

## **A. Introduction**

The Audit Commission ("Audit") conducted a review of the residential treatment and rehabilitation ("T&R") services for drug abusers with focus on the following areas:

- allocation of resources to the Society for the Aid and Rehabilitation of Drug Abusers ("SARDA");
- usage of treatment centres;
- treatment centres on government sites/premises; and
- licensing of treatment centres.

2. **Hon Paul CHAN Mo-po** declared that he had been a member of the Beat Drugs Fund and Chairman of Friends of Caritas. He was currently a Council Member of Caritas-Hong Kong. Some organisations of Caritas-Hong Kong provided services for drug abusers but he had not participated in the relevant services.

3. **Mr Ambrose LEE Siu-kwong, Secretary for Security**, and **Mr Matthew CHEUNG Kin-chung, Secretary for Labour and Welfare**, respectively made an opening statement at the public hearing on 7 December 2010. The full texts of their statements are in *Appendices 23 and 24* respectively.

## **B. Allocation of resources to SARDA**

### Service re-engineering of Centre 1

4. According to paragraphs 1.2 and 1.5 of the Director of Audit's Report ("Audit Report"), psychotropic substance abuse ("PSA") has replaced heroin as the number-one enemy in the youth drug scene in Hong Kong. In particular, there was a rising trend of young drug abusers aged under 21 taking psychotropic substance. In 2009-2010, the Government provided some \$100 million to support the operation of subvented treatment centres.

*Residential treatment and rehabilitation services for drug abusers*

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5. The Committee referred to paragraphs 2.3 and 2.4 of the Audit Report which stated that despite the Committee's concern expressed in its Report No. 50 of 2008 about the under-utilisation of Centre 1 of SARDA as a result of the persistent shift from heroin abuse to PSA, Centre 1 had still not been successfully re-engineered. Table 1 in paragraph 2.6 also showed that the occupancy rate of Centre 1 had decreased from 64.1% in 2006-2007 to 63.5% in 2008-2009. Notwithstanding the above, the Government continued to grant a significant amount of public money to SARDA in 2009-2010. The Committee asked:

- out of the \$100 million provided by the Government to support the operation of subvented treatment centres, what the proportion allocated to SARDA was; and
- why Centre 1 had not been successfully re-engineered after a lapse of two years.

6. In response, **Mrs Josephine NG LEUNG Wai-fun, Deputy Director of Audit**, said that in 2009-2010, government subvention of \$81 million was provided to SARDA in which \$65 million (include in the \$100 million) was related to SARDA's treatment centre services.

7. The **Secretary for Security** and **Ms Sally WONG Pik-yee, Commissioner for Narcotics**, replied that:

- of the 316 places in Centre 1, about 200 of them had already been occupied by heroin abusers. The Government had been looking into measures to utilise the remaining 100 places;
- to assist SARDA, the Security Bureau ("SB") had commissioned the Efficiency Unit ("EU") to undertake a study with a key objective of identifying and considering various options for SARDA to re-prioritise its existing resources and expand its T&R programmes for psychotropic substance abusers; and
- upon the recommendation of the EU, SARDA had launched a programme namely Project SARDA at Centre 1 in August 2010. Apart from providing services for male heroin abusers, the Centre also provided services for young adult male of PSA.

8. **Dr Cindy LAI Kit-lim, Assistant Director of Health (Health Administration and Planning)**, supplemented that:

- although there was a rising trend of the demand for PSA treatment, there was still demand on heroin treatment. As such, there should not be a total shift of resources from heroin treatment to PSA treatment. Centre 1 had been trying to allocate more resources to serve psychotropic substance abusers. Because the skill mix required of the staff providing treatment services to the two types of abusers were different, training for staff in response to the shift of resources was required; and
- apart from staff training, time was also needed for Centre 1 to build up its clients. Although probation officers ("POs") tried to refer more probationers to the Centre, the final decision was made by the probationers themselves. Subject to the feedback of Project SARDA, the Department of Health ("DH") hoped that the progress of service re-engineering of Centre 1 could be faster.

9. The Committee further asked:

- whether the Administration would consider requiring SARDA to meet certain utilisation standard for Centre 1, such as achieving an occupancy rate of 80% or 90%, as a condition for granting subvention to SARDA; and
- whether the DH had entered into a funding and service agreement ("FSA") with SARDA as urged by the Committee in July 2008.

10. The **Commissioner for Narcotics** said at the public hearing, and the **Secretary for Security** stated in his letter of 22 December 2010 (in *Appendix 25*) that:

- the DH had requested SARDA to review the resources of Centre 1 with a view to redeploying surplus resources, if any, to serve more psychotropic substance abusers. Following the review which was expected to be concluded by end-January 2011, the Administration would consider requiring SARDA to meet certain utilisation standard for Centre 1 as a condition for granting subvention; and

*Residential treatment and rehabilitation services for drug abusers*

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- in the long term, the Administration aimed to change the mode of subvention for SARDA from the current deficiency grant to lump sum grant. The Narcotics Division ("ND"), the DH and SARDA hoped that the work of entering into an FSA with SARDA could be completed before the end of 2010-2011.

11. The **Assistant Director of Health (Health Administration and Planning)** supplemented that in calculating the amount of subvention, the DH considered the number of patients admitted for residential treatment and the bed-days occupied. The DH was aware of the decreasing number of bed-days occupied in Centre 1. Although the DH had not requested SARDA to meet a performance target on the occupancy rate, it had been closely monitoring Centre 1's utilisation. The major difficulty faced by Centre 1 was that there were not enough heroin abusers to fill the beds.

12. Noting that the skill mix required of staff providing treatment services to the two types of abusers were different, the Committee asked:

- about the differences between providing treatment services to heroin abusers and psychotropic substance abusers in terms of staff's skills and facilities; and
- of the two kinds of drug abuse, which kind of treatment was comparatively simple.

13. The **Assistant Director of Health (Health Administration and Planning)** said that:

- treatment of opiate abuse, such as heroin abuse, was different from that of PSA. For treatment of opium abuse, a medical approach would normally be adopted to help relieve abusers from symptoms of detoxification. More servicing staff was required as 24-hour medical care services had to be provided to patients to respond to their reactions towards treatment, especially during night-time and at the early stage of treatment. Apart from obtaining a licence from the Social Welfare Department ("SWD"), treatment centres which adopted a medical approach were also required to meet the licensing requirements under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165);

*Residential treatment and rehabilitation services for drug abusers*

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- there had not been a standardised method for PSA treatment as it depended on the types of drugs taken and the level of abuse. As psychotropic substance abusers required less extensive medical care services than that of heroin abusers, the requirement on medical staff might be less for PSA treatment. While residential treatment services might not necessarily be required by psychotropic substance abusers, provision of counselling services, and educational or pre-vocational training to meet their specific rehabilitation needs should not be neglected; and
- as the skill mix required of the servicing staff for treatment of heroin abuse and PSA were different, it would be hard to conclude which kind of treatment was easier.

14. In response to the Committee's enquiry, the **Commissioner for Narcotics** supplemented that according to the ND's observation, the service re-engineering of treatment centres, particularly the non-subvented ones, which adopted a gospel approach for treatment, might be faster, as programmes offered by them were generally more flexible and apt to respond to the changing drug scene or social needs. Currently, most of them admitted psychotropic substance abusers.

"Project Youth Care" and "Project SARDA" programmes

15. According to paragraphs 2.9 to 2.11 and 2.13(d) of the Audit Report, in December 2009, SARDA had submitted a framework proposal to the ND for a 3-year pilot programme named "Project Youth Care". At the same time, SARDA applied to the Hong Kong Jockey Club Charities Trust for funding support for the proposed pilot programme, which followed a multi-disciplinary and holistic service model to deliver drug preventive and rehabilitation programmes to youths aged 12 to 18. The Committee asked about:

- the relationship between the Project Youth Care programme and the Hong Kong Jockey Club Charities Trust; and
- the latest development of the Project Youth Care programme.

16. The **Commissioner for Narcotics** replied at the public hearing and the **Secretary for Security** stated in his letter of 17 January 2011 (in *Appendix 26*) that:

- the Administration had been working with SARDA earnestly to help the latter re-engineer its resources and facilities, as previously advised by Audit and the Committee. The proposed Project Youth Care programme sought to deliver, inter alia, residential services for male adolescents aged 12 to 18 through the facilities of Centre 1, after necessary upgrading and conversion;
- as the implementation of the pilot programme required a one-off funding, the Administration had to evaluate the effectiveness of the programme for consideration of granting subvention to it;
- the ND had since May 2010 provided detailed observations and comments to SARDA to help it substantiate its proposal, against its ongoing funding application to the Hong Kong Jockey Club. A number of exchanges and meetings were held with SARDA to render the Administration's advice and assistance. The SB and the ND emphasised the need for expediting the Project Youth Care proposal to better use the under-utilised facilities in Centre 1 to serve more psychotropic substance abusers, and for redeploying existing resources to this pilot project as early as possible;
- in November 2010, SARDA advised the ND that it would not further pursue the Project Youth Care proposal. Rather, it would shift and focus its efforts on "Project SARDA", an initiative that it had launched at Centre 1 in August 2010 to meet the changing drug scene. Project SARDA provided a residential programme of 26 to 52 weeks targeting at adult male psychotropic substance abusers aged between 21 and 35. Initially, Centre 1 had set aside 38 places for Project SARDA;
- the SB and the ND had looked carefully into the Project SARDA initiative and found that it enabled SARDA to:
  - (a) make early and better use of existing resources and facilities at Centre 1 to service young adult male psychotropic substance abusers without the need for additional project funding or much conversion works;

*Residential treatment and rehabilitation services for drug abusers*

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- (b) meet a service need brought by the changing drug scene. According to the Central Registry of Drug Abuse, the number of psychotropic substance abusers aged between 21 and 40 saw a notable increase of 86% from 2005 to 2009, which was much faster than those aged below 21 (51%). In 2009, the numbers of reported drug abusers of these two age groups were similar, i.e. over 3 000; and
  - (c) capitalise on the strength of Centre 1 in handling adult male drug abusers and enhance the vocational elements, to help young adult male psychotropic substance abusers reintegrate into society after completion of the new residential programme;
- the SB and the ND considered that Project SARDA, which started with 38 places (hence making up the overall occupancy of 66% at Centre 1 when these places were filled), was a proactive and prudent first step of SARDA in the right direction. With sustained efforts to provide more places for male psychotropic substance abusers over time, there was realistic scope for SARDA to bring the overall occupancy of Centre 1 to around 80%; and
  - in this direction, SARDA had been working closely with different parties such as Probation Offices to promote Project SARDA to the target groups in need. As at 12 January 2011, 15 male psychotropic substance abusers had been admitted to the Project SARDA programme. SARDA had undertaken to strive for success and expand the programme by phases where appropriate. The ND and the DH would continue to work with SARDA to make optimal use of the resources and facilities at Centre 1.

## **C. Usage of treatment centres**

### Control over non-subvented treatment centres

17. The Committee noted that of the 40 voluntary treatment centres operated by 17 non-governmental organisations ("NGOs") that provided T&R services for drug abusers, 20 were subvented whereas 20 were non-subvented. The Committee asked about the reasons for including the 20 non-subvented centres in the audit review.

18. **Mr Benjamin TANG, Director of Audit**, and the **Deputy Director of Audit** replied that:

- all treatment centres, including the non-subvented ones, were required to obtain a licence from the Government to operate their centres. In addition, some problems identified by Audit concerned both subvented and non-subvented centres;
- of the 20 non-subvented centres, 10 of them were operated on government sites/premises and there was a need to review whether those sites/premises were used effectively; and
- if the non-subvented centres were not covered in the audit review, the Audit Report would be unable to show a full picture of the problems of the existing T&R services for drug abusers.

19. The Committee further asked:

- whether there were any treatment centres which were not subsidised by the Government in one way or another; and
- whether financial assistance provided under the Comprehensive Social Security Assistance ("CSSA") to drug abusers in treatment centres was a form of indirect subsidy and the number of such abusers.

20. **Mr Patrick NIP Tak-kuen, Director of Social Welfare**, replied at the public hearing and the **Secretary for Security** replied in his letter of 22 December 2010 that for non-subvented treatment centres, some of them were totally not receiving any form of government subsidy and were self-financed. Some were assisted by the Government in terms of land, nominal rents, rates relief, payment of CSSA to eligible clients, and grants for employment of teachers. As at end of November 2010, a total of 554 recipients of CSSA were residing in treatment centres.

21. Noting that the operation mode of non-subvented centres was relatively independent and the Government's control over them might be limited, the Committee asked how the Administration could ensure that there were sufficient T&R services provided for drug abusers, in consideration of the rising trend of young drug abusers taking psychotropic substances.



22. The **Secretary for Security** replied that:

- the Government had taken various actions in recent years to combat the escalating drug abuse problem (particularly among the youth), including the following:
  - (a) in October 2007, a high-level inter-departmental Task Force on Youth Drug Abuse ("Task Force") chaired by the Secretary for Justice ("S for J") had put forward short-term, middle-term and long-term strategies in combating the drug abuse problem. In 2009, the implementation of those strategies was personally led by the Chief Executive;
  - (b) the Government had also allocated additional resources for implementing a series of T&R measures in areas including education, publicity, combating the source of drugs as well as T&R services; and
  - (c) with the funding approval of the Legislative Council for an injection of \$3 billion into the Beat Drugs Fund, the Government would make better use of the investment return of the Fund to support treatment centres in obtaining licences. Funding would be provided to the applicants immediately once their applications for the Fund were approved; and
- the Government's efforts in the past 12 months had produced positive outcome. According to the statistics, the number of young drug abusers had decreased by 20%.

23. The **Director of Social Welfare** supplemented that:

- because of historical factors, many treatment centres were operated by NGOs which were non-subvented. However, all of them were subject to licensing control under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) ("the Licensing Ordinance"); and
- the Government had allocated additional resources to provide an additional 101 subvented places in 2008. Apart from using some of the additional resources to convert non-subvented places to subvented places, there had been a net increase in the number of places by 37.

Overall capacity and uneven workloads among treatment centres

24. Although additional resources were allocated for implementing a series of T&R measures since 2008-2009, Figure 1 in paragraph 3.8 of the Audit Report showed that the overall capacity of treatment centres in 2010, as compared to that of 2003, had decreased. The Committee asked about the reasons for the decrease.

25. In his letter of 22 December 2010, the **Secretary for Security** explained that during the seven-year period from 2003 to 2010, there was a reduction in the licensed capacity of some treatment centres as a result of closure of nine treatment centres for various reasons, including service re-engineering of the NGOs concerned and reduction in the places as initiated by a few NGOs. During the same period, there was an increase in the licensed capacity as a result of expansion of six centres and setting up of one new centre. The overall capacity of 1,635 places in August 2010 was the net total number of places after off-setting the increase of 166 places by reduction of 310 places in the overall licensing capacity.

26. The Committee referred to paragraphs 3.13 and 3.14 of the Audit Report which stated that the workloads among treatment centres were uneven. There were treatment centres with high occupancy rates and long waiting time on one hand and treatment centres with significant spare capacities on the other hand. The Committee was concerned that information about the number of drug abusers on the waiting list and the number of vacant places available in each treatment centre were not made known to the POs of the SWD and drug abusers. The Committee asked whether there was any mechanism to inform POs of the workload statistics and occupancy rates of different centres.

27. The **Secretary for Security** and the **Director of Social Welfare** replied that:

- in deciding which treatment centre was suitable for a probationer, POs would consider various factors, which included occupancy rate of treatment centres, age and preference of the probationers, such as the preferred type of treatment programme and the length of treatment programme, etc. In the past, POs checked the centres' occupancy rate by phone;
- since 2010, up-to-date information on the centres' occupancy rates, including the number of abusers on the waiting list and the number of

vacant places in each centre, had been uploaded onto the Intranet of the SWD for POs' timely and easy access. Such information would be updated every three to four months; and

- notwithstanding the above, under the Probation of Offenders Ordinance (Cap. 298), POs could not send probationers aged 14 or above to any treatment centre against their wish. POs could only persuade, explain or give recommendations to probationers with regard to the situation.

28. The Committee further asked whether the above measure on sharing centres' information in the SWD was put into practice before or after the audit review.

29. The **Secretary for Security** replied that the new measure was implemented before the audit review. Since April 2010, information on the updated occupancy rate of each centre had been distributed to POs for reference and, since August 2010, up-to-date information on the centres' occupancy rates had also been uploaded onto the Intranet of the SWD for POs' timely and easy access.

30. According to paragraph 3.22 of the Audit Report, an audit analysis of the 648 cases related to referral of probationers by POs indicated that in 201 (31%) cases, the probationers had to wait for over two weeks before admission to the centres. The time lapse ranged from less than two weeks to 21 weeks. The Committee asked about the waiting time for female and male drug abusers respectively.

31. The **Commissioner for Narcotics** replied that:

- female drug abusers constituted 19% of the total number of drug abusers. However, the number of residential places for female drug abusers was unable to serve all of them, though the difference was not big; and
- as reflected by some POs, the demand for residential services of treatment centres by female drug abusers was higher than that of male drug abusers. The ND supported the increase of residential places for female drug abusers upon the in-situ expansion or re-provisioning of treatment centres.

*Residential treatment and rehabilitation services for drug abusers*

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32. The **Director of Social Welfare** and **Mr FUNG Man-lok, Assistant Director (Youth and Corrections) of the SWD**, supplemented that:

- of the 40 treatment centres, 11 served female drug abusers, 28 served male drug abusers and one both female and male. The total number of places allocated for female drug abusers was 216. To respond to the rapid increase in the number of young female drug abusers in the past few years, 27 of the additional 101 subvented places in 2008 were allocated for servicing female drug abusers, representing about 30% of the total increase;
- compared to male drug abusers, female drug abusers were easily affected by other people and were always provided with drugs free of charge. Thus, many female drug abusers preferred to reside in the treatment centre in order to stay away from drug sources, and hence the demand for residential T&R services by female drug abusers was higher than that of male drug abusers. The SWD and the ND were actively seeking to increase the number of residential places for female drug abusers; and
- of the six treatment centres with an occupancy rate of 100% or more, two of them admitted female drug abusers only. Since the strength of servicing staff was different in each centre, there was the situation where there were vacant residential places on one hand and a waiting list on the other hand due to insufficient manpower in treatment centres. POs would continue to arrange appropriate community-based drug treatment programmes to assist probationers convicted of drug-related offences while awaiting centre placement.

33. The **Deputy Director of Audit** supplemented that Table 3 in paragraph 3.23 of the Audit Report showed that of the 71 cases with waiting time of over two months, 33 were female drug abusers.

34. The Committee noted that the waiting time for centre placement in respect of female drug abusers was relatively long and there was also a shortage of places for female drug abusers. The Committee asked, for those treatment centres which admitted female drug abusers, whether the Administration had assessed if the outcome measure of achieving one of the three objectives (i.e. settled with schooling/retraining, settled with employment and led a decent living), as stated in

*Residential treatment and rehabilitation services for drug abusers*

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paragraph 3.29(a) of the Audit Report, could be attained upon termination of aftercare service for such abusers, and what the assessment results were.

35. In his letter of 22 December 2010, the **Secretary for Security** replied that:

- of the 12 treatment centres which admitted female drug abusers, the SWD and the DH only had information on seven of them which were subvented by the Government. Of these seven centres, five centres were under the SWD's subvention while two were under the DH's subvention;
- the above outcome measure was applicable to three of the five centres subvented by the SWD. The three centres had to attain the services level agreed with the SWD as prescribed in the FSA. The agreed level was 60%. The SWD had, through the existing Service Performance Monitoring System, assessed and confirmed that all three centres had met the performance standard for the first half year of the 2010-2011 financial year (April to September 2010);
- the remaining two treatment centres subvented by the SWD had another set of performance standards in their FSAs, to which the aforesaid indicator was not applicable; and
- for the two female centres under the DH's subvention, for case management purposes, the NGO concerned had been monitoring the rehabilitated abusers' conditions after programme completion with reference to the three objectives stated in the SWD's FSAs. For the first half year of 2010-2011 financial year (April 2010 to September 2010), the percentage of rehabilitated drug abusers who had met one of the three objectives reached 67%.

36. The Committee noted from Table 1 in paragraph 2.6 and Appendix C of the Audit Report that Centres 3 and 4 of SARDA, which admitted female drug abusers only, had been admitting predominantly psychotropic substance abusers and were fully utilised, but Centre 1 of SARDA was not yet positioned to cope with psychotropic substance abusers or young drug abusers, and had a relatively low occupancy rate. The Committee asked:

- whether there was a mismatch of resources allocated between female heroin drug abusers and female psychotropic substance abusers in Centres 3 and 4; and

*Residential treatment and rehabilitation services for drug abusers*

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- how the pace of service re-engineering of Centres 3 and 4 compared to that of Centre 1.

37. The **Assistant Director of Health (Health Administration and Planning)** said that:

- Centres 3 and 4 provided 42 and 24 places for female drug abusers respectively. The utilisation rate of the two centres was as high as 95% and 100%. Although the original target clients of both centres were female heroin abusers, they had been admitting female abusers of both heroin and psychotropic substances. It was noted that the number of female psychotropic substance abusers in these two Centres had been increasing. In fact, the EU had recommended in its report that residential places in Centre 3 should be increased. SARDA was actively considering the feasibility of the recommendation; and
- since the scale of operation of Centres 3 and 4 was smaller than that of Centre 1, the re-engineering of these two centres could progress faster.

Effectiveness of treatment programmes

38. Noting that different treatment centres provided different treatment programmes, the Committee asked whether the Administration had reviewed which kind of treatment programmes was more effective and had higher success rate than the others, with a view to promoting the successful programmes to other treatment centres.

39. The **Secretary for Security** and the **Commissioner for Narcotics** replied that:

- the choice of operation mode by different treatment centres depended on the organisations' belief and experience. The Administration would not impose any particular treatment mode on the centres;
- some treatment programmes were particularly popular as they provided relatively comprehensive educational programmes in shorter duration. As such, the Administration had been promoting such programmes in the Fifth three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong. It also planned to invite organisations to submit

*Residential treatment and rehabilitation services for drug abusers*

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proposals on effective modes of service and treatment programmes. It hoped to receive proposals which included solid educational programmes and flexibility in the treatment programmes; and

- starting from the 2010-2011 school year, the Education Bureau ("EDB") had enhanced the level of subvention for educational programmes in treatment centres to around \$460,000 per programme a year. In addition, the EDB had also removed the restriction on the minimum number of students in each programme. The enhanced subvention mode would help centres improve their educational programmes.

40. According to paragraph 3.29(a) of the Audit Report, the SWD and the DH required their subvented treatment centres to submit different information in their quarterly performance returns. The Committee asked:

- apart from information on the number of patients admitted for residential treatment and bed-days occupied at treatment centre, whether the DH would collect other information from the treatment centres;
- about the meaning of a "decent living" as an "outcome measure"; and
- how the Administration would ensure that the aftercare cases had achieved the objectives stated in paragraph 3.29(a) of the Audit Report.

41. The **Assistant Director of Health (Health Administration and Planning)** replied that apart from the information on the number of patients admitted for residential treatment and bed-days occupied at treatment centre which were used for calculating the amount of subvention, the DH also collected information on programme completion rate of detoxification and rehabilitation, abusers' age and sex as well as the type of abuse (i.e. heroin or psychotropic substances).

42. The **Director of Social Welfare** said that the performance of treatment centres was assessed against the performance standards in the FSA. The standards were set after discussion between the SWD and the subvented organisations. As specified in the FSA, "decent living" referred to those female service users having performed/resumed the role of housewife, or those aged persons having reunited with their families/secured stable living, including accommodation (e.g. private premises or aged home), etc.

43. The **Commissioner for Narcotics** supplemented that:

- to help rehabilitated abusers integrate into society for normal life, some treatment centres provided halfway houses in the city for rehabilitated heroin abusers. The halfway houses might be located in a public housing estate or private estate. They provided counselling services and accommodation for rehabilitated abusers who were just discharged from the treatment centres; and
- as rehabilitated psychotropic substance abusers might not be allocated a place in the halfway house and they might need to return home or return to school immediately after treatment, the Administration was very concerned about the aftercare services provided for them. The ND was discussing with local stakeholders on the mechanism for providing T&R services in phases from "awareness" to "integration into society".

44. The Committee further asked:

- whether the subvention (i.e. \$460,000) provided by the EDB to treatment centres for operating educational programmes was enough for the centres to provide formal education to young drug abusers aged 18 or below, so that such abusers could continue their studies in normal schools after treatment; and
- for how long the young drug abusers needed to wait before they could resume normal schooling after treatment.

45. The **Commissioner for Narcotics** replied that:

- there were 13 treatment centres providing educational programmes funded by the EDB. One of the requirements of the subvention was that the subsidies should be used for the employment of qualified teachers. As such, the quality of education was guaranteed. However, whether the rehabilitated abusers would return to school or find a job would depend on the abusers' preference;
- some treatment centres had connections with mainstream schools and could arrange their clients to study in those schools after treatment. For those centres which could not arrange such service, the rehabilitated



*Residential treatment and rehabilitation services for drug abusers*

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abusers could approach the regional education officer of the EDB for arrangement;

- since the young drug abusers would only reside in the treatment centres for a few months or up to about one year, the major objective of providing educational programmes was to maintain a routine and mindset of learning. The level of education provided might not be equivalent to that in formal secondary schools, but main subjects, such as Chinese, English and Mathematics, should be included in the programme; and
- although the SWD required subvented centres to submit information on the number of young drug abusers who returned to schools after treatment, such figures were not provided by non-subvented centres. The ND learnt from some treatment centres that not many young drug abusers returned to school after treatment and the majority of them preferred finding a job.

Coordination among Government bureaux/departments

46. Noting that different government bureaux and departments joined hands to combat the drug abuse problem, the Committee enquired whether there was any coordination among these government bureaux and departments, and whether there was an inter-departmental unit which met regularly to discuss the measures to deal with the drug problems.

47. The **Commissioner for Narcotics** replied that:

- there had been coordination among different government bureaux/departments on combating the drug abuse problem through different platforms, such as the Action Committee Against Narcotics, the Drug Liaison Committee and the Task Force set up under the chairmanship of the S for J. The Chief Executive also led relevant Principal Officials to expedite and escalate efforts to combat the youth drug problem in 2009; and
- as for the Task Force Report which contained some 70 recommendations, the ND performed the role of a coordinator to implement those recommendations.

*Residential treatment and rehabilitation services for drug abusers*

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48. To ascertain whether there was a sufficiently high-ranking government official to take charge of the formulation of the Government's anti-drug policy and the overall coordination of anti-drug efforts, the Committee asked which government official performed the role of the coordinator in combating the escalating drug abuse problem and about the ranking of the official.

49. The **Commissioner for Narcotics** said at the public hearing that the ND worked hard to coordinate the relevant government bureaux/departments in combating the drug abuse problem. The **Secretary for Security** stated in his letter of 22 December 2010 that the rank of the Commissioner for Narcotics was Administrative Officer Staff Grade B.

50. The Committee noted from paragraph 3.30(e) of the Audit Report that there was no arrangement for the regular dissemination of information between the SWD and the EDB. As a result, 10 centres had each admitted quite a few young drug abusers (aged below 18) for treatment in their centres, but these centres had not sought subvention from the EDB for operating educational programmes. The Committee asked about the measures which the Administration had taken or would take to improve information dissemination among government bureaux/departments.

51. The **Commissioner for Narcotics** replied that:

- the ND was running a pilot scheme namely the Service Information System ("SIS") which captured extensive drug-related information provided by five subvented centres. The information collected included operational statistics, output and outcome performance. The ND was conducting a final evaluation of the SIS. Subject to the findings of the review, the ND considered that the SIS should be extended to all other subvented treatment centres and be promoted for voluntary adoption as far as possible by non-subvented centres to facilitate continuous service improvement; and
- in the evaluation, the ND noted that a vast amount of information/statistics was collected from treatment centres by different departments for different purposes and the bases used in arriving at the information/statistics were different. In collaboration with the SWD, the DH, the EDB and relevant stakeholders, the ND would review the information required, streamline the information collection procedures,

and promote the collection from and the sharing of information among relevant parties. The review was expected to be completed by 2011.

#### **D. Treatment centres on government sites/premises**

##### Operation of Centre 21 by NGO 2 at Shatin (Case 4)

52. Paragraphs 4.20 to 4.26 of the Audit Report revealed that NGO 2 was granted a government site (of some 11,000 square metres) by private treaty grant ("PTG") for operating a non-profit-making training and rehabilitation centre for displaced persons – Centre 21. The site was described in 1996 by the Director of Lands as "a big site with good accessibility and immediate availability" and one not commonly found. Annual rent was set at 3% of the rateable value of the whole site. In November 2009, Centre 21 was granted a licence under the Licensing Ordinance with an approved licensed capacity of 318 places. The utilisation rate of Centre 21 had been very low. In the seven years up to June 2010, the centre occupancy ranged from 48 to 169 residents. The residents included not only drug abusers but also non-drug abusers and other people not receiving T&R services. The SWD had not enforced the Conditions of Grant on scale of operation, submission of accounts and report on operation.

53. Against the above background, the Committee asked why the SWD had not exercised proper control to ensure that Centre 21 operated on a satisfactory scale, given that it was located on such a good site.

54. The **Director of Social Welfare** replied that:

- in the past, the SWD's monitoring of treatment centres had focused on subvented centres. Centre 21 was the only centre which was non-subvented and operated through PTG within the purview of the SWD. The SWD had not followed up on whether this centre had submitted audited accounts before the matter was brought up by Audit. The SWD would monitor whether Centre 21 had fulfilled the requirements under the Conditions of Grant, which included the submission of audited accounts and its scale of operation; and
- as granting of land through PTG was considered a form of government subsidy, the SWD would actively explore with Centre 21 on how to better utilise its facilities and increase its occupancy rate.

55. The Committee noted from paragraph 4.25(a) of the Audit Report that Centre 21 did not employ any paid staff. Instead, it was manned by volunteer staff who served in the centre for training purposes. The Committee asked:

- whether the SWD had considered the capability of Centre 21 before granting a license for it to operate in a scale with 318 places; and
- about the progress made by the SWD to help Centre 21 increase its occupancy rate.

56. The **Director of Social Welfare** replied that:

- the scope of services provided by Centre 21 was mainly targeted at serving deprived persons, such as street sleepers or other people with difficulties. The ND and the then Health and Welfare Bureau had considered various factors such as the organisation's belief, experience, financial and administrative capability before giving policy support for the land grant and approving its licensed capacity;
- since Centre 21 was a non-subvented centre, the SWD could not set a performance target on its occupancy rate. The SWD had been encouraging its POs to refer more cases to Centre 21 where appropriate. In the past few months, the occupancy rate of Centre 21 had increased. However, with due regard to its constraints, especially on manpower and operational experience, the centre would have to admit more residents by phases; and
- for any land grant by PTGs in the future, the SWD would liaise with relevant government departments to consider putting in place a mechanism for monitoring the land use by treatment centres and include relevant requirements in the Conditions of Grant.

57. According to paragraph 3.24 of the Audit Report, of the 648 active PO referral cases as at 23 April 2010, only 43 (6.6%) cases related to probationers under treatment at Centre 21. The Committee asked whether Centre 21 had ever rejected any PO referral cases.

58. In his letter of 22 December 2010, the **Secretary for Security** replied that according to available records, there had only been two occasions on which the offenders referred to Centre 21 by the POs were found not suitable for admission by the centre because of their individual circumstances.

Idling of a treatment centre site by NGO 1 on Lantau Island (Case 3)

59. According to paragraphs 4.11 to 4.19 of the Audit Report, in Case 3, a site on Lantau Island had been granted by short term tenancy ("STT") at nominal rent since 1993 to NGO 1 for operating a treatment centre, but the centre did not appear to have come into operation for the past 17 years. On a few occasions, the Administration could have become aware at an earlier date that the site was idle, but there was inadequate follow-up action. Given that the relevant government departments had not monitored the use of the site, resulting in its idling for 16 years, the Committee queried:

- why the relevant government departments had not taken any actions regarding Case 3 before 2010; and
- what actions had been taken to follow up the irregularities, and how the Administration would prevent the recurrence of similar cases.

60. The **Commissioner for Narcotics** admitted that there had been omissions on the part of the Administration in Case 3. She said that:

- the Government's control over non-subsidized treatment centres was limited in the past as a licensing scheme had not yet been established. In Case 3, after giving policy support for the granting of a site to NGO 1, the government departments concerned did not follow up whether the proposed centre had started operation or not. With the passage of time, no one in the departments was aware of this site until it was raised by Audit;
- to follow up, the Lands Department ("Lands D") and the SWD had immediately inspected other centres operating on land grants or STTs to see whether there were similar cases. The SWD had confirmed with the Lands D that no similar cases were identified and Case 3 was the only case in which the granted land was idle;

*Residential treatment and rehabilitation services for drug abusers*

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- the Administration had contacted NGO 1 to seek its confirmation on whether the STT was still required. At last, NGO 1 indicated that it did not require the STT anymore. Since the premises on the Lantau site were in very poor physical conditions, and the scope for refurbishment/redevelopment into a treatment centre that could meet the licensing requirements was limited. The land was eventually returned to the Lands D; and
- with the established system nowadays, similar cases should not happen again. As the granting of land to operate a new treatment centre was considered an important matter, the Administration would closely follow up to check the progress. After all, treatment centres could not operate until they met the licensing requirements and used the land to the satisfaction of the Lands D, the SWD or the ND.

61. **Miss Annie TAM, Director of Lands**, added that:

- as there were a lot of land grants in Hong Kong, it was not possible to inspect every land grant to check whether all conditions in the agreement were complied with;
- in the past, when the Lands D granted a piece of land to treatment centres through STTs, it mainly relied on the advice of the policy departments on the conditions to be included into the Conditions of Grant with a view to monitoring the centres. There were two types of STTs: one was granted through tendering and the grantees were required to pay the rent; the other was granted with the support of relevant policy department and no rental was received. The Lands D would arrange its staff to inspect those centres which were required to pay the rent once every three years upon rental adjustment. The duration of land grant which was supported by a policy department was relatively long and the Lands D would not arrange inspection of those centres except upon receipt of complaints or referrals. In Case 3, the Lands D had not received any complaints or referrals about the premises over the years; and
- subsequent to the incident of Case 3, the Lands D would arrange its staff to inspect all treatment centres once every three years, no matter whether they were operated on STTs or PTGs, by completing a form and seeking the SWD's advice on whether the centres had operated to its satisfaction.

*Residential treatment and rehabilitation services for drug abusers*

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62. Noting that the SWD would provide advice to the Lands D on the conditions to be included in the land grant, the Committee asked whether the Lands D or the SWD would require the treatment centres to meet certain performance targets in the land grant.

63. The **Director of Lands** said that:

- in the Conditions of Grant for Cases 3 and 4, it was stated that the grantee had to operate the whole of the Centre on a scale satisfactory to the Director of Social Welfare and submit to the SWD audited accounts. The SWD considered that such conditions could have already enabled it to monitor the treatment centre; and
- the Lands D would accede to any request of the SWD for inclusion in the Conditions of Grant any requirements related to land, where appropriate. As for details of operation such as performance targets, the SWD might need to enter into a service agreement with the treatment centre separately.

Scale of operation of Centre 37

64. According to paragraph 4.6 of the Audit Report, Centre 37 had been operating on an STT since February 2003. For the seven years ended August 2010, Centre 37 had only admitted six drug abusers, with some staying for just a few days. Although the SWD found in many of its inspections that the centre was shabby and remained closed, it had not taken active actions to follow up and had granted a Certificate of Exemption ("CoE") to the centre each year to facilitate its continued operation. The Committee asked the reasons why:

- the six drug abusers only stayed in Centre 37 for a short period of time; and
- the Administration granted a CoE to Centre 37 annually despite its low occupancy rate.

65. The **Director of Social Welfare** said that staff of the Licensing Office of the SWD had been providing assistance and recommendations to Centre 37 to rectify its problems. In fact, Centre 37 was advised in May 2009 to suspend admission of new clients until removal of unauthorised structures which the Buildings Department

considered as making the centre dangerous for occupation. As safety was a major concern of the SWD, it would take this factor into consideration when deciding whether to grant further CoE to the centre.

66. The **Commissioner for Narcotics** said at the public hearing and the **Secretary for Security** stated in his letter of 22 December 2010 that:

- the progress of improvement works in Centre 37 was slow as the NGO operating Centre 37 was suffering from limitation in manpower and expertise. The ND and the SWD had been giving assistance to the centre; and
- non-subsided NGOs had on their own initiative developed modus operandi that suited their clientele most. According to the NGO operating Centre 37, which was not subsidized by the Government, its service targets were those occasional drug abusers and "underground drug abusers" who had low/no motivation to join a long residential treatment programme. To cater for the unique nature of its clientele, the NGO had run short-term residential treatment programmes, ranging from one to two weeks, to suit their rehabilitative needs.

## **E. Licensing of treatment centres**

### Licensing scheme introduced since 2002

67. As mentioned by the Secretary for Security in his opening statement, among the 40 existing treatment centres, 21 of them had not yet obtained a licence. The Committee asked, apart from the seven centres which were expected to obtain a licence in the coming two years:

- what the licensing situation of the remaining 14 centres was; and
- the actions which the Government would take in case these 14 centres could not meet the licensing requirements eventually.

68. The **Director of Social Welfare** replied that seven additional treatment centres were expected to obtain a licence in two years. The Government would continue to liaise with the remaining centres and provide necessary support to assist them in meeting the licensing requirements.



69. The Committee further asked:

- whether the Government had set a concrete timetable for requiring all treatment centres to comply with the licensing requirements; and
- whether those treatment centres operating on CoEs would pose safety hazards to their service users.

70. The **Director of Social Welfare** responded that:

- the scale of operation and manpower varied among treatment centres. Some non-subvented centres had been providing T&R services for a long time and their frontline services were mainly run by volunteers. In consideration of the different situations of different treatment centres, the Administration had allowed grace periods of four and eight years for subvented and non-subvented centres respectively to meet the licensing requirements. Although the Licensing Ordinance did not stipulate the length of grace periods, the SWD believed that due consideration had been given to the situation at the material time in determining the two grace periods;
- for those treatment centres which had yet to comply with all the licensing requirements, they were required to apply for a CoE from the SWD on an annual basis. The SWD would consider the actual situation of each centre, such as the progress of its re-provisioning or upgrading and construction works, in deciding whether to continue granting it the CoE; and
- when granting CoEs to treatment centres, the SWD would accord a high priority to their safety, which included building, structural and fire safety, as well as their hygiene standard. As some centres were set up using existing structures then available to them, in some cases, statutory planning requirements had not been met and in-situ upgrading works alone would not be possible to meet the licensing requirements. Under such circumstances, the centre operators would need to re-provision their centres to new sites for continuous operation and had to apply for CoEs from the SWD.

*Residential treatment and rehabilitation services for drug abusers*

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71. Noting that some non-subvented and/or voluntary organisations were small in scale and might not be familiar with relevant statutory requirements, the Committee asked whether there was a special team to render assistance to such organisations in meeting the licensing requirements.

72. The **Director of Social Welfare** replied that apart from the financial support provided by the ND for the centres' re-provisioning or in-situ upgrading, the SWD staff would liaise with the centres and provide advice to them through meetings. With the addition of two social workers, the SWD hoped to strengthen the work on licensing.

Difficulties in securing suitable sites/premises for re-provisioning

73. As mentioned in paragraph 5.16 of the Audit Report, many treatment centres needed to be re-provisioned in order to meet the licensing requirements. However, re-provisioning was very often a long process. It involved not only the identification of vacant government sites/premises suitable for setting up centres, but also processing of applications seeking planning permissions, consultation with local communities and processing of land grant (including the formulation of PTG/STT agreements).

74. The Committee referred to paragraph 5.22(a) of the Audit Report and noted that many of the vacant school premises were not considered by the SWD due to reasons such as "legality of existing structures in doubt", "inadequate floor area", "anticipation of local objection" or "proximity to residential area". The Committee asked about:

- the number of cases in which the premises were not chosen by the SWD due to "anticipation of local objection", in each of the years from 2004-2005 to 2009-2010; and
- whether there had been cases where the SWD did not consider using the premises for the reason of "actual" local objection.

75. In his letter of 1 December 2010 (in *Appendix 27*), the **Director of Social Welfare** replied that:

- in consultation with the ND, the SWD had made strenuous efforts to assist treatment centres for drug abusers in securing suitable sites/premises for re-provisioning, where in-situ upgrading or redevelopment was not feasible, with a view to meeting the licensing requirements. Of the 19 treatment centres licensed since 2002, six were licensed during 2009 and 2010. The SWD anticipated that another two treatment centres would be re-provisioned while another five treatment centres would be upgraded in-situ for licensing in the next two years. The two centres under re-provisioning had successfully secured a suitable new site for combined operation, following necessary local consultation and concerted efforts made by the SWD, the ND and other government departments in collaboration with the NGO concerned;
- in searching for suitable sites for re-provisioning of treatment centres, the SWD had to consider a basket of factors including the capacity and operational needs of the treatment centres requiring re-provisioning; space and area requirements; conditions of existing facilities on sites available; other planned uses; accessibility, planning and land usage; scale, technical feasibility, cost and time of the conversion/construction works required; site compatibility with the treatment models or programmes of the treatment centre; and views of relevant departments, etc;
- vacant school premises were made known to the SWD either through circulation by other government departments, mainly the Government Property Agency ("GPA") or the Lands D, or through referral from the GPA or the Lands D upon direct application by an operating NGO of a treatment centre which had identified the premises. Records of the SWD indicated that of all the vacant school premises circulated to the SWD from 2004-2005 to 2009-2010, 53 vacant school premises were available for the SWD's assessment and consideration of re-provisioning of treatment centres. Among them, two sites were identified and applied for by operating NGOs. The SWD supported their applications because the treatment centres had genuine need of re-provisioning and the sites were considered suitable for the purpose with due consideration of the above factors. Policy support had also been given by the ND along this line;

*Residential treatment and rehabilitation services for drug abusers*

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- the SWD had carefully looked into each of the remaining 51 premises. They were considered against the SWD's criteria and found not suitable. Inadequacy in area provision, land status (e.g. falling into private land), technical difficulties, competing uses and other factors were noted. In many cases, local objections were anticipated and were one of the pertinent issues that the SWD had taken into account. However, it might not be appropriate to attribute anticipated local objections as the only criterion that had affected the SWD's assessment of these premises. This notwithstanding, there had not been any case where vacant school premises were not considered due to "actual" local objection; and
- the SWD and the ND would continue the joint effort in identifying possible sites and promoting to the community the important role played by treatment centres and call for local support for setting up treatment centres.

76. The Committee asked about:

- the criteria adopted by the Administration in granting a licence under the Licensing Ordinance; and
- whether the above criteria included the contents of the education programmes provided by the treatment centres.

77. The **Director of Social Welfare** replied that:

- the Code of Practice issued by the SWD had provided guidelines on the execution of the Licensing Ordinance. When assessing a licence application, the SWD would consider various factors, including the land grant conditions, building safety of the centres, as well as operation and management of the centres;
- to facilitate treatment centres in obtaining a licence, the SWD had compiled a "Checklist for Drug Dependent Persons Treatment and Rehabilitation Centre for Obtaining a Licence", which listed all information required for application and provided the contact details of relevant government departments for enquiries by applicants; and
- for those NGOs which received government subvention, they would have to meet the service targets specified in the FSA and be subject to

monitoring. For those which did not receive government subvention, they had a larger degree of flexibility in their operation, which varied in terms of service mode, treatment method and length of programme.

## **F. Conclusions and recommendations**

78. The Committee:

- affirms the contributions made by treatment centres (both subvented and non-subvented) in their combat against drug abuse;
- notes that the service demands of heroin abusers and psychotropic substance abusers are different, in that the former require medical-oriented treatment while the latter require a whole range of education and rehabilitation services in order to rebuild the self-esteem and sense of responsibility of the abusers, who are mostly young people, and that the skill mix required of the staff providing treatment services to these two types of abusers are different;
- expresses grave dismay and finds it unacceptable that despite the widespread public concern over the persistent shift from heroin abuse to psychotropic substance abuse ("PSA") and the Government's heightened efforts to combat the escalating youth drug abuse problem, the Secretary for Security has failed to re-align the treatment and rehabilitation ("T&R") services for drug abusers with the changing drug scene and service demands, as reflected by the sluggish resources adjustment from heroin abuse treatment to PSA treatment, the uneven workloads among treatment centres, and the decrease in the overall capacity of treatment centres, etc;
- considers that:
  - (a) the problems identified by the Director of Audit in the provision of residential T&R services are mainly attributable to there being no sufficiently high-ranking government official to take charge of the formulation of the Government's anti-drug policy and the overall coordination of anti-drug efforts, as well as the slackness of the Department of Health ("DH"), Social Welfare Department ("SWD"), Lands Department ("Lands D") and Narcotics Division ("ND") in performing their respective monitoring roles; and

*Residential treatment and rehabilitation services for drug abusers*

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- (b) although the Government's control over non-subsented treatment centres is generally limited, it should persuade and assist the centres to provide appropriate services that are geared to the needs of drug abusers, particularly the young psychotropic substance abusers;
- urges:
- (a) the Secretary for Security to:
    - (i) give more personal attention to, and designate a sufficiently high-ranking official to take charge of, the formulation of the Government's anti-drug policy and the coordination of the Government's anti-drug efforts with other government bureaux, departments and non-governmental organisations ("NGOs");
    - (ii) proactively and regularly review the service needs in the community with a view to identifying any service gap, and take appropriate actions to close the service gap in a timely manner; and
    - (iii) proactively coordinate with the Secretary for Education to enhance the effectiveness of the educational programmes provided by treatment centres, so as to meet the diverse needs of school-age residents; and
  - (b) the DH, SWD, Lands D and ND to properly perform their respective monitoring roles over the treatment centres, including the non-subsented ones, such as through enforcement of relevant conditions in the land grant/tenancy agreements;

Allocation of resources to SARDA

- considers that an effective utilisation and successful re-engineering of SARDA's services would be conducive to addressing the rising demand for treatment of psychotropic substance abusers, given that a significant proportion (\$65 million out of the \$100 million in 2009-2010) of the Government's resources for supporting the operation of subsented treatment centres was allocated to SARDA and that the 460 subsented places provided by SARDA represented 58% of the total number of places provided by all treatment centres under government subvention;

*Residential treatment and rehabilitation services for drug abusers*

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- expresses dismay and serious concern that:
  - (a) despite the Committee's concern expressed in July 2008 and the fact that Centre 1 (with a capacity of 316 places) operated by SARDA had been under-utilised for quite a number of years, the centre has still not been re-engineered to cope with PSA; and
  - (b) the DH and SARDA have still not entered into a funding and service agreement ("FSA") as urged by the Committee in July 2008;
- acknowledges that:
  - (a) instead of pursuing further the "Project Youth Care" proposal, SARDA has shifted and focused its efforts on a new programme named "Project SARDA", which was launched at Centre 1 in August 2010 to meet the changing drug scene. The project provides a residential programme of 26 to 52 weeks targeting at adult male psychotropic substance abusers aged between 21 and 35;
  - (b) the Security Bureau considers that when the 38 places provided under the "Project SARDA" programme are filled, the overall occupancy of Centre 1 will be 66% and there is realistic scope for SARDA to bring the overall occupancy of Centre 1 to around 80%;
  - (c) the Commissioner for Narcotics has agreed with the audit recommendation in paragraph 2.12 of the Director of Audit's Report ("Audit Report"); and
  - (d) the Director of Health has said that the DH will continue to support SARDA in re-engineering its services, under the leadership of the ND;
- urges:
  - (a) the Secretary for Security to:
    - (i) accord a high priority to monitoring the pace of service re-engineering of Centre 1 and provide necessary support to SARDA to expedite the service re-engineering; and

*Residential treatment and rehabilitation services for drug abusers*

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- (ii) closely monitor the trend of PSA by young people aged under 21 to ensure that they would not be neglected and should there be any resurgence of abusers of this age group, prompt support could be provided to them; and
- (b) the Director of Health to enter into an FSA with SARDA without further delay;

Usage of treatment centres

- finds it unacceptable that the Secretary for Security and the Commissioner for Narcotics have failed to take effective measures to close the gap between the service needs of drug abusers and the services provided by treatment centres, and to ensure that drug abusers in need of treatment are always provided with appropriate services as early as possible, as reflected by the following:
  - (a) despite the rising trend of drug abuse in recent years, the overall capacity of treatment centres decreased from 1 779 places in 2003 to 1 635 places in August 2010;
  - (b) while only 799 (49%) of the 1 635 places available are subvented, a significant proportion of the subvented places remains geared to heroin treatment instead of the treatment of PSA, which is the number-one enemy in the youth drug scene in Hong Kong;
  - (c) of the 1 261 places that mainly cater for PSA treatment, 824 (65%) places are provided by non-subvented treatment centres over which the Government's control is generally limited;
  - (d) not all 1 635 places are available to drug abusers because some treatment centres can have used some of their non-subvented places for admitting non-drug abusers, and some centres may not be ready to operate at full capacities due to various reasons (such as staff resource constraint);
  - (e) according to an ND survey of September 2009, there was feedback from the anti-drug sector on the inadequacies in the services provided by existing treatment centres. Such inadequacies included insufficient places, long waiting time, inadequate training for centre staff, lack of medical support, need for strengthening the



*Residential treatment and rehabilitation services for drug abusers*

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vocational and educational programmes for drug abusers, and lack of transparency in the provision of services;

- (f) there are uneven workloads among treatment centres, some with high occupancy rates and long waiting time and some with significant spare capacities. In particular, there is a shortage of places for female drug abusers;
- (g) in 71 (11%) of the 648 drug abuser cases relating to referral of probationers by probation officers to treatment centres, the probationers had to wait for over two months (with 12 cases over four months) before admission to treatment centres. This is entirely unsatisfactory given that drug abusers' motivation to seek treatment may decrease with the passage of time. An analysis of the 71 cases further shows that 94% of the cases related to six treatment centres with limited licensed capacities. On the other hand, there are other treatment centres with significant spare capacity;
- (h) in 14 (64%) of the 22 cases selected by the Audit Commission for examination, although the probation orders issued by court had disallowed the probationers from taking any kinds of dangerous drugs during the probation supervision periods (usually one to three years), the probationers were found to have abused drugs while awaiting admission to treatment centres. Among the 14 cases, five (36%) probationers had their probation supervision periods extended subsequently (by three to 15 months);
- (i) long waiting time also has an impact on increasing the SWD probation officers' workloads, because the probation supervision periods may need to be extended and probation officers need to supervise the probationers until the probation orders are satisfactorily discharged; and
- (j) the existing mechanism of collecting information from treatment centres was fragmented, and the information so collected was not effectively shared within the Government, as detailed in paragraph 3.30 of the Audit Report. In particular, information on the number of young drug abusers under treatment at centres collected by the SWD during licensing inspections was not shared with the Education Bureau;

*Residential treatment and rehabilitation services for drug abusers*

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- acknowledges that:
  - (a) the Administration has accepted the audit recommendations in paragraphs 3.32 and 3.33 of the Audit Report;
  - (b) there are various reasons for the uneven allocation of probation officer referral cases and relatively long waiting period for some of the treatment centres, including a rapid increase in the number of young female drug abusers in the past few years, and the fact that some centres are more popular as they provide relatively comprehensive drug treatment programmes or provide flexibility in the duration of treatment programmes which are most welcomed by probationers;
  - (c) the Administration is taking measures to increase the number of treatment centre places, including supporting centre expansion where feasible and justified, and planning to invite in the fourth quarter of 2010 proposals for new and effective modes of service and treatment programmes;
  - (d) the Administration has also pursued other measures to even out the workloads of treatment centres, such as disseminating updated information about centres' occupancy rates and programmes to probation officers periodically to assist them in their work, enhancing the level of subvention to educational programmes in treatment centres, focusing efforts on centres with lower occupancy rates and solid service capabilities to strive for fuller use of their capacities; and
  - (e) the ND is assessing the effectiveness of the Service Information System, which captures extensive drug-related information including operational statistics, output and outcome performance, with a view to introducing the system to all treatment centres. In addition, the ND is consolidating the various information collected from different government bureaux/departments to streamline the information collection procedures;
- urges the Secretary for Security to:
  - (a) oversee the timely implementation of the above audit recommendations, including the provision of adequate resources to cope with the increasing service demands;

*Residential treatment and rehabilitation services for drug abusers*

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- (b) improve the coordination among relevant government bureaux/departments in overseeing and reviewing the T&R services for drug abusers and to take effective measures to ensure that drug abusers are always provided with appropriate and timely T&R services;
  - (c) suitably redeploy government resources provided to treatment centres in the light of the utilisation and service demand for different centres, such as providing resources to expand the capacity of those treatment centres which are more popular;
  - (d) make reference to overseas experience in devising the effective means for providing treatment and after-care services to drug abusers; and
  - (e) conclude the assessment of the effectiveness of the Service Information System without delay and introduce it to more treatment centres, so as to streamline the information collection procedures;
- urges the Secretary for Labour and Welfare and the Director of Social Welfare to take effective measures to improve the effectiveness of dissemination of updated information on treatment centres' occupancy rates and programmes to probation officers, so as to even out the workloads among the treatment centres;

Treatment centres on government sites/premises

- notes that many of the existing treatment centres are operated on government sites/premises granted to NGOs through private treaty grants or short term tenancies at nominal premiums/rents;
- expresses serious concern and finds it unacceptable that the Director of Social Welfare, Director of Lands and Commissioner for Narcotics have failed to devise a suitable monitoring mechanism to ensure enforcement of the conditions in the land grant/tenancy agreements that require the grantees to use the government sites/premises on a scale and/or in all respects to their satisfaction. As a result, some treatment centres have been under-utilised or left idle, as follows:
  - (a) in Case 4, after granting a good site of a sizeable area at Shatin to an NGO by private treaty grant in 1998 for the operation of a

*Residential treatment and rehabilitation services for drug abusers*

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training and rehabilitation centre (Centre 21) for displaced persons, the SWD did not properly exercise its regulatory powers provided under the Conditions of Grant to monitor the operation of Centre 21. As a result, there was no assessment on the scale of Centre 21's operation, no submission of audited accounts for Centre 21 and no request for operational reports, as detailed in paragraph 4.25 of the Audit Report. This is particularly undesirable given that some treatment centres are overloaded (especially when there was a shortage of female places) and there is waiting time for many probation officer referral cases, while Centre 21 has a large licensed capacity (318 places since November 2009) for admitting both male and female drug abusers but only admitted limited probation officer referral cases;

- (b) in Case 3, after granting a site on Lantau Island by short term tenancy in 1993 to another NGO for operating a treatment centre, the ND, the SWD and the Lands D failed to monitor whether the proposed centre had started operation or not. In the event, the Lantau site had remained idle for 16 years until October 2010 when the tenancy was terminated; and
  - (c) the SWD has exercised little control over the scale of operation of non-subvented treatment centres, as detailed in paragraph 4.6 of the Audit Report. For example, for the seven years ended August 2010, Centre 37 has only admitted six drug abusers, with some staying for just a few days. Although the SWD found in many of its inspections that Centre 37 was shabby and remained closed, it has not taken active actions to follow up and granted a Certificate of Exemption to the Centre each year, as a matter of routine, to facilitate its continued operation;
- acknowledges that:
- (a) the Secretary for Labour and Welfare and the Director of Social Welfare have undertaken to review the appropriate degree of monitoring over existing non-subvented treatment centres, and will seek the advice of the ND and the Lands D in setting up an appropriate monitoring mechanism for new centres;
  - (b) the Director of Lands and the Commissioner for Narcotics have agreed with the audit recommendations on Case 3 in paragraph 4.28 of the Audit Report. The Director of Social Welfare has said that

*Residential treatment and rehabilitation services for drug abusers*

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- the SWD is ready to join hands in exploring the alternative uses of the recovered Lantau site, and the SWD has confirmed with the Lands D that no other similar cases of idling sites are found;
- (c) regarding Case 4, the SWD has agreed to take proper measures to enforce the Conditions of Grant (e.g. Centre 21 being operated on a satisfactory scale and the submission of audited accounts);
  - (d) the SWD will follow up on the propriety of the NGO's appointment of auditor in Case 4;
  - (e) the SWD will also explore ways to make effective use of Centre 21's capacity to meet the demand for residential T&R services, including:
    - (i) exploring with Centre 21, in collaboration with the ND, on enriching the centre's education and pre-vocational programmes for school-age probationers as well as improving its manpower strength; and
    - (ii) encouraging its probation officers to, where appropriate, refer more cases to Centre 21; and
  - (f) the Commissioner for Narcotics has agreed with the audit recommendations in paragraph 4.27(c) to (e) of the Audit Report and will provide assistance;
- urges the Secretary for Labour and Welfare and the Director of Social Welfare, in collaboration with the Commissioner for Narcotics and the Director of Lands, to:
- (a) expeditiously implement the above audit recommendations;
  - (b) enforce the conditions in the land grant/tenancy agreements for government sites/premises, which may cover the scale of operation, submission of accounts and report on operation to ensure the optimal use of government sites/premises; and
  - (c) critically review the land grant to Centre 21 at an opportune time to ensure that the site is put to the most effective use in line with the Government's anti-drug policy;

*Residential treatment and rehabilitation services for drug abusers*

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- urges the Director of Social Welfare and the Commissioner for Narcotics to critically review the propriety of granting further Certification of Exemption to Centre 37;

Licensing of treatment centres

- expresses serious concern that:
  - (a) although the Drug Dependent Persons T&R Centres (Licensing) Ordinance (Cap. 566) commenced in April 2002 and grace periods of four years and eight years allowed for subvented and non-subvented treatment centres respectively have expired/will soon expire, as at August 2010, 21 of 40 treatment centres are still operating on Certificates of Exemption, comprising five subvented and 16 non-subvented centres. Despite the assurance given in 2006 by the Administration to the Panel on Security that every assistance has been rendered to help non-subvented centres comply with the licensing requirements, the progress is not satisfactory;
  - (b) for the five subvented treatment centres still operating on Certificates of Exemption, although they have furnished works schedules to the SWD, there is indication that one of them has already encountered slippage in its works progress;
  - (c) for the 16 non-subvented centres still operating on Certificates of Exemption, as at August 2010, only six have submitted works schedules to the SWD. The other 10 centres have not submitted any works schedules nor set any target dates for meeting the licensing requirements. For two of the six centres which have submitted works schedules, they have not appointed authorised persons to prepare such schedules. This casts doubt on whether the completion targets set for these two centres are realistic;
  - (d) many treatment centres need to be re-provisioned in order to meet the licensing requirements. However, re-provisioning is very often a long process, involving not only the identification of vacant government sites/premises for setting up treatment centres, but also processing of applications seeking planning permissions and consultation with local communities. If local communities object to the setting up of treatment centres in their vicinity and the problem cannot be resolved, granting potential sites to treatment centres will be difficult;

*Residential treatment and rehabilitation services for drug abusers*

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- (e) there have been cases where treatment centres did not consider potential sites for re-provisioning because of the need for maintaining slopes (which was generally very costly) within the sites;
  - (f) while the SWD considered that many vacant sites/premises were not suitable for use as treatment centres, there was no evidence that it had explored various measures (e.g. the feasibility of removing the illegal or old structures and constructing new structures) to make use of the sites/premises before giving them up. Besides, its reasons for rejecting the sites/premises were not always recorded;
  - (g) in one case, the SWD took a long time to arrange potential operators to visit a potential site for re-provisioning of existing treatment centres, and the site was eventually allocated to another government department for temporary use;
  - (h) although the Administration has provided technical advice to treatment centres on the in-situ upgrading works required, some non-subvented centres are not keen to carry out the works in order to meet the licensing requirements and accord low priority to this issue; and
  - (i) there was low utilisation of the Special Funding Scheme, which was established in 2002 under the Beat Drugs Fund to help treatment centres carry out capital works for meeting the licensing requirements. Up to April 2010, only \$10 million (43% of the earmarked funding of \$23 million) has been granted to five applications;
- acknowledges that:
- (a) with enhanced manpower in 2010, the SWD has stepped up efforts in site search, in minimising the lead time in bidding for potential sites and in pursuing an improved record system;
  - (b) funds of \$3 billion have been injected into the Beat Drugs Fund to form a larger capital base for generating greater income to support anti-drug efforts, and the scope of the Special Funding Scheme under the Fund would be expanded to provide adequate funding support to treatment centres operating on Certificates of Exemption to meet the licensing requirements as early as possible;

*Residential treatment and rehabilitation services for drug abusers*

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- (c) the Director of Social Welfare has agreed with the audit recommendations in paragraphs 5.31 and 5.32 of the Audit Report; and
  - (d) the Commissioner for Narcotics has also accepted the audit recommendations in paragraphs 5.31 to 5.33 of the Audit Report;
- urges:
- (a) the Director of Social Welfare and the Commissioner for Narcotics to enhance the support provided to those treatment centres which are still operating on Certificates of Exemption, and proactively provide assistance to enable them to comply with the licensing requirements as early as possible; and
  - (b) the Secretary for Security to closely monitor the progress of the treatment centres in meeting the licensing requirements, and implement the expanded Special Funding Scheme as soon as possible; and

Follow-up action

- wishes to be kept informed of the progress made in implementing the various recommendations made by the Committee and Audit.