

立法會
Legislative Council

LC Paper No. CB(2)380/13-14
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by the Administration)

Ref : CB2/PL/SE

Panel on Security

Minutes of meeting
held on Tuesday, 5 November 2013, at 2:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present : Hon IP Kwok-him, GBS, JP (Chairman)
Hon James TO Kun-sun (Deputy Chairman)
Hon CHAN Kam-lam, SBS, JP
Hon Emily LAU Wai-hing, JP
Hon Cyd HO Sau-lan
Dr Hon LAM Tai-fai, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon WONG Kwok-kin, BBS
Hon Paul TSE Wai-chun, JP
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
Hon WONG Yuk-man
Hon Claudia MO
Hon Michael TIEN Puk-sun, BBS, JP
Hon NG Leung-sing, SBS, JP
Hon Frankie YICK Chi-ming
Hon YIU Si-wing
Hon MA Fung-kwok, SBS, JP
Hon Charles Peter MOK
Hon CHAN Chi-chuen
Dr Hon Kenneth CHAN Ka-lok
Hon Kenneth LEUNG
Hon KWOK Wai-keung
Hon Dennis KWOK
Hon Christopher CHEUNG Wah-fung, JP
Dr Hon Elizabeth QUAT, JP
Hon CHUNG Kwok-pan
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

Members attending : Hon CHAN Hak-kan, JP
Dr Hon Fernando CHEUNG Chiu-hung

Member absent : Hon LEUNG Che-cheung, BBS, MH, JP

Public Officers attending : Item IV

Action Committee Against Narcotics

Professor Daniel SHEK, SBS, BBS, JP
Chairman

Dr Ben CHEUNG, MH, JP
Chairman, Sub-committee on
Treatment and Rehabilitation

Dr TIK Chi-yuen, SBS, BBS, JP
Chairman, Sub-committee on
Preventive Education and Publicity

The Administration

Mrs Erika HUI, JP
Commissioner for Narcotics

Miss Mandy WONG
Principal Assistant Secretary for Security (Narcotics) 2

Item V

The Administration

Miss Bella MUI Bun-ngai
Acting Deputy Secretary for Security

Mr LAM Kwok-leung
Acting Deputy Commissioner of Correctional Services

Clerk in attendance : Miss Betty MA
Chief Council Secretary (2) 1

Staff in attendance : Mr Bonny LOO
Assistant Legal Adviser 3

Mr Raymond LAM
Senior Council Secretary (2) 7

Ms Kiwi NG
Legislative Assistant (2) 1

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I. Confirmation of minutes of previous meeting
(LC Paper No. CB(2)120/13-14)

The minutes of the meeting held on 10 October 2013 were confirmed.

II. Information papers issued since the last meeting
(LC Paper Nos. CB(2)83/13-14(01), CB(2)176/13-14(01) and CB(2)177/13-14(01))

2. Members noted that the following papers had been issued since the last meeting -

- (a) letter from the Alliance for Hong Kong Animal Police to the Panel on Security and the Panel on Food Safety and Environmental Hygiene regarding animal cruelty;
- (b) letter from Dr Kenneth CHAN regarding personal data leakage arising from loss of police notebooks and Fixed Penalty Tickets by police officers; and
- (c) email from Civil Human Rights Front and Hong Kong Human Rights Monitor regarding the RESCUE Drug Testing Scheme.

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III. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)184/13-14(01) and (02))

List of outstanding items for discussion

3. Members noted that the Chairman and the Deputy Chairman had discussed the work plan of the Panel for the 2013-2014 session with the Secretary for Security on 25 October 2013. The list of outstanding items of the Panel had been updated accordingly.

Regular meeting in December 2013

4. Members agreed that the following items would be discussed at the next regular meeting on 3 December 2013 at 2:30 pm -

- (a) Results of study of matters raised in the Annual Report 2012 to the Chief Executive by the Commissioner on Interception of Communications and Surveillance; and
- (b) Latest Progress on the Electronic Exit-Entry Permit for Travelling to and from Hong Kong and Macao.

Visit to Stanley Prison on 25 November 2013

5. The Chairman reminded Members that a visit to better understand the operations of the Stanley Prison would be held in the morning of 25 November 2013, followed by a luncheon hosted by the Commissioner of Correctional Services. Ms Emily LAU suggested that the separate confinement of inmates should be covered in the visit.

IV. RESCUE Drug Testing Scheme: Public Consultation
(LC Paper Nos. CB(2)184/13-14(03) and (04))

6. With the aid of video and powerpoint presentation, Chairman, Action Committee Against Narcotics ("C/ACAN") briefed Members on the consultation exercise on the proposed RESCUE Drug Testing Scheme ("RDT") led by ACAN.

7. Members noted the background brief entitled "Community-based drug testing scheme" prepared by the Legislative Council ("LegCo") Secretariat.

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8. Members also noted a paper provided by the Administration on the professional background of the non-official members of ACAN and its two subcommittees, which was tabled at the above meeting.

(Post-meeting note: The paper tabled at the meeting was circulated to members vide LC Paper No. CB(2)230/13-14 on 6 November 2013.)

Whether RDT should be introduced

9. Ms Emily LAU said that there were concerns in the community about the impact of RDT on human rights. She considered that instead of arresting young drug abusers, the Administration should allocate more resources to provide support services for parents and extend the opening hours of recreational facilities such as swimming pools to facilitate young people to lead a healthy life.

10. C/ACAN responded that to his knowledge, support services were being provided to young people and parents on an ongoing basis. Having reviewed the anti-drug work in the past few years and the latest drug situation, ACAN was of the view that there was a case for considering RDT as an additional anti-drug measure. He stressed that the purpose of RDT was to help drug abusers through early identification rather than punish them. He pointed out that unlike traditional opiate drugs such as heroin, psychotropic substances did not lead to immediate withdrawal symptoms. Commissioner for Narcotics ("C for N") added that the Administration adopted a five-pronged approach in its anti-drug strategy, including tackling the drug problem at source.

11. Chairman, Subcommittee on Treatment and Rehabilitation of ACAN ("C/STR") explained that drug abusers might not be identified until the dangerous drugs consumed caused psychiatric illness or serious urinary bladder malfunction in years' time. Overseas experience indicated that the success rate of voluntary drug rehabilitation and treatment was only 30%. RDT sought to provide an extra entry point of intervention before the drugs had inflicted irreversible bodily harm on drug abusers.

12. Mr KWOK Wai-keung expressed support for the early identification of drug abusers for early rehabilitation and treatment. He noted that the proposals under RDT were drawn up with reference to legislation against drug driving under the Road Traffic Ordinance (Cap. 374). He asked whether there would be channels for a person identified in a drug test to appeal against the test results.

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13. C/ACAN responded that there was established mechanism for lodging complaints against police officers. He said that to his knowledge, there was so far no complaint against enforcement actions relating to drug driving, on which the proposals under RDT were modelled.

14. Mr MA Fung-kwok considered that there was a need to implement RDT and it should be applicable to people of all ages to ensure fairness. He pointed out that there was established mechanism for lodging complaints against police officers. To address concerns about human rights, consideration could be given to the involvement of an intermediary body or a committee in the drug testing process.

15. Mr CHAN Chi-chuen said that the power of the Police had been expanding since July 1997. He considered that as the number of drug abusers was declining, there was no ground to implement RDT which would unnecessarily increase the power of the Police.

16. C/ACAN said that he had been a member of the Independent Police Complaints Council for six years and was fully aware of concerns about police power. To his knowledge, the impairment test used in drug driving could accurately detect those who had taken drugs. Nevertheless, members of the public were welcome to give suggestions regarding measures which would help prevent abuse of Police powers. He stressed that adequate training would be provided to police officers involved in drug testing under RDT. He pointed out that the median drug history of drug abusers who voluntarily sought help through non-governmental organizations ("NGOs") in 2012 was 5.2 years, while those intercepted by law enforcement officers ("LEOs") had a median drug history of 2.6 years. RDT would facilitate the identification of drug abusers at an early stage.

17. C/STR pointed out that statistics on the overall number of drug abusers was based on reports to the Central Registry of Drug Abuse ("CRDA"). There was a general shift in recent years from consumption of opiate drugs to psychotropic substances. The drop in the overall number of drug abusers reported to CRDA reflected a change in the mode of drug abuse in recent years.

18. Mr WONG Yuk-man objected to the proposed RDT which was on the wrong track. He said that LEOs lacked the legal knowledge to determine prudently whether a person should be required to undergo drug testing. He considered that the proposed RDT was inconsistent with the

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common law principle of presumption of innocence and Article 28 of the Basic Law which prohibited arbitrary or unlawful search of the body of any resident of Hong Kong.

19. C/ACAN responded that the proposals under RDT were modelled on existing legislation on drug driving, on which new legislation had been made and there was no issue of constitutionality.

20. Dr Elizabeth QUAT said that she had been involved in the rehabilitation of about 80 young drug abusers a few years ago and noted that the damage to the body caused by drug abuse was irreversible. Noting that many young people continued to consume drugs while receiving drug rehabilitation and treatment service, she supported the introduction of RDT to facilitate the identification of drug abusers at an early stage for early intervention and treatment.

21. The Chairman expressed support for RDT. He pointed out that the drop in the overall number of drug abusers reported to CRDA merely reflected a change in the mode of drug abuse in recent years. He had been a member of ACAN for six years and was aware of the pressing need for early identification, rehabilitation and treatment of young drug abusers. He considered that as legislation against drug driving was already being implemented and RDT was modelled on such legislation, he could not see why RDT would contravene human rights.

22. The Deputy Chairman considered that the prosecution of drug abusers would only result in more cases of hidden drug abuse. He queried whether it was proportionate to require a drug abuser to undergo drug testing with a view to providing LEOs with self-incriminating information which would be used for prosecuting the drug abuser. He considered that if a drug abuser assaulted others under the influence of drugs, prosecution could be instituted against the drug abuser concerned for inflicting harm on others.

23. C/STR reiterated that RDT was modelled on legislation against drug driving. He pointed out that there had been an increasing number of cases in recent years in which drug abusers lost control of themselves and assaulted others, threw objects from height or committed arson. C/ACAN added that among some 800 patients of the Castle Peak Hospital, 47 had inflicted harm on others under the influence of drugs. The casualties arising from drugs were significantly more than the casualties arising from drug driving.

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24. Mr CHAN Kin-por expressed concern about the serious and irreversible harm to the body caused by drug consumption and the assault of other persons by drug abusers under the influence of drugs. Referring to paragraph 14 of the Administration's paper, he asked how the social cost of \$11 billion arising from drug abuse was calculated. He considered that the Administration should also estimate the long term medical and social cost associated with disability arising from drug abuse.

25. C/ACAN responded that the estimated social cost of \$11 billion as referred to in paragraph 14 of the Administration's paper was based on a conservative estimate that the social cost incurred in Hong Kong would only be half of that of Canada. There was also a study on social cost of drug abuse in Hong Kong conducted by Professor Y W CHEUNG of the Chinese University of Hong Kong but it was conducted as early as in 1998 covering only very limited scope.

26. C/STR pointed out that according to statistics provided by Substance Abuse Clinics of the Hospital Authority, 53% of the patients suffered from psychiatric disorder. Of a sample of 200 patients, 30% were receiving the Disability Allowance. In the past three years, the percentage of psychotropic substance abusers with major problems requiring admission to the Intensive Care Unit had increased by about 9.5 times. C for N added that while it did not have ready information on the medical cost and it was also difficult to estimate the long term social cost associated with disability arising from drug abuse, a survey conducted by the Prince of Wales Hospital on about 200 patients who had abused ketamine revealed that most of the patients were aged over 21 years and had a drug history of over six years. The urinary bladder of some of these patients was only 1/6 of the size of a normal person. In one extreme case, the volume of the urinary bladder of a patient was only 9 ml. It was also noted that over 40% of the patients had suffered liver injury arising from drug abuse and their liver condition would probably deteriorate in the coming few years.

Protection of human rights under RDT

27. Mr Dennis KWOK expressed concern whether measures would be adopted under RDT to safeguard human rights, especially for persons under the age of 18. He asked whether similar drug testing had been implemented in other common law jurisdictions.

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28. C/ACAN responded that for minors under the age of 18, ACAN proposed that a third person such as his or her parents or a person independent of law enforcement agencies ("LEAs") should be present during the provision of bodily samples to ensure procedural fairness. He said that drug testing was also in place in some overseas jurisdictions as part of their law enforcement efforts. For instance, similar drug testing was found in Sweden.

29. C for N explained that the benchmark for triggering RDT was rather high. It was proposed that RDT would be applied only when both of the following conditions were met -

- (a) the person's physical state, behaviour and belongings showed signs of drug use; and
- (b) the presence of substances suspected to be dangerous drugs in the near vicinity.

30. Mr Dennis KWOK considered that the Administration should seek the views of the Department of Justice ("DoJ") on the protection of human rights under RDT. C for N responded that close communication was maintained between ACAN Secretariat and DoJ on RDT, which was only in its first stage of public consultation.

31. Dr Fernando CHEUNG expressed concern that the requirement for presence of substances suspected to be dangerous drugs in the near vicinity might be open to abuse by police officers.

32. Mr CHAN Kin-por considered that it was unlikely for a police officer to abuse his power under RDT, as it would at most result in the person concerned being required to undergo urine testing.

33. C for N stressed that under the proposed testing procedures, only authorized and trained LEOs would be allowed to implement RDT. Members of the public were welcome to give views on the proposed testing procedures, including those in respect of minors.

Whether persons who abused drug for the first time should be given a chance of non-prosecution

34. Noting that the consumption of dangerous drugs was a serious arrestable offence under section 8 of the Dangerous Drugs Ordinance

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(Cap. 134), Mr KWOK Wai-keung expressed concern whether it was legally in order to give a drug abuser identified under RDT a chance of non-prosecution.

35. Mr MA Fung-kwok considered that providing drug abusers identified under RDT with a chance of non-prosecution might encourage hidden drug abusers to seek help.

36. Mr YIU Si-wing considered that drug abusers identified under RDT should be required to undergo mandatory rehabilitation and treatment service.

37. C/ACAN said that ACAN had no established position on the matter. He pointed out that it was one of the views under RDT that no criminal record should be kept for persons who were identified under RDT and received mandatory drug treatment. ACAN would carefully consider Members' views.

38. Mr WONG Yuk-man said that the proposal of not prosecuting persons identified under RDT for the first time might convey the false message that persons who consumed dangerous drugs for the first time was not in breach of the law.

39. Dr Elizabeth QUAT expressed concern that the non-prosecution proposal referred to in paragraph 21 of the Administration's paper might convey the false message that drugs could be abused once.

40. C/ACAN agreed to consider how to avoid conveying such false message under RDT.

Views of the Hong Kong Medical Association on RDT

41. Mr CHAN Chi-chuen said that the Hong Kong Medical Association ("HKMA") opposed RDT and considered it more effective to combat the drug problem at source. As the chairman of HKMA had said that it would be very difficult for him to differentiate between whether a person was drunken, had abused drugs or had consumed psychotropic substances, it would be equally difficult for police officers to do so. His view was shared by Dr Fernando CHEUNG.

42. C/ACAN responded that according to his understanding, under the existing procedures for drug driving, a person suspected of abusing drugs would first undergo a breath test for alcohol consumption. Thus, the

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problem mentioned by the chairman of HKMA should not arise. While noting the views of HKMA, he noted that many doctors especially those with first-hand experience with drug abusers were supportive of RDT. C/STR pointed out that to his knowledge, HKMA had not consulted its members before announcing its views on RDT.

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43. C/STR pointed out that according to overseas experience, psychiatrists who had received relevant professional training could very effectively distinguish drug abusers. LEOs who received relevant professional training should thus be able to distinguish drug abusers. He undertook to provide Members with information about the relevant overseas experience.

44. Mr CHAN Kin-por considered that if ACAN was of the view that HKMA had misunderstood the proposals under RDT, ACAN should provide more information and explain the proposed drug testing procedures to HKMA.

45. C/ACAN responded that there had been communication between ACAN and HKMA regarding RDT. ACAN would further explain the drug testing procedures under RDT.

46. The Chairman expressed concern whether adequate training would be provided to LEOs. C/ACAN responded that police officers authorized to conduct testing for drug driving were required to have successfully completed some intensive training and passed an examination accredited by a relevant international professional body. Similar to the practice in combating drug driving, RDT would ensure that the police officers were well trained and the process should be conducted in a designated place in law and video-recorded.

Views of parents on RDT

47. Noting that ACAN had conducted four public forums on RDT, Mr YIU Si-wing asked about the percentage of parents who supported RDT. C/ACAN responded that according to the survey findings released by an NGO providing counselling service to drug abusers and their parents in the afternoon of 5 November 2013, more than 90% of parents were supportive of RDT. ACAN would consider the views that a person identified under RDT should undergo a mandatory rehabilitation and treatment programme.

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48. Mr YIU Si-wing suggested that the Administration should seek the views of parents on RDT. C/ACAN noted the suggestion. He said that most parents who had expressed views were supportive of RDT.

Support service for parents

49. Mr CHAN Hak-kan said that during his visit to a Counselling Centre for Psychotropic Substance Abusers ("CCPSA") in the previous week, the parents present were generally supportive of the early identification, treatment and rehabilitation of young drug abusers. He asked whether specific measures would be adopted under RDT to provide immediate support to young drug abusers and their parents.

50. C for N said that there were currently 11 CCPSAs providing counselling service for drug abusers, their parents and friends. She said that additional resources had been provided under the Beat Drugs Fund ("BDF") for initiatives to promote parental awareness. The public drug helpline 186 186 had also been enhanced in June 2012 to provide round-the-clock service.

51. C/ACAN said that views collected in the first stage public consultation exercise would be considered by ACAN, and more detailed proposals would be formulated for its second stage public consultation exercise.

Downstream support services

52. Noting that the waiting time for first time psychiatric treatment at the Prince of Wales Hospital was a few years, Dr Elizabeth QUAT expressed concern about the adequacy of downstream support services to complement RDT.

53. Dr Fernando CHEUNG expressed concern whether adequate downstream support services would be provided to complement RDT.

54. C/ACAN responded that ACAN was aware of the importance of allocating sufficient resources for provision of support services to complement RDT. He noted that new resources had been provided in recent years for increasing the number of social workers by more than 100. The number of CCPSAs had been increased to 11.

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55. Mr LEUNG Kwok-hung said that he had received a complaint about a year ago from a parent who sought treatment and rehabilitation for his drug-abusing child but was informed that there was no place available in drug treatment and rehabilitation centres such as Christian Zheng Sheng College ("CZSC"). He considered that the Administration should first estimate the number of drug abusers and the adequacy of resources for providing support service. He expressed concern that if RDT was implemented, it might be discontinued in about two years' time because of inadequate downstream support services.

56. C for N said that about 80% of persons in need of residential places in drug treatment and rehabilitation centres could be placed within two weeks. The occupancy rate of CZSC was less than 70%. There was thus room for the provision of downstream support service to drug abusers identified under RDT. She stressed that if there was general public consensus that RDT should be taken forward, consideration would be given to seeking more resources for downstream support services.

57. C/ACAN said that in the past few years, resources for anti-drug work had been increased through the injection of \$3 billion into BDF, the increase of about 100 social workers and three additional outreach teams. The number of CCPSAs and Substance Abuse Clinics had also been increased.

Publicity against drug abuse

58. Mr Michael TIEN said that the Administration's Announcements of Public Interest ("APIs") relating to youth drug abuse had successfully deterred young people from abusing drugs. He asked whether the Administration would strengthen publicity against hidden drug abuse.

59. C/ACAN responded that according to experience, APIs were found to have an impact on about 80% of members of the public. Besides publicity on drug abuse, the Administration had strengthened publicity on the reporting of drug crime and enhanced the public drug helpline 186 186.

60. Mr KWOK Wai-keung expressed concern about whether parents had the skills to identify if their children had abused drugs. C for N responded that the Administration had allocated more resources in recent years for publicity against drug abuse through various channels, such as public transport and cinemas. It had also strengthened publicity to promote parental awareness.

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Statistics on drug abusers

61. Ms Emily LAU expressed concern about the lengthening in drug history of drug abusers. Referring to paragraph 7 of the paper provided by the Administration, Mr YIU Si-wing asked about the number of persons with a drug history of about four years. C for N responded that the number of drug abusers reported to CRDA was about 11 000 in 2012, as compared to 12 500 in 2010. Chairman, Subcommittee on Preventive Education and Publicity of ACAN said that half of the abusers newly reported to CRDA in 2012 had abused drugs for at least four years, as compared to 1.9 years in 2008. The longer the history of drug abuse, the more serious and irreversible was the damage.

62. Mr KWOK Wai-keung asked about the estimated total number of drug abusers in Hong Kong. C/ACAN said that according to the research findings overseas, about one out of four or five drug abusers were identified. Based on this, he reckoned that the number of hidden drug abusers might range from 15 000 to 20 000 and the overall number of drug abusers could be around 30 000 to 40 000.

Membership of ACAN and its subcommittees

63. Ms Emily LAU noted that the Administration had, in response to her request, provided information on the professional background of members of ACAN and its subcommittees. She hoped that the Administration would continue the same practice and provide information in future on the background of members of committees who drew up the recommendations.

Invitation of views on RDT

64. Ms Emily LAU and Dr Fernando CHEUNG considered that the Panel should invite the views of the public on the proposals in RDT. Mr KWOK Wai-keung considered that such a meeting should be held after January 2014 to allow sufficient time for ACAN to consolidate the views received during the public consultation exercise. The Chairman pointed out that ACAN had in October 2013 conducted four public forums which were attended by over 300 people, and had received views from various organizations and individuals including professional bodies, human rights groups and was still receiving the views of the public. The Panel on Welfare Services had scheduled to receive the views of deputations on drug treatment and rehabilitation services at its meeting on 19 November 2013. He would consider receiving the views of relevant professional bodies on RDT at a meeting around January 2014.

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[To allow sufficient time for discussion, members agreed that the meeting be extended to 5:00 pm.]

V. Recent enhancement initiatives in penal institutions
(LC Paper Nos. CB(2)184/13-14(05) and (06))

65. Acting Deputy Secretary for Security ("DS for S(Atg)") briefed Members on the recent enhancement initiatives in penal institutions.

66. Members noted the information note entitled "Recent enhancement initiatives in penal institutions" prepared by the LegCo Secretariat.

X-ray body scanner

67. Mr CHAN Chi-chuen expressed support for the deployment of X-ray body scanners to search newly-admitted persons in custody in place of manual rectal search. He asked whether a person in custody could request undergoing a rectal search with an X-ray body scanner in place of a manual rectal search and whether the X-ray body scanner had ever broken down. He also asked when X-ray body scanners would be fully deployed in all penal institutions to replace manual rectal searches of persons in custody.

68. Acting Deputy Commissioner of Correctional Services ("Ag. DC") responded that the rectal search was conducted on all newly admitted persons in custody and such a search was conducted at reception centres of the Correctional Services Department ("CSD"). The X-ray body scanner at Lai Chi Kok Reception Centre ("LCKRC") had broken down once since it came into operation in December 2012 and emergency repair was carried out to rectify the problem. CSD had conducted a series of tests on the X-ray body scanner to assess its suitability before procuring it for LCKRC. CSD would gradually introduce X-ray body scanners at other reception centres.

69. Ms Emily LAU considered that CSD should have deployed X-ray body scanners in place of the manual rectal search at a much earlier time. She asked about the number of persons in custody who had refused to undergo a rectal search with the X-ray body scanner. Referring to paragraph 17 of the Administration's paper, she asked why the Administration came to the conclusion that the X-ray body scanner had deterred attempts to smuggle drugs into penal institutions. Referring to paragraph 18 of the Administration's paper, she asked why additional X-ray body scanners were to be procured for three penal institutions only.

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70. Ag. DC responded that there had been 13 cases of persons in custody refusing to undergo examination by the X-ray body scanner, mostly on medical reasons. Since the introduction of the X-ray body scanner in December 2012 to September 2013, 21 cases of internal concealment of drugs by persons in custody were detected by the X-ray body scanner, as compared with 47 cases in the corresponding period in the preceding year.

Admin 71. Ms Emily LAU asked whether the Police had procured or would procure X-ray body scanners to substitute manual rectal search. DS for S (Atg) undertook to provide a written response.

72. Mr YIU Si-wing expressed support for the deployment of the X-ray body scanner to search newly-admitted persons in custody in place of a manual rectal search. He asked whether the manual rectal search could be abolished and replaced by rectal search using an X-ray body scanner.

73. Ag. DC responded that CSD was empowered by law to conduct rectal search on persons in custody to prevent them from smuggling drugs and unauthorized articles into penal institutions through internal concealment. If the manual rectal search was to be abolished, CSD would not be able to carry out rectal search on those persons in custody who refused to undergo the examination by the X-ray body scanner for individual consideration such as medical reasons.

Waste No Food Scheme

74. Mr YIU Si-wing considered that the Administration should consider providing incentives under the Waste No Food Scheme to encourage the reduction of food waste in penal institutions. Ag. DC agreed to consider the suggestion. He informed members that the Waste No Food Scheme would be extended to suitable male persons in custody.

75. Mr Michael TIEN expressed concern that some persons in custody had complained that the taste of some food provided in penal institutions was sometimes different from its usual taste, thus resulting in food waste. Ag. DC did not agree and responded that the dietary scales of the meals of persons in custody were drawn up by dietitians and other persons such as visiting justices would taste the food.

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Vocational training for rehabilitated offenders

76. Mr Michael TIEN expressed concern about the adequacy of vocational training for rehabilitated offenders to seek employment after release. Ag. DC responded that it was compulsory for persons in custody aged under 21 to receive vocational training and education. With a view to enhancing the chance of rehabilitated persons in securing gainful employment after release, over 30 market-oriented vocational training courses, such as the Timber Formwork Skills Course and Bar Bender and Fixer Skills Course, were provided to persons in custody. About 75 % of rehabilitated offenders had successfully secured job-related employment of the vocational training within six months after release regarding the follow-up by relevant bodies on voluntary basis.

77. There being no other business, the meeting ended at 4:48 pm.

Council Business Division 2
Legislative Council Secretariat
29 November 2013