

For Discussion on
4 November 2014

Legislative Council
Panel on Security

**Proposal for Three-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 three years from 17 February 2015 to 16 February 2018 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 for drug abusers in Hong Kong.

JUSTIFICATIONS

Responsibilities of ND

2. Headed by C for N, ND is responsible for formulating and implementing anti-drug policies and measures across the public sector, non-governmental organisations (NGOs) and the community. ND is also responsible for formulating policies for specific areas of Hong Kong's anti-money laundering/counter-financing of terrorism (AML/CFT) work.

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 Principal Assistant Secretary (Narcotics)2 (PAS(N)2), is a supernumerary post first created vide EC(2009-10)11 with effect from 17 February 2010. The present two-year supernumerary post was created

vide EC(2012-13)11 with effect from 17 February 2013 and will expire on 16 February 2015.

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. T&R services, coupled with preventive education and publicity, and research, target at reducing the demand for drugs. In parallel, the work in respect of law enforcement and international cooperation aims primarily at reducing the supply of illicit drugs. The Task Force on Youth Drug Abuse (Task Force) led by the then Secretary for Justice in November 2008 made over 70 recommendations on a wide range of issues to tackle the problem of youth drug abuse. These included issues with implications on the policy and direction of anti-drug work to specific initiatives and measures, and were subsequently furthered by initiatives of a high level task force established under the steer of the then Chief Executive in July 2009.

5. Against this background, the Finance Committee (FC) approved the creation of the PAS(N)2 post in February 2010 for three years to provide the necessary additional support to C for N for sustaining the escalated efforts of the anti-drug war. With FC's approval in January 2013, the post was further extended for two years until February 2015. There is a need to extend the post of PAS(N)2 for another three years to enable ND to sustain efforts in tackling the drug problem, particularly in respect of T&R issues.

Main Duties of PAS(N)2 and Developments since 2010

6. PAS(N)2 is primarily responsible for the policy and programmes concerning T&R matters, including the coordination of measures concerning the enhancement to and re-engineering of T&R services having regard to the changing circumstances of the drug scene; helping drug treatment and rehabilitation centres (DRTCs) in Hong Kong to meet the statutory licensing requirements; and formulating policy and programmes relating to drug testing.

7. Over the years, the evolving drug scene has continued to present new challenges to T&R services. As opposed to the predominance of opiate drugs in the past, the growing prevalence of psychotropic substance in the past decade, the younger drug abusing

population, as well as the much longer drug history of newly identified drug abusers together contribute to worrying signs of deterioration in the health situation of drug abusers in their young adulthood.

8. There is, therefore, a need for strengthening cross-sector collaboration in the T&R services, and for better coordination among various service modes (e.g. community-based counselling services and the residential treatment services). As the central coordinator, ND has to spearhead efforts across government bureaux/departments, the public sector (e.g. the Hospital Authority (HA)) and NGOs to enhance cross-sector collaboration, promote innovative ideas in T&R programmes, and monitor and evaluate their effectiveness. Such coordinating role has been reflected in the initiatives to improve the effectiveness and integration of T&R services, including the establishment of a greater number of community-based counselling centres of psychotropic substance abusers (CCPSAs) to cover more comprehensively service needs throughout the territory; enhancement in the outreaching and school social work services for young people with drug problems; increasing the number of clinical sessions at HA's substance abuse clinics (SACs); and an injection of \$3 billion into the Beat Drugs Fund (BDF) to support worthwhile anti-drug projects and programmes.

9. The team headed by PAS(N)2 also formulates the "Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong" with inputs from different stakeholders. The Three-year Plan covering 2012-14 highlights the need for T&R services to respond to the new challenges posed by the changing drug scene in a timely manner. To this end, PAS(N)2's team had initiated a number of trial schemes, including initiatives to provide for professional nursing staff support at CCPSAs; and support, through BDF, pilot projects on new service models to create a more efficient interface between the medical services with residential and community-based treatment services in dealing with psychotropic substance abusers; the enhanced probation scheme for young drug offenders and its subsequent extension to all the seven Magistrates, as well as the improvement introduced to the Methadone Treatment Programme (MTP) upon completion of a review¹ by the Department of Health in 2013.

¹ The review results recognised that the objectives of the MTP were appropriate and identified opportunities across key areas to improve the efficiency, safety and efficacy of MTP. There are 28 recommendations under the areas of programme administration, workforce, health promotion and communication, and monitoring and evaluation. The Department of Health has already implemented some of the recommendations e.g. improving clinical case management and testing auto-dispensing, and will continue to take others forward.

10. Residential treatment centres constitute an important component of T&R services. Another major area of work of PAS(N)2 is to provide assistance to DTRCs in obtaining licences² under the Drug Treatment and Rehabilitation Centres (Licensing) Ordinance (the Ordinance) (Cap. 566). Since 2010, seven additional DTRCs have successfully acquired licences under the Ordinance, bringing the number of licensed DTRCs to 24, out of a total of 39 at present. This represents a big step forward as compared with 2010, when only 17 out of 40 DTRCs were licensed. Moreover, the BDF has so far provided funding support to four DTRCs under the enhanced Special Funding Scheme³, with grants amounting to \$54 million. This represents a significant increase over the \$9.9 million granted between 2002 and 2011. In addition to funding support through BDF, ND also assists those DTRCs which need relocation to identify new sites and go through the local consultation processes. ND also encourages DTRCs to continuously enhance their services in response to the changing characteristics of drug abusers today. For example, a number of DTRCs have extended their service to take on younger drug abusers; the Society for the Aid and Rehabilitation of Drug Abusers has re-engineered its services from serving only heroin abusers to cover also psychotropic substance abusers.

11. Following the successful trial in Tai Po in the 2009/10 and 2010/11 school years, ND launched the Healthy School Programme with a Drug Testing Component (HSP(DT)) in the 2011/12 school year with 45 participating schools. The HSP(DT) consists of a drug testing component, whereby participation by students is voluntary, and a series of anti-drug education, counselling and supporting services for students, parents and teachers. Participating schools may design activities and programmes according to their own needs with funding support from the BDF. The number of participating schools has increased to 71 in 2014/15 school year.

12. Efforts over the past few years have brought improvements in the drug scene, with a decline in the overall number of drug abusers

² The Director of Audit (DAudit) and the Public Accounts Committee (PAC) in late 2010 and early 2011 respectively recommended that the Government should proactively help those DTRCs under sub-standard conditions to meet the licensing requirements under the Drug Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap.566) as soon as possible.

³ After a \$3 billion capital injection to the BDF in 2010, ND introduced an upgraded Special Funding Scheme (SFS) under the Fund in 2011 to enhance support for DTRCs which require upgrading of their premises and facilities to meet licensing requirements. The maximum level of grant for each application has been increased from \$3 million to \$50 million.

reported to the Central Registry of Drug Abuse (CRDA) as well as those reported for the first time (i.e. newly reported abusers). The number of drug abusers in 2013 has dropped by 29% from the peak in 2008. Over the same period, the reported number of young drug abusers aged under 21 had drastically dropped by 66%.

13. In spite of the downward drug trend, new challenges have surfaced. First, there is a continual rise in the drug history of newly reported cases with over half of the newly reported abusers in 2013 having a drug abuse history of 4.6 years or more, having more than doubled in 2008 (1.9 years). The figure has further increased to 5.3 years in the first half of 2014. The prevalence of psychotropic substance, the increase in those with prolonged drug history, and the use of multiple drugs⁴ have resulted in the phenomenon of more drug abusers being plagued by severe or even irreversible health damages. Empirical clinical data show that prolonged ketamine use leads to painful urination, debilitating urinary frequency, incontinence and haematuria⁵. These symptoms, as observed in many cases, are not readily relieved by medication. Another study among ketamine abusers who have already developed urinary track dysfunction find a fairly high instance of the prevalence of liver injury⁶. Prolonged drug abuse also leads to psychiatric disorders. Between 2009 and 2013, among the 2 200 plus new patients with drug abuse problems admitted to the SACs, over 50% were found to suffer from drug-induced psychosis, depression, adjustment disorder and schizophrenia.

14. Secondly, we observe an increase of specific groups, calling for more focus in the mode of intervention. For example there is an increasing proportion of newly reported drug abusers in their young adulthood (aged 21-30), having increased from about 32% in 2009 to 40% in 2013. Together with an increase in the proportion of newly reported drug abusers who were at work (about 56% of the newly reported drug abusers in 2013 were full-time or part-time workers), this suggests a need to consider means to more effectively reach out to a bigger population of drug abusers outside the school system.

⁴ About 22% of all reported drug abusers in 2013 took multiple drugs.

⁵ Dr Mak Siu-king, Department of Surgery, North District Hospital: "A Community Study of Uro-Psycho-Physical Changes in Young Adults Using Ketamine" (February 2013).

⁶ Dr Tam Yuk-him, Youth Urological Treatment Centre, Prince of Wales Hospital, the Chinese University of Hong Kong: "A targeted urological treatment program for secondary school students abusing psychotropic substance and a territory-wide school based survey of bladder dysfunction symptoms associated with psychotropic substance abuse" (August 2013).

Major Tasks in the Coming Three Years

15. Taking into account the changing drug scene and the challenges highlighted above, we will need to retain the post of PAS(N)2 to enable Hong Kong to sustain the momentum of anti-drug initiatives and to deepen T&R services as illustrated in paragraphs 6 – 14 above.

Enhancing and Continued Re-engineering of T&R services

16. As the desk officer for the policy of T&R services, PAS(N)2 oversees, coordinates and monitors programmes and initiatives in the area, including ongoing evaluation of deployment of resources, engaging stakeholders in identifying service needs, promoting re-engineering of existing services, and fostering cross-sector and service modes and collaboration in promoting more effective T&R services for those in need. Preparation of the “Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2015-17)” is in progress, with extensive engagement and dialogue with different service providers, social workers, welfare agencies, medical professionals and even drug abusers. The Three-year Plan will serve as a reference for service providers in the anti-drug field to review and develop their action plans and programmes, and follow-up of its recommendations will be part and parcel of the duties of PAS(N)2.

17. Initiatives in enhancing the T&R services over the past few years have focused primarily on increasing resources to support the expansion of various treatment modes and promote collaboration across different services. There is scope for us to further deepen T&R services to promote more sustained effects in the rehabilitation of those who have completed drug treatment programmes. These will require further work in areas like addressing the education and vocational training, and job placement needs of rehabilitees, and developing more effective and innovative methods to reach out to the hidden drug abuser, and to cater for the specific needs of groups with special needs.

Rendering Assistance to DTRCs

18. The team led by PAS(N)2 is also rendering continuous assistance to those DTRCs which have yet to obtain licences to meet the statutory licensing requirements, such as facilitating in-situ upgrading projects or helping them to identify alternative sites for reprovisioning. The search for sites for reprovisioning is challenging, but ND has all

along been proactively providing assistance in this respect in liaison with relevant bureaux/departments. Over the past three years, the feasibility of over 300 sites for the relocation of DTRCs was examined. Most of the sites were either found not suitable or had met with strong local resistance. So far, there is only one case which has succeeded in identifying a suitable site for relocation. Such work will continue, and the team of PAS(N)2 will serve as a link with district offices to facilitate local consultation, and provide assistance in seeking funding support from various sources, including the BDF, for carrying out the necessary upgrading works to the facilities.

19. At present, 15 out of 39 DTRCs have yet to obtain licence and are operating on certificate of exemption (COE), as compared to 23 out of 40 back in 2010. Most of the 15 DTRCs operating on COE are non-subsided, and in general lack resources, expertise and manpower. They require hands-on assistance from the team at different stages of the process. At the project implementation stage, the team headed by PAS(N)2 has to assist them in areas such as the tendering process and monitor progress to ensure proper use of public money. There are at least three known projects in the next three years, with more expected. A substantial amount of complicated work involved would require supervision at the directorate level.

Policies on Drug Testing

20. Preventive anti-drug work at schools is an important way to help enhance young people's awareness of the evils of drugs and foster the ability 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 school social work services, the provision of funding for NGOs to provide education programmes for teachers, parents and students, and the promotion of the school-based HSP(DT) (paragraph 11 above).

21. The team headed by PAS(N)2 would continue to promote the HSP(DT) to more schools, and to ensure proper monitoring of an increasing number of approved projects covered. The workload will continue to be heavy since schools and their NGO partners have to submit applications every or every other school year in order to continue to participate in the programme and there is on-going monitoring of the implementation of different projects under the programme. ND is also preparing to conduct an evaluation research of the programme in the 2015/16 school year to examine the effectiveness of HSP(DT) and seek

insights on its way forward. All these issues would require oversight at the directorate level.

22. Separately, ND has been exploring whether drug testing could be adopted as an additional means for early identification of drug abusers for timely assistance to be rendered against the worsening situation of hidden drug abuse. The Action Committee Against Narcotics (ACAN) led a public consultation on RDT between September 2013 and January 2014. The primary objective is to identify drug abusers early to enable counselling and treatment in a timely manner, and before prolonged drug abuse induces serious or irreversible harm on their health rather than to seek to prosecute the drug abusers. PAS(N)2 was the subject officer responsible for assisting ACAN in conducting the RDT public consultation.

23. ACAN announced the conclusion of the consultation in July 2014, noting that although views in the written submissions received during the public consultation were divided, there was general support for the need to do more to facilitate early identification of drug abusers for early intervention. ACAN concluded and the Administration agreed that there was a strong case to continue to explore the RDT and draw up specific proposals for a second stage public consultation. We briefed the Legislative Council Panel on Security on such conclusion on 8 July 2014.

24. As the subject officer, PAS(N)2 is currently laying the ground work for rolling out the second stage public consultation in due course. This involves a number of key responsibilities, including addressing relevant legal issues to enable specific proposals to be drawn up (e.g. a follow-up mechanism balancing the giving of a chance of non-prosecution to the drug abuser whilst mandating counselling and treatment; and addressing the concerns of professional bodies, especially on how to minimise perceived infringement of human rights and civil liberties arising from the drug testing process). There is also a need to continue to research on overseas experiences and invite overseas experts to share the best practices in their countries with local stakeholders; to engage various stakeholders, including supporters and opponents, to explore ways to narrow differences and build consensus; and to explore means to expedite the development or validation of a test kit for rapid oral fluid test, which would give an instant objective indication on the spot. There is no preconceived plan to implement the RDT and the way forward would depend on the views collated during the second stage public consultation.

Need for Extension of the Supernumerary AOSGC Post

25. We have reviewed the current level of manpower in ND and reaffirmed the need to extend the PAS(N)2 post for another three years as his/her workload cannot be absorbed by existing staff of ND.

26. C for N is also supported by one more officer at the AOSGC level, namely PAS(N)1. The anti-drug portfolio of PAS(N)1 includes preventive education and publicity strategy and initiatives to counter the drug abuse problems; the policy and management of the BDF, including overseeing the process of considering applications for support from the fund under the annual funding exercise; monitoring and formulating the necessary response, including legislative control, to the threats posed by emerging drugs; monitoring drug trends through the CRDA and regular large scale student surveys, etc. Secondly, on the front of AML/CFT, PAS(N)1 is also responsible for taking forward the implementation of the recommendations of the Financial Action Task Force (FATF) regarding the establishment of a legal system for detecting the physical cross-boundary transportation of cash, amongst others. The establishment of such a system will be one of the major foci of FATF's fourth round of Mutual Evaluations (ME) on Hong Kong, scheduled for early 2018. The plan is to introduce the relevant legislation into the Legislative Council in the 2015-16 legislative year. In addition, ND will also be fully engaged in other aspects of work arising from FATF requirements, including formulating plans regarding Designated Non-financial Businesses and Professions (DNFBPs)⁷, supporting the conduct of an overall risk assessment exercise⁸, and preparing for the fourth ME. In light of such heavy commitment on the FATF front, in addition to her other duties on anti-drug policy and measures, PAS(N)1 does not have any spare capacity to take up the work of PAS(N)2.

27. The scope of responsibilities of PAS(N)2 is at Enclosure 1. The proposed organisation charts of ND and SB with the PAS(N)2 post incorporated are at Enclosures 2 and 3 respectively.

⁷ DNFBPs include accountants, dealers in precious metals and precious stones, estate agents, lawyers and trust and company service providers.

⁸ A new requirement for all FATF members for the fourth ME is to identify, assess and understand the money laundering and terrorist financing risks of the member jurisdiction.

CONSULTATION

28. ACAN 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

29. The proposal will bring about an additional notional annual salary cost at mid-point of \$1,739,400. The full annual average staff cost, including salaries and staff on-cost, is \$2,503,008. To support the proposed PAS(N)2 post, we will also extend its Personal Secretary I post in ND with a total notional annual salary cost at mid-point of \$356,640 and full annual average staff cost of \$539,352. The relevant resources will be reflected in subsequent years of the Estimates.

ADVICE SOUGHT

30. 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 in December 2014.

Narcotics Division
Security Bureau
October 2014

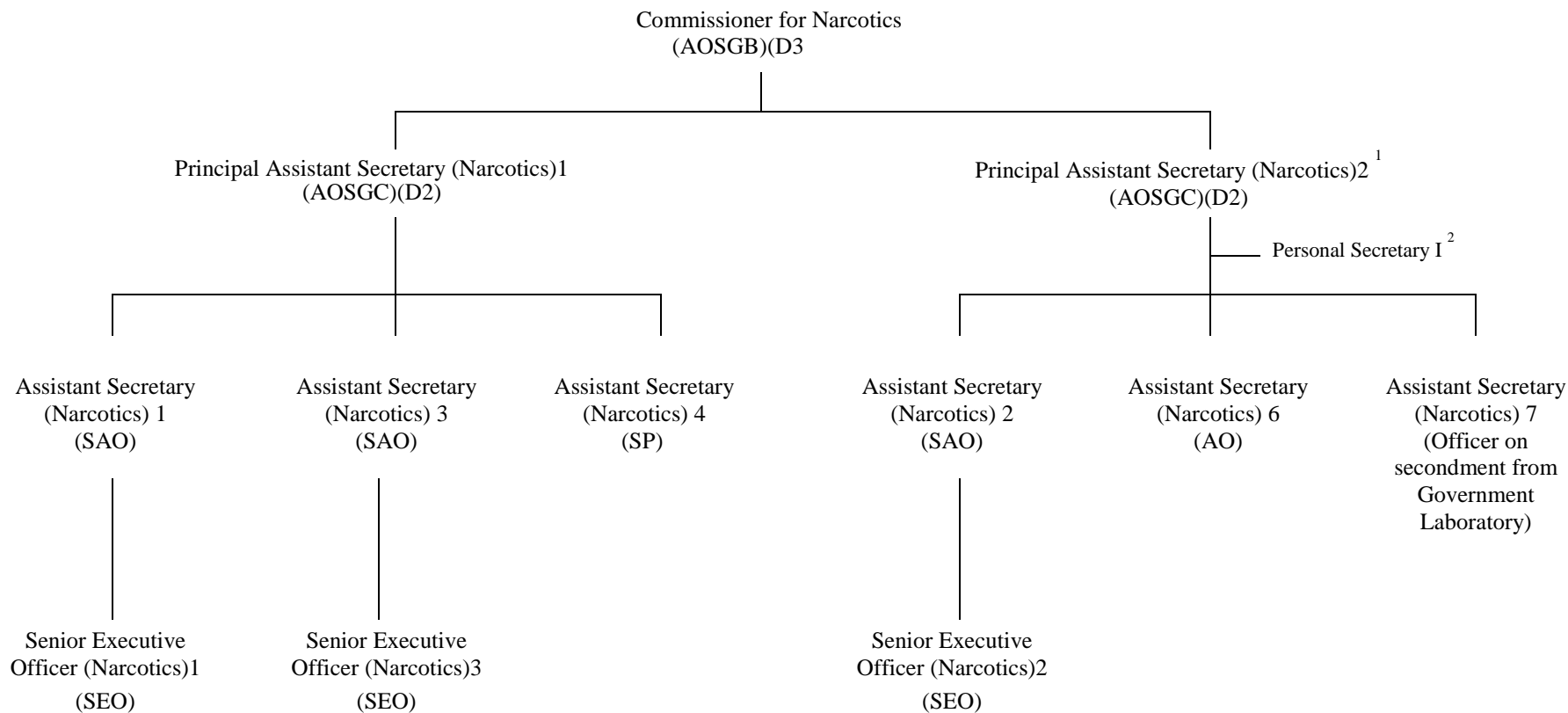
Proposed Duty List of
Principal Assistant Secretary (Narcotics)2

Rank : Administrative Officer Staff Grade 'C'

Responsible to : Commissioner for Narcotics (C for N)

- To widely engage stakeholders from various sectors (medical, social welfare, education, government bureaux/departments, anti-drug service providers and service users) in dialogue in the process of formulating the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2015-17).
- To actively follow up on the strategic directions and initiatives mapped out in the Three-year Plan (2015-17) to meet the needs arising from the latest drug trend, including promoting the re-engineering of and enhancements to both the community-based and residential drug treatment services; promoting collaboration between different sectors and service modalities to ensure a continuum of services for drug abusers; encouraging new and effective ways in the treatment and rehabilitation of psychotropic substance abusers for more sustained outcome.
- To render assistance to the 15 residential drug treatment and rehabilitation centres operating on certificates of exemption to meet the statutory licensing requirements, including identifying suitable sites for relocation, going through local consultation, project planning and funding applications from the BDF. After funding approval, to continue to render assistance in project implementation (e.g. tendering) and monitoring the progress of works to ensure the proper use of public money.
- To assist C for N in overseeing matters concerning the policies and programmes related to drug testing, including conducting an evaluation research of the Healthy School Programme with a Drug Testing Component in the 2015/16 school year and preparing for the second-round public consultation on the RESCUE Drug Testing Scheme.

Organisation Chart of Narcotics Division



Legend

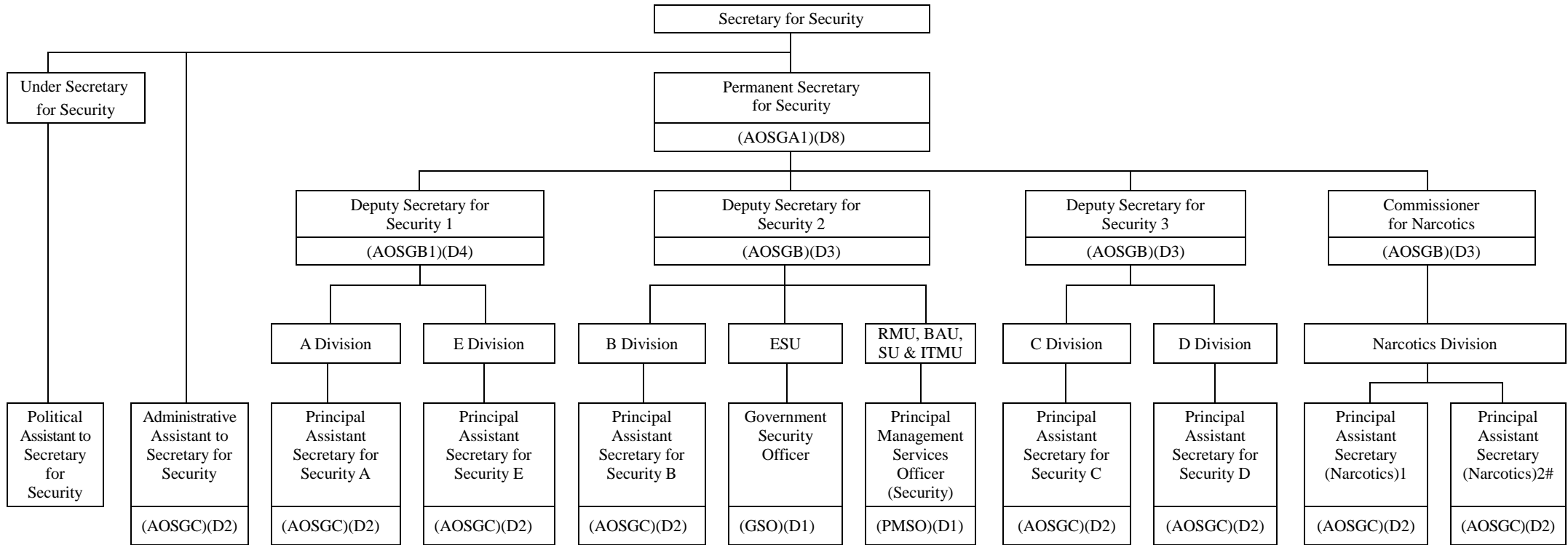
AOSGB : Administrative Officer Staff Grade B
 AOSGC : Administrative Officer Staff Grade C
 SAO : Senior Administrative Officer
 AO : Administrative Officer
 SP : Superintendent of Police
 SEO : Senior Executive Officer

¹ : Proposed supernumerary AOSGC post to be extended for three years from 17.2.2015 to 16.2.2018.

² : Non-directorate post to be extended to support the proposed PAS(N)2 post.

SECURITY BUREAU

Organisation Chart



Note: Position at 1.11.2014

Legend :

AOSGA1: Administrative Officer Staff Grade A1
 AOSGB: Administrative Officer Staff Grade B
 AOSGB1: Administrative Officer Staff Grade B1
 AOSGC: Administrative Officer Staff Grade C

BAU: Bureau Administration Unit
 ESU: Emergency Support Unit
 GSO: Government Security Officer
 ITMU: Information Technology Management Unit
 PMSO: Principal Management Services Officer
 RMU: Resource Management Unit

Supernumerary AOSGC post proposed to be extended for three years from 17.2.2015 to 16.2.2018