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Panel on Security

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 4 May 2021**

Drug situation and anti-drug efforts in Hong Kong

Purpose

This paper provides background information on the Administration's anti-drug efforts and summarizes the discussions of the Panel on Security ("the Panel") on the subject since the Fourth Legislative Council ("LegCo").

Background

2. According to the Administration, the Central Registry of Drug Abuse ("CRDA") is set up to provide relevant drug abuse statistics for monitoring changes in drug abuse trends and characteristics of drug abusers. It is a voluntary reporting system recording the details of drug abusers who have come into contact with and have been reported by the reporting agencies, including law enforcement agencies, treatment and welfare agencies, tertiary institutions, hospitals and clinics. Compiled statistics of CRDA are reported to the Action Committee Against Narcotics ("ACAN") and released on a quarterly basis. These data and findings provide useful information on the latest drug situation in Hong Kong, and support an evidence-based approach to the formulation of anti-drug policy and measures.

3. According to the Administration, its anti-drug policy is embodied in a "five-pronged" approach, namely, preventive education and publicity, treatment and rehabilitation, law enforcement and legislation, external cooperation and research. It has been drawn up on the advice of ACAN and its sub-committees.

4. The Chief Executive appointed in October 2007 the former Secretary for Justice to lead the Task Force on Youth Drug Abuse ("the Task Force") to

tackle the youth drug abuse problem. The Task Force published a report in November 2008 with some 70 recommendations. An inter-departmental working group chaired by the Commissioner for Narcotics was set up in early 2009 to steer, coordinate and monitor the implementation of the recommendations of the Task Force.

Deliberations of the Panel

Drug situation and anti-drug work

5. Members generally considered that the problem of hidden drug abuse was still serious. They were also concerned about hidden drug abuse by young persons. Members called on the Administration to examine the effectiveness of the measures in place to combat drug abuse. The Administration advised that it would continue to enhance community awareness of the drug problem, promote early identification of hidden drug abusers, and encourage early help-seeking. Specifically, it would continue to promote anti-drug messages through different media platforms, including electronic platforms such as popular websites and social media, to maximize access to different target groups, especially the youth and young adults. For parents, the Hong Kong Jockey Club Drug InfoCentre as an anti-drug publicity and education hub would continue to launch different programmes for individual target groups, including talks and sharing sessions for parents. Parents of drug abusers could also obtain advice and assistance through the 24-hour helpline "186 186" and the instant messaging service "98 186 186".

6. The Administration further advised that the mainstay of the drug prevention efforts included measures to facilitate early identification of drug abusers and intervention through 11 Counselling Centres for Psychotropic Substance Abusers and district youth outreaching social work teams. Furthermore, some non-governmental organizations ("NGOs") had adopted novel means to reach hidden drug abusers (e.g. through online platforms, mobile phone applications as well as outreach work). NGOs were also encouraged to make funding applications to the Beat Drugs Fund ("BDF") for launching new programmes to identify hidden drug abusers.

7. Subsequent to the legalization of the use of recreational cannabis and the availability of a wide range of cannabis products in some overseas jurisdictions, members were concerned about the increase in cannabis abuse in 2019, especially among those aged under 21 which was increased by 48% compared with the previous year. Some members considered that the Administration should step up relevant publicity and education on the harms of cannabis abuse.

8. Members were advised that for local students studying in tertiary institutions preparing for departure to overseas exchange programmes, the Administration had conducted seminars to remind them of the harmful effects of drugs and the dire consequences of bringing drugs to Hong Kong. The Administration had also stepped up efforts to enhance public awareness of drug harms of cannabis through various online platforms, parental education and schools. A series of initiatives to disseminate messages on harmful effects of cannabis had been launched, such as placing advertisements on magazines and publishing advertorial on online platforms which targeted at parents. The Administration also partnered with a television broadcaster to produce a series of television programmes which included tips for parents to identify their children who used cannabis. Besides, BDF had been funding projects to enhance awareness of cannabis among parents and to identify possible young cannabis abusers for providing assistance.

Healthy School Programme with a Drug Testing Component

9. Members noted that since the launch of the voluntary Healthy School Programme with a Drug Testing Component ("HSP(DT)") in 2011, the number of schools participating in the Programme had increased from 43 in the 2011-2012 school year to 122 in the 2016-2017. Considering relatively low participation rate of schools in HSP(DT), members were concerned about the effectiveness and way forward of the Programme. According to the Administration, an independent evaluation research on HSP(DT) was conducted in the 2015-2016 school year and the research results affirmed the effectiveness of the Programme as an anti-drug education initiative.

10. Noting from the research findings that the level of support of non-participating schools for HSP(DT) was lower than that of participating schools, some members queried whether HSP(DT) should continue. According to the Administration, the research findings indicated that students, parents, principals and teachers of schools which had participated in HSP(DT) for a longer duration (e.g. more than three years) and hence had a deeper understanding of HSP(DT) were highly supportive of HSP(DT), as contrasted to non-participating schools in which the support level was comparatively lower and the students of these schools and their parents had a relatively limited understanding of HSP(DT). In this connection, the Administration accepted the recommendation of the research team to continue to implement HSP(DT). The Administration would step up promotion of HSP(DT) to non-participating schools.

RESCUE¹ Drug Testing Scheme

11. In September 2013, ACAN launched a four-month public consultation exercise on the RESCUE Drug Testing Scheme ("RDT Scheme"), which proposed for the community to consider RDT as an additional measure to help identify drug abusers as early as possible, and to refer them to social workers or healthcare professionals for counselling and treatment programmes. After the consultation period, ACAN published a report on the results of its public consultation exercise and ACAN's recommendations, and briefed the Panel on the report in July 2014.

12. Some members expressed grave concern that under the proposed RDT Scheme, when there were reasonable grounds based on strong circumstantial conditions to suspect that a person had taken dangerous drugs, law enforcement officers would require that person to undergo a drug test. These members were concerned that the mandatory approach of RDT would result in more cases of hidden drug abuse and infringe the privacy and human rights of individuals. Some other members, however, expressed support for RDT. These members considered that RDT would provide an extra entry point of intervention before the drug had inflicted irreversible damage on the body of drug abusers, hence reducing the long-term medical and social cost associated with disability arising from drug abuse.

13. Some members were concerned about the way forward regarding the proposed RDT Scheme. The Administration advised that ACAN announced the consultation conclusion in July 2014, which, among others, recommended that the Government should continue to explore relevant issues of RDT with the stakeholders. Since the proposed RDT Scheme involved many complex issues including individual's rights and personal data on which the community had diverse views, the Government did not have a timetable for conducting further public consultation. Meanwhile, the Government would continue to work closely with the stakeholders and adopt a multi-pronged approach in promoting anti-drug work and early identification of drug abusers with a view to providing them with appropriate assistance.

Drug addiction treatment and rehabilitation

14. Some members were concerned as to whether the Administration would consider introducing a harm-reduction scheme in the provision of drug addiction treatment service to drug abusers. Members were advised that the existing outpatient methadone treatment programme of the Department of

¹ "RESCUE" is an acronym for "Reasonable and Early Screening for Caring and Universal Engagement".

Health was provided in a harm-reduction approach for heroin abusers. The drug treatment and rehabilitation ("T&R") services provided by some NGOs had also included harm reduction elements as therapeutic means to engage and support drug abusers to quit drugs, including sports therapy, art therapy, family support and occupational therapy. However, for psychotropic substance abuse, there was presently no clinically proven safe substitute. The Administration would keep in view the development of harm-reduction measures in other places as well as their applicability in Hong Kong.

15. Some members were concerned about the relapse of drug abuse among youngsters. There was a view that more support, such as the provision of job counselling service, should be provided to help drug abusers quit drugs. Members were advised that the Government had adopted a multi-modality approach in providing T&R services. For example, there were voluntary residential programmes in drug treatment and rehabilitation centres provided by NGOs, community-based counselling centres, as well as compulsory treatment programmes operated by the Correctional Services Department ("CSD"). The Government also attached great importance to aftercare programmes, such as providing family support, job counselling and occupational therapies to assist drug rehabilitees' sustained reintegration into society. In respect of the compulsory treatment programmes in drug addiction treatment centres, CSD implemented different programmes such as mindfulness training to minimize relapse rate.

Relevant papers

16. A list of the relevant papers on the LegCo website is in the **Appendix**.

**Relevant papers on
Drug situation and anti-drug efforts in Hong Kong**

Committee	Date of meeting	Paper
Panel on Security	2.12.2008 (Item IV)	Agenda Minutes
	5.5.2009 (Item VIII)	Agenda Minutes
Legislative Council	13.5.2009	Official Record of Proceedings (Question 9)
Panel on Education	8.9.2009 (Item I)	Agenda Minutes
Panel on Security	25.11.2009 (Item I)	Agenda Minutes
	2.3.2010 (Item V)	Agenda Minutes
Legislative Council	10.3.2010	Official Record of Proceedings (Question 2)
Panel on Security	11.11.2010 (Item II)	Agenda Minutes
Legislative Council	19.1.2011	Official Record of Proceedings (Question 12)
Panel on Security	7.2.2012 (Item V)	Agenda Minutes
	5.6.2012 (Item V)	Agenda Minutes
Panel on Security	28.1.2013 (Item I)	Agenda Minutes
	5.4.2013 (Item IV)	Agenda Minutes

Committee	Date of meeting	Paper
Legislative Council	30.10.2013	Official Record of Proceedings (Question 9)
Panel on Security	5.11.2013 (Item IV)	Agenda Minutes
	7.1.2014 (Item IV)	Agenda Minutes
	8.4.2014 (Item IV)	Agenda Minutes
	8.7.2014 (Item III)	Agenda Minutes
	5.5.2015 (Item IV)	Agenda Minutes
Legislative Council	28.10.2015	Official Record of Proceedings (Question 18)
Panel on Security	3.5.2016 (Item V)	Agenda Minutes
	11.4.2017 (Item VI)	Agenda Minutes
	13.4.2018 (Item V)	Agenda Minutes
	-	LC Paper No. CB(2)388/19-20(01)
	7.7.2020 (Item III)	Agenda Minutes