

Audit Report No. 65

Chapter 6 – Efforts of the Narcotics Division and Beat Drugs Fund in combating drug abuse

This note sets out the Government's response to the issues raised by the Public Accounts Committee arising from Chapter 6 of the Audit Report No. 65 (Audit Report) on the efforts of the Narcotics Division (ND) and Beat Drugs Fund (BDF) in combating drug abuse.

Hidden Drug Abuse Problem

2. According to the latest statistics of the Central Registry of Drug Abuse (CRDA), the total number of reported drug abusers has continued to decline between 2008 and 2014, recording a decline of 37% in six years, from 14 241 to 8 926, with a more phenomenal decline in young drug abusers aged 21 or below by 77%, from 3 474 to 800. This reflects that the strategy and measures in tackling the problem of youth drug abuse has borne fruit. At the same time, a newly emerging trend of hidden drug abuse has been observed, as reflected in the increase in the median drug history of newly reported abusers (i.e. the time for abusers to be discovered by CRDA reporting agencies from their first drug abuse) from 1.9 years in 2008 to 5.2 years in 2014.

3. Psychotropic substances such as ketamine, cocaine and methamphetamine (also known as "ice") have in recent years become more prevalent than traditional drugs (mainly heroin) in Hong Kong, especially amongst young people. In 2014, 96% of young drug abusers took psychotropic substances. This has given rise to the worsening situation of hidden drug abuse. Unlike traditional drugs, psychotropic substances do not lead to immediate withdrawal symptoms. Many are consumed in an inconspicuous manner, e.g. by snorting or swallowing, without any paraphernalia, hence making it more difficult to detect those with drug problems. Moreover, many drug abusers perceive that drug taking is a matter of personal choice and usually have low motivation to seek help, adding to the difficulty in identification. These have posed new challenges to anti-drug work.

4. The Government adopts a five-pronged strategy¹ in tackling the drug problem in light of the complexity of the issues concerned. Such efforts will continue. In particular, having regard to the growing problem of hidden drug abuse, there would continue to be measures to promote and facilitate early identification of hidden drug abusers to enable intervention in a timely manner, e.g. there are the 24-hour anti-drug telephone service “186 186” and trial instant messaging service “98 186 186” for providing professional support to people in need. The BDF has also rolled out the Anti-drug Community Awareness Building Programme (ACABP) to promote awareness on drug abuse among members of the community, parents and frontline workers. In combating the drug abuse problem, ND also monitors closely developments in international fora, including meetings of the United Nations Commission on Narcotics Drugs, to keep abreast of the evolving drug scene internationally and determine priorities in bringing new substances under control. In addition, the Action Committee Against Narcotics (ACAN) has also invited a team from Sweden to visit Hong Kong in January 2016 to share with stakeholders their experience in drug testing, but the Swedish experience is intrinsically different from voluntary drug testing in schools.

5. The ND will continue to formulate suitable programmes in consultation and collaboration with the ACAN, as well as relevant government departments, community partners and non-government organizations (NGOs).

Drug-related Statistics

6. ND adopts an evidence-based approach in the formulation of anti-drug policies and programmes. Drug-related statistics form an integral part of the process. Specifically, the CRDA is set up to provide relevant drug abuse statistics for monitoring changes in drug abuse trends and characteristics of drug abusers. The CRDA is a voluntary reporting system which records details of drug abusers who have come into contact with and have been reported by reporting agencies. ND attaches great importance to ensuring the comprehensiveness of such data. We understand that some reporting agencies, such as tertiary education institutions and private hospitals, may not have frequent encounters with drug abusers and might therefore only need to report to the CRDA

¹ The five-pronged anti-drug strategy includes “preventive education and publicity”, “treatment and rehabilitation”, “legislation and enforcement”, “external cooperation” and “research”.

occasionally. In any event, the ND, as part of its on-going efforts, encourages timely and accurate reporting to the CRDA by agencies, including organizing briefings for them to promote reporting and understanding of the system, as well as appealing for continuous support for the system. ND will continue to step up such measures by engaging in more focused dialogue with different reporting agencies to address their concerns.

7. Apart from the CRDA, arrangement has also been made to collect data on the drug abuse population in Hong Kong through other means. For instance, ND conducts triennial large-scale student surveys to keep track of the drug abuse situation among students of upper primary to post-secondary level in Hong Kong. In the last survey for 2011/12, some 156 000 full-time students from 237 schools / institutions were sampled, representing about 20% of the target student population. The current survey for 2014/15 is in the pipeline. In addition, the BDF has also been supporting researches in understanding more about the drug trend. A recent example is a research conducted by the Centre for Suicide Research and Prevention of the University of Hong Kong, which commenced in June 2015, for estimating, amongst others, the total drug population in Hong Kong.

8. In addition to surveys and researches, the ND has also looked into other drug-related data such as the admission statistics of drug treatment and rehabilitation service agencies, and drug-related enforcement figures. Together, these different sources of data have allowed us to have a more comprehensive picture of the latest drug abuse situation in Hong Kong, and facilitated the formulation of anti-drug policy and allocation of resources for suitable anti-drug initiatives.

Healthy School Programme with a Drug Testing Component (HSP(DT))

9. The Government has since the 2011/12 school year promoted the HSP(DT) throughout the territory after the successful trial scheme in the Tai Po District in the previous two school years. An independent evaluation research has been commissioned in the 2015/16 school year to assess the overall effectiveness of the HSP(DT), and will make recommendations on revisions and/or refinement to the programme, where appropriate.

10. The HSP(DT) is a school-based programme comprising preventive education activities and voluntary school drug testing. It aims at helping students develop a healthy lifestyle and positive life attitudes, enhancing their resolve to resist drugs and fostering an anti-drug culture on the school campus.

11. In light of the voluntary nature of the drug testing element, students' consent rates inevitably vary in different schools. Experience shows that it takes time for students and parents to be familiar with the objectives and administration of drug testing, but the proportion of students participating in school drug testing would in general pick up gradually as the schools continue to implement the programme.

12. The ND will continue to monitor the implementation of school drug testing and render appropriate assistance to schools and NGOs in encouraging students and parents to give consent to participating in school drug testing. Amongst others, we would consider inviting participating schools and NGOs with higher consent rates to share their good practices in experience sharing sessions. As mentioned in paragraph 9 above, we have commissioned an independent evaluation research on the experience of implementing the HSP(DT) after four school years. The study would cover stakeholders' views on school drug testing, amongst others, and will, where appropriate, make recommendations on ways to promote consent rates.

13. Over the previous years, the number of participating schools has grown from 43 (2011/12) to 92 (2015/16). The steady extension of the programme reflects that the existing promotional strategies are bearing fruit. We envisage more schools to apply to join the HSP(DT) in the coming school year, and will continue to actively promote the programme through multiple stakeholder engagement, including members of school sponsoring bodies, school principals and staff, and/or relevant organizations and personnel.

BDF

Utilization of BDF Resources

14. The BDF is set up to provide financial support for worthwhile anti-drug projects which meet the specified funding criteria under the aspects of preventive education and publicity, treatment and rehabilitation, and research. Specifically, when the community was faced

with the youth drug abuse problem, a capital injection of \$3 billion was made in 2010 to better equip the BDF to meet the funding needs for various anti-drug initiatives and programmes, with two funding exercises launched in 2010 under the Regular Funding Scheme which was then the primary source of financial support for community-wide anti-drug campaigns.

15. Taking into account the evolving drug trend, the BDF has launched in recent years certain specific funding schemes. For instance, building on the successful experience of the trial scheme in the Tai Po District, a more focused approach has been taken in promoting a drug-free culture on the school campus through the implementation of HSP(DT), also funded by the BDF. As a means to tackle the problem of hidden drug abuse, the BDF also rolled out the ACABP on a trial basis in 2013 to raise the drug awareness of members of the community, parents and frontline workers. These new programmes were designed to enable a more targeted approach in anti-drug preventive education and publicity.

16. Together, the four separate funding schemes, namely Regular Funding Scheme, Special Funding Scheme for Drug Dependent Persons Treatment and Rehabilitation Centres, HSP(DT), and ACABP, have now enabled the BDF to support different facets of the anti-drug programmes and initiatives in a more comprehensive manner. While paragraph 3.12 of the Audit Report observed a decline in the number of applications under the Regular Funding Scheme between 2010 to 2014, it has also acknowledged that the approved amount of funds for each funding exercise carried out during this period was comparable to each other.

17. In practice, the ND has been taking active steps to promote applications by different community stakeholders, including partners in the anti-drug, medical and academic sectors, to put forward quality and worthy applications under various priority areas addressing the prevailing needs of the changing drug scene. These include conscious efforts to maintain a close dialogue with stakeholders and undertaking surveys and studies on an on-going basis. To facilitate prospective applicants to plan for their work, we have in recent regular funding exercises promulgated clear indications of the time frame for processing funding applications and released the timetable for the upcoming funding exercise when we invite funding applications. Such efforts have enabled us to continue to widen the net of grantees outside the anti-drug sector, as well as organizations outside those hitherto involved directly in anti-drug services. In addition, the launch of the ACABP in 2013, as set out in

paragraph 3.19(a) of the Audit Report, also testified to the proactive approach adopted by ND in putting the BDF to more use to address the changing needs of anti-drug work, and tapping upon a wider network in the community. Feedback from the ACAN and stakeholders reflects satisfaction in general with the work done.

18. While continuing with the above efforts, considerations are being given to further promoting the utilization of BDF resources under the various schemes in consultation with the ACAN and BDF Governing Committee (GC). Examples include promotion through briefings and experience-sharing sessions for both existing and potential grantees, so that they could have a better understanding on the operation of the BDF for submitting quality proposals.

Marking Scheme

19. Currently, the ACAN adopts a simple marking scheme by giving an overall mark for the relevant applications in the vetting process. Paragraph 4.20(a) of the Audit Report recommends that a marking scheme with weightings and passing marks for each assessment criterion should be adopted. We will consider refining the current process and adopting the suggested marking scheme for the next funding exercise of the Regular Funding Scheme after consulting the ACAN and BDF GC.

**Narcotics Division
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