

立法會
Legislative Council

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(These minutes have been
seen by the Administration)

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**Bills Committee on Drug Dependent Persons Treatment
and Rehabilitation Centres (Licensing) Bill**

**Minutes of meeting
held on Wednesday, 29 November 2000 at 8:30 am
in Conference Room A of the Legislative Council Building**

- Members Present** : Hon LAW Chi-kwong, JP (Acting Chairman)
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon TANG Siu-tong, JP
Hon Michael MAK Kwok-fung
Dr Hon LO Wing-lok
Hon IP Kwok-him, JP
- Members Absent** : Hon Cyd HO Sau-lan (Chairman)
Hon James TO Kun-sun
Hon Andrew WONG Wang-fat, JP
- Public Officers Attending** : Ms Mimi LEE
Principal Assistant Secretary for Security (Narcotics)
- Miss Christina CHONG
Assistant Secretary for Security (Narcotics)
- Mr FUNG Pak-yan
Acting Assistant Director of Social Welfare
- Mrs Lily NG
Senior Social Work Officer
- Ms Brenda LAU
Social Work Officer

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Ms Fanny IP
Senior Assistant Law Draftsman

Deputations by : Hong Kong Council of Social Service
Invitation

Mr PANG Shing-fook, Tony
Senior Project Officer
Substance Abuse and Aids Department

Wu Oi Christian Centre

Dr WONG Shing-wing
Board of Directors

Mr LEE Fai-ping
Deputy General Secretary

Miss CHU Suk-kwan, Elman
Assistant Social Work Officer and Administrative Assistant

Glorious Praise Fellowship (HK) Limited

Rev Charles MCKNELLY
Director

Mr Alan CRAWLEY
Director

Barnabas Charitable Service Association

Ms CHUNG Yee-ha, Ida
General Secretary

Caritas Wong Yiu Nam Centre

Mr David CHEUNG
Supervisor

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Drug Addict Counselling and Rehabilitation Services

Mr SIU Yat-ping
Superintendent

SER Foundation for Humanitarian Aid

Mr Miguel ALVES
Director

Mr Antonio AFONSO
Director

Mr Eusebio LAMPREIA
Secretary of the Board

Mr NG Man-wai
Senior Peer Counsellor and Board Member

St. Stephen's Society

Mr WONG Wai-chung
Residential Rehabilitation Supervisor

Ms Margaret KENDALL
Executive Officer

Christian Zheng Sheng Association Ltd

Mr YU Tsz-kin
Trainee

Mr CHAN Siu-cheuk
Principal

Mr LAM Hay-sing
Director

Ling Oi Youth Centre

Mr Paul TSANG

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Mr YEUNG Ming
Chief Secretary

Mr LEUNG Ching-wah
Co-worker

Society for the Aid and Rehabilitation of Drug Abusers

Mr SUN Kat-cheong
Superintendent of Social Service

The Christian New Being Fellowship Ltd

Mr FUNG To-sun
Executive Director

Ms HO Wai-chee
Administrator

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Mr LEE Yu-sung
Senior Assistant Legal Adviser

Mrs Queenie YU
Senior Assistant Secretary (2) 4

I. Meeting with deputations

As the Chairman was indisposed and unable to attend the meeting, Mr LAW Chi-kwong was elected Acting Chairman.

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2. The Acting Chairman welcomed representatives of the Administration and the 13 agencies operating drug treatment and rehabilitation centres (treatment centres) for drug dependent persons to the meeting. He then invited the deputations to present their views on the Bill.

Hong Kong Council of Social Service
(LC Paper No. CB(2)246/00-01(03))

3. Mr PANG Shing-fook said that the Hong Kong Council of Social Service (HKCSS) supported the Bill in principle. As there were many organisations providing voluntary residential drug treatment and rehabilitation services in recent years, HKCSS considered that a good licensing scheme for such treatment centres would protect the well-being of persons undergoing treatment in these centres. Mr PANG said that non-government organizations (NGOs) were particularly concerned whether the right balance had been struck between the rights of residents and staff in the proposed legislation. To ensure that treatment centres were free from drug and any undesirable external influence, the retention of certain existing powers was necessary. HKCSS had conveyed such views to the Narcotics Division of the Security Bureau and hoped that members would discuss their concern in detail.

Wu Oi Christian Centre
(LC Paper No. CB(2)367/00-01(01))

4. Dr WONG Shing-wing said that it was necessary to introduce the Bill and in general the Bill was acceptable. Nevertheless, there were ambiguities in the provisions relating to the application for and issue of licence. He said that the provisions did not clearly spell out the definition of reasonable conditions nor the requirements in respect of the facilities, equipment, structure and staffing of a treatment centre. He pointed out that for those non-subsidised treatment centres, most of the existing service providers could not afford to employ a social worker or medical practitioner in their treatment centres if employment of these high-pay staff were required. In his opinion, the staffing requirements set out in the draft Code of Practice for treatment centres were more stringent than those social welfare services units managed or monitored by the Social Welfare Department (SWD).

5. Dr WONG further pointed out that many treatment centres were located in outlying islands or in remote areas and were housed in simple wooden, stone or zinc-plated structures. Many existing service providers were worried that without any financial assistance from the Government, such centres would not be able to comply with the licensing requirements relating to construction and safety. Dr WONG considered that the Government should provide funding and other resource assistance for the existing service providers to carry out improvement works to the treatment centres in order to comply with the licensing requirements of the Bill.

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Glorious Praise Fellowship (HK) Limited
(LC Paper No. CB(2)367/00-01(02))

6. Rev Charles MCKNELLY said that he agreed with the earlier comments made by the other representatives. He also shared the view that many existing service providers would not be able to comply with the licensing requirements of the Bill due to lack of financial resources. He said that the implementation of the proposed legislation would discourage many service providers with long years of experience from continuing to provide services for drug dependent persons. He pointed out that the Bill also discouraged the use of recently rehabilitated drug addicts to help drug dependent persons in treatment centres. This was not in the interest of the community as a rehabilitated drug addict was best at reaching and helping another drug addict and professionally trained staff might not be the right people for the purpose.

7. Referring to a research report on the Teen Challenge Drug Treatment Program in the USA attached to his submission, Rev MCKNELLY said that it had a 80-87% success rate with their graduates who were still off drugs after seven years. As the success rate of drug rehabilitation in Hong Kong was very low, he urged the Government to make reference to the successful programme mentioned in the report. He opined that the enactment of the Bill would not necessarily guarantee an improved success rate of drug rehabilitation in Hong Kong. He stressed that many of the stringent requirements in the Bill should be carefully considered in order not to discourage agencies from continuing the operation of the treatment centres.

Caritas Wong Yiu Nam Centre
(LC Paper No. CB(2)367/00-01(04))

8. Mr David CHEUNG expressed support for the objectives of the Bill but at the same time pointed out that there had not been sufficient consultation and communication with the agencies concerned. He therefore considered that more participation of the existing service providers was necessary in the process. He also stressed the importance of ensuring a drug-free environment in treatment centres and the need to implement security measures such as body and belongings searching of residents of treatment centres. He explained that such measures were necessary to protect the residents as many drug dependent persons did not have proper self-control during the detoxification and rehabilitation phases. Their motivation was unsteady and they would easily give up. If the power to detain the persons receiving treatment under Cap. 326 was not provided in the Bill and service providers had to respect the wish of drug dependent persons, the majority of residents would not complete the treatment and rehabilitation programme. Mr CHEUNG pointed out that it was necessary to balance the rights and freedom of the persons undergoing treatment and the operational need for keeping a treatment centre free from illicit drugs. He also stressed the importance of having multi-modality treatments in Hong Kong. He did not wish to see treatment centres having to close down for lack of resources to comply

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with the licensing requirements.

Drug Addict Counselling and Rehabilitation Services
(LC Paper No. CB(2)367/00-01(05))

9. Mr SIU Yat-ping said that a number of agencies first proposed to the Administration in 1992-93 for the introduction of a regulatory scheme to address difficulties encountered by treatment centres in their operation. They hoped that through a formal licensing scheme, non-subsidized voluntary treatment centres would be formally recognized by the Government and more assistance would be made available to the charitable and non-profit making agencies operating such centres. He expressed disappointment that the Bill focused on the physical environment, building safety and management of treatment centres. He was worried that many existing service providers lacked resources to comply with the licensing requirements.

10. Mr SIU was also concerned about having to release information relating to personal particulars of drug dependent persons undergoing treatment in treatment centres. Whilst the identity of these persons would not be disclosed under Cap. 134, personal particulars of residents would have to be released as required by the Director of Social Welfare after the Bill was enacted. He stressed that this would be against the interest of drug dependent persons as drug addicts were still not commonly accepted by the community and their personal data should be properly protected.

11. Mr SIU hoped that there would be empowering provisions to enable agencies to ensure a drug-free environment. He was also concerned about the length of the exemption period as some agencies might have difficulties in finding suitable premises to operate their centres. He urged the Government to provide appropriate premises for centres to operate elsewhere if necessary.

12. Mr SIU pointed out that the Bill did not distinguish the use of drugs by drug dependent persons in a lawful or unlawful manner. He pointed out that this would rule out persons who required to use drugs for medical reasons as being eligible to become members of the Board of Directors.

13. Mr SIU also referred to the stringent requirements set out in the draft Code of Practice that an applicant should declare whether he had criminal conviction in the 10 years immediately prior to the date of application and that he should notify the Director of Social Welfare in writing within 14 days after being convicted of fresh criminal offence. In his opinion, such requirements would discourage participation of people from the community. He also criticized that the fines and penalty imposed on a person who failed to comply with the requirements of a direction given under clauses 16(3) and 17(3) of the Bill were too harsh as compared with the fines and penalty imposed on private hospitals and clinics which failed to comply with similar requirements. He questioned whether it was to discriminate against drug dependent persons or to discourage service providers to apply for a licence.

SER Foundation for Humanitarian Aid
(LC Paper No. CB(2)367/00-01(06))

14. Mr Miguel ALVES pointed out that many of the agencies affected by the Bill had been working very hard to provide treatment and rehabilitation service for drug dependent persons for quite a number of years now without any financial support from the Government. These agencies deserved more credit for their efforts and attention and weight should be given to their opinions. He believed that it would be difficult for these agencies especially those new comers to find the necessary resources to meet the proposed licensing requirements. He considered that in addition to financial support, technical assistance was also required from relevant government departments which should advise them on improvement works in order to comply with the licensing requirements. He stressed that there was a need to consider all modalities of operation and it was important for the Government to allow more time for consultation with the existing agencies before finalising the Bill.

St. Stephen's Society
(LC Paper No. CB(2)367/00-01(07))

15. Ms Margaret KENDALL said that her agency supported the objectives of the Bill. She pointed out that existing arrangements allowed different types of services provided by both the Government and voluntary agencies. However, the licensing requirements in the Bill seemed to imply a uniform model and it was important to ensure that various models should be able to continue. She commented that the power of supervision and direction given to the Director of Social Welfare was very wide with serious legal consequences. More detailed guidelines for the exercise of such power were required. She further proposed that treatment centres should come under uniform assessment rather than uniform control as it would enable alternative models or practice variations to be legalized.

Christian Zheng Sheng Association Ltd
(LC Paper No. CB(2)367/00-01(08))

16. Mr LAM Hay-sing said that Christian Zheng Sheng Association Ltd supported the need for legislation to regulate treatment centres. He shared the view that there was inadequate consultation between the Government and existing agencies on the Bill. He pointed out that there had been no consensus or agreement reached on the draft Code of Practice so far. In his opinion, it was inappropriate for the Administration to have introduced the Bill at the present stage and to allow SWD to work out details of the draft Code of Practice only after the Bill was enacted. He considered it important to have the Government's commitments to providing necessary resources for non-subsidized agencies to comply with the licensing requirements, otherwise many agencies would be forced to close down their treatment centres. He then briefly referred to the difficulties his agency had encountered in seeking

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assistance from the Government to improve the environment of the centre, including the withdrawal of a grant by the Beat Drugs Fund for a proposed project. He invited members to visit the centre and urged members to listen to the views expressed by existing agencies before making their decision on the Bill.

Ling Oi Youth Centre

(LC Paper No. CB(2)367/00-01(08))

17. Mr Paul TSANG said that they also supported the objectives of the Bill in order to provide a comprehensive protection for drug dependent persons undergoing treatment in treatment centres. On the basis of his centre's experience over the past 30 years, he considered that there was a need to retain a superintendent's power of restricting the freedom of drug dependent persons in the treatment centre. Unlike clients in an elderly or youth centre, 90% of drug dependent persons receiving treatment in treatment centres had committed criminal offences. He expressed concern that service providers might still be subject to legal challenges for contravening human rights provisions of the Basic Law despite the agreement to be signed by the residents to abide by their rules before their admission to the treatment centre.

Perfect Fellowship

(LC Paper No. CB(2)367/00-01(08))

18. Mr YEUNG Ming and Mr LEUNG Ching-wah expressed concern about the unclear staffing requirements and the stringent level of fines and penalty proposed in the Bill. They feared that it would be impossible for existing service providers to comply with stringent staffing requirements if no financial support was to be provided for voluntary organizations like theirs.

Society for the Aid and Rehabilitation of Drug Abusers

19. Mr SUN Kat-cheong said that four treatment centres were operated by the Society for the Aid and Rehabilitation of Drug Abusers, two of which were set up in 1960's and the other two in 1997. All four centres were now operated on a voluntary basis. Drug dependent persons were allowed to leave if they no longer wished to receive treatment in the centres. Previously the two centres set up in 1960's were operated on detention basis under Cap. 326. Drug dependent persons were required to stay in the treatment centre for a compulsory period of six months. It was found that operation of treatment centres was more smooth and effective if treatment was provided on a voluntary basis as drug dependent persons who were unwilling to stay were very uncooperative and would try to leave the treatment centre at every opportunity. He also agreed that the person responsible for the treatment centres should be empowered to enforce rules which would ensure that a secured and drug-free environment was provided for drug dependent persons.

The Christian New Being Fellowship Ltd

20. Mr FUNG To-sun said that they supported a licensing scheme for treatment centres. He expressed concern about the need for protection of service providers against contravening the provisions on human rights. He also hoped that the Administration would allow more time for discussion with existing agencies and come up with clearer and more concrete guidelines for treatment centres to follow.

Questions from members

21. Referring to the common view expressed by the deputations that the Bill was to regulate treatment centres for drug dependent persons rather than elderly centres or youth centres, the Acting Chairman asked the deputations to give specific suggestions as to what elements should be included in the Bill in order to rectify the shortcomings. Mr SIU Yat-ping pointed out that whilst the Bill spelled out the responsibility of treatment centres in providing a physically secured environment for drug dependent persons, it did not empower staff of treatment centres to enforce security measures to ensure that the treatment centre was free from drug and any undesirable external influence. He said that too much emphasis was placed on the human rights of these drug dependent persons without regard to the background of these persons. He pointed out that 90% of residents would at some stage give up treatment if service providers were to respect their wish. Ms CHUNG Yee-ha responded that drug dependent persons had special psychological and physical needs during the detoxification and rehabilitation phases, they were helpless and might often lose self-control. Many were unable to make sound judgement during the detoxification phase. Mr YU Tsz-kin informed the meeting that as a former drug addict, he knew that drug addicts had the tendency of seeking every opportunity to contact friends outside treatment centres to bring them drugs. If the management of treatment centres was too loose, drug dependent persons would unlikely be able to complete their treatment programmes.

22. Mr Michael MAK Kwok-fung criticized the approach adopted by many of the existing agencies which deprived residents of their human rights. In his opinion, rehabilitation of drug addicts involved a process of socialisation, supportive group or individual therapy. He found it disturbing to know that rectum search on residents had actually been carried out in individual treatment centres where drug dependent persons had sought help on a voluntary basis. Ms CHUNG Yee-ha responded that service providers had to strike a balance in protecting the rights of residents and the well-being of staff serving the residents in a treatment centre. She cited as an example, staff of treatment centres should be informed when a resident was suffering from AIDS or hepatitis. Mr LAM Hay-sing also informed the meeting that his treatment centre had admitted one drug dependent person with AIDS. This particular resident had agreed to disclose his health condition to other residents and staff of the treatment centre. The Acting Chairman advised that treatment centres should not single out specific types of diseases for disclosure which might constitute a case of

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discrimination against the patient suffering from those diseases.

23. Ms CHUNG Yee-ha further emphasized the importance of focusing on the unique characteristics and needs of drug dependent persons in providing treatment for them and when assessing whether the management of a treatment centre had contravened the human rights provisions of the Basic Law or the Personal Data (Privacy) Ordinance. Mr LAM Hay-sing also said that if the Correctional Services Department (CSD) was allowed to carry out search on drug dependent persons in their treatment centres as a security measure, he could not see why their treatment centres would not be allowed to do the same for drug dependent persons. He said that if a resident refused to accept the rules set by a treatment centre, he always had the choice of choosing another treatment centre.

24. Mr David CHEUNG pointed out that it was necessary to provide drug dependent persons with a safe and drug-free environment during their stay in treatment centres especially when they could lose their self-control and be tempted to get hold of drugs at every opportunity during the detoxification or rehabilitation phases. Dr WONG Shing-wing pointed out that there were skilful ways to implement security measures to achieve the purpose of ensuring a drug-free environment in treatment centres and at the same time complying with the provisions of human rights or the Personal Data (Privacy) Ordinance. Reference should be made to the security measures implemented by CSD, such as the screening of personal letters of prisoners.

25. Dr LO Wing-lok commented that members should take into account the withdrawal symptoms of drug dependent persons, their helplessness and their tendency to give up receiving treatment. It might not be practical to focus solely on human rights. As regards AIDS, he pointed out that universal precaution guidelines had been drawn up and if agencies should need any further assistance, they could either approach the Department of Health or him for further details.

26. Mrs Sophie LEUNG LAU Yau-fun appreciated the sincerity and goodwill of voluntary agencies providing treatment services for drug dependent persons. She said that the Bill should not discourage these people from continuing their good work. It was essential for the Administration to consider the deputations' suggestions for improvement and allow more time to discuss with existing agencies the different approaches adopted by them and the difficulties they had encountered.

27. Miss CHU Suk-kwan pointed out that some drug dependent persons were directed to treatment centres by the court. Those who were not willing to undergo treatment might make every attempt to bring drugs into the centre which would cause harm to other residents. It was necessary for the treatment centre concerned to take security measures to protect all residents, such as by searching the belongings of residents. She said that many service providers still felt unsure whether an undertaking signed by residents to follow the rules set by a treatment centre would be a sufficient legal protection for service providers.

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28. Responding to Mr IP Kwok-him's concern about the lack of support and resources rendered by the Administration to non-subsidized treatment centres and his worry that provision of treatment services through a multi-modality approach might be affected, Mr LAM Hay-sing pointed out that the Administration had only approached charitable funds to give priority to proposals put forward by treatment centres. He also pointed out that it was against the principle of many voluntary agencies to apply for funds from the Hong Kong Jockey Club, even though it was a major source of charitable funds, as its funds were derived from the betting business. He held the view that more specific financial assistance must be provided by the Administration to voluntary treatment centres to improve their accommodation as they had limited space at present and could only provide very simple facilities for residents.

29. Dr WONG Shing-wing suggested an exemption clause be included in the Bill to allow different types of treatment centres to continue with their existing operation. He said that the Government should also consider providing relevant training for voluntary and non-professional staff of treatment centres in order to help them to comply with the service requirements.

Responses of the Administration

30. Principal Assistant Secretary for Security (Narcotics) (PAS(N)) said that the Administration was pleased to hear once again that many service providers supported the need for legislation to provide for a licensing scheme for voluntary treatment centres in order to protect the well-being of persons undergoing treatment in these centres. PAS(N) further made the following comments in response to the views expressed by the deputations -

- (a) The Administration had initially consulted the public for three months in 1998 on the proposed licensing scheme. The consultation period was extended by three months at the request of the affected agencies. The issue had been discussed at numerous meetings, including five meetings of the Drug Liaison Committee chaired by the Commissioner for Narcotics (C for N), nine meetings of the Action Committee Against Narcotics and the Treatment and Rehabilitation Sub-committee and five meetings with Provisional District Boards. In addition, C for N had attended meetings with individual affected agencies on three occasions. Representatives of the Administration had also attended meetings of the Committee on Substance Abuse of HKCSS. The Administration had also corresponded with the affected agencies and existing service providers to clarify their concerns.
- (b) Implementation of security measures as given to a drug treatment centre under regulations 7, 8, 10 and 11 of Cap. 326 would not necessarily contravene the provisions of human rights if an undertaking to comply

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with the rules set by the treatment centre was signed by a drug dependent person before his admission. Persons who refused to follow the rules of a treatment centre might leave the centre on a voluntary basis and choose another treatment centre which suited them best.

- (c) The Administration considered it inappropriate to set out detailed provisions on how a non-government owned treatment centre should operate especially when many existing service providers indicated that they preferred their centres to have autonomy in their operation and management. The existing mode of operation on a voluntary basis was feasible and could be maintained under the proposed legislation. In fact, treatment centres previously operated on a detention basis under Cap. 326 had also adopted a voluntary approach.
- (d) The Administration stressed that resources support should not merely be defined in cash term. In broader term, time, manpower and land were also resources that the Administration could render assistance. As regards land, for example, the Lands Department and the Government Property Agency had agreed to provide the necessary support in respect of land allocation. The Administration conducted a preliminary assessment in 1997 and made an initial estimate in 1997-98 of the costs likely to be incurred if the proposed legislation was to be enacted.
- (e) As for time, the Administration recognized that it would take time to complete the allocation of resources to assist existing agencies to comply with the licensing requirements. In this regard, the Administration considered it important to allow existing service providers time to carry out improvement works and had therefore set a reasonable grace period of four years for existing subvented treatment centres. For non-subvented agencies, a longer grace period would be given. As regards money, the Administration had obtained agreement from major charitable funds to assist centres in need.
- (f) The Administration emphasized that the Bill was not aimed to lead to closure of treatment centres. It strongly disagreed with the view that the Bill would discourage experienced service providers from continuing to provide treatment service for drug dependent persons. It had always been the Administration's policy to encourage former drug dependent persons to re-integrate into the community and help other drug addicts. The Administration recognized that drug dependent persons were not generally accepted by the community and there was still plenty of work that the Administration needed to do to change this attitude.
- (g) The Administration would adopt an "honour system" rather than taking proactive action to verify whether an applicant qualified for the 'fit

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person' criteria. In this regard, a licence applicant would be required to declare whether he had been a drug dependent person continuously in the seven years immediately prior to the day on which the Director considered his application.

- (h) The main objective of the Bill was to improve the overall quality of services provided for drug dependent persons. Improvement of success rate of rehabilitation for drug dependent persons was not a direct objective of the Bill. Advanced countries like Australia and U.K. had also introduced a licensing scheme for treatment centres. The Administration pointed out that there might be family-style treatment centres for drug dependent persons which were not known to the Administration. It was hoped that through the proposed licensing scheme, the Administration would have a comprehensive list of operators and was able to protect the well-being of the drug dependent persons undergoing treatment in these centres as well.

31. Acting Assistant Director of Social Welfare made the following points -

- (a) SWD had consulted the affected agencies on the outline of the draft Code of Practice in February 2000. Two briefings on the content of the draft Code were conducted on 2 and 23 November 2000. As a result of the suggestions made by affected agencies, amendments to the draft Code of Practice were being considered. Agencies could make written submissions to SWD if they had further views on the draft Code.
- (b) The Administration accepted a multi-modality approach in drug treatment and rehabilitation services and had no intention to confine different treatment centres to a single/uniform mode of operation. The Code of Practice was designed in such a way that within certain general principles, the treatment centres could have the autonomy and flexibility to define their own approach and set their own rules.
- (c) SWD had no intention to specify the ranking and number of staff required in a treatment centre. There would only be some general requirements, for examples, staff should be available to look after the drug dependent persons at all hours during their stay in the treatment centre. Only registered social workers under Social Workers Registration Ordinance Cap. 505 should be employed if the treatment centres needed social workers.
- (d) Regarding the concerns of the treatment centres to ensure a drug-free environment, it was specified in the Code of Practice that the centres could take any feasible and reasonable measures to protect the centre from the ill influence of illicit drugs, provided that these measures were

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explained to the residents and their consent was obtained. Legal advice was sought and there would be no human rights objection so long as the carrying out of such measures was based on the residents' consent.

32. The Acting Chairman asked the Administration to provide written responses to the deputation's concerns to which it had not yet responded due to lack of time after the meeting and the information would be provided to agencies for their reference. Agencies could also send in further written submissions to the Bills Committee for its consideration if they so wished.

II. Date of next meeting

33. Members noted the Administration's request to reschedule the next meeting scheduled for 13 December 2000 and agreed that the next meeting would be held on 18 December 2000 at 10:45 am.

34. The meeting ended at 10:50 am.

Legislative Council Secretariat

9 February 2001