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HONG KONG NARCOTICS REPORT

1979



THE ACTION COMMITTEE AGAINST NARCOTICS  
HONG KONG NARCOTICS REPORT

1979

**Front cover :**

- Customs officers leave nothing to chance when searching for drugs on ocean-going vessels. Photograph shows officers examining the engine room of a ship calling at Hong Kong.
- The Action Committee Against Narcotics' new logo, designed by Mr. Victor Lee Ki-kwok. It symbolises two things : a man appealing for help to overcome his addiction and a man raising his arms in victory over drug addiction. The four arms also represent Hong Kong's four anti-narcotics programmes - law enforcement; treatment and rehabilitation; preventive education and publicity; and international cooperation.

**Back cover :**

Police Narcotics Bureau officers checking some of the equipment used in manufacturing heroin which was found after a lightning raid on a Ngau Tau Kok flat.

When dollars are quoted in this report, they are, unless otherwise stated, Hong Kong dollars. At the end of 1979, the middle market rate was about HK\$4.80 = US\$1.



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## Foreword

*by*

Dr. the Hon. Sir Albert Rodrigues, C.B.E., LL.D., J.P.

The conquest of drug trafficking and abuse in Hong Kong, as elsewhere in the world, will always depend on the skill, perseverance, dedication and judgment of the front-line fighters – the law enforcement officers, and all engaged in the tasks of treating and rehabilitating abusers and of preventive education, in both government departments and voluntary agencies – as well as those responsible for formulating policy. But, occasionally, their efforts are assisted by natural causes, which are sometimes called acts of God. 1979 was one of those years.

A drought in the Golden Triangle area of South-east Asia, which supplies all the narcotic drugs abused here, reduced the production of opium from the normal yearly average of 500 tons to about 150 tons. This caused a major shortage of heroin and a dramatic rise in street prices in Hong Kong in July and in the following months. Prices rose to such unprecedented heights that most addicts were unable to pay them, and were obliged to seek treatment in our voluntary out-patient and in-patient facilities. Between June and September, for example, daily attendances at the Medical Department's out-patient methadone treatment centres rose by 60%, from around 5,000 to just over 8,000 a day.

The shortage resulting from natural causes was assisted by the dedicated efforts of the Royal Hong Kong Police and the Customs and Excise Service, whose role in inhibiting imports of illicit drugs, and in seeking out and bringing to justice those who engage in this anti-social trade, is a pivotal one. In July, for the first time, the two Services formed a joint intelligence unit at Kai Tak Airport, which was functioning well by the end of the year.

Our treatment and rehabilitation services and all who work in them met the challenge of the greatly increased numbers attending with their usual skill, ability and commitment. In addition to the main programmes run by the Medical and Prisons Departments and by S.A.R.D.A., there are also various smaller facilities, run by voluntary agencies on both an out-patient and in-patient basis which, over many years, have made a most valuable contribution to our work. Most of them are run by a variety of religious organizations, and a number offer extended in-patient treatment followed by residence in half-way houses and assistance with job placement and family problems. Others afford club facilities, counselling and cooperative assistance to members.

On the preventive education and publicity front, the year's major event was an anti-narcotics mass rally in the Government Stadium which, opened by the Governor, Sir Murray MacLehose, attracted an audience of 30,000 school children. Three major campaigns, mounted in the closing three months of the year in Wan Chai, Mong Kok and Tsuen Wan also drew the attention and attendance of large numbers of the public, and were marked by the collaboration and assistance of the Home Affairs, Social Welfare, Education and Urban

Services Departments, the New Territories Administration, the Independent Commission Against Corruption, and the Recreation and Sports Service, all of which are playing an increasing part in our overall efforts. I am also glad to pay tribute to the Committees in Wong Tai Sin, Sham Shui Po, Tai Po, and Southern Districts which have continued the work begun in previous years' campaigns. And all of us are in the debt of the many public-spirited community leaders who devote so much of their time – and their resources – to this most important part of our annual programmes.

The Central Registry of Drug Addicts (C.R.D.A.) continued to provide A.C.A.N., and the various Departments and Agencies involved in treatment particularly, with valuable data on which to base policy recommendations. With other indicators and information available, the prognosis for our continuing efforts remains favourable. The involvement of young people with drugs continues to decline, those convicted of minor drug offences in the Courts have dropped from a high of 17,700 in 1973 to 3,600 in 1979, the number of addicts in prisons proper has declined dramatically since 1976, and 23% of the 33,000 drug abusers recorded in the C.R.D.A. have not been reported again from any source for over 3 years.

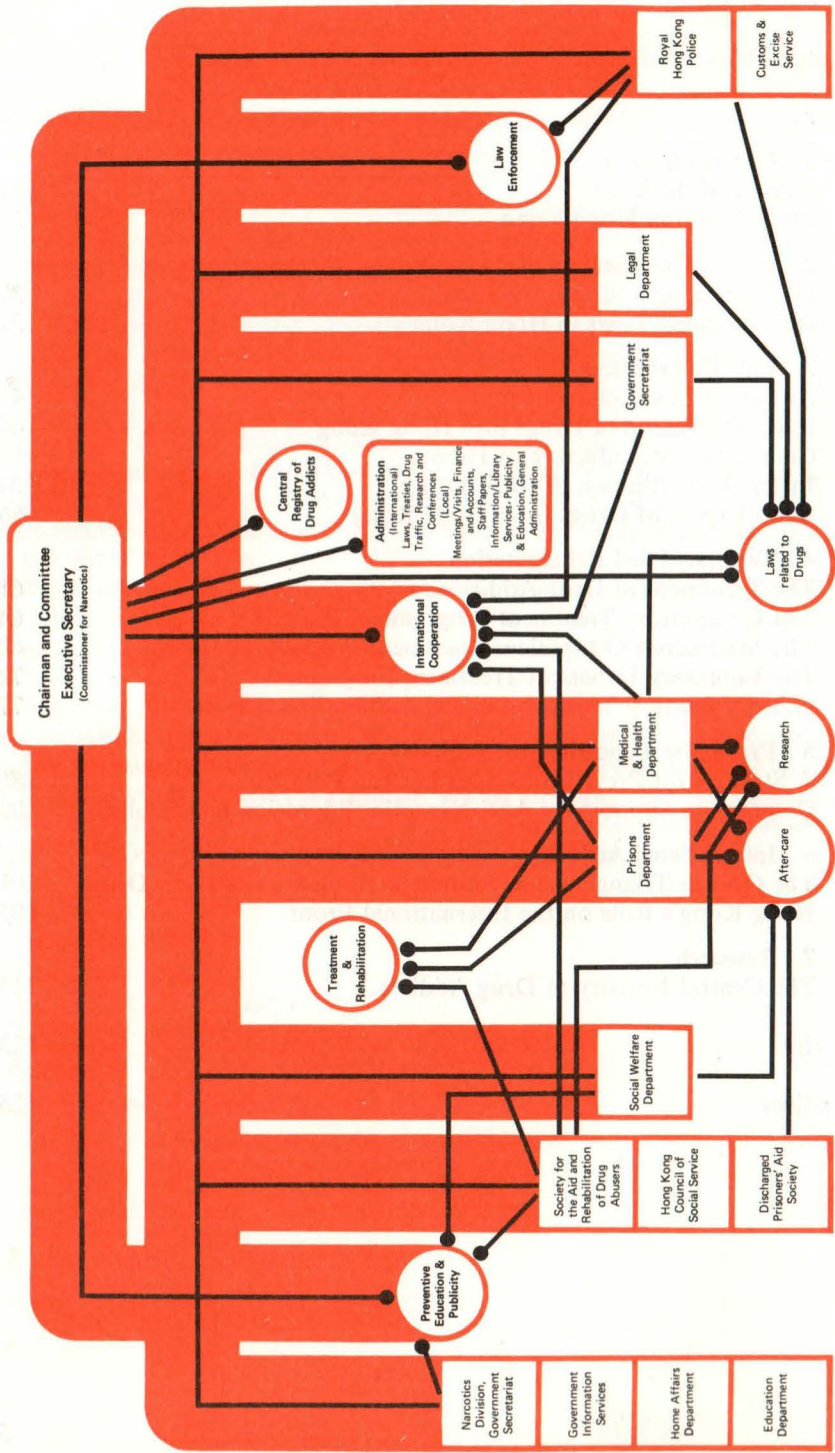
Whilst all such news must be a source of encouragement and pride, we have no illusions that our efforts can be relaxed in any way. So long as the illegal drug trade remains so enormously profitable, it will remain attractive to the criminals who exploit it, and so long as we have tens of thousands of addicts in our midst, they will remain, unhappily, a reservoir of possible infection to our young. So my message to the community, and to all who are personally and professionally involved in the struggle is – so far we have done exceedingly well, but much more effort is required. Whilst any drug traffickers remain free, and whilst a large army of abusers are left on our streets – and our conscience – there is still a great deal of unfinished work to be done.



Chairman  
Action Committee Against Narcotics

## Contents

<i>Chapter</i>	<i>Page</i>
<b>1 General Review</b>	
1. Review of the Year	21
2. Drug Abuse in Hong Kong	25
<b>2 Policy, Coordination and Legislation</b>	
3. Policy-making and Coordination	33
4. Anti-narcotics Laws in Hong Kong	37
<b>3 Law Enforcement</b>	
5. Anti-drug Law Enforcement	47
6. Illicit Trafficking of Drugs into Hong Kong	49
7. Clandestine Manufacture of Heroin	52
8. Internal Distribution of Illicit Drugs	54
9. Illicit Export of Drugs from Hong Kong	56
<b>4 Treatment and Rehabilitation</b>	
10. The Treatment of Drug Addiction	61
11. The Compulsory Treatment Programme	64
12. The Methadone Out-patient Treatment Programme	68
13. The Voluntary In-patient Treatment Programme	72
14. Other Voluntary Treatment and Rehabilitation Services	77
<b>5 Preventive Education and Publicity</b>	
15. A Strategy for Preventive Education and Publicity	85
16. Community Support for Anti-Narcotics Education and Publicity	89
<b>6 International Action</b>	
17. The Golden Triangle – The Source of Hong Kong's Illicit Drugs	101
18. Hong Kong's Role on the International Front	105
<b>7 Research</b>	
19. The Central Registry of Drug Addicts	115
Postscript	123
Appendices	125



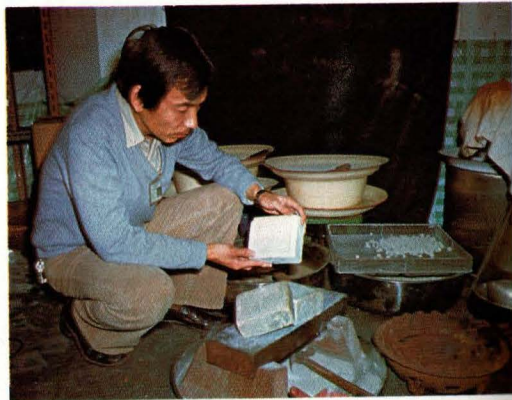
One of the significant events of 1979 was the burning of 550 kilogrammes of seized illicit drugs at the Kennedy Town Incinerator. Sir Albert Rodrigues, Chairman of ACAN, and many top government officials involved in drug-suppression work attended the ceremony which was widely covered by local and international news media. Picture at left shows heavily armed policemen guarding the entrance to the Incinerator during the drug burning ceremony. Bottom picture shows Sir Albert (far right) and senior government officials inspecting the narcotic drugs ready for burning.



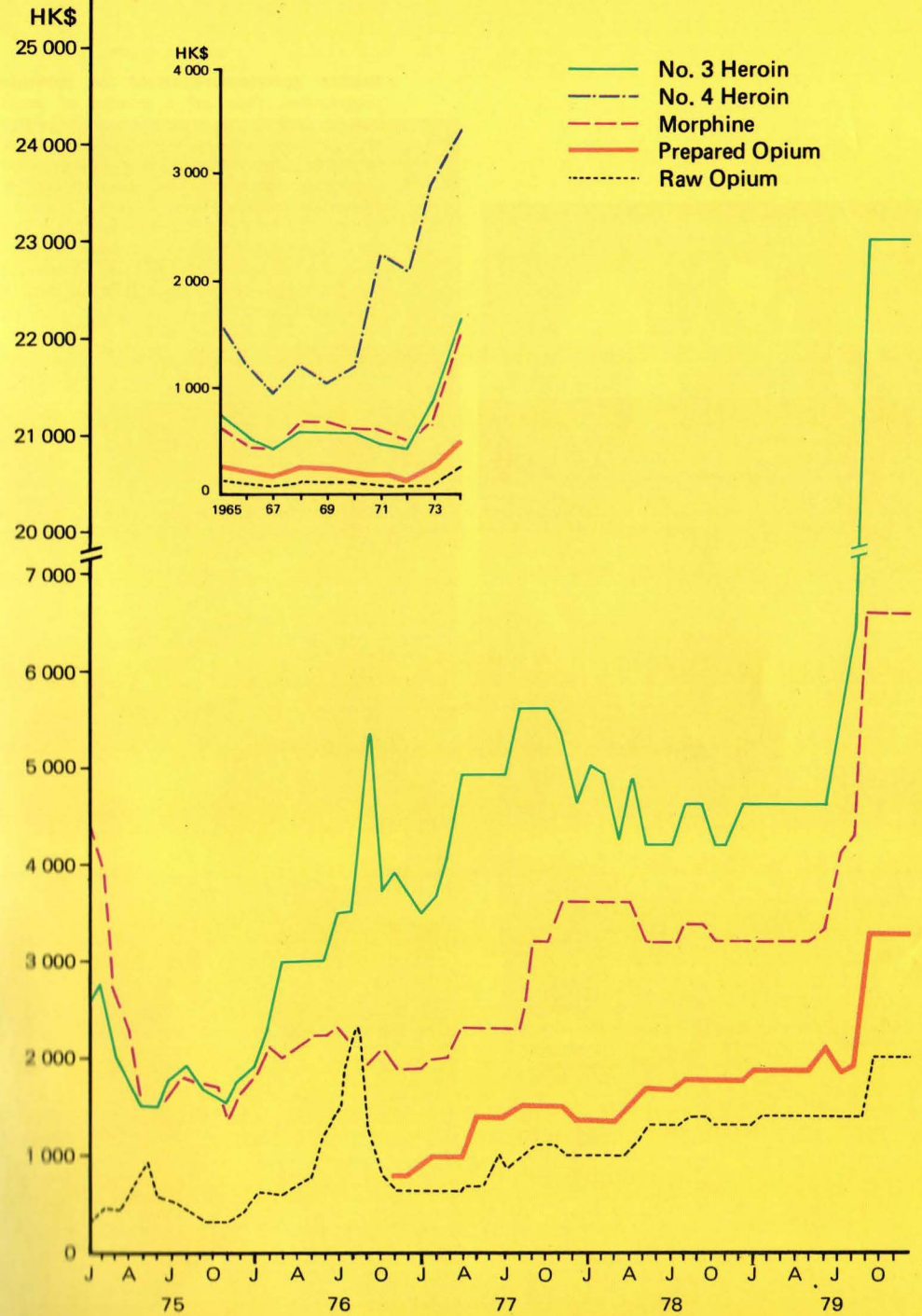
Customs officers (top left) seized over 27 kg of heroin at Kai Tak Airport in August. The drugs were contained in two unclaimed cartons which originated from Bangkok.

A police officer (top right) examining some of the drugs seized during one of their raids.

When drugs are seized, samples are taken to the Government Laboratory (bottom) where they are analysed before being produced as evidence in court.



### Wholesale drug prices (HK\$ per 100 g), 1965 – 1979



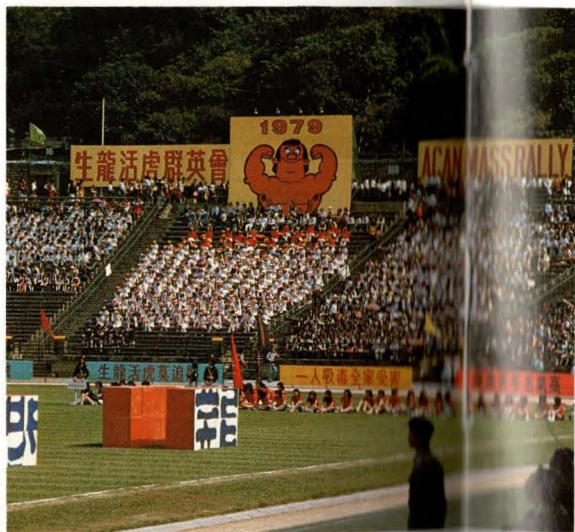
Besides government-operated or subvented programmes, there are a number of smaller but invaluable drug treatment and rehabilitation projects being run by voluntary agencies in Hong Kong. Among these are (top left, clockwise) Operation Dawn on Fu Tau Pun Chau; Caritas Lok Heep Club in Tung Tau Estate; Wu Oi Centre in Sha Lo Tung; Tung Fook House in Oi Man Estate and (opposite page, top left, clockwise) Discharged Prisoners' Aid Society; Haven of Hope Hospital and Ling Oi Youth Centre.





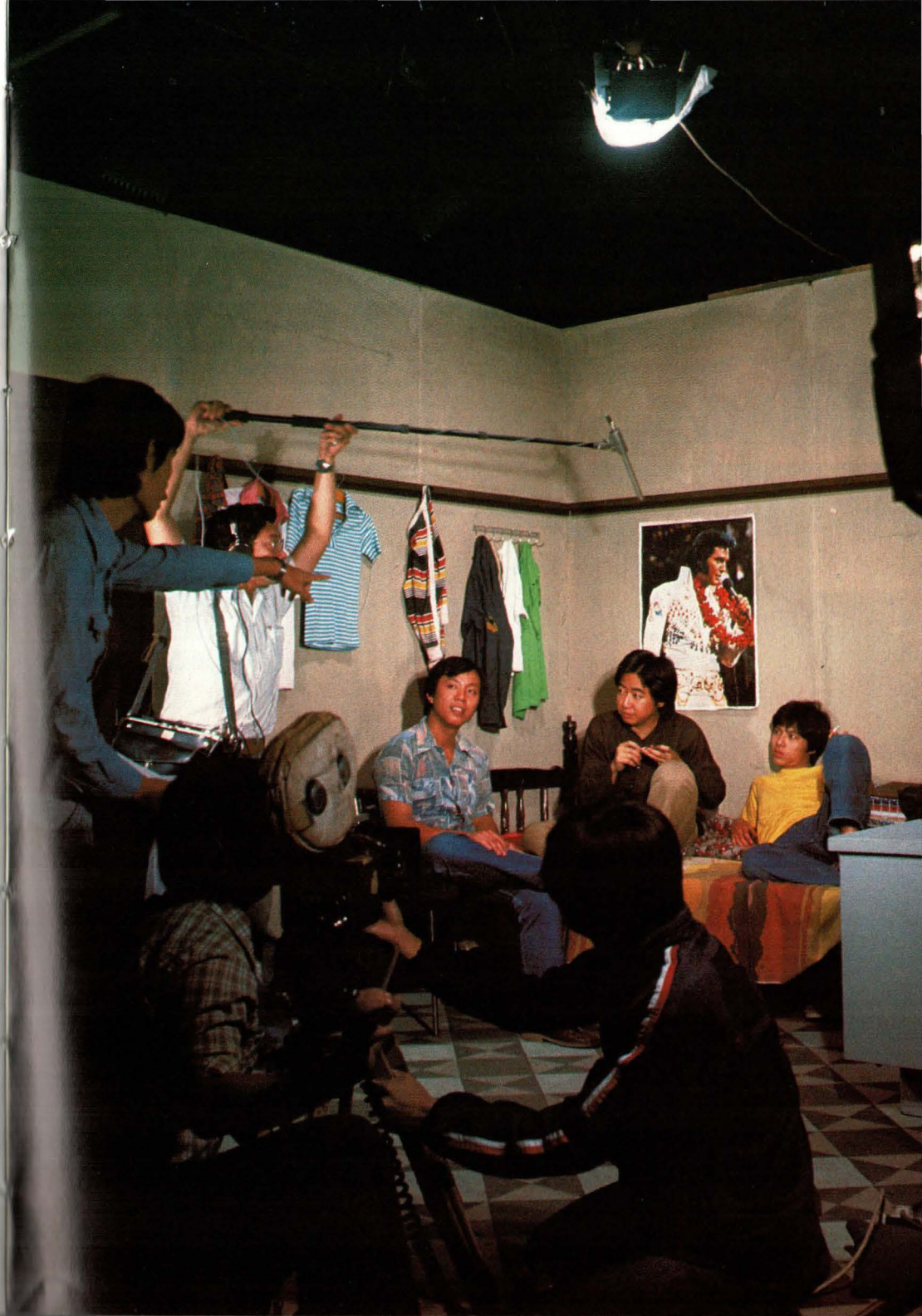
The ACAN Mass Rally, the first and biggest anti-narcotics publicity event in the 1979/80 programme, was opened by the Governor, Sir Murray MacLehose (top right). Over 30 000 youths and community leaders attended the Rally, which featured, among many other colourful and exciting programmes, a free-fall parachute jump by the British Force's Flying Dragons (top left). Enthusiastic school children enjoying themselves at the Mass Rally (bottom left) while others taking active part in the programme line up for one of the events (bottom right).

Some of the highlights of the three month-long anti-narcotics campaigns held in Wan Chai, Mong Kok and Tsuen Wan districts: (top left) a synchronised swimming display in Morrison Hill Swimming Pool and an exhibition in Wan Chai (top right); (centre left) a school band performing at the opening ceremony of the Mong Kok District Campaign in Mong Kok Stadium and a fun fair held at MacPherson Playground in the same district (centre right); (bottom left & right) In the Tsuen Wan District Campaign, students in school uniforms and traditional Chinese costumes parade at the Yeung Uk Road Playground during the opening ceremony and then take to the streets.



(Top) A collection of anti-drug posters, including a new series based on the theme "Good Health Comes First", was produced during the year and displayed all over Hong Kong. (Bottom) School boys showing keen interest in a comprehensive exhibition which explains Hong Kong's drug problem and how it is being tackled by the Government. The exhibition set of eight panels was produced by the Narcotics Division and the Information Services Department, and was displayed at many events all over Hong Kong.

(Opposite) A director instructing actors during the filming of an anti-drug TV episode "A New Life" at Radio Television Hong Kong. The episode, which is part of the "Below the Lion Rock" TV series, was seen by more than 2 million people.

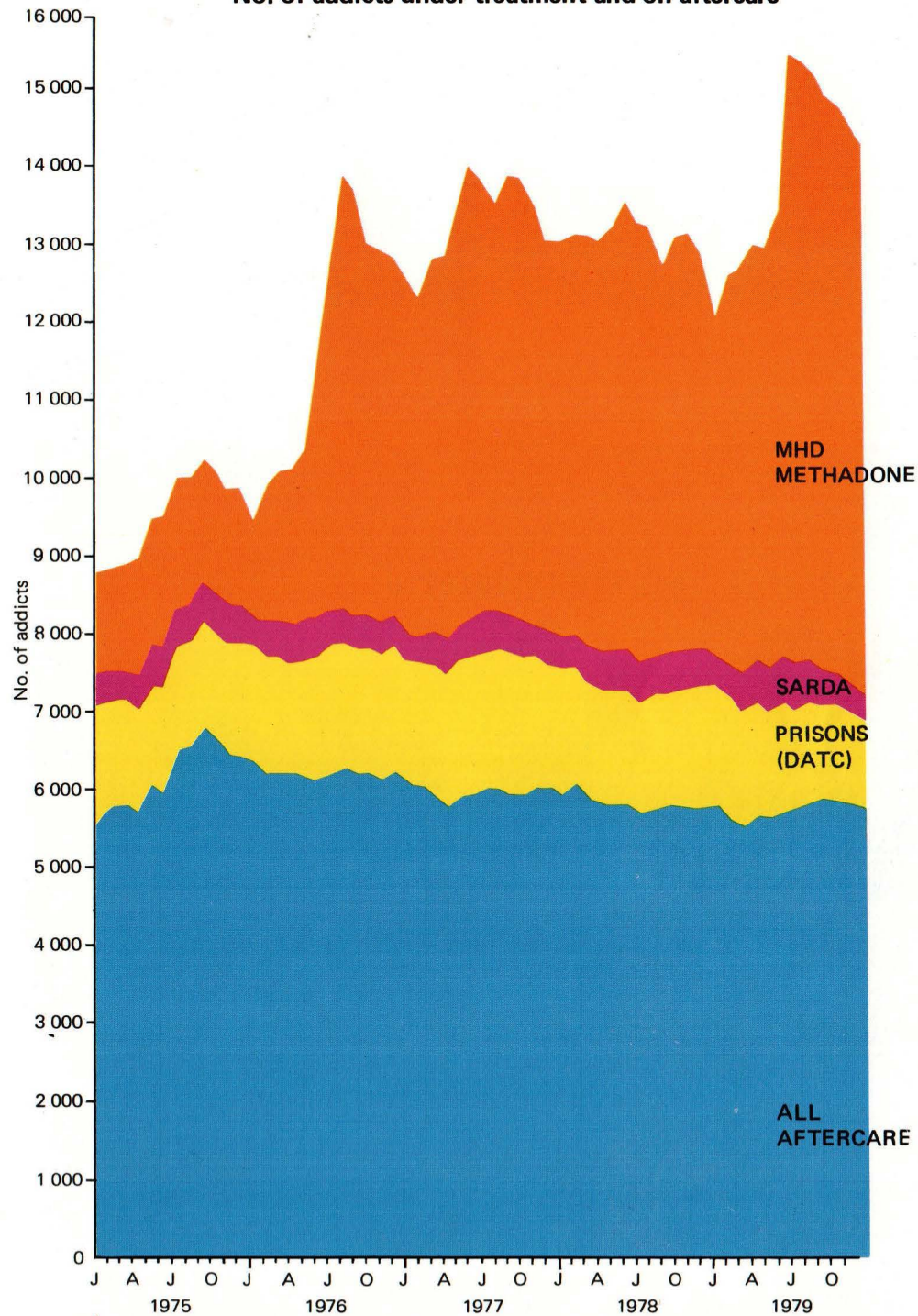




(Top left) A research officer in the Narcotics Division's Central Registry of Drug Addicts analyses information on drug addicts compiled by the Data Processing Division (bottom). The analysis shows fewer and fewer young people are becoming involved in drug-taking in Hong Kong.



No. of addicts under treatment and on aftercare

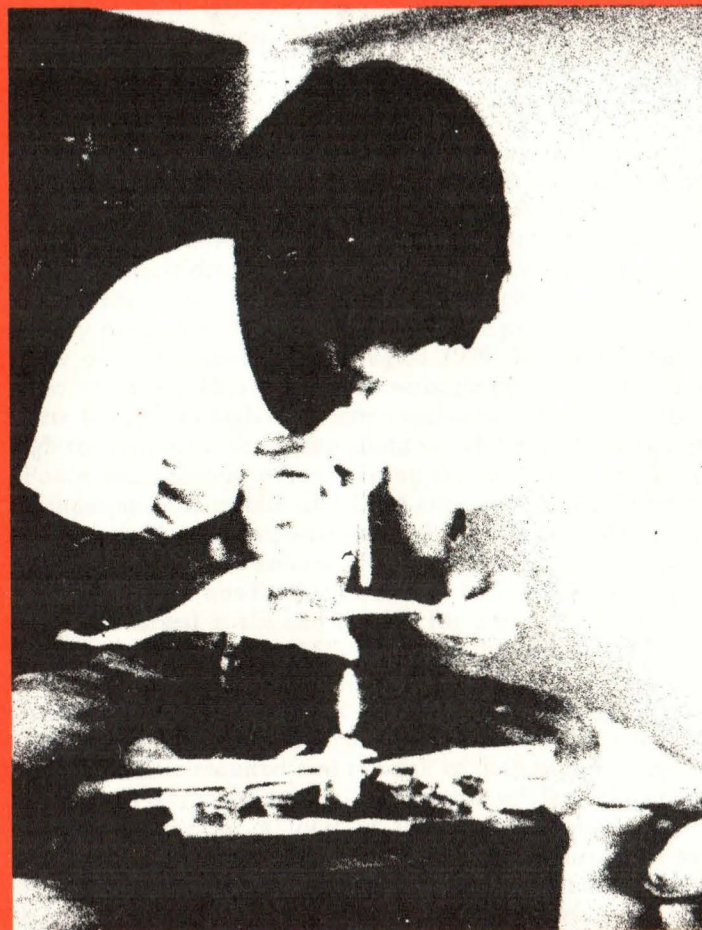


(Top) Commissioner for Narcotics, Mr. Peter Lee (second from right) presents a set of scrolls in Chinese characters to Dr. William Pollin, Director of the National Institute of Drug Abuse (NIDA), U.S.A. as a mark of Hong Kong's appreciation of NIDA's contribution to our battle against drugs. Looking on (from left) are Dr. Jean-Paul Smith of NIDA; Mr. Michael Davies, Chief, Illicit Drug Traffic Section, UN Division of Narcotic Drugs and Mr. Brian Bubbear, Head of the Drugs Branch, Home Office, London. (Bottom) The Commissioner for Narcotics introducing Sir Albert Rodrigues, ACAN's Chairman, who opened the W.H.O.'s first Inter-Regional Training Course on the Treatment and Rehabilitation of Drug Dependent Persons. Twenty-five doctors from eight countries took part in the month-long course.



# GENERAL REVIEW

# 1



## Chapter 1

### Review of the Year

1979 was in many ways a landmark year in Hong Kong's on-going battle against drug abuse and trafficking. Illicit drug prices reached an all-time high, as did admissions to treatment institutions, indicating considerable progress in law enforcement and treatment and rehabilitation. The year's preventive education and publicity campaigns were inaugurated in April by the Governor, at the largest mass-rally ever staged by A.C.A.N., which was attended by 30,000 school children. In the international field, Hong Kong organized, on behalf of the World Health Organization (W.H.O.), the first Inter-Regional Training Course for Physicians on the Treatment & Rehabilitation of Drug Dependent Persons.

#### Law enforcement

2. Effective pressure was maintained by the Royal Hong Kong Police Force and the Customs and Excise Service against traffickers at all levels during the year under review. This, in addition to the opium crop failure in the Golden Triangle in the winter of 1978-79, was one of the main contributory factors for the severe shortage of illicit drug supply in Hong Kong which occurred from mid-1979 onwards. The effects of this scarcity were reflected in the rise of illicit drug prices by more than 400 per cent, whilst the purity of No. 3 heroin dropped to a low of 15 per cent during August 1979. Following the unsuccessful attempt to again use Thai trawlers to smuggle drugs into Hong Kong in 1978, traffickers resorted to high frequency small-scale imports by individual couriers, through the Airport or by ocean-going vessels. In spite of stepped-up action by the Police and Customs officers during the year, only 125 kilograms of opium, 11.5 kilograms of morphine and 147.6 kilograms of heroin (including heroin base) were seized as compared with 205, 47 and 333 kilograms respectively in 1978. The reduced amount of drugs seized is illustrative of the acute supply shortage, which was further evidenced by the street-level price of between \$50 and \$90 charged at the end of 1979 for a packet of No. 3 heroin containing 0.1 gram of mixture with a 15% purity; at the beginning of the year, the price was \$40 for a 0.326 gram packet, 26.6% pure.

3. The increase import of heroin base into Hong Kong, which started in 1978, continued during 1979. As this form of semi-product considerably reduces the technical problems, the time required and the risk of detection involved in the manufacture of heroin, it is envisaged that this substance will feature increasingly in future seizures. Nevertheless, a total of three heroin laboratories were successfully neutralized by the law enforcement authorities during the year.

4. Unrelenting and vigilant law enforcement action against the local illicit market forced both wholesalers and retailers to adopt very strict security measures to avoid detection and to sell their limited stock at very high prices. The pattern continues to be small fragmented groups operating in the illicit

market; no large-scale syndicate is known to have operated in Hong Kong since the arrest of Ma Sik-chun and his associates in 1977. During 1979, some 1,930 persons were prosecuted under the Dangerous Drugs Ordinance for major offences such as drug trafficking and manufacturing and another 4,190 were charged with minor offences such as simple possession and smoking.

#### **Treatment and rehabilitation**

5. As a result of the continuous shortage of illicit drugs and persistent high prices at street level during 1979, large numbers of addicts were induced to seek treatment. The Medical and Health Department, since the methadone maintenance and detoxification programmes were combined in August 1979, operates 20 methadone clinics throughout Hong Kong. The easy availability of methadone treatment facilities in convenient locations, coupled with the scarce supply and high price of drugs, has induced large numbers of addicts to seek treatment at these centres. By the end of the year, a total of 9,294 patients were registered for treatment with 7,270 attending daily, giving an attendance rate of 78 per cent, as compared with 7,700, 5,400 and 70 per cent during the same period in 1978.

6. During the year, the Prisons Department and the Society for the Aid and Rehabilitation of Drug Abusers (S.A.R.D.A.) continued to contribute significantly to the overall efforts in the treatment and rehabilitation field. The Prisons Department continued to expand the existing facilities at the Drug Addiction Treatment Centres (D.A.T.C.s) in Tai Lam and Hei Ling Chau. At the end of 1979, the total capacity of these centres reached 1,516. During 1979, a total of 1,655 persons were admitted to the Prisons Department's custodial treatment programme, in addition to the 1,502 persons who were still being treated at the centres when the year started. The Department also provided detoxification treatment to 2,801 inmates of the Prisons proper who were confirmed to be drug dependants. During the same period, S.A.R.D.A. provided treatment for 2,169 male and 85 female addicts at its in-patient centres in Shek Kwu Chau and Wan Chai.

7. The preliminary report on the experimental project involving the use of acupuncture/electro-stimulation, prepared by the Principal Investigator, Dr. H. L. Wen, was under study at the end of the year by the National Institute on Drug Abuse (N.I.D.A.) of the United States, the sponsor of the project. When N.I.D.A.'s evaluation is received, it will be considered by the A.C.A.N., which will then advise the Government whether A.E.S. should be adopted as an additional treatment modality in Hong Kong, whether further research is required, or whether it should be discontinued.

8. During 1979, the daily average of addicts in the various major treatment and rehabilitation programmes was 12,000 as compared with 6,000 six years ago. Coinciding with this increase was a steady decrease in the number of those convicted of minor drug offences from 16,200 in 1974 to 3,600 in 1979. Although other factors may have contributed to this decrease, it is believed that the expansion of treatment facilities, particularly the Medical and Health Department's methadone treatment programme, has played a major part.

U.S CAN DO!!

#### **Preventive Education and Publicity**

9. The government spent \$940,000 to implement its many preventive education and publicity programmes during the year, marking its continuing and growing commitment to arrest the problem of drug abuse in Hong Kong. The A.C.A.N. Mass Rally, the biggest community involvement project ever launched by the A.C.A.N., was attended by some 30,000 students and community leaders at the Hong Kong Stadium on 18 April. It featured the theme - 'Hong Kong's Youth Against Drugs' - which was highlighted by colourful, quick-moving and exciting performances such as a simulated battle against drug traffickers, a free-fall parachute demonstration and tele-match games. The Rally proved to be a tremendous success and generated great interest and publicity for A.C.A.N.'s anti-narcotics work. Another significant event during the year was the burning of 550 kilograms of seized illicit drugs at the Kennedy Town Incinerator on 22 June 1979. Sir Albert Rodrigues, Chairman of the A.C.A.N. officiated, and many other prominent personalities involved in drug-suppression work attended the ceremony which was widely covered by both the local and international news organizations. The full text of Sir Albert's speech is reproduced in Appendix 2.

10. For many years the A.C.A.N. has been seeking a simple and striking symbol which would convey its objectives and its means of achieving them, in easily recognizable form. Towards the end of the year, a logo for the A.C.A.N. was finally adopted, thanks to the imagination of a young local artist, Mr. Victor Lee Ki-kwok. The new symbol will be widely used in all future publications and publicity materials of the A.C.A.N. It features on the front cover of this report, and its symbolism is explained on the inside cover.

11. Other major events organized during the year included three major district anti-drug campaigns in Wan Chai, Mong Kok and Tsuen Wan; a seminar for community leaders at S.A.R.D.A.'s Shek Kwu Chau Treatment and Rehabilitation Centre; extensive and intensive mass media publicity through television, radio and the press; as well as exhibitions, mobile street theatres, posters and pamphlets.

#### **International Action**

12. Externally, Hong Kong continued to give unstinted support to international action against drug trafficking and abuse. The territory's close links with the United Nations and its agencies, inter-governmental bodies such as the Colombo Plan Bureau, Interpol, and the Customs Cooperation Council, and with individual governments in Southeast Asia, Europe and North America were well maintained throughout the year. During the period Hong Kong took part in 9 international meetings concerned with policy-formulation, anti-drug law enforcement, treatment and rehabilitation and preventive education. Hong Kong also made its fifth contribution of \$100,000 to the United Nations Fund for Drug Abuse Control (U.N.F.D.A.C.) in support of its world-wide control measures. Reflecting Hong Kong's importance to the international community as a training venue for anti-narcotics officials from other countries, a total of 131 visitors came from all over the world during 1979 for training attachments

and instructional visits, including the first intensive, month-long regional training course for physicians on drug abuse and treatment organized by Hong Kong on behalf of the World Health Organization.

#### **Data-base for policy-making**

13. During 1979, the computerized Central Registry of Drug Addicts (C.R.D.A.) proved to be an increasingly effective tool in gathering accurate information on, and evaluating, the local drug addiction situation. Since August 1978, when the reorganization of the C.R.D.A. system was completed, the Registry has produced four statistical reports on developing trends in, and characteristics of, the addict population based on over 100,000 data record sheets received on 33,000 individual drug dependants. In addition, the Registry also undertook several special studies on Hong Kong's treatment programmes which resulted in proposals being formulated to modify our treatment policies and practices. Together with other indicators, the Action Committee Against Narcotics (A.C.A.N.) now has a sophisticated mechanism on which to base its recommendations to the Government.

#### **Conclusion**

14. The government's anti-narcotics programmes do not, and cannot, function in isolation as, inevitably, the twin-evils of drug trafficking and drug abuse are related to other social problems. It is therefore encouraging to note that continuing progress is being made in fighting such evils as violent crime and corruption, and in improving social services in the fields of public housing, medical care, education, employment opportunities and community and youth services.

15. Although much has been achieved during the past years, Hong Kong's narcotics trafficking and abuse problems are still far from being solved; the eradication of such long-standing evils is necessarily a long-term goal. The Government is applying considerable resources to achieve its ultimate objective of a drug-free society, but it cannot solve the problem alone; it needs, and has been getting, in steadily increasing measure, support from its own community and from the wider family of nations throughout the world. The Action Committee Against Narcotics would like to take this opportunity to express its thanks and appreciation to all those, both in Hong Kong and overseas, who have contributed to, or are assisting in any way, Hong Kong's determined struggle against its drug problem.

## **Chapter 2**

### **Drug Abuse in Hong Kong**

Drug abuse is a serious and long standing problem in Hong Kong with social, cultural, economic, legal, medical and psychological implications. It should, therefore, be viewed not merely on its own, but within the overall context of the place and its people.

2. Hong Kong is predominantly a Chinese community. It is one of the most densely populated cities in the world, with over 5 million people living in an area of only 1,052 square kilometres, much of which is unproductive hillsides and barren islets. In the main urban areas of Hong Kong Island, Kowloon, New Kowloon and Tsuen Wan, where most of the population lives, the density reaches 25,400 per square kilometre. In one district, Mong Kok, there are about 144,000 people per square kilometre, eight times the density of Tokyo. Given this high population density and its social context, the complexity of Hong Kong's drug problem is self-evident.

#### **The size and nature of the problem**

3. The exact size of the Hong Kong drug addict population is not known. In 1959 when detailed statistics and other data were not available, a Government White Paper estimated the number of addicts as high as between 180,000 and 250,000 based on the opinions of those engaged in law enforcement and treatment. More recently figures of between 50,000 and 100,000 have been commonly quoted. With the computerized Central Registry of Drug Addicts (C.R.D.A.) becoming fully operational in August 1978, however, a sophisticated data collecting system was made available, which for the first time, presented more accurate and in-depth information on the characteristics and trends of the addict population and enabled a more sophisticated and educated estimate of the extent of the drug problem to be made. Based on the number of addicts known to the Registry, which up to the end of December 1979 had received 102,000 reports on 33,000 individual drug addicts, and on other indicators, it now seems very likely that the addict population in Hong Kong may be below 40,000. (For details of the C.R.D.A., please see Chapter 19).

4. Amongst its major findings, the Registry confirms that heroin continues to be the primary drug of abuse in Hong Kong. 84 per cent of the addicts are reported to abuse heroin at the time of their first report, 12 per cent use opium and the remaining 4 per cent use other drugs. Among the heroin users over half (51 per cent) take the drug by fume inhalation, about one third (33 per cent) by injection and 15 per cent by smoking. With regard to geographical distribution of addicts, 39 per cent live in New Kowloon, 22 per cent in Kowloon, 22 per cent on Hong Kong Island, 17 per cent in the New Territories and on outlying islands, and 0.2 per cent in marine areas. As to age distribution, the largest proportion of addicts are in the 20-29 age bracket (32 per cent), 64 per cent are 30 and over and only 4 per cent are 19 and under. Regarding sex distribu-

tion, the Registry reveals that only 5.8 per cent of all reported individuals are women (i.e. in actual numbers, about 1,900) and most of them usually earn their living as prostitutes, bar girls or dance hall hostesses. Despite the relatively small proportion of females among all known addicts, there is a great disparity in the age distribution of male and female addicts; whereas 18 per cent of men are under 25 years of age, the corresponding figure for women is 41 per cent. The number of newly known female addicts has also been increasing at a faster rate than males. Increased attention is therefore being focused on the problem of female drug addiction and positive action has already been taken, through the media of television publicity, the newspapers and posters, to spread the anti-drug message specifically to women and girls.

5. In Hong Kong, the profile of a typical drug addict, as derived from data collected by the C.R.D.A., is of an adult male over 21, in the lower income group, generally employed as unskilled or semi-skilled labourer, or factory process worker, with not more than five years primary education, living in overcrowded accommodation and single, or if married, usually separated from his family.

6. As far as the relationships between drug addiction and crime is concerned, there is as yet no concrete evidence from which a conclusion can be deduced; research will continue to explore the possible causal connection. However, it is encouraging to note that the percentage of convicts entering prisons institutions found to be addicted has now dropped to 43 per cent as compared with 53 per cent in 1978, 73 per cent in 1973, and a staggering 90 per cent in 1950.

#### Drugs of abuse

7. Prior to 1950, opium was the main drug of abuse in Hong Kong and the use of heroin was virtually unheard of. A new situation was precipitated by the tremendous influx of immigrants from China in the 1950s, bringing with it heroin chemists from Shanghai and addicts from various parts of the country, which induced drastic changes in the local drug trafficking and drug abuse patterns. By 1974, about 79 per cent of the addict population were believed to be on heroin and the majority of the remainder on opium. The swing to heroin quickened thereafter as a result of effective law enforcement action which severely curtailed the supply of opium. Based on the findings of the C.R.D.A., it is estimated that approximately 84 per cent of the addicts in Hong Kong are now on heroin.

8. There is as yet no widespread abuse of cannabis in Hong Kong and their use is generally confined to a relatively small number of local bar girls, and some expatriates living-in or in transit through the territory.

#### Cost of addiction to society

9. The social implications of addiction to Hong Kong are considerable. In 1979, the Government spent approximately \$210 million in real terms on its overall anti-narcotics measures, an increase of about 17% on the year before. Of the \$210 million, 64 per cent went to law enforcement, 33 per cent to treatment and rehabilitation, one per cent on preventive education and publicity

and 2 per cent on general administration. Government expenditure is, however, dwarfed by the costs of drug addiction to the addicts themselves. Taking a conservative 'guesstimate' of 40,000 addicts, and making a number of assumptions about patterns of drug-taking and daily expenditures, the possible annual expenditure by addicts would range between \$250 million and \$440 million. This is about the same as the current annual expenditure of the Education Department or the Fire Services Department and the Post Office.

#### Methods of taking drugs

10. Nearly all opium addicts in Hong Kong smoke opium by the traditional method of using a pipe and a lamp. Heroin, on the other hand, is usually taken in one of the following ways:

- (a) *Chasing the dragon.* This is done by heating No. 3 heroin (heroin of about 25 to 30 per cent purity) on a piece of tin foil with a lighted taper or a candle and inhaling the fumes through a paper tube. The slang term depicts the action of the tube following the movement of the fumes as chasing after a dragon's tail.
- (b) *Playing the mouth organ.* This is a variation of 'chasing the dragon' which uses a match box to inhale the fumes instead of a tube. The purpose of this is to inhale as much of the fumes as possible.
- (c) *Firing the ack-ack gun.* This is done by placing a few granules of heroin on the tip of a cigarette. The cigarette is smoked in a vertical position so as to prevent the heroin from falling.
- (d) *Injection.* This is widely known as 'mainlining' whereby heroin is mixed with water and taken by means of intravenous, subcutaneous or intramuscular injection with the aid of a hypodermic syringe.

11. Whilst the first three are generally regarded as traditional methods of taking heroin, the proportion of addicts using injection has been on the increase in the past few years. Findings of the Registry show that during 1979, because of the scarce supply and consequent high prices of drugs, the proportion of addicts using the injection method rose from 50 to 75 per cent, compared with 14 per cent in 1972-74. The increase is due to some addicts trying to get greater 'mileage' out of their limited and expensive supplies. It is particularly dangerous to inject No. 3 heroin as it contains many impurities and active substances such as strychnine which may damage the heart, even fatally.

#### Types of heroin

12. Heroin, commonly known as 'white powder' in Cantonese, is found on the local illicit market in two forms:

- (a) *No. 3 heroin.* This is by far the most common type found in Hong Kong. It is granular in form and is normally light brown or grey in colour, depending on the technique employed in producing it. It contains about 25 to 30 per cent of heroin; the other major constituent being caffeine. When heated, caffeine readily sublimes and for this reason, is used to produce No. 3 heroin for smoking purposes.



- (b) *No. 4 heroin*. This usually appears in the form of a white fluffy powder and has a purity above 90 per cent. On account of its high purity, it is more frequently used for 'mainlining'. The manufacture of this type of heroin requires very skilful techniques, and was last known to have been made in Hong Kong in 1973; the relatively small quantities of No. 4 heroin available on the illicit market are believed to have been imported from Thailand.

#### Causes of addiction

13. The reasons generally given by addicts experimenting with drugs are the influence of their friends, curiosity and an urge for fun and 'kicks'. Some addicts mention their initiation into heroin use as a means to increase sexual ability and pleasure, to relieve fatigue, to mitigate pain caused by certain diseases and to escape from the frustrations of life.

14. There are other important, though indirect, causes that need to be taken into account. These include the loosening of family ties, the generation gap and other social problems such as crime, corruption, inadequate education and housing, and unemployment. In this connection, it is encouraging to note the progress made by the Government in tackling these problems, which helps indirectly to ameliorate the drug problem.

For instance:

- (a) There has been a steady decline in the number of robberies reported from 11,120 in 1975 to 7,620 in 1979, a decrease of 32 per cent in five years, (although the 1979 figure represents a large increase on the 5,660 cases reported in 1978). In this respect, the continuing debate in many countries on the relevant impact of crime and unemployment on drug abuse, and vice-versa, is noteworthy.
- (b) The Independent Commissioner Against Corruption, which was established in January 1974, has had an increasing impact in reducing corruption in the Civil Service which feeds, *inter alia*, on evils such as drug addiction, prostitution and gambling. There is popular confidence that the Commission's hard and unremitting work will continue to play an important role in the Government's overall anti-narcotics efforts. In fact, the Community Relations Department of the Commission has joined hands with the Narcotics Division in mounting preventive education and publicity campaigns at district levels.
- (c) Over two million people, or 40% of the population, have now been provided with Government-subsidized public housing. Although more and better housing units are being completed every year, the demand continues to be high, as is the priority accorded to its satisfaction.
- (d) With the introduction of free primary education for all in 1971 and an additional three years' free secondary education in 1978, the general educational standard of the younger generation has been raised considerably. The total school population at present is over 1.3 million.
- (e) The healthy economic situation in Hong Kong has continued to provide adequate employment opportunities for the population and, at the same

time, has boosted the real income of industrial workers. In September, 1979 the *real* average daily wages (excluding fringe benefits) had increased by 81 per cent on the base period of July 1973 to June 1974. During the same period, the cost-of-living index went up by 40 per cent, making an increase of 29 per cent for the index of real average daily wages.

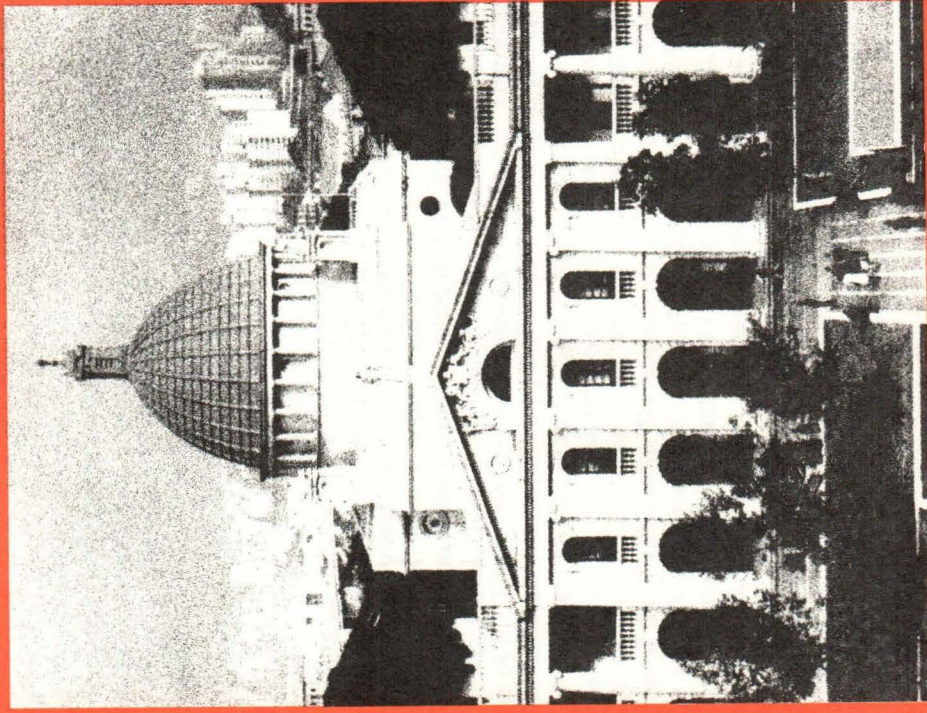
- (f) Social security has been greatly expanded since 1971 and is at present provided in the forms of schemes for public assistance, special needs allowance, criminal and law enforcement injuries compensation, traffic accident victims assistance and emergency relief. All these are non-contributory, designed to help needy individual and families, the aged, the disabled, and victims of violent crime. Total government expenditure on these schemes amounted to \$359.8 million in the 1978-79 financial year.

15. The importance of providing healthy and meaningful alternatives to drug abuse is also recognized. Over the past eleven years, the Government has been pursuing a vigorous programme to expand cultural and recreational facilities for the public and particularly for teenagers. (Young people under the age of 20 represent 39 per cent of Hong Kong's total population). There are now more sports centres, playgrounds, swimming pools and community centres. The number of country parks has been greatly increased, as evidenced by the opening during the year of the Maclehorse Trail, which is 100 kilometres long and runs through 7 parks. The annual Summer Youth Programme together with other regular recreation and sports activities organized by government departments and voluntary agencies offer a wide range of healthy outlets for over a million young people during their leisure. As their energy is channelled to healthy activities, the risk of young people joining the ranks of drug addicts is considerably reduced.

16. Achievements and progress in all these areas have undoubtedly enhanced the effectiveness of Hong Kong's anti-narcotics efforts. Whilst social progress is continuing, the policy of the Government is to place greater and more important emphasis on its preventive work: the promotion of healthy alternatives, dispelling the myths of drugs from the minds of young people, reducing group pressures on the young to take drugs, and creating in the minds of the public a greater awareness of the underlying causes and evils of drug abuse and the role they can play to help to overcome the problem. It is exceedingly heartening to see that the carefully coordinated efforts by all concerned have begun to bear fruit; present indications are that Hong Kong is not merely containing the drug problem but is also making significant inroads into it by inhibiting the spread of drug abuse to the younger generation through its preventive programmes.

# POLICY, COORDINATION AND LEGISLATION

# 2



## Chapter 3

### Policy-making and Coordination

On 11 November 1959 a White Paper entitled 'The Problem of Narcotic Drugs in Hong Kong' was laid before the Legislative Council of Hong Kong. It stated, *inter alia*, that:

*'As drug addiction is one of Hong Kong's greatest social and economic problems, Government's policy is to neglect no measure that has a reasonable chance of contributing to its suppression.'*

2. On 13 March 1974 a second White Paper with the same title was tabled in the Legislative Council which reiterated that *it is a major object of Government policy to stop the illicit trafficking of drugs into and through Hong Kong and to eradicate drug abuse from the community.*

3. Then as now, the Government recognized drug abuse as a major and most intractable problem, and attached great importance to dealing with it effectively. In 1979, the Government spent \$210 million, in real terms, in fighting the problem, in addition to other resources contributed by voluntary agencies and civic bodies.

#### The Overall Strategy

4. Drug abuse is a multi-faceted problem and must, therefore, be tackled by policies embracing all its aspects. In Hong Kong, the overall strategy has four main elements, i.e. law enforcement, treatment and rehabilitation, preventive education and publicity, and international cooperation. The implementation of these programmes involves a wide range of Government activities. Law enforcement is the responsibility of the Narcotics Bureau and individual district formations of the Royal Hong Kong Police Force, and of the Customs and Excise Service of the Trade, Industry and Customs Department. Treatment and Rehabilitation are mainly undertaken by the Medical and Health Department, the Prisons Department and a voluntary agency known as the Society for the Aid and Rehabilitation of Drug Abusers (generally known in Hong Kong as 'S.A.R.D.A.'). Preventive Education and Publicity rests mainly with the Narcotics Division of the Government Secretariat, the Information Services Department and various Government district offices concerned with community-building efforts. International cooperation is the responsibility of all.

5. The efforts made in the four areas and by all the departments and organizations mentioned above are inter-related and closely coordinated. Efficient law enforcement curtails the supply of illicit drugs and pushes up their prices, thereby inducing many addicts to seek ways of ridding themselves of their drug habit through treatment. Facilities must therefore be provided to accommodate this expansion of demand for treatment, the effectiveness of which reduces the demand for illicit drugs. Preventive education and publicity aims to prevent the existing addict population from being augmented by young people and also to stimulate public support and assistance in fighting the problem. Cooperation

on the international front enhances the effectiveness of efforts in the three previously mentioned areas through the exchange of information, experience and know-how, and also seeks to reduce and eventually suppress illicit opium production by crop-substitution and rural development schemes in the world's main growing areas, as well as by law enforcement.

6. In isolation, none of these efforts alone, however successful, can be effective. Success in the interdiction of illicit drug supplies, for instance, will be short-lived, and might even have very serious social consequences, if not coupled with adequate facilities for treatment. The Government's emphasis is, therefore, on the careful coordination of all its anti-drug efforts in Hong Kong so as to achieve a balanced and effective overall programme.

#### **Action Committee Against Narcotics (A.C.A.N.)**

7. Prior to 1959, there was no central body in the Government to supervise and coordinate the work against drug trafficking and drug abuse in Hong Kong. The only governmental agencies with anti-drug responsibilities were the Police, the Preventive Service (now known as the Customs and Excise Service) and the Prisons Department, each working quite separately. The former two were engaged in law enforcement action against drug offenders whilst the latter carried out research on the treatment of drug addicts in custody. Outside the Government, there was no facility where a drug addict could seek treatment voluntarily, apart from individual private medical practitioners.

8. In 1959, the Government entrusted the Secretary for Chinese Affairs (now known as the Secretary for Home Affairs) with the coordination of policies to which executive departments should work in the fight against drugs. A committee, known as the Narcotics Advisory Committee, was set up in the same year, under the chairmanship of the Secretary for Chinese Affairs and consisting of the 13 unofficial members of the Executive and Legislative Councils; its purpose was to advise on major policy issues.

9. As a result of one of the recommendations made at a Narcotics Seminar held in October 1964 and sponsored by the Secretariat for Chinese Affairs and the Hong Kong Discharged Prisoners' Aid Society, an Action Committee Against Narcotics (A.C.A.N.) was set up in June 1965 consisting of representatives of nine government departments and seven voluntary agencies involved in anti-drug work. The Committee was designed to bring about at operational level a much greater degree of practical cooperation and exchange of information and ideas. It was also responsible for drawing the attention of the Narcotics Advisory Committee to any changes in government policy, or in the law, which might appear desirable.

10. In January 1974, the Narcotics Advisory Committee and the then A.C.A.N. were replaced by a reconstituted Action Committee Against Narcotics which was given new and strengthened terms of reference, making it the *sole* advisory instrument of the Government on all policy matters relating to the eradication of drug trafficking and drug abuse in Hong Kong. To this end, it monitors and reviews the effectiveness of programmes and projects undertaken by the Government and voluntary agencies. It also advises the Government, through

the Secretary for Security and the Secretary for Social Services, on the allocation of resources in this field. Departmental plans, and those of voluntary agencies which receive subventions from the Government or from Government-controlled charities, are referred to the A.C.A.N. for its consideration and recommendation. At present, the A.C.A.N. consists of nine official and five unofficial members under the chairmanship of Dr. the Honourable Sir Albert Rodrigues. Its membership and terms of reference are shown in Appendix 7.

11. During the year under review, the A.C.A.N. launched a preventive education and publicity campaign, on a scale larger than ever before, through a series of major and minor projects spread throughout the year. In the legislation field, the A.C.A.N. examined and recommended a number of legislative measures, including proposals for the control of codeine, the sequestration of assets of convicted major drug traffickers, a law against trafficking in a substance purporting to be a dangerous drug, provisions to protect the confidentiality of drug addicts' records kept by the Central Registry of Drug Addicts and its reporting agencies, and legal sanctions against ocean-going vessels repeatedly found to be carrying dangerous drugs. As far as research was concerned, the Central Registry of Drug Addicts, which came into full operation in August 1978, continued to produce increasingly useful analytical reports on overall trends and characteristics, and undertook a number of studies on specific aspects of drug addiction. Details of these developments and other efforts related to the A.C.A.N. are given in the following chapters.

#### **Preventive Education and Publicity Sub-committee of A.C.A.N.**

12. The Preventive Education and Publicity Sub-Committee is responsible for advising the A.C.A.N. on policy matters indicated in its name, as well as on the work programmes required to implement agreed policies. In addition, it initiates action to implement these programmes, monitors their effectiveness and coordinates all government efforts in this field.

13. In 1979, the Sub-committee was further strengthened by the addition of new members, with the experience and expertise to contribute positively to the development of Hong Kong's Preventive Education and Publicity programmes. Under the chairmanship of Mr. K. L. Stumpf, an unofficial member of A.C.A.N., the Sub-committee has a membership of 13 comprising representatives from various departments and voluntary agencies. New members joining the Sub-committee during the year included Mr. L. B. McQuarrie (Head of the School of Social Work of the Hong Kong Polytechnic), Mr. Peter Mak (Principal Information Officer of the Social Welfare Department) and Mrs. Shelley Lau (Assistant Secretary (Community Affairs) of the New Territories Administration). The terms of reference and membership of the Sub-committee are shown in Appendix 8.

14. The Sub-committee's activities during the year are described in detail in Chapter 16.

### Standing Committee on the Review of Anti-Narcotics Legislation

15. The Standing Committee on the Review of Anti-drug Legislation was set up under the chairmanship of Mr. E. I. Lee, Commissioner for Narcotics, in December 1976, with its membership drawn from the Narcotics Bureau of the Royal Hong Kong Police Force, the Customs and Excise Service, the Medical and Health Department, and the Legal Department. Its purpose is to keep existing anti-drug laws under constant review and to make recommendations on any legislative measures deemed necessary and appropriate to cope with the evolving drug situation. Its recommendations are reported to the A.C.A.N. for consideration. During the year, the Standing Committee met twice and recommended that legislation should be considered to control the trafficking of fake drugs, to place sanctions on ocean-going vessels found repeatedly to be carrying illegal drugs, and also endorsed tentative proposals for the sequestration of assets of convicted major drug traffickers.

### Standing Committee on the Treatment and Rehabilitation of Drug Addicts

16. In early 1975, on the recommendation of the A.C.A.N., the Medical and Health Department established a Narcotics and Drug Administration Division (N.D.A.D.) within its departmental framework. Apart from the day-to-day management of the department's methadone treatment programme, the Division is responsible to the Director of Medical and Health Services for the development, coordination and supervision of all government-approved drug addiction treatment programmes and for the conduct of research in this field. To facilitate the functioning of the Division and to provide a forum for communication between government departments and voluntary agencies, a Standing Committee on the Treatment and Rehabilitation of Drug Addicts was set up in August 1975. It is chaired by the Assistant Director (Narcotics), Dr. K. F. Chan, and comprises nine representatives from relevant government departments and voluntary agencies. Its findings and recommendations are submitted to the A.C.A.N. through the Director of Medical and Health Services who is an ex-officio member of the A.C.A.N. The terms of reference and membership of the Committee are shown in Appendix 9.

17. During the year, the Committee held a series of meetings to examine the progress of government's methadone treatment programme, and to consider a number of other issues, including proposals for legislative amendments to the control of codeine and phencyclidine, appointment of an adviser/consultant on the treatment and rehabilitation of drug abusers in Hong Kong, an application for a land grant by the Wu Oi Christian Centre to set up a drug treatment and rehabilitation centre on Sunshine Island and the employment of methadone maintained patients in the Civil Service.

## Chapter 4

### Anti-narcotics Laws

Hong Kong's laws relating to dangerous drugs are kept under constant review by the Government, with the advice of the Action Committee Against Narcotics, to ensure that they remain relevant and applicable to the ever-changing situation of the narcotics problem, and can be effectively enforced.

#### The Dangerous Drugs Ordinance

2. The Dangerous Drugs Ordinance (Chapter 134 of the Laws of Hong Kong) is the most important ordinance dealing with narcotic offences in Hong Kong. It covers a wide range of dangerous drugs, including opium and its derivatives, barbitone, cocaine, codeine and cannabis and synthetic drugs which are likely to be abused. Some of the more important provisions contained in the Ordinance are:

- (a) *offences with a maximum penalty of life imprisonment and a fine of \$5 million on conviction on indictment—*
  - (i) Trafficking (including importing, exporting, procuring, supplying or otherwise dealing in) in dangerous drugs. (On summary conviction, a maximum of three years imprisonment and a fine of \$500,000).
  - (ii) Possession of dangerous drugs for the purpose of unlawful trafficking. (On summary conviction, a maximum of three years imprisonment and a fine of \$500,000).
  - (iii) Manufacturing dangerous drugs.
- (b) *Offences with a maximum penalty of 15 years imprisonment and a fine of \$5 million on conviction on indictment and three years imprisonment and a fine of \$500,000 on summary conviction—*
  - (i) Opening, keeping, managing or assisting in the management of a divan.
  - (ii) Being an owner, tenant, occupier or person in charge of any place or premises, permitting such place to be used as a divan, for trafficking or manufacturing or storage of dangerous drugs.
  - (iii) Letting or agreeing to let, whether as principal or agent, knowing that the place or premises is to be used as in (ii).
- (c) *Offences with a maximum penalty of 15 years imprisonment and a fine of \$100,000 on conviction on indictment—*
  - (i) Cultivating cannabis or opium poppy.
  - (ii) Supply, procure or offer to supply or procure or in any way deal in or with or offer or purport to do so or import or export or do any act preparatory to or for the purpose of importing or exporting cannabis plant or opium poppy.
- (d) *Offences with a maximum penalty of three years imprisonment and a fine of \$10,000 on conviction on indictment or on summary conviction—*
  - (i) Possessing a dangerous drug otherwise than for trafficking.
  - (ii) Smoking, inhaling, ingesting or injecting a dangerous drug.

(iii) Possessing pipes, equipment or apparatus fit and intended for use as in (ii).

3. A notable feature of the Ordinance is Section 39 which states that 'Any person convicted of conspiracy to commit an offence under this Ordinance shall be liable to the penalty prescribed for that offence and any special rules of evidence which apply with respect to the proof of that offence under this Ordinance shall apply in like manner to the proof of conspiracy to commit such offence.' This conspiracy law has enabled the law enforcement agencies to bring many syndicate heads to justice. Its use has made financiers and controllers of trafficking groups, who take the utmost care to avoid handling illicit drugs personally, realize that they can no longer be immune from arrest and prosecution.

4. Another noteworthy feature of the Ordinance is Section 53A which empowers a magistrate to authorize the law enforcement agencies upon application from them, to detain the travel documents of a suspect for a period of three months and if necessary, two further periods of three months to allow more time for investigation. This new provision is designed to deal with persons under investigation for serious drug offences such as major trafficking in, or manufacture of, dangerous drugs and is designed to make it difficult for them to escape from Hong Kong.

#### **Amendment to the Dangerous Drugs Ordinance to provide more opportunities for minor drug offenders to be treated in a Drug Addiction Treatment Centre**

5. Broadly speaking, there are two types of sentences which a court can impose on a minor drug offender. The first are non-custodial, such as a fine or probation order. The second are custodial sentences either to a prison as provided under the Dangerous Drugs Ordinance (Cap. 134) or to a drug addiction treatment centre as provided under the Drug Addiction Treatment Centres Ordinance (Cap. 244).

6. The Legislative Council approved a bill in August 1979 to make it mandatory for the Courts to obtain a drug addiction treatment centre suitability report on minor drug offenders, when a custodial sentence is intended. Prior to an offender being sent to an addiction treatment centre, the court is required to first consider a report of the Commissioner of Prisons on the suitability of such a person for cure and rehabilitation and on the availability of a place at a centre. However there is no such provision under the Dangerous Drugs Ordinance prior to a minor drug offender being sent to imprisonment. Since 1977, about 20% to 25% of all persons admitted into prisons proper were sentenced to imprisonment for offences against Section 8 or 36 of the Dangerous Drugs Ordinance, which relate generally to the taking of drugs and the possession of drugs and equipment for the purpose. It was felt that many of these would probably benefit by being sent to a drug addiction treatment centre rather than directly to a prison where no specialized treatment is available for their addiction problems. The bill was proposed to allow this to be done and for at least a report on the drug offender to be obtained. A court, after considering a suitability report, is now able to send an offender to a treatment

centre or to a prison depending on its judgement of the circumstances and nature of each case.

#### **Amendment to the Dangerous Drugs Ordinance for the control of Phencyclidine (P.C.P.)**

7. In December 1979, an amendment was made to the Dangerous Drugs Ordinance by including 'Phencyclidine' in Part I of its First Schedule so as to control the manufacture, use, possession and movement of the drug in Hong Kong. Phencyclidine, commonly known as P.C.P. or Angels Dust, is a psychotropic drug first synthesized about 20 years ago as an anesthetic agent, and presently only used in veterinary medicine. It is very powerful even in small quantities, and its effects are more potent than L.S.D., marijuana and other hallucinogens; abuse of it is spreading at an alarming rate in the United States of America and some countries in Europe. Although there is no evidence to suggest that the drug is abused in Hong Kong, its inclusion in Part I of the First Schedule of the Dangerous Drugs Ordinance will serve as a timely preventive measure against possible abuse, illicit manufacturing and trafficking, by making it subject to the same severe controls and penalties as heroin and opium.

#### **Proposed sanctions against ships repeatedly found to be carrying illicit drugs**

8. During 1979 active consideration was given to finalizing a proposal to impose legal sanctions against ocean-going vessels repeatedly found to be carrying illicit drugs. According to records taken between 1974 and 1979, a total of 540 seizures were made on board 435 ocean-going vessels, resulting in the arrest of 69 couriers and the seizure of 281 kilograms of drugs. In many cases, seizures were repeatedly found on board certain ocean-going cargo vessels plying between Hong Kong and Southeast Asian ports, and very often no arrests were made as the drugs were discovered in public areas to which many crew members had easy access. In view of the high frequency of drug seizures made on board these vessels (for example the M.V. 'Tai Chung Shan' which had a record of 53 seizures made on it between 1972 and 1979), the Action Committee Against Narcotics at its meeting in July 1978 endorsed a proposal to amend the Dangerous Drugs Ordinance so as to enable fines to be imposed on the masters and owners of ocean-going vessels on which dangerous drugs have been repeatedly found. This legislation, if enacted, will not only induce greater vigilance on the part of masters and owners in supervising loading operations, but will also make them more aware of the need for better crew discipline and improved security arrangements on board the vessel. It is expected that an amendment to the Dangerous Drugs Ordinance to this effect will be submitted to the legislature shortly.

#### **Proposed amendment to the Dangerous Drugs Ordinance on sequestration of assets of convicted major drug traffickers**

9. Consideration was given during the year by the Standing Committee on the Review of Anti-Narcotics Legislation and the government departments concerned as to the possibility of amending the law so as to strip convicted

major drug traffickers of their ill-gotten gains. This is in line with resolutions passed by the U.N. Commission on Narcotic Drugs, the Economic & Social Council of the United Nations, and the Interpol General Assembly in 1979. Influenced by these resolutions, and by growing national concern at burgeoning drug abuse, many countries are addressing themselves to this crucial area of anti-narcotics legislation policy. The enormous profits being made world-wide by drug traffickers, and the measures which the international community can take to deal with them, must inevitably be a recurring subject at all future law-enforcement and policy-making meetings.

#### **Acetylating Substances (Control) Ordinance (Cap. 145)**

10. This Ordinance, which was enacted in 1975, aims at tightening the control of acetylating substances, and in particular acetic anhydride which is essential for the chemical conversion of morphine into heroin. Prior to 1975, the law only prohibited the import of acetic anhydride without a licence. Under the present amended Ordinance, the manufacture or possession of acetylating substances without a licence is also an offence. It stipulates that persons contravening the provisions relating to the import, export, supply, manufacture, possession of and dealing in acetylating substances are liable on conviction on indictment to a penalty of 15 years imprisonment and a fine of \$1 million, and on summary conviction to imprisonment for three years and a fine of \$500,000.

11. In 1979, an amendment was made to the Stores Regulations 454 so that acetylating substances seized under the Acetylating Substances (Control) Ordinance (Cap. 145) could be destroyed under the authority of the Commissioner of Police or the Commissioner of Customs & Excise.

#### **Police Supervision Ordinance**

12. The Police Supervision Ordinance (Chapter 224 of the Laws of Hong Kong), enacted in 1956, empowers the court to impose a police supervision order against any person convicted of an offence specified in its first schedule. The purpose of such an order is to supervise the activities of convicted persons for specified periods with a view to inhibiting recidivism. In the past, only a few drug-related offences were contained in the first schedule of the Ordinance. To strengthen the use of this Ordinance against drug offenders, steps were taken by the law enforcement agencies in 1977 to expand the list to include other drug-related offences both under the Dangerous Drugs Ordinance and the Acetylating Substances (Control) Ordinance. This amendment was subsequently passed into law in January 1978 and as a result, a police supervision order may now be made against a person who is convicted of any offence under the following sections of the Dangerous Drugs Ordinance and the Acetylating Substances (Control) Ordinance:

##### *Dangerous Drugs Ordinance—*

- (a) Section 4: unlawful trafficking in dangerous drugs;
- (b) Section 5: unlawful supply or procurement of dangerous drugs;
- (c) Section 6: unlawful manufacture of dangerous drugs;

- (d) Section 7: possession of dangerous drugs for unlawful trafficking;
- (e) Section 8: consumption of dangerous drugs;
- (f) Section 9: unlawful cultivation, supply, import, export, possession of and dealing in cannabis plant or opium poppy;
- (g) Section 35: keeping a dangerous drugs divan;
- (h) Section 36: unlawful possession of equipment for the consumption of dangerous drugs;
- (i) Section 37: allowing premises to be used for the purpose of unlawful trafficking in, manufacturing or storing dangerous drugs.

##### *Acetylating Substances (Control) Ordinance—*

- (a) Section 3: unlawful import and export of acetylating substances;
- (b) Section 4: unlawful supply or procurement of acetylating substances;
- (c) Section 5: unlawful manufacture of acetylating substances;
- (d) Section 6: unlawful possession of acetylating substances;
- (e) Section 7: unlawful removal of acetylating substances in trans-shipment.

#### **Corporal Punishment (Amendment) Ordinance 1974**

13. In addition to the penalty stipulated in the Dangerous Drugs Ordinance, a male drug offender may also be subject to corporal punishment. Under the Corporal Punishment (Amendment) Ordinance 1974 (Chapter 222 of the Laws of Hong Kong), any male person who is convicted of any offence under Section 8 and 36 whilst in the custody of the Commissioner of Prisons, and under Sections 4, 5, 6, 7, 35 and 37 of the Dangerous Drugs Ordinance may be sentenced to be caned in addition to or in lieu of any other punishment for that offence. For the nature of offences under these sections please refer to paragraph 12 of this chapter.

#### **Legislation on treatment and rehabilitation**

14. There are two ordinances governing the conventional type of in-patient treatment and rehabilitation of drug addicts in Hong Kong. They are the Drug Addiction Treatment Centres Ordinance (Chapter 244 of the Laws of Hong Kong) which deals with the compulsory and custodial treatment of addicts found guilty of criminal offences and the Drug Addicts Treatment and Rehabilitation Ordinance (Chapter 326 of the Laws of Hong Kong) which provides for the voluntary treatment of addicts in centres run by the Society for the Aid and Rehabilitation of Drug Abusers. Details of these two different methods of in-patient treatment are given in Chapter 11 and 13 respectively.

#### **Pharmacy and Poisons Ordinance**

15. The medical uses of other types of drugs are controlled by the Pharmacy and Poisons Ordinance (Chapter 138 of the Laws of Hong Kong). This Ordinance was introduced in 1970 with the aim of consolidating the then existing laws relating to pharmacy and poisons. On 1 July 1978, the government announced the immediate implementation of the new Pharmacy and Poisons Regulations and the Poisons List Regulations. These Regulations had received

legislative approval in July 1975. However, owing to representations made by the pharmaceutical organizations and other interested bodies, it was not until early 1978 when the points at issue had been satisfactorily resolved that steps were taken to incorporate the agreed terms into the principal regulations.

16. The revised regulations, implemented with effect from 1 July 1978, not only introduce certain new provisions such as the registration of products, licensing of manufacturers, the testing of products etc., but also provide an up-to-date poisons list which will facilitate proper control over psychotropic substances, making them obtainable only when prescribed by a doctor. Although the abuse of these drugs is not a major problem in Hong Kong, there has been increasing evidence of abuse in recent years pointing to a need for more stringent control. The implementation of the regulations also complies with the provisions of the United Nations 1971 Convention on Psychotropic Substances which aims at reducing the abuse of drugs such as hallucinogens, depressants and stimulants and other types of psychoactive substances through the medium of internationally enforced regulations. Since the Convention entered into force on 16 August 1976, 48 nations have adhered to it.

#### **Proposed legislative amendment to control codeine**

17. Codeine is a narcotic drug included in Part I of the Poisons List and the First Schedule of the Pharmacy and Poisons Regulations. Up to now, by virtue of its being a Part I Poison, codeine has been exempted from control under Section 22 of the Pharmacy and Poisons Ordinance which prohibits the sale of certain drugs without prescription and requires a sales record to be made when such drugs are sold with a prescription.

18. To close this loophole, the Pharmacy and Poisons Board has endorsed a recommendation by the A.C.A.N. to tighten the control of codeine by amending Section 28 of the Pharmacy and Poisons Ordinance. It is expected that the amendment will come into effect next year.

#### **Control of Tilidine**

19. Tilidine is a relatively new synthetic drug used primarily for curing pain, but there is evidence that drug addicts are buying it instead of codeine for the suppression of withdrawal symptoms. In order to bring the drug under control, the Pharmacy and Poisons Board has included it in Part I of the Poisons List and in the 1st and 3rd Schedules of the Pharmacy and Poisons Regulations, so that it can only be sold by authorized sellers and under doctors' prescriptions.

#### **Criminal Procedure Ordinance**

20. In November 1978, the Legislative Council approved a bill to amend the Criminal Procedure Ordinance to tighten up bail procedures for criminal defendants. Under Section 13 of the Criminal Procedure Ordinance (Cap. 221 of the Laws of Hong Kong) any magistrate, district judge or high court judge may grant bail to an accused person. However, up to then, there was no provision for the Crown to appeal against a grant of bail. Although the law existing then had, by and large, worked well, there had been a number of cases during

the past few years in which defendants accused of serious crime avoided trial by absconding. The amendment, which became law in January 1979, gives the Crown the right to have decisions of magistrates and judges granting bail reviewed in the High Court upon application of the Attorney General, and law enforcement agencies are now able to appeal against bail granted to suspects charged with serious drug offences, in order to prevent them from fleeing Hong Kong whilst awaiting trial.

#### **Proposed legislation against trafficking in a substance purporting to be a dangerous drug**

21. During the first half of 1979, possibly due to the shortage of drugs in the illicit market and their high prices, an increase in the number of attempted sales of narcotics where either the drugs were not in existence or were fake powders purporting to be heroin or amphetamine was observed. Although Section 4 of the Dangerous Drugs Ordinance provides that it is an offence to 'offer to traffic in a dangerous drug', whether or not the drug is in existence, there is no specific provision under this Ordinance to cover 'trafficking in a substance purporting to be a dangerous drug'.

22. Consideration was therefore given by the Standing Committee on the Review of Anti-narcotics Legislation to the addition of a subsection (d) to Section 4(1) of the Dangerous Drugs Ordinance to the effect that it would be an offence to 'traffic in any substance represented or held out to be a dangerous drug'. Drafting instructions were being prepared in late 1979 and the bill is expected to be presented to the Legislative Council in early 1980. See also the Postscript.

#### **Legislation to protect confidentiality of information kept by the Central Registry of Drug Addicts**

23. In 1979 action was taken to provide statutory protection and safeguards regarding the confidentiality of records on drug addicts kept by the Central Registry of Drug Addicts (C.R.D.A.) and its reporting agencies. Such protection is considered essential to ensure the continued confidence of the reporting sources and agencies, and of the addicts themselves, in the integrity of the Central Registry. Details of the proposed legislation, which has received the endorsement of the A.C.A.N., are given in Chapter 19.





## Chapter 5

### Anti-drug Law Enforcement

Law enforcement action against the illicit trade in dangerous drugs continued to be successful during 1979, despite changing trends in trafficking and distribution. The neutralization of the last major drug syndicate in mid-1977 heralded a complete fragmentation of the narcotics trade on a large scale. During 1978, traffickers began forming small loosely-knit groups; lacking the financial backing required to maintain a sophisticated operation, they were geared to dealing in relatively small quantities of heroin which could be disposed of quickly. At the same time, the import of heroin base became increasingly common, because of the relative ease of converting it into heroin; the resultant higher profit margin also enabled traffickers to pay their couriers more for smuggling drugs into the territory.

2. The trends that began in 1978 continued into the first half of 1979. But, by June, severe shortages of narcotic drugs became apparent, which raised the price of No. 3 heroin by more than 400% and lowered its purity to 15% during August. This shortage was attributed to:

- (a) the poor opium crop in the Golden Triangle resulting from the winter drought of 1978-79, which decreased production from 500 tonnes in 1978 to about 150 tonnes in 1979;
- (b) more effective enforcement by the Thai authorities which disrupted supplies to Hong Kong;
- (c) effective prevention of illegal drug imports through Kai Tak Airport by increased enforcement action and the establishment of a joint Police/Customs Intelligence Unit in July 1979.

3. Despite stepped-up action against drug traffickers during the year, Police and Customs officers seized only 125 kg of opium, 11.5 kg of morphine, 18.6 kg of heroin base and 129 kg of heroin, as compared with 205 kg of opium, 47 kg of morphine, and 255 kg of heroin in 1978. The developing constriction of supplies, leading to almost total scarcity at mid-year, was reflected in the great fluctuations in prices, both retail and wholesale, which occurred during the year. At the end of 1979, at street level, a 0.1 gm packet of No. 3 heroin with a purity of about 15% was priced between \$50 and \$90, compared to \$40 for 0.326 gm with a 26.6% purity in the same period of 1978.

4. The Police and the Customs and Excise Service arrested and prosecuted 6,118 people for drug offences during 1979, compared with 8,932 during 1978, a drop of 31.5%. The total number of persons arrested for serious drug offences during 1979 was 1,923, which represented 31.46% of all drug offences, compared with a total of 2,391 in 1978, which was 26.77% of all drug offences. A table showing the number of prosecutions and amounts of drugs seized over the past 14 years is at Appendix 10.

5. Nevertheless, in spite of all their successes in recent years, Hong Kong's law enforcement authorities are aware that the struggle against drug traffickers

must continue to be a hard, relentless and uphill battle. Given the immense profits involved in the drug trade, there will always be criminals who are eager to fill the places left behind by those who have either been arrested, imprisoned or who have fled Hong Kong.

6. At the same time, the vast movement of passengers, cargo and fishing vessels into and through the sea and air-ports, which is vital to her very existence and economic well-being, also makes Hong Kong vulnerable to drug smugglers.\* It is virtually impossible to search every passenger, cargo consignment, mail parcel or fishing junk coming into Hong Kong. It is hoped that, however, with ever-increasing cooperation from other countries, including those where the drugs originate, Hong Kong will be able to make even further in-roads in curtailing the supplies of drugs within its territory.

Probably Burma or Thai - 1st!  
China connection starting? (Constant source)  
Arrest, Recently!  
9-5-81  
cet

\* In 1979, 25,212 aircrafts and 9,721 ocean-going vessels arrived in Hong Kong, bringing with them more than 6.2 million passengers and 22.5 million tons of cargo. In addition, some 8,300 locally-based fishing vessels made their way in and out of Hong Kong all the year round.

## Chapter 6

### Illicit Trafficking of Drugs into Hong Kong

#### Thai Trawler Traffic

The use of Thai fishing trawlers had been, since 1966, the most commonly used method for regularly importing large quantities of illicit drugs into Hong Kong. In November of 1974, however, several major syndicate heads were arrested and others fled overseas or went into hiding. As a result, large scale illicit imports by trawlers stopped, and the trade was fragmented. Thereafter, it fell into the hands of small-time traffickers who, lacking the necessary finance and connections for major operations, resorted to using high-frequency, small-quantity imports by individual couriers to smuggle drugs into Hong Kong either through the airport or by ocean-going vessels.

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2. Since smuggling by couriers could only provide piece-meal supplies of illicit drugs, unsuccessful attempts were made as early as mid-1976 to revive the trawler traffic. Several attempts were again reported to have been made in 1979 and one shipment was known to have been foiled by the Thai authorities, resulting in the seizure of 200 kg of heroin. Law enforcement agencies in Hong Kong and in Thailand are constantly on the alert against the possibility of further trawler traffic, and so far there is no evidence to suggest that it has been re-established.

#### Trafficking Routes

3. The 'Golden Triangle' continued to be the main source of supply to Hong Kong, via Thailand and Malaysia. There was also evidence that more illicit drugs of Pakistani origin were being smuggled to Hong Kong. During 1979, 86.55 kg of opium and 2.49 kg of hashish of Pakistani origin were seized.

4. The use of diversified routes whereby drugs were smuggled into Hong Kong via drug-free countries continued. This was evidenced by the arrest of a courier with 0.28 kg of No. 3 heroin who travelled from Penang to Taipei via Hong Kong and then back-tracked to Hong Kong with the drugs. A further illustration was the seizure in Macau in December 1979 of three postal packages from Bangkok containing over two kilogram of No. 3 heroin. Investigations indicated that no less than 26 kg of heroin had been sent to Macau for subsequent smuggling into Hong Kong.

#### Current Methods of Smuggling

5. As in 1978, most illicit drugs were imported into Hong Kong in 1979 by air couriers, air cargo and ocean-going vessels. At the airport, 19 incoming couriers were arrested and approximately 44.6 kg of drugs were seized, compared with 40 arrests and 124 kg of drug seized in 1978. In the harbour, six crew members on incoming ocean-going vessels were arrested, and approximately 122 kg of drugs were seized in 1979; compared with three arrests and 26 kg of drugs seized in 1978.

6. Concealment on the body, in hollowed-out shoes, in tins of fruit, and the well-known use of suitcases with false bottoms remained popular with drug couriers. The suitcases and briefcases used were professionally made with thin layers of heroin packed in the tops and bottoms; they were expertly held in place by adhesive and covered by fibre-glass and factory finished linings.

7. The use of airfreight for drug smuggling has become more sophisticated. Investigations connected with the seizure of 27 kg of No. 3 heroin from an air consignment from Bangkok in August 1979 indicated that at least five consignments had gone through under the cover of false air waybills, with packages switched by airport ground staff prior to customs examination. As a result of the investigation, the U.S. Drug Enforcement Administration was advised of certain air waybills which had been missing from airlines offices and believed to have been used for smuggling. Armed with such information, the U.S. authorities seized 113 kg of cannabis in Dallas, Texas from a consignment shipped to Los Angeles from Bangkok via Tokyo under an air waybill reported missing in a Hong Kong office. Several seizures of drugs using the same modus operandi were reported in many countries during the year.

8. The use of ocean-going vessels is still favoured by traffickers for smuggling larger quantities of drugs. During the year, several significant seizures were made. In January, two crew members, one being the 3rd officer, were arrested on board the m.v. 'Lu Chiang' from Karachi following the seizure of 10.83 kg of raw opium in their cabins. They were prosecuted but acquitted on benefit of doubt. In March, on board the m.v. 'Eastern Power' from Bangkok, 3.0563 kg of cannabis were found concealed in the chart room. In April, on board the m.v. 'Alfaraj' from Karachi, 6.9058 kg of raw opium were found concealed near the bilge waterpipe under the iron decking of the shaft tunnel in the engine room. In the same month, on board the m.v. 'United Viscount' from Karachi, two seizures totalling 60.801 kg of raw opium were made. In May, on board the m.v. 'Bhairab' from Karachi, 4.7 kg of raw opium were found in the heavy oil tank in the engine room. In June, a rummage on board the m.v. 'New Star' from Malaysia resulted in the seizure of 2.396 kg of raw opium and 0.2857 kg of prepared opium. In October, on board a Bangkok ferry the m.v. 'Tai Fook Shan', 10.199 kg of morphine and 18.089 kg of heroin were found in an ingeniously constructed hide in the engine room. Successful investigation brought five crew members to prosecution under the Dangerous Drugs Ordinance and the Import and Export Ordinance; their trial is pending.

#### **Types of Narcotics Imported**

9. Diversification in the types and quantities of drugs that are imported into Hong Kong, trends which began in 1976 with the exodus of most of the heroin chemists and in 1977-78 with the cessation of 'bulk' imports by Thai trawlers and fishing junks, continued into 1979, with heroin base still being the most popular method and featuring prominently. The most important factor in respect of this trend is that heroin base requires only the addition of hydrochloric acid, caffeine and other additives, without having to go through the long and odorous acetylating process of converting morphine into heroin. This makes

it possible to sell the resulting No. 3 heroin on the streets only a few hours after its arrival in Hong Kong. It is envisaged that this form of semi-processed product will feature increasingly in future seizures as it occupies less space for concealment purposes as compared with morphine, and so enables the traffickers to increase imports of the marketable product and thereby their profits considerably.

10. The changing types of illicit narcotics smuggled into Hong Kong inevitably affected the methods by which they are prepared for retailing, as explained in paragraph 9 above. The demand for illicit acetic anhydride, for example, has decreased dramatically since 1978, coinciding with the rise in heroin base imports. During 1979, a total of 4.25 litres of acetic anhydride were seized, compared with 640 litres during 1978. Hong Kong has few licit uses for acetic anhydride and since 1975 has placed it and other acetylating substances under strict legislative control. Under the law, the maximum penalty for trafficking in such a substance is 15 years imprisonment and a fine of \$1 million.

## Chapter 7

### Clandestine Manufacture of Heroin

During 1979, the law enforcement agencies in Hong Kong continued to maintain their pressure against heroin manufacturers. A total of 3 refineries were neutralized, resulting in the arrest of 11 heroin manufacturers and their assistants.

2. Of the three refineries neutralized, one was located in a pigsty in the New Territories. 9 kilograms of No. 3 heroin and 1.6 litres of acetic anhydride were seized and four persons arrested. Three of them were charged with manufacturing a dangerous drug and sentenced to nine years imprisonment each whilst the fourth was charged with possession of a dangerous drug for the purpose of unlawful trafficking and sentenced to seven years imprisonment.

#### Methods of Manufacturing Heroin

3. The incidence of the manufacture of heroin from morphine has declined since 1976, when a total of 11 refineries were neutralized. The trend during 1979 was the converting of heroin base into No. 3 heroin (Diacetylmorphine to salts of esters of morphine), or simply the 'cutting' of No. 3 heroin which resulted in the reduction of its purity. Although there were some instances of the more traditional refineries, these two methods, using heroin base and No. 3 heroin respectively, are much less easily detectable than the long and odorous acetylating process and were preferred.

4. Two trends appear to have resulted from the shortage of narcotics in Hong Kong during 1979, namely:

- (a) Barbitone, for a long time absent, was again being added to No. 3 heroin during the final stage of 'cutting', in order to prolong the effects of the drug;
- (b) Small amounts of pure No. 4 heroin were being imported and 'cut' locally, the advantages being the low bulk/high value ratio, no further chemical process is required (as the acetylating process has been completed before arrival), and the relatively large amount of end product which results.

5. During mid-1979, at the height of the acute shortage of heroin available on the streets, the percentage purity was as low as 4% compared with the normal average of over 20%.

6. There are indications that bulk imports to Hong Kong may reappear and that the traditional method of manufacture of heroin from morphine may be revived in Hong Kong. This, however, has not yet been substantiated and it is probable that the process of 'cutting' heroin base will retain its popularity.

#### A Hard Time for Heroin Manufacturers

7. Effective and sustained law enforcement action by the Police and the Customs and Excise Service created three grave problems for local heroin manufacturers. *First*, they had continually to devise greater security measures to avoid

detection. *Second*, they experienced increasing difficulty in recruiting experienced and skilled chemists for their operations since most of them had either been arrested or had fled Hong Kong over the previous five years. *Finally*, they found it increasingly difficult to obtain adequate supplies of acetic anhydride. These, together with the ever-mounting pressure from the law enforcement agencies, partly explained the increasing import of heroin base into Hong Kong as raw material for the production of heroin.

## Chapter 8

### Internal Distribution of Illicit Drugs

During 1979, the availability of drugs on the wholesale market and at street level continued to be scarce. This was attributable to both effective law enforcement action and the shortage of supplies from the Golden Triangle due to a considerably reduced opium crop. As a result, traffickers adopted intense security measures at wholesale and street levels to avoid detection, and sold the limited available stocks at very high prices.

#### Wholesalers

2. In 1979, the practice of dispersing drug stocks to as many storage points as possible continued. As a result, drug stores tended to be smaller than in the past and, due to the lack of any large scale organizations or syndicates, a greater number of drug stores were required. It was rare for more than a few kilograms of drugs to be stored in any one place.

3. At the same time, law enforcement action was intensified against store-keepers and distributors of drugs through many interceptions and searches, usually conducted after lengthy surveillance over suspect persons. During the year, 7 store-keepers/distributors were arrested resulting in the seizure of 125.02 kilograms of opium, 129.23 kilograms of No. 3 heroin and 18.66 kilograms of heroin base.

4. The arrest in 1977 of Ma Sik-chun and his associates marked the neutralization of all major drug syndicates and no large-scale operation has since been known to be operating in Hong Kong.

#### Retailers

5. Continued enforcement efforts at street level forced the traffickers to go further 'underground' and adopt new methods of selling their drugs in order to avoid detection. Besides the common method of selling heroin only to known addicts, by the use of paging machines and pre-arranged telephones, traffickers also conducted the actual financial transactions remote from the location of the drugs, to which the addicts were then directed. To increase their mobility, traffickers hired vehicles to deliver drugs to pre-determined destinations, and also used juveniles to effect delivery. All this created difficulties for addicts wishing to make contact with supply sources, particularly when their regular traffickers had been arrested and they were thus obliged to establish new connections.

6. The limited number of opium divans still operating have all gone underground. The operators have adopted a highly unpredictable way of conducting their business and frequently move from one place to another to avoid detection. Owing to the shortage of prepared opium, many opium addicts have turned to oral ingestion instead of the traditional way of smoking, so as to achieve a better use from the same amount of opium.

#### Drug Prices

7. The increasing overheads incurred by drug traffickers on security measures, coupled with the scarcity of supply, ensured that illicit drug prices were maintained at very high levels during 1979. In July and August, prices soared to an unprecedented height; a packet of 0.1 gram of No. 3 heroin containing an average of 18% of salts of esters of morphine cost between \$80 and \$200. In the same period, seized No. 3 heroin was on some occasions found to be morphine hydro-chloride, indicating that traffickers had cut the heroin by adding other substances such as caffeine to increase its bulk. In doing so, the acetic anhydride content of the drug was also diluted, accounting for the low purity.

8. In January, No. 3 heroin was sold at a wholesale price of \$4,600 per 100 grams compared with \$5,000 during the same month of 1978. During the year, prices fluctuated greatly, rising to a maximum of \$22,900 per 100 grams in December, with purity varying between 16 and 28 per cent. The wholesale price of opium also rose considerably. By the end of 1979, prepared opium was sold at \$3,300 per 100 grams, compared with \$1,800 the year before.

9. Although the average purity of No. 3 heroin was maintained between 16 and 28 per cent during the year, there were some cases in which illicit sellers had diluted the drug to around 10 per cent, in order to spin-out depleted supplies so as to meet market demand, and to raise their profit margins. (A chart showing the fluctuating wholesale price of No. 3 heroin and its percentage purity on the illicit market over the past four years is provided in the front of this Report).

#### Fake Drugs

10. During the first half of 1979, possibly due to the shortage of drugs in the illicit market and their high prices, an increase in the number of attempted sales of narcotics where either the drugs were not in existence or were fake powders purporting to be heroin or amphetamine was observed.

## Chapter 9

### Illicit Export of Drugs from Hong Kong

Hong Kong maintained its reputation of being a non-drug exporting country during the year. Drug traffickers who used to seek supplies here were deterred from doing so by effective law enforcement, coupled with the shortage of drugs and their very high prices. It appears that traffickers have now turned to other Southeast Asian cities where drugs are cheaper and more readily available and where the chance of avoiding detection is greater.

#### Diminishing Export of Opiate Drugs from Hong Kong

2. The first positive signs that heroin was being exported from Hong Kong on a regular and organized basis were the increased arrests in mid-1974 of Hong Kong Chinese in Europe for the possession of drugs supplied from Hong Kong. Sustained law enforcement action in the following years, however, successfully curtailed the outflow of illicit drugs from Hong Kong. There were two major factors for this significant change. *First*, tough action against importers, manufacturers and traffickers pushed the prices of drugs to such high levels that the margin of profit from buying illicit drugs from Hong Kong became much less attractive to overseas traffickers. *Second*, stepped-up control at the airport to intercept couriers leaving Hong Kong with drug consignments effectively deterred traffickers from making further attempts to export drugs direct from Hong Kong. As a matter of fact, since 1977, no out-going courier carrying No. 3 heroin has been intercepted at the airport.

3. It is believed that overseas drug smugglers who formerly sought supplies in or through Hong Kong have, by and large, switched their sources of supply to either Thailand or Malaysia where drugs are cheaper and the risk of detection is less. As far as couriers are concerned, some are still recruited in Hong Kong but they are normally not supplied with drugs until they stop over in Bangkok or Kuala Lumpur en route to Europe. In these circumstances, searches at the airport only serve to alarm the couriers. Better results can be, and have been, achieved by notifying authorities in the countries of destination that a suspect courier is believed to be travelling in their direction.

4. In July 1979, a task force known as the 'Joint Intelligence Unit' comprising two mixed teams of Police and Customs Officers was formed. The Unit is designed to combine the expertise of the two enforcement bodies in the gathering of information and intelligence on drug traffickers using the international airport to import drugs into Hong Kong. With this Unit in action, the existing resources are better co-ordinated and can be used in the prevention of drug exportation from Hong Kong.

#### Co-operation with Overseas Authorities

5. Arrests of drug couriers in overseas countries underline the tremendous importance of effective international cooperation in the interdiction of the illicit

drug trade. During the year, Hong Kong continued to cooperate with the United States Drug Enforcement Administration, the Royal Canadian Mounted Police, the International Criminal Police Organization (Interpol) and the Royal Thai Police Force in a common effort to inhibit the flow of Southeast Asian heroin to Europe and North America. An example of the way in which a drug seizure in one place (in this case, Hong Kong) can, by close international liaison and quick transmission of information on methods, result in seizures in other countries, is given in para. 7 of Chapter 6.

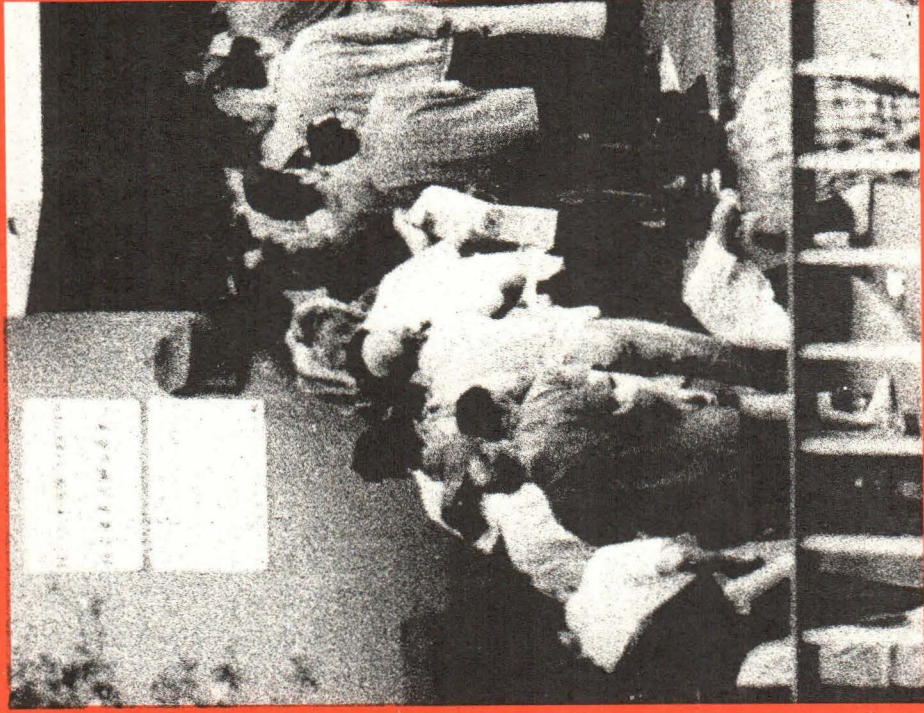
#### Trafficking of Amphetamines to Japan

6. In January 1977, amphetamines and methaqualone were brought under the control of the Dangerous Drugs Ordinance which provides for a maximum penalty of life imprisonment and a fine of up to \$5 million. The enactment of this legislation not only enables the law enforcement agencies to take more positive action to control the export of amphetamines from Hong Kong but it also has the effect of deterring traffickers from manufacturing amphetamines within the territory.

7. The role of Hong Kong in the export of stimulants to Japan has been greatly reduced since the Ordinance was amended. During the year, one local resident was arrested in April prior to his departure for Tokyo. A quantity of 0.9 kilogram of phentamine was found on his body. He was charged under the Pharmacy and Poisons Ordinance, convicted and sentenced to six months imprisonment suspended for 12 months.

# TREATMENT AND REHABILITATION

# 4





## Chapter 10

### The Treatment of Drug Addiction

Trends in the treatment field which developed during the preceding two years continued in 1979; a slow but steady decline in the number of admissions to in-patient institutions, both custodial and voluntary, combined with an equally measured increase in admissions to the Medical and Health Department's out-patient clinics. Tables illustrating these developments are in Appendices 3, 4 and 5.

2. As a result of the continued shortage of illicit drugs and the resulting high prices at street level, large numbers of addicts were induced to seek treatment for their addiction. During 1979, there were at least 14,000 addicts receiving some form of treatment, rehabilitation and after-care everyday. Compared with the situation some six years ago when the daily total figure was only 6,000, Hong Kong's progress over the last several years in the expansion of its treatment facilities is self-evident. At the same time as effective law enforcement action has made it much more dangerous and difficult for drug traffickers to operate, the concurrent expansion of out-patient treatment facilities dealt them another blow by offering many of their 'customers' a socially acceptable and convenient way of overcoming their craving for heroin. The impact has been tremendous on the law and order situation, as evidenced by the rapidly decreasing number of minor drug offenders arrested (see Appendix 3), and in the reduction of human suffering caused to the addicts and their family. Of interest in this connexion is the decrease in the number of addicts admitted to prisons proper, charged with either drug offences or non-drug offences; see Appendix 6 for details.

#### Rationale and Approach

3. Developments in Hong Kong's treatment and rehabilitation services for drug addicts date back two decades. During this period, it became evident that, as in many other countries, the treatment of drug dependence raises the most complex problems. Once a person is addicted, treatment and rehabilitation is necessarily a long-term and expensive process due to the chronically relapsing nature of drug addiction.

4. Over the years, Hong Kong has adopted a *multi-modality* approach by developing a wide range of treatment programmes using various methods and techniques in as cost-effective a way as possible. This approach is both necessary and effective because one form of treatment suitable for some addicts may not be suitable for others, owing to differences in age, history of addiction, personal background, employment and other characteristics.

#### Existing Treatment Programmes

5. There are at present three major treatment programmes in Hong Kong: a compulsory in-patient treatment programme operated by the Prisons Department

Probably useful Approach

ment, an out-patient programme of methadone maintenance and detoxification provided by the Medical and Health Department, and a voluntary in-patient treatment programme run by the Society for the Aid and Rehabilitation of Drug Abusers (S.A.R.D.A.). The Prisons Department's custodial treatment programme is designed to cater for addicts who are convicted of either minor drug offences or not so serious non-drug offences and who are considered suitable by the courts to undergo such a programme. The out-patient methadone programme run by the Medical and Health Department is mainly for those who, generally speaking, have a motivation to get off heroin or opium but are not prepared to stay in a residential treatment centre for a relatively long period for reasons such as employment or family problems. For addicts who wish to seek in-patient treatment and after-care on a voluntary basis, their needs are met by S.A.R.D.A.'s programme which offers therapeutic community facilities at its two treatment centres.

6. Besides government-operated or government-subsidized programmes, there are a number of other treatment projects being operated by either voluntary agencies or individuals in Hong Kong, albeit on a relatively smaller scale. Amongst these are the Haven of Hope Hospital in Junk Bay which provides detoxification and medical treatment for addicts with tuberculosis, and four Christian projects based on spiritual therapy, namely Operation Dawn on Fu Tau Pun Chau (Town Island) in Sai Kung, The Home for Drug Addicts of the Norwegian Lutheran Mission in Rennie's Mill, the Wu Oi Centres in Sha Lo Tung and Tsz Wan Shan, and the Society of Stephen on Hong Kong Island.

#### **After-care Services for Rehabilitated Addicts**

7. Hong Kong's treatment programmes are closely linked with a variety of after-care services ranging from counselling to employment, lodging, financial assistance and recreational activities. For many addicts, such services are essential to help them re-integrate into society and to prevent them from relapsing to drugs. As far as major treatment programmes are concerned, the Prisons Department provides discharges with statutory after-care for a period of one year whilst S.A.R.D.A. provides its clients with after-care for two years, starting from the date of admission for treatment. Services similar to S.A.R.D.A.'s are also provided by the Hong Kong Discharged Prisoners' Aid Society (D.P.A.S.).

8. In addition to the employment guidance services provided by the after-care programmes of the Prisons Department, S.A.R.D.A. and the D.P.A.S., rehabilitated addicts are offered similar assistance by the Employment Guidance Scheme for Voluntarily Rehabilitated Addicts (which is sponsored by the Lions Club International District 303, the Social Welfare Department, and by S.A.R.D.A. and its Alumni Association) and by the Employment Service of the Hong Kong Council of Social Service.

9. For rehabilitated addicts who have no suitable accommodation of their own to go to after discharge from an in-patient treatment centre, there are at present fourteen half-way houses or hostels with a combined capacity of more

than 280 residents, including one operated by the Prisons Department, three by the Alumni Association of S.A.R.D.A., seven by D.P.A.S., one by the Hong Kong Christian Service, one by the Ling Oi Youth Centre and one by the Wu Oi Centre. In addition, the Caritas Lok Heep Club operates two club-houses providing former drug dependants with recreational amenities and social activities.

10. A list showing the addresses of various treatment and rehabilitation agencies operating in Hong Kong is provided in Appendix 11.

The Compulsory Treatment Programme

The Prisons Department, which has acquired an international reputation for its pioneer work in developing very effective treatment programmes for drug addicts, continued to contribute significantly to Hong Kong's overall efforts in 1979. During the year under review, a total of 1,655 inmates were admitted to the Department's four treatment centres, compared with 1,999 in 1978 and 2,269 in 1977. The average length of stay for inmates at the centres was 8 months.

History and Evolution

2. Until 1958, persons found to be drug dependent upon admission to prison were treated just like other prisoners. This situation was most unsatisfactory and it was obvious to the prison authority that there was a need for a special programme to rehabilitate those who were drug dependent and sentenced to imprisonment.

3. At that time there were many socially desirable projects requiring priority and therefore funds were not readily available for a purpose-built centre. However, a site was found below the newly completed Tai Lam Chung reservoir, which in 1958 was eventually converted to provide the first penal institution geared specifically to treat drug addicted prisoners.

4. Those selected for treatment had to be drug dependent, and sentenced to imprisonment for a period of not more than three years. Their background and other relevant factors were taken into consideration by a classification board before final acceptance into the programme. With the growth of experience, the admission criteria were amended to include a minimum sentence of six months. This change was made to ensure that there was sufficient time for treatment to be effected, especially since after-care at that time was on a purely voluntary basis.

5. Expansion came in early 1969 when the Government introduced the Drug Addiction Treatment Centres Ordinance, Chapter 244 of the Laws of Hong Kong. This new legislation, which formalized the establishment of addiction treatment centres, was a result of ten years' valuable experience and intensive research at Tai Lam Prison. The Ordinance empowers the court to sentence an addict found guilty of an offence punishable with imprisonment (other than non-payment of a fine) to detention in a drug addiction treatment centre, if the court is satisfied, in the circumstances of the case and having due regard to the character and previous conduct of the individual, that it is in his interest and that of the public that he should undergo a period of treatment and rehabilitation. Before a detention order to a treatment centre is made, the court is required to remand the person into a drug addiction treatment centre for a suitability report by the Prison authority for a period not exceeding three weeks. Suitability for admission is assessed on the basis of an addict's physical health, type of offence committed, history of addiction, criminal background,

availability of accommodation and other relevant factors. If the court accepts the report of suitability, the Ordinance allows for an order of detention in a drug addiction treatment centre to be made for a period of not less than 4 months nor more than 12 months from the date of the order. The actual period of detention is determined by the Commissioner of Prisons who will give due regard to an inmate's health and progress, and the likelihood of his remaining abstinent from drugs following his release from institutional care. The inmate's progress is closely monitored by the centre's Superintendent and staff. He is also seen at regular intervals by a statutory Board of Review chaired by a Senior Superintendent of prisons.

6. The Ordinance also provides for compulsory supervision of one year following an inmate's release from a treatment centre to assist in reintegrating him into society. During the statutory supervision period a supervisee can be recalled for further treatment if he has breached any condition of his supervision order.

7. In 1979 it was observed that approximately 23% of all persons admitted to the prisons proper since 1977 had been sentenced to imprisonment for offences against Section 8 or 36 of the Dangerous Drugs Ordinance, which related generally to the taking of drugs and the possession of equipment for that purpose. It was considered that many of these persons could probably be better dealt with by being sent to a drug addiction treatment centre than directly to prisons where there was no specialized treatment available for their problems of addiction. Legislative amendment to the Dangerous Drugs Ordinance was therefore proposed to make it mandatory for the courts to obtain a drug addiction treatment centre suitability report on minor drug offenders, when a custodial sentence is intended. Thereafter a court, after considering a suitability report, will be able either to send an offender to a treatment centre or to a prison depending on its judgement of the circumstances and nature of each case. The proposed legislative amendment was passed into law on 1 August 1979.

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Treatment Programme

8. The Department's programme is aimed at complete rehabilitation of the drug dependants. This entails three phases of meticulous efforts - first to restore the physical health of an inmate, then to up-root his psychological and emotional dependence on drugs, and finally to facilitate his re-adjustment to society. A full medical service is provided. On admission to a Drug Addiction Treatment Centre all inmates undergo a thorough medical examination, appropriate treatment is given whenever necessary and those who cannot be properly treated within the centre are referred to the Medical and Health Department's consultant clinics. Regular medical check-ups are made to monitor the inmate's physical progress. Psychological dependence is tackled through a combination of work therapy, individual counselling and group discussions; a clinical psychologist deals with problem cases. Work, a very important part of the programme is, as far as possible, both physical and outdoor, and is designed to progressively improve the inmates' health and to instil a sense of pride and confidence in them. Much of their work is community-oriented and gives the inmate personal

satisfaction that he has achieved something worthwhile and of benefit to the public.

9. Social re-adjustment in the rehabilitation programme involves primarily the arranging of post-release employment and accommodation by an after-care officer; a noteworthy feature is that no inmate is released from institutional care without confirmation that he has a job or full-time studies to go to on discharge. Of even greater importance is the availability of after-care officers for counselling and advice for a period of 12 months following release. Research has shown that an addict is most vulnerable to relapse into drug use during the first year after treatment, and that the interest, assistance and guidance that after-care gives are crucial to help him remain abstinent and law-abiding during this critical period.

#### Drug Addiction Treatment Centres

10. During the major part of 1979, the Prisons Department operated three centres for men, namely, Tai Lam Centre in the New Territories and two centres on Hei Ling Chau — a main centre for adults and a young inmate centre for those between 14 and 20. However, in November of that year, the Young Inmate Centre on Hei Ling Chau was changed into a detention centre. As a result, all the young inmates were transferred to Tai Lam Treatment Centre, a part of which was converted into a Young Inmate Section. In addition to these centres, a section of the Tai Lam Centre for Women is set aside for the treatment of female addicts. The total capacity of these centres reached 1,516 at the end of 1979.

#### Some Comparative Data

11. Between the start of the programme in 1969 and the end of 1979, 14,448 male and female dischargees have gone through the statutory one-year period of aftercare. During this period, 64.77 per cent of the male and 73.50 per cent of the female dischargees were certified to have remained drug-free and, at the same time, were not re-convicted of any criminal offences on completion of their one year after-care period. The Department also conducted a random-sampling survey for a further two years on 10 per cent of the supervisees and the proportion of those still drug-free and not convicted of any criminal offences was 39.44 per cent for males and 55.00 per cent for females. If the abstinence rate is considered alone, the one-year and three-year results were 74.96 per cent and 53.48 per cent for males, and 77.63 per cent and 57.50 per cent for females respectively.

12. During 1979, a total of 1,655 convicted drug addicts were admitted to the Department's treatment centres, in addition to 1,502 who were still being treated at the centres when the year began. The male to female ratio was 19.1:1, and 32.5% of the inmates were between the ages of 21 and 29. Apart from those admitted to treatment centres, the department also provided detoxification treatment to 2,801 inmates of the prisons proper who were confirmed to be drug dependants.

13. For six consecutive years since 1973, there has been a steady decrease in the number of young addicts under 21 who were admitted to the Department's treatment centres: 260 addicts aged under 21 accounted for 17.4% of the total admissions in 1973 but dropped to 89 or 5.4% of the total in 1979. Expressed in other terms, it is of considerable interest that, whilst total admissions to the D.A.T.C.'s rose by 10.5% between 1973 and 1979, the number of young addicts admitted under 21 years of age declined by 65.8% in the same period. (See Appendix 3).

## Chapter 12

### The Methadone Out-patient Treatment Programme

The use of methadone for the treatment of drug addicts on an out-patient basis was started in Hong Kong in late 1972. Since then, the programme has undergone rapid expansion to cope with the increase in demand for treatment facilities, making it now one of the major treatment programmes in Hong Kong. There are at present 20 methadone out-patient centres operated by the Medical and Health Department throughout Hong Kong Island, Kowloon and the New Territories offering either methadone maintenance or detoxification services.

2. During 1979, the methadone centres had an exceedingly busy year. From January to May, the daily attendance rate averaged 5,175. In June, an acute shortage in the supply of illicit heroin led to a sharp rise in its price at street level. As a result, a considerable number of addicts sought treatment at the methadone centres and the daily attendance topped 8,000 by the end of July. Although, in the months which followed, there was a gradual tapering off, the daily attendance from June to December still averaged 7,200. The over-all daily attendance for the calendar year of 1979 averaged 6,360, as compared with 5,400 for 1978, i.e., nearly 3 times the daily total of all other treatment programmes combined.

### The Methadone Maintenance Experimental Scheme

3. Methadone maintenance on an out-patient basis was started in December 1972 in the form of two pilot schemes – one undertaken by the Medical and Health Department and the other by the Hong Kong Discharged Prisoners Aid Society (D.P.A.S.). Both schemes were scheduled to run for three years and were designed to investigate whether methadone maintenance, in Hong Kong's circumstances, could effectively eliminate heroin hunger and craving among gainfully employed addicts and facilitate social rehabilitation among hard-core addicts.

4. The target number of patients for the Medical and Health Department's pilot scheme at the High Street Methadone Maintenance Centre was 1,550. Patients were required to attend the centre each day to take their dose of methadone on the spot, a measure designed to prevent the misuse which might have occurred if they had been allowed to take the drug away.

5. In late 1974, there was a sudden heroin shortage. In order to cope with the demand for treatment by addicts who could not afford the escalating costs, the Medical and Health Department established three additional centres.

6. At the end of three years, 320 of the original 1,550 patients were still attending the centre for their methadone every day. Of these, 90 per cent were confirmed to be in employment and 36 per cent showed consistent negative results in urine tests for heroin or other opiate drugs.

7. The other pilot scheme, carried out by the D.P.A.S., involved 100 hard-core addicts who were also ex-prisoners. They were divided into two groups –

a treatment group on straight methadone maintenance and a control group which had its methadone dosage gradually reduced for the purpose of detoxification.

8. At the end of the pilot scheme, 28 of the 50 patients in the treatment group, 56 per cent, were still being successfully maintained on methadone whereas only one of the 50 in the control group succeeded in becoming completely drug-free. Patients in the treatment group also showed a significant decrease in criminal behaviour and unemployment.

9. From the findings of the two pilot schemes, it was concluded that methadone maintenance on an out-patient basis is a practicable means of treatment of opiate addiction in Hong Kong and merited a permanent service. It is particularly useful for people who may have failed repeatedly in other forms of treatment. For them methadone maintenance enables them to be gainfully employed and thus regain a normal life for themselves and their families. They can avoid the risk of being arrested for illegal possession or taking of heroin whilst drug-induced crime is also lessened. Moreover, after being stabilized on methadone for a period, they may become better motivated to seek detoxification treatment again.

### The Methadone Maintenance Programme

10. During the year, the number of patients attending the four methadone maintenance centres run by the Medical and Health Department remained at a high level. The centres were in operation from 7.00 a.m. to 10 p.m. daily. In January 1979 the daily attendances averaged 3,012 but reached an all-time high of 3,800 by the end of July. This was due in part to the shortage of heroin supplies and soaring prices on the illicit market resulting from effective law enforcement action and a poor opium harvest in the Golden Triangle. But it also re-affirmed the finding of the pilot schemes on methadone maintenance that this mode of treatment was practicable and attractive to hard-core addicts in Hong Kong.

### The Methadone Detoxification Programme

11. This programme was started by the Medical and Health Department in June 1976 on the recommendation of Dr. R. G. Newman of New York, an expert consultant in methadone treatment. It is basically aimed at weaning a patient off drugs by gradually reducing the dosage of methadone over a number of weeks. In other words, it is a short-term withdrawal treatment on an out-patient basis.

12. Initially, the Medical and Health Department's intention was to establish one experimental detoxification centre and thereafter progressively open more centres in various parts of Hong Kong at staggered intervals. In the event, however, a serious shortage and upsurge in the price of heroin provided an immediately compelling reason to launch methadone detoxification on a much larger scale. The first methadone detoxification centre was opened at the Violet Peel Polyclinic in Wan Chai on 1 June 1976. By October of that year, the number of centres had grown to 16, located conveniently throughout Hong Kong

Island, Kowloon and the New Territories. In 1977, one more centre was opened on the island of Cheung Chau at the request of the residents there, bringing the total number to 17.

13. Given the internationally recognized difficulty of achieving permanent cures in treating drug addiction, which is recognized as a chronically relapsing condition, it is not surprising that there has been a relatively substantial drop-out rate in the out-patient detoxification scheme. However, it is considered worthwhile even if many of them are only able to achieve short-term abstinence from opiates before relapsing. It is hoped that with after-care support by social workers, such cases will return for treatment, that the intervals between relapses will get progressively longer and that, eventually, the patient will be able to terminate the habit. Thus drop-outs are encouraged to return for treatment for as many times as they wish. In January 1979, the daily attendances were 2,000 and at the end of July, 3,120.

14. Experience over the last 3½ years has shown that insofar as Hong Kong addicts are concerned, rapid detoxification, say, within four weeks, is well nigh impossible. It is also difficult for them to be weaned off the last 5 to 10 mg. of methadone. Since 1977, the Medical and Health Department has adopted a pragmatic approach by permitting patients to continue their attendance at the detoxification centres for low dosage maintenance after the normal period of detoxification has passed and similarly allowing patients on maintenance to switch to detoxification if they so wish. The over-riding aim is, of course, to encourage the addict to continue treatment for as long as his individual circumstances indicate to be necessary.

#### **Combination of Methadone Maintenance and Methadone Detoxification Programmes**

15. As stated above, the Medical and Health Department has, since 1977, adopted a flexible approach to the operation of the two services. From June to October 1978, the Management Services Division of the Government Secretariat, at the request of the Department, undertook an overall examination of the methadone treatment programme to determine whether, and what, improvements could be made to its organization, methods and procedures. One of the important recommendations put forward was that the two programmes should be combined so as to enable every centre to handle both maintenance and detoxification patients. This recommendation was accepted by the Department and implemented with effect from 6 August 1979.

16. Every patient now attending any methadone centre is informed that he can opt for either detoxification or maintenance. If he prefers detoxification, the dosage of methadone is reduced gradually. If, at any time, he feels that he is not receiving enough methadone, he can approach either the Medical Officer or Medical Social Worker who will adjust the dosage accordingly. The emphasis is on suppressing the patient's withdrawal symptoms and keeping him comfortable so that he will not be tempted to return to drugs. If he fails to achieve detoxification, he can remain on methadone maintenance at the same centre.

17. There are at present 20 centres, 4 on Hong Kong Island, 11 in Kowloon and 5 in the New Territories offering both methadone maintenance and detoxification. Of these, 6 are open daily from 7.00 a.m. to 10.00 p.m., 13 from 6.00 p.m. to 10.00 p.m. and the centre on Cheung Chau Island from 2.00 p.m. to 8.00 p.m. They are in operation 7 days a week except during typhoons when only 8 centres are open; patients are reminded of these arrangements in the course of storm-warning announcements over the radio.

#### **Evaluation of the Methadone Out-patient Programme**

18. In the difficult field of treatment for drug addicts, whose condition, as mentioned above, has often been described as chronically relapsing, practical and realistic objectives must be set. Whilst it is correct to describe methadone maintenance as a form of substitution therapy, it is considered important to have out-patient facilities readily available and easily accessible to all those who want such treatment, whether they be first timers or relapsed cases, to assist them to stay away from illicit drugs as much as possible and for as long as possible. As an appropriate dose of methadone can suppress withdrawal symptoms for 24 hours, it helps the patient either to remain in, or to acquire, gainful employment, and thus be a contributing member of the community. This, in turn, enables him to maintain or regain his self respect and facilitates his re-integration into society.

19. The programme also provides addicts who cannot afford to buy expensive drugs on the illicit market with a cheap and readily available alternative so that they do not have to resort to crime or other illicit means in order to support their drug habits. Since the introduction of the programme there has been a continuing decline in the number of minor drug offenders.

20. The programme can cater for thousands of addicts daily and there are contingency plans to expand the service at short notice if necessary. It is administered under very strict controls; all patients are required to swallow their dose (which is mixed with an orange-drink) in the presence of the dispensing personnel. No methadone can be taken away from the clinics. With these safeguards, there is no doubt that it is playing a very important role in the treatment and rehabilitation of opiate addicts in Hong Kong, the thousands of patients who attend the clinics every day, and all voluntarily, provide clear evidence of this.

*We should've instate the use on  
Premis, it's so important for them to travel/st  
They can undergo detox*

### The Voluntary In-patient Treatment Programme

The Society for the Aid and Rehabilitation of Drug Abusers which operates the largest voluntary in-patient treatment programme in Hong Kong continued its active service in 1979. Addicts who volunteer themselves to S.A.R.D.A. for treatment are provided with medical care and rehabilitation services at in-patient treatment centres, as well as after-care following their discharge. During the year under review, 2,254 addicts, including 85 females, were admitted to its two treatment centres, as compared with 2,767 in 1978.

#### Society for the Aid and Rehabilitation of Drug Abusers (S.A.R.D.A.)

2. The history of S.A.R.D.A. dates back to 1960 when a group of prominent citizens, who were concerned about the need to provide voluntary treatment for drug addicts, formed the Society for the Aid and Rehabilitation of Drug Addicts. Since then, the Society has developed a sophisticated network of treatment, rehabilitation and after-care facilities, which are now almost totally subvented by the Government. At present, it has two in-patient treatment and rehabilitation centres, one for men on the outlying island of Shek Kwu Chau and the other for women in Wan Chai on Hong Kong Island, which are both organized as therapeutic communities. Linked with these two centres are six regional after-care centres, three units for the intake of patients and three hostels. In addition, it operates two clinics which render services in pre-admission medical examination, pre-admission methadone therapy, nalline tests, urine tests and post-discharge medical care.

3. In December 1978, on the recommendation of the Executive Committee of the Society, its official name was changed to the Society for the Aid and Rehabilitation of Drug Abusers in accordance with contemporary terminology.

#### The Shek Kwu Chau Treatment and Rehabilitation Centre

4. The Shek Kwu Chau Treatment and Rehabilitation Centre for male addicts was officially opened in April 1963 by the then Governor of Hong Kong, Sir Robert Black. In the intervening years, some 22,000 cases have been handled at the centre which has a capacity for 500 addicts and 90 staff members. In view of the increased demand for places on Shek Kwu Chau during the heroin famine in the summer of 1979, approval was given for a temporary increase in capacity to 600, for a period of one year.

5. At its inception, Shek Kwu Chau started as a barren island of some 300 acres, with 50 detoxified addicts transferred from the Castle Peak Hospital and a small staff who had little experience of the problems that they were to deal with. Over the years, as a result of trial and error, and above all an immense amount of hard work, the island has developed not only its extensive facilities but also its internationally well-known rehabilitation programme.

6. The development of the island itself, together with the programme which the centre offers, is a continuing process in which residents under rehabilitation play a very active part. They are strongly encouraged to see the island as their responsibility in regard to day-to-day management and planning. In this way, it is aimed to foster both personal and community responsibility. In order to achieve these objectives, it has been considered essential to play down the authoritative functions of the staff, to place increasing emphasis on management participation on the part of the residents, and to aim for integration between them and the staff. The results of this policy have been rewarding, demonstrating that drug dependants are prepared to accept responsibility for the community in which they live, and for themselves.

7. The in-patient programme on Shek Kwu Chau includes work therapy and vocational training, individual and small group counselling as well as recreation and sports. Addicts applying for admission to Shek Kwu Chau are offered residential treatment and rehabilitation for any period up to six months. Being a voluntary treatment centre for addicted members of the public, no compulsory detention is enforced, and the patient may leave the programme at any time during this period. In some instances the patient may only be able to leave his employment for a limited period of time, in others he may feel sufficiently restored to be confident to live a drug free life in the community at large. In yet other cases he may find himself unable to voluntarily commit himself to a drug free life even in the surroundings of a therapeutic community. Whatever the reason, the aim of this policy is to encourage self-motivation, and to utilize the available resources in the most cost-effective manner. For those patients who opt out of the programme because they feel unable to live without drugs, encouragement is given to enroll themselves in the outpatient methadone programme, either for maintenance or long term detoxification. For all cases however the door remains open, to try again at a later date when motivation and determination are enhanced.

8. During the year, 2,293 cases were discharged from the Centre. Of these, 39.5% left after detoxification, 28.1% completed a short course of 4-12 weeks of rehabilitation, 12.6% completed a medium course of 12-20 weeks and 19.8% completed the full course of 20-25 weeks, which included 31 residents who requested an extension of stay over the six month period.

#### Women's Treatment Centre

9. S.A.R.D.A.'s small Women's Treatment Centre, with a capacity of 30 beds, was established in late 1968 in a tenement building in Wan Chai for treating and rehabilitating female drug abusers who sought treatment voluntarily. The centre was funded by the Lotteries Fund with a capital grant and operating expenses for the first two years. Since 1970, the W.T.C. has been subvented by the Hong Kong Government and has gradually developed into a therapeutic community with inter-disciplinary teams responsible for management and treatment and rehabilitation programmes. In the first five or six years of its operation, the W.T.C. treated mainly older women who were either former opium smokers in China or housewives in Hong Kong who

were addicted to heroin because their husbands had either left them or were also dependent on narcotics. Gradually more younger women who were self-alienated from their families were admitted. In contrast to the early years when over half the women clients were middle-aged (40-54 years old), the proportion of young women has been increasing distinctly during recent years (70.5% under the age of 40 in 1979), most of whom were prostitutes or worked as bar-girls, dance hostesses, or in similar occupations. During the year under review, the W.T.C. admitted 85 women, of whom 32 or 37.6% were below the age of 25 as compared with only 16.5% of the same age group of male admissions to Shek Kwu Chau. 37.5% of the female cases in 1979 had abused a variety of 'soft' drugs apart from heroin. Of the 95 women discharged during the year, 13.7% did not complete detoxification, 27.3% completed a three-week short course of detoxification only, 9.5% completed a medium course of two to three months of treatment and rehabilitation, and 49.5% completed a full course of rehabilitation. By working in the entertainment business, female clients can make easy money and have therefore a very low incentive to vocational rehabilitation. Over half of them have cohabitants who are addicts and because of this female clients have difficulty in remaining abstinent.

10. In response to the changing needs of female patients, intensified group counselling was introduced in early 1979. In the second half of the year, the effect of this intensified counselling was demonstrated by more female patients staying longer in the centre and more discharges being motivated to return regularly for urine tests and continued aftercare counselling. The Women's Chapter of the Alumni Association, which is a self-help and mutual support organization of S.A.R.D.A.'s former patients, has also been strengthened during the year with more active participation in community projects. A special working group was formed by S.A.R.D.A. to look for improvements in the premises as well as in the rehabilitation programmes of the W.T.C., aiming to change eventually the woman addicts' life style.

#### S.A.R.D.A.'s Regionalized Social and Aftercare Service

11. S.A.R.D.A. began to decentralize its aftercare service in 1970 and completed the establishment of six regionalized social centres in 1973. At each of the five Centres for man and one for woman discharges, there are several aftercare teams covering various districts within the respective region. Each team, under the leadership of experienced social workers, includes para-professionals, community volunteers and selected ex-addicts. Their function is to reach out into housing estates and neighbourhoods where aftercare clients reside, and maintain close contact with them. All clients and families are encouraged to participate in organized counselling and group activities at the regional social centres and, wherever possible, to involve themselves in community service projects such as district campaigns against narcotics abuse, against violent crime and for environmental improvement.

12. Previously the outcome of the aftercare was measured solely by the drug free status of each person at the end of the follow-up period, which reflected only a partial picture of his life situation. 'Effective measurement units' are

now computed periodically during the two year aftercare period according to the number of months of drug free, crime free and socio-economically productive life led by each dischargée. Simultaneously, 'social benefit units', as a by-product of aftercare, are calculated according to each individual's norm-abiding behaviour under five criteria, i.e. assuming a useful role in family life, enjoying harmonious primary relationship, refraining from excessive alcohol consumption, being free of secret society involvement and participating in Alumni Association or community activities. A cohort of 869 male and another of 43 female admissions who entered into treatment during April-September 1977 were followed up for two years under this experimental scheme of evaluation until their cases were closed in 1979. The total number of 'effective measurement units' achieved by men were 13,488.56 and by women 402.75 and of 'social benefit units', 15,556.89 and 544.33 respectively. On the average, each man generated 15.52 E.M.U.'s and 17.9 S.B.U.'s and each woman 9.36 E.M.U.'s and 12.66 S.B.U.'s in two years. Divided by the proportional programme expenditures, the costs of producing one E.M.U. was HK\$267.8 for men and HK\$1,206.1 for women, which suggested a high degree of cost-effectiveness as compared with similar evaluation in Western countries, especially for men, although the Women Treatment Centre and after-care schemes are not equally cost-effective. Judging by S.A.R.D.A.'s own statistics as well as those of the Government's Central Registry of Drug Addicts, the prevalence of women addiction is on the rise while male addiction seems to be declining in Hong Kong. Quantitative and qualitative improvement of the services for female addicts should therefore occupy a higher priority in S.A.R.D.A.'s future programme planning.

13. As a whole, 1,667 men and 73 women completed their follow-up during the year under review. 35% of the 383 men and 19% of the 37 women who were discharged from their treatment centres after a full course of rehabilitation, had remained drug free when their cases were closed, which compared favourably with the 1978 figures of 31.7% and 13.5% respectively. As to those who did not complete the full course, the abstinent rate of the cases in 1979 were 16.4% for men and 6% for women, as compared with 13.2% and 12.5% in 1978 respectively.

#### Some Encouraging Trends

14. Over the past 5 years, there has been a progressive decrease in the number of new-comers amongst addicts seeking treatment from S.A.R.D.A. In 1974, the number of 'first-timers' entering Shek Kwu Chau was 1864, or 69% of the total admission of 2,703. In 1979, the figures had declined to 767 or 35.4% of 2,169, the total admission during the year. Meanwhile, the number of young addicts aged 21 and under who were admitted to Shek Kwu Chau also decreased from 15.8% of all admissions in 1969, to 2.3% in 1979. It is of interest to note that from 1973, following a change in the rules governing admission to Shek Kwu Chau, up to the end of 1979, annual admissions to the island increased from 1,774 to 2,169 or 22.3%, whilst the number of young people of 21 and under entering declined from 174 to 49 or by 71.8%. A



comparison with the steady decrease in the number of young addicts admitted to the drug addiction treatment centres of the Prisons Department (see para. 13 of Chapter 11) indicates that whilst there has been no significant increase in the total addict population in Hong Kong, the already small proportion of teen-age addicts continues to decline.

#### **The Alumni Association of S.A.R.D.A.**

15. The S.A.R.D.A. Alumni Association was established by a few former addicts in 1967 to provide continuing self-help and mutual support for S.A.R.D.A. discharges completing organized aftercare. It has steadily grown to some 1,500 drug free and crime free members by the end of 1979, distributed in six District Chapters linked with S.A.R.D.A.'s six regional social service centres. Members of the A.A. support S.A.R.D.A.'s rehabilitation programme in case finding, role modelling and peer counselling, and contribute to A.C.A.N.'s preventive campaigns with volunteer manpower and public testimony about addicts' lives and experiences. During the year, the A.A. chapters collaborated with S.A.R.D.A.'s volunteer teams participating in the Inter-Schools Anti-Drug Abuse Exhibition in January, the A.C.A.N. Mass Rally in April, the Wan Chai District Anti-drug Campaign in September and many other summer programmes targeted at young people in various districts.

16. Following the Sham Shui Po District Anti-drug Campaign of 1977, a permanent Anti-Drug Abuse Committee was formed by local community leaders with the support of S.A.R.D.A. and the A.A. This Committee has developed a series of young leadership training activities in the past two years. Consequently, a Youth Service Corps was established in November 1979 with some fifty secondary school students divided into four teams for spreading peer counselling and behavioral modelling among different schools in the Sham Shui Po District. S.A.R.D.A. and A.A. advisers are now teaching this Corps of young people how to influence fellow students to lead a healthy life without substance abuse of any kind.

17. The A.A. also operated two hostels for men and one for women discharged from S.A.R.D.A.'s treatment centres. Throughout 1979, they have consistently maintained a drug free environment and a high occupancy rate of more than 75% monthly. Together with the Ling Oi Youth Centre and Tung Fook House, which are operated by religious organizations, these five half-way houses are contributing substantially to the social reintegration of rehabilitated addicts into our community. S.A.R.D.A.'s follow-up data indicate that those who passed over the 'bridge' of a half-way house after discharge from a treatment centre were more successful at the end of their aftercare periods than those who are discharged directly into the community.

## **Chapter 14**

### **Other Voluntary Treatment and Rehabilitation Services**

Besides the Medical and Health Department, the Prisons Department, and S.A.R.D.A., there are other organizations which offer treatment and rehabilitation services to drug addicts on a voluntary basis. Although these operations deal with a relatively small number of addicts, their dedicated efforts and effective work, and the selfless commitment of those responsible for operating them, have contributed much to Hong Kong's long battle against drug addiction. The backgrounds, modes of operation and progress of these services during 1979 are described below.

#### **Caritas Lok Heep Club**

2. The Lok Heep Club, which in Chinese literally means happiness through mutual assistance, is a voluntary agency operating under the auspices of Caritas. Founded in 1968 through the joint effort of Caritas - Hong Kong and the Prisons Department, the Club has three main objectives:

- (a) to assist all persons previously drug dependent to remain abstinent;
- (b) to foster mutual friendship and cooperative assistance between members;
- (c) to enable members to assume responsible roles within their families and the community.

3. The Lok Heep Club has been in existence for eleven years. For the past ten years, it has operated two clubhouses, one on each side of the harbour. However, an alternative site will have to be found to replace the Hong Kong clubhouse because the present site is soon to be redeveloped.

4. Since its establishment, the Club has maintained its growth in membership. At the end of the year, its ordinary membership, which is open to all former drug addicts, stood at 775 whilst its associate membership, open to members of the public who are interested in the aims of the Club, has grown to 96. During the year, Club members continued to take an active part in A.C.A.N.'s anti-drug campaigns, and in other community involvement projects. In response to the demand of ordinary members, the Club's programmes have been expanding, and several new interest groups were formed during the year. In the summer many activities were well attended by family members and young members of the Club. Apart from providing facilities for recreational, social and therapeutic activities, the Club also provides members with personalized social work services, and 182 job referrals were made in 1979.

#### **Haven of Hope Hospital**

5. The Haven of Hope Hospital which, since 1972, has run a special ward of 16 beds for the treatment of drug addicts with tuberculosis, continued its active service in 1979. The service provided in this ward is based on the Christian faith and patients are admitted voluntarily on the understanding that when their disease has been brought under control and become non-infectious,

they will be transferred to Shek Kwu Chau for further rehabilitation. Staff working in the ward include doctors, nurses, social workers and counsellors, and a team-work approach is adopted to care for the patients. In addition to drug withdrawal and the treatment of tuberculosis, the programme entails recreational activities, personal and group discussions, occupational therapy and spiritual counselling. After-care is also provided to remind patients of the necessary medical follow-up.

6. Since the programme's inception nine years ago, over 300 addicts suffering from tuberculosis have been treated. In 1979, a total of 35 patients were admitted and of the 29 dischargees, 9 successfully completed their full course of treatment and rehabilitation in hospital. The rest of the dischargees were released prematurely to continue their treatment as out-patients. Only 6 patients were subsequently admitted to S.A.R.D.A.'s Shek Kwu Chau Treatment Centre for further rehabilitation.

#### **Hong Kong Discharged Prisoners' Aid Society (D.P.A.S.)**

7. The Hong Kong Discharged Prisoners' Aid Society (D.P.A.S.) is a voluntary welfare organization, established in 1957 for the care and rehabilitation of discharged prisoners in Hong Kong. In 1964, it opened a treatment, rehabilitation and after-care programme for clients who relapsed to drugs after discharge from prison, but this programme was phased out at the end of March 1977 on the recommendation of A.C.A.N. Following the winding up of the D.P.A.S.'s drug withdrawal treatment service, all clients in the programme continued to receive after-care service from the Society until the completion of their two-year after-care period. By March 1979, all the remaining cases had successfully concluded their after-care programme.

8. Although D.P.A.S. no longer provides direct treatment services for drug abusers, its social workers always take constructive action to refer discharged prisoners who are drug abusers for any necessary treatment, either as voluntary in-patients or out-patients. In addition, beginning in April 1979, the D.P.A.S. operates a small scale urine-testing programme to detect whether its clients have any relapse symptoms. Up to the end of 1979, 1,164 urine specimens had been collected and tested.

9. The D.P.A.S. also maintains its active participation in anti-drug campaigns organized by A.C.A.N. and the Hong Kong Council of Social Service to help the public to be more aware of the dangers of drugs. As part of its preventive education programme against crime, more than 120 talks on the dangers of drug abuse and methods of prevention were carried out to a total audience of about 53,000 at secondary schools, post-secondary colleges and youth centres in 1979. Some of the talks were given by ex-drug addicts who spoke from their own experiences.

#### **Ling Oi Youth Centre**

10. Established in April 1970 by the Finnish Missionary Society, Ling Oi Youth Centre is a half-way house to provide a sheltered environment for young rehabilitated addicts on their re-entry into society. However, Ling Oi

is more than a hostel for in addition to the provision of temporary accommodation and Christian therapy, the Centre operates a meaningful rehabilitation programme including employment guidance, school placements, recreational activities and handicraft lessons.

11. The Centre is conveniently located in the heart of urban Kowloon. It has a capacity for 14 residents and accepts young male dischargees under 30 years of age, who have undergone at least four months' institutionalized rehabilitation at a treatment centre. The length of stay at the Centre varies according to individual needs and willingness to benefit from the programme. During 1979, the Centre received a total of 45 young residents of which the majority were referred from S.A.R.D.A.

#### **Norwegian Lutheran Mission**

12. The association of the Norwegian Lutheran Mission with the treatment of drug addicts dates back to 1959 when it opened its present Drug Addiction Withdrawal Centre in Rennie's Mill for the treatment of male drug addicts. The full course of this in-patient treatment programme lasts for six weeks but patients may choose to leave any time if they so wish. Admission into the Centre, which has a capacity for 12 patients, is completely free of charge and expenses are covered by the aid of overseas donations mainly from Norway. Patients at the Centre are given medical treatment but, in addition to work therapy, personal and group counselling are provided. Emphasis is also placed on the importance of Christian faith and mental rehabilitation.

13. The Centre was in operation only for the first four months of 1979, before it closed temporarily on 30 April. The number of patients admitted was 56, including those carried over from 1978; of these, 18 completed the full treatment course. It is expected that the Centre will soon resume its services.

#### **Operation Dawn**

14. Operation Dawn, which provides an in-patient treatment programme, was first established in May 1968 in Long Ke, Sai Kung. In 1976, owing to development of the High Island Water Scheme, it was relocated to Fu Tau Pun Chau (Town Island), an outlying island in the Sai Kung district. It has now been renamed as the Dawn Island Centre.

15. Operation Dawn's Programme is firmly based on a religious approach with emphasis on behaviour modification therapy. Swimming, games, exercises, group discussions and counselling are programmed along with Bible study and Christian faith for spiritual strengthening. The capacity of the Island Centre is 50. Admission is entirely free and funds for the Centre come mainly from donations by organizations and individuals. The target group of patients are young male hard-core addicts under 25 years of age and the duration of stay ranges from 6-12 months. As part of its rehabilitation programme, the Centre also provides leadership training for its patients so that on their discharge they can help other young people who are faced with drug problems. There were 27 admissions into the Centre in 1979; of these, 17 were subsequently discharged

within the year. With the aid of voluntary workers, the development of the island into a better-equipped drug addiction treatment centre continued throughout the year.

#### **Society of Stephen**

16. The Society of Stephen is an informal Christian fellowship which was founded in Hong Kong in 1968. The Society began its service for drug addicts in 1974 when it rented a flat in the mid-levels area of Hong Kong Island to provide painless withdrawal from heroin through accepting Jesus Christ and praying in the language of the Spirit. The objective is to provide a caring, disciplined family environment so that in the long run addicts may come to change into ethical, moral and responsible citizens.

17. Over the years, well over 100 addicts have been admitted into the House of Stephen for withdrawal from their drug-taking habit and a number of them have since continued their association with the Society. They ranged in age from late teenagers to men in their fifties and the majority of them were triad members who had previously undergone treatment in other institutions.

18. The work done by the Society for drug addicts has attracted wide publicity both locally and overseas through television, radio and newspapers including a documentary film about its work produced by A.T.V. Network Limited of London in 1978.

#### **Wu Oi Christian Centre**

19. The Wu Oi Christian Centre was founded in November, 1973 and now operates a town centre in Fung Wong Sun Chuen, Tsz Wan Shan, and a drug detoxification centre in Sha Lo Tung Village, Tai Po District. The Wu Oi programme, acting as a Christian therapeutic community, has two major phases. The first provides detoxification guided by Christian concern but without medication, followed by a 6-month programme of farm work, Bible study, group sessions, and discussions on Christian and social ethics. This phase is conducted in the centre in Sha Lo Tung village, Tai Po. At the beginning of 1979, there were ten men in the Centre, and it has been filled to capacity all the year, i.e., from 10 to 12 men with a staff of 2 or 3. During the year a total of 65 men were admitted to the Village Centre, of whom 61.3% stayed less than one month, 20% stayed from 1 to 5 months, and 14 men or 18.7% completed the full 6-month course. A small number of men who stayed for a short time continued to be drug free. Only one out of the 14 graduates in 1979 relapsed to his drug habit.

20. The second phase takes place in the Town Centre in Fung Wong Sun Chuen, Tsz Wan Shan where only graduates from the village Centre may live – plus an occasional discharged prisoner. The Town Centre, though limited in space, is the administration office, the meeting place for regular gatherings, as well as the half-way house for the Village graduates. 10 to 15 men live in the Centre under rather rigid rules which they have helped to formulate. After one month, the men are encouraged to find jobs but they can continue to live in the Centre in order to have the helpful peer support, spiritual discipline and

Christian fellowship which are necessary for Wu Oi to maintain its Christian therapeutic community concept.

21. Something of a post-graduate situation has evolved. Because of the limited capacity of the Town Centre, Wu Oi has rented a small flat nearby into which four of the more mature men have moved. These men pay all expenses themselves and are quite independent, but continue to be related to Wu Oi in discipline and fellowship.

22. Wu Oi conducted a training programme in June and July for people interested in understanding and helping drug addicts. This included a series of 12 study lectures and climaxed in a three-day camp in which 15 former drug addicts assisted. Registration, restricted to 35 people, was over-subscribed. Some of those who took part in the training programme are now serving as volunteers for Wu Oi. During 1979, Wu Oi continued, in cooperation with S.A.R.D.A., to organize monthly gatherings at S.A.R.D.A.'s Women's Treatment Centre. Over 90% of Wu Oi's approximately \$200,000 operating expenses for the year came from the local contributions of friends, youth-groups and churches.

#### **Experimental Project on Acupuncture/Electro-Stimulation Treatment**

23. The experimental centre using acupuncture/electro-stimulation for drug addiction treatment completed its eighteen months of experimental operation in December, 1978. The centre, which was the first of its kind in the world, was designed to test whether the acupuncture/electro-stimulation technique would be acceptable to Hong Kong's drug abusers, and also whether it could be used to treat addicts 'en masse', cost-effectively, on a voluntary out-patient basis. The preliminary report on this project, prepared by the Principal Investigator, Dr. H. L. Wen, is currently being studied by the National Institute on Drug Abuse (N.I.D.A.) of the United States, which sponsored the project. When N.I.D.A.'s evaluation is received, A.C.A.N. will then be in a position to recommend to the Government whether A.E.S. should be adopted as an additional treatment modality in Hong Kong, whether further research is required, or whether it should not be adopted.

PREVENTIVE EDUCATION  
AND PUBLICITY

5



## Chapter 15

### A Strategy for Preventive Education and Publicity

Twenty years have passed since Hong Kong launched its first public education campaign on the prevention of narcotic addiction. The campaign, which began in November 1959, coincided with the publication of the Government's first White Paper on Narcotics and the strengthening of all other anti-narcotics measures.\* On the publicity side, methods used included the display of posters and distribution of leaflets, talks given to civic and professional bodies and lectures delivered to schools, and public appeals made through the mass media for support in fighting the problem.

2. Although the 1959 campaign did succeed in getting anti-narcotics publicity and preventive education off the ground, it was unfortunate that its momentum was not sustained in the ensuing years. As in many other countries, preventive education and publicity tended to be the 'Cinderella' of Hong Kong's anti-narcotics efforts which, perhaps understandably at the time, tended to be dominated both in the allocation of resources and in public attention by law enforcement and treatment and rehabilitation.

3. Moreover, preventive education and publicity work had, over the years, become fragmented – Government and non-Government agencies planned their own education programmes and campaigns, distributed their own information materials, and tended to go their own ways. For a long time, programmes in this field were based on 'scare tactics' and the 'informational approach', or on the ideas and experiences of individual organizations and personnel. There was no coordination and no strategic plan to deal with preventive measures, the crucial importance of which was increasingly being appreciated in a number of countries with drug-abuse problems.

#### **The Evolution of a New Strategy**

4. Recognizing the vital role that preventive education and publicity had to play as an integral part of any effective, coordinated drug abuse control programme, the A.C.A.N. carried out a thorough review of its policies in late-1975.

5. The first step taken by A.C.A.N. was to identify those who were most vulnerable to the risk of narcotics addiction, so that prevention measures could be tailored to their needs. From a computer analysis of 31,000 addicts

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\* *In 1959, the Government introduced legislation to strengthen narcotics suppression, including control of the import of acetic anhydride (an essential chemical in heroin manufacturing), and increase the maximum penalty for drug trafficking from 10 years imprisonment and a fine of \$50,000 to 15 years imprisonment and a fine of \$100,000. Simultaneously, the Police and the Preventive Service (now known as the Customs and Excise Service) stepped up their anti-narcotics operations. In the same year, active preparations were underway for the opening of the Shek Kwu Chau Rehabilitation Centre.*

registered in the then Central Registry of Drug Addicts (C.R.D.A.) between 1972 and 1974, A.C.A.N. noted that the profile of a 'potential addict' was a young male aged between 15 and 24, with no more than primary school education, employed as a semi-skilled or unskilled factory worker or casual labourer, living in over-crowded conditions, and having a poor relationship with his family.

6. The A.C.A.N. next reviewed the amount of Government resources then being used for preventive education and publicity. It noted that only 0.5 per cent of the total anti-narcotics expenditure (which was estimated to be in the region of \$40 million annually in 1974) was being used for this purpose. The A.C.A.N. concluded that this proportion was grossly inadequate, especially when compared with funds used for similar purposes by, say, the Independent Commission Against Corruption which was allocating about two-and-half per cent of its total budget to preventive education and publicity. It was, therefore, recommended that the budget for preventive education and publicity be progressively built up over the ensuing five years to two-and-a-half per cent of the Government's annual total anti-narcotics expenditure.

7. Finally, the A.C.A.N. reviewed the past performance of preventive education and publicity in Hong Kong and then proposed a new strategy, incorporating the overall rationale, objectives, target groups, and the methods and mobilization of resources needed to implement it. The new strategy was acceptable to the Government and was immediately put into practice in 1976. A summary of the strategy is given in the following paragraphs.

#### The New Strategy

8. The new strategy had four major objectives:

(a) *to keep the drug abuse issue constantly before the public and to change their attitude to it—*

Although drug addiction is one of the most serious social evils affecting Hong Kong, it had not hitherto attracted public sympathy to the same degree as, say, the physically and mentally handicapped. Some reasons for this are that the public may consider drug addiction to be self-inflicted and evidence of character defects and therefore unworthy of sympathy and assistance. Others were resigned to the existence of what they saw as a hopeless cause which had been with Hong Kong for over a century. It was, therefore, necessary to create an awareness of the many underlying causes of the problem and to convince the public that something could be, and was being, done about both the demand and supply aspects of drug abuse, and that they could, and should, help in fighting drug addiction; otherwise their families, relatives, friends and acquaintances could also be affected by a spreading menace, as in the case of other communicable diseases.

(b) *to prevent drug abuse among young people who are most exposed to the risk of becoming drug addicts, i.e. the potential addicts—*

There are a number of long-term causes of drug abuse about which little can be done through preventive education and publicity. Such causes, from which other serious social problems also arise, were being dealt with

Could be # 1 reason for kids in U.S.

by the Government in other programmes such as housing, education, social welfare and recreation and sports. Broadly speaking, there were, however, two major short-term causes of drug abuse about which the community may be able to do something: these are addicted friends and various forms of frustration.

Addicted friends are, by and large, a major cause of initiation into drugs. S.A.R.D.A.'s 1974-75 Annual Report stated that among 2,191 addicts admitted for the first time to Shek Kwu Chau during that year, 1969 (85.3 per cent) claimed that they first learned drug abuse from addicted friends. Of the remainder, 165 (7.5 per cent) were initiated into it by co-workers. The other percentages were negligible. Other S.A.R.D.A. statistics showed that most addicts took drugs for curiosity, fun, kicks, and to gain group acceptance. Evidence was also to be found in the Prisons Department's 1977 statistical tables which showed that 1,169 (22.3 per cent) of all male addict inmates and 60 (40.8 per cent) of all female addict inmates admitted to its institutions first took drugs because of association with addicts. Another major cause of first taking drugs was curiosity (43.3 per cent for male and 35.4 per cent for female inmates).

Data culled from the Central Registry of Drug Addicts suggest that frustration with or dissatisfaction arising from environmental conditions, such as overcrowded living and working places, are contributory causes of drug addiction. It is noted from the Register that most addicts have little schooling, live in densely populated areas and are employed in dead-end jobs that offer relatively low salaries and few promotion prospects. To those living under such circumstances, the facts of life are undeniably hard, and the future must often appear bleak.

So it seems likely that young people, particularly those with little education and from under-privileged backgrounds, are more likely to become addicted because of their contacts with friends who are already drug abusers, and who act as germs spreading the disease, and also because of their desire to try something which might enable them to forget the frustration and disappointment in their everyday lives. It must, however, be noted that as the great majority of young people in Hong Kong in such circumstances do not become drug addicts, some of those that do may well be pre-disposed, by inherent personality or character problems, to escapism through drugs.

In this light, it was decided that a two-pronged approach should be adopted in A.C.A.N.'s future prevention efforts. First, measures should be taken to counteract the influence of existing drug addicts trying to introduce the evil habit to their friends. Second, publicity and educational efforts should be made to encourage 'potential addicts' to divert their energies and interests to activities which are meaningful, realistic and easily attainable. This was necessary as it was recognized that any attempt to dissuade them from trying drugs, without offering them acceptable and attractive alternatives at the same time, would not be as effective as desired.

- (c) *to inform existing drug addicts of the voluntary treatment and rehabilitation facilities available and to encourage them to come forward for treatment—*

It has been said that drug addiction is a chronically relapsing condition. This should not, however, deter the Government from taking practical initiatives to try out new treatment and rehabilitation methods, and to advise addicts, on a repetitive basis, of the various forms of treatment, counselling and assistance available to them from both the Government and voluntary agencies, and where they can be obtained. There was also a need, from time to time, for publicity to be undertaken on developments in both new and existing treatment facilities for addicts. The principal objective here was to encourage and persuade as many addicts as possible to come forward and receive treatment. The concern of the Government and the public was stressed, and likewise the part that addicts themselves must play if the help offered was to be effective.

- (d) *to keep the international audience aware of Hong Kong's anti-drug actions, achievements and intentions—*

It was recognized that it is not only necessary for Hong Kong to pursue effective supply and demand reduction programmes, but to be clearly seen to be doing so by the outside world. In this respect, the corner-stone of our efforts is the United Nations, and in particular the U.N. Commission on Narcotics Drugs (which the Commissioner for Narcotics attends as an adviser to the United Kingdom delegation). Our publicity programmes in this field are closely linked with our participation in international meetings, conferences and seminars, all of which offer an opportunity to put over Hong Kong's successes and problems in the context of the international effort against drug abuse and drug trafficking.

Hong Kong's increasing use by the United Nations and its agencies for the training of law enforcement officers and personnel involved in treatment and rehabilitation from various countries in Asia, said much for our standing in these fields, and contributed to making our efforts more widely known. Steps should be taken to further develop the Hong Kong Narcotics Report and other publications as a means of publicizing the work being done here.

9. The new strategy proposals concluded that continued expansion in, and development of, preventive education and publicity should be undertaken in line with Hong Kong's three other main strands of anti-narcotics efforts in law enforcement, treatment and rehabilitation, and international cooperation, with a view to combatting the problems of drug addiction in a coordinated manner. There is general agreement that in Hong Kong, as in other parts of the world, supply of and demand reduction efforts, although enormously important are not by themselves enough, and that the problem can only be contained, and ultimately eradicated, through effective prevention and educational measures.

## Chapter 16

### Community Support for Anti-Narcotics Education and Publicity

#### Drug Education

The new strategy for preventive education and publicity, as outlined in the preceding chapter, has proved to be a sound basis for formulating and implementing programmes in this field. The substantial impact and progress achieved by action programmes arising from the new strategy were particularly evidenced by the findings of two comparative surveys based on a representative sample of the whole population of Hong Kong. The first survey, carried out in early 1976, was designed to find out, among other things, which public issues, as reflected in Government campaigns (i.e. crime, drugs, corruption, road safety, fire dangers, typhoon precautions, and a clean environment) were regarded by the population as most affecting their daily lives. An identical set of questions was repeated in the second survey conducted in early 1978 so that comparison over the two years could be made. The findings, to which weights were applied during the analysis process, indicated that 'crime' was the predominant issue at the time of the first survey and remained so during the second. 'Drugs', which ranked third in the first survey, showed the most impressive increase in public attention and became the second most-mentioned issue with an increase of 53 per cent in weights during the two years.

2. Clearly the era of apathy and indifference to the grave problem of narcotic addiction is rapidly fading, if not completely gone. As a result of the intensive public education programme over the past few years, and the Government's successful pursuit of its supply and demand reduction programmes, the people of Hong Kong have gained new knowledge about the problem and have been convinced of the Government's determination to suppress it. This has led to a marked change of attitude by the public to the narcotics issue, and a greater receptiveness and response to the Government's appeal for community involvement against the problem. Such enthusiastic responses are reflected in an increasingly active participation by members of the public in anti-narcotic campaigns, more reporting of illicit narcotic activities, and a greater offering of assistance to addicts and former addicts for their rehabilitation.

#### A Significant and Stimulating Year of Action

3. 1979 proved to be another colourful, eventful and exceptionally busy year in the area of Preventive Education and Publicity. Several records were set in terms of numbers, diversity and participation in the entertainment-cum-educational programmes organized by the A.C.A.N. It is estimated that over 300 events, in which at least 250,000 young people took part, were successfully carried out with the unstinting support of community leaders such as Kaifongs and Rural Committees, voluntary bodies notably the Committee on Drug Abuse of the Hong Kong Council of Social Service, and various government departments, including the Home Affairs, the New Territories Administration,

Information Services, the Recreation and Sport Service, the Police, the Customs and Excise Service, and the I.C.A.C., as well as the mass media.

4. These programmes were planned and launched with a 'multiplicity of purposes' – to educate young people against, and prevent them from falling prey to, drug addiction, and to appeal for community support in eradicating the drug problem in Hong Kong. Results from surveys carried out immediately after the various campaigns showed that the yearly efforts made to spread the preventive education message have significant effects on young people and serve to alert them to the dangers of drug abuse.

5. The first event of the year was an anti-drug exhibition in the City Hall in January in which 32 secondary schools participated. The attendance of over 8,000 people indicated that school children were now better informed about the narcotics problem in Hong Kong and that the community at large were eager to learn how to prevent one of today's major social scourges – drug addiction – from spreading in our society. The single, biggest-ever anti-drug publicity function, i.e. the A.C.A.N. Mass Rally 1979 was held on 18 April. New ways and opportunities of informing the community about narcotics problems and how to prevent them from spreading, were also explored during the year under review. As a first attempt, a well-planned anti-drug publicity campaign was mounted for two weeks in the United Christian Hospital in Kwun Tong. Concerted efforts were made from June onwards to further encourage addicts to seek methadone treatment, so as to capitalize on the soaring prices of drugs in the illicit market, which had rocketed to an all time high as a result of successful and unrelenting law enforcement action coupled with a drought in the 'Golden Triangle'. September to December climaxed the year's preventive education and publicity programme, with three intensive month-long district campaigns being held consecutively on Hong Kong Island, in Kowloon and the New Territories. In November, the British Medical Association held its annual Congress in Hong Kong for the first time, during which the A.C.A.N. participated in a Medical and Pharmaceutical Exhibition which was set up jointly by the B.M.A. and the medical equipment industry.

6. All these anti-drug activities were supported during the year by vast amounts of publicity material through the mass media and other channels. They included television and radio advertising, posters, leaflets, mobile theatre and film shows, TV dramas, the A.C.A.N. Hotline – Drug Abuse Telephone Enquiry Service, and displays in City and New Territories District Office windows. These efforts are described in more detail in the following paragraphs.

#### **The 1979 Campaign Strategy**

7. With increased financial and manpower resources allocated by the Government and with greater support from voluntary agencies and civic bodies, the A.C.A.N. launched its biggest-ever campaign in 1979. The year-round campaign consisted of a series of projects aimed at different target audiences:

- (a) community involvement projects and promotions;
- (b) education and publicity through the mass media;

- (c) production of strategic education and publicity materials; and
- (d) training of drug abuse prevention personnel.

#### **(a) Community Involvement Projects and Promotions—**

8. On 18 April, the Governor, Sir Murray MacLehose, officiated at the opening ceremony of the A.C.A.N. Mass Rally held in the Hong Kong Stadium. Attended by a capacity crowd of 30,000 students and youths, the Rally was the largest community involvement project ever organized by the A.C.A.N. In his opening address, Sir Murray stressed that the attention we pay to the well-being and happiness of today's young people is an investment in our future. He said that it was very appropriate that the Rally to mark the beginning of the year's anti-narcotics campaigns should have the theme 'Hong Kong's youth against drugs' as 1979 was the 'International Year of the Child'. (the full text of Sir Murray's address is at App. 1). The Rally was organized by the A.C.A.N. in conjunction with government departments and voluntary agencies as a spectacular 'kick-off' to its 1979–80 preventive education and publicity programmes, and as an opportunity for the A.C.A.N. to express its appreciation to those who, over many years, had assisted in Hong Kong's anti-narcotics efforts. For two hours, the colourful and action-packed Rally featured band performances, telematch-games, a motor-cycle demonstration, a ribbon and lion dance, karate and taekwando demonstrations, a mock battle against drug smugglers and a free-fall parachute display, as well as mass flash-card displays. It was an enormous success and generated a great deal of interest and publicity to the A.C.A.N.'s anti-drug work among the participants, spectators and mass-media. Apart from students, others attending the Rally included distinguished community leaders, senior government officials, consular representatives, and many of those involved or associated with Hong Kong's anti-narcotics work.

9. As in the previous year, three major month-long anti-narcotics campaigns were carried out in Wan Chai, Mong Kok and Tsuen Wan from September to December 1979. Sir Albert Rodrigues, the Chairman of the A.C.A.N., opened the Wan Chai Campaign in the Southern Playground on 15 September, which was followed, in the next four weeks, by more than 60 anti-drug prevention and publicity activities. The Mong Kok Campaign, which also had over 60 events, was opened on 14 October by Sir Yuet-Keung Kan, the Senior Unofficial Member of the Executive Council, at a ceremony in the Mong Kok Stadium which was attended by more than 8,000 people living in the District. The last of the three campaigns was inaugurated by the Acting Governor, Sir Jack Cater at the Yeung Uk Road Playground in Tsuen Wan on 18 November. More than 5,000 students and local residents participated in the lively and colourful opening ceremony. Shortly after Sir Jack dotted the eyes of a 'golden dragon', a grand procession over 3,000-strong took to the busy streets of Tsuen Wan, spreading the anti-drug messages to an estimated audience in excess of 100,000 people living in the fast-growing new town, which has a total population of 600,000. About 100 activities were held throughout the campaign period.



10. Many government, voluntary and civic organizations joined hands during the campaigns to organize exhibitions, lectures, seminars, competitions, film shows, variety shows, recreational and athletic events, to spread the fight-drugs message to members of the public. In addition to supporting the campaigns with banners, posters, leaflets and hand-outs, intensive publicity was also mounted simultaneously on television, radio and in the press to give a wider coverage to the message, not only to the one million people living in the three districts, but also to the whole population of Hong Kong.

11. As a result of noteworthy co-operation between the community and the government through the efforts of the Home Affairs Department, anti-drug sub-committees were established in the Sham Shui Po, Wong Tai Sin and Southern Districts with a view to following up the anti-drug campaigns held in these three districts in 1978. The main objective of such follow up 'mini-campaigns' was to sustain the anti-drug momentum which had been generated in the three districts during their intensive campaigns the previous year.

12. 1979 saw the I.C.A.C. joining forces with the A.C.A.N. Co-operation was achieved by the inclusion of anti-narcotics themes in I.C.A.C. community education programmes and likewise anti-corruption messages in anti-narcotics district campaigns. During discussion sessions with the public, liaison officers of the I.C.A.C. local offices would, where appropriate, refer to the evils of drug abuse which often thrives under the protection of corruption, emphasize the role of parents and teachers in preventing drug addiction, underline the need for youths to stay off drugs, publicize the Drug Abuse Hot-line and encourage the reporting of drug trafficking and manufacturing. To create greater awareness of the problem, drug abuse was included in civic training programmes and camps organized for students and young workers. As a regular feature, anti-narcotics films were shown to local residents in I.C.A.C. film sessions. In addition, messages on the prevention of drug abuse were included in the many I.C.A.C. exhibitions that were held in various districts. In A.C.A.N.'s various district campaigns, representatives from I.C.A.C. local offices participated in the campaign committees and contributed their efforts to other anti-narcotics activities such as seminars, quiz and variety shows.

13. The Drug Abuse Telephone Enquiry Service, (D.A.T.E.S.) which began work on 15 September 1977 with the assistance of the Hong Kong Christian Service, continued to provide a useful channel for the general public to enquire about, and seek advice on, the drug problem. During its first 28 months of operation up to the end of 1979, some 11,720 calls were received from members of the public. Most of the callers sought information on treatment and rehabilitation services, or advice on drug abuse prevention. About 490 people telephoned to give information on suspected illicit narcotic activities. Such information was subsequently referred to the Police for investigation. Continuous publicity through the mass media was maintained throughout the year to publicize the enquiry telephone number (3-668822) and to encourage the public to make the best use of the service. The role of the D.A.T.E.S. in serving as a link between the public, the government and the voluntary agencies has been firmly established and its programme successfully implemented. Consideration is

now being given to expanding its functions to other areas of social concern, in addition to drugs.

14. Continuing the important services it has given in previous years, the Alumni Association of S.A.R.D.A. again organized many anti-drug variety shows in various parts of Hong Kong during the summer months, in conjunction with Kaifong associations, the Information Services Department and the Urban Council. The variety shows, performed voluntarily by former addicts, were effective in spreading the anti-drug message.

15. Schools were also involved in the fight against narcotics. In September 1978 the Preventive Education and Publicity Sub-committee organized an inter-secondary school drug education display competition in conjunction with the Education Department. Thirty-two schools took part and each of them presented an anti-drug display stall designed by their students with guidance from their teachers. A total of 14 winning displays were subsequently exhibited in the City Hall between 20 and 24 January 1979. Four anti-drug agencies, the Prisons Department, S.A.R.D.A., Tung Fook House and the Lok Heep Club, also took part in the exhibition on a non-competitive basis.

16. Shortly before the drug education display competition, the Hong Kong Methodist Church organized a week-long exhibition between 14 and 20 January 1979 in the Chinese Methodist Church in Wan Chai with the aim of promoting an 'Abundant Life' free from drugs. The exhibition, which was seen by more than 10,000 people, was the first pioneer effort of its kind organized by the religious sector.

17. Another encouraging development during the year was the assistance of yet another organization in the promotion of a healthy drug-free society. In June the A.C.A.N. and the United Christian Hospital jointly organized a two-week education and publicity programme for the Hospital's 1,000 staff and 1,100 patients. The fortnight-programme included talks to doctors, general and community nurses, counsellors and other staff as well as the patients. It also included slide and film shows and display of anti-drug posters and materials at the Hospital's casualty and outpatient departments, and health centres located throughout the Kwun Tong and Ngau Tau Kok areas. The functions were well attended and welcomed by the staff and patients.

**(b) Education and Publicity through the Mass Media—**

18. Apart from the events organized during district anti-drug campaigns, television, radio and the newspapers continued to be the mainstay of A.C.A.N.'s methods of disseminating anti-narcotics information and publicity to the general public, reinforced by thousands of attractive posters and informative leaflets. The use of these media has helped tremendously in achieving the four objectives of A.C.A.N.'s publicity strategy. In the foreseeable future, they will remain the backbone of preventive education and publicity efforts.

19. An example of the important part played by television, radio and the newspapers in community efforts to eradicate drug abuse from Hong Kong is reflected by the results of sample surveys taken in Tai Po, Wong Tai Sin and Southern Districts in 1978 following the intensive month-long campaigns held

in these districts. Between 55 and 69 per cent of the respondents said they were aware of the anti-narcotics campaigns from watching television. Between 50 and 61 per cent said they heard it on the radio, and between 44 and 55 per cent read about it in the newspapers.

20. Attractive posters strategically located also captured a large 'viewership'. In the same surveys, between 50 per cent and 61 per cent of the interviewees said they learned about the dangers of drugs from posters.

21. These surveys, which serve as an important barometer of public awareness and receptivity, also pointed to another important means of publicity – banners. As 92 per cent of the people interviewed in the surveys reported seeing anti-drug messages on banners during campaigns, greater use of these will be examined with an eye on next year's publicity.

22. In mid-1979 when the street price of drugs rocketed to unprecedented heights because of effective law enforcement and a drought in the drug producing 'Golden Triangle', many addicts suddenly found themselves in trouble and in dire need of help but were still somewhat hesitant or reluctant to seek treatment. Intensive publicity through the mass media was mounted to encourage them to come forward for out-patient treatment in the methadone clinics. A briefing to editors of Hong Kong's popular newspapers, radio and television stations was given with a view to familiarising them with the state of affairs and seeking their help in putting the message across to addicts. Anti-drug slogans and information were broadcast over the radio and television 'clips' were screened during prime viewing hours and with greater frequency than usual. Thousands of posters with information, addresses and opening hours of the 21 methadone clinics hit the streets at the same time. These publicity efforts made a positive contribution to the increase in the number of people registering and receiving treatment everyday in the methadone clinics, from 8,158 and 5,771 respectively in June to 9,887 and 7,908 respectively in July, representing increases of 22 per cent and 37 per cent. The number of people registered and attending the methadone clinics has remained high since July.

23. Another significant development in anti-narcotics publicity during 1979 was the effort targeted at female drug addicts, whose number, though not alarmingly high, was gradually increasing. As a preventive measure, a working group was set up under the A.C.A.N.'s Preventive Education and Publicity Subcommittee to investigate the problem and to devise ways and means of publicizing the dangers of addiction to females and to encourage those already addicted to seek treatment. Among the many recommendations suggested by the Working Group, a poster and a 30-second TV 'clip' were produced to encourage female addicts to seek treatment and warn potential women drug abusers to keep away from drugs. Implementation of the other recommendations by the Working Group are now in hand, including the publication of special feature articles in a number of newspapers and magazines identified by the Working Group to be most read by females.

24. In December, the A.C.A.N., in co-operation with the Government-operated Radio Television Hong Kong (R.T.H.K.), produced an hour-long drama film. The film, entitled 'A New Life', was part of R.T.H.K.'s popular

'Below the Lion Rock' series, and featured individual stories of four ex-addicts discharged from an addiction treatment institution; it was shown on the Chinese channels of the two television networks. It was favourably received by film critics and the public. The series has a regular audience of 2.4 million viewers.

25. Apart from the TV drama, the A.C.A.N. also produced a total of six anti-drug TV clips and 24,000 posters on various themes during 1979. Three of these 30-second clips and posters were a continuation of the previous year's publicity package highlighting healthy alternatives. The idea was to promote a positive attitude towards life among the young people of Hong Kong by encouraging them to take up healthy recreation and sports activities and stay away from drugs.

26. As a firm supporter of international cooperation as a means of solving common social problems, Hong Kong adopted the United Nations' 'Year of the Child' theme and produced a short TV 'clip' and two posters stressing the damage that drugs can do to a child if its parents become addicts. 5,000 of these posters were distributed all over Hong Kong and the 30-second TV clip was repeatedly shown on television from July to November.

27. In addition, a poster encouraging members of the public to report drug crimes was produced in September and displayed at prime locations until December.

28. Two other publicity packages of TV 'clips' and posters – one featuring the Hong Kong National Football Team promoting 'Good Health Comes First' and the other with the message that 'a real man doesn't need drugs to prove himself' – were produced and will be displayed in January and March 1980 respectively.

29. As in previous years, the anti-narcotics messages were also driven home to people living in densely populated areas as well as in remote corners of Hong Kong by mobile publicity teams of the Information Services Department and the New Territories Administration. During 1979, both departments put on a total of 106 anti-drug film shows and 57 theatre shows in various locations on Hong Kong Island, in Kowloon and the New Territories.

30. Calendars also serve as a useful tool in publicity. A total of 200,000 calendar cards for 1980 bearing a photograph of the Hong Kong National Football Team and the 'good health' slogan were distributed at the end of the year.

(c) **Production of Strategic Materials and Training of Drug Abuse Prevention Personnel—**

31. A 15-minute drama film for drug education in schools and factories was produced during the year. The film, entitled 'Ah Kou', was designed as a 'trigger film' to inspire discussion among its audiences on the underlying causes of drug addiction among young people, and about ways in which the drug problem in Hong Kong might be tackled. It is designed for showing to students above Form 3 level under the guidance of a teacher, or a social worker in the case of young workers. A set of guidelines was also prepared to assist the teacher or the social worker to direct the course of the ensuing discussion. The

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A.C.A.N. was also exploring the possibility of showing the film on Hong Kong's Education Television Network in 1980.

32. Another film produced during the year was a Chinese-language documentary on the A.C.A.N. Mass Rally held in April. The 15-minute film, directed and produced by post-secondary students majoring in film-making in the Baptist College and sponsored by the Royal Hong Kong Jockey Club, highlighted the festive fun and the kaleidoscopic colour of the two-hour anti-narcotics show. The film was shown in various locations throughout Hong Kong by the Narcotics Division, the Mobile Film Unit of the Information Services Department and the Civilian Information Team of the New Territories Administration to assist in further preventing drug abuse in Hong Kong, and was well received. An English version of the film is expected to be produced in 1980.

33. With the assistance of the Thai Government, and the Counsellor for Hong Kong Affairs in Bangkok, an A.C.A.N. publicity film – 'Attacking the Dragon' – which presents an overview of Hong Kong's narcotics problem in its social and cultural context and embraces all aspects of our anti-narcotics efforts, was dubbed in Thai and screened on Thailand's army television network in November. The Narcotics Division was also studying the possibility of showing the film in other countries which are troubled by a drug problem.

34. In November, the A.C.A.N. participated in the Medical and Pharmaceutical Exhibition organized by the British Medical Association, which held its Annual Clinical Meeting in Hong Kong for the first time. Arising from the success of the A.C.A.N. display in this exhibition, it was decided that the exhibition panels should be expanded to include more details of Hong Kong's anti-narcotics work so that the display set could be shown to a wider audience and achieve even better results. Towards the end of the year, work had started on the design and production of the mobile display set. When completed in 1980, it will greatly enhance the A.C.A.N.'s ability to convey the anti-drug message to the public at all levels, through exhibitions in community halls, youth centres and schools.

35. In the latter part of the year, the Preventive Education and Publicity Subcommittee of A.C.A.N. proposed that specially designed notices should be produced for display in public toilets and bathhouses situated in densely populated areas, which were likely to be frequented by drug addicts, with the aim of encouraging them to seek treatment. The proposal subsequently received the support and approval of the Urban Council and New Territories Services Department. Planning for the production of these public notices had already commenced by the end of the year, and the project is expected to be completed before mid-1980.

**(d) Training of Drug Abuse Prevention Personnel—**

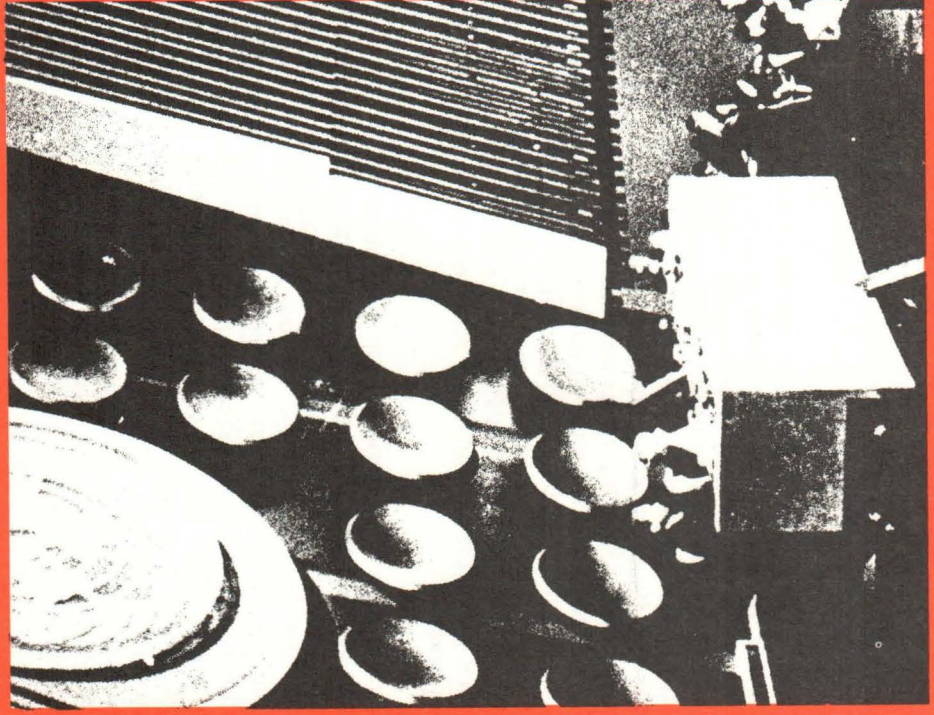
36. Active efforts were made during the year to provide training for people from various sectors of the community who were willing and able to assist in drug prevention programmes. In October, the A.C.A.N., jointly with the Sham Shui Po District Anti-drug Committee, organized a two-day Youth Leadership

Training Course for 50 senior secondary school students and factory workers. The main objective of the course was to provide the young people with sufficient knowledge of drug abuse prevention to enable them to spread the anti-narcotics message through their daily contacts with other young people at work or in school. An encouraging development from the training course was the formation of an Anti-drug Youth Leader Group, with members mainly from the course participants, who expressed keen interest in offering their continuing services to anti-narcotics work in the future.

37. In October, the Committee on Drug Abuse of the Hong Kong Council of Social Service jointly organized with the Hong Kong Polytechnic's School of Social Work a 10-week in-service training course for 14 ex-addicts who were working either as staff or volunteers in social welfare agencies assisting drug abusers. The course, which was the first of its kind in Southeast Asia, was aimed at effectively equipping an ex-addict to fulfill his role as a helper to other drug abusers in future.

INTERNATIONAL ACTION

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## Chapter 17

### The Golden Triangle — The Source of Hong Kong's Illicit Drugs

Hong Kong grows no opium poppies. Virtually all illegal narcotics used here come through Thailand from the 'Golden Triangle', the opium growing area where the borders of Thailand, Burma and Laos meet. Opium produced in this area has hitherto been estimated to meet more than half the world's demand for illicit narcotics, although this is probably no longer the case in the light of increasing evidence that Afghanistan, Pakistan and Iran are now major sources of illicit opium production and supply.

2. The production of opium in the Golden Triangle varies according to the climatic conditions each year, but an average annual yield is estimated to be about 500 tonnes, with 400 tonnes from Burma, 50 tonnes from Laos and 50 tonnes from Thailand. In 1979, the opium crop in this area fell significantly below the normal yield, to about 150 tonnes, as a result of unfavourable weather conditions and the increasing activities of the Burmese Army and the Thai Border Police. Overseas supplies of narcotics suffered in consequence and in Hong Kong, the wholesale price of No. 3 Heroin increased from \$46,000 per kilogram at the end of 1978 to \$229,000 per kilogram in September 1979. This incredibly high level of prices was maintained throughout the rest of the year. As a result of this, and following the previous year's drought, prices of raw opium will no doubt continue to rise. From 1978 to 1979, the wholesale price for raw opium had increased from \$800 per kilogramme to well over \$2,000, and the trend to significant increase is likely to continue.

#### The Golden Triangle

3. The Golden Triangle is a mountainous, forest-covered area of about 194,000 square kilometres (75,000 square miles) with soil and climate ideal for the cultivation of opium poppies. The region is inhabited by tribal groups of different origins with a population of up to 1,000,000 scattered over 3,000 or so villages. They speak different dialects and have different cultures and customs. Amongst them, the Shan, Meo, Yao and Lisu are the main opium growers. They live in villages above the 1,000 metre altitude level, and practise 'slash and burn' cultivation of opium poppies on steeply-sloping hillsides. Since the beginning of the century, opium has been the most important cash-crop, supporting their meagre livelihood. In an inaccessible area where transport is either by backpack or by mules, the hill tribes have hitherto preferred opium to other crops in view of its high value-weight ratio and the ready market provided by the international traffickers.

4. To the hill tribes, the Golden Triangle is a misnomer. Whilst huge profits are reaped by traffickers in the illicit drug trade, the hill tribes receive only comparatively low prices for their opium. To maintain what can best be described as a mere subsistence way of life, the average family has to cultivate large areas of poppies.

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5. Opium produced in the Golden Triangle is smuggled through Thailand to illicit markets in other parts of Asia, Western Europe, North America and Australia. In addition, it also supports increasingly serious addiction problems within Thailand, Burma and Laos. In Thailand alone, it is estimated that there are nearly 600,000 addicts. In the other two countries, accurate numbers are not yet known, but heroin addiction is believed to pose a serious problem and there is some concern about the addiction rate amongst the younger generation.

6. The Governments of Thailand, Burma and Laos are faced with enormous difficulties in their efforts to suppress opium production and trafficking in and from the Golden Triangle region, where opium farming is firmly rooted in the socio-economic traditions of the hill tribes. In this area, where medical services are practically non-existent, opium has been used for a great many years as a traditional medicine for a variety of complaints. Opium smoking is also a common habit amongst the tribesmen; the rate of opium addiction varies from 10 per cent in some villages to as high as 50 per cent in others. But the position of the opium poppy as the main cash-crop of most of the the hill tribes presents the greatest difficulty. Before the tribesmen can be persuaded to give up opium cultivation, they must be provided with suitable alternatives which will offer an acceptable livelihood. In addition, law enforcement action against trafficking is seriously hampered by poor communications and the inaccessibility of the mountainous terrain, and by the presence of many armed minority-group factions of different political backgrounds and affiliations, which use opium-derived revenue as a means of supporting their insurgent activities or other objectives. Official corruption also presents an enormous obstacle to efforts to stamp out trafficking.

**Thailand**

7. Thailand accounts for only a relatively small part of the total opium production of the Golden Triangle and most of the amount is probably consumed by its own large addict population. The majority of the drugs channelled through Thailand to the international market are therefore smuggled into its territory over the borders from Laos and Burma.

8. In Thailand's battle against the evils of narcotics trafficking and abuse, 1979 was a year of sustained efforts and continued success, which were assisted by a major drought in the Golden Triangle area. Recognizing anti-narcotics work as one of its major priorities, the Thai Government set up, in November 1976, the Office of the Narcotics Control Board (O.N.C.B.) for the suppression of drug abuse and drug trafficking within the country. The objective of the O.N.C.B. is to provide leadership, policies, goals and programmes for national efforts directed towards the prevention and suppression of drug trafficking and abuse, the treatment and rehabilitation of drug dependants, and crop substitution and community development in the tribal areas.

9. During the year, the Thai authorities seized a total of 329 kilograms of heroin, 739 kilograms of opium, 152 kilograms of morphine and 92,412 kilograms of cannabis leaf, some of which were destroyed in the field. 28,000

persons were arrested for drug related offences; of these, 16,600 were made in Bangkok which is still regarded as a major drug exporting centre.

10. Encouraging as these figures are, the fact remains that the problem cannot be solved by law enforcement action alone. Narcotics experts have now agreed that the long term solution lies in the success of the current crop substitution programme which aims at persuading the tribesmen in north-western Thailand to grow other crops instead of opium. To this end, the Government of Thailand is committed, as a national priority, to extend the lessons learned in the Thai/United Nations Crop Substitution Pilot Programme to all illicit opium cultivation regions in the country.

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11. Started in 1972 under the funding of the Thai Government and the United Nations Fund for Drug Abuse Control (U.N.F.D.A.C.), the pilot programme was undertaken in five areas comprising 30 opium growing villages northeast of Chiang Mai to demonstrate the feasibility of progressive replacement of opium cultivation by other crops and economic activities. Overall, the programme has achieved a considerable success with encouraging results indicating that the peasant farmers in the pilot villages have accepted, with a degree of surprising enthusiasm, the crops introduced to them to replace opium. Amongst the crops which have proved their potential as substitutes, coffee and red kidney beans are the most widely accepted, others include peas, vegetables, temperate fruits, tobacco, flower seeds, medicinal plants and pyrethrum. Originally the pilot programme was planned to last for five years ending in 1976 but the Thai Government and the United Nations subsequently decided to extend the programme by another three years to give the Thais time to draw up a master plan for extending the lessons learnt in the pilot programme to the 700 or so remaining opium-growing villages in north-western Thailand.

12. The new plan aims at extending the programme by watershed areas, of which there are six in the region, beginning with the Mae Chaem Watershed which includes about 200 villages. The extension of the programme to all these villages requires the injection, not only of considerable financial assistance from other countries (for the construction, for example, of a communications network of trunk and feeder roads), but also the provision of experts in a number of fields including marketing, specialized types of agriculture, and the establishment of health, educational, law enforcement and transport facilities. At the end of the year, the new programme, named the 'Highland Agricultural Marketing and Production Project (H.A.M.P.)' was about to be launched. Unlike previous crop substitution programmes, this new campaign will go far beyond standard efforts to promote the replacement of poppies with cash crops. It aims, in effect, to bring the traditionally isolated hill tribes into the mainstream of the national economy, altering their semi-nomadic existence, thereby helping them from falling prey to money-lenders, drug traffickers and drug syndicates.

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13. The extension work on which the Royal Thai Government has now embarked presents an enormously difficult challenge on a long-term basis, which has a significance not only to the country itself, but to many countries beyond

its boundaries. Hong Kong strongly supports the efforts made by the Royal Thai Government and the United Nations in this field. In recognition of the invaluable work being done through the crop substitution scheme and other anti-narcotics projects financed by U.N.F.D.A.C., Hong Kong, since 1975, has made an annual contribution of HK\$100,000 to the Fund.

14. To strengthen Hong Kong's anti-narcotics liaison with the Thai authorities the post of Counsellor for Hong Kong Affairs was established at the British Embassy in 1973. Its main function is to maintain effective contacts with the Thai authorities, in particular the Royal Thai Police, and also the U.N. and Interpol Regional Liaison Officers, and all those belonging to the Foreign Anti-Narcotics Community (F.A.N.C.) in Bangkok. In addition, the Counsellor also acts as the Drug Liaison Officer for the United Kingdom. Hong Kong has continued to maintain a close and effective relationship with the Thai authorities and the resultant mutual exchange of information has led to a number of successful operations.

#### **Burma**

15. During 1979 the Burmese Government continued to give priority to its national campaign for drug abuse control. Since 1974 when the Burmese Government first started on its current campaign to eradicate the production of opium in the Shan States, over 30,000 acres of poppy fields have been destroyed in the Golden Triangle. This is an equivalent of 105 tonnes of opium or roughly 10 tonnes of heroin which have been prevented from reaching illicit world markets. Added to this, the Burmese authorities have, since 1974, seized 30,255 kilograms of narcotics – over 27,000 kilograms being raw opium, the remainder comprising heroin, marihuana and morphine. Law enforcement has been maintained at the same high standard as the previous year. About 21,000 offenders have been dealt with during the past three years.

16. With the financial and technical support of the U.N.F.D.A.C., the Burmese Government has mounted, since mid-1976, a five-year country programme which is aimed at the control of drug abuse and illicit narcotics production through crop substitution, treatment and rehabilitation, preventive education, law enforcement and social welfare.

17. The U.N./Burma programme, which is funded largely by Norway, provides U.N.F.D.A.C. funds totalling U.S.\$6,571,000 for the years 1976–1981, with counterpart finance from the Burmese Government. Apart from significant progress in the crop substitution programming, a fully equipped drug analysis laboratory run by the Criminal Investigation Division of the Burma Peoples Police Force has recently become operational. Transport and communications have been improved and, in addition to this, \$1 million worth of livestock, fertilizer, seeds, agricultural tools and sericulture equipment have successfully reinforced Burma's crop replacement areas in the Golden Triangle. The country programme in Burma is now at its halfway point. However, with the full-hearted and effective support of the Government, achievements during the past two-and-half years have already shown very promising signs for the future.

## **Chapter 18**

### **Hong Kong's Role on the International Front**

International cooperation in the anti-narcotics field has been developing at an unprecedented pace over the past six years, particularly in Southeast Asia, Europe and North America where governments are evincing keen interest in intra-regional and inter-regional cooperation. Their anxiety to cooperate is due, in large part, to the mushrooming of drug abuse in their own countries, and to a realization that drug trafficking, like germs, crosses geographical and ideological barriers and can never be tackled successfully without determined, effective and coordinated action at the international level.

2. For some years, Hong Kong has been contributing actively and increasingly to the international fight against narcotics, despite its limited resources. The policy of the Government is to give unstinted support to international action, be it related to law enforcement, treatment, prevention or other aspects of anti-narcotics work.

#### **Cooperation with the United Nations**

3. The main coordinating body of the United Nations in the anti-narcotics field is the U.N. Commission on Narcotic Drugs. It is an inter-governmental body with administrative and advisory functions under the 1961 Single Convention, which aims at rationalizing and simplifying the administration of the international narcotics control system. It amends regulatory schedules, notifies the International Narcotics Control Board of relevant matters, makes recommendations for implementing the aims and provisions of the Convention, such as the exchange of information and scientific research, and informs non-parties of the action taken.

4. In February, the Commissioner for Narcotics, Mr. E. I. Lee, attended the 28th Regular Session of the U.N. Commission at Geneva. Topics discussed during the 2 weeks' session included a review of the illicit drug traffic in the world, trends in drug abuse, measures to reduce illicit demand, the over-production of opiates for illicit purposes and the progress of operations financed by the U.N. Fund for Drug Abuse Control. Mr. Lee made an appeal for more international and national attention to be devoted to the tracking of narcotic cash flows and of assets acquired through trafficking, and suggested an international meeting to be attended by law enforcement, legal officers and policy makers to discuss the issue. The Commission agreed to a resolution connected with this proposal, and asked the U.N. Division, Interpol and the Customs Cooperation Council to jointly arrange such a meeting, after necessary preliminary investigations were completed.

5. During the year, Hong Kong made its fifth annual contribution of H.K.\$100,000 to the United Nation Funds for Drug Abuse Control (U.N.F.D.A.C.) in support of its worldwide efforts which include the crop substitution programmes being undertaken in the 'Golden Triangle' region,

in conjunction with the Governments of Burma and Thailand. This contribution, being the largest from developing countries and higher than those from some developed countries, indicates Hong Kong's firm support for, and active participation in, international action against narcotics.

6. Apart from cash donations, Hong Kong has also been making its anti-narcotics expertise and facilities freely available to the United Nations for the training of officials from Asian countries who are sponsored by the U.N. Division, other U.N. agencies, the Colombo Plan Bureau or their own governments under bilateral arrangements. Since 1974, a total of 475 trainees/visitors have been received by Hong Kong. The cost of organizing such training courses/visits, which could be considered as a donation-in-kind to the Fund, is not inconsiderable, and a conservative estimate shows that for 1979 alone, the costs were \$100,000 (U.S.\$22,000).

#### **International Drug Enforcement Association Conference, Manila**

7. In March, the Commissioner for Narcotics and Mr. R. V. L. Hatton, Assistant Commissioner, Customs and Excise Service, participated in the International Drug Enforcement Association Conference held in Manila. This conference was organized under the aegis of the United States Department of Justice, Drug Enforcement Administration (D.E.A.) to promote cooperation and understanding between law enforcement officers and anti-narcotics organizations in their common pursuit against drug abuse and trafficking. The conference was attended by 65 delegates from 17 countries. The Hong Kong team presented reports on 'Treatment and Rehabilitation Programmes in Hong Kong', 'The Hong Kong Anti-narcotics Situation' and 'Narcotics Control at the seaport of Hong Kong'.

#### **6th Pan Pacific Conference of Rehabilitation International, Seoul, Korea**

8. In April, Mr. T. G. Garner, Commissioner of Prisons, attended the 6th Pan Pacific Conference of Rehabilitation International in Seoul, Korea from 22 to 27 April 1979. Papers were presented on 'Treatment and Rehabilitation of Drug Dependents; A unique Approach', 'The Role of After-care Service in the Treatment of Drug Dependents' and 'The Role of Research and Statistics in Combating the Drug Problem'. The Conference was attended by delegates from 26 countries.

#### **National Seminar/Workshop on 'Strategies for School-based Drug Abuse Preventive Education Programme' - Bulacau, Philippines**

9. The Dangerous Drugs Board and the Ministry of Education and Culture of the Philippines, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Colombo Plan Bureau jointly organized a Seminar/Workshop on 'Strategies for School-based Drug Abuse Prevention Education Programmes' in Bulacan, Philippines from 8 to 14 July 1979. Mr. Peter C. F. Choi, Senior Information Officer, Narcotics Division, attended the seminar/workshop on the invitation of the Colombo Plan Bureau as an overseas consultant. The meeting, with the theme of 'The Teacher: Key to

Effective Drug Abuse Prevention Education in the School', was attended by 75 participants, including 7 overseas consultants.

#### **The Second National Workshop on the Treatment and Rehabilitation of Drug Abusers, Manila**

10. In July, Dr. J. B. Hollinrake, Superintendent of the Shek Kwu Chau Treatment and Rehabilitation Centre of S.A.R.D.A., was nominated to represent Hong Kong and attended the National Workshop as a foreign consultant. He gave a talk on 'Current Situation of Drug Addiction in Hong Kong' to about 70 participants representing the various agencies involved in treatment and rehabilitation of drug abusers in the Philippines.

#### **Interpol 5th Asian Regional Conference, Seoul, South Korea**

11. In August, the Commissioner for Narcotics attended the Interpol 5th Asian Regional Conference held in Seoul, South Korea with Mr. P. T. Moor, Deputy Commissioner of Police and Mr. K. H. Li, Deputy District Police Commander, Kowloon District. The Asian Regional Conference is held bi-annually and provides law enforcement officers in the region with an opportunity for discussions and for the making and renewal of contacts. An important part of the agenda deals with drugs. At the Conference, the Hong Kong delegates gave reports on the current narcotics law enforcement situation in Hong Kong and an overview of the Territory's anti-narcotics policies and programmes and their results.

12. In September, Mr. R. Henry, Commissioner of Police, and Mr. P. J. Clancy, Director of Criminal Investigation of the Royal Hong Kong Police, attended the 48th General Assembly of the International Criminal Police Organization (Interpol) held in Nairobi, Kenya. International drug trafficking formed an important part of the discussions at the General Assembly which was attended by delegates and observers from 101 countries. A major issue raised at the meeting was the tracking of narcotics money-flows and the acquisition of assets through trafficking. The importance of such information to law enforcement agencies is well recognized and there is increasing international interest in this matter.

#### **International Conference on the Role of Non-Governmental Organizations in the Prevention and Control of Drug Abuse, Jakarta, Indonesia**

13. During 29th October to 3 November 1979, Mr. L. B. McQuarrie, Mr. James Ch'ien and Mr. Henry Sun of S.A.R.D.A. were invited to participate in the above International Conference, which was held in Jakarta, Indonesia. Papers and films on the role of the Hong Kong Council of Social Service, on the function of voluntary rehabilitation programmes in Hong Kong and on community participation in preventive education were presented by the participants. It was encouraging to see that partnership between Government and Non-Governmental Organizations and the teamwork between professionals and volunteers as developed in Hong Kong over the past decade were well



received by the other Asian countries as an international model for the planning and improvement of their anti-drug programmes.

#### **W.H.O. Workshop on the Prevention and Treatment of Drug Dependence, Bangkok, Thailand**

14. In November, the Commissioner for Narcotics, together with Mr. James Ch'ien of S.A.R.D.A., were invited by the World Health Organization to participate as consultants in an Inter-Regional Workshop in Bangkok on problem assessment, resource-allocation, and programme planning and evaluation. The meeting was attended by representatives of UNESCO, the Colombo Plan Bureau, the International Council on Alcohol and Addictions and by Professor Sukru Kaymakcalan, Vice-President of the International Narcotics Control Board. Mr. Lee presented a paper on 'The importance and use of a case register and other statistical indicators in the formulation of anti-narcotics policy and for the evaluation of contributory programmes in Hong Kong' and Mr. Ch'ien presented a paper on 'Rationale and proposal for cost-effectiveness evaluation of drug addiction treatment programmes'.

#### **British Medical Association Clinical Meeting, Hong Kong**

15. During 2-6 November 1979, the British Medical Association held its annual clinical meeting in Hong Kong, which was attended by about 650 delegates from various member countries. The Commissioner for Narcotics chaired a session on 'Drug Dependence' with Dr. K. F. Chan, Assistant Director of Medical & Health Services, Professor M. B. Roberts of Hong Kong University, Mr. R. A. Williamson of the Royal Hong Kong Police and Dr. W. G. Oram as panelists. The session was attended by more than five hundred delegates and was well-received. Some of the delegates visited the Violet Peel Methadone Clinic afterwards to hold further discussions with Dr. K. F. Chan.

16. Concurrent with the British Medical Association Clinical Meeting, a Medical & Pharmaceutical Exhibition was held. Both the Action Committee Against Narcotics and the Medical and Health Department participated in the Exhibition. The Action Committee Against Narcotics exhibition stand, with the theme 'Hong Kong Fights Narcotics', highlighted topics including: the addict profile, drugs of abuse, the inter-relationship between the four main anti-drug programmes and the part played by improving social conditions in the reduction of drug dependence.

#### **World Health Organization Inter-Regional Training Course for Physicians on the Treatment and Rehabilitation of Drug Dependent Persons**

17. Hong Kong organized, at the request of the World Health Organization, an inter-regional training course on the treatment and rehabilitation of drug dependent persons from 30 October to 28 November, for 25 physicians from Egypt, Pakistan, Afghanistan, Burma, Thailand, Malaysia, Indonesia and the Philippines. The course, which was aimed at providing participants with an

in-depth study of the latest theories and practices of drug addiction treatment and rehabilitation, included attachments to Government Departments and voluntary agencies responsible for treatment and rehabilitation work and sessions addressed by experts in relevant fields.

#### **Hong Kong as an anti-narcotics training ground**

18. The advanced techniques and methods used in anti-narcotics work in Hong Kong have made it an increasingly popular venue for training anti-narcotics officials from other countries. Each year, as mentioned in para. 6 above, a number of anti-narcotics officers from Southeast Asian countries come to Hong Kong for study visits; these officers include administrators, doctors, psychiatrists, social workers, police and customs officers. In 1979, Hong Kong arranged training, attachment, and instructional visits for a total of 131 officers from countries all over the world. To these visitors law enforcement and the various treatment and rehabilitation programmes in Hong Kong were the main sources of interest, but the preventive education and publicity techniques employed in Hong Kong against drug abuse continued to attract increasing attention. The provision of these training facilities further demonstrates the Hong Kong Government's commitment to full cooperation with other governments in the fight against the global problem of narcotics.

#### **Visit of Professor William H. McGlothlin**

19. In July, Professor William H. McGlothlin, Department of Psychology, University of California visited Hong Kong. Prof. McGlothlin's main interest was in the area of compulsory treatment of heroin addiction. During his stay in Hong Kong, Prof. McGlothlin visited the Drug Addiction Treatment Centre of the Prisons Department at Tai Lam Chung and S.A.R.D.A.'s rehabilitation centre at Shek Kwu Chau.

#### **Visit of Professor Prasop Ratanakorn**

20. In September, Professor Prasop Ratanakorn, Director of Special Health Services, Ministry of Public Health of Thailand, visited Hong Kong on his way back from the Third World Congress on Prevention of Alcoholism and Drug Dependence at Acapulco, Mexico, and held discussions with the Commissioner for Narcotics.

21. In November, Professor Prasop visited Hong Kong again as Chairman of the International Workshop on Basic Neurosciences (UNESCO - IBRO project) during an Asean Country Visiting lecture tour.

#### **Visit of Minister Sawat Khumprakob**

22. In October, Mr. Sawat Khumprakob, Minister, Thai Prime Minister's Office, visited Hong Kong as part of a world trip to brief himself on global narcotic problems and the ways in which they are tackled in various countries. During his stay, Mr. Sawat held discussions with various senior government anti-drug officials. He was accompanied by Mr. Likit Therdsteerasakdi, Deputy Secretary General of the Narcotics Control Board in Thailand.

**Visit of Mr. T. B. Werapitya**

23. In November, Mr. T. B. Werapitya, Deputy Minister of Defence, Sri Lanka, and Chairman of the Sri Lanka Narcotics Advisory Board, visited Hong Kong on a study/observation tour sponsored by the Colombo Plan Bureau's Drug Advisory Programme. During his visit, Mr. Werapitya met senior law enforcement officers and Mr. K. L. Stumpf, Chairman of the Preventive Education & Publicity Sub-committee of the Action Committee Against Narcotics for a briefing session on anti-narcotics operations and preventive education and publicity programmes in Hong Kong.

**Visit of Mr. Brian Bubbear**

24. In November, Mr. Brian Bubbear, Head of the Home Office Drugs Branch, London, visited Hong Kong as the first stop in a tour of South East Asian countries. During his week-long stay, Mr. Bubbear visited anti-narcotics law enforcement departments and various treatment facilities.

**Other Overseas Visitors**

25. During the year, Hong Kong had a number of other distinguished visitors who had an active interest in Hong Kong's anti-narcotics work and progress. They included:

Mr. Yoshihiko Kaite,  
Public Prosecutor, Wakayama District Public Prosecutors' Office, Japan.

Mr. Alasdair Macpherson,  
London Editor of 'The Scotsman'.

Dr. Gottfield Machata,  
Head of the Chemical Department of the Institute of Forensic Medicine, Vienna University, Austria.

Mr. U Kyi,  
Director General of the Department of Social Welfare, Burma.

Mr. Tee Tua Ba,  
Director, Central Narcotics Bureau, Singapore.

Major General Pow Sarasin,  
Secretary-General of the O.N.C.B. Thailand.

Lt. Col. Pietro Soggiu,  
Chief of the Narcotics Division of the 'Guardia di Finanza' Rome, Italy.

Encik Abdul Jabid bin Mohammed Don,  
Deputy Secretary-General of the Ministry of Home Affairs, Malaysia.

Dr. Tan Tiang Hong,  
Vice President of National Association Against Drug Abuse, Malaysia.

Mrs. T. I. Darsoyo,  
Congresswoman, Indonesia.

Dr. Robert Millman,  
Clinical Associate Professor of Public Health, Cornell University Medical College, U.S.A.

Dr. Ann Ho,  
Biology of the Addictive Diseases Department, Rockefeller University, New York, U.S.A.

Mr. Robert Angarola,  
White House Drug Policy Officer, Washington D.C., U.S.A.

Mr. Onafre Villaleez,  
Judge of the Circuit Criminal Court, Manila, Philippines.

Dr. David Archibald,  
Vice-President, Addictions Research Foundation, Toronto, Canada.

Dr. David Powell,  
Director, Eastern Area Alcoholic Education and Training Programme, Hartford, U.S.A.

Revd. Frank Wilson,  
Executive Director, Life for the World Trust, Berkshire, England.

RESEARCH

7



## Chapter 19

### Central Registry of Drug Addicts

#### Background

The idea of setting up a registry of drug addicts to provide the Government with more accurate information on the local addict population and more reliable ways of measuring the effectiveness of organized drug addiction treatment, dates back to the early 1970s. The proposal was endorsed by the Action Committee Against Narcotics in February 1971. Subsequently a Central Registry of Drug Addicts (C.R.D.A.) was established in April 1972 with three main objectives :

(a) to estimate the number of drug addicts in Hong Kong;

(b) to obtain information on the average success rate for institutionalized treatment; and

(c) to compare the success rate of organized treatment with that of other forms.

2. The then Central Registry received reports from the Police, the Prisons Department, Social Welfare Probation Offices, some hospitals, treatment centres and voluntary welfare agencies. Between 1974 and 1975, the C.R.D.A. published two statistical reports, outlining the characteristics of local drug addicts and the results of certain treatment programmes. However, after three years of operation, questions were raised concerning the reliability of the data, the efficiency of the matching system and the realism of the Registry's terms of reference.

3. In January 1975, Dr. R. G. Newman of New York City, a visiting consultant to the Medical and Health Department, was invited to make an initial diagnosis on the operation of the C.R.D.A. He found a number of technical deficiencies which he considered too serious to be rectified and therefore concluded that the system could no longer be considered a reliable guide to policy-makers. Dr. Newman recommended that further advice should be obtained and suggested that the services of Mr. Bent Werbell, the then Project Manager of the Data Processing Division of the New York City Department of Health, be sought.

#### Reorganization of the Central Registry

4. Dr. Newman's recommendations were agreed by the A.C.A.N. and the Hong Kong Government. With funding from the United States Government, through the National Institute on Drug Abuse (N.I.D.A.), Mr. Bent Werbell came to Hong Kong in 1976 and spent three and a half months studying the whole field of addict records, methods of reporting and processing data, and objectives to be set. In August 1976, at the end of his consultancy, Mr. Werbell concluded that the limitations of the C.R.D.A. were such that they could not be corrected, and accordingly, recommended a new system involving changes in the aims, organization and operation of the Registry. Mr. Werbell's recommendations were subsequently accepted by the A.C.A.N. and the Government.

Implementation of his recommendations involved two phases. *Phase one*, which started on 1 September 1976, introduced a new data collection system; it also modified the organization and objectives of the Registry. *Phase two*, involving the development of a computerized data processing system, began in August 1977. Following a second consultancy visit by Mr. Werbell.

### Objectives

5. The reorganized C.R.D.A. has the following objectives:
  - (a) to identify trends in the nature of addiction and in the addict population in Hong Kong over time;
  - (b) to describe certain characteristics of the reported addict population and to contrast these characteristics among addicts reported from specific sources; and
  - (c) to provide information regarding the association of contact with certain reporting sources (e.g. enforcement agencies and treatment agencies) with the subsequent, as well as the preceding history of addicts.
6. In short, the revised objectives of the new C.R.D.A. are to delineate the developing trends and characteristics of those abusing drugs in Hong Kong and to provide indicators for comparing the effectiveness both within and between the various treatment and rehabilitation programmes.

### The Data Collection System

7. To obtain the data required on drug addicts, a one-page reporting form was designed for distribution to all reporting agencies such as the police, prisons, treatment agencies, social welfare agencies and hospitals. The form, in both Chinese and English, is a simple record sheet (reproduced in Appendix 12) on which the agencies report the identifying, social demographic and other drug-use information on every addict or suspected addict who comes into contact with them. Reporting agencies usually send in their monthly reports to the C.R.D.A. before the end of the succeeding month. The C.R.D.A. staff then check and code each record sheet and pass the data to the Government's Data Processing Division for keying into the computer. Matching of duplications, tabulation and analysis of the data will then follow.
8. In order to ensure that the findings of the Central Registry are truly representative, it is important that the reporting base should be as complete as possible. Up to the end of 1979, the Central Registry had successfully secured the support and cooperation of 33 reporting agencies: 4 Government departments, 12 voluntary agencies and 17 private hospitals, which together embrace an overall total of about 180 reporting sources. Although the latter may not be completely exhaustive, all the major agencies in the anti-narcotics field are now included in the Registry's system; the only exceptions are a few Government hospitals and general out-patient clinics and private medical practitioners. A list of the C.R.D.A. reporting agencies is at Appendix 13.

### The Computer System

9. The C.R.D.A. uses the Integrated Database Management System software package which is the first of its kind ever used in Hong Kong. The development of this new computer system for the C.R.D.A. was begun in August 1977 by the Data Processing Division of the Government Secretariat, with the assistance of Mr. Bent Werbell during his second consultancy visit to Hong Kong between August and October 1977. A unique feature of the system is its matching capability which is designed to enable the computer to match efficiently newly entered records with existing ones so as to identify duplications. All accepted input record sheets are checked against the entire Registry Database to attempt to match each report with previously known cases. Forty-nine possible combinations based on the name/alias, identity card number, birth month/year, together with sex were designed for matching purpose. Multiple counting of the same individual, a problem which severely undermined the operation of the old C.R.D.A. system, can therefore be avoided.

10. The computer system came into full operation in August 1978. With the financial support of the United States Government, Dr. R. G. Newman and Mr. B. Werbell were invited to return to Hong Kong to assist in the initial operation of the new computer system and in the interpretation of data. The first computer analysis based on 58,100 reports was published in September 1978. This report, which covered the first 22 months' operation of the new Registry from September 1976 to June 1978, provided the Government and other agencies dealing with anti-narcotics programmes, for the first time, with a more accurate and detailed picture of the characteristics and trends of drug addiction in Hong Kong, such as prevalence and incidence, primary drugs of abuse, methods of administering drugs, age and sex distribution and geographical breakdown of the addict population. Up to the end of 1979, the Central Registry had produced four statistical reports. A fifth report was under preparation and will be published in the first quarter of 1980. The major findings of the C.R.D.A. are given in the following paragraphs.

### Findings of the new C.R.D.A. up to December 1979

#### (a) Number of addicts reported—

11. During the 40 months between September 1976 and December 1979, a total of 102,000 reports on 33,000 individuals were received by the C.R.D.A., an average of 3.1 reports per drug addict. Some 4,200 new individuals were added to the Registry's database in 1979. The number of newly known addicts continued to decline as can be seen in Appendix 14. During November/December 1979, for example, 365 new drug addicts were reported to the Registry which represented only 16% of the individuals reported in this time period. The corresponding figures for the same period of the previous year were 930 and 23% respectively.

12. In addition, seasonal variations in the number of addicts reported to the C.R.D.A. have been observed. The trend is for more addicts to be reported during the summer months and fewer during the winter months.

(b) *Age and sex distribution—*

13. Of all the addicts reported to the Central Registry up to December 1979, less than 4% were under 20 years of age. The largest proportion of addicts were within the 20-29 age bracket which comprised 32% of the known addict population. 64% of the individuals reported were aged 30 and over. Experience in many other countries and territories has shown that the larger the number of addicts in the lower age groups, the more serious is the drug problem. In Hong Kong, in contrast to other countries where juvenile drug addiction problems are reported to be mushrooming, the comparatively smaller number of addicts in the lower age group suggests that our drug addiction problem may not be on the increase.

14. On the other hand, of all the 33,000 known addicts up to December 1979, only 6% were females. The reports collected by the Registry however, revealed a disparity in the age distribution of male and female addicts. At the time of their first report to the C.R.D.A., only 18% of the male addicts were below the age of 25, whereas 41% of the females were in this same age group. In addition, among all newly known addicts, the proportion of females is on the increase. Appendix 15 shows that this proportion grew from about 4.5% in September/October 1976 to about 9.9% in November/December 1979. The data therefore indicates that the female addict population is growing at a quicker pace than its male counterpart. However, caution must be exercised in interpreting these figures on the magnitude of the female drug addiction problem in view of the small percentage of female addicts in the overall known addict population.

(c) *Primary Drug of Abuse—*

15. As mentioned in the previous chapters, heroin is the predominant primary drug of abuse in Hong Kong and has become more and more prevalent among local addicts. About 95% of those reported to the Central Registry during 1979 abused heroin as their primary drug, as against a percentage of 83% in 1976. Opium use, on the other hand, has been on the decline as it is becoming more expensive and difficult to obtain. Only about 3% of the addicts were reported to abuse opium in 1979 whereas the percentage was 11% in 1976. Very few addicts were reported to abuse other drugs such as morphine, amphetamines, barbiturates, or codeine as their primary drugs.

(d) *Methods of Administering drugs—*

16. Nearly all opium users in Hong Kong smoke opium by the traditional method of using a pipe and a lamp. Heroin, on the other hand, can be administered by the fume inhaling, smoking and injection methods which are described in detail in Chapter 2. Findings of the C.R.D.A. indicated that the popularity of these methods is closely associated with the availability, price and purity of the drug. Data show that during July-December, 1979 when there was an acute heroin shortage and high prices on the streets, a remarkably larger proportion of addicts reported to the C.R.D.A. for the first time during the second half of 1979 claimed to use the injection method, which doubled the 27.3% reported during the first half of 1979. However, whether addicts will re-

vert to the fume inhaling method when and if the heroin price drops has yet to be ascertained, when more data are available.

(e) *Subsequent reporting history—*

17. As the C.R.D.A. database keeps a separate file for each known addict, it is capable of examining the reporting history of the reported addicts from the time when the new Registry began to operate on 1 September 1976, a task which cannot be undertaken by the reporting agencies themselves. The results of the subsequent reporting history are important because they provide a yardstick which can be used to compare the results of different reporting sources and different client subgroups within an agency.

18. An analysis of the subsequent reporting history of addicts within the 36-month period from September 1976 to August 1979 was under preparation at the end of the year. (see para. 8 of the Postscript and App. 16).

**Confidentiality**

19. As reporting to the Registry is entirely voluntary, it is of paramount importance that the C.R.D.A. must secure the confidence of both individual addicts and reporting agencies that their interests will not be jeopardized, if reporting is to be encouraged. In this respect, C.R.D.A. records containing information on all individual addicts are handled in strict confidence and are accessible only to those staff directly involved in the operation of the Registry. For this reason, action is now being taken, on the recommendation of the A.C.A.N., to provide suitable legislation to protect the confidentiality of information on drug addicts kept by the C.R.D.A. and its reporting agencies. It is envisaged that the draft bill will be submitted to the Legislative Council in 1980. When enacted, the proposed legislation will authorize those responsible for the C.R.D.A. and its reporting agencies to refuse the disclosure of identifying information on drug addicts to all requests from outside organizations including Government departments, except under very serious and compelling circumstances, in which case requests will have to be submitted to the Attorney General for his personal consideration.

**Development of the C.R.D.A. in 1979**

20. During the year under review, the C.R.D.A.'s computerized system became fully operational and proved to be an effective tool for the assessment of the local drug addiction scene. With the assistance of the Government Data Processing Division, a C.R.D.A. sub-system, which permits data not normally collected by the existing system, such as the length of stay in a treatment programme or the date of discharge, to be included in the analysis, was completed in February. The sub-system has been an especially useful tool for various evaluation studies. In 1979, the C.R.D.A. sub-system was used to study the demographic, social and drug-use characteristics, as well as the subsequent reporting history of methadone patients and the S.A.R.D.A. treatment programmes. The findings provided valuable information to the institutions concerned and helped them to monitor the progress of their anti-narcotics

programmes and to consider the need for changes in direction, policy, or emphasis.

21. In addition to special sub-system studies, the C.R.D.A. also undertook a number of other drug-related surveys. One of these was to discover the media exposure habits of female drug addicts, so that better and more effective publicity action could be planned and implemented to inform female addicts about the evils of drug addiction and to encourage them to come forward for voluntary treatment.

#### **Future Operation**

22. The validity of the conclusions drawn by the C.R.D.A. depends to a considerable extent on the completeness of reporting. In this connection, the C.R.D.A. is fully aware of the importance of securing new reporting sources, and it is hoped that Government hospitals and private medical practitioners can be added to the list of reporting agencies in the near future. In addition, negotiations are being conducted with the various social welfare agencies involved in outreach social work, family life education and school social work with a view to their joining the C.R.D.A.'s reporting system.

23. In collaboration with the Data Processing Division, computer programmes to analyse social data on drug addicts collected by the C.R.D.A. will be prepared in the first half of 1980. After the completion of the programme, it will then be possible to extract from the Registry database information on the schooling, vocational training, employment, age of first addiction, etc., of known addicts so that a more comprehensive picture of Hong Kong's drug addict population can be compiled.

24. At present, the principal drugs of abuse in Hong Kong are heroin and opium. Some concern has been expressed by the community, however, about the possibility of an increasing abuse in Hong Kong of drugs commonly referred to as 'soft drugs' or 'synthetic drugs', and especially among the younger population. It is planned to organize training sessions for the staff of Government departments and voluntary agencies to equip reporting officers with better and more adequate information on the abuse of these drugs so that more accurate information can be collected by them.

25. In the past, when dealing with the issues raised by narcotics abuse and trafficking, Hong Kong's problems, in common with those of other places, have been compounded by the lack of data on the numbers, trends and characteristics of its addicted population. This, in turn, has impeded the establishment of reliable ways of monitoring, assessing and comparing the effectiveness of its various treatment and rehabilitation programmes. With the reorganization of the Central Registry of Drug Addicts, we now have, for the first time, a means of checking at regular intervals any change in the characteristics of, and trends in our addict population. This marks a major advance in our efforts to improve the data-base on which realistic anti-narcotics policies can be formulated. Together with other indicators, the Action Committee Against Narcotics now has a sophisticated mechanism on which to base its recommendations to the Government. Apart from being an invaluable tool to the Government and other

anti-narcotics agencies in Hong Kong, the C.R.D.A. could also provide a useful model for other countries faced with similar problems of collecting and evaluating drug abuse data within their societies.

## **Postscript**

During the compilation of this Report in early 1980, a number of events occurred which were of significance to Hong Kong's anti-narcotics operations. These will be fully reported in the Narcotics Report for 1980, but brief details are given in the following paragraphs.

### **UNESCO meeting in Hong Kong**

2. On 8 April 1980, Mr. K. W. J. Topley, Director of Education officiated at the opening ceremony of the United Nations Educational, Scientific and Cultural Organization (UNESCO) meeting on 'The Role of Education in the Social Reintegration of Former Drug Users'. Held between 9 and 14 April, the meeting was attended by experts from Australia, Malaysia, Pakistan, the Philippines, Thailand, United States and Vietnam, as well as by observers from UNESCAP, I.C.A.A., Caritas International and the Y.W.C.A., and by representatives of local educational, social welfare and drug rehabilitation institutions. Topics discussed included: objectives, contents, planning, staffing and evaluation of educational programmes and productive work in social reintegration; organization and financing; and target groups. The meeting, held by the UNESCO in Hong Kong for the first time, was organized by the Narcotics Division of the Government Secretariat, and reflected international interest in the progress made by Hong Kong's anti-narcotics programmes.

### **A new A.C.A.N. Sub-Committee**

3. With effect from 1 April, 1980, the Medical and Health Department's Standing Committee on the Treatment and Rehabilitation of Drug Addicts was renamed the A.C.A.N. Sub-committee on Treatment and Rehabilitation, and its membership was expanded. The new members were Professor M. J. Colbourne, Dean of the Medical Faculty and Head of the Department of Community Medicine in Hong Kong University, Dr. W. J. Oram of the British Medical Association and Sister (Dr.) Mary Aquinas of the Hong Kong Branch of the British Medical Association. Their expertise in various aspects of drug abuse will be of considerable value to the Sub-Committee and to the A.C.A.N.

### **New Legislation under Consideration**

4. Active consideration has been given since 1979 to the introduction of the following new legislation:

- (a) Legislation against ocean-going ships repeatedly found to be carrying dangerous drugs.
- (b) Legislation against trafficking in a substance purporting to be a dangerous drug.
- (c) Confidentiality of information on drug addicts kept by the Central Registry of Drug Addicts and its reporting agencies.

5. Drafting procedures for (a) & (c) above are in their final stages and it is envisaged that they will be introduced into the Executive and Legislative



Councils later in 1980. (b) was enacted by the legislature on 9 July 1980.

### Preventive Education and Publicity Programme

6. Preparations were already under way, in the early months of 1980, for the Water Carnival, one of the highlights of the year's Preventive Education and Publicity programme. The Carnival will be held at Repulse Bay, Hong Kong Island, on 6 July 1980. Activities planned for the event include wind-surfing, water-skiing, sky-diving exhibitions, and a mock drug-raid demonstration, as well as a treasure-hunt for the public who will be taking part in the Carnival. An audience of more than 40,000 is expected.

7. Apart from the Water Carnival, major district campaigns are scheduled to be held in the Central and Western, Yau Ma Tei and Yuen Long districts, together with several smaller-scale campaigns.

### Programme Effectiveness

8. A valuable indicator of the effectiveness of Hong Kong's overall anti-narcotics programmes became available from the Central Registry of Drug Addicts in May 1980. This takes the form of a table, reproduced in Appendix 16, which compares the likelihood of an addict being reported again for the first time after a previous contact with a law enforcement agency and with a treatment agency. It will be seen from the appendix that the greatest difference between these two cohorts occurred within the first 3 months after a previous contact, when 39% had been reported again by a law enforcement agency, and 23% by a treatment agency. It is most encouraging to note that, after 3 years, 28% of the 33,000 addicts recorded in the Register had not been reported again by the Police or Customs and Excise Service, and 16% by any treatment agency. Overall, 23% of the addicts recorded had *not* been reported again by any agency over the past 3 years.

### A.C.A.N.'s review of the Report on the Experimental Acupuncture/Electro-stimulation Treatment of Drug Addiction

9. The final report on the Acupuncture/Electro-stimulation Experimental Project (paragraph 23 of Chapter 14) prepared by the National Institute on Drug Abuse was received in May. A special meeting of the A.C.A.N. Subcommittee on Treatment and Rehabilitation was convened to consider the report and to make our recommendations to the Action Committee Against Narcotics on the future application of acupuncture/electro-stimulation in drug addiction treatment.

10. A.C.A.N. subsequently considered that a further experiment on A.E.S. should be conducted by S.A.R.D.A., on an inpatient basis, with the protocol to be designed by S.A.R.D.A. together with expert advice from other available sources, to test the efficacy of A.E.S. in detoxification and to study the effectiveness of A.E.S. in retaining patients under treatment. It is envisaged that the draft protocol for the further experiment will be submitted to A.C.A.N. for discussion at the end of 1980.

### List of Appendices

<i>Number</i>	<i>Page</i>
1. Speech by H.E. The Governor at the Opening Ceremony of the A.C.A.N. Mass Rally at the Hong Kong Stadium on 6 April 1979	126
2. Speech of Sir Albert Rodrigues, Chairman of Action Committee Against Narcotics at the 'Seized Drugs Destruction Ceremony' held on 22 June 1979	128
3. Decrease in the proportion of young addicts in the Prisons Department's Drug Addiction Treatment Centres	130
4. (a) Decrease in new admissions into Shek Kwu Chau (S.A.R.D.A.) (b) Decrease in young addicts aged 19 and under admitted into Shek Kwu Chau	131
5. Yearly admissions to Treatment Institutions (1969-79)	132
6. Admissions to Prisons Proper 1976-79	133
7. Terms of reference and membership of the Action Committee Against Narcotics	134
8. Terms of reference and membership of the Preventive Education and Publicity Sub-committee of A.C.A.N.	136
9. Terms of reference and membership of the Medical and Health Department's Standing Committee on the Treatment and Rehabilitation of Drug Addicts	138
10. Drug seizures, heroin laboratories detected and prosecutions and convictions of drug offences, Calendar years 1965-79	139
11. Treatment and rehabilitation agencies operating in Hong Kong	140
12. Central Registry of Drug Addicts record sheet	143
13. List of C.R.D.A. reporting agencies	144
14. Number of individuals reported to C.R.D.A. Sept. 76-Dec. 79	145
15. Proportion of females among individuals reported to C.R.D.A. for the first time	146
16. Subsequent reporting history of addicts - 1 Sept., 1976 to 31 Aug. 1979	147

## Appendix 1

### Speech by H.E. The Governor Sir Murray MacLehose at the Opening Ceremony of the A.C.A.N. Mass Rally at the Hong Kong Stadium on 6 April 1979, at 3 p.m.

Sir Albert,  
Ladies and Gentlemen,  
Girls and Boys—

It is very appropriate that this Rally to mark the beginning of this year's anti-narcotics campaigns, should have the theme 'Hong Kong's Youth Against Drugs'. For 1979 is the 'International Year of the Child'.

The attention we pay to the well-being and happiness of today's young people is an investment in our future. We must therefore see that the health, education and recreational facilities, and the employment opportunities for young people give them the chance they need to use their natural talents.

But all communities have their sinister aspects. Here in Hong Kong, we have had in our midst for many years, a major social problem of drug abuse, which can undermine the health and happiness not only of those afflicted, but of their families and children. We recognized our problem many years ago, and have devoted great effort and resources to deal with it, and with considerable success. In the past ten years we have not only broken the international drug syndicates based in Hong Kong, but have also enormously improved our methods of treating and rehabilitating addicts. We have also greatly developed preventive methods designed to educate young people about the risks of drug abuse and to deter experimentation with them. So today people come to Hong Kong from many countries to learn from our anti-narcotics methods.

Encouraging as all this is, we have still an estimated 40,000 or 50,000 addicts. We have no illusions about the problems we face in curing those already addicted, or about the problems which the addict faces in overcoming his physical and psychological addiction. Our object is to provide him with the means to deal with his problems and to live a reasonable and productive life within the community whilst he is doing so.

We are now devoting major efforts to prevention and education, to eliminate new recruits to the illicit use of drugs. For this, we need the participation and the active sympathy of the public. This, I am sure, we can count on. Many more organizations and individuals are now helping to spread the drug-prevention message to youth, to offer assistance to addicts and former addicts in their rehabilitation, and to report suspected illicit drug activities. The period of apathy, indifference and cynicism is a thing of the past. The public has gradually become convinced of the Government's determination and ability to fight and overcome this problem. They realize that like litter and corruption and crime, and many other evils, drug addiction in our midst need not and must not be accepted provided everyone helps.

I have no doubt that the successes of the law enforcement agencies, and the great reduction in corruption have played a major part in our recent success against drugs. But the growing community effort, the expansion of treatment facilities, the development of our preventive efforts, as well as progress in other areas of social improvement such as housing, education, and the provision of recreational facilities have all helped enormously. Our Central Registry of Drug Addicts confirms to us that only 3½% of our addicts are below the age of 20. In addition, the records of both the Prisons Department and the Society for the Aid and Rehabilitation of Drug Abusers show that among the total admissions to their treatment centres, those aged under 21 and under 19 declined from 25% to 3.8% and 12½% to 2.7% respectively over the past ten years.

Although remarkable progress has been achieved in the past decade due to the devoted efforts of all engaged in anti-narcotics work, we cannot be satisfied until this grave threat to the social well-being of Hong Kong has been completely eliminated. I therefore appeal to members of the public and to all young people in Hong Kong to assist us in preventing drug addiction amongst our new generation.

Finally, I would like to express the Government's thanks to Sir Albert Rodrigues who, as Chairman of A.C.A.N., has led Hong Kong's fight against narcotics and to all those, both in and out of uniform, official and unofficial, who have contributed to our current success. May I also thank all of you who are participating in this Rally for the efforts you have made to ensure a good start to yet another year of increased effort in our anti-narcotics activities.

## Appendix 2

### Speech by the Chairman of A.C.A.N., Dr. the Hon. Sir Albert Rodrigues, at the Seized Drugs Destruction Ceremony at the Kennedy Town Incinerator on 22 June 1979 at 2.30 p.m.

On behalf of the Action Committee Against Narcotics, I welcome you all to this Ceremony during which we are going to destroy stocks of narcotic drugs seized in Hong Kong over the past three years, with a street value of over \$56 million (US\$11 million). I would also mention that drugs previously destroyed or sold bring the total value of seizures from 1976-79 to \$150 million (US\$30 million).

Formerly, drugs seized by the Royal Hong Kong Police and the Customs and Excise Service were disposed of either by sale or by burning. Heroin, synthetic drugs and drugs with no saleable value were always incinerated, whilst morphine and opium were sold to authorized buyers for pharmaceutical purposes, as permitted by the United Nations Single Convention on Narcotic Drugs 1961. For a number of years prior to 1977, there was a worldwide shortage of raw opium for licit use, and Governments which had seized opium to sell had no difficulty in finding buyers amongst manufacturers of pharmaceutical products which require an opiate base.

Since 1977, however, raw opium and other raw materials used in the production of opium alkaloids have moved dramatically into an over-supply situation, and serious concern over the worldwide over-production of opium for licit purposes has been voiced by the International Narcotics Control Board. Earlier this year, the Board called upon those Governments authorized to grow opium to reduce their planting programmes considerably, and it also appealed to all member Governments of the United Nations to stop the sale of seized narcotic drugs; these, if unchecked, could clearly cause a slump in the price paid to licit opium growers with the consequent danger of diversion to the illicit market. The United Kingdom, a member of the U.N. Commission on Narcotic Drugs, supported this appeal and has stopped the sale of seized drugs.

Hong Kong has a long, honourable and effective record of supporting international action against trafficking in, and the abuse of, narcotic drugs. In line with this, A.C.A.N. last month recommended to the Government that the sale of seized drugs should be discontinued here, and that those held in stock, as well as those which might be seized in future, should be destroyed, as long as the world's licit over-supply persists. The Government accepted A.C.A.N.'s advice, and the result is today's bonfire.

In a few minutes all of us will be able to watch the destruction of 1,140 lbs. of raw opium and 310 lbs. of morphine, with an estimated illicit market value of \$56 million (US\$11 million). Seizures of this magnitude represent considerable losses to the evil people who traffic in drugs for profit. But also, as they cause the street-level price of drugs to rise to levels in excess of what most addicts can afford, they also help to induce addicts to seek treatment.

So the effectiveness of our anti-narcotics law enforcement, which is second to none, plays a vitally important role in our overall efforts, and here I would like to express A.C.A.N.'s thanks, and those of the whole Hong Kong community for the hard and unremitting work of the Police and of the Customs and Excise Service. Their skill and dedication have, over the past 5 years, broken all the formerly powerful drug trafficking syndicates, they have practically eliminated Hong Kong as an exporter of drugs, and they have kept drug prices high and traffickers on the run. To both the Police and Customs we say - thanks, well-done, and keep it up. For let us not think that we can now afford to relax. Whilst we can be justifiably proud of our police and customs men, and indeed, all who are engaged in our anti-narcotics programmes, the struggle is far from over. A great deal remains to be done.

### Appendix 3

(Chapter 10 & 11)

#### Decrease in the proportion of young addicts in the Prisons Department's Drug Addiction Treatment Centres

Year	Total new admissions	Addicts aged under 21	Percentage
1969	996	253	25.4%
1970	828	124	15.0%
1971	772	118	15.3%
1972	1,374	170	12.4%
1973	1,497	260	17.4%
1974	1,960	270	13.8%
1975	2,037	253	12.4%
1976	2,160	186	8.6%
1977	<u>2,269</u>	<u>126</u>	5.6%
1978	1,999	75	3.8%
1979	1,655	89	5.4%

Source:— Prisons Department.

### Appendix 4

(Chapter 10)

#### (a) Decrease in new admissions into Shek Kwu Chau

Year	Total admission	New admission	Percentage
1974	<u>2,703</u>	1,864	69.0%
1975	2,438	1,388	56.9%
1976	2,325	1,030	44.3%
1977	2,525	978	38.7%
1978	<u>2,679</u>	898	33.5%
1979	2,169	664	30.6%

#### (b) Decrease in addicts aged 19 and under admitted into Shek Kwu Chau

Year	Admission	Admission of addicts aged 19 and under	Percentage
1969	789	99	12.5%
1970	870	55	6.3%
1971	782	82	10.5%
1972	751	72	9.6%
1973	1,774	125	7.1%
1974	2,703	181	6.7%
1975	2,438	130	5.3%
1976	2,325	93	4.0%
1977	2,525	38	1.5%
1978	2,679	36	1.3%
1979	2,169	25	1.2%

Source:— S.A.R.D.A.

\* In late 1972, S.A.R.D.A. adopted an 'open door' policy by allowing patients to leave Shek Kwu Chau even though they did not complete a full course of treatment and rehabilitation. This resulted in a dramatic rise in the number of admissions from 1973 onwards.

## Appendix 5

(Chapter 10)

### Yearly Admissions to Treatment Institutions (1969-79)

Year	Prisons (D.A.T.C.s)*	D.P.A.S.	S.A.R.D.A.	M.H.D. Methadone Clinics	Total
1969	1,054	118	865	—	2,037
1974	1,960	167	2,837	1,480	6,444
1976	2,160	172	2,413	10,400	15,145
1977	2,269	42	2,594	9,834	14,739
1978	1,999	—	2,767	10,291	15,057
1979	1,655	—	2,254	10,782	14,684

It will be noted that in 1969, the *in-patient* D.A.T.C.'s (custodial) and S.A.R.D.A. (voluntary) represented 94% of total admissions to treatment institutions. The developing trends in the following years are shown by the following:

#### Percentage of Yearly Admissions to All Treatment Institutions represented by D.A.T.C.s, S.A.R.D.A. and the M.H.D.'s Methadone Clinics

	D.A.T.C.s*	S.A.R.D.A.	M.H.D.	Total
	%	%	%	%
1974	31	45	24	100
1976	14	16	70	100
1977	15	18	67	100
1978	13	19	68	100
1979	11	15	74	100

Note:— \* excluding recalls.

Sources:— M.H.D., Prisons Department S.A.R.D.A. and D.P.A.S.

## Appendix 6

(Chapter 10)

### Admissions to Prisons Proper (i.e. excluding D.A.T.C.s, Training and Detention Centres) (1976-1979)

Year	Total admissions	De-crease %	No. of addicts admitted	De-crease %	No. of addicts charged with drug offences	De-crease %	No. of addicts charged with non-drug offences	De-crease %
1976	10,043	—	4,737	—	2,705	—	2,032	—
1977	6,950	31	2,847	40	1,461	46	1,386	32
1978	5,431	46	2,860	40	1,332	51	1,528	25
1979	4,766	52	2,047	57	840	69	1,207	41

Source:— Prisons Department.

## Appendix 7

(Chapter 3)

### Action Committee Against Narcotics

#### Terms of Reference

1. To advise the Governor on the policies to be adopted to interdict the illicit traffic in dangerous drugs into and through Hong Kong and to keep these policies under regular review.
2. To advise the Governor on the measures necessary to eradicate drug abuse from the community.
3. To these ends, to be the channel for advice to the Governor on the appropriate allocation of resources to ensure the implementation of Government's policies.
4. To ensure co-ordination and co-operation between Government departments and voluntary agencies in Hong Kong working towards the implementation of these policies and to enlist public support for them.
5. To keep under review programmes and projects being undertaken by Government Departments and voluntary agencies directed at implementing Government's policies to ensure that they are effective.
6. To draw the attention of the Government to those policies, programmes, projects, laws and procedures which in the opinion of the Committee should be changed in order to implement Government's policies more effectively.
7. To advise on any matter referred to it by the Government, or from any other appropriate source, which may be concerned either directly or indirectly with the implementation of Government's policies.

#### Membership

1. Dr. the Hon. Sir Albert Rodrigues, C.B.E., LL.D, J.P. – *Chairman*

#### *Ex-officio Members*

2. Secretary for Security  
(Hon. L. M. Davies, C.M.G., O.B.E., J.P.)
3. Director, Medical and Health Services  
(Dr. the Hon. K. L. Thong, C.B.E., J.P.)
4. Commissioner of Customs and Control  
(Mr. D. A. Jordan, C.M.G.)
5. Commissioner of Police  
(Mr. R. T. M. Henry, M.V.O., O.B.E., Q.P.M., C.P.M.)
6. Director of Social Welfare  
(Hon. Thomas C. Y. Lee, C.B.E., J.P.)

7. Commissioner of Prisons  
(Mr. T. G. Garner, C.B.E., J.P.)
8. Commissioner for Narcotics  
(Mr. E. I. Lee, O.B.E., J.P.)
9. Representative of Finance Branch, Government Secretariat  
(Mr. Lai Kwan-tat)
10. Representative of Social Services Branch, Government Secretariat  
(Mr. J. W. Chambers, J.P.)

#### *Unofficial Members*

One Unofficial Member of the Legislative Council:

11. Rev. the Hon. P. T. McGovern, O.B.E., S.J., J.P.

Four Unofficials appointed by H. E. the Governor:

12. Mr. K. L. Stumpf, O.B.E., J.P.
13. Mr. Brook Bernacchi, O.B.E., Q.C., J.P.
14. Mr. Ho Sai-chu, M.B.E., J.P.
15. Mr. Hui Yin-fat

*Secretary:* Mr. Ho Wah-ying (1 January to 31 October 1979)  
Mr. Lam Ka-tat (from 1 November 1979)

## Appendix 8

(Chapter 3)

### Preventive Education and Publicity Sub-committee of A.C.A.N.

#### Terms of Reference

In July 1976, A.C.A.N. endorsed an overall preventive education and publicity strategy with the following aims:

- (a) To keep the drug abuse issue constantly before the public, and to change their attitudes to it,
- (b) To dissuade and prevent young people, particularly those who are most exposed to the risk of drug abuse, from ever experimenting with illicit drugs,
- (c) To make known the available treatment facilities to existing drug addicts and to encourage them to come forward for treatment, and
- (d) To keep the international audience aware of our actions, achievements and intentions.

Having regard to the above and the importance of preventive education and publicity as an integral part of Hong Kong's battle against narcotics:

1. To make proposals to A.C.A.N. in respect of any policy changes required, in the light of changing circumstances, to achieve the four aims.
2. To plan and implement, through the Narcotics Division and the Information Services Department, programmes and policies approved by A.C.A.N. and to monitor progress and results.
3. To coordinate programmes and actions undertaken by government departments and voluntary agencies in the field of preventive education and publicity.
4. To keep under review the impact and cost-effectiveness of both individual projects and A.C.A.N.'s overall preventive education and publicity efforts.

#### Membership

*Chairman:* Mr. K. L. Stumpf, O.B.E., J.P.

*Members:* Mr. E. I. Lee, O.B.E., J.P.  
(Commissioner for Narcotics)

Mr. R. M. Cameron, J.P.  
(Education Department)

Mr. H. H. T. Barma, J.P.  
(Home Affairs Department)

Mr. P. F. Moss  
(Information Services Department)

Dr. T. M. Teoh  
(Medical and Health Department)

Miss E. S. Mair  
(Recreation and Sport Service)

Mr. Peter Mak Kwok-yuen  
(Social Welfare Department)

Mr. Alex Choi  
(Prisons Department)

Mr. P. J. Deal  
(Narcotics Bureau, Royal Hong Kong Police)

Mr. James M. N. Ch'ien  
(Society for the Aid and Rehabilitation of Drug Abusers)

Mr. L. B. MacQuarrie  
(Hong Kong Council of Social Service)

Mrs. Shelly Lau  
(New Territories Administration)

*Secretary:* Mr. Francis Ma (1 January 1979 – 14 October 1979)  
Mr. S. L. Tam (from 15 October 1979)

**Medical and Health Department Standing Committee on the Treatment and Rehabilitation of Drug Addicts**

**Terms of Reference**

To make recommendations to A.C.A.N., through the D.M.H.S., on

- (a) the treatment and rehabilitation of drug addicts;  
 (b) proposals for the development, expansion, and/or modification and coordination of treatment and rehabilitation programmes, whether undertaken by Government Departments or voluntary agencies;  
 (c) research activities.

**Membership**

**Chairman:** Dr. K. F. Chan

(Assistant Director, Medical and Health Department)

**Members:**

Mr. E. I. Lee, O.B.E., J.P.

(Commissioner for Narcotics)

Mrs. Evelyn Doe

(Social Welfare Department)

Mr. W. S. Chan

(Prisons Department)

Mr. K. K. Au

(Census and Statistics Department)

Mr. K. L. Stumpf, O.B.E., J.P.

(Hong Kong Christian Service)

Mr. James M. N. Chien

(Society for the Aid and Rehabilitation of Drug Abusers)

Mr. Raymond Yung

(Hong Kong Discharged Prisoners' Aid Society)

Mr. Raymond Ngan

(Hong Kong Council of Social Service)

Mr. R. Edgley

(Government Laboratory)(since 30 July 1979)

Mr. W. K. Leung (1 January 1979 - 7 October 1979)

Miss Pandora Lee (from 8 October 1979)

*Secretary:*

**Appendix 10**

(Chapter 5)

**Drug seizures, heroin laboratories detected and prosecutions and convictions of Drug offences, Calendar year 1965-79**

*Drugs seized to nearest kilogrammes*

*Prosecutions - Dangerous Drugs Ordinance  
(number of people prosecuted)*

Year	Drugs seized to nearest kilogrammes				Heroin Labs Detected	Prosecutions - Dangerous Drugs Ordinance (number of people prosecuted)				Total	Cases convicted Total
	Opium	Morphine	Heroin	Cannabis		Sect 4	Sect 6	Sect 7	Other DD Offences		
1965	2,973	185	35	—	2	285	8	42	12,744	13,079	12,519
1966	4,956	407	25	—	1	215	6	58	14,058	14,337	13,724
1967	2,177	120	27	—	3	137	4	56	9,877	10,074	9,637
1968	1,868	81	30	30	3	168	2	43	13,465	13,678	12,923
1969	4,772	187	10	23	2	89	7	859	12,980	13,935	13,068
1970	399	77	14	24	2	33	6	1,228	12,638	13,905	13,358
1971	5,583	300	55	51	3	14	19	1,273	14,035	15,341	14,532
1972	5,118	551	73	15	7	8	37	1,548	15,123	16,716	15,954
1973	2,328	388	69	17	3	1	10	1,558	18,370	19,939	19,540
1974	4,735	285	95	6	7	58	13	1,714	16,655	18,432	17,743
1975	422	143	186	54	8	172	38	1,824	11,831	13,865	13,210
1976	3,553	291	164	87	11	368	15	3,103	9,427	12,913	11,657
1977	147	98	179	19	1	205	22	2,069	6,683	8,979	8,048
1978	205	47	333*	1	5	235	19	2,137	6,541	8,932	8,749
1979	125	12	148	12	3	107	11	1,811	4,189	6,118	5,333

*Note:*

- (a) Section 4 - Trafficking in a dangerous drug.  
 (b) Section 6 - Manufacturing a dangerous drug (heroin).  
 (c) Section 7 - Possession of a dangerous drug for the purpose of trafficking.  
 (d) Dangerous Drugs Ordinance, Cap. 134, enacted January 1969.  
 (\*) Seizures include 47.8 kilogrammes of heroin base.



**Appendix 11**

(Chapter 10)

**Treatment and Rehabilitation Agencies Operating in Hong Kong**

	<i>Address</i>	<i>Telephone No.</i>
<b>Prisons Department</b>		
<b>Drug Addiction Treatment Centres</b>		
Tai Lam Drug Addiction Treatment Centre	Tai Lam Chung, New Territories	12-806383
Tai Lam Centre for Women	Tai Lam Chung, New Territories	12-808061
Hei Ling Chau Drug Addiction Treatment Centre	Hei Ling Chau, New Territories	5-9810373
<b>Medical and Health Department</b>		
<b>Methadone Clinics</b>		
<b>(A) Methadone Maintenance Clinics</b>		
Eastern Street Clinic	Eastern Street, Sai Ying Pun, Hong Kong	5-495108
Ho Man Tin Clinic	Princess Margaret Road, Ho Man Tin, Kowloon	3-036091
Lady Trench Clinic	Sha Tsui Road, Tsuen Wan, New Territories	12-420271
Sir Robert Black Clinic	Choi Hung Road, Kowloon	3-833311
<b>(B) Methadone Detoxification Clinics</b>		
Violet Peel Clinic	Johnston Road, Wan Chai, Hong Kong	5-754844
Jockey Club Clinic	10 Aberdeen Reservoir Road, Aberdeen, Hong Kong	5-528281
Chai Wan Health Centre	Hong Man Street, Hong Kong	5-560261
Ho Man Tin Clinic	Princess Margaret Road, Ho Man Tin, Kowloon	3-036091
Shek Kip Mei Health Centre	Berwick Street, Kowloon	3-776136

	<i>Address</i>	<i>Telephone No.</i>
Wu York Yu Clinic	Shung Fung Street, Wong Tai Sin, Kowloon	3-255221
Kung Tong Clinic	Kwun Tong Road, Kowloon	3-890333
Sham Shui Po Public Dispensary	Yee Kuk Street, Kowloon	3-939631
Li Po Chun Health Centre	Arran Street, Mong Kok Kowloon	3-938161
Li Kee Memorial Dispensary	Carpenter Road, Kowloon City	3-824433
Yaumati Jockey Club Clinic	Public Square Street, Kowloon	3-884049
Wang Tau Hom Jockey Club Clinic	Junction Road, Kowloon	3-370232
Cheung Sha Wan Jockey Club Clinic	Kwong Lee Road, Kowloon	3-878211
Tuen Mun Clinic	Sun Ching Road, New Territories	12-816402
Shek Wu Hui Jockey Club Clinic	Jockey Club Road, Sheung Shui, New Territories	12-900212
North Kwai Chung Clinic	Tai Pak Tin Street, New Territories	12-215181
St. John's Hospital	Cheung Chau, New Territories	5-9810222
<b>Society for the Aid and Rehabilitation of Drug Abusers (S.A.R.D.A.)</b>		
Headquarters	Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong	5-277723
Shek Kwu Chau Treatment and Rehabilitation Centre	Shek Kwu Chau, New Territories	5-981315 5-981389 5-442552
Women's Treatment Centre	Tak Wah Building, 290-296 Hennessy Road, 15th floor, Wan Chai, Hong Kong	5-742311

Alumni Association      Tak Wah Building,      5-742311  
290-296 Hennessy Road,  
3rd floor, Wan Chai,  
Hong Kong

**Other Voluntary Treatment and Rehabilitation Agencies**

Caritas Lok Heep Club      91 Stone Nullah Lane,      5-744473  
Wan Chai, Hong Kong  
Block 10, Tung Tau Estate,      3-820267  
Kowloon

Haven of Hope Hospital      Po Lam Road, Junk Bay,      3-475271  
New Territories

Hong Kong Discharged Prisoners' Aid Society      Duke of Windsor Social Service Building,      5-271322  
15, Hennessy Road,  
Wan Chai, Hong Kong

Ling Oi Youth Centre      60 Bute Street, 4th floor,      3-942514  
Mong Kok, Kowloon

Norwegian Lutheran Mission      Rennie's Mill Village,      3-362971  
Kowloon (Town office:  
9 Norfolk Road, Kowloon)

Operation Dawn      Fu Tau Pun Chau,      3-033777  
Sai Kung, New Territories  
(Town office:  
311D Prince Edward Road,  
2nd floor, Kowloon)

Tung Fook House      601-608 Ka Man House,      3-052753  
Oi Man Estate, Kowloon

Wu Oi Christian Centre      52 Ming Fung Street,      3-274838  
2nd floor, Fung Wong  
Sun Chuen, Wong Tai Sin,  
Kowloon

**Appendix 12**

**CENTRAL REGISTRY OF DRUG ADDICTS RECORD SHEET**

**CONFIDENTIAL**

Note: Tick (✓) correct box for multiple-choice questions

1 Date of Contact: day month year		2 Source of Report: Dept./Agency Office/Branch		Leave blank: [ ][ ][ ][ ]
3 For Treatment Agencies only - Type of Contact:			1 Application	2 Admission
4 Name (in Chinese characters; if non-Chinese, in English)		5 Leave blank: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		
6 Alias/nickname (in Chinese characters; if non-Chinese, in English)		7 Leave blank: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		
8 Identity Card No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		9 Sex: 1 Male      2 Female		
10 Date of Birth: Give Western Calendar, if not available give Lunar Calendar day month year      Estimated age      Cycle/Animal      Lunar Month				
11 Place of Birth: 1 Hong Kong      2 Outside Hong Kong      3 Unknown				
12 Native Place: (in Chinese characters) province (省) _____ city (市) / yuan (縣) _____ hsiang (鄉) _____		Leave blank: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		
13 Schooling: 1 None 2 Yes ----- [ ][ ] (if yes, specify no. of years) 3 Unknown		14 Vocational Training: 1 None 2 Yes ----- [ ][ ] (if yes, specify no. of years) 3 Unknown		
15 District of Residence: 1 Hong Kong Island (including Ap Lei Chau) 2 Kowloon Peninsula 3 New Kowloon (north of Boundary Street)			4 N.T. including outlying islands 5 Marine (floating population) 6 Unknown	
16 Primary drug of abuse over last four weeks (✓ one) 1 Opium      6 Depressants * 2 Heroin      7 None 3 Morphine      8 Unknown 4 Methadone      9 Other * 5 Stimulants *      *(specify)		17 Other drug(s) of abuse over last four weeks (✓ one or more) 1 Opium      6 Depressants * 2 Heroin      7 None 3 Morphine      8 Unknown 4 Methadone      9 Other * 5 Stimulants *      *(specify)		
18 Usual method of taking primary drug over last four weeks (✓ one) 1 Injection      5 None 2 Smoking (through cigarettes or pipe e.g. ack-ack gun)      6 Unknown 3 Fume inhaling (e.g. chasing the dragon)      7 Other 4 Oral ingestion      (specify)				
19 Age first used illicit drug: [ ][ ]				
20 Did illicit drug use begin in Hong Kong?      1 Yes      2 No      3 Unknown				
21 Previous addiction treatment?      1 Yes      2 No      3 Unknown				
22 Previous conviction?      1 Yes      2 No      3 Unknown				
23 Lawfully employed over last four weeks?      1 Yes      2 No      3 Unknown				

Do not write below this line

Register No.

Date Received

Tick one:  
1 2 3 4 5  
Data Processing Code

Only for Corrections:  
[ ][ ][ ][ ][ ]  
Case Number

### Appendix 13

(Chapter 19)

#### List of C.R.D.A. Reporting Agencies

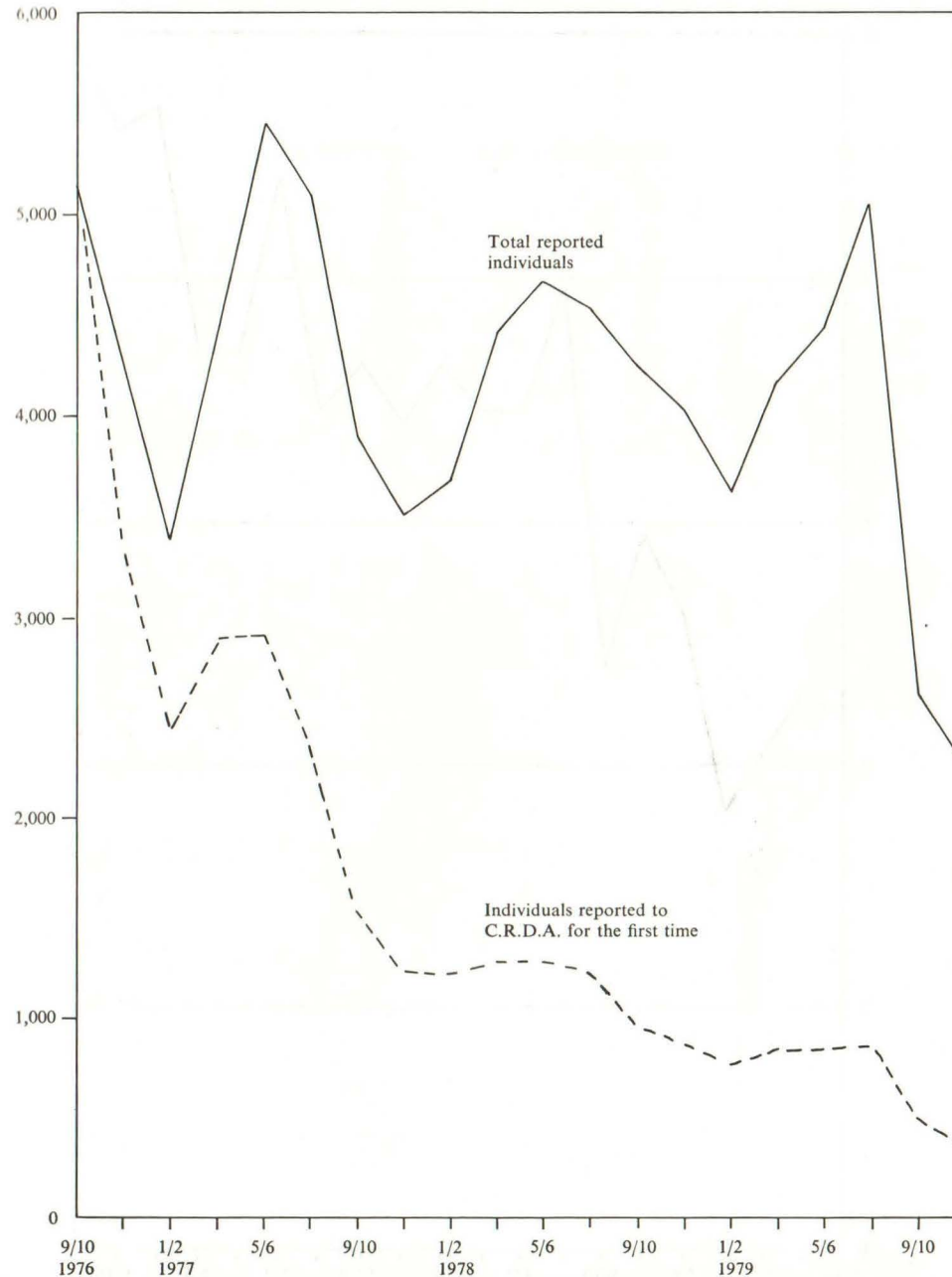
1. Alice Ho Miu Ling Nethersole Hospital
2. Baptist Hospital
3. Caritas Lok Heep Club
4. Caritas Medical Centre
5. Christian Family Service Centre
6. Evangel Hospital
7. Haven of Hope Hospital
8. Hong Kong Adventist Hospital (Chai Wan Kok)
9. Hong Kong Christian Service (Tung Fook House)
10. Hong Kong Discharged Prisoners' Aid Society
11. Hong Kong Sanatorium and Hospital Ltd.
12. Kwong Wah Hospital
13. Ling Oi Youth Centre
14. Medical and Health Department
15. Norwegian Lutheran Mission
16. Operation Dawn
17. Our Lady of Maryknoll Hospital Ltd.
18. Pok Oi Hospital
19. Precious Blood Hospital
20. Prisons Department
21. Royal Hong Kong Police Force
22. Ruttonjee Sanatorium
23. Social Welfare Department
24. St. Paul's Hospital
25. St. Theresa's Hospital
26. The Salvation Army
27. The Society for the Aid and Rehabilitation of Drug Abusers
28. United Christian Hospital
29. Wong Tai Sin Infirmary
30. Wu Oi Christian Centre
31. Yan Chai Hospital
32. Young Women Christian Association

### Appendix 14

(Chapter 19)

#### Number of individuals reported to C.R.D.A.:—each two-month period, September 1976 – December 1979

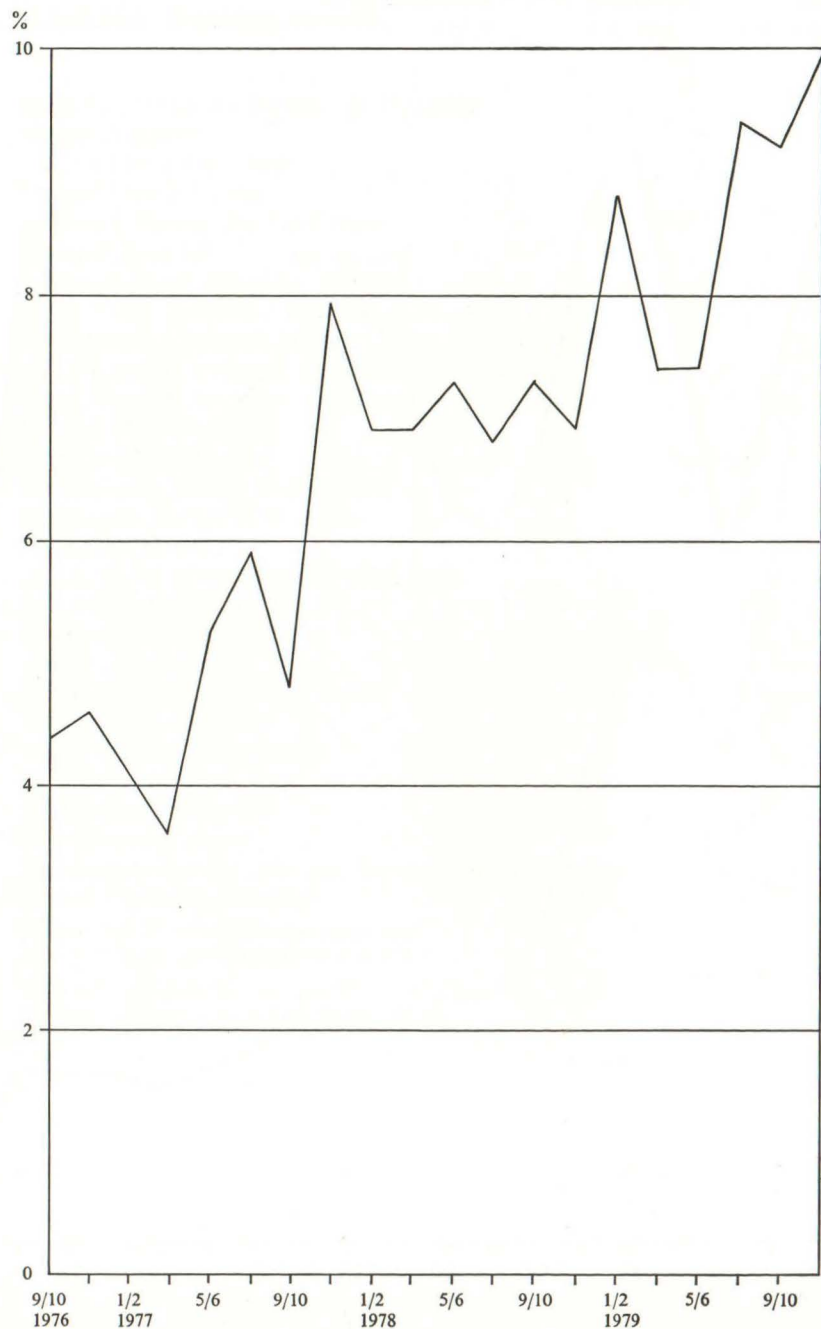
No. of  
individuals  
6,000



**Appendix 15**

(Chapter 19)

**Proportion of females among individuals reported to C.R.D.A. for the first time**



**Appendix 16**

(Chapter 19 and Postscript)

**Subsequent reporting history of addicts – 1 September, 1976 to 31 August, 1979**

<i>Time interval up to specific months</i>	<i>All Agencies</i>	<i>Law enforcement</i>	<i>Treatment</i>
	%	%	%
3	31	39	23
6	43	48	38
12	60	58	60
18	68	64	71
24	73	68	78
30	76	70	81
36	77	72	84

*Source:— C.R.D.A.*

