

**LEGISLATIVE COUNCIL  
PANEL ON SECURITY**

**Proposal for Two-year Extension of a  
Supernumerary Administrative Officer Staff Grade C Post  
in Narcotics Division of Security Bureau**

**PURPOSE**

This paper invites Members' views on a proposal to extend a supernumerary post of Administrative Officer Staff Grade C (AOSGC) (D2) in the Narcotics Division (ND) of the Security Bureau (SB) for two years from 17 February 2013 to 16 February 2015 to provide the Commissioner for Narcotics (C for N) with the necessary support at the directorate level to combat the drug problem, in particular in respect of treatment and rehabilitation (T&R) services, as well as drug testing policies and programmes.

**JUSTIFICATION**

**Responsibilities of ND**

2. Headed by C for N, ND is tasked with coordinating anti-drug policies and measures across the public sector, non-governmental organisations (NGOs) and the community. ND is also responsible for formulating anti-money laundering/counter-financing of terrorism (AML/CFT) measures pursuant to the recommendations of the Financial Action Task Force (FATF) in respect of the detection of physical cross-boundary transportation of currency and bearer negotiable instruments (CBNIs) and the AML regulation of designated non-financial businesses and professions<sup>1</sup> (DNFBPs).

3. C for N is ranked at the Administrative Officer Staff Grade B (D3) level and is supported by two posts of AOSGC. One of them, designated as Principal Assistant Secretary (Narcotics) 1 [PAS(N)1], is a post first created on 13 February 2009, and subsequently made permanent on 13 February 2012 vide EC (2011-12)11. The other one, designated as

---

<sup>1</sup> DNFBPs include accountants, estate agents, lawyers, trust and company service providers, and dealers in precious metals and precious stones.

Principal Assistant Secretary (Narcotics)<sup>2</sup> [PAS(N)<sup>2</sup>], is a three-year supernumerary post created vide EC (2009-10)<sup>11</sup> with effect from 17 February 2010 and will expire on 16 February 2013.

4. Drug abuse is a complex problem which has to be tackled in a comprehensive and holistic manner, hence the five-pronged strategy in the anti-drug policy, namely (1) preventive education and publicity, (2) treatment and rehabilitation (T&R), (3) legislation and law enforcement, (4) external cooperation and (5) research. The Task Force on Youth Drug Abuse (Task Force) led by the then Secretary for Justice had in November 2008 made over 70 recommendations regarding wide-ranging issues to enable Hong Kong to tackle the problem of youth drug abuse. These included issues with implications on the policy and direction of the anti-drug work to specific initiatives and measures. These were subsequently furthered by initiatives of a high level task force established under the steer of the then Chief Executive in July 2009. Against this background, the Finance Committee approved the PAS(N)<sup>2</sup> post in February 2010 to provide the necessary additional support to C for N for sustaining the escalated efforts of the anti-drug war.

### **Developments since the creation of the PAS(N)<sup>2</sup> Post in 2010**

5. The Government has since 2010 continued to spearhead various initiatives in collaboration with different sectors to enhance preventive education and publicity programmes, T&R services, community mobilisation, community support, drug testing, and law enforcement.

6. Specifically, in respect of the areas for which PAS(N)<sup>2</sup> was responsible, various initiatives have been taken forward. For example, in the area of T&R services, resources have been strengthened to increase the width and depth of various programmes and services, e.g. with an increase in the number of counselling centres for psychotropic substance abusers (CCPSAs); enhancement in resources to strengthen manpower of outreaching and school social work services for supporting young people with drug problems; continuation of a pilot project on enhanced probation service for young drug offenders, as a follow-up to one of the Task Force's recommendations; and an increase in the number of clinic sessions of substance abuse clinics. There was an injection of \$3 billion to the Beat Drugs Fund (BDF) in 2010 to generate a higher level of

income to support worthwhile anti-drug projects and programmes<sup>2</sup>. In respect of drug testing, taking into account the successful experience of the Trial Scheme of School Drug Testing in Tai Po in the 2009/10 and 2010/11 school years, the Government launched the Healthy School Programme with a drug testing component [HSP(DT)] in the 2011/12 school year (paragraphs 26 to 27 below). In addition, the Government has also started to look into issues concerning the introduction of a system of community-based drug testing (CDT) as a tool to facilitate early identification and early intervention to help drug abusers with a plan for consulting the public in due course (paragraphs 21 to 24 below).

7. Efforts over the past few years have brought improvements in the drug scene, with a decline in the overall number of drug abusers reported to the Central Registry of Drug Abuse (CRDA) as well as those reported for the first time (i.e. newly reported abusers). The decline among those aged under 21 has been more pronounced. The following table sets out the situation -

	2009	2011	Difference
No. of reported drug abuses to CRDA	13 390	11 469	- 18%
- Aged under 21	3 388	2 006	- 41%
No. of newly reported cases	4 460	3 200	- 28%
- Aged under 21	2 253	1 229	- 46%

8. In spite of the drop in reported drug abusers, the substantial increase in the length of the drug history of newly reported drug abusers has become an issue of concern. It has taken much longer for existing help networks to reach first-time reported abusers, with more than half of the newly reported cases having taken drugs for more than 3.6 years in the first half of 2012<sup>3</sup>, almost doubling the figure of 1.9 years in 2009. Psychotropic substance abuse (PSA) is known to be associated with serious, at times irreversible, harm to the body of the drug abuser. The substantial increase in the length of the drug history of newly reported

<sup>2</sup> The injection would enable the BDF to strengthen financial support for drug treatment and rehabilitation centres (DTRCs) to upgrade their facilities to meet statutory licensing requirements; as well as to fund the implementation of the HSP(DT) at secondary schools.

<sup>3</sup> The corresponding figure was 3.5 years in 2011.

cases is corroborated by feedback from NGOs that drug abusers who seek help voluntarily in recent years have often been prompted by serious health problems. This argues for continued efforts to coordinate with relevant stakeholders to seek to enhance and re-engineer existing T&R services, and the need to explore further options for facilitating early identification of those who abuse drugs, two major areas of the duties of PAS(N)2 in the next two years.

## **Main Duties of PAS(N)2**

9. While PAS(N)1 is mainly responsible for policy and legislation concerning the control of dangerous drugs, community mobilisation in the prevention of drug abuse and publicity, the management of the BDF, and matters concerning implementation of FATF recommendations (paragraph 2 above), PAS(N)2 is primarily responsible for : (a) coordination of matters concerning the enhancement to and re-engineering of T&R services to meet the changing circumstances of the drug scene; and (b) formulating policy and programmes relating to drug testing.

### ***Enhancing and Re-engineering of T&R services***

#### ***(a) Overall policy coordination and promoting cross-sector collaboration***

10. As opposed to the predominance of opiate drugs in the past, the prevalence of PSA in recent years and the consequential severe health impact on the drug abusers have brought new challenges to the anti-drug work. In particular, such development resulted in the need to involve more closely other sectors, such as the medical services, in the T&R of drug abusers, hence a need for better coordination among various service modes (e.g. community-based counselling services and the residential treatment services) and sectors (the anti-drug sector, the medical services and the education sector) to cater for the different stages of the treatment of drug abusers, followed by rehabilitation. As the central coordinator, ND has to spearhead efforts across government bureaux/departments (B/Ds), the public sector (e.g. the Hospital Authority) and NGOs to enhance cross-sector collaboration, promote new and effective programmes, and monitor and evaluate their effectiveness. Such a coordinating role has been reflected in various initiatives over the past few years to improve the effectiveness and integration of T&R services.

11. To provide focus and strategic directions for all involved in the T&R services, PAS(N)2 is responsible for the the development of (a) triennial plans on T&R services and (b) a tiered, multi-modality framework of T&R services for drug abusers in Hong Kong. After an extensive round of consultation for more than a year with stakeholders in the anti-drug sector and in the social services and medical field, ND had in June 2012 published the “Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012-14)” (the 6<sup>th</sup> Three-year Plan), which mapped out the strategic direction of T&R services in the next three years. The multi-modality framework of T&R services for drug abusers, which was first published in December 2010 and updated taking into account experience in the field, was issued alongside the 6<sup>th</sup> Three-year Plan. The framework conceptualises the interfacing of a wide spectrum of services in a more systematic manner. Apart from serving to channel input from different sectors and service providers, both initiatives have provided a platform for managing the diverse interest and views of different stakeholders. Dedicated support at the directorate level is clearly necessary to help to steer and manage the process of stakeholder engagement, to initiate and coordinate the development and trial of initiatives and programmes, and to see to their implementation and monitor effectiveness. Examples of various initiatives to promote enhancements to T&R services and collaboration among different service modes and other sectors over the past few years are set out in Enclosure 1.

12. Although progress has been made on various fronts, urgency remains in addressing some issues. In particular, the prevalence of psychiatric and physical complications among abusers as a result of prolonged PSA calls for further efforts to ensure better integration of services of different sectors. In addition, the 6<sup>th</sup> Three-year Plan has also highlighted the need to further develop educational and vocational training as a necessary means to ensuring sustained effects in helping those who have completed treatment programmes to stay away from drugs. Therefore, in the next two years, PAS(N)2 would need to focus on exploring opportunities for enhancing educational and vocational training and job replacement for the rehabilitees with the support of the anti-drug sector, and education and training institutions. She also has to work with the Social Welfare Department (SWD), the Judiciary and the Government Laboratory to map out the way forward for the pilot project of the enhanced probation scheme by March 2013 and with the Department of Health (DH) on issues concerning the Methadone Treatment Programme (MTP) upon completion of the ongoing review.

*(b) Licensing of Drug Treatment and Rehabilitation Centres (DTRCs)*

13. Places for residential drug treatment facilities play an important role in the rehabilitation of drug addicts. The Director of Audit (DAudit) and the Public Accounts Committee (PAC) had in their reports in late 2010 and early 2011 respectively recommended that the Government should help those DTRCs under sub-standard conditions to meet the licensing requirements under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (the Licensing Ordinance) (Cap. 566) as soon as possible. These institutions had to either make in-situ upgrading or identify alternative sites for reprovisioning in order to meet licensing requirements. ND has since 2010 proactively sought various means to assist relevant institutions, e.g. by providing assistance in the search of alternative accommodation or sites in liaison with B/Ds, serving as the link with district offices to facilitate local consultation, and providing assistance in seeking funding support from various sources including the BDF. Since 2010, five DTRCs have successfully acquired licences to operate DTRCs with assistance by ND.

14. After the \$3 billion capital injection to the BDF in 2010, ND introduced a reformed Special Funding Scheme (SFS) under the Fund in 2011 to enhance support for DTRCs to take forward upgrading works. This included measures such as increasing the maximum level of grant for each application from \$3 million to \$50 million<sup>4</sup>.

15. Experience in the past two years testifies to the complexity and challenges in helping to resolve the problems faced by many of the DTRCs. To date, 18 out of 40 DTRCs have yet to meet the licensing requirements because of varying land issues and/or inherent technical difficulties and are operating on Certificates of Exemption. Work with some of them has resulted in a clear way forward and should enable at least four of these to secure a licence in the next twelve months. We are continuing to work with the other DTRCs to identify viable solutions to their problems. It is clear, however, that there is a need for directorate oversight in order to continue to press ahead. Our target is to seek to identify a clear way forward for addressing the licensing needs of the remaining DTRCs as far as practicable within the next two years.

---

<sup>4</sup> Within a year after the launch of the SFS, the BDF Association has approved sponsorship of \$47.8 million for two new projects, representing a significant jump from the \$9.9 million granted between 2002 and 2011.

*(c) Service review and re-engineering*

16. As the central coordinator of anti-drug issues, ND has to maintain a watching brief on changes in the drug scene, monitor and work with relevant parties to ensure that services meet changing needs of the day and, where necessary, initiate review to identify room for improvement. In the past few years, ND has, in collaboration with SWD, DH and other B/Ds and NGOs, undertaken a series of initiatives in this respect. First, ND has concluded the first phase of the Service Information System (SIS), which is a computerised data collection system for use by DTRCs. The SIS can streamline the reporting duties of DTRCs to various B/Ds, and also serve as a modern data management system. The plan is to assist and encourage at least one third of the 40 DTRCs to adopt the system within the next six months, with the ultimate goal of introducing it to use by all DTRCs.

17. Secondly, to ensure effective utilisation of service capacity, we have worked with SWD to improve the occupancy of DTRCs through measures like fostering communication and understanding between DTRCs and other stakeholders, e.g. Probation Offices and CCPSAs, and monitoring the waiting time for admission. Efforts made has seen the noticeable reduction in waiting time as 87% of probationers had waited for only two weeks from June to August 2012, compared with 69% in April 2010 as reported in the DAudit's Report in October 2010.

18. Thirdly, we have been working with DH to continue to steer the re-engineering of the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), including a review on the positioning of SARDA's resources by the Efficiency Unit in 2010 and concluding a funding and service agreement (FSA) in April 2011. Fourthly, in September 2012, DH engaged international consultants to conduct a review on the MTP, aiming to assess the effectiveness and cost-effectiveness of the programme, identify service gaps taking into account changing social environment, and make recommendations on the future direction of the programme. Looking ahead, SARDA would need to map out the strategy for migration to a lump-sum grant model. DH would need to take into account the outcome of the review by the international consultants. ND will work with DH and other relevant parties in taking forward these two issues.

19. With the injection of additional resources to expand the network of CCPSAs to reach 11 by 2010, SWD is due to conduct a new round of FSA review with the CCPSAs in 2012. ND will need to monitor

the process to ensure that services by CCPSAs would be able to reflect the latest drug trend and service needs.

20. As set out at paragraphs 10 to 19, there are a number of major tasks which will proceed in the area of review and re-engineering of T&R services, involving complex issues, and demanding multiple stakeholder management and coordination, hence the need to extend the PAS(N)2 post for the next two years.

### ***Drug Testing***

#### *(a) Community-based Drug Testing (CDT)*

21. The increasingly hidden nature of PSA with the serious harm to the health of the drug abusers is a real cause for concern, hence the need for closer collaboration among the Government, the medical services and the anti-drug sector. Apart from the Task Force which had specifically recommended that the Government should examine whether and how a compulsory drug testing scheme might be made available in Hong Kong, there are also voices in the community calling for the Government to examine the issue.

22. On 5 June 2012, we briefed the Panel on Security of the Legislative Council about a plan to consult the public later in the year on whether a CDT scheme should be implemented after engaging different stakeholders in addressing issues of concern. The main objective of CDT would be to identify drug abusers early so as to enable timely T&R intervention and reduce as far as practicable the adverse health impact of prolonged drug abuse. The Government adopts an open position on the matter and community consensus is a prerequisite for pursuing a CDT scheme.

23. We have engaged in dialogue with stakeholders in the past few months in discussing issues of concern. In light of the diverse views heard, we consider it necessary and desirable to engage in further discussions with relevant sectors on sensitive topics such as human rights and civil liberties issues, and assess different options for addressing issues such as how best to cater for the rehabilitation of those tested positive under the scheme before the public consultation, now expected to be held around mid-2013. This is to ensure an enlightened discussion during the stage of public consultation.



24. In addition, in light of the sensitivity of the subject, we expect the public to express views on a wide range of policy issues and measures for tackling the hidden nature of drug abuse, irrespective of whether there could be community consensus on CDT. ND would need to take such views forward in any event, hence further collaboration with B/Ds and other stakeholders is expected after the completion of the consultation exercise. C for N would require directorate support in taking forward the whole exercise as well as the follow-up work after the public consultation exercise.

*(b) Healthy School Programme with a drug testing component (HSP(DT))*

25. Prevention is better than cure. It is by fostering a drug-resistant attitude among the public that we could prevent them from falling prey to the adverse impacts of drugs. Preventive anti-drug work at schools is an important way to help young people to understand the evils of drugs and be able to resist temptations. Over the years, various efforts have been made to bring anti-drug messages to students and promote anti-drug work at schools, including increasing resources for the school social work services, the provision of funding for non-government organisations to provide outreaching programmes for teachers, parents and students, and the promotion of the school-based HSP(DT).

26. Taking into account the successful experience of the Trial Scheme of School Drug Testing in Tai Po, the Government saw the need to maintain the momentum and decided to launch the HSP(DT) in the 2011/12 school year. The HSP(DT) comprises a school-based diversified personal growth programme and voluntary drug testing. In the 2012/13 school years, 53 schools will implement HSP(DT) with support by the BDF.

27. With the aim of progressively rolling out the programme to more secondary schools in Hong Kong, PAS(N)2 has to continue to promote the extension of HSP(DT) to other schools. Experience suggests that some schools have concern about bringing in drug testing, even on a voluntary basis. In the coming two school years, it is necessary to promote understanding on the objective of the programme through arrangements like arranging experience sharing with schools which have already participated, to ensure proper procedures and guidelines for the administration of drug tests for the protection of personal data privacy, and to continuously fine-tune arrangements for the programme before a review on overall progress and way forward. All these issues would require oversight at the directorate level.

## **Need for Extension of the Supernumerary AOSGC Post**

28. We have reviewed the existing directorate support of ND and reaffirmed the need to extend the PAS(N)2 post for two years. The major responsibilities of PAS(N)2 involve a wide range of complex multi-stakeholder issues which call for experience and skills to steer the coordination and implementation at the directorate level.

29. We have also reviewed the current level of work of the other AOSGC post, namely PAS(N)1, which has since February 2012 been made permanent. Apart from duties on preventive education and publicity, policy and legislation on the control of dangerous drugs, and management of the BDF, PAS(N)1 is also involved in the implementation of the FATF recommendations regarding the establishment, by statute, of a system for detecting the physical cross-boundary transportation of CBNIs and the AML regulation of DNFBPs in order to better align Hong Kong's regime with relevant requirements. The two tasks have gained urgency since the next round of mutual evaluation (ME) on Hong Kong by FATF is expected to take place in 2015. To enable Hong Kong to meet relevant FATF requirements, it would be necessary to put in place legislation and to make arrangements for implementation of the new systems as soon as practicable. Such work is expected to add to the workload of PAS(N)1 significantly.

30. We had indicated in the proposal for the creation of the permanent PAS(N)1 post in December 2011 [EC(2011-12)11] that we would need to review the directorate support of ND in 2012, taking into account, amongst others, whether it is necessary to take forward legislative work for implementation of the FATF recommendations.

## **ALTERNATIVES CONSIDERED**

31. Other Divisions of the SB are fully stretched in their own portfolios and have no capacity to absorb the workload. Within ND, we have to, in light of the need for PAS(N)1 and her team to commit to the implementation of the two major areas of FATF recommendations in the next two to three years, arrange to shift duties for extending the HSP(DT) to PAS(N)2. There is clearly no room for PAS(N)1 to take up the work of PAS(N)2, as set out in this paper.

32. The scope of responsibilities of the proposed PAS(N)1 and PAS(N)2 are respectively at Enclosures 2 and 3. The proposed organisation charts of ND and SB with these two posts incorporated are respectively at Enclosures 4 and 5.

## **CONSULTATION**

33. The Action Committee Against Narcotics has been consulted and supported the implementation of the anti-drug strategies on a sustained basis, and urged the Government to take all possible measures to work with the community to combat drug abuse.

## **FINANCIAL IMPLICATIONS**

34. The proposal will bring about an additional notional annual salary cost at mid-point of \$1,696,200. The full annual average staff cost, including salaries and staff on-cost, is \$2,427,132. To support the proposed PAS(N)2 post, we plan to create one Personal Secretary I post in ND with a total notional annual salary cost at mid-point of \$343,200 and full annual average staff cost of \$507,780. SB will absorb the additional expenditure from within their resources in 2012-13 and will include the necessary provision in the Estimates of subsequent years to meet the cost of the proposal.

## **ADVICE SOUGHT**

35. Members are invited to comment on the proposal. Subject to Members' support, we will submit the proposal to the Establishment Subcommittee of the Finance Committee for consideration at its meeting on 5 December 2012.

Narcotics Division  
Security Bureau  
October 2012

**Examples of Enhancement to  
Treatment and Rehabilitation (T&R) Services  
and Collaboration Among Different Service Modes  
and Other Sectors in the Past Few years**

- The injection of resources to provide for the support of professional nursing staff at counselling centres for psychotropic substance abusers (CCPSAs), starting from October 2009, taking account of the health issues prevalent among psychotropic substance abusers.
- The launch of the “Pilot Project on Enhanced Probation Service for Young Drug Offenders” in 2009, as a follow-up to one of recommendations of the Task Force on Youth Drug Abuse: the project brings about closer collaboration between probation officers and magistrates to develop a more structured and intensive treatment programme for young drug abusers under the penal system.
- Supporting, through the Beat Drugs Fund, pilot projects on new service models to create a more efficient interface of the medical services with non-government organisations in the treatment of ketamine abusers.
- Arrangements by the Social Welfare Department of meetings and visits among different types of services within the T&R sector to promote service interfacing (e.g. among probation officers, CCPSAs and drug treatment and rehabilitation centres) and better utilisation of resources.
- Promoting local networks comprising for example, district offices, district social welfare offices, law enforcement agencies, NGOs and public sector organisations in individual districts to tackle local drug issues.

Proposed Duty List of  
Principal Assistant Secretary (Narcotics)1

Rank : Administrative Officer Staff Grade 'C'

Responsible to : Commissioner for Narcotics (C for N)

- To monitor the drug abuse trends and pattern through the Central Registry of Drug Abuse and student surveys, and assist C for N in formulating anti-drug measures to address the latest drug abuse situation.
- To monitor and formulate necessary response to the threats posed by emerging drugs, including review of legislation and, where necessary, propose legislative control on new substances; work with law enforcement departments in targeting illegal drug trafficking and youth drug abuse; and oversee external co-operation in curbing cross-boundary drug activities.
- To develop and take forward innovative and effective publicity strategy to curb the drug abuse problem.
- To enhance mobilisation of various quarters of the community to join the fight against drugs through the Path Builder initiative as well as through various community and district level programmes.
- To oversee policy and institutional matters of the Beat Drugs Fund as well as resource planning to ensure an effective use of the Fund for the community to help fight drugs.
- To assist C for N in overseeing and following through the implementation of the recommendations of the Task Force on Youth Drug Abuse on the five-pronged anti-drug strategies, in collaboration with other bureaux and departments as well as stakeholders, including the Action Committee Against Narcotics, the Fight Crime Committee, as well as the education, social services, youth, community sectors and other key stakeholders in the community.

- To assist C for N in formulating and coordinating the strategy and measures on anti-money laundering/counter-terrorist financing of terrorism with respect to Designated Non-Financial Businesses and Professions and the detection of cross-boundary transportation of of currency and bearer negotiable instruments, pursuant to the recommendations of the Financial Action Task Force .

Proposed Duty List of  
Principal Assistant Secretary (Narcotics)2

Rank : Administrative Officer Staff Grade 'C'

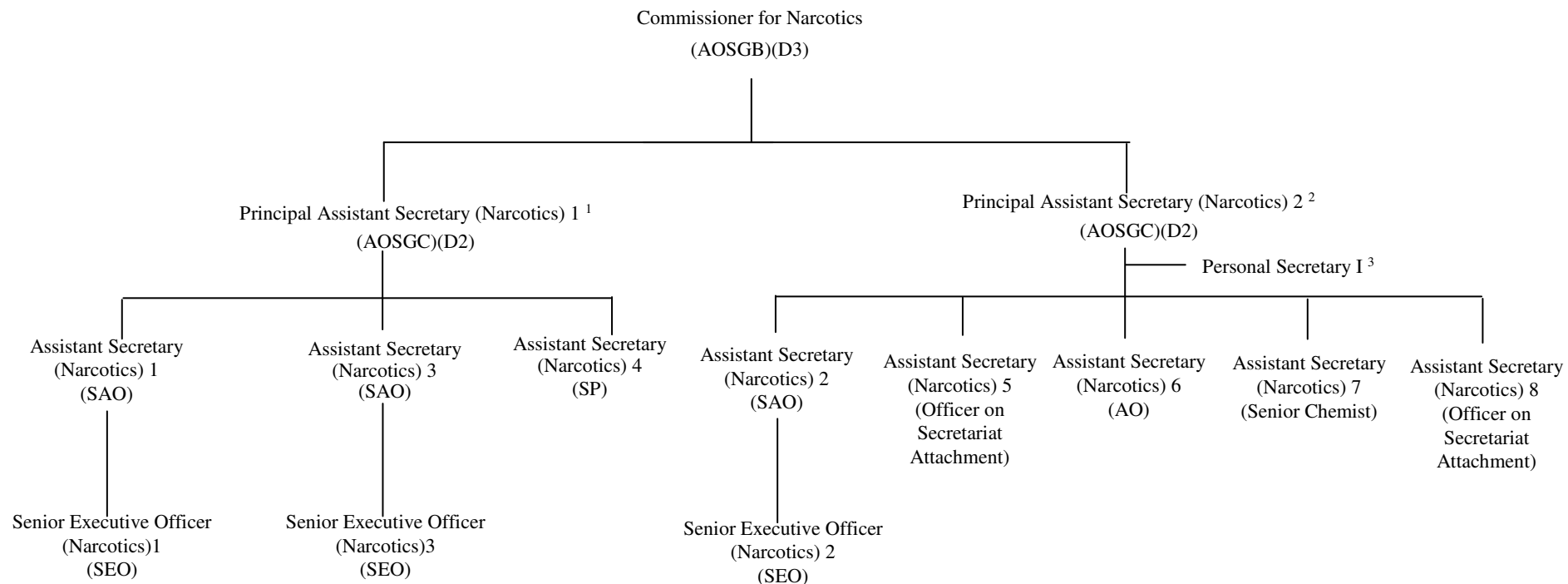
Responsible to : Commissioner for Narcotics (C for N)

- To consolidate and enhance the treatment and rehabilitation services in the context of the implementation of the “Sixth Three-year Plan on Drug Treatment and Rehabilitation (T&R) Services in Hong Kong (2012-14)”.
- To promote re-engineering of existing services to meet the needs of the latest drug trends.
- To promote collaboration between different sectors and service modalities to ensure a continuum of services for drug abusers and promote new and effective ways for the provision of T&R services to meeting prevailing needs.
- To develop a more systematic assessment and monitoring of the efficiency and effectiveness of residential T&R programmes, including the extension of a service information system to other drug treatment and rehabilitation centres (DTRCs).
- To render assistance to DTRCs to ensure better utilization of resources, including helping existing DTRCs which have not yet been licensed to seek in-situ upgrading or relocation, by addressing issues such as land use planning, land administration, and liaison with Government departments, and assisting in local consultation exercises.
- To assist C for N in taking forward matters concerning the formulation of a community-based drug testing scheme having regard to legal, human rights, privacy and other perspectives, including staging the process of stakeholder engagement and the public consultation, and the subsequent legislative exercise, if necessary.

- To explore and develop other measures to seek to address the growing problems of hidden drug abuse.
- To oversee and promote the implementation of the Healthy School Programme with a drug testing component, and coordinate with the Education Bureau and other relevant departments to strengthen drug preventive education work.



## Proposed Organisation Chart of Narcotics Division



**Legend**

AOSGB : Administrative Officer Staff Grade B  
 AOSGC : Administrative Officer Staff Grade C  
 SAO : Senior Administrative Officer  
 AO : Administrative Officer  
 SP : Superintendent of Police  
 SEO : Senior Executive Officer

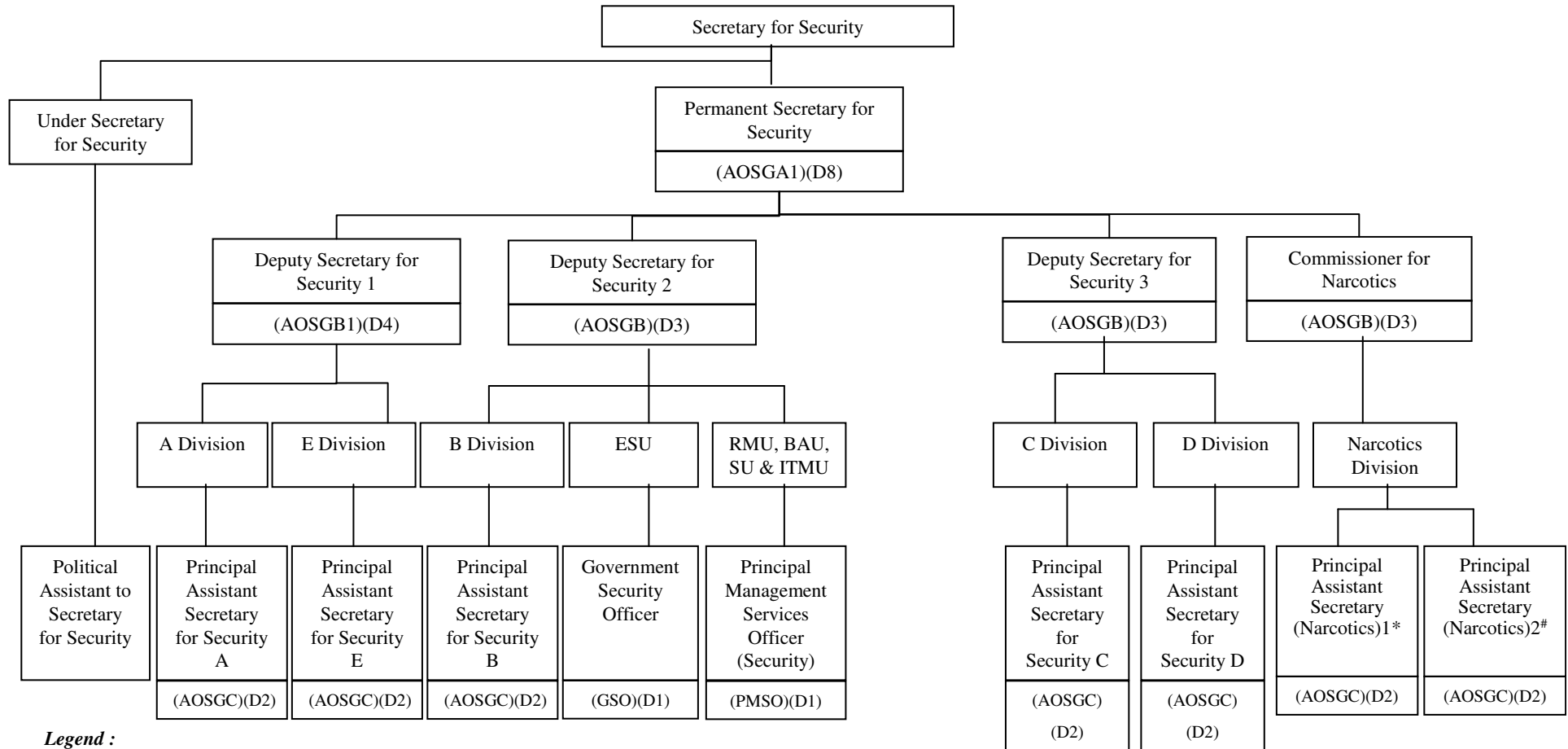
<sup>1</sup> Permanent AOSGC post created on 13.2.2012, as approved by the Finance Committee on 6 January 2012.

<sup>2</sup> Proposed supernumerary AOSGC post created for two years from 17.2.2013 to 16.2.2015

<sup>3</sup> Non-directorate post to be created to support the proposed PAS(N)2 post

## SECURITY BUREAU Proposed Organisation Chart

Enclosure 5



**Legend :**

RMU : Resource Management Unit

SU : Statistic Unit

ESU : Emergency Support Unit

PMSO: Principal Management Services Officer

ITMU : Information Technology Management Unit

BAU : Bureau Administration Unit

GSO: Government Security Officer

AOSGA1 : Administrative Officer Staff Grade A1

AOSGB1 : Administrative Officer Staff Grade B1

AOSGB : Administrative Officer Staff Grade B

AOSGC : Administrative Officer Staff Grade C

\* Permanent directorate created on 13.2.2012

# Supernumerary AOSGC post proposed to be created from 17.2.2013 to 16.2.2015