

Speech by SJ at Hong Kong College of Psychiatrists (English only)

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The following is the speech by the Secretary for Justice, Mr Wong Yan Lung, SC, at the Annual Scientific Symposium And Annual General Meeting of the Hong Kong College of Psychiatrists this evening (December 12):

Dr Hung, Dr Ip, Prof Lam, Prof Lieh-Mak, Fellows, Members and Affiliates of the Hong Kong College of Psychiatrists, Ladies and Gentlemen:

It is my honour and privilege to be invited to address this distinguished audience.

When Dr Josephine Chan invited me to speak to you on my work on the Task Force on Youth Drug Abuse almost a year ago, I never expected that I would be speaking at such a high-level scientific symposium. What I was thinking then was to appeal to your distinguished College as a professional body to help in the battle against drug abuse in Hong Kong particularly under the “Path Builders Campaign” on which I will say a bit more later.

When, in the past few days, the newspapers reported your College’s comment on the Government’s pilot scheme, I did wonder if I have been led into the lions’ den.

However, upon reading your article published in the Hong Kong Journal of Psychiatry, I have nothing but appreciation of the efforts your College, in particular, the two learned authors, have made in providing the Government with very considered views on this very important cause. As you have stated, the College is one of the stakeholders in the anti-drugs community. Indeed, what the Government and in fact the community needs is an army coming from different sectors to unite together to fight this drug war for the sake of our next generation.

Since the Report of the Task Force Report on Youth Drug Abuse was published in November 2008, we have in fact received very mixed responses. Some have congratulated us for having the courage to bite the bullet and to attempt to tackle more controversial issues. I remember at the first ACAN meeting after the publication of the Report, Dr Ben Cheung told me that the Government’s back will be full of arrows in no time.

But, I hope, few will question the Government’s determination to tackle the problem of drug abuse among young people and that the Government’s efforts in this regard have been substantially energised in the past two years.

Tackling drug abuse among young people has assumed the highest priority when the Chief Executive included this matter in his Policy Address in 2007 and appointed me to chair the cross-bureau and department Task Force. This is the highest-level government task force Hong Kong has ever

seen. Before that, the Governor's Summits on drugs in 1995 and 1996 merely entrusted ACAN (Action Committee Against Narcotics) to map out recommendations.

Why and why now? Because the problem of drug abuse among young people has got to the point that our community is going to suffer irretrievably unless effective measures can be taken to control it.

According to the Central Registry of Drug Abuse (CRDA), the number of newly reported drug abusers under the age of 21 has risen by 57% between 2004 and 2008. Their percentage among the entire drug abusing population rose from 14% in 2003 to 24% in 2008. More than 99% of young drug abusers are victims to psychotropic substances. This is against a steady decline of heroin users.

As many of you appreciate, the numbers captured in the voluntary reporting system of the CRDA may only be the tip of an iceberg, but they are at least indicative of the trend.

I have personally been to numerous drug rehabilitation centres and seen the profile of their inmates. The overwhelming majority are young men addicted to psychotropic substances. Sadly, many in fact "graduated" from psychotropic substances and moved on to hardcore heroin.

The hidden nature of these drugs makes the abusers go unnoticed by parents and teachers for years until their problems become serious, by which time the damage may have become permanent. Worse still, they may have spread this "endemic" to people around them. Statistics in the first half of 2009 compared with the same period of 2008 show that the problem continues to worsen with worrying signs such as the increase of school as a locality of drug abuse (by 135%), the number of newly reported female abusers under 21 (by 19.3%) and the number of newly reported drug abusers under 16 (by 20.8%).

So, while we have to pursue all the well-established long-term methods such as education and rehabilitation, we also have to bear in mind that time is not on our side.

But, just how big is the drug problem in Hong Kong in real terms? This is a very legitimate question and many have put it to me. The answer for sure is it is much worse than we can see from the figures based on voluntary reporting in the CRDA system.

We are very conscious of the CRDA system having considerable limitations. The need to conduct more reliable study on the prevalence of the problem is obvious and imminent. This has not been ignored and was highlighted in Chapter 11 of the Task Force Report.

One should, however, not under-estimate the difficulty of conducting an effective study on the size of the problem. In the course of our

deliberations, we have actually reviewed some data collection methods in other jurisdictions. Large household surveys are being conducted in the USA and UK (i.e. like those conducted by the Census and Statistics Department). However, after careful consideration we do not think such surveys provide a feasible method in Hong Kong as neither the abusers themselves nor their family members will be particularly keen to make the admission in the local context and when locally the consumption of dangerous drugs including psychotropic substances is a criminal offence.

We are aware that the European Monitoring Centre for Drugs and Drug Addiction has documented various estimation methods and their applications in different European countries, e.g. “case-finding methods”, “capture-recapture methods”, “multiplier methods”, and “nomination methods” etc. But each method has its own merits and limitations and more importantly, they may or may not be suitable in the local context.

Rushing into anything will court criticisms and a real risk of wasting a lot of resources without generating any reliable result. So, earlier this month, following the recommendation of the Task Force, the Narcotics Division commissioned a research to review the pros and cons of the assessment methods on the drug abuse population and their applicability to Hong Kong. (The result will be available in early 2011). Separately, we have also invited research proposals to study the drug abuse situation of the non-engaged youth as well as their service needs.

In fact, the Task Force fully recognised the need for more extensive and in-depth research into the drug scene of Hong Kong and has made a number of recommendations on the research front. For example, targeting the student population, the field work of the latest Survey of Drug Use among Students has been completed and the results will be available in early 2010. In the meantime, the Narcotics Division has been rolling out a series of improvement measures in 2009 for CRDA, which include maintaining closer contact with the reporting agencies and enhancing the efficiency in reporting, assessing and reducing the extent of under-reporting, and widening and deepening the reporting network.

Apart from the above studies, several research studies, including two studies on the impact of ketamine, a longitudinal study on socio-economic and health impacts of psychoactive drug abuse, as well as a study on effective ways to dispel at-risk youth’s misunderstandings about psychotropic substances, are underway. These studies are expected to be completed between 2010 and 2011.

Even with the limitations we have in grasping the full scale of the problem, with the help of many stakeholders, the Task Force has attempted to set out a more holistic Action Plan, which will represent the framework of the Government’s policy to tackle youth drug abuse.

It is modelled upon the well-established 5 pronged anti-drug strategy: (i) preventive education and publicity; (ii) treatment and rehabilitation; (iii)

law enforcement; (iv) cooperation with the Mainland and other jurisdictions; and (v) research. Furthermore, particularly in response to psychotropic substance abuse among young people, we have added an additional and yet fundamental prong to the policy, namely, promoting a culture of care and support for young people through active community participation. We call it the “Path Builders” campaign.

The Narcotics Division is spearheading the implementation of the various recommendations. Furthermore, it has drawn up successive three-year plans since 1997 with the input of many anti-drug stakeholders in the form of working groups. And of course, it works closely with ACAN and its sub-groups on more detailed planning and actions. In particular, the Treatment and Rehabilitation sub-committee comprises many experts.

Great emphasis has been placed on the prevention strategies. We believe it is far more important to immunise those who have not crossed the line, who have not abused drugs.

Two years ago, there was still a prevalent misconception that psychotropic substances like Ketamine and Ecstasy is no big deal and does not hurt bodily or legally. This is of course very far from the truth. The first task we have is how to correct the misconception. The use of the Chinese term “濫藥” is misleading as it gives the wrong impression that it is harmless medicine, not addictive and provided there is no abuse it is OK. Hence we decide to call a spade a spade. In this connection, I am grateful for the College’s valuable input in reminding us on the pitfalls of using more generic expression, and for accepting the new Chinese nomenclature (“危害精神毒品”) to highlight the harm of psychotropic drugs.

A major landmark was also achieved in June of 2008 when the Court of Appeal in the case of Hll Siew-cheng (CAAR 7/2006) accepted our submissions on the harm and threat of Ketamine and Ecstasy, and substantially increased the tariffs on the offences of trafficking in such drugs. The Court accepted the scientific researches presented to it, confirmed that these psychotropic substances are additive, and would cause serious damage in the human body and the community.

All these provided us with a solid basis to present the public with hard evidence. The new publicity under the theme of “不可一 不可再” included APIs based on real life stories and hard evidence. As a lawyer, I always believe in the impact of the truth. Hence the production based on actual stories collected from the youth themselves, and narrated by the very persons in the real life stories.

It is difficult to measure how effective the publicity materials are. However, few will disagree that the public’s awareness of the danger of the psychotropic substances has never been stronger now.

Educating the public at large is one thing. Educating the students, schools and parents is another. To tackle drug abuse at schools, the Education

Bureau spearheads and coordinates efforts in institutionalising the “Healthy School Policy” with a strong anti-drug element. To support the promotion of anti-drug education in the school curriculum, learning and teaching resources as well as professional development programmes for teachers have been provided.

We have been producing resource kits with expert input to provide handy reference for parents, teachers, school managements to use to strengthen young people’s life skills as well as conducting anti-drug education. A telephone inquiry service for parents and teachers, manned by professional social workers, has been launched since August 2009.

On longer term preventive strategy, we have gone beyond just the publicity, school and parental education.

Drug abuse, like other youth behavioural problems, is a manifestation of more deep-rooted growth, learning and social problems. To address such issues at root, one would have to tackle deeper problems like lack of parental guidance, developmental deficiency, social mal-adjustment, and even poverty. To try to tackle all these in the anti-drug context, or to rely on the Government to solve these problems, are both totally unrealistic.

What the young people need is positive influence, an alternative which can offer them some meaning, and a reason not to indulge or injure themselves, by drug or by other means. Many a time it is not separable from the need for someone to care about them and to make them feel that they are worthy human beings.

And there are people out there who are ready and willing to help. In the past two years, whenever I had occasions to share or consult people on our anti-drug work at different places, I had people coming to me to say: “please whatever I can do to help, tell me.” In order to provide a platform for various sectors of the community to support our young people in flexible and innovative ways, the “Path Builders 友出路” initiative was launched in September 2008.

It may start off as a beautiful dream and some may dismiss it as just a gesture, but one year on, I know this caring culture for the youth is rapidly taking root in this community. To date, despite the economic downturn last year, over 200 organisations and individuals have showed their care through providing training and employment opportunities, mentorship schemes, school talks and channels to spread anti-drug messages etc. I know that some of your members are also participants in this scheme. In addition, the District Offices, with support from various sectors in the local community, have also been launching anti-youth drug abuse community programmes in their respective districts. The Law Society started a mentorship with schools in Yuen Long. The Hong Kong Medical Association joined hands with the Hong Kong Council of Social Service to roll out a district support network of healthcare professionals and social workers; it also collaborated with the Hong Kong Law Society in publicising the health and legal consequences of drug

abuse. Business Associations sponsored advertising spaces, made donations and became ambassadors. Retired civil servants, retired principals and teachers visited local communities to reach out to at-risk youths. Uniformed organisations disseminated anti-drug messages among members; and a new one was formed this year with a mission to muster youngsters' efforts to beat drugs. The degree of awareness in this community is unprecedented. The degree of cross-sector cooperation is unprecedented. The mobilisation of the 18 Districts is also unprecedented. When I attended the last Fight Crime Committee Reception two months ago, all 18 District FCCs could not stop to tell me what they have been doing under the Path Builders' initiative, with a lot of partners.

Extended mentorship programme is being tried. Many more are joining hands. Your Association can also help, particularly with your expertise.

I really do not think we have overlooked the prevention strategies. The question is whether we are doing enough to have an impact. To do so, of course, more resources will help. But quest for new resources need to be justified and there are so many competing causes. Therefore, we must try to unleash the community's resources in addition to public purse. We are doing exactly that right now.

As drug abusers come from different backgrounds and suffer from various plights, we do not believe there could be a "one size fits all" solution to their problem. Hong Kong, therefore, has adopted a multi-modality approach to meet the diverse needs. Different service modalities, different treatment approaches, different aims are made available to cater for different target groups.

Our Fifth Three-year Plan on Drug Treatment and Rehabilitation Services, published in April this year after extensive consultations with stakeholders including the medical professionals, sets out a roadmap to strengthen treatment and rehabilitation services to meet different service needs.

Our Fifth Three-year Plan recognises the need for complementary and synergistic efforts under various service modes. For experimental abusers, our goal is to identify them early and motivate them to seek treatment. People having day-to-day contact with young people like school social workers, teachers and outreaching teams may play an important role in this. As mentioned earlier, teachers are provided with systematic training since last school year to equip them with the skills. In basic healthcare, family doctors meet thousands of patients each day.

Earlier this year, over a hundred of medical practitioners were sponsored by the Beat Drugs Fund to receive training to reach out to early abusers. Our ultimate objective is to mainstream drug abuse screening and intervention into the primary healthcare system.

For regular abusers, counselling centres for psychotropic substance abusers (CCPSAs) play a central role as specialised community drug

treatment units manned by social workers skilled in structured psychosocial interventions. We have expanded their service capacity by adding two CCPSAs last year, making the total number seven to enhance their geographical coverage. We have made available additional resources for them to provide on-site medical support service and to collaborate with general medical practitioners for body check-up, motivational interviews, elementary consultations and treatment. They are also working closely with schools, outreaching teams, other social service units as well as specialist clinics and hospitals to provide drug education and training and to facilitate cross-referral of cases.

For those who have developed psychiatric complications, substance abuse clinics of the Hospital Authority would provide specialist interventions. With two additional clinics commencing operation in 2008, each of the seven hospital clusters now has its own service provision. This year the Hospital Authority has injected \$13 million to enhance the clinics' capacity to complement Government's provision of designated medical social workers to render more holistic assessment, treatment and psychosocial intervention. Of course, I must not forget psychiatrists in private practice who may also lend a helping hand.

For those who have developed drug dependence, there are 39 centres providing residential treatment programmes of various duration and nature. In 2008, new resources were made available to expand the services, and we are committed to further enhancing the service capacity and sophistication to better meet the needs. We are consulting the anti-drug sector on possible new and effective service models and look forward to inviting proposals early next year. Ideas like treatment centres with an emphasis on education or short-term residential programmes may be examined in depth.

For those abusers who are under the criminal justice system, there are sentencing options like probation or compulsory treatment at drug addiction treatment centres. This October, we started at two magistracies a two-year pilot scheme of enhanced probation for convicted young drug offenders under 21. Special features under the scheme include probation supervision with more frequent progress reports to courts, intensive counselling programmes, therapeutic groups, employment assistance, etc. We have in fact drawn extensive reference from drug courts, experience from other jurisdictions. But at this juncture, we believe that it would be too early to set up drug courts in Hong Kong. But we have in fact introduced some of the measures in those drug courts under this pilot scheme.

To ensure delivery of many new initiatives outlined above, training of more anti-drug workers is vital. Apart from teachers and family doctors mentioned earlier, social workers are also our targets. We are planning to provide more structured training to job holders and look forward to working with tertiary institutions on the curriculum for students. In this regard, I welcome your College's recommendation for more drug treatment elements in both the medical undergraduate and postgraduate curriculum as well as specialist training of psychiatrists.

We are keenly aware of the need to strive for a continuum of services across different sectors or modalities for rendering more holistic and patient-centred support for drug abusers. At the district level, we encourage and facilitate discussions of issues related to the local drug abuse problem on formal platforms like Local Committees on Services for Young People. We promote linkages and collaboration between CCPSAs and SACs on a cluster basis for snowballing to other relevant parties. We also welcome various networking models such as those initiated by the Hong Kong Council of Social Service and the Hong Kong Medical Association.

After the Task Force has made the 70 plus recommendations in our task force report, we are of course very keen to implement them effectively.

The three-year plan of the Narcotics Division provides the mechanism for periodic updates to better service coordination and gaps. Further, specific policy areas are being actively worked on by respective bureaus and departments and are under the close scrutiny of the highest level of the Government including our Chief Executive himself.

And of course, we are also keen to find a reliable way to evaluate the effectiveness of the various initiatives and measures. It would of course be ideal if we can set specific measurable targets in this connection.

But I think it is important to put in context what we are faced with and what we have set out to do at this moment. As we have acknowledged there is a deficiency in the existing data collection mechanism, and it is impracticable to put down any realistic numerical benchmarks at this moment.

Secondly, the increasing trend of psychotropic substance abuse, as opposed to heroin addiction, and the lowering of the age of drug abusers, has led to serious rethink over the treatment models. Furthermore, many existing drug treatment and rehabilitation centres (DTRCs) are already up to their full capacity. In response, we are actively examining different models of treatment and exploring how we can expand the DTRCs' capacity (including identification of suitable site and assisting in the required planning applications).

In this connection, you may or may not know that the criteria to measure success adopted by DTRCs differ considerably. Apart from government and public hospitals, we have 17 NGOs running 39 residential treatment and rehabilitation centres. 20 centres are subvented and 19 are not. They may follow different philosophies and models in service provision. Some are faith-based, some adopt a medical model and some provides special education.

With a view to improving data reliability and consistency, an evaluation has been planned for 2010 for the Service Information System, which is currently in use under a pilot scheme by 5 subvented DTRCs. The Service Information System is a data management system which collects data

regularly from each participating DTRC about the centre itself, its programmes and clients, for compiling outcome indicators to measure the effectiveness of respective programmes, and to provide greater characterization of the clients and a wider range of behavioural and other changes with which to describe the outcome. Subject to the findings of the final review and necessary adjustments, Narcotics Division will consider extending the Service Information System to all other subvented DTRCs and promote it for voluntary adoption by non-subvented DTRCs as far as possible to facilitate continuous service improvement.

We believe all these fundamentals should be worked up well before we can responsibly toss out any measurable figures.

I will not have time to share with you the efforts we made in other key areas such as law enforcement and cooperation with the Mainland. However, I cannot leave the stage without touching on the issue of drug test.

One thing I have been emphasizing throughout and I will do it again here: drug test, not to mention the voluntary pilot scheme underway in Tai Po, is not the only method we recommended to tackle the youth drug problems. It is but one of the many methods being considered.

The second matter which should be borne in mind is that the Tai Po pilot scheme is merely a trial scheme. We are not implementing it across Hong Kong. In fact, whether we would do so depends very much on the outcome of this test in Tai Po.

We are of course aware that internationally, there is little comparable which has been clinically proven to be effective. However, we do know effectiveness of drug test depends on a basket of factors including the individual test's specific design, aims, details as well as the context and circumstances of the environment in the target group concerned. One important difference is how prevalent is drug abuse among the student population. According to different surveys, the percentages of drug abuse among students are significantly higher in the US, the UK and the European countries when compared with HK (e.g. in Europe, the European School Survey Project on Alcohol and Other Drugs 2007, with the target student population with a mean age of 15.8, the rate of lifetime prevalence of the drug test for boys is as high as 23% and 17% for girls). All these suggest that the drug abuse is far more entrenched in those countries than in Hong Kong. In Hong Kong, it remains single digit despite the limitation of the CRDA reporting system. Secondly, how intensely is drug taking taken as taboo in the community concerned, what the general parental attitude is, etc do vary tremendously in different jurisdictions.

Also we do know that drug test has been administered in international schools in Hong Kong for a long time. Thus far, I have not heard of any complaints which denounce its efficacy or that it has caused serious problems. Of course, local schools are different and we readily admit that. Of course there are bound to be pitfalls in any scheme of this kind which does

touch on the individual's privacy.

I am just a lawyer by training. Lawyers, some will say are pretty narrow-minded as they are oblivious to reality in life. And amidst all of you experts, I am in no position to and I dare not try to teach grandmother how to suck eggs.

However, if I may, I do pray in aid some front-line experience helping drug addicts when I worked among the homeless for several years in the 90's (and have seen successful cases of people turning new a leaf), some front-line experience helping teenagers when I led youth groups at church for years (when some of them confide in me things which they would not tell their parents), some front-line experience rearing children with three daughters in my bosom.

Further and more importantly, I do count on my experience as a fallible human-being, so prone to do things which I know I will regret afterwards. Accountability is a key to discipline. I just know that if what I do in the secret has a good chance of being discovered, the risk will translate into an inner force to say no, and thus a protection against committing.

Stepping myself into the Nike sports shoes of a young student not having taken drug before, but may well be facing temptation one day, the fact that I have entered the drug testing scheme does I believe help me to say No.

And stepping into the Adidas sports shoes of one who has tried it once or twice, and would be in deep trouble if parents find out about this, entering the drug testing scheme will also give me greater resolve to cut it off.

And if I cannot resist the temptation and do get caught, then I will fall within the early identification objective of the scheme: yes parents will get to know about it, but a team of experts will be there to help me, not to penalize me. For this to blow up at the early stage is much better than my digging deep into the hole.

I accept those drug abusers can avoid being found out by not entering the scheme at all. But even so, thanks to the scheme, these students will be studying at schools with zero tolerance on drugs. Schools will be helping them through the healthy school policy. The drug test is not the only way to help them. The launching of the scheme has also given parents the chance to pay closer attention to the drug problem or potential problem. Schools will be helping parents generally to get more prepared and equipped.

Also apart from the scheme, a student or a parent can directly approach any counselling centre for psychotropic substance abusers for professional help, without the need to inform the school. Since the announcement of the scheme in Tai Po, the number of cases seeking help has increased steadily. This does show the scheme has already produced some positive effect.

Like your College, we are also very concerned that the scheme should not cause adverse effect on the students, parents or schools. A lot of the suggested problems may crop up if the drug test is the sole anti-drug strategy. It is not.

At schools, we are inculcating no drug culture so that submission to drug test should not be viewed negatively. There will be an expert Student Drug Testing team comprising experienced social workers and nurses to offer on the spot explanation and counselling. Privacy is strictly respected. As for those tested positive, our expert team will work out the most suitable programme to help. All necessary steps will be taken to ensure confidentiality. Not only is the scheme entirely voluntary, we are also doing all we can to strengthen the mutual trust among the schools, the students and the parents, inculcating a caring and supportive culture.

I attended a function involving the very schools taking part in the pilot scheme earlier this week. Over 600 students from those 23 schools pledged to assume the role as health ambassadors. Tai Po is by no means the most seriously affected district so far as drug abuse is concerned. The schools are volunteering themselves in the pilot scheme. I met all 23 principals in person. I can tell they love their students. It may be naivety on my part, but when things are being done out of love, as opposed to compulsion or any other motives, I believe many of the feared consequences such as strained relationship may not happen.

Some say the participation rate of 61% is low. But if one bears in mind it is purely a voluntary scheme and it is wholly unprecedented, and against so much publicity raising doubts and questions, 61% is not a low rate at all. Those who have not joined the scheme may not necessarily be opposed to drug test as such. They may be deterred by concern over privacy, which is a matter which can be addressed and allayed once the scheme is underway and they have a chance to appraise it again.

We have to accept and respect our legal system whereby the right of privacy is protected; hence the voluntary nature of the present scheme. Many say the scheme must be compulsory to be effective. That may well be so, but making it compulsory requires legislation and that would require the community to endorse it and the proof that the compulsory element is truly necessary and proportionate. And to prove necessity and proportionality, one has to demonstrate that other less draconian measures are unable to achieve the purpose. The success or otherwise of the current pilot scheme of voluntary drug test will have a strong bearing on this issue, and viewed in this light, may be seen as essential step to be taken with the longer term consideration. As to the prospect of the compulsory scheme, a detailed consultation exercise will be conducted next year.

A parallel research project will be undertaken to carefully evaluate the trial scheme. It will also be looking at other local and overseas experience in school drug testing and suggesting refinements. Experience gained and feedback collected in the implementation of the scheme will provide empirical

data to facilitate future strategic planning of anti-drug policies.

In short, we may not be right. The scheme may not yield the result we desire. That's why we are conducting the pilot scheme. To wait for other jurisdictions to conduct all the experiments and researches, until there is empirical data to show that any particular form of drug test is perfect before introducing it into Hong Kong, is one way of tackling it, but is it the only way and the wisest way when the problem is aggravating on a daily basis? Also, in search of evidence, is it not more pro-active and relevant to conduct our own pilot scheme or experiment, to see for ourselves in the local contexts, whether any form of drug test is suitable?

In his speech at the Nobel Peace Prize Presentation two days ago, President Barak Obama suggested there is sometimes a need to start a just war in order to stop some greater human calamity. At the end of his speech, he returned to the call for love as the ultimate source of peace.

I hope I could be allowed to end my address today on a similar note. In fighting this war against drug abuse, we may have to resort to more confrontational actions. However, what is ultimately needed is still the call for love: greater love parents have for children, greater love teachers have for students, greater love the young people have one for another, and greater love the community has for our new generation. And, on this path, in the words of the 18th Century English poet, Alexander Pope, "In faith and hope the world will disagree, but all mankind's concern is charity."

Thank you.

Ends/Saturday, December 12, 2009