

# **Report No. 50 of the Director of Audit — Chapter 6**

## **VOLUNTARY TREATMENT AND REHABILITATION PROGRAMMES FOR DRUG ABUSERS**

### **Summary**

1. The Government's anti-drug policy consists of five elements: legislation and law enforcement, treatment and rehabilitation (T&R), preventive education and publicity, research, and external cooperation. The Narcotics Division (ND) of the Security Bureau, which acts on the advice of the Action Committee Against Narcotics (ACAN), is responsible for the formulation of the Government's anti-drug policy and overall coordination of anti-drug efforts. In 2006-07, the Government spent some \$600 million on anti-drug activities, \$163 million of which were spent on various types of voluntary T&R programmes.

2. The Government adopts a multi-modality approach in the provision of T&R services to cater for the different needs of drug abusers. The Government's voluntary T&R services can broadly be grouped into the following categories: (a) residential T&R programme operated by non-governmental organisations (NGOs); (b) methadone treatment programme (MTP) operated by the Department of Health (DH); (c) Counselling Centres for Psychotropic Substance Abusers (CCPSAs) operated by NGOs; and (d) Substance Abuse Clinics (SACs) operated by the Hospital Authority (HA). CCPSAs and SACs are facilities specifically set up to tackle the problem of psychotropic substance abuse (PSA). The Audit Commission (Audit) has recently conducted a review of the various voluntary T&R programmes.

3. The shift from heroin abuse to PSA and the increasing prevalence of youth drug abuse in recent years have aroused considerable public concern. The Administration also took the issue seriously. In October 2007, the Chief Executive in his Policy Address announced the appointment of the Secretary for Justice to lead a high-level inter-departmental task force to tackle youth drug abuse. The task force aimed to conclude its work in one year's time.

## Monitoring of drug abuse situation

4. **Collection of drug abuse information.** The Government collects data about the number of reported drug abusers and other related information through two primary sources, namely school surveys and the Central Registry of Drug Abuse (CRDA). In formulating policy and allocating resources, the ND also makes reference to information collected from ad hoc research studies, admission statistics from T&R agencies, and drug-related arrest and seizure figures.

5. **School surveys.** The ND conducts regular surveys of drug use among students of ordinary secondary day schools, international schools and the Hong Kong Institute of Vocational Education (IVE). There are however limitations which may affect the survey results. Given the sensitive nature of drug abuse, students may not respond honestly when asked whether they have abused drugs. Because of the voluntary nature of the school surveys, some schools, particularly international schools, had declined to participate in the surveys. The student response rate for IVE and a few international schools was also not high. *Audit has recommended that the Commissioner for Narcotics should closely monitor the trends of school and student participation in school surveys and, where appropriate, take further actions to improve the participation rates.*

6. **Central Registry of Drug Abuse.** The CRDA is a registry maintained by the Security Bureau to collect information for monitoring the drug abuse situation in Hong Kong and to provide basic data to facilitate anti-drug policy formulation. Reports on drug abusers are submitted to the CRDA via a wide network of reporting agencies comprising law enforcement departments, T&R agencies, welfare agencies, tertiary institutions, hospitals and clinics. Given that the CRDA is a voluntary reporting system, there is a risk of under-reporting by some reporting agencies. Therefore, the CRDA may not be entirely reliable in reflecting the drug abuse situation and trend.

7. **Analysis of drug abuser cases.** Audit noted that from 2003 to 2006, there was a general decline in the total number of drug abuser cases collected by the CRDA. Although there were 67 reporting agencies, a high percentage of the drug abuser cases submitted to the CRDA were reported by just a few agencies. Many of the other reporting agencies either had not reported any case or reported a relatively small number of cases, although some of them should have direct and frequent contacts with drug abusers. *Audit has recommended that the Commissioner for Narcotics should: (a) ascertain the extent of under-reporting and the reasons that have discouraged the agencies from reporting to the CRDA; and (b) step up the ND's efforts to promote the CRDA, including strengthening its communication with the agencies and addressing their concerns.*

8. ***Supplementary system to collect qualitative drug abuse data.*** Given the fast changing nature of PSA, a PSA Task Force set up by the Government recommended in June 2002 that the Government should supplement the CRDA by a system to gauge drug abuse qualitative data to assist the formulation of effective policies and programmes. As at February 2008, the supplementary system to collect qualitative data (the qualitative module) had not yet been in place. *Noting that the ND had commissioned a number of thematic research studies to collect qualitative information, Audit has recommended that the Commissioner for Narcotics should consider further means to supplement the school surveys and the CRDA and, if required, develop the qualitative module as early as possible.*

### **Effectiveness of the treatment and rehabilitation programmes**

9. ***Alignment of resources with changing demands.*** Audit analysis of the government expenditure of \$163 million for 2006-07 (see para. 1) showed that a significant proportion of the resources (over 67%) were still allocated to heroin-oriented T&R services. These included the MTP and the residential T&R programme provided by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA). *Given the shift from heroin abuse to PSA in recent years, Audit has recommended that the Commissioner for Narcotics should critically review the existing distribution of resources for T&R services and assess the need for allocating resources to deal with the treatment of psychotropic substance abusers.*

10. ***Drop in demand for SARDA and MTP services.*** In 2006-07, government expenditure of \$75 million and \$35 million were spent on SARDA and MTP services respectively. With the shift from heroin abuse to PSA in recent years, there was a continuous fall in the demands of SARDA and MTP services. From 1997 to 2007, total admissions to SARDA's residential T&R centres decreased from 2,152 to 1,525, while new admission cases for MTP services decreased from 1,350 to 309. *Audit has recommended that the Commissioner for Narcotics should critically review, in consultation with the Director of Health, the roles played by SARDA and the MTP to assess whether they should be continued in the present mode of operation and how their existing resources could be rationalised.*

11. ***Re-designing of T&R programmes.*** The PSA Task Force recommended in June 2002 that T&R agencies should be encouraged to re-engineer their services having regard to the needs of young psychotropic substance abusers. Audit noted that the ND did not have a mechanism to help monitor the pace of re-engineering in the T&R agencies. While most of the T&R agencies have extended their services to cater for psychotropic substance abusers, it is not known if they have taken adequate measures to re-engineer their services to meet the special needs of psychotropic substance abusers. *Audit has recommended that the Commissioner for Narcotics should set up a mechanism to monitor the pace of re-engineering in the T&R agencies, and step up the ND efforts in urging and facilitating the T&R agencies to re-engineer their services.*

12. ***Implementation of Three-year Plans.*** Every three years, the ND prepares, in consultation with the anti-drug sector and ACAN, a Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong. The current Plan covered 2006 to 2008. Audit noted that there was no effective mechanism to ensure the successful implementation of the Plans because the ND did not control the funds to be allocated for implementing the initiatives included in the Plans. The ND only expected government departments and T&R agencies to make reference to the Plans and propose initiatives to meet the strategic directions of the Plans. *Audit has recommended that the Commissioner for Narcotics should take the lead in planning and overseeing the roll-out of recommendations in the Plans.*

### **Monitoring the performance of various treatment and rehabilitation programmes**

13. ***Need to enhance management of subvented NGOs.*** The Social Welfare Department (SWD) and the DH provide subvention to a number of NGOs for operating various T&R programmes. They have adopted different approaches in monitoring their NGOs' performance. The SWD has set up a very comprehensive framework for the management of subvented NGOs, including entering into Funding and Service Agreements (FSAs) with individual NGOs. On the other hand, the DH monitors the NGOs' performance mainly through a review of their submitted returns on achievement of service outputs and performance measures. *Audit has recommended that the Director of Health should enter into FSAs with the DH-subvented NGOs and ensure that the NGOs would comply with the agreements.*

14. ***Caseload of methadone clinics.*** From 1997 to 2007, there was a reduction in the caseloads (numbers of registered patients, daily attendance and new admissions) handled under the MTP. Audit examined the utilisation of the individual methadone clinics from 2004 to 2007 and found that the overall utilisation had decreased from 76% to 69%. Four methadone clinics had persistently been operating at less than 50% of their capacities, with the lowest utilisation rate at 30%. *Audit has recommended that the Director of Health should keep under review the justifications for maintaining those methadone clinics with extremely low utilisation in their present mode of operation.*

15. ***Extent of achieving detoxification under MTP.*** One of the objectives of the MTP is to assist drug abusers to achieve a drug-free state by providing a detoxification scheme. Audit, however, noted that this objective was not met. From 2002 to 2007, only 2% to 3% of the methadone patients opted for the detoxification scheme. Less than 50% of the methadone patients opting for the detoxification scheme had succeeded in detoxification. Also, a high proportion of the detoxification case were re-admitted cases, indicating that many methadone patients relapsed after discharge from the scheme. *Audit has recommended that the Director of Health should assess whether there is a need to step up efforts with a view to encouraging more methadone patients to undergo detoxification and providing more intensive care and counselling to help them become drug-free.*

## **Provision of substance abuse clinical services**

16. *Substance Abuse Clinics.* SACs are provided as part of the HA's mental health services. As at February 2008, there were five SACs. Their operating expenditure was some \$12 million a year. SACs mainly provide out-patient services for psychotropic substance abusers (primarily those with psychiatric complications and/or co-morbidity). The need for a period of in-patient treatment is determined by the specific clinical needs of the patients. SACs accept referrals of patients from CCPSAs, welfare agencies, medical practitioners and other health care providers.

17. *No significant expansion of SACs.* Audit notes that SACs have played a very important role in providing medical treatment for psychotropic substance abusers with psychiatric problems. There are indications that the service demand for SACs is increasing, but SAC services have not been strengthened as recommended by the PSA Task Force in 2002 and by the ND in its Plans for 2003-05 and 2006-08. Despite several rounds of enhancing the capacities of the CCPSAs (notably in 2002 and 2007), there was however no corresponding expansion of SACs. *Audit has recommended that the Commissioner for Narcotics and the Secretary for Food and Health should, in consultation with the Chief Executive, HA, assess critically the service demand for SACs and strengthen the SAC services to meet the community needs.*

18. *Extension of day-time detoxification programme to other SACs.* In 2002, the Kwai Chung SAC launched a "MEET Day Hospital" Project which included a Day Detoxification Programme that involved the development of a day-time detoxification treatment protocol to drug abusers as an alternative to in-patient detoxification. Although the Project was completed in April 2004, the Kwai Chung SAC has continued providing day-time detoxification for some patients. Audit noted that other SACs did not operate similar day-time detoxification programmes. *Audit has recommended that the Commissioner for Narcotics and the Secretary for Food and Health should, in consultation with the Chief Executive, HA, explore the feasibility of extending the provision of the day-time detoxification service at the Kwai Chung SAC to other SACs.*

## **Response from the Administration and the Hospital Authority**

19. The Administration and the HA agree with all the audit recommendations. The Commissioner for Narcotics welcomes the audit review which has provided useful observations and recommendations on the future development of drug T&R services in Hong Kong.

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