THE HONG KONG EXPERIENCE IN ATTEMPTING TO REDUCE THE DEMAND FOR AND SUPPLY OF ILLICIT DRUGS

A paper prepared by the Government of HONG KONG

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"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."

Hong Kong Government White Paper November 1959

INTRODUCTION

The abuse of opiate drugs was a major social problem in Hong Kong as long ago as 1842 when the population was only 12,360. Today the problem of drug abuse is still serious and Hong Kong is one of the most densely populated areas on earth with 5.4 million people living on a little over 1,000 square kilometres of land, much of it unusable hillsides and barren islets. The urban population density is 28,500 per square kilometre. In one district the density reaches 165,000 per square kilometre and this is also one of the districts with the highest incidence of drug abuse.

2. Hong Kong is a free port with a minimum of customs formalities and trade controls. It is a free enterprise society with minimal restrictions on commercial activity. The indented coastline and isolated islets favour smuggling. Some 13,300 ocean-going vessels put into Hong Kong in 1985 and 37 million tons of cargo were handled with an emphasis on speed and trade facilitation. There are large fishing fleets and in 1985, 20.5 million passengers arrived by air, land and sea. Of these:

4.3 million (21%) arrived by air

5.6 million (27%) arrived by sea
(mainly re-entering Hong Kong after visiting the Portuguese territory of Macau)

10.6 million (52%) entered at the land border with China.

Hong Kong is located within 1,000 miles of the poppy growing areas in Burma, Thailand and Laos, which are often referred to collectively as the "Golden Triangle".

3. These factors provide an indication of the complexity of Hong Kong's long standing and deeply entrenched opiate drug problem, despite which remarkable successes have been achieved in controlling the supply of and demand for illicit drugs.

4. Much of what has been achieved in Hong Kong in combating drug abuse has been done in accordance with the provisions of the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol. The Convention was ratified by the United Kingdom on 2 August 1964 and extended to Hong Kong on the same date. The United Kingdom has not yet ratified the Convention on Narcotic Drugs 1971, but is expected to do so in the near future. Hong Kong follows, the requirements of the 1971 Convention in a voluntary basis.

Central Registry of Drug Abuse

On the basis of information in the computerised Central Registry of Drug Abuse the size of the known active addict population is around 37,000. This figure represents 0.8% of the general population over the age of 11 years, a percentage which has remained stable since 1982. The figure of 37,000 is derived from a total of over 50,000 persons who have been recorded since 1976. Of these, some 13,000 have not been reported again to the Registry for at least five years, many of whom would have died, achieved obstinence from drugs, emigrated or been sentenced to prison. Of the 50,000 persons recorded, 4,000 or 8% are women.

6. It is believed that the 41 voluntary reporting agencies of the Central Registry of Drug Abuse located throughout Hong Kong and comprising major treatment agencies, the Royal Hong Kong Police Force, the Correctional Services Department, hospitals and social service agencies provide a comprehensive and reliable system of notification.

7. Under the Dangerous Drugs Ordinance, Chapter 134 of the Laws of Hong Kong, the individual records in the Registry are immune from search and from production in court except under very compelling circumstances, in which even an application has to be made to Attorney-General for his personal consideration. This degree of confidentiality provides a firm basis for the continuous co-operation of the voluntary reporting agencies in regularly supplying reliable information on individual addicts. At the same time, addicts can be assured that their anonymity will be maintained, thus encouraging them to come forward for treatment.

8. Through the Registry it is possible to monitor patterns and trends in drug abuse and the effectiveness of the various treatment programmes. Special studies can be conducted e.g. the incidence of tetanus and suicides among drug addicts. The Registry indicates which are the districts with the highest incidence of drug abuse so that preventive efforts may be concentrated on those areas.

The policy

9. It is a major object of Hong Kong Government policy to stop the illicit trafficking of drugs into and through Hong Kong and to eradicate drug abuse from the community.

Implementation of the policy

10. The sole advisory body and co-ordinating instrument of the Hong Kong Government on all policy matters relating to the eradication of drug trafficking and abuse is the Action Committee Against Narcotics (ACAN) which was established in its present form in 1972. The full membership of the Committee and its terms of reference are given at Appendix I. The Narcotics Division of the Government Secretariat, headed by the Commissioner for Narcotics, is the executive arm of ACAN.

11. ACAN has two sub-committees, one on Preventive Education and Publicity and the other on Treatment and Rehabilitation.

12. The strategy adopted by ACAN incorporates both demand and supply reduction programmes and these are described in the following paragraphs.

Demand reduction

13. The reduction in demand for illicit drugs is tackled through preventive education and publicity on the one hand and treatment and rehabilitation on the other.

Preventive education and publicity

14. Article 38 of the Single Convention on Narcotics Drugs, 1961, makes it mandatory for the parties to

> "give special attention to and take all practical measures for the prevention of the abuse of drugs ...." and
>
> "to assist persons whose work so requires to gain an understanding of the problems of abuse of drugs and of prevention, and shall promote such understanding among the general public if there is a risk that the abuse of drugs will become widespread."

15. TheGovernment's awareness of the importance of preventive education was first publicised in its 1959 White Paper on "The Problem of Narcotic Drugs in Hong Kong". In it, the Government said:-

> "No campaign against drugs can hope to succeed without the backing of the people as a whole. Attempts will therefore be made to publicise the disastrous effect of drug addition from the social as well as the economic angle, and then to enlist the support and co-operation of voluntary agencies and the public. Social sanctions will be sought through family and educational institutions, welfare associations, through Church bodies and places of employment. The assistance of the press, cinema-owners and the organizers of broadcasting and television programmes will be sought to explode the wide-spread myths about heroin and such facts as the following will be driven home to the masses, e.g.:
>
> (a) that heroin is not a cure for tuberculosis or any other chronic disease;
>
> (b) that heroin is not an aphrodisiac; and
>
> (c) that heroin is not a source of energy.
>
> Stress will be laid not only on self protection, but on the duty of protecting other people from the disastrous consequences of acquiring this vice, and an appeal will be made to the people to join in a crusade against this vice. They will be made to realise that the aim of the campaign is to protect their homes, their lives, their children and their neighbours from a terrible and insidious menace which is being fostered by unscrupulous racketeers, and that it is only with their active support and co-operation that the campaign can succeed. It is hoped that the public conscience will be roused to the extent that traffic in drugs will be regarded with positive abhorence and wholeheartedly condemned by the people of Hong Kong."

16. Although the 1959 campaign did succeed in launching anti-narcotics publicity and preventive education, it was unfortunate that its momentum was not sustained in the ensuing years. Hong Kong's anti-narcotics efforts tended to be dominated both in the allocation of resources and in public attention by law enforcement and treatment and rehabilitation.

17. Moreover, preventive education and publicity work became fragmented - Government and non-Government agencies planned their own educational programmes and campaigns, distributed their own information materials, and tended to go their own ways. There was neither co-ordination nor a strategic plan to deal with preventive measures, the crucial importance of which was being increasingly appreciated in a number of countries with drug abuse problems.

18. Recognizing the vital role that preventive education and publicity had to play as an integral part of any effective and co-ordinated drug abuse control programme, ACAN carried out a thorough review of its programmes in late-1975.

19. The first step taken by ACAN was to identify those who were most vulnerable to the risk of narcotics addiction, so that preventive measures could be tailored to their needs. From a computer analysis of the records of the Central Registry of Drug Abuse, ACAN 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 overcrowded conditions, and having a poor relationship with his family."

20. The ACAN next reviewed the amount of Government resources then being used for preventive education and publicity. It noted that only 0.5 per cent of total anti-narcotics expenditure (which in 1974 was estimated to be about HK$40 million annually) was being used for this purpose. It was subsequently recommended that the budget for preventive education and publicity be progressively built up over the ensuing five years to 2.5 per cent of Government's total annual anti-narcotics expenditure.

21. Finally, ACAN 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 effect in 1976. The strategy has four major objectives:

(a) to keep the drug abuse issue constantly before the public and to change their attitudes to it;

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

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

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

22. The strategy for preventive education and publicity as outlined above has proved to be a sound basis for formulating and implementing programmes in this field. Surveys carried out by independent public relations companies have indicated that the programmes are effective in achieving the main objectives of the strategy.

23. Preventive education and publicity campaigns are mounted each year. The programmes consist of a series of projects:

(a) community involvement projects and promotions;

(b) education and publicity through the mass media; and

(c) production of strategic material for education and publicity.

24. Community involvement projects and promotions usually take the form of district anti-narcotics campaigns. They include events such as variety shows, sports tournaments, TV games, exhibitions, band concerts, fun fairs, talks and seminars. These campaigns take place in various districts throughout the year and are always inaugurated by a person prominent in the public life of Hong Kong. In addition, at least one major project is mounted each year. In recent years these shows have taken the form of a Water Carnival, Mass Jogging, a Mass Rally and an educational variety show attended by an audience of 12,000 and televised to an audience of millions.

25. Education and publicity through the television, radio and newspapers continue to be the mainstay of the ACAN's methods of disseminating anti-narcotics information and publicity to the general public, reinforced by thousands of attractive posters and informative leaflets. Slogans which adopt a popular Chinese proverb with an anti-drug message are known to have the greatest impact on the public. Publicity banners and posters are also extremely effective when used in vast numbers during district anti-narcotics campaigns. TV publicity films of about 30 seconds duration are one of the best forms of mass communication and under the television franchise system these showing are provided free of charge at prime viewing times several nights each week. Reinforcing TV coverage, radio announcements of public interest are also broadcast. Posters are designed and located to reach specific target audiences. For example, operational experience has shown that many drug addicts who live in overcrowded conditions do not take drugs in their home. Places commonly used for drug -taking include public conveniences and communal toilets and bathhouses in public housing estates. With this in mind, notices have been produced and placed in all public conveniences likely to be used by addicts, encouraging them to seek treatment and giving them a contact telephone number to call.

26. Strategic education and publicity materials take the form of TV serialised dramas, exhibition kits to explain in words and pictures how the drug problem is being tackled and teaching kits for use in schools.

27. A School Talks Team of the Narcotics Division has been visiting junior secondary schools since early 1984 to give students some basic knowledge of the proper use of pharmaceutical drugs, the harm that drug abuse may bring to themselves and their families and to reinforce the lessons given by those schools which provide drug education in their curriculum.

28. To reach and assist those who leave school at the age of 15 after the nine-year period of compulsory education, the help of out-reach social workers has been enlisted. Seminars are held to give the social workers a better understanding of the drug problem so that they, in the course of their social work in the community, may contact and offer sound practical advice to young people at risk.

Treatment and Rehabilitation Programmes

29. Article 38 of the 1961 Single Convention on Narcotic Drugs stresses the responsibility of Contracting Parties to give special attention to the provision of facilities for the medical treatment, care and rehabilitation of drug addicts and to the training of relevant personnel.

30. Based on its experience of the past three decades, Hong Kong has developed a wide range of treatment programmes with different rationales, and using a variety of methods and

techniques. All programmes, however, are dedicated to the same ultimate objective of helping addicts stay free from drugs. Such a multi-modality strategy has been found necessary and is proving effective, as one form of treatment suitable for some addicts may not be suitable for others, owing to variations in age, history of addiction, personal background, employment and other characteristics.

31. At present, there are three major programmes operating in Hong Kong providing treatment and rehabilitation facilities to approximately 13,000 drug addicts daily. They are:

(a) the compulsory placement programme operated by the Correctional Services Department in their Drug Addiction Treatment Centres (DATC);

(b) the voluntary in-patient treatment programme run by the Society for the Aid & Rehabilitation of Drug Abusers (SARDA); and

(c) the voluntary out-patient methadone programme provided by the Medical & Health Department.

32. Apart from these major treatment facilities, there are a number of treatment projects being operated by various voluntary agencies in Hong Kong, albeit on a relatively small scale. Amongst these are the Haven of Hope Hospital in Junk Bay which provides detoxification and medical treatment for addicts with tuberculosis, and five projects based on Christian therapy, namely Operation Dawn, the Home for Drug Addicts of the Norwegian Lutheran Mission, the Long Oi Youth Centre, the Wu Oi Centre and St. Stephen's Society.

Custodial Placement Treatment - the Drug Addiction Treatment Centre (DATC)

33. Prior to 1958, addicts admitted to prisons were treated like any other prisoners. This unsatisfactory situation, which overlooked the special needs of those sentenced to imprisonment, and who were also drug dependent, was changed when it was found the majority of prisoners (over 80%) were addicts. The need to establish special treatment facilities geared to treat drug addicted prisoners were recognized by the establishment of the first Drug Addiction Treatment Centre (DATC) in Tai Lam Chung, in the New Territories, in 1958.

34. In 1969, the DATC Ordinance (Cap. 244, Laws of Hong Kong) was enacted to formalise the establishment of addition treatment centres; it resulted from 10 years' valuable experience and intensive research on addiction treatment at Tai Lam. Under this Ordinance, where a Court is satisfied that it is in his interest and in the public interest that a person found guilty of an offence punishable with imprisonment (other than for non-payment of fine) should undergo a period of treatment and rehabilitation, then the Court may order such person to be detained in a DATC. The period of detention will not be less than 4 months nor more than 12 months from the date of the order. (A Bill has been published which provides inter alia for the minimum period of detention to be reduced to 2 months.) During his detention, the inmate's progress is closely monitored by the Centre's Superintendent and staff. 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 supervision period a supervise can be recalled for further treatment, for a period not exceeding four months, if he breaches any condition of his supervision order.

35. The Correctional Services Department's programme is aimed at complete cure of drug dependents. 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. On admission to a DATC, all inmates are required to undergo a medical examination and to receive specialist treatment if necessary.

Regular check-ups are made to monitor the inmate's physical progress. Psychological dependence is tackled through a combination of work therapy, individual and group counselling, and a clinical psychologist is available to deal with problem cases. Both physical and outdoor work, a very important part of the programme, are designed to improve the inmate's 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. In addition, post-release employment and accommodation arrangements and aftercare services are offered to help the inmate to reintegrate into society as well as preventing him from relapsing to drugs.

Voluntary In-patient Treatment

36. The major voluntary in-patient treatment programme operated in Hong Kong is run by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA). In 1959, a voluntary body, the Working Committee for the Aid Treatment and Rehabilitation of Drug Addicts was formed with the aim of establishing a centre where addicts could volunteer for treatment and rehabilitation. In November 1959, the Committee applied for the use of the outlying island - Shek Kwu Chau - as a centre for the treatment and rehabilitation of drug addicts, and this was subsequently granted in July 1960. The Shek Kwu Chau Treatment Centre was officially opened in June 1963 with a capacity for 500 addicts. Treatment Centres of SARDA are administered under the provisions of the Drug Addicts Treatment and Rehabilitation Ordinance (Cap. 326 of the Laws of Hong Kong).

37. During the period of treatment within the therapeutic community, SARDA encourages addict patients to participate in the management of the Centre, as a means of encouraging self-reliance, fostering their self-confidence, as well as impressing on them the need for co-operation, co-ordination and group responsibility in what is essentially a large community. Medical care, detoxification rehabilitation and counselling services are provided to addicts, but work therapy forms the backbone of the whole programme. Work therapy on Shek Kwu Chau takes the form of mass participation in the development and expansion of the Centre's facilities, using the skills and expertise of the inmates.

38. In 1969, SARDA opened a female treatment centre which offered methadone detoxification followed by more intensive programmes of psycho-social and rehabilitation services. In this centre, a mother-and-child-care service is provided, as are also antenatal and post-natal services.

39. Though SARDA is a voluntary treatment agency, it is fully subvented by the Government and its operational effectiveness is monitored through ACAN. In 1981, following evidence of administrative deficiencies, and a lack of co-ordination in SARDA, the Government's Management Services Division undertook a comprehensive review of the agency at the request of the Executive Committee. In response to recommendations made by the review team, SARDA is revising its Constitution and has created a post of Executive Director to strengthen its internal organization and functioning.

Voluntary Out-patient Methadone Treatment

40. In the early 1960's, many people including senior members of the Government service, believed that the treatment of addiction could only succeed in an environment isolated from society. In a meeting with the 'Kaifong' (local community) leaders in March 1960, the then Director of Medical and Health Services said that to treat a drug addict, it was essential to divorce him entirely from access to drugs and then to give him skilled medical and nursing care under strict security conditions. If during this period of treatment narcotics could in any way be got to him, whether at his own insistence or through traffickers anxious not to

lose a customer, he would relapse, and all the expense, time and effort expended would have been wasted. For this reason, no form of out-patient drug treatment was suitable or appropriate; not being under strict full-time medical supervision, it might even be dangerous and thus bring the whole system into disrepute. In addition, a report of a special working party appointed to investigate the relative effectiveness of in-patient and out-patient treatment of addicts in 1965, concluded that withdrawal from addiction could only be effectively achieved in a drug-free environment, and that this necessitated isolating the addict for a minimum of four months if social and psychological as well as physical rehabilitation was to be achieved; the working party also commented very strongly on the need for much more research into every aspect of drug addiction in Hong Kong.

41. However, over the years medical and social work professionalsinvolved in the treatment of addicts began to realise that drug addiction is a chronic condition, that relapse following detoxification is the rule rather than the exception, and that a complete cure of both physical dependence and psychological craving for drugs is a very difficult, if not impossible, objective to achieve. This continues to be an area of healthy debate and discussion which is not confined to Hong Kong, as the following extract from a letter published in the "New York Times" date 3 March 1982, from Dr Daniel Shine (Medical Director, Drug Abuse Treatment Programme, Montefiore Hospital and Medical Centre, Bronx) illustrates:

> .....An increasingly common confusion (is) the inability to distinguish between acute and chronic problems. Narcotic addiction, like many other medical and social diseases, is not an acute illness that kills or is cured. It is not an acute illness that kills or is cured. It is a chronic relapsing condition for which treatment is recurrent intervention and continuing management over many years.
>
> In this respect, addiction is very like diabetes or unemployment, congestive heart failure or crime in the streets, arthritis or pollution, renal failure of inadequate housing. No physician and no politician can reasonably argue that conditons beyond cure are also beyond treatment. It is precisely from the management of chronic conditions that doctors and societies most plausibly derive their claim to humanism....."

42. It was as a result of the gradual realisation that, in drug addiction, we were facing a highly relapsing conditon, that Hong Kong's treatment philosophy was gradually extended from the exclusive concept of in-patient treatment, both compulsory and voluntary, to include a voluntary out-patient modality. The objective of the latter was not only to help addicts free themselves of drugs, but also to enable them to obtain and to keep jobs, and thus to become contributing members of society, which in itself would assist in restoring their confidence and self-respect. The introductin of the outpatient methadone programme thus marked Hong Kong's metamorphosis from the dogmatism of the 60's to the pragmatism of the 70's, as far as the treatment of addicts was concerned.

43. The methadone out-patient programme started as two experimental pilot projects in December 1972, one run by the Medical and Health Department and the other by the Discharged Prisoners Aid Society (DPAS), since renamed the Society for the Rehabilitation of Offenders. Both schemes were scheduled to run for three years andwere 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. From the findings of the two pilot schemes, it was concluded that methadone maintenance on an out-patient basis was practicable means of treatment of opiate addiction in Hong Kong and merited a permanent service. It was believed to be particularly useful for addicts who may have failed repeatedly in other forms of treatment. Methadone maintenance enables such people to be gainfully employed and thus restore a normal life for themselves and their families; it enables them to avoid the risk of being arrested for the illegal possession or taking of heroin whilst drug-induced crime is also lessened. Moreover,

after being stabilised on methadone for a period, they may become better motivated to seek detoxification treatment again.

44. In 1974/75, the programme was adopted as a permanent feature of the drug treatment scene, and four methadone maintenance clinics were opened. From June to October 1976, there was a major extension of the programme, with 17 new methadone detoxification centres being opened in Hon Kong, Kowloon and the New Territories; this resulted from an upsruge in the price of street heroin in mid-1976, when an increasing demand for treatment arose from addicts who could not afford the escalating cost. Following an overall examination of the methadone treatment programme by the Management Services Division of the Government Secretariat which revealed, inter alia, the practical difficulties in weaning a patient off the last 5 to 10 mg. of methadone, the Medical and Health Department decided in August 1979 that the maintenance and detoxification programmes should be combined so as to enable every clinic to handle both types of patients. The forms of treatment adopted by the patient is a matter for discussion between the doctor and himself/herself. Against this background of decisions the unanimous conclusions of a group of American experts in methadone treatment of narcotic addiction, at a series of symposia sponsored by the U.S. National Institute on Drug Abuse (NIDA) in the autumn of 1981, is of interest:

> "(i) The decision to detoxify from methadone maintenance treatment should be made by the patient's physician in conjunction with the patient and other staff. No restriction should be placed on duration of maintenance treatment. Patients detoxified from methadone maintenance should be readmitted upon request.
>
> (ii) No single methadone dose is best for all patients. The dose should be individualized for each patient up to to a maximum of 100 milligrammes per day, and higher under certain circumstances."

45. In early 1982, in view of the previous success of the methodone treatment programme, ACAN endorsed a decision to expand the programme by establishing more clinics in districts not already covered. At present there are 24 clinics operating throughout the Territory. The programme will be further expanded if and when necessary.

46. Methadone is administered under very strict controls, and all patients are required to take the medication in the presence of the dispensing staff. No methadone can be taken away from the clinics. Supportive services are provided by Medical Social Workers, and patients who attend regularly are assisted in job placement to the extent possible. All clinics are open 365 days a year.

47. To summarize, Hong Kong now recognizes the chronic, relapsing nature of drug addiction, and has taken this into account by establishing treatment objectives that are practical and realistic. Although methadone is itself a narcotic drug its use does not produce euphoria, is not associated with any significant side effects, prevents withdrawal symptoms for 24 to 36 hours, and permits the patient to achieve social stability within the community. Although the long-term objective is to assist patients to detoxify and achieve a drug-free state, it is well understood that this will not be possible for a significant segment of the addict population. With respect to short-term objectives, it is considered vitally important to provide a readily accessible, legal, medically safe and effective alternative to continued illicit self-administration of heroin to every single addict. The widespread network of methadone clinics effectively meets this need.

48. In terms of reducing the demand for illicit heroin, the methadone programme has been particularly successful. The 8,000 persons attending methadone clinics each day would

otherwise consume over the course of a year approximately 8 million doses of illicit heroin. Furthermore, the methadone patients are not driven to committing crimes to obtain the money to buy illicit drugs. The programme has proved attractive and beneficial to the many thousands of addicts who have enrolled voluntarily since the clinics were initiated. See Appendices II, III and IV.

49. Reduction in the supply of illicit drugs is primarily the responsibility of the law enforcement agencies.

50. The Dangerous Drugs Ordinance, Chapter 134 of the Laws of Hong Kong, provides for controls over a wide range of dangerous drugs, including opium and its derivatives, barbitone, methaqualone, amphetamines, cocaine, codeine, cannabis and synthetic drugs likely to be abused. It contains extensive sanctions against all types of drug offences including conspiracy, trafficking, and manufacture of dangerous drugs, operating a divan, cultivating cannabis or opium poppy and unlawful possession of dangerous drugs. Law enforcement agencies may seize the travel documents of persons under investigation for serious drug offences. The law makes it an offence to traffic in any substances represented or held out to be a dangerous drug, thus covering cases where the drugs do not exist or are fake powders purported to be drugs, especially applicable in times of acute shortages of heroin when the harvest in the "Golden Triangle" is poor. For the purposes of the Ordinance the definition of "manufacture" of dangerous drugs includes cases where heroin is "diluted" or "cut". Another provision is that any quantity of dangerous drugs whether usable/measurable or not is regarded as dangerous drugs for the purposes of the Ordinance. This provision is particularly relevant when only minute traces of the drug are found but where weighty circumstantial evidence of manufacture exists. Under the Ordinance the search of body cavities of suspected couriers may be undertaken with or without consent, by a medical practitioner engaged by the Royal Hong Kong Police Force. Similar provision exists in the Customs and Excise Service Ordinance for the use of medical practitioners engaged by that Service, to conduct body cavity searches.

51. Owners of ships found to be smuggling an excessive quantity of dangerous drugs into Hong Kong on two occasions within 18 months are liable on conviction to a fine of HK$5,000,000 or in default of payment, confiscation of the vessel. Excessive quantities are defined as 3,000 grams of opium or cannabis and 500 grams of any other dangerous drug.

52. Maximum penalties under the Dangerous Drugs Ordinance include life imprisonment and a fine of HK$5,000,000 on conviction on indictment for trafficking, for possession of dangerous drugs for the purposes of trafficking for manufacturing. Cultivating cannabis or opium poppy on conviction on indictment carried with it a maximum of 15 years imprisonment and a fine of HK$100,000. Possession of a dangerous drug other than for trafficking, smoking, inhaling or injection such a drug or possessing equipment for doing so on conviction on indictment carried 3 years imprisonment and a fine of HK$10,000.

53. Provision exists under the Corporal Punishment (Amendment) Ordinance 1974 for a male drug offender to be subject to corporal punishment in addition to imprisonment and fine if convicted of trafficking or procuring dangerous drugs.

54. The Acetylating Substances (Control) Ordinance, enacted in 1975, controls the import, export, supply, manufacture, possession and dealing in acetylating substances, particularly acetic anhydride which is essential for the chemical conversion of morphine into heroin. Persons convicted on indictment for contravening the Ordinance are liable to 15 years imprisonment and a fine of HK$1,000,000.

55. The Pharmacy and Poisons Ordinance, Chapter 138 of the Laws of Hong Kong provides for the registration of products, licensing of manufacturers and testing of products. It also

provides for the maintenance of an up-to-date poisons list to facilitate proper control over psychotropic substances, making them available only when prescribed by a doctor.

The Narcotics Bureau, Royal Hong Kong Police Force (RHKPF)

56. The Narcotics Bureau is primarily targeted towards the investigation of cases which demand specialist and protracted observation and enquiries, such as the suppression of organized syndicates, which, because of elaborate security measures taken by the organizers, defy detection by routine methods. At District level, operations are mounted against special targets affecting distribution and consumption. At Divisional level, Special Duty Squads are concerned with control of street-peddling, although the prevention and detection of narcotic offences is a general duty imposed on all police officers.

Customs and Excise Service

57. The Customs and Excise Service is a disciplined force headed by its own Commissioner. One of the major responsibilities of the Service is the prevention and suppression of illicit trafficking in narcotics, other dangerous drugs and acetylating substances under the Dangerous Drugs Ordinance, the Pharmacy and Poisons Ordinance and the Acetylating Substances (Control) Ordinance. More than half of the efforts of the Service are devoted to anti-narcotics activities. Apart from intercepting illegal imports by sea, action is also taken against the manufacture, storage, sale and smoking of drugs. The Service also maintains close liaison and co-operation with the Royal Hong Kong Police Force, overseas customs authorities and other law enforcement agencies.

58. The Customs and Excise Service underwent a major reorganization in 1981. The reorganized service has two specialist/support branches - the Customs and Excise Headquarters and the Customs Investigation Bureau - and a field structure comprising three regions which cover Hong Kong Island, Kowloon and the New Territories.

The Joint Intelligence Unit (JIU)

59. In addition to the continued exchange of information and co-operation between the Police and the Customs, a Joint Police/Customs Intelligence Unit (JIU) was formed in 1979. The main purpose of this special unit is to strengthen working links between the two forces and to develop and maintain an overall intelligence system so that surveillance on drug trafficking through Kai Tak Airport into and out of Hong Kong can be more efficiently monitored and controlled. This unit is staffed by officers from the two services. It is independent of the Customs and Excise Service Airport Division and comes under the command of Superintendent (Investigation) of the Customs, who is responsible for directing the day-to-day activities of this Unit; he also maintains a close liaison with the Superintendent (Operations) (Narcotics Bureau) to determine appropriate operational objectives for the Unit, whilst matters of general policy are the subject of directives agreed jointly by the Police Narcotics Bureau and the Customs and Excise Service.

Prosecutions and Convictions for Major and Minor Drug offences 1969-1983

60. Appendix V reflects the Hong Kong Government's successful efforts over the past 17 years in enforcing the law against illicit drug activities.

61. In 1974, the first ever major trafficking syndicate heads (Ng Sik-ho and Ng Chung-kwan) were arrested by the Police, and subsequently sentenced, in April 1975, to 30 years and 25 years imprisonment respectively. This effectively neutralised the major drug syndicates, and led to a complete fragmentation of the illegal narcotics trade. Thereafter, individual drug traffickers formed themselves into small loosely-knit groups which, lacking

in the financial backing to maintain sophisticated operations, deal in relatively small quantities of drugs which can be disposed of quickly. Over the past two years, however, there have been indications that these smaller syndicates have re-introduced the infamous Thai Trawler traffic, by which very large quantities of drugs can be brought into Hong Kong.

Seizures of Illicit Drugs

62. Information on the quantities of drugs seized by the Police and Customs in recent years is produced in Appendix VI.

Conclusion

63. Since there is no medical cure for drug dependence, the only effective measures are to suppress the illicit drugs as much as possible, to prevent through education members of the community, especially the young, from experimenting with drugs and to rehabilitate the addict until he is able to lead a drug-free life for as long as possible. On the basis of available facts it is considered that the co-ordinated efforts of the Hong Kong Government and the Action Committee Against Narcotics in controlling the supply of and demand for illicit drugs have succeeded in stabilising the drug abuse situation which, however, remains a serious social problem of an endemic nature.

ACAN Membership

Chairman		Appointment ending
1.	Professor G H Choa, CBE, JP.	31.12.86

Ex-officio Members

2. Secretary for Security
(Mr D G Jeaffreson, CBE, JP.)

3. Director of Medical and Health Services
(Dr K L Thong, CBE, JP.)

4. Commissioner of Police
(Mr R H Anning, CBE, QPM.)

5. Director of Social Welfare
(Mrs Anson Chan, JP.)

6. Commissioner of Correctional Services
(Mr W S Chan, ISO, JP)

7. Commissioner of Customs and Excise
(Mr H S Grewal, ED, JP.)

8. Commissioner of Narcotics
(Mr G L Mortimer, ISO, JP.)

9. Representative of Health and Welfare Branch,
Government Secretariat
(Mr N C L Shipman)

Unofficial Members

Unofficial Member of the Legislative Council

11.	The Hon Yeung Po-kwan , CPM, JP	31.12.87

Unofficials appointed by HE the Governor

12.	Mr K L Stumpf, CBE, JP	31.12.86
13.	Miss Debra M N Chow	31.12.87
14.	Mr Michael Cheng Tak-ki	31.12.87
15.	Mr J P Lee, MBE, JP.	31.12.87
16.	Dr So Sing-cho	31.12.86
17.	Mr Frederick Yu Sak-kwong	31.12.86
18.	Dr Nelson Chow Wing-su	31.12.86

Action Committee Against Narcotics

Terms of Reference

1. To advice 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 polices 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 advice 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.

Appendix II

Yearly admissions to treatment institutions, 1969-1985

Year	DATC	SARDA	MHD Methadone Clinic	Total
1969	1017	865	-	1882
1970	828	937	-	1765
1971	772	838	-	1610
1972	1374	800	51	2225
1973	1497	1866	751	4078
1974	1960	2837	1480	6277
1975	2037	2551	3392	7980
1976	2160	2413	10400	14973
1977	2269	2594	9834	14697
1978	1999	2767	10291	15057
1979	1655	2254	10782	14691
1980	1518	2592	8046	12156
1981	1675	2706	9997	14378
1982	1783	2304	11404	15491
1983	2116	2231	11111	15458
1984	2577	2034	14035	18646
1985	2621	1779	13305	17705

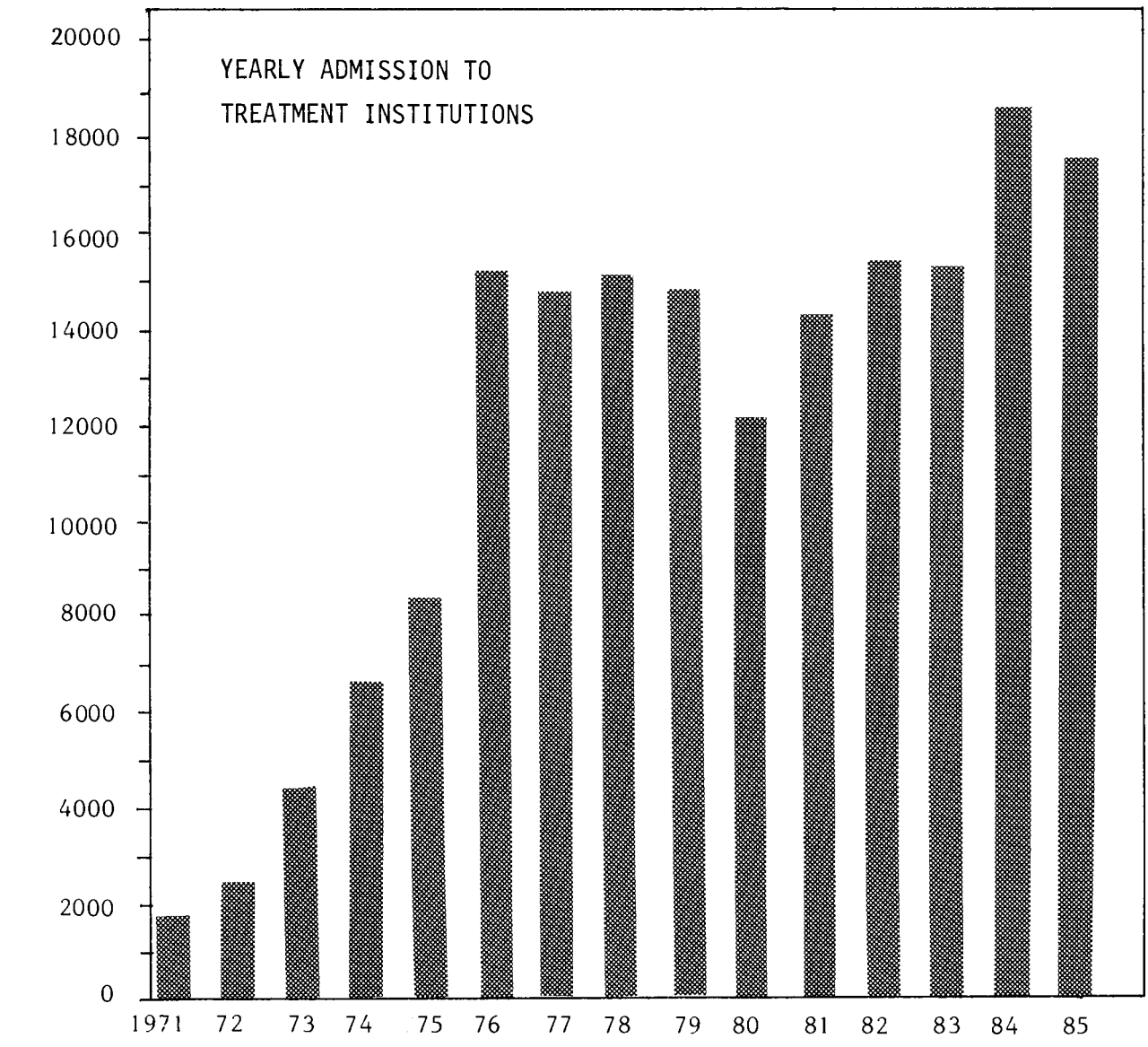
Source: Correctional Services Department Medical and Health Department
The Society for the Aid and Rehabilitation of Drug Abusers

Appendix III

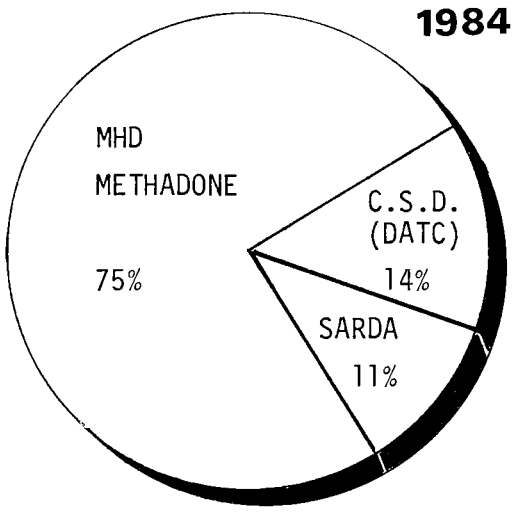
Percentage of yearly admissions to treatment institutions, 1969-1985

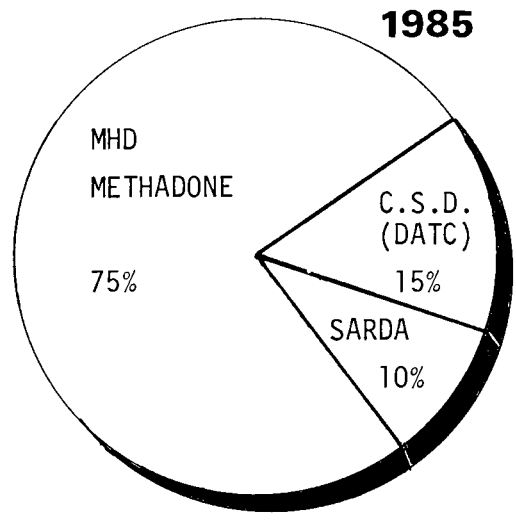
Year	DATC	SARDA	Methadone Clinic	Total
1969	54	66	-	100
1970	47	53	-	100
1971	48	52	-	100
1972	62	36	2	100
1973	37	46	17	100
1974	31	45	24	100
1975	26	32	42	100
1976	14	16	70	100
1977	15	18	67	100
1978	13	19	68	100
1979	11	15	74	100
1980	13	21	66	100
1981	12	19	69	100
1982	11	15	74	100
1983	14	14	72	100
1984	14	11	75	100
1985	15	10	75	100

Source: Correctional Services Department Medical and Health Department
The Society for the Aid and Rehabilitation of Drug Abusers



Breakdown of Admission by Institutions, 1984 & 1985





Appendix V

No. of persons prosecuted for major and minor drug offences, 1969-1985

Year	Major drug offences	Minor drug offences	Total
1969	955	12980	13935
1970	1267	12638	13905
1971	1306	14035	15341
1972	1593	15123	16716
1973	1569	18370	19939
1974	1955	16668	18623
1975	2038	11831	13869
1976	3496	9427	12923
1977	2292	6683	8975
1978	2372	6541	8913
1979	1996	4189	6185
1980	2039	3718	5757
1981	2563	5303	7866
1982	3405	6220	9625
1983	4025	7204	11229
1984	3658	7548	11206
1985	4867	7565	12432

Source: Royal Hong Kong Police Force

Appendix VI

Drug seizures in Kilograms, 1969-1985

Year	Opium	Morphine	Heroin	Heroin base	Cannabis
1969	4772	187	10	-	23
1970	399	77	14	-	24
1971	5583	300	55	-	51
1972	5118	551	73	-	15
1973	2328	388	69	-	17
1974	4735	285	95	-	6
1975	422	143	186	-	54
1976	3553	291	164	-	87
1977	147	98	179	-	19
1978	205	47	285	48	1
1979	125	12	129	19	12
1980	86	2	76	38	39
1981	140	7	77	85	8
1982	187	6	116	232	55
1983	91	*	164	460	12
1984	50	-	230	972	76
1985	104	*	259	113	162

* Less than 0.5 kg.

Source: Royal Hong Kong Police Force
Customs and Excise Department
Government Laboratory