including men having sex with men (MSM) with drug abuse problem)

2.30 Both residential-based and community-based T&R services have been provided and strengthened to address the specific needs of MSM with drug abuse problem. With the funding support of BDF RFS, dedicated counselling groups and mutual support groups have been formed in different anti-drug service units to provide a platform for candid sharing as well as a space for healing where service users feel supported and encouraged. Some service units offered therapeutic and lifestyle activities, e.g. art, horticulture, meditation and sports, to help drug abusers of this group to develop positive interests and take a break from drug as well as the stress faced in their daily lives. A DTRC has promoted an inclusive culture and the importance of privacy protection

that cater to the needs of MSM drug rehabilitees. Furthermore, a service unit organised a four-day course on narrative therapy for frontline practitioners to share experiences in adopting such therapy for this specific group of drug abusers. The service unit concerned has also maintained a standing referral mechanism with HIV clinics in Hong Kong for mutual referral of patients with drug abuse problems.

(iv) Capacity building

Cannabis and other types of drugs

2.31 In response to the prevalence of cannabis abuse, ND organised a “Capacity Building Online Seminar on Cannabis Abuse” on 24 September 2021 to enhance the knowledge of frontline staff on debunking myths concerning cannabis use and its harms, as well as strengthen their capacity in encouraging help-seeking of cannabis abusers. More than 500 frontline practitioners, including social workers of various fields, peer counsellors, medical and allied health professionals, personnel from the education sector, tertiary students of related disciplines, etc., joined the seminar. Moreover, SWD and anti-drug service units have organised various seminars/workshops on cannabis for social workers, school personnel and teachers of tertiary institutions and secondary schools, medical students and social work students of tertiary institutions, leaders of uniformed groups, etc. while ND has requested its commissioned contractors which provided anti-drug training to school personnel to incorporate information on cannabis and other emerging drugs into the training materials.

2.32 In view of the potential resurgent of some drug types, ND also invited HA’s Hong Kong Poison Information Centre to give a presentation on less commonly abused drugs such as gamma-hydroxybutyrate (GHB), gamma-butyrolactone (GBL) and lysergic acid diethylamide (LSD) at the DLC meeting of 24 November 2021.

Relevant personnel involved in the anti-drug efforts

2.33 As regards medical professionals and allied health professionals, HA has continued to provide relevant training to their doctors, nurses and allied health professionals. For example, a two-day training programme on “Motivational Interviewing from Substance Abuse to a Wider Application of Motivational Interviewing in Mental Health Service” was held in January 2023 with more than 240 participants, including

psychiatrists, psychiatric nurses, clinical psychologists and occupational therapists. Separately, an anti-drug service unit has also collaborated with HA to organise a professional training session for family doctors, which covered drug trend, characteristic of drug abusers and basic motivational interviewing skill. Some anti-drug service units have organised capacity building workshops on substance abuse related topics for tertiary students studying medicine and nursing.

- 2.34 In respect of teachers, school personnel and parents, ND has been providing anti-drug training programmes for them through various channels, including regular parental talks and training sessions for teachers and school personnel. Meanwhile, ND, the Education Bureau (EDB) and the Hong Kong Police Force (HKPF) have been collaborating closely to enhance professional knowledge and capacity of school personnel in promoting anti-drug education. EDB invited ND and HKPF to the seminar on “Promotion of Anti-drug Education in schools” in June 2022, and HKPF to the seminar on “Curriculum planning and strategies of promoting Anti-drug Education and Healthy Lifestyle in schools” in November 2022. Through these two seminars, the latest drug trend and drug-related offences were shared with over 300 principals and teachers. EDB has organised experiential learning workshops on anti-drug education for teaching staff of primary and secondary schools, where the participants would join the guided tours of the Hong Kong Jockey Club Drug InfoCentre (DIC) commissioned by ND. EDB and HKPF have jointly held seminars on “Promotion Strategies and Learning & Teaching Resources for Promoting Anti-drug Education in Schools”. In addition, some anti-drug service units have provided training to primary and secondary school teachers while an anti-drug service unit has delivered anti-drug sharing with kindergarten teachers to enhance their capacity in identifying drug-taking parents and the associated risks to children.
- 2.35 SWD organised a structured training course for peer counsellors in December 2022 to enhance their knowledge of the latest drug trend and basic counselling skills. Meanwhile, with the support of BDF, an anti-drug service unit organised the first round of “Peer Counsellor Advanced Course” for 30 peer counsellors. This service unit also launched another round of course named “Foundation Certificate in Peer Counsellor Training” which is recognised by the Employees Retraining Board. Some anti-drug service units have, with support from BDF or other funding sources, organised training courses for tertiary students of related disciplines, such as medical, nursing and social work, to prepare

them for handling of drug abusers and patients who abuse drugs in their future career. Furthermore, under a BDF project, a tertiary institution has collaborated with an anti-drug service unit to provide anti-drug training for more than 200 students who would become teachers upon graduation.

- 2.36 As for parents, ND, with the participation of HA, organised a series of public education campaigns against cannabis use among youth in early 2022, under which an online seminar was held particularly for parents in January 2022. With BDF's funding support, an anti-drug service unit has organised a programme for raising the health and anti-drug awareness of both Chinese and non-Chinese speaking parents through anti-drug parenting workshops and production of booklets for parents in Chinese and four other ethnic minority languages.

Therapeutic approaches and interventions

- 2.37 In light of the changing drug scene and feedback of stakeholders, SWD has endeavoured to provide training of diverse drug-related topics to social workers. For instance, a training course on using trauma-informed care practice in working with youth with traumatic experience was organised in January 2023 to strengthen social workers' ability in the application of trauma-informed care practice in providing counselling for youth with trauma. Under the support of BDF, a number of service units have also organised training courses and sessions on different effective therapeutic interventions to better equip social workers and relevant personnel of the anti-drug sector to render T&R services to drug abusers.

(v) Others

Strengthened Preventive Education and Publicity (PE&P) efforts

- 2.38 On PE&P, ND held a large-scale anti-drug TV publicity event and launched a new overarching theme, including a new logo, a new slogan "Let's Stand Firm. Knock Drugs Out!" and two anti-drug ambassadors, Agent Don't and Agent Hope, in September 2022. A new set of corresponding TV and radio Announcements in the Public Interest (APIs) was also premiered at the same time. In view of the new legislation to control cannabidiol (CBD) as a dangerous drug with effect from February 2023, a dedicated publicity campaign has been launched with promotions through different channels (such as street banners, social media advertisements, TV advertisements, in-flight video,

dissemination of leaflets and posters at boundary control points, fairs for the relevant trade, etc.). On cannabis, ND continued to broadcast a set of TV and radio APIs about the harms caused by cannabis abuse, with an emphasis on “cannabis is a drug”. A series of animated infographic videos highlighting the misconceptions of cannabis were also uploaded onto the social media platforms. Besides, given the rise in the number of reported cocaine abusers in recent years, apart from launching an animated video on the harms of cocaine, ND produced a new set of TV and radio APIs which was launched in January 2024. This indeed has echoed the *Chief Executive’s 2023 Policy Address* that “ND would strengthen publicity and education on the harms of cocaine through a range of activities so as to prevent the spread of drug harms”. ND would continue the best endeavour to combat cocaine abuse in the community through various PE&P initiatives.

Graphic 1: Anti-drug ambassadors Agent Don’t and Agent Hope



2.39 On the front of schools, ND has continued to implement two school-based PE&P initiatives, namely the “Healthy School Programme with a Drug Testing Component” and “Beat Drugs with Sports” Programme. Both programmes aim to enhance the physical and mental health and well-being of secondary school students and foster their resolve to refuse drugs, thereby promoting the cultivation of healthy and drug-free school culture. Participating schools reflected that most of their teachers, students and parents agreed that the programmes helped foster a drug-free culture in schools and raise their anti-drug awareness, enhanced their knowledge on drugs, and strengthened students’ resolve to stay away from drugs and develop healthy lifestyle. With concerted efforts of the Government and the education sector, the programmes are expanding over the years and they have now become the signature and most popular school-based anti-drug education programmes led by the Government. In the 2023/24 school year, the number of participating schools reached

285, accounting for about 55% of the 519 secondary schools in Hong Kong.

2.40 Apart from the above PE&P efforts, DIC has become the hub and focal point of anti-drug information and activities following the large-scale revamp completed in end-2022. The revamp has equipped DIC with new multimedia exhibits and facilities. Apart from the hardware, various anti-drug-related events have been hosted inside DIC, including anti-drug training, seminars, exchange sessions, workshops, parental talks, and thematic exhibitions and activities for parents, teachers, social workers and tertiary students of related disciplines. Some NGOs and other stakeholders of the community have also made good use of the venue to host different anti-drug and related events.

Graphic 2: Hong Kong Jockey Club Drug InfoCentre



Wide array of research projects supported by BDF RFS

2.41 On the front of research, studies on different drug-related topics have continuously been encouraged and conducted, such as collating good practices or protocols, drug harms, as well as characteristics of PSAs. For instance, a research project aiming at formulating a set of guidelines to evaluate the efficacy of T&R programmes with reference to the results and outcomes of previous BDF RFS projects was supported. There were also various research projects on therapeutic approaches which provided insights to evidence-based T&R services. Under the Funding Exercises of BDF RFS in 2021-2023, 12 researches were supported. Some BDF

grantees have, in addition to organising anti-drug prevention or T&R programmes, engaged academics to assist in evaluating the effectiveness of their programmes and protocols. To ensure that stakeholders and service units would benefit from the latest findings from research, ND has been inviting research teams to share their findings on suitable occasions.

Continued assistance and support to DTRCs concerned

- 2.42 The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) (the Ordinance) came into operation in April 2002 for the protection of well-being of drug dependent persons undergoing residential T&R programmes. For DTRCs which had been in operation before the commencement of the Ordinance but were unable to comply fully with the licensing requirements, they were issued with Certificates of Exemption (CoEs) for continued operation. To fully meet the licensing requirements, those DTRCs would need to carry out in-situ upgrading (e.g. removal of unauthorised building structures) or redevelopment on other sites which are suitable for long-term operation. In this regard, ND has continued to assist DTRCs operating on CoEs in meeting the licensing requirements under the Ordinance. In addition to the funding support offered by the BDF Special Funding Scheme, ND provides assistance in various practical areas including identifying potential sites for reprovisioning of DTRCs, facilitating DTRCs in making necessary funding applications for related works, and coordinating with relevant Government departments to resolve land use or planning issues, etc.
- 2.43 With the coordination of ND with relevant Government departments such as SWD, the Architectural Services Department and the Buildings Department, the DTRC of Glorious Praise Fellowship (Hong Kong) Limited completed their in-situ upgrading works and obtained a licence under the Ordinance in April 2021. Currently, 27 out of 37 DTRCs have already been licensed under the Ordinance. ND, SWD and relevant Government departments will continue to render support to the 10 DTRCs operating on CoEs in taking forward their in-situ redevelopment, upgrading or non in-situ reprovisioning works for obtaining the required licences under the Ordinance.

BDF Projects

- 2.44 Established by the Government and governed by the Beat Drugs Fund Association (BDFA), BDF has a capital base of \$3.35 billion and has been providing funding support to worthwhile anti-drug projects. Projects funded include those providing T&R services to people with drug problems, organising PE&P programmes targeting the general public and/or specific groups, conducting researches on drug abuse problem, or a combination of the above components. BDFA, taking into account the drug situation and the advice of ACAN, specifies priority areas in the annual exercise of BDF RFS to encourage interested applicants to plan suitable anti-drug projects that can respond to the latest drug problems.
- 2.45 In 2021 to 2023, the priority areas for T&R projects in the RFS exercises have reflected the strategic directions set out in the last Three-year Plan to encourage more projects to deliver services accordingly. A total of 105 T&R, research and mixed-type (with T&R and/or research elements) projects were approved in 2021 to 2023. To facilitate exchange and sharing of experiences on the implementation of BDF projects with a view to enhancing the T&R services provided to drug abusers, BDF grantees were invited to present their projects and share their findings with the anti-drug sector through various platforms such as ACAN, T&R Sub-committee and DLC.
- 2.46 A list of the T&R, research and mixed-type projects approved in the 2021 to 2023 RFS exercises as well as the respective priority areas can be found on ND's website by scanning the QR code at **Annex C**.

Table 5: BDF RFS Projects

	2021	2022	2023
Total approved grant amount	\$142.4 million	\$99.2 million	\$90.8 million
Grant amount for T&R projects <i>(% of total approved grant amount)</i>	\$57.2 million (40.2%)	\$34.1 million (34.4%)	\$14.3 million (15.7%)
Grant amount for research projects <i>(% of total approved grant amount)</i>	\$8.7 million (6.1%)	\$4.9 million (4.9%)	\$2.4 million (2.6%)
Grant amount for mixed-type projects with T&R and/or research elements <i>(% of total approved grant amount)</i>	\$57.4 million (40.3%)	\$41.2 million (41.5%)	\$59.5 million (65.5%)
Total number of approved projects	69	53	46
Total number of approved T&R projects, research projects and mixed-type projects with T&R and/or research elements <i>(% of total)</i>	46 (66.7%)	32 (60.4%)	27 (58.7%)

Chapter 3

DRUG SCENE AND DRUG TREND

- 3.1 The Government always stays vigilant in closely monitoring drug trends in and outside Hong Kong with a view to formulating suitable anti-drug and treatment and rehabilitation (T&R) policies. The main source of information is the Central Registry of Drug Abuse (CRDA). Other relevant sources providing reference on the local drug scene include the triennial surveys of drug use among students, drug-related enforcement statistics including those on arrests, prosecutions and convictions, relevant research studies, as well as admission statistics of T&R service units. In view of the impact of the global drug scene on Hong Kong, the Government also makes reference to published information from various international bodies such as the United Nations Commission on Narcotic Drugs.
- 3.2 This chapter sets out an overview of the drug scene and drug trend in Hong Kong in recent years based on the statistics of CRDA as well as the views collated from the Working Group on the Three-year Plan for 2024 to 2026 and stakeholders during the consultation exercise of this Three-year Plan. The major findings, including the overall drug situation, the common types of drugs being abused and specific groups of drug abusers, etc. are outlined in this chapter. As it is the tenth Three-year Plan, we also took the opportunity to present some key statistics since the first Three-year Plan was promulgated in 1997 at **Annex D**.
- 3.3 CRDA is a voluntary reporting system recording the details of drug abusers who have come into contact with and have been reported by the reporting agencies, including law enforcement agencies, treatment and welfare agencies, tertiary institutions, hospitals and clinics. By its nature, while CRDA statistics do not measure the exact size of the drug abusing population in Hong Kong at any particular time, they are indicators of the trends of drug abuse over time. Compiled statistics of CRDA are reported to ACAN and released to the public on a quarterly basis.
- 3.4 The data and findings in this chapter provide useful and updated information on the drug situation in Hong Kong, and support an evidence-based approach to the formulation of anti-drug policies and measures.⁴

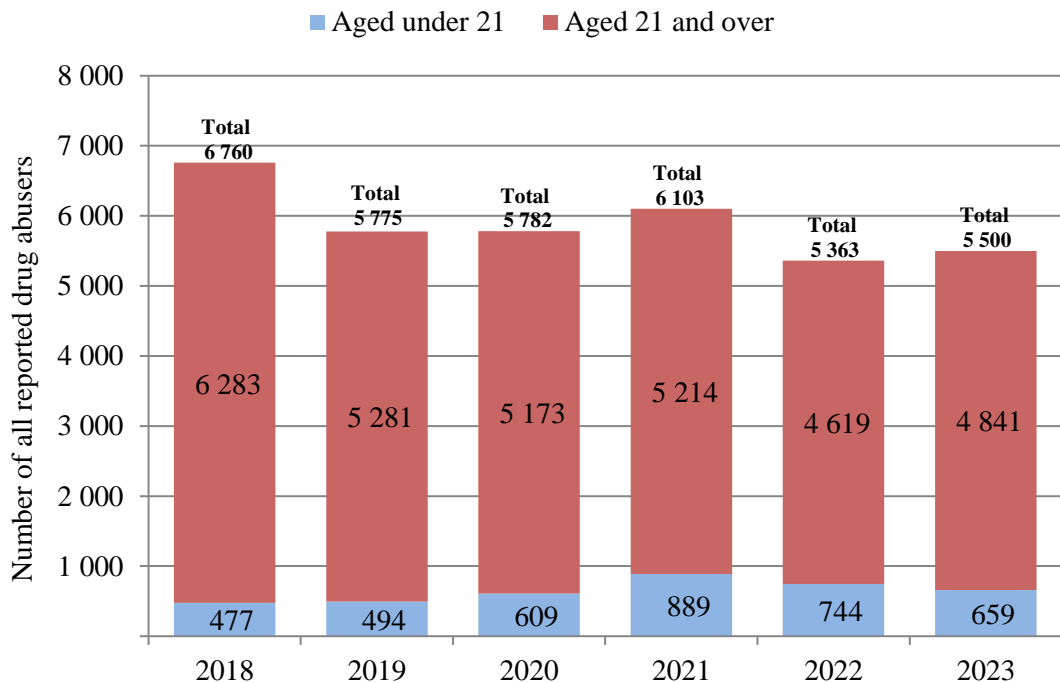
⁴ The figures of CRDA in recent years and other relevant figures might be affected by the COVID-19

(A) Overall Downward Trend, but Increase in Young Drug Abusers

3.5 CRDA revealed a general downward trend in the total number of reported drug abusers which has started since 2009 despite a slight rebound in 2021. The total number of all reported drug abusers declined by 9.9%, from 6 103 in 2021 to 5 500 in 2023. The number of newly reported drug abusers in 2023 also decreased by 1.9% as compared to 2021 (from 2 037 to 1 998).

3.6 Notwithstanding the overall declining trend of total reported drug abusers, the number as well as the proportion of reported drug abusers aged under 21 have picked up again since 2018, from 477 (7.1%) in 2018 to 609 (10.5%) in 2020, reached a recent peak at 889 (14.6%) in 2021 and declined to 744 (13.9%) in 2022 and 659 (12.0%) in 2023, representing a decrease of 25.9% in the number from 2021 to 2023. Among all the reported young drug abusers aged under 21 in 2023, 41% were students.

Figure 6: Number of all reported drug abusers



pandemic and its related social distancing measures imposed from early 2020 to early 2023 (such as travel restriction and closure of public venues), and individual behaviour in response to the pandemic. In interpreting and using the figures of CRDA in recent years, there is a need to take note of this situation.

- 3.7 In addition, the findings of the triennial Survey of Drug Use among Students (Students Survey) in 2020/21 indicated that the number of lifetime drug-taking students was estimated to be 17 300, which had decreased by 2.7% from the corresponding figure of 17 800 in the 2017/18 survey. The prevalence rate of lifetime drug-taking students in different education levels were 1.5% for upper primary, 2.5% for secondary and 3.3% for post-secondary. The corresponding rates recorded in the 2017/18 Students Survey were 0.9% for upper primary, 2.6% for secondary and 3.9% for post-secondary. Furthermore, over 85% of drug-taking students indicated that they had never sought help from others as they mostly did not consider themselves addicted to drugs.
- 3.8 A new round of triennial Students Survey for 2023/24 is underway. The results are expected to be available in 2025.

(B) Heroin remains the most commonly abused drug, but the proportion of psychotropic substances has continued to gain ground

- 3.9 Figures from CRDA revealed that the most common type of drug abused in 2023 was heroin, followed by cocaine and methamphetamine (commonly known as “Ice” in Hong Kong and “meth” in some other parts of the world), while cocaine, cannabis and ketamine (commonly known as “K” in Hong Kong) were the three most common types of drugs abused among young abusers aged under 21.
- 3.10 While heroin, a type of narcotics analgesics (i.e. opioids), has remained the most common type of drug abused for decades, there has been a rising trend in the prevalence of psychotropic substances abuse (e.g. “Ice”, cocaine, cannabis, etc.). The proportion of psychotropic substance abusers rose from 60% in 2018 to 70% in 2021 and stayed at 69% and 68% in 2022 and 2023 respectively.

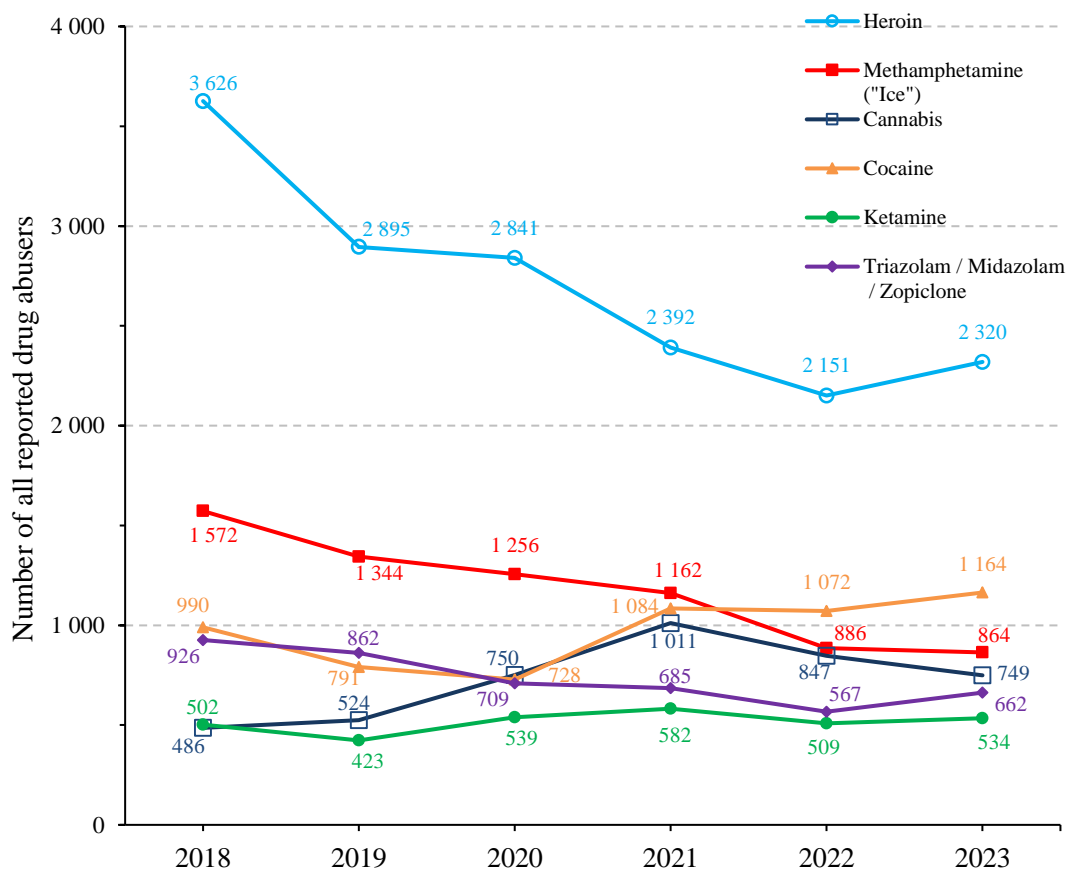
(C) Cocaine has surpassed “Ice” as the most common type of psychotropic substance taken among the reported drug abusers in 2022, the first time over the past ten years

- 3.11 Cocaine was the most common type of psychotropic substance taken among drug abusers in 2022 and 2023, overtaking “Ice” for the first time since 2013 and is still on the rise. Cocaine is also the most common type

of drugs abused among young abusers aged under 21 and those aged 21-35 in 2023. The number of reported cocaine abuse cases has increased 59.9% from 728 in 2020 to 1 164 in 2023.

3.12 According to a report published by the United Nations Office on Drugs and Crime in March 2023, coca cultivation surged by 35% during the year between 2020 and 2021, and there is also an expansion of the cocaine market into non-traditional markets. The impact of the international supply of drugs on Hong Kong should be closely monitored.

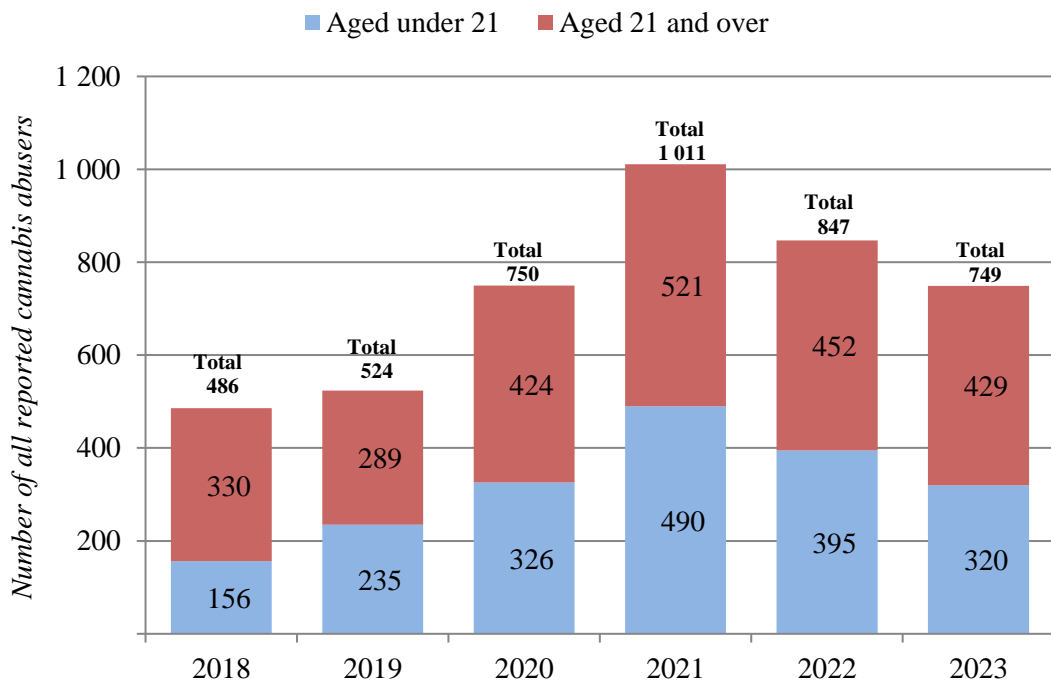
Figure 7: The most common types of drugs taken among drug abusers reported



(D) Prevalence of cannabis remains a concern

3.13 Among all reported drug abusers, the number of cannabis abusers increased significantly from 486 (7.3%) in 2018 to 1 011 (17.0%) in 2021, despite a minor decrease to 847 (16.3%) in 2022 and 749 (13.9%) in 2023. Among reported drug abusers aged under 21, almost half of them abused cannabis (49.4% in 2023) and it has been their most common type of drug abused from 2019 to 2022.

Figure 8: Number of all reported cannabis abusers



- 3.14 According to the 2020/21 Students Survey, cannabis was the most common type of drug taken by both secondary students and post-secondary students. The total number of students who claimed to have taken cannabis has slightly decreased from 13 600 (76.5%) in the 2017/18 Students Survey to 12 100 (69.9%) in the 2020/21 Students Survey.
- 3.15 T&R service units have observed in recent years a significant increase in the number of service users who abused cannabis, especially among young drug abusers, which is in line with the statistics reflected by CRDA. On the other hand, given that many cannabis abusers may not be aware of any immediate and severe health problems arising from their cannabis usage, they do not tend to seek medical assistance from Substance Abuse Clinics (SACs) or other medical service units. It is therefore possible that cannabis abuser cases are not fully reflected in CRDA.

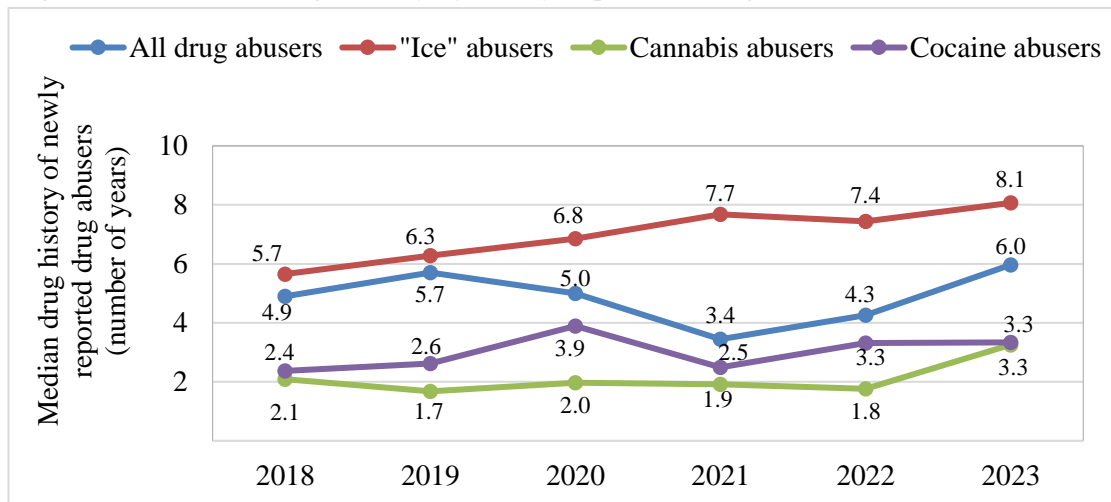
(E) Challenges posed by changes in anti-drug policies in overseas jurisdictions

- 3.16 Cannabis (including cannabidiol (CBD)) have been becoming popular in recent years, especially among young people around the world. Some merchants falsely claim that smoking cannabis can bring health benefits. The decriminalisation and even legalisation of recreational use of cannabis in some overseas jurisdictions in recent years has indirectly reinforced the perception that cannabis is not harmful among some people and poses a challenge to anti-drug work in Hong Kong. Local young people, in particular, may attempt to try cannabis when they travel.
- 3.17 In fact, cannabis and tetrahydrocannabinol (THC) are strictly under international control and remain illegal as dangerous drugs in Hong Kong. To safeguard public health and combat drug problems in Hong Kong, CBD has been added to the First Schedule to the Dangerous Drugs Ordinance (DDO) (Cap. 134) in 2022, and the control of CBD as a dangerous drug under DDO has come into effect on 1 February 2023.

(F) “Hidden” drug abuse continues to warrant attention

- 3.18 The median drug history of newly reported abusers dropped from 5.7 years in 2019 to 3.4 years in 2021 but rebounded to 4.3 years in 2022 and as long as 6.0 years in 2023. “Home/friend’s home only” continued to be the most common locality for drug taking (ranged from 54% to 62% during 2019-2023). Both sets of statistics revealed the need for continued attention to the issue of hidden drug abuse.
- 3.19 According to the observations of frontline social workers and the figures of CRDA, there was no obvious worsening of hidden drug abuse during the local outbreak of COVID-19 since early 2020. That said, the longer median drug history of newly reported abusers in 2023 has reflected that the drug situation and drug scene might be affected by the resumption of normalcy in society from COVID-19. It is necessary to continue to pay close attention to the latest statistical figures, and make reference to other sources of statistics and information for an ongoing monitoring of the drug trends.

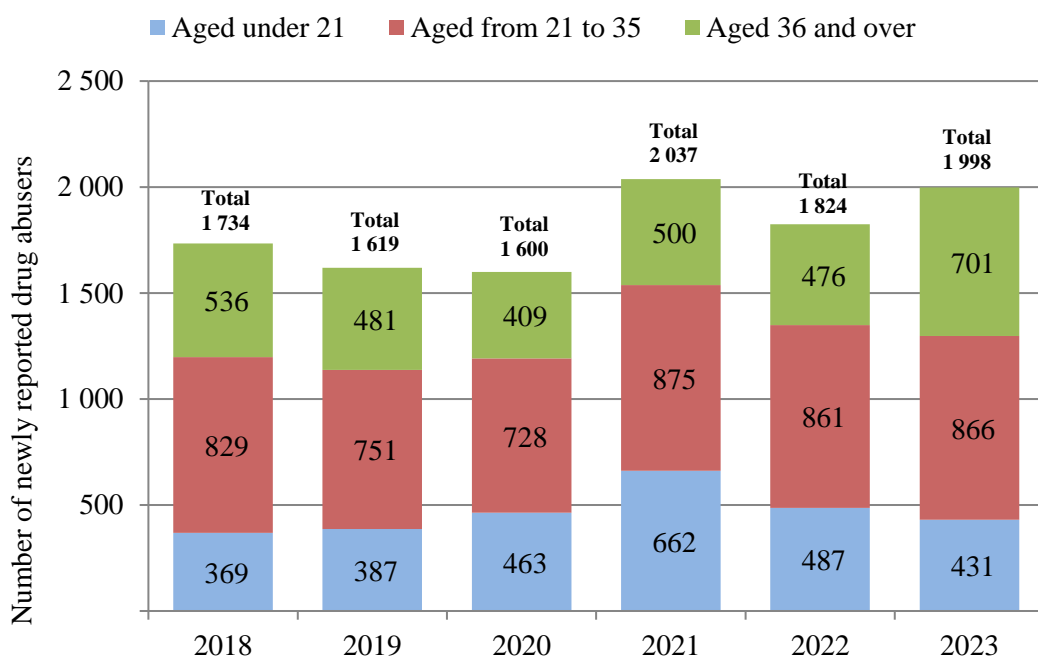
Figure 9: Median drug history of newly reported drug abusers



(G) The proportion of young adult drug abusers aged 21 – 35 and the proportion of young abusers aged under 21 remains high

3.20 According to the figures of CRDA, among the newly reported drug abusers, the percentage of those aged under 21 were 32.5%, 26.7%, and 21.6% in 2021, 2022 and 2023 respectively, compared to 21.3% in 2018. In the meantime, the proportion of newly reported drug abusers being young adults aged 21 to 35 remained to be relatively high, i.e. 43.0% in 2021, 47.2% in 2022 and 43.3% in 2023.

Figure 10: Number of newly reported drug abusers



3.21 Stakeholders have reflected that young adult drug abusers include tertiary students, working adults, professionals and the non-engaged. According to CRDA, 35.0% of all reported drug abusers aged 21 to 35 were full-time workers, 18.8% were casual/part-time workers while 30.9% were unemployed in 2023. Many young adult drug abusers may encounter multi-faceted problems, making their cases more complicated.

Chapter 4

SUMMARY OF VIEWS COLLECTED

- 4.1 To facilitate the formulation of the Three-year Plan, the Narcotics Division conducted an extensive consultation exercise with about 80 service units/stakeholders in the anti-drug sector between April and September 2023.
- 4.2 During the consultation, representatives from the service units and various stakeholders concerned have actively shared their frontline observations on the latest drug scene and the varying needs on treatment and rehabilitation (T&R) of drug abusers, and also put forward their suggestions on the possible directions of T&R services in the upcoming three years taking into account their practical experience. The views collected in the consultation are summarised in the ensuing paragraphs. These views and suggestions provide the basis for setting the recommended strategic directions of T&R services for 2024 to 2026 in Chapter 5.
- (A) Evidence-based Treatment of Abusers of Psychotropic Substances, especially for Cocaine, Methamphetamine (“meth” or commonly known as “Ice” in Hong Kong) and Cannabis**
- 4.3 The psychiatric conditions induced by psychotropic substance abuse have brought challenges to the work of community-based and residential-based T&R service units. Early medical intervention and treatment are essential to stabilise the psychiatric conditions of this group of drug abusers for effective T&R, hence collaboration between medical service units and T&R service units is important. For cannabis, the treatment method might be different from others, due to the fact that cannabis abusers, especially milder ones, are less receptive to residential treatment and their symptoms might have not yet been noticeable.
- 4.4 Psychotropic substance abuse could lead to multi-faceted problems straddling physical and mental health, family issues, etc. A holistic approach to treatment and support services can best assist the needs of

psychotropic substance abusers and help them quit drugs. Medical service units could play a crucial role in providing medical interventions to stabilise the drug abusers' psychiatric conditions before other service units could offer psychological counselling, social support, and T&R programmes. In this regard, the strengthening of collaboration among medical service units and other non-drug service units are welcomed by service units as it promotes a smooth transition between different levels of care. At present, collaborative arrangements such as mutual case referrals, joint-intake interviews of cases, multi-disciplinary case conferences and group activities are being carried out to some extent.

4.5 In addition to medical intervention, psychotropic substance abusers also benefit from psychological and psychosocial support such as counselling, vocational training, group activities and community-based support. Substance Abuse Clinics (SACs) run by the Hospital Authority (HA) have also recognised the importance of multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers for providing more comprehensive support to the treatment, recovery and aftercare of drug abusers who are receiving medical treatments.

(i) Cocaine abusers

4.6 Cocaine has, for the first time in ten years, overtaken “Ice” and become the most common type of psychotropic substance taken among drug abusers in 2022 and 2023. As cocaine has a stronger effect on the brain's reward system and can cause more serious impairments to decision-making process and self-control mechanisms, cocaine abusers usually develop strong psychological dependence on the drug (i.e. craving), and find it challenging to resist cravings and make rational choices. As observed from experience, treatment of cocaine abuse would demand medical services and much more counselling efforts than users of many other drugs.

4.7 As compared to other types of drugs, the price of cocaine is higher. Many cocaine users find themselves in financial distress because of their strong psychological dependence on this pricey drug and also due to the quantity consumed. The financial difficulties faced by cocaine abusers are often one of the major hurdles keeping them away from residential T&R

programmes⁵ as they cannot afford to stop earning income from work. They also often experience tension with their significant others and family members because of their indebtedness. Some cocaine abusers might eventually resort to drug trafficking or other criminal activities to sustain their living.

4.8 Indebtedness of cocaine abusers could be a major source of stress and would hinder their determination to fully engage themselves in the treatment process. By addressing their debt issues before starting T&R programmes, cocaine abusers are more likely to focus on and fully committed in the T&R process. T&R service units have helped some cocaine abusers to deal with their pressing debt issues by referring them to service units that could provide advice/support on financial issues.

(ii) Methamphetamine (“meth” or commonly known as “Ice” in Hong Kong) abusers

4.9 “Ice” is the second most commonly abused psychotropic substance as reported to the Central Registry of Drug Abuse (CRDA) in 2022 and 2023. Many “Ice” abusers suffer from drug-induced psychiatric problems. It is observed that some of them exhibit violent behaviours and they are prone to self-harm. In particular, the mental conditions of some “Ice” abusers have posed great challenges in counselling and consultation as well as the provision of residential T&R programmes. Such patients need to receive more intensive medical treatment in the hospital setting so that their conditions can be stabilised before their admission to drug treatment and rehabilitation centres (DTRCs).

4.10 “Ice” abuse leads to severe consequences to both the physical and mental health of its abusers. Many abusers require medication to manage the various physical and psychological symptoms associated with the abuse of “Ice”. When those abusers join the residential T&R programmes of DTRCs, their medication requirements translate into additional workload of dispensing in DTRCs. In addition, DTRCs need to escort those abusers to attend medical appointments outside. The staff of DTRCs also have to spend extra time and efforts to closely monitor the drug abusers with a view to preventing high-risk situations or crises.

⁵ The durations of residential drug treatment programmes range mostly from three months to one year.

(iii) Cannabis abusers

- 4.11 Many T&R service units noticed a significant growth in the prevalence of cannabis abuse in recent years, especially among young people. Despite the Government's efforts to raise awareness on the harms of cannabis, many cannabis abusers tend to underestimate the health hazards of cannabis abuse. Some may even attempt to use cannabis to cope with health or emotional problems as self-medication. On the other hand, many of the abusers consider cannabis-use a symbol of being part of a sub-culture (e.g. hip-hop, skateboard, dancing and band groups), an aid to spark creativity or a social drug for recreation or relaxation. They consider cannabis not/less harmful or even as a natural herbal health supplement.
- 4.12 SACs observed that some cannabis abusers, especially those with a longer and/or more frequent cannabis-taking pattern, experience impaired memory and concentration, mood fluctuations, sleeping disorder, etc. There are also some cases of serious psychiatric issues such as psychosis induced by cannabis. It is noticed that cannabis abusers have a higher risk of suffering from psychotic disorders such as schizophrenia if they have family history of mental illness.
- 4.13 The delivery of anti-cannabis messages to cannabis abusers is a challenging task to frontline anti-drug workers. The more educated and sophisticated cannabis abusers could cite scientific arguments and claimed "evidence" (including academic journals) to deny the harmful effects of cannabis and the anti-drug service units need more support to dispel the misconceptions in their preventive education and counselling work. The legalisation/decriminalisation of cannabis abuse in some foreign jurisdictions has further complicated the issue by confusing the local public and drug abusers on the actual harms of cannabis abuse.

(B) Prompt response to drug scene and changes in social environment

- 4.14 T&R service units observed an increase in drug abuse cases, in particular among teenagers and young adults, as the society has resumed normalcy from the COVID-19 epidemic in 2023. Despite that social activities have resumed normal following the end of the social distancing measures imposed for COVID-19, private gatherings involving drug use continue

to take place in various private venues such as hotel rooms, private party rooms and unlicensed entertainment venues in industrial buildings. As travel also resumes normal, a few service units observed that some young people would take drugs while travelling outside Hong Kong, and it is not limited to cannabis.

- 4.15 On the other hand, the social distancing measures imposed during the COVID-19 epidemic has necessitated the adoption of innovative technology in the anti-drug sector. The adoption of online medical consultation has helped ease the problem of manpower shortage in DTRCs for escorting residents to attend medical appointments. Apart from medical treatment, an SAC has organised group-based psychological T&R programmes and supervision of pharmacological treatment (i.e. supervision of patients' medicine-taking process) through online means.
- 4.16 Regarding the wider use of technology, many T&R service providers have reached out to drug abusers and high risk groups at various online social media platforms. Although only a small percentage of drug abusers contacted are willing to attend face-to-face counselling and treatment in person at physical venues of T&R service units, most service units still consider online outreaching a useful tool to engage drug abusers, and also for them to seek advice and help.

(C) Encouraging Drug Abusers to Seek Help

- 4.17 The median drug history of newly reported abusers was 6.0 years in 2023, which warrants attention as it exceeds the record of 5.7 years in 2019 before the outbreak of the COVID-19 epidemic. Efforts on early identification of drug abusers and encouraging them to seek help should be continued, especially for the fact that more drug abusers tend to hide themselves at home or private locations to take drugs, and it is not easy for service units to discover or engage them. Service units in general agree that family members and peers of drug abusers are often the first one who can identify a drug abuser and they are also the first one who could motivate an abuser to seek help. In the meantime, both online engagement and conventional methods (e.g. peer snowballing, physical outreach) should continue to be used by anti-drug service units to approach and engage more drug abusers.

- 4.18 In addition to family members and peers of drug abusers, some T&R service units have suggested that medical/nursing professionals at the accident and emergency departments of public hospitals and general medical practitioners in the private sector, as well as those in the district-based primary healthcare services should beware of signs of drug abuse among patients and then make suitable referrals. When scientific or health information relating to drug abuse is needed, medical and health care professionals in Hong Kong can consult the Hong Kong Poison Control Centre in HA. Besides, collaboration among T&R service units, District Youth Outreaching Social Work Teams/Youth Outreaching Teams and Overnight Outreaching Teams for Young Night Drifters, and teaching staff of schools is also essential for timely referral of drug abuse cases.
- 4.19 Some frontline anti-drug workers shared that a useful means to encourage drug abusers to seek help is to raise their awareness of their poor health conditions caused by drug abuse. Through realising the deterioration of physical and mental health caused by their drug-taking behaviour, the abusers tend to become more open and willing to receiving treatment.
- 4.20 T&R service units agree that the hotline telephone number “186 186” and instant message service “98 186 186” commissioned by ND are effective and convenient help-seeking channels for individuals struggling with drugs. Quite a number of drug abusers and their family members have sought help through the service. In fact, the record shows that drug abusers and their family members together were the major users of this service.

(D) Support for Specific Groups of Drug Abusers

(i) Ethnic Minorities

- 4.21 Many T&R service units find it challenging to reach out to non-Chinese speaking communities. Their diverse backgrounds affect their attitude towards drugs and their service needs. Collaboration with the Outreaching Teams for Ethnic Minorities and deployment of ethnic minority peer counsellors can assist in the engagement and counselling

process.

- 4.22 Cultural sensitivity is crucial not only for reaching out to ethnic minority drug abusers, but also for retaining those receiving residential T&R in DTRCs. Attention should be given to an array of different aspects of the programmes such as dietary restrictions and hobbies.
- 4.23 Many members of the ethnic minority communities have limited choices of jobs in the labour market. Some of them are working in positions that put them at a higher risk of exposure to drugs (such as working in entertainment venues, and providing delivery services).
- (ii) People who abuse drugs in the context of sex, including men who have sex with men (MSM) with drug abuse problem
- 4.24 Among people who abuse drugs in the context of sex, “Ice” is one of the most commonly abused drugs.
- 4.25 Drug abuse among people who abuse drugs in the context of sex, in particular MSM drug abusers, presents a challenge to T&R service units as the pattern and occasions of drug use in this group of people are different from others who abuse drugs without involving sex. Specifically, the combination of sex with drugs presents a challenge that is different from other normal drug abuse pattern. Although not exclusive to MSM drug abusers, the observation of T&R service units is that the problem of “chem fun”⁶ or “chem sex” has persisted among drug users in the MSM community, if not even more viral than during the period when they were consulted about the Three-Year Plan of 2021-2023. However, the exact magnitude of the problem remains uncertain.
- 4.26 Due regard should be given to the culture, characteristics and needs of drug abusers who are MSM during the delivery of T&R services, in particular the T&R residential programmes at DTRCs. Some T&R service units have reflected that not many frontline anti-drug workers are well prepared and equipped with the skills and capacity to handle cases from this group.
- 4.27 Many drug abusers who are MSM do not realise their need for T&R services as they wrongly believe that their drug abuse is under their

⁶ “Chem fun” means the combination of drug abuse and sex.

control or they could control their addiction, while some are reluctant to visit SACs in view of the dual stigmatisation towards drug abuse and sexual minorities. On the other hand, medical professionals noticed that some MSM drug abusers adopt a different, and perhaps more aggressive way of drug use by slamming (i.e. injecting) “Ice” instead of inhaling the usual dosage into their bodies which warrants special attention. It is also observed that certain drug abusers of this group attend drug parties that often last for days. These could result in a higher risk of physical and psychiatric problems and other risks such as engaging in unprotected sex.

4.28 It is difficult to involve family members of drug abusers who are MSM in their T&R process as many of these service users may not want to disclose their sexual orientation to their families. This has hindered identification of this group of drug abusers, and timely intervention by T&R service units becomes more difficult. Nevertheless, online outreaching on social media and dating apps used predominantly by MSM (such as Grindr), physical outreaching at hotspots (such as saunas and gay bars), and peer snowballing are considered effective ways by service units to identify and engage this community.

(iii) Pregnant drug abusers and drug-abusing parents

4.29 T&R service units appreciate the additional recurrent resources provided by the Government from June 2023 for hiring additional social workers and family aides in 11 counselling centres for psychotropic substance abusers (CCPSAs) and two sub-bases of the centre for drug counselling (CDC) to strengthen the support for pregnant drug abusers and drug-abusing parents.

4.30 The well-being of infants and children is a good entry point to motivate pregnant drug abusers and drug-abusing parents to quit drugs and remain drug-free. In the meantime, T&R service units consider it crucial to enhance the parenting skills of this group in order to reduce the risk of reliance on drugs for the false hope of stress relief. This is also a way to indirectly protect the welfare of the children of the drug abusers and to prevent intergeneration drug abuse.

4.31 T&R service units have collaborated with medical service units including SACs, Pediatrics Departments, Obstetrics and Gynecology Departments, Maternal and Child Health Centres (MCHCs), as well as other social

service units such as Integrated Family Service Centres, Family and Child Protective Services Units, etc. at district level through the platform of Comprehensive Child Development Service (CCDS). CCDS is jointly implemented by the Labour and Welfare Bureau, Education Bureau (EDB), Department of Health, Social Welfare Department (SWD) and HA. Such collaborations should continue in order to provide comprehensive support for this group of drug abusers and their families. Examples of relevant services units and platform serving families and children can be found in the table below.

Table 6: Examples of Services

Service Units	Relevant services and supports available
<i>Medical Service Units under Hospital Authority</i>	
(1) Substance Abuse Clinics	<ul style="list-style-type: none"> • Provide comprehensive service for drug abusers with psychiatric problems • Make necessary referrals to specialist clinics / social service units as appropriate
(2) Pediatrics Departments / Obstetrics and Gynecology Departments	<ul style="list-style-type: none"> • Help identify drug abusers / possible maltreatment of children by drug abusers in providing medical consultations to the children of drug abusers / pregnant women • Make necessary referrals to other service units
<i>Social Service Units under / subvented by Social Welfare Department</i>	
(3) Integrated Family Service Centres	<ul style="list-style-type: none"> • Provide a spectrum of preventive, supportive and remedial welfare services for individuals and families in need, including families being affected by drug-abuse problems. Services include casework counselling, consultation service, outreaching service, financial assistance and service referrals, etc.
(4) Family and Child Protective Services Units	<ul style="list-style-type: none"> • Conduct child protection investigation, if suspicion of child maltreatment is substantiated, and render follow up actions for the victims of child abuse and their family members through

Service Units	Relevant services and supports available
	<p>multi-disciplinary collaboration</p> <ul style="list-style-type: none"> • Provide services to children in need of protection from maltreatment and their families, as well as spouses / cohabitants being harmed in domestic violence including those by drug-abusing family members • Make necessary referrals to other service units
<i>Service Units under Department of Health</i>	
(5) Maternal and Child Health Centres, Family Health Service	<ul style="list-style-type: none"> • Provide a comprehensive range of health promotion and disease prevention services for children from birth to five years old, including parenting, immunisation, and health and developmental surveillance • Provide an antenatal shared-care programme to pregnant women, in collaboration with the Obstetric Department of hospitals under HA, to monitor the whole pregnancy and delivery process • Under CCDS, at-risk pregnant women (e.g. drug abusers) identified are referred to designated CCDS midwives at obstetric clinics of HA, who coordinate antenatal and postnatal care⁷

(iv) Drug abusers of older age (aged 65 and above)

4.32 Most T&R service units have come across only a small number of drug abusers over 65 years old, most of them have already had a relatively long drug history. As regards drug types, medical service units mentioned that sleeping pill (such as midazolam and triazolam) is one of the common types of drug abused by older patients.

⁷ After delivery, the CCDS midwives refer these infants to MCHCs to ensure the infant/child's compliance with the immunisation and health and developmental surveillance. In addition, consultations by visiting CCDS pediatrician from HA would also be arranged to monitor these children and follow up promptly should any problem arise.

4.33 Many drug abusers of this group suffer from poor health conditions and low socioeconomic status, and in general have low motivation to quit drugs for various reasons, such as the fact that drug-taking has become a long-established routine of their lives and lack of social activities. Having said that, some T&R service units have shared successful cases from this group of drug abusers, as some of them prefer to spend the rest of their lives drug-free and with dignity.

(v) Sex workers

4.34 Very few drug abusers have disclosed to T&R service units that they are or have been sex workers. It is difficult for T&R service units to have a grasp on the actual number of drug abusers who are also sex workers that they have come across.

(E) Aftercare Services for Drug Rehabilitees

4.35 The most challenging stage throughout the drug T&R journey is the moment when rehabilitees are discharged from service units. Rehabilitees would face the reality (such as stress arising from work, expectations from family members, and daily chores) and often times, temptations to take drugs again and influence from their friends. This could be particularly challenging for those who are discharged from DTRCs as they would have to adapt to a new environment.

4.36 People with drug abuse history and psychiatric conditions are often stigmatised, alongside the limitation that some of them may have less competitive job qualifications. They often face obstacles in seeking and maintaining employment. Provision of a spectrum of aftercare support to drug rehabilitees such as vocational training and counselling support can help them rebuild their lives and social circle. In particular, suitable, market-orientated and accredited vocational training are useful to equip drug rehabilitees with necessary skills for acquiring stable jobs and forming new peer support networks, rendering them more likely to sustain abstinence from drugs.

4.37 Acknowledging the importance of having a stable employment to drug rehabilitees, several T&R service units and the Correctional Services

Department (CSD) have collaborated with employers to offer job placement programme to drug rehabilitees.

- 4.38 Collaboration among community-based T&R service units, medical service and DTRCs should continue to ensure that drug abusers and rehabilitees can be holistically supported and monitored throughout the process of T&R and after their discharge from T&R service units.
- 4.39 Many service units consider that the role played by peer counsellors in helping drug abusers to quit drugs irreplaceable. Peer counsellors are persons in recovery from drug abuse and working in T&R service units. Their rehabilitation experience could provide additional empathetic support and encouragement to other drug abusers. On the drug rehabilitees' side, serving as peer counsellors is a good stepping stone to help with their full reintegration into society as they could receive on-the-job training in a relatively tolerant and familiar environment under the supervision of T&R service units.
- 4.40 Many service units pointed out that drug abusers would have an easier recovery process with the support and encouragement of family members. On such, CSD has set up five Multi-purpose Family and Rehabilitation Service Centres which provide psychological and counselling services for rehabilitated offenders and their families. CSD also provides video social visit services and the Inmate Parent Programme to strengthen the core relationship between family members and persons in custody, including those in Drug Addiction Treatment Centres.
- 4.41 While the involvement of family members is important to drug abusers' recovery process, family members themselves as carers and supporters of the drug abusers are also in need of support.

(F) Other areas of anti-drug work

(i) Capacity building of relevant personnel

- 4.42 Many T&R service units pointed out that the high staff turnover of the anti-drug sector and the general shortage of labour at present might have impaired their work to different degrees. Professionals, and those who may encounter drug abusers at their work, are in need of training to

upgrade or to refresh their skills and knowledge given the change in drug scene in recent years. Training for peer counsellors would be conducive to enhancing their capacity to assist in the anti-drug work.

4.43 Apart from the training provided by relevant Government bureaux/departments and agencies (including SWD, EDB and HA), a more structured training programmes on a regular basis for frontline anti-drug workers would be conducive to offering a more systematic approach for relevant personnel to handle matters in relation to drug abuse.

4.44 The Hong Kong Jockey Club Drug InfoCentre plays a pivotal role not only in community engagement and in educating the public of the harms of drug by providing anti-drug information and education resources as an exhibition centre, but also in providing a venue for practitioners of the anti-drug sector where they can arrange capacity building programmes targeting different sectors of the community.

(ii) Drug-related researches

4.45 In view of the increasing abuse of cannabis and the general misconceptions of this illegal substance in Hong Kong in some quarters, many T&R service units have suggested conducting more local research on the harmful effects of cannabis. The findings should be shared with the anti-drug sector.

4.46 Some medical professionals of SACs have suggested academic bodies to conduct research on the effectiveness of (a) use of traditional Chinese medicine for drug T&R; (b) different treatment models adopted locally and overseas; and (c) new treatment devices such as Transcranial Magnetic Stimulation.

4.47 Some T&R service units have suggested conducting research to identify factors that affect drug abusers' motivation to quit and stay away from drugs and the effectiveness of different intervention methods.

(iii) Preventive Education and Publicity (PE&P)

4.48 Many T&R service units agree that PE&P efforts targeting young people and students, especially students of tertiary institutions should continue to be strengthened.

- 4.49 Some consider that PE&P efforts should also target teachers and key school personnel, family members and general medical practitioners on identification of drug abusers, how to motivate them to seek help and channels for case referral.
- 4.50 Some have suggested rolling out PE&P campaigns with a view to encouraging help-seeking and counteracting negative stereotypes towards drug abusers.

Chapter 5

STRATEGIC DIRECTIONS FOR 2024 - 2026

5.1 Having deliberated on the views and ideas collected from relevant stakeholders, relevant Government departments and the Hospital Authority (HA) as set out in Chapter 4 in detail, the Three-year Plan for 2024 to 2026 recommends corresponding strategic directions as stipulated in this chapter to guide the provision of drug treatment and rehabilitation (T&R) services.

(A) To foster cross-disciplinary and cross-sectoral collaborations

5.2 Given the complexity of drug abusing cases and the comorbidity of health issues of drug abusers, collaboration is a fundamental approach to achieving effective delivery and results of T&R services. Over the past years, there have been closer collaborations among different sectors, including social service, medical/allied-health, and education. It is necessary to continue to foster collaboration among different sectors of the community, which is not only conducive to the identification of drug abusers and their treatment and subsequent journey to remain abstinence, but also instrumental in creating platforms for sharing of knowledge and experience of effective case handling.

5.3 To cater to the different needs of drug abusers and rehabilitees, comprehensive care should be provided by different social service units. Comprehensive support should be accessible to drug abusers and rehabilitees through drug T&R service units and other social service units (such as those serving families and mental health patients), and these units are encouraged to work with the medical sector to provide evidence-based treatment and care to drug abusers that respond to their needs.

5.4 The process of rehabilitation is no easier than treatment. In particular, drug rehabilitees are often most fragile and prone to falling prey to relapse to drugs soon after they complete their residential treatment programmes and attempt to reintegrate into the society as the open environment, full of temptation to drugs and life challenges, is very different from the secluded environment of drug treatment and rehabilitation centres

(DTRCs) where intensive care and guidance are provided. As such, closer collaboration between residential and community-based T&R service units are encouraged so as to provide continued care for the drug rehabilitees in the community.

(B) To provide targeted treatment for abusers of psychotropic substances, especially for cocaine, methamphetamine (“meth” or commonly known as “Ice” in Hong Kong) and cannabis

(i) Strengthen support for T&R service units in particular DTRCs

5.5 The prevalence of psychotropic substance abuse has presented new challenges to the anti-drug sector, particularly DTRCs as they have to handle emotional fluctuations, psychiatric symptoms and other health issues of psychotropic substance abusers round-the-clock. To better support these centres and service units and strengthen their capacity to render effective T&R services, consideration would be given to strengthen medical support in them.

5.6 In response to the changing drug scene, service providers are encouraged to provide more support to their frontline workers by updating their skills through different types of training and exchange, and to offer more flexible T&R programmes to suit the needs of psychotropic substance abusers, notably residential treatment of shorter duration for suitable drug abusers (see paragraph 5.7 below). The shorter programme could be an intervention that leads to follow-up in community-based treatment or engagement in longer residential treatment programme.

(ii) Cocaine

5.7 To render effective treatment to cocaine abusers, treatment programmes should specifically address the needs and profiles of individual abusers. For instance, short-term residential programme may be more acceptable to abusers of cocaine in the first place who are in need of employment income and hence could not afford to stop working for a prolonged period due to admission to a residential programme that could be one year long. By first engaging them in residential programme, regardless of duration, cocaine abusers would then be able to take a break from their real life difficulties in a drug-free environment while case workers can draw up a

longer-term T&R plan for them.

5.8 Cocaine abusers often face financial problems and heightened tension with their family members arising from their intensive drug-taking habit. Therefore, it would be helpful to their T&R if financial planning advice can be offered to this group of drug abusers and their family members should be involved to strengthen their engagement.

(iii) Methamphetamine (“meth” or commonly known as “Ice” in Hong Kong)

5.9 In view of the drug-induced psychiatric symptoms and other health problems that are most prevalent among “Ice” abusers, it is important to continue providing professional medical support to them as early medical intervention is crucial for stabilising their physical and mental health conditions. This could facilitate the provision of T&R services to “Ice” abusers and raising the chance of a successful rehabilitation.

5.10 Given the complexity of handling “Ice” abuser cases due to the common comorbidity of psychiatric problems and even tendency to exhibit violence or suicidal behaviour, the capacity of frontline workers in providing T&R services to this group of drug abusers should be enhanced.

(iv) Cannabis

5.11 Considering the characteristics of cannabis abusers and their needs, efforts to identify this group of drug abusers and actively encourage them to seek help early, and to provide them with treatment programmes catering to their specific needs and characteristics should be continued.

5.12 Training for frontline workers and sharing among service units should be encouraged on the sub-culture, false/misleading information and myths associated with cannabis, so as to strengthen their capacity to effectively engage cannabis abusers, including those young and more sophisticated service targets.

(C) To respond promptly to changing drug scene and social environment

(i) Monitoring and acting on evolving drug trend

5.13 T&R service providers should stay vigilant to the evolving drug scene

and trends. This would enable them to make appropriate adjustments to the T&R programmes to cater for the changing needs of drug abusers and also the society.

5.14 Efforts to closely monitor resurgent and new drug types, such as LSD (lysergic acid diethylamide), misuse of pharmaceutical products, such as and etomidate⁸, and new psychoactive substances, should continue so as to facilitate prompt response by the anti-drug sector. In this connection, the Drug of Abuse Early Warning Centre to be established under the Hong Kong Poison Control Centre in HA could make a contribution. Suitable use of new technologies (e.g. big data analysis and artificial intelligence (AI)) might provide reference in addition to conventional reporting mechanism and monitoring tools.

(ii) Wider use of technology

5.15 The outbreak of COVID-19 during 2020 to 2023 adversely affected the reach and delivery of T&R services, and the constraints under social distancing requirements prompted many services to go online, including outreaching to drug abusers. Despite resumption of normalcy, the efforts of online outreaching, in particular via social media platforms, should still be continued. Adoption of innovative technology in the provision of T&R and other anti-drug services might be explored with due regard to the reliability and effectiveness of such tools.

5.16 Apart from outreaching, innovative technology should also be suitably adopted in the provision of T&R services. Examples include online medical consultation, tele-care and tele-rehab which all have been gradually gaining momentum. Such efforts should continue to be strengthened.

(D) To encourage drug abusers in seeking help and treatment

5.17 To more widely engage and reach out to different groups of drug abusers, various conventional means of outreaching such as peer-snowballing should be continued. This is particularly effective in reaching out to

⁸ Etomidate is controlled under the Pharmacy and Poisons Regulations (Cap. 138A) as a Part I poison. It is primarily used for induction of general anesthesia during surgery or other medical procedures. It is commonly known as “space oil” and is the chief ingredient.

certain specific groups of drug abusers such as drug abusers who are ethnic and sexual minorities and people who abuse drugs in the context of sex (e.g. “chem fun”).

5.18 In order to engage drug abusers and raise their motivation to receive treatment, the provision of alternative services that promote well-being such as traditional Chinese medicine treatment could be explored, as these services have certain appeal to local drug abusers and therefore are conducive to the work of service units.

5.19 Concerted efforts from different members of society are necessary for identifying drug abusers and motivating them to seek help and treatment. The awareness and capacity of personnel who are not working in anti-drug units but may also encounter drug abusers at work (teachers, medical and allied health professionals, etc.) should be enhanced so that they could help in the identification of drug abuse cases and make referrals to T&R service units.

(E) To provide support for drug abusers from specific population groups that responds to their needs

(i) Ethnic minorities

5.20 Considering the specific cultural characteristics of ethnic minority members, capacity building of frontline workers on the culture of different ethnic minority communities as well as engagement and intervention techniques that would be effective for drug abusers of different cultural background should continue to be strengthened. Service units may consider collaborating with organisations with good knowledge in the characteristics and needs of ethnic minorities, so as to render effective T&R services to this group of drug abusers.

5.21 Service units should design and provide tailor-made T&R programmes for drug abusers of different cultural background by taking into account the challenges that ethnic minorities face in Hong Kong. For instance, career and life planning may be particularly conducive to helping drug abusers who are ethnic minorities discover their potential and integrate into the society upon completion of drug treatment.

5.22 Consideration should be given to engage social workers and peer counsellors of different ethnicities who are usually considered as comrades of these drug abusers in their journey towards abstinence. This may be conducive to better engagement of drug abusers from different cultural backgrounds and their chance of completing a full course treatment.

(ii) People who abuse drugs in the context of sex, including men who have sex with men (MSM) with drug abuse problem

5.23 In view of the characteristics and needs of people who abuse drugs in the context of sex (e.g. “chem fun”), particularly MSM drug abusers, targeted treatment programmes for this group of drug abusers should be provided, and frontline workers should be equipped with relevant skills and knowledge and be sensitive to the culture and characteristics of their communities.

5.24 In order to facilitate early identification of more drug abusing cases in the MSM community, collaboration such as joint outreaching and mutual case referral with medical service units (e.g. HIV clinical services provided by the Department of Health (DH)) is encouraged, alongside with existing efforts including online outreaching on social media and dating apps.

(iii) Pregnant drug abusers and drug-abusing parents

5.25 Many frontline anti-drug workers have found that the well-being of children is a great entry point to motivate pregnant drug abusers and drug-abusing parents to quit drugs, and strengthening their parenting capacity can help reduce their risk of drug dependency. Additional recurrent resources for Counselling Centres for Psychotropic Substance Abusers (CCPSAs) and Centre for Drug Counselling (CDC) have been provided by the Government starting from June 2023, and service units are encouraged to make use of such resources to render more comprehensive care and support to pregnant drug abusers and drug-abusing parents.

5.26 Parenthood following the birth of a child is often a good opportunity for this group of drug abusers to review their lives and quit drugs. Collaboration of service units across different disciplines is encouraged. For example, collaboration of relevant social and health services such as

childcare, education and family is conducive to supporting this group of drug abusers to quit drugs and/or remain drug-free.

(iv) Drug abusers of older age (aged 65 and above)

5.27 Having regard to the special needs and vulnerability (e.g. poorer health conditions and limited family/peer support) of drug abusers of older age, service units should design and provide tailor-made T&R programmes for this group of drug abusers.

5.28 To help drug abusers of older age identify new hope in life and encourage them to quit drugs and live the later stages of their lives with dignity, the provision of counselling and social group support is encouraged.

(F) To provide aftercare support and services

5.29 Remaining abstinence after quitting drugs is not an easy task. To sustain the treatment efforts and prevent relapse, service units should develop aftercare plans upon completion of drug treatment so as to facilitate drug rehabilitees to sustain their abstinence from drugs and lead a drug-free life.

5.30 Having regard to the multi-faceted problems faced by drug abusers and rehabilitees straddling work, finance, relationship with family members and health, etc., collaboration amongst different service units should continue to be enhanced. Doing so would provide more comprehensive aftercare services to drug rehabilitees, in particular for those who have just completed detoxification in residential T&R setting as they are often more vulnerable to taking drugs again after rejoining society and in rebuilding their social circle.

5.31 Peer counsellors are valuable partners in the fight against drugs, and they could gain trust of drug abusers and rehabilitees through resonating their personal experience of overcoming challenges. In addition, taking up the role as peer counsellors could be a stepping stone for some drug rehabilitees to rebuild and consolidate their capacity and confidence before fully reintegrating into society. The active involvement of peer counsellors in T&R services should continue, and diverse and career-oriented training should be provided with a view to enabling them to

pursue a career path according to their abilities, interests and actual needs.

- 5.32 Drug rehabilitees may find it difficult to fully reintegrate into society shortly after completing treatment, as they would have to re-adapt to the pattern of a normal life, including job-seeking and employment. Service units should provide life planning and vocational training and, where justified, professional intervention, to help drug rehabilitees review their own capabilities, and set realistic life and career goals.
- 5.33 Drug abusers and rehabilitees may have a vulnerable relationship with their family members resulted from conflicts arising from their drug-taking habits. However, the role of family members in one's drug-quitting journey is pivotal. To garner and consolidate the support to drug abusers and rehabilitees, family members of drug abusers are encouraged to actively participate in treatment and aftercare programmes, as well as to provide them with sufficient knowledge, as their involvement is crucial to strengthen rehabilitees' resolve to remain drug-free.
- 5.34 Family members and caregivers often face a lot of stress and difficulties themselves or when supporting drug abusers and rehabilitees during their T&R and recovery process. Apart from catering to the needs of drug abusers and rehabilitees, support should also be provided to their family members and caregivers to ensure their well-being.

(G) Other areas of anti-drug work

(i) Research

- 5.35 There has been an abundance of research supporting the multi-modality approach to drug T&R in Hong Kong. It would be useful to consolidate the findings of previous researches and T&R projects that could shed light on the provision of treatment, such as different therapeutic approaches, as well as aftercare of drug abusers and rehabilitees.
- 5.36 Findings of research should continue to be widely disseminated among different anti-drug stakeholders via various platforms, and the anti-drug sector is encouraged to put the findings into practice.

(ii) Licensing of DTRCs

5.37 The Narcotics Division (ND) would continue to render assistance to DTRCs operating on Certificates of Exemption to obtain a licence under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566). On the other hand, DTRCs are encouraged to make full use of their potential and continue to improve their service capacity and sophistication.

(iii) Methadone Treatment Programme

5.38 DH would continue administering the methadone treatment programme which targets opiate drug abusers (mostly heroin abusers) given the well-recognised effectiveness as evidenced by the success of the programme over the years.

5.39 DH should review the programme regularly and continue to keep abreast of new developments in the provision of alternative treatment to opiate drug abusers.

(iv) Drug Abusers with Offence History

5.40 The Correctional Services Department (CSD) should continue to run the trial enhanced programme at Hei Ling Chau Addiction Treatment Centre with the recommendations identified in the review of the T&R programmes at Drug Addiction Treatment Centres under CSD.

(v) Preventive Education & Publicity (PE&P)

5.41 PE&P is the first line of defence in the fight against drugs that complements the overall anti-drug strategy and efforts. The Government has carried out and co-ordinated various PE&P initiatives to publicise the harms of drugs using different channels to remind the public, in particular young people, to stay away from drugs; and promoting early identification of hidden drug abusers and encouraging early help-seeking. To ensure PE&P initiatives respond effectively to the latest drug situation, ND's PE&P strategic directions and initiatives are drawn up and reviewed on an annual basis in consultation with the Action Committee Against Narcotics and its Sub-committee on PE&P. Priority

areas for the projects of the Beat Drugs Fund Regular Funding Scheme are also reviewed annually so that prompt and effective publicity and education efforts could be put in place. Such PE&P efforts would continue to be implemented.

- 5.42 The Hong Kong Jockey Club Drug InfoCentre (DIC) has become the hub and focal point of anti-drug activities following the large-scale revamp completed in end-2022. After its re-opening in December 2022, a wide range of events including guided tours, workshops and activities for groups and individuals have already been held at DIC. Anti-drug stakeholders are encouraged to make good use of the facilities of DIC, which is positioned as a hub providing anti-drug information to the general public and other stakeholders, and a platform with physical venue for anti-drug knowledge exchange.
- 5.43 T&R service units are encouraged to engage the community and join hands with district-based organisations (e.g. District Fight Crime Committees) in their promotion and effort to identify drug abusers in the community.
- 5.44 Preventive education in education institutions should continue and schools remain an important channel to inculcate anti-drug concepts into students. Various anti-drug initiatives in schools (e.g. Healthy School Programme with a Drug Testing Component) would continue to be implemented with anti-drug sector as a key partner. Rehabilitated persons are welcome to share their life journey with students.
- 5.45 Acknowledging the challenges faced by drug rehabilitees and the general negative impression on drug abusers harboured by some members of the public, the risk of further entrenchment of any stigmatisation to the point of discouraging or even creating barriers to people seeking help and treatment should be taken into account in the planning and design of PE&P initiatives. On the other hand, messages of stronger appeal to groups of drug abusers who are facing higher risk of discrimination should be conveyed to them to encourage early help-seeking.

- END -

**Working Group on the Three-year Plan
on Drug Treatment and Rehabilitation Services in Hong Kong
(2024 – 2026)**

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Terms of Reference

- To evaluate the existing drug treatment and rehabilitation programmes in Hong Kong and assess whether the services provided align with the latest drug scene and service needs;
- To identify areas for adjustment and enhancement of the existing treatment and rehabilitation services in Hong Kong; and
- To advise on the strategic directions to which drug treatment and rehabilitation services should take in the three-year period from 2024 to 2026.

List of Major Drug Treatment and Rehabilitation Service Units in Hong Kong

(Details of each type of service are stipulated in Chapter 2)

(I) Drug Treatment and Rehabilitation Centres

Operator	Centre
1. Barnabas Charitable Service Association Limited	<ul style="list-style-type: none"> • Lamma Training Centre • Ma On Shan Half-way House
2. Caritas - Hong Kong	Caritas Wong Yiu Nam Centre
3. Christian New Life Association Limited	Christian New Life Association Limited
4. Christian Zheng Sheng Association Limited	<ul style="list-style-type: none"> • Cheung Chau Female Training Centre • Cheung Chau Male Training Centre for Youth • Ha Keng Treatment and Rehabilitation Female Centre • Ha Keng Treatment and Rehabilitation Youth Centre for Male • Mui Wo Male Training Centre • Tai O Kau San Tei Male Treatment and Rehabilitation Centre
5. DACARS, Limited	Enchi Lodge
6. Glorious Praise Fellowship (Hong Kong) Limited	Glorious Praise Fellowship (Hong Kong) Limited
7. Hong Kong Christian Service	Hong Kong Christian Service Jockey Club Lodge of Rising Sun
8. Mission Ark Limited	Yuen Long Centre
9. Operation Dawn Limited	<ul style="list-style-type: none"> • Dawn Island Drug Treatment and Rehabilitation Centre

Operator	Centre
	<ul style="list-style-type: none"> • Girl Centre • Wong Tai Sin Centre (Half-way House)
10. Perfect Fellowship Limited	Koo Tung Rehabilitation Centre
11. St Stephen's Society Limited	<ul style="list-style-type: none"> • Shing Mun Springs Multi-purpose Rehabilitation Homes (Male/Female) • Tuen Mun Multi-purpose Rehabilitation Home
12. The Christian New Being Fellowship Limited	<ul style="list-style-type: none"> • Life Training Base
13. The Evangelical Lutheran Church of Hong Kong	<ul style="list-style-type: none"> • Ling Oi Centre • Ling Oi Tan Ka Wan Centre
14. The Society of Rehabilitation and Crime Prevention, Hong Kong	<ul style="list-style-type: none"> • Bradbury OASIS Hostel • Hong Kong Female Hostel
15. The Society for the Aid and Rehabilitation of Drug Abusers	<ul style="list-style-type: none"> • Adult Female Rehabilitation Centre • Au Tau Youth Centre • Bradbury Hong Ching Centre • Bradbury Pui Ching Centre • Female Hostel • Kowloon Hostel • Luen Ching Centre • Shek Kwu Chau Treatment and Rehabilitation Centre • Sister Aquinas Memorial Women's Treatment Centre
16. Wu Oi Christian Centre	<ul style="list-style-type: none"> • Long Ke Training Centre • Shun Tin Half-way House • Tai Mei Tuk Female Training Centre

(II) Community-based Counselling Services

Counselling Centres for Psychotropic Substance Abusers

Operator	Centre
1. Caritas - Hong Kong	Caritas HUGS Centre
2. Hong Kong Children and Youth Services	Sane Centre
3. Hong Kong Christian Service	<ul style="list-style-type: none">• PS33 - Shamshuipo Centre• PS33 - Tsimshatsui Centre
4. Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited	<ul style="list-style-type: none">• Cheer Lutheran Centre• Evergreen Lutheran Centre• Rainbow Lutheran Centre
5. Hong Kong Sheng Kung Hui Welfare Council Limited	Hong Kong Sheng Kung Hui Welfare Council Neo-Horizon
6. The Evangelical Lutheran Church of Hong Kong, Social Service Head Office	Enlighten Centre
7. Tung Wah Group of Hospitals	<ul style="list-style-type: none">• CROSS Centre: Central Western, Southern and Islands Office• CROSS Centre: Eastern and Wanchai Office

Centre for Drug Counselling

Operator	Centre
Caritas – Hong Kong	Caritas Lok Heep Club (Wanchai and Wong Tai Sin service centres)

(III) Substance Abuse Clinics of the Hospital Authority (HA)

Service Clusters of HA	Clinic
1. Hong Kong East	Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic
2. Hong Kong West	Queen Mary Hospital Substance Abuse Clinic
3. Kowloon Central	Kowloon Hospital Substance Abuse Clinic
4. Kowloon East	Kowloon East Substance Abuse Clinic
5. Kowloon West	Kwai Chung Hospital Substance Abuse Assessment Unit
6. New Territories East	<ul style="list-style-type: none">• Prince of Wales Hospital Substance Abuse Clinic• North District Hospital Substance Abuse Clinic• Alice Ho Miu Ling Nethersole Hospital Substance Abuse Clinic
7. New Territories West	Castle Peak Hospital Tuen Mun Substance Abuse Clinic

(IV) Out-patient Methadone Treatment Programme

Hong Kong

Day clinics

1. Violet Peel Methadone Clinic (Wan Chai)

Evening clinics

2. Aberdeen Methadone Clinic
3. Shau Kei Wan Methadone Clinic

Kowloon

Day clinics

4. Ho Man Tin Methadone Clinic
5. Robert Black Methadone Clinic (San Po Kong)
6. Sham Shui Po Methadone Clinic

Evening clinics

7. Hung Hom Methadone Clinic
8. Kwun Tong Methadone Clinic
9. Ngau Tau Kok Methadone Clinic
10. Wu York Yu Methadone Clinic (Tsz Wan Shan)
11. Yau Ma Tei Methadone Clinic

New Territories and Islands

Day clinics

12. Lady Trench Methadone Clinic (Tsuen Wan)
13. Cheung Chau Methadone Clinic

Evening clinics

14. Sha Tin (Tai Wai) Methadone Clinic
15. Shek Wu Hui Methadone Clinic (Sheung Shui)
16. Tai Po Methadone Clinic
17. Tuen Mun Methadone Clinic
18. Yuen Long Methadone Clinic

(V) Drug Addiction Treatment Centres under the Correctional Services Department

1. Hei Ling Chau Addiction Treatment Centre
2. Lo Wu Correctional Institution
3. Lai Sun Correctional Institution
4. Lai King Correctional Institution

Beat Drugs Fund Regular Funding Scheme

Established by the Government and governed by the Beat Drugs Fund Association (BDFA), the Beat Drugs Fund (BDF) has a capital base of \$3.35 billion and has been providing funding support to worthwhile anti-drug projects. Projects funded include those providing drug treatment and rehabilitation services to people with drug problems, organising drug preventive education and publicity programmes targeting the general public and/or specific groups, conducting researches on drug abuse problem, or a combination of the above components. BDFA, taking into account the drug situation and the advice of the Action Committee Against Narcotics, specifies priority areas in the annual BDF Regular Funding Scheme (RFS) to encourage interested applicants to plan suitable anti-drug projects that can respond to the latest drug problems.

The number and types of projects approved in the RFS Funding Exercises of 2021, 2022 and 2023 are shown in the table below. More details of the approved projects are available on the website of the Narcotics Division by scanning the following QR code.



(<https://www.nd.gov.hk/en/Searching.php>)

Types of projects	Number of projects approved in the RFS funding exercise (Total amount of grant approved)		
	2021	2022	2023
Treatment and rehabilitation (T&R) projects	18 (\$57.2 million)	7 (\$34.1 million)	7 (\$14.3 million)
Research projects	5 (\$8.7 million)	4 (\$4.9 million)	3 (\$2.4 million)
Mixed type projects with T&R and/or research elements	23 (\$57.4 million)	21 (\$41.2 million)	17 (\$59.5 million)

**Key Statistics since the Promulgation of
the First Three-year Plan in 1997**

Over the years, the Government has been providing support and a large amount of resources to anti-drug service units. One of the goals is to promote drug treatment and rehabilitation (T&R) services that respond to the drug situation and best suit the needs of the society. Currently, a variety of T&R services are available to drug abusers with different backgrounds and treatment needs. Details on the multi-modality approach to T&R services in Hong Kong are set out in Chapter 2. In the previous nine Three-year Plans, more than 360 strategic directions were drawn up and have been largely implemented as appropriate.

Based on the statistics compiled by the Central Registry of Drug Abuse and other relevant sources providing reference on the local drug scene, the latest drug situation in Hong Kong at the time of writing this Three-year Plan is set out in Chapter 3. Meanwhile, the ensuing paragraphs outline the major changes in the local drug scene and the addition of facilities focusing on psychotropic substance abusers (PSAs) since the promulgation of the first Three-year Plan in 1997.

- (i) Number of drug users dropped significantly, but the proportion of young drug users remains high
- The total number of reported drug abusers was 17 635 in 1997, and reached a peak at 18 513 in 2001. Since then, the number decreased steadily until 2006. Although there was a rebound between 2006 and 2009, and again in 2021, the overall number of reported drug abusers has generally been on a downward trend in the past decade, which is also reflected by the numbers of new admission of various T&R services.

Figure 11: Total number of reported drug abusers since 1997

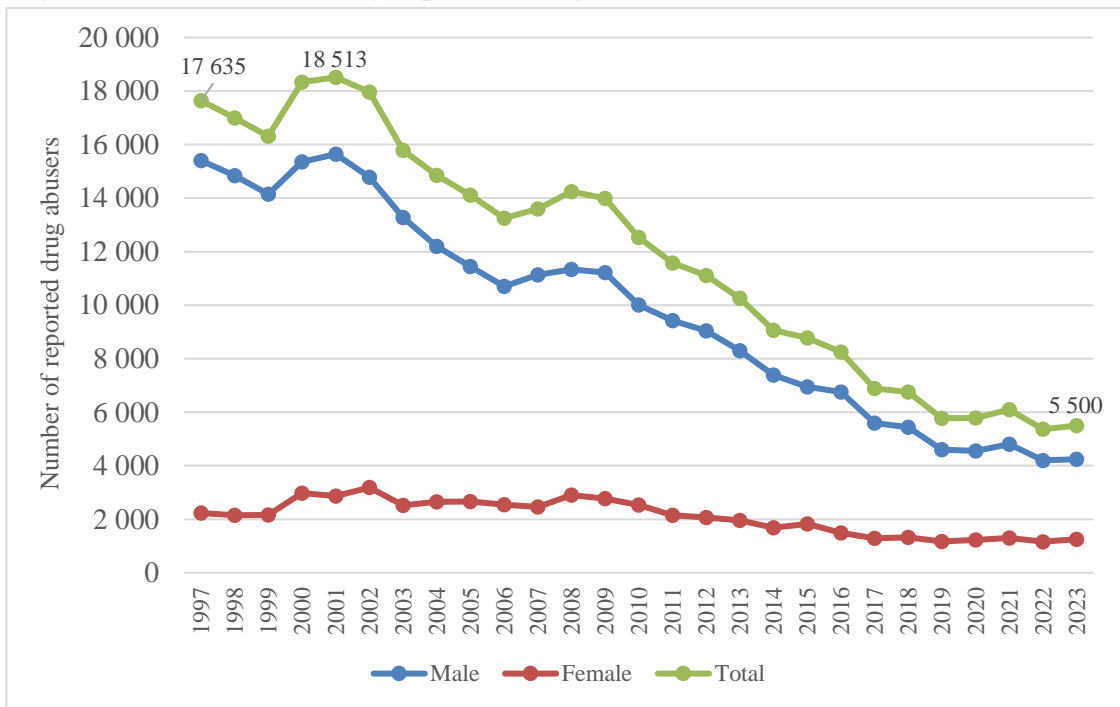
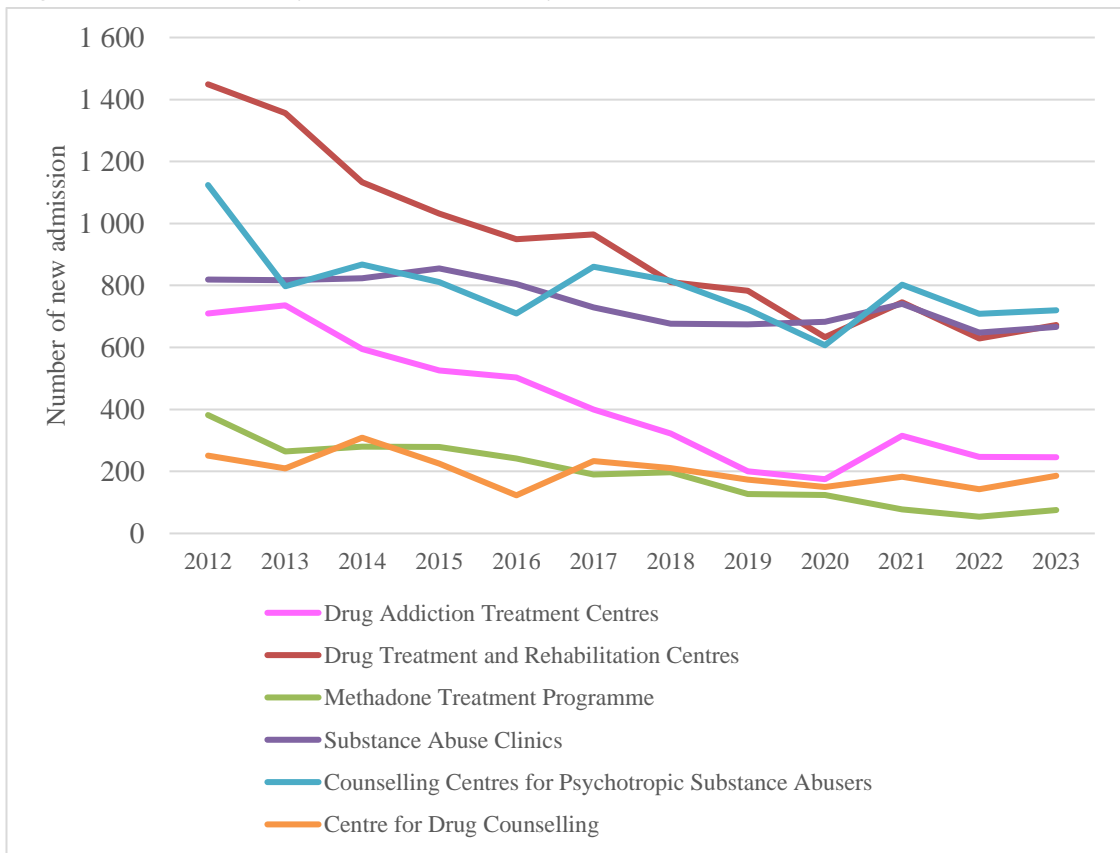
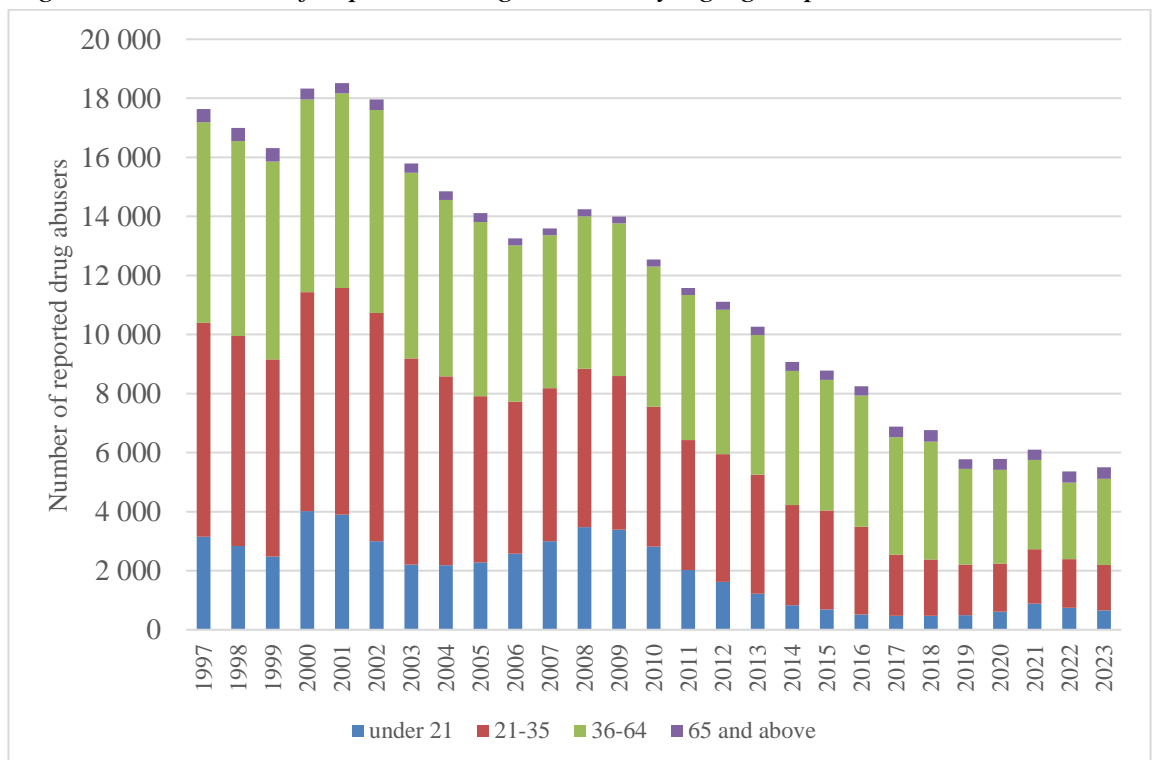


Figure 12: Number of new admission of various T&R services since 2012



- The proportion of young drug abusers under the age of 35 is still at a relatively high level. From 1997 to 2014, more than half of the reported cases were young drug abusers aged 35 or below. In 2008, there was as high as 62% of the reported drug abusers in this age group, 24% were under 21 years old. The situation has improved thereafter, dropping to about 35% in 2018. Nevertheless, the trend has reversed since then. Statistics in 2023 show that 40% of the reported drug abusers are younger than 36 years old and 12% are below 21 years old.

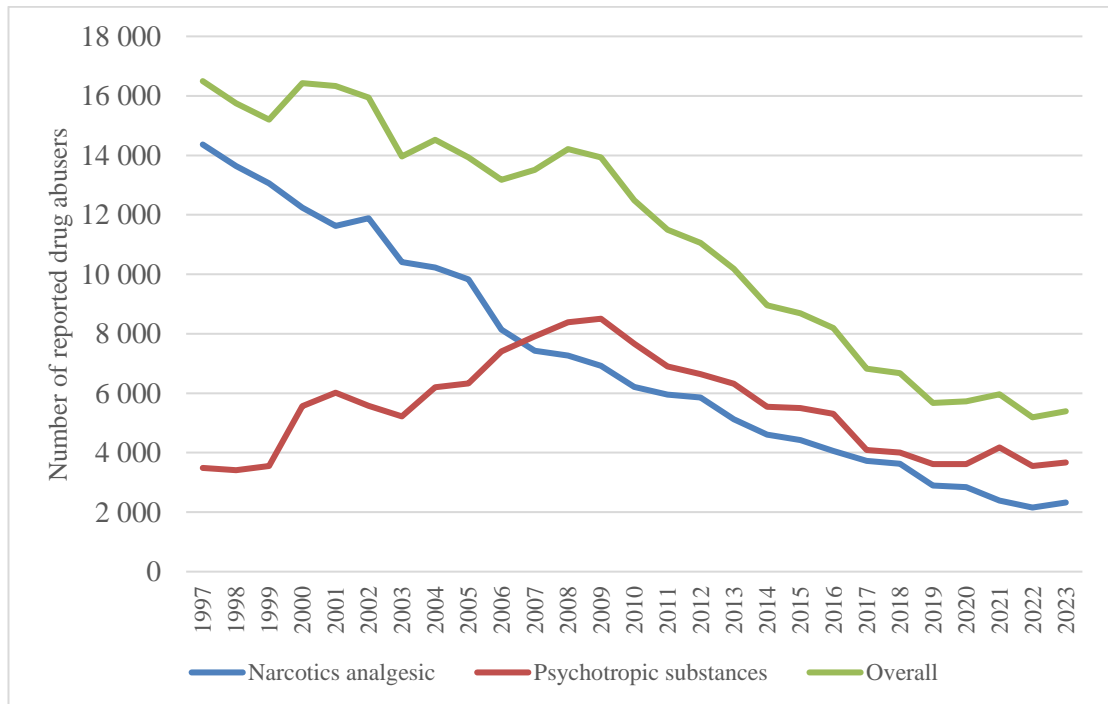
Figure 13: Number of reported drug abusers by age groups



(ii) Number of narcotic analgesics abusers continued to decline while number of psychotropic substance abusers is on the rise

- In the 1990s, around 90% of the reported drug abusers took narcotic analgesics (in particular heroin). While the number of narcotic analgesics abusers has continued to decline, the number of PSAs has increased drastically, with the number soaring from 3 488 in 1997 to 8 505 in 2009. The number of PSAs has exceeded the number of those taking narcotic analgesics since 2007. In 2023, the number of reported PSAs accounted for 68% of the total number of reported drug abusers.

Figure 14: Number of reported narcotics analgesics abusers and psychotropic substance abusers

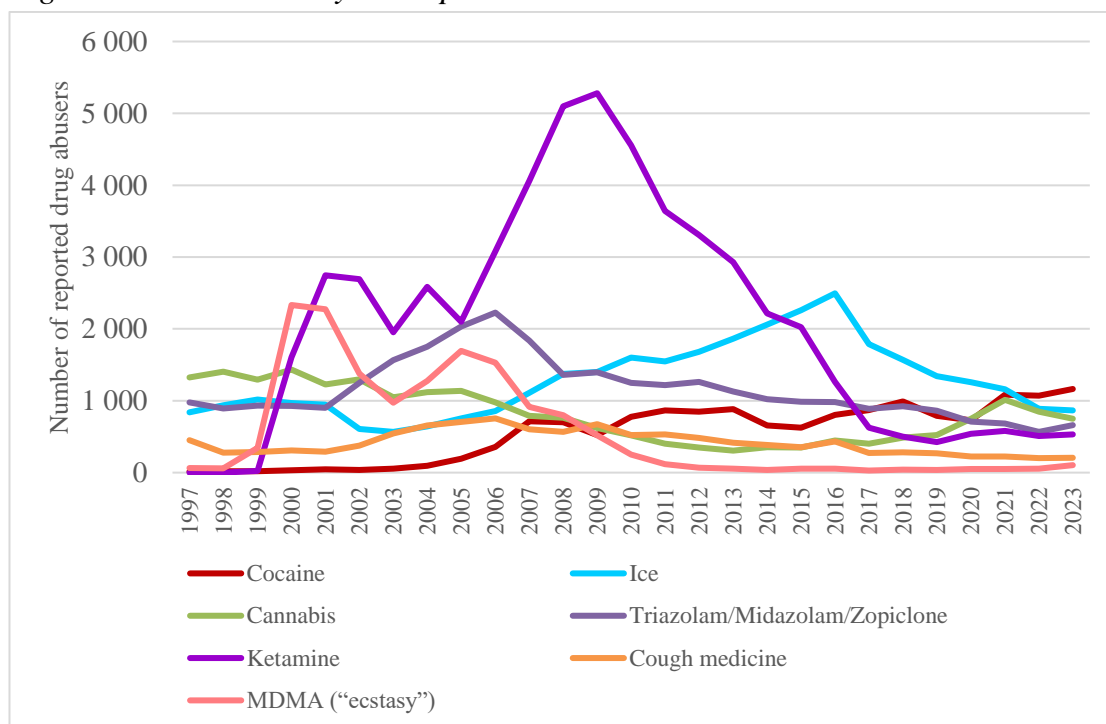


Remark: More than one type of drugs abused may be reported for an individual drug abuser in a given year; and drug abusers without information on the type of drug abused are excluded.

(iii) Prevalence of psychotropic substances in different periods of time

- The number of PSAs rose sharply in the late 1990s. Ketamine (commonly known as “K”) was the most common psychotropic substance abused during the period from 2001 to 2014. MDMA (commonly known as “ecstasy”) and triazolam/midazolam/zopiclone also emerged at different times during the same period, and became the second most common psychotropic substance abused other than “K” at the time. Later, prevalence of methamphetamine (commonly known as “Ice”) continued to grow and surpassed “K” in 2015 to become the most common psychotropic substance abused. Since 2022, cocaine has overtaken “Ice” and become the most common psychotropic substance abused.

Figure 15: Common Psychotropic Substances Abused since 1997



- In view of the sharp rise in the number of PSAs in the late 1990s and 2000s, the Government had put in more resources to provide counselling and rehabilitative services for PSAs. As a result, Counselling Centre for Psychotropic Substance Abusers (CCPSAs) and Substance Abuse Clinics (SACs) were established strategically to meet the increasing demand for services.
- The first CCPSA, PS33 - Tsimshatsui Centre operated by Hong Kong Christian Service, was set up in 1988. Subsequently, in view of the surging number of PSAs, two more centres were set up before 1999 and eight more established between 2002 and 2010. Since 2010, 11 cluster-based centres have been maintained to serve all districts in Hong Kong.
- To fill the service gap in medical and psychiatric treatment for substance abusers, the Hospital Authority (HA) established a pilot SAC in Kowloon Hospital in 1994. Following the success of the pilot scheme, a total of six SACs were established in 1995. The number of SACs was further increased to seven in 2008 and gradually to nine in 2010 in order to meet the service demand. The nine SACs under the seven hospital clusters of HA have been maintained since then.

Abbreviations

ACAN	Action Committee Against Narcotics
APIs	Announcements in the Public Interest
BDF	Beat Drugs Fund
BDFA	Beat Drugs Fund Association
B/Ds	Bureaux and departments
CBD	Cannabidiol
CCDS	Comprehensive Child Development Service
CCPSAs	Counselling Centres for Psychotropic Substance Abusers
CDC	Centre for Drug Counselling
COVID-19	Coronavirus Disease 2019
CoEs	Certificates of Exemption
CRDA	Central Registry of Drug Abuse
CSD	Correctional Services Department
DATCs	Drug Addiction Treatment Centres
DCCs	District Coordinating Committees
DDO	Dangerous Drugs Ordinance
DH	Department of Health
DIC	Hong Kong Jockey Club Drug InfoCentre
DLC	Drug Liaison Committee
DTRCs	Drug Treatment and Rehabilitation Centres
EDB	Education Bureau
EPS	Enhanced Probation Service
HA	Hospital Authority
HKPF	Hong Kong Police Force
MCHCs	Maternal and Child Health Centres
MSM	Men who have Sex with Men
MTP	Methadone Treatment Programme
ND	Narcotics Division
NGOs	Non-governmental Organisations
OTEMs	Outreaching Teams for Ethnic Minorities
PE&P	Preventive Education and Publicity
PO	Probation Officer
PSAs	Psychotropic Substance Abusers
RFS	Regular Funding Scheme
SACs	Substance Abuse Clinics

Students Survey	Survey of Drug Use among Students
SWD	Social Welfare Department
The Ordinance	The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance
Three-year Plan	Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong
T&R	Treatment and Rehabilitation
T&R Sub-committee	Action Committee Against Narcotics Sub-committee on Treatment and Rehabilitation
UNODC	United Nations Office on Drugs and Crime
Working Group	Working Group on the Three-year Plan (2024-2026)
YND	Overnight Outreaching Teams for Young Night Drifters
YOT	District Youth Outreaching Social Work Teams

