

Trial Scheme on School Drug Testing in Tai Po District (School Year 2009/10)

Evaluation Research **Report**

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Commissioned by
Narcotics Division, Security Bureau

 Policy 21 Limited
政策二十一

**Trial Scheme on School Drug Testing
in Tai Po District
(School Year 2009/10)**

**Evaluation Research
Report**

November 2010

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I. Background

1. Introduction

1.1 In October 2007, the Chief Executive in his Policy Address announced the appointment of the Secretary for Justice, the incumbent Deputy Chairman of the Fight Crime Committee, to lead a high level inter-departmental task force (“Task Force”) to tackle the youth drug abuse problem. The Task Force summed up its work and recommendations in its Report on Youth Drug Abuse in November 2008.

1.2 Considering the degree of seriousness of the youth drug abuse problem, and recognizing that proper school-based drug testing scheme may serve to deter and prevent drug abuse as well as facilitate early intervention of drug abusers so that they would be motivated and guided towards counselling or treatment at an early stage, the Task Force recommended that a research project be commissioned to devise possible school-based drug testing schemes for voluntary adoption by schools in Hong Kong.

1.3 In July 2009, the Chief Executive set out directions to tackle youth drug abuse problems. One of the key strategies is the carrying out of the Trial Scheme on School Drug Testing in Tai Po District in the school year 2009/10 (“Scheme”). The Scheme was launched in December 2009.

2. The Trial Scheme on School Drug Testing in Tai Po District

2.1 The Scheme is a joint initiative of the Government (led by the Narcotics Division (ND), Security Bureau (SB) and Education Bureau (EDB)) and 23 public sector secondary schools in the Tai Po District, supported by parties in the social welfare, healthcare and related sectors. Development of the Scheme is guided by the following principles:

- a) Helping students in their best interest;
- b) Voluntary participation;
- c) Keeping personal information strictly confidential; and
- d) Professional testing and support services for students.

2.2 As noted by the Task Force on Youth Drug Abuse, drug testing may serve the objectives of monitoring and deterrence, early identification, preventing drug abuse and crime investigation and prevention.¹ At the early planning stage of the Scheme, there were expectations in the community that drug testing could serve as a tool for identifying student drug abusers early so that they might be motivated and guided towards counselling or treatment. At the same time, however, there were also many expressing grave concerns about the privacy and human rights issues of students. After taking into account views expressed by the community, it was finally decided that the Scheme would be run on an entirely voluntary basis with consent to participation to be given by both students and their parents. Specifically, the purposes and imperatives of the Scheme are as follows:

- a) For prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
- b) For rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap. The Scheme could also shed light on the effectiveness of cross-sector and multi-disciplinary downstream support service to student drug abusers.

Most often, young drug abusers have little motivation to seek help. Added to the hidden nature of psychotropic substance abuse, they may remain hidden from the usual help networks for quite some time until they are trawled by social workers or arrested by the police after they have abused drugs for a number of years when serious damage has already been done to their body and spirit. Apart from enhancing the resolve of those students who have not taken any drugs to continue to stay away from drugs, it is believed that by triggering the motivation of those students who have abused drugs to seek help, school drug testing would facilitate their early identification and guide them towards counselling or treatment.

¹ *Report of the Task Force on Youth Drug Abuse* (November 2008), p.81.

2.3 Each month, approximately 5% of participating students from a school will be randomly selected and tested by the Student Drug Testing (SDT) team. Each school may be visited twice a month and some 32 to 40 students may be randomly selected and tested during the two visits. Students will not be informed in advance the date and time of visits. It is noted that in the initial months, a lower proportion of students has been tested, as both schools and the SDT have to familiarize themselves with the testing procedures. The role of project officer is observing the SDT team on school visits and offering comments, advising participating schools on the data privacy requirements, relaying concerns identified to relevant authorities, handling complaints and compiling reports.

2.4 For screened negative cases, the project officer will inform the results to the school principal via the school visit report and the principal will inform the parents or guardians of the students concerned. For positive cases identified by the SDT team, the project officer will immediately inform the school principal and the principal will notify the identified students' parents or guardians and invite them to a meeting on the day. The SDT team will provide on-the-spot counselling to the identified students. In addition, various counselling measures will be provided to the identified students, including:

- a) The school principal will notify the designated teachers for assistance and counselling at school;
- b) The SDT team will make immediate arrangements for the attendance of a school social worker and a case manager from the designated Counselling Centre for Psychotropic Substance Abusers (CCPSA), who may provide counselling services and necessary support to the identified students and their parents or guardians;
- c) The case manager, school social worker and/or designated teachers will discuss with the parents or guardians on matters related to the immediate welfare of the identified students and preliminary suggestions on appropriate support programmes.

2.5 For screened positive cases, the urine specimens concerned will be sent to the Government Laboratory for a confirmatory test and the result of which will be available in about 5 working days. The identified students and/or their parents or guardians may also request to have another test to be conducted by an independent laboratory. It is noted that nevertheless, there has not been a confirmed positive

case identified in the Scheme.

2.6 When the cases are found to be false positive (i.e. when the result of the confirmatory testing by the Government Laboratory or the independent laboratory is found to be negative), relevant parties will be informed. The case manager will abort the support services. In case the students or parents/guardians concerned have emotional distress, the case manager will provide necessary counselling services to them, and the school social worker will also provide necessary backup, if required.

2.7 For confirmed cases, the case manager will inform the students and their parents or guardians and continue to coordinate the support services. The project officer will inform the principal about the result and the school principal will release the result to the designated teacher and school social worker. The case manager will also convene a multi-disciplinary case conference to formulate a support programme for the identified students. For experimental or non-dependent regular abusers, various services will be provided to them, including:

- a) Counselling and assistance from school social workers and designated teachers at school;
- b) Community-based support services outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family or interpersonal relationship training and psychiatric or psychological intervention; and
- c) Basic medical support;
- d) Subject to the agreement of the identified students and/or their parents or guardians, they will participate in a mentoring scheme and each of them will be matched with a mentor;
- e) Cases with psychiatric and other medical complications may be referred to the Psychological Medicine Clinic of Alice Ho Miu Ling Nethersole Hospital or Substance Abuse Clinic at Prince of Wales Hospital for specialist medical treatment.

2.8 Addicted (dependent) abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres run by 17 non-governmental organizations (NGO). After completion of the

residential programme, the rehabilitated student may resume schooling in a mainstream or other school, with EDB providing placement assistance to facilitate social reintegration.

2.9 The support programme summarized above may last up to six months and will not go beyond 31 December 2010 upon completion of the Scheme. The identified students may continue to receive support services outside the Scheme from the designated CCPSA, school social workers, designated teachers, the mentoring scheme and related parties. Other services from relevant government departments (e.g. Integrated Family Service Centres (IFSC) of Social Welfare Department) and NGO may also be available to the identified students and/or their parents or guardians.

2.10 The arrangements summarized above are set out clearly and in detail in a Protocol released to parents and students in November 2009 to invite their participation.

2.11 A total of 2,495 students were randomly selected for the screening test. Of these, 1,975 students took the test and no confirmed positive case was found. Among the selected students, 459 students were assessed as being not suitable for the test in view of their physical condition or having taken medications. Fifty-five students could not provide a urine specimen for the test at the relevant time. Six students refused to take the test and the schools contacted their parents according to the protocol. Since the launch of the scheme, four false-positive cases were found following confirmatory testing by the Government Laboratory. The concerned students and parents were informed immediately of the results.²

2.12 Since the announcement of the participation rate last December, 68 more students and their parents have joined the scheme, while six students and their parents withdrew from the scheme. More than 12,400 students have joined the Scheme, representing some 61% of the student population.

² Press release “Update on Trial Scheme on School Drug Testing in Tai Po District”, accessed on 26 June 2010 from <http://www.info.gov.hk/gia/general/201005/25/P201005250242.htm>.

3. Objectives of the research³

3.1 The present research involves the following

- a) To conduct a comprehensive assessment of the Scheme focusing on both the process and outcome;
- b) To review other local and overseas experience of drug testing in schools; and
- c) To suggest refinements and revisions to the Scheme and map out a practical course of action for rolling out drug testing to other schools in the territory based on findings of a) and b) above.

³ Consultant Team Members, please see [Appendix 1](#).

II. Approach and Methodology

4. Research approach adopted

Issues to be addressed

4.1 There were a number of issues of concern on school-based drug testing, including for example privacy, confidentiality, consent, who should bear the cost, who should conduct the tests, the process of selecting subjects for testing, the process of testing, drug testing methods, false positive problems, the consequences of a positive drug test. The administration of the tests by schools may lead to a number of complex social, ethical and technical issues as well as adding to the heavy workload of schools. Strong resistance from schools and parents especially those from at-risk families may be encountered.⁴

4.2 Indeed, as pointed out by the Australian National Council on Drugs, there was a range of social, economic, ethical and legal disadvantages of school drug detection and screening, such as potential stigmatization, discrimination and alienation of students who were subject to screening and detection, creation of mistrust, suspicion and loss of respect between teachers and students and/or parents and their children, and disengagement of young people from schools.⁵

4.3 Thus, in examining the feasibility of a school-based drug testing scheme, tailored to the school setting, for voluntary adoption by local schools, it would be necessary to address the various issues of concern including liberty of persons, possible labelling effect, ways to promote compliance among parents and students, the kind of sanctions and incentives to be provided, which party should conduct the drug tests, the funding of the scheme, support and referral services required, etc.⁶ In other words, apart from assessing the effectiveness of the Scheme in achieving its intended objectives, it would be necessary to examine the direct and indirect effect of the Scheme on students, parents and schools, the implementation process as well as prohibiting and enabling factors affecting the effectiveness of

⁴ *Report of the Task Force on Youth Drug Abuse* (November 2008), p. 81 - 104.

⁵ Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

⁶ *Report of the Task Force on Youth Drug Abuse* (November 2008), p. 104.

the Scheme.

Evaluation paradigms

4.4 As noted by researchers, in assessing effectiveness and impact of social programs, the dominant evaluation paradigm adopted by researchers is based on the hypothetico-deductive methodology. Using experimental or quasi-experimental design, this method enables researchers to identify the causal relationship between certain outcomes and the “treatment”. However, in order to gain insight into, for instance, why and how a program works, it has been suggested that the interpretivist or constructivist paradigm should be adopted, focusing on answering questions about the process and implementation, and what the experiences have meant for those involved.⁷

4.5 The hypothetico-deductive methodology, in its crudest form, depends on the conditions that the evidence supporting the hypothesis is true and the evidence is the logical outcome of the hypothesis.⁸ This method is however not without limitations. For example, researchers pointed out that the method had problems in determining the relevance between evidence and hypothesis or theory. It could not distinguish and confirm or disconfirm a particular part of a theory.⁹

4.6 It may be noted that the two approaches reflect a researcher’s belief about the nature of the world. The hypothetico-deductive methodology follows a positivist paradigm which maintains that the reality is fixed and the objective knowledge can be produced through rigorous methodology. An interpretivist researcher, on the other hand, maintains that knowledge is socially constructed and reality is ultimately subjective. Researchers also noted that the instruments used in positivist studies, especially those designed to quantify people’s subjective feelings, were socially and culturally constructed.¹⁰

7 W K Kellogg Foundation (2004), *Evaluation Handbook: philosophy and expectation*.

8 Grimes, Thomas R (1990), “True, content and the hypothetico-deductive method”, in *Philosophy of science*, 57: 514 – 522.

9 Rakover, Sam S (2002), “Reconstruction of past events from memory: an alternative to hypothetico-deductive method”, in *Behaviour and philosophy*, 30: 101 – 122.

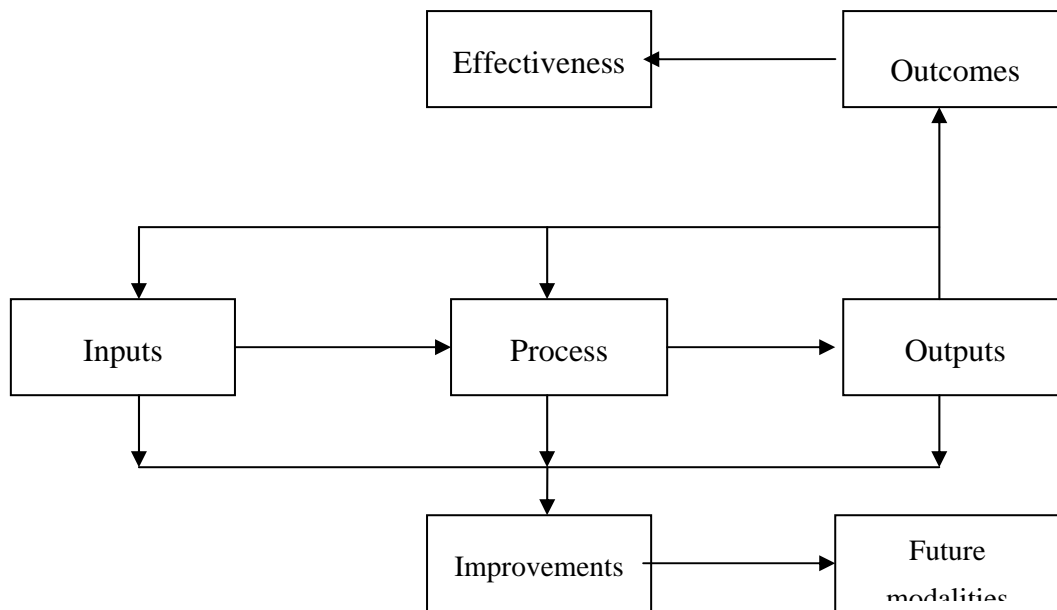
10 Broom, Alex and Willis, Evan (2007), “Competing paradigms and health research”, in Saks, Mike and Allsop, Judith, *Researching health: qualitative, quantitative and mixed methods*.

4.7 The Project Team believes that in evaluating the Scheme, it is necessary to assess the impact of the Scheme, in a scientific manner, following the positivist approach. In addition, given the issues highlighted above, the Project Team has to gather views of stakeholders and other qualitative information related to the Scheme, following the interpretivist approach. However, given that the research only commenced after the launch of the Scheme, it was not possible to adopt a rigorous research design like a pre-post quasi-experimental design to examine the impact of the Scheme on students. Nevertheless, while relying primarily on the subjective views of students, parents, teachers and principals on the perceived effectiveness of the Scheme, following the interpretivist approach, the Project Team has attempted to gather quantitative data on students' awareness of drugs, attitude towards fighting drugs and drug taking behaviour.

Mixed method approach

4.8 Accordingly, a mixed method approach has been adopted by the Project Team in conducting the research. The Project Team is aware that school drug testing is highly controversial, with proponents citing prospects and in some cases evidences of positive impact in reducing abuse of drugs by students on the one hand, and opponents raising concerns involving practical, legal, ethical and educational issues. What is heartening to note is that both proponents and opponents share a common ground, namely appropriate actions must be taken promptly to abate the rising trend of drug abuse by children and youth. The Project Team is also aware that the Scheme is an additional new initiative, over and above a host of measures being implemented by schools in preventing drug abuse by students and helping those who have abused drugs to quit drugs.

4.9 The aim of the evaluation is to assess the Scheme in terms of programme reach, efficacy and implementation fidelity. In examining the process of implementing the Scheme, quantitative and qualitative information was obtained from various stakeholders. In addition, quantitative information on the outputs and outcomes of the Scheme was also gathered. The information collated had helped the Project Team evaluate the effectiveness of the Scheme in meeting its intended objectives and identify areas for improvement and modalities for future rolling out of school-based drug testing to other schools. The research approach adopted by the Project Team is depicted in the diagram below:



5. Research methodology

Overview

5.1 Both quantitative and qualitative information was collected in the research. To assess the impact of the Scheme, quantitative information on students' awareness of drugs, attitude towards fighting drugs, drug taking behaviour and perceived effectiveness of the Scheme was collected. In addition, quantitative data were collected on the views of principals, teachers and parents on the Scheme. Qualitative information on views of relevant stakeholders on the Scheme and suggestions for possible improvements were also gathered. References were made, through literature research, to practices of and research on school drug testing in other countries.

Other statistical information examined

5.2 In the school year 2008/09, a survey of a representative sample of secondary schools was conducted, as part of the 2008/09 Survey of Drug Use among Students commissioned by the Narcotics Division. Information collated in the survey included students' drug-taking patterns, awareness of drugs and

attitude towards fighting drugs. A random sample of 112 secondary day schools and 83,605 Secondary 1 – 7 students were enumerated in the survey.¹¹

5.3 In addition, a survey was conducted by the Narcotics Division in December 2009 on all students in the 23 secondary schools in Tai Po, using a self-administered questionnaire. In the survey, information on students' awareness of drugs, attitude towards fighting drug use as well as their views on the Scheme was gathered. A total of 19,121 Secondary 1 – 7 students were enumerated in the December 2009 survey.

5.4 In the present research, the Project Team has examined statistics obtained from the two surveys mentioned above, cross-referencing with those of the survey conducted by the Project Team in June 2010. It should be noted that the 2008/09 survey was not designed to provide precise estimates at the district level. Furthermore, the questionnaires used in the 2008/09 survey, the December 2009 survey and the June 2010 survey were different, rendering direct comparison difficult, if not impossible. As the 2008/09 survey, the December 2009 survey and the June 2010 survey were conducted in an anonymous manner, it is not possible to match data for individual students in the three surveys. Thus, any analysis of changes between say 2008/09 and June 2010 can only be made for all students or groups of students as a whole. Nevertheless, findings of the three surveys should be able to throw light on changes in students' awareness of drugs, attitude towards fighting drugs and drug taking behaviour over time, though the data could not be used for an assessment of the impact of the Scheme on students, following the usual pre-post design.

5.5 The June 2010 survey also covered a representative sample of students attending secondary schools outside Tai Po, serving as the control group. However, the Project Team is aware that the allocation of students to the experimental and control groups is not random.

Literature research

5.6 As part of the research, the Project Team has also undertaken a literature research of school drug testing. Firstly, peer-reviewed journal articles were

11 Narcotics Division, Security Bureau (2010), *The 2008/09 Survey of Drug Use among Students: Report*.

searched through academic databases like ProQuest, Academic Search Premier, Medline, Sociological Abstracts and Social Work Abstracts, using keywords “school based drug test” and “drug test”. The search returned tens of thousands of references many of which were not relevant to the present study. The search was further refined by having the key words in quoted phrases and search returned about 188 references.

5.7 Another attempt was made by using the “360 Search and Webfeat” which gave lists of reference materials analyzed by topics. Using the keywords “random drug test”, “drug testing”, “school drug testing” and “drug detection”, the search engine returned 307,400, 2,138,400, 417,300 and 948,800 pieces of reference materials respectively. Attempts were made to further refine the search by selecting relevant topics listed by the search engines, namely “drug testing”, “drug abuse” and “illicit drugs”, and excluding topics that were not relevant such as “cancer”, “medicine”, “pain”, “virus”, “cell”, “HIV”, “disease”, “genetic”, “resistance”, etc. Based on this approach, 218 references were identified. Secondly, references cited by articles identified in the search of academic databases were used as leads to more references. It is believed that important and quality research and journal articles published on school drug testing should have been identified through this procedure. References presented in this report are those considered to be directly relevant to the present study.

Quantitative study: the June 2010 survey

Sampling design

5.8 In addition to students, the June 2010 survey also covered principals, teachers and parents. For secondary schools in Tai Po, all principals, teachers and students¹² and the parents of a random sample of students were invited to participate in the survey, using a self-administered questionnaire for principals, teachers and parents, and a group administered questionnaire for students. By end June 2010, the number of principals, teachers, students and parents enumerated in the survey on Tai Po secondary schools is summarized in the table below.

12 At the time of the post-survey, Secondary 5 and 7 students have already left schools and hence were not covered in the survey.

	Number sampled		Number enumerated		Response rate (%)	
	Schools	Respondents	Schools	Respondents	Schools	Respondents
Principals	23	23	23	23	100	100
Teachers	23	1,318	22	1,034	96	79
Students	23	14,542	22	13,110	96	90
Parents	23	3,558	22	2,494	96	70

5.9 It is noted in statistical surveys, a random sample of respondents is normally sufficient. Nevertheless, given that all students have been enumerated in the December 2009 survey, it is considered desirable to interview all students again in the June 2010 survey. This will facilitate analysis of changes in students' awareness of, attitude towards and their use of drugs, as well as their views on the Scheme, for students as a whole and at the sub-group levels (e.g. by age groups), without being subjected to sampling errors. Given that the proportion of students who have taken drugs is likely to be very small, including all students in the survey will ensure that the precision of survey findings on students who have taken drugs is not affected by the smallness of the sample size. Furthermore, by having a full coverage of all teachers and students of secondary schools in Tai Po, they were given a chance to express their views on the Scheme.

5.10 For secondary schools outside Tai Po, a two-stage disproportionate stratified random sampling design was adopted. In the first stage, a stratified random sample of schools was selected with types of schools as the stratification factor. The list of 429 secondary schools in districts outside Tai Po was first stratified by types of schools (government, aided and Direct Subsidy Scheme) and then sorted by district. A random sample of 150 secondary schools was randomly selected for the survey. By early July 2010, a total of 102 schools were enumerated in the survey, representing a response rate of 68%.

Types of schools	Total number of schools	Number sampled	Number enumerated	Response rate (%)
Government	32	10	7	70.0
Aided	366	110	76	69.1
Direct Subsidy Scheme	61	30	19	63.3
Total	459	150	102	68.0

5.11 In the second stage, for the schools sampled, the principals and teachers were all invited to participate in the survey, by completing a self-administered questionnaire. For students, a stratified random sample was selected with grade as the stratification factor. For each school sampled, one class was randomly selected

from each grade and all students in the class sampled were invited to participate in the survey, by completing a group administered questionnaire.

5.12 As regards parents, a non-overlapping stratified random sample of students was selected, with the stratification factor being grade. For each school sampled in the first stage, one class which did not overlap with the class already sampled for students was randomly selected from each grade and the parents of all students in the class sampled were invited to participate in the survey, using a self-administered questionnaire.

5.13 When the survey was conducted in June 2010, most schools were having school examinations. For some schools, it was not possible for the Project Team to distribute questionnaires to students and parents. As a result, the response rate at the second stage for students and parents was very low. Readers are cautioned to note this in interpreting findings of the June 2010 survey for students of schools outside Tai Po and their parents.

	Number sampled	Number enumerated	Response rate (%)
Principals	150	95	63.3
Teachers	6,600 *	4,227	64.0
Students	20,000 *	6,926	34.6
Parents	20,000 *	4,979	24.9

* estimated

Questionnaire design

5.14 The Project Team has made efforts to ensure that the questionnaire items for students in the June 2010 survey on awareness of drugs, attitude towards fighting drugs and drug taking behaviour followed closely those adopted in the 2008/09 survey or December 2009 survey. To minimize response set, the question items on awareness and attitude were intermingled and worded in such manner that did not necessarily give the expectation of “agree” or “disagree” answers. In addition, for students of secondary schools in Tai Po, their views were solicited in the June 2010 survey on their participation in Scheme, the process of drug testing, impact of drug testing and expectations of and suggestions for future drug testing schemes. The questionnaire items were drawn with reference to views expressed by students through focus group discussions with them.

5.15 As noted by the Task Force on Youth Drug Abuse, personal, school and family were risk and protective factors affecting students' drug taking behaviour.¹³ Therefore, social networks, performance at school, parental guidance and family relationship were explored in the questionnaires for students. This would facilitate more in-depth analysis of the survey findings based on the characteristics of the students and the extent of parental anti-drug guidance and supervision. The questionnaires used in the June 2010 survey of students of secondary schools in Tai Po and outside Tai Po are shown in Appendix 2.

5.16 As regards questionnaires for principals, teachers and parents, to facilitate comparison across different groups of stakeholders, the questionnaire items included in the questionnaires for students, where applicable, were also included in the questionnaires for principals, teachers and parents. In addition, views of principals and teachers were also sought on the preparatory arrangements for drug testing and the roles of teachers and school social workers in the Scheme. The questionnaire items were drawn up with reference to views expressed by principals, teachers and parents during in-depth interviews and focus group discussions with them. The questionnaires for principals, teachers and parents used in the June 2010 survey are shown in Appendix 2.

Data collection procedures for the June 2010 survey

5.17 The June 2010 survey was conducted in an anonymous manner, with the identification of respondents not shown on the questionnaires. Names of schools were also not shown on the questionnaires. The processing of the questionnaires and the analysis of the survey findings were conducted without identifying names of individual students and individual schools.

5.18 For students, they were asked to complete a group administered questionnaire. The students sampled for the survey were assembled in the classrooms or school halls to complete the questionnaires, in the absence of teachers or other school personnel. Names of schools and students were not shown on the questionnaires. Researchers from the Project Team were responsible for distributing and collecting the questionnaires, and were present throughout the data collection process to answer any questions students might have on the

¹³ *Report of the Task Force on Youth Drug Abuse* (November 2008), Chapter 3.

questionnaires. Students were also assured that information provided by individual students would not be revealed and the survey data would be analyzed at an aggregate level, without revealing the identity of individual schools or students.

5.19 For principals, teachers and parents, they were invited to complete a self-administered questionnaire, and return the completed questionnaire in a sealed envelope. As such, information provided by teachers and parents was kept strictly confidential and was not known to school personnel.

Gathering of qualitative information

5.20 Qualitative information required for the research was gathered from stakeholders involved in the implementation of the Scheme, including principals, teachers, students and other school personnel in the 23 secondary schools in Tai Po. In-depth interviews were conducted with principals and school social workers serving the 23 secondary schools in Tai Po. For teachers and students, focus group discussions with them were conducted at the school premises. The Project Team had also conducted focus group discussions with students and parents arranged through NGOs in Tai Po, at premises outside schools.

5.21 Needless to say, principals and teachers in secondary schools outside Tai Po were watching closely the implementation of the Scheme. The Project Team believes that it would be useful to gather their views as well, especially on future rolling out of school-based drug testing to other schools in the territory. Thus, a number of in-depth interviews were conducted with principals of secondary schools in different districts known to the Project Team to have introduced various anti-drug measures. In addition, representatives of educational organizations, School Sponsoring Bodies (SSBs), parent-teacher associations were also consulted and their views sought on the Scheme.

5.22 Other non-school stakeholders directly or indirectly involved in the Scheme were covered in the consultation process. These included members of the SDT team and social workers of CCPSA and other NGOs in and outside Tai Po, concern groups as well as representatives from government agencies. In addition, stakeholders responsible for providing preventive, treatment and other follow up services to students involved or potentially involved in drug use such as medical practitioners were also covered. With the assistance of the Hong Kong Council of

Social Services, consultation meetings were held with representatives of organizations providing school social services to schools. Finally, views of members of the legal profession and academics in the fields of children’s rights and privacy were also sought. A list of organizations and individuals consulted in the research is given in [Appendix 3](#) and the number of these organizations and individuals is summarized in the table below.

	Stakeholders involved**				
	In-depth interviews with Principals	Focus group discussions with teachers	Discussion meetings with students	In-depth interviews social workers	In-depth interviews with other stakeholders
Tai Po District	23	21 schools	21 schools	11 NGOs	2 groups
Districts outside Tai Po	9	3 schools	-	12*	23*

* Individuals and organizations

** Excluding government departments

Sampling and non-sampling errors

5.23 The Project Team is aware that data obtained from the 2008/09 survey, December 2009 survey and June 2010 survey are subject to both sampling and non-sampling errors. For sampling errors, they can be quantified. As the sampling design adopted in the June 2010 survey was a two-stage disproportionate stratified sampling design, the calculation of sampling errors would have to take into account the design effect arising from clustering due to a two-stage design and weighting due to disproportionate sampling and stratification.¹⁴ To simplify the computation, the Jackknife Repeated Replicated (JRR) method was used in calculating the sampling errors of the survey estimates. JRR is a method that uses simulations of coefficient distributions in replicates or subsamples generated from the survey sample to produce estimates of standard errors.¹⁵

5.24 As regards non-sampling errors, they cannot be easily quantified. In

14 Kalton, Graham, et al (2005), “Estimating components of design effects for use in sample design”, in United Nations Statistics Division, *Household sample surveys in developing and transition countries*, Studies in Methods, Series F, No. 96.

15 Stapleton, Laura M (2008), “Variance estimation using replication methods in structural equation modeling with complex sample data”, in *Structural Equation Modeling*, 15: 183 – 210.

conducting the June 2010 survey, measures were in place in the questionnaire design and data collection process to minimize non-sampling errors arising from respondents' misunderstanding of the questions asked and unwillingness to provide the true responses. Pretest was conducted to try out the questionnaires before implementation. The respondents were assured of confidentiality of information related to individual respondents and individual schools to encourage frank response.

5.25 Given that a mixed method was adopted in the research, findings obtained from different methods might not be consistent. In addition, information gathered from in-depth interviews or focus group discussions might be subject to selection bias and could not be generalized to represent the views of the population under study. In interpreting the research findings, the Project Team has attempted to triangulate findings obtained from different methods. As noted by researchers, triangulation, "across method" or "within method", enabled a more holistic and contextual analysis of the phenomenon. By gathering and triangulating quantitative and qualitative information from different sources, it helped increase the richness of and confidence in the information gathered.¹⁶

Hierarchy of evidence

5.26 The Project Team is also acutely aware that there are strengths and weaknesses in the information gathered through different methods and has used and interpreted the information with care and due reference to the "hierarchy of evidence". Researchers noted that in the hierarchy of evidence, systematic review (which represented a comprehensive accounting of all randomized controlled trials related to the problem area) and randomized controlled trials were traditionally placed higher in the hierarchy, followed by cohort study, case controlled study (in which "cases" with the condition under study were matched with cases without the condition, serving as "controls", and a retrospective analysis conducted to examine the differences between the two groups), cross-sectional survey, case report(s), expert opinion and anecdote. Nevertheless, the hierarchy only focused on the internal validity, without taking into account external validity. External validity was concerned with whether a treatment found to be effective in a particular setting or group of persons be generalized to other

16 Casey, Dympna and Murphy, Kathy (2009), "Issues in using methodological triangulation in research", in *Nurse researcher*, 16(4): 40 – 55.

settings or groups of persons.^{17 18}

5.27 In addition, researchers also noted that in the processes of randomized control trials, only a narrow spectrum of the target group under study might qualify for inclusion in the study, implying that the external validity of randomized control trials was low. There were also legal or ethical issues preventing the use of randomized control trials. On the other hand, non-randomized control studies like cohort study and case controlled study had higher external validity and were more firmly based on real world situations.^{19 20} For the purposes of the present research, in the absence of a pre-post design, the Project Team has to rely on data on views of a representative sample of stakeholders collected in the June 2010 survey and expert opinions gathered through in-depth interviews in conducting the evaluation, achieving to a certain extent external validity in generalizing the survey findings to the entire population under study.

Data analysis

5.28 Statistics relevant to the discussions in the paragraphs to follow are presented in simple charts and tables. As the survey data were subject to sampling errors, estimates of sampling errors of estimates derived from the surveys were compiled, based on which the confidence intervals of the estimates in question were computed to serve as indications on whether any differences observed were statistically significant, when such differences were larger than what would be expected as a result of sampling fluctuations.^{21 22}

5.29 Furthermore, in analyzing the survey data, the Project Team is aware that

17 Bowe, Pete (2007), “Confronting the hierarchy of evidence”, in *Healthcare counseling and psychotherapy Journal*, 7(2): 16 – 20.

18 Brighton, Brian, et al (2003), “Hierarchy of evidence: from case reports to randomized controlled trials”, in *Clinical orthopaedics and related research*, 413: 19 – 24.

19 Evans, David (2003), “Hierarchy of evidence: a framework for ranking evidence evaluating healthcare interventions”, in *Journal of clinical nursing*, 12:77 – 84.

20 Hoppe, Danniell J (2009), “Hierarchy of evidence: why observational studies fit it and why we need them”, in *Journal of bone and joint survey*, 91(Supplement 3): 2 – 9.

21 Moser, C A and Kalton, G (1971), *Survey methods in social investigation*, p. 74 – 76.

22 Agarwal, N P and Agarwal, Sonia (2006), *Sampling methods and hypothesis testing*, Chapter 3.

many of the question items are ordinal in nature, which is very common in social research. Though strictly speaking, the usual measures of means and standard deviations and parametric tests are not applicable to ordinal data, researchers were of the view that the strictest application of rules about the use of parametric statistics for scale data would leave many researchers ill-equipped to handle the multivariate nature of most problems existing in social, administrative and clinical sciences and considered it was safe to assume equality of intervals in the scale data.²³

5.30 In addition to estimates of sampling errors, more sophisticated statistical tests such as t-tests and analysis of variance were performed where applicable to analyze the relationship between variables measured in the study. As demonstrated by researchers, by simulating results obtained from non-parametric methods, the validity of such tests does not require any assumption of normality on the underlying distribution, provided that the sample size is sufficiently large.²⁴ For the purposes of the present study, given that the sample size of the questionnaire surveys was very large, parametric methods such as analysis of variance were used in the analysis.

5.31 As pointed out above, the Project Team is aware that it was not possible in the research to match the response of individual students enumerated in the 2008/09 survey, December 2009 survey and June 2010 survey, as the surveys were conducted in an anonymous manner. Besides, the 2008/09 survey and the December 2009 survey were conducted by different parties using different survey designs before the present research design was drawn up and the June 2010 survey was planned and commissioned. As a result, it was not possible to compute the covariance in the estimation of sampling errors for estimates of changes. Consequently, the variances of differences of means were under-estimated, the extent of which depended on the correlation between the two survey data and the degree of overlap of respondents in the two surveys.²⁵ Furthermore, because of the overlap of respondents enumerated in the 2008/09 survey and June 2010 survey,

23 Desselle, Shane P (2005), "Construction, implementation and analysis of summated rating attitude scales", in *American Journal of Pharmaceutical Education*, 69: 1 – 5.

24 Lumley, Thomas, et al (2002), "The importance of normality assumption in large public datasets", in *Annual Review of Public Health*, 23: 151 – 169.

25 The variance of the difference between two means is given by sum of the variances of the two less two times the covariance of two means. Hansen, Morris H, et al (1960), *Sample survey methods and theory, volume 1: methods and applications*, p.513.

the independence assumption for analysis of variance in comparing groups of students enumerated in the two surveys would not be met.²⁶

5.32 In the study, a number of questions were asked to collate information on students' views, misconception and awareness of drugs and attitudes towards fighting drugs. Several composite measures, or the latent variables or underlying factors, were identified from the observed data using exploratory factor analysis.²⁷ Based on the design of the study and the availability of data, the validity of the various underlying factors were assessed by examining the convergent and discriminant validity of these factors, their reliability assessed by using the split-half method and their internal consistency analyzed by computing the Cronbach alpha.^{28 29} In addition, inter-item correlation was conducted to determine the level of relatedness of items to each of the factors.^{30 31}

5.33 Finally, as noted above, the June 2010 survey did not cover Secondary 5 and Secondary 7 students, as they had already left schools when the survey was conducted. To facilitate comparison with data obtained in the 2008/09 survey and the December 2009 survey, the survey data on students used in the present research for reporting and analysis purposes did not include those for students aged 17 and 19.

26 Macfie, Brian P and Nufrio, Philip M (2006), *Applied statistics for public policy*, p.343.

27 Lu, Cheng Hsiung (2006), "Assessing Construct Validity: The Utility of Factor Analysis", in *Journal of educational measurement and statistics*, 15: 79 – 94.

28 DeCoster, Jamie (2000), *Scale construction note*, Department of Psychology, University of Alabama, assessed on 21 August 2010, www.stat-help.com/notes.html

29 Santos, J Reyando A (1999), "Cronbach's Alpha: a tool for assessing the reliability of scales", in *Journal of Extension*, 37(2).

30 Shek, Daniel T L (2007), et al, "Convergence of subjective outcome and objective outcome evaluation findings: insights based on the Project P.A.T.H.S.", in *The Science World Journal*, 7: 258 – 267.

31 Faleye, Bamidele Abiodun (2008), "Reliability and factor analyses of a Teacher Efficacy Scale for Nigerian secondary school teachers", in *Journal of research in educational psychology*, 6(3): 823 – 846.

III. School Drug Testing: Evidence and Experience

6. School drug testing: local and overseas practices

Overview

6.1 It was noted by the Task Force on Youth Drug Abuse that one of the major issues of concern having regard to the rising trend of psychotropic substance abuse, particularly among the youth, was that many psychotropic substance abusers were “hidden” or not motivated to seek help. There was also widespread misconception among the youth that psychotropic substances were less harmful than “traditional” narcotics such as heroin. As a result, early intervention and treatment were not possible. Furthermore, the Task Force on Youth Drug Abuse noted that youth drug abuse was not confined to certain groups of young people. Given that adolescence was a period of experimentation and search for identity, young people were more likely than adults to experiment with various things, including drugs. Besides, young people were particularly vulnerable to peer influence as well as other risk factors such as the urge to prove oneself and to rebel against rules, exposing them to greater risks of taking drugs.³²

6.2 On the other hand, researchers noted that those young people who had already developed strong pro-drug attitudes might not care if their drug use was revealed through drug testing. Hence, drug testing was considered more effective in relation to those young people who had not yet started to use drugs, or who had used drugs on only a small number of occasions.³³

Practices in Hong Kong schools

6.3 In Hong Kong, some international schools have on their initiatives put in place various drug testing schemes. For instance, parents may be asked to sign a consent form at the beginning of a school year for this purpose. Students may then be randomly, or with reasonable cause, selected to undergo a drug test. Those with

³² *Report of the Task Force on Youth Drug Abuse* (November 2008), Chapter 2.

³³ McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the food for drug prevention*.

a positive result will be requested to attend follow-up counselling or treatment.³⁴

6.4 At the Hong Kong International School (HKIS), for example, as annual enrolment requirement, students and their parents have to agree to abide by the School's substance abuse policy. As part of the policy, there are preventive education programs on substance abuse for students at all age levels. A screening and detection procedure is in place, with drug testing using hair samples conducted on a random basis. When the School has reasonable cause to believe that drug abuse has occurred, it could intervene by requesting a drug test on the students concerned. A retest may be conducted if there is dispute over a positive test results. For students tested positive, they will have to undergo an intervention program, lasting for up to 12 months, which includes regular drug testing, on-going counselling supervised by the School and loss of certain privileges like participation in school sponsored overseas travel and free periods. In certain cases, the students may be requested to leave school to receive professional treatment upon completion of which, the students may apply for re-admission to the School.

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6.5 For English School Foundation (ESF) schools, drug testing is also a condition for admission. Selection of students for drug testing is on suspicion, through referrals by tutors and teachers. In an ESF school visited, the collection of urine sample was undertaken by the nursing staff of the school and the drug testing is conducted by an external laboratory. During discussion with the vice principal of an ESF school, it was noted that while drug testing was conducted as a preventive and early identification measure, the school placed much emphasis on anti-drug education, as part of their social and personal education programme, to strengthen students' resolve to stay away from drugs. For those found positive in the drug testing, support and counselling services will be provided by the school to the students concerned. The students concerned will be allowed to continue schooling in the school and will be subject to re-test to ensure that they quit drugs. It was pointed out to the Project Team that the school considered parental involvement in the entire process important in helping students quit or stay away from drugs.

6.6 In a Direct Subsidy Scheme (DSS) school visited, drug testing is

³⁴ *Report of the Task Force on Youth Drug Abuse* (November 2008), p.86.

³⁵ Hong Kong International School (2007), "Hong Kong International School, Policy 3060: drug abuse".

conducted on a voluntary basis, with consent given by both students and their parents. Urine samples are collected by a drug testing team from a university unit during the morning assembly. Student prefects are responsible for randomly selecting the student numbers of those students participating in drug testing. After the student numbers have been selected and announced during the morning assembly, those students bearing the student numbers will go to a secured room to provide their urine specimens in private. During each visit of the drug testing team, about 10 students will be selected randomly for drug testing. The students will not be informed in advance of the date when the drug testing team visits the school. The test results are available in several weeks' time.

6.7 For this DSS school, parents and not the principals will be informed of the drug testing results by the university unit. Parents will also be informed of channels of seeking help, if required. The school principal and other school staff will only know the aggregate statistics on the test results. The principal was confident that parents would be able to handle situations when their children were tested positive and the school was always willing to offer help and assistance if required. During the period from April to August 2010, more than 160 students were randomly selected for drug testing. The principal reckoned that the whole drug testing programme was carried out smoothly, with support from parents. There was no strong resistance from students. He believed that drug testing would continue in the coming school year.

6.8 The principal of the school stressed that the main objectives of drug testing were educational and preventive, targeting in particular the "recreational" or occasional drug abusers. It would also help parents identify at an early stage drug abuse behavior of their children. He did not expect drug testing, which was voluntary in nature, could identify the habitual drug abusers. He believed that though testing for drug abuse was not his school's core business his school should respond decisively and take early precautionary action in view of the alarming trends of drug abuse among youth and the increasing availability of drugs. The principal was convinced that if early identification and timely intervention were the objectives of drug testing, it had to be compulsory. He believed that in the long run DSS schools which had autonomy in student admission should, following similar practices of those of international and ESF schools, introduce drug testing as a condition for admission. In view of the heated discussions on drug testing when it was first introduced to local schools in Tai Po this year, his school had opted for voluntary drug testing in order to avoid having to devote too much effort

by the school management in dealing with opponents of drug testing and the media.

6.9 In another DSS school visited, the principal indicated that the school had earmarked funding for conducting drug testing. The student union of the school had consulted a handful of students and their initial stand was that they had no objection if their school introduced drug testing. According to the principal, initial feedback indicated that parents were supportive. The initial plan was to have the test conducted by an external agency. Hair samples would be collected by staff of a university unit and the test results would be available in about one week's time. The principal of the school also stressed that the purposes of drug testing was educational and preventive and it was not meant to detect habitual drug abusers. In addition to drug testing, the principal believed that meaningful engagement of the students in a variety of educational and recreational activities of interest to them would help students stay away from drugs. At the time the present report was prepared, the school had not yet embarked on the drug testing scheme.

Observations

6.10 To summarize from the above, it may be noted that apart from the 23 secondary schools in Tai Po, a number of international schools such as the HKIS and ESF schools have long put in place compulsory drug testing based on random selection or suspicion, in addition to their educational and preventive anti-drug programs. For the two DSS schools visited in the course of the research they have also started or planned to introduce voluntary drug testing based on consent. The salient features of drug testing in these schools are summarized below:

- a) In a DSS school visited, students participating in drug testing on a voluntary basis are selected randomly by the student prefects. Issues related to privacy of information on participation in the scheme and whether having been sampled for drug testing, similar to all other information related to students' participation in school activities, seem not a concern for the school and students. Steps have been taken, nevertheless, by the school to ensure that test results are kept strictly confidential, and are only available to parents;
- b) For drug testing in the DSS school, the main purposes of drug

testing are educational and preventive, targeting mainly the “recreational” or occasional drug abusers. It is not meant to detect drug abuse of the habitual users;

- c) However, for drug testing that is compulsory in HKIS and ESF schools, based on random selection and on suspicion, early identification and treatment is possible and drug testing has a strong deterrent effect. Nevertheless, the Project Team has not been able to collect any evidence demonstrating the effectiveness of drug testing in these schools;
- d) Different methods of drug testing, using urine or hair samples, are used and the tests are conducted by an external agency. False positives or negatives, which are more likely with the use of Point of Collection Test (POCT), are minimized with the use of more sophisticated testing techniques in the laboratories of the external agencies concerned;
- e) Apart from drug testing, the schools have a variety of educational and preventive activities aimed at strengthening students’ resolve to stay away from drugs; and
- f) Parental involvement is a key component of the drug testing schemes. In the DSS school visited, parents and not the principal are informed of the test results. Parents are expected to play an active role in the “rehabilitation” of students found to have abused drugs. The Project Team nevertheless is of the view that the situations of other schools may be different especially those where students’ parental support is relatively weak, and in such cases parents may require more proactive support from schools or other agencies.

Schools in United States

Drug testing in schools

6.11 In the United States (US), according to a 2004-05 study, more than one third of students studying in the 12th grade had used drugs. In 2007, 80% of high school students and 44% of middle school students had personally witnessed

illegal use, possession and dealing of drugs on school grounds.³⁶ In 2008, it was estimated that 9.3% of children aged 12 – 17 had used drugs in the past month. The percentage was lower for those aged 12 – 13, at 3.3%, rising to 8.6% for those aged 14 – 15 and 15.2% for those aged 16 – 17.³⁷ Over a period of 12 months, the annual prevalence rate in 2008 was 14% for 8th grade students, 27% for 10th grade students and 37% for 12th grade students.³⁸

6.12 In view of the high prevalence of drug abuse, drug testing is widely available in the school setting and is considered to be a key tool to address the youth drug abuse problem. While the decision to have drug test rests with individual schools, federal, state and local funding are available to support drug testing.³⁹

6.13 Researchers also noted that US schools had adopted a number of school-based drug prevention strategies such as those aimed at improving students' connectedness to schools, establishing norms for appropriate behaviour, zero-tolerance policies or drug-free zones, conducting locker search or introducing various security measures. However, if students perceived that their drug abuse behaviour would not be detected, these measures might not be effective. Thus, for reasons related to primary prevention or early identification, a number of schools had introduced drug testing. It was estimated that between 1998 and 2001, 23% of public schools in the US conducted "for cause" or "suspicion-less random" drug testing.⁴⁰

6.14 In a review of drug testing practices in 9 schools distributed in different parts of the US, researchers found that most schools drug tested students studying in Grades 9 – 12. All 9 schools drug tested student athletes; 4 of them tested students participating in extra-curricular activities as well and 3 included students who drove. Apart from suspicion-less, random drug testing, most of the 9 schools

36 Edwards, C E and the Student Drug-Testing Coalition (2008), *Student drug testing programs: an overview and resource guide*.

37 US Department of Health and Human Services (2009), *Results from the 2008 National Survey on Drug use and Health: national findings*.

38 US Department of Health and Human Services (2009), *Monitoring the future: National Survey results on Drug use, volume 1, Secondary School Students*.

39 *Report of the Task Force on Youth Drug Abuse* (November 2008), p.83.

40 Ringwalt, Chris, et al (2009), "Responses to positive results from suspicion-less random drug tests in US public school districts", in *Journal of School Health*, 79(4): 177 – 183.

also conducted drug testing on suspicion. Most schools used urine testing while one used saliva as well, while another used hair testing method. All 9 schools conducted drug testing as part of their comprehensive program against drugs, alcohol and tobacco and most offered services like drug prevention curriculum (8 out of 9), student counselling (7), parent or family counselling (6) and referral to drug abuse treatment outside school (5). While practices varied as regards consequences of a positive test result, only one school imposed suspension from school as penalty for drug abuse.⁴¹

6.15 In 2003, the proportion of public schools adopting drug tests was estimated to be about 13%, according to the 2003 *Monitoring the Future* study. The basis for the bulk of the testing was “cause or suspicion”.⁴² A survey conducted in 2005 showed that 14% of 1,337 districts with high schools conducted random drug testing in 2004-05. Among these districts, 93% randomly tested student athletes, 65% randomly tested other students participating in extra-curricular activities and 28% randomly tested all students.⁴³

6.16 Based on information gathered on program implementation, the Student Drug Testing Coalition estimated that by May 2008, at least 16.5% of US public school districts had student random drug-testing programs. Researchers also noted that different states adopted different approaches to school drug testing. In Kentucky, for example, where the state government supported random drug testing, in 2008 50% of school districts had student drug testing programmes. In Iowa where the state statute did not allow random testing, no school district was known to have adopted drug testing programme.⁴⁴

41 DuPont, Robert L, Campbell, Teresa G and Shea, Corinne L (2002), “Preliminary study: elements of a successful school-based drug testing program”, paper prepared for the Institute for Behavior and Health, Inc., cited in DuPont, Robert L (2003), “Prevention, not punishment”, in *American School Board Journal*, 190(1): 25 – 26.

42 National School Board Associations (2005), *Student Drug Testing*.

43 Ringwalt, Chris, et al (2008), “Random Drug Testing in US public school districts”, in *American Journal of Public Health*, 98: 826 – 828.

44 Edwards, C E (2008), “How many public school districts currently test students for illicit drugs on a random basis”, a paper prepared for the Student Drug-testing Coalition.

Legal basis for drug testing

6.17 In June 2002, the U.S. Supreme Court, in the case of *Earls v. Tecumseh School District*, broadened the authority of public schools to test students for illegal drugs, which previously had been allowed only for student athletes, as ruled by the Court in 1995, in the case of *Vernonia School District v. Acton*. Voting 5 to 4, the Court ruled to allow random drug tests for all middle and high school students participating in competitive extra-curricular activities.⁴⁵

6.18 In particular, the US Supreme Court considered that a student relinquished certain rights to privacy when she/he was entrusted to a school for supervision. The relinquishment of these rights, the Court stated, was critical because the state was responsible for “maintaining discipline, health, and safety”. The Court also noted that collection of urine sample depended on the manner in which the production of urine sample was monitored and was of view that the collection amounted to negligible intrusion. Thus, the Court concluded the consequent invasion of students’ privacy was not significant.⁴⁶

6.19 Following Court’s decision, President George Bush signed into US law the “No Child Left Behind Act” authorizing the use of federal funds for school-based drug testing. Any drug-testing program conducted with funds awarded by the US Department of Education are limited to a) students who participate in the school's athletic program, b) students who are engaged in competitive, extra-curricular, school-sponsored activities, and c) a voluntary drug-testing program for students who, along with their parent or guardian, have provided written consent to participate in a random drug-testing program.⁴⁷ In the fiscal years of 2005 and 2006, the Office of Safe and Drug Free Schools allocated some US\$8.8 million in grants to over 350 schools for their drug testing programs.⁴⁸

45 US Office of National Drug Control Policy (2002), *What you need to know about drug testing in schools?*

46 Yacoubian, George S. Jr. (2002), “To pee or not to pee: school drug testing in an era of oral fluid analysis”.

47 US Department of Education website (<http://www.ed.gov/programs/drugtesting/index.html>).

48 Einesman, Floralynn and Taras, Howard (2007), “Drug testing of students: a legal and public health perspective”, in *Journal of contemporary health law and policy*, 23: 231 – 271.

6.20 After the Supreme Court decision in 2002, some schools expanded the coverage of suspicion-less random drug testing to cover students who drove to schools or even to all students enrolled in schools. It was noted that while the Supreme Court's rule was silent as to whether school drug test could apply to all students, it might be argued that any student participating in physical education class should be subject to drug testing, similar to student athletes. In many states in the US, physical education was mandatory for all students.⁴⁹

6.21 Nevertheless, drug testing has been challenged under state constitutional provisions in a number of states. For example, the New Jersey Supreme Court and the Indiana Supreme Court found that the school drug testing program did not violate the state constitution. The Pennsylvania Supreme Court on the other hand considered the program did violate the state constitution.⁵⁰ In Washington State, the Supreme Court ruled that while student athlete drug testing did not violate the Fourth Amendment⁵¹ of the US Constitution, it did violate Article 1, Section 7⁵² of the Washington State Constitution. The Court considered that conducting urine drug test without a proper cause had to be authorized by the authority of law under the Washington State Constitution.⁵³ In Indiana, the Court of Appeals ruled in 2000 that school drug testing violated the Indiana Constitution, but in 2002 the Indiana Supreme Court reversed the appellate court's decision.⁵⁴

6.22 In other words, while some state courts have upheld drug testing in light of the Supreme Court's position, others have found that, in the absence of a

49 Donaldson, John F (2006), "Life, liberty, and the pursuit of urinalysis: the constitutionality of random suspicionless drug testing in public schools", in *Valparaiso University Law Review*, 41: 815 – 858.

50 Einesman, Floralynn and Taras, Howard (2007), "Drug testing of students: a legal and public health perspective", in *Journal of contemporary health law and policy*, 23: 231 – 271.

51 The Fourth Amendment of the US Constitution guarantees that "The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized"

52 "No person shall be disturbed in his private affairs, or his home invaded, without the authority of law".

53 Ivan, Emese and Jutte, Lisa (2009), "(Un)Reasonable search in high school athletes" in *Journal of Physical Education, Recreation and Dance*, 80(2): 8 – 9.

54 McKinney, Joseph R (2003), "The effectiveness of random drug testing programs: a statewide follow-up study", paper prepared for the Student Drug-Testing Coalition.

compelling need for drug testing, their state's constitution provided greater protection than the Fourth Amendment from unreasonable search and seizure. In addition, some states have adopted legislation either limiting or promoting drug testing. In short, while the courts have upheld the constitutionality of *limited* drug testing of students involved in particular activities, blanket drug testing of *all* students as part of a much broader program would have a significant legal hurdle to jump.⁵⁵

Argument for and against school drug testing

6.23 For supporters of school drug testing, some of them reported favorable results from their personal experiences with drug testing. However, formal studies published to date have not as yet shown drug testing to be an effective deterrent. A number of research studies showed that there were identified risks associated with implementation.⁵⁶ On the other hand, some supporters of drug testing in the US pointed out there were evidences indicating that testing resulted in improved discipline, students reporting that they felt safer and a decline in the incidence of drug use. They argued that the benefit was not just the identification of drug use, but the preventive effect of testing in deterring students from using drugs.⁵⁷

6.24 In the course of the study, the Project Team visited a public high school in New Jersey that had conducted suspicion-less, random drug testing based on consent for students participating in sports activities as well as compulsory drug testing based on suspicion. The school staff responsible remarked that suspicion-less random drug testing based on consent was only effective in deterring recreational drug abusers or those who had not abused drugs. They pointed out that after the introduction of random drug testing, there had not been a decrease in students' participation in sports. Compulsory drug testing based on suspicion, on the other hand, was more effective in identifying habitual drug abusers. They also emphasized that drug testing had not undermined mutual trust between the school and students, as the scheme was meant to help and not punish students. They also stressed that drug testing based on consent alone was not effective and had to be supplemented by compulsory drug testing based on

55 National School Board Associations (2005), *Student Drug Testing*.

56 Levy, Sharon (February 2009), "Drug testing of adolescents in schools"
(http://sapr.org/knowledgeassets/knowledge_detail.cfm?KAID=16)

57 National School Board Associations (2005), *Student Drug Testing*.

suspicion and a host of education and preventive programmes to help students develop healthy lifestyle.

6.25 On the other hand, studies conducted by other researchers indicated that school- or home-based drug testing did not appear to reduce substance use and carried risks as well as benefits, undermining parent-child and school-child relationship and creating distrust. Furthermore, few schools had sufficient staff with proper training to implement the costly drug testing procedure. It was also fairly easy for most drug-involved-youth to defeat the drug test. Based on the above considerations, the American Academy of Pediatrics recommended that, in a press release issued in 2007, school- and home-based drug testing programs for adolescents should not be implemented until their safety and efficacy had been scientifically established. Parents who were concerned that their child might be using drugs or alcohol were encouraged to consult a health professional rather than rely on school-based screening or home drug-testing products.^{58 59}

6.26 For those opposed to school drug testing, they also pointed out that most US high schools did not offer any effective drug education and did not have proper guidance and treatment for those who had abused drugs. Instead, schools relied on deterrent punishment such as exclusion from extracurricular activities, transfer to another school, suspension and expulsion, on the belief that harsh punishments would have a deterrent effect. Researchers were of the view that these punitive measures were ineffective, and would foster resent and oppositional behavior from the students.⁶⁰

6.27 In another study, researchers pointed out that while none of the schools examined by them referred students tested positive repeatedly to law enforcement agencies, schools' follow-up action varied considerably. Some schools suspended the students for varying periods of time from participating in extra-curricular activities. Most schools informed parents and required students to attend some form of counselling and follow-up testing.⁶¹

58 <http://www.childrenshospital.org/newsroom/Site1339/mainpageS1339P1sublevel290.html>

59 Committee on Substance Abuse and Council on School Health (2007), "Testing for drugs in children and adolescents: addendum- testing in schools and at home", in *Pediatrics*, 119(3): 627 – 630.

60 Skager, Rodney (2007), *Beyond zero tolerance: a reality based approach to drug education and school discipline*, a publication of the Drug Policy Alliance.

61 McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the food for drug prevention*.

6.28 In the course of the study, the Project Team interviewed an opponent of school drug testing in the US. He pointed that different schools had different practices in dealing with students tested to have abused drugs, even for schools in the same school district. Some had punitive measures such as suspension from schools whilst others provided counselling and treatment and allowed the students to remain in schools. He was of the view that drug testing would risk alienating the students and driving them away from seeking help. He suggested that schools should make every effort to engage the students in a frank and open manner, persuading students to stay away from drugs and teach those who had abused drugs the means to reduce the harmful effects of drugs.

6.29 The Project Team also visited a public high school in a school district in Florida where school drug testing was not supported by the district administration. The school staff explained that her school did not conduct drug test partly because her school could not afford the legal fees if the school was sued for conducting drug test. Furthermore, her school did not have the necessary staff resources to provide counselling and support services to students tested positive. Nevertheless, her school had introduced various measures to help students stay away from drugs. On the education and preventive front, her school made every effort to promote positive lifestyle, build trust with students and to create a safe and healthy school environment for the students. Students were asked to make a pledge to stay away from drugs and alcohol. The school had high expectation on its students and she believed that students would respond positively and would behave well to meet school's expectation. There was a mentorship programme for students, with support from a university unit. Nevertheless, she admitted it took much time and effort to change the school culture and might not have immediate impact on students' behaviour. Thus, her school had also put in place a number of precautionary measures including asking a police van to station at the entrance of the school and having sniffer dogs to search students' lockers, classrooms and parking lots.

6.30 Another visit was made to a private high school in Florida. The school had put in place drug testing arrangement before students were admitted to school and during the students' attendance in the school. If students were tested positive, counselling and supporting services would be provided to them. If the students had to undergo treatment outside school, the students were welcome to return to the school on satisfactory completion of treatment. However, if the students were

found to have brought drugs into the school campus, the students would be expelled from schools. In addition, there were anti-drug education programmes and the school made every effort to engage students, encouraging them to develop a healthy lifestyle. The school was a very small community and the relationship between school staff and students was very good. Parents were also very cooperative. The school staff knew the students and their parents well, and could quickly identify any unruly and delinquent behaviour of students, including drug taking.

Observations

6.31 What may be observed from the above is that different strategies are adopted by different schools in helping their students to stay away from drugs. For schools with drug testing based on consents, they may supplement this with compulsory drug testing on suspicion. For schools with no drug testing, they may resort to other deterrent measures such as the use of sniffer dogs. In most cases, schools have put in place education and preventive measures to help students develop a healthy lifestyle, strengthening their resolve to stay away from drugs. It appears the consensus view is that schools should make efforts to engage their students and to cultivate a healthy, safe and caring school environment. Whether school drug testing is effective or not depends on a host of school factors. If schools adopt punitive actions against students tested positive, drug testing will have a damaging effect on student behaviour and trust in schools. On the other hand, if the intention of drug testing is to help students, it will not affect relationship between the school and students.

Schools in the United Kingdom

6.32 In the United Kingdom (UK), a survey conducted in early 2000's showed that 8% of 11 year olds and 38% of 15 year olds had used drugs in the previous year. Another survey showed that nearly one third of children aged 10 – 12 had been exposed to drugs, almost 10% had been offered drugs, 5% had used drugs and 2% had done so in the previous month.⁶²

62 McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the food for drug prevention.*

6.33 Cannabis was also the most common drug used by pupils, with use increasing sharply with age. In 2002, about 31% of 15 year olds reported using cannabis. Cannabis was reclassified from a Class B to a Class C drug with effect from 29 January 2004. While Cannabis remained an illegal drug with penalties for supply and possession, a consequence of this reclassification for adults was that the use of the retained power of arrest by members of the community other than law enforcement agents might not be used in all circumstances of cannabis possession.⁶³ Researchers noted that cannabis was the drug most widely used by students, which was seen to be posing a serious threat to the health and wellbeing of youth in the US, but less so in the UK.⁶⁴

6.34 In 2004, the UK Department for Education and Skills issued *Drugs: Guidance for Schools*. It was noted that some schools had adopted strategies such as urine-testing or requesting police handlers or private companies with sniffer dogs to enter the school in order to detect illegal drug possession or use. Head teachers are entitled to use such strategies and they are best placed to make decisions on whether such approaches are appropriate. This guidance covers, amongst other things, drug testing and the use of sniffer dogs within schools, stressing that this is a matter for the determination of local school heads. It states that where schools are considering testing pupils, attention should be given as to whether this is consistent with the pastoral responsibility of the school to create a supportive environment, may lead to labelling certain pupils, will result in appropriate support being offered to pupils and is a feasible and effective use of school resources. The guidance stresses further that drug testing policies should have been developed in consultation with parents, pupils, staff, school governors and the whole community.⁶⁵ The Project Team is of the view that this is a school-based approach to drug testing, similar to practices say in Singapore where the decision to conduct drug testing is up to the decision of individual schools.⁶⁶

6.35 In the UK, random drug testing was quite widespread among independent boarding schools. A survey by the Headmasters' and Headmistresses' Conference in 1999 showed that nearly three-quarters of boarding schools were using some drug tests, with most carried out by contracted laboratories. Drug testing was

63 Department for Education and Skills (2004), *Drugs: guidance for schools*.

64 McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the food for drug prevention*.

65 Department for Education and Skills (2004), *Drugs: guidance for schools*.

66 *Report of the Task Force on Youth Drug Abuse* (November 2008), p.84.

generally used to monitor pupils who were previously found to be using drugs, but some schools used drug testing as a final proof prior to expulsion. In 2004, no state schools reported to have conducted drug testing.⁶⁷ It was noted by researchers that despite supportive comments by senior politicians on school drug testing, there was no central government funding allocated to schools to conduct drug tests. This contrasted with that in the US where substantial federal funding was allocated to drug testing programs in schools.⁶⁸

6.36 In January 2005, Abbey School in Kent was the first state school to report the use of (suspicion-less) random drug testing.⁶⁹ In Abbey School the drug testing program was rolled out after consultations with parents, students, staff and the school governing body. For participation in the program, consents from parents were required and in 2005 about 85% of parents agreed to allow their child to participate in the program. About 20 students participating in the program were randomly selected each week for drug testing using the saliva testing method, the results of which were available in about 3 days' time. If the sampled students refused to undertake the test, the parents would be informed and school would arrange consultation meetings with the parents in the presence of the students to agree on any follow up actions, if required. For students tested positive, their parents would be informed and a counselling meeting would be conducted by the school head with the parents concerned, in the presence of the students, to discuss follow up intervention and counselling services for the students. No other school personnel would be informed of the test results.⁷⁰ Apart from Abbey School, another school, National School in Hucknall also began drug testing in 2005 and 2006.⁷¹ Drug testing was conducted in Abbey School, with funding from *News of the World*, for two academic years from 2004/05 and 2005/06. A report published in 2007 indicated that there was no other state school conducting drug testing.⁷²

67 Parliamentary Office of Science and Technology (2004), "Drug test", postnote number 228, September 2004.

68 Joseph Rowntree Foundation (February 2005), "Random drug-testing of school children".

69 Gerada, Clare and Gilvarry, Eilish (2005), "Editorial: random drug testing in schools", in *British Journal of General Practice*, July 2005: 499 – 501.

70 Student Drug-testing Coalition (2004), "Overview of the random drugs testing program at Abbey School, Faversham, Kent, England".

71 Drug Education Forum (October 2006), "Random drug testing in English schools".

72 Reuter, Peter and Stevens, Alex (2007), *An analysis of UK drug policy*, a monograph prepared for the UK Drug Policy Commission.

6.37 Some researchers noted that random drug testing could not identify all those students who might benefit from early identification and supportive intervention, and suggested that a supportive environment with links to young people's health services might be more appropriate. Though they believed ethical, practical and economic costs of drug testing did not outweigh the benefits of drug testing, they stressed the need to conduct research to establish the effectiveness of drug testing, in order to justify a widespread drug testing program.⁷³

Observations

6.38 Research on drug testing in the UK is not as abundantly available as in the US. Most private independent schools had drug testing. For some private independent schools adopting drug testing, while parental and/or student consent of testing is required, such consent is a condition of enrolment and/or re-admission after suspension. For public schools, according to the guideline issued by the Department of Education and Skills, they can introduce drug testing after consulting parents and related stakeholders and conducted in manner with adequate safeguards against labelling effect on students and sufficient support services, following a school-based approach.

Australia

6.39 The National Centre for Education and Training on Addiction (NCETA) was commissioned by the Australian National Council on Drugs (ANCD) to conduct in 2007 a comprehensive review of relevant issues related to drug detection and screening in the school setting. A number of issues related to prevalence of drug uses, prevention and school drug education, drug testing in various contexts, the efficacy of screening and detection tests, cost and ethical and legal matters were examined. The research was conducted through inviting submissions, literature review, online survey and analysis of existing datasets.

6.40 The review report noted that there was a strong case against drug detection and screening strategies in the school setting and some of the key

⁷³ Gerada, Clare and Gilvarry, Eilish (2005), "Editorial: random drug testing in schools", in *British Journal of General Practice*, July 2005: 499 – 501.

findings of the review were as follows:⁷⁴

- a) Most drug tests were insufficiently reliable for testing in a school setting, with the levels of accuracy well below 90% specificity, 90% sensitivity and 95% accuracy. ;
- b) The cost of drug testing was very large, though information on costs was very limited;
- c) There were concerns on a wide range of moral and legal issues. Falsely accusing a child of drug use might have a range of negative legal, social and psychological consequences. The legal system in Australia was different from that of USA which applied a less stringent standard of privacy and reasonableness. It was improbable in Australia to conduct drug test of a child without consent of the child or parents. In addition, the duty of care of an Australian school did not normally extend beyond activities outside school hours;
- d) Prevalence of drug use by school children was declining and the level of regular use was very low. Cannabis was most commonly used by (less than 4%) school-aged children regularly and regular use of other drugs was much below 1%;
- e) Highest prevalence of drug use occurred among high risk and vulnerable groups of children and punitive and inquisitorial methods of deterrence were ill-advised. For instance, indigenous school students used drugs at a significantly greater level than non-indigenous school students. Students who spoke a language other than English at home were significantly more likely to have used inhalants, cocaine and ecstasy, and significantly less likely to have used cannabis and tranquillizers. After controlling for age, gender and school type, disposal income was positively correlated with drug use;
- f) Evidence indicated that drug testing was an ineffective deterrence mechanism, though such evidence was limited and poor in quality. There was also no study to evaluate the safety and adverse impact of drug testing;
- g) Majority of submissions from professionals and survey

74 Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

respondents were opposed to drug testing in schools. The disadvantages of drug tests mentioned in the submissions included potential stigmatization, discrimination and alienation of students who were subjected to screening and detection, creation of distrust between students and teachers, and/or parents and their children, and disengagement of young people from schools; and

- h) There was an effective array of school-based preventive interventions available to schools, focusing on building positive relations and developing pupils' sense of connectedness with the school. In addition, there was an effective mechanism to target and intervene with high risk students or their families, including curriculum-based interventions conducted in the classroom, whole-school interventions aimed at enhancing students' connectedness to schools, interventions targeted at high risk students and programs designed to increase the effective functioning of families.

6.41 The Australian Drug Foundation (ADF) does not believe that drug testing is the answer to managing drugs in schools and urges caution for those schools considering adopting drug testing. According to ADF, there are too many unresolved legal, ethical and technical issues surrounding drug testing in schools to be able to say what role school drug testing programs could fulfill. The ADF wishes to see a properly conducted evaluation of a school drug testing program. There is no evidence as yet that suggests drug testing has provided better outcomes than methods currently employed by schools to respond to drug use. It should be noted that the most commonly used drug by students in Australia was cannabis. If students are attending school while affected by cannabis, it should be evident from their physical appearance or demeanor.

Duty of care of schools

6.42 The Project Team noted that experiences overseas, including the US and Australia, were often quoted as justifications in support of or against school drug testing. Hence, it may be useful to review differences between Hong Kong and other countries that may strengthen or undermine justifications for or against school drug testing. One such aspect is the differences on the extent of duty of care of schools. In the case of Australia, schools are expected to take all reasonable

measures to prevent physical injury to the pupils and such duty is non-delegable. The scope of the school duty is normally restricted to the effect that reasonable care does not extend beyond the boundaries of schools. In the US, on the other hand, the duty and scope of a school are more broadly defined. As a result, random student drug testing is considered reasonable, and teachers are regarded as at the forefront of the war against drugs, on the understanding that schools have a special responsibility of care and direction for the children.⁷⁵

6.43 In the course of the study, the Project Team has sought the views of school principals and teachers who generally share similar views as those of US schools. They believe schools in Hong Kong have the duty of care much broader than that of Australia. Schools are responsible for the healthy development of students and their activities inside and outside schools, besides learning and teaching. Through home-school cooperation, schools have responsibility helping parents in providing care and education to their children. Parents also have high expectation of schools in the care and education of their children.

6.44 Indeed, the aim of education is "to enable every person to attain all-round development in the domains of ethics, intellect, physique, social skills and aesthetics according to his/her attributes", as stated in the education reform document published by the Education Commission in 2000.⁷⁶ Furthermore, the role of teachers, apart from teaching and learning, is to provide pastoral care for students, with a commitment to fostering the whole-person development of students, as recommended by the Advisory Committee on Teacher Education and Qualifications.⁷⁷

6.45 Thus, from the perspectives of principals and teachers interviewed in the study, schools should not just be concerned with learning and teaching, but also the development of intrapersonal and interpersonal skills of their students, as part of their whole-person development. Schools have to take prompt and decisive measures to tackle unruly and delinquent behaviour of their students including

75 Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

76 Education Commission (2000), *Learning for life, learning through life: Reform proposals for the education system in Hong Kong*.

77 Advisory Committee on Teacher Education and Qualifications (2003), *Towards a learning profession – the Teacher Competencies Framework and the Continuing Professional Development of teachers*.

drug abuse.

Observations

6.46 School drug testing has been practised by schools overseas, including US and UK schools reviewed above. Their experience serves as useful references in evaluating the Scheme. In doing so, the Project Team believes that differences between Hong Kong and other countries should be duly noted. The rationale for supporting or opposing school drug testing in other countries may not be applicable to Hong Kong. Furthermore, the fact that drug testing is not successful or effective in some schools should not preclude the possibility that it is effective in other schools. As discussed above, much depends on how drug testing is implemented by schools concerned and received by the local parent-student population. In short, while taking into account issues and concerns over school drug testing raised in other countries, the Project Team will focus on local context and gather evidence in support of or refuting such issues and concerns.

7. Evidence on the impact of school drug testing: research conducted overseas

Research evidence supporting school drug testing

7.1 The Office of National Drug Control Policy in the US asserted that random drug testing in schools was effective in reducing drug use and deterring drug use among adolescents. Drug testing was responsible for a significant reduction in cannabis use among the 8th grade students from 18.5% to 11.8%.⁷⁸ In a survey of principals of 65 high schools with random drug testing program in Indiana, the majority of respondents reported that there was a reduction in drug use among students and that school drug testing had not adversely affected student participation in athletic and extra-curricular activities.⁷⁹ The Research Team notes that the study was based on views of principals and such information is relatively low in the hierarchy of evidence discussed above.

78 Gerada, Clare and Gilvarry, Eilish (2005), "Random drug testing in schools", in *British Journal of General Practice*.

79 McKinney, Joseph R (2005), "Effectiveness of student random drug-testing programs", paper prepared for the Student Drug-Testing Coalition.

7.2 Surveys conducted in 1997, 1999 and 2002 on students studying in Hunterdon Central Regional High School showed that there was an overall decrease in drug use among students in 1997 – 2000 when the drug testing program was implemented by the school on student athletes. In 2000 – 2002 when the drug testing program was suspended pending court decision,⁸⁰ there was an increase in drug use among students.⁸¹ The Hunterdon study, which was widely quoted as evidence that student drug testing was effective, was criticized by some researchers for the lack of control data, precise information on representatives of the sample and validity of the survey instrument and statistical tests of significance.^{82 83}

7.3 A similar study was conducted on 83 secondary schools in Indiana. 12 schools did not have drug testing program before 2000 and 71 had schools drug testing before 2000. These 71 schools had suspended drug testing in 2000 when the Appellate Court ruled that drug testing violated the Indiana Constitution. Most of these schools reported an increase in drug use among students in 2000 – 01 when drug testing was suspended, compared with 1999 when there was drug testing.⁸⁴ The Project Team is of the view that this study has similar weaknesses as those of the Hunterdon study discussed above.

7.4 In another study (the McKinney report) on two schools, researchers found that the school having a drug testing programme had lower levels of expulsion due to drugs, alcohol and weapons, higher scores in state examinations and significantly lower use of marijuana, confirming the effectiveness of drug testing, compared with another school that did not have the testing programme.⁸⁵ The

80 The drug testing program was suspended in 2000 – 2002 when a court case was brought against the school's drug testing program in August 2000. The drug testing program was resumed in December 2002 when the appellate court ruled in favour of the school in July 2002, the decision of which was upheld by the New Jersey Supreme Court in July 2003.

81 Student Drug Testing Coalition (2008), "Hunterdon Central Regional High School: Impact of student random drug testing program on drug use by students".

82 Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

83 McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the food for drug prevention*.

84 McKinney, Joseph R (2002), "The effectiveness and legality of random drug testing policies", paper prepared for the Student Drug-Testing Coalition.

85 McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the*

Project Team considers that the sample size of the study is very small and hence the study findings lack external validity.

7.5 In a review of data from the New Jersey Department of Education and school districts in 2006 – 07, researchers found that for the 26 schools with random student drug testing, the daily attendance rates, graduation rates and student scores at the High School Proficiency Assessment and SAT were higher, and the suspension and dropout rates lower than those for the 26 schools without random student drug testing. Based on the findings, researchers were of the view that drug testing did not have a negative impact on students.⁸⁶ Though attempts had been made by researchers to compare schools with similar background, the Project Team is of the view the research data are not sufficient to establish the casual relationship between drug testing and other school variables such as suspension and dropout rates which may be affected by other school factors such as learning and teaching effectiveness.

7.6 Furthermore, in a study conducted on 2 rural high schools in North Florida, researchers examined the knowledge, attitudes and perception of students towards an impending random drug testing program covering students participating in extra-curricular activities or issued with school parking permits, and found that the majority of students considered that drug testing would be effective in reducing drug use, though some students expressed concern over fairness and accuracy of drug testing.^{87 88}

7.7 Acknowledging the limitations of current empirical studies on the effectiveness of drug testing programs the findings of which were inconclusive and/or conflicting and the fact that to conduct long-term scientifically valid studies was likely to be complicated and expensive, researchers resorted to the use of qualitative “evidence” based on views expressed by those who had experience in school drug testing. School administrators, teachers and coaches in 24 schools or

food for drug prevention.

86 Edwards, C E (2008), “Student drug-testing programs: do these programs negatively impact students?” a paper prepared for the Student Drug-testing Coalition.

87 McKinney, Joseph R (2003), “The effectiveness of random drug testing programs: a statewide follow-up study”, paper prepared for the Student Drug-Testing Coalition.

88 Evans, Garret D., et al (2006), “Implementation of an aggressive random drug-testing program in a rural school district: student attitudes regarding program fairness and effectiveness”, in *Journal of School Health*, 76(9): 452 – 458.

school districts that had implemented student drug testing programs were of the view that the programs had provided students with an excuse to say no to drugs and resulted in lower drug usage.⁸⁹

7.8 A study recently published by the US Department of Education showed that students participating in mandatory random drug testing reported less substance use than students in schools without drug testing. The study was conducted in 2007-08 on more than 4,700 students in 36 high schools in southern USA, with half of the schools randomly assigned to the treatment group with drug testing and another half assigned to the control group without drug testing. Nevertheless, researchers noted that the study was conducted over a one-year period and did not confirm longer-term effects of drug testing.⁹⁰

Research findings not supporting school drug testing

7.9 A study often quoted by researchers is the “Michigan” study which was conducted between 1998 and 2002 using a cross-sectional and a one-year follow-up study design. The study was based on a national sample of about 30,000 8th grade students, 23,000 10th grade students and 23,000 12th grade students from more than 700 middle and high schools. Researchers examined the relationship between self-reported 12-month use of drugs and school drug policies and found that drug testing of any kind, drug testing on suspicion and drug testing for student athletes was not a significant predictor of drug use. The researchers nevertheless noted that due to the cross-sectional design adopted in the study, it was difficult to draw definitive casual interpretations on the impact of drug use.⁹¹ It was noted by other researchers that school drug testing was implemented by different schools using different approaches. Some schools tested students on suspicion with the intention of imposing legal consequences. Some schools conducted “suspicion-less random” tests in order to deter students from abusing drugs and as a means to help students tested positive by referring them to follow-up services.⁹²

89 Edwards, C E (2008), “Student random drug-testing prevention programs: do these programs work?” a paper prepared for the Student Drug-testing Coalition.

90 James-Burdumy, Susanne, Brian Goesling, John Deke, and Eric Einspruch (2010), *The effectiveness of mandatory-random student drug testing*, US Department of Education.

91 Yamaguchi, Ryoko, Johnston, Llyod D and O’Malley, Patrick M (2003), “Relationship between student illicit drug use and school drug-testing policies”, in *Journal of School Health*, 73(4): 159 – 164.

92 Barrington, Kyle (2008), “Voluntary, randomized student drug-testing: impact in a rural, low-income

They pointed out that tests conducted based on reasonable suspicion were different from tests based on random selection. Furthermore, the study might even have included schools that had drug testing policies but had taken only one single test, or even schools that had never conducted any test.⁹³ In short, as pointed out by researchers interviewed by the Project Team in the US, without separately analyzing the impact of drug testing of different schools adopting different drug testing strategies, the “Michigan” study had a serious flaw in its research design.

7.10 In a study on school athletes (the Student Athlete Testing Using Random Notification (SATURN) research), preliminary findings based on two high schools indicated that for the school having mandatory drug testing before participation in sports activities, past 30-day use of illicit drugs had decreased for athletes in the experimental school, past 30-day use of illicit drugs increased for athletes in the control school. However, athletes in the experimental school had a larger reduction in positive attitudes towards school, as compared with those in the control school, suggesting that drug testing might have adverse impact on school-student relationship. In this programme, those athletes found to have abused drugs were required to receive counselling and if required therapeutic treatment, but the athletes concerned were allowed to remain in the school and the sports team, and recordings of the positive test results would not be shown in their academic records. Nevertheless, the researchers noted that the selection of control and experimental schools was not random.⁹⁴ Some researchers pointed out that while the SATURN longitudinal design allowed for casual interpretation supporting the effectiveness of school drug testing, generalization of the results was limited by the small sample in the pilot study and the lack of random assignment to the treatment group.⁹⁵

community”, in *Journal of Drug & Alcohol Education*, p. 47 – 66.

93 Student Drug-testing Coalition, “Commentary: University of Michigan 2003 study on student drug testing”.

94 Goldberg, Linn, et al (2003), “Drug testing athletes to prevent substance abuse: background and pilot study results of the SATURN Study’ in *Journal of Adolescent Health*, 32: 16 – 25.

95 Evans, Garret D., et al (2006), “Implementation of an aggressive random drug-testing program in a rural school district: student attitudes regarding program fairness and effectiveness”, in *Journal of School Health*, 76(9): 452 – 458.

Research producing conflicting results

7.11 In 2007, researchers published findings of the first 2-year study based on prospective randomized control trial on the SATURN research involving 5 intervention school and 6 control schools. The research results showed that, based on student athletes' self-reports there was no statistically significant difference in the change in the past-month use of drugs over time. For past-year use of drugs, the difference was statistically significant for only the first (time 2) and last (time 5) follow up periods. Similar to findings of the pilot study, the research showed that student athletes in the experimental school reported less positive attitudes towards school after introduction of the drug testing. Researchers nevertheless admitted that the high dropout rate of schools from the study might have affected the validity of the research findings.⁹⁶

7.12 In another study involving two rural, low-income school districts in south-central Texas, researchers examined the change in drug abuse rates of students, based on their self-reports, before and after the implementation of suspicion-less, random drug testing of students participating in school-sponsored extra-curricular activities in the intervention school district in 2005-06. The result findings showed that there was no statistically difference in the decline in drug abuse rates between the intervention school district and the comparison school district. However, school staff interviewed in the study believed that school drug testing was effective, because it gave students an excuse to resist peer pressure to abuse drugs and helped identify students in need of assistance. Furthermore, with drug testing, students' awareness of drug abuse was raised. They were more willing to inform school authority about drug abuse behaviour of other students and had more confidence in their schools being a safe place free from drugs. The school staff added that drug testing had helped increase school bonding and connectedness and stressed that drug testing was only part of their drug prevention activities. They believed that drug testing implemented as part and parcel of a comprehensive drug prevention program of schools would be much more effective.⁹⁷

96 Goldberg, Linn, et al (2007), "Outcomes of a Prospective Trial of Student-Athlete Drug Testing: The Student Athlete Testing Using Random Notification (SATURN) Study", in *Journal of Adolescent Health*, 41:421 – 429.

97 Barrington, Kyle (2008), "Voluntary, randomized student drug-testing: impact in a rural, low-income community", in *Journal of Drug & Alcohol Education*, p. 47 – 66.

The state of school drug testing research

7.13 Researchers observed that while there was a large volume of literature about school drug testing programs, the overwhelming majority of articles comprised anecdotal evidence and journalistic comment. Only a few studies examined specifically the effectiveness of drug testing programs for school students and none had been conducted rigorously in a controlled, unbiased manner.^{98 99} It was also noted by researchers that much of the evidence was related to the US where student drug testing was initially targeted on athletes, which was later extended to cover students participating in extra-curricular activities and other students in general.¹⁰⁰ In short, researchers noted that there was limited research-based evidence and the findings of any such studies were inconclusive.¹⁰¹

7.14 Researchers believed that there were a number of potential adverse effects of school drug testing. These included a breakdown in parent/child or school/student relationship, increased in school exclusions and trancies, reduced participation in healthy extra-curricular activities, diversion to other substances not tested or less detectable, unwarranted invasion of privacy, distressing, embarrassing and humiliating students, breaching of confidentiality and false sense of drug-free environment, lack of appropriate treatment and interventions after testing positive, school time and resources used on drug testing, ambiguous role for schools as monitors of student drug use and penalties for drug use. However, few studies had been conducted to evaluate the adverse impact of school drug testing and confirm that such concerns were valid.¹⁰²

7.15 Indeed, as noted by Professor Shek, few studies were conducted to

98 Cheung, W H, et al (2009) "Position statement of the Hong Kong College of Psychiatrists on school-based drug tests in Hong Kong: a review of its effectiveness and our recommendations", in *Hong Kong Journal of Psychiatry*, 19: 133 – 136.

99 Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

100 McKeganey, Niel (2005), *Random drug testing of school children, a shot in the arm or a shot in the food for drug prevention*.

101 Levy, Sharon (2009), "Policy brief on: drug testing of adolescents in schools", Substance Abuse Policy Research Program.

102 Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

examine the effectiveness of school drug testing and no study was conducted with particular reference to the Chinese culture. Besides most of the empirical studies were cross-sectional in nature and the quality of many studies was generally not high. While there were studies that were in support of school drug testing, there were others that did not.¹⁰³

Observations

7.16 While the above review is useful from a methodological point of view, with experience gained from research conducted overseas providing useful insights on how the present research should be designed and conducted and highlighting difficulties in conducting a rigorous research with say random allocation to experimental and control groups and a longitudinal design, the Project Team is of the view that findings of research conducted overseas are inconclusive and should not be relied upon to argue for or against school drug testing in Hong Kong.

103 Shek, Daniel T L (2010), "School drug testing: a critical review of literature", in *The Scientific World Journal*, 10: 356 – 365.

IV. School Drug Testing in Tai Po: the Process

8. Overview

8.1 The Project Team is aware that school drug testing is highly controversial, with proponents citing prospects and overseas evidence of positive impact on reducing abuse of drugs by students on the one hand, and opponents raising concerns involving practical, legal, ethical and educational issues and overseas evidence that school drug testing has not been proved effective. Nevertheless, what is heartening to note is that both proponents and opponents share the same common ground, namely adequate actions must be taken promptly to abate the rising trend of drug abuse by children and adolescents. Indeed, during discussions with a number of principals, teachers, social workers and medical practitioners throughout the entire research study, they were of the view that the launch of the Scheme had helped galvanized cooperation between education, social work and medical professions as well as members of the community in their concerted efforts to help students stay away from drugs and those who had abused drugs to quit drugs.

8.2 The Project Team is also aware that the Scheme is a new initiative, over and above current measures on preventing and treating drug abuse and rehabilitating drug addicts. It is only one component of the multi-pronged approach of government in combating drug abuse among secondary school students. There are a host of educational and preventive measures as well as intervention programmes being organized by schools, NGOs and community networks.

8.3 The Project Team noted that in designing the Scheme, parties concerned, including the 23 secondary schools in Tai Po, had made reference to practices in other countries. For example, in the US, when students were tested positive, most school districts required students' parents or guardians to meet school officials (88%), required the students to participate in an education, counselling or treatment program (61%) or suspended students from school athlete teams (66%). Most school districts had services provided to students tested positive, including professional counselling for drug abuse problems (87%) or referrals to counselling

services (92%).¹⁰⁴

8.4 Furthermore, in a review of 52 schools in New Jersey, researchers noted that random student drug testing was only part of a comprehensive prevention strategy of schools, which included drug and alcohol prevention programs. For US public school districts with random selection drug testing programs, schools had to adhere to specific requirements of student confidentiality as dictated by The Federal Privacy Act (P.L.93-575), The Federal Alcohol and Drug Abuse Act (P.L. 92-282) and Federal Regulation (42 CFR-Part 2). Students were not identified by name, social security number, or student identification number for drug-test purposes. All drug testing records were maintained separate from permanent records and had to be destroyed upon graduation. School district officials might not share information of students screened positive with local law enforcement agencies. Information on drug-test results might only be given to the students and their parents. Only individuals authorized to administer the program were permitted access to drug-test results.¹⁰⁵ However, contrary to federal guidelines, less than half of school districts still notified law enforcement officials (45%) or suspended students from school (31%).¹⁰⁶

8.5 Based on a review of US court cases up to 2002, researchers suggested that a school drug testing policy should comprise at least (1) rationale for testing; (2) statement of the substance(s) to be tested; (3) requirement of a consent form; (4) procedure for determining how students would be selected randomly; (5) procedure to be followed in collecting sample for drug testing; (6) the tests to be used; (7) report of positive test results to appropriate school officials; (8) defenses available to students testing positive; and (9) penalties for students testing positive.¹⁰⁷

8.6 In this chapter, study findings related to implementation of the Scheme in Tai Po, including coverage of the Scheme and views of stockholders on the

104 Ringwalt, Chris, et al (2008), "Responses to positive results from suspicion-less random drug tests in US public school districts", in *Journal of School Health*, 79(4): 177 – 183.

105 Edwards, C E (2008), "Student drug-testing programs: do these programs negatively impact students?" a paper prepared for the Student Drug-testing Coalition.

106 Ringwalt, Chris, et al (2008), "Responses to positive results from suspicion-less random drug tests in US public school districts", in *Journal of School Health*, 79(4): 177 – 183.

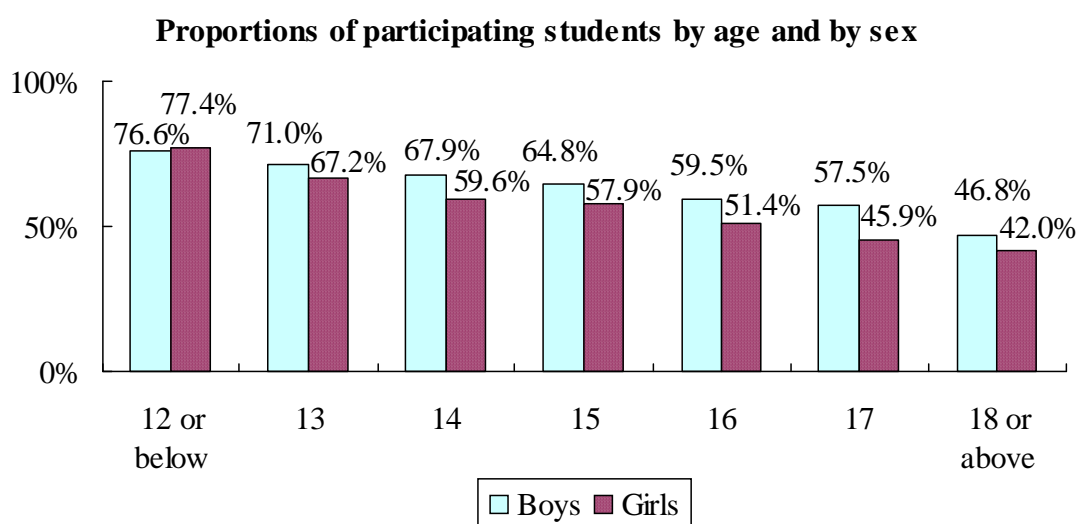
107 Mawdsley, Ralph D (2002), "Legal issues involving random drug testing: an American perspective", in *Australia and New Zealand Journal of Law and Education*, 7(2): 161 – 177.

preparatory work for the Scheme and the drug testing process, are presented and discussed. Information used in the study is based on data gathered from the December 2009 survey and June 2010 survey as well as views expressed by stakeholders during focus group discussions and in-depth interviews.

9. Coverage of the Scheme

9.1 More than 12,400 students joined the Scheme. The December 2009 survey showed that by end 2009 about 61.5% of them indicated that they and their parents had given consent to participate in the Scheme. 37.5% did not participate in the Scheme and 1.0% did not provide any information. Since the announcement of the participation rate in December 2009, 68 more students and their parents joined the scheme, while seven students and their parents withdrew from the scheme.¹⁰⁸

9.2 A higher proportion of boys (63.5%) participated in the Scheme as compared with girls (57.0%). Younger students were more likely to participate in the Scheme, with the participation rate falling steadily with age. For instance, while 77% of students aged 12 or below participated in the Scheme, only 42% - 47% of students aged 18 or above participated.

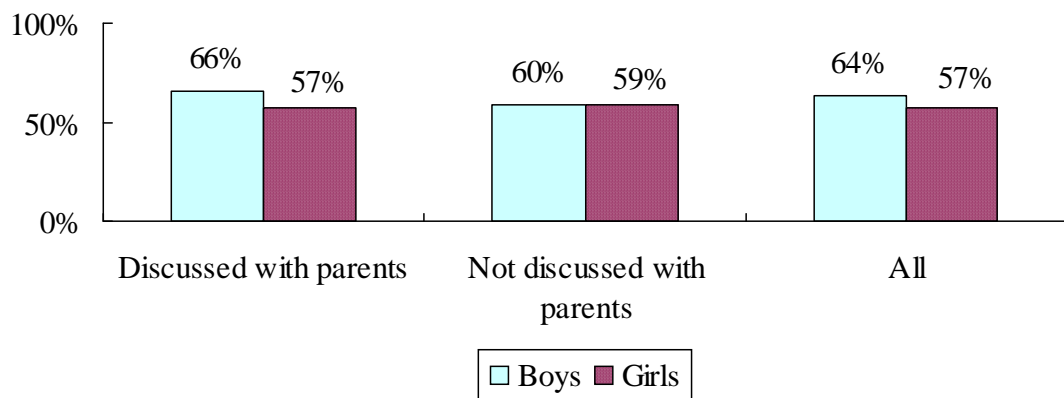


108 Source: Narcotics Division, Security Bureau.

<http://www.info.gov.hk/gia/general/201006/28/P201006280169.htm> retrieved on 29 June 2010.

9.3 In the Scheme, both parents and students are required to sign the consent forms for participation in the Scheme. It is believed that in doing so, parents and their children will have the opportunity to discuss the pros and cons of the Scheme in general and the risks of their children taking or being exposed to drugs in particular. The December 2009 survey showed that about 72% of students had discussed with their parents on whether they should participate in the Scheme and the percentage was higher for girls (78%) than for boys (66%). For boys who had discussed with their parents, a higher proportion of them (66%) participated in the Scheme, as compared with those who had not discussed with their parents (60%). For girls, on the other hand, a slightly lower proportion of those who had discussed with their parents (57%) participated in the Scheme, as compared with those who had not discussed with their parents (59%).

Proportions of participating students by whether they had discussed with their parents and by sex



9.4 The June 2010 survey showed that among students who had participated in the Scheme, more than half of them jointly decided their participation with their parents. It is also of interest to note that 28% of these students decided to participate in the Scheme on their own, which is lower than the corresponding percentage for students not participating in the Scheme (33%). Seen in the context that only 70% of students had discussed with their parents whether to participate, the survey findings indicate that more efforts are required to promote parental involvement in the Scheme in particular, and anti-drug education for children in general.

	Dec 2009 survey	Jun 2010 survey
	%	%
Have you participated in the trial scheme of school drug testing?		
Yes, who decide to participate in the trial scheme?	61.2	64.1 ¹⁰⁹
My parents and I	-	57.6
Only I	-	27.9
Only my parents	-	12.3
Refuse to answer	-	2.2
No, who decide not to participate in the trial scheme?	37.5	34.7
My parents and I	56.5	55.8
Only I	33.0	33.3
Only my parents	7.0	7.1
Refuse to answer	3.5	3.8

Observations

9.5 The Project Team is of the view that it is difficult to say whether this level of participation in the Scheme is high or low, given that it is the first time drug testing is introduced to local schools and there will inevitably be uncertainties and anxiety on both parents and students. Nevertheless, it is heartening to see that more than half of students have voluntarily given their consent to participate in drug testing, signaling that they have the determination to stay away from drugs. In particular, for those in the lower grades who are more likely to be at risk, a much higher proportion of them have agreed to participate in the Scheme. This is, in the view of the Project Team, a very encouraging sign.

9.6 The survey findings showed that the majority of students had discussed the Scheme with their parents. The Project Team believes that this will invariably help raise the awareness of parents of drug abuse problems among students and encourage more frequent and open discussions in the family. Furthermore, giving

¹⁰⁹ The figure derived from the 2010 post-survey is higher than that of the 2009 pre-survey mainly because the post-survey does not cover Secondary 5 and 7 students whose participation rates were lower than those of the lower forms.

consent by students to participate in the Scheme is an educational process through which students learn how to weigh the pros and cons of the Scheme, balance their interests, expectation of schools and parents and the interest of school community to which they belong, and make a decision on their own and see that their decisions are respected by schools and parents who may have different views. The survey findings also point to the need for stepping up efforts to promote parental involvement in the Scheme and in anti-drug education for children in general.

10. Preparations for the Scheme

Briefing of parents

10.1 Before the launch of the Scheme, a number of briefings were held for parents of students studying in the 23 secondary schools in Tai Po. According to the June 2010 survey findings, nearly all principals were of the view that the briefings had enhanced the knowledge of parents on the harmful effects of drugs to students and their understanding of the purposes and operations of the Scheme. Their concerns on the Scheme were also adequately addressed.

<i>% of strongly agree or agree</i>	
Enhance knowledge of parents on harmful effects of drugs to students	95.7
Make parents understand the purposes and operations of the Scheme	100.0
Respond adequately concerns of parents on the Scheme	100.0

Briefings of teachers and students

10.2 A number of briefings were also held for teachers and students of the 23 secondary schools in Tai Po. The June 2010 survey showed that all principals were of the view that the briefings had enabled teachers to understand the purposes and operations of the Scheme. All principals were also of the view that briefing sessions for students had enhanced students' knowledge of the harmful effects of drugs, made students understand the purposes and operations of the Scheme and responded adequately to concerns of students on the Scheme.

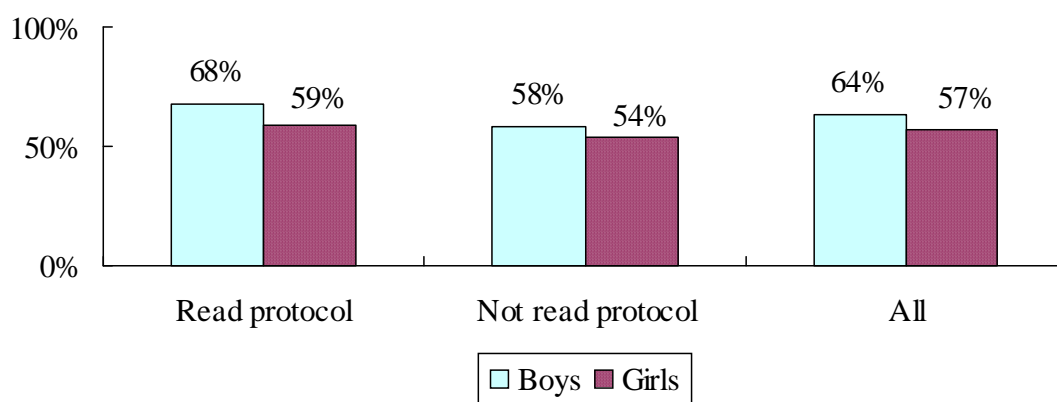
% of strongly agree or agree

Enhance knowledge of students of harmful effects of drugs	100.0
Make students understand the purposes and operations of the Scheme	100.0
Respond adequately concerns of students on the Scheme	100.0

Students' understanding of the Scheme

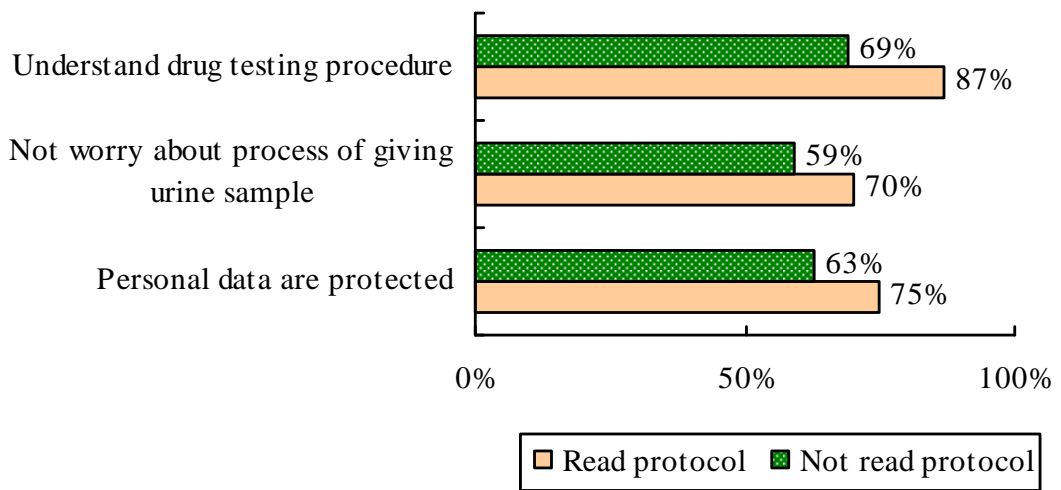
10.3 On the part of students, the December 2009 survey showed that 58% of students had read the protocol of the Scheme. The percentage was slightly higher for girls (60%) than for boys (57%). A higher proportion of students who had read the protocol (68% for boys and 59% for girls) participated in the Scheme, as compared with those who had not (58% and 54% respectively). Apparently, the protocol has helped raise students' understanding and acceptance of the Scheme.

Proportions of participating students by whether they had read the protocol and by sex



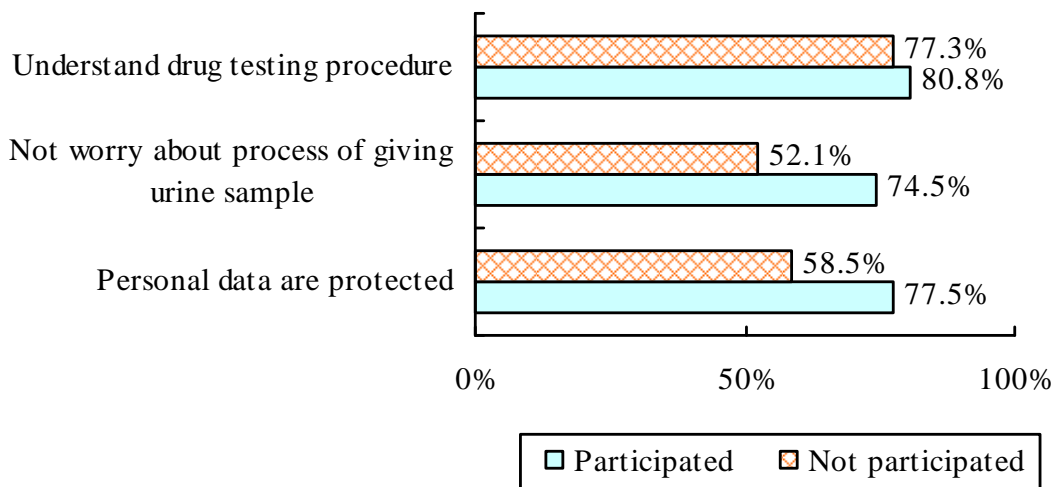
10.4 Most students indicated that they understood the drug testing procedure (79%) and believed that their personal data would be protected (70%). More than half were also not worried about the process of giving their urine sample (66%). It is not surprising to note that the percentage was higher for those students who had read the protocol as compared to those who had not.

Proportions of views of students on the operation of the Scheme by whether they had read the protocol



10.5 In addition, for those students who had participated in the Scheme, a much higher proportion of them were not worried about the process of giving urine sample (75%) and believed that their personal data would be protected (78%), as compared with those who had not participated. A higher proportion of them (81%) also understood the drug testing procedure, as compared to those who had not participated (77%).

Proportions of views of students on the operation of the Scheme by whether participated in the Scheme, December 2009



Observations

10.6 Apparently, the Scheme has been carefully planned, with every effort made to ensure that teachers, parents and students fully understood the purposes and operations of the Scheme and parents' and students' concern on the Scheme carefully addressed. Given the number of teachers, students and parents involved, the Project Team considers completing the preparatory work including consultation with stakeholders within a short span of several months' time is an extraordinary achievement, bearing in mind that schools are already heavily engaged, especially at the start of the school year, in carrying out a number of new, major educational initiatives such as the New Senior Secondary Curriculum and the ongoing curriculum reform, and the fine-tuning of the medium of instruction. This cannot be possible without the commitment and dedication of principals of the 23 secondary schools in Tai Po, driven by their belief and conviction that prompt and decisive actions have to be taken by schools to help students stay away from drugs. Indeed, getting all 23 secondary schools to agree and act together, for the benefits of their children, is already a remarkable accomplishment.

10.7 As discussed above, for students who had not participated in the Scheme, a lower proportion of them were not worried about the process of giving urine samples and believed that their personal data were protected, as compared with those who had participated. It seems that worries over the process of giving urine samples and doubt on whether personal data are protected are likely to be factors affecting students' willingness to participate in the Scheme. It would thus be advisable to step up education and publicity on the Scheme to help remove any worries or doubts students may still have on the Scheme.

11. The drug testing process

Protocol on drug testing

11.1 A set of protocol on the Scheme was drawn up, spelling out clearly the objectives and guiding principles of the Scheme, the roles of concerned parties, procedures to be taken in conducting drug tests including the random selection of students, liaison between schools and the SDT team, collection of urine samples from students and notification of test results to parents, provision of support

services to students tested positive, the handling of self-referrals, refusals and withdrawals of consent, and protection of personal data privacy. In designing the entire implementation procedure, the need to protect confidentiality of personal information was accorded very high priority. The Government seconded two experienced executive officers, who were designated as “Project Officer” under the Scheme, to the Home Affairs Department to oversee the implementation of the Scheme and to advise schools on matters related to protection of confidential information and personal data.

11.2 By 28 June 2010, a total of 2,495 students were randomly selected for the screening test, representing about 20% of those who have participated in the Scheme. Among these students, 1,975 took the test and no confirmed positive case was found.¹¹⁰ Given that it took on average about 15 minutes to conduct drug test on one student and that drug testing had to be conducted during class the duration of which ranged from 35 minutes to 55 minutes, outside examination times, the SDT indeed had a busy time visiting schools to complete drug testing on nearly 2,500 students in less than 6 months’ time.

11.3 Members of the SDT team pointed out that in conducting drug tests, utmost care had been taken to ensure that students’ personal data were protected, while proper records on the test results had to be kept. For example, in communications with schools, students were identified through the use of code numbers and were counter-checked by schools to ensure that the students sampled for drug testing were correctly identified and asked to undertake the drug tests. Before giving their urine samples, the students were briefed on the purposes of test, the procedures involved and the right to withdraw from the Scheme or refuse taking the test. Every effort had been made to ensure that the students felt comfortable with the entire drug testing process. According to views of the SDT team, participating students were positive about the Scheme and co-operative in drug testing.

11.4 During discussions with students, feedback from students was also very positive. They generally felt comfortable with the drug testing process and were not embarrassed. Indeed, the June 2010 survey showed that the majority of students understood the drug testing procedure (76%), were not worried about the process of giving urine samples (74%) and believed that their personal data were

110 Source: Narcotics Division, Security Bureau.

<http://www.info.gov.hk/gia/general/201006/28/P201006280169.htm> retrieved on 29 June 2010.

protected (76%). The survey also showed that students had better understanding of the drug testing procedures, were less worried about the process of giving urine samples and were more confident that their personal data were protected, after having taken the drug tests.

11.5 Partly because drug testing was conducted in an efficient manner, causing minimal disruption to school activities, most teachers and students interviewed by the Project Team indicated that they did not even notice that the SDT team had visited their schools and conducted the drug tests. The June 2010 survey findings showed that among the 15% of students who had been randomly sampled for and had taken the drug tests, the great majority (88%) were satisfied or very satisfied with the drug testing arrangement. In addition, feedback from parents was also highly positive. According to the 2010 survey, among the 18% of parents whose children had taken the drug tests, the great majority (90%) were totally not worried or not worried that drug testing would have negative impact on their children.

Keeping of samples and records

11.6 According to the protocol on drug testing, non-essential specimens (i.e. specimen with negative screening test result) will be immediately disposed of by the SDT team. For positive cases, the same urine specimens are sent to the Government Laboratory for confirmatory tests. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. Normally, the confirmatory test will take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the project officer. The specimens will be destroyed by the Government Laboratory personnel in 5 working days after completion of analysis. If the identified student and/or his parent/guardian insist on obtaining a second test by another competent laboratory to refute the positive screening test result, they may do so at their own expense and should inform the school principal within three working days from the screening test. Up to end June 2010, there were only four false-positive cases and no second laboratory test was requested by parents.

11.7 As regards the keeping of records of students related to the Scheme, it is noted that the consent forms of students who have not given consent to participate in the Scheme will be destroyed after verification. For students who have agreed to

participate, their consent forms will be kept by schools concerned for the purposes of the Scheme. The list of students participating in the Scheme will also be kept by the SDT team using secured USB devices. From discussions with principals and members of the SDT team, the Project Team was given to understand that personal data collected from students for the purposes of the Scheme were kept either in password protected computers (standalone computers in most cases) or in securely locked cabinets. The Project Team was also given to understand the records would be destroyed upon completion of the Scheme, though the exact date had not yet been fixed. In short, every step has been taken to protect the personal data of students participating in the Scheme.

Venue for drug testing

11.8 The physical environment and facilities available in different schools are different. To safeguard data privacy of students taking the tests, schools had painstakingly chosen collection sites for drug testing that were situated in secluded locations of schools, such as the changing rooms behind the stage of school halls or teacher rooms in a separate block of the school buildings away from the classroom block, though the locations chosen might not be most ideal, given that school premises were generally not very large. Where possible, students were asked to enter and leave the collection site through different staircases such that students going to the collection site for drug testing would not meet those leaving the site after the drug tests. Toilet or restroom facilities were also available in the collection sites such that students would be asked to produce their urine samples with individual privacy.

11.9 During discussions with students, most of them were happy with the locations of the collection sites. Nevertheless, a few grumbled that they had to walk quite a distance from the classrooms to the collection sites, or that they had to walk across the school playground to the collection sites and were thus seen by other students attending physical education. Admittedly, it is difficult to find a collection site that is both convenient to students taking the drug tests and located in secluded corner of the school not easily seen by other students.

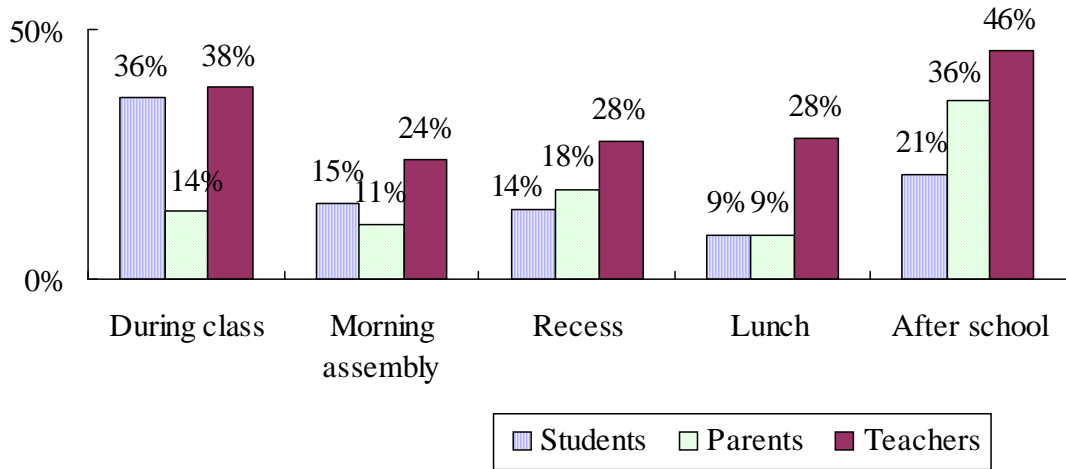
Time for conducting drug tests

11.10 For the Scheme, drug tests were conducted during class. Principals of schools concerned would choose periods when there was no examination or test and had avoided periods for important subjects like languages. From discussions with principals and teachers, most of them believed that the impact on students who were asked to leave the class for about 15 minutes for drug testing was minimal. The main reason for conducting drug tests during class was to ensure that students going to the collection site for drug testing would have the least chance of being seen by other students. Conducting drug tests during recess would significantly limit the number of students who could be tested and increase the chance of students sampled for drug tests being seen by other students. Conducting drug tests after school would affect extra-curricular activities of students.

11.11 Views of students were quite diverse when they were consulted on their preferred time for conducting drug tests during focus group discussions with them. Some did not mind leaving the class for about 15 minutes, especially during lessons they did not like much, while some complained that they had to miss part of the lessons, especially for those they liked most. Some believed they could easily catch up after having left the class for about 15 minutes, while others were worried that they might have missed a lot. Some students suggested that drug testing should be conducted outside school hours; while others were not in favour of the suggestions for fear that doing so would affect their extra-curricular activities which were also part of learning and teaching.

11.12 Findings of the June 2010 survey, as depicted in the chart below, also showed that views of students, parents and teachers in Tai Po were quite divided. Nevertheless, it may be worth noting that a higher proportion of parents and teachers preferred the drug testing be conducted after school hours, as compared with other choices. For students, on the other hand, a higher proportion preferred conducting drug testing during class.

Percentage by views on time for conducting drug tests

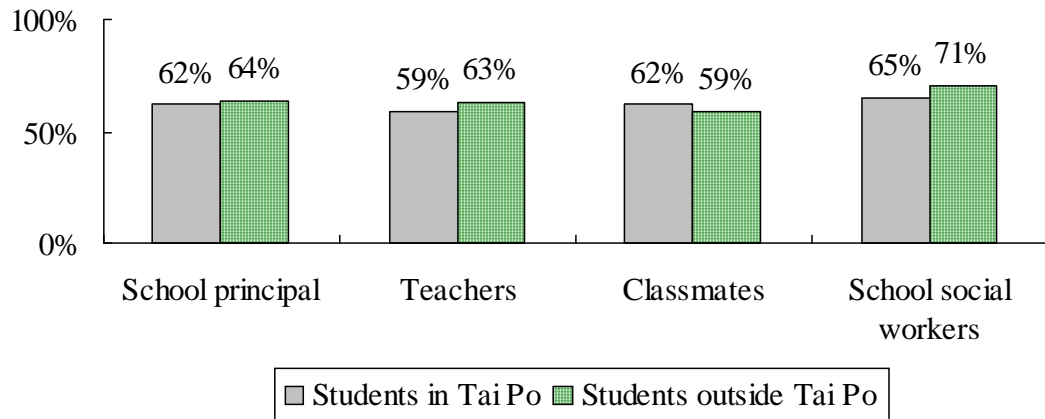


Parties to be informed of the test results

11.13 In the Scheme, apart from the students and their parents, schools were also informed of the test results by the Project Officer. The Project Team has consulted school principals and teachers on whether they should be informed of the drug test results. Most principals and teachers believed that they could provide guidance and assistance to students and coordinate intervention and treatment provided by social workers and other professionals if schools were informed of the drug test results. On the other hand, some social workers were worried that schools might be prejudiced against students found to have abused drugs or might even indirectly force students to leave schools through various means. Letting schools know drug test results might also discourage students from participating in the Scheme.

11.14 The survey findings showed that more than half of students did not mind letting their school principals, teachers, classmates and school social workers know about their drug test results. The Project Team believes that since most students have not taken drugs or are confident that their schools would try to help those who have abused drugs, and hence they do not mind letting their school principals, teachers and school social workers know their drug test results.

Percentages of students by views on parties who can access test results



11.15 The Project Team believes that schools play an important role in providing guidance and assistance to students in need, including those who have abused drugs. Therefore, it is in the interest of students and schools to have access to the drug test results, so that they could provide timely guidance and assistance to students, and coordinate treatment and intervention efforts of social workers. While the concerns expressed by social workers are not unfounded, a more positive approach should be to take all precautionary steps necessary to ensure that schools will not discriminate against students who have abused drugs, rather than keeping schools away from taking up a useful role in providing support services available to students. As emphasized by several social workers interviewed, maintaining linkage between students who have abused drugs and their schools is vital to any successful intervention and treatment programme. Besides, given that both school staff and social workers care about the well being of students, efforts should be made to further increase mutual trust and foster closer cooperation between principals and teachers on the one hand and social workers on the other.

Observations

11.16 Although the Project Team did not have a chance to observe the drug testing process, given the need to protect the confidentiality of students taking part in the drug tests, the Project Team was impressed by the highly professional manner in which drug testing was planned. From documents examined by the Project Team and views of principals, teachers and students expressed during in-depth interviews and focus group discussions, the Project Team is of the view

that the entire drug testing process has been meticulously planned and implemented with utmost care and caution in accordance with the protocol. When the Scheme was first announced in 2009, fear had been expressed that sensitive personal data on students could be inadvertently lost or revealed to unauthorized persons. Concerns were also raised over possible embarrassment caused to students when asked to produce their urine samples. Apparently, a professionally conducted drug testing scheme has addressed such fears and concerns.

11.17 Schools are used to deal with personal data of students and always strive to handle such data properly. Teachers are also aware of the need to protect the personal data of students. From discussions with principals and teachers, it appears that the Scheme has sensitized them of the requirements under the Personal Data (Privacy) Ordinance and the potential pitfalls if personal data of students are not handled properly. Before and during the implementation of drug testing, the Project Officers have offered schools support and advice on practical issues related to the protection of personal data, which go a long way to ensuring that the Scheme is implemented smoothly and raising the awareness of both teachers and other school staff on measures required to be in place to safeguard students' personal data.

11.18 Given most school campuses in Hong Kong are not large, it is exceedingly difficult in practice for arranging students to participate in drug testing, or indeed any school activities, without being noticed by other students. The Project Team believes that rather than trying to relocate the collection site say further away from the classrooms, causing much inconveniences to the students concerned and affecting the efficient operation of the Scheme, it may be desirable to devote efforts to change students' perception of the Scheme and to ensure that participation in the Scheme or not will not have any labelling effects on the students concerned.

11.19 Apparently, students, teachers and parents who prefer drug testing not to be conducted during classes are of the view that asking students to leave the class for about 15 minutes will have an adverse impact on learning and teaching on the part of the students. Choosing other time slots may also raise similar concerns among teachers, students and parents. The Project Team notes that schools outside Tai Po that have introduced drug testing have opted for different arrangement (e.g. conducting drug testing during morning assembly). The Project Team believes that while the choice of the time for conducting drug tests should be left to

individual schools to decide, following a school-based approach, in consultation with stakeholders concerned, a more productive approach should be to explore ways and means to streamline the process of drug testing, such that it will cause minimal disruption to learning and teaching, regardless of whether it is conducted during class or after school.

12. Choice of drug testing methods

The state of technology

12.1 There are different methods of drug detection and screening, ranging from the use of questionnaires administered with pen and pencil screening forms, or completed online, interviews and clinical observation in say a clinical interview assessment, independent tests of body fluids (e.g. saliva, sweat, urine, breath or blood) or tissue (e.g. hair, skin, nails), or other forms of detection and screening that do not involve assessment of an individual per se but assessment of their materials such as clothes, bags, belongings, using techniques such as sniffer dogs, scanning equipment or other forms of non-invasive mechanical detection devices.

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12.2 In Australia, drug testing is a two-stage process, involving an initial screen to detect the presence of a drug, followed by a confirmatory test to assess (confirm) the accuracy of the initial results by a validated analytical procedure using mass-spectrometry techniques. For initial screening, on-site screening with Point of Collection Test (POCT) devices or laboratory analysis may be used. As most POCT devices use immunoassay techniques and are less reliable and accurate than laboratory analysis, POCT devices are useful as initial screening tests only.

12.3 The advantages of POCT devices are that they are less expensive and easier to be administered. Studies conducted in Europe showed that several POCT urine testing devices met the evaluation criteria of greater or equal to 95% accuracy, greater or equal to 90% sensitivity and greater or equal to 90% specificity, which are commonly used as minimum acceptable standards.

111 Materials presented in this section are based on Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives* and Wong, Raphael C and Tse, Harley Y (2005), *Drugs of Abuse: bodily fluid testing*.

However, there was wide variability between different devices and drug types. For example, the accuracy for amphetamine detection varied from 66 to 100 per cent, sensitivity from 16 to 100 per cent, and specificity from 56 to 100 per cent across urine devices. For cannabis, accuracy varied from 85 to 97 per cent, sensitivity from 70 to 99 per cent, and specificity from 90 to 100 per cent across urine devices.

12.4 For tests of body fluids, there are also a number of different drug testing methods. More than one choice of test kits is also available for each kind of body sample (e.g. there are quite a number of test kits for urine). Some of the tests are intimate while others are not. Some tests such as hair test and blood test may be repugnant to students as they may affect their appearance or cause pain. The choice of testing methods depends on such factors as cost, specific drugs to be detected, detection windows, accuracy, equipment requirement, sensitivity, limitations, etc.

12.5 As regards laboratory tests, blood testing is considered the ‘gold standard’ for accuracy and reliability, but it may not be suitable for use in school-aged children. However, drug levels found in blood are often quite low. The analysis of drugs in blood is also time-consuming. Furthermore, blood testing is an invasive medical procedure that can pose a health and safety risk to both donor and collector. There is much greater risk of transmission of infectious disease through handling of blood specimens than other bodily fluids such as urine. Apart from blood tests, there is a range of other different types of tests that may be suitable for the detection of drugs used by school-aged children including urine, saliva, hair and sweat tests.

12.6 Urinalysis is the most frequently used and most researched type of drug test currently conducted in workplace, clinical and custodial settings. There is an extensive body of research addressing the detection of drugs and their metabolites in urine specimens. There are a wide variety of immunoassays available for detection of most common drugs of abuse or their metabolites in urine. It is the least expensive of all drug test types, whether conducted using a POCT device or in the laboratory. For most drug types, it can detect use that has occurred up to several days prior to the test. One exception to this is cannabis use, the window of detection can be up to several weeks for regular use. One limitation of urinalysis is the difficulty in correlating urine drug or metabolite levels with likely dosing and likelihood of impairment.

12.7 However, the supervised collection of urine can be an invasive and disturbing process. One issue is the potential invasion of privacy involved in specimen collection. Dilution, adulteration or substitution of urine samples is more easily achieved compared to other specimen samples, although it could be minimized through administrative measures, e.g. rooms for taking urine samples without sources of diluents such as tap water or flush water; and the validity of the sample can also be tested for dilution and adulteration through the use of commercially available test kits. It can be time-consuming if the donor cannot readily provide a sample or is required to produce a second sample.

12.8 Saliva testing is a relatively new technology that is increasing in popularity as a less invasive form of testing compared to urinalysis. Specimen is available immediately and collection of sample is more easily supervised which reduces the opportunity for specimen substitution, dilution or adulteration. However, it may be difficult to collect sufficient sample quantities for subsequent confirmatory analysis or retesting. The window of detection for saliva tests is much shorter (12–24 hours) than for other test types. There are possibilities of oral contamination (e.g. eating or drinking) adulterating or diluting the sample. Hence donors may need to be supervised for up to 30 minutes prior to sample collection. Furthermore, POCT available for oral fluid test is limited and is only confined to certain drugs of abuse.

12.9 While hair analysis is not new, hair testing to detect drug use is not used as frequently as urine or saliva analysis. While the hair analysis technique is relatively new compared with that of urinalysis, research on hair analysis is increasing. It is relatively non-invasive and has less sample storage and transportation problems compared to urine and saliva specimen samples. Some claim that by analyzing segments of the hair shaft, a time profile of drug use may be obtained, though others challenge the scientific validity of such segmental analysis. In addition, the main advantage of hair analysis is the relatively long window of detection offered. Drugs have been demonstrated to remain in hair for extended periods of time and current hair testing protocols examine segments of hair representing about 3 months of growth (as head hair typically grows approximately 1 cm per month). On the other hand, it appears that the shortest time it takes for drug use to be detectable in human hair varies from one to seven days¹¹² according to drug type. Thus, it cannot detect recent drug use (i.e. use in

112 This, however, requires plucking of hair so that the hair follicle is also taken. This may be considered

the hours/days prior to the test). It is also difficult to detect low levels of drug use.

12.10 However, hair testing can be easily evaded (e.g. shave hair) and the use of hair treatments and differences in hair colour and hair structure may make test results difficult to interpret. Hair is also susceptible to environmental or passive drug contamination. Though issues related to environmental contamination and the possibility of hair-colour bias (with many drugs binding preferentially to dark-pigmented hair over fair-coloured hair) have been reasonably well investigated, with some laboratories claiming that they can distinguish between actual drug use and environmental contamination by comparing the levels of drugs found in preliminary wash solutions and those found in actual hair analysis, these issues appear to remain subjects of controversy. Finally, hair analysis is more expensive compared to urine and saliva analysis, and there is feedback that some young people, especially adolescents, hold on to their hair, or hairstyle, in an adamant manner.

12.11 Sweat testing is a relatively new technology that can utilize two approaches to drug detection. The first is aimed at the detection of recent use and involves the collection of a sample of sweat at one point in time with the use of a swab, an analysis of which can detect drug use up to 48 hours prior to the test. The second approach, which is more commonly used, is aimed at monitoring drug use that may occur over a predetermined time period. This approach involves applying an adhesive patch to the donor's skin for up to seven days. During this time, any drugs excreted by sweat are collected and stored in the patch. Sweat patches are particularly useful for detecting low levels of drug use. However, sweat testing is more expensive compared to urine and saliva analysis. It is necessary to store sweat specimens at a very low temperature, creating storage and transportation problems. Furthermore, sweat testing is a relatively under-researched technology compared to urine, saliva and hair testing. Consequently, to minimize chances of false positives, positive test results have to be confirmed by a different test type (usually urinalysis).

12.12 Researchers pointed out that drug testing cannot provide a direct or reliable measure of intoxication, determine how much, how often or under what circumstances a drug was used (e.g. passive ingestion of cannabis), distinguish between experimental, occasional or one-off users and those with problematic drug use, nor distinguish between similar metabolites found in over-the-counter or

intrusive and is unlikely to be used in routine drug monitoring.

legally prescribed medications and illicit drugs (e.g. codeine versus illicit opiates).

12.13 Furthermore, researchers also cautioned that the tests described above cannot detect inhalant abuse, a problem that can have serious, even fatal consequences. Inhalant abuse refers to the deliberate inhalation or sniffing of common household products—gasoline, correction fluid, felt-tip markers, spray paint, air freshener, and cooking spray, to name a few—with the purpose of “getting high.”¹¹³

Drug testing technology in Hong Kong

12.14 For the Scheme in Tai Po, the drug testing method used is similar to those recommended by Australian National Council on Drugs, which comprises a two-stage process. The first stage is an initial screen to detect the presence of 5 drugs, namely ketamine, ecstasy, methylamphetamine, cannabis and cocaine, using a POCT device on a urine sample. If the screening test returns a positive result, another screening test on the same urine specimen using a urine kit of a different brand will be conducted. If the second test result is negative, the student will be treated as a negative case. If the results of the two screening tests are positive, the same urine sample will be taken to the Government Laboratory for a confirmatory test, using sophisticated instruments, namely gas chromatography-mass spectrometry (GC-MS) or liquid chromatography-mass spectrometry (LC-MS).

12.15 Other schools in Hong Kong that have implemented drug testing use either urine or hair sample, and the testing are conducted by laboratories. From discussion with experts in the field, the Project Team is given to understand that different kinds of drugs, including inhalants, ethanol or prescription drugs such as benzodiazepines, barbiturates, nicotine and codeine could be detected in the laboratory. Some experts considered hair test more powerful than urine test, because hair test could identify the drug abuse history of the abusers, subject to the limitations that there were variations in hair growth for different persons and for different parts of the head of the same person. However, other experts have considered that hair test could play a complementary role to other drug testing such as urine test, having regard to the difference in detection time window

113 US Office of National Drug Control Policy (2002), *What you need to know about drug testing in schools*.

between hair test and other tests. Some experts have also argued that it is difficult to say which drug testing methods are better and it should depend on the purpose(s) of drug monitoring programme. In general, urine test could detect drugs recently taken, while hair test could only detect drugs taken by the person several days to months before the test.

12.16 The Project Team notes that while there were four false positive cases encountered in the Scheme, the Scheme was not designed to gather information on the number of false negatives. Admittedly, false positives should be kept to an absolute minimum in view of the potential psychological stress and other possible adverse impact on the students (and their parents as well) concerned. False negatives are obviously equally undesirable, as we may be mistaken to believe that the students are not using drugs when in fact they are. During discussions with academics and experts on drug testing, they pointed that POCT could be an effective testing method in other countries where the most common type of drug abused is cannabis. However, they cautioned that the use of POCT in Hong Kong, where Ketamine is a more commonly abused drug, must be carefully considered with due consideration of the short detection window for Ketamine. According to these academics and experts, Ketamine would quickly metabolize after being taken by a person, and Ketamine or its metabolites may not easily be detected by a POCT of low sensitivity.

12.17 Researchers also warned that visually read test results of POCT, although quite simple in most pregnancy test, was dramatically more complicated in drug testing. Most POCT drug tests contain multiple analyses when testing for a number of drugs. There is considerable subjectivity in interpreting test results, leading to potential false-negative and false-positive errors. Timing is also critical, as improperly timed readings could potentially result in erroneous results. Lighting conditions may also play a role in the accuracy in reading the visually interpreted endpoints.¹¹⁴

12.18 Despite the shortcomings of POCT, the Project Team sees that there are obvious advantages of conducting screening tests using POCT. In the first place, it is much cheaper than laboratory test. Secondly, the immediate availability of test results by POCT will enable immediate support and counselling be given to drug abused students. Nevertheless, the Project Team is mindful of the possibility of

114 Murray, Lappe (2005), "Instrumented urine Point-of-Collection Test (POCT) using eScreen System", in Wong, Raphael C and Tse, Harley Y (ed.), *Drugs of Abuse: bodily fluid testing*.

false-positive test results by POCT, and therefore would like to emphasize the importance that anyone tested positive by POCT must be put under close attention of parents, teachers and social workers in the interim while waiting for the confirmatory test results.

Observations

12.19 There are pros and cons of different drug testing methods. The choice depends on the purposes of the tests, costs and other practical considerations (e.g. acceptability by students). During discussions with students, many of them were not in favour of hair testing because they thought that cutting their hair would affect their appearance. Experts on the other hand advised that strands of hair could be cut from different parts of the head, without affecting at all the appearance of the persons. Normally, not more than 40 to 50 strands of hair are required for drug testing.¹¹⁵ Though some students still considered the production of urine samples embarrassing, most students in Tai Po seemed to have accepted urine testing. If hair testing has to be introduced, the Project Team suggests that much effort should be made to overcome possible students' resistance to hair testing.

12.20 The Project Team notes that at present, urine drug testing is most commonly used in Hong Kong. There are both onsite POCT test kits and laboratory testing available for urinalysis. Given limitations of urine drug testing discussed above, the Project Team believes that hair testing is a possible innovative method in complementing urinalysis. The Project Team also notes that following the Chief Executive's steer for the Government to take the lead in bringing in hair drug testing, Government Laboratory has successfully developed the hair drug testing method and obtained accreditation by the Hong Kong Accreditation Service for complying with the international standard of ISO 17025. A hair testing pilot scheme has also been implemented since 1 June 2010. Hair testing service is provided by the Government Laboratory and is open to NGOs providing drug treatment and rehabilitation services and the seven Substance Abuse Clinics of Hospital Authority with a view to offering an alternative drug

115 Different researchers have different views on the number of strands of hair required for drug testing. Some suggest that as few as five strands will suffice while others argue that about 100 strands will be needed. Notwithstanding, as hair can be collected from different parts of the head, it is not considered that the taking of such a limited amount of hair will affect the appearance of the persons subjected to hair testing. For information, the Government Laboratory requires about 80 mg of hair to be collected for hair testing under a pilot scheme pioneered by the Narcotics Division.

testing method, gauging their demands for such service and preparing for the transfer of hair drug testing technology to the industry. Separately, the Hong Kong University of Science of Technology (HKUST) has also been developing a hair testing method using a similar, but slightly different technology than the one adopted by the Government Laboratory, and is seeking funding for further research and development. As part of its on-going development process, HKUST is offering an initial complimentary service to international schools and NGOs in the anti-drug sector at a capacity of about 50 samples per week. They hope to continuously upgrade the technology platform and to obtain accreditation of its method.

12.21 It should be noted that students may change their drug abuse pattern in order to avoid a certain drug testing method. For example, if a school adopts urine testing, students may take drugs during holidays and stop only several days before they return to schools. They may switch to a different drug not tested. Thus, it is desirable for schools to be flexible in the choice of drug testing methods and the types of drugs tested in response to changes in students' drug abuse patterns. While urine testing with on-site screening and laboratory confirmation may continue as the base option, in light of its successful implementation in the Scheme in Tai Po and being much less expensive than other options like hair testing, schools should choose the testing method according to their own circumstances, or may even choose to adopt both urine and hair testing at the same time.

V. School Drug Testing in Tai Po: Inputs, Outputs and Outcomes

13. Inputs and outputs

Student Drug testing Team and CCPSA Support Services

13.1 On drug testing, a Student Drug Testing (SDT) team was formed comprising two nurses of different gender, two assistant social work officers and one information coordinator. In addition, a social work officer was also engaged to act as the co-ordinator of the drug testing and support programmes under the Scheme. The costing of conducting drug testing, including staff costs and costs of materials used, is estimated to be around \$3.3 million. Provision of additional staff, including four assistant social work officers, recruited by the CCPSA in Tai Po for providing professional support services to students seeking help to quit drugs and for conducting briefings and education programmes to students (including those not joining the Scheme) was also allowed, with an estimated cost of around \$ 2.2 million.

School Administrative and Logistics Support

13.2 In addition, a sum of \$2.3 million has been allocated to 23 secondary schools in Tai Po, to recruit part-time staff, equip the testing venues, organize anti-drug activities for students, and provide support services related to drug test.

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School Social Work Services

13.3 Additional support services have also been made available to 23 secondary schools in Tai Po through NGO that are providing school social work services to these schools. School social workers stationed in these schools have provided counseling services to students, and if required their parents or guardians, who have emotional distress when taking the drug tests. The school social workers have also conducted additional promotion and education programmes to

116 Source: Narcotics Division, Security Bureau.

strengthen students' resolve to stay away from drugs. About \$3.5 million have been allocated to 9 NGO providing school social work services to 23 schools in Tai Po. Indeed, between November 2009 and May 2010, more than 120 counselling sessions and over 900 education programmes were organized by the additional school social workers in the 23 schools. In addition, over 1,200 consultation sessions were conducted to answer enquiries and provide advisory services to students, parents and school personnel.¹¹⁷

13.4 As noted from the above funding provisions for the Scheme, about one-third of the funding from the Beat Drugs Fund was earmarked for drug testing work alone. The remaining two-thirds of the resources were used to engage social workers and teachers to enhance drug education programmes for students (including those not joining the schemes) and to provide professional support services for those seeking help voluntarily.

Other Supports

13.5 In addition to the above funding from the Beat Drugs Fund, resources were devoted by relevant government departments, especially Narcotics Division of Security Bureau and Education Bureau, in preparing for the Scheme and in organizing briefing sessions for teachers, parents and schools prior to the launch of the Scheme. On top of the services described above, the Government also fielded two experienced executive officers, who were designated as "Project Officer" under the Scheme, to attend and observe the drug testing visits to schools, to advise participating schools on the data privacy requirements and to serve as a communication link among the Government, the SDT team and the 23 participating schools in Tai Po. Furthermore, individuals and organizations in the community have also contributed their time and efforts by putting forward their comments and suggestions, either directly to the government and principals of the 23 secondary schools in Tai Po or indirectly through the mass media.

Drug Testing

13.6 More than 12,400 students joined the Scheme. A total of 2,495 students were randomly selected for the screening test, representing about 20% of those

117 Source: Narcotics Division, Security Bureau.

who participated in the Scheme. 1,975 students took the test and no confirmed positive case was found. Four false-positive cases were found following confirmatory testing by the Government Laboratory. The concerned students and parents were informed immediately of the results. Among the selected students, 459 students were assessed as being not suitable for the test in view of their physical condition or having taken medications. Fifty-five students could not provide a urine specimen for the test at the relevant time. Six students refused to take the test and the schools contacted their parents according to the protocol.¹¹⁸

13.7 During discussions with principals, a number of them pointed out that they were often invited to talks and seminars organized by schools in districts outside Tai Po, to share their experience in conducting drug testing and anti-drug programmes. The efforts made by both school and non-school stakeholders, in and outside Tai Po, in connection with the Scheme, have undoubtedly contributed a lot to anti-drug programmes for students in and outside Tai Po.

Observations

13.8 The Project Team notes that the Scheme comprises a package of programs for students and their parents and drug testing is only one of its components. Additional resources have been provided to schools in organizing anti-drug activities and to NGOs in strengthening their school social worker services by organizing additional briefings and consultation sessions for parents and students. Additional resources have also been made available to the CCPSA in Tai Po in conducting education and promotion programmes for students. In short, drug testing only forms part of the Scheme which also includes anti-drug educational and prevention programs for students and their parents.

13.9 The Project Team is thus of the view that drug testing together with the various briefing sessions, counselling sessions and anti-drug activities mounted in the 23 secondary schools in Tai Po represent essentially an educational programme aimed at helping students to stay away from drugs. Given the substantial “educational” element under the Scheme, it is not appropriate to directly compare inputs with outputs or interpret outputs simply in terms of the number of students tested for drugs or the number of counselling sessions

118 Source: Narcotics Division, Security Bureau.

<http://www.info.gov.hk/gia/general/201006/28/P201006280169.htm> retrieved on 29 June 2010.

conducted. Students attending schools in Tai Po, including those who have participated in the Scheme and those who have not, would have benefited by attending briefing and counselling sessions organized for them, exposing to the barrage of publicity and debates on the Scheme in the mass media and the Internet, engaging in discussions with parents, classmates and peers on the pros and cons of the Scheme or merely going through the process of making up their minds of whether or not to participate in the Scheme. Students attending schools outside Tai Po will not be insulated from what have been happening in Tai Po. The Project Team believes it is more appropriate to assess the Scheme based on outcomes, rather than outputs, of Scheme in terms of their impact on students attending schools in and outside Tai Po. This will be discussed in the section to follow.

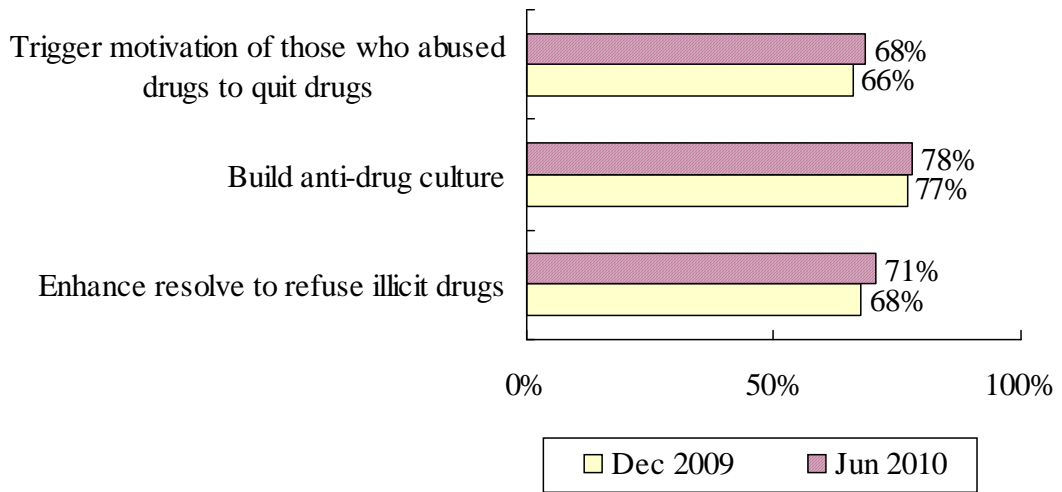
13.10 The Scheme is first of its kind ever implemented in local schools in Hong Kong, on a large number of students attending the 23 secondary schools in Tai Po. As a trial scheme, it is understandable that a fair amount of resources has to be devoted to the Scheme, in order to address the various concerns and worries raised by different parties, such as protection of students' interests and personal data, to minimize additional burden on schools to the detriment of learning and teaching, and to strengthen school social work services. As more experience is gained in conducting drug testing, the Project Team believes that there will be room for enhancing the efficiency of the Scheme. Given the educational focus of the Scheme, it may be desirable to shift the resources, in proportionate terms, from the process of drug testing to anti-drug educational activities and counselling services provided to students affected. This will be further explored and discussed in the chapter on "observations and recommendations".

14. Outcomes

Perceived effectiveness of the Scheme

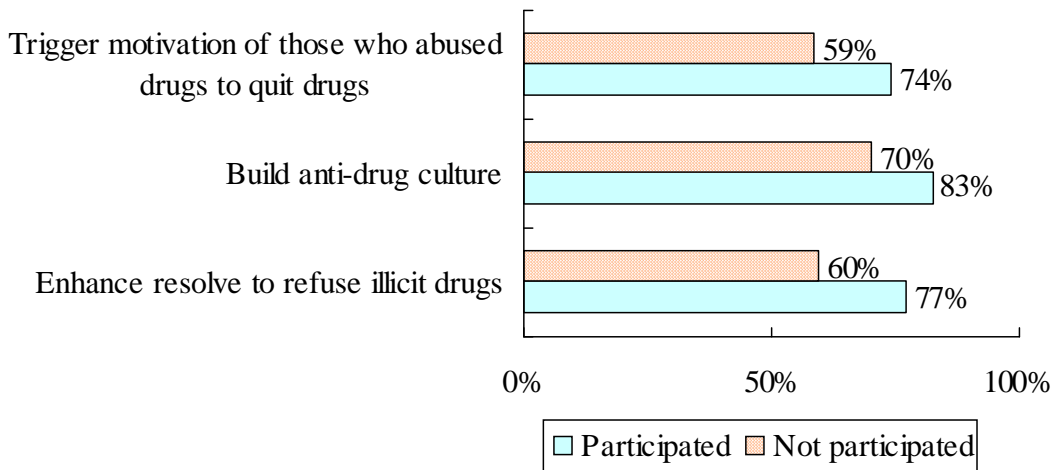
14.1 The research findings showed that in June 2010 the majority of students considered that the Scheme had enhanced their resolve to refuse illicit drugs (71%), helped build an anti-drug culture (78%) and triggered motivation of those who abused drugs to quit drugs (68%). The proportions of students holding such views were slightly higher than the corresponding percentages in December 2009, as shown in the chart below.

Proportions of students by views on impact of the Scheme



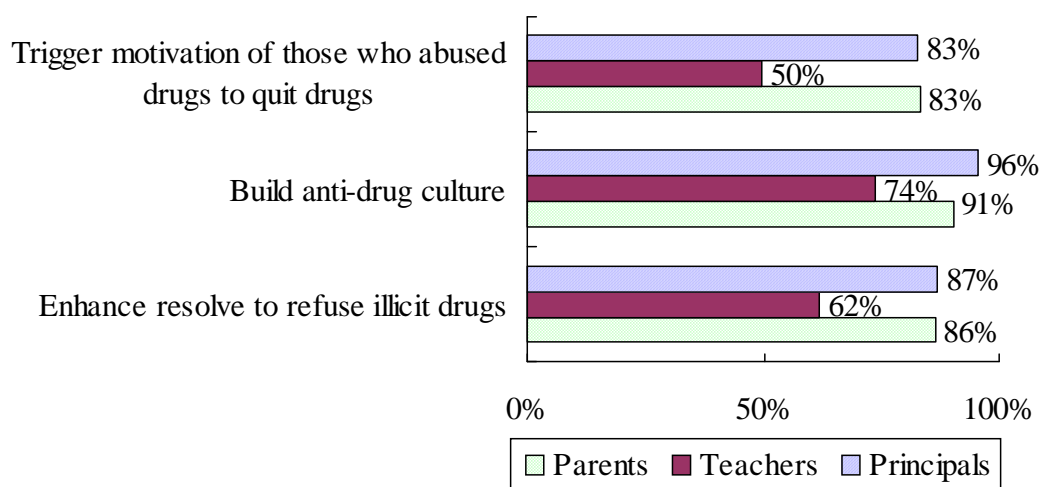
14.2 It may be of interest to note from the chart below that the proportion of students participating in the Scheme who considered that the Scheme had enhanced their resolve to refuse illicit drugs (77%), helped build an anti-drug culture (83%) and triggered motivation of those who abused drugs to quit drugs (74%) was higher than the corresponding percentage of those who had not participated in the Scheme. Nevertheless for those who had not participated in the Scheme, more than half of them considered the Scheme effective in enhancing their resolve to refuse illicit drugs (60%), helping build an anti-drug culture (70%) and triggering motivation of those who abused drugs to quit drugs (59%).

Proportions of students in Tai Po by views on impact of the Scheme, June 2010



14.3 The majority of parents, teachers and principals in Tai Po also considered that the Scheme had enhanced students' resolve to refuse drugs and helped build an anti-drug culture. The proportion of parents and principals sharing this view was much higher than that of teachers. While most parents and principals believed that the Scheme helped trigger motivation of those students who abused drugs to quit drugs, only about half of teachers thought so.

Proportions of parents and teachers by views on impact of the Scheme



14.4 During discussions with parents, teachers, principals and social workers, they pointed out that the Scheme had a deterrent effect on students to refuse drugs, especially for students who were occasional drug abusers and those who were likely to be influenced by bad peer pressure to try abusing drugs, even though they had not done so previously. For these students, they still cared about their study. For many of them their relationship with their family was still good, and they participated in the Scheme in order to satisfy their parents, to demonstrate that they had not taken drugs or to show their support of school policies. For many students, their participation in the Scheme amounted to a pledge by the students to themselves, their parents and their schools that they would stay away from drugs. The fact that they had participated in the Scheme also gave them an excuse to refuse drugs when offered by friends.

14.5 In short, based on views expressed by students, parents, teachers and principals, the Scheme had a positive impact on students and schools, by building an anti-drug culture, triggering motivation of those who had abused drugs to seek

help and enhancing their resolve to refuse drugs, with more prominent effect on students who participated in the Scheme than those who did not.

Self-referrals to CCPSA

14.6 The Project Team was informed that the CCPSA in Tai Po, which was responsible for drug testing, had recorded an increase in the number of students voluntarily seeking help from the Centre since the announcement of the Scheme in mid 2009. From July 2009 to May 2010, there were 80 students in Tai Po voluntarily seeking help from the Centre directly, compared to around 42 young people cases over the same period in the previous year. Of these 80 students, 20 had participated in the Scheme. The increase in the number of self-referral cases was corroborated by the survey findings discussed above on the impact of the Scheme in enhancing students' resolve to stay away from drugs, triggering motivation to quit drugs and building an anti-drug culture.

14.7 In the course of the study, an interview was conducted with a student studying in a secondary school in Tai Po. He ¹¹⁹ was a Secondary 3 student who started taking drugs while studying Secondary 1 and since then had taken drugs only occasionally, often with friends when feeling unhappy or lonely, but at a more frequent interval during summer holidays. He was a participant of the Scheme because his father insisted that he should participate in the Scheme if he had not abused drugs. As he was afraid that he might be sampled for drug testing after having taken drugs, he sought help from the CCPSA in Tai Po last November to help him avoid the drug test. After counselling by the social worker, he agreed to quit drugs and spent efforts to stay away from his friends who had abused drugs. He had the resolve to refuse drugs when offered drugs for free by his friends.. He said he did not regret seeking help from the social worker and having quitted drugs, as he felt he was healthier. He recalled he once had a bad experience after taking several drugs simultaneously and fainted afterwards. Since that incident he realized that taking drugs could be very dangerous.

14.8 Another student who had sought help from CCPSA was also interviewed. When he sought help from social workers, details on the Scheme were not yet known and he had the impression that drug testing would be compulsory. He

119 "He" is used to refer to students interviewed in the study, regardless of whether he is a male or female student.

started taking drugs in Secondary 1 and was an occasional drug abuser. He usually took drugs together with friends, often when feeling unhappy or lonely. Though he did not take drugs so often, he confessed that he did not know at what time he would take drugs together with friends. Thus, he was afraid that he might be caught taking drugs, if the Scheme was compulsory and he happened to be sampled for drug testing. Hence, he decided to quit drugs and self-referred to CCPSA for assistance. After the Scheme was formally launched, he did not participate in the Scheme because participation was voluntary. He told his parents that the Scheme was not meant for those who had not abused drugs and many of his classmates did not participate in the Scheme, and obtained consent from his parents for not participating in the Scheme. He did not regret seeking help from CCPSA and having quitted drugs, as he was feeling healthier after quitting drugs. Though some of his friends were still taking drugs, he was making efforts to befriend with those who had not abused drugs and stay away from those who had.

Observations

14.9 The research findings presented above indicated that, based on views expressed by students, parents, teachers and principals, the Scheme had a positive impact on students and schools, by building anti-drug culture, triggering motivation of those who had abused drugs to seek help and enhancing resolve to refuse drugs. The findings were also in line with the views of parents, teachers, principals and social workers, as expressed in focus group discussions and in-depth interviews.

14.10 Besides, the above experience of the two students interviewed in the study (as mentioned in paragraphs 14.7 and 14.8 above) reflects the thinking of those who have self-referred to CCPSA for help. Many of them are occasional drug abusers who usually take drugs together with friends, often when feeling unhappy or lonely. They do not know when they will take drugs and are afraid that their consumption of drugs will be discovered by schools if they are sampled for drug testing. Consequently, they sought help from social workers and after counselling by social workers have decided to quit drugs. Apparently, the Scheme has a deterrent effect on students, including occasional drug abusers who are afraid that drug testing will uncover their drug taking behaviour.

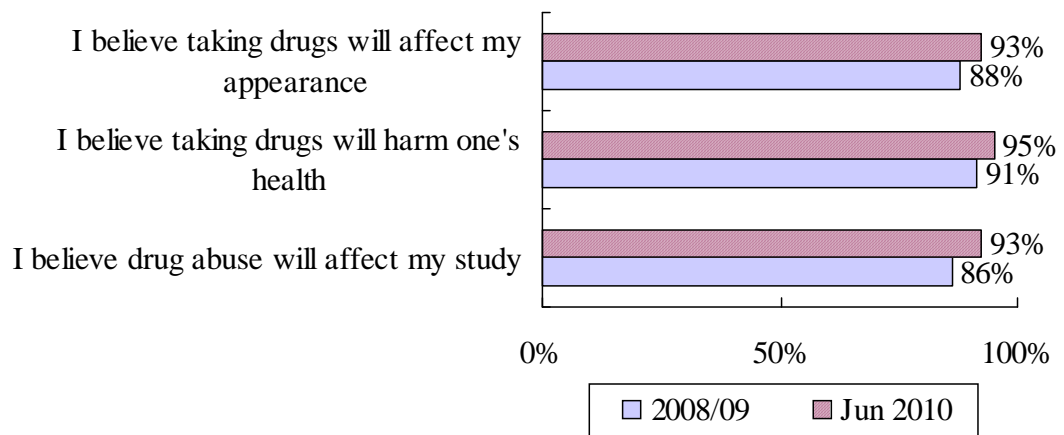
Other supporting evidence

14.11 As discussed above, data collected in the June 2010 survey revealed that students, parents, teachers and principals generally perceived that the Scheme was effective on building anti-drug culture on campuses, triggering motivation of those who had abused drugs to seek help and enhancing the students' resolve to refuse drugs. On top of this assessment on the perceived effectiveness of the Scheme, the Project Team also conducted rigorous quantitative analyses on the data collected in the June 2010 survey and those of the 2008/09 survey with a view to assessing the impact of the Scheme on students' awareness of drugs, attitude towards fighting drugs and drug taking behaviour. A comparison of data obtained from the 2008/09 and June 2010 surveys showed that there was improvement in students' awareness of drugs, attitude towards fighting drugs and drug taking behaviour for those in Tai Po as well as those outside Tai Po, even after allowing for sampling fluctuations.

14.12 Although there was some evidence suggesting positive impact of the Scheme on students' awareness, attitude and behaviour, the Project Team is of the view a definitive conclusion could not be drawn due to the various limitations of this research study described in this report (paragraphs 5.22 to 5.32, and 22.1 to 22.10), and after conducting further analysis of the data. As an illustration, an example of such a comparative analysis on students' awareness of drugs based on data collected in the June 2010 survey and 2008/09 survey is given in the paragraphs to follow. Details are shown in Appendix 4.

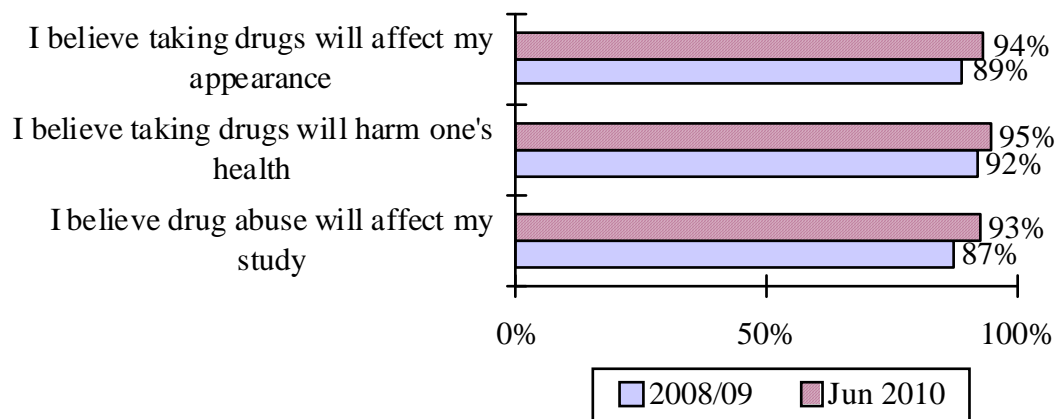
14.13 In both surveys, three questions were asked purporting to measure the underlying factor on students' awareness of drugs. For students in Tai Po, as shown in the chart below, the great majority believed that taking drugs would affect their appearance, harm their health and affect their study. Compared with 2008/09, a higher proportion of students in June 2010 were aware of the adverse effects of taking drugs. Indeed, from discussions with students, most of them indicated that they were aware that taking drugs was not good and was harmful to them. Views of teachers and social workers were similar: students knew fairly well that there were undesirable consequences of drug abuse.

Percentage of students in Tai Po by awareness of drugs



14.14 For students attending schools outside Tai Po, the great majority of them also believed that taking drugs would affect their appearance, harm their health and affect their study. Compared with 2008/09, the proportion of students outside Tai Po who believed that taking drugs would affect their appearance, health and study was higher in June 2010. This may reflect that the Scheme had an impact on students in Tai Po as well as those outside Tai Po in enhancing their awareness of drugs.

Percentage of students outside Tai Po by awareness of drugs



14.15 An index on students' awareness of drugs was compiled from data obtained in the 2008/09 survey and the June 2010 survey for the three questions presented above. The index ranges from 1 to 4, with higher scores indicating greater understanding of the harmful effects of drugs. An analysis of variance was

performed on the survey data in 2008/09 and June 2010. The results showed that “year” (i.e. 2008/09 and June 2010) but not “district” (i.e. Tai Po and outside Tai Po) had an impact on the index on awareness of drugs. The interaction between “district” and “year” however was not statistically significant. In other words, there was no significant difference between students in Tai Po and outside Tai Po, as regards the change in awareness of drugs between 2008/09 and June 2010.¹²⁰

14.16 Given that confounding variables such as age and sex may affect the comparison between 2008/09 and June 2010, as there may be sampling variations in the age-sex distribution of samples of students enumerated in 2008/09 and June 2010 even though they are representative of the student population under study, an analysis of variance was conducted on the June 2010 survey data. The results showed that age had an impact on the index in addition to district (i.e. Tai Po and outside Tai Po). To control for age and sex, an analysis of covariance was conducted using age and sex as the covariates. The results showed that after controlling for age and sex, “year” did not have a significant impact on the index for students in Tai Po as well as those outside Tai Po. In other words, the change in students’ awareness of drugs between 2008/09 and June 2010, after controlling for age and sex, was not statistically significant, for students in and outside Tai Po

14.17 The index on students’ awareness of drugs is shown in the chart below. For students in Tai Po, the index was 3.57 in June 2010, which was higher than that in 2008/09 (at 3.50), by 0.07. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.02, at 95% confidence. In other words, the increase in the index on awareness of drugs was statistically significant,^{121, 122} as the increase was greater than what would be expected as a result of sampling fluctuations.

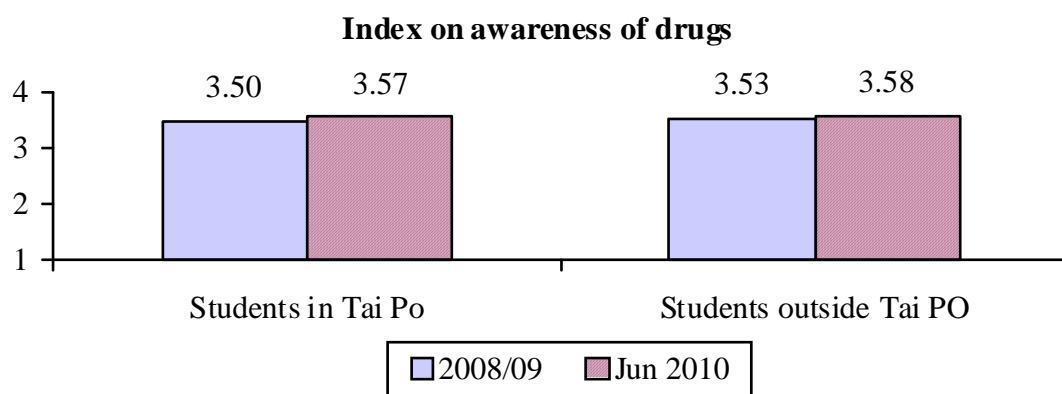
14.18 For students outside Tai Po, the index was 3.58 in June 2010, which was higher than that in 2008/09 (at 3.53), by 0.05. The margin of errors arising from

120 Fox, John (2008), *Applied regression analysis and generalized linear models*, p. 149.

121 In statistics, a result is statistically significant if it is not a mere co-occurrence or simply due to chance. It should be noted that statistical significance is not the same as “practical” significance as the latter may imply important or meaningful. Macfie, Brian P and Nufrio, Philip M (2006), *Applied statistics for public policy*, p.187

122 It should also be noted that if the sample size is large, as is the case for the present study, any difference, however, small, may still be statistically significant. Vaughan, Eva D (1998), *Statistics: tools for understanding data in behavioral sciences*, p. 263.

sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.02, at 95% confidence. In other words, the increase in the index on awareness of drugs was statistically significant, as the increase was greater than what would be expected as a result of sampling fluctuations.

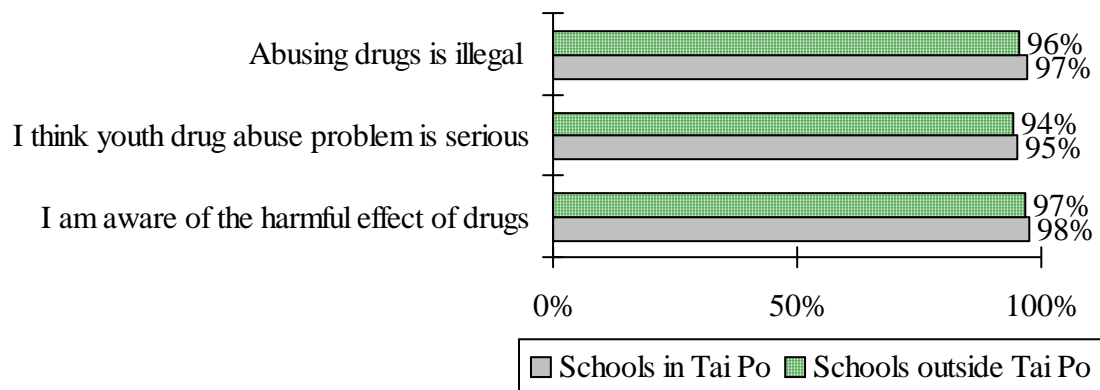


14.19 It may be of interest to note that for students who had participated in the Scheme, the index on awareness of drugs was 3.60 in June 2010, which was slightly higher than the index for students who had not participated in the Scheme, at 3.51. In other words, students who had participated in the Scheme had a better understanding of the harmful effects of drugs, as compared with those who had not participated in the Scheme. It may be noted that the survey estimates are not subject to sampling fluctuations, given that the June 2010 survey is 100% full enumeration.

Views of parents

14.20 In the June 2010 survey, views on parents were also gathered. It may be noted from the chart below that most parents of students attending secondary schools knew that abusing drugs was illegal and were aware of the harmful effect of drugs. The percentage was slightly higher for parents of students attending schools in Tai Po, as compared with those of students outside Tai Po. The great majority of parents also considered that youth abuse problem was serious. The percentage for parents of students in Tai Po was slightly higher than those of students outside Tai Po.

Percentage of parents by views on drugs



Observations

14.21 The survey findings presented above on students' awareness of drugs had improved in June 2010, as compared with 2008/09, and the improvement was statistically significant. The Project Team notes that such improvement may be due to the launch of the Scheme, including drug testing and various educational measures. It may also be due to the impact of publicity arising out of the Scheme, resulting in increased awareness among parents and students. Besides, further analysis of the data showed that after controlling for age and sex, the difference was not statistically significant. Indeed, a time span of six months may be too short to identify the impact of the Scheme, if any, on students. In view of the limitations discussed above, the Project Team considers it not advisable to draw definitive conclusion from the comparative analysis presented above that the Scheme has a positive impact on students' awareness of drugs. Similarly, no conclusion should be drawn by comparing the 2008/09 and June 2010 data on other attributes such as students' attitude towards fighting drugs and drug taking behaviour. Nevertheless, it may be heartening to note that in June 2010, the great majority of parents of students in Tai Po and those outside Tai Po were aware that abusing drugs was illegal and of the harmful effect of drugs.

VI. Issues and Concerns

15. Issues related to children's rights and privacy

15.1 When the Scheme was announced, a number of issues and concerns were raised by both proponents and opponents of the Scheme, making reference to experience overseas. Admittedly, these comments have helped refined the design and operational details of the Scheme, to the benefit of students, parents and schools. In the research, views of stakeholders and experts in the field were sought and a review of relevant discussions by experts overseas was made, with a view hopefully to throwing light on ways and means to further enhance the measures, in case school drug test is continued in schools in Tai Po or outside Tai Po, to address these issues and concerns.

Children's rights

Children's rights: what rights?

15.2 It is noted that to administer a drug test, consent of the student (and/or the parents) is required under the present law, unless there are clear justifications and overriding legal authority. Furthermore, drug testing inevitably requires the collection of body samples, intimate or non-intimate, and thus may give rise to privacy concern. Thus, even though consent has been obtained, some may still see it an unethical intrusion into the privacy of a person due to the possible group pressure if consent is not given. The above issues, in the context of children's rights under the United Nations Convention on the Rights of the Child (UNCRC), including their rights to express their views (Article 12)¹²³ and to protection of their privacy and reputation (Article 16),¹²⁴ are discussed in the paragraphs to follow.

123 "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

124 "No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family or correspondence, nor to unlawful attacks on his or her honour and reputation."

15.3 In the UK, after the final version of the UNCRC was published in 1989, it was ratified by the UK Government in 1991. Since then, a number of policies and legislative changes were introduced by the UK Government covering every aspect of children's life. Researchers nevertheless noted that much of the changes were structural in nature and were adult-led and services oriented. More importantly, the UK had not incorporated UNCRC into its domestic law, making it unenforceable in the UK courts. For example, with regard to physical punishment of children in the home, the defense of "reasonable chastisement" had been restricted, but not removed from the laws covering England, Wales, Northern Ireland and Scotland.¹²⁵ In 1991 the People's Republic of China ratified the UNCRC. In 1994, UK extended its ratification of UNCRC to her dependent territories, including Hong Kong.

15.4 It is noted that UNCRC embodies three categories of rights, namely a) provision covering social rights of children to minimal standards of health, education, etc.; b) protection covering rights to be safe from discrimination, substance abuse, etc.; and c) protection covering civil and political rights, right to access to information, to freedom of speech and to challenge decisions made on their behalf.¹²⁶ Researchers were quick to point out that there was inherent contradiction in UNCRC between children's right to be protected and their right to express their opinion, to autonomous choice and decisions.¹²⁷

15.5 Furthermore, researchers also noted that from the perspectives of responsibilities of parents, children had the right to nurturing and protective parenting. While parents had the responsibilities, *inter alia*, to foster the intellectual, social and moral development of their children, children were expected to accept parental authority and behave in a manner acceptable to the community. Researchers warned that the "sole emphasis on individual freedom detracts from the principle of the common good with its responsibilities to others and its limitations on individual freedom."¹²⁸

125 Payne, Lisa (2009), "Twenty years on: the implementation of the UN Convention on the Rights of Children in the United Kingdom", in *Children & Society*, 23: 149 – 155.

126 Taylor, Nicola, et al (2002), "Rights important to young people: secondary students and staff perspectives", in *The International Journal of Children's Rights*, 9: 137 – 16.

127 Smiljka Tomanovic-Mihajlovic (2000), "Young people's participation in the family: parents' accounts", in *International Journal of Children's Rights*, 8: 151 – 167.

128 Westman, Jack C (1999), "Children's rights, parents' prerogatives and society's obligations", in *Child Psychiatry and Human Development*, 29(4): 315 – 328.

15.6 Furthermore, a researcher remarked that to justify a right as stipulated in human rights charters, one had to show that the interests of the right-holder were weighty enough to place some other persons under some obligation or duty, balancing the interests of both right-holder and duty-bearers. The systematic interpretations of human rights involved systematic discussion on basic political principles, underpinned by fundamental values and moral principles and midlevel principles that helped determine the scope and limits of rights and duties.¹²⁹

15.7 A number of researchers also argued that although children's participation rights were important, the protection of children should come first. The duty to protect children was not only for parents, but for other actors, including educators tasked to help children participate in society. It was also suggested that children's rights were to be shaped in a participatory manner and as a starting point for dialogue between children and other parties including parents and educators. Children might have different perception of what was in their best interests from that held by other parties, and the rights of children did not necessarily match the children's best interests. The rights of children had to be placed in a broader social context.¹³⁰

15.8 In addition, researchers cautioned that in both UNCRC, the duty to take account of children's views did not preclude the possibility that children's views could be outweighed by other considerations. Article 3 of UNCRC required that 'In all actions concerning children . . . the best interests of the child shall be a primary consideration'. Researchers also noted that it was difficult to determine what was in children's best interest. Invariably, there were likely to be differences between children and adults in their perception of what was in children's best interests. To resolve the difference, one suggestion was to allow children to influence outcomes of decisions affecting in a dynamic manner, adjusted continually as children grew up, in a process of dynamic self-determination. Other researchers pointed out that it was important to take account of the emotional context of children's wishes and feelings, and of working with them in a process which included explanation and reassurance, rather than simply asking children to

129 Chan, Joseph (1998), "Asian values and human rights: an alternative view", in Diamond, Larry and Plattner, Marc F (ed.) *Democracy in East Asia*, Chapter 3.

130 Roose, Rudi and Bouverne-de Bie, Maria (2007), "Do children have rights or do their rights have to be realized? The United Nations Convention on the Rights of the Child as a frame of reference for pedagogical action", in *Journal of Philosophy of Education*, 41(3): 431 – 443.

make a choice.¹³¹

15.9 In addition, a researcher in the US pointed out that rights were not absolute and had to be balanced against the need to preserve other children's rights. The researcher argued that privacy protection was considered necessary because unwanted disclosure might cause psychological or physical harm. However, this might contradict with other children's interests. For example, teachers had to know the students' medical or educational histories in order to provide care. Students in need could not receive extra help if teachers were not aware of the students' progress. In addition, schools had the responsibility to minimize risk to students. The researcher suggested that the principle should be minimal surveillance and the amount of surveillance should be proportional to the level of threat and to the evidence of active threat.¹³²

15.10 Another legal expert interviewed in the course of the research was also of the view that individuals' rights were not absolute. There was often a need to restrain the rights of individuals, in order to protect the rights of others and for public interests. Schools should convey the message to students that their rights were not absolute and they should respect the rights of others. Schools had various regulations on say school uniform, school attendance requirements, etc. and expected that students would abide by if they wished to remain in the schools, and some schools even had discretion on student admission.

Children's rights from American perspectives

15.11 As most of research and debates on school drug testing are conducted in the US, it may be worth reviewing discussions on children's rights in the US. Given that the US has not ratified the UNCRC, legal discussions and court decisions related to school drug testing mainly focus on the interpretation of the US and State Constitutions. With regard to children's rights, based on court decisions in the US, researchers opined that due to the nature of compulsory education and the role of state in ensuring students' entitlement to compulsory education, students might not enjoy the full extent of rights and privileges as

131 Thomas, Nigel and O'Kane, Claire (1998), "When children's wishes and feelings clash with their "best interests", in *The International Journal of Children's Rights*, 6: 137 – 154.

132 Warnick, Bryan R (2007), "Surveillance cameras in schools: an ethical analysis", in *Harvard Educational Review*, 77(3): 317 – 343.

adults. While student privacy rights should be respected, these rights were not without limits and had to be balanced against the needs of the public education system. Indeed the privacy rights of any persons were not without limits, and such limits were necessary in order to effectuate other interests. Children's privacy rights were much more curtailed than the rights of adults. In addition, children lacked some of the fundamental rights of adults, including the right to come and go at will, because they were subject to the control of their parents and guardians. In particular, under the doctrine of *in loco parentis*, students were expected to submit to school authority to maintain order, conducive to a proper learning environment. Furthermore, schools had to place a limit on students' privacy rights in order to maintain order and to protect the safety of school children. For example, drug abuse disrupted the educational learning process, thus affecting the entire student body.¹³³

15.12 The US Supreme Court had also considered the "nature and immediacy" of drug testing. It ruled that the need for deterring drug abuse by students was compelling given that drug use had profound effects on the students and substantial impact on the school community. As regards "efficacy" of drug testing programs, the Court concluded that because student athletes acted as role models for other students and that there was significant potential danger to students athletes using drugs, the drug testing program in a school district in Oregon, which was the case being reviewed, was effective.¹³⁴

15.13 The Court was also of the view that testing all students participating in extra-curricular activities was a reasonably effective means of addressing schools' concern. It was not necessary to find that drug problem was associated with those participating in extra-curricular activities. The Court also rejected that testing on suspicion was a better means given its legal and administrative implications.¹³⁵ Furthermore, the Court also considered it would make little sense to require a school district to wait for drug abuse problems among students become serious before instituting a drug testing program.¹³⁶

133 Higbee, Kari L (2005), "Student privacy rights: drug testing and Fourth Amendment protections", in *Idaho Law Review*, 41: 361 – 401.

134 Einesman, Floralyann and Taras, Howard (2007), "Drug testing of students: a legal and public health perspective", in *Journal of contemporary health law and policy*, 23: 231 – 271.

135 Loesevitz, Michael (2007), "Random drug testing in public schools", in *Journal of Law and Education*, 36(3): 453 – 460.

136 Rothgery, Katrin Miller (2003), "Kids, drugs and school intervention: how far can a public school go

15.14 Furthermore, one of the Justices of the US Supreme Court, while concurring with the Court's decision, noted that government's action with "supply side interdiction" had not resulted in a reduction in teenage drug abuse. The Justice believed that public schools had the responsibility to deal with the problem effectively and considered that drug testing provided an effective means to do so, by affording students a response to peer pressure.¹³⁷

The question of genuine and informed decisions

15.15 As emphasized by an academic researcher on human rights interviewed in the study, where there was a need to put a limit or restriction to human right, such restriction should be proper (e.g. in public interests) and proportional (in relation to the aims and objectives of such restriction), and that the whole process of imposing the restriction should be fair and transparent. In particular, in interpreting human rights for children, due consideration had to be taken of the decision-making ability of children.

15.16 As stated in the protocol adopted in the Scheme, parents and students have an absolute say over the decision to participate or not in the Scheme. While briefing sessions were arranged for parents and students to explain to them the purposes of the Scheme, it was up to the parents and students to decide whether to participate or not. No question was raised by schools if the parents and students decided not to participate. Teachers would not talk to students who had not participated, or to persuade them to participate. Principals and teachers only promoted the Scheme to students in groups, including students who had or had not participated in the Scheme, explaining the reasons why the schools had decided to adopt school drug testing.

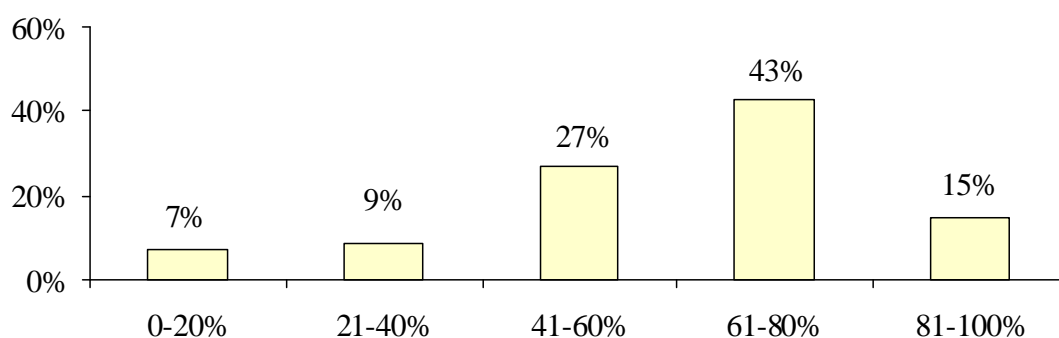
15.17 The June 2010 survey showed that only about 25% of teachers indicated that some of their students had proactively approached them to discuss the Scheme. In analyzing the proportion of students who had participated in the Scheme by individual class, it may be of interest to note that while the overall participation rate in the Scheme was around 60%, 15.7% of classes had an overall participation

in drug testing its students", in *Washington University Law Quarterly*, 81: 1123 – 1145.

137 Einesman, Floralynn and Taras, Howard (2007), "Drug testing of students: a legal and public health perspective", in *Journal of contemporary health law and policy*, 23: 231 – 271.

rate of 40% or below and around 14.8% of classes had an overall participation rate of more than 80%. It is likely that students in making up their mind to participate or not were influenced by views of their classmates. Needless to say, social cohesion of students in the same class and their attachment to schools would affect students' decision to participate. Nevertheless, in view of the survey findings discussed above, there is doubt as to whether all students have made an informed decision on whether to participate in the Scheme.

Percentage distribution of participation rate by class



Observations

15.18 In designing the operational details of the Scheme, thorough consultations were conducted with teachers, parents and students in Tai Po, experts in the field and other concern parties. The protocol subsequently drawn up for the Scheme inevitably benefited from views expressed by parties concerned. The Project Team is of the view that the Scheme placed more emphasis on respecting children's rights than protecting students' interests, though schools have not overlooked the need to protect children's rights and interests. Given the diverse and different needs of students, holding briefing sessions for them in a group may not be helpful to some students, especially those in need of closer attention and more intensive counselling. Waiting for students who have problems to proactively approach teachers for advice may not be the best arrangement, from an educational perspective. The Project Team believes that it is desirable for teachers and social workers to proactively approach students to offer advice and assistance, in order to protect both students' rights and interests, and to ensure that students are making genuine and informed decisions. Indeed, as noted by

researchers, it was important to take account of the emotional context of children's wishes and feelings, and of working with them in a process which included explanation and reassurance, rather than simply asking children to make a choice.¹³⁸

15.19 During discussions with students, the Project Team had the impression that students were fully aware of their rights, and felt strongly about this. Probably debates and discussions in the mass media and the Internet had helped reinforce their belief in children's rights, which was an encouraging sign. Nevertheless, the Project Team noted that students did not have a full understanding of various children's rights, apart from the right to autonomous choice and decisions, and the limits and constraints on the rights of not only children but also adults. Given the educational focus of the Scheme, there is obviously a need to encourage more discussions between schools and students and among students on the various aspects of children's rights.

Privacy of children

Overview

15.20 Issues related to children's privacy have been raised in connection with the Scheme as there are concerns over the protection of personal data collected by schools and the SDT team in implementing the Scheme, including personal data of those who have or have not given consent to participate in the Scheme and the drug test results. Concerns have also been raised that there may be labelling effects on students participating or not participating in the Scheme and students tested positive in the Scheme. In preparing for and implementing the Scheme, Government in consultation with schools concerned and the SDT team has meticulously drawn up a protocol, made available to all students and their parents, explaining in details how the Scheme, including drug testing, would be conducted. In accordance with the protocol, parties concerned have taken steps to ensure that the personal data of students participating or not participating in the Scheme are protected. In this section, issues related to children's privacy are examined and discussed, based on qualitative and quantitative information gathered in the study.

138 Thomas, Nigel and O'Kane, Claire (1998), "When children's wishes and feelings clash with their "best interests", in *The International Journal of Children's Rights*, 6: 137 – 154.

15.21 It was noted by researchers that among all human rights issues, privacy was the most difficult to define. Definitions of privacy varied widely according to context and environment. In many countries, the concept was fused with data protection, while others considered privacy in a broader context with privacy protection being a way of drawing the line at how far society could intrude into a person's affairs. It was suggested that privacy could be divided into the following four separate but related concepts:¹³⁹

- a) **Information privacy**, which involved the establishment of rules governing the collection and handling of personal data such as credit information, and medical and government records;
- b) **Bodily privacy**, which concerned the protection of people's physical selves against invasive procedures such as genetic tests, drug testing and cavity searches;
- c) **Privacy of communications**, which covered the security and privacy of mail, telephones, e-mail and other forms of communication; and
- d) **Territorial privacy**, which concerns the setting of limits on intrusion into the domestic and other environments such as the workplace or public space. This includes searches, video surveillance and ID checks.

15.22 In Hong Kong, invasion of privacy is not a tort at common law. Nevertheless, Article 28 of the Basic Law provides that "arbitrary and unlawful search of the body of any resident or deprivation or restriction of the freedom of the person shall be prohibited". Article 29 extends protection under Article 28 to search of or intrusion into the "home and other premises" of a resident. The freedom and privacy of communication is also protected under Article 30. Article 14 of the Hong Kong Bill of Rights in section 8 of the Hong Kong Bill of Rights Ordinance (Cap 383) also states that no person shall be subjected to "arbitrary or unlawful interference with his privacy, family, home or correspondence". The Ordinance only binds the Government and public authorities and hence the right to privacy under the Ordinance cannot be enforced against private persons.¹⁴⁰

139 Banisar, D. (2000), *Privacy and Human Rights 2000: An International Survey of Privacy Law and Developments*, Privacy International www.privacyinternational.org/survey/phr2000/overview.html, retrieved on 17 June 2010.

140 The Law Reform Commission of Hong Kong (2004), *Report: civil liability for invasion of privacy*,

Practices in the US

15.23 It was noted by researchers that US courts in general found it acceptable for a school to allow students' privacy behind closed doors in a restroom. Schools should also take measures to protect the identity of students with respect to urinalysis results which could only be released to certain school staff on a need-to-know basis. The US Supreme Court in its 2002 ruling considered that given measures to minimize intrusiveness of drug testing and the limited use of the test results, urine drug testing was only a minor invasion of students' privacy and not significant.¹⁴¹ The Court also considered that "students within the school environment have a lesser expectation of privacy than members of the population generally" as evidenced by the compulsory requirement that children should attend school.¹⁴²

Learning and teaching process in schools

15.24 In the case of Hong Kong, from discussions with principals and teachers, the Project Team also noted that in reality there are limitations to maintaining absolute privacy of information related to individual students. For instance, students with better performance are usually recognized and made known to other students, whereas those who are performing not so well will as an indirect consequence be known to students. Information related to students' participation in most, if not all, school activities is as a matter of practice not kept confidential. From the perspectives of principals and teachers, this does not amount to a breach of privacy on the part of individual students.

15.25 In addition, for schools where there is integrated education, students with special education needs are admitted to enable them to benefit from education in ordinary schools. In early years of primary schools, teachers have to identify students with special learning problems for early intervention. A system is in place for assessment and referrals of students with special educational needs. Teachers

Chapter 2.

141 Higbee, Kari L (2005), "Student privacy rights: drug testing and Fourth Amendment protections", in *Idaho Law Review*, 41: 361 – 401.

142 Australian National Council on Drugs (2008), *Drug testing in schools: evidence, impact and alternatives*.

have to adopt say differential teaching and student grouping to address student diversity.¹⁴³ For an inclusive school, “students with ‘special educational needs’ are seen as individuals with different interests, knowledge and skills rather than as part of a homogeneous group” and “support is seen as an entitlement for those students who need it rather than as a special addition to their education”.¹⁴⁴

15.26 From discussions with principals and teachers, it transpires that teachers are not expected to “hide” students with special needs and treat all students as if they belong to a homogeneous group. While acknowledging the need to respect students’ privacy and take care not to avoid stigmatization, causing emotional distress to students concerned, differential care and education have to be delivered to students. For example, in some schools, students are streamed into different classes according to ability in order to reduce student diversity within a class to increase the effectiveness of learning and teaching. Special remedial classes are often organized for students with less than satisfactory performance. Special classes are also organized for students with better performance. The strict confidentiality arrangement being put in place for drug testing is peculiar to the usual practices and culture of schools.

Views of students

15.27 With regard to drug testing, researchers admitted that drug testing was intrusive. Nevertheless, the degree of privacy intrusion depended on the manner in which drug testing was implemented. School should be cognizant of the need to provide as much privacy to students as reasonably possible in say collecting the urine sample and took measures to protect the identity of students with respect to the urine test results.¹⁴⁵

15.28 In the study, the Project Team was impressed by the extent of care and caution schools and the SDT team had taken to protect the personal data and privacy of students participating in the Scheme following the protocol. Nevertheless, during discussions with students, the Project Team was given to

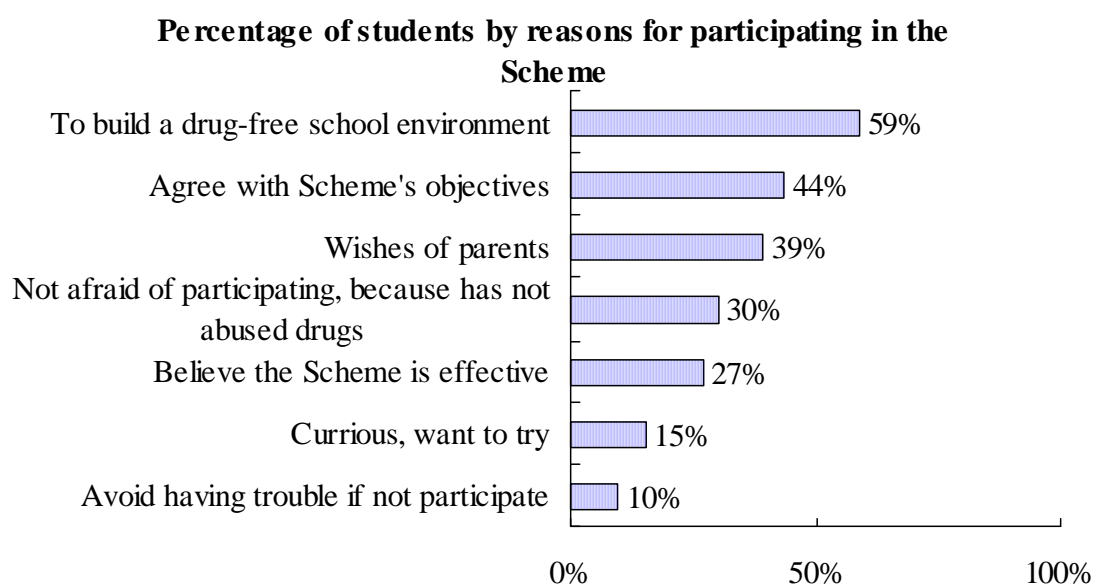
143 Please see for example Board of Education (2002), “Second interim report of the Board of Education Sub-committee on catering for students’ diverse learning needs”.

144 Education Bureau (2008), “Catering for student difference: indicators for inclusion”.

145 Higbee, Kari L (2005), “Student privacy rights: drug testing and Fourth Amendment protections”, in *Idaho Law Review*, 41: 361 – 401.

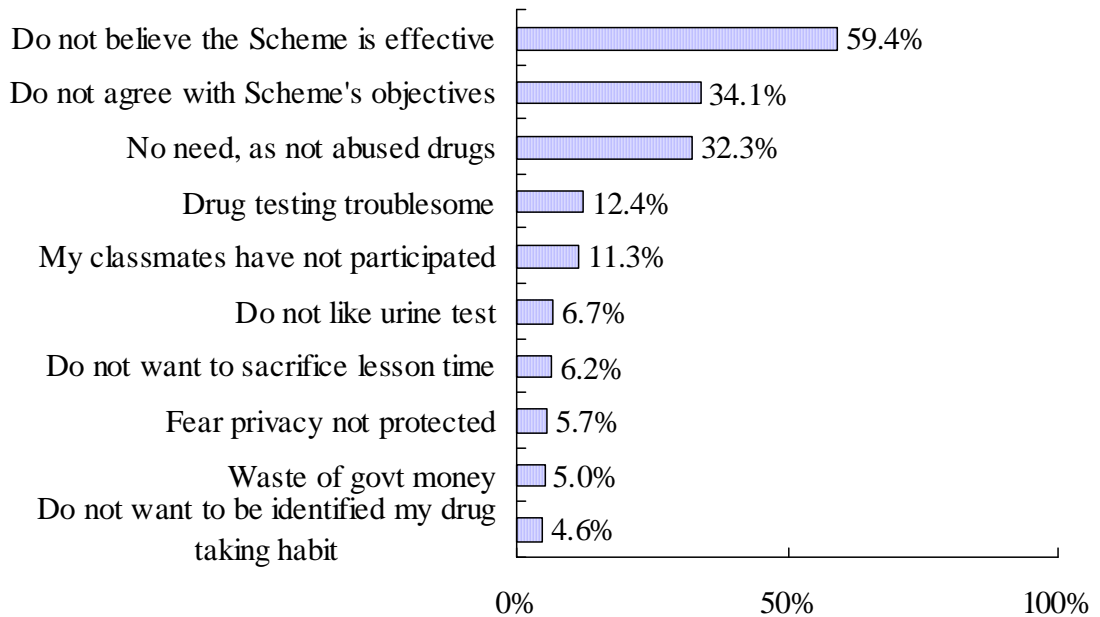
understand that nearly all students realized that when a classmate was asked by school staff to leave the class, the classmate concerned had participated in the Scheme and was sampled for drug testing. A few students also pointed that they had little difficulty noticing changes that had taken place on the date drug testing was going to be conducted (e.g. installation of partition in certain parts of the school building or temporary closure of certain places like toilet facilities, reading rooms or parts of the school halls). In short, it is very difficult, if not impossible, to conduct any school activity including drug testing in the school campus which involves groups of students, in a secretive manner completely unnoticed by other students.

15.29 During discussions with students, many of them were of the view that there was no need to keep the information related to their participation in the Scheme or their having been sampled to take the drug test confidential.



15.30 Besides, the December 2009 survey showed that for students who participated in the Scheme, the main reasons for doing so were that they were willing to work with their schools to build a drug-free school environment (59%), that they agreed with the objectives of the Scheme (44%) and that it was the wishes of their parents (40%). For those who did not participate in the Scheme, the main reasons were that they did not believe that the Scheme was effective (59%), that they did not agree with the objectives of the Scheme (34%) and that as they had not abused drugs, there was no need to do so (32%).

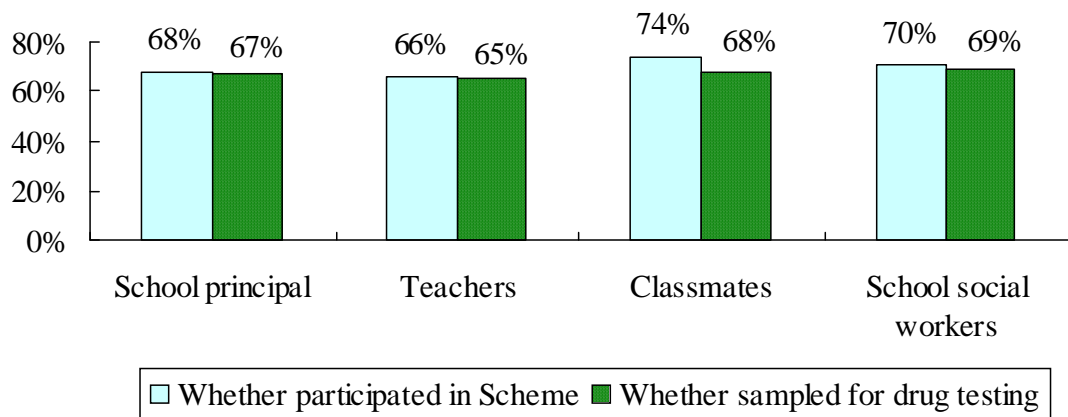
Percentage of students by reasons for not participating in the Scheme



15.31 In short, students participated or not in the Scheme for a variety of reasons. The fact that a student did not participate in the Scheme did not imply that he/she had abused drugs. In other words, participation or not in the Scheme is not likely to have any labelling effect on the students concerned. It follows that given sampling for drug testing is conducted randomly by the SDT team members who do not know the students, the Project Team believes that the mere carrying out of drug test on a student should not have any labelling effect on the student concerned. This view was also shared by students during focus group discussions.

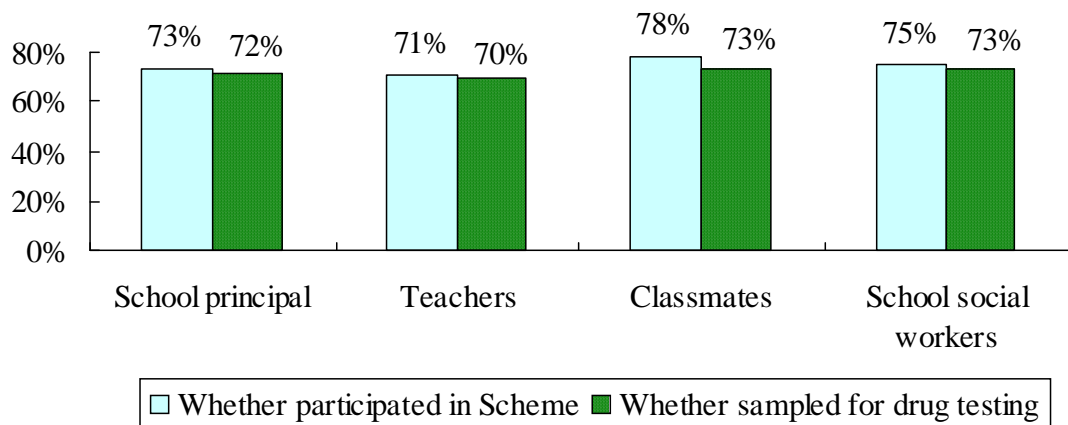
15.32 Findings of the June 2010 survey also confirmed this line of thinking. As shown in the chart below, most students agreed that their classmates could be informed of whether they had participated in the Scheme (74%) and whether they were sampled for drug testing (68%). More than half of students also agreed that such information could be made available to school principals, teachers and school social workers.

Percentage of students by views on parties who can have access to student information



15.33 In particular, for students who had participated in the Scheme, a higher proportion of them, as compared with students as a whole, agreed that their classmates could be informed of whether they had participated in the Scheme (78%) and whether they were sampled for drug testing (73%). A higher proportion of them also agreed that such information could be made available to school principals, teachers and school social workers.

Percentage of students who have participated by views on parties who can have access to student information



Views of other stakeholders

15.34 As noted by the Law Reform Commission, given that there is no tort of invasion of privacy in Hong Kong, “a person whose privacy has been intruded upon has to show that the conduct of the intruder amounts to the commission of a well-recognised tort for which the victim has a cause of action.”¹⁴⁶ Sharing similar views, a researcher interviewed by the Project Team in the course of conducting the research opined that any new tort of invasion of privacy should use an objective test that “the act/conduct is offensive or highly offensive to a reasonable person of ordinary sensibilities”. He referred to a report on the review of privacy law by the Australian Law Reform Commission which stated that an invasion of privacy could be determined if the person concerned “had, in all the circumstances, a reasonable expectation of privacy in relation to the relevant contact or information”, and/or “the invasion of that privacy in relation to that conduct or information is, in all the circumstances, offensive (or highly offensive to a reasonable person of ordinary sensibilities”.¹⁴⁷ In his opinion, disclosure of information related to students’ participation in drug testing, for example, should not be regarded as offensive or highly offensive to a reasonable person of ordinary sensibilities.

15.35 A legal expert interviewed by the Project Team pointed out that the extent of privacy concern depended on the sensitivity of personal data. For example, privacy protection requirement for the collection of finger print was more stringent than say gathering of personal data on whether students had participated in a school activity. The question that might need to be raised was whether the personal data collected were directly related to the activities of data users, as schools’ normal activities should be concerned with learning and teaching, rather than drug testing. On the other hand, it might be argued that it was related to school activities as whole person development was part of schooling functions. He recommended that the Privacy Commissioner may wish to issue guidelines for schools to follow.

15.36 The Project Team believes that the Guidelines on drug testing will be

146 The Law Reform Commission of Hong Kong (2004), *Report: civil liability for invasion of privacy*, p.19.

147 Australian Law Reform Commission (2007), *Review of Australian Privacy, Volume 1, Discussion Paper 72*, p.296.

useful to schools in conducting drug testing. The current protocol drawn up for the Scheme could serve as useful reference to schools. In any case, schools have to deal with personal data of students in all learning and teaching activities related to schools and needless to say have to take all necessary actions to protect the privacy of students.

15.37 Another legal expert interviewed by the Project Team pointed out that privacy was controversial concept. While admitting that there was no law on tort of privacy, remedies might be sought through other legal provisions. Citing the case of involving Naomi Campbell's claims against the Daily Mirror (*Campbell (Appellant) v. MGN Limited (Respondents) 2004, UKHL 22*), for publishing her photo after attending a Narcotics Anonymous meeting, the House of Lord ruled in favor of Naomi Campbell for breach of confidence on the grounds that the information was by nature confident and there was reasonable expectation of privacy. He said that the case was important as it extended the law on breach of confidence to cover persons where there was no formal relationship between the plaintiff and the defendant. He noted that there was no similar court case in Hong Kong, as a number of privacy cases which would potentially amount to a breach of the duty of confidence were either settled outside court or prosecuted for other charges like trespasses or theft.

15.38 A (third) legal expert interviewed stressed that although privacy protection was included in the Basic Law and Hong Kong Bill of Rights Ordinance, there was no definition of privacy in these legal documents. There was also no case law in Hong Kong to clarify precisely the meaning of privacy. Though one could rely on case law in the UK, he cautioned that while UK adopted the European Convention on Human Rights, Hong Kong followed the International Covenant on Civil and Political Rights. In connection with the Scheme, he pointed out that while the lists of students participating in the Scheme were personal data, the fact that the identity of students participating in the Scheme would be revealed when they were asked to leave the classroom to take the drug tests did not amount to disclosure of personal data, though it was related to the privacy of the students concerned. In his view, in considering the privacy of students sampled to take the drug tests, one had to take into account whether the students had a reasonable expectation that they should not be seen by other students when they were asked to take the drug tests.

15.39 Another legal expert advised that schools should make their best efforts in

protecting students' privacy, in a reasonable manner. Privacy in the end was what was considered reasonable and was not absolute. Measures to protect student privacy had to be balanced with other needs of schools and had to be justified. It was desirable for schools to treat drug testing as a normal school activity similar to other school activities such as extra-curricular activities.

15.40 A (fourth) legal expert interviewed in the study also suggested that efforts should be made by schools to promote the message to students and other stakeholders that participation or not in the Scheme did not indicate that the students had or had not abused drugs. In other words, participation in the Scheme did not have any labelling effect on students. Furthermore, in conducting drug tests, efforts should be made to minimize inconvenience to students (e.g. by asking students to take drug tests during school hours rather than outside school hours), rather than immunizing inconvenience to the SDT.

15.41 On a related issue, a (fifth) legal expert interviewed in the study cautioned that although students tested positive in the Scheme would not be prosecuted for consumption of drugs and information on students tested positive would not be passed to the Police, the student drug test results might still be accessed by law enforcement agencies. This was because information on students tested positive in the Scheme would be reported by NGO to the Central Register of Drug Addicts (CRDA), after obtaining consent from the students concerned and their parents or guardians, and information contained in the CRDA could be accessed by law enforcement agencies by order of the Secretary of Justice Section 49G of the DDO.

15.42 Another legal expert, on the other hand, believed that the chances of doing so by Secretary of Justice were very remote. He noted that DDO was enacted before school drug testing was introduced in Hong Kong and hence could not possibly take into consideration the need to keep student drug test results under the Scheme strictly confidential. Nevertheless, he cautioned that, based on a Court of Appeal ruling in Canada, the privilege against self-incrimination was not allowed if the evidence provided by a person was subsequently used to acquire further evidences independent of the evidence provided by the person to substantiate and prosecute other crimes committed by the person. He said such "derivative immunity" was allowed in Hong Kong courts in a number of local cases. He advised that the Department of Justice should issue a policy statement to the effect that information on students tested positive in the Scheme would not be

used for law enforcement purposes. This would provide the students with a defense, on grounds of abuse of process, if they were in the unlikely event of being prosecuted based on the information gathered in the Scheme.

Observations

15.43 The Project Team is of the view that in conducting drug testing reasonable measures should be in place to protect students' privacy as far as practicable. Such measures have to comply with provisions in the Personal Data (Privacy) Ordinance and the Dangerous Drugs Ordinance with regard to the drug test results. In this regard, it is noted that the Scheme protocol containing detailed provisions for such protection has been implemented diligently and faithfully. On the other hand, efforts should be made to alleviate inconvenience caused to students and disruption to learning and teaching. It follows that it is desirable to re-examine the drug testing procedures with a view to reducing the time required for conducting drug tests, such that students were only required to be absent from class for say a few minutes for drug testing, or that drug testing could be conducted during recess or outside school hours.

15.44 Indeed, as pointed out by a number of legal experts, the focus should be placed on putting extra efforts to convey the message to students that participation or not in the Scheme does not mean that the students concerned have or have not abused drugs. In other words, attempt should be made to remove labelling effect, if any, resulting from students' participation or non-participation in drug testing. In addition, drug testing should be regarded as one of the regular activities of schools, with the necessary precautionary measures that are normally in place to protect personal data and privacy of students. Admittedly, the specimen collection process warrants more stringent privacy protection measures and has to be conducted for individual students alone in a venue with absolute privacy. The drug test results should also be treated as strictly confidential.

15.45 The Project Team also notes that the SDT team has taken the opportunity during the drug testing process to convey anti-drugs messages to the students (e.g. by playing games or quiz with them), in order to emphasize the educational content of the drug testing process. Nevertheless, the Project Team believes that if such messages have to be conveyed to students, it should have been done so through briefings and counselling sessions already arranged for all students of the

school. Providing another round of briefings to students randomly selected for drug testing, with no regard to the needs of the students and at the expense of lesson time of the students, by social workers who know little about the background of the students might not be an effective means of transmitting knowledge on drugs.

16. Concerns over adverse impact on families and schools

Impact on families

16.1 Concerns had been raised on the possible adverse impact of drug testing on family relationship. In the course of discussions with students and parents, the Project Team was given to understand that nearly all students and parents did not think that the Scheme had affected relationship between the students and their families. All parents interviewed also considered that the Scheme had not adversely affected parents' trust in schools. Findings of the June 2010 survey showed that 90% of students considered that the Scheme had not damaged their relationship with their parents. 95% of parents also shared similar views. In addition, 94% of parents considered that the Scheme had not adversely affected parents' trust on schools.

16.2 Nevertheless, for students who had not participated in the Scheme, a lower proportion of them were of the view that the Scheme had not damaged their relationship with their parents.

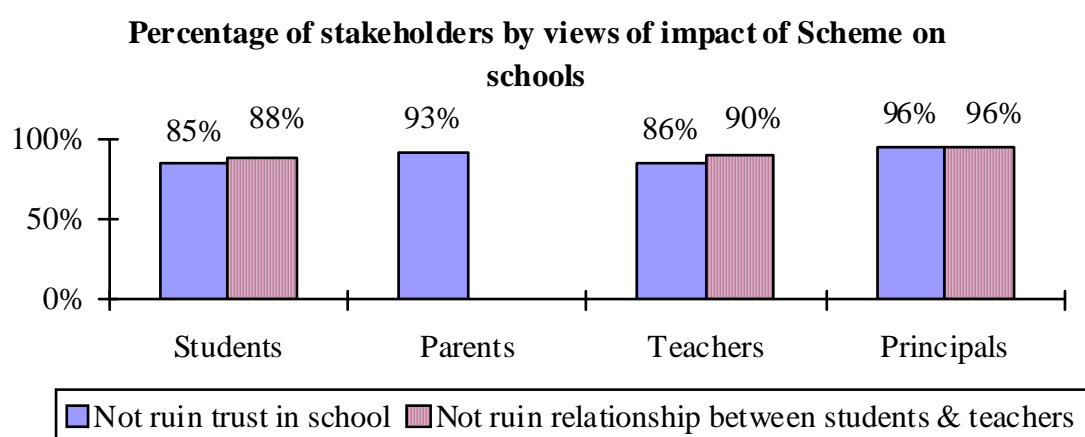
Impact on schools

16.3 One of the main criticisms directed against school drug testing was the possible undermining of trust that was expected between school personnel and students, in an educational setting, to the extent that it would adversely affect other aspects of students' education, including anti-drug education. It was argued that the perceived "policing" role of teachers might possibly create an environment of resentment, distrust and suspicion leading to loss of school connectedness. It might possibly aggravate truant behaviour, making it more difficult to reach out to students who had abused drugs.

16.4 During discussions with principals, teachers and students in the course of the research, none of them indicated that the Scheme had affected the mutual trust between schools and students. From the principals' and teachers' perspective, tests and assessments were normal in a school setting, based on which teachers could align their learning and teaching strategies to the different and diverse needs of students and review their effectiveness. There was no question of doing away with tests and assessments for fear that this would undermine mutual trust between students and teachers. Given schools' pastoral role over students, it was desirable for schools to identify as early as possible behavioural problems of students.

16.5 From the perspective of students, most of them indicated that they had nothing to worry about if they had not abused drugs, and drug testing gave them the opportunity to reinforce teachers' trust in them in staying away from drugs. Furthermore, most students pointed out that since drug testing was conducted by an independent, external body and teachers were not involved, they did not believe the Scheme would have an adverse impact on mutual trust between students and schools.

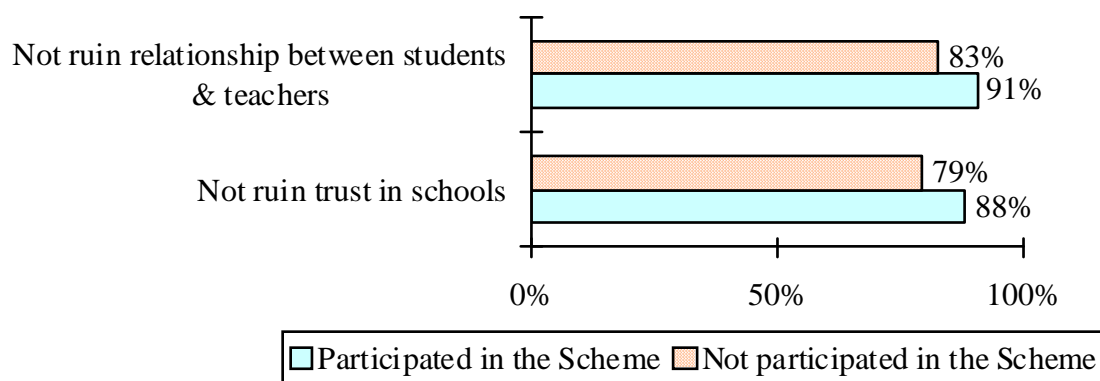
16.6 In short, based on qualitative information obtained through discussions with principals, teachers and students, the Project Team did not see any adverse impact the Scheme had on trust between students and schools. Indeed, findings of the June 2010 survey showed that the great majority of students, parents, teachers and principals shared these views.



16.7 Nevertheless, for students who had not participated in the Scheme, a lower proportion of them were of the view that that the Scheme had not adversely affected relationship between students and teachers and trust in schools. For

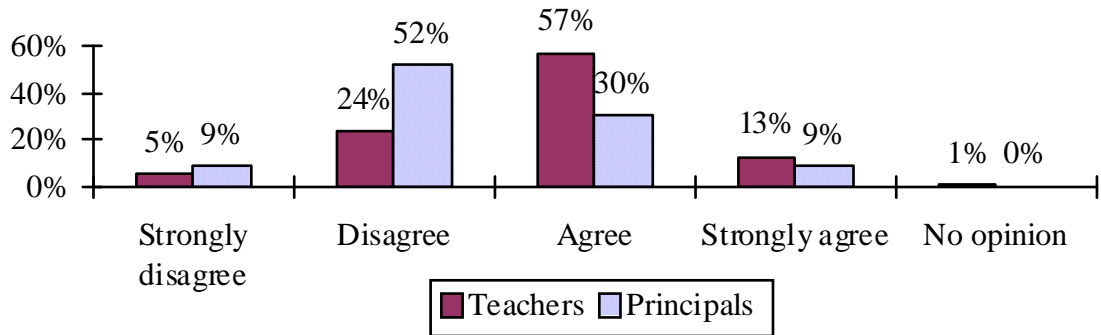
instance, 88% of students who had participated in the Scheme considered that the Scheme had not ruined their trust in schools and 91% considered that the Scheme had not ruined relationship between students and teachers, which were higher than the corresponding percentages of 79% and 83% respectively for those who had not participated in the Scheme.

Percentage of students by views of impact of Scheme on schools



16.8 Given that teachers' involvement in the Scheme was not significant, more than half of teachers in Tai Po (70%) agreed that the Scheme had not increased their workload. On the other hand, from discussions with principals in Tai Po, it transpired they had to devote a significant amount of their time in preparing for the launch of the Scheme and in overseeing its implementation. They had to personally attend to day-to-day operations of the Scheme because information related to students' participation in the Scheme was considered highly confidential. Indeed, more than half of principals (61%) considered that the Scheme had increased their workload. A principal opined that through personally taking up liaison work with parents, which was a fairly time-consuming task, it had helped foster closer home-school cooperation. Many parents contacted by the principal showed much appreciation for the personal attention given by the principal to the well-being of their children.

Percentages of respondents by whether agreed that the Scheme had NOT increased their workload



16.9 During discussions with principals, many of them stressed that drug abuse among students was not more serious in Tai Po compared with some other districts in Hong Kong. Their schools were willing to launch the Scheme on a trial basis because they believed that drugs had an irreversible, detrimental impact on students’ physical and mental health and that schools should act decisively to protect students from drugs. It was also stressed by several principals that over the years, it was increasingly recognized by schools that their role was not just restricted to learning and teaching, but should encompass providing pastoral care to their students and attending to their whole person development. In view of the seriousness of drug abuse among students, anti-drug education and prevention should become an important part of schools’ activities.

16.10 Most principals also pointed out that traditionally, secondary schools in Tai Po had close cooperation on educational issues and other matters that affected students’ wellbeing, and hence they had little problem in reaching consensus quickly to introduce school drug testing, the first of its kind in local schools in Hong Kong. In fact, feedback from parents was very positive, as they realized schools were taking prompt action to protect their children from drugs, and hence were more willing to send their children to attend schools in Tai Po.

Observations

16.11 On the basis of views expressed during discussions with students, parents, teachers and principals, as well as data obtained from the June 2010 survey, the Project Team is of the view that the Scheme has not adversely affected parent-children relationship and student-teacher relationship. The Scheme has

also not undermined trust of students on schools. The Project Team believes that mutual trust is cultivated between parents and children or between schools and students, over a number of years through different measures instituted by parents or schools. What count most are not only the measures, but also how these measures are implemented and the intention of schools or parents. As emphasized by a number of principals consulted in the course of the study, if principals and teachers cared about the students and any school measures or policies were introduced with the interests of students in mind, students affected would appreciate what schools had done for them.

16.12 Moreover, if the Scheme is introduced with the sole purpose of helping students, protecting them from drugs, opportunity could be taken, through the Scheme, to show that schools care not only about students' academic performance, but also their physical and mental well-being, going a long way to fostering an inviting and caring school atmosphere. If there is any lingering doubt on the part of students on the intents and purposes of the Scheme, schools should promptly address this, by proactively engaging students in a frank and open manner.

16.13 As the Scheme was implemented on a trial basis, the heavy involvement of principals was understandable. It might also be advisable for the principals to be personally involved in planning for and implementing the Scheme, in order to ensure the smooth operation of the Scheme. However, in the long run, the Project Team believes that the tasks of overseeing the operation of the Scheme can be taken up by other school staff. While there is still a need to safeguard students' personal data in the implementation of the Scheme, the Project Team considers that other school staff, with proper training if required, should be able to discharge their duties satisfactorily. After all, schools have to handle, almost on a day-to-day basis, personal data of students involved in students' participation in a variety of learning and teaching activities.

16.14 Noting that many international schools and ESF schools and a DSS school in Hong Kong had also introduced drug testing, apart from secondary schools in Tai Po, the Project Team believes drug testing has no labelling effect on schools. Given that students in nearly all secondary schools in Hong Kong had abused drugs, according to the 2008/09 survey¹⁴⁸, schools may decide to introduce drug testing to help students stay away from drugs, regardless of whether there is or the extent of drug abuse among students of the schools concerned. For other

148 Narcotics Division (2010), *The 2008/09 Survey on Drug Use among Student, Report*, p. 21

schools, they may decide to wait and see the outcome of the Scheme in Tai Po before introducing drug testing, or adopt other anti-drug measures. In short, conducting or not school drug testing does not imply that drug abuse among students of the schools concerned is more or less serious.

VII.Observations and Recommendations

17. Enhancing the positive impact of the Scheme

Overview

17.1 As discussed in the preceding chapters, although it is still premature at this stage to say conclusively that the Scheme had a beneficial impact on students' knowledge of drugs, perception of drugs, attitude towards fighting drugs and their drug taking behaviour, the Scheme was perceived by students, parents and teachers to be effective in building anti-drug culture, triggering motivation of those who had abused drugs to quit drugs and enhancing students' resolve to refuse drugs. Besides, most students believed that their personal data were protected and were not worried about the process of giving urine sample. For students sampled for drug testing, most of them were satisfied with the drug testing process. Indeed throughout the six months when the Scheme was implemented, there was not a single incident of leakage of personal data related to the Scheme. The survey findings also showed that the Scheme did not have an adverse impact on students' trust in schools and teacher-student relationship. Furthermore, more than half of students, parents, teachers and principals in Tai Po were of the view that school drug testing should be conducted.

17.2 In addition, it is noted that the total number of reported drug abusers in Hong Kong aged under 21 in first half of 2010 had decreased by some 20% as compared to the same period of last year, representing a reversal of a rising trend since 2004. This may be a result of the much escalated anti-drug efforts in recent years in preventive education and publicity, treatment and rehabilitation, legislation and enforcement, evidence-based research, and external cooperation, a five-pronged approach coupled with collaborative endeavours across different sectors of the community. In this regard, school drug testing has played a major pioneering part in Tai Po.

17.3 In the circumstances, it is desirable to continue implementing the Scheme in secondary schools in Tai Po for the current school year, to reinforce grounds gained last school year and to sustain the overall momentum of school drug testing. The experience to be gained will be valuable for further developing school drug

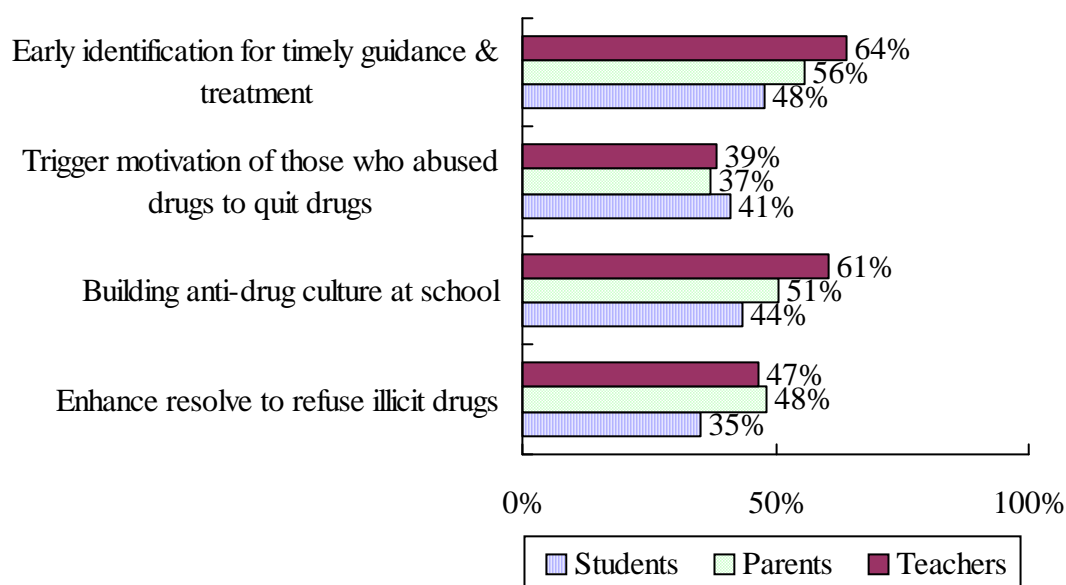
testing in secondary schools in Tai Po or those in other districts.

17.4 As discussed above, the focus of the Scheme should be educational in nature, aimed at helping students cultivate positive attitudes and correct values, as part of the students' whole personal development. Drug testing should not be seen as a standalone panacea, but it can be a key preventive and deterrent part of a comprehensive programme to implement the healthy school policy. In addition, through a comprehensive healthy school programme, teachers, school social workers, parents and students of the participating schools should be engaged in enhancing their ownership of and involvement in school drug testing, with every effort made to enhancing effectiveness school drug testing, while minimizing impact on learning and teaching. These are discussed in the paragraphs below.

Meeting expectations of stakeholders

17.5 There is a general perception and expectation among teachers, students and parents that the Scheme should enable early identification of students who had abused drugs. The June 2010 survey findings showed that a higher proportion of students (48%), parents (56%) and teachers (64%) expected that school drug testing should enable early identification of students who had abused drugs for timely guidance and treatment, as compared with other purposes of the Scheme, such as triggering motivation of those who had abused drugs to quit drugs.

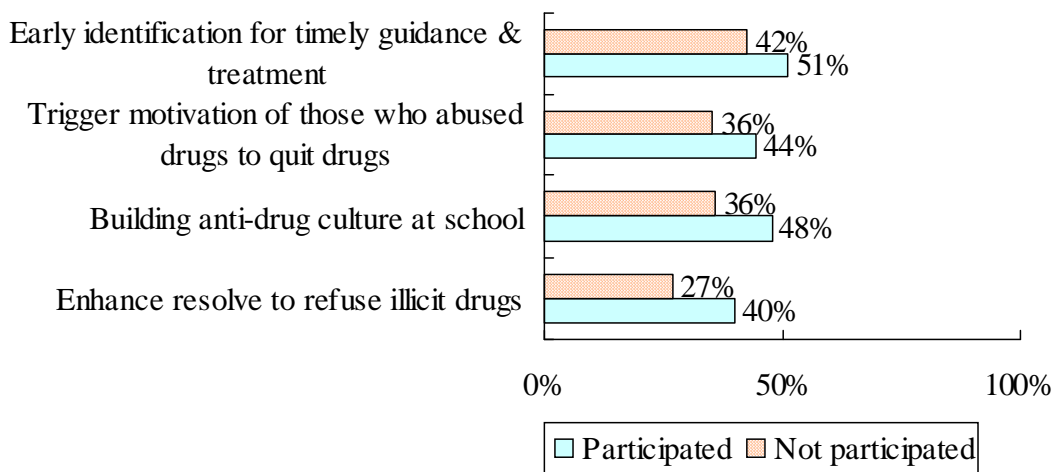
Percentages of stakeholders in Tai Po by expectation on school drug testing



17.6 In light of such expectations, many teachers, students and parents expressed the views that the Scheme was not effective because no student was tested positive. They pointed out that early identification of students who had abused drugs was not possible given that participation in the Scheme was voluntary. While no student was so identified under the Scheme, the Project Team recognized a substantial increase of self-referral cases to seek help in Tai Po pursuant to the implementation of the Scheme. The Team believed that by triggering motivation to seek help, early identification was facilitated.

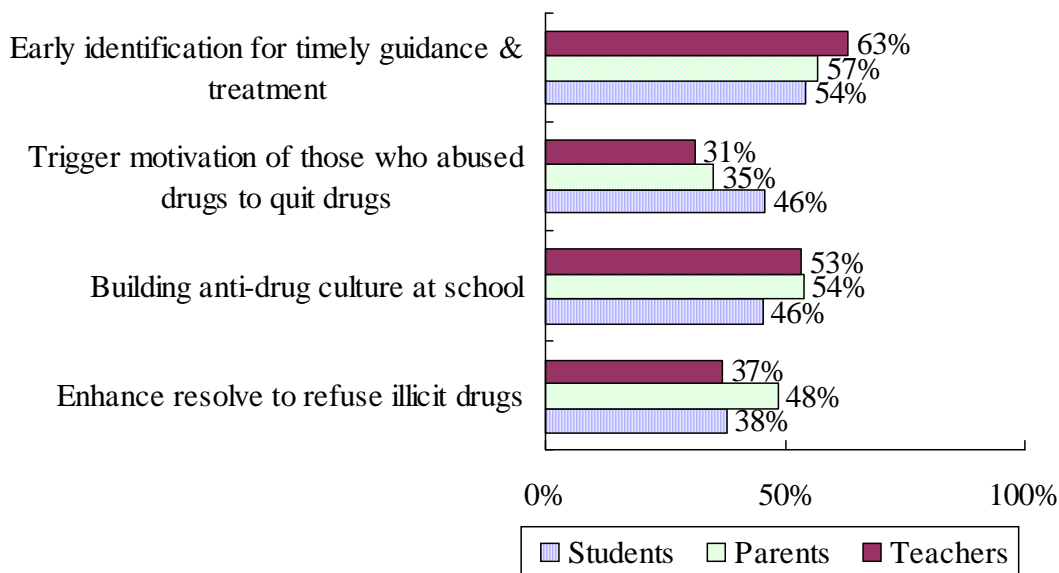
17.7 In addition, students who had participated in the Scheme had a higher expectation on the school drug testing than those who had not participated. More than half (51%) of students who had participated in the Scheme expected that school drug testing would enable early identification of students who had abused drugs for timely guidance and treatment. Only 27% of them expected that school drug testing would help enhance resolve of students to refuse drugs.

Percentages of students in Tai Po by expectation on school drug testing



17.8 For those outside Tai Po, a higher proportion of students (54%), parents (57%) and teachers (63%) also expected that school drug testing would enable early identification of students who had abused drugs for timely guidance and treatment, compared to other purposes of the Scheme.

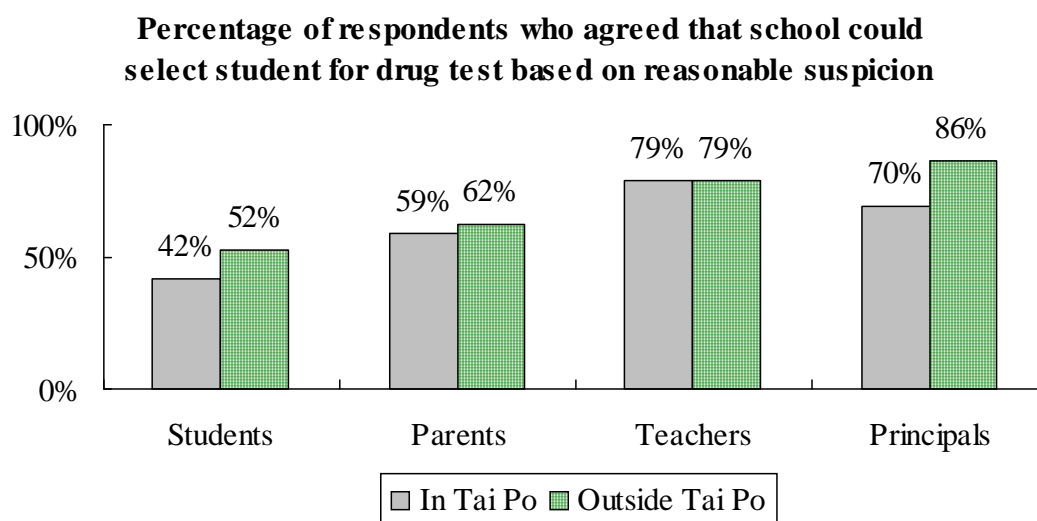
Percentages of stakeholders outside Tai Po by expectation on school drug testing



17.9 During discussions with social workers, they lamented that students usually sought help only when they got into troubles like having been arrested by

the Police, having serious health problems or having encountered difficult-to-solve personal or family problems. By the time students sought help from social workers, many of them had already had taken drugs for quite some time, rendering intervention and treatment much more difficult than when these students were identified at an early stage of drug abuse. Medical practitioners interviewed in the course of study also cautioned that prolonged exposure to drugs would cause irreparable damage to the students' health.

17.10 To meet the expectations of teachers, parents and students, and from the perspectives of effective treatment and intervention, early identification is obviously a goal worth pursuing in school drug testing. For early identification of students who had abused drugs, several principals consulted in the survey suggested that drug testing should be conducted on suspicion. This is the practice adopted by some international schools in Hong Kong and some schools in the US and UK. Results of the June 2010 survey showed that most principals and teachers, especially those of schools outside Tai Po, supported the idea of selecting students for drug testing based on reasonable suspicion. More than half of parents of students in and outside Tai Po as well as students outside Tai Po also supported drug testing based on reasonable suspicion.



17.11 Several principals interviewed in the course of the study also pointed out that drug testing based on reasonable suspicion was more cost-effective than random drug testing. Indeed, researchers overseas also considered targeted drug testing based on suspicion was effective and recommended that schools should be allowed to implement proactive, preventative drug testing for certain groups of

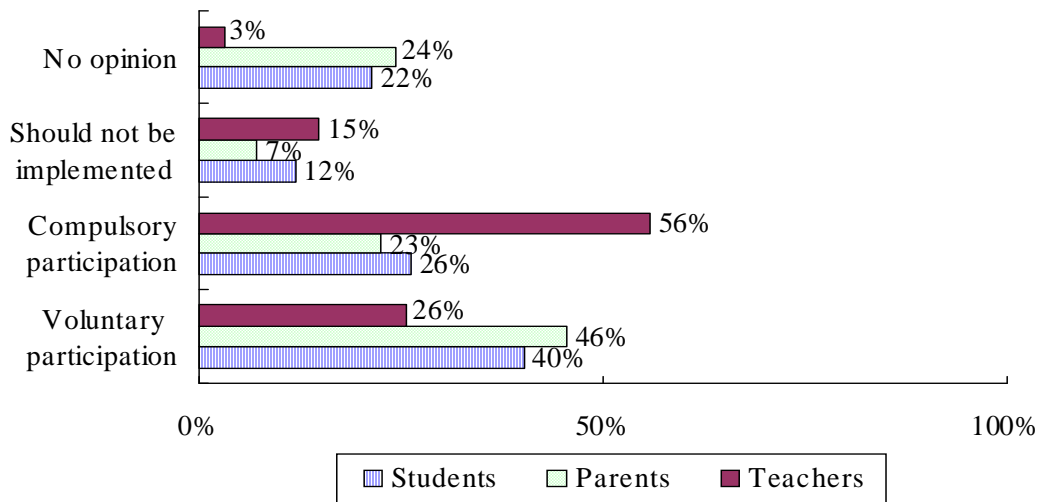
students based on evidence of likelihood of drug use. They reasoned that the need to prevent students from abusing drugs provided the “necessary immediacy” for a drug testing policy. However, they cautioned that testing based on suspicion would place additional burden on teachers and would have potential detrimental effects of stigmatization. Suspicion-less random drug test, on the other hand, was less disruptive, as it was based on preventing drug abuse problems rather than suspecting individual students of drug use.¹⁴⁹

17.12 During discussions with a number of social workers, they expressed confidence in identifying students who were likely to be at risk or who had abused drugs. However, some teachers consulted in the study raised the concern that if their judgment was wrong and students suspected to have abused drugs were tested negative, there might be complaints from parents and students and teacher-student relationship might be adversely affected.

17.13 Another option was to introduce compulsory drug test, which was also advocated by a number of principals, teachers and students during in-depth interviews and focus group discussions with them. They believed that only through compulsory drug test, early identification was possible. A number of non-school stakeholders in the medical and legal professions also believed that compulsory drug testing was more effective and could throw light on the prevalence of drug abuse among students and did not have any labelling effect. However, a number of social workers were worried that compulsory drug testing might risk alienating the students. Even though the students were tested positive, if the students were not willing to receive guidance and treatment, not much help could be offered to the students concerned. Findings of the June 2010 survey revealed that more than half of students (66%), parents (69%) and teachers (82%) were of the view that school drug testing should be conducted. In addition, a clear majority of parents (46%) and students (40%) supported voluntary drug testing, compared with those supporting compulsory participation (23% parents, 26% students), objecting to drug testing (7% parents, 12% students) or having no opinion (24% parents, 22% students). As regards teachers, the majority (56%) supported compulsory participation.

149 Higbee, Kari L (2005), “Student privacy rights: drug testing and Fourth Amendment protections”, in *Idaho Law Review*, 41: 361 – 401.

Percentages of stakeholders in Tai Po by future arrangement for school drug testing



17.14 The Project Team believes that at the moment it may not be the right time to pursue compulsory drug testing in schools as only about a quarter of students and parents support this approach. Compulsory drug testing is highly controversial involving issues such as those related to children’s rights, privacy and legal issues, etc, and requires sound justifications. Besides, voluntary school drug testing has just been introduced to local secondary schools in December 2009 in the form of a trial scheme only. Obviously, it takes time for stakeholders concerned to have a better idea of what voluntary school drug testing could achieve and its possible drawback. While early identification is important, engaging those who have abused drugs and triggering their motivation to seek help are equally important. On balance, the Project Team believes that voluntary drug testing supplemented by other proactive measures in engaging those at risks, to be discussed in the paragraphs below, should be actively pursued at this moment.

17.15 Separately, the Project Team noted that some international and ESF schools in Hong Kong conduct drug testing based on contractual agreement with parents and students. It appears that there may be scope for local schools enjoying similar autonomy in student admission (e.g. private schools and Direct Subsidy Scheme schools), other than following a voluntary approach, to explore and consider such an arrangement, but only if they find it appropriate in their own circumstances.

17.16 In short, the Project Team recommends that given the positive results

revealed in the research, its contribution to entrenching an anti-drug culture now taking root in schools and the community, and stakeholders' support, as highlighted above, school drug testing should be further developed in Hong Kong as a pioneering and innovative part of government's overall anti-drug efforts, following a voluntary approach.

Attending to the diverse and different needs of students

17.17 Schools have long recognized that there is diversity of students in terms of their needs and abilities. Thus, in as early as 2000, the Education Commission has recommended that “the ultimate objective of education is to enable every student to achieve all round development according to his/her own attributes”, and that reforming the methods of learning and teaching, “students’ needs and interests must be the foremost consideration”.¹⁵⁰ The Advisory Committee on Teacher Education and Qualifications has also recommended that one of the core competencies of teachers is to “identify and support students’ diverse needs”.¹⁵¹

17.18 As pointed out in the preceding chapters, in conducting briefing sessions for students on the Scheme, students were treated as a homogeneous group. Teachers had refrained from talking to students proactively on the Scheme, providing advice on whether it was in the interest of students to participate in the Scheme, for fear of breaching the confidentiality of information related to the Scheme and to avoid being misconstrued by students or parties outside schools as a deliberate attempt to prevent students from making a genuine consent. This may be against the spirit of putting students’ interests as the foremost consideration and is not in line with the expectation on teachers to attend to students’ diverse needs.

17.19 Besides, during discussions with school social workers of secondary schools in Tai Po, a number of them pointed out that school social workers knew the students well, especially those at risk. They were in the best position to help students. In preparing for and implementing the Scheme, a lot of anti-drug information in general, and information on the Scheme in particular, was provided

150 Education Commission (2000), *Learning for life, learning through life: Reform proposals for the education system in Hong Kong*.

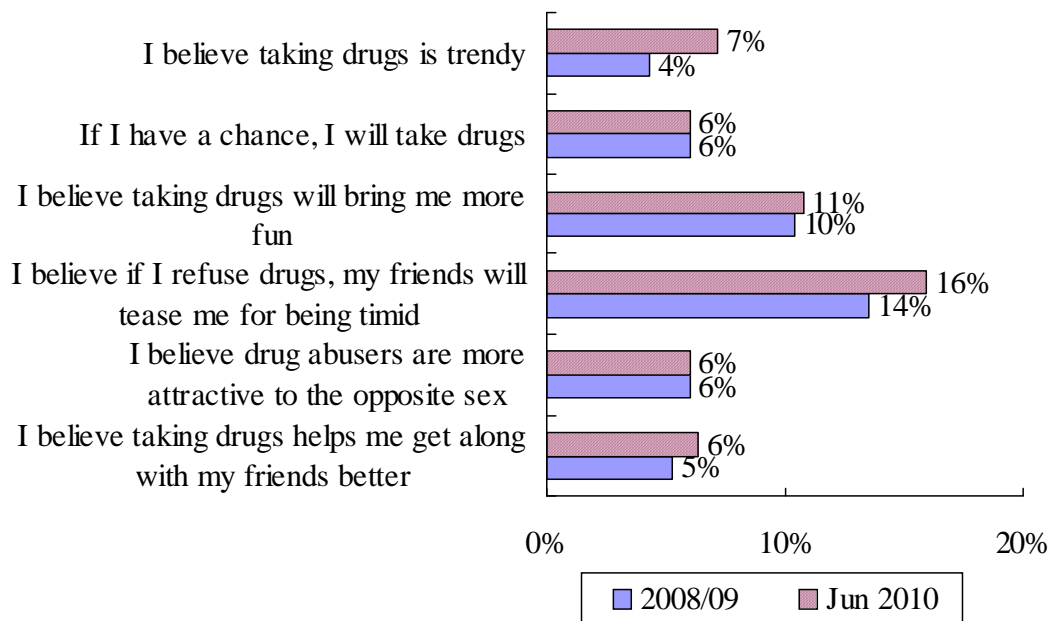
151 Advisory Committee on Teacher Education and Qualifications (ACTEQ) (2003), *Towards a learning profession: the teacher competencies framework and the continuing professional development of Teachers*.

to the students. Many students required assistance in order to internalize the information provided to them and make decisions that were in their best interests. It was desirable that the school social workers could proactively offer counselling and advice to students on matters related to the Scheme.

17.20 Several school social workers interviewed were also of the view that counselling of students sampled for drug testing might better be performed by school social workers who knew the students better, provided that additional resources were available. The students would feel more comfortable talking to school social workers than to a stranger they did not know. Besides, school social workers would be in a better position to follow up with any problems identified in the course of the interview, noting that drug abuse problems were related to personal and interpersonal problems of students. On the other hand, a few school social workers interviewed in the study accepted the present arrangement of asking the social workers of the SDT team to conduct screening interview for students sampled for drug testing, as school social workers were already quite heavily involved in their regular duties at schools.

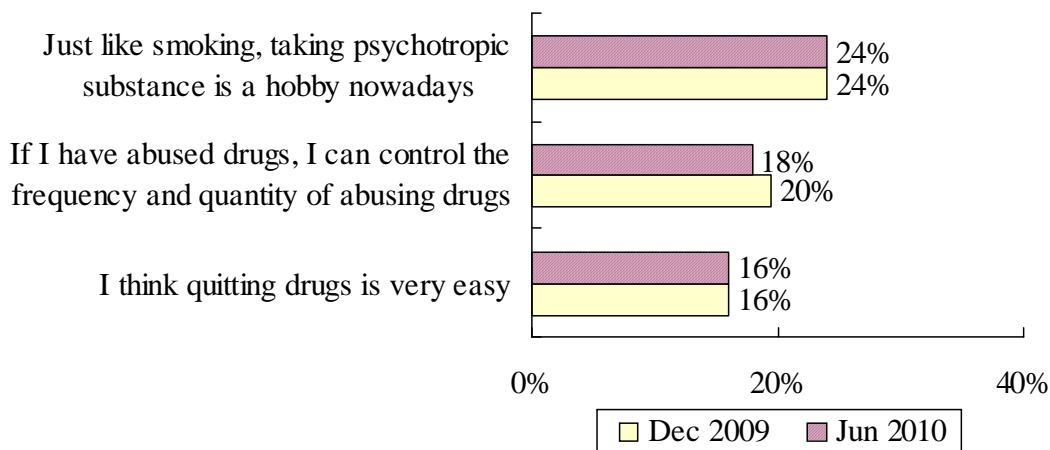
17.21 As noted in para. 15.17, it is doubtful if students were making an informed decision on whether to participate in the Scheme or not. The survey findings appended below also showed that there was a worrying trend of increasing misconceptions about taking drugs and peer influence on taking drugs. Six questions were asked in both the 2008/09 survey and the June 2010 survey which were related to students' perceived peer influence on taking drugs. For students in Tai Po, in June 2010, a higher proportion of students believed that (a) taking drugs was trendy, (b) if they refused drugs, their friends would tease them for being timid, (c) if they abused drugs, it would bring more fun, help them get along with friends better and become more attractive to opposite sex, as compared with 2008/09. In other words, peer influence on students' drug taking had increased, even though the percentage of students holding such a view was still quite low. On the other hand, a lower proportion of students were of the view that if they had a chance they would take drugs in the June 2010 survey as compared with 2008/09 survey.

Percentage of students in Tai Po by views on drugs



17.22 Furthermore, in both the December 2009 survey and the June 2010 survey, data on students' misconception of drugs were collected for students in Tai Po. As shown in the chart below, about 24% of students in Tai Po were of the view that taking psychotropic substance, just like smoking, was a hobby nowadays. In June 2010, about 18% of students believed that if they had abused drugs, they could control the frequency and quantity of abusing drugs and 16% thought that quitting drugs was very easy.

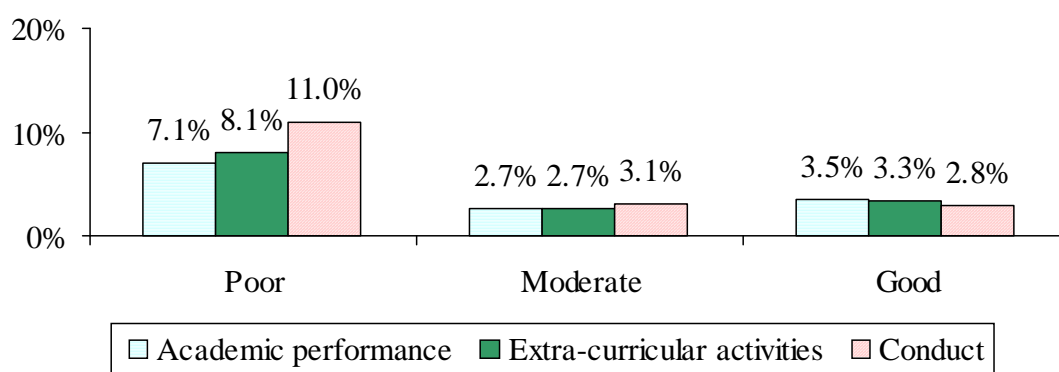
Percentage of students in Tai Po by misconceptions about taking drugs



17.23 Indeed, as noted by the Task Force on Youth Drug Abuse, there is “widespread misconception, especially among the youth, that psychotropic substances are less harmful than “traditional” narcotics such as heroin. There are worrying signs of a permeating sub-culture of treating abuse of psychotropic substances as a social norm among the youth.....Many people are not aware that the consumption of drugs itself is illegal”.¹⁵² For this group of students, the number of which is not small, they definitely need the special attention of teachers and school social workers for implanting proper understanding of the harmful impacts of drug abuse if so identified.

17.24 The June 2010 survey also revealed that a higher proportion of students in Tai Po who admitted that their academic performance, performance in extra-curricular activities or conduct was poor approved others taking drugs, as compared with those who considered their academic performance, performance in extra-curricular activities or conduct was moderate or good. The survey findings indicated that some students, especially those who were relatively weak in their academic performance, extra-curricular activities or conduct, were more receptive to drugs and hence were more at risk of abusing drugs. This group of students required closer attention and assistance from teachers and social workers to help them stayed away from drugs.

Percentage of students in Tai Po who approved others taking drugs



17.25 Besides, as discussed in Chapter VI, most students do not mind that information related to their participation in the Scheme is made known to principals, teachers, classmates and school social workers. There is also not likely

¹⁵² Report of the Task Force on Youth Drug Abuse (November 2008), p.30.

to have any labelling effect on students who have or have not participated in the Scheme. The Project Team believes that there is little justification to keep such information strictly confidential to the detriment of the interests of students. On a need to know basis, teachers and school social workers should be provided with the aggregate statistical information on students' participating or not participating in drug testing. For class teachers, designated teachers and school social workers, as specified in the consent form signed by students and parents, they would have access to information related to individual students who have participated in the drug testing.

17.26 The Project Team notes that over the years, thanks to the efforts made by Education Bureau, school management, teachers and other stakeholders and as part of the education reform, teachers have assumed a more proactive role in providing pastoral care to students and in building trust and rapport with students, in addition to learning and teaching. Besides, the Project Team is of the view that there are always some teachers in school, who may be the class teachers, career masters or other teachers, whom students look to for care, advice and emotional support. Given that students spend most of their day time at school, teachers and school social workers are in a very good position in offering guidance and support to students and in enhancing their resolve to stay away from drugs. In particular, teachers and school social workers should offer advice and guidance to students in making their decision to participate or not in drug testing, especially to those who are in need. Without creating much additional workload on teachers, teachers could discharge such a duty in their day-to-day interactions with students and in their attempts to nurture students' critical and independent thinking, as part of the learning and teaching process.

17.27 As noted by the Task Force on Youth Drug Abuse, "apart from conducting programmes to promote the positive development of secondary school students from adolescence to adulthood, the school social work service has played a pivotal role in the early intervention of problem students with a view to preventing them from becoming hardcore youth at risk. School social workers provide the necessary professional support to tackle the student drug abuse problems, among other psychosocial and behavioural problems."¹⁵³ In connection with drug testing, school social workers could also focus on those students most in need, and provide counselling in smaller groups or through case work.

153 *Report of the Task Force on Youth Drug Abuse* (November 2008), p.62.

17.28 After students have decided to participate or not in drug testing, they may change their mind. As evidenced from the experience of the Scheme in Tai Po, some of the students who have not participated in drug testing may decide to do so at a later stage, while some of those who have participated may decide to opt out. It is desirable that the class teachers, designated teachers and school social workers should continue to proactively provide advice and assistance to students, after they have made up their mind to participate or not in drug testing. Proactive advice and assistance expected from teachers and school social workers should not be confined to those who have not participated in drug testing. Students who have participated in drug testing may also have misconceptions, may not be making informed decisions or may be subject to peer influence.

17.29 Nevertheless, the Project Team acknowledges the need to act with prudence. Given there is likely an “imbalance of power” between teachers and students, even though drug testing is introduced with the interests of students and not those of teachers in mind, schools should ensure that consent made by students on whether to participate in drug testing is genuine, and is seen to be doing so. Hence, it is advisable that class teachers, designated teachers and school social workers should proactively approach students in groups, including students who have participated or not participated in drug testing.

17.30 The Project Team is aware that some opponents of school drug testing may take the opportunity to criticize teachers for exerting pressure on students, resulting in “false voluntary consent” by students. The Project Team believes that schools should in turn seize this opportunity in educating the students on how mutual trust, differences in view points and respect of each other’s decision could coexist. This is part of the educational process in developing critical and independent thinking skills, in promoting toleration and civility in student-student and student-teacher interactions and in cultivating an inclusive and cohesive school environment.

17.31 To sum up from the above discussions, *the Project Team recommends that teachers and school social workers should proactively approach students in groups, without identifying students who have participated or not in drug testing, to offer advice and assistance, before and after they have decided to participate or not in drug testing.*

17.32 Given that only 25% of teachers were approached by their students for advice, teachers might not have played a more active role than desired in the Scheme. Following from the above discussions, *the Project Team also recommends that teachers should be empowered to take up a proper role in school drug testing. Schools should make extra efforts to explain to students and parents the advisory and support role played by teachers in school drug testing, assuring students and parents that their decisions to participate or not in drug testing will be respected by teachers. Furthermore, appropriate training will have to be provided to teachers on anti-drug education in general and drug testing in particular.*

Fostering a harmonious relationship

17.33 As noted from the discussions above, there is a worrying sign of increasing peer influence on taking drugs. Thus, efforts should be made to engage students, regardless of whether they have or have not participated in the Scheme or whether they have or have not abused drugs, in developing a drug-free environment in general and in particular, strengthening peer support among students, turning peer pressure to try drugs to peer pressure to quit drugs and cultivating students' sense of inclusion towards each other, including those who have abused drugs.

17.34 During discussions with school social workers, they pointed that it was desirable to cultivate an inclusive school environment in order to help students who had abused drugs, by ensuring that their linkage with schools and families was maintained. Researchers noted that social inclusion was not just the opposite of social exclusion, but also involved active engagement and participation, where people were and felt integrated in different relationships, organizations and structures that constituted daily lives.¹⁵⁴

17.35 Furthermore, despite the controversial nature of school drug testing the Scheme could help school foster a harmonious relationship among students and between students and schools. According to the *Ladder of Shared Common Life* conceptualized by researchers, there are four steps leading to social harmony, namely toleration, civility, social inclusion and social cohesion. In the context of

154 Phillips, David (2008), "Social inclusion, social exclusion and social cohesion: tensions in a post-industrial world".

the Scheme, toleration basically refers to refraining from interference with another student's participation or non-participation in the Scheme. Civility represents appropriate behavior or attitudes in public discourses. It means respecting other students' different views and decisions on drug testing, without engaging in *ad hominem* attack, escalation of conflicts, exploitation of loopholes in the rules to advance one's interest, etc. Social inclusion in short, refers to a sense of "we-ness" among students, including those who have or have not participated in the Scheme, and those who have or have not abused drugs. Social cohesion is characterized by trust in school, a sense of belonging to school and the willingness to participate in school activities and help other students in need.¹⁵⁵

17.36 In the course of conducting the research, the Project Team has visited schools in and outside Tai Po which have put in place successful mentorship programmes, with students in the higher forms acting as mentors for students in the lower forms, especially Secondary 1 students first enrolled in schools. The mentorship programme can be an effective means to strengthen peer support and foster a harmonious relationship among students, and reinforce students' ability to withstand peer pressure on taking drugs. Feedback from students interviewed in the course of the study who had participated in such mentorship programmes, as mentors or mentees, was highly positive. The Project Team believes that such mentorship programmes are being implemented in many schools in Hong Kong, with some in the form of "Health Ambassador" scheme. Research conducted elsewhere showed that mentoring had a greater beneficial impact on youth who were at risk than a typical youth.¹⁵⁶ As a practical step towards fostering a harmonious relationship among students, *the Project Team recommends that consideration should be given to encouraging schools to implement similar mentorship scheme if they do not have one, or strengthening the existing mentorship scheme in schools if one is already in place, as part of the healthy school programme with an anti-drug focus.*

Enriching the educational contents of the Scheme

17.37 Given the focus of the Scheme should be placed on the educational

155 Based on the framework developed by Professor Joseph Chan and Dr. Elaine Chan of the Department of Politics and Public Administration, The University of Hong Kong.

156 DuBois, David L. et al (2002), "Effectiveness of mentoring programs for youth: a meta-analytic review", in *American Journal of Community Psychology*, 30(2): 157 – 197.

process it should not be void of any core values it embodies. As discussed in Chapter VI, the Project Team has the impression that much has been said about students' rights to the neglect of protection of students' interests. But core values are more than rights and interests. A number of studies have been conducted in Mainland China, Hong Kong and other places on core values. For example, based on a survey of university students in 20 countries, researchers found out 40 Chinese values, including tolerance of others and harmony with others.^{157 158} In a survey of 346 seventh graders in Beijing and Shanghai, researchers found that there were 11 components of Chinese cultural values, including collective orientation (e.g. group solidarity, sense of righteousness, patriotism, etc.).¹⁵⁹ In a study of the views of over 900 Chinese university students in Hong Kong, researchers found that instrumental values, including "responsibility", "courageous", "intellectual" and "capable" were ranked most important.¹⁶⁰

17.38 During discussions with principals and teachers, it transpired that while students' rights were given full attention, little was mentioned of essential core values like "responsibility", "self-respect", "tolerance of others" and "harmony with others". In particular, students should be aware that they had a responsibility to themselves, their parents, their classmates and their schools to behave well, including staying away from drugs. They should also serve as a role model for other students, especially those in the lower forms. Participation in the Scheme represents a pledge they made to themselves, to their parents, their classmates and their schools that they would stay away from drugs. In short, this is an educational process that schools should not overlook when implementing the Scheme.

17.39 The Project Team also notes that a resource kit on anti-drug education, Anti-drug Resource Kit for Schools, as a component of healthy school policy has been prepared by the Hong Kong Federation of Youth Groups. The resource kit is widely available to schools and educational bodies. It is recommended in the resource kit that the core components of anti-drug education should include, apart

157 Chinese Culture Connection (1987), "Chinese values and the search for culture-free dimensions of culture", in *Journal of cross-cultural psychology*, 18(2): 143 – 164.

158 Matthews, Barbara Marshall (2000), "The Chinese Value Study: an interpretation of value scales and consideration of some preliminary results", in *International Education Journal*, 1(2): 117 – 126.

159 Shen, Jianping and Yuan, Bao-Jane (1999), "Moral values of only and sibling children in Mainland China", in *Journal of Psychology*, 133(1): 115 – 124.

160 Lau, Sing (1988), "The value orientations of Chinese university students in Hong Kong", in *International Journal of Psychology*, 23: 583 – 596.

from knowledge (e.g. knowledge of harmful effect of drugs) and techniques (e.g. techniques in refusing drugs), values and attitudes.¹⁶¹

17.40 The Project Team recommends that in conducting education and publicity programmes for students on the Scheme, more efforts should be made to include teaching of core values such as “responsibility” and “self-respect”, in addition to explanation on students’ rights.

Strengthening support to parents

17.41 As remarked by the Task Force on Youth Drug Abuse, “prevention of drug abuse starts at home.” And “from a family viewpoint, parental absence, loose parental supervision and sanction against drug abuse, lack of positive relationship with adults and lack of family strength are some common risk factors.”¹⁶² During discussions with principals of schools inside and outside Tai Po, a number of them pointed out that if family function failed, it would be much more difficult for schools to intervene and help students stay away from drugs.

17.42 In launching the Scheme, a number of briefing sessions had been organized for parents to explain to them the purposes of the Scheme. Assistance and advice had also been provided to them, if required, by principals, teachers and social workers. As noted by several principals in Tai Po, through the Scheme, communications between schools and parents had increased, thereby fostering closer home-school cooperation.

17.43 Nevertheless, several teachers and social workers interviewed in the study cautioned that parents who were most in need usually did not participate in activities organized for them. In other words, schools’ efforts to providing advice and assistance to parents might not reach those parents who were most in need. A study conducted in 2008 by the Department of Social Work and Social Administration of The University of Hong Kong and Tung Wah Group of Hospitals showed that only 2% of parents of students in general and 12% of parents of students with drug taking history participated in drug prevention programmes organized for them.¹⁶³

161 健康校園新一代——學校禁毒資源套, Book 2, para. 1.4.2

162 *Report of the Task Force on Youth Drug Abuse* (November 2008).

163 the Department of Social Work and Social Administration of The University of Hong Kong and

17.44 In the June 2010 survey, 8 items were used to solicit views of students and their parents on the involvement of parents in the anti-drug education of their children. Expressed in a Likert scale of 4, with “1” denoting “never” and “4” denoting “almost always”, mean scores were computed for the 8 items based on survey data. For the 8 items, exploratory factor analysis was performed and two underlying factors, with eigenvalues greater than 1, were identified. The two factors, namely parental guidance and parental control, accounted for 76.4% and 73.3% of the total variance of data based on views of students and views of parents respectively.

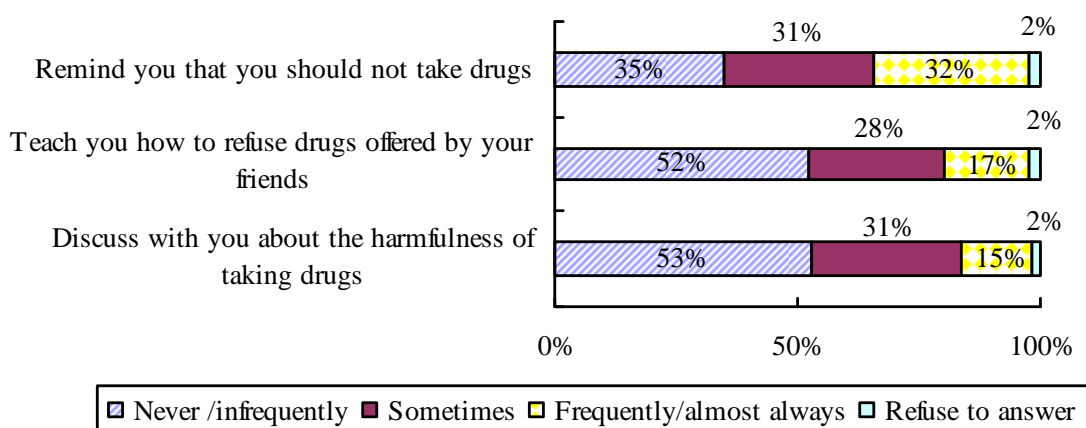
17.45 As an indication of the extent of relatedness between individual items and the two underlying factors, item-total correlations were computed and, with values ranging from 0.61 to 0.83, were found to be quite high. To assess the extent of similarity in the views of students across items measuring the same underlying factor, two measures of the split-half reliability, namely the Spearman-Brown and Guttman Split-half coefficients, were computed. With values in the range of 0.77 to 0.89, the measures were found to be quite high. In addition, the Cronbach’s Alpha was compiled to assess the internal consistency of the data. With the Alpha coefficients ranging from 0.87 to 0.89, the internal consistency of items measuring the two underlying factors was very high. Finally, to assess the validity of the two factors, estimates of convergent and discriminant validity were compiled using the survey data on students’ views. The results showed that the correlations between items that made up the same factor were in general higher than those for items that did not measure the same factor.

17.46 What may be concluded from the above discussion is that the two underlying factors, namely parental control and parental guidance, which are measured by the 8 items used in the June 2010 survey, have good validity and reliability and can be used for further analysis in the research. In the paragraphs below, survey findings in respect of individual items are presented and discussed. In addition, results of further analysis are presented on the two underlying factors which are measured by individual items used on the June 2010 survey.

Parental guidance

17.47 The June 2010 survey showed that parents' involvement in anti-drug education of their children was weak. For example, more than half of parents never or infrequently discussed with them about the harmful effect of taking drugs (53%) or taught their children how to refuse drugs offered by friends (52%). About one third (35%) never or infrequently reminded their children that they should not take drugs.

Percentage distribution of students by views on parental guidance



17.48 The index on parental guidance was computed from the data based on data on views of students. A higher index implies that the extent of parental guidance is greater. When analyzed by whether participated in the Scheme, it may be noted from the table below that the index for students who had participated in the Scheme was 2.65, which was higher than that for students who had not participated in the Scheme (at 2.44) and the difference was statistically significant, at 99% confidence, based on results of the t-test. In other words, parents of students who had participated in the Scheme were more likely to give guidance more frequently to their children on matters related to drugs.

Views of students	Index	SD	p-value (t-test)
Participated in the Scheme	2.65	1.11	.000 *
Not participated in the Scheme	2.44	1.07	

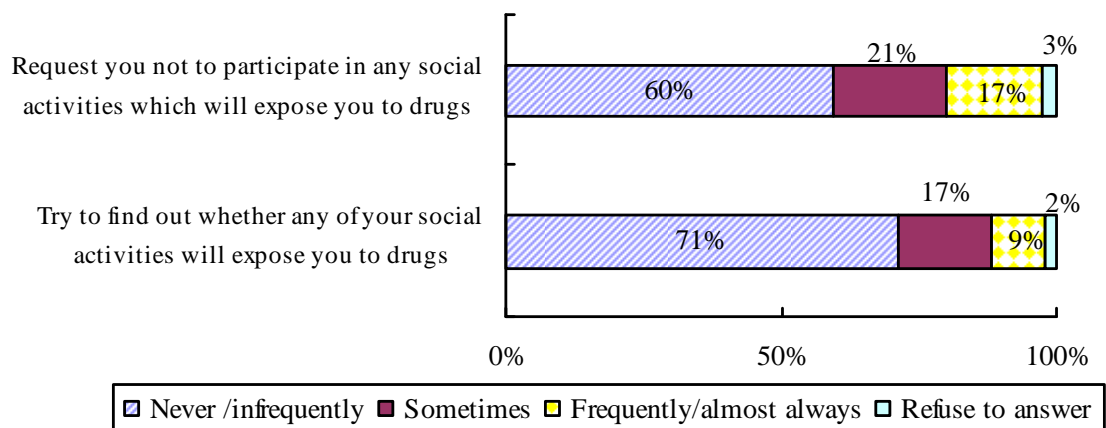
17.49 When analyzed by whether had taken drugs, it may be of interest to note from the table below that the index for students who admitted that they had taken drugs was 2.46, which was lower than that for students who had not taken drugs (at 2.58) and the difference was statistically significant, at 95% confidence, based on results of the t-test. In other words, parents of students who had not taken drugs were more likely to give guidance to their children more frequently on matters related to drugs.

Views of students	Index	SD	p-value (t-test)
Taken drugs	2.46	1.15	.040 *
Not taken drugs	2.58	1.10	

Parental control

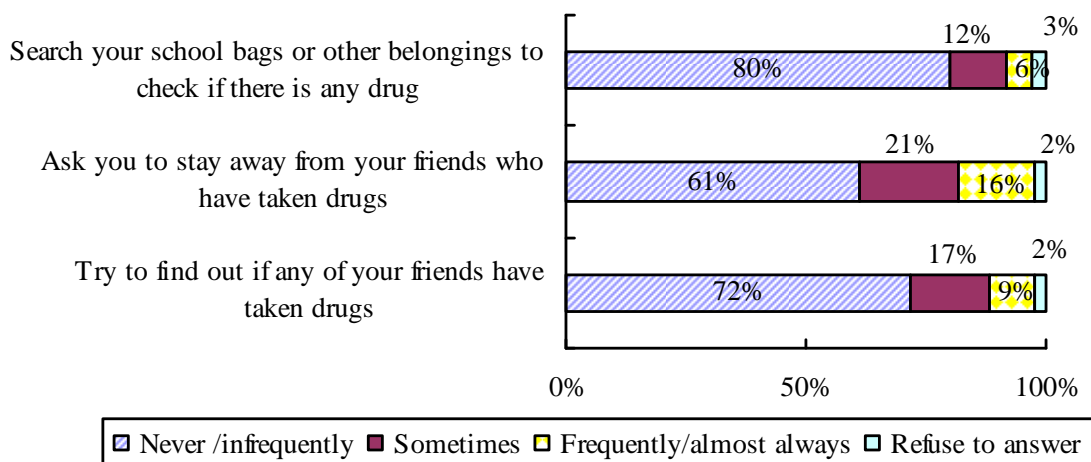
17.50 Furthermore, more than half of parents never or infrequently requested their children not to participate in any social activities which would expose them to drugs (60%) or tried to find out whether any of their social activities would expose them to drugs (71%).

Percentage distribution of students by views on parental control



17.51 In addition, the majority of parents never or infrequently tried to find out if any of their children’s friends had taken drugs (72%), asked them to stay away from their friends who had taken drugs (61%) or searched their school bags or other belongings to check if there was any drug (80%).

Percentage distribution of students by views on parental guidance



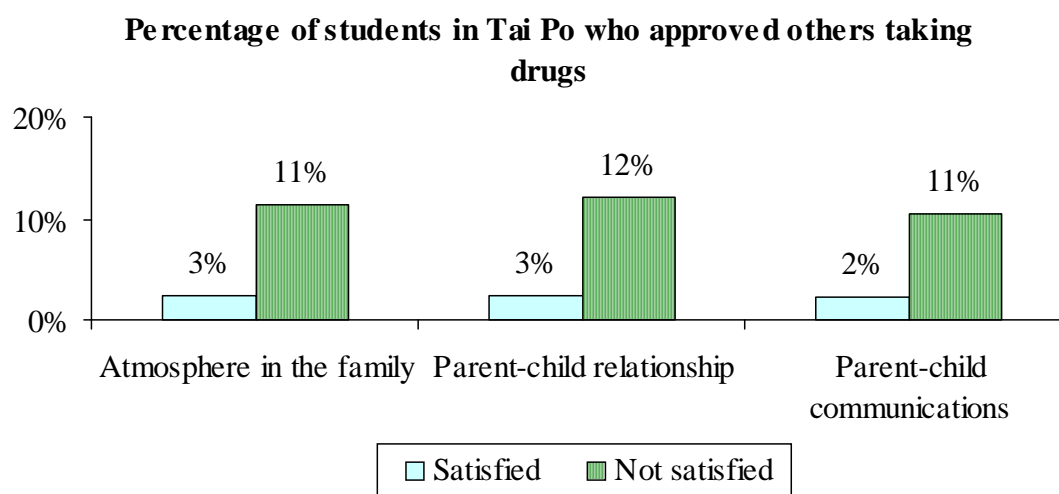
17.52 The index on parental control was computed from the data based on views of students. A higher index implies that the extent of parental control is greater. When analyzed by whether participated in the Scheme, it may be noted from the table below that the index for students who had participated in the Scheme was 2.02, which was higher than that for students who had not participated in the Scheme (at 1.89) and the difference was statistically significant, at 99% confidence, based on results of the t-test. In other words, parents of students who had participated in the Scheme were more likely to exercise control over their children more frequently on matters related to drugs.

Views of students	Index	SD	p-value (t-test)
Participated in the Scheme	2.02	0.99	.000 *
Not participated in the Scheme	1.89	0.95	

17.53 When analyzed by whether had taken drugs, it may be of interest to note from the table below that the index for students who admitted that they had taken drugs was 2.10, which was higher than that for students who had not taken drugs (at 1.97) and the difference was statistically significant, at 99% confidence, based on results of the t-test. In other words, parents of students who had taken drugs were more likely to exercise control over their children more frequently on matters related to drugs.

Views of students	Index	SD	p-value (t-test)
Taken drugs	2.10	1.12	.010 *
Not taken drugs	1.97	0.97	

17.54 What may be observed from the above analysis is that while parental control and parental guidance on matters related to drugs are generally sadly lacking among students, “parental guidance” appears to have a positive impact on students’ drug taking behaviour. Besides, the June 2010 survey also showed that for students in Tai Po who were not satisfied with their family atmosphere, parent-child relationship or parent-child communications, a higher proportion of them approved others abusing drugs, as compared with those who were satisfied with their family atmosphere, parent-child relationship and parent-child communications. In other words, family factors and parental guidance or control have an important bearing on students’ attitude towards fighting drugs.



17.55 The Project Team also notes that in the Anti-drug Resource Kit for Schools on anti-drug education as a component of the healthy school policy prepared by the Hong Kong Federation of Youth Groups, a number of measures are suggested for schools to strengthen home-school cooperation.¹⁶⁴ In addition, a Resource Kit for Parents has also been prepared by the Tung Wah Group of Hospitals and the Department of Social Work and Social Administration of the University of Hong Kong. The Resource Kit is to help schools and parent education centres/ organisations to equip parents with anti-drug knowledge,

164 「不可一 不可再」健康校園新一代——學校禁毒資源套, Book 2, para. 1.9.

attitudes and skills through parent training sessions.¹⁶⁵

17.56 *The Project Team recommends that counselling and support services to parents should be stepped up, in a proactive manner, to help them provide parental guidance and advice to their children.* Such services could be provided through schools, in cases where the students' activities in schools are concerned, or through NGOs in the community, in cases where assistance to parents is required in tackling family problems and problems related to parent-child relationship.

18. Extending the scope of the Scheme

Engaging students likely to be at risks

18.1 For local schools, while secondary schools in Tai Po were conducting voluntary drug testing, a number of NGOs and schools in other districts were experimenting different initiatives aiming at engaging students likely to be at risk, for the purposes of early identification and treatment. For instance, in a school in North District visited by the Project Team, the principal made use of the Operating Expenses Block Grant (OEBG) to hire a few more school social workers to organize small group counselling for students likely to be at risks. The school had been careful to mix students not at risk with those likely to be at risk for these group activities in order to avoid having a labelling effect on students. For students identified to be at risk, individual counselling would be provided to the students, and if required they would be referred to CCPSA for further guidance and treatment. The principal believed that if there was mutual trust between school and students and if students realized that their school was trying to help them, they would be more receptive to such intervention measures from school.

18.2 In mid 2008, Tung Wah Group of Hospitals (TWGHs) CROSS Centre has coordinated a two-year pilot collaboration project (the "Project MAC") funded by BDF between medical practitioners and NGO to engage youth who had abused drugs and trigger their motivation to seek help. Services provided were initial screening by social workers and nurses, body check-up and motivational interviewers by medical practitioners and follow-up counselling and group work activities by social workers. Items covered by the body check-up covered urine

165 「不可一 不可再」無毒家教有妙法－家長禁毒教育資源套》

test, blood test, eye-hand coordination, bone-mineral density, etc.

18.3 In 2009, Wong Tai Sin District Fight Crime Committee, Our Lady of Maryknoll Hospital and Hong Kong Playground Association collaborated a project (funded by BDF) called “Fresh Express”. The project involved co-operation between medical professionals and social workers at district-based level. Services provided included body check and follow-up counselling. Educational workshops for teachers, parents, youths, private medical practitioners and social workers, training course & camp for ambassadors (students and parents), comic contest, were also part of the project etc.

18.4 In the North District, medical practitioners participated as volunteers in a “night clinic”, providing non-invasive, medical check up services (e.g. blood pressure, body weight and height measurement, lung volume, bladder scan and urine flow measurement) to youth at risk who were referred to the “night clinic” by social workers. Through medical check up, mental health assessment and physical fitness test, those who had abused drugs would realize the harmful effect of drugs on their mental and physical health, triggering their motivation to seek help.

18.5 In Kwai Tsing District, a group of community leaders, medical practitioners, academics and social workers pioneered a program of physical fitness test, risk taking behaviour screening, mental health assessment, and memory and eye/hand coordination assessment for students of several schools. Through the program, students who were identified to be risk, including drug abuse, would be identified and early guidance and intervention would be provided to the students. Similar programs were also pioneered by social workers and schools in Yuen Long and Ma On Shan. By engaging students through these programs, principals, social workers and medical practitioners involved believed that it would help trigger students’ motivation to seek help.

18.6 The Project Team is impressed by the enthusiasms of community leaders and medical practitioners, who are working as volunteers, in offering their professional services to help social workers and schools in identifying and engaging students who are at risk. The Project Team believes that cross-disciplinary team involving medical practitioners, social workers, education professionals and community leaders would be effective in tackling drug abuse behaviour of students.

18.7 *The Project Team recommends that programs to engage students at risk, similar to those pioneered by schools and district organizations involving social workers, medical practitioners and other community stakeholders, should be encouraged and supported, and where applicable, included as part and parcel of school drug testing.*

18.8 It is noted that while the various programs described above are considered effective by principals, social workers, medical practitioners and other community stakeholders involved in engaging students at risk, no systematic, evidence-based research has been conducted to evaluate their effectiveness, strengths and weaknesses. *The Project Team recommends that if such programs are included as part and parcel of drug testing and funded, the effectiveness of these programs should be evaluated.*

19. Ways ahead: essential features of school drug testing

School-based, student-oriented and community participation

19.1 The success of the Scheme, as evidenced from the research findings, owes not only to the fact that the Scheme has been carefully drawn up and professionally implemented by the SDT team and schools, but also to the dedication and hard work of school staff, especially school principals. Without the wholehearted support of school management and staff, the Scheme, however well designed, will not be effective. If schools concerned do not have a caring culture, students will not be receptive to the Scheme and the effectiveness of the Scheme will be much reduced.

19.2 The Project Team believes that bottom-up initiatives, rather than top-down directives, are the key to the successful implementation of school drug testing. This is essentially the spirit of school-based management, the objectives of which is ‘to devolve decision-making relating to student learning and use of resources to the school as far as possible, so as to suit the circumstances of individual schools and the needs of their students.’¹⁶⁶

166 Education and Manpower Bureau (May 2005), “Funding flexibility and support measures for schools to set up Incorporated Management Committees”, LC Paper No. CB(2)1716/04-05(04).

19.3 Moreover, participation should be voluntary for schools, allowing flexibility in the grouping of schools to join hands in a scheme apart from a district-based arrangement (e.g. a cluster of schools under the same school sponsoring body or schools served by the same NGO in the provision of school social work services). NGO responsible for implementing the program may be CCPSA located in the same district of the participating schools, or non-CCPSA NGO in collaboration with CCPSA concerned.

19.4 In addition, drug testing has to be designed with students' interests in mind. The purpose is to help students in need, rather than to impose punitive measures on those who are found to have abused drugs. Understandably, drug abuse is a serious unruly and delinquent behaviour and should not be tolerated. On the other hand, as noted by the Task Force on Youth Drug Abuse, there are a number of personal and interpersonal factors that might contribute to drug abuse, which in turn are related factors at the school (such as poor academic achievement and lack of appropriate life skills), family (such as parental absence and lack of family strength) and societal levels (such as postmodern youth culture and growing pessimism about upward social mobility). To tackle the youth abuse problem at root, it is necessary, among other things, to enhance the culture of care for young people in the community.¹⁶⁷ As emphasized by a number of social workers interviewed in the study, it was essential that for students at risk, including those who had abused drug, their linkage with schools should be maintained, such that these students could continue to be benefited from the care and attention of teachers, in order to minimize risk factors and reinforce protective factors, helping them to stay away or quit drugs. Of course, the provision of a professional support programme to provide timely guidance and treatment to those troubled by drugs, who are identified by drug testing or other means or who volunteer themselves for help, is important. In short, the Scheme has to be "student-oriented".

19.5 Furthermore, the Project Team believes that schools alone cannot tackle students' drug abuse problems, which are related to students' personal and interpersonal problems, and problems in the family and the community.¹⁶⁸ Community involvement is crucial to the implementation of drug testing schemes. As exemplified by the experience of the Scheme in Tai Po, close cooperation between social workers and schools is important. Programs being tried out in other districts in engaging students at risk have demonstrated that community support

167 *Report of the Task Force on Youth Drug Abuse* (November 2008), Chapter 3.

168 *Report of the Task Force on Youth Drug Abuse* (November 2008), Chapter 3.

and participation is important. During discussions with frontline medical practitioners, they have stressed that it is important to show that the community cares about the wellbeing of youth at risk and those who have abused drugs.

19.6 It may be noted that school based management involves building new relationships with stakeholders, helping schools leverage support from teachers, parents and the community.¹⁶⁹ As evidenced from experience of the Scheme, partnership with community stakeholders is one of the key success factors. Indeed, as noted by the Task Force on Youth Drug Abuse, “in order to more comprehensively and effectively avail the vulnerable youth to the protective factors, it is essential to foster a caring culture for our youth within the community at large.”¹⁷⁰ Furthermore, given school staff, principals and teachers are busy with the ongoing learning and teaching activities, it is desirable not to overburden school staff, especially teachers, with school drug testing.

19.7 School drug testing involves the delivery of cross-disciplinary services, involving the education, social work and medical professions. To deliver such services effectively requires close cooperation among parties concerned. School drug testing should be conducted by organizations or groups of organizations, in cooperation with schools and CCPSA that can deliver drug testing services, and education, counselling and treatment and support services for students and those who have abused drugs. The main criterion for the choice of NGOs and schools is that there should be mutual trust and understanding among parties concerned, and preferably parties concerned have successful experience of cooperation such that the official arms are not involved except on prior assessment and approval of funding application.

19.8 In other words, *the Project Team recommends that drug testing should be school-based and student-oriented, with community participation. Apart from a district-based arrangement, individual groups or a cluster of schools across different districts, e.g. under the same sponsoring body, may join hands in a scheme in a way that may best suit their circumstances.* Examples of such set-up are as follows:

169 Advisory Committee on School-based Management (February 2000), *Transforming schools into dynamic and accountable professional learning communities*, School-based Management Consultation Document.

170 *Report of the Task Force on Youth Drug Abuse* (November 2008), p.27.

- a) CCPSA located in the same district of the participating schools, similar to the Scheme in Tai Po;
- b) Provided bottom-up initiatives are maintained, schools under the same School Sponsoring Body in cooperation with NGO;
- c) NGO providing school social work services to schools and its client schools;
- d) Any grouping of NGO and schools sharing similar vision and mission with regard to school drug testing.

Components of the anti-drug healthy school programme

19.9 Drug abuse is one of students' behavioural problems which also include gambling, bullying, smoking and prostitution. These are unhealthy lifestyles of students. As recommended in the resource kit prepared by the Hong Kong Federation of Youth Groups, anti-drug education involves learning and teaching inside and outside classrooms, including meaningful life-wide, out-of-school activities, designed to help students develop healthy lifestyles and positive attitudes and values, and enhance their life skills and skills in resisting temptations. Schools have all along been organizing these activities, in tackling students' unruly and delinquent behaviour, including drug abuse.

19.10 As part of the healthy school policy promulgated by EDB, it has been recommended that each school should appoint an experienced teacher to coordinate all matters relating to the healthy school policy, who will be responsible for fostering a caring environment and a positive and amicable atmosphere to encourage students to lead a healthy way of life. The school management will need to ensure that all staff understand and support the healthy school policy. The healthy school policy should be an integral part of the school's Three Year Development Plan and Annual Plan and Report, and should be subject to regular review for adjustment and improvement.¹⁷¹

19.11 It is noted that healthy school policy is an embracing framework covering a wide range of themes including anti-drug education. Schools have the flexibility to develop a healthy school policy to cater for the specific needs of their students. Regarding anti-drug education, early identification of at-risk students should be an integral part of the strategy of healthy school policy. Among others, drug testing is

171 *Report of the Task Force on Youth Drug Abuse* (November 2008).

one of the options for anti-drug education and early identification purposes.

19.12 From a macro perspective, and for better coordination and effective implementation, any anti-drug activities including drug testing should become part of the healthy school programme of schools. In addition to healthy school activities for students, schools should take steps to cultivate a harmonious school environment and foster a culture of mutual support and care among teachers and students. A mechanism should also be put in place for identifying students in need of help and referring them to relevant parties for timely guidance and treatment.

19.13 To summarize from the above discussions, anti-drug activities should cover preventive education for students at large, early identification of students at risk, including those who have not yet abused drugs, in collaboration with community partners, and timely guidance and treatment for students who have abused drugs. As parents play an important role in anti-drug education, prevention and treatment, the Project Team believes that support and assistance to parents are also essential.

19.14 *The Project Team recommends that a host of educational, support and assistance programmes, for both parents and students, shall be put in place to supplement drug testing. We recommend that the anti-drug activities, as part of the healthy school program should comprise a number of components including:*

- a) Education for parents and proactive support and assistance to parents in need, in collaboration with community partners;*
- b) Measures to cultivate mutual support and care among teachers and students (e.g. healthy ambassador scheme to promote mentoring among students);*
- c) Anti-drug activities inside and outside classrooms for students at large;*
- d) Drug testing as a preventive and deterrent measure;*
- e) Specific programmes such as physical and mental health screening and physical fitness tests to engage students at risk; and*
- f) Mechanism for timely guidance and treatment for students identified to have abused drugs.*

Fine-tuning the Protocol

19.15 Drug testing was implemented in Tai Po for six months. Students who were drug tested were largely satisfied with the drug testing process. The Scheme was found to be effective in strengthening students' resolve in refusing drugs and triggering motivation to seek help, as perceived by students, parents and teachers. The Project Team does not see any strong justifications for significantly modifying the Protocol of the Scheme.

19.16 Nevertheless, as discussed above, there is room to fine-tuning the Protocol, based on experience gained in implementing the Scheme, with a view to increasing the efficiency and minimizing inconvenience to students and disruption to learning and teaching. The main features of such fine-tuning are summarized below. The slightly modified sample Protocols, for schools adopted POCT urine test, laboratory urine test or laboratory hair test, is given in [Appendix 5](#).

- a) In line with the proposal that anti-drug activities should become part and parcel of healthy school activities, the consent form should become a pledge made by students to adopt healthy lifestyle and stay away from drugs. Consent to take drug testing becomes part of the pledge, thus emphasizing the educational focus of drug testing;
- b) The process of drug testing can be streamlined, as there is no need for students to take drug tests in a manner such that the students will not be seen by other classmates, subject to compliance with provisions of the Personal Data Privacy Ordinance and that students should be allowed to give their urine samples in private. Furthermore, there is no need to spend time in repeating anti-drug messages to students during the drug testing process, as such should have been or could be given during other group briefing and promotion programmes (to all participating or non-participating students). Consequently, drug testing is expected to be completed in a few minutes rather than 15 minutes;
- c) In the spirit of shifting the balance of resources for school based drug testing, in proportionate terms, from the process of conducting drug tests to activities on preventive education, the number of staff deployed to conduct drug tests can be reduced. The NGO concerned may consider deploying trained technicians other

than professional nurses to collect specimens and/or conduct on-the-spot screening tests (where applicable);

- d) The role of Project Officer (fielded by the Government for the Scheme), in providing advice to schools on data protection arrangement and in quality assurance should in the long run be taken up by schools and NGO concerned. Indeed, in organizing activities for students and other clients, schools and NGOs are expected to exercise utmost care and caution in protecting privacy and personal data of students or their clients and to ensure that the activities are conducted in a professional manner. It is recommended that schools should consider deploying “School Project Assistants” dedicated to overseeing the drug testing and matters related to data protection arrangement;
- e) Depending on the types of drug testing methodology adopted by schools, students will be informed of the drug test results at the point of collection if POCT urine testing is adopted, or several days later if laboratory urine test or hair test is adopted. Schools will have to ensure that emotional problems of students, if any, will be promptly attended to in case students are informed of the test positive results at the point of collection but subsequently found to be false positives, or in case students are informed of the test results several days later and not at the point of collection; and
- f) Direct laboratory confirmatory testing may be used, if there is valid concern about carrying out a screening test (e.g. where the result may be affected by medications taken lawfully).

19.17 In brief, the following drug testing arrangements are recommended for future school drug testing schemes –

A district-based consensual scheme (similar to the Trial Scheme in Tai Po)

- a) Suitable for a significant number of schools within a district (not necessarily the majority) sharing the same aspirations.
- b) Formation of a Student Drug Testing (SDT) team by a designated NGO - for overall co-ordination of the drug testing schemes, management of the drug testing arrangements, receiving test results,

- providing on-the-spot counselling service for students (where appropriate), and assurance of quality;
- c) Participation of the CCPSA serving the district in which the schools are located – for case management and counselling services for drug abusing students uncovered by the scheme (additional resources will be provided only when the CCPSA can show that the drug testing scheme has generated additional caseload over and above their current service capacity);
 - d) Enhancement of the school social work service - for providing counselling and education to participating / non-participating students, students in need and their parents / guardians; and
 - e) Administrative and logistics support for schools - including resources for the provision of School Project Assistants by schools to oversee all drug testing visits, arrange logistics support on drug testing day, assist the school principal in complying with the privacy requirements as set out in the Protocol, handle complaints/enquiries on drug testing and compile school visit reports to schools.

A consensual scheme for a cluster of schools across different districts

- f) Suitable for schools across different districts sharing the same aspirations, e.g. under the same school sponsoring body. Small sponsoring bodies with like minds may join hands to form a bigger cluster of schools, with assistance from EDB and ND as appropriate.
- g) Same arrangements as the district-based consensual scheme, except that more than one CCPSA will be involved in providing the counselling services to students in need (according to the districts where the participating schools are located).

19.18 The slightly amended Protocol mentioned above is intended for schools in the same districts, following the arrangement of the Scheme in Tai Po. For other school-based set-up, involving schools in different districts, a different set of sample Protocols is required and is given in Appendix 6. It is advisable to pilot the different sets of Protocols on a few schools to ensure their workability and based on the experience gained further refine the Protocols. Besides, the Protocols have to be updated taking into account changing drug abuse situations, including the types of drugs taken, among students, shift in public opinion and views of

stakeholders on drug testing in general and the drug testing in particular and changes in drug testing technology (e.g. the availability of POCT for hair testing).

Choice of testing methods

19.19 In the Scheme, Point of Collection Test (POCT) devices were used in the on-site initial screening to detect the presence of 5 drugs, namely ketamine, ecstasy, methylamphetamine, cannabis and cocaine, in a urine sample. If the results of the two screening tests were positive, the same urine sample would be taken to the Government Laboratory for a confirmatory test, using sophisticated instruments, namely gas chromatography-mass spectrometry (GC-MS) or liquid chromatography-mass spectrometry (LC-MS).

19.20 While the use of POCT devices is more economical, the window to detect ketamine is small. Furthermore, there is considerable subjectivity in interpreting test results, leading to potential false-negative and false-positive errors. Alternatively, laboratory tests may be used, which has a longer detection window and is much more reliable, though laboratory tests are more costly. In addition, the Project Team also notes that following the Chief Executive's steer for the Government to take the lead in bringing in hair drug testing, Government Laboratory has successfully developed the hair drug testing method, obtained accreditation by the Hong Kong Accreditation Service and launched a pilot scheme. Other than urine testing, hair testing may also be made use of for the benefit of a longer detection window, subject to considerations of higher costs and students' possible resistance. It is relevant that Government does not mandate any option that may discourage students' participation.

19.21 It is recommended that in addition to urine testing, with on-site screening followed by laboratory testing for screened positive cases, more testing methods should be made available for participating schools to consider.

20. Roles of government bureaux and departments

Narcotics Division (ND)

20.1 The Scheme is a joint initiative of the Government (led by the Narcotics

Division (ND), Security Bureau (SB) and Education Bureau (EDB)) and 23 public sector secondary schools in the Tai Po District, supported by parties in the social welfare, healthcare and related sectors. If school drug testing continues to be conducted in secondary schools in Tai Po or is replicated in other schools, it is recommended that a bottom up approach in line with the school-based management arrangements should be adopted. Where schools take the initiative to pursue drug testing ND will have to assume an important role to work with departments concerned to ensure that the design of drug testing by schools is geared to the needs of the schools and implemented in such a manner that will achieve its intended objectives and with utmost care and caution on protecting the rights/interests of students and the privacy of students taking the drug tests.

20.2 As noted by the Task Force on Youth Drug Abuse, all along ND of SB plays a central policy formulation and coordination role. Over the years, great efforts have been made to arouse awareness of the drug issues in the community and to educate the public about the harm of drug abuse. ND has worked hand in hand with Action Committee Against Narcotics in organising wide-ranging educational and publicity activities to spread the anti-drug messages, in collaboration with other government bureaux/departments such as EDB, Department of Health and SWD, and many stakeholders in the community.¹⁷²

20.3 Over the years, the Beat Drug Fund (BDF) has sponsored a variety of preventive education, publicity and treatment and rehabilitation programmes, including the preparation of anti-drug resource kits, recruitment and training of students as health ambassadors and peer counsellors, mentorship and experiential programmes for high-risk students. BDF has also funded projects with elements of preventive education, early identification, treatment and rehabilitation. As drug testing and the accompanying anti-drug activities fall squarely within the ambits of BDF, BDF should continue to serve as the major funding source for future school-based drug testing schemes. As most schools do not have experience in BDF procedures, ND may also be expected to provide the necessary advice and guidance to them.

20.4 *The Project Team recommends that ND should continue to play a pivotal role in promoting drug testing as part and parcel of a healthy school programme that embodies drug testing and support services to both students and parents. ND should also be expected to provide advice to schools and NGOs concerned to*

¹⁷² Report of the Task Force on Youth Drug Abuse (November 2008), p.29.

ensure that the drug testing and complementary programmes are implemented with due care and caution over the protection of students' rights and privacy, as well as to perform an auditing role over the "quality" of future school-based drug testing.

Education Bureau (EDB)

20.5 As discussed above, drug testing should be a component of the healthy programme of schools that aims at helping students to develop healthy lifestyle, enhancing their resolve to refuse drugs and triggering those who have taken drugs to quit drugs. As noted by the Task Force on Youth Drug Abuse, EDB is taking the lead to promote institutionalisation of a healthy school policy in all schools. It has set up a time-limited dedicated anti-drug education team to spearhead and coordinate such efforts during the initial three years and an advisory committee to benefit from the counsel of representatives from the school sector and departments concerned.¹⁷³

20.6 In addition to the role of promotion and coordination, the Project Team believes that EDB could provide direct support to schools through its Regional Education Offices (REOs). It is noted that four REOs were set up in July 2000 under the then Education Department to forge a closer partnership with schools and to provide comprehensive and integrated services to schools and the public at the district level. There are 18 School Development Sections in the four REOs to support schools in the areas of school administration, curriculum development, learning and teaching, student guidance and psychological services. Among the various duties of REO, it is responsible for enhancing school development, facilitating schools to implement school-based management and coordinating school-based support services for schools.¹⁷⁴ As regards drug testing as a component of a healthy school programme, the REO is in an advantageous position to serve as an advisor to help schools take stock of their needs and match with available services provided by NGOs and other stakeholders.

20.7 *The Project Team recommends that EDB (with support by ND, SWD and other relevant government departments), apart from promoting and coordinating healthy school activities, should through its REO act as advisor for schools to*

¹⁷³ Report of the Task Force on Youth Drug Abuse (November 2008).

¹⁷⁴ EDB website, <http://www.edb.gov.hk/index.aspx?nodeID=234&langno=1> assessed on 27 July 2010.

match their needs with available services provided by NGOs and other stakeholders, in implementing schools' healthy school programme.

20.8 It is noted that though REO is positioned to support and facilitate schools to develop and provide quality education, drug testing by nature involves expertise quite new to REOs. Thus, the REOs will need adequate training and professional support on the strategy and implementation details of school drug testing as well as other measures aimed at early identification and timely support for students-at-risk under the healthy school program so that they could take up an effective advisory role in this area. Furthermore, to facilitate the work of REO in performing its advisory role in matching school's needs with services available, consideration should be given to developing an information sharing platform on services provided by NGOs.

Social Welfare Department (SWD)

20.9 As noted by the Task Force on Youth Drug Abuse, SWD plans and subvents an array of NGO-run preventive, developmental, supportive and remedial services to address the multifarious and changing needs of young people of different backgrounds through an integrated and holistic mode of service, including the counselling centres for psychotropic substance abusers (CCPSAs) which provide counselling services and other assistance to psychotropic substance abusers and youth at risk. SWD also supports and subvents efforts to engage youth and identify those at risk, including services such as the school social work service, District Youth Outreaching Social Work Teams (YOTs), and designated Integrated Children and Youth Services Centres which provide overnight outreaching service for young night drifters (YNDs).¹⁷⁵

20.10 In connection with anti-drug work in general and the school drug testing in particular, apart from planning, supporting and subventing drug treatment and rehabilitation services targeting at risk youngsters and those who have abused drugs, SWD has been collaborating with concerned bureaux/departments under the policy coordination of ND to achieve the various initiatives. SWD could always play a coordinating role among its subvented NGOs to meet the welfare needs of targeted groups, including needy students and drug abusers, which are stipulated in the funding and service agreements mutually agreed and signed with the NGO operators. Necessary interfacing and collaboration with other

¹⁷⁵ *Report of the Task Force on Youth Drug Abuse* (November 2008).

stakeholders in the district or the community at large in managing various anti-drug measures would be achieved through the district or headquarters levels.

20.11 The Project Team recommends that SWD should join hands with ND, EDB and Department of Health (DH) continuously to help schools in leveraging and coordinating support from its subvented NGOs in providing preventive, early identification, intervention and treatment services to students, as part of the healthy school programme of schools.

Department of Health (DH)

20.12 As noted by the Task Force on Youth Drug Abuse, the Student Health Service (SHS) run by DH provides services to primary and secondary school students ranging from health examination, individual counselling, health education and referrals through its Student Health Service Centres. It is a key platform to engage young people to safeguard their physical and psychological health through comprehensive, promotion and preventive health programmes. It has an outreaching component to secondary schools with services provided by a multi-disciplinary team comprising doctors, nurses, dietitian, social workers, clinical psychologists and health promotion officers. Apart from refusal skills and basic life skills training covering emotion and stress management and healthy living, the team also educates students on the harmful effects of drug abuse to health. In addition, the team runs topical programmes for students, teachers and parents on topics including suicide and substance abuse prevention.¹⁷⁶

20.13 In the course of conducting the present study, a number of principals and social workers put forward the suggestion of asking SHS to take over drug testing. The Project Team notes that SHS has an important role to play in promoting the health of school children, through various promotion and preventive services which cater for the physical and mental health needs of school children in different stages of development.¹⁷⁷ If SHS takes over drug testing, there are serious concerns that students' willingness to participate in activities organized by SHS will be adversely affected, thereby jeopardising the SHS itself. On balance, the Project Team does not consider it desirable to add drug testing to the health check programme under the SHS. Instead, SHS is better placed to perform the role of promoting anti-drug education for primary and secondary school students.

¹⁷⁶ Report of the Task Force on Youth Drug Abuse (November 2008).

¹⁷⁷ Reference is made to SHS website, <http://www.studenthealth.gov.hk/eindex.html>.

20.14 *While SHS through its regular promotion and preventive activities could supplement anti-drug efforts by schools and NGOs, the Project Team recommends that SHS should be better placed to perform the role of promoting anti-drug education for primary and secondary school students and should not be involved in school drug testing.*

Police

20.15 As noted by the Task Force on Youth Drug Abuse, the Police School Liaison Programme (PSLP) can play a key part in supporting schools in combating the youth drug abuse problem on campus. Under the PSLP, there are school liaison officers who assist schools in identifying early juvenile delinquency, preventing and tackling students' involvement in crime and illegal activities. Apart from liaising closely with schools on the practical enforcement of the law and collecting information concerning student involvement in illegal activities, school liaison officers also interview problematic students identified by schools on a small group or individual basis to assist them in building up positive values and observing discipline, and conduct talks in schools regularly on a wide range of topics including preventing and combating drug abuse.¹⁷⁸

20.16 During discussions with principals and teachers, a number of them expressed their appreciation of the work of school liaison officers in helping schools tackle student's unruly and delinquent behaviour. A few of them even expressed the wish that the Police should be more actively involved in drug testing, in order to gather intelligence on the supply of drugs to students especially those tested positive. The Project Team notes that in the Scheme, the Police would not be informed of the personal data of any student participating in the Scheme. They were however provided with aggregate statistics on the test results to help them understand drug situations at schools. This would facilitate the Police to better focus their efforts and resources to combat the supply of drugs.

20.17 Given that the focus of drug testing is educational in nature, the Project Team supports the arrangement that the Police is not informed of any personal data of students participating in the Scheme and those who are tested positive in drug testing. The Project Team is aware that the research findings, as discussed in Chapter VI, show that most students do not mind that information related to their

178 *Report of the Task Force on Youth Drug Abuse* (November 2008).

participation in the Scheme is made known to principals, teachers, classmates and school social workers. There is also not likely to have any labelling effect on students who have or have not participated in the Scheme. Furthermore, similar to other school activities, students sampled for drug testing are inevitably seen by other students or school staff. Nevertheless, the Project Team is of the view that personal information related to students participating in drug testing should only be released to those named in the consent forms signed by students and their parents.

20.18 The Project Team also notes that the purposes of PSPL are educational in nature, in fostering good relationship between students, parents and teachers on the one hand and the Police on the other, and in helping students understand the risks associated with crime, drug abuse, triad activities and other offenses, etc.¹⁷⁹ Besides, the Police has other channels of gathering drug-related intelligence and does not need to rely on drug testing to obtain intelligence on the supply of drugs to students.

20.19 The Project Team recommends that similar to the arrangement for the Scheme in Tai Po, personal data of students participating in drug testing, including those who are tested positive in drug testing, should not be provided to the Police.

Government Laboratory (GL)

20.20 GL has played an important role in the Scheme by conducting confirmatory tests on urine samples tested positive in the screening tests. At present, GL is the only accredited laboratory in conducting confirmatory hair drug tests. If hair drug testing is adopted by schools, GL will be the only laboratory in Hong Kong which is accredited to conduct hair drug testing.

20.21 In his 2009-10 Policy Address the Chief Executive announced that “to make available another effective drug-testing tool, GL will take the lead in bringing in hair drug testing, with a view to transferring the technology to the industry”.¹⁸⁰ The Project Team believes that, given GL’s expertise and experience in conducting drug tests, especially hair drug tests, it could play a pivotal role in

179 Reference to made to PSPL website,

http://www.police.gov.hk/ppp_en/11_useful_info/youth/pslp.html.

180 *The 2009-10 Policy Address: Breaking new ground together*, p.34.

supporting school drug testing and facilitating the transfer of technology to local industry. If school drug testing is adopted by a greater number of schools, it will generate sufficient demand to stimulate private sector investment in testing technology. Indeed, as pointed out by the Chief Executive in his 2009-10 Policy Address, apart from the four pillar industries (namely financial services, tourism, trading and logistics, and professional services), the six industries which includes testing and certification are crucial to the development of Hong Kong's economy. The testing and certification industry is highly acclaimed by users for its professionalism, integrity and credibility of test results.¹⁸¹

20.22 GL may provide drug testing services in support of schools and NGOs which require its assistance. To facilitate technology transfer, to arouse interests of local laboratories and potential investors or service providers and to promote good drug testing practices, GL could consider organizing technical seminars and workshops to share its expertise and experience in conducting drug testing in Hong Kong, with a view to promoting and encouraging private sector laboratories with capabilities and accreditation to participate in drug testing schemes.

Department of Justice (DoJ)

20.23 Prosecution policy is a matter for DoJ which needs to uphold the public interest and strike a balance. It may continue following a prosecution policy that a participating students who has been tested positive or who admits drug abuse pursuant to the school drug testing scheme will not be prosecuted for consumption of drugs contrary to section 8 of the Dangerous Drugs Ordinance.

Home Affairs Department (HAD)

20.24 HAD may review the experience gained from implementing the one year community-based mentoring scheme in the 18 districts and in-depth mentoring scheme for Tai Po, taking into account the results of a supplementary part of this current research on the support programme.

181 *The 2009-10 Policy Address: Breaking new ground together*, p.14.

21. Resources

Overview

21.1 Estimating resources required for implementation of the above recommendations is not easy as it is difficult to project how many schools will implement an anti-drug healthy school programme that includes drug testing as one of its components. Furthermore, while a rough estimation of the cost of conducting drug testing may be drawn up based on experience gained from the Scheme, little information is available on the unit costs for other components. A cursory examination of projects funded by BDF that are related to physical and mental health screening and physical fitness tests shows that there are wide variations in the unit costs of different projects. Admittedly, much depends on the project contents, the extent of treatment and intervention provided to students and how these projects are implemented. The Project Team believes that NGOs, as usual, will display their ingenuity and creativity in coming up with proposals that are geared to the needs of individual schools or groups of schools, with cost implications that may be higher or lower than what are presented below. Invariably, NGO bidding for funding from BDF will have to justify each and every component of their proposal and the staffing and other cost implications.

Rough estimate of cost on drug testing alone

21.2 As a very rough estimate of cost on drug testing alone based on the Scheme in Tai Po, the cost may be \$350,000 per school per annum for schools adopting urine screening tests and laboratory confirmation, \$360,000 for schools adopting urine laboratory tests and \$400,000 for schools adopting hair laboratory tests. This has included cost for enhancing school social work service and CCPSA support. If Government's plan to enhance the manpower of school social service in all secondary schools, as announced in the Policy Address 2010-11, is implemented, the cost of additional school social service may be deducted from the estimated cost (by about \$100,000 per school per annum).

21.3 It should be noted that schools may find their own ways to pursue the healthy school policy according to their own circumstances (i.e. a school-based approach) and pursue complementary components in their own rights with or without other preventive / deterrent initiatives. If schools planning to introduce school drug testing take up other components of the healthy school programme suggested above, including for example education and support to parents in need and specific programmes such as physical and mental health screening and physical fitness tests to engage students at risk, the cost will be higher than those illustrated above.

22. Limitations of the research

Quasi-experimental design

22.1 As discussed above, apart from data limitations, the time is too short for the research to identify any impact of the Scheme, of practical significance, on students' awareness of drugs, attitude towards fighting drugs and drug taking behaviour. The Project Team has attempted to make the best use of statistical information gathered in the 2008/09 survey, December 2009 survey and the June 2010 survey. However, the data were gathered from three independent surveys, adopting different sampling designs and questionnaires. In short, this is not a pre-post design, rendering it impossible to draw any definitive inference on the impact of the Scheme from the data.

22.2 In addition, participation in drug testing was based on decisions of students and parents while participation in the Scheme by schools was based on the joint decision of all schools in Tai Po. In other words, participation in the Scheme and in drug testing was not random. Hence, a randomized design was not possible.

22.3 Furthermore, the 2008/09 survey, the December 2009 survey and the June 2010 survey were conducted anonymously, without identifying individual students completing the questionnaires. While this is a sensible approach in conducting the survey, given the need to protect confidentiality of information provided by students and the desirability of keeping the survey response anonymous in order to encourage frank response by students, the survey design does not allow matching of students in comparing their changes in knowledge,

awareness, attitude and behaviour before and after drug testing. Any analysis of changes can only be conducted at an aggregate level for groups of students as a whole.

Controlled group not controlled

22.4 The original intent is to recruit samples outside Tai Po as control group of the study in order to examine the impact of the implementation of the Scheme. In the course of conducting the research, the Project Team realized that this was not possible. Principals, teachers, students and parents were watching closely what was happening to drug testing in schools in Tai Po. The survey findings, for example, showed that the great majority (over 80%) of students, parents, teachers and principals of schools outside Tai Po had heard about the Scheme in Tai Po, and among them the majority (over 90%) knew something or a lot about the Scheme.

22.5 Moreover, the introduction of school drug testing in Tai Po had sparked heated discussions in the community, with media reports on views supporting or not supporting school drug testing. Besides, the government had stepped up its anti-drug publicity and educational efforts, not only in Tai Po but also in other districts. In fact, it was difficult, if not impossible, to contain the impact of publicity and educational activities to schools in Tai Po only even though such activities were organized in Tai Po schools only, as such activities would attract attention of those outside Tai Po, through say media reports. In addition, students, parents, teachers and principals of schools in Tai Po inevitably had contacts with those of schools outside Tai Po, sharing their experience and exchanging their views.

22.6 In short, the control group of students, parents, teachers and parents cannot in practice be “controlled”, as far as the impact of the Scheme is concerned. Given that school drug testing and the related publicity and educational activities are largely educational in nature, such impact on the control group should be welcomed, even though it has diminished the usefulness of the control group in the research design.

Time span too short

22.7 The research study was conducted in a time span of less than six months. Though efforts were made by the Project Team to delay the post-survey to early June 2010 before schools closed for the summer holidays, the lapse time of less than six months after drug testing was first conducted in January 2010 was too short for the research to detect any significant changes in students' knowledge, awareness, attitude and behaviour. The Project Team believes that any educational efforts should be sustained and the impact on students' attitude and behaviour is likely to be gradual. In other words, the present research study may not be able to capture the full impact of the Scheme.

22.8 Furthermore, students may change their behaviour due to the attention they are receiving from the researchers rather than due to the Scheme. This is the commonly known "Hawthorne effect". Later research into the Hawthorne effect has suggested that the original results may have been overstated. In 2009, researchers at the University of Chicago reanalyzed the original data and found that other factors also played a role in productivity and that the Hawthorne effect originally described was weak at best.¹⁸² Researchers also pointed out that many clinical trials were unable to quantify the magnitude of the Hawthorne effect. Furthermore, the extra attention given by researchers or higher levels of clinical surveillance applied to both the treatment and control group. Consequently, it might result in an inflated estimate of effect size in routine clinical settings by over-estimating response of both groups.¹⁸³

Coverage and response rate not satisfactory

22.9 As the post-survey was conducted in early June, most Secondary 5 and Secondary 7 students did not have to attend classes and return to schools. As a result, it was not possible to conduct interviews on Secondary 5 and Secondary 7 students. Consequently, the present research could only assess the impact of the Scheme, before and after drug testing, for Secondary 1 – 4 and Secondary 6

182 "Light work." (2009, June 6). *The Economist*, accessed on 15 August 2010.

http://www.economist.com/businessfinance/displayStory.cfm?story_id=13788427

183 McCarney, Bob, et al (2007), "The Hawthorne Effect: a randomized, controlled trial", in *BMC Medical Research Methodology*, 7:30.

students.

22.10 In addition, when the survey was conducted in June, most schools were having examinations. Many of them were not able to spare time for the Project Team to conduct interviews with their students and arrange the dispatch and receipt of questionnaires from parents. Thus, while the response rate for schools in Tai Po is highly satisfactory, thanks to the help of schools in Tai Po, the response rate for schools outside Tai Po is not satisfactory. In interpreting statistics derived from the June 2010 post-survey for schools outside Tai Po, readers should note the likely non-response bias caused the high non-response rate.

Recommendations

22.11 In view of the above limitations and in order to better assess the impact of the Scheme, providing timely feedback on its implementation and identifying improvement measures required, it is recommended that further research should be conducted over a longer time frame, on the scheme(s) to be implemented in future, e.g. the Scheme in Tai Po extended in school year 2010/11.

Appendix 1

Consultant Team Members

Advisors

- Dr. CHAN Ko-ling, Edward, Assistant Professor, Department of Social Work and Social Administration, The University of Hong Kong
- Professor CHENG, Kai Ming, Professor & Chair, Faculty of Education, The University of Hong Kong
- Dr. CHEUNG, Anne, Associate Professor, Faculty of Law, The University of Hong Kong
- Dr. CHEUNG Wai Ting, Assistant Professor, Department of Sociology, The Chinese University of Hong Kong
- Dr. IP Patrick, Clinical Associate Professor, Department of Pediatrics & Adolescent Medicine, The University of Hong Kong
- Dr. KAM CW, Director (CSTC) of NTWC; Consultant, Accident and Emergency Department, Tuen Mun Hospital
- Dr. LAM Oi Bing, Debbie, Associate Professor, Department of Social Work & Social Administration, The University of Hong Kong
- Mr. LAM, Perry, Adjunct Professor, Syracuse University, Hong Kong Centre; Editorial Director, the Muse magazine
- Mr. TAM Chun Kit
- Dr. YEUNG Ka Ching, Senior Teaching Consultant, Department of Social Work & Social Administration, The University of Hong Kong

Project Team (*staff members of Policy 21 Ltd*)

- Mr. Yip Hak Kwong (Principal Investigator)
- Ms. Lo Tsz Fung, Ruby
- Mr. Chu Tsz Kin, Richie
- Ms. Lai Wai Ying, Winnie
- Mr. Chan Chun Lam, Benny
- Mr. Chua Yuk Hei, Max
- Mr. Chan Chi Hung

Appendix 2

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

大埔區中學校長問卷

致校長

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 你是否同意以下有關校園驗毒試行計劃的準備和實施的陳述?

	十分同意	同意	不同意	十分不同意
a) 為學生舉辦簡報會				
i) 提高了學生對毒品禍害的認識	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 使學生能夠明白試行計劃的目的和運作	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 妥善回應了學生對試行計劃的關注	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 為家長舉辦簡報會				
i) 提高了家長對學生吸食毒品的嚴重性之認識	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 使家長能夠明白試行計劃的目的和運作	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 妥善回應了家長對試行計劃的關注	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 為老師舉辦簡報會，使老師能夠明白試行計劃的目的和運作	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 在實施試行計劃時，學生的個人資料私隱受到保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 校園驗毒隊在進行驗毒時，學生不會在過程中感到情緒不安	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 你是否同意以下有關校園驗毒試行計劃的陳述?

	十分同意	同意	不同意	十分不同意
a) 校園驗毒試行計劃能夠				
i) 增強我校的學生拒絕吸食毒品的決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 建立抗拒毒品的文化	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 觸發有吸食毒品的同學的戒毒決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 試行計劃沒有破壞學生對學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 試行計劃沒有破壞家長對學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試行計劃沒有破壞我校老師與學生之間的關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 試行計劃沒有增加我的工作量	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 你對將來的校園驗毒計劃有什麼期望? (可選多項)

- (1) 增強我校的學生拒絕吸食毒品的決心
- (2) 在我學校建立抗拒毒品的文化
- (3) 觸發有吸食毒品的同學的戒毒決心
- (4) 及早識別吸食毒品的同學，為他們提供及早輔導及治療
- (5) 其他，請說明：_____

4. 你是否同意以下有關校園驗毒計劃的陳述?

	十分同意	同意	不同意	十分不同意
a) 老師應主動與學生討論他們對試行計劃的任何疑問	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 老師應主動了解學生對計劃的疑慮或誤解，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 老師應與那些沒有同意他們子女參加計劃的父母聯絡，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 若發現學生吸毒，老師應轉介學生給社工跟進，並不需要再跟進	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 若發現學生吸毒，老師應主動了解學生，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 學校社工應主動了解學生對計劃的疑慮或誤解，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 學校社工應與那些沒有同意他們子女參加計劃的父母聯絡，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 其他關於老師的角色，請註明： _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 其他關於學校社工的角色，請註明： _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 你是否同意以下有關校園驗毒計劃概況的陳述?

	十分同意	同意	不同意	十分不同意
a) 我(校長)可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 老師可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 同學可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 學校社工可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我(校長)可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 老師可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 同學可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 學校社工可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 家長可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我(校長)可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 老師可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 同學可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 學校社工可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 家長可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (1) 應該推行—— 自願參與

你認為由誰決定學生參與驗毒

- (1) 只需家長自行決定
(2) 只需學生自行決定
(3) 需學生和家長雙方同意

- (2) 應該推行—— 全校學生強制參與

- (3) 不應該推行（跳至問題 7）

- (4) 其他安排，請註明：_____

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士（可選多項）

- (1) 校長
(2) 班主任
(3) 學生指定的老師
(4) 家長
(5) 學校社工
(6) 警察
(7) 其他，請說明：_____

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位（如：校外驗毒隊）隨機抽樣
(2) 由學生組織（如：學生會）隨機抽樣
(3) 由校方隨機抽樣
(4) 其他安排，請說明：_____

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意
(2) 不同意
(3) 不知道

(E) 驗毒應該在那個時段進行？（可選多項）

- (1) 課堂
(2) 早會
(3) 小息
(4) 午飯
(5) 放學

7. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

大埔區中學老師問卷

致老師

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 你是否同意以下有關校園驗毒試行計劃的陳述?

	十分同意	同意	不同意	十分不同意
a) 校園驗毒試行計劃能夠				
i) 增強了我的學生拒絕吸食毒品的決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 建立抗拒毒品的文化	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 觸發有吸食毒品的同學的戒毒決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 試行計劃沒有破壞學生對學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 試行計劃沒有破壞家長對學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試行計劃沒有破壞我校老師與學生之間的關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 試行計劃沒有增加我的工作量	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 有沒有學生主動與你討論他們對試行計劃的看法?

- (1) 有
(2) 沒有

3. 你對將來的校園驗毒計劃有什麼期望?(可選多項)

- (1) 增強我校的學生拒絕吸食毒品的決心
(2) 在我學校建立抗拒毒品的文化
(3) 觸發有吸食毒品的同學的戒毒決心
(4) 及早識別吸食毒品的同學，為他們提供及早輔導及治療
(5) 其他，請說明：_____

4. 你是否同意以下有關校園驗毒計劃的陳述?

	十分同意	同意	不同意	十分不同意
a) 老師應主動與學生討論他們對試行計劃的任何疑問	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 老師應主動了解學生對計劃的疑慮或誤解，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 老師應聯絡那些沒有同意他們子女參與計劃的父母，並在有需要時提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 若發現學生吸毒，老師應轉介學生給社工跟進，並不需要再跟進	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 若發現學生吸毒，老師應主動了解學生，並提供幫助和給予建議	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (5) 應該推行——自願參與

你認為由誰決定學生參與驗毒

(1) 只需家長自行決定

(2) 只需學生自行決定

(3) 需學生和家長雙方同意

- (6) 應該推行——全校學生強制參與

- (7) 不應該推行（跳至問題 6）

- (8) 其他安排，請註明：_____

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士（可選多項）

- (1) 校長

- (5) 學校社工

- (2) 班主任

- (6) 警察

- (3) 學生指定的老師

- (7) 其他，請說明：_____

- (4) 家長

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位（如：校外驗毒隊）隨機抽樣

- (2) 由學生組織（如：學生會）隨機抽樣

- (3) 由校方隨機抽樣

- (4) 其他安排，請說明：_____

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意

- (2) 不同意

- (0) 不知道

(E) 驗毒應該在那個時段進行？（可選多項）

- (1) 課堂

- (4) 午飯

- (2) 早會

- (5) 放學

- (3) 小息

6. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

大埔中學生問卷

致學生

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 年齡: _____

2. 性別: (1) 男 (2) 女

對毒品的認識和態度

3. 請問你是否同意以下有關毒品的陳述？

	非常同意	同意	不同意	非常不同意
a) 我了解毒品的禍害。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 今時今日，吸食丸仔類毒品與吸煙無異，只是一種嗜好。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我認為青少年吸食毒品問題嚴重。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我相信吸食毒品可以令我和朋友更容易相處。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我認為戒毒是一件十分容易的事。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 如果有機會的話我會嘗試吸食毒品。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 如我有吸毒，我可以控制吸食毒品的份量及次數。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 吸食毒品是違法的行爲。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我相信吸食毒品會令我的外表變得難看。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我認為吸食毒品是很合潮流的事。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 如果我吸食毒品，我不介意家人知道。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 如果我吸食毒品，我不介意朋友知道。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 如果我吸食毒品，我的學業必定會受影響。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我相信吸食毒品可以令我玩得更開心。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 我相信吸食毒品的青少年可受到異性的歡迎。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) 我相信如果我拒絕吸食毒品，朋友會笑我沒膽量。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) 我相信吸食毒品會損害健康	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 你是否贊成別人吸食毒品？

(1) 不贊成

(2) 贊成，別人可以(請只選擇一個你認為最適當的)

(a) 經常吸食毒品

(b) 偶然吸食毒品

(c) 在某些情況下吸食毒品，如在派對裡、不開心時等

參加校園驗毒試行計劃

5. 你有沒有參加校園驗毒試行計劃？

(1) 有，誰決定參加試行計劃？

- (1) 我和我的父母一同選擇參加
 (2) 我選擇參加
 (3) 我的父母選擇參加

(2) 沒有，是誰決定不參加試行計劃？

- (1) 我和我的父母一同選擇不參加
 (2) 我選擇不參加
 (3) 我的父母選擇不參加

6. 你有沒有被抽中及參加驗毒？

(1) 沒有

(2) 有。如果有，是否滿意驗毒安排(請只選擇一項)

- (1) 非常滿意
 (2) 滿意
 (3) 不滿意，原因：_____

(4) 非常不滿意，原因：_____

7. 你是否同意以下有關校園驗毒試行計劃的陳述？

	非常同意	同意	不同意	非常不同意
a) 校園驗毒試行計劃能夠				
i) 增強了我拒絕吸食毒品的決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 建立抗拒毒品的文化	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 觸發有吸食毒品的同學的戒毒決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) i) 試行計劃沒有破壞我對我學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 試行計劃沒有破壞我與我的老師之間的關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 試行計劃沒有破壞我與父母之間的關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我清楚了解驗毒的步驟	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我不擔心交出尿液樣本的過程	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我相信我的個人資料私隱會受到保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 我沒有吸毒，因此計劃與我無關	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 在課堂或課堂之外的時間討論此計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 你或你的同學有沒有因為校園驗毒試行計劃而決心戒毒？

(1) 有

如有，你或你的同學主要向誰尋求協助？(可選多項)

- (1) 父母
 (2) 兄弟姊妹
 (3) 老師
 (4) 校長
 (5) 學校社工
 (6) 學校以外的社工
 (7) 沒有向任何人尋求協助，自己決心戒毒
 (8) 其他，請說明：_____

(2) 沒有

(3) 我和我的同學也沒有吸毒

(0) 不知道

9. 你對將來的校園驗毒計劃有什麼期望？(可選多項)

- (1) 增強我拒絕吸食毒品的決心
 (2) 在我學校建立抗拒毒品的文化
 (3) 觸發有吸食毒品的同學的戒毒決心
 (4) 及早識別吸食毒品的同學，為他們提供及早輔導及治療
 (5) 其他，請說明：_____

(0) 沒有意見

10. 你是否同意以下有關校園驗毒計劃概況的陳述？

	非常同意	同意	不同意	非常不同意
a) 我的校長可以得知我是否有參加試行計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 我的老師可以得知我是否有參加試行計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我不介意同學知道我是否有參加試行計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我的學校社工可以得知我是否有參加試行計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我的校長可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 我的老師可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 我不介意同學知道我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 我的學校社工可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我的家長可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我的校長可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 我的老師可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 我不介意同學知道我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 我的學校社工可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我的家長可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (1) 應該推行—— 自願參與

你認為由誰決定學生參與驗毒

- (1) 只需家長自行決定

- (2) 只需學生自行決定

- (3) 需學生和家長雙方同意

- (4) 沒有意見

- (2) 應該推行—— 全校學生強制參與

- (3) 不應該推行（跳至問題 12）

- (4) 其他安排，請註明：_____

- (0) 沒有意見

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士（可選多項）

- (1) 校長

- (5) 學校社工

- (2) 班主任

- (6) 警察

- (3) 學生指定的老師

- (7) 其他，請說明：_____

- (4) 家長

- (0) 沒有意見

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位（如：校外驗毒隊）隨機抽樣

- (2) 由學生組織（如：學生會）隨機抽樣

- (3) 由校方隨機抽樣

- (4) 其他安排，請說明：_____

- (0) 沒有意見

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意

- (2) 不同意

- (0) 不知道

(E) 驗毒應該在那個時段進行？（可選多項）

- (1) 課堂

- (4) 午飯

- (2) 早會

- (5) 放學

- (3) 小息

- (0) 沒有意見

12. 如果你有個人問題，你能否找到別人幫助/傾訴？

	從來沒有/ 非常少	很少/ 不經常	偶然	經常	時常
a) 同學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 學長	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 校外的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 老師	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 家長	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 社工	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. 你的父母曾否及有幾經常使用以下方法，來幫助你遠離毒品？

	從來沒有/ 非常少	很少/ 不經常	偶然	經常	時常
a) 與你討論毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 教導你如何拒絕你的朋友所提供的毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 提醒你切勿吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試圖找出你有沒有任何朋友吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 要求你遠離有吸毒的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 試圖找出你有否在社交活動中接觸毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 要求你不要參加會接觸毒品的社交活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 檢查我的書包及其他攜帶物品，是否藏有任何毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 你對你在家庭生活各方面的滿意程度。

	非常滿意	滿意	很難說	不滿意	非常不滿意
a) 家庭氣氛	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 親子關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 與父母的溝通	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. 你認為你在以下各方面的表現？

	差	低於 平均水平	一般	好	優異
a) 學業成績	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 課外活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 品行	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. 你有沒有曾經吸食過毒品？

- (1) 沒有 (2) 有

如果有，你對上一次吸食毒品是甚麼時候？

- (1) 在三十天內
 (2) 六個月，但在三十天前
 (3) 一年內，但在六個月前
 (4) 在一年以前

17. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

大埔中學生家長問卷

致家長

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 請問你是否同意以下有關毒品的陳述？

	非常同意	同意	不同意	非常不同意
a) 我了解毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 我認為青少年吸食毒品問題嚴重	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 吸食毒品是違法的行為	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 你是否同意以下有關校園驗毒試行計劃的陳述？

	非常同意	同意	不同意	非常不同意
a) 校園驗毒試行計劃能夠				
i) 增強了我的子女拒絕吸食毒品的決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 在我的子女的學校建立抗拒毒品的文化	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) 觸發有吸食毒品的同學的戒毒決心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 試行計劃不會破壞我對子女學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 試行計劃沒有破壞家長對學校的信任	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試行計劃沒有破壞我與子女的老師之間的關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 試行計劃沒有破壞我與子女之間的關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 我相信我的子女的個人資料私隱受到保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 你的子女有沒有被抽中參與驗毒？

- (1) 沒有
- (2) 有，你是否擔心驗毒對你的子女構成不良影響 (請只選擇一項)
- (a) 完全不擔心
- (b) 不擔心
- (c) 擔心
- (d) 非常擔心
- (0) 不知道

4. 你對將來的校園驗毒計劃有什麼期望？(可選多項)

- (1) 增強我的子女拒絕吸食毒品的決心
- (2) 在我子女的學校建立抗拒毒品的文化
- (3) 觸發有吸食毒品的學生的戒毒決心
- (4) 及早識別吸食毒品的學生，為他們提供及早輔導及治療
- (5) 其他，請說明：_____
- (0) 沒有意見

5. 你是否同意以下有關校園驗毒計劃概況的陳述？

	非常同意	同意	不同意	非常不同意
a) 校長可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 老師可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 同學可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 學校社工可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 校長可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 老師可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 同學可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 學校社工可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我(家長)可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 校長可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 老師可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 同學可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 學校社工可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我(家長)可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (1) 應該推行——自願參與

你認為由誰決定學生參與驗毒

- (1) 只需家長自行決定

- (2) 只需學生自行決定

- (3) 需學生和家長雙方同意

- (4) 沒有意見

- (2) 應該推行——全校學生強制參與

- (3) 不應該推行（跳至問題 7）

- (4) 其他安排，請註明：_____

- (0) 沒有意見

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士（可選多項）

- (1) 校長

- (5) 學校社工

- (2) 班主任

- (6) 警察

- (3) 學生指定的老師

- (7) 其他，請說明：_____

- (4) 家長

- (0) 沒有意見

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位（如：校外驗毒隊）隨機抽樣

- (2) 由學生組織（如：學生會）隨機抽樣

- (3) 由校方隨機抽樣

- (4) 其他安排，請說明：_____

- (0) 沒有意見

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意

- (2) 不同意

- (0) 不知道

(E) 驗毒應該在那個時段進行？（可選多項）

- (1) 課堂

- (4) 午飯

- (2) 早會

- (5) 放學

- (3) 小息

- (0) 沒有意見

7. 你會否及有幾經常使用以下方法，來幫助你的子女遠離毒品？

	從來沒有 /非常少	很少 /不經常	偶然	經常	時常
a) 與我的子女討論毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 教導我的子女如何拒絕他們的朋友所提供的毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 提醒我的子女切勿吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試圖找出我的子女有沒有任何朋友吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 要求我的子女遠離有吸毒的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 試圖找出我的子女有否在社交活動中接觸毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 要求我的子女不要參加會接觸毒品的社交活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 檢查我的子女的書包及其他攜帶物品，是否藏有任何毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

中學校長問卷

致校長

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 你有沒有聽過大埔區校園驗毒試行計劃?

- (1) 有(請只選擇一個選項)
- (a) 我對試行計劃一無所知
- (b) 我對試行計劃有少許認識
- (c) 我很清楚這試行計劃
- (2) 沒有

2. 若推行校園驗毒計劃，你是否同意以下有關計劃概況的陳述?

	十分同意	同意	不同意	十分不同意
a) 我(校長)可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 老師可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 同學可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 學校社工可以得知學生是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我(校長)可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 老師可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 同學可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 學校社工可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 家長可以得知學生是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我(校長)可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 老師可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 同學可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 學校社工可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 家長可以得知學生的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 你對將來的校園驗毒計劃有什麼期望?(可選多項)

- (1) 增強我校的學生拒絕吸食毒品的決心
- (2) 在我學校建立抗拒毒品的文化
- (3) 觸發有吸食毒品的同學的戒毒決心
- (4) 及早識別吸食毒品的同學，為他們提供及早輔導及治療
- (5) 其他，請說明：_____

4. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (1) 應該推行—— 自願參與

你認為由誰決定學生參與驗毒

- (1) 只需家長自行決定

- (2) 只需學生自行決定

- (3) 需學生和家長雙方同意

- (2) 應該推行—— 全校學生強制參與

- (3) 不應該推行（跳至問題 5）

- (4) 其他安排，請註明：_____

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士（可選多項）

- (1) 校長

- (5) 學校社工

- (2) 班主任

- (6) 警察

- (3) 學生指定的老師

- (7) 其他，請說明：_____

- (4) 家長

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位（如：校外驗毒隊）隨機抽樣

- (2) 由學生組織（如：學生會）隨機抽樣

- (3) 由校方隨機抽樣

- (4) 其他安排，請說明：_____

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意

- (2) 不同意

- (0) 不知道

(E) 驗毒應該在那個時段進行？（可選多項）

- (1) 課堂

- (4) 午飯

- (2) 早會

- (5) 放學

- (3) 小息

5. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

中學老師問卷

致老師

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 你有沒有聽過大埔區校園驗毒試行計劃?

- (1) 有(請只選擇一個選項)
- (a) 我對試行計劃一無所知
- (b) 我對試行計劃有少許認識
- (c) 我很清楚這試行計劃
- (2) 沒有

2. 有沒有學生主動與你討論他們對校園驗毒計劃的看法?

- (1) 有
- (2) 沒有

3. 你對將來的校園驗毒計劃有什麼期望?(可選多項)

- (1) 增強我校的學生拒絕吸食毒品的決心
- (2) 在我學校建立抗拒毒品的文化
- (3) 觸發有吸食毒品的同學的戒毒決心
- (4) 及早識別吸食毒品的同學，為他們提供及早輔導及治療
- (5) 其他，請說明：_____

4. 你對將來校園驗毒的安排有什麼意見?

(A) 校園驗毒計劃

- (1) 應該推行——自願參與
- 你認為由誰決定學生參與驗毒
- (1) 只需家長自行決定
- (2) 只需學生自行決定
- (3) 需學生和家長雙方同意
- (2) 應該推行——全校學生強制參與
- (3) 不應該推行 (跳至問題 5)
- (4) 其他安排，請註明：_____

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士(可選多項)

- (1) 校長
- (2) 班主任
- (3) 學生指定的老師
- (4) 家長
- (5) 學校社工
- (6) 警察
- (7) 其他，請說明：_____

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位(如：校外驗毒隊)隨機抽樣
- (2) 由學生組織(如：學生會)隨機抽樣
- (3) 由校方隨機抽樣
- (4) 其他安排，請說明：_____

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意
- (2) 不同意
- (3) 不知道

(E) 驗毒應該在那個時段進行？(可選多項)

- (1) 課堂
- (2) 早會
- (3) 小息
- (4) 午飯
- (5) 放學

5. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

中學生問卷

致學生

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 年齡: _____

2. 性別: (1) 男 (2) 女

3. 你有沒有聽過大埔區校園驗毒試行計劃?

(1) 有(請只選擇一個選項)(a) 我對試行計劃一無所知(b) 我對試行計劃有少少認識(c) 我很清楚這試行計劃(2) 沒有

4. 請問你是否同意以下有關毒品的陳述。

	非常同意	同意	不同意	非常不同意
a) 我了解毒品的禍害。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 今時今日，吸食丸仔類毒品與吸煙無異，只是一種嗜好。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我認為青少年吸食毒品問題嚴重。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我相信吸食毒品可以令我和朋友更容易相處。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我認為戒毒是一件十分容易的事。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 如果有機會的話我會嘗試吸食毒品。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 如我有吸毒，我可以控制吸食毒品的份量及次數。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 吸食毒品是違法的行爲。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) 我相信吸食毒品會令我的外表變得難看。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我認為吸食毒品是很合潮流的事。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 如果我吸食毒品，我不介意家人知道。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 如果我吸食毒品，我不介意朋友知道。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 如果我吸食毒品，我的學業必定會受影響。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我相信吸食毒品可以令我玩得更開心。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 我相信吸食毒品的青少年可受到異性的歡迎。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) 我相信如果我拒絕吸食毒品，朋友會笑我沒膽量。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) 我相信吸食毒品會損害健康	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 你是否贊成別人吸食毒品?

(1) 不贊成(2) 贊成，別人可以(請只選擇一個你認為最適當的)(a) 時常吸食毒品(b) 偶然吸食毒品(c) 在某些情況下吸食毒品，如在派對裡、不開心時等

6. 你對將來的校園驗毒計劃有什麼期望？(可選多項)

- (1) 增強我拒絕吸食毒品的決心
 (2) 在我學校建立抗拒毒品的文化
 (3) 觸發有吸食毒品的同學的戒毒決心
 (4) 及早識別吸食毒品的同學，為他們提供及早輔導及治療
 (5) 其他，請說明：_____

(0) 沒有意見

7. 若推行校園驗毒計劃，你是否同意以下有關計劃概況的陳述。

	非常同意	同意	不同意	非常不同意
a) 我的校長可以得知我是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 我的老師可以得知我是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我不介意同學知道我是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我的學校社工可以得知我是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我的校長可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 我的老師可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 我不介意同學知道我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 我的學校社工可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我的家長知道可以得知我是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我的校長可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 我的老師可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 我不介意同學知道我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 我的學校社工可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我的家長可以得知我的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (1) 應該推行—— 自願參與

你認為由誰決定學生參與驗毒

- (1) 只需家長自行決定
 (2) 只需學生自行決定
 (3) 需學生和家長雙方同意
 (4) 沒有意見

- (2) 應該推行—— 全校學生強制參與

- (3) 不應該推行 (跳至問題 9)

- (4) 其他安排，請註明：_____

- (0) 沒有意見

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士 (可選多項)

- (1) 校長
 (2) 班主任
 (3) 學生指定的老師
 (4) 家長
 (5) 學校社工
 (6) 警察
 (7) 其他，請說明：_____

(0) 沒有意見

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位 (如：校外驗毒隊) 隨機抽樣
 (2) 由學生組織 (如：學生會) 隨機抽樣
 (3) 由校方隨機抽樣
 (4) 其他安排，請說明：_____

(0) 沒有意見

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意
 (2) 不同意
 (0) 不知道

(E) 驗毒應該在那個時段進行？(可選多項)

- (1) 課堂 (4) 午飯
 (2) 早會 (5) 放學
 (3) 小息 (6) 沒有意見

9. 如果你有個人問題，你能否找到別人幫助／傾訴？

	從來沒有/ 非常少	很少/ 不經常	偶然	經常	時常
a) 同學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 學長	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 校外的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 老師	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 家長	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 社工	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 你的父母會否及有幾經常使用以下方法，來幫助你遠離毒品？

	從來沒有/ 非常少	很少/ 不經常	偶然	經常	時常
a) 與你討論毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 教導你如何拒絕你的朋友所提供的毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 提醒你切勿吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試圖找出你有沒有任何朋友吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 要求你遠離有吸毒的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 試圖找出你有否在社交活動中接觸毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 要求你不要參加會接觸毒品的社交活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 檢查我的書包及其他攜帶物品，是否藏有任何毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 你對你在家庭生活各方面的滿意程度。

	非常 滿意	滿意	很難說	不滿意	非常 不滿意
a) 家庭氣氛	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 親子關係	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 與父母的溝通	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. 你認為你在以下各方面的表現？

	差	低於 平均水平	一般	好	優異
a) 學業成績	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 課外活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 品行	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. 你有沒有曾經吸食過毒品？

- (1) 沒有 (2) 有

如果有，你對上一次吸食毒品是甚麼時候？

- (1) 在三十天內 (3) 一年內，但在六個月前
 (2) 六個月，但在三十天前 (4) 在一年以前

14. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

大埔區校園驗毒試行計劃(二〇〇九至一〇學年)評估研究

中學生家長問卷

致家長

保安局禁毒處委託了政策二十一有限公司進行大埔區校園驗毒試行計劃評估研究。是次研究目的是就大埔區校園驗毒試行計劃的設計、執行過程及成效進行全面的評估。本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。如果閣下有任何疑問，請致電 2567 8088 與政策二十一黎小姐查詢。

政策二十一有限公司

1. 你有沒有聽過大埔區校園驗毒試行計劃?

- (1) 有 (請只選擇一個選項)
- (a) 我對試行計劃一無所知
- (b) 我對試行計劃有少許認識
- (c) 我很清楚這試行計劃
- (2) 沒有

2. 請問你是否同意以下有關毒品的陳述?

	非常同意	同意	不同意	非常不同意
a) 我了解毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 我認為青少年吸食毒品問題嚴重	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 吸食毒品是違法的行爲	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 你會否及有幾經常使用以下方法，來幫助你的子女遠離毒品?

	從來沒有/ 非常少	很少/ 不經常	偶然	經常	時常
a) 與我的子女討論毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 教導我的子女如何拒絕他們的朋友所提供的毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 提醒我的子女切勿吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試圖找出我的子女有沒有任何朋友吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 要求我的子女遠離有吸毒的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 試圖找出我的子女有否在社交活動中接觸毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 要求我的子女不要參加會接觸毒品的社交活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 檢查我的子女的書包及其他攜帶物品，是否藏有任何毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 其他，請註明: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 你對將來的校園驗毒計劃有什麼期望? (可選多項)

- (1) 增強我子女拒絕吸食毒品的決心
- (2) 在我子女的學校建立抗拒毒品的文化
- (3) 觸發有吸食毒品的學生的戒毒決心
- (4) 及早識別吸食毒品的學生，為他們提供及早輔導及治療
- (5) 其他，請說明： _____
- (6) 沒有意見

5. 若推行校園驗毒計劃，你是否同意以下有關計劃概況的陳述?

	非常同意	同意	不同意	非常不同意
a) 校長可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 老師可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 同學可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 學校社工可以得知我的子女是否有參加計劃	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	非常同意	同意	不同意	非常不同意
e) 校長可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 老師可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 同學可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 學校社工可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我(家長) 可以得知我的子女是否有被抽中參加驗毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 校長可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 老師可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 同學可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 學校社工可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我(家長) 可以得知我的子女的驗毒結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. 你對將來校園驗毒的安排有什麼意見？

(A) 校園驗毒計劃

- (1) 應該推行—— 自願參與

你認為由誰決定學生參與驗毒

- (1) 只需家長自行決定
 (2) 只需學生自行決定
 (3) 需學生和家長雙方同意
 (4) 沒有意見

- (2) 應該推行—— 全校學生強制參與

- (3) 不應該推行（跳至問題 7）

- (4) 其他安排，請註明：_____

- (5) 沒有意見

(B) 除驗毒人員外，個別學生的驗毒結果可告知以下哪些人士（可選多項）

- | | |
|--------------------------------------|---|
| (1) <input type="checkbox"/> 校長 | (5) <input type="checkbox"/> 學校社工 |
| (2) <input type="checkbox"/> 班主任 | (6) <input type="checkbox"/> 警察 |
| (3) <input type="checkbox"/> 學生指定的老師 | (7) <input type="checkbox"/> 其他，請說明：_____ |
| (4) <input type="checkbox"/> 家長 | (8) <input type="checkbox"/> 沒有意見 |

(C) 抽選學生驗毒的抽樣方法

- (1) 由委託機構/單位（如：校外驗毒隊）隨機抽樣
 (2) 由學生組織（如：學生會）隨機抽樣
 (3) 由校方隨機抽樣
 (4) 其他安排，請說明：_____

- (5) 沒有意見

(D) 你是否同意校方在基於合理懷疑下，可安排學生強制驗毒？

- (1) 同意
 (2) 不同意
 (3) 不知道

(E) 驗毒應該在那個時段進行？（可選多項）

- | | |
|---------------------------------|-----------------------------------|
| (1) <input type="checkbox"/> 課堂 | (4) <input type="checkbox"/> 午飯 |
| (2) <input type="checkbox"/> 早會 | (5) <input type="checkbox"/> 放學 |
| (3) <input type="checkbox"/> 小息 | (6) <input type="checkbox"/> 沒有意見 |

7. 你對校園驗毒計劃有沒有其他意見？

----- 問卷完，謝謝 -----

Appendix 3

Organizations and Individual consulted

(Alphabetical order)

Stakeholders in Tai Po

Principals, teachers and students of

- Assembly Of God Hebron Secondary School
- Buddhist Hui Yuan College
- Buddhist Tai Kwong Middle School
- Carmel Holy Word Secondary School
- Carmel Pak U Secondary School
- China Holiness Church Living Spirit College
- Confucian Ho Kwok Pui Chun College
- Hong Kong And Kowloon Kaifong Women's Association Sun Fong Chung College
- Hong Kong Red Swastika Society Tai Po Secondary School
- Hong Kong Taoist Association The Yuen Yuen Institute No.2 Secondary School
- Hong Kong Teachers' Association Lee Heng Kwei Secondary School
- Kau Yan College
- Law Ting Pong Secondary School
- Ling Liang Church M H Lau Secondary School
- NTHYK Tai Po District Secondary School
- Salem-Immanuel Lutheran College
- Tai Po Government Secondary School
- Tai Po Sam Yuk Secondary School
- The Church Of Christ In China Fung Leung Kit Memorial Secondary School
- Valtorta College
- Wong Shiu Chi Secondary School

Principals of

- Buddhist Tai Kwong Chi Hong College
- Sheng Kung Hui Bishop Mok Sau Tseng Secondary School

School Social Workers of

- Caritas Dr. & Mrs. Olinto de Sousa Integrated Family Service Centre
- Hong Kong Children & Youth Services Jockey Club Tai Po Children & Youth Integrated Services Centre
- Hong Kong Youth Women's Christian Association
- International Social Service Hong Kong Branch
- Jockey Club Fu Shin Lutheran Integrated Service Centre

- The Boys' and Girls' Clubs Association of Hong Kong Tai Po Children and Youth Integrated Services Centre
- The Evangelical Lutheran Church of Hong Kong, Tai Wo Integrated Youth Services Centre
- The Hong Kong Federation of Youth Groups
- Yan Oi Tong Jockey Club Tin Ka Ping Integrated Children and Youth Services Centre

Social workers of

- Hong Kong Lutheran Social Service. Cheer Lutheran Centre
- ELCHK Choi Yuen Christian Children & Youth Service Centre

Other organization/concern group

- 青少年關注大埔區校園驗毒試驗計劃小組
- 大埔區家長教師會聯會 (苑國興先生)

Stakeholders outside Tai Po

Academics

- Professor CHAN CW, Joseph, Department of Politics and Public Administration, The University of Hong Kong
- Professor CHAN, MM, Johannes, Dean, Faculty of Law, The University of Hong Kong
- Dr. CHAN YM, Elaine, Research Assistant Professor and Research Officer, Department of Politics and Public Administration, The University of Hong Kong
- Dr. CHAU CB, Consultant Doctor, The University of Hong Kong
- Professor CHUNG Wai Yee, Chair Professor of Health Studies, Department of Health and Physical Education, The Hong Kong Institute of Education
- Dr. BEH SL, Philip, Clinical Associate Professor, Department of Pathology, The University of Hong Kong
- Mr. THOMSON Marcelo, Research Assistant Professor, Faculty of Law, The University of Hong Kong
- Dr. TIWARI Fung Yee, Agnes, Associate Professor, Department of Nursing Studies, The University of Hong Kong
- Professor TSIM Karl, Head, Department of Biology, The Hong Kong University of Science and Technology

Educational organizations

- The Catholic Diocese of Hong Kong (Mr. CHU Fu Yau)
- Committee on Home-School Co-operation (Professor WONG PC)
- Education Convergence (Mr. CHOW Ping Yan)
- Grant Schools Council (Mr. TAM Siu Ping, George)
- The Hong Kong Council of the Church of Christ in China (Mr. HUI Chin-yim, Stephen)
- The Hong Kong Subsidized Secondary Schools Council (Mr. LIU Ah Chuen)
- Po Leung Kuk (Mr. Clifton YEUNG)

Principals of

- Buddhist Sin Tak College
- Buddhist Wai Yan Memorial College
- Caritas Fanling Chan Chun Ha Secondary Schoolp
- The Hong Kong Management Association K.S. LO College
- Lions College
- Pak Kau College
- S.K.H.Chan Young Secondary School
- Tin Ka Ping Secondary School
- Tsung Tsin Christian Academy

Staff of

- Diocesan Boys' School (Mr. C Y CHING)
- King George V School (Mr. Arnett Edwards)
- Lingnan Secondary School (Mr. CHONG)

Social workers of CCPSA

- Caritas Hugs Centre, Caritas – Hong Kong
- Cheer Lutheran Centre, Hong Kong Lutheran Social Service
- Enlighten Centre, Evangelical Lutheran Church Hong Kong
- Evergreen Lutheran Centre, Hong Kong Lutheran Social Service
- Hong Kong Sheng Kung Hui Welfare Council
- PS33-Centre for Psychotropic Substance Abusers, Hong Kong Christian Service
- Tung Wah Group of Hospitals CROSS Centre

Social workers of

- Enlighten Centre, Evangelical Lutheran Church Hong Kong
- Project Shine, The Hong Kong Federation of Youth Groups
- Tsuen Wan and Kwai Chung Outreaching Social Work Team, The Hong Kong Federation of Youth Groups

Other individuals/organizations

- UROK (Ms WU Bo-Bik, Bonnie, Dr. Mak SK)
- QK Blog (Dr. CHIU LL, Lily, Mr. CHOW YK)
- Hong Kong Human Rights Monitor (Mr. CHONG Yiu Kwong)
- Law Society of Hong Kong (Mr. Stephen HUNG)
- Dr. Michael H M CHAN and Dr. HO Chung Shun, Prince of Wales Hospital
- Mr. Moses MUI, Mr. Ken CHAN, The Hong Kong Council of Social Service
- Mr. Patrick TSANG, Kwong Hoi, public policy analyst
- Rev. TSUI Yuk Fan, Hong Kong Sheng Kung Hui
- Mr. Ivan YIU Tze-leung, Tung Wah Group of Hospitals

Government Departments

- Beat Drugs Fund
- Department of Health
- Department of Justice
- Education Bureau
- Government Laboratory
- Hong Kong Police Force
- Social Welfare Department
- Tai Po District Office, Home Affairs Department

Appendix 4

Comparative analysis of data obtained in 2008/09, December 2009 and June 2010 surveys

Overview

1. In this appendix, an analysis of the data obtained in the 2008/09 survey covering a random sample of students attending secondary schools in and outside Tai Po, the December 2009 on all students attending secondary schools Tai Po and the June 2010 survey on all students attending secondary schools in Tai Po and a random sample of students attending secondary schools outside Tai Po is presented. The data are on students' awareness of drugs, perception of drugs, attitude towards fighting drugs and drug taking behaviour. Readers are advised to note the limitations of the data, as highlighted in Chapters 5 and 22 of the main report. In particular, no definitive conclusion should be drawn from the comparative analysis.

Perception and awareness of drugs and attitude towards fighting drugs

2. In the 2008/09 survey and June 2010 survey, 12 items were used to solicit students' views on their perception of drugs, awareness of drugs and attitudes towards fighting drugs. Expressed in a Likert scale of 4, with "1" denoting "totally disagree" and "4" denoting "totally agree", mean scores were computed for the items based on survey data. Of these 12 items, the item "just like smoking, taking psychotropic substances is a hobby nowadays" was excluded from the compilation of underlying factors, as its item-total correlation was less than 0.4. For the 11 items, exploratory factor analysis was performed and three underlying factors, with eigenvalues greater than 1, were identified. The three factors, namely perception of drugs, awareness of drugs and attitude towards fighting drugs, accounted for 66.9% and 66.5% of the total variance of data obtained from the 2008/09 survey and June 2010 survey respectively. The results are appended in the table below.

Item	2008/09 survey			June 2010 survey		
	Perception	Awareness	Attitude	Perception	Awareness	Attitude
1	<i>.703</i>	.283	.108	<i>.766</i>	.219	.187
2	<i>.675</i>	.330	.173	<i>.723</i>	.229	.196
3	<i>.785</i>	.213	.101	<i>.801</i>	.185	.129
4	<i>.791</i>	.168	.107	<i>.813</i>	.174	.161
5	<i>.746</i>	.022	.043	<i>.699</i>	.021	.093
6	<i>.807</i>	.184	.113	<i>.746</i>	.188	.140
7	.164	<i>.783</i>	.040	.135	<i>.755</i>	.050
8	.190	<i>.789</i>	.020	.179	<i>.710</i>	.043
9	.224	<i>.736</i>	.026	.180	<i>.778</i>	.065
10	.087	.026	<i>.920</i>	.190	.071	<i>.915</i>
11	.211	.046	<i>.890</i>	.266	.069	<i>.886</i>
Variance Explained (%)	32.40	18.89	15.63	33.16	17.18	16.14

Note: Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. The highest loading among the factors for an item is in italics.

3. As an indication of the extent of relatedness between individual items and the three underlying factors, item-total correlations were computed and shown in the table below. It may be noted that the correlations, which ranged from 0.51 to 0.74, were fairly high.

Items/factors	Corrected Item-Total Correlation	
	2008 survey	2010 survey
<i>Perception</i>		
I believe taking drugs is trendy	.654	.721
If I have a chance, I will take drugs	.654	.678
I believe taking drugs will bring me more fun	.718	.734
I believe drug abusers are attractive to the opposite sex	.708	.760
I believe if I refuse drugs, my friends will tease me for being timid	.582	.558
I believe taking drugs helps me get along with my friends better	.737	.676
<i>Awareness</i>		
I believe taking drugs will affect my appearance	.531	.465
I believe taking drugs will harm one's health	.548	.434
I believe drug abuse will affect my study	.510	.512
<i>Attitude</i>		
If I take drugs, I do not mind letting my family know	.687	.738
If I take drugs, I do not mind letting my friends know	.687	.738

4. Based on data obtained in the 2008/09 survey, the internal consistency as a measure of reliability of the three factors was further assessed using the split-half method. It is an indication of the extent of similarity in the views of students across items measuring the same underlying factor. In calculating split-half reliability, items that purport to measure the same underlying factor are randomly assigned to two subsets. The total scores are then computed for each subset and the correlation between the two scores is measured. As shown in the table below, two measures of the split-half reliability were computed, namely the Spearman-Brown and Guttman Split-half coefficients, the value of which ranged from 0.62 to 0.84. In general, a value of 0.7 is considered accepted.

Factor	Spearman-Brown Coefficient (Unequal length)	Guttman Split-Half Coefficient
Perception	.836	.836
Awareness	.726	.621
Attitude	.814	.814

5. In addition, the Cronbach's Alpha was compiled to assess the internal consistency of the data, which is generally used as a measure of internal consistency. Cronbach's Alpha ranges in value from 0 to 1 and a value greater than 0.7 is considered acceptable, though a value slightly lower than 0.7 is sometimes accepted by researchers.¹ The Cronbach's Alpha for the three factors is shown in the table below. It may be noted that the Alpha coefficients range from 0.66 to 0.88, indicating that the internal consistency of items measuring the three underlying factors ranges from marginally acceptable to good.

Factor	No. of items	Cronbach's alpha	
		2008/09 survey	June 2010 post-survey
Perception	6	0.871	0.876
Awareness	3	0.710	0.659
Attitude	2	0.814	0.847

6. Finally, to assess the validity of the three factors, estimates of the convergent and discriminant validity were compiled using the 2008/09 survey data and shown in the table below. Convergent validity was assessed by the correlation among items which made up the same factor, while discriminant validity was indicated by the fact that items that did not purport to measure the same factor would not be highly correlated. As shown in the table below, the correlations between items that made up the same factor (as highlighted in the table) were in general higher than those for items that did not measure the same factor.

¹ Santos, J Reyinaldo A (1999), "Cronbach's Alpha: a tool for assessing the reliability of scales", in *Journal of Extension*, 37(2).

Correlations	F1 ₁	F1 ₂	F1 ₃	F1 ₄	F1 ₅	F1 ₆	F2 ₁	F2 ₂	F2 ₃	F3 ₁	F3 ₂
F1 ₁	1.000										
F1 ₂	.570	1.000									
F1 ₃	.555	.581	1.000								
F1 ₄	.524	.514	.601	1.000							
F1 ₅	.418	.395	.478	.491	1.000						
F1 ₆	.528	.541	.598	.638	.557	1.000					
F2 ₁	.320	.322	.291	.277	.197	.291	1.000				
F2 ₂	.330	.362	.282	.290	.200	.307	.479	1.000			
F2 ₃	.315	.345	.345	.287	.214	.315	.429	.448	1.000		
F3 ₁	.159	.208	.146	.192	.128	.199	.072	.076	.050	1.000	
F3 ₂	.248	.282	.281	.244	.207	.254	.100	.079	.129	.687	1.000

7. What may be concluded from the above discussion is that the three underlying factors, namely perception of drugs, awareness of drugs and attitude towards fighting drugs, which are measured by the 11 items used in the 2008/09 survey and the June 2010 survey have good validity and reliability and can be used for further analysis in the research. In the paragraphs below, survey findings in respect of individual items and the three underlying factors are presented. Furthermore, findings from the December 2009 survey on students' perception of drugs, awareness of drugs and attitude towards fighting drugs are also presented and compared with those of the June 2010 survey.

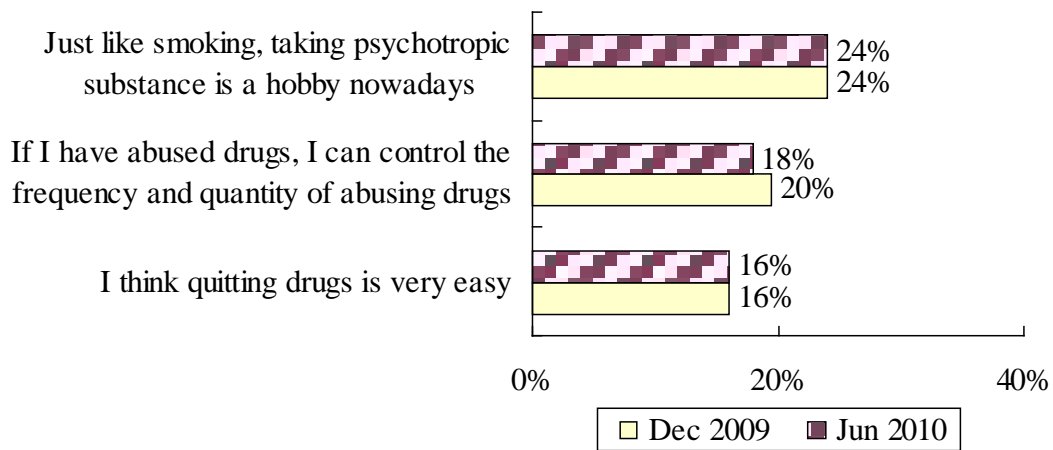
Perception of drugs

Changes between December 2009 and June 2010

Students attending schools in Tai Po

8. In both the December 2009 survey and the June 2010 survey, several questions were asked on the students' perception of drugs for those studying in secondary schools in Tai Po. As shown in the chart below, in June 2010 about 18% of students in Tai Po believed that if they had abused drugs, they could control the frequency and quantity of abusing drugs. The percentage was lower than that for the same group of students in December 2009. The difference is not subject to sampling fluctuations, given that the two surveys are 100% full enumeration.

Percentage of students in Tai Po by misconceptions about taking drugs

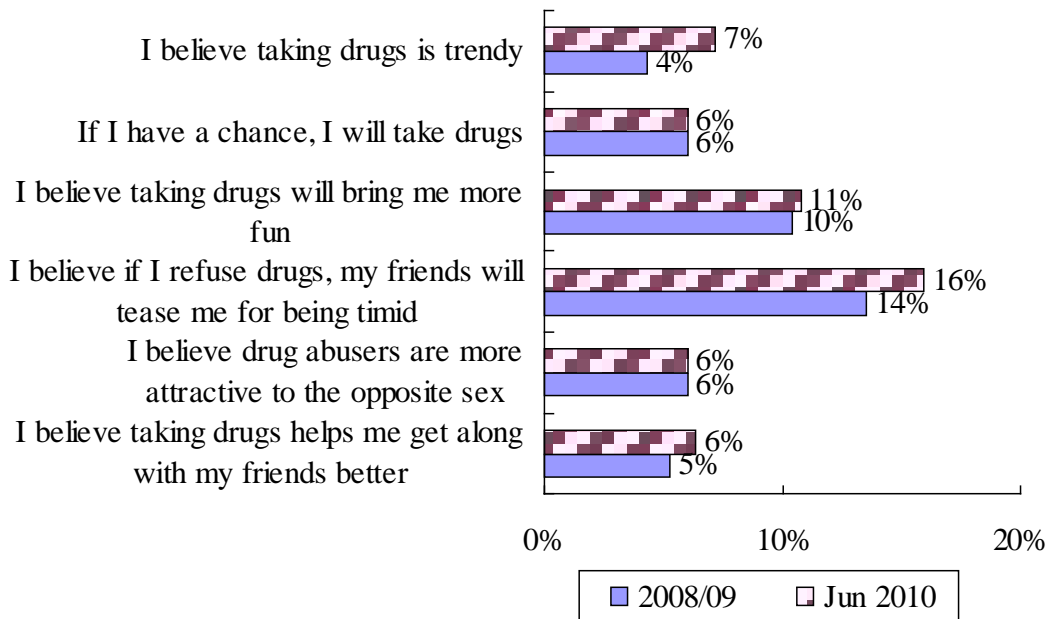


Changes between 2008/2009 and June 2010

Students attending schools in Tai Po

10. As discussed above, 6 questions were asked in both the 2008/09 survey and the June 2010 survey which were related to students' perception of drugs, covering students studying in secondary schools in and outside Tai Po. The findings for students in Tai Po are depicted in the chart below. It may be noted that apart from "if I have a chance, I will take drugs", the percentage of students who agreed with the 5 statements was higher in June 2010 as compared with 2008/09.

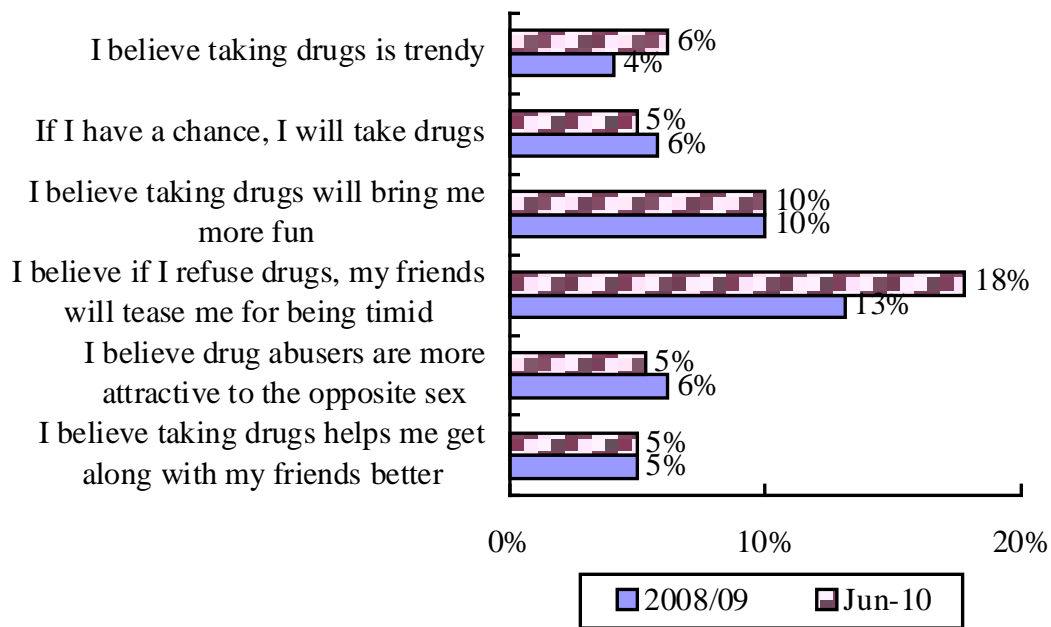
Percentage of students in Tai Po by views on drugs



Students attending schools outside Tai Po

11. For students outside Tai Po, findings of the 2008/09 survey and June 2010 survey also reveal a worrying trend. In June 2010, a higher proportion of students believed that (a) taking drugs was trendy, (b) if they refused drugs, their friends would tease them for being timid, (c) if they abused drugs, it would bring more fun and (d) help them get along with friends better, as compared with 2008/09.

Percentage of students outside Tai Po by views on drugs



Index on students' perception of drugs

12. An index on students' perceptions of drugs was compiled from data obtained in the 2008/09 survey and the June 2010 survey for the six questions presented above. The index ranges from 1 to 4, with higher scores indicating a greater extent of disagreement with the six questions. An analysis of variance was performed on the survey data in 2008/09 and June 2010 and the results are shown in the table and chart below. The Project Team is aware that the survey data in 2008/09 and June 2010 are not independent as there is overlap between the samples enumerated in 2008/09 and June 2010. It may be noted that "year" (i.e. 2008/09 and June 2010) and "district" (i.e. Tai Po and outside Tai Po) had an impact on the index on perception of drug. The interaction between "district" and "year" however was not significant. If two factors do not interact, the partial relationship between each factor and the index does not depend on which category at which the other factor is "held constant". The difference between the means across the two categories of one factor say "year" would not be significantly different across two

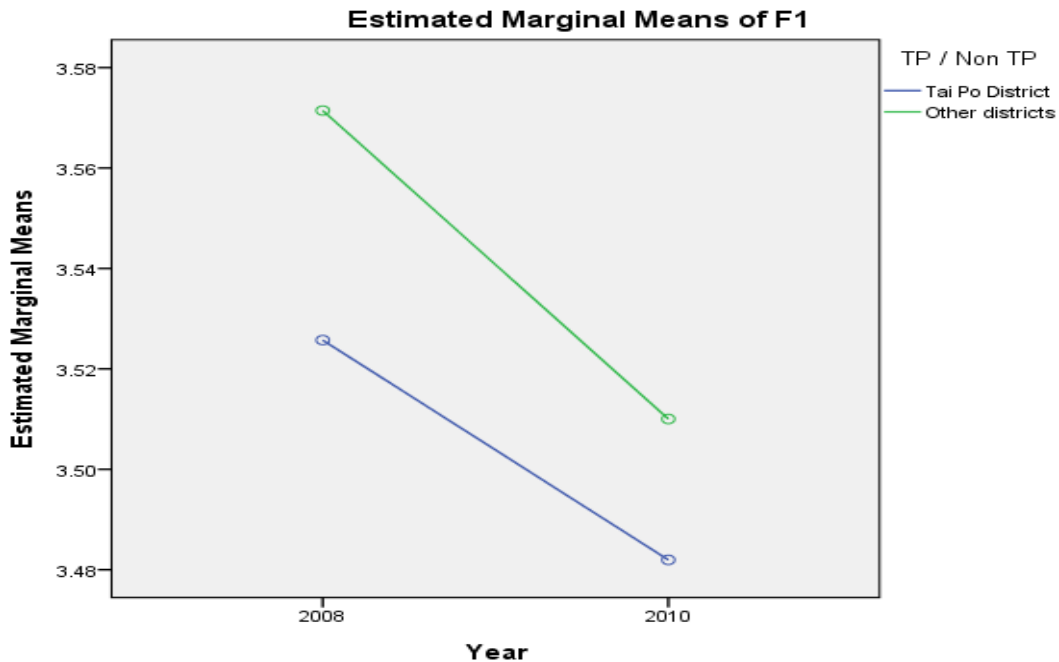
categories of the other factor (i.e. “district”).² In other words, there was no significant difference between students in Tai Po and outside Tai Po, as regards the change in perception of drugs between 2008/09 and June 2010.

Tests of Between-Subjects Effects

Dependent Variable: Index on perception of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	100.674 ^a	3	33.558	108.268	.000
Intercept	245398.849	1	245398.849	791730.952	.000
Year	13.681	1	13.681	44.139	.000
District	6.731	1	6.731	21.718	.000
year * District	.385	1	.385	1.244	.265
Error	25607.641	82618	.310		
Total	1067620.405	82622			
Corrected Total	25708.315	82621			

a. R Squared = .004 (Adjusted R Squared = .004)



² Fox, John (2008), *Applied regression analysis and generalized linear models*, p. 149.

13. Given that confounding variables such as age and sex may affect the comparison between 2008/09 and June 2010, as there may be sampling variations in the age-sex distribution of samples of students enumerated in 2008/09 and June 2010 even though they are representative of the student population under study, an analysis of variance was conducted on the June 2010 survey data. It may be noted that age had an impact on the index in addition to district (i.e. Tai Po and outside Tai Po).

Tests of Between-Subjects Effects

Dependent Variable: Index on perception of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	18.101 ^a	13	1.392	4.534	.000
Intercept	183928.027	1	183928.027	598931.371	.000
Age	11.216	6	1.869	6.087	.000
District	1.525	1	1.525	4.966	.026
District * age	2.892	6	.482	1.569	.152
Error	6067.864	19759	.307		
Total	247618.768	19773			
Corrected Total	6085.965	19772			

a. R Squared = .003 (Adjusted R Squared = .002)

14. To control for age and sex, an analysis of covariance was conducted using age and sex as the covariates. As shown in the two tables below, after controlling for age and sex, “year” had a significant impact on the index for students in Tai Po and outside Tai Po. In other words, the change in students’ perception of drugs between 2008/09 and June 2010, after controlling for age and sex, was statistically significant, for students in Tai Po and outside Tai Po.

Tests of Between-Subjects Effects for students in Tai Po

Dependent Variable: Index on perception of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	65.117 ^a	7	9.302	29.258	.000
Intercept	1413.077	1	1413.077	4444.368	.000
Year	2.176	1	2.176	6.844	.009
Sex	.041	1	.041	.128	.720
Age	4.541	1	4.541	14.283	.000
year * Sex	1.118	1	1.118	3.517	.061
year * Age	.761	1	.761	2.394	.122
Sex * Age	3.567	1	3.567	11.218	.001
year * Sex * Age	.394	1	.394	1.240	.265
Error	4631.547	14567	.318		
Total	182444.121	14575			
Corrected Total	4696.664	14574			

a. R Squared = .014 (Adjusted R Squared = .013)

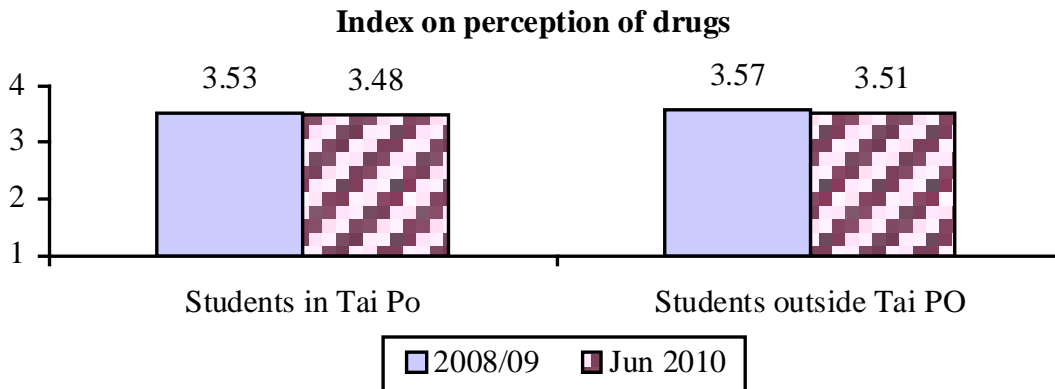
Tests of Between-Subjects Effects for students outside Tai Po

Dependent Variable: Index on perception of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	104.906 ^a	7	14.987	49.945	.000
Intercept	5242.791	1	5242.791	17472.583	.000
Year	7.216	1	7.216	24.050	.000
Sex	.767	1	.767	2.556	.110
Age	3.461	1	3.461	11.533	.001
year * Sex	2.360	1	2.360	7.865	.005
year * Age	2.760	1	2.760	9.197	.002
Sex * Age	4.190	1	4.190	13.965	.000
year * Sex * Age	1.083	1	1.083	3.608	.058
Error	19879.451	66252	.300		
Total	863322.152	66260			
Corrected Total	19984.356	66259			

a. R Squared = .005 (Adjusted R Squared = .005)

15. The index on perception of drug for students is shown in the chart below. For students in Tai Po, the index was 3.48 in June 2010 which was lower than that in 2008/09 (at 3.53) by 0.07. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.02, at 95% confidence. For students outside Tai Po, the index was 3.51 in June 2010, which was also lower than that in 2008/09 (at 3.57) by 0.06. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.02, at 95% confidence. In other words, the reduction in the index on perception of drugs was statistically significant, as the reduction was greater than what would be expected as a result of sampling fluctuations.



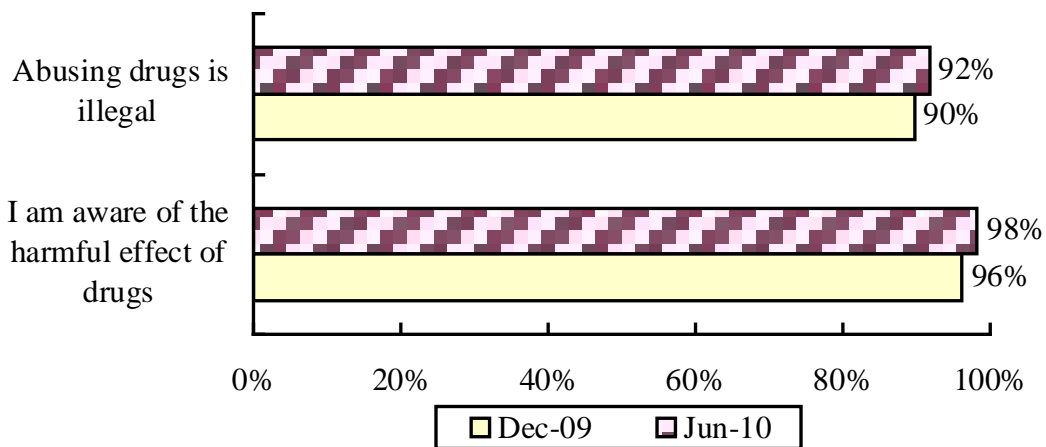
Awareness of drugs

Changes between December 2009 and June 2010

Students attending schools in Tai Po

16. The great majority of students in Tai Po were aware of the harmful effects of drugs and that abusing drugs was illegal. A slightly higher proportion of students agreed with the two statements in June 2010, as compared with December 2009. The differences are not subject to sampling fluctuations, given that the two surveys are 100% full enumeration.

Percentage of students in Tai Po by knowledge of drugs

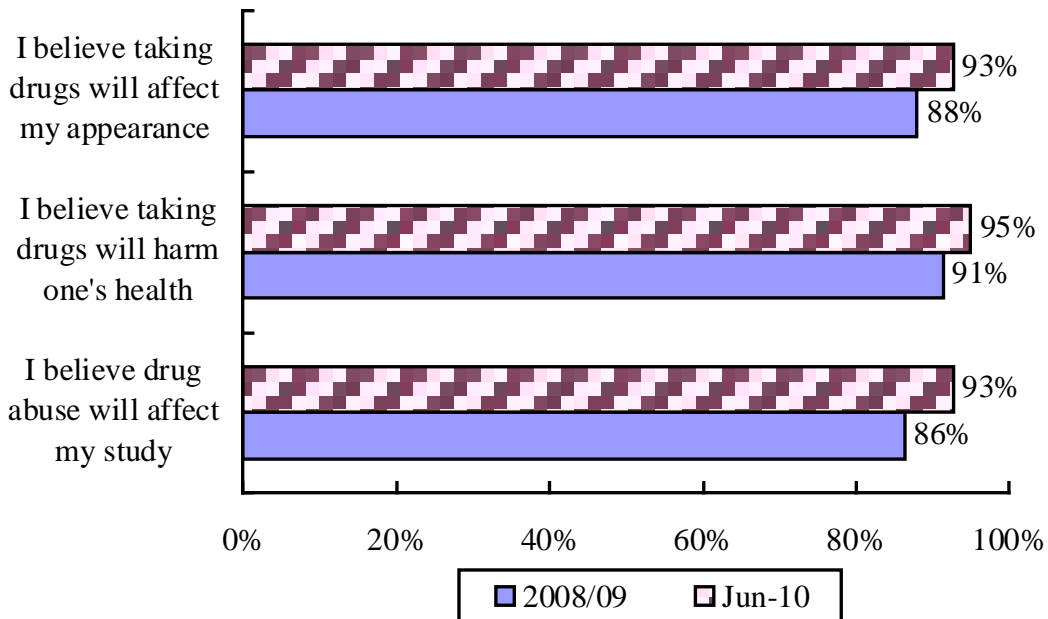


Changes between 2008/09 and June 2010

Students attending schools in Tai Po

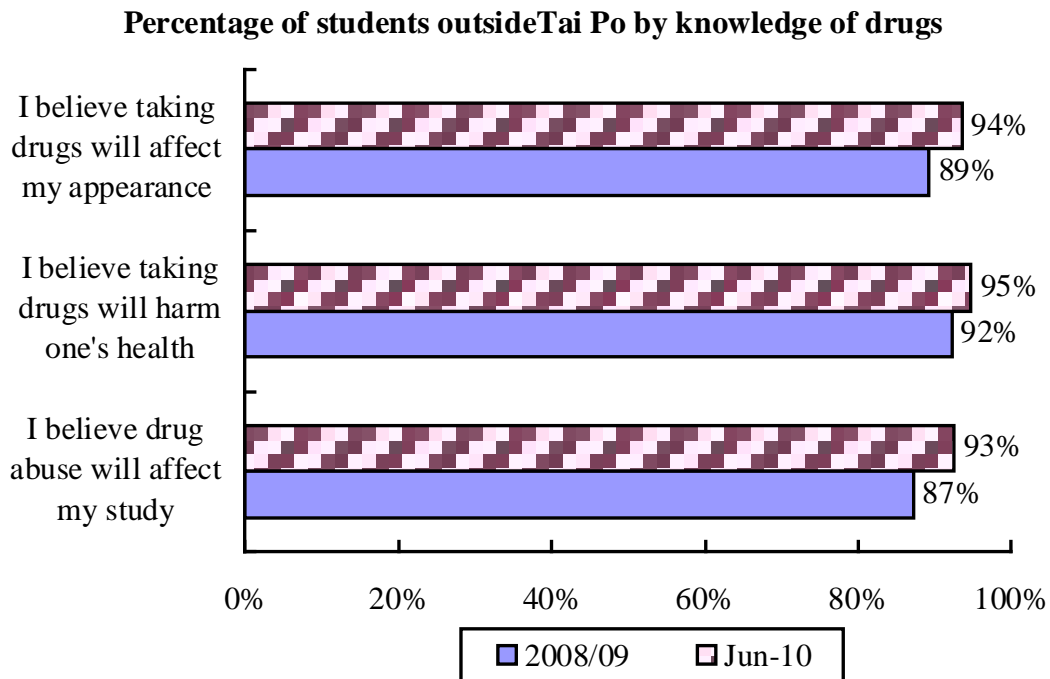
17. As discussed above, three questions were asked in the 2008/09 survey and the June 2010 survey purporting to measure the underlying factor on students' awareness of drugs. For students in Tai Po, as shown in the chart below, the great majority believed that taking drugs would affect their appearance, harm their health and affect their study. Compared with 2008/09, a higher proportion of students in June 2010 were aware of the adverse effects of taking drugs.

Percentage of students in Tai Po by knowledge of drugs



Students attending schools outside Tai Po

18. The great majority of students attending schools outside Tai Po also believed that taking drugs would affect their appearance, harm their health and affect their study. Compared with 2008/09, the proportion of students outside Tai Po who agreed with the three statements was higher in June 2010.



Index on students' awareness of drugs

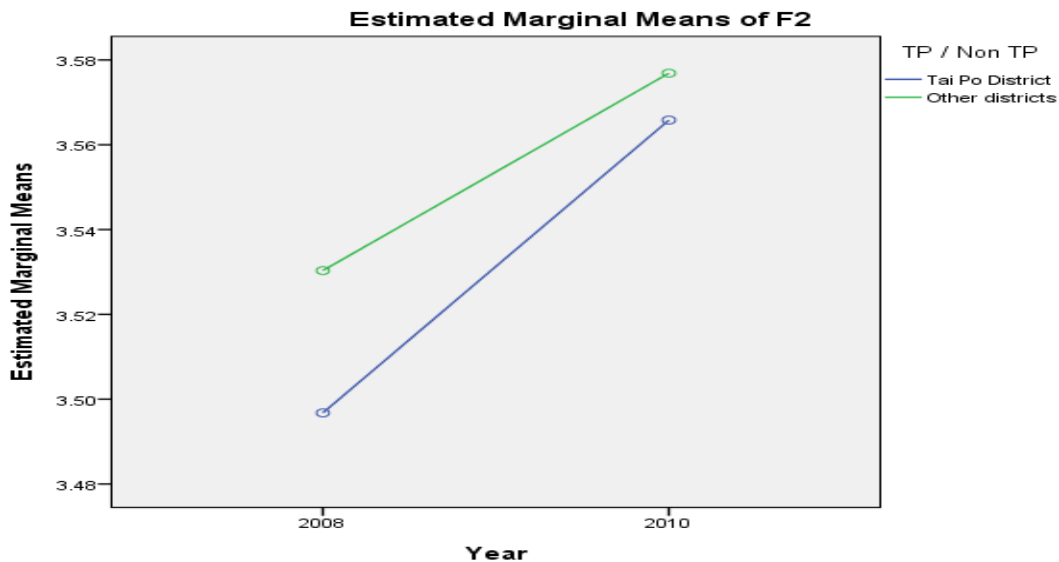
19. An index on students' awareness of drugs was compiled from data obtained in the 2008/09 survey and the June 2010 survey for the three questions presented above. The index ranges from 1 to 4, with higher scores indicating greater awareness of the harmful effects of drugs. An analysis of variance was performed on the survey data in 2008/09 and June 2010 and the results are shown in the table and chart below. It may be noted that "year" (i.e. 2008/09 and June 2010) and "district" (i.e. Tai Po and outside Tai Po) had an impact on the index on awareness of drug. The interaction between "district" and "year" however was not significant. In other words, there was no significant difference between students in Tai Po and outside Tai Po, as regards the change in awareness of drugs between 2008/09 and June 2010.

Tests of Between-Subjects Effects

Dependent Variable: Index on awareness of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	27.058 ^a	3	9.019	25.099	.000
Intercept	248210.522	1	248210.522	690706.877	.000
Year	16.525	1	16.525	45.984	.000
District	2.462	1	2.462	6.851	.009
year * district	.626	1	.626	1.743	.187
Error	29682.549	82599	.359		
Total	1064360.972	82603			
Corrected Total	29709.607	82602			

a. R Squared = .001 (Adjusted R Squared = .001)



20. Given that confounding variables such as age and sex may affect the comparison between 2008/09 and June 2010, as there may be sampling variations in the age-sex distribution of samples of students enumerated in 2008/09 and June 2010 even though they are representative of the student population under study, an analysis of variance was conducted on the June 2010 survey data. It may be noted that age had an impact on the index in addition to district (i.e. Tai Po and outside Tai Po).

Tests of Between-Subjects Effects

Dependent Variable: Index on awareness of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	9.805 ^a	13	.754	2.687	.001
Intercept	191326.832	1	191326.832	681608.275	.000
Age	5.474	6	.912	3.250	.003
District	1.242	1	1.242	4.424	.035
District * age	4.003	6	.667	2.377	.027
Error	5545.772	19757	.281		
Total	257812.556	19771			
Corrected Total	5555.577	19770			

a. R Squared = .002 (Adjusted R Squared = .001)

21. To control for age and sex, an analysis of covariance was conducted using age and sex as the covariates. As shown in the two tables below, after controlling for age and sex, “year” did not have a significant impact on the index for students in Tai Po as well as those outside Tai Po. In other words, the change in students’ awareness of drugs between 2008/09 and June 2010, after controlling for age and sex, was not statistically significant, for students in Tai Po and outside Tai Po.

Tests of Between-Subjects Effects for students in Tai Po

Dependent Variable: Index on awareness of drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	23.565 ^a	7	3.366	11.512	.000
Intercept	1452.541	1	1452.541	4967.152	.000
Year	.099	1	.099	.340	.560
Sex	.233	1	.233	.797	.372
Age	3.508	1	3.508	11.996	.001
year * Sex	.005	1	.005	.018	.893
year * Age	.215	1	.215	.735	.391
Sex * Age	2.856	1	2.856	9.766	.002
year * Sex * Age	.286	1	.286	.979	.322
Error	4259.233	14565	.292		
Total	189193.250	14573			
Corrected Total	4282.798	14572			

a. R Squared = .006 (Adjusted R Squared = .005)

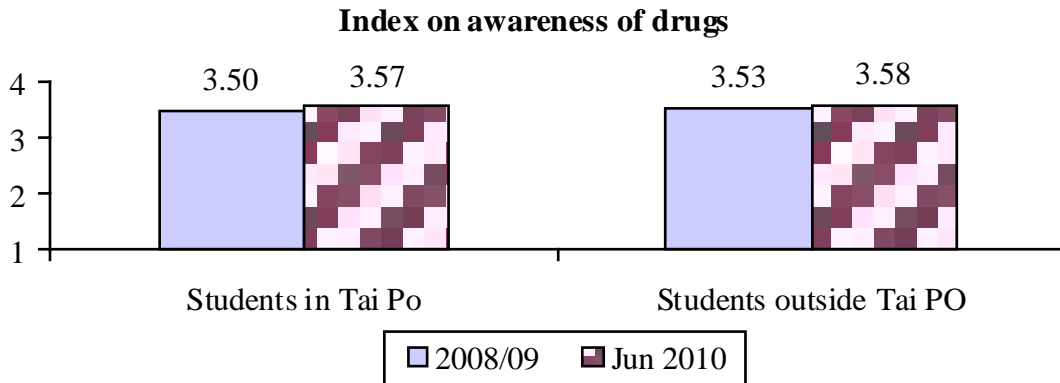
Tests of Between-Subjects Effects for students outside Tai Po

Dependent Variable: Index on awareness of drugs

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	136.048 ^a	7	19.435	53.405	.000
Intercept	5280.903	1	5280.903	14511.064	.000
Year	.264	1	.264	.725	.394
Sex	1.094	1	1.094	3.007	.083
Age	1.960	1	1.960	5.386	.020
year * Sex	.331	1	.331	.909	.340
year * Age	3.812	1	3.812	10.474	.001
Sex * Age	1.983	1	1.983	5.449	.020
year * Sex * Age	2.407	1	2.407	6.615	.010
Error	24106.230	66240	.364		
Total	853859.361	66248			
Corrected Total	24242.278	66247			

a. R Squared = .006 (Adjusted R Squared = .006)

22. The index on students' awareness of drugs is shown in the chart below. For students in Tai Po, the index was 3.57 in June 2010, which was higher than that in 2008/09 (at 3.50) by 0.07. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.02, at 95% confidence. For students outside Tai Po, the index was 3.58 in June 2010, which was also higher than that in 2008/09 (at 3.53) by 0.05. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.02, at 95% confidence. In other words, the increase in the index on awareness of drugs was statistically significant, as the change was greater than what would be expected as a result of sampling fluctuations.

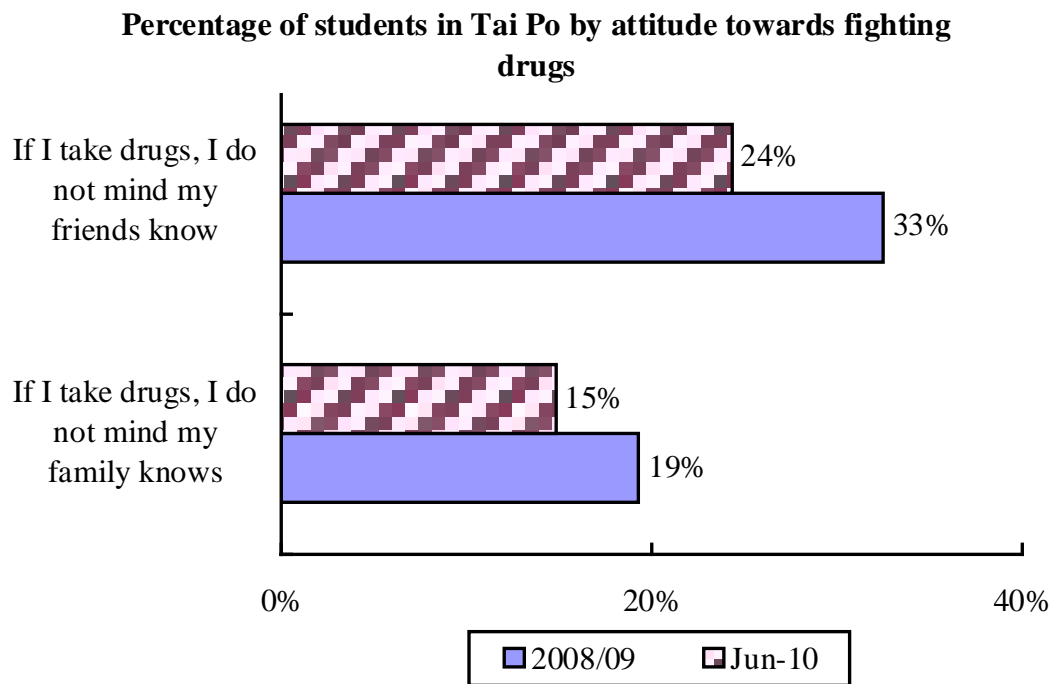


Attitude towards fighting drugs

Changes between 2008/09 and June 2010

Students attending schools in Tai Po

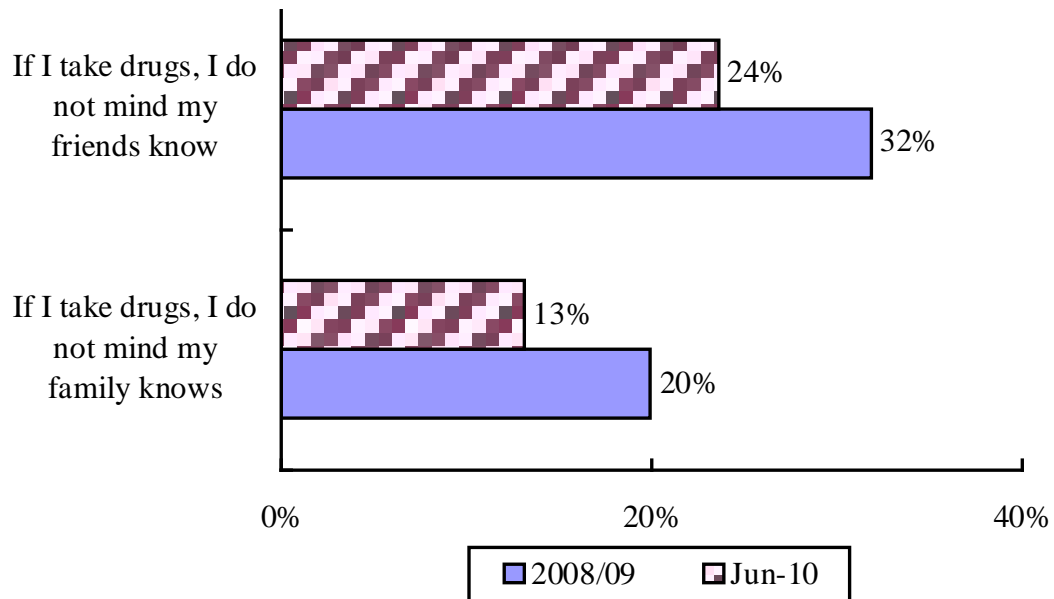
23. As discussed above, two questions were asked in the 2008/09 survey and the June 2010 survey, purporting to measure the underlying factor on students' attitude towards fighting drugs. For students in Tai Po, as shown in the chart below, a much lower proportion of students in June 2010 did not mind their family or friends knew that they had taken drugs, as compared with that in 2008/2009. The findings indicate that a higher proportion of students considered taking drugs was not good and was unlikely to be well received by friends and family members.



Students attending schools outside Tai Po

24. Similar to findings for students in Tai Po, in June 2010 a much lower proportion of students attending schools outside Tai Po did not mind their family or friends knew that they had taken drugs, as compared with that in 2008/2009.

Percentage of students outside Tai Po by attitude towards fighting drugs



Index on students' attitude towards fighting drugs

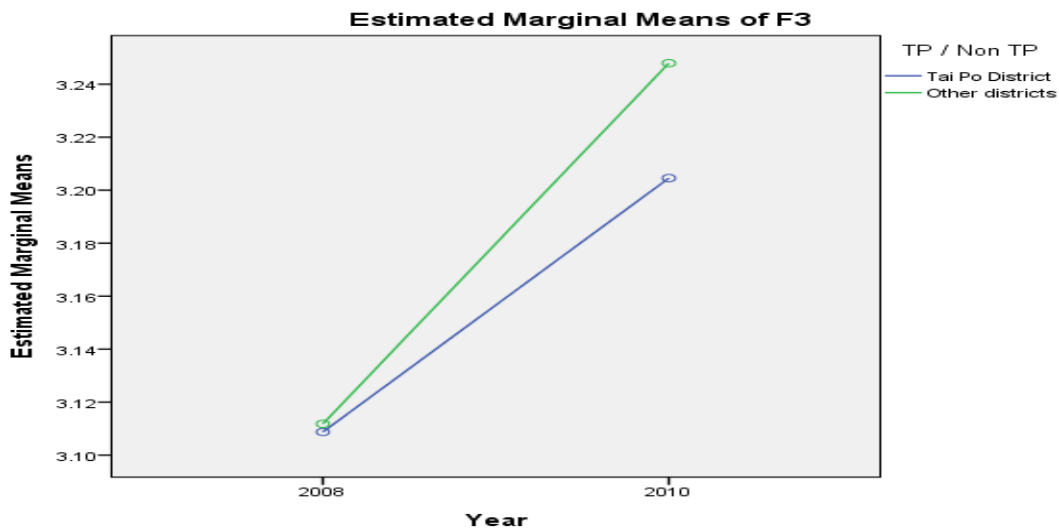
25. An index on students' attitude towards fighting drugs was compiled from data obtained in the 2008/09 survey and the June 2010 survey for the two questions presented above. The index ranges from 1 to 4, with higher scores indicating greater reluctance to let their family and friends know that they had taken drugs and hence reflecting a more positive attitude towards fighting drugs. An analysis of variance was performed on the survey data in 2008/09 and June 2010 and the results are shown in the table and chart below. It may be noted that "year" (i.e. 2008/09 and June 2010) but not "district" (i.e. Tai Po and outside Tai Po) had an impact on the index on attitude towards fighting drugs. The interaction between "district" and "year" however was not significant. In other words, there was no significant difference between students in Tai Po and outside Tai Po, as regards the change in attitude towards fighting drugs between 2008/09 and June 2010.

Tests of Between-Subjects Effects

Dependent Variable: Index on attitude towards fighting drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	184.507 ^a	3	61.502	79.467	.000
Intercept	197502.088	1	197502.088	255192.607	.000
Year	66.171	1	66.171	85.500	.000
District	2.649	1	2.649	3.423	.064
year * district	2.000	1	2.000	2.584	.108
Error	63705.556	82314	.774		
Total	874417.000	82318			
Corrected Total	63890.063	82317			

a. R Squared = .003 (Adjusted R Squared = .003)



26. Given that confounding variables such as age and sex may affect the comparison between 2008/09 and June 2010, as there may be sampling variations in the age-sex distribution of samples of students enumerated in 2008/09 and June 2010 even though they are representative of the student population under study, an analysis of variance was conducted on the June 2010 survey data. It may be noted that age had an impact on the index in addition to district (i.e. Tai Po and outside Tai Po).

Tests of Between-Subjects Effects

Dependent Variable: Index on attitude towards fighting drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	30.878 ^a	13	2.375	3.551	.000
Intercept	155522.229	1	155522.229	232539.737	.000
Age	19.853	6	3.309	4.947	.000
District	6.929	1	6.929	10.361	.001
District* age	5.515	6	.919	1.374	.221
Error	13180.012	19707	.669		
Total	217859.250	19721			
Corrected Total	13210.890	19720			

a. R Squared = .002 (Adjusted R Squared = .002)

27. To control for age and sex, an analysis of covariance was conducted using age and sex as the covariates. As shown in the two tables below, after controlling for age and sex, “year” did not have a significant impact on the index for students in Tai Po as well as those outside Tai Po. In other words, the change in students’ attitude towards fighting drugs between 2008/09 and June 2010, after controlling for age and sex, was not statistically significant, for students in Tai Po and outside Tai Po.

Tests of Between-Subjects Effects for students in Tai Po

Dependent Variable: Index on attitude towards fighting drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	62.011 ^a	7	8.859	12.773	.000
Intercept	1025.649	1	1025.649	1478.796	.000
Year	.608	1	.608	.877	.349
Sex	.809	1	.809	1.167	.280
Age	.032	1	.032	.045	.831
year * Sex	.032	1	.032	.046	.831
year * Age	.217	1	.217	.313	.576
Sex * Age	.508	1	.508	.733	.392
year * Sex * Age	.121	1	.121	.175	.676
Error	10074.106	14525	.694		
Total	158652.750	14533			
Corrected Total	10136.117	14532			

a. R Squared = .006 (Adjusted R Squared = .006)

Tests of Between-Subjects Effects for students outside Tai Po

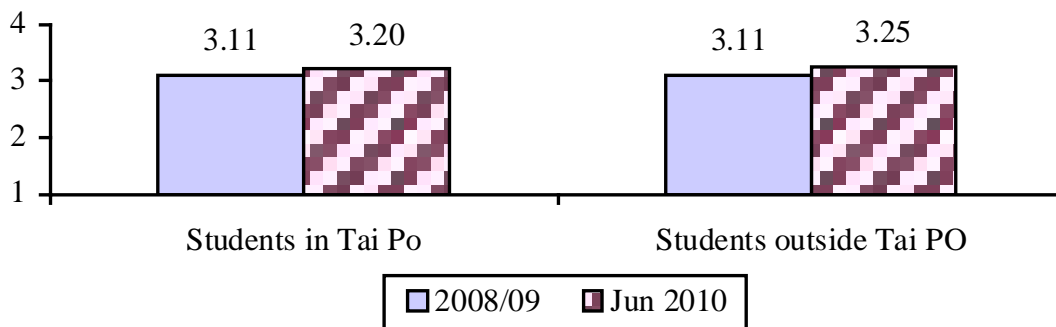
Dependent Variable: Index on attitude towards fighting drugs

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	455.109 ^a	7	65.016	83.175	.000
Intercept	3836.184	1	3836.184	4907.635	.000
Year	2.790	1	2.790	3.570	.059
Sex	3.115	1	3.115	3.984	.046
Age	2.198	1	2.198	2.812	.094
year * Sex	.000	1	.000	.000	.984
year * Age	.495	1	.495	.634	.426
Sex * Age	1.532	1	1.532	1.960	.161
year * Sex * Age	.007	1	.007	.009	.923
Error	51605.509	66019	.782		
Total	697741.000	66027			
Corrected Total	52060.618	66026			

a. R Squared = .009 (Adjusted R Squared = .009)

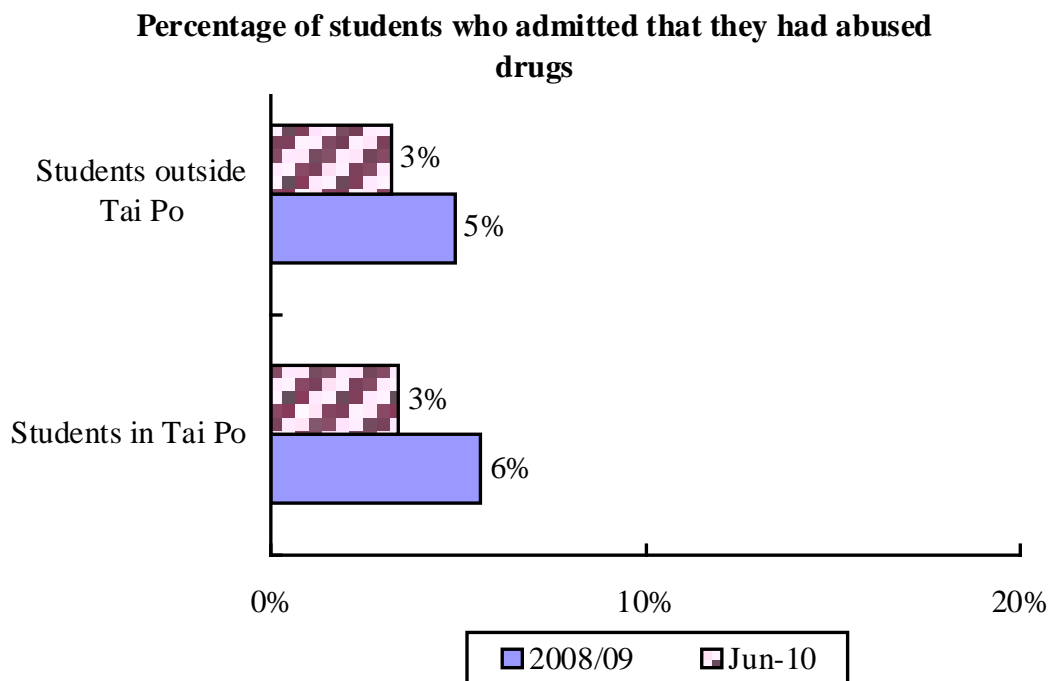
28. The index on students' attitude towards fighting drugs is shown in the chart below. For students in Tai Po, the index was 3.20 in June 2010, which was higher than that in 2008/09 (at 3.11) by 0.09. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.04, at 95% confidence. For students outside Tai Po, the index was 3.25 in June 2010, which was higher than that in 2008/09 (at 3.11) by 0.14. The margin of errors arising from sampling for the estimate of difference between the index in 2008/09 and that in June 2010 was plus or minus 0.03, at 95% confidence. In other words, the increase in the index on attitude towards fighting drugs was statistically significant, as the change was greater than what would be expected as a result of sampling fluctuations.

Index on attitude towards fighting drugs



Drug taking behaviour

29. Based on students' self-reports, in June 2010 a lower proportion of students in Tai Po indicated that they had abused drugs (3.4%) as compared to the corresponding percentage in 2008/09 (at 5.6%), representing a decrease of 2.2%. The margin of errors arising from sampling for the estimate of difference between the percentage in 2008/09 and June 2010 was plus or minus 0.78 percentage point, at 95% confidence. For students outside Tai Po, a lower proportion of them admitted to have abused drugs in June 2010 (3.2%) as compared with the corresponding percentage of 4.9% in 2008/09, representing a reduction of 1.7%. The margin of errors arising from sampling for the estimate of difference between the percentage in 2008/09 and June 2010 was plus or minus 0.60 percentage point, at 95% confidence. In other words, the reduction in the proportion of students admitted to have taken drugs was statistically significant, as the reduction was greater than what would be expected as a result of sampling fluctuations.



Cautionary remarks

30. As already noted in para. 1 above, readers are cautioned not to read too much into the comparative analysis above. There are limitations in comparing the findings of the 2008/09, December 2009 and June 2010 surveys as the survey designs, including questionnaire designs, for the three surveys were not the same, as pointed out in para. 22 of the report. Besides, the three surveys did not cover the same group of students. In addition, the time for the research is too short for the research to capture the full and sustained impact of the Scheme. Thus, definitive conclusion should not be drawn from the comparative analysis presented above.

Appendix 5

Protocol for Drug Testing

(for School Drug Testing Schemes
Involving Schools in the Same District)

*Drug Testing Method :
Screening and Confirmatory Tests on Urine Specimens*

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CHAPTER 1 PURPOSES AND GUIDING PRINCIPLES

- 1.1 The School Drug Testing Scheme (the Scheme) is part of the healthy school programme of participating schools with participation from parties in the social welfare, healthcare and other sectors.
- 1.2 Development of the Scheme is guided by the following principles –
 - (a) helping students in their best interest;
 - (b) voluntary participation;
 - (c) keeping personal information strictly confidential; and
 - (d) professional testing and support services for students.
- 1.3 The purposes and imperatives of the Scheme are –
 - (a) for prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
 - (b) for rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap.
- 1.4 In line with the objectives of the Scheme, students found to have abused drugs under the Scheme will –
 - (a) not be prosecuted for drug consumption; and
 - (b) not be expelled from school.
- 1.5 Apart from participating in the Scheme, a student and his/her parent/guardian can also directly approach any counselling centre for psychotropic substance abusers (CCPSA) for professional assistance. The whole process is kept confidential. To complement their counselling services, CCPSAs will provide elementary medical support including voluntary drug testing services.

CHAPTER 2 DEFINITIONS¹

- 2.1 Scheme
The School Drug Testing Scheme includes drug testing and support programmes. Drug testing will run from the beginning of the school year or at the time the Scheme is introduced during the school year whichever is later to end of the school year. Support programmes (see paragraph 2.20) for identified students may last beyond the end of the school year, if necessary.
- 2.2 Participating School
A secondary school which joins the Scheme on a voluntary basis in the school year when the Scheme is implemented.
- 2.3 Consent to Participation
A written consent to participation in the Scheme, given by a student and his parent/guardian in a standard form to the school principal (see paragraphs 4.3 to 4.11). A sample form is at Appendix 1, which comprises two parts, namely a pledge to stay away from illicit drugs and consent to participation.
- 2.4 Participating Student
A student who has consented to participate, and whose parent/guardian has also given consent for the student to participate, in the Scheme.
- 2.5 Selected Student
A student who is randomly selected for a drug test (see paragraph 2.16).
- 2.6 Identified Student
A student who is identified as a screened positive case (see paragraph 4.27) or a confirmed case (see paragraph 2.18).
- 2.7 Concerned Parties
The parties specified in the Consent to Participation, who will have access to personal data collected under the Scheme (see paragraph 4.6) and will have a specific role to play in the Scheme (see Chapter 3).
- 2.8 Designated NGO
The Non-governmental Organization (NGO) acting as the overall co-ordinator of the drug testing and other complementary components of the healthy school programme. It is responsible for providing / co-ordinating the whole range of promotion and prevention activities, counselling services to students and their parents of participating schools, and drug testing services to participating schools.
- 2.9 Designated CCPSA
The CCPSA serving the participating schools in the district. The designated CCPSA may or may not be the designated NGO.
- 2.10 Student Drug Testing (SDT) Team
A team from the designated NGO to collect urine specimens from students and conduct screening tests. The team will visit each of the participating schools and carry out drug testing.
- 2.11 Project Manager

¹ In this Protocol, unless expressly stated otherwise or the context otherwise suggests, “he” refers to both genders.

A registered social worker of the designated NGO who has received training in drug counselling and is assigned to supervise the SDT team, and co-ordinate with the designated CCPSA, school social workers and school principals/teachers of participating schools on the provision of the various activities and services set out in this Protocol.

2.12 Case Manager²

A registered social worker of the designated CCPSA, who specialises in drug counselling and is assigned to handle an identified student.

2.13 Designated Teachers

The class teacher of the participating student, and another school teacher suggested by a participating student in the Consent to Participation.

2.14 School Project Assistant

Staff employed by participating schools to perform the duties of school project assistant as set out in this Protocol.

2.15 Illicit Drug or Drug

Any drug or substance which is subjected to control under the Dangerous Drugs Ordinance (Cap 134, Laws of Hong Kong) (DDO).

2.16 Screening Test

A drug test to be conducted by the SDT team. A urine test kit will be used to test for the presence of illicit drugs (or their metabolites) in a person's urine specimen. It covers common types of psychotropic substances abused by adolescent drug abusers in Hong Kong. As illustration, they may include:

- (a) Ketamine (氯胺酮, K 仔);
- (b) Ecstasy (搖頭丸);
- (c) Methylamphetamine (冰);
- (d) Cannabis (大麻); and
- (e) Cocaine (可卡因).

As the trend of taking illicit drugs may change rapidly, the types of drugs to be tested may be changed during the course of the Scheme.

2.17 Confirmatory Test

A test conducted by the Government Laboratory, using sophisticated instruments, namely Gas chromatography – mass spectrometry (GC-MS) or Liquid chromatography – mass spectrometry (LC-MS):

- (a) to identify the presence of illicit drugs in order to ensure reliability and accuracy, after the screening test returns a positive result; or
- (b) to identify the presence of illicit drugs where a selected student chooses to provide a urine specimen for a confirmatory test direct under paragraph 4.28(a).

2.18 Confirmed Case

A case of drug abuse which is supported by confirmatory test result demonstrating the presence of illicit drugs in the relevant urine specimen. It also refers to a self-referral case (see Chapter 6).

2.19 False-positive Case

² Case manager shall mean a registered social worker which is funded by any separate funding sources outside the Social Welfare Department's subvention programme (e.g. Beat Drugs Fund). If no such separate funding is provided to the CCPSA under the Scheme (i.e. when cases arising from school drug testing are still within the current service capacity of the CCPSA), then "case manager" shall mean the "case worker" funded under the SWD's subvention programme.

A positive screening test result refuted by a negative confirmatory test result, or refuted upon medical review (see Chapter 9).

2.20 Support Programme

A support programme of counselling, treatment, rehabilitation and referral services for an identified student (see Chapter 5).

2.21 Community-based Support Services

Any service or programme available in the community which can support the identified student (e.g. mentoring scheme where a volunteer acting as mentor may share his life experience and help the student cope with and overcome difficulties).

CHAPTER 3 ROLES OF CONCERNED PARTIES

- 3.1 Designated NGO
- (a) SDT Team. They are responsible for performing the drug tests and carrying out the ancillary arrangement, receiving testing results and providing on-the-spot counselling services for students tested positive.
 - (b) Project Manager. The project manager is responsible for co-ordinating the drug testing, and other promotion and preventive activities, and counselling, treatment and rehabilitation services for students and parents of the participating schools. The project manager is also responsible for -
 - (i) observing the SDT team on school visits and offering comments on whether the SDT team has adhered to the drug testing procedures set out in this Protocol;
 - (ii) handling complaints relating to drug testing from participating students, their parents/guardians, or other relevant parties; and
 - (iii) for BDF funded Scheme, complying with BDF procedures, including reporting requirements.
- 3.2 Designated CCPSA
- (a) Case Manager. The case manager of the designated CCPSA is responsible for assessing the identified student's needs, and for the provision of suitable counselling, treatment and rehabilitation services, including the participation in a multi-disciplinary case conference, where necessary, to contribute in formulating an effective support programme for the identified student.
- 3.3 School Social Worker. He is responsible for assisting the SDT team in providing timely counselling to participating students, identified students and their parents/guardians with emotional stress. For his known cases (students already receiving his casework service), the school social worker will refer the identified students to appropriate services in the community. The SDT team will follow up if the identified students are not the known cases of school social workers.
- 3.4 School
- (a) School Principal. He is responsible for supervising the running of the Scheme at school and providing the school's support for the participating and identified students.
 - (b) Designated Teachers. They are responsible for providing assistance to the running of the Scheme at school and supporting the participating and identified students.
- 3.5 School Project Assistant. He is responsible for –
- (a) arranging the logistics support for the SDT team school visits and serving as the contact point between participating schools and the SDT team on drug testing matters (e.g. fixing testing schedule, co-ordinating the participating student list);
 - (b) observing the SDT team drug testing process on school visits and offering comments to school principals for follow-up with the project manager;
 - (c) assisting the school principals in complying with the data privacy requirements as set out in this Protocol and seeking advice from the project manager if required;

- (d) assisting the school principals in handling complaints/enquiries on drug testing received by the schools and seeking advice from the project manager if required;
- (e) informing school principals of complaints/enquiries on drug testing received on site by the SDT team and the follow-up action taken by the project manager; and
- (f) compiling the following reports –
 - (i) school visit reports to school principals (see paragraph 4.29); and
 - (ii) monthly reports and a final one to school principals.

CHAPTER 4 DRUG TESTING

Preparation

- 4.1 Prior to running the drug testing, anti-drug education and briefing sessions will be arranged by the designated NGO, in collaboration with the participating schools, to introduce and promote the Scheme to school teachers, parents/guardians, students and other relevant parties, and to invite participation in the Scheme.
- 4.2 In parallel, participating schools will devise and implement a healthy school policy with a view to creating a safe, caring, healthy and drug-free learning environment, and building up positive values and attitudes among students for whole-person development from an early stage, thereby enhancing their ability to resist taking drugs.

Consent Form and Participation in the Scheme

- 4.3 Participation in the Scheme is entirely voluntary.
- 4.4 The participating schools will provide students and their parents/guardians with a copy of this Protocol and a standard form which includes a pledge by students to stay away from drugs and Consent to Participation to indicate whether they agree to participate and to give the necessary consent and undertaking.
- 4.5 To participate in the Scheme, a student and his parent/guardian will need to give the following consent and undertaking –
 - (a) Drug Testing. Consent and undertaking to provide a urine specimen of the student to be tested for the presence of illicit drugs, if so requested under the Scheme.
 - (b) Support Programme. Consent and undertaking to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself to the support programme.
- 4.6 The form for Consent to Participation will inform parents/guardians and students that their personal data will be collected by and/or released to the following concerned parties on a confidential basis and only for the purposes of the Scheme –
 - (a) relevant staff of the designated NGO, that is, the project manager and the SDT team, and the case manager of the designated CCPSA upon any positive test result or upon self-referral;
 - (b) school social worker of the participating school;
 - (c) relevant staff of the participating school, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student and any other teacher if so suggested by the student; and
 - (d) school project assistant.
- 4.7 The form for Consent to Participation must be read, signed, and dated by the student and his parent/guardian. The duly completed form should be returned to the student's class teacher.
- 4.8 Consent to Participation is valid for the duration of the Scheme (see paragraph 2.1).

- 4.9 For a participating student who changes to another school which also runs school drug testing during the school year, the student and his parent/guardian are required to complete the necessary procedures as required by the new school in order to participate in the school drug testing scheme of the new school.
- 4.10 Any parent/guardian and student who have not returned the form of Consent to Participation before the commencement of drug testing are nonetheless still welcome to join the Scheme anytime during the school year.
- 4.11 Students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

List of Students

- 4.12 Before any testing begins, each school principal or any school staff designated to act on his behalf will prepare a list which includes the name, class and gender of the participating students in his school.
- 4.13 Before a visit to any participating schools, the SDT team will provide one-week advance notice to the school principal or any school staff designated to act on his behalf, school social worker and the school project assistant. Test dates and frequencies will not be made known to the students.
- 4.14 The school principal or any school staff designated to act on his behalf will provide the SDT team with an updated participating student list three working days prior to the school visit via secure communication.
- 4.15 The SDT team will inform the school principal or any school staff designated to act on his behalf, and the school project assistant of the list of randomly selected students for drug testing one working day before the school visit. The selected students will only be informed as they proceed to receive the drug test.
- 4.16 At the beginning of the school visit, the school principal or any school staff designated to act on his behalf will provide an updated list of randomly selected students to the SDT team and the school project assistant, which shows the availability and sequence of the selected students to undergo drug testing. The school project assistant will counter-check the names of the students on the list to ensure that the list of selected students is in order.

Random Selection

- 4.17 Each month, a certain proportion (say 3% - 5%) of participating students from a school will be randomly selected and tested by the SDT team. Generally speaking, each school may be visited at least once a month. The SDT team will not visit the participating schools on a regular schedule, so that students will not be able to tell the date of testing.
- 4.18 Except for those identified students who have already enrolled in support programmes under the Scheme, a student selected for a screening test will remain in the total population subject to future random selection.

Urine Specimen Collection and Screening Test

- 4.19 In conducting the urine specimen collection procedure, the SDT team will make their best endeavours to put the selected students at ease and to dispel undue concerns or misunderstandings about drug tests and the Scheme.
- 4.20 The process may take about 10 minutes, with every effort made to minimize disruption to learning and teaching, which includes –
 - (a) screening interview in an interview room;
 - (b) collection of urine specimen in a rest room;
 - (c) screening test in an interview room; and
 - (d) debriefing in an interview room.
- 4.21 The SDT Team will brief the selected students individually and answer any relevant questions. A set of guidelines for the screening interview is provided at Appendix 2.
- 4.22 Selected students will be required to provide urine specimen in a clean rest room that allows for individual privacy. The urine specimen collection procedure is provided in Appendix 3. See Chapter 7 for the procedures for following up on-the-spot refusals.
- 4.23 If a screening test returns a positive result, the SDT team will conduct another screening test on the same urine specimen using a urine test kit of a different brand. If the second test result is negative, the student will be treated as a negative case.
- 4.24 If the results of the two screening tests are positive, the student will be treated as a screened positive case.
- 4.25 The school project assistant will be present at all screening drug test sessions. The school project assistant will also record information required for the school visit report (see paragraph 4.29).

Result Notification (Screening Test)

- 4.26 Negative Case
 - (a) Specimens will be immediately disposed of by the SDT team after the screening test.
 - (b) Negative cases will be reported in the school visit report prepared by the school project assistant.
 - (c) The school principal will inform the selected student's parent/guardian of the screening test done and the negative result.
- 4.27 Positive Case
 - (a) The SDT team will provide on-the-spot counselling to the identified student.
 - (b) The school project assistant will immediately inform the school principal of the positive case.
 - (c) The school principal will notify the identified student's parent/guardian and invite them to a meeting on the day. The school principal will also notify the designated teachers for assistance and counselling at school.
 - (d) The SDT team will inform the project manager of the designated NGO and the case manager of the designated CCPSA. The case manager will provide counselling services and necessary support to the identified student and his parents/guardians if attending, with support where necessary from the school social worker and project manager.

- (e) Meanwhile, if appropriate, the identified student may return to class after immediate counselling.
- (f) The case manager, the project manager, school social worker, school principal and/or designated teachers will discuss with the attending parent/guardian the immediate welfare of the identified student, and make preliminary suggestion on an appropriate support programme.

4.28 Other Cases

A selected student may also, on the spot –

- (a) provide a urine specimen for confirmatory test direct, if there is valid concern about carrying out a screening test (e.g. where the result may be affected by medications taken lawfully);
- (b) refer himself to a support programme without testing (see Chapter 6);
- (c) refuse drug testing (see Chapter 7); or
- (d) withdraw Consent to Participation (see Chapter 8).

4.29 School Visit Report

- (a) At the end of the school visit, the school project assistant will compile a school visit report to the school principal for necessary follow-up.
- (b) The school visit report will cover any on-the-spot complaints received by the school project assistant. It will also contain the names of the students who –
 - (i) provided a urine specimen for a confirmatory test direct;
 - (ii) were screened negative;
 - (iii) were screened positive;
 - (iv) self-referred to a support programme without testing;
 - (v) refused drug testing; and
 - (vi) withdrew Consent to Participation.

Confirmatory Test

- 4.30 For a screened positive case or a case in which the selected student has provided a urine specimen for a confirmatory test direct, the SDT team and the school project assistant will sign a request for confirmatory testing to the Government Laboratory.
- 4.31 The SDT team will deliver the urine specimen to the Government Laboratory for a confirmatory test. For a screened positive case, the specimen will be the same specimen as that used in the screening test. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. Proper procedures will be followed to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen at the Government Laboratory.
- 4.32 The confirmatory test will normally take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the school project assistant.
- 4.33 Specimens sent for confirmatory testing will be discarded by the Government Laboratory personnel on expiry of five working days after completion of analysis.
- 4.34 If the identified student and/or his parent/guardian insist on obtaining a second test (using sophisticated instruments, namely GC-MS or LC-MS) by another competent laboratory to refute the positive screening test result, they may do so at their own expense and should inform the school principal within three working days from the screening test. The school principal will inform the school project

assistant and the SDT team. The SDT team will notify the Government Laboratory through a signed request to prepare the urine specimen for collection. Upon receipt of the notification, the Government Laboratory will make ready the urine specimen remaining after the Government Laboratory has conducted the test or has retained a sufficient part for the test, under seal for collection at the Government Laboratory by authorised staff of the SDT team. The Government Laboratory will discard the remaining urine specimens if they are not collected within five days from the date of the notification.

- 4.35 If the result of the urine test conducted by the other laboratory is negative, then for the purposes of the Scheme, the student will be treated as a false-positive case irrespective of the positive result of the confirmatory test, or as a case of negative confirmatory test result if no screening test has been done before the confirmatory test.

Result Notification (Confirmatory Test)

- 4.36 The school project assistant will inform the school principal about the confirmatory test results via secure communication.

4.37 False-positive Cases

- (a) The school project assistant will notify the project manager and the case manager if a given case is confirmed negative upon confirmatory test. The case manager will abort the support services started.
- (b) The school principal will inform the concerned student and his parent/guardian.
- (c) If the student and/or parent/guardian show emotional distress, the case manager will provide necessary counselling services. The school social worker will provide necessary backup, if required.

4.38 Confirmed Cases

- (a) The school project assistant will notify the project manager and the case manager.
- (b) The school principal will notify the identified student and his parent/guardian while the case manager will continue to coordinate the support services.
- (c) The school principal will release the confirmed positive test result via secure communication to the designated teachers and school social worker.
- (d) The identified student and/or his parent/guardian may request a medical review (see Chapter 9).

CHAPTER 5 SUPPORT PROGRAMME

Case Conference

- 5.1 Within 10 working days after notification of a confirmed case, the project manager of the designated NGO will, subject to the case welfare need and availability of parties concerned, convene and chair a multi-disciplinary case conference, to formulate a support programme (or commonly known as a welfare plan) for the identified student. Before the case conference, where appropriate, the student and parent/guardian may be requested to further consent to the participation of other parties to the case conference, and to the disclosure of information relating to the student's drug use, treatment and rehabilitation to them. The case manager will discuss with the student and his parent/guardian on details of the support programme for agreement before implementation.

Support Programmes for Identified Students

- 5.2 Depending on the case assessment, a support programme for an identified student may be wide ranging, including possible measures such as the following (non-exhaustive, for illustrative purposes) –
- (a) For experimental abusers or non-dependent regular abusers
 - (i) The parent/guardian should pay more attention to the student, and may also arrange medical and counselling services through their own means;
 - (ii) The student may continue normal schooling as far as possible, and at the same time receive counselling and assistance from school social workers and designated teachers at school;
 - (iii) Community-based support services/programmes outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family/interpersonal relationship training, psychiatric/psychological intervention, mentorship schemes, etc;
 - (iv) Basic medical support (e.g. further drug testing, body check up, motivational interviews and drug-related consultation) from general practitioners in the local community network, or medical doctors and healthcare professionals engaged by the designated CCPSA;
 - (v) Cases with psychiatric and other medical complications may be referred to Substance Abuse Clinics of the Hospital Authority or other suitable government clinics/hospitals for specialist medical treatment;
 - (b) For addicted (dependent) abusers
 - (i) Addicted abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres in the territories run by 17 non-governmental organisations (NGOs); and
 - (ii) After completing a residential programme, the rehabilitated student may return to schooling in a mainstream or other school following a review by the concerned parties and others in a case conference as and when necessary. EDB will ensure such social reintegration through the existing placement assistance mechanism.

- 5.3 The support programme will also make full use of any community network available.
- 5.4 The case manager may review the support programme as and when necessary and may share the case progress and relevant issues with the student, his parent/guardian, and other concerned parties. Case review meeting may be convened to discuss progress and unresolved issues, if needed.
- 5.5 The support programme under the Scheme may last beyond the end of the school year if necessary.
- 5.6 Parents/guardians of participating and identified students may also benefit from counselling and other services of the concerned parties, apart from general community services such as those available at integrated family service centres operated by Social Welfare Department (SWD) or NGOs subvented by SWD, which deliver “one-stop” services to individuals and families to meet their multifarious needs.

Programmes for Non-drug Users and Other Students

- 5.7 The school, school social worker, designated NGO, designated CCPSA and other parties may arrange promotion, education and prevention programmes for non-drug users and other students throughout the school year.

CHAPTER 6 SELF-REFERRAL

- 6.1 At anytime during the drug testing process, selected students may admit abuse of drugs.
- 6.2 Participating students not selected for drug testing may admit abuse of drug to any school personnel at anytime. The school personnel will refer the student to the SDT team and inform the school project assistant.
- 6.3 The need for drug testing may be obviated by such voluntary admission of drug abuse.
- 6.4 Such students having admitted drug abuse will be treated as confirmed cases and will be followed up as such.
- 6.5 Students with drug problems may also approach the designated CCPSA direct to benefit from the support programme (see Chapter 5).

CHAPTER 7 REFUSAL

- 7.1 If a selected student refuses to take the drug test, the school principal may ask a designated teacher to address any concern that the selected student may have but it must always be borne in mind that participation is entirely voluntary.
- 7.2 If a selected student tampers with the testing process, the school principal may ask a designated teacher to follow up with the selected student.
- 7.3 If the selected student is in emotional distress, he may be referred to the school social worker for voluntary counselling.
- 7.4 The school principal or the designated teacher will notify the selected student's parent/guardian who has given Consent to Participation, if a selected student refuses to take the drug test and/or tampers with the testing process.

CHAPTER 8 WITHDRAWAL OF CONSENT

- 8.1 Participating students and parents/guardians may jointly withdraw Consent to Participation at any time during the Scheme by written notice given to the school principal.
- 8.2 Where a withdrawal notification is given by the participating student only, the school principal or the designated teacher will inform the parent/guardian who gave the Consent to Participation.
- 8.3 Bearing in mind that participation in the Scheme is entirely voluntary, no adverse consequence will arise from any withdrawal.
- 8.4 Upon receiving the notice of withdrawal, the school principal will inform the project manager, the school project assistant, and the other concerned parties, who (including the school principal) will erase the relevant personal data (including any drug testing records) in their respective possession as soon as the data are no longer required for the purposes of the Scheme.

CHAPTER 9 REVIEW

- 9.1 If the identified student and/or his parent/guardian maintain that the existence of the positive confirmatory test result of the urine specimen is not attributable to unlawful use (e.g. it was caused by the use of drugs prescribed by medical doctors), they should inform the school principal. The school principal will inform the project manager and the school project assistant. The project manager will invite a medical doctor to review the situation in the light of the said assertion. The concerned parties will abide by the medical doctor's review result.
- 9.2 However, if the identified student and/or his parent/guardian insist on obtaining a second opinion from another competent medical practitioner to prove that the existence of the positive confirmatory test result of the urine specimen is not attributable to unlawful use, they may do so at their own expenses.
- 9.3 If the second opinion obtained by the identified student and/or his parent/guardian substantiates the assertion, then irrespective of the review result in paragraph 9.1, the identified student will be treated as a false-positive case for the purposes of the Scheme, or as a case of negative confirmatory test result if no screening test has been done before the confirmatory test.

CHAPTER 10 CONFIDENTIALITY AND PERSONAL DATA PRIVACY

- 10.1 Personal data obtained under the Scheme are protected under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong) (PD(P)O). Records of confidential information kept by reporting agencies and Central Registry of Drug Abuse (CRDA) are also protected by Part VIIA (sections 49A- 49I) of the DDO. All concerned parties must familiarize themselves and strictly comply with the provisions of these Ordinances. For ease of reference, a brief summary of the data protection principles (DPP) 1 – 6 of the PD(P)O is attached at Appendix 4.
- 10.2 The school project assistant will assist the participating schools in complying with the requirements on the protection of confidential information and personal data as set out in this Protocol.

Data Protection Principles (DPP) 1 – 6 of the Personal Data (Privacy) Ordinance

- 10.3 The consent form, this Protocol and the process of obtaining consent have been carefully designed to set out the necessary information in order to meet the requirements of DPP 1. All concerned parties involved in the Scheme should restrict themselves to obtaining and disclosing personal data of a student which are strictly necessary for the purposes of the Scheme.
- 10.4 In accordance with DPP 2, due process has been put in place to ensure accuracy of the test results (see arrangements in Chapter 4 and for review in Chapter 9). Following completion of the Scheme, or withdrawal of Consent to Participation, all personal data will be erased as soon as they are no longer required for the purposes of the Scheme.
- 10.5 In accordance with DPP 3, personal data collected under the Scheme shall not without the prescribed consent of the data subject, be used for any purpose other than the purposes of the Scheme or a purpose directly related to the Scheme.
- 10.6 In accordance with DPP 4, all data users must establish and maintain appropriate security measures to protect the personal data. Policies and practices in relation to personal data must be formulated to ensure only authorized persons could access such personal data. Personal data, especially drug testing records and the school visit report, will be kept confidential and all practicable measures will be employed to avoid any stigma or labelling effect. Staff of schools, designated NGO and designated CCPSA who have access to such personal data should be required to sign an undertaking to maintain confidentiality. Communication of personal data over the Internet must be secure. The use of mobile device for storing such personal data must be restrictive and encrypted.
- 10.7 In accordance with DPP 5, this Protocol is an open document for dissemination to all concerned and for public access. All data users must also put in place and make available their personal data policies and practices.
- 10.8 In accordance with DPP 6, all data subjects (students and parents/guardians) have rights to access to and correction of their personal data.

Protection under the Dangerous Drugs Ordinance (DDO)

- 10.9 All concerned parties should note that under section 49D(1) of the DDO, there is a general prohibition with criminal sanctions against disclosure of any records of confidential information³ which is kept by CRDA or a reporting agency, supply to any person information obtained from such record, or permitting access to any such record. Any person seeking to do any act mentioned in section 49D(1) shall ensure that the act is covered by consent under section 49F, or is otherwise lawful. The names of organisations designated as reporting agencies are specified in the Fourth Schedule of the DDO.
- 10.10 For the purposes of the Scheme, and without prejudice to other situations, the designated CCPSA may report to CRDA the drug abuse situation of the student if the student and his parent/guardian so consent.
- 10.11 All information supplied to CRDA is handled in strict confidence and is accessible only to people who are directly involved in the operation of CRDA and are required to observe the rule of confidentiality.

³ “Confidential information” means information which is recorded by the CRDA or a reporting agency in respect of any person and which relates to any one or more of the following –

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under the DDO; and
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug.

CHAPTER 11 LAW ENFORCEMENT

Police

- 11.1 Police and other law enforcement agencies will not be informed of the personal data of any individual student obtained under the Scheme.
- 11.2 Police may be provided with aggregate, non-identifying statistics of the test results to understand the drug situation of a school for better focusing efforts to combat the drug problem.

Prosecution Policy

- 11.3 A positive drug test or an admission of drug abuse will generally evidence that an offence of consumption of a dangerous drug has taken place. However, the Scheme is an innovative initiative which is primarily designed to enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs, and trigger the motivation of those students abusing drugs to quit drugs and seek help. Accordingly, the prosecution authorities have confirmed that a participating student who has been tested positive or who admits drug abuse pursuant to the Scheme will not be prosecuted for consumption of drugs contrary to section 8 of the DDO.
- 11.4 Any other situation outside the Scheme, that is, other than where a participating student has tested positive or admits drug abuse pursuant to the Scheme, will be governed by existing practice and laws of Hong Kong. The Scheme does not exempt police investigation and/or prosecution of a student and/or a participant of the Scheme who is found to be in possession of a dangerous drug or is found to be consuming a dangerous drug whether inside or outside the school campus. In every other respect, the current edition of the Statement of Prosecution Policy and Practice issued by the Department of Justice applies.

APPENDIX 1 SAMPLE FORM

PLEDGE TO STAY AWAY FROM DRUGS

SCHOOL YEAR _____

To: Principal, [Name] Secondary School

I, the undersigned student, understand that abusing illicit drugs is illegal and that taking illicit drugs is harmful to my health.

I wish to pledge that I will stay away from illicit drugs.

I do not wish to make the pledge that I will stay away from illicit drugs.

{Please select and tick ONE of the two boxes above.}

Student's Name (Block Capitals)

Signature

Date

CONSENT TO PARTICIPATION

Participation in School Drug Testing Scheme (Scheme)

School Year _____

To: Principal, [Name] Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a urine specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year _____..

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential basis and only for the purposes of the Scheme –

1. relevant staff of the designated NGO, that is the project manager and the Student Drug Testing team, and the case manager of the designated CCPSA assigned to the student upon any positive test result or upon self-referral;
2. school social worker of the participating school;
3. relevant staff of [Name] Secondary School, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student, and _____ (that is, any other teacher if so suggested by the student); and
4. school project assistant.

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of urine for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
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Student's Name (Block Capitals)

Signature

Date

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of [Name of School Principal] is ... (include school address and telephone number)

APPENDIX 2 GUIDELINES FOR SCREENING INTERVIEW

Screening Interview

A screening interview will be conducted by the SDT team before the drug test is administered. The following areas will be explored –

1. The guiding principles and objectives of the Scheme;
2. The procedures of the drug test (collection of urine specimen and how the screening test will be conducted);
3. The rights and obligations of the students; and
4. Drug abuse history of the student, if any.

APPENDIX 3 URINE SPECIMEN COLLECTION PROCEDURES

Pre-test Arrangement

1. The school principal designates a collection site (interview room and rest room) which is secure, and dedicated solely to urine collection.

Procedures for Specimen Collection

2. The school principal or any school staff designated to act on his behalf informs selected students and facilitates their attendance to the collection site.
3. The SDT team shall conduct a screening interview and brief the student on the purpose of urine collection.
4. The collector provides a clean specimen collection container to the student.
5. The student is allowed to provide his specimen in a rest room that allows for individual privacy.
6. Upon receiving the specimen from the student, the collector shall determine the volume (not less than 30mL) and temperature (not outside the range of 32°C μ 38°C) of the specimen. The collector shall also inspect the specimen to determine if there is any sign indicating that the specimen may be invalid.

Screening Test

7. The collector shall perform the screening test in front of the student and the school project assistant. The collector shall use a new dropper to extract an appropriate amount of specimen for screening test kit.
8. If the screening test returns a positive result, another screening test on the same urine specimen using a urine test kit of a different brand will be conducted.
9. If both screening tests return positive results, the collector will then affix security seal to the remaining specimen for confirmatory testing and initial a specimen delivery record for the purpose of certifying that it is the specimen collected from the concerned student. A specimen code will be attached to the specimen container. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. The specimen will be sent to the Government Laboratory by the collector.
10. Nonessential specimens will be disposed of into the sewer properly and immediately.

APPENDIX 4 **BRIEF ON PERSONAL DATA (PRIVACY) ORDINANCE**

Objectives

The purpose of the Ordinance is to protect the privacy interests of living individuals in relation to personal data. It also contributes to Hong Kong's continued economic well being by safeguarding the free flow of personal data to Hong Kong from restrictions by countries that already have data protection laws.

Scope of Coverage

The Ordinance covers any data relating directly or indirectly to a living individual (data subject), from which it is practicable to ascertain the identity of the individual and which are in a form in which access or processing is practicable. It applies to any person (data user) that controls the collection, holding, processing or use of personal data.

Data Protection Principles (DPP)

Principle 1 (DPP 1) – **Purpose and manner of collection.** This provides for the lawful and fair collection of personal data and sets out the information a data user must give to a data subject when collecting personal data from that subject.

Principle 2 (DPP 2) – **Accuracy and duration of retention.** This provides that personal data should be accurate, up-to-date and kept no longer than necessary.

Principle 3 (DPP 3) – **Use of personal data.** This provides that unless the data subject gives consent otherwise personal data should be used for the purposes for which they were collected or a directly related purpose.

Principle 4 (DPP 4) – **Security of personal data.** This requires appropriate security measures to be applied to personal data (including data in a form in which access to or processing of the data is not practicable).

Principle 5 (DPP 5) – **Information to be generally available.** This provides for openness by data users about the kinds of personal data they hold and the main purposes for which personal data are used.

Principle 6 (DPP 6) – **Access to personal data.** This provides for data subjects to have rights of access to and correction of their personal data.

The Ordinance (full text) can be downloaded from website of “The Office of the Privacy Commissioner for Personal Data” at

<http://www.pcpd.org.hk/english/ordinance/ordfull.html>.

Protocol for Drug Testing

(for School Drug Testing Schemes
Involving Schools in the Same District)

*Drug Testing Method :
Laboratory Tests on Urine Specimens*

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CHAPTER 1 PURPOSES AND GUIDING PRINCIPLES

- 1.1 The School Drug Testing Scheme (the Scheme) is part of the healthy school programme of participating schools with participation from parties in the social welfare, healthcare and other sectors.
- 1.2 Development of the Scheme is guided by the following principles –
 - (a) helping students in their best interest;
 - (b) voluntary participation;
 - (c) keeping personal information strictly confidential; and
 - (d) professional testing and support services for students.
- 1.3 The purposes and imperatives of the Scheme are –
 - (a) for prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
 - (b) for rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap.
- 1.4 In line with the objectives of the Scheme, students found to have abused drugs under the Scheme will –
 - (a) not be prosecuted for drug consumption; and
 - (b) not be expelled from school.
- 1.5 Apart from participating in the Scheme, a student and his/her parent/guardian can also directly approach any counselling centre for psychotropic substance abusers (CCPSA) for professional assistance. The whole process is kept confidential. To complement their counselling services, CCPSAs will provide elementary medical support including voluntary drug testing services.

CHAPTER 2 DEFINITIONS¹

- 2.1 Scheme
The School Drug Testing Scheme includes drug testing and support programmes. Drug testing will run from the beginning of the school year or at the time the Scheme is introduced during the school year whichever is later to end of the school year. Support programmes (see paragraph 2.19) for identified students may last beyond the end of the school year, if necessary.
- 2.2 Participating School
A secondary school which joins the Scheme on a voluntary basis in the school year when the Scheme is implemented.
- 2.3 Consent to Participation
A written consent to participation in the Scheme, given by a student and his parent/guardian in a standard form to the school principal (see paragraphs 4.3 to 4.11). A sample form is at Appendix 1, which comprises two parts, namely a pledge to stay away from illicit drugs and consent to participation.
- 2.4 Participating Student
A student who has consented to participate, and whose parent/guardian has also given consent for the student to participate, in the Scheme.
- 2.5 Selected Student
A student who is randomly selected for a drug test (see paragraph 2.16).
- 2.6 Identified Student
A student who is identified as a confirmed case (see paragraph 2.17).
- 2.7 Concerned Parties
The parties specified in the Consent to Participation, who will have access to personal data collected under the Scheme (see paragraph 4.6) and will have a specific role to play in the Scheme (see Chapter 3).
- 2.8 Designated NGO
The Non-governmental Organization (NGO) acting as the overall co-ordinator of the drug testing and other complementary components of the healthy school programme. It is responsible for providing / co-ordinating the whole range of promotion and preventive activities, counselling services to students and their parents of participating schools, and drug testing services to participating schools.
- 2.9 Designated CCPSA
The CCPSA serving the participating schools in the district. The designated CCPSA may or may not be the designated NGO.
- 2.10 Student Drug Testing (SDT) Team
A team from the designated NGO to collect urine specimens from students. The team will visit each of the participating schools to collect the specimens.
- 2.11 Project Manager
A registered social worker of the designated NGO who has received training in drug counselling and is assigned to supervise the SDT team, and co-ordinate with the designated CCPSA, school social workers and school principals/teachers of

¹ In this Protocol, unless expressly stated otherwise or the context otherwise suggests, “he” refers both genders.

participating schools on the provision of the various activities and services set out in this Protocol.

2.12 Case Manager²

A registered social worker of the designated CCPSA, who specialises in drug counselling and is assigned to handle an identified student.

2.13 Designated Teachers

The class teacher of the participating student, and another school teacher suggested by a participating student in the Consent to Participation.

2.14 School Project Assistant

Staff employed by participating schools to perform the duties of school project assistant as set out in this Protocol.

2.15 Illicit Drug or Drug

Any drug or substance which is subjected to control under the Dangerous Drugs Ordinance (Cap 134, Laws of Hong Kong) (DDO).

2.16 Laboratory Test

A test conducted by the Government Laboratory using sophisticated instruments, namely Gas chromatography – mass spectrometry (GC-MS) or Liquid chromatography – mass spectrometry (LC-MS), to identify the presence of illicit drugs. It covers common types of psychotropic substances abused by adolescent drug abusers in Hong Kong. As illustration, they may include:

- (a) Ketamine (氯胺酮, K 仔);
- (b) Ecstasy (搖頭丸);
- (c) Methylamphetamine (冰);
- (d) Cannabis (大麻); and
- (e) Cocaine (可卡因).

As the trend of taking illicit drugs may change rapidly, the types of drugs to be tested may be changed during the course of the Scheme.

2.17 Confirmed Case

A case of drug abuse which is supported by laboratory test result demonstrating the presence of illicit drugs in the relevant urine specimen. It also refers to a self-referral case (see Chapter 6).

2.18 False-positive Case

A positive test result refuted upon medical review (see Chapter 9).

2.19 Support Programme

A support programme of counselling, treatment, rehabilitation and referral services for an identified student (see Chapter 5).

2.20 Community-based Support Services

Any service or programme available in the community which can support the identified student (e.g. mentoring scheme where a volunteer acting as mentor may share his life experience and help the student cope with and overcome difficulties).

² Case manager shall mean a registered social worker which is funded by any separate funding sources outside the Social Welfare Department's subvention programme (e.g. Beat Drugs Fund). If no such separate funding is provided to the CCPSA under the Scheme (i.e. when cases arising from school drug testing are still within the current service capacity of the CCPSA), then "case manager" shall mean the "case worker" funded under the SWD's subvention programme.

CHAPTER 3 ROLES OF CONCERNED PARTIES

3.1 Designated NGO

- (a) SDT Team. They are responsible for collecting samples for drug tests and carrying out the ancillary arrangement.
- (b) Project Manager. The project manager is responsible for co-ordinating the drug testing, and other promotion and preventive activities, and counselling, treatment and rehabilitation services for students and parents of the participating schools. The project manager is also responsible for -
 - (i) observing the SDT team on school visits and offering comments on whether the SDT team has adhered to the drug testing procedures set out in this Protocol;
 - (ii) handling complaints relating to drug testing from participating students, their parents/guardians, or other relevant parties; and
 - (iii) for BDF funded Scheme, complying with BDF procedures, including reporting requirements.

3.2 Designated CCPSA

- (a) Case Manager. The case manager of the designated CCPSA is responsible for assessing the identified student's needs, and for the provision of suitable counselling, treatment and rehabilitation services, including the participation in a multi-disciplinary case conference, where necessary, to contribute in formulating an effective support programme for the identified student.

3.3 School Social Worker. He is responsible for assisting the SDT team in providing timely counselling to participating students, identified students and their parents/guardians with emotional stress. For his known cases (students already receiving his casework service), the school social worker will refer the identified students to appropriate services in the community. The SDT team will follow up if the identified students are not the known cases of school social workers.

3.4 School

- (a) School Principal. He is responsible for supervising the running of the Scheme at school and providing the school's support for the participating and identified students.
- (b) Designated Teachers. They are responsible for providing assistance to the running of the Scheme at school and supporting the participating and identified students.

3.5 School Project Assistant. He is responsible for –

- (a) arranging the logistics support for the SDT team school visits and serving as the contact point between participating schools and the SDT team on drug testing matters (e.g. fixing testing schedule, co-ordinating the participating student list);
- (b) observing the SDT team drug testing process on school visits and offering comments to school principals for follow-up with the project manager;
- (c) assisting the school principals in complying with the data privacy requirements as set out in this Protocol and seeking advice from the project manager if required;

- (d) assisting the school principals in handling complaints/enquiries on drug testing received by the schools and seeking advice from the project manager if required;
- (e) informing school principals of complaints/enquiries on drug testing received on site by the SDT team and the follow-up action taken by the project manager; and
- (f) compiling the following reports –
 - (i) school visit reports to school principals (see paragraph 4.27); and
 - (ii) monthly reports and a final one to school principals.

CHAPTER 4 DRUG TESTING

Preparation

- 4.1 Prior to running the drug testing, anti-drug education and briefing sessions will be arranged by the designated NGO, in collaboration with the participating schools, to introduce and promote the Scheme to school teachers, parents/guardians, students and other relevant parties, and to invite participation in the Scheme.
- 4.2 In parallel, participating schools will devise and implement a healthy school policy with a view to creating a safe, caring, healthy and drug-free learning environment, and building up positive values and attitudes among students for whole-person development from an early stage, thereby enhancing their ability to resist taking drugs.

Consent Form and Participation in the Scheme

- 4.3 Participation in the Scheme is entirely voluntary.
- 4.4 The participating schools will provide students and their parents/guardians with a copy of this Protocol and a standard form which includes a pledge by students to stay away from drugs and Consent to Participation to indicate whether they agree to participate and to give the necessary consent and undertaking.
- 4.5 To participate in the Scheme, a student and his parent/guardian will need to give the following consent and undertaking –
 - (a) Drug Testing. Consent and undertaking to provide a urine specimen of the student to be tested for the presence of illicit drugs, if so requested under the Scheme.
 - (b) Support Programme. Consent and undertaking to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself to the support programme.
- 4.6 The form for Consent to Participation will inform parents/guardians and students that their personal data will be collected by and/or released to the following concerned parties on a confidential basis and only for the purposes of the Scheme –
 - (a) relevant staff of the designated NGO, that is, the project manager and the SDT team, and the case manager of the designated CCPSA upon any positive test result or upon self-referral;
 - (b) school social worker of the participating school;
 - (c) relevant staff of the participating school, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student and any other teacher if so suggested by the student; and
 - (d) school project assistant.
- 4.7 The form for Consent to Participation must be read, signed, and dated by the student and his parent/guardian. The duly completed form should be returned to the student's class teacher.
- 4.8 Consent to Participation is valid for the duration of the Scheme (see paragraph 2.1).

- 4.9 For a participating student who changes to another school which also runs school drug testing during the school year, the student and his parent/guardian are required to complete the necessary procedures of the new school in order to participate in the school drug testing scheme of the new school.
- 4.10 Any parent/guardian and student who have not returned the form of Consent to Participation before the commencement of drug testing are nonetheless still welcome to join the Scheme anytime during the school year.
- 4.11 Students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

List of Students

- 4.12 Before any testing begins, each school principal or any school staff designated to act on his behalf will prepare a list which includes the name, class and gender of the participating students in his school.
- 4.13 Before a visit to any participating schools, the SDT team will provide one-week advance notice to the school principal or any school staff designated to act on his behalf, school social worker and the school project assistant. Test dates and frequencies will not be made known to the students.
- 4.14 The school principal or any school staff designated to act on his behalf will provide the SDT team with an updated participating student list three working days prior to the school visit via secure communication.
- 4.15 The SDT team will inform the school principal or any school staff designated to act on his behalf and the school project assistant of the list of randomly selected students for drug testing one working day before the school visit. The selected students will only be informed as they proceed to receive the drug test.
- 4.16 At the beginning of the school visit, the school principal or any school staff designated to act on his behalf will provide an updated list of randomly selected students to the SDT team and the school project assistant, which shows the availability and sequence of the selected students to undergo drug testing. The school project assistant will counter-check the names of the students on the list to ensure that the list of selected students is in order.

Random Selection

- 4.17 Each month, a certain proportion (say 3%) of participating students from a school will be randomly selected by the SDT team for testing. Generally speaking, each school may be visited at least once a month. The SDT team will not visit the participating schools on a regular schedule, so that students will not be able to tell the date of testing.
- 4.18 Except for those identified students who have already enrolled in support programmes under the Scheme, a student selected for testing will remain in the total population subject to future random selection.

Urine Specimen Collection

- 4.19 In conducting the urine specimen collection procedure, the SDT team will make their best endeavours to put the selected students at ease and to dispel undue concerns or misunderstandings about drug tests and the Scheme.
- 4.20 The process may take about 5 minutes, with every effort made to minimize disruption to learning and teaching, which includes –
- (a) screening interview in an interview room; and
 - (b) collection of urine specimen in a rest room;
- 4.21 The SDT team will brief the selected students individually and answer any relevant questions. A set of guidelines for the screening interview is provided at Appendix 2.
- 4.22 Selected students will be required to provide urine specimen in a clean rest room that allows for individual privacy. The urine specimen collection procedure is provided in Appendix 3. See Chapter 7 for the procedures for following up on-the-spot refusals.
- 4.23 The school project assistant will be present at all specimen collection sessions. The school project assistant will record information required for the school visit report (see paragraph 4.27).
- 4.24 The school principal or any school staff designated to act on his behalf will inform the selected student's parent/guardian that the student has been selected for testing.
- 4.25 School teachers and school social workers should pay attention to the selected students to see if they have any anxiety, and provide the necessary assistance and counselling to them, before the release of the laboratory test results.
- 4.26 Other Cases
A selected student may also, on the spot –
- (a) refer himself to a support programme without testing (see Chapter 6);
 - (b) refuse drug testing (see Chapter 7); or
 - (c) withdraw Consent to Participation (see Chapter 8).
- 4.27 School Visit Report
- (a) At the end of the school visit, the school project assistant will compile a school visit report to the school principal for necessary follow-up.
 - (b) The school visit report will cover any on-the-spot complaints received by the school project assistant. It will also contain the names of the students who -
 - (i) provided the urine specimen;
 - (ii) self-referred to a support programme without testing;
 - (iii) refused drug testing; and
 - (iv) withdrew Consent to Participation.

Laboratory Test

- 4.28 For each urine specimen collected, the SDT team and the school project assistant will sign a request for laboratory testing to the Government Laboratory.
- 4.29 The SDT team will deliver the urine specimens to the Government Laboratory for testing. No personal identifier will be attached to the specimens in order to ensure confidentiality and privacy. Proper procedures will be followed to account for the integrity of each urine specimen by tracking its handling and storage from point of

specimen collection to final disposition of the specimen at the Government Laboratory.

- 4.30 The laboratory test will normally take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the school project assistant.
- 4.31 Specimens sent for laboratory testing that are tested positive will be discarded by the Government Laboratory personnel on expiry of five working days after completion of analysis. Specimens that are tested negative will be immediately disposed of by the Government Laboratory personnel after the test.
- 4.32 If the identified student and/or his parent/guardian insist on obtaining a second test (using sophisticated instruments, namely GC-MS or LC-MS) by another competent laboratory to refute the positive test result, they may do so at their own expense and should inform the school principal within three working days from the completion of the laboratory test. The school principal will inform the school project assistant and the SDT team. The SDT team will notify the Government Laboratory through a signed request to prepare the urine specimen for collection. Upon receipt of the notification, the Government Laboratory will make ready the urine specimen remaining after the Government Laboratory has conducted the test or has retained a sufficient part for the test, under seal for collection at the Government Laboratory by authorised staff of the SDT team. The Government Laboratory will discard the remaining urine specimens if they are not collected within five days from the date of the notification.
- 4.33 If the result of the urine test conducted by the other laboratory is negative, then for the purposes of the Scheme, the student will be treated as a false-positive case irrespective of the positive result of the test conducted by the Government Laboratory.

Result Notification

- 4.34 The school project assistant will inform the project manager and the school principal about the laboratory test results via secure communication.
- 4.35 Negative Cases
The school principal will inform the selected student's parent/guardian of the laboratory test result.
- 4.36 Confirmed Cases
- (a) The school project assistant will notify the case manager.
 - (b) The school principal will inform the identified student and his parent/guardian and invite them to a meeting on the day. The school principal will also notify the school social worker and the designated teachers (via secure communication) for assistance and counselling at school.
 - (c) The case manager will provide immediate counselling services and necessary support to the identified student and his parent/guardian, with support where necessary from the school social worker and project manager.
 - (d) The identified student and/or his parent/guardian may request a medical review (see Chapter 9).

CHAPTER 5 SUPPORT PROGRAMME

Case Conference

- 5.1 Within 10 working days after notification of a confirmed case, the project manager of the designated NGO will, subject to the case welfare need and availability of parties concerned, convene and chair a multi-disciplinary case conference, to formulate a support programme (or commonly known as a welfare plan) for the identified student. Before the case conference, where appropriate, the student and parent/guardian may be requested to further consent to the participation of other parties to the case conference, and to the disclosure of information relating to the student's drug use, treatment and rehabilitation to them. The case manager will discuss with the student and his parent/guardian on details of the support programme for agreement before implementation.

Support Programmes for Identified Students

- 5.2 Depending on the case assessment, a support programme for an identified student may be wide ranging, including possible measures such as the following (non-exhaustive, for illustrative purposes) –
- (a) For experimental abusers or non-dependent regular abusers
 - (i) The parent/guardian should pay more attention to the student, and may also arrange medical and counselling services through their own means;
 - (ii) The student may continue normal schooling as far as possible, and at the same time receive counselling and assistance from school social workers and designated teachers at school;
 - (iii) Community-based support services/programmes outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family/interpersonal relationship training, psychiatric/psychological intervention, mentorship schemes, etc;
 - (iv) Basic medical support (e.g. further drug testing, body check up, motivational interviews and drug-related consultation) from general practitioners in the local community network, or medical doctors and healthcare professionals engaged by the designated CCPSA;
 - (v) Cases with psychiatric and other medical complications may be referred to Substance Abuse Clinics of the Hospital Authority or other suitable government clinics/hospitals for specialist medical treatment;
 - (b) For addicted (dependent) abusers
 - (i) Addicted abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres in the territories run by 17 non-governmental organisations (NGOs); and
 - (ii) After completing a residential programme, the rehabilitated student may return to schooling in a mainstream or other school following a review by the concerned parties and others in a case conference as and when necessary. EDB will ensure such social reintegration through the existing placement assistance mechanism.

- 5.3 The support programme will also make full use of any community network available.
- 5.4 The case manager may review the support programme as and when necessary and may share the case progress and relevant issues with the student, his parent/guardian, and other concerned parties. Case review meeting may be convened to discuss progress and unresolved issues, if needed.
- 5.5 The support programme under the Scheme may last beyond the end of the school year if necessary.
- 5.6 Parents/guardians of participating and identified students may also benefit from counselling and other services of the concerned parties, apart from general community services such as those available at integrated family service centres operated by Social Welfare Department (SWD) or NGOs subvented by SWD, which deliver “one-stop” services to individuals and families to meet their multifarious needs.

Programmes for Non-drug Users and Other Students

- 5.7 The school, school social worker, designated NGO, designated CCPSA and other parties may arrange promotion, education and prevention programmes for non-drug users and other students throughout the school year.

CHAPTER 6 SELF-REFERRAL

- 6.1 At anytime during the drug testing process, selected students may admit abuse of drugs.
- 6.2 Participating students not selected for drug testing may admit abuse of drug to any school personnel at anytime. The school personnel will refer the student to the SDT team and inform the school project assistant.
- 6.3 The need for drug testing may be obviated by such voluntary admission of drug abuse.
- 6.4 Such students having admitted drug abuse will be treated as confirmed cases and will be followed up as such.
- 6.5 Students with drug problems may also approach the designated CCPSA direct to benefit from the support programme (see Chapter 5).

CHAPTER 7 REFUSAL

- 7.1 If a selected student refuses to take the drug test, the school principal may ask a designated teacher to address any concern that the selected student may have but it must always be borne in mind that participation is entirely voluntary.
- 7.2 If a selected student tampers with the testing process, the school principal may ask a designated teacher to follow up with the selected student.
- 7.3 If the selected student is in emotional distress, he may be referred to the school social worker for voluntary counselling.
- 7.4 The school principal or the designated teacher will notify the selected student's parent/guardian who has given Consent to Participation, if a selected student refuses to take the drug test and/or tampers with the testing process.

CHAPTER 8 WITHDRAWAL OF CONSENT

- 8.1 Participating students and parents/guardians may jointly withdraw Consent to Participation at any time during the Scheme by written notice given to the school principal.
- 8.2 Where a withdrawal notification is given by the participating student only, the school principal or the designated teacher will inform the parent/guardian who gave the Consent to Participation.
- 8.3 Bearing in mind that participation in the Scheme is entirely voluntary, no adverse consequence will arise from any withdrawal.
- 8.4 Upon receiving the notice of withdrawal, the school principal will inform the project manager, the school project assistant, and the other concerned parties, who (including the school principal) will erase the relevant personal data (including any drug testing records) in their respective possession as soon as the data are no longer required for the purposes of the Scheme.

CHAPTER 9 REVIEW

- 9.1 If the identified student and/or his parent/guardian maintain that the existence of the positive test result of the urine specimen is not attributable to unlawful use (e.g. it was caused by the use of drugs prescribed by medical doctors), they should inform the school principal. The school principal will inform the project manager and the school project assistant. The project manager will invite a medical doctor to review the situation in the light of the said assertion. The concerned parties will abide by the medical doctor's review result.
- 9.2 However, if the identified student and/or his parent/guardian insist on obtaining a second opinion from another competent medical practitioner to prove that the existence of the positive test result of the urine specimen is not attributable to unlawful use, they may do so at their own expenses.
- 9.3 If the second opinion obtained by the identified student and/or his parent/guardian substantiates the assertion, then irrespective of the review result in paragraph 9.1, the identified student will be treated as a false-positive case for the purposes of the Scheme.

CHAPTER 10 CONFIDENTIALITY AND PERSONAL DATA PRIVACY

- 10.1 Personal data obtained under the Scheme are protected under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong) (PD(P)O). Records of confidential information kept by reporting agencies and Central Registry of Drug Abuse (CRDA) are also protected by Part VIIA (sections 49A- 49I) of the DDO. All concerned parties must familiarize themselves and strictly comply with the provisions of these Ordinances. For ease of reference, a brief summary of the data protection principles (DPP) 1 – 6 of the PD(P)O is attached at Appendix 4.
- 10.2 The school project assistant will assist the participating schools in complying with the requirements on the protection of confidential information and personal data as set out in this Protocol.

Data Protection Principles (DPP) 1 – 6 of the Personal Data (Privacy) Ordinance

- 10.3 The consent form, this Protocol and the process of obtaining consent have been carefully designed to set out the necessary information in order to meet the requirements of DPP 1. All concerned parties involved in the Scheme should restrict themselves to obtaining and disclosing personal data of a student which are strictly necessary for the purposes of the Scheme.
- 10.4 In accordance with DPP 2, due process has been put in place to ensure accuracy of the test results (see arrangements in Chapter 4 and for review in Chapter 9). Following completion of the Scheme, or withdrawal of Consent to Participation, all personal data will be erased as soon as they are no longer required for the purposes of the Scheme.
- 10.5 In accordance with DPP 3, personal data collected under the Scheme shall not without the prescribed consent of the data subject, be used for any purpose other than the purposes of the Scheme or a purpose directly related to the Scheme.
- 10.6 In accordance with DPP 4, all data users must establish and maintain appropriate security measures to protect the personal data. Policies and practices in relation to personal data must be formulated to ensure only authorized persons could access such personal data. Personal data, especially drug testing records and the school visit report, will be kept confidential and all practicable measures will be employed to avoid any stigma or labelling effect. Staff of schools, designated NGO and designated CCPSA who have access to such personal data should be required to sign an undertaking to maintain confidentiality. Communication of personal data over the Internet must be secure. The use of mobile device for storing such personal data must be restrictive and encrypted.
- 10.7 In accordance with DPP 5, this Protocol is an open document for dissemination to all concerned and for public access. All data users must also put in place and make available their personal data policies and practices.
- 10.8 In accordance with DPP 6, all data subjects (students and parents/guardians) have rights to access to and correction of their personal data.

Protection under the Dangerous Drugs Ordinance (DDO)

- 10.9 All concerned parties should note that under section 49D(1) of the DDO, there is a general prohibition with criminal sanctions against disclosure of any records of confidential information³ which is kept by CRDA or a reporting agency, supply to any person information obtained from such record, or permitting access to any such record. Any person seeking to do any act mentioned in section 49D(1) shall ensure that the act is covered by consent under section 49F, or is otherwise lawful. The names of organisations designated as reporting agencies are specified in the Fourth Schedule of the DDO.
- 10.10 For the purposes of the Scheme, and without prejudice to other situations, the designated CCPSA may report to CRDA the drug abuse situation of the student if the student and his parent/guardian so consent.
- 10.11 All information supplied to CRDA is handled in strict confidence and is accessible only to people who are directly involved in the operation of CRDA and are required to observe the rule of confidentiality.

³ “Confidential information” means information which is recorded by the CRDA or a reporting agency in respect of any person and which relates to any one or more of the following –

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under the DDO; and
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug.

CHAPTER 11 LAW ENFORCEMENT

Police

- 11.1 Police and other law enforcement agencies will not be informed of the personal data of any individual student obtained under the Scheme.
- 11.2 Police may be provided with aggregate, non-identifying statistics of the test results to understand the drug situation of a school for better focusing efforts to combat the drug problem.

Prosecution Policy

- 11.3 A positive drug test or an admission of drug abuse will generally evidence that an offence of consumption of a dangerous drug has taken place. However, the Scheme is an innovative initiative which is primarily designed to enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs, and trigger the motivation of those students abusing drugs to quit drugs and seek help. Accordingly, the prosecution authorities have confirmed that a participating student who has been tested positive or who admits drug abuse pursuant to the Scheme will not be prosecuted for consumption of drugs contrary to section 8 of the DDO.
- 11.4 Any other situation outside the Scheme, that is, other than where a participating student has tested positive or admits drug abuse pursuant to the Scheme, will be governed by existing practice and laws of Hong Kong. The Scheme does not exempt police investigation and/or prosecution of a student and/or a participant of the Scheme who is found to be in possession of a dangerous drug or is found to be consuming a dangerous drug whether inside or outside the school campus. In every other respect, the current edition of the Statement of Prosecution Policy and Practice issued by the Department of Justice applies.

APPENDIX 1 SAMPLE FORM

PLEDGE TO STAY AWAY FROM DRUGS

SCHOOL YEAR _____

To: Principal, [Name] Secondary School

I, the undersigned student, understand that abusing illicit drugs is illegal and that taking illicit drugs is harmful to my health.

I wish to pledge that I will stay away from illicit drugs.

I do not wish to make the pledge that I will stay away from illicit drugs.

{Please select and tick ONE of the two boxes above.}

Student's Name (Block Capitals)

Signature

Date

CONSENT TO PARTICIPATION

Participation in School Drug Testing Scheme (Scheme)

School Year _____

To: Principal, [Name] Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a urine specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year _____.

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential basis and only for the purposes of the Scheme –

1. relevant staff of the designated NGO, that is the project manager and the Student Drug Testing team, and the case manager of the designated CCPSA assigned to the student upon any positive test result or upon self-referral;
2. school social worker of the participating school;
3. relevant staff of [Name] Secondary School, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student, and _____ (that is, any other teacher if so suggested by the student); and
4. school project assistant.

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of urine for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
---	-----------	------

Student's Name (Block Capitals)

Signature

Date

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of [Name of School Principal] is ... (include school address and telephone number)

APPENDIX 2 GUIDELINES FOR SCREENING INTERVIEW

Screening Interview

A screening interview will be conducted by the SDT team before the drug test is administered. The following areas will be explored –

1. The guiding principles and objectives of the Scheme;
2. The procedures of collection of urine specimen;
3. The rights and obligations of the students; and
4. Drug abuse history of the student, if any.

APPENDIX 3 URINE SPECIMEN COLLECTION PROCEDURES

Pre-test Arrangement

1. The school principal designates a collection site (interview room and rest room) which is secure, and dedicated solely to urine collection.

Procedures for Specimen Collection

2. The school principal or any school staff designated to act on his behalf informs selected students and facilitates their attendance to the collection site.
3. The SDT team shall conduct a screening interview and brief the student on the purpose of urine collection.
4. The collector provides a clean specimen collection container to the student.
5. The student is allowed to provide his specimen in a rest room that allows for individual privacy.
6. Upon receiving the specimen from the student, the collector shall determine the volume (not less than 30mL) and temperature (not outside the range of 32°C μ 38°C) of the specimen. The collector shall also inspect the specimen to determine if there is any sign indicating that the specimen may be invalid.

APPENDIX 4 **BRIEF ON PERSONAL DATA (PRIVACY) ORDINANCE**

Objectives

The purpose of the Ordinance is to protect the privacy interests of living individuals in relation to personal data. It also contributes to Hong Kong's continued economic well being by safeguarding the free flow of personal data to Hong Kong from restrictions by countries that already have data protection laws.

Scope of Coverage

The Ordinance covers any data relating directly or indirectly to a living individual (data subject), from which it is practicable to ascertain the identity of the individual and which are in a form in which access or processing is practicable. It applies to any person (data user) that controls the collection, holding, processing or use of personal data.

Data Protection Principles (DPP)

Principle 1 (DPP 1) – **Purpose and manner of collection.** This provides for the lawful and fair collection of personal data and sets out the information a data user must give to a data subject when collecting personal data from that subject.

Principle 2 (DPP 2) – **Accuracy and duration of retention.** This provides that personal data should be accurate, up-to-date and kept no longer than necessary.

Principle 3 (DPP 3) – **Use of personal data.** This provides that unless the data subject gives consent otherwise personal data should be used for the purposes for which they were collected or a directly related purpose.

Principle 4 (DPP 4) – **Security of personal data.** This requires appropriate security measures to be applied to personal data (including data in a form in which access to or processing of the data is not practicable).

Principle 5 (DPP 5) – **Information to be generally available.** This provides for openness by data users about the kinds of personal data they hold and the main purposes for which personal data are used.

Principle 6 (DPP 6) – **Access to personal data.** This provides for data subjects to have rights of access to and correction of their personal data.

The Ordinance (full text) can be downloaded from website of “The Office of the Privacy Commissioner for Personal Data” at

<http://www.pcpd.org.hk/english/ordinance/ordfull.html>.

Protocol for Drug Testing

(for School Drug Testing Schemes
Involving Schools in the Same District)

Drug Testing Method :
Hair Testing

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CHAPTER 1 PURPOSES AND GUIDING PRINCIPLES

- 1.1 The School Drug Testing Scheme (the Scheme) is part of the healthy school programme of participating schools with participation from parties in the social welfare, healthcare and other sectors.
- 1.2 Development of the Scheme is guided by the following principles –
 - (a) helping students in their best interest;
 - (b) voluntary participation;
 - (c) keeping personal information strictly confidential; and
 - (d) professional testing and support services for students.
- 1.3 The purposes and imperatives of the Scheme are –
 - (a) for prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
 - (b) for rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap.
- 1.4 In line with the objectives of the Scheme, students found to have abused drugs under the Scheme will –
 - (a) not be prosecuted for drug consumption; and
 - (b) not be expelled from school.
- 1.5 Apart from participating in the Scheme, a student and his/her parent/guardian can also directly approach any counselling centre for psychotropic substance abusers (CCPSA) for professional assistance. The whole process is kept confidential. To complement their counselling services, CCPSAs will provide elementary medical support including voluntary drug testing services.

CHAPTER 2 DEFINITIONS¹

- 2.1 Scheme
The School Drug Testing Scheme includes drug testing and support programmes. Drug testing will run from the beginning of the school year or at the time the Scheme is introduced during the school year whichever is later to end of the school year. Support programmes (see paragraph 2.19) for identified students may last beyond the end of the school year, if necessary.
- 2.2 Participating School
A secondary school which joins the Scheme on a voluntary basis in the school year when the Scheme is implemented.
- 2.3 Consent to Participation
A written consent to participation in the Scheme, given by a student and his parent/guardian in a standard form to the school principal (see paragraphs 4.3 to 4.11). A sample form is at Appendix 1, which comprises two parts, namely a pledge to stay away from illicit drugs and consent to participation.
- 2.4 Participating Student
A student who has consented to participate, and whose parent/guardian has also given consent for the student to participate, in the Scheme.
- 2.5 Selected Student
A student who is randomly selected for a drug test (see paragraph 2.16).
- 2.6 Identified Student
A student who is identified as a confirmed case (see paragraph 2.17).
- 2.7 Concerned Parties
The parties specified in the Consent to Participation, who will have access to personal data collected under the Scheme (see paragraph 4.6) and will have a specific role to play in the Scheme (see Chapter 3).
- 2.8 Designated NGO
The Non-governmental Organization (NGO) acting as the overall co-ordinator of the drug testing and other complementary components of the healthy school programme. It is responsible for providing / co-ordinating the whole range of promotion and preventive activities, counselling services to students and their parents of participating schools, and drug testing services to participating schools.
- 2.9 Designated CCPSA
The CCPSA serving the participating schools in the district. The designated CCPSA may or may not be the designated NGO.
- 2.10 Student Drug Testing (SDT) Team
A team from the designated NGO to collect hair specimens from students. The team will visit each of the participating schools to collect the specimens.
- 2.11 Project Manager
A registered social worker of the designated NGO who has received training in drug counselling and is assigned to supervise the SDT team, and co-ordinate with the designated CCPSA, school social workers and school principals/teachers of

¹ In this Protocol, unless expressly stated otherwise or the context otherwise suggests, “he” refers both genders.

participating schools on the provision of the various activities and services set out in this Protocol.

2.12 Case Manager²

A registered social worker of the designated CCPSA, who specialises in drug counselling and is assigned to handle an identified student.

2.13 Designated Teachers

The class teacher of the participating student, and another school teacher suggested by a participating student in the Consent to Participation.

2.14 School Project Assistant

Staff employed by participating schools to perform the duties of school project assistant as set out in this Protocol.

2.15 Illicit Drug or Drug

Any drug or substance which is subjected to control under the Dangerous Drugs Ordinance (Cap 134, Laws of Hong Kong) (DDO).

2.16 Laboratory Test

A test conducted by Government Laboratory using sophisticated instruments, namely Gas chromatography – mass spectrometry (GC-MS) or Liquid chromatography – mass spectrometry (LC-MS), to identify the presence of illicit drugs. It covers common types of psychotropic substances abused by adolescent drug abusers in Hong Kong. As illustration, they may include:

- (a) Ketamine (氯胺酮, K 仔);
- (b) Ecstasy (搖頭丸);
- (c) Methylamphetamine (冰);
- (d) Cannabis (大麻); and
- (e) Cocaine (可卡因).

As the trend of taking illicit drugs may change rapidly, the types of drugs to be tested may be changed during the course of the Scheme.

2.17 Confirmed Case

A case of drug abuse which is supported by laboratory test result demonstrating the presence of illicit drugs in the relevant hair specimen. It also refers to a self-referral case (see Chapter 6).

2.18 False-positive Case

A positive test result refuted upon medical review (see Chapter 9).

2.19 Support Programme

A support programme of counselling, treatment, rehabilitation and referral services for an identified student (see Chapter 5).

2.20 Community-based Support Services

Any service or programme available in the community which can support the identified student (e.g. mentoring scheme where a volunteer acting as mentor may share his life experience and help the student cope with and overcome difficulties).

² Case manager shall mean a registered social worker which is funded by any separate funding sources outside the Social Welfare Department's subvention programme (e.g. Beat Drugs Fund). If no such separate funding is provided to the CCPSA under the Scheme (i.e. when cases arising from school drug testing are still within the current service capacity of the CCPSA), then "case manager" shall mean the "case worker" funded under the SWD's subvention programme.

CHAPTER 3 ROLES OF CONCERNED PARTIES

- 3.1 Designated NGO
- (a) SDT Team. They are responsible for collecting samples for drug tests and carrying out the ancillary arrangement.
 - (b) Project Manager. The project manager is responsible for co-ordinating the drug testing, and other promotion and preventive activities, and counselling, treatment and rehabilitation services for students and parents of the participating schools. The project manager is also responsible for -
 - (i) observing the SDT team on school visits and offering comments on whether the SDT team has adhered to the drug testing procedures set out in this Protocol;
 - (ii) handling complaints relating to drug testing from participating students, their parents/guardians, or other relevant parties; and
 - (iii) for BDF funded Scheme, complying with BDF procedures, including reporting requirements.
- 3.2 Designated CCPSA
- (a) Case Manager. The case manager of the designated CCPSA is responsible for assessing the identified student's needs, and for the provision of suitable counselling, treatment and rehabilitation services, including the participation in a multi-disciplinary case conference, where necessary, to contribute in formulating an effective support programme for the identified student.
- 3.3 School Social Worker. He is responsible for assisting the SDT team in providing timely counselling to participating students, identified students and their parents/guardians with emotional stress. For his known case (students already receiving his casework service), the school social worker will refer the identified students to appropriate services in the community. The SDT team will follow up if the identified students are not the known cases of school social workers.
- 3.4 School
- (a) School Principal. He is responsible for supervising the running of the Scheme at school and providing the school's support for the participating and identified students.
 - (b) Designated Teachers. They are responsible for providing assistance to the running of the Scheme at school and supporting the participating and identified students.
- 3.5 School Project Assistant. He is responsible for –
- (a) arranging the logistics support for the SDT team school visits and serving as the contact point between participating schools and the SDT team on drug testing matters (e.g. fixing testing schedule, co-ordinating the participating student list);
 - (b) observing the SDT team drug testing process on school visits and offering comments to school principals for follow-up with the project manager;
 - (c) assisting the school principals in complying with the data privacy requirements as set out in this Protocol and seeking advice from the project manager if required;

- (d) assisting the school principals in handling complaints/enquiries on drug testing received by the schools and seeking advice from the project manager if required;
- (e) informing school principals of complaints/enquiries on drug testing received on site by the SDT team and the follow-up action taken by the project manager; and
- (f) compiling the following reports –
 - (i) school visit reports to school principals (see paragraph 4.27); and
 - (ii) monthly reports and a final one to school principals.

CHAPTER 4 DRUG TESTING

Preparation

- 4.1 Prior to running the drug testing, anti-drug education and briefing sessions will be arranged by the designated NGO, in collaboration with the participating schools, to introduce and promote the Scheme to school teachers, parents/guardians, students and other relevant parties, and to invite participation in the Scheme.
- 4.2 In parallel, participating schools will devise and implement a healthy school policy with a view to creating a safe, caring, healthy and drug-free learning environment, and building up positive values and attitudes among students for whole-person development from an early stage, thereby enhancing their ability to resist taking drugs.

Consent Form and Participation in the Scheme

- 4.3 Participation in the Scheme is entirely voluntary.
- 4.4 The participating schools will provide students and their parents/guardians with a copy of this Protocol and a standard form which includes a pledge by students to stay away from drugs, and Consent to Participation to indicate whether they agree to participate and to give the necessary consent and undertaking.
- 4.5 To participate in the Scheme, a student and his parent/guardian will need to give the following consent and undertaking –
 - (a) Drug Testing. Consent and undertaking to provide a hair specimen of the student to be tested for the presence of illicit drugs, if so requested under the Scheme.
 - (b) Support Programme. Consent and undertaking to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself to the support programme.
- 4.6 The form for Consent to Participation will inform parents/guardians and students that their personal data will be collected by and/or released to the following concerned parties on a confidential basis and only for the purposes of the Scheme –
 - (a) relevant staff of designated NGO, that is, the project manager and the SDT team, and the case manager of the designated CCPSA upon any positive test result or upon self-referral;
 - (b) school social worker of the participating school;
 - (c) relevant staff of the participating school, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student and any other teacher if so suggested by the student; and
 - (d) school project assistant.
- 4.7 The form for Consent to Participation must be read, signed, and dated by the student and his parent/guardian. The duly completed form should be returned to the student's class teacher.
- 4.8 Consent to Participation is valid for the duration of the Scheme (see paragraph 2.1).

- 4.9 For a participating student who changes to another school which also runs school drug testing during the school year, the student and his parent/guardian are required to complete the necessary procedures of the new school in order to participate in the school drug testing scheme of the new school.
- 4.10 Any parent/guardian and student who have not returned the form of Consent to Participation before the commencement of drug testing are nonetheless still welcome to join the Scheme anytime during the school year.
- 4.11 Students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

List of Students

- 4.12 Before any testing begins, each school principal or any school staff designated to act on his behalf will prepare a list which includes the name, class and gender of the participating students in his school.
- 4.13 Before a visit to any participating schools, the SDT team will provide one-week advance notice to the school principal or any school staff designated to act on his behalf, school social worker and the school project assistant. Test dates and frequencies will not be made known to the students.
- 4.14 The school principal or any school staff designated to act on his behalf will provide the SDT team with an updated participating student list three working days prior to the school visit via secure communication.
- 4.15 The SDT team will inform the school principal or any school staff designated to act on his behalf and the school project assistant of the list of randomly selected students for drug testing one working day before the school visit. The selected students will only be informed as they proceed to receive the drug test.
- 4.16 At the beginning of the school visit, the school principal or any school staff designated to act on his behalf will provide an updated list of randomly selected students to the SDT team and the school project assistant, which shows the availability and sequence of the selected students to undergo drug testing. The school project assistant will counter-check the names of the students on the list to ensure that the list of selected students is in order.

Random Selection

- 4.17 Each quarter, a certain proportion (say 5%) of participating students from a school will be randomly selected by the SDT team for testing. Generally speaking, each school may be visited at least once every term. The SDT team will not visit the participating schools on a regular schedule, so that students will not be able to tell the date of testing.
- 4.18 Except for those identified students who have already enrolled in support programmes under the Scheme, a student selected for testing will remain in the total population subject to future random selection.

Hair Specimen Collection

- 4.19 In conducting the hair specimen collection procedure, the SDT team will make their best endeavours to put the selected students at ease and to dispel undue concerns or misunderstandings about drug tests and the Scheme.
- 4.20 The process may take about 3 minutes, with every effort made to minimize disruption to learning and teaching, which includes –
- (a) screening interview in an interview room; and
 - (b) collection of hair specimen in the interview room.
- 4.21 The SDT team will brief the selected students individually and answer any relevant questions. A set of guidelines for the screening interview is provided at Appendix 2.
- 4.22 Selected students will be required to provide hair specimen in an interview room. The hair specimen collection procedure is provided in Appendix 3. See Chapter 7 for the procedures for following up on-the-spot refusals.
- 4.23 The school project assistant will be present at all specimen collection sessions. The school project assistant will record information required for the school visit report (see paragraph 4.27).
- 4.24 The school principal or any school staff designated to act on his behalf will inform the selected student's parent/guardian that the student has been selected for testing.
- 4.25 School teachers and school social workers should pay attention to the selected students to see if they have any anxiety, and provide the necessary assistance and counselling to them, before the release of the laboratory test results.
- 4.26 Other Cases
A selected student may also, on the spot –
- (a) refer himself to a support programme without testing (see Chapter 6);
 - (b) refuse drug testing (see Chapter 7); or
 - (c) withdraw Consent to Participation (see Chapter 8).
- 4.27 School Visit Report
- (a) At the end of the school visit, the school project assistant will compile a school visit report to the school principal for necessary follow-up.
 - (b) The school visit report will cover any on-the-spot complaints received by the school project assistant. It will also contain the names of the students who -
 - (i) provided the hair specimen;
 - (ii) self-referred to a support programme without testing;
 - (iii) refused drug testing; and
 - (iv) withdrew Consent to Participation.

Laboratory Test

- 4.28 For each hair specimen collected, the SDT team and the school project assistant will sign a request for laboratory testing to the Government Laboratory.
- 4.29 The SDT team will deliver the hair specimen to the Government Laboratory for testing. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. Proper procedures will be followed to account for the integrity of each hair specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen at the Government Laboratory.

- 4.30 The laboratory test will normally take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the school project assistant.
- 4.31 Specimens sent for laboratory testing that are tested positive will be discarded by the Government Laboratory personnel on expiry of five working days after completion of analysis. Specimens that are tested negative will be immediately disposed of by the Government Laboratory personnel after the test.
- 4.32 If the identified student and/or his parent/guardian insist on obtaining a second test (using sophisticated instruments, namely GC-MS or LC-MS) by another competent laboratory to refute the positive test result, they may do so at their own expense and should inform the school principal within three working days from the completion of the laboratory test. The school principal will inform the school project assistant and the SDT team. The SDT team will notify the Government Laboratory through a signed request to prepare the hair specimen for collection. Upon receipt of the notification, the Government Laboratory will make ready the hair specimen remaining after the Government Laboratory has conducted the test or has retained a sufficient part for the test, under seal for collection at the Government Laboratory by authorised staff of the SDT team. The Government Laboratory will discard the remaining hair specimens if they are not collected within five days from the date of the notification.
- 4.33 If the result of the hair test conducted by the other laboratory is negative, then for the purposes of the Scheme, the student will be treated as a false-positive case irrespective of the positive result of the test conducted by the Government Laboratory.

Result Notification

- 4.34 The school project assistant will inform the project manager and the school principal about the laboratory test results via secure communication.
- 4.35 Negative Cases
The school principal will inform the selected student's parent/guardian of the laboratory test result.
- 4.36 Confirmed Cases
- (a) The school project assistant will notify the case manager.
 - (b) The school principal will inform the identified student and his parent/guardian and invite them to a meeting on the day. The school principal will also notify the school social worker and the designated teachers (via secure communication) for assistance and counselling at school.
 - (c) The case manager will provide immediate counselling services and necessary support to the identified student and his parent/guardian, with support where necessary from the school social worker and the project manager.
 - (d) The identified student and/or his parent/guardian may request a medical review (see Chapter 9).

CHAPTER 5 SUPPORT PROGRAMME

Case Conference

- 5.1 Within 10 working days after notification of a confirmed case, the project manager of the designated NGO will, subject to the case welfare need and availability of parties concerned, convene and chair a multi-disciplinary case conference, to formulate a support programme (or commonly known as a welfare plan) for the identified student. Before the case conference, where appropriate, the student and parent/guardian may be requested to further consent to the participation of other parties to the case conference, and to the disclosure of information relating to the student's drug use, treatment and rehabilitation to them. The case manager will discuss with the student and his parent/guardian on details of the support programme for agreement before implementation.

Support Programmes for Identified Students

- 5.2 Depending on the case assessment, a support programme for an identified student may be wide ranging, including possible measures such as the following (non-exhaustive, for illustrative purposes) –
- (a) For experimental abusers or non-dependent regular abusers
 - (i) The parent/guardian should pay more attention to the student, and may also arrange medical and counselling services through their own means;
 - (ii) The student may continue normal schooling as far as possible, and at the same time receive counselling and assistance from school social workers and designated teachers at school;
 - (iii) Community-based support services/programmes outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family/interpersonal relationship training, psychiatric/psychological intervention, mentorship schemes, etc;
 - (iv) Basic medical support (e.g. further drug testing, body check up, motivational interviews and drug-related consultation) from general practitioners in the local community network, or medical doctors and healthcare professionals engaged by the designated CCPSA;
 - (v) Cases with psychiatric and other medical complications may be referred to Substance Abuse Clinics of the Hospital Authority or other suitable government clinics/hospitals for specialist medical treatment;
 - (b) For addicted (dependent) abusers
 - (i) Addicted abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres in the territories run by 17 non-governmental organisations (NGOs); and
 - (ii) After completing a residential programme, the rehabilitated student may return to schooling in a mainstream or other school following a review by the concerned parties and others in a case conference as and when necessary. EDB will ensure such social reintegration through the existing placement assistance mechanism.

- 5.3 The support programme will also make full use of any community network available.
- 5.4 The case manager may review the support programme as and when necessary and may share the case progress and relevant issues with the student, his parent/guardian, and other concerned parties. Case review meeting may be convened to discuss progress and unresolved issues, if needed.
- 5.5 The support programme under the Scheme may last beyond the end of the school year if necessary.
- 5.6 Parents/guardians of participating and identified students may also benefit from counselling and other services of the concerned parties, apart from general community services such as those available at integrated family service centres operated by Social Welfare Department (SWD) or NGOs subvented by SWD, which deliver “one-stop” services to individuals and families to meet their multifarious needs.

Programmes for Non-drug Users and Other Students

- 5.7 The school, school social worker, designated NGO, designated CCPSA and other parties may arrange promotion, education and prevention programmes for non-drug users and other students throughout the school year.

CHAPTER 6 SELF-REFERRAL

- 6.1 At anytime during the drug testing process, selected students may admit abuse of drugs.
- 6.2 Participating students not selected for drug testing may admit abuse of drug to any school personnel at anytime. The school personnel will refer the student to the SDT team and inform the school project assistant.
- 6.3 The need for drug testing may be obviated by such voluntary admission of drug abuse.
- 6.4 Such students having admitted drug abuse will be treated as confirmed cases and will be followed up as such.
- 6.5 Students with drug problems may also approach the designated CCPSA direct to benefit from the support programme (see Chapter 5).

CHAPTER 7 REFUSAL

- 7.1 If a selected student refuses to take the drug test, the school principal may ask a designated teacher to address any concern that the selected student may have but it must always be borne in mind that participation is entirely voluntary.
- 7.2 If a selected student tampers with the testing process, the school principal may ask a designated teacher to follow up with the selected student.
- 7.3 If the selected student is in emotional distress, he may be referred to the school social worker for voluntary counselling.
- 7.4 The school principal or the designated teacher will notify the selected student's parent/guardian who has given Consent to Participation, if a selected student refuses to take the drug test and/or tampers with the testing process.

CHAPTER 8 WITHDRAWAL OF CONSENT

- 8.1 Participating students and parents/guardians may jointly withdraw Consent to Participation at any time during the Scheme by written notice given to the school principal.
- 8.2 Where a withdrawal notification is given by the participating student only, the school principal or the designated teacher will inform the parent/guardian who gave the Consent to Participation.
- 8.3 Bearing in mind that participation in the Scheme is entirely voluntary, no adverse consequence will arise from any withdrawal.
- 8.4 Upon receiving the notice of withdrawal, the school principal will inform the project manager, the school project assistant, and the other concerned parties, who (including the school principal) will erase the relevant personal data (including any drug testing records) in their respective possession as soon as the data are no longer required for the purposes of the Scheme.

CHAPTER 9 REVIEW

- 9.1 If the identified student and/or his parent/guardian maintain that the existence of the positive test result of the hair specimen is not attributable to unlawful use (e.g. it was caused by the use of drugs prescribed by medical doctors), they should inform the school principal. The school principal will inform the project manager and the school project assistant. The project manager will invite a medical doctor to review the situation in the light of the said assertion. The concerned parties will abide by the medical doctor's review result.
- 9.2 However, if the identified student and/or his parent/guardian insist on obtaining a second opinion from another competent medical practitioner to prove that the existence of the positive test result of the hair specimen is not attributable to unlawful use, they may do so at their own expenses.
- 9.3 If the second opinion obtained by the identified student and/or his parent/guardian substantiates the assertion, then irrespective of the review result in paragraph 9.1, the identified student will be treated as a false-positive case for the purposes of the Scheme.

CHAPTER 10 CONFIDENTIALITY AND PERSONAL DATA PRIVACY

- 10.1 Personal data obtained under the Scheme are protected under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong) (PD(P)O). Records of confidential information kept by reporting agencies and Central Registry of Drug Abuse (CRDA) are also protected by Part VIIA (sections 49A- 49I) of the DDO. All concerned parties must familiarize themselves and strictly comply with the provisions of these Ordinances. For ease of reference, a brief summary of the data protection principles (DPP) 1 – 6 of the PD(P)O is attached at Appendix 4.
- 10.2 The school project assistant will assist the participating schools in complying with the requirements on the protection of confidential information and personal data as set out in this Protocol.

Data Protection Principles (DPP) 1 – 6 of the Personal Data (Privacy) Ordinance

- 10.3 The consent form, this Protocol and the process of obtaining consent have been carefully designed to set out the necessary information in order to meet the requirements of DPP 1. All concerned parties involved in the Scheme should restrict themselves to obtaining and disclosing personal data of a student which are strictly necessary for the purposes of the Scheme.
- 10.4 In accordance with DPP 2, due process has been put in place to ensure accuracy of the test results (see arrangements in Chapter 4 and for review in Chapter 9). Following completion of the Scheme, or withdrawal of Consent to Participation, all personal data will be erased as soon as they are no longer required for the purposes of the Scheme.
- 10.5 In accordance with DPP 3, personal data collected under the Scheme shall not without the prescribed consent of the data subject, be used for any purpose other than the purposes of the Scheme or a purpose directly related to the Scheme.
- 10.6 In accordance with DPP 4, all data users must establish and maintain appropriate security measures to protect the personal data. Policies and practices in relation to personal data must be formulated to ensure only authorized persons could access such personal data. Personal data, especially drug testing records and the school visit report, will be kept confidential and all practicable measures will be employed to avoid any stigma or labelling effect. Staff of schools, designated NGO and designated CCPSA who have access to such personal data should be required to sign an undertaking to maintain confidentiality. Communication of personal data over the Internet must be secure. The use of mobile device for storing such personal data must be restrictive and encrypted.
- 10.7 In accordance with DPP 5, this Protocol is an open document for dissemination to all concerned and for public access. All data users must also put in place and make available their personal data policies and practices.
- 10.8 In accordance with DPP 6, all data subjects (students and parents/guardians) have rights to access to and correction of their personal data.

Protection under the Dangerous Drugs Ordinance (DDO)

- 10.9 All concerned parties should note that under section 49D(1) of the DDO, there is a general prohibition with criminal sanctions against disclosure of any records of confidential information³ which is kept by CRDA or a reporting agency, supply to any person information obtained from such record, or permitting access to any such record. Any person seeking to do any act mentioned in section 49D(1) shall ensure that the act is covered by consent under section 49F, or is otherwise lawful. The names of organisations designated as reporting agencies are specified in the Fourth Schedule of the DDO.
- 10.10 For the purposes of the Scheme, and without prejudice to other situations, the designated CCPSA may report to CRDA the drug abuse situation of the student if the student and his parent/guardian so consent.
- 10.11 All information supplied to CRDA is handled in strict confidence and is accessible only to people who are directly involved in the operation of CRDA and are required to observe the rule of confidentiality.

³ “Confidential information” means information which is recorded by the CRDA or a reporting agency in respect of any person and which relates to any one or more of the following –

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under the DDO; and
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug.

CHAPTER 11 LAW ENFORCEMENT

Police

- 11.1 Police and other law enforcement agencies will not be informed of the personal data of any individual student obtained under the Scheme.
- 11.2 Police may be provided with aggregate, non-identifying statistics of the test results to understand the drug situation of a school for better focusing efforts to combat the drug problem.

Prosecution Policy

- 11.3 A positive drug test or an admission of drug abuse will generally evidence that an offence of consumption of a dangerous drug has taken place. However, the Scheme is an innovative initiative which is primarily designed to enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs, and trigger the motivation of those students abusing drugs to quit drugs and seek help. Accordingly, the prosecution authorities have confirmed that a participating student who has been tested positive or who admits drug abuse pursuant to the Scheme will not be prosecuted for consumption of drugs contrary to section 8 of the DDO.
- 11.4 Any other situation outside the Scheme, that is, other than where a participating student has tested positive or admits drug abuse pursuant to the Scheme, will be governed by existing practice and laws of Hong Kong. The Scheme does not exempt police investigation and/or prosecution of a student and/or a participant of the Scheme who is found to be in possession of a dangerous drug or is found to be consuming a dangerous drug whether inside or outside the school campus. In every other respect, the current edition of the Statement of Prosecution Policy and Practice issued by the Department of Justice applies.

APPENDIX 1 SAMPLE FORM

PLEDGE TO STAY AWAY FROM DRUGS
SCHOOL YEAR _____

To: Principal, [Name] Secondary School

I, the undersigned student, understand that abusing illicit drugs is illegal and that taking illicit drugs is harmful to my health.

I wish to pledge that I will stay away from illicit drugs.

I do not wish to make the pledge that I will stay away from illicit drugs.

{Please select and tick ONE of the two boxes above.}

Student's Name (Block Capitals)

Signature

Date

CONSENT TO PARTICIPATION
Participation in School Drug Testing Scheme (Scheme)

School Year _____

To: Principal, [Name] Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a hair specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year _____.

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential basis and only for the purposes of the Scheme –

1. relevant staff of the designated NGO, that is the project manager and the Student Drug Testing team, and the case manager of the designated CCPSA assigned to the student upon any positive test result or upon self-referral;
2. school social worker of the participating school;
3. relevant staff of [Name] Secondary School, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student, and _____ (that is, any other teacher if so suggested by the student); and
4. school project assistant.

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a hair specimen for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
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Student's Name (Block Capitals)

Signature

Date

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of [Name of School Principal] is ... (include school address and telephone number)

APPENDIX 2 GUIDELINES FOR SCREENING INTERVIEW

Screening Interview

A screening interview will be conducted by the SDT team before the drug test is administered. The following areas will be explored –

1. The guiding principles and objectives of the Scheme;
2. The procedures of collection of hair specimen;
3. The rights and obligations of the students; and
4. Drug abuse history of the student, if any.

APPENDIX 3 HAIR SPECIMEN COLLECTION PROCEDURES

Pre-test Arrangement

1. The school principal designates a collection site which is secure, and dedicated solely to hair collection.

Procedures for Specimen Collection

2. The school principal or any school staff designated to act on his behalf informs selected students and facilitates their attendance to the collection site.
3. The SDT team shall conduct a screening interview and brief the student on the purpose of hair collection.
4. The collector will carefully cut sufficient number of strands of hair (around 50 strands) from different parts of the head of the student.

APPENDIX 4 **BRIEF ON PERSONAL DATA (PRIVACY) ORDINANCE**

Objectives

The purpose of the Ordinance is to protect the privacy interests of living individuals in relation to personal data. It also contributes to Hong Kong's continued economic well being by safeguarding the free flow of personal data to Hong Kong from restrictions by countries that already have data protection laws.

Scope of Coverage

The Ordinance covers any data relating directly or indirectly to a living individual (data subject), from which it is practicable to ascertain the identity of the individual and which are in a form in which access or processing is practicable. It applies to any person (data user) that controls the collection, holding, processing or use of personal data.

Data Protection Principles (DPP)

Principle 1 (DPP 1) – **Purpose and manner of collection.** This provides for the lawful and fair collection of personal data and sets out the information a data user must give to a data subject when collecting personal data from that subject.

Principle 2 (DPP 2) – **Accuracy and duration of retention.** This provides that personal data should be accurate, up-to-date and kept no longer than necessary.

Principle 3 (DPP 3) – **Use of personal data.** This provides that unless the data subject gives consent otherwise personal data should be used for the purposes for which they were collected or a directly related purpose.

Principle 4 (DPP 4) – **Security of personal data.** This requires appropriate security measures to be applied to personal data (including data in a form in which access to or processing of the data is not practicable).

Principle 5 (DPP 5) – **Information to be generally available.** This provides for openness by data users about the kinds of personal data they hold and the main purposes for which personal data are used.

Principle 6 (DPP 6) – **Access to personal data.** This provides for data subjects to have rights of access to and correction of their personal data.

The Ordinance (full text) can be downloaded from website of “The Office of the Privacy Commissioner for Personal Data” at

<http://www.pcpd.org.hk/english/ordinance/ordfull.html>.

Appendix 6

Protocol for Drug Testing

(for School Drug Testing Schemes
Involving Schools across Different Districts)

*Drug Testing Method :
Screening and Confirmatory Tests on Urine Specimens*

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CHAPTER 1 PURPOSES AND GUIDING PRINCIPLES

- 1.1 The School Drug Testing Scheme (the Scheme) is part of the healthy school programme of participating schools with participation from parties in the social welfare, healthcare and other sectors.
- 1.2 Development of the Scheme is guided by the following principles –
 - (a) helping students in their best interest;
 - (b) voluntary participation;
 - (c) keeping personal information strictly confidential; and
 - (d) professional testing and support services for students.
- 1.3 The purposes and imperatives of the Scheme are –
 - (a) for prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
 - (b) for rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap.
- 1.4 In line with the objectives of the Scheme, students found to have abused drugs under the Scheme will –
 - (a) not be prosecuted for drug consumption; and
 - (b) not be expelled from school.
- 1.5 Apart from participating in the Scheme, a student and his/her parent/guardian can also directly approach any counselling centre for psychotropic substance abusers (CCPSA) for professional assistance. The whole process is kept confidential. To complement their counselling services, CCPSAs will provide elementary medical support including voluntary drug testing services.

CHAPTER 2 DEFINITIONS¹

- 2.1 Scheme
The School Drug Testing Scheme includes drug testing and support programmes. Drug testing will run from the beginning of the school year or at the time the Scheme is introduced during the school year whichever is later to end of the school year. Support programmes (see paragraph 2.20) for identified students may last beyond the end of the school year, if necessary.
- 2.2 Participating School
A secondary school which joins the Scheme on a voluntary basis in the school year when the Scheme is implemented.
- 2.3 Consent to Participation
A written consent to participation in the Scheme, given by a student and his parent/guardian in a standard form to the school principal (see paragraphs 4.3 to 4.11). A sample form is at Appendix 1, which comprises two parts, namely a pledge to stay away from illicit drugs and consent to participation.
- 2.4 Participating Student
A student who has consented to participate, and whose parent/guardian has also given consent for the student to participate, in the Scheme.
- 2.5 Selected Student
A student who is randomly selected for a drug test (see paragraph 2.16).
- 2.6 Identified Student
A student who is identified as a screened positive case (see paragraph 4.27) or a confirmed case (see paragraph 2.18).
- 2.7 Concerned Parties
The parties specified in the Consent to Participation, who will have access to personal data collected under the Scheme (see paragraph 4.6) and will have a specific role to play in the Scheme (see Chapter 3).
- 2.8 Designated NGO
The Non-governmental Organization (NGO) acting as the overall co-ordinator of the drug testing and other complementary components of the healthy school programme. It is responsible for providing / co-ordinating the whole range of promotion and preventive activities, counselling services to students and their parents of participating schools, and drug testing services to participating schools.
- 2.9 Designated CCPSA
It is the CCPSA serving the district in which the participating schools are located. The designated CCPSA may or may not be the designated NGO. There may be more than one designated CCPSA serving the participating schools if the participating schools are located across different districts.
- 2.10 Student Drug Testing (SDT) Team
A team from the designated NGO to collect urine specimens from students and conduct screening tests. The team will visit each of the participating schools and carry out drug testing.

¹ In this Protocol, unless expressly stated otherwise or the context otherwise suggests, “he” refers both genders.

- 2.11 Project Manager
A registered social worker of the designated NGO who has received training in drug counselling and is assigned to supervise the SDT team, and co-ordinate with the designated CCPSA, school social workers and school principals/teachers of participating schools on the provision of the various activities and services set out in this Protocol.
- 2.12 Case Manager²
A registered social worker of the designated CCPSA, who specialises in drug counselling and is assigned to handle an identified student.
- 2.13 Designated Teachers
The class teacher of the participating student, and another school teacher suggested by a participating student in the Consent to Participation.
- 2.14 School Project Assistant
Staff employed by participating schools to perform the duties of school project assistant as set out in this Protocol.
- 2.15 Illicit Drug or Drug
Any drug or substance which is subjected to control under the Dangerous Drugs Ordinance (Cap 134, Laws of Hong Kong) (DDO).
- 2.16 Screening Test
A drug test to be conducted by the SDT team. A urine test kit will be used to test for the presence of illicit drugs (or their metabolites) in a person's urine specimen. It covers common types of psychotropic substances abused by adolescent drug abusers in Hong Kong. As illustration, they may include:
(a) Ketamine (氯胺酮, K 仔);
(b) Ecstasy (搖頭丸);
(c) Methylamphetamine (冰);
(d) Cannabis (大麻); and
(e) Cocaine (可卡因).
As the trend of taking illicit drugs may change rapidly, the types of drugs to be tested may be changed during the course of the Scheme.
- 2.17 Confirmatory Test
A test conducted by the Government Laboratory using sophisticated instruments, namely Gas chromatography – mass spectrometry (GC-MS) or Liquid chromatography – mass spectrometry (LC-MS):
(a) to identify the presence of illicit drugs in order to ensure reliability and accuracy, after the screening test returns a positive result; or
(b) to identify the presence of illicit drugs where a selected student chooses to provide a urine specimen for a confirmatory test direct under paragraph 4.28(a).
- 2.18 Confirmed Case
A case of drug abuse which is supported by confirmatory test result demonstrating the presence of illicit drugs in the relevant urine specimen. It also refers to a self-referral case (see Chapter 6).

² Case manager shall mean a registered social worker which is funded by any separate funding sources outside the Social Welfare Department's subvention programme (e.g. Beat Drugs Fund). If no such separate funding is provided to the CCPSA under the Scheme (i.e. when cases arising from school drug testing are still within the current service capacity of the CCPSA), then "case manager" shall mean the "case worker" funded under the SWD's subvention programme.

- 2.19 False-positive Case
A positive screening test result refuted by a negative confirmatory test result, or refuted upon medical review (see Chapter 9).
- 2.20 Support Programme
A support programme of counselling, treatment, rehabilitation and referral services for an identified student (see Chapter 5).
- 2.21 Community-based Support Services
Any service or programme available in the community which can support the identified student (e.g. mentoring scheme where a volunteer acting as mentor may share his life experience and help the student cope with and overcome difficulties).

CHAPTER 3 ROLES OF CONCERNED PARTIES

- 3.1 Designated NGO
- (a) SDT Team. They are responsible for performing the drug tests and carrying out the ancillary arrangement, receiving testing results and providing on-the-spot counselling services for students tested positive.
 - (b) Project Manager. The project manager is responsible for co-ordinating the drug testing, and other promotion and preventive activities, and counselling, treatment and rehabilitation services for students and parents of the participating schools. The project manager is also responsible for -
 - (i) observing the SDT team on school visits and offering comments on whether the SDT team has adhered to the drug testing procedures set out in this Protocol;
 - (ii) handling complaints relating to drug testing from participating students, their parents/guardians, or other relevant parties; and
 - (iii) for BDF funded Scheme, complying with BDF procedures, including reporting requirements.
- 3.2 Designated CCPSA
- (a) Case Manager. The case manager of the designated CCPSA is responsible for assessing the identified student's needs, and for the provision of suitable counselling, treatment and rehabilitation services, including the participation in a multi-disciplinary case conference, where necessary, to contribute in formulating an effective support programme for the identified student.
- 3.3 School Social Worker. He is responsible for assisting the SDT team in providing timely counselling to participating students, identified students and their parents/guardians with emotional stress. For his known cases (students already receiving his casework service), the school social worker will refer the identified students to appropriate services in the community. The SDT team will follow up if the identified students are not the known cases of school social workers.
- 3.4 School
- (a) School Principal. He is responsible for supervising the running of the Scheme at school and providing the school's support for the participating and identified students.
 - (b) Designated Teachers. They are responsible for providing assistance to the running of the Scheme at school and supporting the participating and identified students.
- 3.5 School Project Assistant. He is responsible for –
- (a) arranging the logistics support for the SDT team school visits and serving as the contact point between participating schools and the SDT team on drug testing matters (e.g. fixing testing schedule, co-ordinating the participating student list);
 - (b) observing the SDT team drug testing process on school visits and offering comments to school principals for follow-up with the project manager;
 - (c) assisting the school principals in complying with the data privacy requirements as set out in this Protocol and seeking advice from the project manager if required;

- (d) assisting the school principals in handling complaints/enquiries on drug testing received by the schools and seeking advice from the project manager if required;
- (e) informing school principals of complaints/enquiries on drug testing received on site by the SDT team and the follow-up action taken by the project manager; and
- (f) compiling the following reports –
 - (i) school visit reports to school principals (see paragraph 4.29); and
 - (ii) monthly reports and a final one to school principals.

CHAPTER 4 DRUG TESTING

Preparation

- 4.1 Prior to running the drug testing, anti-drug education and briefing sessions will be arranged by the designated NGO, in collaboration with the participating schools, to introduce and promote the Scheme to school teachers, parents/guardians, students and other relevant parties, and to invite participation in the Scheme.
- 4.2 In parallel, participating schools will devise and implement a healthy school policy with a view to creating a safe, caring, healthy and drug-free learning environment, and building up positive values and attitudes among students for whole-person development from an early stage, thereby enhancing their ability to resist taking drugs.

Consent Form and Participation in the Scheme

- 4.3 Participation in the Scheme is entirely voluntary.
- 4.4 The participating schools will provide students and their parents/guardians with a copy of this Protocol and a standard form which includes a pledge by students to stay away from drugs and Consent to Participation to indicate whether they agree to participate and to give the necessary consent and undertaking.
- 4.5 To participate in the Scheme, a student and his parent/guardian will need to give the following consent and undertaking –
 - (a) Drug Testing. Consent and undertaking to provide a urine specimen of the student to be tested for the presence of illicit drugs, if so requested under the Scheme.
 - (b) Support Programme. Consent and undertaking to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself to the support programme.
- 4.6 The form for Consent to Participation will inform parents/guardians and students that their personal data will be collected by and/or released to the following concerned parties on a confidential basis and only for the purposes of the Scheme –
 - (a) relevant staff of the designated NGO, that is, the project manager and the SDT team, and the case manager of the designated CCPSA serving the district in which the school is located upon any positive test result or upon self-referral;
 - (b) school social worker of the participating school;
 - (c) relevant staff of the participating school, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student and any other teacher if so suggested by the student; and
 - (d) school project assistant.
- 4.7 The form for Consent to Participation must be read, signed, and dated by the student and his parent/guardian. The duly completed form should be returned to the student's class teacher.
- 4.8 Consent to Participation is valid for the duration of the Scheme (see paragraph 2.1).

- 4.9 For a participating student who changes to another school which also runs school drug testing during the school year, the student and his parent/guardian are required to complete the necessary procedures as required by the new school in order to participate in the school drug testing scheme of the new school.
- 4.10 Any parent/guardian and student who have not returned the form of Consent to Participation before the commencement of drug testing are nonetheless still welcome to join the Scheme anytime during the school year.
- 4.11 Students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

List of Students

- 4.12 Before any testing begins, each school principal or any school staff designated to act on his behalf will prepare a list which includes the name, class and gender of the participating students in his school.
- 4.13 Before a visit to any participating schools, the SDT team will provide one-week advance notice to the school principal or any school staff designated to act on his behalf, school social worker and the school project assistant. Test dates and frequencies will not be made known to the students.
- 4.14 The school principal or any school staff designated to act on his behalf will provide the SDT team with an updated participating student list three working days prior to the school visit via secure communication.
- 4.15 The SDT team will inform the school principal or any school staff designated to act on his behalf and school project assistant of the list of randomly selected students for drug testing one working day before the school visit. The selected students will only be informed as they proceed to receive the drug test.
- 4.16 At the beginning of the school visit, the school principal or any school staff designated to act on his behalf will provide an updated list of randomly selected students to the SDT team and the school project assistant, which shows the availability and sequence of the selected students to undergo drug testing. The school project assistant will counter-check the names of the students on the list to ensure that the list of selected students is in order.

Random Selection

- 4.17 Each month, a certain proportion (say 3% - 5%) of participating students from a school will be randomly selected and tested by the SDT team. Generally speaking, each school may be visited at least once a month. The SDT team will not visit the participating schools on a regular schedule, so that students will not be able to tell the date of testing.
- 4.18 Except for those identified students who have already enrolled in support programmes under the Scheme, a student selected for a screening test will remain in the total population subject to future random selection.

Urine Specimen Collection and Screening Test

- 4.19 In conducting the urine specimen collection procedure, the SDT team will make their best endeavours to put the selected students at ease and to dispel undue concerns or misunderstandings about drug tests and the Scheme.
- 4.20 The process may take about 10 minutes, with every effort made to minimize disruption to learning and teaching, which includes –
 - (a) screening interview in an interview room;
 - (b) collection of urine specimen in a rest room;
 - (c) screening test in an interview room; and
 - (d) debriefing in an interview room.
- 4.21 The SDT team will brief the selected students individually and answer any relevant questions. A set of guidelines for the screening interview is provided at Appendix 2.
- 4.22 Selected students will be required to provide urine specimen in a clean rest room that allows for individual privacy. The urine specimen collection procedure is provided in Appendix 3. See Chapter 7 for the procedures for following up on-the-spot refusals.
- 4.23 If a screening test returns a positive result, the SDT team will conduct another screening test on the same urine specimen using a urine test kit of a different brand. If the second test result is negative, the student will be treated as a negative case.
- 4.24 If the results of the two screening tests are positive, the student will be treated as a screened positive case.
- 4.25 The school project assistant will be present at all screening drug test sessions. The school project assistant will record information required for the school visit report (see paragraph 4.29).

Result Notification (Screening Test)

- 4.26 Negative Case
 - (a) Specimens will be immediately disposed of by the SDT team after the screening test.
 - (b) Negative cases will be reported in the school visit report prepared by the school project assistant.
 - (c) The school principal will inform the selected student's parent/guardian of the screening test done and the negative result.
- 4.27 Positive Case
 - (a) The SDT team will provide on-the-spot counselling to the identified student.
 - (b) The school project assistant will immediately inform the school principal of the positive case.
 - (c) The school principal will notify the identified student's parent/guardian and invite them to a meeting on the day. The school principal will also notify the designated teachers for assistance and counselling at school.
 - (d) The SDT team will inform the project manager of the designated NGO and the case manager of the designated CCPSA serving the district in which the school is located. The case manager will provide counselling services and necessary support to the identified student and his parents/guardians if

attending, with support where necessary from the school social worker and project manager.

- (e) Meanwhile, if appropriate, the identified student may return to class after immediate counselling.
- (f) The case manager, the project manager, school social worker, school principal and/or designated teachers will discuss with the attending parent/guardian the immediate welfare of the identified student, and make preliminary suggestion on an appropriate support programme.

4.28 Other Cases

A selected student may also, on the spot –

- (a) provide a urine specimen for confirmatory test direct, if there is valid concern about carrying out a screening test (e.g. where the result may be affected by medications taken lawfully);
- (b) refer himself to a support programme without testing (see Chapter 6);
- (c) refuse drug testing (see Chapter 7); or
- (d) withdraw Consent to Participation (see Chapter 8).

4.29 School Visit Report

- (a) At the end of the school visit, the school project assistant will compile a school visit report to the school principal for necessary follow-up.
- (b) The school visit report will cover any on-the-spot complaints received by the school project assistant. It will also contain the names of the students who –
 - (i) provided a urine specimen for a confirmatory test direct;
 - (ii) were screened negative;
 - (iii) were screened positive;
 - (iv) self-referred to a support programme without testing;
 - (v) refused drug testing; and
 - (vi) withdrew Consent to Participation.

Confirmatory Test

- 4.30 For a screened positive case or a case in which the selected student has provided a urine specimen for a confirmatory test direct, the SDT team and the school project assistant will sign a request for confirmatory testing to the Government Laboratory.
- 4.31 The SDT team will deliver the urine specimen to the Government Laboratory for a confirmatory test. For a screened positive case, the specimen will be the same specimen as that used in the screening test. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. Proper procedures will be followed to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen at the Government Laboratory.
- 4.32 The confirmatory test will normally take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the school project assistant.
- 4.33 Specimens sent for confirmatory testing will be discarded by the Government Laboratory personnel on expiry of five working days after completion of analysis.
- 4.34 If the identified student and/or his parent/guardian insist on obtaining a second test (using sophisticated instruments, namely GC-MS or LC-MS) by another competent laboratory to refute the positive screening test result, they may do so at

their own expense and should inform the school principal within three working days from the screening test. The school principal will inform the school project assistant and the SDT team. The SDT team will notify the Government Laboratory through a signed request to prepare the urine specimen for collection. Upon receipt of the notification, the Government Laboratory will make ready the urine specimen remaining after the Government Laboratory has conducted the test or has retained a sufficient part for the test, under seal for collection at the Government Laboratory by authorised staff of the SDT team. The Government Laboratory will discard the remaining urine specimens if they are not collected within five days from the date of the notification.

- 4.35 If the result of the urine test conducted by the other laboratory is negative, then for the purposes of the Scheme, the student will be treated as a false-positive case irrespective of the positive result of the confirmatory test, or as a case of negative confirmatory test result if no screening test has been done before the confirmatory test.

Result Notification (Confirmatory Test)

- 4.36 The school project assistant will inform the school principal about the confirmatory test results via secure communication.

4.37 False-positive Cases

- (a) The school project assistant will notify the project manager and the case manager if a given case is confirmed negative upon confirmatory test. The case manager will abort the support services started.
- (b) The school principal will inform the concerned student and his parent/guardian.
- (c) If the student and/or parent/guardian show emotional distress, the case manager will provide necessary counselling services. The school social worker will provide necessary backup, if required.

4.38 Confirmed Cases

- (a) The school project assistant will notify the project manager and the case manager.
- (b) The school principal will notify the identified student and his parent/guardian while the case manager will continue to coordinate the support services.
- (c) The school principal will release the confirmed positive test result via secure communication to the designated teachers and school social worker.
- (d) The identified student and/or his parent/guardian may request a medical review (see Chapter 9).

CHAPTER 5 SUPPORT PROGRAMME

Case Conference

- 5.1 Within 10 working days after notification of a confirmed case, the project manager of the designated NGO will, subject to the case welfare need and availability of parties concerned, convene and chair a multi-disciplinary case conference, to formulate a support programme (or commonly known as a welfare plan) for the identified student. Before the case conference, where appropriate, the student and parent/guardian may be requested to further consent to the participation of other parties to the case conference, and to the disclosure of information relating to the student's drug use, treatment and rehabilitation to them. The case manager will discuss with the student and his parent/guardian on details of the support programme for agreement before implementation.

Support Programmes for Identified Students

- 5.2 Depending on the case assessment, a support programme for an identified student may be wide ranging, including possible measures such as the following (non-exhaustive, for illustrative purposes) –
- (a) For experimental abusers or non-dependent regular abusers
 - (i) The parent/guardian should pay more attention to the student, and may also arrange medical and counselling services through their own means;
 - (ii) The student may continue normal schooling as far as possible, and at the same time receive counselling and assistance from school social workers and designated teachers at school;
 - (iii) Community-based support services/programmes outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family/interpersonal relationship training, psychiatric/psychological intervention, mentorship schemes, etc;
 - (iv) Basic medical support (e.g. further drug testing, body check up, motivational interviews and drug-related consultation) from general practitioners in the local community network, or medical doctors and healthcare professionals engaged by the designated CCPSA;
 - (v) Cases with psychiatric and other medical complications may be referred to Substance Abuse Clinics of the Hospital Authority or other government clinics/hospitals for specialist medical treatment;
 - (b) For addicted (dependent) abusers
 - (i) Addicted abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres in the territories run by 17 non-governmental organisations (NGOs); and
 - (ii) After completing a residential programme, the rehabilitated student may return to schooling in a mainstream or other school following a review by the concerned parties and others in a case conference as and when necessary. EDB will ensure such social reintegration through the existing placement assistance mechanism.

- 5.3 The support programme will also make full use of any community network available.
- 5.4 The case manager may review the support programme as and when necessary and may share the case progress and relevant issues with the student, his parent/guardian, and other concerned parties. Case review meeting may be convened to discuss progress and unresolved issues, if needed.
- 5.5 The support programme under the Scheme may last beyond the end of the school year if necessary.
- 5.6 Parents/guardians of participating and identified students may also benefit from counselling and other services of the concerned parties, apart from general community services such as those available at integrated family service centres operated by Social Welfare Department (SWD) or NGOs subvented by SWD, which deliver “one-stop” services to individuals and families to meet their multifarious needs.

Programmes for Non-drug Users and Other Students

- 5.7 The school, school social worker, designated NGO, designated CCPSA and other parties may arrange promotion, education and prevention programmes for non-drug users and other students throughout the school year.

CHAPTER 6 SELF-REFERRAL

- 6.1 At anytime during the drug testing process, selected students may admit abuse of drugs.
- 6.2 Participating students not selected for drug testing may admit abuse of drug to any school personnel at anytime. The school personnel will refer the student to the SDT team and inform the school project assistant.
- 6.3 The need for drug testing may be obviated by such voluntary admission of drug abuse.
- 6.4 Such students having admitted drug abuse will be treated as confirmed cases and will be followed up as such.
- 6.5 Students with drug problems may also approach the designated CCPSA direct to benefit from the support programme (see Chapter 5).

CHAPTER 7 REFUSAL

- 7.1 If a selected student refuses to take the drug test, the school principal may ask a designated teacher to address any concern that the selected student may have but it must always be borne in mind that participation is entirely voluntary.
- 7.2 If a selected student tampers with the testing process, the school principal may ask a designated teacher to follow up with the selected student.
- 7.3 If the selected student is in emotional distress, he may be referred to the school social worker for voluntary counselling.
- 7.4 The school principal or the designated teacher will notify the selected student's parent/guardian who has given Consent to Participation, if a selected student refuses to take the drug test and/or tampers with the testing process.

CHAPTER 8 WITHDRAWAL OF CONSENT

- 8.1 Participating students and parents/guardians may jointly withdraw Consent to Participation at any time during the Scheme by written notice given to the school principal.
- 8.2 Where a withdrawal notification is given by the participating student only, the school principal or the designated teacher will inform the parent/guardian who gave the Consent to Participation.
- 8.3 Bearing in mind that participation in the Scheme is entirely voluntary, no adverse consequence will arise from any withdrawal.
- 8.4 Upon receiving the notice of withdrawal, the school principal will inform the project manager, the school project assistant, and the other concerned parties, who (including the school principal) will erase the relevant personal data (including any drug testing records) in their respective possession as soon as the data are no longer required for the purposes of the Scheme.

CHAPTER 9 REVIEW

- 9.1 If the identified student and/or his parent/guardian maintain that the existence of the positive confirmatory test result of the urine specimen is not attributable to unlawful use (e.g. it was caused by the use of drugs prescribed by medical doctors), they should inform the school principal. The school principal will inform the project manager and the school project assistant. The project manager will invite a medical doctor to review the situation in the light of the said assertion. The concerned parties will abide by the medical doctor's review result.
- 9.2 However, if the identified student and/or his parent/guardian insist on obtaining a second opinion from another competent medical practitioner to prove that the existence of the positive confirmatory test result of the urine specimen is not attributable to unlawful use, they may do so at their own expenses.
- 9.3 If the second opinion obtained by the identified student and/or his parent/guardian substantiates the assertion, then irrespective of the review result in paragraph 9.1, the identified student will be treated as a false-positive case for the purposes of the Scheme, or as a case of negative confirmatory test result if no screening test has been done before the confirmatory test.

CHAPTER 10 CONFIDENTIALITY AND PERSONAL DATA PRIVACY

- 10.1 Personal data obtained under the Scheme are protected under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong) (PD(P)O). Records of confidential information kept by reporting agencies and Central Registry of Drug Abuse (CRDA) are also protected by Part VIIA (sections 49A- 49I) of the DDO. All concerned parties must familiarize themselves and strictly comply with the provisions of these Ordinances. For ease of reference, a brief summary of the data protection principles (DPP) 1 – 6 of the PD(P)O is attached at Appendix 4.
- 10.2 The school project assistant will assist the participating schools in complying with the requirements on the protection of confidential information and personal data as set out in this Protocol.

Data Protection Principles (DPP) 1 – 6 of the Personal Data (Privacy) Ordinance

- 10.3 The consent form, this Protocol and the process of obtaining consent have been carefully designed to set out the necessary information in order to meet the requirements of DPP 1. All concerned parties involved in the Scheme should restrict themselves to obtaining and disclosing personal data of a student which are strictly necessary for the purposes of the Scheme.
- 10.4 In accordance with DPP 2, due process has been put in place to ensure accuracy of the test results (see arrangements in Chapter 4 and for review in Chapter 9). Following completion of the Scheme, or withdrawal of Consent to Participation, all personal data will be erased as soon as they are no longer required for the purposes of the Scheme.
- 10.5 In accordance with DPP 3, personal data collected under the Scheme shall not without the prescribed consent of the data subject, be used for any purpose other than the purposes of the Scheme or a purpose directly related to the Scheme.
- 10.6 In accordance with DPP 4, all data users must establish and maintain appropriate security measures to protect the personal data. Policies and practices in relation to personal data must be formulated to ensure only authorized persons could access such personal data. Personal data, especially drug testing records and the school visit report, will be kept confidential and all practicable measures will be employed to avoid any stigma or labelling effect. Staff of schools, designated NGO and designated CCPSA who have access to such personal data should be required to sign an undertaking to maintain confidentiality. Communication of personal data over the Internet must be secure. The use of mobile device for storing such personal data must be restrictive and encrypted.
- 10.7 In accordance with DPP 5, this Protocol is an open document for dissemination to all concerned and for public access. All data users must also put in place and make available their personal data policies and practices.
- 10.8 In accordance with DPP 6, all data subjects (students and parents/guardians) have rights to access to and correction of their personal data.

Protection under the Dangerous Drugs Ordinance (DDO)

- 10.9 All concerned parties should note that under section 49D(1) of the DDO, there is a general prohibition with criminal sanctions against disclosure of any records of confidential information³ which is kept by CRDA or a reporting agency, supply to any person information obtained from such record, or permitting access to any such record. Any person seeking to do any act mentioned in section 49D(1) shall ensure that the act is covered by consent under section 49F, or is otherwise lawful. The names of organisations designated as reporting agencies are specified in the Fourth Schedule of the DDO.
- 10.10 For the purposes of the Scheme, and without prejudice to other situations, the designated CCPSA may report to CRDA the drug abuse situation of the student if the student and his parent/guardian so consent.
- 10.11 All information supplied to CRDA is handled in strict confidence and is accessible only to people who are directly involved in the operation of CRDA and are required to observe the rule of confidentiality.

³ “Confidential information” means information which is recorded by the CRDA or a reporting agency in respect of any person and which relates to any one or more of the following –

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under the DDO; and
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug.

CHAPTER 11 LAW ENFORCEMENT

Police

- 11.1 Police and other law enforcement agencies will not be informed of the personal data of any individual student obtained under the Scheme.
- 11.2 Police may be provided with aggregate, non-identifying statistics of the test results to understand the drug situation of a school for better focusing efforts to combat the drug problem.

Prosecution Policy

- 11.3 A positive drug test or an admission of drug abuse will generally evidence that an offence of consumption of a dangerous drug has taken place. However, the Scheme is an innovative initiative which is primarily designed to enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs, and trigger the motivation of those students abusing drugs to quit drugs and seek help. Accordingly, the prosecution authorities have confirmed that a participating student who has been tested positive or who admits drug abuse pursuant to the Scheme will not be prosecuted for consumption of drugs contrary to section 8 of the DDO.
- 11.4 Any other situation outside the Scheme, that is, other than where a participating student has tested positive or admits drug abuse pursuant to the Scheme, will be governed by existing practice and laws of Hong Kong. The Scheme does not exempt police investigation and/or prosecution of a student and/or a participant of the Scheme who is found to be in possession of a dangerous drug or is found to be consuming a dangerous drug whether inside or outside the school campus. In every other respect, the current edition of the Statement of Prosecution Policy and Practice issued by the Department of Justice applies.

APPENDIX 1 SAMPLE FORM

PLEDGE TO STAY AWAY FROM DRUGS

SCHOOL YEAR _____

To: Principal, [Name] Secondary School

I, the undersigned student, understand that abusing illicit drugs is illegal and that taking illicit drugs is harmful to my health.

I wish to pledge that I will stay away from illicit drugs.

I do not wish to make the pledge that I will stay away from illicit drugs.

{Please select and tick ONE of the two boxes above.}

Student's Name (Block Capitals)

Signature

Date

CONSENT TO PARTICIPATION

Participation in School Drug Testing Scheme (Scheme)

School Year _____

To: Principal, [Name] Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a urine specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year _____.

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential basis and only for the purposes of the Scheme –

1. relevant staff of the designated NGO, that is the project manager and the Student Drug Testing team, and the case manager of the designated CCPSA assigned to the student upon any positive test result or upon self-referral;
2. school social worker of the participating school;
3. relevant staff of [Name] Secondary School, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student, and _____ (that is, any other teacher if so suggested by the student); and
4. school project assistant.

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of urine for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
---	-----------	------

Student's Name (Block Capitals)

Signature

Date

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of [Name of School Principal] is ... (include school address and telephone number)

APPENDIX 2 GUIDELINES FOR SCREENING INTERVIEW

Screening Interview

A screening interview will be conducted by the SDT team before the drug test is administered. The following areas will be explored –

1. The guiding principles and objectives of the Scheme;
2. The procedures of the drug test (collection of urine specimen and how the screening test will be conducted);
3. The rights and obligations of the students; and
4. Drug abuse history of the student, if any.

APPENDIX 3 URINE SPECIMEN COLLECTION PROCEDURES

Pre-test Arrangement

1. The school principal designates a collection site (interview room and rest room) which is secure, and dedicated solely to urine collection.

Procedures for Specimen Collection

2. The school principal or any school staff designated to act on his behalf informs selected students and facilitates their attendance to the collection site.
3. The SDT team shall conduct a screening interview and brief the student on the purpose of urine collection.
4. The collector provides a clean specimen collection container to the student.
5. The student is allowed to provide his specimen in a rest room that allows for individual privacy.
6. Upon receiving the specimen from the student, the collector shall determine the volume (not less than 30mL) and temperature (not outside the range of 32°C μ 38°C) of the specimen. The collector shall also inspect the specimen to determine if there is any sign indicating that the specimen may be invalid.

Screening Test

7. The collector shall perform the screening test in front of the student and the school project assistant. The collector shall use a new dropper to extract an appropriate amount of specimen for screening test kit.
8. If the screening test returns a positive result, another screening test on the same urine specimen using a urine test kit of a different brand will be conducted.
9. If both screening tests return positive results, the collector will then affix security seal to the remaining specimen for confirmatory testing and initial a specimen delivery record for the purpose of certifying that it is the specimen collected from the concerned student. A specimen code will be attached to the specimen container. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. The specimen will be sent to the Government Laboratory by the collector.
10. Nonessential specimens will be disposed of into the sewer properly and immediately.

APPENDIX 4 **BRIEF ON PERSONAL DATA (PRIVACY) ORDINANCE**

Objectives

The purpose of the Ordinance is to protect the privacy interests of living individuals in relation to personal data. It also contributes to Hong Kong's continued economic well being by safeguarding the free flow of personal data to Hong Kong from restrictions by countries that already have data protection laws.

Scope of Coverage

The Ordinance covers any data relating directly or indirectly to a living individual (data subject), from which it is practicable to ascertain the identity of the individual and which are in a form in which access or processing is practicable. It applies to any person (data user) that controls the collection, holding, processing or use of personal data.

Data Protection Principles (DPP)

Principle 1 (DPP 1) – **Purpose and manner of collection.** This provides for the lawful and fair collection of personal data and sets out the information a data user must give to a data subject when collecting personal data from that subject.

Principle 2 (DPP 2) – **Accuracy and duration of retention.** This provides that personal data should be accurate, up-to-date and kept no longer than necessary.

Principle 3 (DPP 3) – **Use of personal data.** This provides that unless the data subject gives consent otherwise personal data should be used for the purposes for which they were collected or a directly related purpose.

Principle 4 (DPP 4) – **Security of personal data.** This requires appropriate security measures to be applied to personal data (including data in a form in which access to or processing of the data is not practicable).

Principle 5 (DPP 5) – **Information to be generally available.** This provides for openness by data users about the kinds of personal data they hold and the main purposes for which personal data are used.

Principle 6 (DPP 6) – **Access to personal data.** This provides for data subjects to have rights of access to and correction of their personal data.

The Ordinance (full text) can be downloaded from website of “The Office of the Privacy Commissioner for Personal Data” at

<http://www.pcpd.org.hk/english/ordinance/ordfull.html>.

Protocol for Drug Testing

(for School Drug Testing Schemes
Involving Schools across Different Districts)

*Drug Testing Method :
Laboratory Tests on Urine Specimens*

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CHAPTER 1 PURPOSES AND GUIDING PRINCIPLES

- 1.1 The School Drug Testing Scheme (the Scheme) is part of the healthy school programme of participating schools with participation from parties in the social welfare, healthcare and other sectors.
- 1.2 Development of the Scheme is guided by the following principles –
 - (a) helping students in their best interest;
 - (b) voluntary participation;
 - (c) keeping personal information strictly confidential; and
 - (d) professional testing and support services for students.
- 1.3 The purposes and imperatives of the Scheme are –
 - (a) for prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
 - (b) for rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap.
- 1.4 In line with the objectives of the Scheme, students found to have abused drugs under the Scheme will –
 - (a) not be prosecuted for drug consumption; and
 - (b) not be expelled from school.
- 1.5 Apart from participating in the Scheme, a student and his/her parent/guardian can also directly approach any counselling centre for psychotropic substance abusers (CCPSA) for professional assistance. The whole process is kept confidential. To complement their counselling services, CCPSAs will provide elementary medical support including voluntary drug testing services.

CHAPTER 2 DEFINITIONS¹

- 2.1 Scheme
The School Drug Testing Scheme includes drug testing and support programmes. Drug testing will run from the beginning of the school year or at the time the Scheme is introduced during the school year whichever is later to end of the school year. Support programmes (see paragraph 2.19) for identified students may last beyond the end of the school year, if necessary.
- 2.2 Participating School
A secondary school which joins the Scheme on a voluntary basis in the school year when the Scheme is implemented.
- 2.3 Consent to Participation
A written consent to participation in the Scheme, given by a student and his parent/guardian in a standard form to the school principal (see paragraphs 4.3 to 4.11). A sample form is at Appendix 1, which comprises two parts, namely a pledge to stay away from illicit drugs and consent to participation.
- 2.4 Participating Student
A student who has consented to participate, and whose parent/guardian has also given consent for the student to participate, in the Scheme.
- 2.5 Selected Student
A student who is randomly selected for a drug test (see paragraph 2.16).
- 2.6 Identified Student
A student who is identified as a confirmed case (see paragraph 2.17).
- 2.7 Concerned Parties
The parties specified in the Consent to Participation, who will have access to personal data collected under the Scheme (see paragraph 4.6) and will have a specific role to play in the Scheme (see Chapter 3).
- 2.8 Designated NGO
The Non-governmental Organization (NGO) acting as the overall co-ordinator of the drug testing and other complementary components of the healthy school programme. It is responsible for providing / co-ordinating the whole range of promotion and preventive activities, counselling services to students and their parents of participating schools, and drug testing services to participating schools.
- 2.9 Designated CCPSA
It is the CCPSA serving the district in which the participating schools are located. The designated CCPSA may or may not be the designated NGO. There may be more than one designated CCPSA serving the participating schools if the participating schools are located across different districts.
- 2.10 Student Drug Testing (SDT) Team
A team from the designated NGO to collect urine specimens from students. The team will visit each of the participating schools to collect the specimens.
- 2.11 Project Manager

¹ In this Protocol, unless expressly stated otherwise or the context otherwise suggests, “he” refers both genders.

A registered social worker of the designated NGO who has received training in drug counselling and is assigned to supervise the SDT team, and co-ordinate with the designated CCPSA, school social workers and school principals/teachers of participating schools on the provision of the various activities and services set out in this Protocol.

2.12 Case Manager²

A registered social worker of the designated CCPSA, who specialises in drug counselling and is assigned to handle an identified student.

2.13 Designated Teachers

The class teacher of the participating student, and another school teacher suggested by a participating student in the Consent to Participation.

2.14 School Project Assistant

Staff employed by participating schools to perform the duties of school project assistant as set out in this Protocol.

2.15 Illicit Drug or Drug

Any drug or substance which is subjected to control under the Dangerous Drugs Ordinance (Cap 134, Laws of Hong Kong) (DDO).

2.16 Laboratory Test

A test conducted by the Government Laboratory, using sophisticated instruments, namely Gas chromatography – mass spectrometry (GC-MS) or Liquid chromatography – mass spectrometry (LC-MS), to identify the presence of illicit drugs. It covers common types of psychotropic substances abused by adolescent drug abusers in Hong Kong. As illustration, they may include:

- (a) Ketamine (氯胺酮, K 仔);
- (b) Ecstasy (搖頭丸);
- (c) Methylamphetamine (冰);
- (d) Cannabis (大麻); and
- (e) Cocaine (可卡因).

As the trend of taking illicit drugs may change rapidly, the types of drugs to be tested may be changed during the course of the Scheme.

2.17 Confirmed Case

A case of drug abuse which is supported by laboratory test result demonstrating the presence of illicit drugs in the relevant urine specimen. It also refers to a self-referral case (see Chapter 6).

2.18 False-positive Case

A positive test result refuted upon medical review (see Chapter 9).

2.19 Support Programme

A support programme of counselling, treatment, rehabilitation and referral services for an identified student (see Chapter 5).

2.20 Community-based Support Services

² Case manager shall mean a registered social worker which is funded by any separate funding sources outside the Social Welfare Department's subvention programme (e.g. Beat Drugs Fund). If no such separate funding is provided to the CCPSA under the Scheme (i.e. when cases arising from school drug testing are still within the current service capacity of the CCPSA), then "case manager" shall mean the "case worker" funded under the SWD's subvention programme.

Any service or programme available in the community which can support the identified student (e.g. mentoring scheme where a volunteer acting as mentor may share his life experience and help the student cope with and overcome difficulties).

CHAPTER 3 ROLES OF CONCERNED PARTIES

3.1 Designated NGO

- (a) SDT Team. They are responsible for collecting samples for drug tests and carrying out the ancillary arrangement.
- (b) Project Manager. The project manager is responsible for co-ordinating the drug testing, and other promotion and preventive activities, and counselling, treatment and rehabilitation services for students and parents of the participating schools. The project manager is also responsible for -
 - (i) observing the SDT team on school visits and offering comments on whether the SDT team has adhered to the drug testing procedures set out in this Protocol;
 - (ii) handling complaints relating to drug testing from participating students, their parents/guardians, or other relevant parties; and
 - (iii) for BDF funded Scheme, complying with BDF procedures, including reporting requirements.

3.2 Designated CCPSA

- (a) Case Manager. The case manager of the designated CCPSA is responsible for assessing the identified student's needs, and for the provision of suitable counselling, treatment and rehabilitation services, including the participation in a multi-disciplinary case conference, where necessary, to contribute in formulating an effective support programme for the identified student.

3.3 School Social Worker. He is responsible for assisting the SDT team in providing timely counselling to participating students, identified students and their parents/guardians with emotional stress. For his known cases (students already receiving his casework service), the school social worker will refer the identified students to appropriate services in the community. The SDT team will follow up if the identified students are not the known cases of school social workers.

3.4 School

- (a) School Principal. He is responsible for supervising the running of the Scheme at school and providing the school's support for the participating and identified students.
- (b) Designated Teachers. They are responsible for providing assistance to the running of the Scheme at school and supporting the participating and identified students.

3.5 School Project Assistant. He is responsible for –

- (a) arranging the logistics support for the SDT team school visits and serving as the contact point between participating schools and the SDT team on drug testing matters (e.g. fixing testing schedule, co-ordinating the participating student list);
- (b) observing the SDT team drug testing process on school visits and offering comments to school principals for follow-up with the project manager;
- (c) assisting the school principals in complying with the data privacy requirements as set out in this Protocol and seeking advice from the project manager if required;

- (d) assisting the school principals in handling complaints/enquiries on drug testing received by the schools and seeking advice from the project manager if required;
- (e) informing school principals of complaints/enquiries on drug testing received on site by the SDT team and the follow-up action taken by the project manager; and
- (f) compiling the following reports –
 - (i) school visit reports to school principals (see paragraph 4.27); and
 - (ii) monthly reports and a final one to school principals.

CHAPTER 4 DRUG TESTING

Preparation

- 4.1 Prior to running the drug testing, anti-drug education and briefing sessions will be arranged by the designated NGO, in collaboration with the participating schools, to introduce and promote the Scheme to school teachers, parents/guardians, students and other relevant parties, and to invite participation in the Scheme.
- 4.2 In parallel, participating schools will devise and implement a healthy school policy with a view to creating a safe, caring, healthy and drug-free learning environment, and building up positive values and attitudes among students for whole-person development from an early stage, thereby enhancing their ability to resist taking drugs.

Consent Form and Participation in the Scheme

- 4.3 Participation in the Scheme is entirely voluntary.
- 4.4 The participating schools will provide students and their parents/guardians with a copy of this Protocol and a standard form which includes a pledge by students to stay away from drugs, and Consent to Participation to indicate whether they agree to participate and to give the necessary consent and undertaking.
- 4.5 To participate in the Scheme, a student and his parent/guardian will need to give the following consent and undertaking –
 - (a) Drug Testing. Consent and undertaking to provide a urine specimen of the student to be tested for the presence of illicit drugs, if so requested under the Scheme.
 - (b) Support Programme. Consent and undertaking to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself to the support programme.
- 4.6 The form for Consent to Participation will inform parents/guardians and students that their personal data will be collected by and/or released to the following concerned parties on a confidential basis and only for the purposes of the Scheme –
 - (a) relevant staff of the designated NGO, that is, the project manager and the SDT team, and the case manager of the designated CCPSA serving the district in which the school is located upon any positive test result or upon self-referral;
 - (b) school social worker of the participating school;
 - (c) relevant staff of the participating school, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student and any other teacher if so suggested by the student; and
 - (d) school project assistant.
- 4.7 The form for Consent to Participation must be read, signed, and dated by the student and his parent/guardian. The duly completed form should be returned to the student's class teacher.
- 4.8 Consent to Participation is valid for the duration of the Scheme (see paragraph 2.1).

- 4.9 For a participating student who changes to another school which also runs school drug testing during the school year, the student and his parent/guardian are required to complete the necessary procedures of the new school in order to participate in the school drug testing scheme of the new school.
- 4.10 Any parent/guardian and student who have not returned the form of Consent to Participation before the commencement of drug testing are nonetheless still welcome to join the Scheme anytime during the school year.
- 4.11 Students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

List of Students

- 4.12 Before any testing begins, each school principal or any school staff designated to act on his behalf will prepare a list which includes the name, class and gender of the participating students in his school.
- 4.13 Before a visit to any participating schools, the SDT team will provide one-week advance notice to the school principal or any school staff designated to act on his behalf, school social worker and the school project assistant. Test dates and frequencies will not be made known to the students.
- 4.14 The school principal or any school staff designated to act on his behalf will provide the SDT team with an updated participating student list three working days prior to the school visit via secure communication.
- 4.15 The SDT team will inform the school principal or any school staff designated to act on his behalf and the school project assistant of the list of randomly selected students for drug testing one working day before the school visit. The selected students will only be informed as they proceed to receive the drug test.
- 4.16 At the beginning of the school visit, the school principal or any school staff designated to act on his behalf will provide an updated list of randomly selected students to the SDT team and the school project assistant, which shows the availability and sequence of the selected students to undergo drug testing. The school project assistant will counter-check the names of the students on the list to ensure that the list of selected students is in order.

Random Selection

- 4.17 Each month, a certain proportion (say 3%) of participating students from a school will be randomly selected by the SDT team for testing. Generally speaking, each school may be visited at least once a month. The SDT team will not visit the participating schools on a regular schedule, so that students will not be able to tell the date of testing.
- 4.18 Except for those identified students who have already enrolled in support programmes under the Scheme, a student selected for testing will remain in the total population subject to future random selection.

Urine Specimen Collection

- 4.19 In conducting the urine specimen collection procedure, the SDT team will make their best endeavours to put the selected students at ease and to dispel undue concerns or misunderstandings about drug tests and the Scheme.
- 4.20 The process may take about 5 minutes, with every effort made to minimize disruption to learning and teaching, which includes –
- (a) screening interview in an interview room; and
 - (b) collection of urine specimen in a rest room;
- 4.21 The SDT team will brief the selected students individually and answer any relevant questions. A set of guidelines for the screening interview is provided at Appendix 2.
- 4.22 Selected students will be required to provide urine specimen in a clean rest room that allows for individual privacy. The urine specimen collection procedure is provided in Appendix 3. See Chapter 7 for the procedures for following up on-the-spot refusals.
- 4.23 The school project assistant will be present at all specimen collection sessions. The school project assistant will record information required for the school visit report (see paragraph 4.27).
- 4.24 The school principal or any school staff designated to act on his behalf will inform the selected student's parent/guardian that the student has been selected for testing.
- 4.25 School teachers and school social workers should pay attention to the selected students to see if they have any anxiety, and provide the necessary assistance and counselling to them, before the release of the laboratory test results.
- 4.26 Other Cases
A selected student may also, on the spot –
- (a) refer himself to a support programme without testing (see Chapter 6);
 - (b) refuse drug testing (see Chapter 7); or
 - (c) withdraw Consent to Participation (see Chapter 8).
- 4.27 School Visit Report
- (a) At the end of the school visit, the school project assistant will compile a school visit report to the school principal for necessary follow-up.
 - (b) The school visit report will cover any on-the-spot complaints received by the school project assistant. It will also contain the names of the students who -
 - (i) provided the urine specimen;
 - (ii) self-referred to a support programme without testing;
 - (iii) refused drug testing; and
 - (iv) withdrew Consent to Participation.

Laboratory Test

- 4.28 For each urine specimen collected, the SDT team and the school project assistant will sign a request for laboratory testing to the Government Laboratory.
- 4.29 The SDT team will deliver the urine specimens to the Government Laboratory for testing. No personal identifier will be attached to the specimens in order to ensure confidentiality and privacy. Proper procedures will be followed to account for the integrity of each urine specimen by tracking its handling and storage from point of

- specimen collection to final disposition of the specimen at the Government Laboratory.
- 4.30 The laboratory test will normally take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the school project assistant.
- 4.31 Specimens sent for laboratory testing that are tested positive will be discarded by the Government Laboratory personnel on expiry of five working days after completion of analysis. Specimens that are tested negative will be immediately disposed of by the Government Laboratory personnel after the test.
- 4.32 If the identified student and/or his parent/guardian insist on obtaining a second test (using sophisticated instruments, namely GC-MS or LC-MS) by another competent laboratory to refute the positive test result, they may do so at their own expense and should inform the school principal within three working days from the completion of the laboratory test. The school principal will inform the school project assistant and the SDT team. The SDT team will notify the Government Laboratory through a signed request to prepare the urine specimen for collection. Upon receipt of the notification, the Government Laboratory will make ready the urine specimen remaining after the Government Laboratory has conducted the test or has retained a sufficient part for the test, under seal for collection at the Government Laboratory by authorised staff of the SDT team. The Government laboratory will discard the remaining urine specimens if they are not collected within five days from the date of the notification.
- 4.33 If the result of the urine test conducted by the other laboratory is negative, then for the purposes of the Scheme, the student will be treated as a false-positive case irrespective of the positive result of the test conducted by the Government Laboratory.

Result Notification

- 4.34 The school project assistant will inform the project manager and the school principal about the laboratory test results via secure communication.
- 4.35 Negative Cases
The school principal will inform the selected student's parent/guardian of the laboratory test result.
- 4.36 Confirmed Cases
- (a) The school project assistant will notify the case manager of the designated CCPSA serving the district in which the school is located.
 - (b) The school principal will inform the identified student and his parent/guardian and invite them to a meeting on the day. The school principal will also notify the school social worker and the designated teachers (via secure communication) for assistance and counselling at school.
 - (c) The case manager will provide immediate counselling services and necessary support to the identified student and his parent/guardian, with support where necessary from the school social worker and project manager.
 - (d) The identified student and/or his parent/guardian may request a medical review (see Chapter 9).

CHAPTER 5 SUPPORT PROGRAMME

Case Conference

- 5.1 Within 10 working days after notification of a confirmed case, the project manager of the designated NGO will, subject to the case welfare need and availability of parties concerned, convene and chair a multi-disciplinary case conference, to formulate a support programme (or commonly known as a welfare plan) for the identified student. Before the case conference, where appropriate, the student and parent/guardian may be requested to further consent to the participation of other parties to the case conference, and to the disclosure of information relating to the student's drug use, treatment and rehabilitation to them. The case manager will discuss with the student and his parent/guardian on details of the support programme for agreement before implementation.

Support Programmes for Identified Students

- 5.2 Depending on the case assessment, a support programme for an identified student may be wide ranging, including possible measures such as the following (non-exhaustive, for illustrative purposes) –
- (a) For experimental abusers or non-dependent regular abusers
 - (i) The parent/guardian should pay more attention to the student, and may also arrange medical and counselling services through their own means;
 - (ii) The student may continue normal schooling as far as possible, and at the same time receive counselling and assistance from school social workers and designated teachers at school;
 - (iii) Community-based support services/programmes outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family/interpersonal relationship training, psychiatric/psychological intervention, mentorship schemes, etc;
 - (iv) Basic medical support (e.g. further drug testing, body check up, motivational interviews and drug-related consultation) from general practitioners in the local community network, or medical doctors and healthcare professionals engaged by the designated CCPSA;
 - (v) Cases with psychiatric and other medical complications may be referred to Substance Abuse Clinics of the Hospital Authority or other suitable government clinics/hospitals for specialist medical treatment;
 - (b) For addicted (dependent) abusers
 - (i) Addicted abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres in the territories run by 17 non-governmental organisations (NGOs); and
 - (ii) After completing a residential programme, the rehabilitated student may return to schooling in a mainstream or other school following a review by the concerned parties and others in a case conference as and when necessary. EDB will ensure such social reintegration through the existing placement assistance mechanism.

- 5.3 The support programme will also make full use of any community network available.
- 5.4 The case manager may review the support programme as and when necessary and may share the case progress and relevant issues with the student, his parent/guardian, and other concerned parties. Case review meeting may be convened to discuss progress and unresolved issues, if needed.
- 5.5 The support programme under the Scheme may last beyond the end of the school year if necessary.
- 5.6 Parents/guardians of participating and identified students may also benefit from counselling and other services of the concerned parties, apart from general community services such as those available at integrated family service centres operated by Social Welfare Department (SWD) or NGOs subvented by SWD, which deliver “one-stop” services to individuals and families to meet their multifarious needs.

Programmes for Non-drug Users and Other Students

- 5.7 The school, school social worker, designated NGO, designated CCPSA and other parties may arrange promotion, education and prevention programmes for non-drug users and other students throughout the school year.

CHAPTER 6 SELF-REFERRAL

- 6.1 At anytime during the drug testing process, selected students may admit abuse of drugs.
- 6.2 Participating students not selected for drug testing may admit abuse of drug to any school personnel at anytime. The school personnel will refer the student to the SDT team and inform the school project assistant.
- 6.3 The need for drug testing may be obviated by such voluntary admission of drug abuse.
- 6.4 Such students having admitted drug abuse will be treated as confirmed cases and will be followed up as such.
- 6.5 Students with drug problems may also approach the designated CCPSA direct to benefit from the support programme (see Chapter 5).

CHAPTER 7 REFUSAL

- 7.1 If a selected student refuses to take the drug test, the school principal may ask a designated teacher to address any concern that the selected student may have but it must always be borne in mind that participation is entirely voluntary.
- 7.2 If a selected student tampers with the testing process, the school principal may ask a designated teacher to follow up with the selected student.
- 7.3 If the selected student is in emotional distress, he may be referred to the school social worker for voluntary counselling.
- 7.4 The school principal or the designated teacher will notify the selected student's parent/guardian who has given Consent to Participation, if a selected student refuses to take the drug test and/or tampers with the testing process.

CHAPTER 8 WITHDRAWAL OF CONSENT

- 8.1 Participating students and parents/guardians may jointly withdraw Consent to Participation at any time during the Scheme by written notice given to the school principal.
- 8.2 Where a withdrawal notification is given by the participating student only, the school principal or the designated teacher will inform the parent/guardian who gave the Consent to Participation.
- 8.3 Bearing in mind that participation in the Scheme is entirely voluntary, no adverse consequence will arise from any withdrawal.
- 8.4 Upon receiving the notice of withdrawal, the school principal will inform the project manager, the school project assistant, and the other concerned parties, who (including the school principal) will erase the relevant personal data (including any drug testing records) in their respective possession as soon as the data are no longer required for the purposes of the Scheme.

CHAPTER 9 REVIEW

- 9.1 If the identified student and/or his parent/guardian maintain that the existence of the positive test result of the urine specimen is not attributable to unlawful use (e.g. it was caused by the use of drugs prescribed by medical doctors), they should inform the school principal. The school principal will inform the project manager and the school project assistant. The project manager will invite a medical doctor to review the situation in the light of the said assertion. The concerned parties will abide by the medical doctor's review result.
- 9.2 However, if the identified student and/or his parent/guardian insist on obtaining a second opinion from another competent medical practitioner to prove that the existence of the positive test result of the urine specimen is not attributable to unlawful use, they may do so at their own expenses.
- 9.3 If the second opinion obtained by the identified student and/or his parent/guardian substantiates the assertion, then irrespective of the review result in paragraph 9.1, the identified student will be treated as a false-positive case for the purposes of the Scheme.

CHAPTER 10 CONFIDENTIALITY AND PERSONAL DATA PRIVACY

- 10.1 Personal data obtained under the Scheme are protected under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong) (PD(P)O). Records of confidential information kept by reporting agencies and Central Registry of Drug Abuse (CRDA) are also protected by Part VIIA (sections 49A- 49I) of the DDO. All concerned parties must familiarize themselves and strictly comply with the provisions of these Ordinances. For ease of reference, a brief summary of the data protection principles (DPP) 1 – 6 of the PD(P)O is attached at Appendix 4.
- 10.2 The school project assistant will assist the participating schools in complying with the requirements on the protection of confidential information and personal data as set out in this Protocol.

Data Protection Principles (DPP) 1 – 6 of the Personal Data (Privacy) Ordinance

- 10.3 The consent form, this Protocol and the process of obtaining consent have been carefully designed to set out the necessary information in order to meet the requirements of DPP 1. All concerned parties involved in the Scheme should restrict themselves to obtaining and disclosing personal data of a student which are strictly necessary for the purposes of the Scheme.
- 10.4 In accordance with DPP 2, due process has been put in place to ensure accuracy of the test results (see arrangements in Chapter 4 and for review in Chapter 9). Following completion of the Scheme, or withdrawal of Consent to Participation, all personal data will be erased as soon as they are no longer required for the purposes of the Scheme.
- 10.5 In accordance with DPP 3, personal data collected under the Scheme shall not without the prescribed consent of the data subject, be used for any purpose other than the purposes of the Scheme or a purpose directly related to the Scheme.
- 10.6 In accordance with DPP 4, all data users must establish and maintain appropriate security measures to protect the personal data. Policies and practices in relation to personal data must be formulated to ensure only authorized persons could access such personal data. Personal data, especially drug testing records and the school visit report, will be kept confidential and all practicable measures will be employed to avoid any stigma or labelling effect. Staff of schools, designated NGO and designated CCPSA who have access to such personal data should be required to sign an undertaking to maintain confidentiality. Communication of personal data over the Internet must be secure. The use of mobile device for storing such personal data must be restrictive and encrypted.
- 10.7 In accordance with DPP 5, this Protocol is an open document for dissemination to all concerned and for public access. All data users must also put in place and make available their personal data policies and practices.
- 10.8 In accordance with DPP 6, all data subjects (students and parents/guardians) have rights to access to and correction of their personal data.

Protection under the Dangerous Drugs Ordinance (DDO)

- 10.9 All concerned parties should note that under section 49D(1) of the DDO, there is a general prohibition with criminal sanctions against disclosure of any records of confidential information³ which is kept by CRDA or a reporting agency, supply to any person information obtained from such record, or permitting access to any such record. Any person seeking to do any act mentioned in section 49D(1) shall ensure that the act is covered by consent under section 49F, or is otherwise lawful. The names of organisations designated as reporting agencies are specified in the Fourth Schedule of the DDO.
- 10.10 For the purposes of the Scheme, and without prejudice to other situations, the designated CCPSA may report to CRDA the drug abuse situation of the student if the student and his parent/guardian so consent.
- 10.11 All information supplied to CRDA is handled in strict confidence and is accessible only to people who are directly involved in the operation of CRDA and are required to observe the rule of confidentiality.

³ “Confidential information” means information which is recorded by the CRDA or a reporting agency in respect of any person and which relates to any one or more of the following –

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under the DDO; and
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug.

CHAPTER 11 LAW ENFORCEMENT

Police

- 11.1 Police and other law enforcement agencies will not be informed of the personal data of any individual student obtained under the Scheme.
- 11.2 Police may be provided with aggregate, non-identifying statistics of the test results to understand the drug situation of a school for better focusing efforts to combat the drug problem.

Prosecution Policy

- 11.3 A positive drug test or an admission of drug abuse will generally evidence that an offence of consumption of a dangerous drug has taken place. However, the Scheme is an innovative initiative which is primarily designed to enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs, and trigger the motivation of those students abusing drugs to quit drugs and seek help. Accordingly, the prosecution authorities have confirmed that a participating student who has been tested positive or who admits drug abuse pursuant to the Scheme will not be prosecuted for consumption of drugs contrary to section 8 of the DDO.
- 11.4 Any other situation outside the Scheme, that is, other than where a participating student has tested positive or admits drug abuse pursuant to the Scheme, will be governed by existing practice and laws of Hong Kong. The Scheme does not exempt police investigation and/or prosecution of a student and/or a participant of the Scheme who is found to be in possession of a dangerous drug or is found to be consuming a dangerous drug whether inside or outside the school campus. In every other respect, the current edition of the Statement of Prosecution Policy and Practice issued by the Department of Justice applies.

APPENDIX 1 SAMPLE FORM

PLEDGE TO STAY AWAY FROM DRUGS
SCHOOL YEAR _____

To: Principal, [Name] Secondary School

I, the undersigned student, understand that abusing illicit drugs is illegal and that taking illicit drugs is harmful to my health.

I wish to pledge that I will stay away from illicit drugs.

I do not wish to make the pledge that I will stay away from illicit drugs.

{Please select and tick ONE of the two boxes above.}

Student's Name (Block Capitals)

Signature

Date

CONSENT TO PARTICIPATION
Participation in School Drug Testing Scheme (Scheme)

School Year _____

To: Principal, [Name] Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a urine specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year _____.

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential basis and only for the purposes of the Scheme –

1. relevant staff of the designated NGO, that is the project manager and the Student Drug Testing team, and the case manager of the designated CCPSA assigned to the student upon any positive test result or upon self-referral;
2. school social worker of the participating school;
3. relevant staff of [Name] Secondary School, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student, and _____ (that is, any other teacher if so suggested by the student); and
4. school project assistant.

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of urine for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
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Student's Name (Block Capitals)

Signature

Date

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of [Name of School Principal] is ... (include school address and telephone number)

APPENDIX 2 GUIDELINES FOR SCREENING INTERVIEW

Screening Interview

A screening interview will be conducted by the SDT team before the drug test is administered. The following areas will be explored –

1. The guiding principles and objectives of the Scheme;
2. The procedures of collection of urine specimen;
3. The rights and obligations of the students; and
4. Drug abuse history of the student, if any.

APPENDIX 3 URINE SPECIMEN COLLECTION PROCEDURES

Pre-test Arrangement

1. The school principal designates a collection site (interview room and rest room) which is secure, and dedicated solely to urine collection.

Procedures for Specimen Collection

2. The school principal or any school staff designated to act on his behalf informs selected students and facilitates their attendance to the collection site.
3. The SDT team shall conduct a screening interview and brief the student on the purpose of urine collection.
4. The collector provides a clean specimen collection container to the student.
5. The student is allowed to provide his specimen in a rest room that allows for individual privacy.
6. Upon receiving the specimen from the student, the collector shall determine the volume (not less than 30mL) and temperature (not outside the range of 32°C μ 38°C) of the specimen. The collector shall also inspect the specimen to determine if there is any sign indicating that the specimen may be invalid.

APPENDIX 4 **BRIEF ON PERSONAL DATA (PRIVACY) ORDINANCE**

Objectives

The purpose of the Ordinance is to protect the privacy interests of living individuals in relation to personal data. It also contributes to Hong Kong's continued economic well being by safeguarding the free flow of personal data to Hong Kong from restrictions by countries that already have data protection laws.

Scope of Coverage

The Ordinance covers any data relating directly or indirectly to a living individual (data subject), from which it is practicable to ascertain the identity of the individual and which are in a form in which access or processing is practicable. It applies to any person (data user) that controls the collection, holding, processing or use of personal data.

Data Protection Principles (DPP)

Principle 1 (DPP 1) – **Purpose and manner of collection.** This provides for the lawful and fair collection of personal data and sets out the information a data user must give to a data subject when collecting personal data from that subject.

Principle 2 (DPP 2) – **Accuracy and duration of retention.** This provides that personal data should be accurate, up-to-date and kept no longer than necessary.

Principle 3 (DPP 3) – **Use of personal data.** This provides that unless the data subject gives consent otherwise personal data should be used for the purposes for which they were collected or a directly related purpose.

Principle 4 (DPP 4) – **Security of personal data.** This requires appropriate security measures to be applied to personal data (including data in a form in which access to or processing of the data is not practicable).

Principle 5 (DPP 5) – **Information to be generally available.** This provides for openness by data users about the kinds of personal data they hold and the main purposes for which personal data are used.

Principle 6 (DPP 6) – **Access to personal data.** This provides for data subjects to have rights of access to and correction of their personal data.

The Ordinance (full text) can be downloaded from website of “The Office of the Privacy Commissioner for Personal Data” at

<http://www.pcpd.org.hk/english/ordinance/ordfull.html>.

Protocol for Drug Testing

(for School Drug Testing Schemes
Involving Schools across Different Districts)

*Drug Testing Method :
Hair Testing*

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CHAPTER 1 PURPOSES AND GUIDING PRINCIPLES

- 1.1 The School Drug Testing Scheme (the Scheme) is part of the healthy school programme of participating schools with participation from parties in the social welfare, healthcare and other sectors.
- 1.2 Development of the Scheme is guided by the following principles –
 - (a) helping students in their best interest;
 - (b) voluntary participation;
 - (c) keeping personal information strictly confidential; and
 - (d) professional testing and support services for students.
- 1.3 The purposes and imperatives of the Scheme are –
 - (a) for prevention – it will enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs. They will be in a better position to say “no” to their peers when they are tempted to try drugs and this will help prevent the spread of drugs in schools; and
 - (b) for rendering assistance to students – the Scheme will trigger the motivation of those students abusing drugs to quit drugs and seek help, especially those who are trying drugs at an early stage. The Scheme will also provide appropriate support services to those students who wish to pull themselves out of the drug trap.
- 1.4 In line with the objectives of the Scheme, students found to have abused drugs under the Scheme will –
 - (a) not be prosecuted for drug consumption; and
 - (b) not be expelled from school.
- 1.5 Apart from participating in the Scheme, a student and his/her parent/guardian can also directly approach any counselling centre for psychotropic substance abusers (CCPSA) for professional assistance. The whole process is kept confidential. To complement their counselling services, CCPSAs will provide elementary medical support including voluntary drug testing services.

CHAPTER 2 DEFINITIONS¹

- 2.1 Scheme
The School Drug Testing Scheme includes drug testing and support programmes. Drug testing will run from beginning of the school year or at the time the Scheme is introduced during the school year whichever is later to end of the school year. Support programmes (see paragraph 2.19) for identified students may last beyond the end of the school year, if necessary.
- 2.2 Participating School
A secondary school which joins the Scheme on a voluntary basis in the school year when the Scheme is implemented.
- 2.3 Consent to Participation
A written consent to participation in the Scheme, given by a student and his parent/guardian in a standard form to the school principal (see paragraphs 4.3 to 4.11). A sample form is at Appendix 1, which comprises two parts, namely a pledge to stay away from illicit drugs and consent to participation.
- 2.4 Participating Student
A student who has consented to participate, and whose parent/guardian has also given consent for the student to participate, in the Scheme.
- 2.5 Selected Student
A student who is randomly selected for a drug test (see paragraph 2.16).
- 2.6 Identified Student
A student who is identified as a confirmed case (see paragraph 2.17).
- 2.7 Concerned Parties
The parties specified in the Consent to Participation, who will have access to personal data collected under the Scheme (see paragraph 4.6) and will have a specific role to play in the Scheme (see Chapter 3).
- 2.8 Designated NGO
The Non-governmental Organization (NGO) acting as the overall co-ordinator of the drug testing and other complementary components of the healthy school programme. It is responsible for providing / co-ordinating the whole range of promotion and preventive activities, counselling services to students and their parents of participating schools, and drug testing services to participating schools.
- 2.9 Designated CCPSA
It is the CCPSA serving the district in which the participating schools are located. The designated CCPSA may or may not be the designated NGO. There may be more than one designated CCPSA serving the participating schools if the participating schools are located across different districts.
- 2.10 Student Drug Testing (SDT) Team
A team from the designated NGO to collect hair specimens from students. The team will visit each of the participating schools to collect the specimens.
- 2.11 Project Manager

¹ In this Protocol, unless expressly stated otherwise or the context otherwise suggests, “he” refers both genders.

A registered social worker of the designated NGO who has received training in drug counselling and is assigned to supervise the SDT team, and co-ordinate with the designated CCPSA, school social workers and school principals/teachers of participating schools on the provision of various activities and services set out in this Protocol.

2.12 Case Manager²

A registered social worker of the designated CCPSA, who specialises in drug counselling and is assigned to handle an identified student.

2.13 Designated Teachers

The class teacher of the participating student, and another school teacher suggested by a participating student in the Consent to Participation.

2.14 School Project Assistant

Staff employed by participating schools to perform the duties of school project assistant as set out in this Protocol.

2.15 Illicit Drug or Drug

Any drug or substance which is subjected to control under the Dangerous Drugs Ordinance (Cap 134, Laws of Hong Kong) (DDO).

2.16 Laboratory Test

A test conducted by the Government Laboratory, using sophisticated instruments, namely Gas chromatography – mass spectrometry (GC-MS) or Liquid chromatography – mass spectrometry (LC-MS), to identify the presence of illicit drugs. It covers common types of psychotropic substances abused by adolescent drug abusers in Hong Kong. As illustration, they may include:

- (a) Ketamine (氯胺酮, K 仔);
- (b) Ecstasy (搖頭丸);
- (c) Methylamphetamine (冰);
- (d) Cannabis (大麻); and
- (e) Cocaine (可卡因).

As the trend of taking illicit drugs may change rapidly, the types of drugs to be tested may be changed during the course of the Scheme.

2.17 Confirmed Case

A case of drug abuse which is supported by laboratory test result demonstrating the presence of illicit drugs in the relevant hair specimen. It also refers to a self-referral case (see Chapter 6).

2.18 False-positive Case

A positive test result refuted upon medical review (see Chapter 9).

2.19 Support Programme

A support programme of counselling, treatment, rehabilitation and referral services for an identified student (see Chapter 5).

2.20 Community-based Support Services

² Case manager shall mean a registered social worker which is funded by any separate funding sources outside the Social Welfare Department's subvention programme (e.g. Beat Drugs Fund). If no such separate funding is provided to the CCPSA under the Scheme (i.e. when cases arising from school drug testing are still within the current service capacity of the CCPSA), then "case manager" shall mean the "case worker" funded under the SWD's subvention programme.

Any service or programme available in the community which can support the identified student (e.g. mentoring scheme where a volunteer acting as mentor may share his life experience and help the student cope with and overcome difficulties).

CHAPTER 3 ROLES OF CONCERNED PARTIES

3.1 Designated NGO

- (a) SDT Team. They are responsible for collecting samples for drug tests and carrying out the ancillary arrangement.
- (b) Project Manager. The project manager is responsible for co-ordinating the drug testing, and other promotion and preventive activities, and counselling, treatment and rehabilitation services for students and parents of the participating schools. The project manager is also responsible for -
 - (i) observing the SDT team on school visits and offering comments on whether the SDT team has adhered to the drug testing procedures set out in this Protocol;
 - (ii) handling complaints relating to drug testing from participating students, their parents/guardians, or other relevant parties; and
 - (iii) for BDF funded Scheme, complying with BDF procedures, including reporting requirements.

3.2 Designated CCPSA

- (a) Case Manager. The case manager of the designated CCPSA is responsible for assessing the identified student's needs, and for the provision of suitable counselling, treatment and rehabilitation services, including the participation in a multi-disciplinary case conference, where necessary, to contribute in formulating an effective support programme for the identified student.

3.3 School Social Worker. He is responsible for assisting SDT team in providing timely counselling to participating students, identified students and their parents/guardians with emotional stress. For his known cases (students already receiving his casework service), the school social worker will refer the identified students to appropriate services in the community. The SDT team will follow up if the identified students are not the known cases of school social workers.

3.4 School

- (a) School Principal. He is responsible for supervising the running of the Scheme at school and providing the school's support for the participating and identified students.
- (b) Designated Teachers. They are responsible for providing assistance to the running of the Scheme at school and supporting the participating and identified students.

3.5 School Project Assistant. He is responsible for –

- (a) arranging the logistics support for the SDT team school visits and serving as the contact point between participating schools and the SDT team on drug testing matters (e.g. fixing testing schedule, co-ordinating the participating student list);
- (b) observing the SDT team drug testing process on school visits and offering comments to school principals for follow-up with the project manager;
- (c) assisting the school principals in complying with the data privacy requirements as set out in this Protocol and seeking advice from the project manager if required;

- (d) assisting the school principals in handling complaints/enquiries on drug testing received by the schools and seeking advice from the project manager if required;
- (e) informing school principals of complaints/enquiries on drug testing received on site by the SDT team and the follow-up action taken by the project manager; and
- (f) compiling the following reports –
 - (i) school visit reports to school principals (see paragraph 4.27); and
 - (ii) monthly reports and a final one to school principals.

CHAPTER 4 DRUG TESTING

Preparation

- 4.1 Prior to running the drug testing, anti-drug education and briefing sessions will be arranged by the designated NGO, in collaboration with the participating schools, to introduce and promote the Scheme to school teachers, parents/guardians, students and other relevant parties, and to invite participation in the Scheme.
- 4.2 In parallel, participating schools will devise and implement a healthy school policy with a view to creating a safe, caring, healthy and drug-free learning environment, and building up positive values and attitudes among students for whole-person development from an early stage, thereby enhancing their ability to resist taking drugs.

Consent Form and Participation in the Scheme

- 4.3 Participation in the Scheme is entirely voluntary.
- 4.4 The participating schools will provide students and their parents/guardians with a copy of this Protocol and a standard form which includes a pledge by students to stay away from drugs, and Consent to Participation to indicate whether they agree to participate and to give the necessary consent and undertaking.
- 4.5 To participate in the Scheme, a student and his parent/guardian will need to give the following consent and undertaking –
 - (a) Drug Testing. Consent and undertaking to provide a hair specimen of the student to be tested for the presence of illicit drugs, if so requested under the Scheme.
 - (b) Support Programme. Consent and undertaking to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself to the support programme.
- 4.6 The form for Consent to Participation will inform parents/guardians and students that their personal data will be collected by and/or released to the following concerned parties on a confidential basis and only for the purposes of the Scheme –
 - (a) relevant staff of designated NGO, that is, the project manager and the SDT team, and the case manager of designated CCPSA serving the district in which the school is located upon any positive test result or upon self-referral;
 - (b) school social worker of the participating school;
 - (c) relevant staff of the participating school, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student and any other teacher if so suggested by the student; and
 - (d) school project assistant.
- 4.7 The form for Consent to Participation must be read, signed, and dated by the student and his parent/guardian. The duly completed form should be returned to the student's class teacher.
- 4.8 Consent to Participation is valid for the duration of the Scheme (see paragraph 2.1).

- 4.9 For a participating student who changes to another school which also runs school drug testing during the school year, the student and his parent/guardian are required to complete the necessary procedures of the new school in order to participate in the school drug testing scheme of the new school.
- 4.10 Any parent/guardian and student who have not returned the form of Consent to Participation before the commencement of drug testing are nonetheless still welcome to join the Scheme anytime during the school year.
- 4.11 Students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

List of Students

- 4.12 Before any testing begins, each school principal or any school staff designated to act on his behalf will prepare a list which includes the name, class and gender of the participating students in his school.
- 4.13 Before a visit to any participating schools, the SDT team will provide one-week advance notice to the school principal or any school staff designated to act on his behalf, school social worker and the school project assistant. Test dates and frequencies will not be made known to the students.
- 4.14 The school principal or any school staff designated to act on his behalf will provide the SDT team with an updated participating student list three working days prior to the school visit via secure communication.
- 4.15 The SDT team will inform the school principal or any school staff designated to act on his behalf and school project assistant of the list of randomly selected students for drug testing one working day before the school visit. The selected students will only be informed as they proceed to receive the drug test.
- 4.16 At the beginning of the school visit, the school principal or any school staff designated to act on his behalf will provide an updated list of randomly selected students to the SDT team and the school project assistant, which shows the availability and sequence of the selected students to undergo drug testing. The school project assistant will counter-check the names of the students on the list to ensure that the list of selected students is in order.

Random Selection

- 4.17 Each quarter, a certain proportion (say 5%) of participating students from a school will be randomly selected by the SDT team for testing. Generally speaking, each school may be visited at least once every term. The SDT team will not visit the participating schools on a regular schedule, so that students will not be able to tell the date of testing.
- 4.18 Except for those identified students who have already enrolled in support programmes under the Scheme, a student selected for testing will remain in the total population subject to future random selection.

Hair Specimen Collection

- 4.19 In conducting the hair specimen collection procedure, the SDT team will make their best endeavours to put the selected students at ease and to dispel undue concerns or misunderstandings about drug tests and the Scheme.
- 4.20 The process may take about 3 minutes, with every effort made to minimize disruption to learning and teaching, which includes –
- (a) screening interview in an interview room; and
 - (b) collection of hair specimen in the interview room.
- 4.21 The SDT team will brief the selected students individually and answer any relevant questions. A set of guidelines for the screening interview is provided at Appendix 2.
- 4.22 Selected students will be required to provide hair specimen in an interview room. The hair specimen collection procedure is provided in Appendix 3. See Chapter 7 for the procedures for following up on-the-spot refusals.
- 4.23 The school project assistant will be present at all specimen collection sessions. The school project assistant will record information required for the school visit report (see paragraph 4.27).
- 4.24 The school principal or any school staff designated to act on his behalf will inform the selected student's parent/guardian that the student has been selected for testing.
- 4.25 School teachers and school social workers should pay attention to the selected students to see if they have any anxiety, and provide the necessary assistance and counselling to them, before the release of the laboratory test results.
- 4.26 Other Cases
A selected student may also, on the spot –
- (a) refer himself to a support programme without testing (see Chapter 6);
 - (b) refuse drug testing (see Chapter 7); or
 - (c) withdraw Consent to Participation (see Chapter 8).
- 4.27 School Visit Report
- (a) At the end of the school visit, the school project assistant will compile a school visit report to the school principal for necessary follow-up.
 - (b) The school visit report will cover any on-the-spot complaints received by the school project assistant. It will also contain the names of the students who:
 - (i) provided the hair specimen;
 - (ii) self-referred to a support programme without testing;
 - (iii) refused drug testing; and
 - (iv) withdrew Consent to Participation.

Laboratory Test

- 4.28 For each hair specimen collected, the SDT team and the school project assistant will sign a request for laboratory testing to the Government Laboratory.
- 4.29 The SDT team will deliver the hair specimen to the Government Laboratory for testing. No personal identifier will be attached to the specimen in order to ensure confidentiality and privacy. Proper procedures will be followed to account for the integrity of each hair specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen at the Government Laboratory.

- 4.30 The laboratory test will normally take about five working days and the test results will be available for collection at the Government Laboratory by authorized staff of the SDT team and via secure communication to the school project assistant.
- 4.31 Specimens sent for laboratory testing that are tested positive will be discarded by the Government Laboratory personnel on expiry of five working days after completion of analysis. Specimens that are tested negative will be immediately disposed of by the Government Laboratory personnel after the test.
- 4.32 If the identified student and/or his parent/guardian insist on obtaining a second test (using sophisticated instruments, namely GC-MS or LC-MS) by another competent laboratory to refute the positive test result, they may do so at their own expense and should inform the school principal within three working days from the completion of the laboratory test. The school principal will inform the school project assistant and the SDT team. The SDT team will notify the Government Laboratory through a signed request to prepare the hair specimen for collection. Upon receipt of the notification, the Government Laboratory will make ready the hair specimen remaining after the Government Laboratory has conducted the test or has retained a sufficient part for the test, under seal for collection at the Government Laboratory by authorised staff of the SDT team. The Government Laboratory will discard the remaining hair specimens if they are not collected within five days from the date of the notification.
- 4.33 If the result of the hair test conducted by the other laboratory is negative, then for the purposes of the Scheme, the student will be treated as a false-positive case irrespective of the positive result of the test conducted by the Government Laboratory.

Result Notification

- 4.34 The school project assistant will inform the project manager and the school principal about the laboratory test results via secure communication.
- 4.35 Negative Cases
The school principal will inform the selected student's parent/guardian of the laboratory test result.
- 4.36 Confirmed Cases
- (a) The school project assistant will notify the case manager of the designated CCPSA serving the district in which the school is located.
 - (b) The school principal will inform the identified student and his parent/guardian and invite them to a meeting on the day. The school principal will also notify the school social worker and the designated teachers (via secure communication) for assistance and counselling at school.
 - (c) The case manager will provide immediate counselling services and necessary support to the identified student and his parent/guardian, with support where necessary from the school social worker and the project manager.
 - (d) The identified student and/or his parent/guardian may request a medical review (see Chapter 9).

CHAPTER 5 SUPPORT PROGRAMME

Case Conference

- 5.1 Within 10 working days after notification of a confirmed case, the project manager of the designated NGO will, subject to the case welfare need and availability of parties concerned, convene and chair a multi-disciplinary case conference, to formulate a support programme (or commonly known as a welfare plan) for the identified student. Before the case conference, where appropriate, the student and parent/guardian may be requested to further consent to the participation of other parties to the case conference, and to the disclosure of information relating to the student's drug use, treatment and rehabilitation to them. The case manager will discuss with the student and his parent/guardian on details of the support programme for agreement before implementation.

Support Programmes for Identified Students

- 5.2 Depending on the case assessment, a support programme for an identified student may be wide ranging, including possible measures such as the following (non-exhaustive, for illustrative purposes) –
- (a) For experimental abusers or non-dependent regular abusers
 - (i) The parent/guardian should pay more attention to the student, and may also arrange medical and counselling services through their own means;
 - (ii) The student may continue normal schooling as far as possible, and at the same time receive counselling and assistance from school social workers and designated teachers at school;
 - (iii) Community-based support services/programmes outside school, such as counselling sessions in the designated CCPSA, thematic therapeutic groups, community service programmes, family/interpersonal relationship training, psychiatric/psychological intervention, mentorship schemes, etc;
 - (iv) Basic medical support (e.g. further drug testing, body check up, motivational interviews and drug-related consultation) from general practitioners in the local community network, or medical doctors and healthcare professionals engaged by the designated CCPSA;
 - (v) Cases with psychiatric and other medical complications may be referred to Substance Abuse Clinics of the Hospital Authority or other suitable government clinics/hospitals for specialist medical treatment;
 - (b) For addicted (dependent) abusers
 - (i) Addicted abusers requiring voluntary residential programmes may be admitted to the 40 drug treatment and rehabilitation centres in the territories run by 17 non-governmental organisations (NGOs); and
 - (ii) After completing a residential programme, the rehabilitated student may return to schooling in a mainstream or other school following a review by the concerned parties and others in a case conference as and when necessary. EDB will ensure such social reintegration through the existing placement assistance mechanism.

- 5.3 The support programme will also make full use of any community network available.
- 5.4 The case manager may review the support programme as and when necessary and may share the case progress and relevant issues with the student, his parent/guardian, and other concerned parties. Case review meeting may be convened to discuss progress and unresolved issues, if needed.
- 5.5 The support programme under the Scheme may last beyond the end of the school year if necessary.
- 5.6 Parents/guardians of participating and identified students may also benefit from counselling and other services of the concerned parties, apart from general community services such as those available at integrated family service centres operated by Social Welfare Department (SWD) or NGOs subvented by SWD, which deliver “one-stop” services to individuals and families to meet their multifarious needs.

Programmes for Non-drug Users and Other Students

- 5.7 The school, school social worker, designated NGO, designated CCPSA and other parties may arrange promotion, education and prevention programmes for non-drug users and other students throughout the school year.

CHAPTER 6 SELF-REFERRAL

- 6.1 At anytime during the drug testing process, selected students may admit abuse of drugs.
- 6.2 Participating students not selected for drug testing may admit abuse of drug to any school personnel at anytime. The school personnel will refer the student to the SDT team and inform the school project assistant.
- 6.3 The need for drug testing may be obviated by such voluntary admission of drug abuse.
- 6.4 Such students having admitted drug abuse will be treated as confirmed cases and will be followed up as such.
- 6.5 Students with drug problems may also approach the designated CCPSA direct to benefit from the support programme (see Chapter 5).

CHAPTER 7 REFUSAL

- 7.1 If a selected student refuses to take the drug test, the school principal may ask a designated teacher to address any concern that the selected student may have but it must always be borne in mind that participation is entirely voluntary.
- 7.2 If a selected student tampers with the testing process, the school principal may ask a designated teacher to follow up with the selected student.
- 7.3 If the selected student is in emotional distress, he may be referred to the school social worker for voluntary counselling.
- 7.4 The school principal or the designated teacher will notify the selected student's parent/guardian who has given Consent to Participation, if a selected student refuses to take the drug test and/or tampers with the testing process.

CHAPTER 8 WITHDRAWAL OF CONSENT

- 8.1 Participating students and parents/guardians may jointly withdraw Consent to Participation at any time during the Scheme by written notice given to the school principal.
- 8.2 Where a withdrawal notification is given by the participating student only, the school principal or the designated teacher will inform the parent/guardian who gave the Consent to Participation.
- 8.3 Bearing in mind that participation in the Scheme is entirely voluntary, no adverse consequence will arise from any withdrawal.
- 8.4 Upon receiving the notice of withdrawal, the school principal will inform the project manager, the school project assistant, and the other concerned parties, who (including the school principal) will erase the relevant personal data (including any drug testing records) in their respective possession as soon as the data are no longer required for the purposes of the Scheme.

CHAPTER 9 REVIEW

- 9.1 If the identified student and/or his parent/guardian maintain that the existence of the positive test result of the hair specimen is not attributable to unlawful use (e.g. it was caused by the use of drugs prescribed by medical doctors), they should inform the school principal. The school principal will inform the project manager and the school project assistant. The project manager will invite a medical doctor to review the situation in the light of the said assertion. The concerned parties will abide by the medical doctor's review result.
- 9.2 However, if the identified student and/or his parent/guardian insist on obtaining a second opinion from another competent medical practitioner to prove that the existence of the positive test result of the hair specimen is not attributable to unlawful use, they may do so at their own expenses.
- 9.3 If the second opinion obtained by the identified student and/or his parent/guardian substantiates the assertion, then irrespective of the review result in paragraph 9.1, the identified student will be treated as a false-positive case for the purposes of the Scheme.

CHAPTER 10 CONFIDENTIALITY AND PERSONAL DATA PRIVACY

- 10.1 Personal data obtained under the Scheme are protected under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong) (PD(P)O). Records of confidential information kept by reporting agencies and Central Registry of Drug Abuse (CRDA) are also protected by Part VIIA (sections 49A- 49I) of the DDO. All concerned parties must familiarize themselves and strictly comply with the provisions of these Ordinances. For ease of reference, a brief summary of the data protection principles (DPP) 1 – 6 of the PD(P)O is attached at Appendix 4.
- 10.2 The school project assistant will assist the participating schools in complying with the requirements on the protection of confidential information and personal data as set out in this Protocol.

Data Protection Principles (DPP) 1 – 6 of the Personal Data (Privacy) Ordinance

- 10.3 The consent form, this Protocol and the process of obtaining consent have been carefully designed to set out the necessary information in order to meet the requirements of DPP 1. All concerned parties involved in the Scheme should restrict themselves to obtaining and disclosing personal data of a student which are strictly necessary for the purposes of the Scheme.
- 10.4 In accordance with DPP 2, due process has been put in place to ensure accuracy of the test results (see arrangements in Chapter 4 and for review in Chapter 9). Following completion of the Scheme, or withdrawal of Consent to Participation, all personal data will be erased as soon as they are no longer required for the purposes of the Scheme.
- 10.5 In accordance with DPP 3, personal data collected under the Scheme shall not without the prescribed consent of the data subject, be used for any purpose other than the purposes of the Scheme or a purpose directly related to the Scheme.
- 10.6 In accordance with DPP 4, all data users must establish and maintain appropriate security measures to protect the personal data. Policies and practices in relation to personal data must be formulated to ensure only authorized persons could access such personal data. Personal data, especially drug testing records and the school visit report, will be kept confidential and all practicable measures will be employed to avoid any stigma or labelling effect. Staff of schools, designated NGO and designated CCPSA who have access to such personal data should be required to sign an undertaking to maintain confidentiality. Communication of personal data over the Internet must be secure. The use of mobile device for storing such personal data must be restrictive and encrypted.
- 10.7 In accordance with DPP 5, this Protocol is an open document for dissemination to all concerned and for public access. All data users must also put in place and make available their personal data policies and practices.
- 10.8 In accordance with DPP 6, all data subjects (students and parents/guardians) have rights to access to and correction of their personal data.

Protection under the Dangerous Drugs Ordinance (DDO)

- 10.9 All concerned parties should note that under section 49D(1) of the DDO, there is a general prohibition with criminal sanctions against disclosure of any records of confidential information³ which is kept by CRDA or a reporting agency, supply to any person information obtained from such record, or permitting access to any such record. Any person seeking to do any act mentioned in section 49D(1) shall ensure that the act is covered by consent under section 49F, or is otherwise lawful. The names of organisations designated as reporting agencies are specified in the Fourth Schedule of the DDO.
- 10.10 For the purposes of the Scheme, and without prejudice to other situations, the designated CCPSA may report to CRDA the drug abuse situation of the student if the student and his parent/guardian so consent.
- 10.11 All information supplied to CRDA is handled in strict confidence and is accessible only to people who are directly involved in the operation of CRDA and are required to observe the rule of confidentiality.

³ “Confidential information” means information which is recorded by the CRDA or a reporting agency in respect of any person and which relates to any one or more of the following –

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under the DDO; and
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug.

CHAPTER 11 LAW ENFORCEMENT

Police

- 11.1 Police and other law enforcement agencies will not be informed of the personal data of any individual student obtained under the Scheme.
- 11.2 Police may be provided with aggregate, non-identifying statistics of the test results to understand the drug situation of a school for better focusing efforts to combat the drug problem.

Prosecution Policy

- 11.3 A positive drug test or an admission of drug abuse will generally evidence that an offence of consumption of a dangerous drug has taken place. However, the Scheme is an innovative initiative which is primarily designed to enhance the resolve of those students who have not taken any drugs to continue to stay away from drugs, and trigger the motivation of those students abusing drugs to quit drugs and seek help. Accordingly, the prosecution authorities have confirmed that a participating student who has been tested positive or who admits drug abuse pursuant to the Scheme will not be prosecuted for consumption of drugs contrary to section 8 of the DDO.
- 11.4 Any other situation outside the Scheme, that is, other than where a participating student has tested positive or admits drug abuse pursuant to the Scheme, will be governed by existing practice and laws of Hong Kong. The Scheme does not exempt police investigation and/or prosecution of a student and/or a participant of the Scheme who is found to be in possession of a dangerous drug or is found to be consuming a dangerous drug whether inside or outside the school campus. In every other respect, the current edition of the Statement of Prosecution Policy and Practice issued by the Department of Justice applies.

APPENDIX 1 SAMPLE FORM

PLEDGE TO STAY AWAY FROM DRUGS

SCHOOL YEAR _____

To: Principal, [Name] Secondary School

I, the undersigned student, understand that abusing illicit drugs is illegal and that taking illicit drugs is harmful to my health.

I wish to pledge that I will stay away from illicit drugs.

I do not wish to make the pledge that I will stay away from illicit drugs.

{Please select and tick ONE of the two boxes above.}

Student's Name (Block Capitals)

Signature

Date

CONSENT TO PARTICIPATION

Participation in School Drug Testing Scheme (Scheme)

School Year _____

To: Principal, [Name] Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a hair specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year _____.

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential basis and only for the purposes of the Scheme –

1. relevant staff of the designated NGO, that is the project manager and the Student Drug Testing team, and the case manager of the designated CCPSA assigned to the student upon any positive test result or upon self-referral;
2. school social worker of the participating school;
3. relevant staff of [Name] Secondary School, that is, the school principal or any school staff designated to act on his behalf, the class teacher of the student, and _____ (that is, any other teacher if so suggested by the student); and
4. school project assistant.

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a hair specimen for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
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Student's Name (Block Capitals)

Signature

Date

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.
2. Contact information of [Name of School Principal] is ... (include school address and telephone number)

APPENDIX 2 GUIDELINES FOR SCREENING INTERVIEW

Screening Interview

A screening interview will be conducted by the SDT team before the drug test is administered. The following areas will be explored –

1. The guiding principles and objectives of the Scheme;
2. The procedures of collection of hair specimen;
3. The rights and obligations of the students; and
4. Drug abuse history of the student, if any.

APPENDIX 3 HAIR SPECIMEN COLLECTION PROCEDURES

Pre-test Arrangement

1. The school principal designates a collection site which is secure, and dedicated solely to hair collection.

Procedures for Specimen Collection

2. The school principal or any school staff designated to act on his behalf informs selected students and facilitates their attendance to the collection site.
3. The SDT team shall conduct a screening interview and brief the student on the purpose of hair collection.
4. The collector will carefully cut sufficient number of strands of hair (around 50 strands) from different parts of the head of the student.

APPENDIX 4 BRIEF ON PERSONAL DATA (PRIVACY) ORDINANCE

Objectives

The purpose of the Ordinance is to protect the privacy interests of living individuals in relation to personal data. It also contributes to Hong Kong's continued economic well being by safeguarding the free flow of personal data to Hong Kong from restrictions by countries that already have data protection laws.

Scope of Coverage

The Ordinance covers any data relating directly or indirectly to a living individual (data subject), from which it is practicable to ascertain the identity of the individual and which are in a form in which access or processing is practicable. It applies to any person (data user) that controls the collection, holding, processing or use of personal data.

Data Protection Principles (DPP)

Principle 1 (DPP 1) – **Purpose and manner of collection.** This provides for the lawful and fair collection of personal data and sets out the information a data user must give to a data subject when collecting personal data from that subject.

Principle 2 (DPP 2) – **Accuracy and duration of retention.** This provides that personal data should be accurate, up-to-date and kept no longer than necessary.

Principle 3 (DPP 3) – **Use of personal data.** This provides that unless the data subject gives consent otherwise personal data should be used for the purposes for which they were collected or a directly related purpose.

Principle 4 (DPP 4) – **Security of personal data.** This requires appropriate security measures to be applied to personal data (including data in a form in which access to or processing of the data is not practicable).

Principle 5 (DPP 5) – **Information to be generally available.** This provides for openness by data users about the kinds of personal data they hold and the main purposes for which personal data are used.

Principle 6 (DPP 6) – **Access to personal data.** This provides for data subjects to have rights of access to and correction of their personal data.

The Ordinance (full text) can be downloaded from website of “The Office of the Privacy Commissioner for Personal Data” at

<http://www.pcpd.org.hk/english/ordinance/ordfull.html>.