

**Hearing of the Public Accounts Committee
of the Legislative Council on 7 December 2010**

Report No. 55 of the Director of Audit

**Chapter 10 – Residential Treatment and Rehabilitation Services
for Drug Abusers**

Opening Remarks by the Secretary for Security

Thank you, Chairman.

2. First of all, the Administration accepts the comments and recommendations made in the report on the future development of services provided by treatment centres. The Security Bureau (SB) will continue to coordinate the efforts of relevant bureaux and departments, in particular the Labour and Welfare Bureau, the Social Welfare Department (SWD), the Department of Health (DH), the Education Bureau (EDB) and the Lands Department (LandsD), and will spare no efforts in liaising with the 17 non-governmental organisations (NGOs) which operate residential treatment centres with a view to enhancing the overall provision and effectiveness of the services.

Treatment and Rehabilitation Services for Drug Abusers

3. It is an indispensable part of the overall anti-drug policy to provide treatment and rehabilitation services to pull those troubled by the scourge of drugs out of the trap. Regarding residential services, there are currently a total of 40 treatment centres throughout the territory providing voluntary in-patient programmes. They are run by 17 NGOs, which are important partners of the Government in drug treatment.

4. In maintaining partnership with these NGOs, three points are worth noting. First, among the existing 40 treatment centres, 20 rely on accommodation fees and donations from the community as their main source of income. Except for some educational programmes, they do not receive any direct subvention from the Government for their operation. These non-subsided agencies are, in principle, independent of Government's subvention monitoring and have full autonomy in financial arrangements and daily operations. Second, following from the above, the mode of service, duration of training and target clients of the treatment centres run by these NGOs are determined by the organisations themselves. The Government does not impose any external subvention control, nor has it any power of direct intervention.

Third, most of these treatment centres are small in scale, and their frontline services are mainly run by enthusiastic rehabilitated abusers or volunteers.

5. Such kind of service delivery has its merits. For example, the Government and NGOs can establish effective partnership on a voluntary basis by consultation, joining force to offer diversified treatment options for those who voluntarily seek help. Non-subsidised organisations are generally more flexible and they can respond more swiftly to the changing drug trends and social needs. On the other hand, these organisations are independent and autonomous in terms of finance and operation. They do not need to sign, nor have they signed any Funding and Services Agreements with the Government. The Government has therefore no authority to monitor their service performance directly. Some ardent persons-in-charge of the organisations, despite their successful rehabilitation experience, may not have sufficient administrative skills or adequate resources to engage outside expertise to manage the treatment centres. Considering the actual situation, the Government would like to enhance the service quality of these NGOs or treatment centres through consultation, encouragement and project funding as far as possible. During this process, we certainly do not wish to be seen as stifling the flexibility and autonomy of the organisations. What is more, we must not dampen the enthusiasm of any NGOs and their volunteers as they might wrongly take that their services are under criticism.

6. We have indeed been working with NGOs in partnership towards the same goal of providing multi-modal drug treatment services to those voluntarily seeking help, in a bid to meet the aspirations of the community as well as the needs of the service users. In this regard, the direction the Government and the NGOs have actually been following is the same as that recommended by Audit.

Government Efforts

Increasing overall capacity

7. First, the Task Force on Youth Drug Abuse led by the Secretary for Justice completed a report in 2008, putting forward specific measures to increase residential places. New places in SWD-subsidised and DH-subsidised treatment centres were added in 2008-09 and 2010-11 respectively. In addition, following the Chief Executive's anti-drug campaign, we are looking for appropriate sites and plan to invite proposals for new and effective modes of treatment programmes.

8. Furthermore, we support the existing treatment centres to expand their capacities as far as possible when carrying out in-situ upgrading works or re-provisioning.

9. We will keep a close watch of the demand and supply of services and coordinate efforts between the government and treatment centres run by the NGOs, with a view to maximising the utilisation of places and services.

Optimising existing resources

10. Apart from increasing residential places and enhancing the service capacity, we will make efforts in optimising the use of existing resources. In this regard, we will follow the advice of the Audit and the Public Accounts Committee to enhance the support for the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) in re-engineering its services, in particular for psychotropic substance abusers.

11. The Government will also continue to consult with the treatment centres with lower occupancy rates and assist them to strive for better use of their capacities.

12. As many drug abusers under Probation Order prefer to go to those treatment centres with high occupancy rates, there has been uneven workload and utilisation among treatment centres. At present, the SWD is disseminating updated information about occupancy rates of treatment centres and programmes they offer to Probation Officers periodically to assist them in referring probationers to suitable centres. However, I must point out that Probation Officers cannot send probationers aged 14 or above to any treatment centre against their wish.

13. Starting from school year 2010/11, the EDB has enhanced the level of subvention to educational programmes by about 40% to strengthen the education service for school-aged youngsters under treatment at treatment centres. Professional support has also been augmented.

Enhancing information sharing

14. Moreover, to better understand the operation and performance of various treatment centres, we will collaborate with relevant bureaux and departments as well as community stakeholders to push ahead with an effective information collection and sharing system.

Improving monitoring mechanism

15. Some non-subvented treatment centres are currently using government sites or vacant premises. The SWD will review these cases in order to make good use of the existing monitoring mechanism. We will also put in place an enhanced mechanism when granting government sites/premises to new operators in the future. The Narcotics Division will give policy support in this regard, while the LandsD will provide professional advice.

Assisting centres to obtain licences from the SWD

16. The Administration has been earnestly assisting existing treatment centres to meet the SWD's licensing requirements through re-provisioning or in-situ upgrading. Among the 40 existing treatment centres, 19 are licensed, with six of them obtaining the licences upon completion of the upgrading/re-provisioning works in the past two years. For the remaining 21 centres which have not yet obtained a licence, we expect that seven of them will have their works completed and then obtain a licence in the coming two years.

17. With the injection of \$3 billion into the Beat Drugs Fund in 2010, we will make better use of the investment return of the Fund to support treatment centres in obtaining licences. On the advice of the Action Committee Against Narcotics, we are making improvements to the funding arrangements. Each project may receive a grant of up to \$50 million.

18. Although the Beat Drugs Fund can help treatment centres in solving funding and technical problems, the centres which have to be relocated for re-provisioning still require community acceptance and support in order to secure suitable sites. I wish to take this opportunity to appeal to members of the public to accept treatment centres as part of the community and not to shut them out.

Concluding Remarks

19. The Audit Report has made a number of valuable recommendations to further enhance residential drug treatment services. The SB will continue to maintain close partnership with government departments and NGOs to optimise the services. In this regard, the preparation of the "Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012 - 2014)", which is scheduled to commence in the middle of next year, will provide a good opportunity for various stakeholders to map out the way forward and coordinate efforts in a structured manner.

20. Thank you. We will be glad to take questions from Members.

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