Establishment Subcommittee
Meeting on 9 December 2009

List of follow-up issues

To address the concern about the propriety and merits of the trial scheme on school drug testing, **the Administration** *was requested to provide information regarding the percentage of work that would be undertaken by the proposed Principal Assistant Secretary (Narcotics) Special Duties on the trial scheme (first paragraph of the specific performance targets of the post at Enclosure 2 to EC (2009-10)11).*

As discussed in EC(2009-10)11 (the ESC paper), the proposed PAS(N)SD post would principally be responsible for two major areas of work, namely treatment and rehabilitation, and drug testing.

2. Drug treatment and rehabilitation for those fallen victim to drugs constitutes a very important part in our comprehensive anti-drug strategy. A substantial and major part of the work of the proposed post is to take forward plans and programmes (paragraphs 25-28 of the ESC paper) and meet corresponding performance targets (paragraphs 4-7 in Enclosure 2 to the ESC paper).

3. As regards drug testing, it encompasses work in three aspects, namely school drug testing, compulsory drug testing and hair testing services (paragraphs 17-24 of the EC paper), with three corresponding performance targets (paragraphs 1-3 in Enclosure 2 to the ESC paper).

4. On school drug testing, it includes completion of the trial scheme in Tai Po District (the Scheme) and an evaluation research of the Scheme, followed by a comprehensive review and refinement of the Scheme. The actual physical testing will only form a very small part of the work. As an illustration, among the approximately $11 million approved for carrying out the Scheme, the testing part costs roughly 20% ($2.4 million) of the total

amount, while the remaining substantial part of funding is allocated to provide professional support services to students and schools ($9 million).

5. The objective of drug testing is to serve as a means to help us better prevent drug abuse and provide support to those in need who otherwise could not be identified. Given the hidden nature of psychotropic substance abuse, many youngsters may be tempted to try drugs at a tender age and could remain undiscovered for years, affecting many others along the way and creating great pressure on downstream support services when they eventually surface.

6. It is far more effective if we could help prevent youngsters from being lured by drugs and identify and help drug abusers as far up the course as possible. Drug testing can have the potential to become such a tool and it must be accompanied by support services for prevention, treatment and rehabilitation. Be it school drug testing or compulsory drug testing, the physical testing itself only takes up a very small fraction of work. The substantial part is dedicated to support services helping youngsters identified through drug testing.

7. Against the above explanation, we reckon that that work in relation to the physical testing in the Scheme, as referred to in the target in the first paragraph at Enclosure 2 to the ESC Paper, should take up about 2-3% of the full spectrum of work of the post holder. If school drug testing is rolled out to all secondary schools in phases, the whole initiative including downstream support services is expected to make up about 25% of the work of the proposed post.

In relation to the concern about the effectiveness of the work of the post-holder in the combat against drug abuse, **the Administration** *was requested to provide detailed information on how the post holder would coordinate the provision of downstream support services to meet the needs of drug abusers and their families.*

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8. Hong Kong adopts a multi-modality approach to meet the different needs of drug abusers with varying backgrounds and circumstances. Support services at different points of intervention are delivered by a variety of

agencies, including government departments, public hospitals, subvented and non-subvented voluntary non-governmental organisations (NGOs), religious bodies, individual professionals, etc. -

(a) For experimental abusers, our goal is to identify them early and motivate them to seek treatment. Social workers from schools, counselling centres for psychotropic substance abusers (CCPSAs), outreaching teams and other social welfare units play an important part by seeking out and engaging them. Teachers can also play a role. In basic healthcare, family doctors meeting thousands of patients each day can help identify drug abusers early.

(b) For regular abusers, CCPSAs play a crucial, central role in the community as specialised drug treatment units manned by social workers skilled in structured psychosocial interventions and supported by nurses and doctors in providing basic medical services.

(c) For those who have developed psychiatric complications, Substance Abuse Clinics (SACs) of the Hospital Authority (HA) can provide specialist interventions. Private practitioners also play a role.

(d) For those who have developed drug dependence, there are 40[1] voluntary drug treatment and rehabilitation centres (DTRCs) providing programmes of various lengths and natures (20 subvented by the Social Welfare Department (SWD) or Department of Health (DH) and 20 not; their education programmes are subvented by the Education Bureau (EDB)), run by 17 NGOs or religious bodies. The methadone programme run by DH also provides maintenance and detoxification services specifically for heroin abusers.

[1] An additional centre was licensed on 16 December 2009.

(e) For those abusers who have breached the law, there are sentencing options like probation (administered by SWD and judicial officers) or compulsory treatment at drug addiction treatment centres run by the Correctional Services Department.

9. The treatment and rehabilitation sector is demonstrably diversified in not only the presence of many service providers of different backgrounds but also the involvement of other stakeholders like schools, parents, and professional bodies. Within the Government itself, treatment and rehabilitation cut across the policies and programmes of many bureaux (e.g. Security Bureau, EDB, Labour and Welfare Bureau, Food and Health Bureau (involving HA which it subvents)) and departments (e.g. DH, SWD, Government Laboratory).

10. The post holder will assist the Commissioner for Narcotics (C for N) in playing a central coordinating role to ensure that different modalities can support one another and cater for the changing needs of drug abusers through concerted efforts along an agreed strategic direction. First, in terms of overall policy setting, he will assist C for N in following through the recommendations of the Report of the Task Force on Youth Drug Abuse released in November 2008 and the Fifth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2009-11) published in April 2009, following extensive consultations with the anti-drug sector and within Government. Second, at the operational level, he will monitor the implementation of the recommendations, the service utilisation and the changing drug scene. The downstream support services of school drug testing (the Scheme and possible further rolling out) and compulsory drug testing (proposal for consultation and actual scheme to be implemented through possible ensuing legislation) are a case in point.

11. To tackle the deteriorating youth drug abuse problem in the past few years, the Government has escalated the central efforts through the Task Force on Youth Drug Abuse led by the Secretary of Justice (October 2007 - November 2008) and the Chief Executive's Anti-drug Campaign (started in mid-2009). Additional time-limited directorate support has been provided to assist C for N in such escalating efforts. Following extensive consultation, coordination and planning involving various sectors and stakeholders, government bureaux and departments, etc, a series of new measures of

treatment and rehabilitation have been introduced with resources added or redeployed (see Appendix).

12. In the days ahead, we will continue with our escalated and expedited efforts under the steer of the Chief Executive. Many treatment and rehabilitation initiatives are in the pipeline, with support for families in addition to drug abusers as clear focal points –

(a) We work to promote collaboration between different sectors and modalities to ensure a continuum of services;

(b) We encourage and facilitate more training for anti-drug workers including teachers, social workers and medical practitioners;

(c) We strive to strengthen support from the community and family, as well as education and vocational training for drug abusers to facilitate their reintegration into society;

(d) Regarding voluntary residential treatment programmes, we would continue to render assistance to 23 existing DTRCs without a licence to overcome difficulties in seeking upgrading and relocation, addressing issues in land use planning, land administration, buildings and fire safety, and conducting local consultation exercises; and

(e) We are also consulting the anti-drug sector on possible new and effective service models and are planning to invite proposals in early 2010.

13. With anti-drug policy remaining a major priority area of the Government, we will continue to closely monitor the drug abuse situation, improve service capacity and delivery, and seek provision of necessary resources to dovetail with our escalated and expedited efforts in treatment and rehabilitation. This would involve extensive and intricate planning, consultation and coordination work which needs to be undertaken by the proposed post.

Appendix

In 2008-09, an additional resource of $53 million was allocated for the implementation of a package of initial measures devised by the Task Force on Youth Drug Abuse, out of which $25.6 million was dedicated or related to treatment and rehabilitation purposes. These include –

- enhancement of day and overnight outreaching services;
- setting up of two additional CCPSAs;
- provision of 101 subvented places at drug treatment and rehabilitation centres; and
- enhancement of medical social services at SACs.

2. Through resources redeployed and newly identified, HA in 2008 re-opened the SAC in Queen Mary Hospital and opened a new SAC in Kowloon East. Separately, the escalated efforts were also supported by the Beat Drugs Fund, which approved $33 million of funding for 59 projects in the 2008 annual exercise.

3. In 2009-10, the Government implemented two recommendations of the Task Force with additional resources, both starting from October 2009. $4.7 million has been allocated to enable CCPSAs to provide on-site nursing support and to collaborate with outside medical practitioners for elementary consultations. $0.9 million has also been allocated to start a two-year pilot scheme of enhanced probation for drug abusers in two magistracies. In 2009, HA further put in $13 million new resources to enhance the capacity of SAC. The Beat Drugs Fund also approved $23 million of funding for 68 projects in the 2009 annual exercise and another $11 million to sponsor the Scheme most of which go to downstream support services.