

For discussion on
19 November 2013

Legislative Council Panel on Welfare Services
Drug Treatment and Rehabilitation Services

PURPOSE

This paper briefs Members on the drug treatment and rehabilitation (T&R) services in Hong Kong, with reference to the ongoing consultation on the RESCUE Drug Testing Scheme (RDT).

BACKGROUND

2. Drug abuse is a complex problem which has to be tackled in a holistic manner. In Hong Kong, we have long followed a five-pronged strategy, which involves preventive education and publicity (PE&P), T&R, legislation and law enforcement, external co-operation, and research. Many of the measures and programmes are aimed at suppressing the risk factors and strengthening the protective factors. Efforts have been made in the past few years to step up these measures with emphasis on the drug abuse problem among young people after thorough review by the Task Force on Youth Drug Abuse chaired by the then Secretary for Justice between 2007 and 2008.

3. As far as T&R is concerned, Hong Kong adopts a multi-modality approach to cater for the different needs of drug abusers of varying backgrounds. As highlighted by the multi-modality framework of T&R services for drug abusers¹ (**Annex A**), T&R services span across many sectors, such as social service, healthcare, education and aftercare services. A wide spectrum of service providers, including Government

¹ The multi-modality framework was published by the Narcotics Division of the Security Bureau in June 2012 after extensive consultation with stakeholders in relevant sectors. It conceptualises and articulates the T&R and related services for drug abusers in a more structured manner as a reference for service providers, service users and the public. The framework is not intended to be prescriptive in nature to cast service or resource boundaries.

bureaux and departments (B/Ds), the public sector (e.g. the Hospital Authority), non-government organisations (NGOs) as well as private practitioners – either individually or collectively – contribute their strengths and expertise in the identification of drug abusers, as well as providing services in their treatment, rehabilitation, as well as reintegration into society.

4. The Narcotics Division (ND) of the Security Bureau (SB) is responsible for co-ordinating anti-drug policies and programmes, including working with organisations across the public sector, NGOs and the community on T&R policies and measures. Triennial T&R plans are formulated, after extensive consultation with relevant sectors, to provide focus and strategic directions for stakeholders. The latest edition, the “Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012-14)” (Sixth Three-year Plan), was published in June 2012.

5. SB also periodically updates the Legislative Council (LegCo) Panel on Security on the anti-drug strategy and programmes, and related issues. The most recent one was in November 2013 vide LC Paper No. CB(2)184/13-14(03).

RECENT DEVELOPMENTS

6. The prevalence of psychotropic substance abuse (PSA) in recent years and the consequential severe health impact on the drug abusers have brought new challenges to anti-drug work. The Government and various sectors have together implemented measures and programmes along the five-pronged strategy (paragraph 2 above) to tackle such challenges. The following paragraphs highlight the major directions in T&R services.

Resource Enhancement

7. The Government has since 2008-09 financial year substantially enhanced T&R services for psychotropic substance abusers, including increasing the number of community-based counselling centres for psychotropic substance abusers (CCPSAs) from five to eleven within two years, increasing the number of subvented places at drug treatment and rehabilitation centres (DTRCs), providing on-site medical support service at CCPSAs and Centres for Drug Counselling, increasing the number of

substance abuse clinics (SACs) covering all seven hospital clusters and also increasing the number of clinic sessions, enhancing social work manpower for outreaching services, school social work services and psychiatric medical social work services. The additional recurrent provision amounts to around \$140 million per annum. The Government also launched in 2009 a pilot project on enhanced probation service² for young drug offenders. In light of the positive results of the pilot project, the service has been extended for three years starting from 2013-14 financial year. It will be available territory-wide to all seven Magistrates' Courts.

8. Moreover, \$3 billion was injected into the Beat Drugs Fund (BDF) in 2010 to increase the capital base for generating a larger income to better support, among others, worthwhile anti-drug projects. To this end, four rounds of funding exercise have been held since 2010. T&R has been one of the priority areas of funding. In total, 56 projects at a worth of some \$84 million supported by the BDF comprise T&R elements.

Encouraging Early Help Seeking

9. Drug abusers typically have very low motivation to seek help. Most only do so when they become very ill. According to the 2011/12 Survey of Drug Use among Students, about 80% of drug-taking students never sought help. In response to this, ND has used various means on the fronts of PE&P and T&R to encourage drug abusers to seek help early, or their family and friends to do the same. A major breakthrough is the launch of an enhanced anti-drug telephone hotline service "186 186" in June 2012. It is manned round-the-clock by professional social workers. This is complemented by a new initiative referring cases of drug abusers to NGOs for follow-up. At the same time, we launched two Announcements in the Public Interest: one of these targeting drug abusers, and the other targeting parents, teachers and neighbours, encouraging them to seek help from the hotline.

² The Enhanced Probation Scheme provides more focused, structured and intensive treatment programmes for convicted young drug offenders aged below 21 pursuant to the Probation of Offenders Ordinance (Cap. 298).

Cross-sector Collaboration

10. The substantial lengthening of the drug history of newly reported drug abusers³ and severe health impact as a result of prolonged drug abuse make it important to continue to closely involve different sectors, such as the healthcare sector, in the T&R of drug abusers. This calls for better co-ordination among various service modes (e.g. between community-based counselling services and the residential treatment services) and across sectors (the anti-drug sector, the healthcare sector and the education sector) at different stages of the treatment of drug abusers and their rehabilitation. As the central co-ordinator, ND has been spearheading efforts across Government B/Ds, the public sector and NGOs to enhance cross-sector collaboration, promote new and effective programmes, and monitor and evaluate their effectiveness.

Licensing of DTRCs

11. Residential drug treatment facilities play an important role in the rehabilitation of drug addicts. As recommended by the Director of Audit and the Public Accounts Committee respectively in their reports in late 2010 and early 2011, the Government should help those DTRCs under sub-standard conditions to meet the licensing requirements under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (the Licensing Ordinance) (Cap. 566) as soon as possible. These institutions had to either make in-situ upgrading or identify alternative sites for reprovisioning in order to meet licensing requirements. ND has since 2010 proactively provided assistance to relevant institutions in their search for alternative accommodation or sites in liaison with B/Ds, sought funding support from various sources including the BDF and served as the link with District Offices to facilitate local consultation. Since 2010, six DTRCs have successfully acquired licences with assistance of ND. We expect at least two to be able to secure a licence in the next twelve months.

12. After the \$3 billion capital injection to the BDF in 2010, ND introduced a reformed Special Funding Scheme (SFS) under the Fund in 2011 to enhance support for DTRCs to take forward upgrading works. This included measures such as increasing the maximum level of grant for each application from \$3 million to \$50 million. Since the launch of the scheme in mid-2011, BDF has approved funding of more than \$53 million in

³ The median drug history of first-time reported abusers rose from 1.9 years in 2008 to four years in 2012, having doubled within a span of five years.

support of three applications, comparing with the \$9.9 million granted between 2002 and 2011.

Reintegration into Society

13. While efforts in enhancing the T&R services over the past few years have focused primarily on increasing resources to support the expansion of various treatment modes and promote collaboration across different services, there are further thoughts recently to promoting more sustained effects in the rehabilitation of those who have completed drug treatment programmes. The Sixth Three-year Plan has highlighted the need to further develop educational and vocational training for those who go through T&R programmes, including enhancing educational and vocational training, and promoting job placement for the rehabilitees with the support of relevant sectors.

RDT

14. On 25 September 2013, the Action Committee Against Narcotics (ACAN) launched a four-month consultation exercise on RDT. Under RDT, it is envisaged that when there are reasonable grounds based on strong circumstantial conditions to suspect that a person has taken dangerous drugs, law enforcement officers would require that person to undergo a drug test. The purpose is to identify drug abusers early and refer them to social workers or medical professionals for follow up, as appropriate, in a timely manner.

15. On 5 November 2013, the Security Panel, inviting all Members of LegCo to join the meeting, noted SB's report on the progress of the ongoing consultation exercise vide LC Paper No. CB(2)184/13-14(03). As reported in the paper, ACAN has so far conducted four public forums in October 2013, attended by over 300 people. Written submissions are also coming in. There are both supporting and opposing voices.

16. From the views heard so far, there are supporting views which consider that RDT can provide an additional means to help identify drug abusers early for timely treatment. Some views express concern about safeguarding human rights and preventing possible abuse of power by the Police; some question whether RDT can identify hidden abusers or drive them to be even more hidden, as well as resources and mechanisms for

following up cases tested positive. Some raise concern about whether downstream support services would be adequate to cope with new service demand arising from RDT. There are also views that the effectiveness of the mechanism for follow-up of cases found under RDT would be crucial to the success or otherwise of RDT; some are of the view that mandatory treatment is necessary, but at the same time express concern that the system should be able to allow the drug abuser a chance to rehabilitate without a criminal record attached.

17. ACAN recognises the importance of an effective follow-up mechanism (paragraph 16) and acknowledges the importance of adequate downstream support services to complement a drug testing scheme, if implemented. ACAN notes that the Government has, over the past few years, injected considerable resources to enhancing different aspects of preventive education initiatives and T&R services. The design of a follow-up mechanism would involve complex issues which cut across different areas. ACAN therefore encourages different sectors to provide more specific comments concerning the matter to facilitate thoughts on the way forward regarding the mechanism after the consultation exercise.

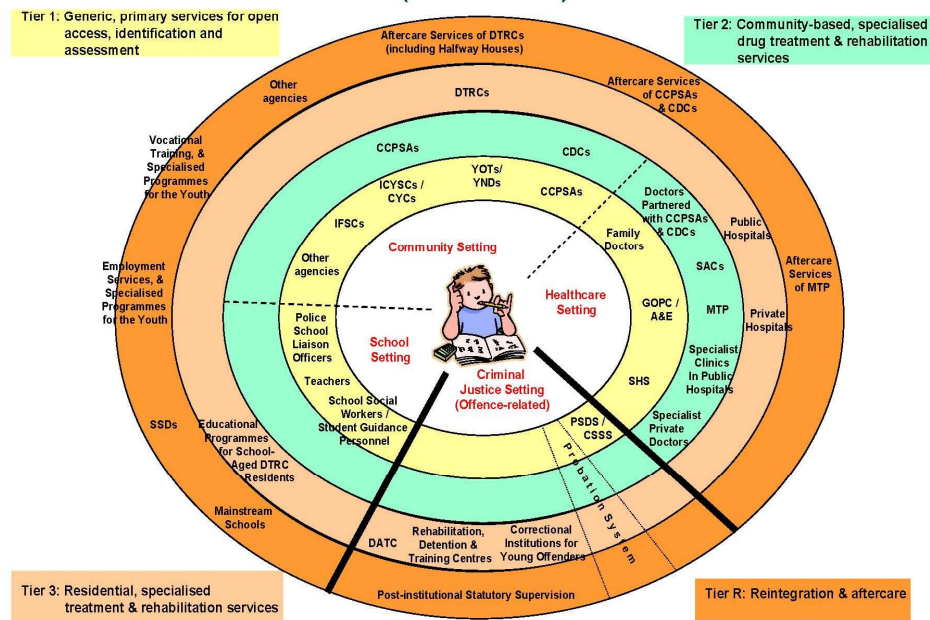
18. Overall speaking, ACAN has an open mind on this matter. Public consensus is a prerequisite for pursuing the RDT scheme. Before making concrete recommendations on the way forward, ACAN will continue to actively engage in dialogue with different sectors and encourage views on RDT, as well as specific issues identified in the consultation exercise (**Annex B**). If there is public support for RDT, there will be a need to consider further specific aspects of the scheme, including safeguards in the system and the design of the follow-up mechanism. We will continue to report progress at the LegCo Panel on Security.

ADVICE SOUGHT

19. Members are invited to note the account of T&R services and RDT in paragraphs 2 to 18 above.

**Narcotics Division
Security Bureau
14 November 2013**

A Tiered, Multi-modality Approach of Treatment and Rehabilitation Services for Drug Abusers in Hong Kong (Second Edition)



Abbreviations

- A&E: Accident and Emergency Unit
- CCPSA: Counselling Centre for Psychotropic Substance Abusers
- CDCs: Centres for Drug Counselling
- CSSS: Community Support Service Scheme
- CYC: Children and Youth Centre
- DATC: Drug Addiction Treatment Centre
- DTRC: Drug Treatment and Rehabilitation Centre
- GOPC: General Outpatient Clinic
- ICYSC: Integrated Children and Youth Services Centres
- IFSC: Integrated Family Services Centres
- MTP: Methadone Treatment Programme
- PE&P: Preventive Education and Publicity Scheme
- PSDS: Police Superintendents' Discretion Scheme
- SAC: Substance Abuse Clinic
- SHS: Student Health Service
- SSD: School of Social Development
- YND: Overnight Outreaching Service for Youth Night Drifters
- YOT: District Youth Outreaching Social Work Teams

**RESCUE Drug Testing Scheme
Public Consultation**

List of Questions for Consultation

Question 1: Do you agree that, as a matter of principle, Hong Kong should have RESCUE Drug Testing Scheme (RDT)?

Question 2: Do you agree that RDT power should be triggered only when (i) substances suspected of being drugs are found in the near vicinity of a person; AND (ii) the person in question shows signs of having taken drugs? Do you consider it acceptable that some obvious cases would not be covered by RDT for the purpose of maintaining a high threshold in triggering RDT power?

Question 3: Do you have any comments on the proposed two-stage drug testing procedures?

Question 4: Do you have any suggestions on how to safeguard individual rights?

Question 5: Should drug testing be applicable to people of all ages?

Question 6:

- (a) Do you agree that drug abusers, irrespective of age, should be eligible for a chance to receive counselling and treatment programmes in lieu of prosecution?
- (b) How many chances of counselling and treatment should be given under RDT? Should people below a certain age be eligible for more chances?

Question 7: Do you think RDT should apply to drug consumption that happened outside Hong Kong?

Question 8: Do you have any other suggestions for us?