

Report No. 55 of the Director of Audit — Chapter 10

RESIDENTIAL TREATMENT AND REHABILITATION SERVICES 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, is responsible for the formulation of the Government's anti-drug policy and overall coordination of anti-drug efforts.

2. In recent years, psychotropic substance abuse (PSA) has replaced heroin as our number-one enemy in the youth drug scene in Hong Kong. In particular, there was a rising trend for young drug abusers aged under 21 taking psychotropic substances. To combat the problem, the Government has taken various actions, including implementing the recommendations of the Task Force on Youth Drug Abuse (led by the Secretary for Justice) in its Report of November 2008, and the allocation of additional resources for implementing a series of T&R measures.

3. In 2009-10, the Government spent some \$200 million on various types of voluntary T&R services, namely: (a) counselling centres for psychotropic substance abusers subvented by the Social Welfare Department (SWD); (b) substance abuse clinics operated by the Hospital Authority; (c) methadone treatment programme operated by the Department of Health; and (d) 40 voluntary residential drug T&R centres and halfway houses ("treatment centres"), 20 of which were subvented and 20 non-subvented.

Audit reviews

4. In 2008, the Audit Commission (Audit) completed two reviews — "Voluntary treatment and rehabilitation programmes for drug abusers" and "The Society for the Aid and Rehabilitation of Drug Abusers" (SARDA). Given the escalating drug abuse problem (particularly among the youth) and the important role played by treatment centres, Audit has recently conducted another review of the residential T&R services.

Allocation of resources to SARDA

5. In the Director of Audit's Report No. 50 of March 2008 on "Voluntary treatment and rehabilitation programmes for drug abusers", Audit reported that a significant proportion of the Government's 2006-07 T&R resources were allocated to heroin-oriented T&R services despite a persistent shift from heroin abuse to PSA. In particular, \$75 million was provided to SARDA, which catered mainly for heroin treatment. In its Report of July 2008, the Public Accounts Committee of the Legislative Council (LegCo) expressed concern that the biggest centre of SARDA (Centre 1) was under-utilised due to the resulting drop in demand for SARDA services.

6. To assist SARDA in re-prioritising its resources, the Security Bureau had commissioned the Efficiency Unit (EU) to undertake a study. In its Study Report of August 2010, the EU reported that the three smaller residential treatment centres of SARDA (with a total capacity of 86 places) had been admitting predominantly psychotropic substance abusers and were fully utilised, but Centre 1 (with a capacity of 316 places) was not yet positioned to cope with PSA treatment and had a relatively low occupancy rate. The EU concluded that there was much potential in re-prioritising the resources at Centre 1 to meet the rising demand for PSA treatment.

7. In December 2009, SARDA submitted a framework proposal to the ND for a 3-year pilot programme (named "Project Youth Care"). At the same time, SARDA applied to the Hong Kong Jockey Club Charities Trust for funding support for the proposal. The programme would make use of the under-utilised facilities of Centre 1 for providing drug preventive and rehabilitation programmes to youths aged 12 to 18. *Audit has recommended that the Commissioner for Narcotics should, in collaboration with the Director of Health, closely monitor the pace of re-engineering in Centre 1 and provide necessary support to SARDA in implementing cost-effective projects to cope with PSA.*

Usage of treatment centres

8. **Overall capacity to meet demands.** From 2003 to 2010, there was a decrease in the overall capacity of treatment centres. Of the overall capacity of 1,635 places available as at August 2010, 49% were subvented places but a significant proportion of them were still geared to heroin treatment. Of the 1,261 places that mainly catered for PSA treatment, 65% were provided by non-subvented centres over which the Government's control is generally limited. Also, not all 1,635 places were available to drug abusers because some centres had used some of their places for admitting non-drug abusers. *Given the rising trend of drug abuse in recent years, Audit has recommended that the Commissioner for Narcotics should, in collaboration with the Director of Social Welfare and the Director of Health, keep the overall capacity of treatment centres under close review to see if it can meet the service demands.*

9. **Uneven workloads among treatment centres.** The workloads among treatment centres were uneven. There were treatment centres with high occupancy rates and long waiting time. In particular, there was a shortage of places for female drug abusers. On the other hand, there were centres with significant spare capacities. *Audit has recommended that the Commissioner for Narcotics should, in her review of the overall capacity of*

treatment centres mentioned in paragraph 8, critically assess the extent of the service gap and take appropriate actions to reduce it as far as possible.

10. ***Probationers' waiting time for receiving treatment.*** As at April 2010, the probation officers (POs) of the SWD were handling some 1,100 active drug abuser cases, of which 648 related to referral of probationers by POs to treatment centres. An audit analysis indicated that in 71 (11% of 648) cases, the probationers had to wait for over 2 months before admission to the centres. Further analysis shows that 94% of these 71 cases related to six treatment centres with limited licensed capacities. On the other hand, there were other centres with significant spare capacities, but they admitted limited PO referral cases.

11. Based on an examination of 22 SWD case files, Audit found that in all cases, the probationers had to wait for admission as no immediate places were available at the specific treatment centres. In 14 (64% of 22) cases, although the probation orders had disallowed the probationers from taking any kinds of dangerous drugs during the probation supervision periods, the probationers were found to have abused drugs while awaiting admission to treatment centres. Among the 14 cases, 5 probationers had their probation supervision periods extended subsequently. *Audit has recommended that the Director of Social Welfare should: (a) ascertain the reasons for the uneven allocation of PO referral cases; and (b) in collaboration with the Commissioner for Narcotics and the Director of Health, critically review the undesirable situation of long waiting time before admission in some cases and take measures to reduce the waiting time as far as possible.*

12. ***The Government's information collection and sharing system.*** The existing mechanism of collecting information from treatment centres was fragmented, and information so collected was not effectively shared within the Government. Besides, information useful for monitoring the adequacy of support to rehabilitated students was not regularly collected. *Audit has recommended that the Commissioner for Narcotics should, in collaboration with the Director of Social Welfare and the Director of Health, improve the existing system of information collection from treatment centres to meet the needs of different stakeholders.*

Treatment centres on government sites/premises

13. ***Scale of operation for centres occupying government sites/premises.*** Many of the existing treatment centres are operated on government sites/premises granted to non-governmental organisations (NGOs) through private treaty grants (PTGs) or short term tenancies (STTs) at nominal premiums/rents. The land grant/tenancy agreements generally contain a condition that the grantees/tenants have to use the government sites/premises on a scale to the satisfaction of the sponsoring bureau/department (B/D). In the case of subvented centres, the sponsoring B/D (e.g. the SWD) did exercise certain controls on their scale of operations through, for example, the Funding and Service Agreements entered into with the centres. However, in the case of non-subvented centres on government sites/premises, the SWD exercised little control over their scale of operations. *Audit has recommended that the Director of Social Welfare should, in collaboration with the Commissioner for Narcotics and the Director of Lands, monitor the scale of operations for such centres and devise a suitable monitoring mechanism.*

14. ***Idling of a treatment centre site on Lantau Island.*** A site on Lantau Island had been granted by STT at nominal rent since 1993 to NGO 1 for operating a treatment centre. Audit however found that the ND, the SWD and the Lands Department had failed to monitor whether the proposed centre had started operation or not. In the event, the granted site (with an area of 1,070 square metres) had been largely idle for 16 years and the STT was terminated in October 2010. Audit also found that on a few occasions, the Government could have become aware at an earlier date that the site was idle, but there was inadequate follow-through. *Audit has recommended that the Director of Lands should, in collaboration with the Commissioner for Narcotics and the Director of Social Welfare: (a) draw lessons from the failure in detecting the idling site; (b) conduct a review to ascertain if there are similar cases; and (c) explore alternative uses of the recovered site.*

15. ***Operation of another treatment centre at Shatin.*** NGO 2 (non-subvented) was granted an STT for operating a treatment centre on a temporary housing area in Kowloon until 1996, when the area had to be vacated for public housing development. In December 1998, NGO 2 was granted by PTG (for 50 years) the upper platform of a government site at Shatin for operating a non-profit-making training and rehabilitation centre for displaced persons — Centre 21. In March 1999, the lower platform of the government site was also granted by STT to NGO 2 for use as a recreation ground for the occupants and visitors of Centre 21. In December 2001, Centre 21 formally commenced operation and was granted in November 2002 a Certificate of Exemption (CoE — see para. 17) to continue operation with an approved licensed capacity of 210 places. In February 2007, NGO 2 was formally granted by PTG the lower platform as an extension to the upper platform. In November 2009, Centre 21 was approved a licensed capacity of 318 (210 + 108) places.

16. Although the government site occupied by Centre 21 (of some 11,000 square metres) was described in 1996 by the Director of Lands as a big site with good accessibility and one not commonly found, Audit found that the SWD had not exercised its regulatory powers provided under the Conditions of Grant to ensure that Centre 21 was operating on a satisfactory scale. For the seven years up to June 2010, the centre occupancy ranged from 48 to 169 residents. For the three years ended June 2010, the number of drug abusers enrolled in Centre 21 ranged from 39 to 76. *Audit has recommended that the Director of Social Welfare should, in collaboration with the Commissioner for Narcotics and the Director of Lands, take proper measures to enforce the Conditions of Grant and explore ways to make effective use of Centre 21's capacity to meet the demand for residential T&R services.*

Licensing of treatment centres

17. Since April 2002, treatment centres are required to obtain a licence under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (the Ordinance — Cap. 566). The Ordinance provides a framework on the safety and management of treatment centres. For treatment centres already in operation before the commencement of the Ordinance, grace periods of 4 and 8 years were allowed for subvented and non-subvented ones respectively to carry out improvement works to meet the licensing requirements. During the grace periods, the SWD may grant centres CoEs to provisionally exempt them from the licensing requirements.

18. ***Need to monitor works progress of treatment centres.*** During the grace periods, many centres had not submitted works schedules to the SWD on how they would meet the licensing requirements. They submitted works schedules only when they applied for extensions of grace periods. As at August 2010, 21 of the 40 treatment centres were still operating on CoEs, comprising 5 subvented and 16 non-subvented centres. *Audit has recommended that the Director of Social Welfare should closely monitor the works progress of treatment centres to ensure that they meet the licensing requirements as early as possible.*

19. ***Difficulties in securing suitable sites/premises for re-provisioning.*** Many treatment centres needed to be re-provisioned in order to meet the licensing requirements. However, re-provisioning was very often a long process, involving identification of suitable sites/premises, consultation with local communities and processing of land grant. Local communities sometimes object to the setting up of treatment centres in their vicinity. If local objection persists, there will be difficulties in granting potential sites. There were also cases where centres did not consider potential sites for re-provisioning because of the need for maintaining slopes within the sites. *Audit has recommended that the Commissioner for Narcotics and the Director of Social Welfare should: (a) promote to the communities the important role played by treatment centres and call for local support of setting up centres; and (b) consider exploring with the relevant B/Ds the possibility of providing appropriate assistance to centres for the necessary slope maintenance works.*

20. ***Difficulties involved in in-situ upgrading.*** Many treatment centres were operated using existing structures then available to them, with some accommodated in the older type of village houses. In-situ upgrading of these centres to comply with the licensing requirements was sometimes difficult due to a number of factors such as lack of planning permission, landlord's consent required and presence of unauthorised building works. Some non-subvented centres accorded low priority to carrying out the in-situ upgrading works required. *Audit has recommended that the Commissioner for Narcotics and the Director of Social Welfare should identify more effective ways to solicit NGOs' cooperation to proceed with their improvement works as early as possible.*

21. ***Difficulties in securing adequate funding.*** In 2002, a Special Funding Scheme (SFS) was established under the Beat Drugs Fund (BDF) to help treatment centres that might have difficulties in seeking support from other charitable funds to carry out capital works for meeting the licensing requirements. Under the SFS, each centre could only obtain a maximum of \$3 million. However, the SWD's estimates indicated that 13 centres would each require funding of over \$3 million to \$27 million. Besides, the SFS did not fund the fees of authorised persons employed by centres for preparing the application documents. In May 2010, the LegCo Finance Committee approved the Security Bureau's proposed injection of \$3 billion into the BDF. The injection would enable the BDF to expand the SFS scope. *Audit has recommended that the Commissioner for Narcotics should implement the expanded SFS as early as possible.*

Response from the Administration

22. The Administration agrees with the audit recommendations.

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