

## Press Releases

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LCQ9: Well-suited services provided to ethnic minority youth drug abusers

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Following is a written reply by the Secretary for Security, Mr Ambrose S K Lee, to a question by the Hon Lee Cheuk-yan in the Legislative Council today (May 13):

Question:

Some voluntary agencies dedicated to serving ethnic minorities ("EM") have complained to me that although the drug abuse problem among EM youths (especially those of Nepalese descent) has become increasingly serious in recent years, such youths often have nowhere to turn to for assistance. In this connection, will the Government inform this Council:

(a) whether it has collected statistics on the abuse of drugs by EM youths in the past five years; if it has, of the details; if not, the reasons for that;

(b) whether it has collected statistics on the provision of relevant services for EM youths by various service units in the past five years, such as the District Youth Outreaching Social Work Teams, overnight outreaching teams, counselling centres for psychotropic substance abusers as well as drug treatment and rehabilitation centres; if it has, of the details; if not, the reasons for that; and whether it has issued any guidelines to such service units to ensure that such persons have access to the relevant services; if it has issued such guidelines, of the details; if it has not, the reasons for that; and

(c) given that the drug abuse problem among EM youths is increasingly serious, and the services they need as well as the skills required in providing services to them are different from those for youths of other ethnic groups, whether the Government has considered offering them tailor-made services (including outreaching, counselling and treatment services); if so, of the details; if not, the reasons for that?

Reply:

President,

(a) The Central Registry of Drug Abuse (CRDA) has all along been collecting voluntarily reported information on drug abusers. According to the CRDA, the reported youth drug abuse situation of ethnic minorities (EM) (aged under 21) in the past five years is as follows:

| Ethnicity   | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|------|------|------|------|------|
| Nepalese  | 31   | 18   | 9    | 21   | 34   |
| Vietnamese  | 1    | 2    | 10   | 6    | 8    |
| Indian/<br>Pakistani/<br>Bangladeshi/<br>Sri Lankan | 9    | 6    | 9    | 9    | 5    |
| British   | 5    | 4    | 1    | 5    | 1    |
| Filipino  | 1    | 2    | 3    | 5    | 1    |

|        |       |       |       |       |       |
|--------|-------|-------|-------|-------|-------|
| Thai   | 1     | 2     | 1     | 1     | 4     |
| Others | 8     | 13    | 15    | 7     | 6     |
| -----  | ----- | ----- | ----- | ----- | ----- |
| Total  | 56    | 47    | 48    | 54    | 59    |

The CRDA is a voluntary reporting system. It does not capture the actual numbers of the drug abusing population in Hong Kong, nor that of the drug abusers who have come into contact with reporting agencies. Nevertheless, the statistics derived from it may effectively reflect the trends of drug abuse.

(b) The CRDA is presently supported by 67 reporting agencies in the territory, including service agencies in different modalities. A breakdown of the reported figures is as follows:

| Reporting Agency   | 2004  | 2005  | 2006  | 2007  | 2008  |
|--|-------|-------|-------|-------|-------|
| -----  | ----- | ----- | ----- | ----- | ----- |
| Law Enforcement<br>Departments                               | 23    | 24    | 19    | 24    | 18    |
| Methadone<br>Clinics   | 19    | 13    | 9     | 20    | 31    |
| Treatment and<br>Rehabilitation<br>Centres                   | 17    | 13    | 8     | 2     | 6     |
| Counselling Centres<br>for Psychotropic<br>Substance Abusers | 2     | -     | -     | 6     | 1     |
| Youth Outreaching<br>Teams                                   | 1     | 2     | 13    | 4     | 9     |
| Substance Abuse<br>Clinics                                   | -     | 1     | -     | 1     | -     |
| -----  | ----- | ----- | ----- | ----- | ----- |
| Total (#)  | 56    | 47    | 48    | 54    | 59    |

Note: (#) An individual drug abuser may be reported by more than one agency in a given year. Repeated reports have been discounted from the total figures.

Like general welfare and medical services, drug-related services are provided for all in need irrespective of ethnicity. We have not laid down specific guidelines or restrictions on how relevant agencies should provide services to EM youths as far as the drug problem is concerned. However, we do not overlook the special needs of EM groups. We not only encourage them to make use of the various services available, but also call on non-governmental organisations (NGOs) to provide programmes suitable to them.

(c) In 2006, the Action Committee Against Narcotics completed a study which aimed to better understand the social background, drug abuse situation and service needs of EM drug abusers. The findings of the study have been widely distributed to the government departments and NGOs concerned, as well as shared with social workers and frontline teams, for their reference in the planning, provision and improvement of the relevant services. The Fifth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong published in April this year also specifically pointed out that agencies should consider the changing needs of the EM and other special groups for service enhancement, and encouraged agencies to make good use of the Beat Drugs Fund to provide necessary services.

As a matter of fact, the agencies concerned are now providing

well-suited services to EM youths who are in need and willing to receive help. For example, when EM youths have special language communication needs, the agencies may contact volunteers, their families or fellow clansmen to help them access the service they need. The Support Service Centres for Ethnic Minorities to be set up with government subvention in mid-2009 will also provide interpretation services for EM youths. In addition, the Youth Outreaching Social Work Teams and Counselling Centres for Psychotropic Substance Abusers proactively approach youths at risk, including EM youths, with a view to providing them with suitable counselling and referral services.

Separately, there are individual agencies providing targeted services and programmes for EM groups. For instance, on the front of treatment and rehabilitation, there is provision for voluntary residential treatment services targeting EM groups. EM workers are even engaged to help residents overcome language barriers in communication and to enhance mutual understanding. As for integration into society, some agencies offer district-based services to EM groups to help them familiarise with and integrate into the community, participate more in activities and make good use of the services offered. The publicity materials and websites of these agencies may be available in languages other than Chinese and English (e.g. Nepalese) for the convenience of the EM groups.

On preventive education and publicity, non-Chinese speaking or EM students are covered by the school drug education programmes subvented by the Narcotics Division (ND) and the Social Welfare Department. ND and the Education Bureau also help local schools with non-Chinese speaking or EM students to prevent student drug abuse and provide assistance to at-risk students by arranging drug education training for their teachers. The Home Affairs Department and the Police organise district-based activities dedicated to EM youths, including peer sessions on the harmful effect of drugs by rehabilitated EM youths.

As regards the Beat Drugs Fund, projects targeting EM groups have been given priority for funding in recent years. Of the projects approved in the past five years, eight target EM groups including parents and youths, with a funding of around \$5.5 million. On preventive education, activities subvented include an anti-drug video production competition, parental workshops and seminars, parent-child anti-drug events, school-based activities, recreational and sport activities, outreaching services, and resources kits and publicity leaflets in languages of EM groups. On treatment and rehabilitation, activities include medical consultation and counselling for EM drug abusers and their families, the pooling of rehabilitated drug abusers into mutual help groups, peer counsellor training, language and vocational training, and service training for social workers.

Ends/Wednesday, May 13, 2009  
Issued at HKT 17:37

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