

For discussion
on 11 April 2017

Legislative Council Panel on Security

Drug Situation in Hong Kong in 2016 and Independent Evaluation Research on the Healthy School Programme with a Drug Testing Component in the 2015-2016 School Year

Purpose

This paper provides information to Members on -

- (a) the drug situation in Hong Kong in 2016 and the Government's anti-drug efforts in response to the latest drug situation; and
- (b) the findings of the independent evaluation research on the Healthy School Programme with a Drug Testing Component (HSP(DT)) in the 2015/16 school year.

Background

2. The Central Registry of Drug Abuse (CRDA) is set up to provide relevant drug abuse statistics for monitoring changes in drug abuse trends and characteristics of drug abusers. It is a voluntary reporting system recording the details of drug abusers who have come into contact with and have been reported by the reporting agencies, including law enforcement agencies (LEAs), treatment and welfare agencies, tertiary institutions, hospitals and clinics.

3. Compiled statistics of the CRDA are reported to the Action Committee Against Narcotics (ACAN) and released on a quarterly basis. By its nature, while the CRDA does not measure the exact size of the drug abusing population in Hong Kong at any particular time, statistics derived therefrom are indicators of the trends of drug abuse over time. Other relevant sources also provide reference on the drug situation, including drug-related enforcement statistics (e.g. on arrests, prosecutions and convictions).

4. The above data and findings provide useful information on the latest drug situation in Hong Kong, and support an evidence-based approach to the formulation of anti-drug policy and measures.

The 2016 CRDA Statistics

Profile of Drug Abusers

5. The key statistics on drug abusers reported to the CRDA in 2016 are at Annex A. There was a continued decline in the total number of reported drug abusers in 2016 (at 8 077), which was 8% lower than that in 2015 (at 8 767). Their average age increased from 38 to 39 years, while the average age of first abuse increased from 18 to 19 years. For reported young drug abusers aged under 21, the number also continued to record a substantial decline of 27% (from 689 in 2015 to 502 in 2016). Their average age and their average age of first abuse remained at 18 and 15 years respectively.

6. The number of newly reported drug abusers in 2016 (at 1 927) was 12% lower than that in 2015 (at 2 179). Those aged under 21 decreased by 16% (from 419 in 2015 to 351 in 2016). Meanwhile, the proportion of young adults aged 21-35 remained at a relatively high level (from 1 241 (57%) in 2015 to 1 052 (55%) in 2016).

7. Half of the newly reported abusers had a drug history of at least 4.6 years (5.9 years in 2015).

Types of Drugs Abused

8. For drug types, the total number of reported psychotropic substance abusers (PSAs) (at 5 145) continued to be higher than that of narcotics analgesics abusers (at 4 038). The higher rate was more evident among the newly reported cases (number of PSAs and narcotics analgesics abusers at 1 682 and 256 respectively). Methamphetamine (commonly known as “Ice”) was the most popular psychotropic substance abused, followed by ketamine and triazolam/midazolam/zopiclone. The total number of reported “Ice” abusers increased by 7% (from 2 257 in 2015 to 2 414 in 2016), with 9% of whom aged under 21.

Reasons and Localities

9. Regarding the reasons for taking drugs, the most common ones for all reported drug abusers were “to avoid discomfort of its absence”, “to relieve boredom/depression/stress” and “to identify with peers”. On the localities of taking drugs, 53% of the drug abusers took drugs at home or friend’s home only.

Enforcement

10. Compared with 2015, the total number of drug-related arrests in 2016 remained steady (4 717 in 2015 and 4 734 in 2016). The total number of persons prosecuted for all drug offences was 3% higher (from 3 463 in 2015 to 3 571 in 2016), and 24 persons aged under 16 were convicted of trafficking in dangerous drugs (31 in 2015). Analysed by drug types, the highest proportion of arrests in 2016 was “Ice”-related cases (32%), followed by ketamine-related cases (19%).

Observations

11. Based on the above latest figures, we have the following observations -

- (a) **continued decline in the number of drug abusers** – The total number of reported drug abusers continued to decline as revealed in the 2016 statistics (see paragraph 5 above);
- (b) **high proportion of newly reported abusers being young adults** – The proportion of newly reported drug abusers being identified in their young adulthood (aged 21-35) remains at a relatively high level (see paragraph 6 above);
- (c) **continued prevalence of psychotropic substance abuse, with high prevalence of “Ice” abuse** – “Ice” continued to be the most popular type of psychotropic substance abused among reported drug abusers (see paragraph 8 above); and
- (d) **hidden drug abuse still a concern** – Despite a slight dip when compared with 2015, the median drug history of newly reported cases of 4.6 years still calls for attention (see

paragraph 7 above). This concern on hidden drug abuse is further underlined by the finding that most drug abusers took drugs at home or friend's home (see paragraph 9 above).

Anti-drug Efforts

12. Our anti-drug policy and measures have been underpinned by a five-pronged approach, comprising preventive education and publicity (PE&P), treatment and rehabilitation (T&R), legislation and law enforcement, external cooperation and research. While the declining drug trend has reflected the effectiveness of the anti-drug strategy and the concerted efforts of various sectors in the community, there is a need for continuing with the five-pronged approach to respond to the latest drug situation. Specifically, major initiatives will be taken forward along the directions outlined below.

PE&P

13. PE&P is the mainstay of drug prevention efforts. The PE&P campaign in the coming year will continue to enhance community awareness of the drug problem especially the drug harms of "Ice" abuse, promote early identification of hidden drug abusers, and encourage early help-seeking (particularly by young adult drug abusers). Specifically, anti-drug messages will be disseminated through different media platforms (including electronic platforms such as popular websites, mobile applications and social media platforms) so as to maximise the access to different target groups, especially the youth and young adults. Possible collaboration with organisations concerned to organise suitable programmes at workplaces or venues frequented by young adults will continue. Help-seeking through the 24-hour helpline "186 186" and the instant messaging service "98 186 186" will be further promoted.

14. The Hong Kong Jockey Club Drug InfoCentre as an anti-drug PE&P hub will continue to roll out different programmes for individual target groups, covering exhibitions and sharing sessions promoting healthy lifestyles among young people, visits and talks for students, parents and anti-drug partners.

15. For schools as important platforms for drug prevention, suitable anti-drug training for teachers, school management personnel and students

will be maintained. Promotion of the HSP(DT) as a school-based preventive education initiative to secondary schools will continue.

T&R

16. T&R services are available to drug abusers with different needs, including the compulsory treatment programme operated by the Correctional Services Department, voluntary residential programmes implemented by non-governmental organisations (NGOs) in 38 drug treatment and rehabilitation centres, voluntary outpatient methadone treatment programme administered by the Department of Health, substance abuse clinics in all seven hospital clusters of the Hospital Authority, and more than 10 community-based counselling centres for PSAs and drug abusers run by NGOs.

17. We issued in July 2015 the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong for 2015-2017 (the Three-year Plan), setting out the priorities and strategies of T&R services, and providing directions for anti-drug service providers to review and develop their action plans in light of the latest drug abuse trends. We will sustain the efforts to work closely with parties concerned to implement the recommendations in the Three-year Plan.

Beat Drugs Fund

18. The Beat Drugs Fund (BDF) has been providing funding support to worthwhile anti-drug projects. From 2012-13 to 2016-17, the BDF has approved a total funding of about \$570 million for over 270 items/projects in the areas of PE&P, T&R and research¹. The Governing Committee of the BDF Association will, taking into account the drug situation and the advice of the ACAN, draw up specific priority areas in the annual BDF Regular Funding Scheme (RFS) to guide applicants in planning suitable anti-drug projects responding to the latest drug problems. The prevailing drug trends (see paragraph 11 above) will provide the basis for formulating the priority areas in the 2017 RFS.

¹ The annual financial statements and annual reports of the BDF ended 31 March 2016 are available at <http://www.nd.gov.hk/pdf/Beat%20Drugs%20Fund%20Association%20-%20Reports%20and%20financai.pdf>.

Legislation, Law Enforcement and External Cooperation

19. Effective law enforcement is an important anti-drug element. The LEAs will continue with the strategy of targeting drug supply at source through stemming the illegal import of dangerous drugs, strengthening the patrol of drug abuse black spots, and adopting measures to combat drug trafficking. They will also continue with the liaison and intelligence exchange with the Mainland, Macao and international counterparts, and conduct joint operations as appropriate.

20. The growing psychotropic substance abuse and continuous emergence of new synthetic drugs pose new challenges to legislative control and law enforcement globally. We will remain vigilant in monitoring overseas and local drug trends, and will take timely action to bring new drugs under legislative control.

Independent Evaluation Research on the HSP(DT) in the 2015/16 School Year

21. The HSP(DT) is a school-based preventive education initiative, aiming at enhancing students' resolve to refuse drugs and fostering a drug-free culture on campus. It comprises two major components, namely preventive anti-drug activities and voluntary drug testing. The HSP(DT) has been implemented for five full school years (2011/12 to 2015/16) by August 2016, with the number of participating schools having increased from 43 in the 2011/12 school year to 122 in the 2016/17 school year.

22. The BDF Association commissioned a professional research organisation to conduct an independent evaluation research on the HSP(DT) in the 2015/16 school year, with an aim to assess the effectiveness of the HSP(DT) and make recommendations on the further promotion and improvement of the HSP(DT). The evaluation research was conducted from September 2015 to August 2016. Principals, teachers, students and parents from more than 100 secondary schools (including those participating and not participating in the HSP(DT)) were invited to take part in the evaluation research, with the total number of respondents reaching over 35 000. The report of the evaluation research was released in January 2017² (the executive summary is at Annex B).

² The full report is available at http://www.nd.gov.hk/pdf/report2015-16_eng.pdf.

Major Findings

23. The results of the evaluation research affirmed the effectiveness of the HSP(DT) as an anti-drug preventive education initiative. For the schools participating in the HSP(DT), the research findings showed that more than 90% of the principals and teachers considered that the HSP(DT) could help students develop positive values, enhance their understanding of the harmful effects of drugs and foster a drug-free school culture. About 80% of the schools and partnering NGOs reflected that the implementation of the HSP(DT) was smooth. As for students, more than 60% considered that the drug testing component and preventive anti-drug activities under the HSP(DT) could help reinforce their resolve to stay away from drugs. More than 70% of the students who completed the drug testing in the 2015/16 school year believed that their personal information was well protected and were satisfied with the operation of the drug testing. Over 80% of the parents expressed their support for the schools' implementation of the HSP(DT).

24. For the schools not participating in the HSP(DT), the research findings showed that the principals and teachers generally agreed on the positive impacts of the HSP(DT). Over 60% of the teachers, 60% of the students and 80% of the parents indicated support for the schools' implementation of the HSP(DT).

Way Forward

25. In light of the positive findings and the views collected from stakeholders in the evaluation research, the research team recommended that the Government should continue to implement the HSP(DT), with improvements to the programme design. With the support of the ACAN and the approval of the Governing Committee of the BDF Association, we will implement improvement measures in the 2017/18 school year, including strengthening the resource and administrative support for the participating schools and NGOs, and enhancing the operational flexibility of the HSP(DT). We will continue to encourage more secondary schools to participate in the HSP(DT) so as to consolidate the impacts attained and benefit more students.

Advice Sought

26. Members are invited to note this paper.

**Narcotics Division
Security Bureau
April 2017**

Summary of Central Registry of Drug Abuse Statistics for 2016

Profile of Drug Abusers

- (a) the total number of reported drug abusers in 2016 was 8 077, 8% lower than that in 2015 (at 8 767);
- (b) the number of reported young drug abusers aged under 21 recorded a more substantial decline by 27%, from 689 to 502;
- (c) the number of newly reported drug abusers in 2016 (at 1 927) was 12% lower than that in 2015 (at 2 179). Among them, those aged under 21 decreased by 16% (from 419 to 351), and those aged 21 and above decreased by 10% (from 1 760 to 1 576). The proportion of those in their young adulthood (aged 21-35) remained at a relatively high level (55% in 2016 and 57% in 2015);
- (d) half of the newly reported abusers in 2016 had abused drugs for at least 4.6 years, compared with 5.9 years in 2015. Among the newly reported young drug abusers aged under 21, half had abused drugs for at least 1.5 years, the same as in 2015;
- (e) the number of male abusers fell by 5% (from 6 937 to 6 621), and the number of female abusers fell by 20% (from 1 830 to 1 456);
- (f) same as in 2015, the average age of young drug abusers aged under 21 and their average age of first abuse remained at 18 and 15 years in 2016. As for all drug abusers, the average age increased from 38 to 39 years, while the average age of first abuse increased from 18 to 19 year;

Type of Drugs Abused

- (g) in 2016, the number of reported psychotropic substance abusers (PSAs) (at 5 145) was higher than the number of narcotics analgesics abusers (at 4 038). Among those newly reported, the number of PSAs (at 1 682) was considerably higher than the number of narcotics analgesics abusers (at 256);

- (h) compared with 2015, the number of PSAs reduced by 6% (from 5 497 to 5 145), while that of the narcotics analgesics abusers (mainly heroin abusers) decreased by 9% (from 4 422 to 4 038);
- (i) heroin remained to be the single most popular type of drug abused among the reported abusers. However, the total number of reported heroin abusers in 2016 (at 4 036) was 9% lower than that in 2015 (at 4 419);
- (j) methamphetamine (commonly known as “Ice”) was the most popular type of psychotropic substance abused in 2016. Compared with 2015, the number of reported “Ice” abusers increased by 7% (from 2 257 to 2 414), with 9% of whom aged under 21. Ketamine came second. The number of reported ketamine abusers was 39% lower (from 2 023 to 1 236) than that in 2015, with 9% of whom aged under 21;
- (k) compared with 2015, other major types of psychotropic substances registering an increased number of reported abusers included cocaine (increased by 24% from 625 to 774), cannabis (increased by 22% from 349 to 427), and cough medicine (increased by 15% from 354 to 407), while those registering a decrease included nimetazepam (dropped by 9% from 32 to 29), triazolam/midazolam/zopiclone (dropped by 2% from 986 to 967) and MDMA (dropped by 2% from 55 to 54);
- (l) the number of drug abusers taking more than one type of drugs in 2016 was 1% lower than that in 2015 (from 2 017 to 1 990)¹;

Others

- (m) the most common reasons for all drug abusers reported for taking drugs were to avoid discomfort of its absence (48%), to relieve boredom/depression/stress (43%), and to identify with peers (33%). For young drug abusers aged under 21, to identify with peers (53%) was the most common reason for taking drugs, followed by to relieve boredom/depression/ stress (49%) and out of curiosity (35%);
- (n) 53% of the drug abusers were reported to have taken drugs at home/friend’s home only, another 23% at both home/friend’s home

¹ For an abuser taking more than one type of drugs, he/she would be counted more than once in analysing individual types of drugs and “multiple counts” of the same person would occur.

and other localities, and the remaining 24% at other localities only. Among the young drug abusers aged under 21, the three most popular localities for taking drugs were home/friend's home (81%), public areas like recreation area/public park/public toilet (25%) and disco/karaoke (12%);

- (o) abusers of heroin had a relatively higher frequency of abusing drugs in general, with a median monthly frequency of abusing drugs at 60 times. The corresponding figures for other types of PSAs were much lower, e.g. 45 times for triazolam/ midazolam/zopiclone abusers, 30 times for cough medicine and MDMA abusers, 21 times for nimetazepam abusers and 17 times for "Ice" abusers; and
- (p) 75% of the reported drug abusers had previously been convicted. Among them, most had previous convictions of either drug-related offences only (39%) or both drug-related and other offences (25%), while 10% had previous convictions of other offences only.

**Independent Evaluation Research
on the Healthy School Programme with a Drug Testing Component
in the 2015/16 School Year**

Executive Summary

Background

1. Supported by the Beat Drugs Fund Association (BDFA), the Healthy School Programme with a drug testing component (HSP(DT)) has been promoted throughout the territory since the 2011/12 school year. The HSP(DT) aims to facilitate students to cultivate healthy lifestyles, develop positive attitudes and correct values, reinforce resilience, strengthen the resolve to stay away from drugs, and trigger the motivation of students in need to seek help and drug treatment. The programme comprises two major components, namely preventive anti-drug activities and school drug testing with the principle of voluntary participation.

2. In the 2015/16 school year, there were 92 secondary schools participating in the HSP(DT). With the number of participating schools increasing and schools having accumulated practical experience, the BDFA commissioned Policy 21 Limited (the Research Team) to conduct an independent evaluation research on the HSP(DT) in the 2015/16 school year (the Research), with an aim to assess the effectiveness of the programme and make recommendations on how to further promote and improve the programme.

Responses

3. The Research was conducted from September 2015 to August 2016. Through quantitative and qualitative studies, the Research Team collected views from various stakeholders including the participating schools¹, non-governmental organisations (NGOs), non-participating schools² and the Government Laboratory (stakeholders in respect of schools included principals, teachers-in-charge for executing the HSP(DT) or teachers responsible for moral education, disciplinary matters or health-related education, students and parents; stakeholders in respect of NGOs included frontline social workers and supervisory staff). The Research Team also adopted the pre-post matching design with two questionnaire surveys to measure students' ability to resist drugs and their health-related behaviours and awareness, with a view to assessing the

¹ Referring to secondary schools which had participated in the HSP(DT) before or participated in the HSP(DT) in the 2015/16 school year.

² Referring to secondary schools which have never participated in the HSP(DT) since its launch up to the 2015/16 school year.

impact of the HSP(DT) on students.

4. The Research Team invited 49 participating schools with a total of 18,338 students, and 51 non-participating schools with a total of 8,389 students to complete the pre-test questionnaires. For the participating schools, the Research Team collected 15,888 valid student questionnaires and the response rate was 86.6%. For the non-participating schools, the Research Team collected 7,847 valid student questionnaires and the response rate was 93.5%. The Research Team invited 14,326 and 5,565 students of 47 participating schools and 38 non-participating schools respectively which continued to join the study to complete the post-test questionnaires. For the participating schools, the Research Team collected 12,934 valid student questionnaires and the response rate was 90.3%. For the non-participating schools, the Research Team collected 5,378 valid student questionnaires and the response rate was 96.6%.

5. After collecting the pre-test and post-test questionnaires, the Research Team matched the questionnaires according to the personal information provided by the students (including date of birth, grade, class and sex). A total of 9,328 and 4,037 post-test student questionnaires could be matched successfully for the participating and non-participating schools respectively. The successful matching rates were 73.0% and 75.1% respectively.

6. The Research Team distributed 12,860 and 5,565 questionnaires to parents of 42 participating schools and 38 non-participating schools respectively. The Research Team collected 9,055 parent questionnaires from the participating schools and 4,264 parent questionnaires from the non-participating schools. Assuming that the questionnaires not returned were not repeated questionnaires, the response rates were 70.4% and 76.6% respectively.

7. The Research Team invited principals and teachers of 70 participating schools and 51 non-participating schools to complete the questionnaires. The numbers of questionnaires collected from the principals of the participating and non-participating schools were 54 and 32 respectively. The response rates were 77.1% and 62.7% respectively. The number of questionnaires collected from the teachers of the participating and non-participating schools were 55 and 30 respectively. The response rates were 78.6% and 58.8% respectively.

8. The Research Team also invited the responsible staff of 22 NGO service points to complete the questionnaires for NGOs. 16 NGOs completed and returned 50 questionnaires in total.

9. Regarding the qualitative study, the Research Team visited several participating and non-participating schools to conduct interviews or focus group discussions with principals, teachers-in-charge, parents and students. The Research

Team also interviewed a number of supervisors and responsible social workers of NGOs who assisted in implementing the HSP(DT), as well as staff of the Government Laboratory responsible for handling drug testing samples.

Research Findings

Promotion of the HSP(DT)

10. Regarding the promotion of the HSP(DT), the Narcotics Division and the participating schools provide different reference materials to stakeholders to facilitate their understanding of the details. 88.9% of the principals of the participating schools presented the details of the HSP(DT) to students. Among the participating schools, over 80% of the students and more than 90% of the parents agreed that they understood the objectives of the HSP(DT). This reflected that the current means of promotion could enable students and parents to understand and accept the HSP(DT).

11. For the non-participating schools, all responding principals and teachers indicated that they were aware of the HSP(DT). Over half had participated in the briefing sessions organised by the Narcotics Division. Comparatively, fewer students and parents were aware of the HSP(DT), and the percentages were 36.7% and 53.3% respectively.

12. Concerning the level of support to the HSP(DT), more than 90% of the principals of the participating schools, according to their observations, believed that the school sponsoring bodies or Incorporated Management Committees, teachers and parents supported the schools' participation in the HSP(DT). Nearly 80% of the principals also considered that their students supported such participation. As for the non-participating schools, less than half of the principals considered that the stakeholders supported the schools' participation in the HSP(DT), while around 30% of the principals indicated having never discussed the relevant issues with parents and students.

13. Nevertheless, the views of other stakeholders of the non-participating schools showed that their attitudes towards the schools' participation in the HSP(DT) were positive. 66.7% of the teachers indicated that they would support such participation, while 60.4% of the students indicated their wish for such participation. Up to 69.7% of the Form One students indicated this wish, and this percentage was higher than those of the Forms Two to Five students (56.1% to 60.0%). The percentage of parents supporting the schools' participation in the HSP(DT) was even higher at 82.3%, which was similar to that of the parents of the participating schools who supported the schools' continued implementation of the HSP(DT) (83.4%). This reflected that the

stakeholders of the non-participating schools, especially the parents, were supportive of the HSP(DT).

14. For both the participating and non-participating schools, the schools cared about the views of their stakeholders when deciding whether to join the HSP(DT). For the participating schools, they were more concerned about how the HSP(DT) would influence students' healthy lifestyles and whether the HSP(DT) could help develop an anti-drug school culture. As for the non-participating schools, they were concerned about the protection of students' personal privacy and the impact on the workload of teachers.

Drug Testing Component

15. On the participation in the drug testing, generally speaking, nearly half of the students of the participating schools indicated that they would participate in the drug testing in the 2015/16 school year. In particular, the participation rate of nearly 60% of the Form One students was the highest. Comparatively, the participation rates of the lower forms were higher than those of the higher forms. The overall participation rate was higher in schools with a longer participation duration than that in schools with a shorter participation duration. Students' willingness to participate in the drug testing was also related to their understanding of the HSP(DT). Students, who indicated that they understood the objectives of the HSP(DT) and agreed that their schools had provided adequate details, the consent form for participating in the drug testing was clear and they had been given sufficient time to consider whether to join the drug testing, were more likely to join the drug testing.

16. On the other hand, students who agreed to participate in the drug testing in a school year were more inclined to participate in the drug testing in the next school year, especially those who had been selected for taking the drug testing (around 60%). However, for participating students claimed to have been selected for taking the drug testing repeatedly in the same school year, the proportion of not agreeing to participate in the drug testing in the next school year was higher than that of other selected students.

17. From the perspectives of parents, over 70% of the parents indicated that they would encourage and consent to their children's participation in the drug testing. Comparing the recent two school years, the parents of Forms Two and Three students were more inclined to consent to their children's participation in the drug testing in the 2015/16 school year than the previous school year.

18. For the non-participating schools, the views of the students and parents on participating in the drug testing were similar to those of the participating schools. About half of the students indicated that they would participate in the drug testing if

their schools implemented the HSP(DT). Students who had heard of the HSP(DT) were more inclined to participate in the drug testing, and the percentage was about 60%. More than 70% of the parents indicated that they would agree to their children's participation in the drug testing if their schools implemented the HSP(DT).

19. In considering participation in the drug testing, the parents and students of both the participating and non-participating schools shared similar concerns. In deciding whether to participate in the drug testing, the students and parents of the participating schools were mainly concerned with the details of the drug testing, including privacy issues, modes of taking samples, sanitary conditions during the procedures and reliability of the testing results. As for those of the non-participating schools, besides privacy issues, sanitary conditions and reliability of the testing results, they would also consider whether the students' personal experience would be enriched by the drug testing.

20. For the practical details and procedures of drug testing, more than 70% of the students who had completed the drug testing in the 2015/16 school year indicated that the operation of drug testing was satisfactory and believed that their personal information was well protected. Over 20% of the students, regardless of whether they had joined the drug testing, indicated that they would mind being repeatedly selected for the drug testing within the same school year. As to the mode of taking sample, 80% of the students chose hair sample.

21. With schools' accumulation of experience in implementing the HSP(DT), the implementation of drug testing procedures had become increasingly smooth. More than 90% of the principals indicated that they seldom or never observed any discoordination during the drug testing procedures or any problems in communicating with the partnering NGOs. Only 18.5% of the principals expressed that there were occasional clashes between the schools' other activities and the drug testing, and problems in collecting the consent forms.

22. The partnering NGOs shared similar views. Only 11.5% of the NGO representatives indicated that discoordination had occasionally occurred during the operation of drug testing. The representatives of the Government Laboratory also indicated that the School Drug Testing teams had become familiarised with the sample taking procedures.

23. On the students' perception, more than 60% of the students of the participating schools agreed that the drug testing component could enhance their ability to resist drugs, including enhancing their understanding of the drug testing procedures, reinforcing their resolve to stay away from drugs and enhancing their knowledge of drugs. The students of the non-participating schools shared similar views, with more than 60% agreeing to the effectiveness of the drug testing component on their ability

to refuse drugs.

24. In addition, those students who would participate in the drug testing were more likely to agree that the drug testing component could enhance their ability to refuse drugs and bring other possible benefits, as compared with those students who would not participate in the drug testing. It was also observed that those students who had agreed to join the drug testing continuously for consecutive years were more likely to agree to the effectiveness of the drug testing component on their ability to refuse drugs and other aspects.

25. As to the views of other stakeholders of the participating schools on the effectiveness of the drug testing component, the parents considered that schools' participation in the HSP(DT) with a drug testing component made them feel reassured. From the schools' perspective, the drug testing component was beneficial to reinforcing students' resolve to stay away from drugs, but the schools did not expect to identify drug-taking students through the drug testing. Instead, they would like to demonstrate the schools' anti-drug determination to stakeholders and the community. Generally, the principals of the non-participating schools agreed to the need for anti-drug preventive education. However, some of them had reservations on conducting school drug testing and were concerned that the voluntary nature of the drug testing could not help identify drug-taking students.

Anti-drug Activities

26. The students of the participating schools had opportunities to join various types of activities. The top three activities reported by the students that they had joined were anti-drug/health information seminars (82.3%), health-related/physical fitness surveys (74.0%) and exhibitions/game booths related to healthy lifestyle education (63.1%). The situation of the students of the non-participating schools was similar. More than 70% of the students reported that they had joined the aforementioned activities. This reflected that students' participation rates in various activities were satisfactory in both the participating and non-participating schools.

27. According to the views of the NGO representatives collected during the interviews, the HSP(DT) could enable the participating schools to arrange for anti-drug activities in a more regular and sustained manner. To strengthen anti-drug preventive education, the NGO responsible staff would also incorporate drug-related knowledge and information on the harmful effects of taking drugs into various types of activities.

28. Parents' participation in activities was not active. For the participating schools, only 15.2% of the parents recalled that they had joined the briefing sessions of the HSP(DT) or other activities promoting anti-drug messages. However, about

36.1% of the parents indicated willingness to spend time on these activities. More parents of the lower form students indicated that they would like to take the time to join parent activities. More than 50% of the parents of the Form One students would like to so participate.

29. As for the implementation of activities, both the school representatives and the NGO representatives expressed that the process was smooth. 87.0% of the principals indicated that class teachers or teachers-in-charge would invite students to join the activities. More than 70% of the teachers-in-charge considered that their workload of planning, executing and managing various activities under the HSP(DT) was reasonable. Only 11.9% of the NGO representatives indicated that they had frequently adjusted the contents of the implementation plans of the preventive anti-drug activities.

30. Concerning the effectiveness of activities, more than 70% of the students of the participating schools considered that activities with themes on promoting drug-free lives, and healthy lifestyles and values were adequate. More than half of them considered that the activities could enhance their knowledge of drugs, reinforce their resolve to stay away from drugs, and encourage them to foster positive attitudes and healthy lifestyles. For the students of the non-participating schools, more than 60% considered that activities with the above themes were adequate, and this percentage was lower than that of the participating schools. More than 60% of them believed that participation in activities would reinforce their resolve to stay away from drugs, enhance their knowledge of drugs, render their campus life more vibrant, enhance their communication with schoolmates, foster positive lifestyles and attitudes, and develop diverse interests.

31. Regarding the views of parents on the effectiveness of activities, more than 70% of the parents of the participating schools having joined the activities indicated that the activities could encourage them to care more about the health of their children or themselves, and reinforce their confidence in their children's schools. The opinions of the parents of the non-participating schools were similar. More than 70% of the parents having joined the activities agreed that the activities could help raise their awareness of the health of their children or themselves, reinforce their confidence in their children's schools and enhance their understanding on how to handle the behavioural problems of their children.

Overall Effectiveness

32. Overall speaking, more than 70% of the students considered that they acquired adequate drug-related knowledge and more than 80% of the students considered that they understood clearly the risks of taking drugs.

33. As for the resilience to peer pressure on drug temptation (scaled from one to ten), more than 50% of the students believed that they were able to refuse to take drugs easily (ten points) while around 10% of the students believed that their resilience was weak (five points or below). In the pre-test, there was no significant difference on the resilience to refuse drugs between the students of the participating schools and those of the non-participating schools. In the post-test, the resilience of the students of the participating schools (especially the Forms Three and Four students) showed an increase whereas that of the students of the non-participating schools had no change.

34. In both the pre-test and post-test, 97.1% of the students reflected that they would not take drugs in the coming two years. There were no significant changes between the pre-test and post-test. More students of the participating schools indicated that they would not take drugs in the coming two years.

35. Students' ability to refuse drugs was affected by various factors. Over 60% of the students of the participating schools agreed that the participation in activities could help increase their knowledge of drugs, and enhance their resolve to stay away from drugs. More than 60% of them also believed that the drug testing could help improve their ability to refuse drugs, including helping enhance their knowledge of the drug testing procedures, strengthen their resolve to stay away from drugs and enhance their drug-related knowledge. For the non-participating schools, many students had also participated in health-related activities, and over 60% of them agreed that the activities could help improve their ability to refuse drugs and knowledge of drugs.

36. The consolidated information showed that the types of activities and students' participation were similar between the participating and non-participating schools. Some non-participating schools had, through sharing with participating schools at different platforms, heard about the experience in participating in the HSP(DT). This might bring about a spill-over effect, fostering closer modes of anti-drug preventive education among the participating and non-participating schools. Nevertheless, comparing the results between the pre-test and post-test, the resilience of the students of the participating schools showed a higher increase than that of the students of the non-participating schools.

37. According to the views of the participating schools, 98.1% of the principals agreed that the HSP(DT) could help enhance students' knowledge of drugs and enable students to accept anti-drug messages more readily. 96.3% of the principals agreed that the HSP(DT) could help students cultivate healthy lifestyles, develop positive values and build up an anti-drug culture in the campus. 96.4% of the teachers agreed that the HSP(DT) could help build up an anti-drug culture in the campus. 94.5% of them also agreed that the HSP(DT) could help enhance students' knowledge of drugs

and demonstrate the schools' anti-drug determination, similar to the views of the principals.

38. The majority of parents of the participating schools agreed to the effectiveness of the HSP(DT). Nearly 80% of the parents agreed that the HSP(DT) could help build up an anti-drug culture in their children's schools, and enhance their children's knowledge of drugs and their resolve to stay away from drugs.

39. Compared with the parents of the non-participating schools, more parents of the participating schools expressed that they would sometimes or frequently discuss the harmful effects of drugs with their children, teach them how to refuse drugs from friends, and remind them not to join social activities which probably exposed them to drugs. This reflected that the parents of the participating schools might have a higher awareness of the youth drug abuse problems and would be more likely to adopt various measures in preventing their children from coming into contact with drugs.

40. Regarding the views of the NGO representatives, 92.0% of them agreed that the HSP(DT) could help enhance students' knowledge of drugs. More than 80% of them agreed that the HSP(DT) could help students cultivate healthy lifestyles, develop positive values, and enable them to accept anti-drug messages more readily.

41. According to the views of the stakeholders of the non-participating schools, the principals and teachers also agreed to the positive impacts of the HSP(DT) on students. More than 80% of the principals agreed that the HSP(DT) could help enhance students' knowledge of drugs and cultivate positive values. 78.1% of the principals also agreed that the HSP(DT) could enable their students to accept anti-drug messages more readily. More than 90% of the teachers agreed that the HSP(DT) could help enhance the knowledge of drugs of students as well as teachers and other school staff. 86.7% of the teachers also considered that the HSP(DT) could enable students to accept anti-drug messages more readily.

42. The parents of the non-participating schools also had a positive perception of the effectiveness of the HSP(DT). 83.3% of the parents considered that the HSP(DT) could enhance their children's knowledge of drugs. Nearly 80% of them agreed that the HSP(DT) could help their children's schools build up an anti-drug culture and reinforce their children's resolve to stay away from drugs.

Future Development and Recommendations on Improvement

43. Currently, the HSP(DT) mainly comprises two components: drug testing and activities. The findings of the Research reflected the positive impacts of the HSP(DT), especially on reinforcing students' ability to resist drugs and parents'

awareness of preventing their children from taking drugs. The schools also indicated their wish to have more resources in providing preventive education to students. Hence, the Research Team recommends that the Government should continue to implement the HSP(DT) with improvements on the programme design as specifically set out below.

Promote Participation of Schools

44. The Research Team recommends that the Government should deliver the affirmative attitudes of the parents and students of the non-participating schools when promoting the HSP(DT) in future. The Government should also encourage schools to consult the views of various stakeholders and let more stakeholders have a better understanding of the HSP(DT) through the consultation. In addition, the Government could consider providing more details on the practical operation and related support in implementing the HSP(DT), and encourage schools to provide more detailed information to parents so as to enable their clear understanding of the contents concerned.

45. To enable schools to get familiar with the practical operation and reinforce the promotion to various stakeholders, the Research Team recommends that the Government should consider allowing schools to flexibly select some forms to join the drug testing component as trial in their first participating year. This would also facilitate the schools in better explaining the HSP(DT) to parents and students, thereby enhancing their understanding of the programme. Participating schools could then extend the drug testing component to the entire school for implementation after the first trial year.

46. The Research Team also recommends that the Government should consider providing different project proposals to different organisations as reference, setting up a platform or lining up participating schools and NGOs to organise sharing seminars and inter-school activities, so as to enable different participating schools, NGOs and non-participating schools to exchange information.

Project Duration

47. As continuous participation would enhance the effectiveness of the HSP(DT), the Research Team recommends that the Government should add an option of three years regarding the project duration. Furthermore, it could encourage schools and NGOs to design more successive activities fitting the development of students. The Government could also consider allowing schools to accept their students' one-off consent to join the drug testing in the first participating year. If students do not want to continue to join the drug testing, they could apply for withdrawal in writing.

Project Grants

48. The BDFA provides lump-sum grants to schools to supplement their financial expenditure during the implementation of the HSP(DT), and also to the partnering NGOs or schools for implementing the drug testing component and activity component. Taking into account the views of various stakeholders, the funding provided for recruiting staff should be refined. Regarding the funding for the drug testing, the Research Team recommends the Government provide more assistance to the Government Laboratory. As for that for activities, besides suggesting increasing the funding for recruitment, the Research Team recommends that the funding for the activity component be enhanced, with a view to providing sufficient resources to schools and NGOs for organising activities beneficial to students.

Specifications on the Administrative Work

49. The stakeholders wished to simplify the administrative work in the HSP(DT). The Research Team recommends that the Government should consider refining the templates of the implementation plan, and provide guidelines or reference samples for completing reports for reference of NGOs or schools.

Practices of Managing and Monitoring Projects

50. The Research Team recommends that the Government should consider arranging or deploying more staff in processing applications. They may also arrange staff to conduct visits to activities under the HSP(DT), so as to enhance the credibility and attractiveness of individual activities.

Enhance Participation Rate of the Drug Testing Component

51. To consolidate the impacts attained, the Research Team recommends retaining the drug testing component of the HSP(DT). To raise the participation rate, the Research Team recommends that the participating schools and NGOs, in promoting the HSP(DT), should consider using various means to enhance the understanding of students and parents of the implementation process of the drug testing. The participating schools and NGOs should also review and share the feedback of participating students on their experience and perceived effectiveness of drug testing with other students (especially those lower form students).

Adjustment to Details of the Drug Testing Component

52. The Research Team recommends that the Government should consider enhancing the flexibility of the sampling of the drug testing component, such as specifying more clearly that individual schools are allowed to adjust the frequency and

sampling rate of drug tests with reference to the number of participating students and school operation. This could reduce the happening of a student being repeatedly selected for drug tests in the same school year, which could in turn enhance students' motivation on joining the drug testing continuously. This could also reduce the possibility of the drug testing period clashing with other school activities.

Increase Diversity and Interactivity of Activities

53. In view of the fact that the stakeholders agreed to the current operation mode and effectiveness of the activity component, the Research Team recommends maintaining the flexibility in the design of activities. Schools and NGOs should continue to design diversified, innovative and interactive activities. They should also consider collecting feedback of students through different means or letting students participate in the design of the activities so as to maintain the attractiveness of the activities and motivate students to join. The Research Team also recommends that the Government should encourage schools to organise inter-school activities, including with non-participating schools, to promote sharing and exchange among schools and students, thus promoting the healthy school culture more widely.

Enhance Participation in Parent Activities

54. The findings revealed that joining parent activities would be beneficial in enhancing parents' health awareness and their confidence in schools. The Research Team recommends that the Government should continue to encourage the participating schools to organise parent activities and provide resources in supporting relevant activities. The participating schools and NGOs should consider adjusting the contents and schedule of parent activities in order to attract more parents' attendance, and establish a good home-school relationship.