

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:

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(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

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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

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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

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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).

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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).

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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);**

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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));**

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- (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)).**

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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.

