CHAPTER 7

Security Bureau
Department of Health

The Society for the Aid and Rehabilitation of Drug Abusers

Audit Commission
Hong Kong
31 March 2025

This audit review was carried out under a set of guidelines tabled in the Provisional Legislative Council by the Chairman of the Public Accounts Committee on 11 February 1998. The guidelines were agreed between the Public Accounts Committee and the Director of Audit and accepted by the Government of the Hong Kong Special Administrative Region.

Report No. 84 of the Director of Audit contains 8 Chapters which are available on our website (https://www.aud.gov.hk).

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THE SOCIETY FOR THE AID AND REHABILITATION OF DRUG ABUSERS

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THE SOCIETY FOR THE AID AND REHABILITATION OF DRUG ABUSERS

Executive Summary

1. The Government adopts a multi-pronged approach in anti-drug policy, comprising preventive education and publicity, treatment and rehabilitation (T&R), legislation and law enforcement, external cooperation and research. The Narcotics Division (ND) of the Security Bureau is tasked with co-ordinating policies and measures across the public sector, non-governmental organisations (NGOs) and the community to combat the problem of drug abuse. Regarding T&R, the Government has long-adopted a multi-modality approach in providing T&R services to cater for the divergent needs of drug abusers from different backgrounds, including the residential drug T&R programmes run by NGOs which are under the subvention of the Department of Health (DH) and/or the Social Welfare Department (SWD) or on a self-financing basis. According to ND, in 2023-24, the financial provision on the drug T&R programmes under the recurrent subventions of DH and SWD amounted to $304.6 million, of which $126.6 million (42%) was provided to an NGO, namely The Society for the Aid and Rehabilitation of Drug Abusers (SARDA).

2. SARDA is a non-profit-making NGO established in 1961. Its vision is to provide voluntary drug T&R services to all drug abusers and create a drug-free community by promoting preventive education. It adopts medical and psycho-social counselling model and provides diversified voluntary T&R services, free of charge to drug abusers. SARDA's core services can be classified into four categories, namely voluntary residential drug T&R programmes, aftercare services, outpatient clinic and Methadone Treatment Programme counselling service.

3. Government funding forms a major part of SARDA's income. In 2023-24, SARDA received a total of recurrent subventions of $131.5 million from various sources, including $121.3 million (92%) from DH and $5.3 million (4%) from SWD. DH and SWD each entered into a Funding and Service Agreement (FSA) with SARDA, and they monitor the performance of SARDA accordingly. The Audit Commission (Audit) has recently conducted a review of SARDA with a view to identifying areas for improvement.

Voluntary residential drug treatment and rehabilitation services

4. ***High frequency of re-admission of patients***. As at 31 December 2024, SARDA ran four drug treatment and rehabilitation centres (DTRCs), providing a total of 346 beds. Audit analysis of SARDA's admission records in the period from 2019-20 to 2023-24 revealed that the proportion of re-admission cases was high, accounting for 76% of the total number of admissions. Of the 618 re-admission cases in 2023-24, Audit analysis revealed that these cases involved 417 patients and the average number of their admissions to SARDA's DTRCs in the period from 2019-20 to 2023-24 was 4 (ranging from 1 to 17). Audit examination of the records of the 23 (6% of 417) patients with 10 times or more admissions in the period revealed that all the 23 patients were admitted to the general T&R programme in the Shek Kwu Chau Treatment and Rehabilitation Centre (SKC). There is a need for SARDA to review T&R services (paras. 2.4 to 2.6).

5. ***Large number of patients discharged without completing both detoxification and rehabilitation programmes***. Of the 3,513 admissions taken up by the four DTRCs in the period from 2019-20 to 2023-24, 2,624 (75%) admissions were admitted to SKC's general T&R programme, in which 2,621 admissions were discharged as at 31 December 2024. According to SARDA, the general T&R programme offered by SKC generally provides 3 weeks of detoxification programme and 4 to 12 weeks of rehabilitation programme. Audit analysed the discharge records of 2,621 admissions and found that:

(a) only 1,131 (43%) admissions had completed both the detoxification and rehabilitation programmes; and

(b) of the remaining 1,490 (57%) admissions, 405 failed to complete the detoxification programme and 1,085 only completed the detoxification programme (paras. 2.12 and 2.13).

6. ***Occupancy of DTRCs.*** For monitoring the performance of SARDA on residential drug T&R services, prior to signing of the new FSA in October 2024, DH has set three performance standards for SARDA, namely detoxification rate, rehabilitation rate and occupancy rate. SARDA is required to meet the performance standards and submit statistical returns regularly on the performance indicators (para. 2.17). Audit examination revealed the following areas for improvement:

(a) ***Failure to meet the occupancy standards set by DH.*** Audit examined records of occupancy rates in the period from 2015-16 to 2024-25 (up to December 2024) and found that:

(i) the annual occupancy rates of SKC and the Sister Aquinas Memorial Women's Treatment Centre (WTC) were below the occupancy standards of 75% and 80% respectively in the whole period, ranging from 39% to 70% for SKC and from 30% to 59% for WTC. In particular, both SKC and WTC could only meet less than half of their serving capacity since 2020-21;

(ii) for the remaining two DTRCs, namely the Au Tau Youth Centre (ATYC) and the Adult Female Rehabilitation Centre (AFRC), except for the 4-year period from 2016-17 to 2019-20, all the annual occupancy rates were below the standard of 80%, ranging from 41% to 76% for ATYC and from 44% to 79% for AFRC; and

(iii) while the occupancy standards for all DTRCs have been aligned at 75% upon signing of the new FSA with DH in October 2024, the occupancy rates of all DTRCs in the period from October to December 2024 still fell short of the newly agreed occupancy standards (paras. 2.18 and 2.19); and

(b) ***Need to consider publishing occupancy rate and other performance standards in DH's Controlling Officer's Report (COR).*** Among the three performance standards as mentioned above, Audit noted that DH has not reported the occupancy rate as one of the key performance measures in its COR. Furthermore, the new performance standards set out in the new FSA with DH have not been reported in COR (paras. 2.26 and 2.27).

7. ***Way forward.*** While SARDA mainly provides residential drug T&R programmes for abusers addicted to heroin and poly-drug abusers taking both heroin and psychotropic substances, in response to the changing drug scene, SARDA has launched T&R programmes targeting at patients with only psychotropic substances abuse in SKC (i.e. Project SARDA and Project WAVE), providing a total of 60 rehabilitation beds. Audit examined SARDA records and found that the occupancy rates of Project SARDA were generally higher than that of the overall situation of SKC in the period from 2019-20 to 2024-25 (up to September 2024). The higher occupancy rates of Project SARDA are consistent with the changing drug scene on

the prevalence of psychotropic substances abuse. Audit observations on the high proportion of re-admission cases, high frequency of re-admission of patients, large number of patients discharged without completing both the detoxification and rehabilitation programmes and the persistently low occupancy rates of DTRCs revealed that there might be a need for SARDA to evaluate whether its drug T&R services can respond to the changes in drug scene in recent years and support Government's anti-drug policy (paras. 2.32 to 2.34).

Aftercare and counselling services

8. ***Effectiveness of aftercare services.*** SARDA provides the rehabilitees with aftercare services for 12 months after their discharge from DTRCs with completion of at least the detoxification phase. According to SARDA, the effectiveness of aftercare services is measured with reference to the following four key performance indicators. Audit found that there was scope for improvement in compiling and disclosing these indicators, as follows:

(a) ***Re-application rate.*** It was calculated by dividing the total number of patients who re-applied to SARDA's DTRCs when they were receiving aftercare services by the total number of aftercare cases during the reporting period. In preparing the yearly re-application rate, SARDA added up the numbers of aftercare cases at each month end. As the aftercare cases normally last for 12 months, there would be duplications in the yearly total number of aftercare cases. For example, after eliminating such duplications, the re-application rate for SKC in 2023-24 should be adjusted from 3.6% to 26.8%;

(b) ***Aftercare completion rate.*** It was calculated by dividing the total number of aftercare closed cases which had successfully completed the required aftercare period by the total number of aftercare closed cases. The calculation did not include the re-application cases (see (a) above). If these cases were taken into account, the published aftercare completion rates of 93.7% to 95.3% from 2019-20 to 2023-24 would be significantly reduced; and

(c) ***Employment rate and criminal rate.*** In measuring these rates, the social workers would interview the rehabilitees at the time of aftercare services successfully completed for their employment status and criminal records during the aftercare period. Some rehabilitees could not be contacted or

might have refused to discuss their employment status and criminal records. From 2019-20 to 2023-24, there was generally a rising trend in the number of unknown cases. In 2023-24, the number of unknown cases on employment status and criminal records of rehabilitees were 46% and 45% of the total number of closed cases with aftercare services successfully completed respectively. SARDA included the unknown cases in the population for calculating these rates and therefore, the employment rates and criminal rates published in SARDA's annual report might not have reflected the actual scenario (paras. 3.2, 3.4 to 3.7).

9. ***Need to promulgate guidelines on the criteria of closing aftercare cases.*** While SARDA is committed to providing 12-month aftercare services to rehabilitees discharged from DTRCs, Audit noted that the duration of aftercare services provided to each rehabilitee varied. Audit examination of the 507 aftercare closed cases during 2021-22 to 2023-24 revealed that in 373 (73%) cases, the rehabilitees received aftercare services for more than 2 years. In particular, in 121 (24%) cases, the rehabilitees received the services for more than 5 years, ranging from 5.01 to 9.55 years. Audit examined 5 aftercare closed cases and noted that in 4 cases, the reason for closing the cases was loss of contact with the rehabilitees. In the remaining case, for more than 1 year before closing the case, there was no record of any aftercare services provided to the rehabilitee as the rehabilitee insisted that he would contact the social worker for re-admission when necessary. In order to better utilise the resources, Audit considers that SARDA needs to promulgate guidelines on the criteria of closing the aftercare cases and document the justifications for providing prolonged aftercare services exceeding the 12-month period (paras. 3.9 and 3.10).

10. ***Long duration of resident placements in halfway houses.*** SARDA operates five halfway houses with 76-bed spaces to provide transitory accommodation in a semi-protective and supportive environment for the ex-drug abusers newly discharged from DTRCs so as to facilitate their reintegration into society. According to FSAs signed with SWD for the four subvented halfway houses, the normal duration of placement in halfway houses is 3 to 6 months. Audit examined the list of residents in the four subvented halfway houses as at 31 December 2024 and noted that of the 60 residents, 13 (22%) residents had been residing in the halfway houses for more than 6 months to 1 year, and the other 13 (22%) residents had been residing in the halfway houses for more than 1 year. Audit further examined the case files of the 3 residents who had been residing in the Female Hostel for more than 4 years (ranging from 4.9 to 5.2 years) and noted that progress review was conducted every 3 months, instead of every 6 weeks as required by SARDA's guidelines, and the justifications

for the need for transitory accommodation to extend the residence in the halfway house were not documented. In addition, the residents were approved to reside in the halfway house for 1 to 3 nights per week or per month. Audit is concerned about if this practice deviates from the objective of halfway house service (paras. 3.13, 3.19, 3.20 and 3.22).

Corporate governance and administrative issues

11. ***Governance structure***. SARDA is governed by its Executive Committee (EC) which is supported by two committees, namely the Management Committee (MC) and the Research Committee (RC). In 2024-25, EC comprises 7 Officers (including the Chairman, the Vice-Chairman, the Honorary Treasurer, the Honorary Secretary, the Immediate Past Chairman, the Chairman of MC and the Chairman of RC), 16 committee members, 6 ex-officio members and 2 government representatives (para. 1.7). Audit examination of the membership of EC found areas for improvement, as follows:

(a) ***Need to comply with the requirement on number of members in EC as stipulated in the Constitution of SARDA.*** In the term years 2019-20 and 2020-21 (i.e. starting in December of a year and ending in November of the following year), EC had 17 members, exceeding the maximum number of members (i.e. 16) by 1 as stipulated in the Constitution of SARDA; and

(b) ***Terms of some Officers in EC longer than norm as stipulated in the Constitution of SARDA.*** 4 (57%) of the 7 Officers in EC, namely the Chairman, the Vice-Chairman, the Immediate Past Chairman and the Chairman of RC, had been elected to the same posts for a long period of 14 years from the term years 2011-12 to 2024-25 (para. 4.4).

12. ***Need to consider publishing audited annual accounts and/or annual financial statements of SARDA.*** While SARDA submitted the audited annual accounts and annual financial statements to DH for internal monitoring to ensure full compliance with the requirements as stipulated in FSAs, these accounts had never been published in the websites of DH nor SARDA. As SARDA is receiving government subvention which forms a major part of its income, Audit considers that SARDA needs to consider publishing the audited annual accounts and/or annual financial statements on its website or displaying the hyperlink to them in its annual report for enhancing public accountability (para. 4.7).

13. ***Room for improvement in monitoring strategic management of SARDA.*** According to FSAs signed with DH, SARDA should establish a formal strategic planning process, which includes, among others, conducting regular review and updating the strategic plan (para. 4.8). Audit examination of the strategic plan and relevant records of SARDA found that:

(a) there was no documentary evidence showing that SARDA had conducted any yearly review and updating, and evaluation of the strategic plan, contrary to the requirements as set out in FSAs; and

(b) SARDA had neither discussed nor approved any strategic plan in the meetings of EC and MC from the term years 2019-20 to 2023-24 (para. 4.9).

14. ***Attendance and proceedings of committee meetings.*** According to the Constitution of SARDA, EC shall meet not less than four times during its term of office. In general, EC holds five meetings in each year while MC usually holds four meetings and RC holds two meetings in each year (para. 4.12). Audit examination found that:

(a) ***Low attendance rates for some individual voting members.*** From the term years 2019-20 to 2023-24, there were 3 to 7 and 2 to 4 voting members who attended less than half of EC and MC meetings held in each year respectively. Despite their low attendance rates, some of them were re-appointed as voting members of MC in the term year 2024-25 (para. 4.13); and

(b) ***Short time interval between dates of issue of papers and dates of RC meetings.*** According to SARDA's Standing Administrative Instructions, any papers for EC and MC should be issued one week-end to the committee members before each meeting. No similar requirements are set for RC. Audit examined the dates of papers issued in respect of the 10 RC meetings held from the term years 2019-20 to 2023-24 (involving 33 discussion items) and found that the papers related to 25 (76%) of the 33 discussion items were issued to committee members less than one week-end before RC meetings. In particular, the papers related to 4 discussion items were issued to committee members after the meetings (paras. 4.16 and 4.17).

15. ***Need to step up efforts in recruiting and retaining staff.*** As at 31 December 2024, the establishment and strength in SARDA under subventions from DH and SWD were 229 and 204 respectively. Audit analysed the staff turnover of SARDA for the period from 2019-20 to 2023-24 and found that the staff turnover rates ranged from 13.8% to 16.3%, and in particular, the turnover rates for nursing grade staff varied from 5.6% to 52.9% (paras. 4.28 and 4.29).

16. ***Need to promulgate a training policy.*** In 2023-24, SARDA incurred training expenses amounting to $308,050. According to SARDA, there was no training policy and training subsidies were approved on a need basis. Furthermore, a summary of training record by individual staff was not maintained by SARDA (para. 4.35).

Audit recommendations

17. **Audit recommendations are made in the respective sections of this Audit Report. Only the key ones are highlighted in this Executive Summary. Audit has *recommended* that SARDA should:**

Voluntary residential drug T&R services

(a) **draw on the experience gained from high-frequency re-admission cases, and make continuous improvement in enhancing T&R programmes and strengthening support services after programme completion (para. 2.9);**

(b) **take measures to motivate the admitted patients to complete both detoxification and rehabilitation programmes under the general T&R programme (para. 2.15);**

(c) **in consultation with DH, take measures to improve the occupancy rates of its DTRCs (para. 2.28(a));**

(d) **regularly review the provision of T&R services under its purview for continuous improvement taking into account the changing drug scene (para. 2.35);**

Aftercare and counselling services

(e) **make improvement in compiling and disclosing the four key performance indicators, including:**

(i) **reviewing the number of aftercare cases adopted in the calculation of the re-application rate in its annual report and ascertaining whether the rate had been understated;**

(ii) **stating the basis on the compilation of aftercare completion rate in its annual report; and**

(iii) **making greater efforts in ascertaining the employment status and the criminal records of rehabilitees having successfully completed the aftercare services (para. 3.11(a) to (c));**

(f) **promulgate guidelines on the criteria of closing the aftercare cases and document the justifications for providing prolonged aftercare services exceeding the 12-month period (para. 3.11(d));**

(g) **conduct progress review for residents of halfway houses according to its guidelines in a timely manner and document full justifications for the extension of residence in halfway houses for each case, and consider ceasing the practice of allowing rehabilitees to reside in the halfway houses for only few nights (para. 3.23(b) and (c));**

Corporate governance and administrative issues

(h) **take measures to ensure that:**

(i) **the composition of its EC is in compliance with the requirement as stipulated in its Constitution (para. 4.10(a)(i)); and**

(ii) **a succession mechanism is drawn up for its EC, especially for the Chairman and other key posts, where there are no such restrictions in its Constitution, including the maximum terms of office and number of consecutive terms (para. 4.10(a)(ii));**

(i) **consider publishing the audited annual accounts and/or annual financial statements of SARDA on its website or displaying the hyperlink to them in its annual report for enhancing public accountability (para. 4.10(b));**

(j) **submit its strategic plan and other related records on the regular review, updating and evaluation of the plan to its EC for approval (para. 4.10(c));**

(k) **take measures to improve the attendance of committee members with low attendance rates (para. 4.19(a));**

(l) **critically review the attendance records of individual committee members before re-appointment (para. 4.19(b));**

(m) **consider setting requirement on the issuance of papers for RC meetings with a view to providing committee members with sufficient time to consider the papers before the meetings (para. 4.19(c));**

(n) **step up efforts in recruiting and retaining staff, especially the nursing grade staff and peer support workers (para. 4.36(a)); and**

(o) **promulgate a training policy, including the policy and procedures of granting training subsidies, and maintain a training record by individual staff for staff development and monitoring purposes (para. 4.36(c) and (d)).**

18. **Audit has also *recommended* that the Director of Health should:**

(a) **enhance the reporting of SARDA's performance in DH's COR, for example incorporating the occupancy rate of DTRCs as one of the performance targets in DH's COR (para. 2.29(a)); and**

(b) **keep in view SARDA's performance on the new initiatives and consider incorporating the new performance indicators in DH's COR where appropriate (para. 2.29(b)).**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

19. SARDA agrees with the audit recommendations.

Response from the Government

20. The Director of Health agrees with the audit recommendations.

PART 1: INTRODUCTION

1.1 This PART describes the background to the audit and outlines the audit objectives and scope.

Background

1.2 ***Government's anti-drug policy.*** The Government adopts a multi-pronged approach in anti-drug policy, comprising preventive education and publicity, treatment and rehabilitation (T&R), legislation and law enforcement, external cooperation and research. The Narcotics Division (ND) of the Security Bureau (SB) is tasked with co-ordinating policies and measures across the public sector, non-governmental organisations (NGOs) and the community to combat the problem of drug abuse.

1.3 ***Voluntary residential drug T&R programmes.*** Regarding T&R, it is the Government's policy to help drug abusers quit drugs and remain drug free. According to ND, the provision of T&R services (Note 1) helps drug abusers overcome addiction, quit drugs, maintain abstinence, and eventually reintegrate into the society. The Government has long-adopted a multi-modality approach in providing T&R services to cater for the divergent needs of drug abusers from different backgrounds, including the residential drug T&R programmes run by NGOs which are under the subvention of the Department of Health (DH) and/or the Social Welfare Department (SWD) or on a self-financing basis. According to ND, in 2023-24, the financial provision on the drug T&R programmes under the recurrent subventions of DH and SWD amounted to $304.6 million, of which $126.6 million (42%) ($121.3 million from DH and $5.3 million from SWD — Note 2) was provided to an NGO, namely The Society for the Aid and Rehabilitation of Drug Abusers (SARDA).

Note 1: *Since 1997, ND has been working closely with stakeholders to formulate a plan on T&R services every three years. The purpose is to set out the strategic directions for T&R services as a reference for anti-drug service providers to develop their plans and programmes.*

Note 2: *As at 31 March 2024, there were unused subventions of about $18,000 and $0.8 million to be refunded to DH and SWD respectively.*

SARDA

1.4 ***Background.*** Established in 1961, SARDA is a non-profit-making NGO incorporated under the Registered Trustees Incorporation Ordinance (Cap. 306). Its vision is to provide voluntary drug T&R services to all drug abusers and create a drug-free community by promoting preventive education. According to SARDA, it is the largest voluntary drug rehabilitation organisation in Hong Kong. It adopts medical and psycho-social counselling model and provides diversified voluntary T&R services, free of charge to drug abusers.

1.5 ***Core services.*** SARDA's core services can be classified into the following categories:

(a) ***Voluntary residential drug T&R programmes***. SARDA runs four drug treatment and rehabilitation centres (DTRCs), including two for males and two for females, providing a total of 346 beds. DTRCs provide a drug-free residential environment and different voluntary residential drug T&R programmes to drug abusers to help them quit drugs. The centres also offer support services (e.g. vocational and/or life skill training — see Photographs 1(a) and (b) for examples) to facilitate rehabilitees to reintegrate into the society after leaving the centres;

Photographs 1(a) and (b)

Examples of voluntary residential drug T&R programmes at DTRCs

(a) At Shek Kwu Chau Treatment and Rehabilitation Centre

(b) At Sister Aquinas Memorial Women's Treatment Centre

Source: *SARDA records*

(b) ***Aftercare services.*** On discharge from DTRCs after a period of T&R, the rehabilitees are provided with aftercare services for 12 months. The aims of SARDA's aftercare services are to minimise the rehabilitees' psychological dependence on drugs following the treatment of their physical dependence and to achieve their social rehabilitation upon re-entry into the community where they will live in and work. A variety of essential social services are available for rehabilitees including:

(i) ***Halfway house service.*** SARDA operates five halfway houses to provide transitory accommodation for rehabilitees discharged from DTRCs who have no home or suitable place to live in or those who are unable to lead an independent living in the community upon discharge. Among the five halfway houses, the operation of four halfway houses are subvented by SWD while the remaining one is operated on a self-financing basis; and

(ii) ***Counselling services and other activities.*** SARDA operates four social service centres, providing psychological and vocational counselling, as well as social and recreational activities to help rehabilitees maintain a drug-free life;

(c) ***Outpatient clinic***. SARDA operates one outpatient clinic which carries out physical examination for applicants before admission into its DTRCs and provides medical consultation to rehabilitees; and

(d) ***Methadone Treatment Programme (MTP) counselling service.*** SARDA provides counselling and support services for methadone patients and their families at the 18 methadone clinics operated by DH. A series of group services for methadone patients is provided, including counselling groups for patients of all ages (e.g. female groups, youth groups and family groups), recreational activities, community volunteer services, etc.

1.6 Table 1 shows the key performance indicators of SARDA's core services published in its annual reports for the period from 2019-20 to 2023-24.

Table 1

Key performance indicators of SARDA
(2019-20 to 2023-24)

Performance indicator	2019-20	2020-21	2021-22	2022-23	2023-24
Voluntary residential drug T&R programmes					
Number of admission to DTRCs	969	459	571	715	799
Detoxification rate (Note 1)	84.0%	88.1%	86.3%	84.5%	84.8%
Rehabilitation rate (Note 2)	87.1%	91.6%	91.8%	87.3%	84.7%
Number of bed days available (Note 3)	126,636	126,290	126,290	126,290	126,636
Aftercare services					
Re-application rate (Note 4)	3.1%	1.8%	2.0%	2.3%	2.6%
Aftercare completion rate (Note 5)	95.0%	94.6%	95.3%	93.9%	93.7%
Employment rate (Note 6)	60.6%	55.1%	52.2%	40.6%	45.2%
Criminal rate (Note 7)	2.2%	4.4%	3.8%	3.6%	3.8%
MTP counselling service					
Caseload	1,919	1,926	1,894	1,907	1,902
Number of group programmes	584	588	588	646	643
Number of participants	6,423	5,841	4,458	4,661	4,702

Source: *Audit Commission analysis of SARDA records*

Note 1: *Detoxification rate refers to the proportion of residents who have completed the agreed detoxification programme which lasts for three weeks or a shorter period as specified by the attending doctor. This performance indicator is also included in DH's Controlling Officer's Report.*

Table 1 (Cont'd)

Note 2: *Rehabilitation rate refers to the proportion of residents who have completed the agreed rehabilitation programme. This performance indicator is also included in DH's Controlling Officer's Report.*

Note 3: *For example, in 2023-24, 346 beds (see para. 1.5(a)) were available for 366 days, resulting in 126,636 (346 beds times 366 days) bed days being available. The related occupancy rate of beds is neither included as a performance indicator in SARDA's annual report nor DH's Controlling Officer's Report (see para. 2.26). In 2021-22, the figure was reported as 58,674 in SARDA's annual report. Upon enquiry, in December 2024, SARDA said that the number of bed days available in 2021-22 should be 126,290. The figure published represented the actual bed days occupied.*

Note 4: *Re-application rate is calculated by dividing the total number of patients who have re-applied to SARDA's DTRCs when they are receiving aftercare services by the total number of aftercare cases during the reporting period.*

Note 5: *Aftercare completion rate is calculated by dividing the total number of aftercare closed cases which have successfully completed the required aftercare period by the total number of aftercare closed cases.*

Note 6: *Employment rate refers to the proportion of rehabilitees (with aftercare services successfully completed during the reporting period) who have full-time/part-time/casual employment during the aftercare period.*

Note 7: *Criminal rate refers to the proportion of rehabilitees (with aftercare services successfully completed during the reporting period) who have been convicted during the aftercare period.*

Remarks: *The definitions of detoxification rate, rehabilitation rate, re-application rate, aftercare completion rate, employment rate and criminal rate were provided by SARDA.*

Governance structure of SARDA

1.7 SARDA is governed by its Executive Committee (EC) which is supported by two committees, namely the Management Committee (MC) and the Research Committee (RC). EC provides steer to SARDA in its long term development and in the achievement of its aims and objectives in accordance with its vision and mission. According to the Constitution of SARDA, members of EC shall be elected in annual general meeting from members of SARDA (see para. 4.21). In 2024-25, EC comprises 7 Officers (including the Chairman, the Vice-Chairman, the Honorary Treasurer, the Honorary Secretary, the Immediate Past Chairman, the Chairman of MC (Note 3) and the Chairman of RC), 16 committee members, 6 ex-officio members and 2 government representatives (from ND and DH).

1.8 Under the direction of EC, the Executive Director of SARDA is responsible for the overall management of SARDA and overseeing day-to-day operations. As at 31 December 2024, SARDA had 204 staff (Note 4), including managerial staff, doctors, nurses, social workers, operational staff (e.g. peer support workers) and clerical staff. An organisation chart of SARDA as at 31 December 2024 is at Appendix A.

Income and expenditure of SARDA

1.9 Government funding forms a major part of SARDA's income. In 2023-24, SARDA received a total of recurrent subventions of $131.5 million from various sources, including $121.3 million (92%) from DH and $5.3 million (4%) from SWD (see para. 1.3). SARDA's income and expenditure from 2019-20 to 2023-24 is shown in Table 2.

Note 3: *In 2024-25, the same member assumed the offices of the Immediate Past Chairman of EC and the Chairman of MC.*

Note 4: *The number of staff includes staff recruited under subventions from DH and SWD, but not staff recruited under other sources of funding which were not covered in this audit review.*

Table 2

Income and expenditure of SARDA
(2019-20 to 2023-24)

	2019-20	2020-21	2021-22	2022-23	2023-24
	Amount ($ million)				
Income					
Government subvention	117.9	120.5	122.6	123.1	126.6
Non-government subvention (Note 1)	3.9	4.7	4.5	4.5	4.9
Other income (Note 2)	18.3	18.4	19.9	24.3	26.7
Total	140.1	143.6	147.0	151.9	158.2
Expenditure					
Personal emoluments	107.9	109.3	107.0	110.3	114.1
Administration	23.4	23.7	29.8	31.9	30.1
Depreciation	7.5	7.7	9.2	8.7	8.5
Total	138.8	140.7	146.0	150.9	152.7
Surplus	1.3	2.9	1.0	1.0	5.5

131.5

Source: *Audit Commission analysis of SARDA records*

Note 1: *Non-government subvention comprised recurrent funding received from the Community Chest of Hong Kong and the Hong Kong Jockey Club Charities Trust.*

Note 2: *Other income mainly included donations and grants, interest income and accommodation charges.*

Monitoring of SARDA's performance

1.10 ***Funding and Service Agreements (FSAs)***. Regarding the government subventions, DH and SWD each entered into an FSA with SARDA, defining the roles of DH and SWD in monitoring the performance of SARDA, the type of services to be provided, the service performance standards, the basis of subvention, etc. As a condition of subvention, SARDA is required to submit, among others, monthly income and expenditure statement, and an annual budget for each DH subvented

service and supporting function as set out in FSA as well as audited annual accounts of SARDA as a whole to DH. In addition, SARDA is required to meet the service performance standards set out in FSAs and submit statistical returns regularly on the performance indicators to DH and SWD respectively. According to ND, DH and SWD monitor the performance of SARDA in the provision of government subvented services according to FSAs. Government representatives from ND and DH attend meetings of SARDA's EC and a representative from DH attends meetings of SARDA's MC as observers (see Notes 1 and 2 to Table 13 in para. 4.3). Government representatives may give their advice to SARDA on government subvented services where appropriate.

1.11 ***Recent development.*** Following the new policy measure announced in the 2023 Policy Address to provide additional resources for subvented service units to strengthen manpower and training, from 2024-25, additional resources had been provided to government subvented anti-drug service units including DTRCs and halfway house service for strengthening medical and allied health support for drug abusers as well as aftercare services for drug rehabilitees. In addition, capacity building of relevant frontline personnel of the anti-drug sector will also be strengthened. In this regard, in October 2024:

(a) additional part-year recurrent subventions of $6.8 million from DH and $0.8 million from SWD were approved to allocate to SARDA in 2024-25 to implement some new initiatives (Note 5); and

(b) DH and SWD each entered into a new FSA with SARDA, setting out several new performance standards to cover both existing services and new initiatives.

According to DH, with the additional resources provided to SARDA in 2024-25, it is expected that SARDA would be able to enhance its services and support for drug abusers through the implementation of new initiatives to address drug abusers' needs and achieving the performance standards.

Note 5: *The key new initiatives included: (a) procuring medical/allied health and drug testing services from the private sector for residents of DTRCs/halfway houses; (b) providing accredited vocational training for residents of DTRCs/halfway houses; (c) employing additional registered nurses and peer support workers; and (d) providing training for peer support workers. According to DH and SWD, SARDA should implement the new initiatives starting from October 2024.*

1.12 ***Performance targets.*** Up to 2024, DH has reported two performance targets in respect of the voluntary residential drug T&R services provided by SARDA in its Controlling Officer's Report (COR). Table 3 shows the actual achievement of the performance targets for the period from 2020 to 2024.

Table 3

Actual achievement of SARDA's performance targets (2020 to 2024)

Performance target		2020	2021	2022	2023	2024
Completion rate of SARDA's inpatient T&R courses						
Detoxification	more than 70%	88%	86%	86%	85%	86%
Rehabilitation	more than 60%	89%	91%	89%	85%	86%

Source: DH records

Latest drug scene and drug trend

1.13 The Central Registry of Drug Abuse (CRDA) administered by SB provides relevant drug abuse statistics for monitoring changes in the drug abuse trends and characteristics of drug abusers to facilitate the planning of anti-drug strategies and programmes in Hong Kong. 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 specified in the Dangerous Drugs Ordinance (Cap. 134), including law enforcement agencies, treatment and welfare agencies, tertiary institutions, hospitals and clinics. According to SB, by its nature, while CRDA does not measure the exact size of the drug abusing population in Hong Kong at any particular time, statistics derived therefrom are indicators of the trends of drug abuse over time, providing useful information on the latest drug situation in Hong Kong, and supporting an evidence-based approach to the formulation of anti-drug policy and allocation of resources for suitable anti-drug initiatives.

1.14 According to CRDA, there has been a continuation of a declining trend in the total number of reported drug abusers since 2009. In particular, the total number of reported drug abusers dropped by 39% from 9,068 in 2014 to 5,500 in 2023.

However, there have been some major changes in the local drug scene, which continue to warrant attention, as follows:

(a) ***Hidden drug abuse.*** The median drug history of newly reported abusers was 3.4 years in 2021 but rose to 4.3 years in 2022 and as long as 6 years in 2023. "Home/friend's home only" continued to be the most common locality for drug taking (ranging from 54% to 62% during 2019 to 2023). These statistics revealed the problem of hidden drug abuse;

(b) ***High proportion of young adult drug abusers.*** The proportion of newly reported drug abusers being young adults aged 21 to 35 remained relatively high (ranging from 43% to 47% during 2019 to 2023); and

(c) ***Rising trend in the prevalence of psychotropic substances abuse.*** While heroin, a type of narcotics analgesics (i.e. opioids), has remained the most common type of drug abused for decades, there has been a rising trend in the prevalence of psychotropic substances abuse (e.g. methamphetamine, cocaine, cannabis, etc.) (Note 6). Among the reported drug abusers, the proportion of narcotics analgesics abuse was 51% in 2019 and dropped to 43% in 2023, while that for psychotropic substances abuse rose from 64% in 2019 to 68% in 2023.

Audit review

1.15 In November 2024, the Audit Commission (Audit) commenced a review of SARDA. The audit review has focused on the following areas:

(a) voluntary residential drug T&R services (PART 2);

(b) aftercare and counselling services (PART 3); and

Note 6: *According to SB, regarding the abuse of psychotropic substances, frontline anti-drug workers noticed an emergence of "space oil drug" in 2023 after the coronavirus disease (COVID-19) epidemic, and it had begun to gain traction among local young people and some of them even started taking it. Its main ingredient is usually etomidate, an anaesthetic which can only be prescribed by a doctor. To step up the control of etomidate in view of its abuses, the Government has listed etomidate as a dangerous drug under the Dangerous Drugs Ordinance in February 2025.*

(c) corporate governance and administrative issues (PART 4).

Audit has found room for improvement in the above areas and has made a number of recommendations to address the issues.

General response from The Society for the Aid and Rehabilitation of Drug Abusers

1.16 SARDA agrees with the audit recommendations.

General response from the Government

1.17 The Director of Health agrees with the audit recommendations.

Acknowledgement

1.18 Audit would like to acknowledge with gratitude the full cooperation of the staff of SARDA, ND of SB, DH and SWD during the course of the audit review.

PART 2: VOLUNTARY RESIDENTIAL DRUG TREATMENT AND REHABILITATION SERVICES

2.1 This PART examines the work of SARDA in providing voluntary residential drug T&R services, focusing on:

(a) admission to DTRCs (paras. 2.2 to 2.10);

(b) monitoring of T&R services (paras. 2.11 to 2.16);

(c) occupancy of DTRCs (paras. 2.17 to 2.31); and

(d) way forward (paras. 2.32 to 2.36).

Admission to drug treatment and rehabilitation centres

2.2 ***General admission policy.*** According to SARDA, its primary aim is to give aid to, to treat and to take all necessary steps to rehabilitate persons who are drug abusers. To this end, SARDA has long-adopted a policy of allowing the re-admission of patients without imposing a limit on the number of re-admissions that may be permitted. SARDA considers that tighter pre-admission screening procedures cannot reliably assess the patient's motivation for T&R because too much screening may dampen the patient's motivation and turn patients away from treatment. The details of SARDA's policy for admitting patients into its DTRCs are as follows:

(a) providing treatment on demand; and

(b) unrestricted re-admission except for:

(i) a waiting period of around 1 to 3 months (Note 7) for relapsed patients; and

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Note 7: *The waiting period may be shortened or waived on the merits of each individual case at the discretion of the Superintendents of DTRCs.*

(ii) a longer waiting period ranging from 4 months to 3 years (see Note 7 above), depending on the seriousness of the violation of the DTRC rules by dishonourably discharged patients.

2.3 ***Admission criteria.*** According to SARDA's Social Service Department Manual (SSDM), to be eligible for T&R at DTRCs, an applicant should:

(a) be a drug abuser;

(b) be willing to be admitted under a T&R programme; and

(c) not be detrimental to the health and well-being of other patients under treatment with his/her presence.

Higher priority is accorded to first-timers or those with the least number of prior treatments at DTRCs. According to SARDA, the general sources of admission included voluntary applications and referrals from medical social workers, probation offices and other social service agencies.

2.4 ***Admission statistics.*** As at 31 December 2024, SARDA ran four DTRCs, including two for males and two for females, providing a total of 346 beds (see Table 4). DTRCs provide a drug-free residential environment and different voluntary residential drug T&R programmes to drug abusers to help them quit drugs. From 2019-20 to 2023-24, of the 3,513 admissions to the four DTRCs, 3,015 (86%) admissions were taken up by the Shek Kwu Chau Treatment and Rehabilitation Centre (SKC — the largest DTRC with 260 (75% of 346) beds).

Table 4

**DTRCs operated by SARDA
(31 December 2024)**

DTRC	Target group		Capacity
	Gender	Age	Number of beds
SKC	Male	18 or above	260
Au Tau Youth Centre (ATYC)	Male	29 or below	20
Sister Aquinas Memorial Women's Treatment Centre (WTC)	Female	29 or below	42
Adult Female Rehabilitation Centre (AFRC)	Female	30 or above	24
		Total	346

Source: *SARDA records*

High proportion of re-admission cases

2.5 Audit analysis of SARDA's admission records in the period from 2019-20 to 2023-24 revealed that the proportion of re-admission cases was high, accounting for 76% of the total number of admissions (see Table 5). The high proportion of re-admission cases might warrant SARDA's attention.

Table 5

Analysis of admissions to DTRCs (2019-20 to 2023-24)

	Number of cases					
	2019-20	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**Overall**
New admissions	182 (19%)	117 (25%)	161 (28%)	193 (27%)	181 (23%)	834 (24%)
Re-admissions (Note)	787 (81%)	342 (75%)	410 (72%)	522 (73%)	618 (77%)	2,679 (76%)
Total	969 (100%)	459 (100%)	571 (100%)	715 (100%)	799 (100%)	3,513 (100%)

Source: *Audit analysis of SARDA records*

Note: *According to SARDA, patients not being admitted to SARDA's DTRCs for the first time were regarded as re-admission cases.*

High frequency of re-admission of patients

2.6 Of the 618 re-admission cases in 2023-24 (see Table 5 in para. 2.5), Audit analysis revealed that these cases involved 417 patients and the average number of their admissions to SARDA's DTRCs in the period from 2019-20 to 2023-24 was 4 (ranging from 1 to 17). Audit examination of the records of the 23 (6% of 417) patients with 10 times or more admissions in the same period revealed that all the 23 patients were admitted to the general T&R programme in SKC (see para. 2.12(a)), indicating that SARDA might need to review T&R services. For example:

(a) ***Case A.*** In this case, the patient, a man at his 70s, had been admitted to the general T&R programme in SKC for 12 times in the period from 2019-20 to 2023-24. The patient had successfully completed both the detoxification and rehabilitation programmes (see paras. 2.11 and 2.12(a)) in 11 out of the 12 admissions. During the 5-year period, he had resided at SKC for 1,043 days (i.e. almost 3 years). The average time apart between each discharge and re-admission was 69 days (ranging from 20 to 188 days). Audit further checked to the admission records as at

31 December 2024 and noted that he had been admitted to the general T&R programme in SKC for 46 times; and

(b) ***Case B.*** In this case, the patient, a man at his 60s, had been admitted to the general T&R programme in SKC for 12 times in the period from 2019-20 to 2023-24. The patient had only completed the detoxification programme (see paras. 2.11 and 2.12(a)) in 11 out of the 12 admissions. During the 5-year period, he had resided at SKC for 174 days. The average period of stay for each admission was 15 days (ranging from 6 to 20 days). The average time apart between each discharge and re-admission was 143 days (ranging from 47 to 414 days). Audit further checked to the admission records as at 31 December 2024 and noted that he had been admitted to the general T&R programme in SKC for 32 times.

2.7 In February and March 2025, SARDA informed Audit that:

(a) drug addiction was a chronic brain disease with its course of development influenced by many personal and social determinants. Heroin was a highly addictive opioid, and relapse was widely recognised as a common and expected part of the recovery process. For heroin users, the relapse rate could be even higher due to the drug's profound physiological and psychological effects. According to the Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence published by the World Health Organization, as with other chronic conditions, opioid dependence tended mostly to follow a relapsing and remitting course. In addition, according to the Guidelines for the Diagnosis and Treatment of Opioid Use Disorder published by the then National Health and Family Planning Commission of the People's Republic of China (Note 8), opioid use disorder was a chronic and highly relapsing brain disease. Its occurrence and development were the results of the combined effects of biological, psychological and social factors. This posed a challenge to SARDA;

(b) SARDA's T&R programmes were designed to support individuals through multiple stages of recovery, often requiring repeated interventions. The 417 patients with re-admissions averaging 4 times over the five-year period

Note 8: *The Guidelines published by the then National Health and Family Planning Commission are in Chinese only.*

(see para. 2.6) demonstrated that these individuals continued to seek help from SARDA's treatment services. It was an indicator of trust in SARDA's services;

(c) re-admission was viewed by SARDA as a positive engagement relationship. Each re-admission represented an individual's willingness to return to SARDA's treatment rather than disengage entirely from the recovery process. For a population with heroin addiction, maintaining this connection to support services was a critical step toward long-term recovery, even if it involved multiple attempts; and

(d) Cases A and B were individual cases that illustrated the nature of addiction which was a chronic illness characterised by relapse. SARDA agreed that understanding the reasons behind high-frequency re-admission cases could inform service improvements. These cases might reflect unique challenges, such as co-occurring mental health issues or lack of stable living environment or healthy social support network. SARDA was committed to conducting a targeted review of these high-frequency re-admission cases to identify specific barriers.

2.8 As shown in Table 5 in paragraph 2.5, the proportion of re-admission has rebounded from 72% to 77% from 2021-22 to 2023-24. While noting that such high proportion of re-admission might be largely attributable to the chronic relapsing conditions in different drug abuse scenarios, Audit considers that there is scope for service improvements, including drawing on the experience gained from high-frequency re-admission cases, and making continuous improvement in enhancing T&R programmes and strengthening support services after programme completion.

Audit recommendation

2.9 **Audit has *recommended* that SARDA should draw on the experience gained from high-frequency re-admission cases, and make continuous improvement in enhancing T&R programmes and strengthening support services after programme completion.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

2.10 SARDA agrees with the audit recommendation.

Monitoring of treatment and rehabilitation services

2.11 In general, SARDA's voluntary residential drug T&R programmes (see para. 1.5(a)) consist of two phases, namely detoxification and rehabilitation. During the detoxification phase, patients will undergo withdrawal treatment and convalescence. Afterwards, patients will undergo the rehabilitation phase under which support and counselling services are provided to help them reintegrate into the society.

2.12 ***T&R programmes at SKC.*** According to SARDA, there are various T&R programmes with different durations provided by the four DTRCs. SKC, the largest DTRC with 260 (75% of 346) beds in SARDA (Note 9), provides three T&R programmes to its patients, as follows:

(a) ***General T&R programme.*** The general T&R programme offered by SKC generally provides 3 weeks of detoxification programme and 4 to 12 weeks of rehabilitation programme through work therapy and counselling for people addicted to heroin and poly-drug abusers taking both heroin and psychotropic substances. Patients can decide on the treatment plan to choose either detoxification programme or both detoxification and rehabilitation programmes;

(b) ***Project SARDA.*** Launched in 2010, Project SARDA offers 1 to 3 weeks of detoxification programme and 25 to 51 weeks of tailored and comprehensive residential rehabilitation for psychotropic substance abusers

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Note 9: *According to SARDA, as at 31 December 2024, of the 260 beds available at SKC, 82 beds were used for detoxification and the remaining 178 beds were used for rehabilitation. Of the 178 beds for rehabilitation, 118 beds were designated to rehabilitate patients addicted to heroin and poly-drug abusers taking both heroin and psychotropic substances, 40 beds and 20 beds were designated to rehabilitate patients with only psychotropic substances abuse under Project SARDA and Project WAVE respectively.*

(PSAs). The project promotes positive changes in thinking and behaviour; and

(c) ***Project WAVE.*** Launched in 2023, Project WAVE provides T&R services to PSAs with shorter history of drug use and little inpatient experience on detoxification and rehabilitation. Project WAVE targets at patients receiving SKC's service for the first time. The detoxification programme lasts for 1 to 3 weeks and the rehabilitation programme lasts for 11 to 23 weeks, focusing on adventure training and mindfulness practice elements.

Large number of patients discharged without completing both detoxification and rehabilitation programmes

2.13 Of the 3,513 admissions taken up by the four DTRCs in the period from 2019-20 to 2023-24, 2,624 (75%) admissions were admitted to SKC's general T&R programme, in which 2,621 admissions were discharged as at 31 December 2024. Audit analysed the discharge records of 2,621 admissions and found that:

(a) only 1,131 (43%) admissions had completed both the detoxification and rehabilitation programmes (see para. 2.11); and

(b) of the remaining 1,490 (57%) admissions, 405 failed to complete the detoxification programme and 1,085 only completed the detoxification programme. The reasons of discharge/background of the patients of these 1,490 admissions were as follows:

(i) 708 (47% of 1,490) admissions were self-discharge cases due to various personal reasons such as health issues, family issues and work commitments;

(ii) 548 (37% of 1,490) admissions were planned discharge cases. In these cases, the patients usually intended for short-term stay and expected to discharge after completing the detoxification programme; and

(iii) 234 (16% of 1,490) admissions were mainly dishonourably discharged (see para. 2.2(b)(ii)).

2.14 In February 2025, SARDA informed Audit that:

(a) considering the voluntary nature of the residential T&R programmes in DTRCs, patients had the freedom to select the programme that best aligned with their distinct needs and backgrounds. For instance, some individuals might face financial difficulties and required employment to sustain their livelihood, making it challenging to commit to an extended stay at DTRCs;

(b) SARDA's approach allowed patients finding a suitable T&R programme that accommodated their specific circumstances while providing the patients with the necessary support to overcome addiction. Patients would have a better chance of sustaining abstinence if they joined T&R programmes for a longer time. The flexibility and patient-centred care were key components in fostering long-term recovery and improving overall well-being; and

(c) the completion rates of SARDA's detoxification and rehabilitation programmes had been over 85%. There were different factors affecting the successful completion of the general T&R programme, such as personal health conditions, financial situations, court hearing and family matters. SARDA strove to assist the patients, for instance by providing escort service, family support and individual counselling, to successfully complete the general T&R programme.

In Audit's view, there is a higher risk of relapse resulting in re-admission if a patient has only completed the detoxification programme. There is a need for SARDA to take measures to motivate the admitted patients to complete both detoxification and rehabilitation programmes under the general T&R programme.

Audit recommendation

2.15 **Audit has *recommended* that SARDA should take measures to motivate the admitted patients to complete both detoxification and rehabilitation programmes under the general T&R programme.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

2.16 SARDA agrees with the audit recommendation.

Occupancy of drug treatment and rehabilitation centres

2.17 For monitoring the performance of SARDA on residential drug T&R services, prior to signing of the new FSA in October 2024 (see para. 1.11(b)), DH has set three performance standards for SARDA, namely detoxification rate, rehabilitation rate and occupancy rate. SARDA is required to meet the performance standards and submit statistical returns regularly on the performance indicators. Regarding the occupancy rates, DH had set different standards for different DTRCs (i.e. 75% for SKC and 80% for the remaining three DTRCs) in the period from 2015-16 to 2024-25 (up to September 2024). In October 2024, upon signing of the new FSA with DH (see para. 1.11(b)), the occupancy standards for all DTRCs have been aligned at 75%.

Failure to meet the occupancy standards set by DH

2.18 Audit examined DH records of occupancy rates and SARDA's quarterly returns of performance indicators submitted to DH in the period from 2015-16 to 2024-25 (up to September 2024) (see Table 6) and found that:

(a) the annual occupancy rates of SKC and WTC were below the occupancy standards of 75% and 80% respectively in the whole period, ranging from 39% to 70% for SKC and from 30% to 59% for WTC. In particular, both SKC and WTC could only meet less than half of their serving capacity since 2020-21; and

(b) for the remaining two DTRCs, namely ATYC and AFRC, except for the 4-year period from 2016-17 to 2019-20 with occupancy rates above the standard of 80%, all the annual occupancy rates were below the standard, ranging from 41% to 76% for ATYC and from 44% to 79% for AFRC.

Table 6

Occupancy rates of DTRCs
(2015-16 to 2024-25 (up to December 2024))

Year	Occupancy rate (Note)			
	SKC	**ATYC**	**WTC**	**AFRC**
Occupancy standard	*75%*	*80%*		
2015-16	**67%**	**76%**	**59%**	**79%**
2016-17	**70%**	84%	**52%**	84%
2017-18	**66%**	86%	**50%**	81%
2018-19	**69%**	91%	**52%**	86%
2019-20	**59%**	82%	**51%**	85%
2020-21	**39%**	**41%**	**30%**	**78%**
2021-22	**46%**	**62%**	**33%**	**56%**
2022-23	**48%**	**50%**	**31%**	**44%**
2023-24	**49%**	**75%**	**33%**	**61%**
2024-25 (Up to September 2024)	**47%**	**67%**	**32%**	**46%**
Occupancy standard (since October 2024)	*75%*			
2024-25 (October to December 2024)	**53%**	**64%**	**40%**	**48%**

Source: *Audit analysis of DH and SARDA records*

Note: *According to FSAs signed between DH and SARDA, the occupancy rate is the percentage of bed days occupied divided by the total available bed days during the reporting period.*

2.19 In October 2024, upon signing of the new FSA with DH (see para. 1.11(b)), the occupancy standards for all DTRCs have been aligned at 75%. However, the occupancy rates of all DTRCs in the period from October to December 2024 still fell short of the newly agreed occupancy standard (see Table 6 in para. 2.18). According

to FSA signed between DH and SARDA, if SARDA fails to meet any of the performance standards, SARDA has to provide an explanation and work out a plan to improve performance of its services within a time frame as agreed by DH. In practice, the occupancy standards of DTRCs have been reviewed annually, and SARDA was invited to give an account of the low level of occupancy of the DTRCs and its plan to boost their occupancy rates.

2.20 According to SARDA, the low occupancy rates at DTRCs in recent years were attributable to the following:

(a) during the outbreak of the coronavirus disease (COVID-19) epidemic in 2019-20 to 2021-22, SARDA had implemented stringent precaution measures at its DTRCs, such as admitting patients in small groups and one patient each time for SKC and the other three DTRCs respectively to maintain social distancing and avoid sharing rooms, which seriously affected the overall admission;

(b) the continuous decline in reported drug abusers and the prevalence of hidden drug abuse led to a significant decrease in the number of referrals; and

(c) psychotropic substances abuse patients with complicated nature required psychiatric follow up and thus would be more likely to drop out from T&R programme. Over 50% of its patients had mental problems and some of them were also suffering from mood and personality disorder or had self-harm tendency. These patients were fragile and had a low tolerance for frustration, making it difficult for them to adapt to group living.

2.21 Audit examined the enhancement measures proposed by SARDA to boost the occupancy of DTRCs for the period from 2015-16 to 2024-25 (up to September 2024) and found that:

(a) ***SKC.*** For the years from 2019-20 to 2021-22, SARDA proposed to carry out a review on its T&R programme targeting at PSAs for service enhancement (i.e. Project SARDA — see para. 2.12(b)) as its share of bed spaces in SKC was far less than its corresponding share in the total reported cases with psychotropic substances abuse in the community. However, it was not until 2023 that SARDA expanded Project SARDA by launching

another new T&R programme targeting at PSAs who would receive SKC's T&R services for the first time (i.e. Project WAVE — see para. 2.12(c)); and

(b) ***WTC.*** For the years from 2016-17 to 2023-24, SARDA proposed to strengthen its referral network with different service providers (such as hospitals, some service centres and counselling centres under SWD and other NGOs, methadone clinics, etc.) to promote the treatment services of SARDA.

Despite the fact that the above enhancement measures have been proposed and implemented for some years, Audit noted that the occupancy rates of DTRCs still fell short of the required standards in recent years. In Audit's view, SARDA, in consultation with DH, needs to take measures to improve the occupancy rates of its DTRCs.

Need to strengthen outreach registration and intake services

2.22 Upon approval of the additional subvention in October 2024 (see para. 1.11), with a view to boosting the occupancy rates of DTRCs to the standard, DH has required SARDA, among others, to redeploy manpower to perform outreaching duties with a view to identifying potential clients proactively and expanding the scope of services.

2.23 Audit notes that the outreach registration and intake services are arranged and conducted by the social service centres operated by SARDA once a month on a rotational basis. Audit examination of the records of the outreach registration and intake services of SARDA in 2024 (involving 12 times) revealed room for improvement, as follows:

(a) ***Not all social service centres took part in outreach registration and intake services.*** Only 3 of the 4 social service centres operated by SARDA had conducted outreach registration and intake services;

(b) ***Need to extend the variety of outreaching time and locations.*** Of the 12 outreach registration and intake services:

(i) outreach registration and intake services were performed only at 6 locations in the territory (i.e. Sham Shui Po Tung Chau Street Park and areas near 5 of the 18 methadone clinics (see para. 1.5(d))); and

(ii) except for 1 outreach registration and intake service which was conducted at day time, the outreaching time was mainly set in the evening for the remaining 11 outreach registration and intake services; and

(c) ***Low admission rate arising from registered cases.*** A total of 81 drug abusers were registered in the 12 outreach registration and intake services, of which only 6 (7% of 81) drug abusers were subsequently admitted into SARDA's DTRCs.

2.24 In February 2025, SARDA informed Audit that:

(a) outreaching was the initial point of contact in the continuum of care for drug abusers. Building rapport with individuals suffering from addiction was a gradual process that required time and trust before they could be encouraged to engage in T&R services. Forging these relationships was an essential first step and was part of a comprehensive strategy;

(b) there were various and more effective means of recruiting cases other than outreaching. For instance, collaboration with other service units such as hospitals, probation offices, and community organisations could significantly enhance referral processes and case acquisition. Through these partnerships, SARDA could create a robust referral network, ensuring that individuals in need were more efficiently connected to the appropriate T&R programmes. By leveraging these diverse recruitment methods, SARDA could effectively broaden its reach and provide timely support to a greater number of individuals struggling with drug addiction;

(c) it had been actively organising a variety of programmes and activities to reach individuals in different locations, extending beyond the traditional outreaching efforts conducted by social service centres. For instance, in late 2024, a dedicated team was established to engage with Substance Abuse Clinics at hospitals. Social workers at methadone clinics also conducted

outreach work in the surrounding areas, often referred to as "black spots", to connect with those in need of support; and

(d) social workers from SKC regularly visited prisons and provided group activities for inmates, fostering rehabilitation and reintegration. These comprehensive initiatives highlighted SARDA's commitment to reaching and supporting individuals across various settings, ensuring that those struggling with addiction received the necessary care and resources to overcome their challenges.

2.25 While acknowledging SARDA's efforts in conducting outreaching work, and that DH has required SARDA to redeploy manpower to perform outreaching duties upon signing of the new FSA with DH in October 2024, Audit notes that there are no promulgated guidelines on outreach registration and intake services. In Audit's view, there is a need for SARDA to promulgate guidelines on outreach registration and intake services and make improvements to address the inadequacies identified in paragraph 2.23.

Need to consider publishing occupancy rate and other performance standards in DH's COR

2.26 Among the three performance standards (i.e. detoxification rate, rehabilitation rate and occupancy rate) set by DH in respect of the voluntary residential drug T&R services provided by SARDA, Audit noted that DH has only published two performance standards in its COR (see para. 1.12). The occupancy rate has not been reported as one of the key performance measures. Instead, DH has only reported the number of patients admitted for residential treatment and the number of bed days occupied at all residential DTRCs under its subvention, without stating the targets and achievements.

2.27 Audit considers that the indicators on the number of patients admitted and the number of bed days occupied at DTRCs reported in the COR may not be able to provide a comprehensive picture on the overall occupancy for SARDA's DTRCs, as well as the attainment of the occupancy standard established between DH and SARDA. In addition, upon signing of the new FSA with DH in October 2024, several new performance standards to cover both existing services and new initiatives have

been set (see para. 1.11(b)). With a view to better monitoring the performance of SARDA and enhancing transparency, DH should:

(a) enhance the reporting of SARDA's performance in its COR, for example incorporating the occupancy rate of DTRCs as one of the performance targets in its COR; and

(b) keep in view SARDA's performance on the new initiatives and consider incorporating the new performance indicators in its COR where appropriate.

Audit recommendations

2.28 **Audit has *recommended* that SARDA should:**

(a) **in consultation with DH, take measures to improve the occupancy rates of its DTRCs; and**

(b) **promulgate guidelines on outreach registration and intake services and make improvements to address the inadequacies identified in paragraph 2.23.**

2.29 **Audit has also *recommended* that the Director of Health should:**

(a) **enhance the reporting of SARDA's performance in DH's COR, for example incorporating the occupancy rate of DTRCs as one of the performance targets in DH's COR; and**

(b) **keep in view SARDA's performance on the new initiatives and consider incorporating the new performance indicators in DH's COR where appropriate.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

2.30 SARDA agrees with the audit recommendations in paragraph 2.28.

Response from the Government

2.31 The Director of Health agrees with the audit recommendations in paragraph 2.29.

Way forward

2.32 According to SARDA, it has consistently upheld the spirit of "No Drug Addict Left Behind", dedicating itself to helping individuals overcome drug addiction and build a healthy new life since its establishment in 1961. SARDA has been playing a pivotal role in providing voluntary drug T&R services free of charge to drug abusers of all ages, genders, races, and religions, as well as providing diverse support services for their families, benefiting a significant number of drug abusers and their families. As mentioned in paragraph 1.14, there have been major changes in drug scene, notably the high proportion of drug abusers being young adults and the prevalence of psychotropic substances abuse (including vaping "space oil drug"). While SARDA mainly provides residential drug T&R programmes for abusers addicted to heroin and poly-drug abusers taking both heroin and psychotropic substances, in response to the changing drug scene, SARDA has launched T&R programmes targeting at patients with only psychotropic substances abuse in SKC (i.e. Project SARDA and Project WAVE which have been launched in 2010 and 2023 respectively), providing a total of 60 rehabilitation beds (see Note 9 to para. 2.12).

2.33 Audit examined SARDA records and found that the occupancy rates of Project SARDA were generally higher than that of the overall situation of SKC in the period from 2019-20 to 2024-25 (up to September 2024) (see Table 7). The higher occupancy rates of Project SARDA are consistent with the changing drug scene on the prevalence of psychotropic substances abuse (see para. 1.14(c)).

Table 7

Comparison of occupancy rates of SKC and Project SARDA (2019-20 to 2024-25 (up to September 2024))

	Occupancy rate					
	2019-20	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25 (up to September 2024)**
SKC	59%	39%	46%	48%	49%	47%
Project SARDA	75%	65%	69%	75%	68%	89%

Source: Audit analysis on SARDA records

2.34 The changing drug scene demands a proactive approach to ensure that the services provided by SARDA remain relevant and responsive to the emerging needs of individuals seeking support and rehabilitation. Audit observations on the high proportion of re-admission cases, high frequency of re-admission of patients, large number of patients discharged without completing both the detoxification and rehabilitation programmes and the persistently low occupancy rates of DTRCs revealed that there might be a need for SARDA to evaluate whether its drug T&R services can respond to the changes in drug scene in recent years and support Government's anti-drug policy. In order to make continuous improvement, SARDA needs to regularly review the provision of T&R services under its purview taking into account the changing drug scene.

Audit recommendation

2.35 **Audit has *recommended* that SARDA should regularly review the provision of T&R services under its purview for continuous improvement taking into account the changing drug scene.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

2.36 SARDA agrees with the audit recommendation.

PART 3: AFTERCARE AND COUNSELLING SERVICES

3.1 This PART examines the work of SARDA in providing aftercare and counselling services, focusing on:

(a) aftercare services (paras. 3.2 to 3.12);

(b) halfway house service (paras. 3.13 to 3.24); and

(c) MTP counselling service (paras. 3.25 to 3.29).

Aftercare services

3.2 According to ND, the process of rehabilitation is no easier than treatment. In particular, drug rehabilitees are often most fragile and prone to falling prey to relapse to drugs soon after completing their residential treatment programmes and attempting to reintegrate into the society as the open environment, full of temptation to drugs and life challenges, is very different from the secluded environment of DTRCs where intensive care and guidance are provided. As such, provision of aftercare services is crucial in minimising the rehabilitees' psychological dependence on drugs as well as achieving their social rehabilitation upon re-entry into the community where they will live in and work. For this purpose, SARDA provides the rehabilitees with aftercare services for 12 months after their discharge from DTRCs with completion of at least the detoxification phase (see para. 2.11).

3.3 According to SARDA's SSDM, in the first six months of aftercare services, the focus of professional interventions is assisting the rehabilitees with psychological adaptation and social adaptation while in the subsequent six months of aftercare services, the focus shifts to assisting them in maintaining life balance, setting long-term recovery plans and establishing social support networks.

Effectiveness of aftercare services

3.4 As at 31 March 2024, there were 982 rehabilitees receiving aftercare services. As shown in Table 1 in paragraph 1.6, the effectiveness of aftercare services is measured with reference to the four key performance indicators, namely, re-application rate, aftercare completion rate, employment rate and criminal rate. Audit found that there was scope for improvement in compiling and disclosing these key performance indicators as mentioned in paragraphs 3.5 to 3.7.

3.5 ***Re-application rate.*** From 2019-20 to 2023-24, the published re-application rates ranged from 1.8% to 3.1%. According to SARDA:

(a) the re-application rate was calculated by dividing the total number of patients who re-applied to SARDA's DTRCs when they were receiving aftercare services by the total number of aftercare cases during the reporting period; and

(b) the aftercare services provided to rehabilitees normally last for 12 months. In preparing the yearly re-application rate, it added up the numbers of aftercare cases at each month end. For example, in 2023-24, out of the 12,088 aftercare cases (i.e. adding up the number of aftercare cases at each month end), there were 319 cases in which the rehabilitees had relapsed when they were receiving aftercare services and re-applied to DTRCs. Therefore, the re-application rate in 2023-24 was 2.6% (i.e. 319 divided by 12,088).

As the aftercare cases normally last for 12 months, there would be duplications in the 12,088 aftercare cases. Taking SKC as an example, after eliminating the duplications, the total number of aftercare cases during 2023-24 would be reduced by 7,460 (87%) from 8,607 to 1,147. The re-application rate for SKC in 2023-24 should be adjusted from 3.6% to 26.8%. In Audit's view, SARDA needs to review the number of aftercare cases adopted in the calculation of the re-application rate in its annual report and ascertain whether the rate had been understated.

3.6 ***Aftercare completion rate.*** From 2019-20 to 2023-24, the published aftercare completion rates ranged from 93.7% to 95.3%. According to SARDA:

(a) the aftercare completion rate was calculated by dividing the total number of aftercare closed cases which had successfully completed the required aftercare period by the total number of aftercare closed cases; and

(b) in 2023-24, there were 189 aftercare closed cases and the number of successful completion cases was 177 (93.7% of 189), in which the required aftercare period was met.

Audit noted that the calculation in 2023-24 did not include the 319 re-application cases (see para. 3.5(b)). If these cases were taken into account, the aftercare completion rate would be significantly reduced. Audit considers that SARDA needs to state the basis on the compilation of aftercare completion rate in its annual report.

3.7 ***Employment rate and criminal rate.*** From 2019-20 to 2023-24, the published employment rates and criminal rates ranged from 40.6% to 60.6% and 2.2% to 4.4% respectively. According to SARDA, in measuring the employment rate and criminal rate, the social workers would interview the rehabilitees at the time of aftercare services successfully completed for their employment status and criminal records during the aftercare period. Some rehabilitees could not be contacted or might have refused to discuss their employment status and criminal records (i.e. unknown cases). Audit examination found that (see Table 8):

(a) from 2019-20 to 2023-24, there was generally a rising trend in the number of unknown cases. In 2023-24, the numbers of unknown cases on employment status and criminal records of rehabilitees were 46% and 45% of the total number of closed cases with aftercare services successfully completed respectively; and

(b) SARDA included the unknown cases in the population for calculating the employment rate and criminal rate. Given the significant number of unknown cases, the employment rates and criminal rates published in SARDA's annual report might not have reflected the actual scenario.

Audit considers that SARDA needs to make greater efforts in ascertaining the employment status and the criminal records of rehabilitees having successfully completed the aftercare services.

Table 8

Employment status and criminal records of rehabilitees among the aftercare closed cases with services successfully completed (2019-20 to 2023-24)

	Number of cases									
	2019-20		2020-21		2021-22		2022-23		2023-24	
Employment status										
Full-time/part-time/ casual	163	(60%)	124	(55%)	83	(52%)	56	(41%)	71	(45%)
Unemployed	53	(20%)	70	(31%)	38	(24%)	40	(29%)	14	(9%)
Unknown	**53**	**(20%)**	**31**	**(14%)**	**38**	**(24%)**	**42**	**(30%)**	**72**	**(46%)**
Total	269	(100%)	225	(100%)	159	(100%)	138	(100%)	157	(100%)
Criminal record										
Convicted	6	(2%)	10	(4%)	6	(4%)	5	(4%)	6	(4%)
No criminal record	207	(77%)	184	(82%)	113	(71%)	94	(68%)	80	(51%)
Unknown	**56**	**(21%)**	**31**	**(14%)**	**40**	**(25%)**	**39**	**(28%)**	**71**	**(45%)**
Total	269	(100%)	225	(100%)	159	(100%)	138	(100%)	157	(100%)

Source: Audit analysis of SARDA records

3.8 As mentioned in paragraph 3.2, the provision of aftercare services is crucial in minimising the rehabilitees' psychological dependence on drugs as well as achieving their social rehabilitation upon re-entry into the community where they will live in and work. However, in view of the inherent weaknesses identified in the compilation of the four key performance indicators as mentioned above, it appears that the effectiveness of aftercare services cannot be reliably measured by the performance indicators included in the annual report. Furthermore, the prolonged aftercare services due to loss of contact with the rehabilitees is also a cause of concern (see paras. 3.9 and 3.10).

Need to promulgate guidelines on the criteria of closing aftercare cases

3.9 While SARDA is committed to providing 12-month aftercare services to rehabilitees discharged from DTRCs according to SSDM, Audit noted that the duration of aftercare services provided to each rehabilitee varied. Audit examination of the 507 aftercare closed cases (excluding re-application cases — see para. 3.6) during 2021-22 to 2023-24 revealed the following (see Table 9):

(a) in 373 (73%) cases, the rehabilitees received aftercare services for more than 2 years; and

(b) in particular, in 121 (24%) cases, the rehabilitees received the services for more than 5 years, ranging from 5.01 to 9.55 years.

Table 9

Duration of aftercare services provided to rehabilitees among the 507 aftercare closed cases (2021-22 to 2023-24)

Number of years	Number of cases			
	2021-22	2022-23	2023-24	Overall
1 or less	7 (4%)	12 (8%)	15 (8%)	34 (7%)
More than 1 to 2	45 (26%)	31 (21%)	24 (13%)	100 (20%)
More than 2 to 3	30 (18%)	16 (11%)	15 (8%)	61 (12%)
More than 3 to 4	24 (14%)	34 (23%)	46 (24%)	104 (20%)
More than 4 to 5	25 (15%)	25 (17%)	37 (20%)	87 (17%)
More than 5 (Note)	39 (23%)	30 (20%)	52 (27%)	121 (24%)
Total	170 (100%)	148 (100%)	189 (100%)	507 (100%)

373 (73%)

Source: *Audit analysis of SARDA records*

Note: *The longest period of aftercare services provided to a rehabilitee was 9.55 years and the case was closed in 2022-23.*

Remarks: *There were 7 aftercare cases (2022-23: 4 cases; 2023-24: 3 cases) closed within 1 year but SARDA considered them as having successfully completed the required aftercare period (see para. 3.6). On the other hand, there were 2 aftercare cases (2021-22: 1 case; 2022-23: 1 case) closed after more than 1 year but SARDA considered them as not having successfully completed the required aftercare period. According to SARDA, of those 9 cases, 5 cases were closed within 1 year due to the death of rehabilitees. The misclassification of the remaining 4 cases were due to input errors in the calculation of aftercare completion rates.*

3.10 Audit examined 5 aftercare closed cases and noted the following:

(a) in 4 cases, the reason for closing the cases was loss of contact with the rehabilitees. For example, in the case with the longest period of aftercare services (i.e. 9.55 years — see Note to Table 9 in para. 3.9), the rehabilitee was discharged from a DTRC in December 2012. According to SARDA's case file, the rehabilitee was last interviewed in September 2015. As SARDA had made multiple attempts to contact him but in vain, the case was closed in June 2022; and

(b) in the remaining case, the rehabilitee was self-discharged from a DTRC after completing the detoxification programme in October 2020. According to the case note of January 2022, the rehabilitee had relapsed immediately after discharge. During the period from February 2022 to October 2023, there was no record in the case file of any aftercare services provided to the rehabilitee. In the closing summary, the social worker recorded that as the rehabilitee insisted that he would contact the social worker for re-admission when necessary, the case was closed in November 2023.

Audit noted that there were no guidelines on the criteria of closing aftercare cases. In order to better utilise the resources, Audit considers that SARDA needs to promulgate guidelines on the criteria of closing the aftercare cases and document the justifications for providing prolonged aftercare services exceeding the 12-month period.

Audit recommendations

3.11 **Audit has *recommended* that SARDA should:**

(a) **review the number of aftercare cases adopted in the calculation of the re-application rate in its annual report and ascertain whether the rate had been understated;**

(b) **state the basis on the compilation of aftercare completion rate in its annual report;**

(c) **make greater efforts in ascertaining the employment status and the criminal records of rehabilitees having successfully completed the aftercare services; and**

(d) **promulgate guidelines on the criteria of closing the aftercare cases and document the justifications for providing prolonged aftercare services exceeding the 12-month period.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

3.12 SARDA agrees with the audit recommendations.

Halfway house service

3.13 SARDA operates five halfway houses with 76-bed spaces to provide transitory accommodation in a semi-protective and supportive environment for the ex-drug abusers newly discharged from DTRCs so as to facilitate their reintegration into society. Among the five halfway houses, the four halfway houses are subvented by SWD while the remaining one is operated on a self-financing basis (see Table 10).

Table 10

Halfway houses operated by SARDA
(31 December 2024)

Halfway house	Target group	Capacity
	Gender	Number of beds
Bradbury Hong Ching Centre	Male	14
Bradbury Pui Ching Centre (Note)	Male	18
Female Hostel	Female	12
Kowloon Hostel	Male	16
Luen Ching Centre	Male	16
	Total	76

Source: *SARDA records*

Note: *Since November 2003, Bradbury Pui Ching Centre has been hived off from government subvention and operated on a self-financing basis. SARDA's service provided in this halfway house was not covered in this audit review.*

Remarks: *SARDA obtained licences to operate DTRCs and halfway houses pursuant to the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566). According to the licences, the total maximum number of residents that the halfway houses were capable of accommodating was 93, which was more than the number of beds as stated. According to SARDA, the difference was to facilitate the management of the halfway houses and accommodate more residents when necessary.*

3.14 SARDA's halfway house services (Note 10) include:

(a) providing transitory accommodation (Note 11) to the discharged ex-drug abusers of DTRCs before they are able to lead an independent living in the community;

(b) procuring medical and allied health care, and drug-testing services for the residents;

(c) providing nursing care services including but not limited to daily nursing duties, administration and supervision of medication, and delivering health care talks for staff, residents and/or their families;

(d) providing peer support services for residents and their family members by providing emotional and empathetic support to facilitate detoxification, treatment, rehabilitation and relapse prevention; and

(e) providing various programmes (e.g. vocational training, groups, counselling, training and activities) to the residents to cultivate their interests in healthy hobbies, develop a productive lifestyle and prepare for reintegrating into the community.

Note 10: *As mentioned in paragraph 1.11(b), a new FSA was signed between SWD and SARDA in October 2024, in which medical and allied health care, drug-testing services, nursing care services and peer support services were newly added (see para. 3.14(b) to (d)).*

Note 11: *For the four subvented halfway houses, residents have to pay SARDA the residential fee which is determined by SWD (2023-24: $13 per day). SARDA does not provide meals in halfway houses but may coordinate for the meals, with the amount of meal fee agreed among residents. Residents of halfway houses have to comply with SARDA's housekeeping rules which aim at promoting disciplines and encouraging cooperation among residents, and cover areas such as time to return to the halfway houses, financial management, regular and spot urine tests, and inhibiting improper behaviour such as gambling and drinking alcohol, etc. Depending on the severity of non-compliance with the rules, it may result in a verbal warning, a written warning and denial of renewal of residence, or a request to move out immediately.*

Need to sustain efforts in meeting performance standards

3.15 According to FSA signed with SWD for the four subvented halfway houses which was effective from July 2006 to September 2024, SARDA was required to provide 24-hour care per day with at least one staff member present at all times. In addition, SARDA had to meet the following performance standards:

(a) the rate of placement occupancy (Note 12), with an agreed level at 95% per halfway house per year;

(b) the total number of hours for rendering groups, counselling, training and activities (Note 13) to the residents by registered social workers, with an agreed level at a total of 480 hours per year for the four subvented halfway houses; and

(c) the rate of achieving case plans (Note 14) with goals accomplished, with an agreed level at 65% per halfway house per year.

3.16 To strengthen the medical/allied health support and aftercare services for drug rehabilitees, a new FSA, covering the period from 1 October 2024 to 30 September 2029 with the provision of additional subvention, was signed between SWD and SARDA. According to the new FSA, SARDA is required to meet nine additional performance standards (e.g. the number of accredited vocational training sessions, the number of medical consultation/treatment sessions provided to residents, and the percentage of service users indicating improvement in occupational efficacy and self-esteem after having received accredited vocational training).

Note 12: *Placement occupancy refers to the number of places of the halfway house occupied, starting from the date of admission to the date of formal discharge.*

Note 13: *Each session should last for at least half an hour with specific objectives gearing to reintegration of the residents such as maintaining drug abstinence and preventing relapse, cultivating interests in healthy hobbies, developing life skills and financial management skills, and improving interpersonal and family relationships.*

Note 14: *A case plan refers to a goal-oriented plan agreed between the social worker and the resident and aims at helping the resident in maintaining a drug-free life and reintegration into community.*

3.17 Audit examined the quarterly returns submitted to SWD by SARDA for the period from 2019-20 to 2023-24 and noted that:

(a) the rates of placement occupancy of the four subvented halfway houses only attained the agreed level at 95% in some years. For Bradbury Hong Ching Centre, the rates of placement occupancy only ranged from 59% to 84% during the period (see Table 11); and

(b) except for not meeting the agreed level at a total of 480 hours as required for rendering groups, counselling, training and activities to the residents by registered social workers in 2020-21 (actual hours being 248 hours), the agreed levels of the other two performance standards (see para. 3.15(b) and (c)) were met during the period.

Table 11

Rates of placement occupancy of the four subvented halfway houses (2019-20 to 2023-24)

Halfway house	2019-20	2020-21	2021-22	2022-23	2023-24
Bradbury Hong Ching Centre	**80%**	**59%**	**76%**	**63%**	**84%**
Female Hostel	106%	**75%**	**81%**	**83%**	100%
Kowloon Hostel	101%	**79%**	**92%**	97%	96%
Luen Ching Centre	103%	**66%**	**81%**	98%	96%

Source: *Audit analysis of SARDA records*

Remarks: *As mentioned in the remarks to Table 10 in paragraph 3.13, the total maximum number of residents that the halfway houses were capable of accommodating was 93. As the number of beds occupied in the Female Hostel, Kowloon Hostel and Luen Ching Centre in 2019-20 exceeded the number of beds subvented by SWD, the rates of placement occupancy exceeded 100%.*

3.18 Despite that the rates of placement occupancy showed improvement in 2023-24, Audit considers that SARDA needs to sustain efforts in meeting the agreed

level of rate of placement occupancy in each halfway house as required by FSA signed with SWD.

Long duration of resident placements in halfway houses

3.19 According to FSAs signed with SWD for the four subvented halfway houses, the normal duration of placement in halfway houses is 3 to 6 months. According to SARDA's guidelines:

(a) after a 9-week stay in a DTRC, a DTRC resident may apply for halfway house service;

(b) the responsible social worker will arrange a meeting with the applicant, consult the principal of DTRC and the applicant's family, and assess the applicant's need for halfway house service (Note 15); and

(c) after admitting to a halfway house, the social worker will conduct progress review of the service needs of the resident every 6 weeks.

3.20 Audit examined the list of residents in the four subvented halfway houses as at 31 December 2024 and noted that of the 60 residents (see Table 12):

(a) 34 (56%) residents had been residing in the halfway houses for 6 months or less;

(b) 13 (22%) residents had been residing in the halfway houses for more than 6 months to 1 year; and

(c) 13 (22%) residents had been residing in the halfway houses for more than 1 year, including 3 residents in the Female Hostel residing for more than 4 years.

Note 15: *The assessment criteria include the applicant's financial condition, emotional and psychological condition, motivation in job seeking, preventive plan for relapse, family relationship and enthusiasm for participating in activities, etc.*

Table 12

Duration of resident placement in the four subvented halfway houses (31 December 2024)

Halfway house	Number of residents			
	6 months or less	More than 6 months to 1 year	More than 1 year	Total
Bradbury Hong Ching Centre	13 (81%)	3 (19%)	0 (0%)	16 (100%) (Note 1)
Female Hostel	1 (9%)	2 (18%)	8 (73%)	11 (100%)
Kowloon Hostel	11 (64%)	3 (18%)	3 (18%)	17 (100%) (Note 1)
Luen Ching Centre	9 (56%)	5 (31%)	2 (13%)	16 (100%)
Overall	34 (56%)	13 (22%)	13 (22%) (Note 2)	60 (100%)

Source: *Audit analysis of SARDA records*

Note 1: *While the number of subvented beds in the Bradbury Hong Ching Centre and the Kowloon Hostel was 14 and 16 (see Table 10 in para. 3.13) respectively, the maximum numbers of residents under the licences issued pursuant to the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance was 18 and 20 respectively.*

Note 2: *The resident with longest placement had been residing in the Female Hostel for 5.2 years as at 31 December 2024.*

3.21 Audit noted that 3 of 11 residents had been residing in the Female Hostel for more than 4 years as at 31 December 2024. Upon enquiry, SARDA informed Audit in January 2025 that:

(a) all applications for halfway houses were thoroughly reviewed and discussed in the halfway house meetings to ensure fairness and transparency; and

(b) to optimise the use of available resources and make good use of bed vacancies, SARDA, where necessary, would extend the stay of existing residents to support their rehabilitation process effectively.

3.22 Audit examined the case files of the 3 residents who had been residing in the Female Hostel for more than 4 years (ranging from 4.9 to 5.2 years) and noted the following:

(a) ***Progress review not timely conducted.*** In general, the progress review was conducted every 3 months, instead of every 6 weeks as required by SARDA's guidelines (see para. 3.19(c));

(b) ***Lack of justifications for extension.*** Comments were given by the social workers for recommending the extension of residence in the halfway house for their supervisors' approval. In most cases, the comments made were on the residents' employment and family relationship without documenting any justifications for the need for transitory accommodation; and

(c) ***Approval of residence for only few nights per week or month in halfway house.*** The residents were approved to reside in the halfway house for 1 to 3 nights per week or per month. According to FSAs signed with SWD, the objective of halfway house service is to provide living accommodation in a semi-protective and supportive environment for ex-drug abusers newly discharged from DTRCs so as to facilitate their reintegration into society. Audit is concerned about if this practice deviates from the objective.

In February 2025, SARDA informed Audit that apart from the progress review, extra procedures were conducted to review the performance of each resident and the residents' behaviours were recorded in the hostel duty logbook by the hostel warden. In Audit's view, SARDA needs to conduct progress review for residents of halfway houses according to its guidelines in a timely manner and document full justifications for the extension of residence in halfway houses for each case. In addition, the practice of allowing residence for only few nights per week or month in halfway houses might not achieve its objective and exaggerate the rate of placement occupancy. In order to better utilise the resources, Audit considers that SARDA needs to consider ceasing the practice of allowing rehabilitees to reside in the halfway houses for only few nights.

Audit recommendations

3.23 **Audit has *recommended* that SARDA should:**

(a) **sustain efforts in meeting the agreed level of rate of placement occupancy in each halfway house as required by FSA signed with SWD;**

(b) **conduct progress review for residents of halfway houses according to its guidelines in a timely manner and document full justifications for the extension of residence in halfway houses for each case; and**

(c) **consider ceasing the practice of allowing rehabilitees to reside in the halfway houses for only few nights.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

3.24 SARDA agrees with the audit recommendations. The Chairman of the Executive Committee, The Society for the Aid and Rehabilitation of Drug Abusers has said that SARDA has already ceased the practice as mentioned in paragraph 3.23(c) recently.

Methadone Treatment Programme counselling service

3.25 MTP was introduced by DH in 1972 to offer an alternative way of outpatient drug T&R services for opiate abusers. Since 1993, SARDA has assumed the responsibility to provide counselling service to methadone patients, which may take place in the 18 methadone clinics or at any suitable venue such as SARDA's social service centres, and outside clinic hours. Methadone patients under the age of 21, first-time applicants and female patients are automatically included in MTP counselling service. Other methadone patients may also join the counselling service through self-application, referral by doctors or invitation by SARDA's social workers.

3.26 According to SARDA's SSDM, when a patient is admitted into MTP counselling programme, he/she is assigned to a social worker, who has the following responsibilities:

(a) ***Direct services.*** These include the initial assessment interview (Note 16), on-going counselling interviews (Note 17) and crisis intervention services, etc. If the patient fails to attend a counselling appointment or has irregular attendance in methadone medication, his/her social worker has to take follow-up actions including conducting home visits or making phone calls; and

(b) ***Case management.*** This includes periodic case review, regular meetings with clinic doctor to review the patient's status and progress, and referrals to external services. The social worker has to assess the patient's needs, make effective referrals (for external services such as social security, housing, psychiatric consultation and financial assistance) and take follow-up action on the referrals.

In 2023-24, 1,902 methadone patients received counselling services. SARDA's social workers conducted 16,122 interviews and 669 visits for them and 1,314 referrals were made to external services.

Need to ascertain the reasons for the decrease in number of participants in group programmes

3.27 In addition to the individual counselling services, SARDA organised a series of group services for methadone patients, including family group, youth group, female group etc. As shown in Table 1 in paragraph 1.6, in the period from 2019-20 to 2023-24, while the number of methadone patients receiving counselling services remained at about 1,900 each year and the number of group programmes increased by 10% from 584 in 2019-20 to 643 in 2023-24, the number of persons participating in group programmes decreased by 27% from 6,423 in 2019-20 to 4,702 in 2023-24. With a view to evaluating and enhancing the effectiveness of group programmes, Audit considers that SARDA needs to ascertain the reasons for the decrease in the number of participants and take appropriate follow-up actions.

Note 16: *This involves tasks such as clarifying the objective of MTP and misunderstanding about methadone, assessing the patient's treatment needs, developing a preliminary treatment plan and addressing the urgency of the patient's psycho-social needs or presenting problems, etc.*

Note 17: *Common topics include clinic discipline, family problems and social relationship.*

Audit recommendation

3.28 **Audit has *recommended* that SARDA should ascertain the reasons for the decrease in the number of participants in group programmes of MTP counselling service and take appropriate follow-up actions.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

3.29 SARDA agrees with the audit recommendation.

PART 4: CORPORATE GOVERNANCE AND ADMINISTRATIVE ISSUES

4.1 This PART examines SARDA's corporate governance and administrative issues, focusing on:

(a) governance structure (paras. 4.2 to 4.11);

(b) attendance and proceedings of committee meetings (paras. 4.12 to 4.20);

(c) management of membership (paras. 4.21 to 4.26); and

(d) human resources management (paras. 4.27 to 4.37).

Governance structure

4.2 SARDA is governed by its EC which is supported by two committees, namely MC and RC (see para. 1.7). Under the direction of EC, the Executive Director of SARDA is responsible for the overall management of SARDA and overseeing day-to-day operations. The main duties of the committees are as follows:

(a) ***EC.*** EC provides steer to SARDA in its long term development and in the achievement of its aims and objectives in accordance with its vision and mission. According to the Constitution of SARDA, the general management of the affairs of SARDA shall be conducted by EC which may take any action or exercise any powers in the name of SARDA deemed necessary to further its aims;

(b) ***MC.*** MC is mainly responsible for overseeing all matters of SARDA and supervising the work of the Executive Director in the administration and day-to-day management of SARDA, and making recommendations to EC on policy changes and advising on major decision-making; and

(c) ***RC.*** RC is mainly responsible for identifying areas of research and programme evaluation that can improve T&R programmes and services of SARDA and updating information on local and overseas research findings

in the drug area that has important bearings on SARDA's T&R programmes and services.

4.3 Table 13 shows the number of EC, MC and RC members as at 31 December 2024.

Table 13

Number of EC, MC and RC members
(31 December 2024)

EC			MC			RC	
Voting member	**Ex-officio member**	**Government representative (Note 1)**	**Voting member**	**Ex-officio member**	**Government representative (Note 2)**	**Voting member**	**Ex-officio member**
22	6	2	16	6	1	10	3

Source: *SARDA records*

Note 1: *The government representatives were from ND and DH respectively. According to FSA signed between DH and SARDA, they attend the meetings of EC as observers.*

Note 2: *The government representative was from DH. According to FSA signed between DH and SARDA, the government representative attends the meetings of MC as an observer.*

Room for improvement in the governance of EC

4.4 According to the Constitution of SARDA, members of EC shall be elected in the annual general meeting from members of SARDA (see para. 4.21), and thereafter members of EC shall elect among themselves as Officers. The Officers include the Chairman, the Vice-Chairman, the Honorary Treasurer, the Honorary Secretary, the Immediate Past Chairman, the Chairman of MC and the Chairman of RC. Audit examination of the membership of EC found areas for improvement, as follows:

(a) ***Need to comply with the requirement on number of members in EC as stipulated in the Constitution of SARDA.*** According to the Constitution

of SARDA, EC shall consist of the Officers and not more than 16 other members of SARDA excluding the government representatives, ex-officio members and co-opted members. Audit examination found that in the term years 2019-20 and 2020-21 (Note 18), EC had 17 members (excluding the government representatives, ex-officio members and co-opted members), exceeding the maximum number of members by 1 as stipulated in the Constitution of SARDA; and

(b) ***Terms of some Officers in EC longer than norm as stipulated in the Constitution of SARDA.*** According to the Constitution of SARDA, the individual term of each Officer will not normally extend beyond 5 years except with the consent of at least two-thirds of members present and voting at EC meeting at which such member is nominated. Audit examination found that 4 (57%) of the 7 Officers in EC, namely the Chairman, the Vice-Chairman, the Immediate Past Chairman and the Chairman of RC, had been elected to the same posts for a long period of 14 years from 2011-12 to 2024-25.

4.5 In Audit's view, as a good governance structure and with a view to enhancing a sustainable development of EC of SARDA, SARDA needs to take measures to ensure that:

(a) the composition of its EC is in compliance with the requirement as stipulated in its Constitution; and

(b) a succession mechanism is drawn up for its EC, especially for the Chairman and key posts (such as the Honorary Secretary, the Honorary Treasurer, etc.), where there are no such restrictions in its Constitution, including the maximum terms of office and number of consecutive terms.

Note 18: *Since the committee members of MC and RC are appointed in the first meeting of EC in December each year, a term year is regarded as the 12-month period starting in December of a year and ending in November of the following year (e.g. the term year 2023-24 ran from December 2023 to November 2024). For simplicity, all years mentioned in paragraphs 4.4 to 4.26 are referred to as term years.*

Need to consider publishing audited annual accounts and/or annual financial statements of SARDA

4.6 According to FSAs signed with DH, SARDA is required to submit, among others, audited annual accounts of SARDA as a whole and annual financial statements for all DH subvented activities after the end of each financial year to DH. However, FSAs have no disclosure requirements on them.

4.7 Audit found that the audited annual accounts and annual financial statements of SARDA were submitted to DH for internal monitoring to ensure full compliance with the requirements as stipulated in FSAs, and these accounts had never been published in the websites of DH nor SARDA. In this connection, Audit notes that NGOs receiving lump sum grant subvention by SWD are required to make available their annual financial reports to the public to enhance transparency and public accountability. As SARDA is receiving government subvention which forms a major part of its income (see para. 1.9), Audit considers that despite the fact that FSAs did not require SARDA to disclose its audited annual accounts and/or annual financial statements, SARDA needs to consider publishing the audited annual accounts and/or annual financial statements on its website or displaying the hyperlink to them in its annual report for enhancing public accountability.

Room for improvement in monitoring strategic management of SARDA

4.8 Strategic planning helps an organisation achieve its goals and objectives. It lays out the practical steps to accomplish the organisation's vision and mission. To implement a strategic plan effectively, it is important to have a monitoring and tracking system, which monitors progress, compiles management information, and keeps the plan on course. According to FSAs signed with DH, with a view to providing effective strategic directions for future development, SARDA should establish a formal strategic planning process, which includes:

(a) conducting regular review and updating the strategic plan at least on a yearly basis;

(b) evaluating the implementation of the strategic plan upon its expiry; and

(c) assessing the financial resources required for implementing initiatives set out in its strategic issues that pose challenges to SARDA.

4.9 While a strategic plan was provided to Audit, Audit examination of the strategic plan and relevant records found that:

(a) there were no effective and expiry dates stated in the strategic plan;

(b) there was no documentary evidence showing that SARDA had conducted any yearly review and updating, and evaluation of the strategic plan, contrary to the requirements as set out in FSAs; and

(c) SARDA had neither discussed nor approved any strategic plan in the meetings of EC and MC from 2019-20 to 2023-24.

With a view to providing effective strategic directions for SARDA's future development, Audit considers that SARDA needs to submit its strategic plan and other related records on the regular review, updating and evaluation of the plan to its EC for approval.

Audit recommendations

4.10 **Audit has *recommended* that SARDA should:**

(a) **take measures to ensure that:**

(i) **the composition of its EC is in compliance with the requirement as stipulated in its Constitution; and**

(ii) **a succession mechanism is drawn up for its EC, especially for the Chairman and key posts (such as the Honorary Secretary, the Honorary Treasurer, etc.), where there are no such restrictions in its Constitution, including the maximum terms of office and number of consecutive terms;**

(b) **consider publishing the audited annual accounts and/or annual financial statements of SARDA on its website or displaying the hyperlink to them in its annual report for enhancing public accountability; and**

(c) **submit its strategic plan and other related records on the regular review, updating and evaluation of the plan to its EC for approval.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

4.11 SARDA agrees with the audit recommendations. With regard to paragraph 4.10(a)(ii), the Chairman of the Executive Committee, The Society for the Aid and Rehabilitation of Drug Abusers has said that:

(a) SARDA has been following the Constitution to arrange elections for the post of Chairman of EC and other key posts annually. Members have been convinced by the competences and devotion of certain candidates and therefore, elected them to continue to lead SARDA in previous years;

(b) given the complexity of drug addiction problem and the comorbidity of health issues of drug abusers, it often requires, among other competences, more specialised knowledge, more extensive experience and stronger commitment for the management of an organisation to run drug T&R services than other social services. The pool of candidates may be restricted for SARDA; and

(c) SARDA will take measures to promote membership with a view to allowing more suitable candidates for the key posts in EC.

Attendance and proceedings of committee meetings

Low attendance rate of committee meetings

4.12 ***Attendance of members.*** According to the Constitution of SARDA, EC shall meet not less than four times during its term of office. In general, EC holds five meetings in each year while MC usually holds four meetings and RC holds

two meetings in each year. Audit reviewed the records of meetings from 2019-20 to 2023-24 (involving 23 EC meetings, 19 MC meetings and 10 RC meetings) and found that:

(a) the attendance rates of 8 (35%) of the 23 EC meetings, 11 (58%) of the 19 MC meetings and 2 (20%) of the 10 RC meetings were below 70% (see Table 14); and

(b) in particular, the attendance rate of 1 of the 19 MC meetings was below 50% (i.e. 47%).

Table 14

Number of meetings held and attendance rates (2019-20 to 2023-24)

Attendance rate	Number of meetings held		
	EC	MC	RC
90% to 100%	0	0	4
80% to 89%	8	4	2
70% to 79%	7	4	2
60% to 69%	4	8	1
50% to 59%	4 (8)	2 (11)	1 (2)
40% to 49%	0	1	0
Total	23	19	10

Source: Audit analysis of SARDA records

4.13 ***Low attendance rates for some individual voting members.*** Audit analysed the attendance rates of individual voting members of respective committee meetings from 2019-20 to 2023-24 and found that:

(a) ***EC meetings.*** There were 3 to 7 voting members who attended less than half of the meetings held in each year (see Table 15). In particular:

(i) 1 voting member had not attended any EC meeting held from 2019-20 to 2020-21. While he did not serve as EC voting member since 2021-22, he was appointed as an MC voting member since 2021-22. Despite the fact that he had not attended any of the 12 MC meetings held since his appointment, he was re-appointed as an MC voting member in 2024-25; and

(ii) another member had served as both EC and MC voting member from 2019-20 to 2023-24. While his attendance rates for both EC and MC meetings were low (i.e. only attended 3 (13%) of the 23 EC meetings and 3 (16%) of the 19 MC meetings held in the period), he was re-appointed as an MC voting member in 2024-25;

Table 15

Attendance rates of individual voting members of EC (2019-20 to 2023-24)

Attendance rate	Number of voting members of EC				
	2019-20 (3 meetings) (Note 1)	**2020-21 (5 meetings)**	**2021-22 (5 meetings)**	**2022-23 (5 meetings)**	**2023-24 (5 meetings)**
0%	3	1	3	1	2
1% to 24%	0 (6)	1 (4)	0 (3)	1 (4)	1 (7)
25% to 49%	3	2	0	2	4
50% to 74%	2	2	3	8	4
75% to 100%	16	17	16	10	11
Total	24 (Note 2)	23	22	22	22

Source: *Audit analysis of SARDA records*

Note 1: *According to SARDA, two scheduled meetings were cancelled due to COVID-19 epidemic. The businesses were transacted by circulation of papers.*

Note 2: *According to the Constitution of SARDA, EC may appoint up to four members of SARDA to serve as co-opted members of EC with full voting rights in committee proceedings. In 2019-20, there was one co-opted member.*

(b) ***MC meetings.*** There were 2 to 4 voting members who attended less than half of the meetings held in each year (see Table 16). In particular, while 1 voting member had not attended any MC meeting held from 2019-20 to 2023-24, he was re-appointed as an MC voting member in 2024-25; and

Table 16

Attendance rates of individual voting members of MC
(2019-20 to 2023-24)

Attendance rate	Number of voting members of MC				
	2019-20 (3 meetings) (Note)	**2020-21 (4 meetings)**	**2021-22 (4 meetings)**	**2022-23 (4 meetings)**	**2023-24 (4 meetings)**
0%	2	1	3	3	4
1% to 24%	0 – 3	0 – 2	0 – 3	0 – 4	0 – 4
25% to 49%	1	1	0	1	0
50% to 74%	3	1	2	2	1
75% to 100%	7	10	10	9	11
Total	13	13	15	15	16

Source: *Audit analysis of SARDA records*

Note: *According to SARDA, a scheduled meeting was cancelled due to COVID-19 epidemic. The businesses were transacted by circulation of papers.*

(c) ***RC meetings.*** For each of 2019-20 (involving 2 meetings) and 2023-24 (involving 2 meetings), while there was one voting member who had not attended any RC meeting held, one of them was re-appointed as an RC voting member in 2024-25.

4.14 As regards the member who was re-appointed as an RC voting member in 2024-25 as mentioned in paragraph 4.13(c), in February 2025, SARDA informed Audit that the concerned member was:

(a) a professor whose teaching schedule could not cater for each RC meeting scheduled; and

(b) an expert at the drug field whose contribution to RC was significant.

4.15 In Audit's view, taking into account that committee members' participation in meetings was of vital importance to the governance of SARDA, there is a need for SARDA to take measures to improve the attendance of committee members with low attendance rates and critically review the attendance records of individual committee members before re-appointment.

Room for improvement on issuance of papers for RC meetings

4.16 According to SARDA's Standing Administrative Instructions, to provide committee members with sufficient time to consider before each meeting, any papers (e.g. agenda, discussion papers containing proposals for endorsement and information papers) for EC and MC should be issued one week-end to the committee members before each meeting. No similar requirements are set for RC.

4.17 ***Short time interval between dates of issuance of papers and dates of RC meetings.*** Audit examined the dates of papers issued in respect of the 10 RC meetings held from 2019-20 to 2023-24 (involving 33 discussion items) and found that:

(a) the papers related to 25 (76%) of the 33 discussion items (involving 9 meetings) were issued to committee members less than one week-end before RC meetings; and

(b) in particular:

(i) the papers related to 3 discussion items (involving 3 meetings) were issued to committee members on the same days before the meetings;

(ii) the papers related to 7 discussion items (involving 5 meetings) were tabled at the meetings; and

(iii) the papers related to 4 discussion items (involving 3 meetings) were issued to committee members after the meetings. For example, the papers related to a discussion item were a technical proposal and a fee proposal of a total of 51 pages for bidding the provision of services for conducting surveys relating to drug issues.

4.18 In February 2025, SARDA informed Audit that:

(a) papers related to vetting research projects usually required quality time for applicants/coordinators of respective research studies to submit to RC. The RC secretariat in general received all the requested documentation a week before RC meeting. After obtaining the Chairman of RC's approval, the papers were issued to committee members less than one week before RC meeting;

(b) for some of the papers tabled at the meetings, comments from RC members were also considered via email or any other means before submitting final version to RC; and

(c) the example mentioned in paragraph 4.17(b)(iii) was an exceptional scenario. The invitation of quotation for conducting the surveys was received on 23 May 2023 with submission deadline falling on 13 June 2023. SARDA had been rushing the papers related to a technical proposal and a fee proposal for bidding the provision of services. SARDA struck to follow proper procedure in obtaining approval from RC on 11 June 2023 (i.e. after the RC meeting held on 7 June 2023).

With a view to providing committee members with sufficient time to consider the papers before the meetings, Audit considers that SARDA needs to consider setting requirement on the issuance of papers for RC meetings.

Audit recommendations

4.19 **Audit has *recommended* that SARDA should:**

(a) **take measures to improve the attendance of committee members with low attendance rates;**

(b) **critically review the attendance records of individual committee members before re-appointment; and**

(c) **consider setting requirement on the issuance of papers for RC meetings with a view to providing committee members with sufficient time to consider the papers before the meetings.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

4.20 SARDA agrees with the audit recommendations.

Management of membership

Need to promote membership

4.21 According to the Constitution of SARDA, ordinary membership of SARDA shall be open to any person on payment of the subscription therein prescribed. A person desiring to become ordinary member of SARDA shall apply in writing to the Honorary Secretary. The Honorary Secretary shall inform the applicant upon acceptance of application by EC. The membership fee for life members is $1,000 (one-off), and that for ordinary members is $100 per year. Members of SARDA shall be entitled to attend annual general meeting and elect members to EC. The quorum of the annual general meeting is 15 members.

4.22 As at 31 December 2024, SARDA had 100 members, all of whom were life members. Table 17 shows the number of members and attendance at annual general meetings from 2020 to 2024.

Table 17

Number of members and attendance at annual general meetings (2020 to 2024)

Year	Number of new members	Total number of members	Attendance at annual general meeting
2020	0	95	20 (21%)
2021	1	96	24 (25%)
2022	0 (5)	96	23 (24%)
2023	3	99	23 (23%)
2024	1	100	19 (19%)

Source: Audit analysis of SARDA records

4.23 Audit found that from 2020 to 2024:

(a) only 5 new members were recruited. The net increase in number of members was 5, from 95 in 2020 to 100 in 2024;

(b) the attendance rates at the annual general meetings were on the low side, ranging from 19% to 25%; and

(c) there was no documentary evidence showing that there was an option for member to appoint a proxy as his/her representative to attend the annual general meetings.

4.24 In Audit's view, a larger pool of members with diversity of experience and expertise would be conducive to the development of SARDA. However, Audit noted that there was no information in the public domain (e.g. SARDA's website) about avenues for applying SARDA's membership. Upon enquiry, in January 2025, SARDA informed Audit that new members were mainly recruited by referrals from the Government and existing members. With a view to enhancing the future development of SARDA, Audit considers that SARDA needs to step up efforts in recruiting new members and take measures to address the low attendance rates at the annual general meetings.

Audit recommendations

4.25 **Audit has *recommended* that SARDA should:**

(a) **step up efforts in recruiting new members; and**

(b) **take measures to address the low attendance rates at the annual general meetings.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

4.26 SARDA agrees with the audit recommendations.

Human resources management

4.27 Staff costs, which include staff salaries, Mandatory Provident Fund contributions, and other benefits and allowances, constitute a significant share of SARDA's expenditure. In 2023-24, SARDA's staff costs amounted to $114.1 million, representing 75% of its total expenditure of $152.7 million.

Need to step up efforts in recruiting and retaining staff

4.28 According to FSAs signed between DH and SARDA, staff administration, including appointment and promotion, is the responsibility of SARDA. As at 31 December 2024, the establishment and strength in SARDA under subventions from DH and SWD were 229 (including 26 new positions established under the new FSAs signed in October 2024 — Note 19) and 204 respectively.

Note 19: *The 26 new positions included 7 registered nurses, 16 peer support workers (including senior group leaders and group leaders) and 3 administrative staff.*

4.29 Audit analysed the staff turnover of SARDA for the period from 2019-20 to 2023-24 (see Table 18) and found that:

(a) the staff turnover rates ranged from 13.8% to 16.3%; and

(b) in particular, the turnover rates for nursing grade staff varied from 5.6% to 52.9%.

Table 18

Staff turnover rate
(2019-20 to 2023-24)

	2019-20	2020-21	2021-22	2022-23	2023-24
(a) Number of staff leaving SARDA					
- Nursing grade (Note 1)	1	9	5	2	7
- Others	26	19	27	29	22
- Total	27	28	32	31	29
(b) Average number of staff strength (Note 2)					
- Nursing grade	18	17	18	18	18
- Others	178	178	178	179	178
- Total	196	195	196	197	196
(c) Turnover rate (c) = (a) ÷ (b) × 100%					
- Nursing grade	5.6%	52.9%	27.8%	11.1%	38.9%
- Others	14.6%	10.7%	15.2%	16.2%	12.4%
- Overall	13.8%	14.4%	16.3%	15.7%	14.8%

Source: Audit analysis of SARDA records

Note 1: Nursing grade staff includes registered nurses, enrolled nurses and nursing officers.

Note 2: The average number of staff strength is calculated by averaging the number of staff strength at the beginning (1 April) and end (31 March) of the financial year.

4.30 Upon enquiry, SARDA informed Audit in January 2025 that:

(a) recruiting nurses and peer support workers was a persistent, year-round difficulty for SARDA;

(b) the remote locations of DTRCs presented a significant challenge since only a few candidates were interested in working with drug abusers or in a residential setting. The fringe benefits offered by SARDA were not competitive with other NGOs in the same field. This made it harder to attract qualified nurses who had options to work elsewhere; and

(c) the recruitment challenges were more complex for peer support workers as they were not only required to have knowledge to manage a DTRC but also had personal experience as drug rehabilitees. This dual requirement significantly reduced the pool of eligible candidates and exacerbated the difficulty in recruitment efforts.

4.31 In order to address the difficulties in staff recruitment and retention, DH approved SARDA to enhance the staff fringe benefits (e.g. providing outpatient medical benefits and increasing employer's contribution to staff's Mandatory Provident Fund) under the new subventions from DH in 2024. Audit considers that SARDA needs to step up efforts in recruiting and retaining staff, especially the nursing grade staff and peer support workers.

Room of improvement in meeting the training needs of SARDA's staff

4.32 According to the Three-year Plan on Drug T&R Services in Hong Kong (2024-2026) published by ND (see Note 1 to para. 1.3) in March 2024:

(a) professionals, and those who might encounter drug abusers at their work, were in need of training to upgrade or to refresh their skills and knowledge given the change of drug scene in recent years. Training for peer counsellors would be conducive to enhancing their capacity to assist in the anti-drug work; and

(b) a structured training programme on a regular basis for frontline anti-drug workers would be conducive to offering a more systematic approach for relevant personnel to handle matters in relation to drug abuse.

4.33 ***Need to develop a structured training programme.*** In the proposals on the new initiatives to be taken forward submitted by SARDA to DH in April 2024, SARDA stated that it would develop a structured training programme for peer support workers that covered essential topics such as addiction recovery principles, basic counselling techniques, communication skills, and relapse prevention strategies to ensure that peer support workers are well-equipped to carry out their responsibilities effectively. Upon enquiry, SARDA informed Audit in February 2025 that:

(a) since the new initiatives commenced in November 2024, peer support workers had only been recruited over the past few months and some of them had already participated in various training courses; and

(b) there was no immediate need to launch a structured training programme. If SARDA was to develop a structured training programme, it would require additional time to prepare an appropriate staff training programme.

4.34 Since ND advised that a structured training programme on a regular basis for frontline anti-drug workers was conducive to their work (see para. 4.32(b)), Audit considers that in addition to providing training programmes to peer support workers, SARDA needs to develop a structured training programme to other frontline anti-drug workers (e.g. social workers) when appropriate.

4.35 ***Need to promulgate a training policy.*** In 2023-24, SARDA incurred training expenses amounting to $308,050. According to SARDA, there was no training policy and a summary of training record by individual staff. Audit randomly selected 10 training forms for examination and noted that:

(a) the training forms stated that the reimbursement of training expenses should be supported by the Unit Head, endorsed by the Head of Department, recommended by the Administrative Secretary and approved by the Executive Director; and

(b) in a case, a senior group leader applied for training subsidies of various courses during October 2023 to June 2024 with a total amount of $63,700 in 5 training forms (ranging from $5,200 to $33,100). SARDA indicated in the forms that subsidies were approved at 50% of the amounts. For the remaining 5 forms with reimbursement amounts less than $5,000, SARDA approved to subsidise 100% of the amounts. Upon enquiry, SARDA informed Audit in January and February 2025 that:

(i) training subsidies were approved on a need basis; and

(ii) of the 5 training forms submitted by the senior group leader, 1 form was used for pre-approval of training subsidies (i.e. $16,550, 50% of $33,100) and the remaining 4 forms were used for reimbursement. Up to June 2024, $15,300 were reimbursed to the senior group leader.

However, Audit noted that the same standard form was used for pre-approval and reimbursement of training subsidies and there was no indication regarding the purpose of submission.

Audit considers that SARDA needs to promulgate a training policy, including the policy and procedures of granting training subsidies, and maintain a training record by individual staff for staff development and monitoring purposes.

Audit recommendations

4.36 **Audit has *recommended* that SARDA should:**

(a) **step up efforts in recruiting and retaining staff, especially the nursing grade staff and peer support workers;**

(b) **develop a structured training programme to frontline anti-drug workers (e.g. peer support workers and social workers) when appropriate;**

(c) **promulgate a training policy, including the policy and procedures of granting training subsidies; and**

(d) **maintain a training record by individual staff for staff development and monitoring purposes.**

Response from The Society for the Aid and Rehabilitation of Drug Abusers

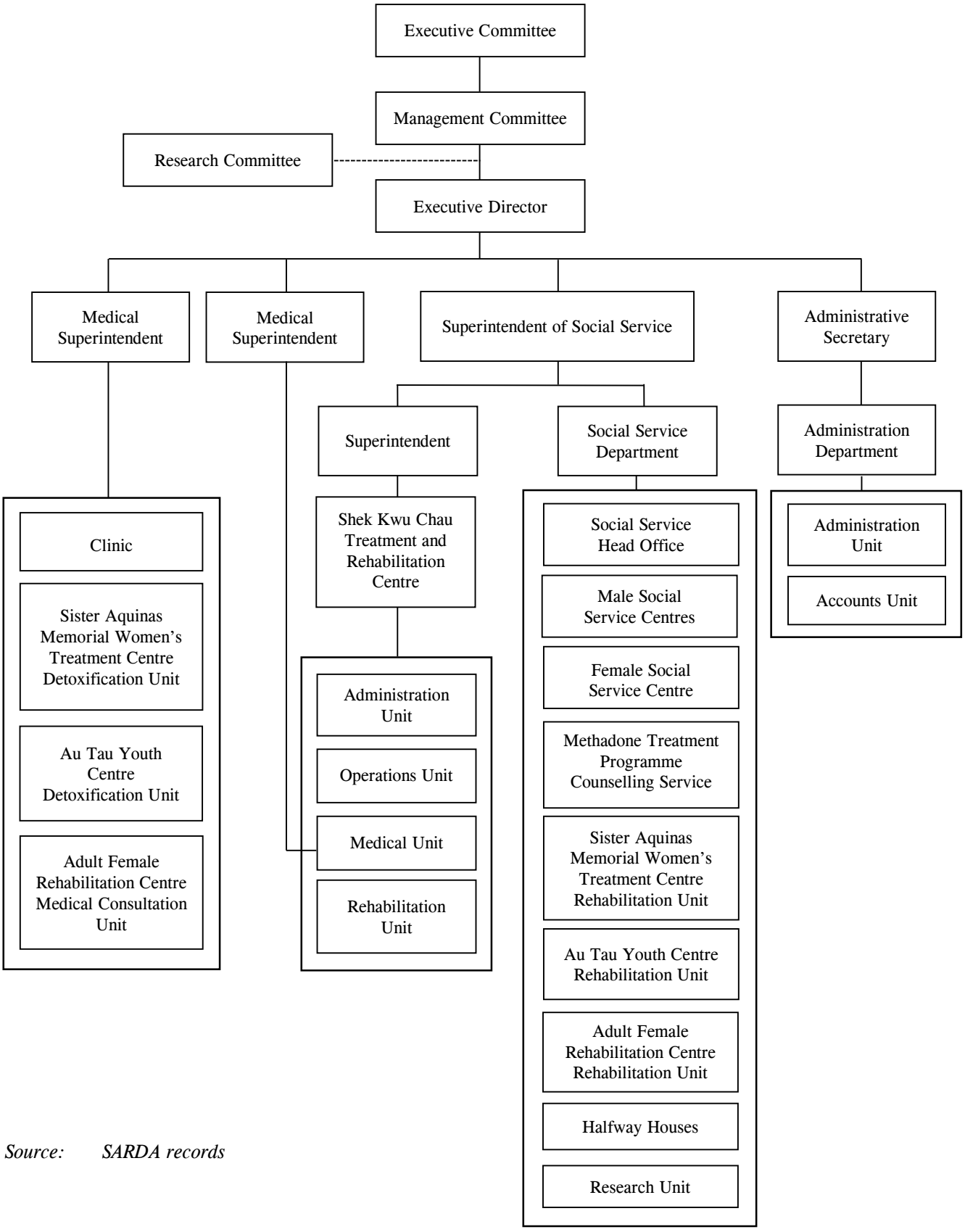
4.37 SARDA agrees with the audit recommendations. The Chairman of the Executive Committee, The Society for the Aid and Rehabilitation of Drug Abusers has said that:

(a) SARDA has been striving hard to overcome the difficulties in staff recruitment, and will continue to improve the situation. Given the nature, job posts in the anti-drug field are often considered less appealing in the labour market, and the staff benefits (including retirement and medical) and remuneration package of SARDA are considered less than competitive. The high staff turnover of the anti-drug sector (in particular, registered nurses and social workers) and the general shortage of labour (e.g. peer support workers) in past few years have only posed more challenges to SARDA's work in human resources management; and

(b) "training and development" has been one of the long-term management objectives of SARDA. SARDA will make the best out of the current resources.

Appendix A
(para. 1.8 refers)

The Society for the Aid and Rehabilitation of Drug Abusers: Organisation chart (31 December 2024)



Source: *SARDA records*

Appendix B

Acronyms and abbreviations

AFRC	Adult Female Rehabilitation Centre
ATYC	Au Tau Youth Centre
Audit	Audit Commission
COR	Controlling Officer's Report
CRDA	Central Registry of Drug Abuse
DH	Department of Health
DTRCs	Drug treatment and rehabilitation centres
EC	Executive Committee
FSAs	Funding and Service Agreements
MC	Management Committee
MTP	Methadone Treatment Programme
ND	Narcotics Division
NGOs	Non-governmental organisations
PSAs	Psychotropic substance abusers
RC	Research Committee
SARDA	The Society for the Aid and Rehabilitation of Drug Abusers
SB	Security Bureau
SKC	Shek Kwu Chau Treatment and Rehabilitation Centre
SSDM	Social Service Department Manual
SWD	Social Welfare Department
T&R	Treatment and rehabilitation
WTC	Sister Aquinas Memorial Women's Treatment Centre