

**RESEARCH ON THE TRENDS IN DRUG ABUSE
AND
EFFECTIVE MEASURES FOR THE TREATMENT
OF THE DRUG ABUSERS IN ASIAN COUNTRIES**

**AN ANALYSIS OF INNOVATIVE MEASURES
FOR THE TREATMENT OF DRUG ABUSERS**

PREFACE

Crimes related to drug abuse and the illegal manufacturing and trafficking of drugs are serious problems for virtually every country. The abuse of drugs has an adverse impact, not only on the individual abuser, but also on the economy and society of a country as a whole. Drug use and the problems that accompany it have an extremely deleterious effect on the healthy development of young people, especially. Due to the rapid increase in drug related crime and drug abusers in Asian countries, the establishment of effective countermeasures for demand and supply reduction are a pressing issue.

In light of the above-mentioned situation, the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI); and the Research Division of the Research and Training Institute, Ministry of Justice jointly conducted a comprehensive study on drug abuser treatment, from 2002 to 2004, entitled "Research on the Trends in Drug Abuse and Effective Measures for the Treatment of the Drug Abusers in Asian Countries - An Analysis of Innovative Measures for the Treatment of Drug Abusers". The Asian countries included in the study are: China (Hong Kong), Korea, Malaysia, Singapore and Thailand. This is the first phase of the study on drug abuser treatment; the second phase, which begun last year, will cover Australia, Canada, the UK and the USA.

UNAFEI is a United Nations regional institute, established in 1961 by agreement between the United Nations and the Government of Japan, with the aim of promoting the sound development of criminal justice systems and mutual cooperation in the world. The three main activities of UNAFEI are to hold training courses and seminars for personnel in crime prevention and criminal justice; to conduct research into crime prevention and treatment of offenders; and to provide various forms of technical assistance for the improvement of criminal justice.

This volume is a summary of the first phase which includes the following issues as they relate to the respective countries: (1) an outline of study; (2) trends of the most abused drugs; (3) an outline of regulations and sanctions related to drug control and drug abuser treatment; (4) an outline of policy regarding drug abuse prevention and drug abuser treatment; (5) an outline of agencies and organizations involved in drug related problems; and (6) an outline of innovative measures for the treatment of drug abusers in the respective countries. This volume also includes major statutes and regulations relating to the suppression of drug supply and treatment of drug abusers and the questionnaire for this study as reference materials.

We wish to express our sincere gratitude to the following personnel who have supported this study: the Commissioner of the Correctional Services Department (China, Hong Kong); the Director-General, Correction Bureau and the Director-General, Social Protection and Rehabilitation Bureau, Ministry of Justice (Republic of Korea); the Director-General, Malaysia Prisons Department, and the Director, National Narcotics Agency, Ministry of

Interior (Malaysia); the Director of Singapore Prison Service, Ministry of Home Affairs and the Director, Rehabilitation and Protection, Ministry of Community Development and Sports (Singapore); and the Director-General, Department of Corrections and the Director-General, Department of Probation, Ministry of Justice (Thailand).

Because of a limitation of time, we have had to limit this volume to a summary of our research findings. Nevertheless, we believe that this research will provide a valuable resource for understanding the drug problems and current situation of abuser treatment in the respective Asian countries. We welcome readers' comments and further enquiries on the contents of this paper (e-mail: unafei@moj.go.jp).

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CHAPTER 1

AN OUTLINE OF THE STUDY

SECTION 1 THE PURPOSE OF THE STUDY

1. Introduction

Drug abuse is one of the most serious social problems we are now faced with. To cope with the problem, it is essential not only to take measures to reduce the supply and demand of abused drugs, but also to put into practice a wide range of policies in the areas of criminal, medical, social, economic and welfare policy etc. Judging from the previous results of case reports and evidence-based research carried out throughout the world, the programmes for drug-abuse prevention are only effective when they are mutually combined and integrated.

The traditional programmes for drug-abuse prevention in Japan have been carried out from the viewpoints of criminal and medical policies independently. Therefore, the practices of the related agencies have not been well coordinated thus far.

The focus of the present study is on Southeast Asian countries that have had serious drug-abuse problems, and have developed new programmes and established government agencies specializing in drug abuse problems. These countries have put various programmes for drug abusers' treatment into practice by adopting either policies introduced from Western countries or those developed in their own countries.

The purpose of the study is mainly concerned with not only countermeasures to drug-abuse problems from the viewpoint of criminal policy, but also the introduction of integrated approaches for reducing the supply and demand of illegal drugs and the adverse effects of their abuse. Both drug-related laws and the imposition of punishment for their cultivation, manufacture, smuggling, trading and consumption now regulate their supply and demand. These approaches, however, have been unsuccessful in reducing the supply and demand, and the harm associated with drug abuse. Especially for the reduction of drug demand, the following integrated approaches, in addition to the reinforcement of punishment, are necessary and effective: the introduction of drug prevention programmes in schools; the separation of drug abusers from drug traffickers in the early stages of criminal and judicial procedures; and the provision of effective drug abuse treatment programmes, i.e., non-punitive.

In fact, a tendency towards severe punishment for drug offenders has led to overcrowding of prisons in Southeast Asian countries as well as in the United States. In Japan, as the occupancy rate in prisons is increasing, the rate of stimulant drug abusers in prisons has risen to nearly 30% (more than 40% in the case of women). This results in a high rate of recidivism for

drug abusers, when compared with that of other criminals, bringing long-term and high-rates of imprisonment. To avoid this situation, the development of an effective drug abuse prevention strategy in which the major emphasis is shifted from imprisonment to treatment is urgently required. Further, a through-care system, integrating treatment in institutional and community based settings and aftercare, is essential for drug abusers because the recovery process from drug addiction requires a long period and at the same time, the promotion of many types of drug-abuse treatment programmes is necessary. However, the present situation in Japan is far from ideal.

The first phase of the study is to examine effective measures for drug-related problems through the study of measures and treatment programmes employed in Southeast Asian countries. (The second phase is to examine the measures and treatment programmes in Western countries, which are the origin of the measures and treatment programmes that Southeast Asian countries have introduced.) The preceding studies, published as bulletins and reports by the Research and Training Institute of the Ministry of Justice of Japan, all deal with domestic drug offences. The last comprehensive study that dealt with the situation of foreign countries is the “Government of Japan White Paper on Crime 1995: with a special edition concerning the current state of and countermeasures against drug offences”. Furthermore, this is the first empirical study based on an analysis of questionnaires and field research. Therefore, this comprehensive study, dealing with countermeasures for drug abusers in Japan, as well as in foreign countries, is significant.

2. Purpose

Keeping the background of drug-related problems mentioned above in mind, the policies, systems and treatment, etc. were examined by analyzing the results of questionnaires and field research obtained from Southeast Asian countries.

(1) Searching for Effective Preventive Systems for Recidivism of Drug Abusers

- A) Establishment of a diversion programme for drug abusers: compulsory treatment programmes in institutional and community-based settings for drug abusers, combined with a diversion system.
- B) Effective institutional treatment systems for drug abusers
 - a) How to enrich the treatment programmes which integrate aspects of medical care, education, and training
 - b) How to prevent dropouts from the programmes
- C) Effective community-based treatment systems for drug abusers
 - a) The diversification of treatment modalities for drug abusers
 - b) How to improve the coordination among drug-related organizations and groups for realizing diverse and effective treatment, i.e., the effective coordination between community-based treatment organizations and other social resources such as medical facilities, educational institutions, etc.

- c) Strategies for preventing dropouts from the treatment programmes and sustaining the positive outcome of treatment programmes.
- D) Establishment of a through-care system for drug abusers
 - a) How to establish effective coordination among institutional treatment, community-based treatment, and the aftercare programmes
 - b) How to improve the social resource network systems for realizing effective through-care
 - c) Clarification of the conditions and practical measures regarding treatment in order to establish a consistent treatment system in institutional and community-based settings, education, training, and preventive measures for drug abuse
- E) Effective measures for the prevention of drug abuse

(2) Provision of Useful Information and Suggestions on Countermeasures for Drug Abusers in Southeast Asian Countries and Japan

Useful information is provided in: a) the evaluation of the treatment programmes for drug abusers in Southeast Asia and Japan, b) the introduction of treatment programmes that have proven effective, and c) the planning of effective drug-related policies. Further, considering the situation of each country mentioned above, some feasible suggestions were made about effective drug-abuse countermeasures based on empirical data, including their applicability in both Southeast Asian countries and Japan.

(3) Creating a Database on Drug Abuse Countermeasures in Southeast Asian Countries and Japan

To enrich the future studies on the themes of (1) and (2) mentioned above, an updatable database will be created on drug-abuse countermeasures by collecting as much related data as possible.

SECTION 2 METHOD OF STUDY

1. Countries and Region Surveyed

The countries and region surveyed were People's Republic of China (hereafter, China), the Special Administration Region of Hong Kong (hereafter, Hong Kong), Republic of Indonesia (hereafter, Indonesia), Republic of Korea (hereafter, Korea), Malaysia, Republic of Singapore (hereafter, Singapore), Republic of the Philippines (hereafter, the Philippines) and Kingdom of Thailand (hereafter, Thailand). All the countries and the region, except Indonesia, answered the questionnaires. However, the information on China and the Philippines was incomplete at the time of publication. Therefore, the data obtained from four countries and the region, namely, Hong-Kong, Korea, Malaysia, Singapore and Thailand were adopted in the present study.

2. Survey by Questionnaire

(1) The Contents of the Questionnaire

The questionnaire, written in English, consisting of 20 A3 size pages (attached as a reference material), was sent to the agencies/organizations (refer to the table in 2(2)), which were requested to answer it. The main contents of the questionnaire were as follows:

- A) Situation of and trend in drug abuse in each country and the region
- B) Situation of recidivism of drug offenders/abusers: effectiveness of the treatment programmes for drug abusers
- C) Outline of drug control laws and legal punishment systems: presence or absence of drug-related diversion systems
- D) Policy of drug-abuse prevention and treatment for drug abusers: historical processes and trends of present and future drug-control policy in each country - the employment of a system distinguishing drug abusers from traffickers; Do they emphasis punishment or is treatment the priority?
- E) Outline of agencies/organizations handling drug-related problems
- F) Prevention of drug abuse
- G) Institutional treatment programmes for drug abusers
- H) Community-based treatment programmes for drug abusers
- I) Through-care system and aftercare
- J) Current issues and future tasks of the treatment programmes for drug abusers in each country

Notes: In regard to G, H and I, detailed measures were proposed for each treatment programme. Especially, on the subjects of G and H, i) an evaluation of the effectiveness of the programmes of institutional and community-based treatment programmes, and ii) their current issues, future tasks, and future prospects were included in the questionnaire.

(2) Addressee's Agencies/Organizations to which the Questionnaires were Sent

In order to grasp the current status of institutional and community-based treatment systems for drug abuse, the questionnaires were sent, as a general rule, to both when the agencies that are in charge of the institutional and community-based settings exist independently.

Countries and region studied	Addressee's agencies/organizations in each country and the region
1 China	(1) Both institutional and community-based settings Director, Prison Administration Bureau, Ministry of Justice 14 Dong Chan An Street, Beijing, People's Republic of China
2 Hong Kong	(1) Both institutional and community-based settings Commissioner Correctional Services Department 24/F Wanchai Tower, 12 Harbour Road, Hong Kong (China)
3 Indonesia	(1) Both institutional and community-based settings Directorate General Corrections, Ministry of Justice Jalan Veteran No 11, Jakarta, Indonesia
4 Korea	(1) Institutional setting Mr. Keun-Soo Ha, Correctional Bureau, Ministry of Justice Chungang-dong, Kwachun-shi, Kyonggi-do 427-720, Republic of Korea (2) Community-based setting Mr. Tong-Gi Chung, Director-General, Social Protection and Rehabilitation Bureau (the address same as above)
5 Malaysia	(1) Institutional setting Mr. Mustafa bin Osman, Director-General, Malaysia Prisons Department Prison Headquarters Bukit Wira, 43000 Kajang Selangor, Malaysia (2) Community-based setting Director, National Narcotics Agency, Ministry of Interior Putrajaya, Malaysia
6 Philippines	(1) Institutional setting Director, Bureau of Corrections, Department of Justice 87 Chestnut Street, Fairview, Quezon City, Philippines (2) Community-based setting Attorney Gregorio F. Bacolod, Administrator Parole and Probation Administration, Department of Justice DOJ Agencies Building NIA Road Corner East Avenue, Diliman, Quezon City, Philippines
7 Singapore	(1) Institutional setting Director Singapore Prison Service, Ministry of Home Affairs 407 Upper Chagi Road, North, 20km, Singapore 507658 (2) Community-based setting Ms. Ann Bee Lian, Director, Rehabilitation and Protection, Ministry of Community Development and Sports 512 Thonson Road, Singapore 298136
8 Thailand	(1) Institutional setting Director-General, Department of Corrections, Ministry of Justice 222 Nonthaburi, 1 Road, Nonthaburi 11000, Thailand (2) Community-based setting Dr. Kittipong Kitayaraku, Director-General, Department of Probation, Ministry of Justice Pharn Nork, Bangkok 10700, Thailand

(3) Field Research

In December 2003, research staff, assigned to the survey of each country, were dispatched to carry out field research at about 50 organizations, institutions, and research centres in Hong Kong, Korea, Malaysia Singapore and Thailand.

SECTION 3 CONTENTS OF THE PRESENT REPORT

1. English Version

This volume (the English version) is a summary of the first phase which includes the following issues as they relate to the respective countries: (1) Chapter 1 An outline of the study, (2) Chapter 2 Trends of the most abused drugs in the respective countries; (3) Chapter 3 An outline of regulations and sanctions related to drug control and drug abuser treatment; (4) Chapter 4 An outline of policy regarding drug abuse prevention and drug abuser treatment; (5) Chapter 5 An outline of agencies and organizations involved in drug related problems; and (6) Chapter 6 An outline of innovative measures for the treatment of drug abusers in the respective countries.

In chapter 6, the following eight sections are included based upon an analysis of the various treatment programmes and systems from the viewpoint of evidence-based practice (EBP). Adopted subjects are: i) compulsory treatment systems; ii) therapeutic communities (TCs); iii) cognitive behavioural therapy (CBT); iv) MATRIX model; v) Phramongkutklao Hospital (PMK) model; vi) Community Action Management Programme (CAMP); vii) network systems, whose centres are professional organizations for drug-related problems; and viii) after/through-care for drug abusers.

This volume also includes major statutes and regulations relating to the suppression of drug supply and treatment of drug abusers and the questionnaire for this study as reference materials.

2. Japanese Version

The original version of the report (Japanese version) consists of three parts, namely: a summary and analysis of drug-related problems in the surveyed countries (in the first part); detailed reports on the surveyed countries (in the second part); and the proposal, based on the survey, to Japanese's policies of drug-related problems (in the third part).

The title of the first part is "An examination of the trends of drug abuse and the treatment programmes for drug abusers in Asian countries and the region". The first part consists of six chapters as follows: (1) an outline of the study; (2) the trends of the most abused drugs in each country; (3) an outline of regulations, laws and punishment systems for drug abusers in each country; (4) drug abuse prevention and drug abuse treatment policy; (5) an outline of agencies and organizations that handle drug-related problems in each country; and (6) an outline of noteworthy treatment programmes for drug-abuse prevention and drug abusers.

In chapter 6, the following two sections are included: (1) the position of various drug-related treatment programmes in the criminal justice system - the treatment programme's position at each stage of the criminal justice system and an analysis of the various treatment programmes;

and (2) an analysis of the various treatment programmes from the viewpoint of evidence-based practice (EBP) evaluating the effectiveness of each programme. Adopted subjects are: i) compulsory treatment systems; ii) therapeutic communities (TCs); iii) cognitive behavioural therapy (CBT); iv) MATRIX model; v) Phramongkutklo Hospital model (PMK); vi) Community Action Management Programme model (CAMP); vii) network systems, whose centres are professional organizations for drug-related problems; and viii) after/through-care for drug abusers.

The title of the second part is “The trends of drug abuse and the current situation of treatment programmes for drug abusers in Asian countries/region”. The trends and situations are introduced in detail in alphabetical order, i.e., Hong Kong, Korea, Malaysia, Singapore, and Thailand. The subjects common to all countries/region are as follows:

1. Basic information on each country/region
2. Trends of the most abused drugs
3. Outline of legal controls and punishments for drug abusers
4. Policies for drug-abuse prevention and drug abuser’s treatment
5. Outline of agencies/organizations that handle drug-related problems
6. Prevention of drug abuse and treatment programmes for drug abusers
 - (1) Prevention of drug abuse
 - (2) Institutional treatment
 - (3) Community-based treatment
7. Characteristics of the current treatment programmes and future tasks in each country/region

In the third part, considering the findings of the first and second parts, the current problems and future prospects of policies to promote drug-abuser’s treatment programmes in Japan are described.

CHAPTER 2

TRENDS OF THE MOST ABUSED DRUGS IN THE RESPECTIVE COUNTRIES

In this chapter, the trends of the most abused drugs are analyzed in five Southeast Asian countries/region, i.e., the Special Administration Region of Hong Kong (hereafter, Hong Kong), Republic of Korea (hereafter, Korea), Malaysia, Republic of Singapore (hereafter, Singapore) and the Kingdom of Thailand (hereafter, Thailand). Further, differences among treatment modalities for drug abusers corresponding to the type of abused drugs are also described.

SECTION 1 GENERAL TREND OF THE MOST FREQUENTLY ABUSED DRUGS

Tables 1 and 2 show the summaries of the top five most frequently abused drugs in each country surveyed. Table 1 shows the most recent data, mainly in 2002, at the time of the study and Table 2, cited in comparison with Table 1, shows the past data (1992 to 1999).

Table 1: Top Five Most Abused Drugs in the Respective Countries (2002)

	Hong Kong	Malaysia	Singapore	Thailand (2003)	Korea
No.1	Heroin	Heroin	Heroin	Metham- phetamine	Psycho-tropics
No.2	Ketamine	Morphine	Metham- phetamine	Volatile substances	Cannabis
No.3	Cannabis	Cannabis	Ketamine	Dried cannabis	Narcotics
No.4	MDMA	Metham- Phetamine	Cannabis	Opium	
No.5	Toriazolam, Midazolam	Amphetamine	MDMA	Heroin	

Table 2: Top Five Most Abused Drugs in the Respective Countries (1992~1999)

	Hong Kong (1997)	Malaysia (1992)	Singapore (1997)	Thailand (1999)	Korea (1997)
No.1	Heroin	Heroin	Heroin	Metham- phetamine	Psycho- tropics
No.2	Cannabis	Cannabis	Cannabis	Dried Cannabis	Cannabis
No.3	Toriazolam, Midazolam	Morphine	MDMA	Volatile Substances	Narcotics
No.4	Metham- phetamine	Opium	Metham- phetamine	Heroin	
No.5	Antitussives	Psychotropics	Opium	Opium	

Note 1: In the Korean data, the drugs are classified into only three categories, which are not comparable with those of the other countries.

Psychotropics include methamphetamine and MDMA, and narcotics include heroin and cocaine.

Note 2: In table 1, Singapore and Thailand show the data of 2003.

Note 3: In table 2, in the data relating to Singapore, Opium was ranked fifth under the drug control system in 1997. “Ketamine” has been regulated since 1999.

Note 4: In the Thai data, “Volatile Substances” means organic solvents such as glue, thinner, and toluene.

Note 5: In Hong Kong s data, triazolam is a hypnotic and midazolam is an anaesthetic.

Heroin, morphine, and opium are derived from the same raw material, have many common pharmacological properties, and therefore are generally referred to as the opioids. On the other hand, methamphetamine, amphetamine, MDMA (3, 4-methylenedioxymetham-pheta-mine), Ketamine, Toriazolam and Midazolam are types of synthetic drugs. According to the definition of the United Nations Office on Drugs and Crime (UNODC), ATS (Amphetamine-type Stimulants) are synthetic stimulants that affect the central nervous system and is a general term for methamphetamine, amphetamine, MDMA and the drugs that have a similar chemical structure as MDMA. MDMA, which is also called “Ecstasy”, its street name, is often supplied in tablets. However, Ecstasy tablets often include not only MDMA but also Ketamine and other drugs, so it is necessary to consider the definition of ATS.

As shown in Table 1, the three types of drugs, i.e., cannabis, the opioids and ATS, were listed in the top five most abused drugs in every country at the time of the study. The most abused drug is, however, either the opioids or ATS. Hong Kong and Malaysia, listed the opioids as the top, whereas Korea¹, Singapore and Thailand listed ATS as the top. In Singapore, methamphetamine, MDMA and Ketamine are included in the category of synthetic drugs, compared with opioids and Cannabis.

¹ In Korea’s data, the amount of each drug classified into psychotropics was unclear. We relied on information from the Korean agency who stated that 70% of the drug offenders were methamphetamine users.

In Malaysia, ATS are becoming more of a problem. In Hong Kong, the rate of heroin abuse in total has been declining although it is still ranked top.

Even in Thailand where ATS are ranked as the top in Tables 1 and 2, heroin was the most abused before the 1990s. The reason why the most frequently abused drug has changed from heroin to ATS in Southeast Asian countries is due to a reduction in the production capacity of the opioids in the main area for opioids production, namely “the Golden Triangle” which is surrounded by the borders of Myanmar, Laos, and Thailand. This reflects the fact that illegal manufacture of methamphetamine has been promoted instead of the opioids.

From the worldwide viewpoint, the production of heroin and cocaine reached their peak in the 1990s, whereas the illegal production of ATS has increased rapidly. The present study in Southeast Asian countries indicates that some of the opioids, the traditionally most abused drugs, have been replaced by ATS although there are some differences in the change in each country.

SECTION 2 PROPERTIES, ABUSE METHODS, AND ACCESSORY SYMPTOMS OF THE MOST FREQUENTLY ABUSED DRUGS

1. Opioids (opium, heroin, and morphine)

Opium is obtained from the milky poppy juice that is thereafter dried and powdered. When smoked or orally administered, opium induces euphoria as well as analgesia and tranquillity, etc. Therefore, opium has been used for medical purposes (as an analgesic) as well as for delectation. At present, illegal cultivation of the poppy, for the purpose of abuse, is carried out in two major areas “the Golden Triangle” mentioned above and “the Golden Crescent” surrounded by the borders of Afghanistan, Pakistan, and Iran.

Morphine is extracted and purified as one of the active alkaloids from opium, and is used as an analgesic for cancer pain control. Morphine has more potent actions of analgesia, euphoria, physical² and mental dependence³, and tolerance⁴ than opium, whereas the speed of morphine in developing tolerance is faster than that of opium and slower than that of heroin.

Heroin, chemically termed diacetylmorphine hydrochloride, is produced from morphine hydrochloride by treating it with acetic acid anhydride. Heroin has stronger actions of analgesia, euphoria, physical and mental dependence, and tolerance than morphine. These properties of heroin have led to it being called “the king of addictive drugs”. The withdrawal or abstinence symptoms of heroin are very serious. At a mild stage (of addiction), the characteristic symptoms are sweating, tremors, unpleasantness, anxiety and sleeplessness, etc. At a moderate stage, additional symptoms are pain-like neuralgia, gooseflesh, chills, tremors, vomiting and diarrhoea. At a more advanced stage, the drug abuser exhibits increasing excitement, drowsiness, violent behaviour, unconsciousness, convulsions and weakness of extremities. In a toxic dose, the abuser may fall into a state of respiratory suppression, convulsions and coma, leading to death. Both morphine and heroin are mainly taken intravenously.

2. ATS (methamphetamine, amphetamine and MDMA)

As mentioned in section 1, according to the definition of the UNODC, ATS (Amphetamine-type Stimulants) are synthetic stimulants that affect the central nervous system and is a general term for the methamphetamine, amphetamine, MDMA and drugs that have a similar chemical structure as MDMA. They are also referred to as “Amphetamine-Type Psychostimulants”. ATS mainly consist of methamphetamine, amphetamine and MDMA.

² The mental dependent state in which the user has a strong desire to use morphine and cannot help doing it.

³ The physical dependent state in which the abuser exhibits withdrawal symptoms (or abstinence syndromes) of tremors, sweating, pain, convulsions, etc. when the drug is withdrawn.

⁴ In the tolerance-developed state, an increased dose of morphine is required to achieve its initial effects.

(1) Stimulant drugs (methamphetamine and amphetamine)

The Stimulants Control Law in Japan designates phenylmethylaminopropane and phenylaminopropane as stimulant drugs, whereas they are internationally referred to as methamphetamine and amphetamine, respectively. The latter names are used in this report hereafter.

Methamphetamine is originally extracted from the ephedra plant and was developed as an antitussive. As methamphetamine has a potent stimulant action on the central nervous system, workers in military factories used it as a sleep-preventing drug for night work during the Second World War. After the War, methamphetamine became widespread as a popular stimulant. However, as methamphetamine abuse led to serious consequences in society, it was put under legal control. At present, methamphetamine can be produced cheaply and easily by a chemical modification of ephedrine, rather than ephedra as the raw material. This has made it easier to produce which has led to methamphetamine being manufactured illegally, not only in Asia but also in the Czech Republic, Mexico, and California, USA.

Methamphetamine creates mental dependence and tolerance, but not physical dependence as heroin does. However, methamphetamine has potent psychotropic toxicity that causes schizophrenia-like symptoms of hallucination (auditory and visual) and delusion (persecution complex and pursuit paranoia), and finally plunges the abuser into a stimulant-induced psychosis. Even after the hallucinations and delusions transiently disappear after drug interruption, the symptoms may recur either by re-intake of the drug or by stress: this phenomenon is called “flashbacks”. The Pharmacological actions of amphetamine are similar to those of methamphetamine, but its potency and dependence are weaker than those of methamphetamine. Amphetamine is mainly prevalent in Europe, whereas methamphetamine is more prevalent in Asia and North America.

The stimulant drugs are generally taken by intravenous injection. However, the methods of taking these drugs have been diversified into those of “aburi” (in Japanese) and oral intake of tablets: “aburi” is the method of inhaling the drug vapour which is produced by heating the drug on a sheet of aluminium foil. A typical example of the tablets is “Ya-ba” which is illegally manufactured in and around Thailand. The “Ya-ba” contains methamphetamine, as a major component, and many impurities.

(2) MDMA

MDMA (3, 4-methylenedioxymethamphetamine), also called “Ecstasy” its street name, has stimulatory and hallucinogenic actions. Since MDMA is designated as a narcotic drug, but not as a stimulant drug, by the Narcotics and Psychotropics Control Law in Japan, it is often classified as an hallucinogen. MDMA, however, is classified as an ATS in foreign countries because its chemical structure and pharmacological actions are similar to those of methamphetamine as follows: MDMA as well as methamphetamine exhibits mental (not physical) dependence, psychotropic toxicity, and tolerance, and when both drugs are abused for a long

time, they will induce a chronic state of schizophrenia.

MDMA, was originally synthesized as a designer drug by the chemical modification of MDA (3, 4-methylenedioxyamphetamine) to evade the drug control laws in the USA because MDA, a synthetic hallucinogenic compound, is an illegal drug. Thereafter, MDMA was also made illegal⁵. MDMA is also one of the club drugs that young people abuse at nightclubs and all night long dance parties, called “Raves”. MDMA is taken orally in tablet form.

3. Cannabis

Cannabis is by far the most commonly abused drug in the world. Cannabis sativa, the raw material of cannabis, grows wild in various countries including Central Asia, and also has been cultivated illegally in Asia, Africa, and both South and Central America.

Psychotropic actions of cannabis are attributed to the active compound, THC (tetrahydrocannabinol). Cannabis exhibits sedative, anaesthetic, and hallucinogenic actions, but has weak mental (but no physical) dependence, psychotropic toxicity, and tolerance.

Dried cannabis and its dried resinous exudates are the most commonly abused forms of cannabis. Cannabis is inhaled by smoking a cigarette of cannabis or by eating its dried products. Combined abuse of cannabis and other drugs is also often tried. Although its psychotropic toxicity is relatively weak, long-term use may result in “cannabis schizophrenia”.

4. Volatile Substances

With the development of the petrochemical industry, organic solvents, like toluene, have been produced as solvents in paints. As organic solvents have widely spread due to the needs of industry, young people have been abusing them in search of a sense of drunkenness in North America and North Europe since the 1950s. Since then, their abuse has widely spread all over the world, including Asia.

“Glue sniffers” inhale the vapour of glue containing organic solvents, which exhibit excitation, hallucination (abnormal sense of vision and perception), and anaesthesia. They cause almost no physical dependence and tolerance, but may lead to mental dependence and psychotropic toxicity. Long-term inhalation of them may induce the signs and symptoms of schizophrenia, including auditory hallucination and delusion. In addition, visual and auditory disturbances, dysfunction of the liver and kidneys, atrophy of the brain cortex, and dementia are also reported.

Thailand, one of the countries surveyed, has classified synthetic and natural adhesion bonds, toluene, thinner, etc. as volatile substances in its official gazettes, and has put their sales to

⁵ A new drug, MDE, has been synthesized to evade the drug control laws for MDA and MDMA. This situation reflects a vicious circle.

young people under legal control. In the other four countries/region, however, as there are no volatile substances listed in their drug offence-related statistics, it is impossible to estimate the presence or absence of their abuse.

5. Others

(1) Ketamine

Ketamine or ketamine hydrochloride, a synthetic medicine, is used intravenously or intramuscularly for the induction of anesthesia in humans and animals, but is also abused as a hallucinogen. Ketamine as well as MDMA is regarded as one of the club drugs, and therefore abused together with MDMA or mixed in MDMA products.

Ketamine has a chemical structure similar to phencyclidine that was originally developed as an anaesthetic, but its use is prohibited clinically because of its hallucinogenic effect. Phencyclidine is abused as a hallucinogen in the United States and ketamine has been abused since the 1980s and gives the abuser a psychedelic experience similar to that of phencyclidine. Phencyclidine is designated as a narcotic in Japan.

(2) Triazolam and Midazolam

Triazolam was developed as a hypnotic and midazolam was developed as an anaesthetic. They are psychotropic drugs having central depressant actions. In Japan, triazolam and midazolam are clinically used as a hypnotic and a general anesthesia, respectively. Triazolam, a trade name of halcyon, has mental and physical dependence as well as tolerance.

SECTION 3 TREATMENTS FOR DRUG ABUSERS AND CHARACTERISTICS OF ABUSED DRUGS

Various treatments for drug abusers are detailed in Chapter 6. This section discusses the treatment that is common to all drugs and the specific treatment that is necessary to combat the specific characteristics of the abused drugs.

1. Outline of the Treatments for Drug Dependents

Assessment and detoxification of drug dependence is the first step in the standard treatment for drug abusers. To make an assessment the following information is required: life history, drug history and past and present medical histories containing the presence or absence of mental and physical illnesses. Based on these findings, a diagnosis is made and then comprehensive treatment is planned for the drug abusers. At this stage, it is important that the findings of whether or not they have physical illnesses (i.e., HIV/AIDS, hepatitis, tuberculosis, etc.) and/or mental illnesses (i.e., depression, etc.) are followed subsequently by appropriate medical treatment. Detoxification is carried out by gradual withdrawal of the abused drugs from the drug abuser. In this case, a withdrawal technique that minimizes abstinence syndrome is essential for the safety of the drug abusers.

Strictly speaking, detoxification is only used in the treatment of abusers who are addicted to opioids and exhibit abstinence syndrome. Even in the case of ATS and cocaine that have no physical dependence and abstinence syndrome, however, these abusers may become mentally unstable and need treatment for stabilization. Therefore, such treatments are considered a type of detoxification in the broad sense⁷.

When drug abusers get over the withdrawal syndrome, the next step in treatment is to find a way to prevent re-abuse of drugs. A combination of the following treatments are determined individually with respect to the specific drug which the abuser has been using: i) psychotherapy, ii) pharmacotherapy, iii) self-help group, and iv) case management⁸ which is provided to heavily addicted abusers both receiving medical treatment for mental and physical illnesses and having difficulty with normal social life.

The treatment provided is usually classified into the following three categories: inpatient hospitalization, residential or institutional treatment, and outpatient or community-based treatment. In the past, the shift from inpatient hospitalization or residential treatment to outpatient treatment was common practice. In recent years, however, the shift from detoxification treatment to outpatient treatment has been common while inpatient hospitalization or residential treatment is

⁷ United Nations Office on Drugs and Crime (UNODC): Contemporary drug abuse treatment- A Review of the Evidence Base. p3, 2002

⁸ In the case management, medical care, social welfare, and the treatment by various criminal justice agencies are all coordinated.

necessary only when an unsatisfactory recovery after detoxification treatment is observed.

2. Pharmacotherapy for Opioids Dependence

In the case of opioids (including heroin, etc.), pharmacological therapy is one of the most effective treatments for withdrawal from drugs. “Agonist therapy” or “opiate replacement therapy” is one of the typical therapies, for opioide addicts. In Pharmacotherapy the abused drugs (heroin, morphine, etc.) are first substituted with methadone, and then the dose of methadone is gradually reduced, and finally withdrawn completely, after confirming the suppression of withdrawal symptoms and mental dependence. Methadone substitution therapy (i.e., a cross-dependence therapy to decrease the amount of methadone gradually) is now considered as an ideal therapy even though there is a problem of relapse after withdrawal.

In order to suppress the withdrawal symptoms of heroin and the demand for it, methadone maintenance therapy has been put into practice. This therapy is one of the treatment options that are considered effective to maintain a normal life and be in a position to receive mental therapy, including education on the adverse effects of the abused drugs⁹. However, some criticize methadone maintenance therapy because it maintains the drug dependence itself, even though the dependence on heroin (an illegal drug) is relieved. A published report, points out that successful results of methadone maintenance therapy are obtained when combined with various mental therapies¹⁰.

“Antagonist therapy” has been widely carried out as another typical method of pharmacological therapy, in which pharmacological actions of the opioids are antagonized or reduced by using opioid antagonists like naltrexone.

On the other hand, in the therapy for non-opioids dependence, promising drugs, like methadone and naltrexone for opioids dependence, have not yet been developed and are now under investigation. Some pharmacological therapies, however, have been administered to non-opioids abusers, such as anti-anxiety drugs for anxiety, fretfulness, sleeplessness, panic disorder, etc.; antidepressants for depression; and antipsychotic drugs for psychiatric disorders.

3. Risks of Opioids and ATS

As mentioned above, the opioids, among the most frequently abused drugs, are characterized by their strong physical dependence. Therefore, the more abusers use opioids, the more harm they will do to their health and the more they will suffer. Because of this, there is a high probability that abusers will visit a physician on their own to receive treatment for drug dependence. The ATS, on the other hand, are characterized by their strong psychotropic toxicity¹¹,

⁹ Levoalphacetylmethadol (LAAM), buprenorphine, etc. may also be used in methadone maintenance therapy.

¹⁰ UNODC: Contemporary drug abuse treatment - A Review of the Evidence Base. p9, 2002

¹¹ Volatile substances and cocaine have also psychotropic toxicity, which is less potent than that of ATS.

which make the abusers fall into psychiatric disorders like hallucination and delusion. These disorders, including visual and auditory hallucinations as well as unreasonable fears of persecution and being killed, may force the abusers to commit violent acts against unrelated persons and commit brutal crimes. In comparison with the risk of drug dependence of the opioids abusers, that of the ATS abusers is more serious from the viewpoint that they will provide a potential and great menace to society, rather than that they will just harm their own health.

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CHAPTER 3

AN OUTLINE OF REGULATIONS AND SANCTIONS RELATED TO DRUG CONTROL AND DRUG ABUSER TREATMENT

I. Introduction

In this chapter, an overview of the drug laws and regulations of the respective countries is provided.

It is not appropriate to simply compare laws and regulations that stipulate control and punishment of drug cases in different countries because the classification of drugs, the type of misuse and punishment differ considerably. Also, some countries have separate laws for different drugs. Therefore, we will look at only the most popular ones in this chapter. Nevertheless, reviewing these laws and regulations will assist in enhancing the understanding of drug strategies employed in the respective countries.

The following laws and regulations are discussed in this chapter.

- a) Hong Kong: Dangerous Drugs Ordinance (CAP. 134) and Drug Addiction Rehabilitation Centres Ordinance (CAP. 244)
- b) Republic of Korea: Act on the Control of Narcotics, etc. and Social Protection Law¹
- c) Malaysia: Dangerous Drugs Act 1952 and Drug Dependants (Treatment and Rehabilitation) Act 1983
- d) Singapore: Misuse of Drugs Act 1973
- e) Thailand: Narcotics Act B. E. 2522 (1979) and Narcotics Addict Rehabilitation Act B. E. 2545 (2002)

II. Viewpoint of Analysis

Supply reduction and demand reduction are the two main pillars of all policies that aim to combat the drugs problem. The former deals with the supply of controlled drugs such as cultivation, production and illegal transfer; the latter deals with the prevention of drug misuse and the treatment of drug abusers.

The analysis of the respective countries in the following section will be carried out from the perspective of these two main pillars of drug strategy.

¹ Analysis of “Social Protection Law” is based on “Research Division Material 42: Penal Law, Penal Procedure Law and Laws concerning Probation in the Republic of Korea (Japanese version)”.

III. Overview of Drugs Control Laws and Regulations: from the Viewpoint of Supply Reduction

A. Strict Penalisation of the Supply of Controlled Drugs

The laws and regulations of the respective countries provide for strict punishment for the cultivation, production and trafficking in controlled drugs with long term imprisonment and/or capital punishment.

For example, in Hong Kong, the trafficking and production of dangerous drugs² (any of the drugs or substances specified in Part I of the First Schedule of the Dangerous Drugs Ordinance (Section 2)) is punished by a fine up to life imprisonment (Section 4 and 6 of Dangerous Drugs Ordinance).

In Korea, the maximum penalty for the production and trafficking of methamphetamine, heroin and cocaine is life imprisonment (Subsection 1 and 6 of the Section 1 of Article 58, Act on the Control of Narcotics, etc.); whereas, the maximum penalty is increased to capital punishment if these actions are carried out for a profit and in a repeated manner (Section 2 of Article 58, the same law).

In Singapore, the maximum penalty for unauthorized import, export and illegal trafficking is the death penalty (Section 5 to 7 of the Misuse of Drugs Act 1973); the death penalty is the only possible punishment for the unauthorised production of heroin, morphine, methamphetamine or cocaine (Section 6 of the same law).

In Thailand, the production or trafficking of drugs that are categorised as first class drugs by the Narcotics Act of 1979 (39 drugs including heroin, methamphetamine and LSD) are punished by life imprisonment and/or a fine of between one million and five million Baht (Section 1 of Article 65). The death penalty is the only punishment when a first class drug is produced or trafficked (Section 2 of Article 65).

B. Presupposition Clause

In Malaysia, if an offender possesses a certain amount of dangerous drugs (for example, more than fifteen grams of heroin or morphine), he is presumed to engage in illegal trafficking unless he can prove otherwise, and the death penalty is the only stipulated punishment (Section 37 and 39B of the Dangerous Drugs Act 1953). In Thailand, if an offender produces, traffics and possesses “first class” drugs that exceed a certain amount (for example, in the case of LSD, more than 0.75 milligrams in its purified form, more than fifteen doses or more

² Dangerous drugs stipulated by the Dangerous Drugs Ordinance in Hong Kong include almost all the controlled substances in Japan, such as, methamphetamine, narcotics, psychotropic substance and cannabis.

than 300 milligrams net), he is presumed to do so for the purpose of profit³ (Article 15 of the Narcotics Act 1979).

C. Corporal Punishment

Malaysia and Singapore stipulate flogging. In Malaysia, the cultivation of coca leaves is punished by life imprisonment or flogging at least six times (Section 6B of Dangerous Drugs Act 1952). In Singapore, flogging is stipulated for the unauthorised import, export and illegal trafficking of heroin, cannabis and methamphetamine (Section 15 of the Misuse of Drugs Act 1973).

D. Other Laws and Regulations for Drug Supply Reduction

In order to terminate the supply of drugs, it is also important to deprive offenders of the proceeds gained through drugs trafficking. Table 3 illustrates the laws and regulations that are promulgated and enforced in the respective countries.

Table 3: Laws and Regulations for the Confiscation of Illegal Proceeds in the Respective countries

Name of Country/Region	Name of Laws and Regulations
Hong Kong	Drug Trafficking (Recovery of Proceeds) Ordinance (Chapter 405) Organized and Serious Crimes Ordinances (CAP. 455)
Republic of Korea	Special Act against Illicit Drug Trafficking
Malaysia	Dangerous Drugs (Forfeiture of Property) Act 1988
Thailand	Act on Measures for the Suppression of Offenders in an Offence relating to Narcotics B. E. 2534 (1991)

IV. Overview of Drugs Control Laws and Regulations: from the Viewpoint of Demand Reduction

A. Punishment Clause

All laws and regulations concerning the control of drugs of the respective countries have punishment clauses for self administration of the controlled drugs. It might look contradictory to the fact that their current drug policies prioritise the provision of specialised treatment (see Chapter 4) aiming to overcome drug dependency rather than punishment. However, these policies are based on the recognition that the typologies of drug abusers vary considerably; some deserve therapeutic intervention, whereas others require treatment as offenders.

³ Under the presumption clause of the Narcotics Act of Thailand (Art. 15 of Narcotics Act B.E. 2522 [1979]), defendants are not permitted to submit rebuttal evidence during their trial regarding the amount of drugs which they have been charged with possessing or manufacturing, etc.

Moreover, some countries have clauses for the imposition of aggravated punishment for repeated self administration of drugs. For example, Singapore’s “Misuse of Drugs Act 1973” was amended in 1998 and those offenders who use opium type drugs (Section 8(b)) or who fail to provide a urine specimen (Section 31) and have been admitted more than twice to the Drug Rehabilitation Centre, are punished with a long sentence (imprisonment for between five and seven years or between three and seven strokes of a cane: type 1). If an offender who has a previous conviction for a type 1 penalty is further convicted for consumption of an opium type drug under (Section 8 (b)) or fails to submit a urine sample (Section 31 (2)), he/she will be punished with a further longer sentence (imprisonment of between seven and fifteen years or between seven and twelve strokes of a cane) (Section 33 A).

B. Clauses Concerning Compulsory Treatment Systems

1. Compulsory Treatment System

In a compulsory treatment system, a series of specialised treatment measures, either in institutions or in the community aiming at recovery from drug dependency is imposed on a drug abuser regardless of their wishes. It precedes criminal punishment and has a strong connection with diversion.

Agencies that implement the treatment and the detailed contents of such a programme differ among the countries and region (for the details of compulsory treatment, see Section 2 of Chapter 6.).

The respective countries have created provisions for compulsory (clinical) treatment for drug abusers in their laws and regulations. In Korea, a drug addict who violates the law will receive compulsory treatment (which they call “clinical treatment”) at the Institution of Forensic Psychiatry of the Rehabilitation Bureau of the Ministry of Justice. Therefore, a drug offender receives compulsory treatment prior to the execution of a penalty and the period of treatment is counted as a part of their imprisonment. An offender will serve the sentence after his/her completion of the treatment in the community; hence, the system is not regarded as diversion.

2. Fundamental Laws and Regulations Justify Compulsory Treatment

A compulsory treatment system in a country may be stipulated by general drug control laws or by specific independent treatment laws and regulations. Table 4 illustrates such differences in the respective countries.

Table 4: Legal Basis of Compulsory Treatment

	Hong Kong	Korea	Malaysia	Singapore	Thailand
Drug Control Law				○	
Law for Treatment of Drug Abusers	○	○	○		○

Note: Names of the laws and regulations that address drug abuser treatment are as follows:

Hong Kong: Drug Addiction Rehabilitation Centres Ordinance (CAP. 244)

Korea: The Social Protection Law

Malaysia: Drug Dependants (Treatment and Rehabilitation) Act, 1983

Thailand: Narcotic Addict Rehabilitation Act B. E. 2545 (2002)

3. Procedure for Implementation of Compulsory Treatment

(i) Relationship between Criminal Procedure and Procedure for Compulsory Treatment

There are differences among the respective countries concerning the relationship between criminal procedure and the procedure for compulsory treatment. Since each country provides for punishment for self administration of controlled drugs, a question arises concerning the relationship between compulsory treatment, based either on an administrative order or on a treatment order, and criminal procedure for drug misuse which aims at punishment.

In Malaysia, even though a drug abuser violates the conditions during compulsory treatment, he/she will not be automatically put in the criminal procedure for the original drug misuse⁴. In Hong Kong, a person released from a drug addiction treatment centre (DATC) is subject to supervision by the officials of the aftercare section of the DATC for a period of 12 months from the date of release by the supervision order issued by the Commissioner of the Correctional Services (Section 5 of the Drug Addiction Rehabilitation Centres Ordinance). If the person fails to comply with the requirements (such as relapse), he/she may be detained for the remainder of the 12 months or for 4 months after the arrest based on the recall order issued by the Commissioner (Section 6). Therefore, the original criminal process will not be resumed.

In contrast, certain evaluations concerning the rehabilitation process are carried out during compulsory treatment in Singapore and Thailand. When rehabilitation measures are deemed insufficient, the original criminal justice procedure is resumed and he/she will be punished for their original drug use in these countries.

In Korea, when a drug abuser finishes their term of “clinical treatment”, he/she is required to serve the remainder of the original punishment. Therefore, unsuccessful rehabilitation during

⁴ However, violation of the condition itself constitutes a crime and will be punished (Sections 6 (3) and 20 of the Drug Dependants (Treatment and Rehabilitation) Act, 1983).

“treatment” does not oblige them to go through a (new) criminal procedure.

(ii) Securing Human Rights

Compulsory treatment aimed at overcoming drug dependency is ordered regardless of the abusers wishes; therefore, it is desirable to establish measures such as a grievance procedure, to safeguard against possible human rights violations.

In Singapore’s compulsory treatment system a drug abuser who receives an order to be committed into a Rehabilitation Centre can appeal to a High Court based on Habeas Corpus. This appeal can be made after their commitment to the Rehabilitation Centre. In Thailand, a person who is judged to be a user or a narcotics addict by the Narcotics Addict Rehabilitation Sub-commission can lodge an appeal against such judgement with the Commissioner (Section 38 of the Narcotic Addict Rehabilitation Act of 2002).

(iii) Screening Process to Introduce Compulsory Treatment

Each of the respective countries require urine testing or a recommendation by a medical doctor in order to issue a compulsory treatment order. Even though compulsory treatment is not a punishment and is deemed beneficial to the abuser, its implementation requires thorough consideration. It therefore requires a medical doctor’s decision in addition to the decisions by the police and/or officials of agencies specialised in drug problems.

It is also desirable that the scope of the compulsory treatment should include persons whose drug dependency is less serious so they can receive specialized treatment at an early stage of their drug use rather than implementing the screening process very narrowly and only selecting persons whose problems have already become very serious. In this regard, it is worth mentioning that Section 22 of Thailand’s Narcotic Addict Rehabilitation Act includes drug “users” as subject to compulsory treatment (narcotic addict rehabilitation plan).

4. System of Compulsory Treatment

The respective countries, except for Korea, utilise either institutional treatment or treatment in the community or a combination of both.

In Malaysia and Thailand treatment in the community is frequently selected for the compulsory treatment for drug abusers; whereas, it is used less in Singapore.

In Hong Kong, Malaysia and Singapore, drug abusers are subject to systems of supervision for a certain period of time after their release from a specialised institution.

V. Summary

Two characteristics can be identified from the overview of the drug laws and regulations in

the respective countries.

First, a clear distinction between suppliers of drugs, such as traffickers, and abusers who represent the demand side, is becoming the norm. The laws provide for stricter punishment for the former and (medical) treatment for the latter.

Second, these countries and region establish a legal framework for the compulsory treatment of drug abusers. Especially, in Hong Kong, Malaysia and Singapore, there is a strong recognition that imprisonment of abusers, without addressing their dependency which causes their drug abuse, cannot be a fundamental solution to the problem. This reasoning is based on their long history of fighting opium based drugs such as heroin, and it is a reason why they have started to implement a treatment focused system. In Thailand, although the main drug of abuse has shifted to methamphetamine the country also implements a policy which focuses more on treatment for such abusers.

CHAPTER 4

AN OUTLINE OF POLICIES ON DRUG ABUSE PREVENTION AND DRUG ABUSER TREATMENT

I. Introduction

Strategies on the prevention of drug misuse and the treatment for drug abusers in the respective countries include: the enforcement of drugs control laws; drugs misuse prevention campaigns; the administration of compulsory treatment for drug abusers, and the extensive use of social resources within the framework of through-care and aftercare.

This chapter analyses the policies in the field of prevention, law enforcement, international cooperation, and treatment of drug abusers of the respective countries in relation to the fundamental philosophies behind their introduction and administration.

II. Characteristics of Strategies for Preventing Drug Misuse and for Providing Treatment to Drug Abusers

Hong Kong, Malaysia, Singapore and Thailand have comprehensive drugs strategies. They are composed of the following: supply reduction through strict control and punishment of the traffickers and producers of controlled drugs; the promotion of the prevention of drugs misuse through enlightenment activities and preventive educational activities for the general public and youth population; and, demand reduction that not only utilises punishment for drugs abusers but also prioritises treatment, which aims to end drug dependency.

In Korea, the emphasis is on prevention that aims to keep non-users away from drugs and to control drug offenders. Drugs abusers are mainly treated by criminal justice agencies (prisons and probation offices). Drug abusers either receive rehabilitative treatment programmes in prison or are put on probation.

III. Changes in Strategies on the Prevention of Drug Misuse and Treatment for Drug Abusers in the Respective Countries

As mentioned above, even the respective countries that employ integrated approaches to their drug problems have had a policy of strict control and severe penalties in the past. The background to these changes in policy will be described in the following sections.

In Hong Kong, the government started a pilot programme that preceded the current Drug Addiction Treatment Centre in Tai Lum Prison in 1958. The Society for the Aid and Rehabilitation of Drug Addicts (SARDA), which originated from a citizens' group, opened a rehabilitation centre for volunteer patients. Such activities began because there had been a constant increase in the number of heroin addicts despite strict control and strict punishment

by the government.

In Malaysia, the misuse of opium, cannabis and other substances appeared to have stopped because of the wide-range of control and the strict punishment for both possession and trafficking; however, the misuse of opium, morphine and other substances increased and the number of drug trafficking and drug misuse cases reached a peak in 1983. In view of this phenomenon, the government of Malaysia recognised that drugs can endanger their national security. They established the Drug Dependents (Treatment and Rehabilitation) Act in 1983, which introduced a framework that basically handles drug addicts as patients requiring medical treatment.

In Singapore, just four heroin addicts were arrested in 1972. Since then the heroin epidemic has spread at an astonishing pace; 7,732 heroin addicts were arrested in 1977, only five years after the first arrest. In the middle of this epidemic, the Misuse of Drug Act of 1973 was passed and became the country's fundamental law for drug control. Also, the Drug Rehabilitation Centre (DRC) was established. Due to the control exerted by the Central Narcotics Bureau (CNB) and treatment provided by the Drug Rehabilitation Centre, the number of drug abusers decreased dramatically for some period. However, the numbers started to increase again and in 1993, The Ministry of Interior responded by creating the Committee to Improve the Drug Situation in Singapore. It recommended that the government turn its attention from a drug policy that relies on strict enforcement of the law to a more comprehensive approach. The recommendation had four pillars: (a) preventive drug education; (b) law enforcement; (c) treatment; and (d) rehabilitation, aftercare and consecutive rehabilitation (reintegration of addicts into society). It became a fundamental structure of the drug policy in Singapore.

In Thailand, the imposition of severe penalties to counter the problem of methamphetamine addiction from around 1998 resulted in a rapid increase in the prison population. The current government of Mr Thaksin Shinawatra deploys a bipolar drug policy; it includes comprehensive demand reduction strategies from the first stage to the third stage and strict control and penalties for suppliers. Currently, the prison population shows a decreasing trend because of: the implementation of the Narcotic Addict Rehabilitation Act of 2002, which stipulates pre-prosecution diversion and compulsory treatment for drug abusers; and the use of military camps for drug abusers' treatment programmes.

In Korea, methamphetamine became the mainstream substance of abuse in the '80s, and the number of abusers increased during that period. Even though the number decreased at one point due to the government's tight control, it has again showed an increase since the 1990s. In response to this increase the Prosecutor's Offices started to suspend the prosecution of simple abusers provided that they receive drug treatment at a drug treatment centre. At the same time, the policy to punish drug abusers, including simple abusers, was maintained. Prosecutors now recommend the court place a drug abuser, who is sentenced to imprisonment, in one of the drug treatment centres when deemed necessary. Therefore, specialized

institutional treatment is given prior to the execution of the penalty. Even though the number of abusers who receive such treatment is not large, this shows the country's determination to emphasise treatment for drug abusers.

As stated above, the respective countries have all established policies that emphasise the treatment of drug abusers, even though there are differences in the degrees to which such policies have been introduced. Behind such policy changes was the realization that strict control and criminal penalties imposed on drug abusers did not necessarily reduce the number of such abusers.

IV. Frameworks for the Prevention of Drug Misuse and the Treatment for Drug Abusers.

The countermeasures to drug problems can be categorised into two according to their objectives: supply reduction and demand reduction. The latter can again be divided into two: the prevention of drug misuse and the treatment of abusers, including through-care and aftercare. The drug policies of the respective countries will be summarised in the following sections.

A. Supply Reduction

1. Strict Penalties for Suppliers of Controlled Substances

All researched countries and territory provide for severe penalties for the supply of controlled substances; they include long imprisonment and capital punishment (For an overview of drug control laws and regulations in the respective countries, see Chapter 3.).

2. International Cooperation

As the migration of persons and the exchange of commodities beyond borders have become very frequent and commonplace due to advances in transportation and communication, the abuse of drugs is no longer just a domestic issue but has become a global problem. For example, Malaysia is very concerned about being used as a transit point for illegal substances because it is located next to the "Golden Triangle". The same preoccupation is held by the Korean government because of the large amount of stimulant drugs and cannabis uncovered in the country.

In order to prevent the trafficking of illegal drugs, strengthening surveillance and control at sea and airports is not enough: the exchange of information and cooperation is indispensable. Concerning international cooperation, the respective countries ratified or apply the three important drug related UN treaties, the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in order to close the loopholes of the control of substances that may be abused as well as to confiscate the illegal proceeds derived from drug trafficking.

Moreover, in order to strengthen regional cooperation, the Anti-Drug Liaison Officials' Meeting for International Cooperation (ADLOMICO) was established by the Korean Supreme Prosecutors' Office in 1989; sixteen countries have become member states, including Japan.

B. Demand Reduction

1. The Prevention of Drug Misuse

Once a person becomes drug dependant, it is very difficult for them to recover without help: they require long-lasting intervention by the public as well as the private sector.

Therefore, it is self-evident that there is a need to improve general drug prevention to keep those that have never used drugs away from drugs¹. Preventive education is an important element of the drug strategies of all the researched countries.

2. The Treatment of Drug Abusers, including Through-care and Aftercare.

Intervention which is aimed at the recovery of drug dependants is a fundamental component of the treatment for drug abusers. In addition to this, through-care and aftercare are necessary to maintain abstention and to prevent relapse. Through-care in the criminal justice system is a series of processes that covers the drug dependant's initial contact with a criminal justice agency to their support after they have gone through various treatment activities provided by criminal justice agencies that aim for their smooth rehabilitation and reintegration into society. Also, aftercare is a part of through-care and especially refers to support activities after treatment by the criminal justice agencies.

(i) Compulsory Treatment System

Hong Kong, Malaysia, Singapore and Thailand have a compulsory treatment system that separates drug abusers from other drug related offenders such as traffickers, regardless of their wishes, at the earliest stage of the criminal justice process and provides them with specialized treatment that aims to resolve drug dependence at both the institutional and community-based level² (for details of compulsory treatment systems, see Section 2 of Chapter 6).

The idea behind all compulsory treatment systems is to identify drug abusers who require specialized treatment and to handle them as patients requiring treatment rather than punishment. In this regard, the fact that the compulsory treatment system of Thailand includes drug users in addition to drug dependants represents the country's attitude to provide drug abusers with specialized treatment at an early stage while the dependence is still less serious³.

¹ Such prevention activities are called first stage prevention (Konuma, 2003).

² The timing of the introduction of drug abusers into a compulsory treatment differs from one country to another. In Singapore and Thailand, it is at the period of exposure or before prosecution. In Hong Kong, compulsory treatment is one of the sentencing options for the judge; whereas magistrates in Malaysia can order compulsory treatment.

³ Article 22 of Thai's Narcotic Addict Rehabilitation Law of B. E. 2545 (2002) includes not only drug dependants but also drug users as subjects of their drug abusers' rehabilitation plan.

(ii) Treatment for Drug Abusers in Prisons

All the researched countries punish the self use of controlled drugs. Some countries even recently created new provisions for additional penalties for abusers. Singapore and Malaysia recently included provisions in their drug control laws and regulations to punish a person with long periods of imprisonment or flogging for taking drugs⁴ or neglecting to submit urine samples if the person has a record of being admitted to drug rehabilitation centres more than twice.

However, the existence of such punishment or aggravated punishment for drug abusers should not be regarded as a contradiction of the countries' emphasis on treatment of such abusers; it should instead be understood as an example of individualised treatment for drug abusers.

There are many typologies of drug abusers: some are suitable for therapeutic treatment, others may entice other persons to use drugs or even commit crimes such as larceny in order to acquire drugs. Imprisoning the latter as offenders and removing them from society can reduce the demand and they may abstain from drug use as a consequence of punishment.

All researched countries and the territory have programmes for drug abusers who are incarcerated in prison. Jureb Prison in Malaysia provides drug related offenders with treatment programmes, including therapeutic community programmes. Thailand also actively promotes therapeutic community programmes in prisons. Various rehabilitative programmes are implemented in the prisons of Hong Kong, Singapore and Korea.

(iii) Through-care and Aftercare

Drug abuser interventions can be divided into a) treatment that aims to eliminate dependence and b) the support for abusers' rehabilitation and their social reintegration, such as: providing family counselling, vocational training, basic education and employment. In order for drug abusers to overcome the problem of dependence and to reintegrate themselves successfully into society, it is necessary that those interventions be provided seamlessly and for an adequate period of time.

Therefore, in order for the successful drug abusers' rehabilitation and their smooth reintegration into society, it is desirable to establish a system in which they can utilise various types of support provided by the community during their institutional or community treatment even after such treatment.

Among the respective countries, Hong Kong and Singapore establish such a support system of through-care and after care by utilising private organisations. In Malaysia, Anti Drug Advisory Centres are established in Community Treatment Offices that are attached to the National Drug Agency (NDA) of the Ministry of Home Affairs which provide drug abusers, who have gone

⁴ In Singapore, the target of this is limited to opiate abusers.

through compulsory treatment, with aftercare, such as counselling.

In this context, it is important to note that, in these countries and territory, a network of various governmental organisations, private establishments and groups that specialize in drug treatment is established under the leadership of the governmental organisation that specializes in tackling drug problems. Through-care and aftercare are implemented by such organisations (For the organisations of the respective countries, see Chapter 5; for the network system that centres around governmental organisations that are specialized in tackling drug problems, see Section 2 of Chapter 6.).

V. Summary

The drug policy of a country, especially, how it reacts to drug abusers, may vary depending on the country's history of drug misuse and culture. If we look at the strategies on the prevention of drug misuse and the treatment of drug abusers in the respective countries, the strategies were changed, at some point, from imposing on all drug related offenders severe penalties to establishing a comprehensive drug strategy that includes prevention and treatment of drug abusers. In the background to this change, there is recognition of the fact that punishing abusers does not necessarily reduce the number of abusers.

As a result of the change, many of the respective countries introduced a compulsory treatment system even though they still retain provisions for punishing drug misuse.

Of course, employment of the strategies emphasising treatment and therapy, represented by the introduction of a compulsory treatment system, does not necessarily reduce the number of abusers directly⁵. In addition to this, if we recognise the fact that a long period of time is often necessary for recovery from drug dependence, it is necessary to support drug abusers long after their official intervention has been completed. The solid implementation of an aftercare system is also very important.

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⁵ In Malaysia, where compulsory treatment has been introduced, more than 30,000 drug abusers have been identified annually since 1995. The rate of return to the Drug Treatment Centres exceeds 60%.

CHAPTER 5

AN OUTLINE OF AGENCIES AND ORGANISATIONS RELATED TO INVOLVED IN DRUG RELATED PROBLEMS

I. Introduction

Since combating the misuse of drugs problem requires a variety of reactions measures from prevention and law enforcement to aftercare. It is necessary to establish a strong network among relevant organisations and groups that deal with the problem.

In this chapter, we will try to compare and analyse the network of institutions and organisations that deals with drug problems of the respective countries according to their domains (for the an analysis of the network of governmental organisations that specialize in dealing with drug problems in the respective countries, see Section 2 of Chapter 6).

II. Governmental Organisations and Advisory Organisations that Specialize in Countering Drug Problems

The common characteristic of the respective countries is that they have all established a governmental organisation that specialized in dealing with drug problems. Such organisations, with governmental advisory bodies, prepares fundamental policies to tackle drug problems and implements such policies by coordinating activities of other implementing bodies of policy, such as, private organisations and groups.

The table 5 shows the governmental organisations of the respective countries.

Table 5: Governmental Organisations that Specialize in Countering Drug Problems of the Respective Countries

Hong Kong	Korea	Malaysia	Singapore	Thailand
Narcotics Division of Security Bureau	Supreme Public Prosecutors' Office	National Drugs Agency (NDA), Ministry of Home Affairs	Central Narcotics Bureau (CNB)	Narcotics Control Bureau (NCB) Office of Narcotic Control Bureau (ONCB)

These governmental organisations cover a wide variety of activities, such as drug misuse prevention, law enforcement, drug abuser treatment and after care.

In order to maximise the drug abusers chances of recovery the following conditions are desirable: to be identified as early as possible as requiring specialized interventions; to be separated from other drug related offenders, such as producers and traffickers the earliest stage of the criminal justice process; and to receive intensive and continuous treatment for a considerable period of time.

It is also desirable that one particular organisation provides continuous care, from the initial identification of drug abusers through to after care. It is also likely to be more efficient if an organisation that controls drug offenders also provided the specialized treatment at the same time. There is no such governmental organisation that specializes in drug problems that covers those two functions. The Narcotics Drugs Authority of Malaysia, however, covers the process of recovery of a drug abuser: a rehabilitation officer of the NDA can restrain a person who is deemed a drug dependent for examination; it provides institutional treatment; and it provides them with guidance and support in the community after the institutional treatment.

III. Organisation for Information Gathering and Research

In order to implement effective countermeasures against the drug problem, it is necessary to acquire accurate information about drug abusers and to conduct empirical research on the effectiveness of various policies. Governmental organisations that specialize in drug problems in Hong Kong, Malaysia, Singapore and Thailand maintain a database related to drug abusers. The database maintained by the Central Registry of Drug Abuse (CRDA) of Hong Kong's Narcotics Division of the Security Bureau and the National Drug Information Systems (NDI), maintained by the National Drugs Agency of the Malaysian Ministry of Home Affairs, integrates information provided by governmental institutions and private groups that deal with drug related problems.

Such an integrated database enables the follow up of movement of drug abusers for a considerable period of time up to the stage of through-care and aftercare. Moreover, all agencies that have a vested interest into the rehabilitation of abusers, not only criminal justice agencies but also medical and welfare agencies, can understand the actual needs of the abuser by accessing such a database.

Hong Kong actively conducts research related to drug problems. In Hong Kong, the Research Division of the Action Committee against Narcotics (ACAN) coordinates various research projects concerning drugs and commissions research studies by universities, private treatment providers and hospitals providing them with the necessary funds. They also gather information from other domestic and international research studies to improve their drug policies.

Thailand implements and pilots various treatment modalities; some of which are imported from other countries and others are developed domestically. However, empirical research concerning their effectiveness is not fully developed. The same situation is found in Singapore.

As noted above, the National Drugs Agency of Malaysia actively implements compulsory treatment for drug abusers in institutions and in society; however, empirical research studies to evaluate the effectiveness of various treatment programmes provided by the Drug Rehabilitation Centre is not carried out. It appears that Korea also does not carry out empirical research on the effectiveness of the drug rehabilitation programmes implemented in its prisons.

IV. Suppression of Drugs and International Cooperation

One of the characteristics of the policies against drug problems of the respective countries is thorough control of and strict punishment for acts relating to the supply of controlled drugs, such as trafficking and illegal production.

All governmental organisations that specialize in drug problems of the respective countries, except Malaysia, enforce the law with other law enforcement agencies, such as the police and customs.

There is a strong concern in some countries, such as Malaysia and Korea, that their region may be used as a transit points for illegal drugs by international trafficking groups. All the relevant governmental organisations liaise with other countries in order to exchange information.

V. Supply Reduction: The Prevention of Drug Misuse; the Treatment of Drug Abusers, Through-care and Aftercare

A. The Prevention of Drug Misuse

It is evident that recovery from drug dependence a lengthy process requiring various interventions and consequently very expensive. Therefore, the importance of education and enlightenment activities, so called primary prevention, that keeps those who have never used drugs away from drugs, is immeasurable.

In the light of this, each researched country and region requires their Ministries of Education to participate with the primary prevention agencies. Private support group are also important as their activities target the general public.

As an example of the former, the National Drug Agency of the Malaysian Ministry of Home Affairs carries out preventive educational activities in schools. The contents include: training for school teachers about drugs; and Students' Resilience and Interpersonal Skills Development Education (STRIDE). They also carry out random urine tests for high risk

groups of students in junior high schools and early intervention by providing a counselling for the students who test positive.

As an example of the latter, the Singapore Anti-Narcotics Association (SANA) has promoted a programme since 1998 that provides students who are truant from school and have a risk of drug use with early intervention. It aims at preventing drug use in advance and helping recovery at an early stage. This is called the PAL programme. Under this programme volunteers help individually students by offering their support with various matters, including encouraging the student to return to school and help them gain employment.

In order to prevent the relapse by of drug users and their smooth re-socialisation, appropriate and seamless support and care should be provided for them even after they have gone through various treatment programmes that are carried out by criminal justice agencies in the institutions and in the community. In this regard, it is indispensable to integrate private support groups into a network of agencies that carry out programmes for the recovery of drug abusers, this contributes to the effective use of community resources.

Among the respective countries, Singapore and Hong Kong, have most effectively established such a cooperative relationship with private support groups.

In Singapore, a drug abuser who has completed compulsory treatment must report to a branch office of the Central Narcotics Bureau situated in a police station and receive a urine test for two years after being released from a Drug Rehabilitation Centre. During this period he/she can receive various types of supports from private agencies such as the Singapore Anti-Narcotics Association. They include: vocational training; employment support; referral to self-help groups, and assistance in accessing medical treatment.

In Hong Kong, a private organisation that provides drug misuse treatment and rehabilitation service (a treatment provider) can receive subsidies from the government. In order to apply for these subsidies, they need to clearly delineate their service content. After the approval of their application, the Social Welfare Bureau and the private treatment provider exchange a “Funding and Service Agreement (FSA)”. This agreement clearly indicates the standards of quality of service, list of services provided and outcome expected. The Social Welfare Bureau monitors the activities of such private treatment providers through their business reports. The authorities will only utilize private treatment providers if they fulfil certain quality of service requirements. In this case the relationship between the public and private sector is a constructive one.

B. The Treatment of Drug Abusers

The institutional treatment of drug abusers in the respective countries is carried out by their respective correctional departments (Department of Probation in Thailand) in the context of the criminal justice system. In Malaysia, the National Drug Agency of the Ministry of Home

Affairs carries out institutional treatment together with the Department of Prisons.

Institutional treatment of drug abusers in the context of health and welfare is carried out by either health or social welfare departments.

C. Through-care and Aftercare

The recovery of a drug abuser requires long-lasting intervention: it is desirable that he/she is able to receive various types of services, such as counselling and employment assistance, after completing public intervention.

In this regard, it is worthwhile to note that Singapore has a well-maintained support system due in part to the assistance of the Singapore Corporation of Rehabilitative Enterprises (SCORE) and the Singapore Anti-Narcotics Association (SANA).

Also, in Malaysia, Anti Drug Advisory Centres were established in 18 offices out of 93 Community Treatment Offices of the National Drug Agency to handle aftercare after official intervention is complete. It is expected that the system of aftercare will be developed further.

VI. Summary

The governmental organisations that specialize in drug problems coordinate the various activities of institutions and agencies (they are not necessarily public ones) that deals with drug problems. These institutions and agencies also establish a very close relationship with each other. The countries and the region counteract the serious problem of drugs by effectively utilising community resources that already exist in each country.

We can learn much from their effective utilisation of community resources for the rehabilitation of drug abusers, when we consider a future treatment system for drug abusers.

CHAPTER 6

AN OUTLINE OF INNOVATIVE MEASURES FOR THE TREATMENT OF DRUG ABUSERS IN THE RESPECTIVE COUNTRIES

SECTION 1 COMPULSORY TREATMENT SYSTEM FOR DRUG ABUSERS

1. Definition of a Compulsory Treatment System for Drug Abusers

A Compulsory treatment system for drug abusers is an institutional or community-based treatment system which provides drug abuser treatment without the consent of its clients. The term drug abuser includes drug users and drug dependents. Persons who are placed under this system are legally obliged to submit to treatment.

Under the wider definition of a compulsory treatment system for drug abusers can be included compulsory treatment systems which are run separately from the criminal justice system. For instance, drug abusers may receive such treatment solely from the public health system. However, this section aims to examine the narrower definition, namely: drug abuser treatment in relation to the criminal justice system.

All the countries which we refer to in this report, i.e. Hong Kong, Korea, Malaysia, Singapore and Thailand, have this narrow definition of a compulsory treatment system for drug abusers.

2. Characteristics and Comparative Study of Compulsory Treatment Systems in the Respective Countries

(1) Purpose and Background of the Introduction of a Compulsory Treatment System

The common principle to be found in a compulsory treatment system for drug abusers in the respective countries is that drug abusers should basically be considered as patients who need special treatment and not as offenders. In other words, treatment rather than punishment for drug abusers should be prioritized under the criminal justice system.

One way to realize this purpose is the introduction of a police diversion programme with a compulsory treatment system for drug abusers. This way diverts drug abusers at the gateway of the criminal justice process and tries to give them treatment as early as possible. Malaysia, Singapore and Thailand have introduced this type of compulsory treatment system. The other

way is to shift the stage of diversion to the courts to impose a special disposition on drug abusers for compulsory treatment. This disposition is not considered a criminal sanction or punishment and it diverts drug abusers from the criminal justice process; Hong Kong uses this type of system.

The Korean system is not a diversion programme. Korea maintains the principle that drug abusers should be punished by the criminal law. Therefore under the Korean system, drug abusers are sentenced to imprisonment first and during their term of imprisonment, compulsory drug treatment is given to them at the Institute of Forensic Psychiatry in the correctional institution. In this system, when treatment for drug dependency is considered necessary, a public prosecutor files an application for special treatment to the court. When the court considers that the application is appropriate, the court announces an additional order for special treatment with imprisonment. Based upon the court's decision, compulsory drug treatment is given prior to the original custodial sentence. This special treatment period counts as part of their custodial sentence.

When we introduce a diversion programme with a compulsory treatment system for drug abusers, such as in the above-mentioned four countries, it has the following advantages.

If this system is introduced at the police level, we are able to differentiate drug abusers from drug dealers (illicit producers) at the gateway of the criminal justice process and give them the most appropriate treatment or disposition at the earliest possible stage. This early stage of diversion eases the caseload of the prosecution and courts and may alleviate overcrowding in correctional institutions.

When we introduce a compulsory treatment system for drug abusers as a special form of disposition (non-criminal sanction), we can help avoid stigmatizing drug abusers. Since this special disposition does not count as a criminal record, it helps in the rehabilitation of drug abusers.

(2) Analysis of Compulsory Treatment Systems

We can characterize a compulsory treatment system based upon four aspects. (a) and (b) are related to the legal basis of a compulsory treatment system; and (c) and (d) are related to the implementation structure of a compulsory treatment system.

- (a) At which stage (police, prosecution or court) of the criminal justice process, is a compulsory treatment system introduced?
- (b) What kind of legal affect does a compulsory treatment system have on the criminal justice process? This includes whether the drug abuser should receive a criminal record, whether he/she should be punished and whether the criminal justice process will be reactivated in the event of certain circumstances.

- (c) The contents of a compulsory treatment system. How effective is the treatment at addressing the needs and risk of the individual drug abusers? The needs and risk of drug abusers vary; therefore, in order to realize an effective treatment system, we have to examine what kinds of resources are necessary in order to offer treatment that meets their individual needs.
- (d) What kind of aftercare system (health, medicine, welfare, etc.) and related multidisciplinary support system are provided after completion of compulsory treatment? Since the rehabilitation and full recovery of drug abusers can be a lengthy process we need various types of support to maintain the effectiveness of treatment. At this point, the establishment of an effective through-care system must be examined.

(3) Legal Basis of a Compulsory Treatment System

(a) At Which Stage of the Criminal Justice System do we find a Compulsory Treatment System?

From a logistical point of view, a compulsory treatment system can be introduced at different stages of the criminal justice process. (i) Stage One: investigation/arrest/charges for drug use by the police or a specialized investigation agency, (ii) Stage Two: indictment, (iii) Stage Three: disposition or sentencing, (iv) Stage Four: institutional treatment and (v) Stage Five: community-based treatment (condition of probation, drug treatment order, etc.).

Based upon the above-mentioned classification, Table 6 shows the current practice of a compulsory treatment system in the respective countries.

In Hong Kong, compulsory treatment is one of the options at Stage Two. However, this is a special treatment order for drug abusers and is not a form of criminal punishment. In Korea, compulsory treatment is given at Stage Four, and is a part of the implementation of a custodial sentence. In Malaysia, compulsory treatment is imposed at Stage One. Under the Malaysian system, drug abusers are not indicted but instead a Magistrate imposes a special disposition. (A Magistrate is used to ensure due process). This disposition is considered an administrative order. In Singapore, compulsory treatment is imposed at Stage One. The treatment order is made by an administrative agency and is a separate system to the criminal justice system. In Thailand, compulsory treatment is also imposed at Stage One. The treatment order is also made by an administrative agency but if treatment is not successfully completed, the criminal justice process will resume, unlike the Malaysian and Singaporean system.

(b) Relationship between the Implementation of a Compulsory Treatment System and the Criminal Justice Process

All the respective countries, except for Korea, have a compulsory treatment system which is separate from their criminal justice system. Therefore, if a drug abuser successfully completes the compulsory treatment for drug abusers, he/she will not receive a criminal record. On the other hand, as mentioned-above, the Korean system is a part of a custodial sentence.

**Table 6: Comparative Study of the Compulsory Treatment System
in the Respective Countries**

Stage of the Criminal Justice Process	Hong Kong	Korea	Malaysia	Singapore	Thailand
Stage of investigation/ arrest/charges for drug use by police or specialized investigation agency			<p>Institutional treatment at the Drug Rehabilitation Centre followed by community-based treatment or community-based treatment by the District Office, National Drugs Agency, Ministry of Home Affairs (Drug Dependants (Treatment and Rehabilitation) Act 1983, Sec. 6 and 8) A Magistrate issues an order for this special institutional treatment and/or community-based treatment.</p>	<p>Institutional treatment at the Drug Rehabilitation Centre followed by community-based treatment or community-based treatment by an officer of the Central Narcotics Bureau (Misuse of Drugs Act, Cap185, 1973, Sec. 34(2)). These orders are issued by the Director of the Central Narcotics Bureau prior to commitment to the public prosecutors.</p>	<p>Institutional treatment at the Rehabilitation Centre or community-based treatment by a probation officer (Narcotic Addict Rehabilitation Act B.E. 2545 [2002], Sec. 21 and 22(1)). These orders are issued by the sub-committee of Narcotics Addict Rehabilitation Committee prior to indictment by public prosecutors.</p>

Stage of the Criminal Justice Process	Hong Kong	Korea	Malaysia	Singapore	Thailand
Stage of disposition or sentencing and thereafter	Treatment at the Drug Addiction Treatment Centre (DATC) (Dangerous Drugs Ordinance, Cap. 134, Sec. 54A). Based upon a Suitability Report (a part of the pre-sentence report) submitted by the Commissioner of Correctional Services, the court may impose a detention order under the Drug Addiction Treatment Centre Ordinance.	Institutional treatment at the Institute of Forensic Psychiatry (A kind of protective measure which is provided for in the Social Protection Law, Sec. 1, 2 and 8). The Court orders this disposition based upon the application of a prosecutor. But subject persons are not limited to drug abusers.			

Note: All compulsory treatment systems listed above are solely designed for drug abusers, except for the Korean system.

Therefore, regardless of a drug abuser's successful completion or not, their conviction for drug use goes on their criminal record. Thus, the status of drug abusers who are put on a compulsory treatment system is very different in Korea than the other countries.

In Thailand, if the evaluation by the sub-committee of Narcotics Addict Rehabilitation on compulsory treatment is not sufficient or there were violation(s) of conditions of the compulsory treatment, the criminal justice process will resume and the public prosecutor will indict the case. The drug abuser will then be punished in accordance with the regular criminal justice process.

In Malaysia, a drug abuser may not be punished for the original offence (drug use) even he/she violates the conditions of the compulsory treatment. However, violation of the conditions is deemed a new offence and is punishable by imprisonment, caning or fine. In Korea,

the drug abuser is punished by custodial sentence at the outset; therefore, even he/she violates the conditions of compulsory treatment, there are no additional sanctions.

To promote the rehabilitation of drug abusers, the respective countries provide a flexible time frame for compulsory treatment. For example in Hong Kong the period is stipulated in law at between two and twelve months and the court, after reviewing the abusers progress in treatment, may release the abuser after a minimum of two months. In Singapore and Thailand the minimum period is six months however, the authority may examine the case every six months and if necessary prolong the period up to three years, based upon an evaluation of the drug abuser's behaviour. In Malaysia, the period of institutional treatment at the drug rehabilitation centre is a fixed period of two years but if the drug abuser behaves well, the authority may decide to give him/her an early discharge from the institution after twelve months.

(c) Implementing Agencies, Types of Treatment and Implementation Structure for Institutional Treatment

The basic components of compulsory treatment are (i) a combination of institutional treatment and community-based treatment, (ii) a combination or community-based treatment, (iii) an alternative selection of institutional treatment or community-based treatment, or (iv) institutional treatment or community-based treatment only.

Hong Kong's system is type (i) and Korea's system is type (iv) (institutional treatment only). Thailand's system is type (iii) however, in practice the number of abusers who are placed in community-based treatment is slightly larger than those who are placed in institutional treatment. In Malaysia, the system is type (ii) in practice, however, community-based treatment is used more frequently than combination treatment. On the other hand, the Singaporean system is also type (ii) but they mostly use a combination of treatment types (institutional treatment followed by community-based treatment).

The types of drugs which are eligible for compulsory treatment are not limited in Hong Kong, Korea and Malaysia. The major abused drugs in Hong Kong and Malaysia are the opiates (Heroin, Morphine and others) but methamphetamine has been drastically increasing recently. In Korea, the major abused drug is methamphetamine. In Singapore, the current compulsory treatment system was designed for the treatment of opiate abusers; however, the abuse of methamphetamine and other amphetamine type stimulants (ATS) has sharply increased in recent years. Therefore, Singapore urgently needs to establish a compulsory treatment system for ATS. Thailand's system has a flexible framework depending on the type and amount of drugs in the abusers possession. (Ministerial Regulation on Prescription of the Character, Type, Category and Quantity of Drugs in 2003 by virtue of section 5 and section 19 paragraph one of the Narcotic Addict Rehabilitation Act B.E. 2545 (2002) (Table 7).)

Table 7: The Ministerial Regulation on Prescription of the Character, Type, Category and Quantity of Drugs in 2003 (Thailand)

Category	Type of Drugs	Quantity
Category I	Heroin	Not exceeding 200mg
	Methamphetamine	Not exceeding five doses or 500mg
	Amphetamine	Not exceeding five doses or 500mg
	3,4 – Methylenedioxymethamphetamine	Not exceeding five doses or 1,250mg
	Methylenedioxyamphetamine	Not exceeding five doses or 1,25mg
	MDA or MDE	Not exceeding five doses or 1,250mg
Category II	Cocaine	Not exceeding 200mg
	Opium	Not exceeding 5,000mg
Category V	Cannabis	Not exceeding 5,000mg

Note: Quantity means the amount of the above-mentioned drugs in their pure form and does not mean actual weight of suspicious substances.

All of the facilities for compulsory institutional treatment are directly owned by the relevant authorities, except for Thailand. In Thailand, the Department of Probation, Ministry of Justice directly owns only one institution and the rest of the forty institutions are owned and managed by other agencies (Ministry of Health, local governments, Thai Royal Military Forces) which are designated by the Minister of Justice based upon the Narcotic Addict Rehabilitation Act B.E. 2545 (2002). Table 8 shows the current situation of implementing agencies, types of treatment and implementation structure for institutional treatment in the respective countries.

Table 8: Implementing Agencies, Types of Treatment and Implementation Structure for Institutional Treatment

	Hong Kong	Korea	Malaysia	Singapore	Thailand
Implementing Agencies	Correctional Services Department, Security Bureau	Rehabilitation Bureau, Ministry of Justice	National Drugs Agency, Ministry of Home Affairs	Prison Service, Ministry of Home Affairs Central Narcotics Bureau	Department of Probation, Ministry of Justice
Types of Treatment	Institutional treatment followed by community-based treatment	Institutional treatment	Institutional treatment followed by community-based treatment or community-based treatment	Institutional treatment followed by community-based treatment or community-based treatment	Institutional treatment or community-based treatment
Subject categories of drugs	Opiate Psychotropic substances (general name of drugs other than opiates)	Not limited	Not limited	1. Opiate 2. Intoxicating Substances which contain toluene	Please refer to the substances listed in Table 2
Number of Institutions	3	1	28	5	41
Total Capacity (person)	1,018	60	15,000	4,059	5,510

Note: Opiate includes opium, Heroin and Morphine.

(d) Diversification of Treatment During Compulsory Treatment

Diversification of drug abuser treatment is necessary to meet the requirements of various needs and risk of drug abusers. A compulsory treatment system provides for a framework of treatment which separates drug abusers and drug dealers in the early stage of the criminal justice process. The important issue, in order to manage this system effectively, is how to enrich and diversify the contents of treatment. Criminal justice agencies could be treatment providers but from a practical point of view it would not be possible or appropriate for them to provide all the various types of treatment necessary. Drug abuse problems are based on multiple causes and criminal justice agencies (CJA) are unable to deal with the root causes of these problems alone. Therefore the establishment of a multidisciplinary approach and an integrated approach such as collaboration with the CJA, health, welfare, education, labour and other agencies, organizations and private bodies is of vital importance to tackle these problems. On the other hand, from the view point of cost effectiveness, purchasing drug abuser treatment from other service providers and supervising their contents is more cost effective

than the CJA managing all the treatment services on their own. The following is an outline of the situation in the respective countries.

In Hong Kong, the treatment provided in the Drug Addiction Treatment Centres (DATC) consist of general and psychiatric medical care, psychiatric nursing care, individual and group counselling, work therapy (wooden crafts, sewing, laundry and pottery, etc.), raising small animals and recreation activities. Six NGOs, which are involved in rehabilitation, assist with these activities.

In Malaysia, institutional treatment at the Drug Rehabilitation Centres (DRC) employ five treatment modalities: psycho-social intervention, Therapeutic Community (TC), religious therapy, work therapy and special therapy for reluctant clients. As for the psycho-social intervention, staff of the rehabilitation division and counselling division provide various kinds of treatment. Regarding the TC, treatment is led by specialized staff who have received professional training at Daytop International Inc. (USA), and by recovering addicts who have successfully completed the TC programme at the DRCs. Under the TC programme abusers live and work together and receive positive encouragement from their peers. As for community-based treatment, rehabilitation officers provide counselling, assist with job placement and encourage the members to participate in self-help group activities in the community. To be effective these treatment or supporting activities are required to be given at least once a month. The police also play a role in these programmes conducting urine testing for drug abusers.

In Korea, the following types of treatment are used: pharmacotherapy, psycho-social intervention work therapy and vocational training. As mentioned-above, these programmes are only available at the Institute of Forensic Psychiatry, and the number of clients is limited to sixty. All the treatment programmes are carried out by professional staff of the institution.

In Singapore, the recent trend of drug abuser treatment has shifted from a medical care approach to a needs and risk approach. Under this new approach, multiple types of treatment targeting the criminogenic tendency of drug abusers have been employed, especially, those which try to solve the root causes of drug abuse problems. Such treatment has been carried out based upon the environment of drug abusers in conjunction with their social, physical and psychological background. As for institutional treatment, after completion of the orientation stage, vocational training, drug abuser treatment, education, counselling and social skills training is given to the clients. At the pre-release stage, training which aims to assist the drug abuser find a job and strengthen their family relationships is provided. In addition, in order to strengthen family ties and unity, meetings with clients and family are more frequently carried out by utilizing an internet home tele-visit (video link) system. Vocational training is supported by the Singapore Corporation of Rehabilitative Enterprise (SCORE) and NGOs and educational activities and counselling are also carried out by external volunteers. At the community-based treatment stage, the following programmes are utilized: a home detention programme,

work release programme, halfway house programme, residential programme and a halfway house or residential programme associated with pharmacotherapy (Naltrexone). These programmes are supported by SCORE, the Singapore Anti-Narcotics Association (SANA) and CARE (Community Action for the Rehabilitation of Ex-offenders) in the form of providing job placements and counselling, etc.

In Thailand, a rehabilitation plan for drug abusers was established based upon a research report prepared by a probation officer, which took into consideration the psychological, physical and social environment of abusers. In the process of devising a plan for drug abuser rehabilitation, the place of treatment and the methods for rehabilitation are prescribed according to the persons age, sex, drug offence committed, behaviour at the time of the offence and all other relevant circumstances. Compulsory treatment based upon this plan is divided into (i) institutional treatment (six months, intensive or regular course) and (ii) community-based treatment (four to six months for drug addicts and one to six months for drug abusers).

Institutional treatment at the drug addict rehabilitation centre is divided into three phases: the intake training phase (first month), rehabilitation phase (second to fourth month) and probation supervision and monitoring phase (fourth month and after) based upon the therapeutic community (TC) model¹. During this period, corresponding to the contents of each phase, the following treatment is provided: (i) physical training; (ii) mental and intellectual ability development; (iii) emotional control skills and social skills training; and (iv) education and vocational training.

(e) Implementation Structure of Through-care and Aftercare for Drug Abusers

Based on the evidence, recovery from drug abuse and the complete rehabilitation of drug abusers are a series of processes which are time and energy consuming. Since the period of compulsory treatment or treatment based upon statutes is limited by the law, a smooth transition from one stage to another is of crucial importance. In other words, (i) transition from institutional treatment to the community-based treatment stage and (ii) transition from completion of institutional or community-based treatment to the aftercare stage play a vital role in preventing drug reuse (relapse prevention) and the full reintegration of drug abusers into society. This reintegration includes restoration of inter-personal relationships with abusers and their family and friends; returning to their work place or school; refraining from negative influences which encourage drug reuse; and reintegration (settlement) into the local community. To realize a smooth transition, the establishment of an implementation structure of a through-care framework and methods of reintegration of (ex-)drug abusers into society are necessary.

¹ In Thailand, the therapeutic community (TC) was first introduced into the Central Correctional Institution for Drug Addicts in 1992. At the beginning of the introduction of this treatment modality, they received technical assistance from Daytop International Inc., USA and *Comunita Incontro* (community encounter), Italy by dispatching officials to the USA and Italy for training. The current TC model which is utilized by the Department of Corrections, is called the CARE model. The CARE model is a compromise model between the Daytop model and the *Comunita Incontro* model. CARE means Correctional, Addictions and Rehabilitation.

(i) Transition from Institutional Treatment to Community-Based Treatment

In Hong Kong, Malaysia and Singapore, they have realized the first stage of through-care by a combination of admission to rehabilitation facilities followed by supervision and support in the community. The completion of compulsory treatment in an institution is followed by a period of compulsory community-based treatment. On the other hand, Korea and Thailand do not have this type of compulsory community-based treatment as a follow-up to a period of compulsory treatment in an institution.

As for Singapore, when drug abusers move to the pre-release stage at the Drug Rehabilitation Centre, the various types of treatment which aim for a smooth transition from institutional treatment to community-based treatment start to come into effect. Treatment is provided through the coordinating structure of relevant agencies, organizations and bodies. For instance, under the close collaboration of governmental social welfare services, SCORE, NGOs and others, and also with the participation of the drug abuser's family, this coordinating structure has been established and strengthened. One of the important elements which affects strongly the rehabilitation of drug abusers is the support of family and friends and stable employment. One of the ways to strengthen the relationship between the drug abuser and their family is the establishment of internet Tele-visit Centres in the Drug Rehabilitation Centres and local community centres. (The equipment used is fairly inexpensive and accessible.) This allows for more frequent communication without putting an extra burden on the family.

(ii) Transition from Completion of Institutional or Community-Based Treatment to the Aftercare Stage

After the completion of institutional or community-based treatment provided by law, the drug abuser is not obliged to receive further treatment. Nevertheless, aftercare is necessary since avoiding risk (mainly relapse prevention) and tackling the needs of the drug abuser (i.e. job placement, housing, etc.) still exist. Therefore it is important for agencies and organizations which provide statutory drug abuser treatment to establish a close collaboration structure with, health, welfare, education and other relevant agencies and bodies. This is necessary to prepare for a smooth transition from the treatment stage to the aftercare stage while the drug abuser is still receiving statutory treatment.

Through stages (i) and (ii), Singapore has the most well structured system among the relevant countries. When a drug abuser enters the aftercare stage, an Aftercare Case Manager (ACM) identifies and clarifies the individual's aftercare needs. Based upon this research and analysis, the ACM establishes an individual support plan and provides integrated and multiple assistance and support by utilizing the CARE (the Community Action for the Rehabilitation of Offenders) Network and other community resources. After release from the Drug Rehabilitation Centres, drug abusers have to report to an officer of the Central Narcotics Bureau and to receive random urine testing for two years. During this period, the

ACM coordinate assistance and support from the SANA (Singapore Anti-Narcotics Association) and other organizations regarding vocational training, assistance in finding a job, introductions to self-help groups in the community and help in finding appropriate medical care. In addition, in the near future, the Singapore Prison Service plans to fund (together with private companies) the establishment of a kind of cooperate entity to provide a stable work place for ex-drug abusers.

In Malaysia, 18 out of 93 District Offices under the jurisdiction of the National Drug Agency have Anti Drug Advisory Centres. These Centres provide information and give advice for drug abusers and provide individual and group counselling for drug abusers on a voluntary basis.

3. Problems of a Compulsory Treatment System in the Respective Countries and their Effective Countermeasures

(1) Structure of Through-care and Aftercare Needs to be Established

Since drug abuser treatment requires a long period of treatment and a care structure, the establishment and strengthening of a through-care structure and aftercare system are of vital importance. If there are not enough drug abuser treatment and aftercare structures for drug abusers, the number of drug abusers will almost certainly increase. In regard to Korea and Thailand, they need to establish a structure of through-care and aftercare. As already mentioned, a compulsory treatment system is a framework for providing differential treatment for drug abusers and drug dealers (illegal manufacturers). For this purpose, the establishment of a network between treatment and aftercare related agencies, organizations and bodies is necessary (please refer Section 7 of this Chapter).

(2) Need to Establish Clear Standards (guidelines) of Eligibility for Compulsory Treatment

In Malaysia, there are no clear standards (guidelines) which outline the eligibility requirements for compulsory treatment systems for drug abusers. Moreover, the standards that do exist are either not applied or are applied inconsistently. Because of this, there has been a lack of consistency as regards drug abusers who receive compulsory treatment and those that receive criminal punishment. This leads to injustice since drug abusers who are under compulsory treatment are eligible for specialized treatment and do not receive a criminal record. On the other hand, drug abusers who only receive punishment also have a criminal record and do not have a chance to receive specialized treatment.

To solve this problem, Singapore and Thailand have clear standards as to who are eligible for compulsory drug abuser treatment. For instance, in Singapore, persons must be a first or second time drug consumption offender under the Misuse of Drugs Act. In Thailand persons must be a first time drug misuse offender and the amount of drugs in their possession is also limited by the Ministerial Regulation of the Ministry of Justice (see Table 7 of this section).

Countries which introduce a compulsory treatment system should first establish eligibility criteria so that the system is administered fairly and the most needy receive such help.

(3) More Research is Needed

All the relevant countries, should continuously monitor and evaluate the outcome of their compulsory treatment systems. In reality, however, we find that there is a small amount of research related to this issue. In some countries, they already have a long history of compulsory treatment but they have never conducted a randomized control trial (RCT). When we try to prove the effectiveness of a certain system, the only way to obtain objective evidence is to conduct research utilizing the RTC method and to accumulate concrete evidence. In regard to Evidence Based Practice (EBP), the countries need to conduct such research as soon as possible.

4. An Analysis of Some Important Aspects of a Compulsory Treatment System

(1) Effective Early Intervention for Drug Abusers

When we utilize a compulsory treatment system properly, it can be an effective form of early intervention for drug abusers. Evidence shows that the earlier we start drug treatment, the more effective it will be. If we treat drug abusers properly, we may prevent them from becoming drug addicts or dependents; this is the purpose of drug diversion with compulsory treatment at the police level.

To establish a fair compulsory treatment system, the standard of clients' selection, procedure of diversion and contents of treatment should be clearly provided by statute, such as in Singapore and Thailand.

A vital point in establishing a proper compulsory treatment system is to establish an effective through-care and aftercare system based upon multidisciplinary collaboration among criminal justice agencies, other relevant agencies and private bodies. Without a supervision and support network, a compulsory treatment system alone may not be properly workable.

(2) Measures for the Reduction of the Prison Population and those who are in the Criminal Justice Process

If we merely put drug abusers in prisons and the number of drug abusers is large, it may cause serious overcrowding in prisons such as in Thailand in the late 90s. In addition to this, if there is not a drug abuser treatment programme in prisons, the recidivism rate will be high and overcrowding will become more serious. In the light of experience in the respective countries, when we separate drug abusers before sentencing, we are able to reduce the prison population. If we divert them at the earliest stage of the criminal justice process, such a system may ease the burden on public prosecutors and the courts.

SECTION 2 TREATMENT OF DRUG ABUSERS BY THE THERAPEUTIC COMMUNITY (TC) MODEL

1. What is the Therapeutic Community?

Treatment of drug abusers by the therapeutic community modality has been implemented all over the world, including Asia. Many evaluation studies have proven the modality effective in maintaining abstinence from drugs and crime. In this section, an overview of the history of the treatment of drug abusers in the therapeutic community, the basic components of the TC treatment modality and actual programmes will be given. Then the studies on the effectiveness of the typical TC programmes will be introduced. Lastly, the current situation, issues and challenges of the TC programmes will be analyzed.

(1) The Birth of the TC Concept and the Four Prototypes (Kennard, 1998)

The Therapeutic Community or TC concept was first used by Dr. Tom Main, who was a psychiatrist (Psychoanalyst) at Cassell Hospital in the UK. He established a therapeutic environment in which the patients participated on a voluntary basis. Later, the TC concept was developed in the UK and the US independently as a specific therapeutic intervention modality.

In the UK, Dr. Maxwell Jones of the Henderson Hospital developed a TC where the authority of decision-making was granted equally to both the clinical staff and the patients.

Meanwhile, Charles Dederich, who himself was a recovered alcoholic and a member of Alcoholics Anonymous (AA), established a form of TC called Synanon which was operated as an encounter group activity in the State of California in 1958. Many TC organizations in the US have originated from the activities of Synanon. In addition, some TC organizations established for the treatment of the handicapped have had their origin in the spirit of Christianity or the Anti-Psychiatry movement by Laing and Cooper.

Kennard classified these varieties of TC modalities, each of which has its own specific origin, into the following four prototypes (see Table 9). Of these four, concept-based TC is concerned with the treatment of drug abusers. Programmes based on concept-based TC will now be explained.

(2) Common Attributes of TC Modalities (Kennard, 1998)

The following attributes are observed in the four TC modalities in general:

- a. To have informal and co-participating cultural milieu
- b. To establish the group meeting as a central component of the therapeutic programme
(Information is shared in the community as much as possible and a sense of unity is cultivated. The process of decision-making is open to all. The meeting is used as an opportunity to give individual feedback to each member and motivate participants to change by the use of peer pressure.)
- c. To involve all the participants in the operation and maintenance of the community
- d. To influence others through mutual behaviour and attitude and play the role of therapist
- e. Both the professional staff and the patients have the authority to set up the plan of operation and activities.
- f. To operate the community based on common values or beliefs even though the values or beliefs vary from one TC to another (e.g. the problems each individual has arise from their relationships with others; the concept that the process of change and recovery is the process of learning; and members are equal).

Table 9: The Four Prototypes of TC

Approach	Description
TC Approach	This approach seeks to change Asylum-like institutions, that commit the chronically mentally- disordered, into active and humane institutions that respect human rights and dignity. Operated by professional staff, such institutions trust patients, gives them responsibilities and allows them to use their own initiative.
TC Proper	A small and closed community is established and the community as a whole is responsible for the decision-making on clinical necessity or other functions. The difference between professional staff and patients is minimized. This is how a typical UK TC institution operates. The problems of patients vary from serious personality disorders, borderline personality disorders and social maladaptation (e.g. Maxwell Jones).
Concept-based TC ²	A small and closed community is established and there is often a hierarchical structure and chain of command among the professional staff and patients. Recovered staff are often employed. This modality accepts various types of addicts, dual-diagnosed patients, criminals or ex-criminals, in addition to drug addicts (e.g. Dederich's Synanon; TC organizations such as Daytop, Phoenix House, Amity).
Anti-Psychiatry Communities	Developed as a therapeutic modality to be the antitheses of traditional psychiatry, it draws no distinction between the professional staff and patients and functions as a community.

² The reason why this type of TC modality is called Concept-based is that it implements a treatment programme, which has a clear concept of the features of drug addiction and therapeutic intervention for addiction (Details will be discussed later.).

(3) An Outline of Concept-based TC (Kennard, 1998; NIDA, 2002)

As mentioned above, concept-based TC has its origin in Synanon established in 1958. In the early days, Synanon was faced with a boycott by the community because they didn't want a group of drug abusers in their neighbourhood. However, because of its success in helping people recover from drug addiction and with the support of public officials, Synanon was gradually recognized by the public institutions as offering hope for those in recovery from drug addiction³. As the activities of Synanon gained a wide reputation, a similar movement spread to New York where drug problems were more serious. First, Daytop Village was established in 1963 by psychiatrists and probation officers influenced by the activities of Synanon. In 1968, Phoenix House was established. The activities of these TC organizations were later developed in European, Asian and Latin American countries with the inauguration of the World Therapeutic Conference in 1976 and the establishment of the World Federation of Therapeutic Communities, WFTC⁴. The following is an outline of the basic philosophy and the programme operation of the concept-based TC modality.

The Object of Concept-based TC

The programme is designed to enable the participants to recover their physical and mental health and be able to function properly in society through the interaction of the community members. In some cases, behavioural skills, attitudes or values related to a socially desirable life are cultivated in clients who have never experienced an ordered life. This modality aims to design or redesign the lifestyle of the clients as an ultimate goal, since recovery from drug addiction is just one-step to facilitate a client's growth. In the process of attaining this ultimate goal, the modification of negative thinking, emotion and behaviour is achieved by the use of group sessions, confrontation, various games and role-playing⁵.

The Basic Components of Concept-based TC Treatment

Although some TC programmes employ exceptional or additional components, treatment always includes the following basic components.

- a. There is a rule of abstinence from drugs, including alcohol.

³ Synanon was very famous for helping addicts rehabilitate by its innovative programme. However, the neighbourhood criticized the organisation because they did not like having a group of addicts living nearby; this led to great conflict between them. Synanon, directed by its charismatic leader, Dederich, is becoming a very aggressive organisation. (cf. Sakagami (2002)).

⁴ Daytop is now a corporation and TC modality based on the Dayop model has been implemented in some 60 countries throughout the world. The information on TC organizations mentioned in this section was obtained from the following websites; Daytop (<http://www.daytop.com>); Phoenix House (<http://www.phoenixhouse.org>); WFTC (<http://www.wtcf.org>); Amity (<http://www.amityfoundation.com>); and the Center for Therapeutic Community Research (<http://www.ndri.org>).

⁵ Many TC programmes employ cognitive-behavioural therapy discussed later. Various kinds of skills training programmes and relapse prevention programmes are incorporated into the Daytop programme, which is highly structured.

- b. Various jobs and roles are allocated and supervised by the hierarchical structure of the community. Recovered staff are employed and utilized as professional staff such as social workers, clinical psychologists, and nurses. They act as role models or mentors for recovery.
- c. Encounter group activities to enhance confrontation with emotion and attitude and various other group activities are organized.
- d. Group activities to enhance general knowledge, skills or confidence are organized to give the clients social confidence.
- e. Activities to establish human relationships with others or to cultivate a sense of unity or group are utilized.

The Concept of Concept-based TC

The Concept is broadly concerned with a) the nature of the problems of each addict, b) the reason why a specific therapeutic intervention works, c) life in the community. For example, “Onion” is used as a concept to facilitate the encounter with the real-self in the core part of the onion by peeling its cool and tough skin. Some programmes lay emphasis on concepts such as “right living” (to learn individual and social responsibility or ethics) and “acting as if” (to act based not on how they had acted, but how they should act).

The Flow of TC Programmes

TC programmes are generally divided into three phases even though the duration of each phase varies from one programme to another. The first phase is the introduction and initial phase of therapy. During the first phase, newcomers learn to live in the community and cultivate the trust of the staff and other clients. The second phase is the core therapeutic period, during which a pro-social attitude, behaviour and responsibility are cultivated and various types of treatment are given to meet the educational, vocational, family, or psychological needs of the clients. The third phase is the re-entry period in which arrangements are made for the clients living needs after release, including organizing educational and vocational guidance, and individual and group counselling sessions. In addition, self-help activities such as AA or NA are incorporated into the programmes in this phase and in most cases clients are encouraged to continue to participate in such self-help activities.

Modified TC Programmes (NIDA 2002; Deitch et al., 2002)

Traditional TC programmes have a standard period of treatment of one to two years. In the US, TC programmes of a shorter duration have evolved due to the restriction of medical benefits, such as managed care. In this regard, according to NIDA (2002), there was no significant difference in the therapeutic result between one-year TC treatment programmes, nine-month TC treatment with three-month outpatient programmes, and six month TC with six-month outpatient programmes⁶.

⁶ In this comparison, nine months of TC treatment and a three-month outpatient programme was better than the other two in the follow-up results in employment. However, the overall success of the follow-up period depended on how long clients stayed in each programme.

With reference to prison-based TC (PBTC), in North America, Synanon provided Nevada prison with a treatment programme on a part time basis in 1962; later Daytop and Phoenix House provided New York prisons with the TC programme. At present, prison-based TC programmes modelled after TC programmes in the community have been implemented in each country and dormitories and rooms geared for TC programmes have been built. Even though there are various restrictions on their response to rule violations and the composition of staff and clients there are no significant differences between the PBTC and the community-based TC programmes⁷.

Resources of TC Programmes⁸

Each TC organization has different types of resources for its programme. Some organizations do not accept any government grants. Others receive government grants in proportion to the number of referrals from the criminal justice agency. Some organizations make contracts with the government. In addition, various funds and donations are allocated for the operation of the organizations.

2. Studies on the Effectiveness of the TC Model for Drug Abusers in European Countries and the US

As mentioned above, it has been about forty years since TC programmes were introduced into American prisons. Consequently, many articles on the effectiveness of TC programmes have been published. The US Department of Justice explicitly recognizes the effectiveness of TC programmes, together with community-based treatment consisting of therapeutic intervention and urine testing, after reviewing the studies on the effectiveness of the treatment programmes for drug abusers (Tsutomi, 1999).

Lipton (2001) carried out a relatively in-depth review on the effectiveness of TC programmes in the prisons of several States. In addition, there was a follow-up survey of drug treatment programme participants, also known as Drug Abuse Treatment Outcome Studies (DATOS) that was conducted by the National Institute of Drug Abuse (NIDA) in 1990. In this survey, the effectiveness of TC programmes was evaluated⁹. Hereafter, out of the project

⁷ Lipton (2001) describes in detail the outline of the history of and the research of the follow-up study of some famous TC programmes in the UK and US prisons. Mullen et al. (2001) report resistance or problems with the introduction of TC programmes into the existent prison programmes and the history of the development of PBTC. These reports are good references in considering the introduction of this type of programme.

⁸ There is a report on the resources, location, and details of the administration of the programmes in the TC treatment facility prepared by the Social Planning Department of the City of Vancouver, Canada. This report is a valuable reference for considering the establishment of a TC treatment facility.

⁹ DATOS was a large-scale review programme that followed the preceding studies (DAPP and TOPS) that were conducted by NIDA. These reviews indicated that TC programmes are as effective as methadone maintenance treatment, and that the success rate in the follow-up period depends on the period of retention in the treatment, and that significant results cannot be expected unless therapeutic intervention lasts at least 90 days. (Detailed information on DATOS can be obtained at <http://www.datos.org>.)

that evaluated the effectiveness of therapeutic intervention for drug abusers funded by NIDA by the use of the EDP approach (Correctional Drug Abuse Treatment Effectiveness, CDATE), evaluation results of TC programmes will be shown, based on the articles of Lipton et al. (2002) and Pearson and Lipton (1999).

The CDATE project is a large-scale review on the effectiveness of drug abuse treatment programmes. In this project, Lipton and Martinson, who argued that correctional treatment was ineffective in the past, collected the articles published from 1968 to 1996 that Martinson had previously reviewed (1968 to 1996), and studied their effectiveness using meta-analysis. The meta-analysis on the effectiveness of correctional treatment conducted by Andrews and Lipsey in the early 90s, proved the effectiveness of correctional treatment. The preceding studies by the NIDA confirmed that participants undergoing drug abuse treatment in the criminal justice system demonstrated a higher rate of retention in treatment and a higher success rate on the indicator of recidivism and abstaining from drugs than participants who had volunteered for treatment¹⁰. Lipton et al. analyzed what types of correctional treatment programmes were effective and under what conditions they were effective. The review of the evaluation studies on the effectiveness of TC programmes in the criminal justice system was conducted as a part of the CDATE project.

The database of CDATE includes the research literature of not only the US, but also Canada, Germany, Spain and northern European countries. In regard to TC programmes relating to the criminal justice system, evaluation studies on the effectiveness of community-based TC programmes, prison-based TC programmes, milieu (social) therapy in Germany¹¹ and TC programmes in the UK were classified from the viewpoint of sophistication or validity of evaluation procedure. In the end, 42 studies were selected and their results were examined in relation to the indicator of recidivism. In 86 % of 35 studies on the treatment for adults reviewed by meta-analysis, experimental groups showed a significantly lower rate of recidivism than control groups. When the object of the review is limited to the studies on the TC programmes (concept-based TC), there were fifteen studies that met the standard of the review. It was affirmed that the indicator of recidivism in experimental groups in TC programmes was lower by 12 % on average than that in control groups. Also, the duration of the treatment contributed to the prevention of crimes as the preceding studies of NIDA indicated. Lipton, et al. concluded that prison-based TC should be regarded as a step toward recovery, and that therapeutic intervention should be continued after release in order to make the treatment effect

¹⁰ It is widely known that the dropout rate of the participants in prison-based TC programmes is far lower than that of the participants in community-based TC programmes. The high dropout rate is a serious challenge to the implementation of TC programmes.

¹¹ Social therapy in Germany mainly employed psychoanalytic therapy in the beginning. Nowadays, it employs an intermediate approach including behavioural therapy and cognitive-behavioural therapy. Strictly speaking, this modality is not classified as TC treatment; therefore, the effectiveness of the modality was independently analyzed. It was affirmed that this modality significantly reduced the indicator of recidivism.

sustainable. It is well known from experience that TC programmes aim for a modification of the participants' lifestyle, and therefore long-term intervention is required for the recovery from addiction and the stabilization of life. These reviews exemplify the necessity of through-care as well as the effectiveness of TC treatment.

3. The Current Situation, Issues and Challenges of TC Programmes in the Research Area

The Asian Federation of Therapeutic Communities (AFTC) is a regional federation of WFTC, whose secretariat is located in Thailand. The member countries or regions are China, Hong Kong, India, Indonesia, South Korea, Nepal, Pakistan, the Philippines, Singapore, Sri Lanka, Thailand and Viet Nam.

AFTC organized the Fifth International Conference in August 2002 (TC: A Healing Community: A Regional Response to Addiction in Asia in the 21st Century). During the Conference, the participating countries extensively discussed the history of the introduction of TC programmes in the participating countries, and the current situation and challenges of TC programmes. An outline of TC programmes in the research area is given below based on the Report of the Conference (AFTC, 2002) and the on-site research.

According to the reports from the participating countries, it was discovered that many countries accepted financial and technical assistance in the area of drug control policy from the U.S. Department of State, and that Daytop International had much influence on the introduction of TC programmes and the training¹². Regarding the history of the introduction of TC programmes in each country, some chose it because their existing programme did not work well and they had trouble treating habitual drug addicts. Some chose it expecting the positive effects of TC programmes. In the countries and the region where on-site research was conducted, Hong Kong, South Korea and Singapore are implementing TC programmes in private treatment and rehabilitation institutions. In Malaysia, TC programmes are implemented in both prisons and private treatment and rehabilitation institutions. From the viewpoint of the programme contents, the structured programme based on Daytop's model is the fundamental component of the TC programmes. However, in some cases, religious education is incorporated into TC programmes and in others programmes are combined with rational-emotive therapy. In the FAST model in Thailand, the treatment period is shortened and other treatment modalities are introduced into the TC programme. In this way, each country and region seems to be searching for a desirable TC programme taking into consideration the cultural and ethnic background, problems and needs of the clients. The TC programmes in that region have

¹² In Thailand, TC programmes began in Thanyarak Hospital in 1985. At that time, Daytop Sweden supported the introduction of a TC programme and a TC programme based on Daytop's model became popular. In addition, TC programmes based on Communita Incontro model have been implemented in Thailand. The TC programme of the Correctional Department of Thailand called the CARE model is a combination of the above two models.

been properly monitored and evaluated by the Report of the Conference that presented a follow-up survey in which the indicator of success was the rate of the participants who maintained their abstinence from drugs, and a study that followed the attributes and psychological changes in the participants for about five years¹³. It is a challenging issue to implement an evaluation of the treatment effect by quasi-experimental design with a comparison group or experimental design with a randomly assigned control group¹⁴.

There seem to be other issues such as the standardization of TC programmes that accommodate the social climate of each country; the training of programme staff to continuously provide qualified service; coordination with existing programmes or aftercare; screening of appropriate clients; response to persons with complications; and females. In responding to these issues, network building and the exchange of information at the AFTC and technical assistance from the US (where TC programmes are advanced) will be of great importance.

In Japan, the necessity of introducing TC programmes has been repeatedly contended by many researchers and self-help groups (APARI 2000; Society for Learning Amity, 2004; Konuma, 2004; Nagano, 1996, 2000; Sakagami, et al., 2002; Tadokoro, et al., 2000; Wada, 2000). They recommended that a transitional treatment programme which employed TC programmes in the process from treatment in the criminal justice system, medical or welfare institutions to self-help groups such as NA, and the introduction of prison-based TC should be established.

In order to establish an institution with a transitional TC programme, with official financial assistance if possible we must first research the practice of TC programmes in European and Asian countries and the US; and secondly we need to properly train staff. Then a pilot programme for female drug abusers should be put into practice since we can expect a comparatively small number of drop-outs and the positive effects of therapeutic intervention.

Koyanagi (1983) examined extensively the framework of an institution that exclusively accommodates drug abuse prisoners, taking into consideration the drug abuse situation at that time. Recently, Konuma (2004) argued for the same plan. In considering the operation of prisons that exclusively accommodate drug abuse prisoners, prison-based TC in several countries should be one of the options for effective correctional treatment programmes, in addition to cognitive-behavioural therapy. However, since TC programmes require an operation modality that is different from that in traditional prisons, the mindset of staff will need to be changed and sufficient training will be required. In general, female prisons account for a relatively large number of prisoners with drug addiction problems and many of them have other

¹³ The rates of the participants who maintained abstinence from drugs were as high 70-80% even though the rate depends on the duration of the follow-up period. In addition, it was reported that addicts who were extrovert demonstrated higher success rates of abstinence from drugs than addicts who were introverts when the psychological changes were examined by the Maudsley Personality Inventory (MPI).

¹⁴ It might be difficult to conduct research by experimental design as in Europe and the US. However, more qualified research will be possible by quasi-experimental design if dropouts are continuously followed up.

addictive disorders, such as eating disorders and self-injury (as to the relationship between these disorders and drug abuse, refer to Matsumoto (2003)). Therefore, group therapy that incorporates TC is likely to be effective in female prisons.

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SECTION 3 TREATMENT OF DRUG ABUSERS BY COGNITIVE-BEHAVIOURAL THERAPY (CBT)

1. What is Treatment of Drug Abusers by Cognitive-Behavioural Therapy (CBT)?

Cognitive-behavioural therapy is an approach that, after analyzing the features of cognition or behaviour related to the clients' problem behaviour based on social learning theory, reconstructs the distortion of the clients' cognition e.g. self-justification for drug use (rationalization or denial defence mechanism) and tries to modify problematic behaviour or lifestyle through the learning of coping skills or relapse prevention skills by the use of behavioural therapy such as skills training. In a general clinical setting, cognitive-behavioural therapy is utilized to cope with the broad problems of maladaptive behaviour including anxiety disorder, emotional disorder, schizophrenia and substance abuse¹⁵.

As to cognitive-behavioural therapy for substance abuse, a great deal of research and practice has been documented in which interventions against alcohol dependents are central and there are several types of interventions (Velleman, R, 1996). In the criminal justice system, based on the experience from cognitive-behavioural therapy for criminals or the practice and the effect of cognitive-behavioural therapy for alcoholics in clinic's treating the public, the Correctional Service of Canada and the Federal Bureau of Prison began to incorporate cognitive-behavioural therapy into their formal treatment programmes. Western European countries, including the UK, also came to introduce cognitive-behavioural therapy to their treatment programmes. Now this approach has been widely utilized for the treatment of offenders with drug problems and sexual crime offenders¹⁶. In this section, an outline of the treatment programme based on the relapse prevention model, which is widely used in the research countries and the region, will be presented. In addition, evaluation studies and the current situation and challenges of the practice in the research area will be examined.

(1) Basic Concept of Relapse Prevention (Parks & Marlatt, 1999)

According to large-scale follow-up research on prisoners conducted in European countries and the US, 70-90% of opiate-addicts released from prisons without treatment relapsed within

¹⁵ "Substance abuse" is a concept that denotes abuse of both illegal and legal drugs. In this Section, "substance abuse" means abuse of illegal drugs.

¹⁶ The Correctional Service of Canada implements cognitive-behavioural therapy programmes comprehensively and conducts research continuously. The reason why the CSC introduced this approach is that since substance abuse is a serious risk factor not only in drug related crime but also general crime, it could be expected that the recidivism rate will decrease by reducing the level of severity of drug abuse problems. In addition, the effectiveness of cognitive-behavioural therapy is empirically recognized. In Canada, in implementing cognitive-behavioural treatment programmes, there is a comprehensive assessment of a clients' problems or needs, the implementation of structured programmes based on a detailed manual, and the quality of the programme is controlled through training and monitoring. This Canadian practice can be said to be the model for the treatment of offenders based on the behavioural science model (CSC, 2001; Lightfoot, Lightfoot (1999, 2000); Teramura 2003; Tsutomi, 1999).

a year of release and 50-60% of them were re-incarcerated within the same period. This high rate of relapse indicates how difficult it is to overcome the problem of drug addiction and how ineffective it is to rely on the clients' own will or awareness to stop drugs through imprisonment alone.

The Relapse prevention model regards addictive behaviour, including drug abuse, as the learning of inappropriate custom, and is based on the idea that drug dependence develops through the mutual intervention of biological, psychological, and social and cultural factors.

In the process from drug dependence to recovery, it is common that the client is faced with various crises such as an inner craving for drugs, inducement from peer addicts and stress derived from daily life. The goal of cognitive-behavioural therapy is to maintain abstinence from drugs (Ideally, to enhance a sound life) by having them realize the situations that will trigger relapse, constructing appropriate coping strategies, and strengthening their self-control¹⁷.

(2) The Relationship between the Stages of Change Model and the Relapse Prevention Model (Parks & Marlatt, 1999)

There is an important treatment model called the “Stages of Change” developed by Prochaska and DiClemente that needs to be considered in analysing the treatment programme of drug abusers. In implementing the programme based on cognitive-behavioural therapy, clients and an appropriate treatment programme for them are selected paying attention to this “Stages of Change” model. An outline of the model is shown in Table 10 in relation to the relapse prevention model¹⁸.

¹⁷ Relapse often occurs when addicts experience negative feelings such as depression or anger. In fact, there is a report that states that about two-thirds of those who received some type of therapeutic intervention relapse within three months after the intervention when they are faced with those negative experiences. In the relapse prevention model, the relapse is not regarded as a failure, but a regression that often happen in the course of recovery. This model helps the clients have the necessary knowledge and skill so that they will react constructively rather than desperately.

¹⁸ Regarding the details of therapeutic interventions based on the stages of change model, refer to Connors, et al. (2001).

Table 10: The Relationship between Stages of Change and Relapse Prevention¹⁹

Stage	Description	Therapeutic intervention
a. Pre-contemplation	The stage in which a client would rather affirm problematic behaviour, and does not have the will to change.	<p>Intervention to enhance motivation</p> <p>Assessment Matching of the Type of Intervention</p> <p>Therapeutic Interventions including Prevention and Control of Relapse (In a narrow sense)²⁰</p>
b. Contemplation	The stage in which a client is thinking of changing and considering the costs and benefits of problematic behaviour, but is not prepared to change.	
c. Preparation	The Stage in which a client is ready to change their attitude and behaviour and beginning to exercise self-control.	
d. Action	The stage in which a client learns to modify their problematic behaviour and learn skills to prevent relapse to problematic behaviour.	
e. Maintenance	The stage in which a client maintains the attained change and copes with temporary relapse constructively.	

The Stages of Change model states that a therapeutic intervention should be carried out taking into account the client’s stage of recovery in overcoming addictive behaviour in order to maximise the effect of therapeutic intervention. The reason why a client needs to go through this process is that a positive result of therapeutic intervention will not be expected when a client is reluctant to change. From the standpoint of those who are involved in intervention, it does not lead to an effective allocation of resources to throw human and material resources at clients who are not ready to change²¹.

¹⁹ This table was made by the author based on the description of Connors et al. (2001) and Parks & Marlatt (1999). Connors et al. (2001) suggested the spiral-type modified model that a client follows the five stages within each one of the five stages from Pre-contemplation to Maintenance. In the programmes of the Correctional Service of Canada and Hong Kong, this model is applied at the beginning of the programmes.

²⁰ Most of the treatment based on the relapse prevention model often starts with motivating the clients to participate in the treatment programmes. Therefore, at this stage we use the term “therapeutic intervention” in the narrow sense of the word.

²¹ In connection with this, there is a discussion if a client’s consent is required in the therapeutic treatment for drug abusers. It has been proven, by evaluation studies, that therapeutic interventions by the use of coercion by the criminal justice system (e.g. urine testing or drug court programmes) can also be effective. However, when observed in detail, there are some devices for enhancing a client’s eagerness or motivation for recovery such as motivational interviewing or various rewards for the maintenance of abstinence.

(3) The Basic Components of Relapse Prevention Programmes (Parks & Marlatt, 1999; Carroll, n.d.; Dawden et al. (2003))

Relapse prevention programmes can be utilized as a component of a programme, such as the Matrix programme discussed later, or as a single programme. In the relapse prevention programme by Marlatt, relapse prevention strategies are divided into Specific Relapse Prevention Strategies in the imminent high-risk situation and Global Relapse Prevention Strategies for the modification of a client’s lifestyle. The three basic components of the two programmes are: a) skill training; b) cognitive therapy; and c) lifestyle modification. Since the concept of the programme components are somewhat different among researchers or specific programmes, the basic techniques of the therapeutic intervention by Marlatt, et al. are shown in Table 11 as an example in order to clarify what techniques are employed for the interventions²².

Table 11: The Basic Techniques of the Programme Based on the Relapse Prevention Model (Example)

Type	Situation	Intervention, Contents of the Programme
Prevention and Control of Relapse by Specific Relapse Prevention Strategies	1. High risk situation ↓	To get a client to analyze cognition, emotions and chain of behaviour before and after drug use by imagining past experience or relapse, and to monitor the situation and the state of his feelings relating to his craving and temptation for drugs.
	2. Inappropriate coping response ↓	Ascertaining the type of behaviour the client exhibited in the past high risk scene by use of a questionnaire, appropriate coping skills training (e.g. problem solving skills, general social skills training, self-assertion training, anger and stress management) will be given. In addition, meditation, relaxation training and motivational enhancement therapy will be provided for the reduction of anxiety, which may suppress appropriate coping behaviour.
	3. Decrease in Self – efficacy, expectation of a positive result for recovery ↓	Balancing of decision-making on the use or decline of drugs and short-term and long –term results (Decision Matrix) Meditation and Relaxation Training
	4. Lapse	Balancing by Decision Matrix Advance preparation for emergency plan on relapse Carrying a card with what to do in case of lapse

²² Carroll, a researcher of cognitive-behavioural therapy for the treatment of cocaine addicts, points out the function analysis of thinking, emotions and situation, and skills training to develop healthy skills and customs are crucial components of cognitive-behavioural therapy.

Type	Situation	Intervention, Contents of the Programme
	5. Abstinence Violation Effect (AVE), Full Relapse	To get a client to understand that a lapse is not an overall failure, and that it is necessary to cope constructively rather than by self accusation. To get a client to reconstruct his cognition to lead to the above behaviour
Prevention and Control of Relapse by Specific Relapse Prevention Strategies	1. Imbalanced lifestyle	Focusing on clients' imbalanced lifestyle, identify their Quality of Life (QOL) (understanding of their problems such as the balancing of "Shoulds" and "Wants", frustration in the workplace, social isolation, etc) Enhancing positive habits or custom (e.g. jogging, meditation, hobbies, etc.)
	2. Desire for self-indulgence 3. Craving for drugs	To replace a tendency for self-indulgence roused by an imbalanced lifestyle with adaptive desire or pleasure (e.g. recreation) To analyze the situation by self-monitoring To strengthen resistance by imaginary training in coping skills coping image training and cue exposure about relapse (extinction learning of inappropriate behaviour) To avoid relapse stimulating cues by controlling stimuli
	4. Distortion of cognition (rationalization, denial)	To modify the Decision Matrix by examining wrong decision-making that might lead to relapse by self-talk To confirm rehearsal on relapse and the process of recovery To build a strategy to avoid high-risk situations, etc.

In addition to this basic framework, there is a follow up programme which includes interventions from an external support system (significant others such as clients' family and friends) and booster sessions.

2. Evaluation Studies on the Effectiveness of the Drug Abuse Treatment Programmes by Cognitive-Behavioural Therapy

The drug abuse treatment programmes that use cognitive-behavioural therapy are so structured that the changes brought about by the programme are easy to measure. More reviews on the effectiveness of this treatment have been done than those on other types of modality (as to examples of reviews on general clinical programmes, refer to Carroll, 1997).

Regarding the trend in the reviews on the effectiveness of cognitive-behavioural therapy in the criminal justice system up to the 1990s, in the North American area, there are some reviews

that drug abuse treatment programmes based on cognitive-behavioural therapy worked on reducing the level of recidivism; however, some deny such effects (Tsutomi, 1999).

There is the report of Correctional Drug Abuse Treatment Effectiveness (CDATE) by Lipton, et al. (2002), which was a systematic review on the effectiveness of the cognitive-behavioural approach on the reduction of various crimes by the use of meta-analysis. The report stated that cognitive-behavioural programmes demonstrated maximum average size of effectiveness among various treatment modalities contained in the CDATE systematic review database. The indicator of recidivism of the participants in the cognitive-behavioural therapy was lower by 29% than that of comparison groups²³. In the review of Pearson and Lipton (1999), which examined in detail the CDATE report, focusing on the treatment modalities for drug abusers, the following promising intervention modalities to reduce the level of recidivism were indicated: methadone maintenance therapy; drug abuse education combining relapse prevention skills training and a social support network; a 12-step programme; and cognitive-behavioural therapy.

With regard to meta-analysis on relapse prevention programmes featured in this section, Dawden, et al. (2003) reviewed 24 evaluation research papers and verified that the rate of recidivism of the participants in this programme was lowered by 15% on average than that of comparison groups. He also pointed out that it was comparatively more effective to incorporate significant others into the programmes than booster sessions after the core programmes and coping skills training. In addition, he noted that relapse prevention programmes that focus on the principles of criminogenic needs or responsivity of the participants were generally effective²⁴.

It is necessary to review the effectiveness of the treatment programmes taking into consideration a specific treatment modality and the total programme framework as its background, except areas such as Canada where the cognitive-behavioural framework has been wholly introduced.

3. Current Situation, Issues and Future Perspective of Cognitive-Behavioural Therapy in the Research Region

Hong Kong incorporated relapse prevention programmes most comprehensively among the countries and region where research was conducted. In Hong Kong, relapse prevention programmes were incorporated comprehensively into both compulsory treatment programmes in the criminal justice system and voluntary treatment programmes provided by private institutions. In Thailand where diversion programmes and various treatment modalities for drug abusers were initiated, therapeutic interventions by cognitive-behavioural therapy based on

²³ The authors indicated that the result was biased because there were only four studies that met the standards of systematic review.

²⁴ This systematic review dealt with relapse prevention programmes for not only drug abuse, but also violent or sexual crimes, and does not focus on the programmes for drug abusers.

the Matrix model gradually spread. Further, in Forensic Psychchiatry in South Korea, a treatment programme that incorporates cognitive-behavioural therapy for drug abusers has been put into practice in recent years. In the programmes in Malaysia and Singapore, there were treatment programmes that included relapse prevention sessions. Overall, relapse prevention is considered one of the important components of intervention programmes. Evaluation studies on the effectiveness of treatment programmes have not been conducted in these countries and the region. However, practitioners were well aware of the necessity of empirical studies. In fact, in Singapore and Hong Kong, a technique of risk and needs assessment will be introduced before long. Studies that will lead to the evaluation and improvement of treatment programmes for drug abusers are expected to be carried out in the future.

At present, in all of the countries and the region where we conducted research, they introduced treatment programmes which all have their origin in North America.

It is necessary to examine the structure of the programmes in order to accomplish the desired effect, modifying the module of a programme taking into consideration the regional culture or the national character and considering how many sessions are to be implemented. As Lipton (2001) pointed out participants that were taken care of by self-help groups such as NA after cognitive therapy programmes demonstrated a high treatment effect; it is also necessary to examine an appropriate programme in the context of through-care. Moreover, it should be noted that there is no panacea treatment modality that will fit every one of the drug abusers. In this sense, it is also indispensable to examine when, to whom and what types of intervention should be done. Since screening of clients in Drug Addiction Treatment Centres in Hong Kong could be the practice of differential treatment corresponding to the stages of change model, the progress in their practice will be worth watching.

In Japan, cognitive-behavioural therapy has frequently been utilized in the treatment of addictive behaviour including drug abuse, and the treatment of emotional disorders. In the criminal justice system, social skills training programmes have been actively implemented in juvenile training schools. However, programmes focusing on relapse prevention have not systematically been put into practice. Moreover, even if relapse prevention is incorporated into the programme, the number of sessions is so small that it is questionable that the interventions will modify the behaviour of clients. As to a pioneer experiment of a relapse prevention programme in Japanese correctional institutions, there is a report by Fujioka (2001) in which she discussed the basic contents of the pilot programme and its applicability to the current programmes.

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SECTION 4 MATRIX MODEL: AN INTEGRATIVE TREATMENT PROGRAMME

1. What is the Matrix Model? (NFATTC, 2002; NIDA, 1999; NIDA 2001)

(1) The History of the Matrix Model

The Matrix model is an outpatient programme for substance abusers developed in 1984 by the Matrix Addiction Research Centre. The Centre is a non-profit organization established in California, the United States, as one of the Integrated Substance Abuse Programmes (ISAP) conducted by UCLA's Neuropsychiatric Institute. This model was developed in response to the escalation of the demands for treatment programmes for stimulant drugs such as cocaine and methamphetamine abusers since the 1980's. In developing the programme, it was constituted so that it might include areas such as relapse prevention, individual/group counselling, psycho-education of family members and the monitoring of drug use, considering the possible problems that cocaine or methamphetamine abusers will be faced with. The present programme was modified based on the clinical experience of thousands of abusers and extended to cope with the problems of alcohol and drug abuse.

(2) The Goals of the Matrix Model

This model aims for recovery from dependence by getting drug abusers and their family members to attain the following subordinate goals through participation in the programme:

- (a) To cease drug use
- (b) To stay in treatment
- (c) To learn about issues critical to drug addiction and relapse
- (d) To receive direction and support from therapists
- (e) To receive psycho education for family members
- (f) To become familiar with self-help programmes
- (g) To receive monitoring by urine testing

(3) The Contents of the Outpatient Treatment Programme based on the Matrix Programme (Matrix Center, 1989a, 1989b, 1997)

There are the following three types of outpatient programmes based on the Matrix model. Each type has its own manual, handouts for participants, workbook and programme evaluation sheet, and is well structured²⁵.

(a) Regular Intensive Outpatient Programme (IOP); four months

The elements such as enhancement of motivation for therapy and support using “motivational

²⁵ Among the three types of programmes, the programme of (a) and (b) is for the basic components and it will last for about a year (52 weeks) when combined with support activities after the basic components.

interviewing”²⁶ (Miller, W.R. & Rollnick, 2002); various skills training and relapse prevention programmes using cognitive-behavioural therapy; self-help activities such as the 12-step programme; and learning about addictive behaviour for drug abusers and psycho education for family members are integrated. After going through these basic elements of the programme, the participants are encouraged to participate in social support group activity for relapse prevention and recovery (A schedule of the Matrix programme and an explanation of the programme components are shown in Table 12).

(b) Individualized Intensive Programme (IIP); six months

This is a programme for clients who require individualized interventions. The basic components are the same as those of the IOP. In order to respond to the needs of each client, individual sessions in response to individual needs are incorporated every week in addition to group sessions. This programme is highly recommended for clients: who desire individual sessions; who need medical attention such as pregnant women or chronic pain patients; who are severely physiologically dependent or who have a lifestyle revolving around drug use; or who have dual-diagnosed psychiatric conditions such as mental disorders or personality disorders, etc.

(c) Early Intervention Programme (EIP); four weeks

This programme was developed aimed at substance abusers who respond very positively to brief intervention. This programme consists of these six components: (a) evaluation on the extent of their addiction (individual); (b) examination of family involvement with substance abuse (conjoint); (c) risk analysis of drug abuse detriments and benefits (individual); (d) an evaluation of their health practices and lifestyle (conjoint); (e) values review and motivational enhancement (individual); and (f) plan for change (conjoint). A urine test is conducted at each session (for alcohol dependents using a breath-alcohol test).

²⁶ “Motivational interviewing” is an interview technique to enhance a clients’ motivation. There are other types of interviews to enhance a clients’ motivation. Therefore, the phrase is in quotes.

Table 12: Matrix Intensive Outpatient Programme Schedule (Example)

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Sunday
1 ~ 4	6-7 pm Early Recovery Group 7-8:30 pm Relapse Prevention		7-8:30 pm Family Education Group		6-7 pm Early Recovery Group 7-8:30 pm Relapse Prevention	12-Step or Other Support Group Meeting
5 ~ 16	7-8:30 pm Relapse Prevention Group	12-Step or Other Support Group Meeting	7-8:30 pm Family Education Group or Transition Group	12-Step or Other Support Group Meeting	7-8:30 pm Relapse Prevention Group	
17 ~ 52			7-8:30 pm Social Support			
Programme Components		Programme Description				
Individual (Conjoint) Session		Programme orientation and agreement to treatment (the first session); progress review and crisis intervention into relapse, etc. (30-45 days after admission); final progress review and creation of an aftercare plan (the final session) 3 sessions				
Early Recovery Skills (ERS) Group		Analysis of triggers for drug use and the cycle of the triggers, thinking, craving and drug use; learning coping skills such as Thought-Stopping; introduction to the 12-step programme; control over schedule; and structured exercise for continued abstinence (During the first month of treatment; Groups consist of 8 clients; 8 sessions)				
Relapse Prevention (RP) Group		Understand that relapse will occur in a predictable form; enhance motivation for recovery; learn to cope with stress, depression and anger, and skills and knowledge for relapse; encouraged to participate in a 12-step programme (from first to final session: 32 sessions)				
Family Education (FE) Group		Learn the mechanism of drug dependence and the most important aspects of family support through video and slide kits; lecture by AA members; group discussion by clients and their family members (During the later part of treatment: 12 sessions)				

Programme Components	Programme Description
Social Support Group	Group support activity to help clients in the middle of recovery from addiction re-socialize themselves; discuss one topic such as craving for drugs, depression, co-dependence, etc. including a recovered addict (During the last month before the fourth month ends: 4 sessions)
Notes	After the introduction session of AA and NA, 12-step programme is extended to self-help group meetings in the community. A urine test (or breath-alcohol test) is conducted every week with informed consent. Individual sessions are allocated at the time when group sessions are conducted.

2. An Outline of Evaluation Studies on the Effectiveness of the Matrix Treatment Programmes in the US (NIDA, 2000)

The Matrix model is one of the programmes that the National Institute of Drug Abuse (NIDA) introduced as one of the therapeutic approaches, that has been scientifically proven to be effective, in addition to relapse prevention programmes. A number of research projects on therapeutic intervention using the Matrix model have demonstrated that participants presented statistically significant reductions in the use of controlled drugs such as cocaine, methamphetamine and alcohol, improvements in psychological indicators and reduced risky sexual behaviour associated with HIV transmission. Currently, projects employing this Matrix approach have been conducted in twelve states in the US and four countries.

3. The Current Practice, Issues and Future Prospects of the Matrix Programme in the Research Area

In the countries and the region where on-site research was conducted, only Thailand has introduced and implemented the Matrix programme. The introduction of this programme is due to the continuous technical and financial assistance provided to the Thai government by the United States government, and as a result of the change in the primary abused drugs from traditional opiate drugs to amphetamine-type stimulants (ATS). Thailand urgently needed to develop a treatment programme for ATS. The Matrix programme was suitable because its treatment effects for ATS abusers were highly evaluated and well structured.

In Thailand, as the counterpart with the US, the Ministry of Public Health began a pilot programme based on the Matrix model in 2000. The Matrix Institute assisted the Ministry of Public Health in training clinical staff in the US. Matrix programmes have been implemented nationwide since 2002, mainly in health centres and hospitals.

The rate of clients who completed this programme and maintained abstinence after one year from the completion of the programme is 80-90 %. Since this programme is an outpatient

one, it has a high drop-out rate of about 45 % at one to two months from the beginning. In addition, the Thai participants do not feel comfortable asserting themselves due to their culture and character. Moreover, it is difficult to get cooperation from family members. Therefore, a treatment modality has been implemented, on a trial basis, where after short-term inpatient therapy at a mental hospital or at a residential or rehabilitation institution, clients are transferred to outpatient treatment based on the Matrix model, or a modification of the programme contents to suit the Thai culture and environment.

It is expected that evaluations on the effectiveness of the Matrix treatment model by quasi-experimental or experimental design and the composition of treatment and rehabilitation framework based on the idea of continuum of care services will be further enhanced.

Components required for the process of recovery such as urine testing for maintenance of abstinence, cognitive-behavioural interventions to enhance clients' modification, self-help activities or family support aimed at aftercare are incorporated into this programme. This model will be a good reference when a comprehensive therapeutic intervention programme is to be considered.

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SECTION 5 PMK MODEL

From Section 1 to 4, the author wrote about drug abuser treatment frameworks and measures which have been utilized in the respective countries. In this section and Section 6, the author examines the drug abuser treatment framework utilized in two countries; the PMK Model in Thailand and CAMP in Singapore. These specific examples are used because the author considers them informative for other countries.

1. Introduction

PMK is an acronym for Phramongkutkiao Hospital situated in Bangkok, Thailand. Phramongkutkiao Hospital is one of 37 hospitals which were established by the Thai Royal Army and has a maximum capacity of 1,500 beds. Although it is an army-based hospital, ordinary citizens are also able to receive medical services there. Under the Psychiatry Department of this hospital, the Drug Addicts Treatment Unit is operated with sixteen beds.

2. Characteristics and Significance of the PMK Model

(1) Characteristics of the PMK Model

(a) Hybrid Model of Inpatient and Outpatient Treatment

In Thailand, the Matrix-IOP (Intensive Outpatient) Programme has been relatively widely utilized as a form of intensive drug abuser treatment programme. Phramongkutkiao Hospital also uses this Matrix Programme for an outpatient programme. But few clients remain in the programme since it requires clients to participate in treatment sessions three times a week. Because the Matrix programme is a community-based programme and the number of sessions can be a burden to clients, the dropout rate in the first month often exceeds 50 %. However, if clients are able to remain in the Matrix programme, their successful recovery rate is relatively high²⁷.

Unfortunately, a considerable number of dropouts also occur in the second month and the following period of the programme. How to prevent this large dropout rate is an important question for practitioners. To respond to this question, especially to reduce the dropout rate in the early stage of the Matrix programme, the PMK Model was established. The PMK Model is a hybrid model of short term intensive institutional (inpatient) treatment and medium term community-based (outpatient) treatment.

A comparative table of the Matrix Programme and the PMK Model is on Table 13 and detailed information about the structure of the PMK Model is on Table 14. After the commencement of

²⁷ Outcome of the Matrix programme in Phramongkutkiao Hospital between September 2001 and October 2003 are as follows.

Number of clients: 36 Methamphetamine abusers.

Ratio of urine test negative: 80 %

Ratio of clients satisfied with the services: 95 %

Ratio of clients satisfied with the programme contents: 75 %

Ratio of clients satisfied with the counselling: 80 %

the PMK Model, there were no dropouts. Since the PMK Model is still at the trial stage and the above-mentioned data was from a short period follow up survey, there is an urgent need to continue long term research. Although it is too early to say with certainty, the PMK Model may offer some hope in preventing dropouts from outpatient drug abuser treatment programmes.

Table 13: Comparative Table between the Matrix Programme and the PMK Model

	The Matrix Programme	The PMK Model
Framework (Structure)	Outpatient (community-based) treatment programme	Four weeks inpatient (institutional) treatment followed by a twelve weeks outpatient (community-based) treatment programme
Intensity (density)	Three sessions / week	Four hours / day (inpatient) One session / week (outpatient)
Duration	Twenty weeks Intensive phase: twenty weeks Aftercare phase: eight months	Sixteen weeks Inpatient phase: Twenty- eight days Outpatient phase: Twelve weeks Aftercare phase: One year
Type of therapy	Group therapy (eight – ten members)	Group therapy
Types of clients	Methamphetamine abusers	Alcohol and Methamphetamine abusers
Contents of the programme	Whole programme is based upon cognitive behavioral therapy (CBT) ²⁸ (1) Education and social skills training for early recovery (eight Sessions) (2) Relapse prevention (thirty-two Sessions) (3) Family therapy (intervention) (twelve sessions) (4) Support from self-help and social support group	(1) Motivational enhancement therapy (MET) (2) Cognitive behavioral therapy (CBT) (3) The Buddhist Twelve Steps “Way to Wisdom” (4) Relaxation therapy (5) Education for mental and physical health (6) Individual counselling (7) Support from self-help and social support group (8) Family therapy
Urine test	Once a week	Once a week (drug abusers only)
Fee	3,000 Baht (twenty weeks) Urine test 100 Baht/per test	10,000 Baht (twenty eight days inpatient) Urine test 100 Baht/per test

²⁸ Detailed information regarding the CBT and its use in the respective countries is available in Section 3 of this Chapter.

(b) The PMK Model based upon Thai Culture and Religious Tradition

As mentioned-above, the PMK Model is a combination of various types of therapies, education and support, etc. The evidence shows that when we try to prevent dropouts from drug abusers treatment, a strong motivation to participate in the treatment is indispensable. To strengthen the motivation, the Buddhist Twelve Steps “Way to Wisdom” is utilized as an important tool in the PMK Model.

As is generally known, the Twelve Steps is in the basis of AA and NA sessions. To realize the first step toward domestication, the PMK Model tries to modify and adjust the western style Twelve Steps to fit the Thai culture and its religious tradition.

The Twelve Steps, which have been widely used in the world, is based upon western religious beliefs (Christianity). On the other hand, because the vast majority of Thai people (95%) are Buddhist the PMK Model tries to establish an innovative concept creating Twelve Steps based upon Thai culture and Buddhism beliefs. The original Twelve Steps is based on a “Higher Power”, however, in the Buddhist world there is no higher power. And so, the PMK Model replaced higher power with “wisdom” which is considered the central value of the Buddhism beliefs (Pichai, 2003). He called this new concept- the Buddhist Twelve Steps “Way to Wisdom”.

Referring to Table 14, at the inpatient treatment phase (staying in the Phramongkutklao Hospital), intensive four hour programmes are provided on a daily basis. During the inpatient phase, various types of treatment and intervention are given to promote an understanding of the meaning of treatment and to motivate the patients into participating in the treatment.

Table 14: Details about the PMK Model (inpatient phase)

Day	Time and Contents of the Programme		
	10:00 – 12:00	12:00 – 1:00	1:30 – 3:30
Monday	Education for mental and physical health	Lunch	Cognitive behavioural therapy (CBT)
Tuesday	The Buddhist Twelve Steps “Way to Wisdom”	Lunch	Relaxation therapy
Wednesday	Cognitive behavioural therapy (CBT)	Lunch	Relaxation therapy
Thursday	Education for mental and physical health	Lunch	The Buddhist Twelve Steps “Way to Wisdom”
Friday	Family session	Lunch	Relaxation therapy

(2) Outcome of the PMK Model

Although, currently, only the trial stage survey results are available, the outcome can be considered successful. This outcome was obtained from a five month (June to October 2003) follow up survey. The survey consisted of interviews of clients at the Phramongkutklo Hospital and telephone interviews and the results of urine tests of those who completed the inpatient phase (and moved to the outpatient phase of the PMK Model).

- 1) Number of clients who completed the inpatient programme: 31
- 2) Number of dropouts: 0
- 3) Clients who maintained sobriety: 90 % (28 persons)
- 4) Relapse rate: 10 % (3 persons)
Average length for re-use of drugs: 57.2 days
- 5) Evaluation by clients: very good 90 %

3. Problems Faced and Countermeasures for the PMK Model

- (1) It is necessary to conduct long term scientific and evidence-based research on the PMK Model since this model has only been used since 2003. Mr. Pichai Saengcharnchai, MD, who invented the PMK Model has urged that surveys be conducted based upon randomized control trials (RCT) which are able to compare the treatment group with a control group on a scientific basis; through this process, the effectiveness of this model will be revealed more clearly.
- (2) The majority of the clients have been alcohol dependents so far. The Model has to accept more drug abuser cases, especially methamphetamine, and evaluate the effectiveness of the model as a treatment modality for drug abusers.
- (3) The fee for the inpatient phase is quite expensive for the average Thai person's income level. To promote the utilization of this treatment modality, support from the public sector should be considered.

4. An Analysis of Some Important Aspects of the PMK Model

(1) New Type of Hybrid Treatment Programme

When we examine drug abuser treatment, it is common to think of using either institutional or community-based treatment. In the light of this way of thinking, the important characteristics of the PMK Model are; (i) it combines institutional and community-based treatment effectively; (ii) short term institutional treatment is followed by community-based treatment and aftercare; and (iii) it is a model of through-care which covers institutional treatment, community-based treatment through to the aftercare stage.

If a survey over an extended period of time proves the effectiveness of this new type of hybrid treatment programme, it also provides a good option for drug abuser diversion programmes in the criminal justice process.

(2) A Good Example of Domestication of an Overseas Programme

One of the core parts of the PMK Model is the Buddhist Twelve Steps “Way to Wisdom”. When we introduce new concepts from outside, we have to examine their applicability and the possibility of domestication. The Twelve Steps have widely been used in the world for helping the self recovery of alcohol and drug addicts but this might be the first time that the Twelve Steps have been used based upon Buddhist beliefs.

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SECTION 6 CAMP

1. Introduction

CAMP is the acronym of the Community Addictions Management Program. CAMP was officially launched on 21 April 2001 at the first National Addiction Conference in Singapore. Its mission is to provide a comprehensive programme to target all addictions, as substance and behavioural addictions often occur together, and to be the centre of excellence for treatment, training and research in addictions. CAMP is a pilot project funded by the Ministry of Health under the Health Service Development Programme (HSDP) Scheme for five years at 1.07 million Singapore dollars per year.

CAMP consists of a multidisciplinary team of doctors, nurses, psychologists and counsellors. Seventeen staff headed by Mr. R. Munidasa Winslow, M.D. and staff from Psychology, Occupational Therapy and Medical Social Work Departments of the Ministry of Health and an external advisor from Australia are working for CAMP. CAMP is located at the Institute of Mental Health/Woodbridge Hospital.

2. Characteristics of CAMP and Its Significance

(1) Characteristics of CAMP

CAMP provides integrated treatment services for addictions under close collaboration with other agencies, organizations and community resources. CAMP is able to accommodate the needs of poly-drug abusers and the multiple needs and risk of addicts for substance abuse and dependence (drugs, alcohol) and behavioural addictions (gambling, the internet, sex and others). Governmental policy for drug abusers in Singapore has clearly targeted opiate abusers so far. But as mentioned in Chapter 1, ATS and other types of drugs have become very popular recently in Singapore. To combat these new circumstances, CAMP is a valuable resource since it is able to treat methamphetamine, marijuana and kitamine abusers.

(2) Types of Services Provided

(i) Treatment

- (a) Assessment of addictions
- (b) Pharmacotherapy and medication to control withdrawal and anxiety
- (c) Treatment planning and case management with a multidisciplinary approach
- (d) Addiction counselling and therapy by trained professionals using individual, group and family approaches
- (e) Inpatient group programme
- (f) Outpatient day programme (BRIDGE) Structured relapse prevention training
- (g) Recovery support group meetings (self-help group) for in and out patients using the Twelve Step principles

(h) Rehabilitation and aftercare

Day programme

Liaison with other agencies (SCORE, SANA, halfway houses and so forth)

BRIDGE is an intensive day programme designed for inpatients and outpatients who need extra support in their recovery. It launched on 16 January 2002. It facilitates re-entry into the community by providing a structured therapeutic environment. BRIDGE participants receive psychological counselling and support during their recovery from addiction. It runs on a full day schedule from 9:30 am to 4 pm. Counsellors, psychologists, occupational therapists and psychotherapists conduct the group treatment every Monday to Friday. The Programme includes Twelve Step recovery, social skills management, family and relationships, relapse prevention, financial management and so on.

(ii) Education and Public Relations

(a) Public education

(b) Public forums and seminars

(c) Conferences (e.g. First Asia and Pacific Institute of Addictions, APPA, 2004; May 30 to June 3, 2004)

(d) Training and consultancy for health care workers and volunteers

(e) Mobilizes community involvement, support and resources

(iii) Research

Addiction related issues

In practice, the contents of services which are provided for clients are decided based upon necessity and the degree of care required by the client. For instance, for the most serious cases, institutional (inpatient) treatment will normally be chosen. When intensive community-based treatment is considered necessary, the above-mentioned BRIDGE programme is selected.

(iv) Treatment Courses which are Correspondent to the Specific Needs and Risk of Clients

(a) Special Treatment Course for Female Drug Abusers

The purpose of this course is to solve problems which relate to female drug abusers. In regard to female abusers, there are two major obstacles which prevent them from receiving treatment. Firstly, they often hesitate to come forward due to the prejudice towards female drug abusers and female's low social status. Female drug abusers try to hide themselves away from the community. Secondly, it is difficult for them to stay in the programme since they have the burden of housekeeping and child-rearing. This special course is designed to encourage them to participate and to continue treatment.

(b) Special Course for Drug Addiction and Domestic Violence (DV)

In practice, not a few cases relate to both drug addiction and DV to spouse and family members. This special course aims at solving the participant's drug addiction problem and other closely related problems simultaneously.

3. Problems Faced and Countermeasures for the PMK Model

As mentioned-above, CAMP is located in a well known mental hospital. In Singapore, there is great social discrimination and prejudice from the public towards drug abusers and those who have mental problems. Therefore, those who want to participate in CAMP have to overcome this dual social exclusion problem based upon the fact of drug addiction itself and the location of the treatment provider.

Tackling these problems with a campaign and improving public education have been proposed to reduce social discrimination and prejudice. In addition to activities which are held by governmental agencies and private bodies, CAMP has also conducted various education and public relations activities.

4. An Analysis of Some Important Aspects of CAMP

(1) The Unique Framework of CAMP

CAMP is a good example of a coordination structure for integrated drug treatment by a single organization with close collaboration between criminal justice agencies and other relevant organizations. Drug abusers need care over a long period and their needs vary widely. CAMP is able to fulfil these requirements by establishing an integrated drug treatment service and its close collaboration with criminal justice agencies support a drug diversion scheme.

(2) Needs and Risk Approach

CAMP accommodates treatment courses which are correspondent to specific needs and risk of clients such as a female drug abusers courses, and drug addiction and the DV courses. Formerly, many drug abusers treatment programmes were mainly focused upon kinds and functionalities of abused drugs. But when we try to tackle the criminogenic tendency from multiple aspects, we have to move towards a needs and risk oriented approach. Under this concept, we have to try analyzing the root causes of drug abuse based upon the mental, physical and social environment. Special courses provided under CAMP follow this approach, (which we believe it be the correct one) in the field of drug abuser treatment. Currently, the Singapore Prison Service is also trying to shift from a medical model to a needs and risk approach. It can also be considered a good example of a paradigm shift in offender treatment.

For reference: The Inter-ministerial Project launched in the Greater Vancouver area in 1987 followed a multidisciplinary approach established by the close collaboration among the

Forensic Psychiatric Services; British Columbia Corrections Branch, Ministry of the Attorney General; and the Greater Vancouver Mental Health Services. The aim was to tackle mentally disordered recidivist problems in the Greater Vancouver area. Many of those who are mentally disordered have drug problems. This project tried to access the root causes of this type of offender by using a needs and risk oriented approach.

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SECTION 7 NETWORK STRUCTURE LED BY A SPECIALIZED GOVERNMENTAL AGENCY FOR DRUG RELATED PROBLEMS

1. Introduction

Countermeasures for drug problems consist of supply reduction and demand reduction. Demand reduction is divided into prevention of drug abuse and drug abuser treatment. All of them consist of multiple elements; it is impossible for criminal justice agencies to tackle them alone. Therefore the establishment of a multidisciplinary structure among related governmental agencies, organizations and private bodies is essential.

To establish an effective network, it is first necessary to create a specialized governmental agency for drug related problems. Such an agency needs to take strong leadership to establish a national drug strategy and encourage its implementation from the national level to a local level. It is important that this centralized implementation structure be active and workable.

As for the respective countries, all the countries, except Korea, have established a specialized governmental agency for drug related problems and have implemented a unique drug strategy.

2. Comparison of the Networks of the Respective Countries

Table 15 shows a summary of the networks in the respective countries. The following numbers correspond to the numbers indicated in Table 15.

As for (1) and (2), all the respective countries have a governmental agency which is responsible for drug policy and an advisory committee on drug policy. Countries which have a specialized governmental agency for drug related problems are responsible for not only policy making but also law enforcement and prevention functions.

As for (3), evidence-based research is crucial to establish really effective countermeasures for drug problems. In this regard, practical and systematic research on the impact of drug problems on society and the effectiveness of the treatments (relapse prevention, improvement of the quality of life of ex-drug abusers, etc.) are indispensable. In Hong Kong, the Action Committee Against Narcotics (ACAN) refers many research projects to universities and other organizations such as the “Social Cost of Drug Abuse Problem” and “Ways for Motivating Drug Abusers in the Early Stage of Treatment”. In Thailand, research activities have been conducted mainly by national medical institutions. Unfortunately, the major outcomes are not published in English. In Singapore and Malaysia, we are able to find some research at a certain level, but we do not know the whole structure of research activities.

As for (4), the importance of data collection is based on the premise that the establishment of

effective drug abuser treatment depends on accurate information about the situation of drug abuse and drug abusers. This information includes the kinds of drugs abused, number of abusers, age, sex and location of drug abusers, relapse or recidivism rate, which agency gathers the information and so on. In this regard, Hong Kong has a very sophisticated and well organized integrated database on drug abuse. Based on the informed consent of the drug abuser, all abusers who are arrested by the police or treated at hospital, etc., have the facts leading to their arrest or treatment, personal details and other important information, recorded. Malaysia also has the same type of integrated database. In Singapore and Thailand, they have a database on drug abuse but they are not integrated ones.

As for (6), only in Malaysia, is institutional treatment of drug abusers, related to the criminal justice system, carried out by a specialized governmental agency for drug related problems. In the other respective countries, institutional treatment is carried out by the corrections or probation services. Institutional and community-based treatment relating to health and welfare, is carried out by health and welfare or other related agencies and organizations in all the respective countries. Aftercare services are important for securing the effectiveness of drug abuser treatment in the long term. In this regard, among the respective countries, Singapore has an advanced aftercare system.

As for (7), close collaboration between the governmental sectors and private sectors is vital for the establishment of the network structure which is mentioned in this section. In Hong Kong and Singapore there is a specialized organization responsible for networking.

Table 15: Network Structure led by Specialized Governmental Agency for Drug Related Problems

	Hong Kong	Korea	Malaysia	Singapore	Thailand
(1) A governmental agency which is responsible for drug policy	Narcotics Division of the Security Bureau (NDSB)	Supreme Public Prosecutors office	National Drugs Agency (NDA), Ministry of Home Affairs, National Drugs Council (NDC)	Central Narcotics Bureau (CNB)	Narcotics Control Board (NCB), Office of the Narcotics Control Board (ONCB)
(2) An advisory committee on drug policy	Action Committee Against Narcotics (ACAN)	National Anti-drug Coordinating Committee	NDC	National Council Against Drug Abuse (NCADA)	Narcotics Control Board (NCB)
(3) Research	ACAN refer research to universities, hospitals and private organizations		Institute of Higher education, Ministry of Education	Singapore Corporation of Rehabilitative Enterprises (SCORE) refer research to other organizations	Thanyarak Institute on Drug Abuse and other special institutions for drug abuse under the Ministry of Public Health
(4) Information (Database)	Central Registry of Drug Abuse (CRDA) (Integrated DB)		NDA, National Drug Information System (NADI) (Integrated DB)	CNB (Stand alone DB)	Ministry of Public Health (Stand alone DB)
(5) Supply reduction					
Law enforcement	Narcotic Division of the Security Bureau, Police, Customs and Excise Dept., ICAC	Public Prosecutors office, Korea National Police Agency, Customs Service, National Maritime Police Agency	NDA, Royal Malaysian Police, Royal Malaysian Customs and Excise Department, Border Anti Smuggling Unit	CNB, Singapore Police Force, Customs	Royal Thai Police, ONCB, Anti Money Laundering Office (AMLO), Customs
International cooperation	Narcotics Division of the Security Bureau	Supreme Public Prosecutors office	NDA, Ministry of Foreign Affairs, Research Division, Prime Minister's Department	CNB	ONCB

	Hong Kong	Korea	Malaysia	Singapore	Thailand
(6) Demand reduction					
Prevention of Drug Abuse (Education, Public Relations, Primary prevention)	Narcotics Division of the Security Bureau, Education Dept.	Ministry of Education, Ministry of Health and Welfare, Korea Food and Drug Administration, Youth Protection Commission, Korean Association Against Drug Abuse (KAADA)	Ministry of Education, Narcotics Division, Royal Malaysian Police	CNB, Co-Ordinating Committee on Preventive Drug Education (PDE), Singapore Anti-Narcotics Association (SANA)	ONCB, Ministry of Education, Ministry of Interior, Royal Thai Police, Public Relations Department, Office of the Prime Minister
Institutional Treatment (Criminal Justice System - Secondary prevention)	Correction Service Dept. (Treatment specifically designed for Drug Abusers)	Correction Bureau, Social Protection and Rehabilitation Bureau (SPRB), Ministry of Justice *1	NDA, Prisons Department of Malaysia (Treatment specifically designed for Drug Abusers)	Singapore Prison Service (SPS) (Treatment specifically designed for Drug Abusers)	Department of Corrections (DOC), Department of Probation (DOP), Royal Thai Army (Treatment specifically designed for Drug Abusers)
Institutional Treatment (Health and Welfare, etc., - Secondary prevention)	Dept. of Health, Social Welfare Dept.	Ministry of Health and Welfare, Korean Food and Drug Administration	Hospital Division, Ministry of Health	Ministry of Health (MOH)	Ministry of Public Health (Institutions specifically designed for Drug Abusers)
Community-based Treatment (Criminal Justice System - Secondary prevention)	Corrections Service Dept. (parole), Social Welfare Dept. (probation) (Treatment specifically designed for Drug Abusers)	Probation and Parole Offices, SPRB, Ministry of Justice *2	District Offices, NDA, Royal Malaysian Police (Treatment specifically designed for Drug Abusers)	SPS, CNB (Treatment specifically designed for Drug Abusers)	DOP (Treatment specifically designed for Drug Abusers)
Community-based Treatment (Health and Welfare, etc., - Secondary prevention)	Dept. of Health, Social Welfare Dept., Society for the Aid and Rehabilitation of Association (SARDA)		Hospital Division, Ministry of Health	MOH, National Council of Social Service	Ministry of Public Health, Bangkok, Metropolitan Administration (BMA)

	Hong Kong	Korea	Malaysia	Singapore	Thailand
Aftercare (Tertiary prevention)	Dept. of Health, Social Welfare Dept., SARDA		Anti Drug Advisory Center (in some of the District Offices, NDA)	SCORE, SANA, Singapore Aftercare Association	Ministry of Public Health, Ministry of Labor, BMA
(7) Collaboration with governmental sectors and private sectors	Drug Liaison Committee	KAADA	NDA	CARE (The Community Action for the Rehabilitation of Ex-offenders) Network	ONCB, Thailand Chapter of Internet Society (ISOC)
(8) Private support organizations	Beat Drugs Fund Association	KAADA	PENGASIH, Malaysian care	SCORE, SANA, Chinese Development Association Council, Singapore Indian Development Association, Association of Muslim Professionals, Yayasan MEN-DAKI, etc.	Thai Research Fund (TRF)

Notes: *1, *2 Institutional treatment and community-based treatment under the agencies of the Korean Ministry of Justice, does not specifically target drug abusers.

3. Problems Faced and Countermeasures for the Network Structure led by Specialized Governmental Agency for Drug Related Problems

When we overview the network structure for drug problems in the respective countries, most of them consider that drug problems are an important issue for every nation and society as a whole. In order to address these problems they have tried to establish an integrated network structure that covers their whole country. For instance, in Thailand, the head of the Narcotic Control Board, which is the specialized governmental agency for drug related problems, is the prime minister. In addition to this, there are special provisions in the major drug regulation laws which establish an advisory committee. These committees consist of the head of relevant ministries and agencies which aim to promote networking among governmental agencies in Thailand.

Based on this framework, the next step is the establishment of evidence-based practice (EBP); since effective policy and strategy can only be created based upon EBP. For this purpose, it is necessary to establish a system that will compile accurate information on the drug situation and drug abusers in each county. In addition, research and studies on drug abusers also needs to be conducted and accumulated.

In this regard, except for Hong Kong and Malaysia, the data collection system of the respective countries is not sufficient,. In Hong Kong, they have a relatively sophisticated integrated database system regarding drug abusers. This database consists of information from not only the criminal justice system but also health, welfare and other private bodies which are designated by statute. Regarding research and studies, Hong Kong is slightly more advanced in comparison with the other countries.

Thailand, for instance, needs to establish an integrated database system and to conduct more research. There are various kinds of treatment for drug abusers that have been introduced mainly from western countries in recent years; However, some of the new types of treatment originated in Thailand. The effectiveness of all these should be examined in the light of EBP. But unfortunately not enough research and studies have been conducted so far. The situation is similar in Singapore, Malaysia and Korea.

Therefore, to establish an integrated database system and accumulate evidence based upon research is an effective measure to enrich drug strategy and networking.

4. An Analysis of Some Important Aspects of the Network Structure led by a Specialized Governmental Agency for Drug Related Problems

(1) Importance of the Establishment of a Specialized Governmental Agency for Drug Problems

Drug problems affect the social structure in a wide variety of ways. Tackling these problems requires a huge amount of resources and a collaborative framework among agencies and

organizations concerned. This task is very heavy burden which can't be carried out on a part-time basis. Therefore, the establishment of a permanent and specialized governmental agency for drug problems is crucial to respond to this situation. The author recommends that countries which suffer from serious drug problems should create this type of governmental agency. Such an agency can provide strong leadership to ensure that effective measures are taken to deal with drug issues in the government and be a core part of effective networking.

(2) Necessity of an Integrated Database System

An effective drug strategy requires accurate information on the drug situation and drug abusers in each county. This information can be collected through an integrated database system. Especially for drug abusers, this system should cover a long time span and a wide range of information from relevant agencies and bodies involved in criminal justice, medicine, health and welfare. Because full recovery from drug addiction normally takes a long time (from the criminal justice stage, treatment stage to the aftercare stage) and requires a corresponding wide range of needs and risk of drug abusers and addicts. An integrated database requires the compilation of multiple pieces of information according to the stage in the criminal process that treatment is offered and the source of the data. An important feature of such a database system is the traceability of each drug abuser in the above-mentioned time frame and their movement among agencies and bodies concerned. The Hong Kong system realized this framework and it can be considered a model structure in this regard. Most countries have standalone database systems for drug abusers but the information gathered has not been integrated. The author recommends that other countries seriously consider establishing an integrated database system.

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SECTION 8 THE SYSTEM OF THROUGH-CARE AND AFTERCARE FOR DRUG ABUSERS

1. The Importance of Through-care and Aftercare for Drug Abusers

In addition to overcoming drug dependence, clients often have other problems such as employment, housing and parenting. Therefore, it is desirable to arrange seamless and comprehensive intervention and support responding to the problems and needs of clients from a long-range perspective to help clients recover from dependence and smoothly rehabilitate.

In the criminal justice system (CJS), a series of processes from: initial contact with the CJS; various interventions by the CJS; to smooth reintegration into society is generally called “through-care”. Each country has such a system to realize this through care²⁹. This concept is based on experience that the treatment of offenders should not end in institutions, and that a consistent approach to treatment should be taken from initial contact with the CJS to a smooth transition to community-based treatment and continued treatment, is more effective in preventing recidivism than intermittent treatment.

Aftercare can be defined as various activities to maintain the behaviour reformed by the previous treatment or therapeutic interventions and prevent the relapse of the problems (e.g. social support, information on social resources, other coping strategies, etc.). For example, aftercare for institutional treatment is community-based treatment after release (supervision and guidance, other support activity). Plainly speaking, aftercare is treatment that follows preceding treatment and one component of through-care. As mentioned in Section 3, it is known that after the end of therapeutic interventions there is a high probability for relapse. It is emphasized that aftercare services are important to maintain the effect of preceding therapeutic interventions and help clients recover.

In this section, in order to structure the framework of through-care and aftercare effectively, the required components and problems to effective through-care will be enumerated and examined based on Pendergast and Burden (2002).

(1) The Conditions for an Integrative Treatment System Necessary for the Seamless Care for Drug Abusers

The treatment system should:

- (a) be organized to attain a common goal;
- (b) have a common procedure; and
- (c) include evaluation, information sharing and feedback systems.

²⁹ Through-care is a concept similar to care management that focuses on the necessity of continued care in medical and welfare services or risk management that put an emphasis on the control of risk factors related to various problems and relapse of diseases.

It will be easier to realize the above features of a treatment system if a single authority or a supervising organization monitors through-care.

(2) The Obstacles to the Realization of Through-care and Solutions

- (a) Since the coordination among institutions that carry out therapeutic interventions is poor, services are provided inconsistently. In addition, it is difficult to allocate effectively human and material resources. As a result, the realization of the common goal of reducing harm associated with drug abuse will be suffocated³⁰.

Solutions

-To form confident and cooperative relationships among related agencies, a supervising authority should be established. Alternatively, a committee of related agencies or a special committee, for consultation or consensus building at various levels, such as treatment systems, actual programmes and individualized treatment programmes should be put in place.

-To build a collaboration system at the practical level, an interdisciplinary treatment team should be formed if possible and a coordinator for the management of through-care should be appointed³¹.

- (b) As a result of the obstacles mentioned in (a), screening, assessment and referral to other services are provided with insufficient coordination among the services. Therefore, a comprehensive service and continuity in the therapeutic programmes is not provided adequately.

Solutions

As for screening, assessment and referrals, when clients have contact with the criminal justice system, screening and assessment should be adequately carried out and the system to refer them to therapeutic interventions should be coordinated. This strategy is comparatively easy to implement when there is a pre-sentence investigation. If a pre-sentence investigation has not been utilized for selecting a treatment option, it will be necessary to conduct a meticulous assessment interview, to provide community-based treatment agencies with information, including an evaluation of the treatment programmes that the client has already received.

³⁰ When restricted to the criminal justice system, the philosophy and practice are different among the agencies. In general, whereas criminal justice agencies are not tolerant about relapse, treatment agencies often regard relapse as the process of recovery. In this way, it is not easy for all the related agencies to share common values or goals. The concepts of Rehabilitative Justice (the judicial system that emphasises rehabilitation and selects an approach that fits the needs of each client: Hirano, 1999) and Therapeutic Jurisprudence (Hon. Hora, 2002; Wexler, n.d.) is thought to be a solution to these two bifurcated approaches in the criminal justice system. It is nevertheless possible to maintain and enhance the motivation for therapeutic interventions by urine testing.

³¹ A good example of this kind of practice is in the UK, the National Treatment Agency was established in 2001 in collaboration with the National Health Service and the Home Office. Drug Action Teams provide clients with seamless services according to their level of needs. (For details, refer to Teramura, 2003.).

As for the modalities of continuity of care, they may include: a) institutional or residential treatment agencies that independently provide community-based treatment after release; b) community-based treatment agencies, having contact with clients while incarcerated or placed in a residential institution that provide appropriate services; and c) the supervising authorities in charge of the overall treatment or a treatment coordinator arranges the services of a treatment provider. In any of those cases, it is desirable to implement the strategies mentioned in (a) and (c).

(c) Until we build the systems for evaluation based on a common philosophy, information sharing and feedback., the quality of the service will not improve.

Solutions

As to information sharing, it is desirable for a single authority to be able to have an overview of the trends in drug abuse and follow-up drug abusers. In addition, it is necessary to build a unified information management system with regard to the management of programmes and cases.

As for the objects of evaluation and feedback, monitoring the progress and implementation of therapeutic interventions, evaluation of treatment effect and a cost-benefit analysis should be systematically conducted. Information should be shared in order to evaluate the overall treatment system. It is also necessary to be able to make recommendations on the evaluation results or for the improvement of the programmes for organizations and institutions that are implementing treatment programmes. In order to do so, it is necessary to build organizations and systems that monitor the flow of treatment and research concurrently³².

2. The Practice of Through-care and Aftercare for Drug Abusers in North America and the Evaluation Studies

In through-care and aftercare services, a variety of modalities for therapeutic interventions for drug dependence are employed. Some components will determine the value of the whole system. Therefore, the preceding therapeutic interventions and interventions at the stage of aftercare will affect the evaluations of the effects of through-care and aftercare. In the process of the follow-up of the participants of the programme, some participants may drop out of the therapeutic interventions and contact with some participants will be lost. We should be cautious about the interpretation of the results. Further, it cannot be denied that those who remain in the programme up to the aftercare phase are the ones who were very eager to receive treatment. Therefore, it is desirable to confirm whether this effect can be attributed to aftercare services or the clients' characteristics and desires by controlling variants that support the alternative hypothesis in quasi-experimental design, or by randomly assigning the clients in

³² This kind of practice can be implemented by the supervising authorities on drug control policy as in Hong Kong, Singapore and Malaysia. It is also possible to establish an organization like the National Institute on Drug Abuse (NIDA) in the US as Konuma (2004) pointed out.

experimental design.

(1) Five-year Follow-up of Therapeutic Community and Aftercare Programmes in a Delaware State Prison After Release (Inciacirdi, 2002)

This programme has been implemented in Delaware State Prison since the mid-1990s. In this programme, through-care is implemented in each stage of incarceration, the work release setting, and during parole. An outline of this programme and the five-year follow-up after release on parole regarding relapse and recidivism are shown in Table 16.

This research illustrated that a therapeutic community programme was effective in maintaining abstinence and preventing crime, and that TC programmes will be most effective combined with aftercare for a smooth transition back into the community. Other points to be noted are that TC programme graduates were less likely to commit further crimes than the drop-out group. However, in regard to maintaining abstinence, graduates with the TC programme were no different than drop-outs. Moreover, even drop-outs from TC programmes demonstrated more positive results than those who received no treatment.

There is another report by Wexler et al. (1999) who evaluated the effects of TC and aftercare programmes for drug abusers as carried out for the programmes in Delaware. Wexler et al. conducted a one-year follow-up after release of participants of the Amity in-prison TC programmes at R. J. Donovan Prison in the State of California and aftercare TC programmes in the community. It was found that the re-incarceration rate for each group of participants was as follows: non-treatment 50%; in-prison TC drop-outs 45%; in-prison TC graduates 40%; in-prison TC graduates but aftercare drop-outs 39%; and graduates of both in-prison TC and aftercare 8%. This research suggests that participants of in-prison TC demonstrated a very modest reduction in the indicator of recidivism and that aftercare is important for the support of recovery and prevention of crime³³.

³³ This evaluation was excluded from the CDATE project since the research protocol was inferior to the evaluation on the Delaware treatment programme and the value was regarded as an outlier in meta-analysis.

Table 16: The Structure of the Multi-Faceted TC Programme in a Delaware State Prison and an Outline of the Results of the Follow-Up Research

Treatment stage	Programme description
Stage 1: Prison-based TC	9-12 month TC programmes similar to those in the community are conducted in prison (In prison-based TC, participants are strongly motivated towards the programme, and are immersed in it throughout the day. They have an opportunity to relate to staff who are ex-addicts and receive education and exposure to, among other things, pro-social values, a positive working attitude and understanding of the addiction cycle, etc.).
Stage 2: Transition TC in a work release setting	Participants are transferred to a work release programme about 6 months prior to parole. In the daytime, participants commute outside and come back to a halfway house in the evening. During this work release programme, a transitional TC programme is implemented to reduce the chances of relapse.
Stage 3: Aftercare while on parole	<p>On completion of the work release programme, participants are released on parole and placed under the supervision of a parole officer. In the initial stage, an interview was conducted so that anticipated problems could be identified and, short- and long-term goals could be set, and a treatment plan could be devised.</p> <p>During this period, participation in the programmes given in a halfway house such as therapy groups (relapse prevention, human relations, difficulty in employment, economic problems, etc.); individual and family conjoint interviews; and NA or AA meetings in the community are encouraged. Participants who can live an adaptive life for the first thirty days in aftercare are exempt from participation in the therapy group and encouraged to continue to participate in NA or AA meetings in the community. Urine testing is randomly conducted. In case of positive results for controlled substances such as heroin, the participant will be brought back to a halfway house and necessary measures will be taken. In case of positive results in alcohol-breath testing, such a participant will be required to participate in a relapse prevention group in a halfway house TC programme.</p>
Follow-up research	Description
1. Sample	Inmates classified as approved for work release with a recommendation for drug treatment (therapeutic community programme) between 1991 and 1997 in the Delaware Department of Corrections (N = 1,077) were classified into the following four groups ³⁴ .

³⁴ Inmates who died and inmates whose whereabouts were unknown were excluded from the original data set. As a result, the total number of inmates subject to analysis was 690 after 42 months and 540 after 60 months from the start of parole.

Treatment stage	Programme description			
2. Method	<p>a. Interview, recidivism and relapse indicator</p> <p>The baseline interview prior to transfer to work release. Corresponding with graduation from work release (after the start of parole), a follow-up interview was conducted 18, 42 and 60 months after the baseline interview.</p> <p>The subjects at the baseline interview are criminal history, drug-use history, treatment history, physical and mental health and severity of dependency on illegal drugs.</p> <p>At the follow-ups, it is to be confirmed that participants are drug or arrest free according to a self-report of drug use and a urine test, and a self-report of arrest and official record of arrest.</p> <p>b. Logistic regression analysis was conducted with relapse to drugs and the indicator for recommitting crime as dependent variables; and therapeutic intervention, sex, ethnicity, age, criminal history, drug use history and treatment history as independent variables.</p>			
Group composition and estimated probabilities	Drug free		Arrest free	
	42 months	60 months	42 months	60 months
a) No treatment group ³⁵	0.05	0.05	0.27	0.23
b) Treatment group ³⁶				
A. Drop-outs	0.18	0.17	0.33	0.28
B. TC graduates	0.18	0.17	0.33	0.28
C. TC and aftercare graduates	0.18	0.17	0.33	0.28
Interpretation of results	<p>a) TC graduates demonstrated statistically significant results in abstinence from drugs and recidivism (Odds ratio was 3.5 for relapse; 1.6 for new arrest)</p> <p>b) Completion of TC was effective in the prevention of crime; but from the standpoint of prevention of relapse, there was no significant difference between graduates and drop-outs. Both maintenance of abstinence and prevention of recidivism are significantly effective.</p>			

³⁵ Inmates classified as approved for work release and TC, but were not able to participate in TC due to the limited programme capacity.

³⁶ Treatment group consisted of drop-outs (N=166), TC graduates (N=138), TC and aftercare graduates (N=168).

3. Current Situation, Issues and the Future Direction of Aftercare and the Through-care System in the Research Area

In the arrangement of through-care and aftercare, the success of the treatment depends on the structured and systematic implementation of a care plan corresponding to the problems and needs each client has. In case criminal justice agencies are involved with treatment, there should be some constraints on the intervention authority and jurisdiction of each agency. Therefore, it is desirable to implement a treatment programme in the institutional setting, considering what the prescribed goal is. The prison should convey all the necessary information to the agency in charge of providing the community based treatment. Moreover, both parties should be aware of their role as an information provider or intermediary when a client is voluntarily searching for assistance with his drug and/or other problems after the authority of official intervention ends.

The framework of through-care or aftercare varies among the research area, depending on the legal system or the authority or role of the administrative organization or other treatment institutions in the research area. Broadly speaking, there were the following three modalities: a) Single government agency or organization in charge of both institutional and community-based treatment (treatment at a halfway house and subsequent supervision, guidance, and aftercare). (e.g. the practice of Drug Addiction Treatment Centres of the Hong Kong Correctional Service; most of the private treatment and rehabilitation organizations; and community-based treatment of the National Drugs Agency in Malaysia); b) The supervising drug control agency, building partnerships with non-governmental organizations, make an overall arrangement for treatment programmes (e.g. the Central Narcotics Bureau (CNB) and the Singapore Anti-Narcotics Association (SANA) or Singapore Corporation of Rehabilitative Enterprises (SCORE)); or c) the public treatment agency makes an arrangement for the provision of aftercare by non-governmental organizations (e.g. treatment programmes by private shelters after imprisonment or probationary supervision)³⁷.

Modality a) has merit since a single organization consistently provides treatment, information exchange and necessary measures. However, coordination among a number of organizations is difficult without coordination by a superior supervising authority or a place for consultation. Modality b) becomes effective when the supervising organization has enough authority and the ability to coordinate, and there are sufficient social resources. Modality c) is most akin to the practice of Japan. In referring a client to treatment on a voluntary basis, the success of this modality depends on building trusting relationships with non-governmental treatment organizations. Without a meaningful relationship between the related agencies, it is irresponsible for an institutional agency to refer transitional treatment or aftercare to a community-based treatment agency.

³⁷ Modality a) is similar to the practice of the Correctional Service of Canada, and b) is similar to the policy on the treatment of drug abusers in the UK or the US. As for the framework of through-care in Canada or the UK, refer to Teramura (2003).

When we closely examine the practice in the research area, there are various modalities in the practice of through-care and aftercare. Therefore, it is impossible to generalize the practice of a country. Nevertheless, all of the countries and the region in the research area are trying to realize seamless through-care as far as possible under human and material constraints. In the area of treatment systems for drug abusers in Japan, various attempts to build better partnerships among different agencies or organizations have been gradually made. For example, there has been an attempt to combine the service provided by the criminal justice system and the welfare service, getting the cooperation of private self-help groups such as the Drug Addiction Rehabilitation Centre, DARC), in implementing drug abuse programmes in prisons. However, it seems that such attempts have not been well coordinated compared to those in other Asian countries and the region, and the basis for through-care and smooth aftercare is not so well advanced. Earnest discussion and consideration on a practical and policy-making level will be needed.

Lastly, this Section is concluded by listing the Principles of Effective Treatment for drug abuse by the National Institute of Drug Addiction (NIDA, 1998) below. These principles are good guiding rules, in the author's opinion, in planning appropriate therapeutic interventions, realizing through-care, and implementing appropriate aftercare.

Principles of Effective Treatment, NIDA

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counselling (individual and/or group) and the other behavioural therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counselling and other behavioural therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should be treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programmes should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counselling to help patients modify or change behaviours that place themselves or others at risk of infection.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

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DANGEROUS DRUGS ORDINANCE

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CHAPTER 134

DANGEROUS DRUGS

To amend and consolidate the law relating to dangerous drugs.

[17 January 1969] *L.N. 6 of 1969*

PART I

SHORT TITLE AND INTERPRETATION

1. Short title

This Ordinance may be cited as the Dangerous Drugs Ordinance.

2. Interpretation

(1) In this Ordinance, unless the context otherwise requires-

“approved” (認可) means approved by the Director for the purposes of this Ordinance;

“authorized seller of poisons” (獲授權毒藥銷售商) means an authorized seller of poisons within the meaning of the Pharmacy and Poisons Ordinance (Cap. 138);

“cannabis” (大麻) means any plant, or any part of any plant, of the genus *cannabis* which contains tetrahydro-cannabinol and the viable seeds of any plant of the genus *cannabis*; (Replaced 46 of 1978 s. 2)

“cannabis resin” (大麻樹脂) means the separated resin, whether crude or purified, obtained from any plant of the genus *cannabis*; (Added 62 of 1994 s. 2)

“charge” (控訴) means a complaint, information, charge or indictment;

“Chief Pharmacist” (總藥劑師) means the person so appointed by the Chief Executive and such other person as the Director may appoint in writing to carry out the duties of the Chief Pharmacist under this Ordinance; (Amended 13 of 1999 s. 3)

“coca leaves” (古柯葉) means the leaves of any plant of the genus of the *erythroxyllaceae* from which cocaine can be extracted, either directly or by chemical transformation;

“Conventions” (公約) means-

(a)-(d) (Repealed 13 of 1999 s. 3)

(e) the Single Convention on Narcotic Drugs signed at New York on 30 March 1961;

(f) the Convention on Psychotropic Substances signed at Vienna on 21 February 1971;

(g) the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances signed at Vienna on 20 December 1988;

(h) any Convention or Protocol specified in a notice under subsection (4) to be a Convention or Protocol for the purposes of this Ordinance; and

(i) any convention or final protocol amending, supplementing or in substitution for any of the Conventions or Protocols referred to in paragraphs (e), (f), (g) and (h); (Replaced 89 of 1995 s. 34. Amended 13 of 1999 s. 3)

“corresponding law” (相應法律) means a law stated in a certificate purporting to be issued by or on behalf of the government of any place outside Hong Kong to be a law providing for the control and regulation in that place of dangerous drugs in accordance with the Conventions; (Replaced 89 of 1995 s. 34)

“dangerous drug” (危險藥物) means any of the drugs or substances specified in Part I of the First Schedule;

“Director” (署長) means the Director of Health, Deputy Director of Health or an assistant

director of health; (Amended L.N. 76 of 1989)

“divan” (煙窟) means any place or premises opened, kept or used, whether on one occasion or more than one occasion, for the smoking, inhalation, ingestion or injection of a dangerous drug;

“diversion certificate” (轉運證明書) means a certificate issued by a competent authority in a country outside Hong Kong through which a dangerous drug passes in transit-

- (a) authorizing the diversion of such drug to a country other than that specified in the export authorization relating to that drug as the country to which it was to be exported;
- (b) containing full particulars of such drug and the quantity authorized to be diverted and of the names and addresses of the person by whom the drug is to be diverted and the person to whom it is to be sent; and
- (c) specifying the country from which the drug was originally exported;

“ecgonine” (芽子鹼) means laevo-ecgonine and any derivatives of ecgonine from which it may be recovered industrially;

“export” (出口) means to take or cause to be taken out of Hong Kong or any other country, as the case may be, by land, air or water;

“export authorization” (出口授權書) means an authorization issued by a competent authority in the country outside Hong Kong from which a dangerous drug is to be exported-

- (a) containing full particulars of such drug and the quantity authorized to be exported and of the names and addresses of the person by whom the drug is to be exported and the person to whom it is to be sent; and
- (b) specifying the country to which, and the period within which, it is to be exported;

“import” (進口) means to bring or cause to be brought into Hong Kong or any other country, as the case may be, by land, air or water;

“in transit” (過境途中) means imported into Hong Kong for the sole purpose of being exported from Hong Kong to another country;

“inject” or “injection” (注射) means injection into any person by a hypodermic syringe or any other method;

“manufacture” (製造) means any act connected with making, adulterating, purifying, mixing, separating or otherwise treating a dangerous drug; (Replaced 40 of 1982 s. 2)

“matron” (總護士長) includes any person performing the duties of a matron and any person, whatever the title of the office which he holds, performing duties of the kind performed by a matron;

“medicinal opium” (藥用鴉片) means raw opium which has undergone the processes necessary to adapt it for medicinal use in accordance with the requirements of the European Pharmacopoeia or the United States Pharmacopoeia, whether it is in the form of powder or is granulated or is in any other form, and whether or not it is mixed with neutral substances; (Amended 13 of 1999 s. 3)

“opium” (鴉片) includes raw opium, prepared opium, opium dross and every substance (other than medicinal opium) containing any proportion of raw opium, prepared opium or opium dross;

“opium dross” (鴉片煙渣) means any residue remaining after opium has been smoked;

“opium poppy” (鴉片罌粟) means a plant of the species *Papaver somniferum* L or the species *Papaver setigerum* D.C. and any plant from which morphine may be produced;

“opium water” (鴉片水) means an aqueous extract of opium; (Added 46 of 1971 s. 2)

“owner” (擁有人), in relation to any premises, includes any person holding premises direct from the Government, whether under lease, licence or otherwise, any mortgagee in possession and any person receiving the rent of any premises, solely or with another and on his own behalf or that of any person, or who would receive the same if such premises were let to a tenant, and,

where such owner as above defined cannot be found or ascertained or is absent from Hong Kong or is under disability, also includes the agent of such owner; (Amended 46 of 1971 s. 2; 29 of 1998 s. 105)

“place” (場所) means any ship, aircraft, vehicle, building, structure or enclosure, whether movable or not, and any spot on land or water;

“poppy straw” (罌粟稈) means all parts, except the seeds, of the opium poppy after mowing; [cf. 1965 c. 15 s. 24(1) U.K.]

“preparation” (製劑) means a preparation, mixture, extract or other substance containing any proportion of a dangerous drug specified in any of paragraphs 1 to 7 of Part I of the First Schedule; (Amended 46 of 1971 s. 2)

“prepared opium” (熟鴉片) includes any preparation of opium, and any substance of which opium forms an ingredient, which is used or intended to be used, or is capable of being used, for smoking, inhaling, ingestion or injection;

“prescribed hospital” (訂明醫院) means a hospital maintained by the Crown and a hospital or institution specified in the Second Schedule;

“prescription” (處方) means a prescription for a single individual given by a registered medical practitioner for the purposes of medical treatment, by a registered dentist for the purposes of dental treatment or by a registered veterinary surgeon for the purposes of animal treatment; (Amended 96 of 1997 s. 32) [cf. S.I. 1964/1811 reg. 32(1) U.K.]

“raw opium” (生鴉片) means any kind of opium not prepared for smoking, inhaling, ingestion or injection and also means the leaves or wrappings in which raw opium has been wrapped, but does not include opium dross;

“registered dentist” (註冊牙醫) means-

(a) a dentist registered under the Dentists Registration Ordinance (Cap. 156) but who is not qualified to be so registered by virtue of having been registered under the repealed Dentists Registration Ordinance 1940 (1 of 1940, see Cap. 156, 1950 Ed.); or (Amended 34 of 1995 s. 44)

(b) a person deemed to be a registered dentist under the Dentists Registration Ordinance (Cap. 156); (Replaced 62 of 1987 s. 10)

“registered veterinary surgeon” (註冊獸醫) means a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap. 529); (Added 96 of 1997 s. 32)

“ship” (船舶) includes every description of vessel used in navigation or for the carriage or storage of goods on water;

“sister” (護士長) includes any person performing the duties of a nursing sister and any person, whatever the title of the office which he holds, performing duties of the kind performed by a nursing sister;

“specified clinic” (指明診療所), in relation to a specified person, means the clinic specified in the authorization under section 22(5A) by virtue of which such person is a specified person; (Added 2 of 1992 s. 2)

“specified dangerous drug” (指明危險藥物), in relation to a specified person, means any dangerous drug specified in the authorization under section 22(5A) by virtue of which such person is a specified person; (Added 2 of 1992 s. 2)

“specified person” (指明的人) means a person authorized under section 22(5A); (Added 2 of 1992 s. 2)

“trafficking” (販運), in relation to a dangerous drug, includes importing into Hong Kong, exporting from Hong Kong, procuring, supplying or otherwise dealing in or with the dangerous drug, or possessing the dangerous drug for the purpose of trafficking, and “traffic in a dangerous drug” (販運危險藥物) shall be construed accordingly; (Amended 52 of 1992 s. 2)

“unlawful” or “unlawfully” (非法), in relation to trafficking in or manufacturing or storage of a dangerous drug, means otherwise than under and in accordance with this Ordinance or a licence issued thereunder; (Amended 46 of 1971 s. 2)

“wholesale dealer” (批發商) means a person who carries on the business of selling dangerous drugs to persons who buy to sell again, and “wholesale dealing” (批發經營) shall be construed accordingly. [cf. S.I. 1964/1811 reg. 32(1) U.K.]

- (2) For the purposes of this Ordinance, a person shall be deemed to be in possession of a dangerous drug or a pipe, equipment or apparatus, as the case may be, if it is in his actual custody or is held by some other person subject to his control or for him and on his behalf. [cf. S.I. 1964/1811 reg. 20 U.K.]
- (3) Any quantity of a dangerous drug shall be a dangerous drug for the purposes of this Ordinance notwithstanding that the quantity is insufficient to be measured or used. (Added 40 of 1982 s. 2)
- (4) The Secretary for Security may, by notice in the Gazette, specify a Convention or Protocol for the purposes of this Ordinance. (Added 89 of 1995 s. 34)

3. Calculation of percentages for purposes of First Schedule, and extended meaning of “substance” (物質)

- (1) For the purposes of the First Schedule-
 - (a) in the case of liquid preparations, percentages shall be calculated on the basis that a preparation containing 1 per cent of any substance means a preparation in which 1 gram of the substance if a solid, or 1 millilitre of the substance if a liquid, is contained in every 100 millilitres of the preparation, and so in proportion for any greater or less percentage; and
 - (b) in the case of salts, percentages shall be calculated as in respect of the anhydrous base.
- (2) The specification in paragraph 1 of Part I of the First Schedule of a substance shall, if the existence of isomers of that substance is possible within the specific chemical designation thereof, be taken to comprehend the specification of any isomer of that substance whose existence is possible as aforesaid; and any other reference in the First Schedule to a substance specified in paragraph 1 of Part I thereof shall be construed accordingly. [cf. 1965 c. 15 s. 24(2) U.K.]

PART II

CONTROL OF IMPORT, EXPORT, PROCURING, SUPPLY, DEALING IN OR WITH, MANUFACTURE AND POSSESSION OF DANGEROUS DRUGS

4. Trafficking in dangerous drug

- (1) Save under and in accordance with this Ordinance or a licence granted by the Director hereunder, no person shall, on his own behalf or on behalf of any other person, whether or not such other person is in Hong Kong-
 - (a) traffic in a dangerous drug;
 - (b) offer to traffic in a dangerous drug or in a substance he believes to be a dangerous drug; or
 - (c) do or offer to do an act preparatory to or for the purpose of trafficking in a dangerous drug or in a substance he believes to be a dangerous drug. (Amended 37 of 1980 s. 2)

- (2) Subsection (1) shall apply whether or not the dangerous drug is in Hong Kong or is to be imported into Hong Kong or is ascertained, appropriated or in existence.
- (3) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable-
 - (a) on conviction on indictment, to a fine of \$5,000,000 and to imprisonment for life; and
 - (b) on summary conviction, to a fine of \$500,000 and to imprisonment for 3 years. (Amended 43 of 1974 s. 2)
- (4) This section does not apply to-
 - (a) a preparation specified in Part II of the First Schedule; or
 - (b) a dangerous drug which is in transit and-
 - (i) is in course of transit from a country from which it may lawfully be exported to another country into which it may lawfully be imported; and
 - (ii) was exported from a country which is a party to the Conventions and is accompanied by a valid export authorization or diversion certificate, as the case may be. (Replaced 7 of 1984s. 2)

4A. Trafficking in purported dangerous drug

- (1) No person shall, on his own behalf or on behalf of any other person, whether or not such other person is in Hong Kong-
 - (a) traffic in any substance represented or held out by him to be a dangerous drug but which is not in fact a dangerous drug;
 - (b) offer to traffic in any substance represented or held out by him to be a dangerous drug but which is not in fact a dangerous drug; or
 - (c) do or offer to do an act preparatory to or for the purpose of trafficking in any substance represented or held out by him to be a dangerous drug but which is not in fact a dangerous drug.
- (2) Subsection (1) shall apply whether or not the substance represented or held out to be a dangerous drug is in Hong Kong or is to be imported into Hong Kong or is ascertained, appropriated or in existence.
- (3) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable-
 - (a) on conviction on indictment, to a fine of \$500,000 and to imprisonment for 7 years; and
 - (b) on summary conviction, to a fine of \$100,000 and to imprisonment for 1 year.
- (4) No prosecution for an offence under this section shall be instituted without the consent in writing of the Secretary for Justice, but this subsection shall not prevent the arrest, or the issue of a warrant for the arrest, of a person for any such offence, or the remand in custody or on bail of a person charged with such an offence. (Amended L.N. 362 of 1997)

(Added 37 of 1980 s. 3)

5. Dangerous drug not to be supplied except to person authorized or licensed to be in possession thereof

- (1) No person shall supply or procure, or offer to supply or procure, a dangerous drug to or for any person in Hong Kong unless-
 - (a) the latter person is authorized by or licensed under this Ordinance to be in possession of

that dangerous drug;

- (b) the dangerous drug is to be supplied or procured in accordance with this Ordinance; and
 - (c) in the case of a person licensed under this Ordinance to be in possession of the dangerous drug, the dangerous drug is to be supplied or procured in accordance with the conditions of his licence.
- (2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable-
- (a) on conviction on indictment, to a fine of \$100,000 and to imprisonment for 15 years; and
 - (b) on summary conviction, to a fine of \$10,000 and to imprisonment for 3 years.
- (3) For the purposes of this section, the administration of a dangerous drug-
- (a) by or under the direct personal supervision of, and in the presence of, a registered medical practitioner;
 - (b) by or under the direct personal supervision of, and in the presence of, a registered dentist in the course of dental treatment;
 - (c) by a sister for the time being in charge of a ward, theatre or other department in a prescribed hospital or in a health centre or clinic maintained by the Crown acting on the instructions of a registered medical practitioner, to a patient of that ward, theatre, department, health centre or clinic; or
 - (d) which is a specified dangerous drug, by or under the direct personal supervision of, and in the presence of, a specified person in the course of medical treatment in a specified clinic,
(Added 2 of 1992 s. 3)
- shall be deemed not to be the supplying of the dangerous drug.

(Amended 2 of 1992 s. 3)

[cf. S.I. 1964/1811 reg. 8 U.K.]

6. Manufacture of dangerous drug

- (1) Save under and in accordance with this Ordinance or under and in accordance with a licence granted by the Director thereunder and on the premises specified in such licence, no person shall-
- (a) manufacture a dangerous drug; or
 - (b) do or offer to do an act preparatory to or for the purpose of manufacturing a dangerous drug.
- (2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction on indictment to a fine of \$5,000,000 and to imprisonment for life.

(Amended 43 of 1974 s. 3)

7. *(Repealed 52 of 1992 s. 3)*

8. Possession of dangerous drug otherwise than for trafficking, and consumption of dangerous drug

- (1) Save under and in accordance with this Ordinance or a licence granted by the Director thereunder, no person shall-
- (a) have in his possession; or
 - (b) smoke, inhale, ingest or inject, a dangerous drug.
- (2) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable-

- (a) on conviction upon indictment to a fine of \$1,000,000 and, subject to section 54A, to imprisonment for 7 years; or
- (b) on summary conviction to a fine of \$100,000 and, subject to section 54A, to imprisonment for 3 years. (*Amended 67 of 1979 s. 2; 52 of 1992 s. 4*)

9. Cultivation of and dealing in cannabis plant and opium poppy

- (1) No person shall cultivate any plant of the genus cannabis or the opium poppy, but nothing in this subsection shall prevent the Government Chemist, in his capacity as such, from cultivating a plant of the genus cannabis so far as may be necessary for the exercise of his employment. (*Amended 62 of 1994 s. 3*)
- (2) No person shall, on his own behalf or on behalf of any other person, whether or not such other person is in Hong Kong-
 - (a) supply or procure or offer to supply or procure;
 - (b) in any way deal in or with or offer or purport to deal in or with; or
 - (c) import into or export from Hong Kong or do an act preparatory to or for the purpose of such importing or exporting, any plant of the genus cannabis or the opium poppy, whether or not the same is in Hong Kong or is ascertained or appropriated or in existence.
- (3) No person shall have in his possession any plant of the genus cannabis or the opium poppy unless the same is in transit.
- (4) Section 14 shall apply to any plant of the genus cannabis and the opium poppy when the same is in transit as it applies to a dangerous drug which is in transit.
- (5) Any person who contravenes any of the provisions of this section shall be guilty of an offence and shall be liable on conviction on indictment to a fine of \$100,000 and to imprisonment for 15 years.

PART III

ISSUE OF LICENCES AND CERTIFICATES, REQUIREMENTS IN CONNECTION WITH LAWFUL IMPORT AND EXPORT OF DANGEROUS DRUGS, AND DANGEROUS DRUGS IN TRANSIT

10. Licence to import dangerous drug

- (1) The Director may issue an import licence authorizing the person named therein to import into Hong Kong, within the period specified therein, such quantity of a dangerous drug as may be specified therein.
- (2) When an import licence is issued to any person under subsection (1), the Director shall also issue to that person an import certificate, and where such person intends to import the dangerous drug in more than one consignment the Director shall issue to him a separate import certificate in respect of each consignment.

11. Requirements to be complied with in relation to import of dangerous drug

- (1) The person to whom an import certificate is issued under section 10(2) shall send the same to the person from whom the dangerous drug to which it relates is to be obtained.
- (2) A dangerous drug which is imported into Hong Kong from a country which is a party to the Conventions shall be accompanied by a valid export authorization or diversion certificate.

- (3) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine of \$5,000 and to imprisonment for 6 months.
- (4) In the event of a contravention of subsection (2), the person by whom the dangerous drug is imported into Hong Kong shall be guilty of an offence and shall be liable on conviction to a fine of \$5,000 and to imprisonment for 6 months, unless he shows that he had taken all practicable steps to ensure that the said subsection was complied with.

12. Licence to export dangerous drug

- (1) Subject to subsection (2), the Director may issue an export licence authorizing the person named therein to export from Hong Kong to the country specified therein, within the period specified therein, such quantity of a dangerous drug as may be specified therein.
- (2) Save where the dangerous drug is to be exported to a country which is not a party to the Conventions, an export licence shall not be issued under subsection (1) except on production of an import certificate issued by a competent authority in the country to which the drug is to be exported, and then only to the person named in such certificate and in respect of the dangerous drug specified therein.
- (3) When an export licence is issued to any person under subsection (1), the Director shall also issue to that person a copy of the licence.

13. Requirements to be complied with on export of dangerous drug

- (1) The person to whom an export licence is issued under section 12(1) shall send the copy of the licence issued to him pursuant to subsection (3) of that section with the dangerous drug to which the licence relates when the same is exported from Hong Kong. (Amended 46 of 1971 s. 3)
- (2) A person who intends to export from Hong Kong a dangerous drug in respect of which an export licence has been issued under section 12(1) shall-
 - (a) if so required, produce to the Director the dangerous drug and the export licence; (Amended 62 of 1994 s. 4)
 - (aa) ensure that all commercial and shipping documents relating to the dangerous drug to be exported include the name of the dangerous drug being exported, the quantity being exported and the name and address of the exporter and the importer; and (Added 62 of 1994 s. 4)
 - (b) produce such other evidence as the Director may require to satisfy him that the dangerous drug is being lawfully exported to the place and person specified in the export licence.
- (3) Any person who contravenes subsection (1) or (2) shall be guilty of an offence and shall be liable on conviction to a fine of \$5,000 and to imprisonment for 6 months.

14. Dangerous drug in transit

- (1) If a dangerous drug which is in transit-
 - (a) is not in course of transit from a country from which it may lawfully be exported to another country into which it may lawfully be imported; or
 - (b) was exported from a country which is a party to the Conventions and was not accompanied by a valid export authorization or diversion certificate, as the case may be, the person by whom the dangerous drug was imported shall, unless, in the case of a contravention of paragraph (b), he shows that he had taken all practicable steps to ensure that the said paragraph

was complied with, be guilty of an offence and shall be liable on conviction on indictment, to a fine of \$100,000 and to imprisonment for 10 years and on summary conviction, to a fine of \$10,000 and to imprisonment for 3 years. (Amended 46 of 1978 s. 3)

- (2) Save under and in accordance with a removal licence issued by the Director under section 15, no person shall-
 - (a) remove a dangerous drug which is in transit from the ship, aircraft, vehicle or train in which it was imported into Hong Kong; or
 - (b) in any way move a dangerous drug in Hong Kong after its removal from the ship, aircraft, vehicle or train in which it was imported into Hong Kong.
- (3) No person shall-
 - (a) cause a dangerous drug which is in transit to be subjected to any process which alters its nature; or
 - (b) wilfully open or break any package or other thing containing a dangerous drug which is in transit, except on the instructions of the Director and in such manner as he may direct.
- (4) Save under and in accordance with a diversion licence issued by the Director under section 16(1), no person shall cause a dangerous drug which is in transit to be diverted to any destination other than-
 - (a) the country specified in the export authorization or diversion certificate accompanying the dangerous drug when it was imported into Hong Kong; or
 - (b) the country to which the dangerous drug was originally to be exported.
- (5) Any person who contravenes subsection (2), (3) or (4) shall be guilty of an offence and shall be liable-
 - (a) on conviction on indictment, to a fine of \$100,000 and to imprisonment for 10 years; and
 - (b) on summary conviction, to a fine of \$10,000 and to imprisonment for 3 years.
- (6) Subsection (1) or (3)(b) shall not apply to-
 - (a) a dangerous drug which is in transit by post; or
 - (b) a dangerous drug forming part of the medical stores of a ship or aircraft, if the quantity thereof does not exceed the quantity reasonably required for the purpose of such stores.
- (7) Subsection (2) shall not apply to a dangerous drug which is in transit by post.

15. Licence to remove dangerous drug in transit

- (1) Subject to subsection (2), the Director may issue a removal licence authorizing the person named therein to remove the dangerous drug in transit specified therein in such manner and at such time as may be specified therein.
- (2) Except where a dangerous drug which is in transit was exported from a country which is not a party to the Conventions, a removal licence shall not be issued in respect of a dangerous drug unless a valid export authorization or diversion certificate relating to that drug is produced to the Director.

16. Licence to divert dangerous drug in transit

- (1) Subject to subsection (2), the Director may issue a diversion licence authorizing the person named therein to divert the dangerous drug in transit specified therein to such country as may be specified therein.

- (2) The Director shall not issue a diversion licence under subsection (1) except-
 - (a) on production to him of a valid import certificate issued by a competent authority in the country to which the dangerous drug in transit is to be diverted; or
 - (b) if that country is not a party to the Conventions, on production to him of evidence which satisfies him that the dangerous drug in transit is to be consigned to the country to which it is to be diverted in a lawful manner and for a lawful purpose.
- (3) On the issue of a diversion licence under subsection (1), the export authorization or diversion certificate (if any) accompanying the dangerous drug when it was imported into Hong Kong shall be detained by the Director and returned to the authority by which it was issued, together with a notice of the name of the country to which the dangerous drug has been diverted.
- (4) When a diversion licence is issued to any person under subsection (1), the Director shall also issue to that person a copy of the licence.

17. Requirement to be complied with where diversion licence issued

- (1) The person to whom a diversion licence is issued under section 16(1) shall send the copy of the licence issued to him pursuant to section 16(4) with the dangerous drug to which the licence relates when the same is exported from Hong Kong.
- (2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine of \$5,000 and to imprisonment for 6 months.

18. General power of Director to issue licences

In addition to the licences and certificates which the Director is empowered to issue under any other provision in this Part, the Director may issue any licence required for the purposes of this Ordinance.

19. Issue of licence, etc. to be in discretion of Director and power to impose conditions

- (1) Save as otherwise provided, the issue of a licence or certificate under this Ordinance shall be in the discretion of the Director.
- (2) On the issue of a licence or certificate under this Ordinance, the Director may impose such conditions as he thinks fit.
- (3) Any person who contravenes a condition to which a licence or certificate issued by the Director under this Ordinance is subject shall be guilty of an offence and shall be liable on conviction to a fine of \$50,000 and to imprisonment for 3 years.

20. Cancellation of licences, etc.

- (1) The Director may at any time cancel a licence or certificate issued under this Ordinance.
- (2) Any person aggrieved by the cancellation under subsection (1) of a licence or certificate may, within 14 days after the delivery to him of notice of the cancellation, appeal by way of petition to the Chief Executive.
- (3) On an appeal under subsection (2), the Chief Executive may confirm, vary or reverse the decision or substitute therefor such other decision or make such other order as he thinks fit.

(Amended 13 of 1999 s. 3)

21. Form of licence and certificate

A licence or certificate under this Ordinance shall be in such form as the Director may determine.

PART IV

STATUTORY AUTHORITY TO PROCURE, SUPPLY AND POSSESS DANGEROUS DRUGS

22. Statutory authority for certain persons to possess, supply or manufacture dangerous drugs

- (1) Subject to the provisions of this Ordinance-
 - (a) a registered medical practitioner;
 - (b) a registered dentist;
 - (c) a registered veterinary surgeon; (Amended 96 of 1997 s. 33)
 - (d) the Chief Pharmacist;
 - (e) a person-
 - (i) who is a registered pharmacist or an approved person;
 - (ii) who is employed or engaged at a prescribed hospital or at a health centre or clinic maintained by the Crown; and
 - (iii) whose duties in that employment or engagement include the dispensing or supply of medicines for that, or any other such, hospital, health centre or clinic;
 - (f) a sister for the time being in charge of a ward, theatre or other department in a prescribed hospital or in a health centre or clinic maintained by the Crown;
 - (g) a person in charge of a laboratory used for the purposes of research or instruction and attached to a university or to an approved hospital or institution, is hereby authorized, so far as may be necessary for the practice or exercise of his profession, function or employment, and in his capacity as such, to be in possession of and to supply a dangerous drug.
- (2) Subject to the provisions of this Ordinance, the matron of a prescribed hospital is hereby authorized, so far as may be necessary for the purposes of the hospital, and in her capacity as matron thereof, to be in possession of and to supply a dangerous drug.
- (3) The Government Chemist is hereby authorized, so far as may be necessary for the exercise of his employment, and in his capacity as such, to be in possession of or to synthesize a dangerous drug. (Amended 62 of 1994 s. 5)
- (4) A registered medical practitioner is hereby authorized, so far as may be necessary for the practice of his profession, to manufacture any preparation and to be in possession of and procure any dangerous drug required for the manufacture of such preparation.
- (5) Any registered pharmacist or approved person who is employed or engaged at a prescribed hospital is hereby authorized-
 - (a) to manufacture any preparation required for the purposes of the hospital; and
 - (b) to be in possession of and to procure any dangerous drug so far as it may be necessary for such manufacture:

Provided that an approved person shall be so authorized only if he is acting on the directions of the medical officer in charge of the hospital.
- (5A) The Director may authorize in writing, for such period as he may specify in the authorization, a person who-
 - (a) is not a registered medical practitioner; and
 - (b) practises medicine in a clinic exempted under section 8 of the Medical Clinics Ordinance (Cap. 343),

to-

- (i) supply in that clinic such of the dangerous drugs specified in the Sixth Schedule as are specified in the authorization, so far as may be necessary for the purposes of and in the course of medical treatment; and
 - (ii) be in possession in that clinic of, and to procure, such drugs specified in the authorization in not more than such quantity as the Director may specify in the authorization, so far as may be necessary for such supply. (Added 2 of 1992 s. 4)
- (6) In section 24, and in this section, except subsection (3), “dangerous drug” does not include the drugs specified in any of paragraphs 8 to 11 of Part I of the First Schedule. (Amended 46 of 1978 s. 4; 80 of 1997 s. 102)

[*cf S.I 1964/1811 reg. 10(1) & (3) U.K.*]

23. Restrictions on authority conferred by section 22, etc.

- (1) Nothing in section 22 shall-
- (a) authorize a registered dentist to supply a dangerous drug unless the drug is administered by him, or under his direct supervision and in his presence, to a person receiving treatment by him;
 - (b) authorize the sister in charge of a ward, theatre or other department in a prescribed hospital or in a health centre or clinic maintained by the Crown-
 - (i) to procure a dangerous drug except from a person employed or engaged in dispensing medicines at the hospital, health centre or clinic or from the matron of the hospital and except upon a written order signed by the sister; or
 - (ii) to supply a dangerous drug except in accordance with a prescription lawfully given by a registered medical practitioner in charge of any of the patients of the hospital, health centre or clinic or in accordance with directions given in the bed card or case sheet of a patient in the hospital or health centre by a registered medical practitioner in charge of that patient or in accordance with a prescription lawfully given by a registered dentist in charge of any of the patients in the hospital;
 - (c) authorize a person who is a registered pharmacist or an approved person and who is employed or engaged at a prescribed hospital or at a health centre or clinic maintained by the Crown to supply a dangerous drug except-
 - (i) in accordance with a written order signed by the sister in charge of a ward, theatre or other department in the hospital, health centre or clinic; or
 - (ii) in accordance with a prescription lawfully given by a registered medical practitioner in charge of any of the patients of the hospital, health centre or clinic or in accordance with directions given in the bed card or case sheet of a patient in the hospital or health centre by a registered medical practitioner in charge of that patient or in accordance with a prescription lawfully given by a registered dentist in charge of any of the patients in the hospital; (Amended 2 of 1992 s. 5)
 - (d) authorize the matron of a prescribed hospital to procure a dangerous drug except on an order signed by the medical officer in charge of the hospital or to supply a dangerous drug except-
 - (i) in accordance with a written order signed by the sister in charge of a ward, theatre or other department in the hospital; or
 - (ii) in accordance with a prescription lawfully given by a registered medical practitioner or registered dentist in charge of any of the patients in the hospital or in accordance with directions given in the bed card or case sheet of a patient in the hospital by a registered

medical practitioner in charge of that patient; or (Amended 2 of 1992 s. 5)

- (e) authorize a specified person to give a prescription prescribing a specified dangerous drug. (Added 2 of 1992 s. 5)
- (2) A written order signed by a sister in accordance with subsection (1)(b)(i) on which a dangerous drug is procured shall be marked, in such manner as to show that it has been complied with, by the person employed or engaged in dispensing medicines who complies with the order or by the matron, as the case may be, and shall be kept in the dispensary or by the matron, and a copy or note thereof shall be kept for at least 2 years by the sister for the time being in charge of the ward, theatre or department for use in which the dangerous drug was procured. [cf. S.I. 1964/1811 reg. 10(5) U.K.]
- (3) Whenever a dangerous drug is supplied-
 - (a) on a written order signed by a sister in accordance with subsection (1)(b)(i);
 - (b) on a prescription lawfully given by a registered medical practitioner or a registered dentist; or
 - (c) in accordance with directions given in the bed card or case sheet of a patient, by a person who is a registered pharmacist or an approved person and who is employed or engaged at a prescribed hospital or at a health centre or clinic maintained by the Crown or by the matron of a hospital, a record of such order or prescription shall be entered in a book kept solely for the purpose.
- (4) Every dangerous drug, other than a preparation specified in Part II of the First Schedule, in the actual custody of a person authorized by section 22 to be in possession thereof shall, except when the necessities of the practice or exercise of the profession, function or employment by virtue of which that person is so authorized otherwise require, be kept in a locked receptacle which can be opened only by him or by some other person authorized by that section to be in possession of the dangerous drug. [cf. S.I. 1964/1811 reg. 10(4) First Schedule U.K.]
- (5) All dangerous drugs which are in the possession of any person by virtue of section 22(1)(e) or (f), (2) or (5) shall be examined at least once in every month by a person appointed by the medical officer in charge of the hospital, health centre or clinic, and if it appears to the person by whom such examination is carried out-
 - (a) that a dangerous drug is in the possession of such person otherwise than in accordance with this Ordinance;
 - (b) that the proper quantity of any dangerous drug is not in the possession of such person; or
 - (c) that any dangerous drug has been supplied to or supplied or dispensed by such person otherwise than in accordance with this Ordinance,he shall forthwith notify the Director.
- (6) Any person who-
 - (a) contravenes subsection (3) or (4); or
 - (b) fails to notify the Director in accordance with subsection (5),shall be guilty of an offence and shall be liable on conviction to a fine of \$5,000.

[cf. S.I. 1964/1811 reg. 10(1) proviso & reg. 10(3) proviso U.K.]

24. Statutory authority for authorized sellers of poisons to manufacture preparations and retail drugs and preparations, and for listed sellers of poisons to retail certain preparations

- (1) An authorized seller of poisons is hereby authorized-

- (a) in the ordinary course of his retail business to manufacture at any premises registered by him under the Pharmacy and Poisons Ordinance (Cap. 138) any preparation;
 - (b) subject to the provisions of this Ordinance, to carry on at any such premises the business of retailing, dispensing and compounding any dangerous drug;
 - (c) to supply any dangerous drug otherwise than by way of wholesale dealing; and
 - (d) to supply any dangerous drug by way of wholesale dealing to any person licensed or authorized under this Ordinance to be in possession of that dangerous drug.
- (2) A person who is a listed seller of poisons under the Pharmacy and Poisons Ordinance (Cap. 138) is hereby authorized to carry on, at the premises at which he is entitled to conduct the retail sale of poisons under that Ordinance, the retail sale of any preparation specified in Part IV of the First Schedule. (Replaced 46 of 1971 s. 4)
- (3) Nothing in subsection (1) shall authorize the sale by retail of poisons by a person who is not qualified in that behalf under, or such sale otherwise than in accordance with, the Pharmacy and Poisons Ordinance (Cap. 138) or be in derogation of the provisions of that Ordinance prohibiting, restricting or regulating the sale of poisons.
- (4) Nothing in subsection (1) shall authorize an authorized seller of poisons to be in possession of any dangerous drug except on premises registered by him under the Pharmacy and Poisons Ordinance (Cap. 138).
- (5) Every dangerous drug, other than a preparation specified in Part II of the First Schedule, in the actual custody of a person authorized by this section to be in possession thereof shall be kept in a locked receptacle which can be opened only by him or by some assistant of his who is a registered pharmacist and is not a person whose authority has been withdrawn under section 33.

[cf. S.I. 1964/1811 reg. 12 U.K.]

25. Statutory authority to possess dangerous drug supplied by registered medical practitioner, etc., or on prescription or by authorized seller of poisons

- (1) A person to whom-
- (a) a dangerous drug is lawfully supplied by a registered medical practitioner or a registered veterinary surgeon; (Amended 96 of 1997s. 34)
 - (b) a dangerous drug is lawfully supplied on a prescription lawfully given by a registered medical practitioner or a registered dentist or a registered veterinary surgeon; (Amended 96 of 1997 s. 34)
 - (c) a dangerous drug specified in Part III of the First Schedule is lawfully supplied by an authorized seller of poisons;
 - (d) a preparation specified in Part IV of the First Schedule is lawfully supplied by a person referred to in section 24(2);
 - (e) a specified dangerous drug is lawfully supplied by a specified person, (Added 2 of 1992 s. 6) is hereby authorized to be in possession of the dangerous drug or preparation so supplied. (Amended 2 of 1992 s. 6)
- (2) Notwithstanding the provisions of subsection (1), a person supplied with a dangerous drug by, or on a prescription given by, a registered medical practitioner, or supplied with a specified dangerous drug by a specified person, shall be deemed not to be authorized by that subsection to be in possession of such drug if-
- (a) he was being supplied with-
 - (i) a dangerous drug by, or on a prescription given by, another registered medical

practitioner; or

- (ii) a specified dangerous drug by a specified person, and did not disclose the fact to the first-mentioned registered medical practitioner before the supply by him or on his prescription, or to the first-mentioned specified person before the supply by him, whichever is the case; or
- (b) he or any other person on his behalf made a declaration or statement for the purpose of obtaining the supply or prescription, as the case may be, and the declaration or statement was false in any particular. (Replaced 2 of 1992 s. 6)

[*cf. S.I. 1964/1811 reg. 9(2) U.K.*]

26. Statutory authority to ingest or inject dangerous drug

- (1) A person who-
 - (a) ingests or injects into himself a dangerous drug-
 - (i) on the direction of a registered medical practitioner, for the purposes of medical treatment;
 - (ii) on the direction of a registered dentist, for the purposes of dental treatment; or
 - (iii) which is a specified dangerous drug, on the direction of a specified person, for the purposes of medical treatment; (Added 2 of 1992 S. 7)
 - (b) ingests a dangerous drug specified in Part III of the First Schedule which was lawfully supplied by an authorized seller of poisons; or
 - (c) ingests a preparation specified in Part IV of the First Schedule which was lawfully supplied by a person referred to in section 24(2), shall not thereby contravene this Ordinance. (Amended 2 of 1992 s. 7)
- (2) Where-
 - (a) a registered medical practitioner injects a dangerous drug into another person for the purposes of medical treatment;
 - (b) a registered dentist injects a dangerous drug into another person for the purposes of dental treatment; or
 - (c) a specified person injects a specified dangerous drug into another person for the purposes of medical treatment in a specified clinic, he shall not thereby contravene this Ordinance. (Replaced 2 of 1992 s. 7)
- (3) A person who-
 - (a) injects a dangerous drug into another person, for the purposes of medical treatment, on the direction of a registered medical practitioner;
 - (b) injects a dangerous drug into another person, for the purposes of dental treatment, on the direction and in the presence of a registered dentist; or
 - (c) injects a specified dangerous drug into another person, for the purposes of medical treatment in a specified clinic, on the direction and in the presence of a specified person, shall not thereby contravene this Ordinance. (Replaced 2 of 1992 s. 7)

27. Statutory authority to possess equipment and apparatus for injection of dangerous drugs

- (1) The following persons are hereby authorized to have in their possession equipment or apparatus fit and intended for the injection of a dangerous drug (or, in the case of paragraph (d), a specified dangerous drug), so far as may be necessary for the purposes of the practice or exercise of their profession, function or employment, that is to say-

- (a) any registered medical practitioner;
 - (b) any registered dentist;
 - (c) any person employed or engaged in a prescribed hospital or in a health centre or clinic maintained by the Crown; and
 - (d) any specified person. (*Added 2 of 1992 s. 8*)
- (2) A person is hereby authorized to have in his possession equipment or apparatus fit and intended for the injection of-
- (a) a dangerous drug if the same is for use for the injection into himself of a dangerous drug on the direction of a registered medical practitioner for the purposes of medical treatment; or
 - (b) a specified dangerous drug if the same is for use for the injection into himself of such drug on the direction of a specified person for the purposes of medical treatment. (*Replaced 2 of 1992 S. 8*)

(Amended 2 of 1992 s. 8)

28. Statutory authority of masters of ships to possess, supply and procure dangerous drugs

- (1) (a) The master of a ship which does not carry on board as part of her complement a registered medical practitioner, is hereby authorized-
- (i) so far as may be necessary for the purpose of compliance with the Merchant Shipping (Seafarers) Ordinance (Cap. 478), to be in possession of dangerous drugs; and
 - (ii) subject to any conditions and instructions which may be applicable thereto, to supply those dangerous drugs to members of the crew.
- (b) Where a dangerous drug is supplied to a member of the crew of a ship-
- (i) an entry in the official log book; or
 - (ii) in the case of a ship which is not required under the Merchant Shipping (Seafarers) Ordinance (Cap. 478) to carry an official log book, a report signed by the master of the ship,
- shall notwithstanding anything in this Ordinance be a sufficient record of the supply, if the entry or report specifies the dangerous drug supplied and, in the case of such a report, it is delivered as soon as practicable to the superintendent of a mercantile marine office.
- (c) Every dangerous drug in the possession of the master of a ship by virtue of this section shall, except where the necessity of supplying it to a member of the crew otherwise requires, be kept in a locked receptacle, which can be opened only by the master or by an officer authorized by the master.
- (d) In this section-
- “mercantile marine office” (商船海員管理處) means a mercantile marine office established and maintained under the Merchant Shipping Acts# or the Office within the meaning of the Merchant Shipping (Seafarers) Ordinance (Cap. 478);
- “official log book” (正式航海日誌) means the official log book required to be kept under the Merchant Shipping (Seafarers) Ordinance (Cap. 478). (*Amended 44 of 1995 s. 143*)
- (2) (a) Where a ship which is registered or licensed outside Hong Kong is in Hong Kong, the master

Please also see following-

(a) in relation to the Merchant Shipping Act 1894, Part 3 of Schedule 5 to Cap. 415 and s. 1 of Schedule 2 to Cap. 508;

(b) in relation to the Merchant Shipping Acts 1894 to 1979, s. 117 of Cap. 281, s. 103 of Cap. 415 and s. 142 of Cap. 478.

of the ship is hereby authorized to procure such quantity of dangerous drugs as may be certified by a public officer appointed for the purposes of this subsection by the Director to be necessary for the equipment of the ship until it reaches its home port. (Amended 23 of 1998 s. 2)

- (b) A person who supplies a dangerous drug in accordance with a certificate given under paragraph (a) shall retain the certificate and mark it with the date on which the dangerous drug was supplied and keep it on his premises so as to be at all times available for inspection.
- (3) Any person who contravenes subsection (1)(c) or (2)(b) shall be guilty of an offence and shall be liable on conviction to a fine of \$5,000.

[cf. S.I. 1964/1811 reg. 13(1) & (2) U.K.]

29. Further statutory authorization of persons authorized or licensed to manufacture or supply dangerous drug

For the purposes of this Ordinance, but subject in each case to the provisions of this Ordinance and to any condition to which a licence issued thereunder is subject-

- (a) a person authorized by or licensed under this Ordinance to manufacture a dangerous drug is hereby authorized to supply that drug; and
- (b) a person authorized by or licensed under this Ordinance to supply a dangerous drug is hereby authorized to have that drug in his possession and to procure that drug.

[cf. S.I. 1964/1811 reg. 29 U.K.]

30. Supply of dangerous drugs to hospitals, etc.

- (1) A dangerous drug shall not be supplied for use in a prescribed hospital or in a health centre or clinic maintained by the Crown except on the written order of the registered pharmacist in charge of the dispensary attached to the hospital, health centre or clinic or of the medical officer in charge of the hospital, health centre or clinic.
- (2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine of \$10,000 and to imprisonment for 12 months.

31. Supply of dangerous drug on prescription

- (1) A person shall not supply a dangerous drug on a prescription-
 - (a) unless the prescription complies with the provisions of this Ordinance relating to prescriptions;
 - (b) unless he is either acquainted with the signature of the person by whom it purports to be given and has no reason to suppose that it is not genuine or has taken reasonable steps to satisfy himself that it is genuine;
 - (c) before the date specified in the prescription.
- (2) If a prescription prescribing a dangerous drug expressly states that it may, subject to the lapse of an interval or intervals specified in the prescription, be dispensed a second or third time, the drug thereby prescribed may, as the case may be, be supplied a second or third time after the specified interval or intervals but no more, but save as aforesaid a prescription shall not for the purposes of this Ordinance be taken as enabling the dangerous drug to be supplied more than once.
- (3) A person dispensing a prescription prescribing a dangerous drug shall-
 - (a) at the time of dispensing the prescription, mark thereon the date on which it is dispensed and, in the case of a prescription which may be dispensed a second or third time, the date

of each occasion on which it is dispensed; and

- (b) retain and keep the prescription on the premises where it is dispensed and so as to be at all times available for inspection.
- (4) Any person who contravenes subsection (1) or (3) shall be guilty of an offence and shall be liable on conviction to a fine of \$10,000.

[*cf. S.I. 1964/1811 reg. 15 U.K.*]

32. Supply of dangerous drugs to persons on behalf of another, otherwise than on prescription

- (1) Where a dangerous drug, other than a dangerous drug specified in Part III of the First Schedule, is to be lawfully supplied to any person (hereinafter referred to as "the recipient") otherwise than by, or on a prescription lawfully given by, a registered medical practitioner, the person supplying the dangerous drug (hereinafter referred to as "the supplier") shall not deliver it to a person who purports to be sent by or on behalf of the recipient unless that person either-
 - (a) is authorized by or licensed under this Ordinance to be in possession of that dangerous drug; or
 - (b) produces to the supplier a statement in writing signed by the recipient to the effect that he is empowered by the recipient to receive that dangerous drug on behalf of the recipient, and the supplier is reasonably satisfied that the document is a genuine document.
- (2) A person to whom a dangerous drug is lawfully delivered in the circumstances mentioned in subsection (1) shall be deemed to be a person authorized to be in possession thereof, but for such period only as in the circumstances of the case is reasonably sufficient to enable delivery to the recipient to be effected.
- (3) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine of \$10,000.

[*cf. S.I. 1964/1811 reg. 21 U.K.*]

33. Withdrawal of authority conferred by section 22

- (1) Whenever the Director is of opinion that it is in the public interest to do so, he may by order-
 - (a) withdraw absolutely from any person the authorization conferred by section 22; or
 - (b) withdraw from any person the authorization conferred by section 22 and suspend such withdrawal subject to such conditions as he thinks fit.
- (2) The withdrawal under subsection (1) of the authorization conferred on any person by section 22 may extend to all dangerous drugs or to such dangerous drugs or class of dangerous drugs as the Director may specify and may be permanent or for such period as the Director may specify.
- (3) Any person aggrieved by an order under subsection (1) may, within 14 days after the delivery to him of a copy of the order, appeal by way of petition to the Chief Executive.
- (4) An order under subsection (1) shall take effect on publication in the Gazette, and no such order shall be published in the Gazette-
 - (a) until the expiry of a period of 14 days after a copy thereof, and a statement in writing of the grounds on which the order was made and that the same is to be published in the Gazette, have been delivered to the person in respect of whom it was made; or
 - (b) where there is an appeal under subsection (3), unless the order is confirmed by the Chief Executive or the appeal is abandoned.

- (5) Where on an appeal under subsection (3) the order under subsection (1) is varied or some other decision substituted therefor or some other order made, notice thereof shall be published in the Gazette, and the decision of the Chief Executive on the appeal shall not take effect until such notice is so published.
- (6) (a) Where the authorization conferred on any person by section 22 has been withdrawn absolutely, the Director may, upon application, by order-
 - (i) restore the authorization; or
 - (ii) suspend the withdrawal subject to such conditions as he thinks fit.
- (b) Where the authorization conferred on any person by section 22 has been withdrawn and the withdrawal suspended, the Director may, upon application, by order restore the authorization.
- (c) Where the authorization conferred by section 22 has been withdrawn permanently or for a specified period exceeding one year, no application may be made under this subsection within 6 months after the withdrawal took effect.
- (7) Any person aggrieved by a refusal of the Director to make an order under subsection (6) may appeal by way of petition to the Chief Executive.
- (8) Notice of an order under subsection (6), and of a decision of the Chief Executive on an appeal under subsection (7) restoring to any person the authorization conferred by section 22 or suspending the withdrawal of such an authorization, shall be published in the Gazette.
- (9) On an appeal under subsection (3) or (7), the Chief Executive may confirm, vary or reverse the decision or substitute therefor such other decision or make such other order as he thinks fit.
- (10) Where an authorization is conferred by section 22(5A) for a specified period, the expiry of such period shall not be regarded as withdrawal of the authorization for the purposes of making any appeal under this section. (Added 2 of 1992 s. 9)

(Amended 13 of 1999 s. 3)

34. Power to prohibit prescribing of dangerous drug

Where the authorization conferred by section 22 is withdrawn under section 33 from a registered medical practitioner, a registered dentist or a registered veterinary surgeon, the Director may, by notice in the Gazette, direct that it shall not be lawful for that person to give prescriptions prescribing a dangerous drug.

(Amended 96 of 1997 s. 35)
[cf. S.I. 1964/1811 reg. 11 U.K.]

34A. Amendment of Sixth Schedule

The Director may, by notice in the Gazette, amend the Sixth Schedule where he is of the opinion that it is in the public interest to do so.

(Added 2 of 1992 s. 10)

PART V

DIVANS, EQUIPMENT FOR SMOKING, INJECTING, ETC. DANGEROUS DRUG, AND PREMISES USED FOR UNLAWFUL TRAFFICKING IN OR MANUFACTURE OF DANGEROUS DRUG

35. Divan keeping

- (1) No person shall open, keep, manage or assist in the management of a divan where-

- (a) a dangerous drug is sold in the divan to be smoked, inhaled, ingested or injected therein;
 - (b) a price or its equivalent is charged for the smoking, inhalation, ingestion or injection of a dangerous drug therein; or
 - (c) any benefit or advantage whatever, direct or indirect, is derived by such person in consequence of the smoking, inhalation, ingestion or injection of a dangerous drug therein.
- (2) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable-
- (a) on conviction on indictment, to a fine of \$5,000,000 and to imprisonment for 15 years; and
 - (b) on summary conviction, to a fine of \$500,000 and to imprisonment for 3 years. (Amended 43 of 1974 s. 5)

36. Possession of pipes, equipment, etc.

- (1) Save under and in accordance with this Ordinance, no person shall have in his possession any pipe, equipment or apparatus fit and intended for the smoking, inhalation, ingestion or injection of a dangerous drug.
- (2) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine of \$10,000 and, subject to section 54A, to imprisonment for 3 years. (Amended 67 of 1979 s. 3)

37. Responsibility of owners, tenants, etc.

- (1) No person shall-
- (a) being the owner, tenant, occupier or person in charge of any place or premises, permit or suffer such place or premises or any part thereof to be opened, kept or used as a divan or for unlawful trafficking in or the unlawful manufacturing or storage of a dangerous drug; or
 - (b) let or agree to let, whether as principal or agent, any place or premises with the knowledge that such place or premises or any part thereof is to be opened, kept or used as a divan or for unlawful trafficking in or the unlawful manufacturing or storage of a dangerous drug. (Amended 46 of 1971 s. 5)
- (2) Any person who contravenes any of the provisions of subsection (1) shall be guilty of an offence and shall be liable-
- (a) on conviction on indictment, to a fine of \$5,000,000 and to imprisonment for 15 years; and
 - (b) on summary conviction, to a fine of \$500,000 and to imprisonment for 3 years. (Amended 43 of 1974 s. 6)

38. Premises used for unlawful trafficking in or manufacturing, etc. dangerous drug

- (1) Where it is proved to the satisfaction of a court that an offence under section 4, 6, 35 or 37 has been committed in or on or in respect of any place or premises or any part thereof, the court may order that a notice of the fact shall be served either personally or by registered post on-
- (a) the owner or any tenant of the place or premises or the part thereof; or
 - (b) if such owner or tenant is absent or under disability, on his agent; or
 - (c) if such owner or tenant is a company, on the secretary or manager thereof.
- (2) After service of a notice under subsection (1), a court may, on application-

- (a) by the person on whom the notice was served; or
- (b) in the case of a company, by or on behalf of the company,
 - make an order (which shall be recognized and given effect to in any proceeding in any court) determining any tenancy of such place or premises or of any part of the place or premises as from the date of such order, and thereupon such tenancy shall cease and determine for all purposes and any tenant under the tenancy so determined and any occupier of such place or premises or such part thereof may thereafter be treated as a trespasser.
- (3) (a) An order under subsection (2) shall be sufficient authority to any police officer to enter (by force if necessary) into the place or premises specified in the order and-
 - (i) evict therefrom any person who may under subsection (2) be treated as a trespasser; and
 - (ii) remove therefrom anything belonging to or in the possession of any such person.
- (b) The powers given by this subsection shall be in addition to and not in derogation of any powers conferred by or under any other law.
- (4) If, within 12 months after service of a notice under subsection (1), an offence under section 4, 6 or 35 is proved to have been committed by the same or any other person in or on or in respect of such place or premises or such part thereof, the person on whom the notice was served, or the company where the notice was served on the secretary or manager thereof, shall be guilty of an offence and shall be liable on conviction to a fine of \$500,000 unless such person or company proves that he or it neither knew nor had reasonable means of knowing that such offence had been committed. (Amended 43 of 1974 s. 7; 52 of 1992 S. 5)
- (5) A document purporting to be a copy of the records or part of the records of the Land Registry and purporting to be certified by or on behalf of the Land Registrar shall be admitted in evidence in any proceedings under this section on its production by the prosecution without further proof, and-
 - (a) until the contrary is proved, it shall be presumed-
 - (i) that the document is a true copy of the records or part of the records of the Land Registry; and
 - (ii) that the document is certified by or on behalf of the Land Registrar; and (Amended 8 of 1993 ss. 2 & 3)
 - (b) such document shall be prima facie evidence of all matters contained therein.
- (6) In this section, “tenant” (租客) includes any sub-tenant and “tenancy” (租賃) includes any sub-tenancy.

PART VA

SEIZURE, DETENTION AND FORFEITURE OF SHIPS

38A. Interpretation

In this Part-

“excessive quantity” (過量) means a quantity of a dangerous drug specified in the second column of the Fifth Schedule, including the quantity of any other substance contained with the dangerous drug in a preparation, mixture, extract or other material, being not less than the quantity specified in the third column of the Fifth Schedule;

“master” (船長) in relation to a ship means the person (except a pilot within the meaning of the Pilotage Ordinance (Cap. 84)) having for the time being command or charge of the ship; and

“owner” (船東) in relation to a ship means-

- (a) the person registered or licensed as the owner of the ship or, in the absence of registration or licensing, the person owning the ship; and
- (b) a demise charterer of the ship.

38B. Commissioner of Customs and Excise may seize and detain ship

Where the Commissioner of Customs and Excise has reasonable cause to suspect- (Amended 40 of 1985 s. 9)

- (a) that an excessive quantity of dangerous drugs has been found on a ship exceeding 250 gross tons; and
- (b) that an excessive quantity of dangerous drugs was found on that ship within 18 months prior to the finding specified in paragraph (a),
he may, with the written consent of the Secretary for Justice, seize and detain the ship for 48 hours.

(Amended L.N. 362 of 1997)

38C. Magistrate may order arrest and detention of ship

- (1) Whenever, on an application made by the Commissioner of Customs and Excise with the written consent of the Secretary for Justice, it appears to a magistrate that there is reasonable cause to suspect- (Amended 40 of 1985 s. 9; L.N. 362 of 1997)
 - (a) that an excessive quantity of dangerous drugs has been found on a ship exceeding 250 gross tons; and
 - (b) that an excessive quantity of dangerous drugs was found on that ship within 18 months prior to the finding specified in paragraph (a),
he shall order-
 - (i) in a case where the ship has already been seized and detained under section 38B, that it continue to be detained; and
 - (ii) in any other case, that it be arrested and detained.
- (2) Where an order for detention or arrest and detention is made by a magistrate under subsection (1), he shall further order that the proceedings be transferred to the Court of First Instance. (Amended 25 of 1998 s. 2)

38D. Registrar to order summons to be served on ship

- (1) On proceedings being transferred to the Court of First Instance under section 38C(2), the Registrar of the High Court shall order that a summons be served on the ship containing details of the time and place at which the Court of First Instance will hear an application by the Commissioner of Customs and Excise for an order for the payment of a financial penalty under section 3SF.

(Amended 40 of 1985 s. 9; 25 of 1998 s. 2)

- (2) A summons ordered to be served under subsection (1) shall be served on the ship by affixing it to the mast or other prominent part of the ship.

38E. Bail

- (1) At any time after an order has been made under section 38C(1) for the detention or arrest and detention of a ship and before the application of the Commissioner of Customs and

Excise is determined under section 38F(1), a judge may, on application made by the owner or master and served on the Secretary for Justice and on being satisfied that the requirements of subsections (2) and (3) have been complied with, admit the ship to bail and order its release. (Amended 40 of 1985 s. 9)

- (2) Bail on behalf of a ship under subsection (1) shall be in an amount not less than \$5,000,000 and may be-
 - (a) a sum of money deposited with the Court of First Instance; or
 - (b) subject to subsection (3), a bond.
- (3) Where bail on behalf of a ship is a bond, the bond shall be-
 - (a) in such form as the Court of First Instance may determine;
 - (b) entered into by a surety or sureties acceptable to the Secretary for Justice; and
 - (c) supported by an affidavit by each surety stating that he is able to pay the sum for which the bond is given.

(Amended L.N. 362 of 1997, 25 of 1998 s. 2)

38F. Imposition of penalties in respect of ships carrying excessive quantities of drugs and consequential proceedings

- (1) Where, on an application being made by the Commissioner of Customs and Excise and where a summons has been served under section 38D(2), the Court of First Instance is satisfied beyond reasonable doubt-

(Amended 40 of 1985 s. 9)

 - (a) that an excessive quantity of dangerous drugs has been found on a ship exceeding 250 gross tons; and
 - (b) that an excessive quantity of dangerous drugs was found on that ship within 18 months prior to the finding specified in paragraph (a),
it may order the owner to pay a financial penalty not exceeding \$5,000,000.
- (2) Where a ship has been admitted to bail under section 38E, the Court of First instance may order that any financial penalty imposed under subsection (1) be recovered by estreatment of the bail or such part thereof as may be necessary and the payment thereof to the Government. (Amended 13 of 1999 S. 3)
- (3) Where a ship has not been admitted to bail under section 38E, the Court of First Instance may order that the ship continue to be detained until any financial penalty imposed under subsection (1) is paid or arrangements satisfactory to the Court of First Instance are made for the payment thereof.
- (4) Where a ship has not been admitted to bail under section 38E and any financial penalty imposed under subsection (1) has not been paid and no satisfactory arrangements for the payment thereof have been made, the Court of First Instance may order that the ship be forfeited to the Government. (Amended 13 of 1999 s. 3)
- (5) The Court of First Instance may impose a financial penalty under subsection (1) whether or not-
 - (a) the first of the occasions was before the coming into operation of this Part; or
 - (b) any person is convicted of an offence in respect of the excessive quantity of a dangerous drug; or
 - (c) the master or owner knew of the carriage.
- (6) The Court of First Instance shall not impose a financial penalty under subsection (1) where

it is proved, in respect of the second of the occasions, that the master and the owner for the time being had each taken all reasonable and practicable steps to prevent the ship from being used to carry a dangerous drug.

(Amended 25 of 1998 s. 2)

38G. Certificate as to finding of dangerous drugs etc.

A certificate purporting to be signed by the Commissioner of Customs and Excise and certifying-

- (a) the finding of a dangerous drug on any ship;
- (b) the date of the finding;
- (c) the amount and type of the drug;
- (d) the name or other details of identification of the ship; or
- (e) any of the above,

shall be admissible in evidence in any proceedings under this Part before any court on its production without further proof and, until the contrary is proved, the court shall presume-

- (i) that the document is signed by the Commissioner of Customs and Excise; and
- (ii) that the facts certified therein are true.

(Amended 40 of 1985 s. 9)

38H. Right of appeal

- (1) Where an order has been made under section 38F, the owner of the ship in respect of which the order was made may appeal to the Court of Appeal within 21 days of the making of the order.
- (2) The appeal may be-
 - (a) on any ground which involves a question of law alone; and
 - (b) with the leave of the Court of Appeal, on any ground which involves a question of fact alone, or a question of mixed law and fact, or on any other ground which appears to the Court of Appeal to be a sufficient ground of appeal,but if the judge who made the order under section 38F grants a certificate that the case is fit for appeal on a ground which involves a question of fact, or a question of mixed law and fact, an appeal lies under this section without the leave of the Court of Appeal.

38I. Grounds for allowing appeal

The Court of Appeal shall allow an appeal against an order made under section 38F if it thinks that the order should be set aside on the ground of a wrong decision on any question of law or of fact or of mixed law and fact:

(Amended L.N. 345 of 1982)

Provided that the Court of Appeal may, notwithstanding that it is of opinion that the point raised in the appeal might be decided in favour of the appellant, dismiss the appeal if it considers that no miscarriage of justice has actually occurred.

38J. Procedure on appeal

Subject to sections 38H and 38I, the procedure on an appeal shall with all necessary modifications be that applicable to an appeal against conviction for an offence on indictment under section 82 of the Criminal Procedure Ordinance (Cap. 221), and an appeal against sentence under section 83G of the Criminal Procedure Ordinance (Cap. 221).

38K. Amendment of Fifth Schedule

- (1) The Chief Executive in Council may by order amend the Fifth Schedule. (Amended 13 of 1999 s. 3)
- (2) Any question as to what constitutes an excessive quantity of dangerous drugs shall be determined by reference to the quantity specified in the Fifth Schedule at the time of the finding and, in the case of a finding before the date on which this Part came into operation, to the quantity so specified on that date.

(Part VA added 48 of 1982 s. 2; effective from 15.1.83)

PART VB

OFFENCES AT SEA

38L. Offences on Hong Kong ships

Anything which would constitute an offence under this Ordinance if done on land in any part of Hong Kong shall constitute that offence if done on a Hong Kong ship.

38M. Ships used for illicit traffic

- (1) This section applies to a Hong Kong ship, a ship registered in a jurisdiction other than Hong Kong which is a party to the Vienna Convention (a “Convention state”) and a ship not registered in any jurisdiction.
- (2) A person is guilty of an offence if on a ship to which this section applies, wherever it may be, he-
 - (a) has a dangerous drug in his possession;
 - (b) is in any way knowingly concerned in the carrying or concealing of a dangerous drug on the ship; or
 - (c) manufactures a dangerous drug or does or offers to do an act preparatory to or for the purpose of manufacturing a dangerous drug, knowing or having reasonable grounds to believe that the drug is intended to be imported or has been exported contrary to this Ordinance or the law of any jurisdiction outside Hong Kong.
- (3) A person who is guilty of an offence-
 - (a) under subsection (2)(a) shall be liable-
 - (i) on conviction on indictment to a fine of \$1,000,000 and to imprisonment for 7 years; or
 - (ii) on summary conviction to a fine of \$100,000 and to imprisonment for 3 years;
 - (b) under subsection (2)(b) shall be liable-
 - (i) on conviction on indictment to a fine of \$5,000,000 and to imprisonment for life; or
 - (ii) on summary conviction to a fine of \$500,000 and to imprisonment for 3 years; and
 - (c) under subsection (2)(c) shall be liable on conviction on indictment to a fine of \$5,000,000 and to imprisonment for life.

38N. Enforcement powers

- (1) The powers conferred on a member of the Customs and Excise Service by this Ordinance

shall be exercisable in relation to any ship to which section 38L or 38M applies for the purpose of detecting and the taking of appropriate action in respect of the offences mentioned in those sections.

- (2) Those powers shall not be exercised outside the waters of Hong Kong in relation to a ship registered in a Convention state except with the authority of the Secretary for Justice and he shall not give his authority unless that state has in relation to that ship-
 - (a) requested the assistance of Hong Kong for the purpose mentioned in subsection (1); or
 - (b) authorized Hong Kong to act for that purpose.
- (3) In giving his authority pursuant to a request or authorization from a Convention state the Secretary for Justice shall impose such conditions or limitations on the exercise of the powers as may be necessary to give effect to any conditions or limitations imposed by that state.
- (4) The Secretary for Justice may, either of his own motion or in response to a request from a Convention state, authorize a Convention state to exercise, in relation to a Hong Kong ship, powers corresponding to those conferred on a member of the Customs and Excise Service by this Ordinance but subject to such conditions or limitations, if any, as the Secretary for Justice may impose.
- (5) Subsection (4) is without prejudice to any agreement made or which may be made on behalf of Hong Kong whereby Hong Kong undertakes not to object to the exercise by any jurisdiction in relation to a Hong Kong ship of powers corresponding to those conferred on a member of the Customs and Excise Service by this Ordinance.
- (6) The powers conferred on a member of the Customs and Excise Service by this Ordinance shall not be exercised in the territorial waters of any jurisdiction other than Hong Kong without the authority of the Secretary for Justice and he shall not give his authority unless that other jurisdiction has consented to the exercise of those powers.

(Amended L.N. 362 of 1997)

38O. Jurisdiction and prosecutions

- (1) Proceedings under this Part in respect of an offence on a ship may be taken, and the offence may for all incidental purposes be treated as having been committed, in Hong Kong.
- (2) No such proceedings shall be instituted except by or with the consent of the Secretary for Justice.
- (3) Notwithstanding subsection (2) a person may be charged with an offence under this Part and may be arrested therefor, or a warrant for his arrest may be issued and executed, and any such person may be remanded in custody or on bail notwithstanding that the consent of the Secretary for Justice to the institution of a prosecution for the offence has not been obtained, but no such person shall be remanded in custody or on bail for longer than 3 days on such charge unless in the meantime the consent of the Secretary for Justice aforesaid has been obtained.
- (4) When a person is brought before a magistrate before the Secretary for Justice has consented to the prosecution, the charge shall be explained to the person accused but he shall not be called upon to plead and the provision of the law for the time being in force relating to criminal procedure shall be modified accordingly.

(Amended L.N. 362 of 1997)

38P. Interpretation of Part VB

- (1) In this Part-
“Convention state”(公約國) has the meaning given in section 38M;

“Hong Kong ship” (香港船舶) means a ship registered or licensed in Hong Kong;
“ship” (船舶) includes any vessel used in navigation and includes a hovercraft;
“the Vienna Convention” (維也納公約) means the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances which was signed at Vienna on 20 December 1988.

- (2) If in any proceedings under this Part any question arises whether any jurisdiction is a state or is a party to the Vienna Convention, a certificate issued by or under the authority of the Secretary for Justice shall be conclusive evidence on that question. (Amended L.N. 362 of 1997)

(Part VB added 63 of 1994)

PART VI

CONSPIRACY TO COMMIT OFFENCE UNDER ORDINANCE, FALSE STATEMENTS, AIDING, ETC. OFFENCE UNDER CORRESPONDING LAW, JOINT TRIAL IN CERTAIN CASES AND CONVICTION OF OTHER OFFENCES

39. Conspiracy

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.

40. False statements, and aiding, abetting, etc. offence under corresponding law

- (1) Any person who-
- (a) for the purpose of obtaining, whether for himself or for any other person, the issue or renewal of a licence or certificate under this Ordinance, makes any declaration or statement which is false in a material particular;
 - (b) knowingly utters, produces or makes use of any such declaration or statement or a document containing any such declaration or statement; or
 - (c) aids, abets, counsels or procures the commission in a place outside Hong Kong of an offence punishable under a corresponding law in force in that place, or does an act preparatory to, or in furtherance of, an act which if committed in Hong Kong would constitute an offence under section 4 or 6,
- shall be guilty of an offence.
- (2) Any person who is guilty of an offence under subsection (1)(a) or (b) shall be liable on conviction to a fine of \$10,000 and to imprisonment for 3 years.
- (3) Any person who is guilty of an offence under subsection (1)(c) shall be liable-
- (a) on conviction on indictment, to a fine of \$100,000 and to imprisonment for 15 years; and
 - (b) on summary conviction, to a fine of \$10,000 and to imprisonment for 3 years.

[cf. 1965 c. 15 s. 13 U.K.]

41. Joint trial of offences in certain cases

Notwithstanding anything in the Magistrates Ordinance (Cap. 227) or any other law, where it is alleged that 2 or more persons have committed distinct offences under section 4, 8, 35 or 36 in the same place and at about the same time, the charges for such offence against such persons may be tried together.

42. Conviction of offence other than that charged

- (1) If on the trial of a charge for an offence specified in the second column of the Third Schedule the defendant is acquitted, but it is proved that the defendant is guilty of any offence specified opposite thereto in the third column of that Schedule or of being a party to any such offence, he shall be convicted of such offence or of being a party to any such offence and shall be liable to be punished accordingly.
- (2) The references in the Third Schedule to numbered sections and subsections shall be construed to include every offence under the section or subsection so numbered in this Ordinance.
- (3) Nothing in this section shall exclude the application to any offence of any other law authorizing a person to be found guilty of an offence other than that with which he is charged.

PART VII

EVIDENCE

43. Certificate of corresponding law

A document purporting to be issued by or on behalf of the government of a country and purporting to state the terms of a corresponding law in force in that country shall be admitted in evidence, in proceedings for an offence under this Ordinance before any court, on its production by the prosecution without further proof, and such document shall be conclusive evidence-

- (a) that it is issued by or on behalf of the government of that country;
- (b) that the terms of such law are as stated in the document; and
- (c) that any facts stated in the document to constitute an offence under such law do constitute such offence.

44. *(Repealed 31 of 1969 s. 7)*

45. Presumption concerning manufacture of dangerous drug

Any person who is proved to have been manufacturing or doing an act preparatory to the manufacture of a dangerous drug shall, until the contrary is proved, be presumed to have known the nature of such drug.

(Replaced 52 of 1992 s. 6)

46. *(Repealed 52 of 1992 s. 7)*

47. Presumption of possession and knowledge of dangerous drug

- (1) Any person who is proved to have had in his physical possession-
 - (a) anything containing or supporting a dangerous drug;
 - (b) the keys of any baggage, briefcase, box, case, cupboard, drawer, safe-deposit box, safe or other similar container containing a dangerous drug,
 - (c) *(Repealed 62 of 1994 s. 6)*shall, until the contrary is proved, be presumed to have had such drug in his possession.
- (2) Any person who is proved or presumed to have had a dangerous drug in his possession shall, until the contrary is proved, be presumed to have known the nature of such drug.
- (3) The presumptions provided for in this section shall not be rebutted by proof that the defendant never had physical possession of the dangerous drug.

(Replaced 52 of 1992 s. 8)

48. (Repealed 52 of 1992 s. 9)

49. (Repealed S of 1971 s. 13)

PART VIIA

CONFIDENTIALITY OF RECORDS

49A. Interpretation

In this Part, unless the context otherwise requires-

“Commissioner” (專員) means the Commissioner for Narcotics;

“confidential information” (機密資料) means information which is recorded by the Registry or a reporting agency in respect of any person and which relates to any one or more of the following-

- (a) the use, or alleged use, by that person of a dangerous drug;
- (b) the conviction of that person for an offence under this Ordinance;
- (c) the care, treatment or rehabilitation of that person by reason of his use of a dangerous drug;

“drug abuser” (濫用藥物者) means a person who is the subject of any confidential information;

“employee” (僱員)-

- (a) in relation to the Registry, means any public officer employed in-
 - (i) the Narcotics Division of the Security Bureau of the Government; or (Amended L.N. 362 of 1997)
 - (ii) the Information Technology Services Department of the Government; and (Amended 80 of 1997 s. 102)
- (b) in relation to a reporting agency, means any person employed in the agency, whether full-time or part-time and whether paid or unpaid, in-
 - (i) the care, treatment or rehabilitation of persons who use, or have used, dangerous drugs;
 - (ii) the preparation, maintenance or analysis of records of confidential information,and also means any person who is being trained by the agency in any such matter;

“Registry” (檔案室) means the Central Registry of Drug Abuse referred to in section 49B;

“reporting agency” (呈報機構) means any body or organization specified in the Fourth Schedule;

“reporting agency director” (呈報機構負責人)-

- (a) in relation to the Department of Health of the Government, means the Director of Health and any person to whom he has delegated the supervision of any records of confidential information which are kept by that Department; (Amended L.N. 76 of 1989)
- (b) in relation to the Social Welfare Department of the Government, means the Director of Social Welfare and any person to whom he has delegated the supervision of any records of confidential information which are kept by that Department; and
- (c) in relation to any other reporting agency, means the person who is for the time being in charge of the administration of that agency and any person to whom he has delegated the supervision of any records of confidential information which are kept by that agency.

49B. Central Registry of Drug Abuse

- (1) There shall be a Central Registry of Drug Abuse, the purposes of which shall include-

- (a) the collection, collating and analysis of confidential information supplied by reporting agencies and of information on drug abuse and its treatment supplied by other sources; and
 - (b) the publication of statistical information on drug abuse and on various forms of treatment of drug abuse.
- (2) The Central Registry of Drug Addicts existing at the commencement of the Dangerous Drugs (Amendment) Ordinance 1981 (65 of 1981) and maintained by the Narcotics Division of the Security Bureau of the Government shall be the Central Registry of Drug Abuse for the purposes of subsection (1). (Amended L.N. 362 of 1997)

49C. Immunity of records from search and from production in court

- (1) No search warrant shall be issued, or if issued be executed, in respect of any record of confidential information which is kept by the Registry or by a reporting agency.
- (2) Save as provided in this Part, no power, or right, of search conferred by any law shall authorize the search of records of confidential information which are kept by the Registry or by a reporting agency.
- (3) No process shall lie in any proceedings to compel production of any record of confidential information which is kept by the Registry or by a reporting agency, and no such record, nor any information obtained therefrom, shall be admissible in evidence, save-
 - (a) in proceedings for an offence under this Part; or
 - (b) where the record is the subject of an order of the Secretary for Justice which is in force under section 49G, (Amended L.N. 362 of 1997)
 but nothing in this subsection shall render admissible anything which is otherwise inadmissible.

49D. Prohibition against disclosure of records

- (1) Subject to subsection (2), any person who-
 - (a) discloses any record of confidential information which is kept by the Registry or a reporting agency, or supplies to any person information obtained from any such record; or
 - (b) permits access to any such record,
 - commits an offence and is liable to a fine of \$5,000 and to imprisonment for 6 months.
- (2) Subsection (1) shall not apply where the disclosure is made, or access is permitted-
 - (a) in accordance with an authorization given under section 49E;
 - (b) in accordance with an authorization given under section 49F;
 - (c) in accordance with an order of the Secretary for Justice made under section 49G; (Amended L.N. 362 of 1997)
 - (d) to the Commissioner or a reporting agency director, or to an employee of the Registry or of a reporting agency, for the purpose of treating a drug abuser for his drug addiction or of assisting him in his rehabilitation;
 - (e) to a medical practitioner for the purpose of providing medical treatment for any person, or to a coroner or a medical practitioner for the purpose of inquiring into the cause of death of a drug abuser;
 - (f) in proceedings for an offence under this Part; (Amended 10 of 2001 s. 32)
 - (g) to the Director of Social Welfare or any public officer under section 18 of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566). (Added 10 of 2001 s. 32)

49E. Disclosure of information for research purposes

- (1) Where the Commissioner is satisfied, upon an application being made to him in writing, that disclosure of confidential information which is recorded by the Registry-
 - (a) is sought by the applicant in the interests of bona fide research; and
 - (b) can be made in a manner that does not disclose the identity of any drug abuser, he may if he thinks fit authorize any employee of the Registry to disclose to the applicant confidential information in that manner.
- (2) Where a reporting agency director is satisfied, upon an application being made to him in writing, that disclosure of confidential information which is recorded by the reporting agency of which he is director-
 - (a) is sought by the applicant in the interests of bona fide research; and
 - (b) can be made in a manner that does not disclose the identity of any drug abuser, he may if he thinks fit authorize any employee of the reporting agency to disclose to the applicant confidential information in that manner.
- (3) An authorization issued under subsection (1) or (2)-
 - (a) shall be in writing;
 - (b) shall identify the information, or the nature of the information, to which it applies;
 - (c) shall state the manner in which the authorized disclosure is to be made so as to prevent the identity of any drug abuser from being disclosed;
 - (d) may be revoked at any time.

49F. Access to records with consent of addict

- (1) Where a drug abuser gives his consent for confidential information which concerns him to be disclosed to a person, or for a purpose, specified in such consent-
 - (a) the Commissioner may, if he thinks fit, authorize such disclosure from the records of the Registry; and
 - (b) a reporting agency director may, if he thinks fit, authorize such disclosure from the records of his reporting agency.
- (2) An authorization given under subsection (1) shall be in writing and shall state-
 - (a) whether the disclosure is to be made from the records of the Registry or of a reporting agency, and, in the latter case, the name of that agency;
 - (b) where the disclosure is to be made-
 - (i) from the Registry, that the authorization is given by the Commissioner;
 - (ii) by a reporting agency, the name of the reporting agency director who gives the authorization;
 - (c) the name of the person to whom the disclosure is to be made;
 - (d) the extent of the confidential information which may be disclosed;
 - (e) the purpose of the disclosure; and
 - (f) that the authorization may be revoked at any time, and the circumstances in which, or date when, it will expire if not revoked.
- (3) An authorization given by the Commissioner or any reporting agency director under subsection (1) may be revoked at any time.
- (4) A drug abuser's consent for the purposes of subsection (1) shall be in writing and-

- (a) be given-
 - (i) in the case of a drug abuser who is unmarried and under the age of 19 years, both by him and by a parent or other person standing in loco parentis to him;
 - (ii) in the case of a drug abuser who is by reason of mental disability unable to give the consent himself, by a person having lawful authority over his affairs;
- (b) be read over to the person giving consent by or in the presence of the person who authorizes disclosure under subsection (1); and
- (c) bear the signature, fingerprint or mark of the person giving consent.

49G. Access to records by order of Secretary for Justice

- (1) Where in connection with the investigation or prosecution of a crime the Secretary for Justice is of the opinion that, because of the gravity of the crime or for any other reason, the public interest requires that any confidential information should be disclosed he may, after considering any representations which may be made by-
 - (a) the Commissioner; and
 - (b) the reporting agency director of the reporting agency (if any) which supplied the confidential information to the Registry or from whose records the disclosure is to be made, make an order in accordance with this section.
- (2) The power conferred upon the Secretary for Justice by subsection (1) shall be exercised by the Secretary for Justice personally.
- (3) An order under subsection (1) shall be in writing and may direct -
 - (a) the Commissioner and any reporting agency director who has been given the opportunity to make representations to the Secretary for Justice under subsection (1); and
 - (b) any employee of the Registry or, as the case may be, of a reporting agency, to disclose in such manner, to such person, and at such time and place as the order specifies, such records as are specified in the order.
- (4) An order under subsection (1) shall be served personally on every person who is directed by it to disclose any record.
- (5) Any person who fails without reasonable excuse to comply with an order under subsection (1) commits an offence and is liable to a fine of \$5,000 and to imprisonment for 6 months.

(Amended L.N. 362 of 1997)

49H. Consent of Secretary for Justice required for prosecution

No prosecution for an offence under this Part shall be instituted except with the consent of the Secretary for Justice.

(Amended L.N. 362 of 1997)

49I. Amendment of Fourth Schedule

The Secretary for Security may by order published in the Gazette amend the Fourth Schedule.

(Part VIIA added 65 of 1981 s. 2)

PART VIII

MISCELLANEOUS

50. Amendment of First, Second and Third Schedules

- (1) The Chief Executive may by order published in the Gazette amend the First and Third Schedules. (Replaced 65 of 1981 s. 3. Amended 62 of 1994 s. 7; 13 of 1999 s. 3)
- (2) The Secretary for Security may by order published in the Gazette amend the Second Schedule. (Added 62 of 1994 s. 7)

51. Regulations

- (1) The Chief Executive in Council may make regulations for all or any of the following matters- (Amended 13 of 1999 s. 3)
 - (a) the keeping of registers and other records by persons authorized by or licensed under this Ordinance to manufacture, procure, supply or possess dangerous drugs, and the furnishing of information by such persons;
 - (b) the preservation of such registers and records and of other documents kept, issued or made pursuant to or for the purposes of this Ordinance;
 - (c) requirements with respect to prescriptions;
 - (d) the marking of packages and bottles containing dangerous drugs;
 - (e) the period for which a licence issued under section 18 is valid;
 - (f) the fees payable on the issue of a licence under section 18;
 - (g) the form of any document, other than a licence or certificate, required by, under or for the purposes of this Ordinance.
- (2) Regulations made under this section may provide that a contravention of specified provisions thereof shall be an offence and may provide penalties therefor not exceeding a fine of \$450,000 and imprisonment for 3 years. (Amended L.N. 201 of 1996)

52. Powers of authorized officers

- (1) For the purposes of this Ordinance, any police officer and any member of the Customs and Excise Service may-
 - (a) stop, board and search any ship, aircraft, vehicle or train which has arrived in Hong Kong (not being a ship of war or a military aircraft), and remain thereon as long as it remains in Hong Kong;
 - (b) search any person arriving in Hong Kong or about to depart from Hong Kong;
 - (c) search any thing imported into or to be exported from Hong Kong;
 - (d) stop, board and search any ship, aircraft, vehicle or train if he has reason to suspect that there is therein an article liable to seizure;
 - (e) without a warrant issued under subsection (1E) where it would not be reasonably practicable to obtain such a warrant, enter and search any place or premises if he has reason to suspect that there is therein an article liable to seizure; or (Amended 62 of 1994 s. 8)
 - (f) stop and search any person, and search the property of any person, if-
 - (i) he has reason to suspect that such person has in his actual custody an article liable to seizure; or
 - (ii) such person is found in any ship, aircraft, vehicle, train, place or premises in which an article liable to seizure is found.
- (1A) For the purposes of enabling a person to be searched under subsection (1)(f)(i), a police officer of or above the rank of inspector or a member of the Customs and Excise Service of or above the rank of inspector may request a registered medical practitioner or nurse registered

or enrolled or deemed to be registered or enrolled under the Nurses Registration Ordinance (Cap. 164), to examine the body cavities of that person. (Added 40 of 1982 s. 3)

- (1B) A medical practitioner or nurse requested to examine the body cavities of a person under subsection (1A) may search the rectum, vagina, ears and any other body cavity of that person. (Added 40 of 1982 s. 3)
- (1C) A medical practitioner or nurse carrying out an examination of a person at the request, under subsection (1A), of a police officer or member of the Customs and Excise Service who appears to be lawfully engaged in the performance of his duty shall not be bound to inquire whether or not the police officer or member is acting lawfully or within the scope of his duty.

(Added 40 of 1982 s. 3)

- (1D) A police officer or member of the Customs and Excise Service may detain a person in respect of whom a request is to be or has been made to a medical practitioner or nurse under subsection (1A) for such time as may reasonably be necessary to permit a medical practitioner or nurse to complete an examination of the body cavities of that person under this section. (Added 40 of 1982 s. 3)
- (1E) Where it appears to any magistrate upon the oath of any person that there is reasonable cause to suspect that in any place there is an article liable to seizure under this Ordinance, or with respect to which an offence has been committed or is about to be committed against the provisions of this Ordinance, the magistrate may, by his warrant directed to any police officer or to any member of the Customs and Excise Service, empower such officer or member by day or by night to enter the place named in the warrant and there to search for and seize, remove and detain any such article. (Added 62 of 1994 s. 8)
- (2) For the purpose of enabling a ship or aircraft to be searched under subsection (1)-
 - (a) the Commissioner of Customs and Excise or the Commissioner of Police may by order in writing under his hand detain a ship for not more than 12 hours or an aircraft for not more than 6 hours; and (Amended 40 of 1985 s. 9)
 - (b) the Chief Secretary for Administration may, by order in writing under his hand, detain a ship or aircraft for further periods of not more than 12 hours in the case of a ship or not more than 6 hours in the case of an aircraft. (Amended L.N. 362 of 1997)

Any order made under this subsection shall state the times from which and for which the order is effective.

- (3) Any public officer may seize, remove and detain any thing if he has reason to suspect that such thing is an article liable to seizure.
- (4) Any public officer authorized in writing by the Director may uproot, seize, remove and destroy any plant of the genus cannabis or the opium poppy.
- (5) For the purposes of this Ordinance, any public officer authorized in writing by the Director may—
 - (a) enter, inspect and search any place or premises occupied by—
 - (i) a person authorized by virtue of section 22(l)(a), (b) or (c) or (5A) or by virtue of section 24(1); (Amended 2 of 1992 s. 11)
 - (ii) a person whose authorization as aforesaid has been withdrawn under section 33 and the withdrawal suspended;
 - (iii) a person by whom any such person as aforesaid is employed; or
 - (iv) a person to whom a licence has been issued under this Ordinance;

- (b) require the production of, and inspect, any register, record, book, prescription or other document kept or made pursuant to the requirements, or for the purposes, of this Ordinance or any other document relating to dealings in a dangerous drug by or on behalf of any such person as aforesaid; and
 - (c) inspect any stocks of a dangerous drug in the possession of any such person as aforesaid.
- (6) For the purposes of this Ordinance, any public officer authorized in writing by the Director may—
- (a) enter, inspect and search a hospital or institution specified in the Second Schedule or any place or premises occupied for the purposes of any such hospital or institution;
 - (b) require the production of, and inspect, any register, record, book, prescription or other document kept or made in any such hospital or institution pursuant to the requirements, or for the purposes, of this Ordinance or any other document relating to dealings in a dangerous drug for the purposes of such hospital or institution; and
 - (c) inspect any stocks of a dangerous drug in any such hospital or institution or in any such place or premises.
- (7) An authorization given by the Director under this section may be given to a police officer, member of the Customs and Excise Service or public officer by name or may be given to any police officer, member of the Customs and Excise Service or other public officer for the time being holding such rank or public office as the Director may specify, and may extend to all the powers specified in subsection (2), (4) or (5), as the case may be, or to such of those powers as the Director may specify.
- (8) Any public officer may-
- (a) break open any outer or inner door of or in any place or premises which he is empowered by this section to enter and search;
 - (b) forcibly board any ship, aircraft, vehicle or train which he is empowered by this section to board and search;
 - (c) remove by force any person or thing who or which obstructs any entry, search, inspection, seizure, removal or detention which he is empowered by this section to make;
 - (d) detain every person found in any place or premises which he is empowered by this section to search until the same has been searched; and
 - (e) detain every person on board any ship, aircraft, vehicle or train which he is empowered by this section to search, and prevent any person from approaching or boarding such ship, aircraft, vehicle or train, until it has been searched.
- (9) (a) (i) An examination of the body cavities of a person under this section shall, unless that person otherwise consents, be carried out by a medical practitioner or nurse of the same sex as that person.
- (ii) Where a female has consented, under sub-paragraph (i), to an examination of her body cavities by a medical practitioner or nurse of the opposite sex, such examination shall be in the presence of another female.
- (b) Subject to paragraph (a), no female shall be searched under this section except by a female.
- (c) No person shall be searched under this section in a public place if he objects to being so searched. (Replaced 40 of 1982 s.3)
- (9A) The provisions of this Ordinance (including section 56) which could, but for this subsection, apply to a thing seized under this section shall not apply to the thing if it has been so seized on the ground that it is suspected to be specified property referred to in paragraph (d) of the

definition of "article liable to seizure". (Added 89 of 1995 s. 35)

- (9B) For the avoidance of doubt, it is hereby declared that where a thing referred to in subsection (9A) is released under section 24C(4) of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap. 405), that subsection shall not operate to prevent the application of the provisions of this Ordinance (including this section and section 56) to that thing at any time on or after such release. (Added 89 of 1995 s. 35)
- (10) In this section-
- “article liable to seizure” (可予扣押的物件) means-
- (a) any dangerous drug referred to in section 55;
 - (b) any money or thing liable to forfeiture under this Ordinance or forfeiture or confiscation under a corresponding law; (Amended 89 of 1995 s. 35)
 - (c) any thing which is or contains evidence of-
 - (i) an offence under this Ordinance or a corresponding law;
 - (ii) a drug trafficking offence within the meaning of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap. 405); (Replaced 89 of 1995 s. 35)
 - (d) any specified property within the meaning of Part IVA of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap. 405); (Added 89 of 1995 s. 35)

“Commissioner of Customs and Excise” (香港海關關長) includes a Deputy Commissioner of Customs and Excise and an Assistant Commissioner of Customs and Excise; (Added 40 of 1985 s. 9. Amended L.N. 362 of 1997)

“Commissioner of Police” (警務處處長) includes a deputy or assistant commissioner of police.

53. Failure to comply with requirement under section 52 and obstruction of authorized officer

Any person who-

- (a) fails to comply with a requirement of a public officer under section 52(5)(b) or (6)(b); or
- (b) obstructs a public officer in the exercise of any power conferred on him by section 52, shall be guilty of an offence and shall be liable on conviction to a fine of \$1,000 and to imprisonment for 6 months.

53A. Surrender of travel document

- (1) A magistrate may, on the application of the Commissioner of Police or the Commissioner of Customs and Excise, by written notice require a person who is the subject of an investigation in respect of a specified offence alleged or suspected to have been committed by him to surrender to the Commissioner of Police or Commissioner of Customs and Excise any travel document in his possession. (Amended 40 of 1985 s. 9)
- (2) The matter of an application under subsection (1) shall be substantiated by the oath of the applicant.
- (3) A notice under subsection (1) shall be served personally on the person to whom it is addressed.
- (4) A person on whom a notice under subsection (1) is served shall comply with such notice forthwith.
- (5) If a person on whom a notice under subsection (1) has been served fails to comply with the notice forthwith, he may thereupon be arrested and taken before a magistrate.
- (6) Where a person is taken before a magistrate under subsection (5), the magistrate shall,

unless such person thereupon complies with the notice under subsection (1) or satisfies the magistrate that he does not possess a travel document, by warrant commit him to prison there to be safely kept-

- (a) until the expiry of the period of 28 days from the date of his committal to prison as aforesaid; or
 - (b) until such person complies with the notice under subsection (1) and a magistrate, by order in that behalf, orders and directs the Commissioner of Correctional Services to discharge such person from prison (which order shall be sufficient warrant for the Commissioner of Correctional Services so to do), (Amended L.N. 30 of 1982)
whichever occurs first.
- (7) Upon the surrender of a travel document under this section, the Commissioner of Police or the Commissioner of Customs and Excise, as the case may be, shall issue a receipt identifying the travel document. (Amended 40 of 1985 s. 9)
 - (8) A travel document which is surrendered to the Commissioner of Police or the Commissioner of Customs and Excise under this section may be detained for 3 months from the date on which it was surrendered and may be detained for not more than 2 further periods of 3 months if a magistrate, on application by the Commissioner of Police or the Commissioner of Customs and Excise, is satisfied that the investigation could not reasonably have been completed before the date of such application and authorizes such further detention. (Amended 40 of 1985 s. 9)
 - (9) All proceedings before a magistrate under this section shall be conducted in chambers.
 - (10) In this section-
“Commissioner of Customs and Excise” (香港海關關長) includes a Deputy Commissioner of Customs and Excise and an Assistant Commissioner of Customs and Excise; (Added 40 of 1985 s. 9. Amended L.N. 362 of 1997)
“Commissioner of Police” (警務處處長) includes a deputy or assistant commissioner of police;
“specified offence” (指明罪行) means any offence punishable under any section of this Ordinance, on conviction on indictment, with imprisonment for a term of 15 years or any greater punishment, and aiding, abetting, counselling or procuring the commission by another of any such offence;
“travel document” (旅行證件) means a passport or other document issued for the purpose of travel which establishes the identity or nationality of the holder.

(Added 60 of 1977 s. 2)

53B. Application for return of travel document

- (1) A person who has surrendered his travel document in accordance with section 53A may at any time make written application to the Commissioner of Police or the Commissioner of Customs and Excise, as the case may be, for its return and every such application shall contain a statement of the grounds on which it is made. (Amended 40 of 1985 s. 9)
- (2) Before determining an application under subsection (1), the Commissioner of Police or the Commissioner of Customs and Excise may require that any matter of fact relied on in the application shall be substantiated by statutory declaration. (Amended 40 of 1985 s. 9)
- (3) Any person aggrieved by the refusal of an application under subsection (1) may, within 14 days of being informed of such refusal, appeal to a magistrate against that refusal and the magistrate may, upon considering the grounds of the application and any evidence which

may be adduced in relation thereto by or on behalf of either party, order that the travel document be returned.

- (4) The decision of a magistrate in relation to an appeal under this section shall be final.

(Added 60 of 1977 s. 2)

54. Chemical tests and handwriting

- (1) Any police officer not below the rank of inspector or any member of the Customs and Excise Service not below the rank of inspector may require any person whom he reasonably suspects to be guilty of an offence under this Ordinance- (Amended 13 of 1973 s. 2)
- (a) to have his finger nails pared and his hands washed in water for the purpose of analysis of such finger nails and water; or
- (b) to give a specimen of his handwriting for the purpose of comparison.
- (2) Any person who fails to comply with a requirement under subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine of \$1,000.

54A. Court to consider report of the Commissioner of Correctional Services in the case of certain drug offences

- (1) Subject to subsection (1A), no sentence, other than a non-custodial sentence, shall be imposed on a person for an offence against section 8 or 36 unless the court has first considered a report of the Commissioner of Correctional Services on the suitability of such person for cure and rehabilitation and on the availability of places at addiction treatment centers (as defined in the Drug Addiction Treatment Centres Ordinance (Cap. 244)). (Amended L.N. 30 of 1982; 24 of 1987 S. 4)
- (1A) Subsection (1) shall not apply where a person is convicted of an offence against section 8 or 36 or of offences against both those sections and that person-
- (a) is convicted in the same proceedings of any other offence and is sentenced for that other offence to imprisonment for more than 9 months; or
- (b) is at the time of conviction serving a term of imprisonment of more than 9 months, but, in such a case, the court may if it thinks fit consider a report specified in subsection (1) before sentencing that person for the offence against section 8 or 36. (Added 24 of 1987 s. 4)
- (1B) Where a court is required or has decided to consider a report under this section before sentencing a person but has not received such a report, it shall remand that person in the custody of the Commissioner of Correctional Services for such period, not exceeding 3 weeks, as the court thinks necessary to enable such a report to be made. (Added 24 of 1987 s. 4)
- (2) The Commissioner of Correctional Services shall, in his report under this section, inform the court whether or not a detention order under the Drug Addiction Treatment Centres Ordinance (Cap. 244) has previously been made in respect of the person to whom the report relates. (Amended L.N. 30 of 1982; 24 of 1987 s. 4)
- (3) Section 4(3) of the Drug Addiction Treatment Centres Ordinance (Cap. 244) shall not apply where a report is obtained under this section.
- (4) In this section “non-custodial sentence” (非拘留性判決) means one or more of the following sentences-
- (a) a fine;
- (b) a probation order under section 3 of the Probation of Offenders Ordinance (Cap. 298);
- (c) a suspended sentence of imprisonment under section 109B of the Criminal Procedure

54AA. Taking of urine samples

- (1) In any investigation in respect of an offence committed or believed to have been committed, a urine sample may be taken from a person only if-
 - (a) a police officer of or above the rank of superintendent or a member of the Customs and Excise Service of or above the rank of superintendent (“authorizing officer”) authorizes it to be taken;
 - (b) the appropriate consent is given; and
 - (c) a magistrate gives approval under subsection (7) for it to be taken.
- (2) An authorizing officer may only give an authorization as required under subsection (1)(a) if he has reasonable grounds-
 - (a) for suspecting that the person from whom the urine sample is to be taken has committed a serious arrestable offence; and
 - (b) for believing that the sample will tend to confirm or disprove the commission of the offence by that person.
- (3) An authorizing officer must give an authorization pursuant to subsection (2) in writing.
- (4) Where an authorization has been given pursuant to subsection (2), police officer or a member of the Customs and Excise Service may request the person from whom the urine sample is to be taken and that person's parent or guardian if he is under the age of 18 years, to give the appropriate consent to the taking of the sample and the officer or the member, in making the request shall inform the person and his parent or guardian, as the case may be-
 - (a) of the nature of the offence in which the person is suspected to have committed;
 - (b) that there are reasonable grounds to believe that the sample will tend to confirm or disprove the commission of the offence by that person;
 - (c) that he may or may not give his consent to the taking of the sample;
 - (d) that if he consents to the taking of the sample, he may at any time withdraw that consent before the sample is taken;
 - (e) that the sample will be analysed and the information derived from such analysis may provide evidence that might be used in criminal proceedings for such offence or any other offence in relation to dangerous drugs; and
 - (f) that he may make a request to a police officer or a member of the Customs and Excise Service for access to the information derived from the sample.
- (5) The person from whom a urine sample was taken pursuant to subsection (1) is entitled to access to the information derived from the sample
- (6) The appropriate consent must be given in writing and signed by the person or persons giving the consent.
- (7) Where an authorization and the appropriate consent as required under subsection (1) (a) and (b) have been given, a police officer or a member of the Customs and Excise Service shall make an application to a magistrate in accordance with the Seventh Schedule for the magistrate's approval and required under subsection (1) (c) and the magistrate may give his approval in accordance with that Schedule.
- (8) A urine sample may only be taken from a person by a police officer or a member of the Customs and Excise Service of the same sex as that person.

- (9) In this section-
- “appropriate consent” (適當的同意) means–
- (a) in relation to a person who has attained the age of 18 years, the consent of that person;
 - (b) in relation to a person who has not attained the age of 18 years, the consent both of that person and of his parent or guardian;
- “serious arrestable offence” (嚴重的可逮捕罪行) means an offence in relation to dangerous drugs for which a person may under or by virtue of any law be sentenced to imprisonment for a term not less than 7 years.

(Added 68 of 2000 s. 2)

54AB. Use and disposal of urine samples and information derived from analysis

- (1) Without prejudice to subsection (4), no person shall have access to, dispose of or use a urine sample taken pursuant to section 54AA except for the purposes of forensic analysis in the course of an investigation of any offence in relation to dangerous drugs.
- (2) Without prejudice to subsection (4), no person shall have access to, disclose or use any information derived from the forensic analysis of a urine sample taken pursuant to section 54AA except for the purposes of–
 - (a) any proceedings for an offence in relation to dangerous drugs; or
 - (b) making the information available to the person to whom the information relates.
- (3) Any person who contravenes subsection (1) or (2) commits an offence and is liable on conviction to a fine at level 4 and to imprisonment for 6 months.
- (4) Whether or not a urine sample taken pursuant to section 54AA or any information derived from the forensic analysis of the sample has been destroyed under subsection (5), no person shall use the sample or information in any proceedings for an offence in relation to dangerous drugs after–
 - (a) it is decided that a person from whom the sample was taken shall not be charged with any offence in relation to dangerous drugs;
 - (b) if the person has been charged with one or more such offences–
 - (i) the charge or all the charges, as the case may be, is or are withdrawn;
 - (ii) the person is discharged by a court before conviction of the offence or all the offences, as the case may be; or
 - (iii) the person is acquitted of the offence or all the offences, as the case may be, at trial or on appeal,whichever occurs first.
- (5) The Commissioner of Police or the Commissioner of Customs and Excise, as the case may be, shall take reasonable steps to ensure that–
 - (a) a urine sample taken pursuant to section 54AA; and
 - (b) all information derived from the forensic analysis of the sample which may be retained by him or on his behalf are destroyed as soon as practicable after–
 - (i) if the person from whom the sample was taken has not been charged with any offence in relation to dangerous drugs, the expiry of–
 - (A) subject to subparagraph (B), 12 months from the date on which the sample is taken (“the relevant period”); or
 - (B) such further period or periods as may be extended under subsection (6) (“the extended period”);

- (ii) if the person has been charged with one or more offences in relation to dangerous drugs within the relevant period and the extended period, if any—
 - (A) the charge or all the charges, as the case may be, is or are withdrawn;
 - (B) the person is discharged by a court before conviction of the offence or all the offences, as the case may be; or
 - (C) the person is acquitted of the offence or all the offences, as the case may be, at trial or on appeal,
 - whichever occurs first.
- (6) A police officer of or above the rank of chief superintendent or an member of or above the rank of chief superintendent of the Customs and Excise Service may extend or further extend the relevant period for not more than 6 months for each extension if he is satisfied on reasonable grounds that it is necessary to the continuing investigation of the offence or offences in relation to which the sample was taken that the sample and the information derived from the forensic analysis of the sample be retained.
- (7) Without prejudice to the operation of subsections (5) and (6), if—
 - (a) a person from whom a urine sample was taken pursuant to section 54AA has been convicted of one or more offences in relation to dangerous drugs; and
 - (b) there is no other charge against the person—
 - (i) in relation to dangerous drugs; and
 - (ii) which renders the retention of the sample necessary,
 - then the Commissioner of Police or the Commissioner of Customs and Excise as the case may be, shall take reasonable steps to ensure that the sample which may be retained by him or on his behalf is destroyed as soon as practicable after the conclusion of all proceedings (including any appeal) arising out of the conviction.

(Added 68 of 2000 S. 2)

54AC. Amendment of Seventh Schedule

The Chief Executive in Council may by order published in the Gazette amend the Seventh Schedule but any order to amend that Schedule shall be subject to the approval of the Legislative Council.

(Added 68 of 2000 s. 2)

55. Dangerous drugs forfeited by law

Any dangerous drug in respect of which an offence under this Ordinance is being or has been committed, and any dangerous drug in transit—

- (a) which was accompanied, when it was brought into Hong Kong, by a false export authorization or diversion certificate or by an export authorization or diversion certificate which was obtained by fraud or by the wilful misrepresentation or omission of a material particular; or
 - (b) which, not being accompanied by an export authorization or diversion certificate when it was brought into Hong Kong, was being conveyed for an unlawful purpose or was in transit for the purpose of being imported into another country in contravention of the laws of that country,
- shall, with effect from the seizure thereof under section 52, be forfeited to the Government.

(Amended 13 of 1999 s. 3)

56. Forfeiture of articles, etc., used in connection with offence

- (1) A court may (whether or not any person has been convicted of such offence) order to be

forfeited to the Government-

- (a) any money or thing (other than premises, a ship exceeding 250 gross tons, an aircraft or a train) which has been used in the commission of or in connection with;
 - (b) any money or other property received or possessed by any person as the result or product of,
an offence under this Ordinance or a drug trafficking offence within the meaning of the Drug Trafficking (Recovery of Proceeds) Ordinance (Cap. 405). (Amended 89 of 1995 s. 36)
- (2) An order under subsection (1) for the forfeiture of a thing may include a term permitting a specified person or persons to redeem such thing on such conditions, including conditions as to the payment of the value or a proportion of the value thereof to the Government, as the court may think fit.
 - (3) The court may require that notice of an application for forfeiture under subsection (1) shall be given in such manner as it thinks fit.
 - (4) The Chief Executive in Council may, in his absolute discretion and after any proceedings under this Ordinance are concluded, entertain and give effect to any moral claim to or in respect of any money, thing or other property which has been forfeited to the Government.

(Amended 13 of 1999 s. 3)

56A. Sentencing in respect of specified offences

- (1) Subject to subsection (5), where a person (other than a minor) has been convicted of a specified offence and-
 - (a) a court is satisfied beyond reasonable doubt as to any information furnished under subsection (2); or
 - (b) any such information is agreed by the person, then the court-
 - (i) shall have regard to such information when it passes a sentence on the person for the offence; and
 - (ii) may, if it thinks fit, pass a sentence on the person for that offence that is more severe than the sentence it would, in the absence of such information, have passed.
- (2) Information which may be furnished to a court under this subsection is any information which proves that the commission of the relevant specified offence involved a minor and, without limiting the generality of the foregoing the information may relate to any of the following-
 - (a) the procuring, supplying or trafficking by whatever means of a dangerous drug for or to a minor for possession or otherwise by a person;
 - (b) a person obtaining by whatever means a dangerous drug from a minor;
 - (c) provision by a person to a minor of any pipe, equipment or apparatus fit and intended for the smoking, inhalation, ingestion or injection of a dangerous drug;
 - (d) a person intentionally or unintentionally employing, hiring, using, persuading, enticing, or coercing a minor in the commission of a specified offence or the avoidance of detection or apprehension of such an offence;
 - (e) use of a minor in assisting the operation or management of premises which are used as a divan or for unlawful trafficking, manufacturing, or storage of a dangerous drug.
- (3) Only information that would be admissible in evidence in criminal proceedings (including proceedings in respect of sentencing) may be furnished to the court under subsection (2).

- (4) Where the prosecution seeks to furnish information to a court under subsection (2), the court shall allow the person convicted of the relevant specified offence an opportunity to–
 - (a) object to the reception of the information; and
 - (b) where such information is received by the court, furnish other information regarding that first-mentioned information.
- (5) A sentence passed pursuant to subsection (1) shall not exceed the maximum penalty permitted by law for the relevant specified offence.
- (6) This section shall operate without prejudice to any other information that may be furnished to a court before a person is sentenced, or to any other information to which a court shall or may have regard when sentencing a person for any offence.
- (7) The power of a court to pass a more severe sentence under subsection (1) shall extend to–
 - (a) conspiracy to commit;
 - (b) inciting another to commit;
 - (c) attempting to commit; and
 - (d) aiding, abetting, counselling or procuring the commission of, a specified offence.
- (8) This section shall not apply to a person who is convicted of a specified offence committed before the commencement of this section.
- (9) In this section–
 - “court” (法庭) includes a magistrate;
 - “specified offence” (指明罪行) means any offence under section 4, 4A, 5, 6, 8, 9, 35, 36 or 37.

(Added 22 of 1997 S. 2)

57. Protection of informers

- (1) Save as provided in subsection (2)–
 - (a) no information for an offence under this Ordinance shall be admitted in evidence in any civil or criminal proceeding; and
 - (b) no witness in any civil or criminal proceeding shall be obliged–
 - (i) to disclose the name or address of any informer who has given information to the police with respect to an offence under this Ordinance or of any person who has assisted the police in any way with respect to such an offence; or
 - (ii) to answer any question if the answer thereto would lead, or would tend to lead, to discovery of the name or address of such informer or person, if, in either case, such informer or person is not himself a witness in such proceeding, and, if any books, documents or papers which are in evidence or liable to inspection in any civil or criminal proceeding contain an entry in which any such informer or person is named or described or which might lead to his discovery, the court shall cause all such passages to be concealed from view or to be obliterated so far as may be necessary to protect the informer or such person from discovery.
- (2) If in any proceeding before a court for an offence under this Ordinance the court, after full inquiry into the case, is satisfied that an informer wilfully made a material statement which he knew or believed to be false or did not believe to be true, or if in any other proceeding a court is of opinion that justice cannot be fully done between the parties thereto without disclosure of the name of an informer or a person who has assisted the police, the court may permit inquiry and require full disclosure concerning the informer or such person.

58. Power of Chief Executive to give directions

- (1) The Chief Executive may give to any public officer, other than a judge, a District Judge or a magistrate, such directions as he thinks fit with respect to the exercise or performance of his powers, functions or duties under this Ordinance, either generally or in any particular case.
- (2) A public officer shall, in the exercise or performance of his powers, functions or duties under this Ordinance, comply with any directions given by the Chief Executive under subsection (1).

(Amended 13 of 1999 s. 3)

FIRST SCHEDULE

PART I

[ss. 2,3 & 22]

DANGEROUS DRUGS

1. The following substances, namely-

(a) Acetyldihydrocodeine

Aiphacetylmethadol

Aiphamethadol

Aiprazolam

Amfepramone (Added L.N. 348 of 1998)

Aminorex

Amphetamine

Barbitone

Benzylmorphine

(3-benzylmorphine)

Betacetylmethadol

Betamethadol

Bezitramide

Bromazepam

Brotizolam

Camazepam

Cannabinol and its tetrahydro derivatives;

their 3-alkyl homologues

Cathine (Added L.N 348 of 1998)

Cathinone

Chiordiazepoxide

Clobazam

Clonazepam

Clonitazene

Clorazepate

Clotiazepam

Cloxazolam

Cocaine

Codeine
Codoxime
Delorazepam
Desornorphine
Dextromoramide
Dextropropoxyphene
Diamprornide
(N-[2-(N-methylphenethylamine)propyl] propionanilide)
Diazepam
Diethyithiambutene
Difenoxin
Dihydrocodeine
Dihydroetorphine (*Added L.N. 166 of 2000*)
Dihydromorphine
Dimenoxadol
Dimepheptanol
Dimethyithiambutene
Dioxaphetyl butyrate
Dipipanone
Drotebanol
Ecgonine, and any derivative of ecgonine which is convertible to ecgonine or to cocaine
Estazolam
Ethyl Loflazepate
Ethylmethyithiambutene
Eticyclidine
Ethylmorphine
(3-ethylmorphine)
Etonitazene
Etorphine
Etryptamine (*Added L.N. 348 of 1998*)
Fentanyl
Fludiazepam
Flunitrazepana
Flurazepam
Gamma-hydroxybutyric acid (*Added L.N. 149 of 2001*)
Halazepam
Haloxazolam
Heroin
(diacetylmorphine)
Hydrocodone
(dihydro-codeinone)
Hydromorphenol
Hydromorphone
Hydroxypethidine
Isomethadone
Ketamine (*Added L.N. 329 of 2000*)
Ketazolam
Ketobemidone
Levomethorphan

Levomoramide
Levophenacymorphan
Levorphanol
Loprazolam
Lorazepam
Lormetazepam
Lysergamide
Lysergide and other N-alkyl derivatives of lysergamide
Mecloqualone
Medazepam
Mesocarb (*Added L.N. 348 of 1998*)
Metazocine
Methadone
Methadyl acetate
Methamphetamine
(methamphetamine)
Methaqualone
Methcathinone
Methyldesorphine
Methyldihydromorphine
(6-methyldihydromorphine)
Methyl phenidate
Metopon
Midazolam
Morphine
Morphine methobromide, morphine-N-oxide and other pentavalent nitrogen morphine
derivatives
Myrophine
Nicocodine
Nicomorphine (3,6-dinicotinoyl-morphine)
Nimetazepam
Nitrazepam
Noracetylmethadol
Norcodeine
Nordazepam
Norlevorphanol
Normethadone
Normorphine
Norpipanone
Oxazepam
Oxazolam
Oxycodone
Oxymorphone
Pethidine
Phenadoxone
Phenamipromide
Phenazocine
Phencyclidine
Phendimetrazine

Phenmetrazine
 Phenomorphan
 Phentermine
 Pholcodine
 Pinazeparn
 Piritrarnide
 Prazepam
 Proheptazine
 Propiram
 Quinalbarbitone
 Racernethorphan
 Racemoramide
 Racemorphan
 Retnifentanil (*Added L.N. 166 of 2000*)
 Rolicyclidine
 Ternazepam
 Tetrazepam
 Tenocyclidine
 Thebacon
 Thebaine
 Tilidate
 Triazolam
 Zipepral (*Added L.N. 348 of 1998*)
 4-Cyano-2-dimethylamino-4,4-diphenylbutane
 4-Cyano-1-methyl-4-phenylpiperidine
 N,N-dimethylamphetamine
 N-[α -Methyl-3,4-(methylenedioxy)phenethyl] hydroxylamine
 1-Methyl-4-phenylpiperidine-4-carboxylic acid
 2-Methyl-3-morpholino-1, 1 -diphenyl-propanecarboxylic acid
 4-Methyl aminorex
 4-Methylthioamphetamine (*Added L.N. 149 of 2001*)
 4-Phenylpiperidine-4-carboxylic acid ethyl ester;

- (b) any compound (not being a compound for the time being specified in subparagraph (a)) structurally derived from tryptamine or from a ring-hydroxy tryptamine by substitution at the nitrogen atom of the sidechain with one or more alkyl substituents but no other substituent;
- (c) any compound (not being methoxyphenamine or a compound for the time being specified in subparagraph (a)) structurally derived from phenethylamine, an N-alkylphenethylamine, α -methylphenethylamine, an N-alkyl- α -methylphenethylamine, α -ethylphenethylamine, or an N-alkyl- α -ethylphenethylamine by substitution in the ring to any extent with alkyl, alkoxy, alkylenedioxy or halide substituents, whether or not further substituted in the ring by one or more other univalent substituents;
- (d) any compound (not being a compound for the time being specified in subparagraph (a)) structurally derived from fentanyl by modification in any of the following ways, that is to say-
- (i) by replacement of the phenyl portion of the phenethyl group by any heteromonocycle whether or not further substituted in the heterocycle;
 - (ii) by substitution in the phenethyl group with alkyl, alkenyl, alkoxy, hydroxy, halogeno, haloalkyl, amino or nitro groups;

- (iii) by substitution in the piperidine ring with alkyl or alkenyl groups;
 - (iv) by substitution in the aniline ring with alkyl, alkoxy, alkenedioxy, halogeno or haloalkyl groups;
 - (v) by substitution at the 4-position of the piperidine ring with any alkoxy-carbonyl or alkoxyalkyl or acyloxy group;
 - (vi) by replacement of the N-propionyl group by another acyl group;
 - (e) any compound (not being a compound for the time being specified in subparagraph (a)) structurally derived from pethidine by modification in any of the following ways, that is to say-
 - (i) by replacement of the 1-methyl group by an acyl, alkyl whether or not unsaturated, benzyl or phenethyl group, whether or not further substituted;
 - (ii) by substitution in the piperidine ring with alkyl or alkenyl groups or with a propano bridge, whether or not further substituted;
 - (iii) by substitution in the 4-phenyl ring with alkyl, alkoxy, aryloxy, halogeno or haloalkyl group;
 - (iv) by replacement of the 4-ethoxycarbonyl by any other alkoxy-carbonyl or any alkoxyalkyl or acyloxy group;
 - (v) by formation of an N-oxide or of a quaternary base.
2. Any stereoisomeric form of a substance for the time being specified in paragraph 1 not being dextromethorphan or dextrophan.
 3. Any ester or ether of a substance for the time being specified in paragraph 1 or 2.
 4. Any salt of a substance for the time being specified in paragraph 1, 2 or 3.
 5. Concentrate of poppy straw (that is to say, the material arising when poppy straw has entered into a process for the concentration of its alkaloids).
 6. Medicinal opium.
 7. Any preparation, mixture, extract or other substance (whether natural or otherwise) containing any proportion of a substance for the time being specified in paragraph 1 or in any of paragraphs 2 to 6.
 8. Opium and opium water.
 9. Coca leaves.
 10. Poppy straw.
 11. Cannabis and cannabis resin.

(Replaced 62 of 1994 s. 9)

PART II

[ss. 4, 23 & 24]

PREPARATIONS TO WHICH ORDINANCE APPLIES WITH MODIFICATIONS

13. A preparation of not more than one of the substances specified in paragraph 19 or 20, when-
 - (a) compounded with one or more other ingredients in such away that the preparation has no, or a negligible, risk of abuse and that the substance cannot be recovered by readily applicable means or in a yield which would constitute a risk to health; and
 - (b) containing not more than 100 milligrams of the substance per dosage unit and with a concentration of not more than 0.5 per cent in undivided preparations. *(Amended 62 of 1994 s. 9)*

14. A preparation of cocaine containing not more than 0.1 per cent of cocaine calculated as cocaine base, being a preparation compounded with one or more other ingredients in such a way that the preparation has no, or a negligible, risk of abuse and that the cocaine cannot be recovered by readily applicable means or in a yield which would constitute a risk to health.
15. A preparation of medicinal opium or of morphine containing (in either case) not more than 0.2 per cent of morphine calculated as anhydrous morphine base, being a preparation compounded with one or more other ingredients in such a way that the preparation has no, or a negligible, risk of abuse and that the opium or, as the case may be, the morphine cannot be recovered by readily applicable means or in a yield which would constitute a risk to health.
16. A preparation of diphenoxylate containing, per dosage unit, not more than 2.5 milligrams of diphenoxylate calculated as base and not less than 25 micrograms of atropine sulphate. (Amended L.N. 324 of 1980)
- 16A. A preparation of difenoxin containing, per dosage unit, not more than 0.5 milligram of difenoxin calculated as base and a quantity of atrophine sulphate equivalent to at least 5% of the dose of difenoxin. (Added L.N. 321 of 1977. Amended L.N. 324 of 1980)
- 16B. A preparation for oral use containing not more than 135 milligrams of dextropropoxyphene base per dosage unit or with a concentration of not more than 2.5 per cent in undivided preparations:

Provided that such preparations do not contain any substance specified in the Third Schedule to the Pharmacy and Poisons Regulations (Cap. 138 sub. leg.). (Added L.N. 185 of 1983)
- 16C. A preparation of Propiram containing not more than 100 milligrams of propiram per dosage unit and compounded with at least the same amount of methylcellulose. (Added L.N. 185 of 1983)
17. Pulvis Ipecacuanhae et Opii Compositus-

10 per cent opium, in powder,
10 per cent Ipecacuanhae root, in powder, well mixed with
80 per cent of any other powdered ingredient containing no dangerous drug.
18. Mixtures containing not more than one of the preparations specified in paragraphs 13 to 17, being mixtures whereof none of the other ingredients is a dangerous drug.

PART III

[ss. 25, 26 & 32]

DANGEROUS DRUGS TO WHICH ORDINANCE APPLIES WITH OTHER MODIFICATIONS

19. The following substances, namely-
Acetyldihydrocodeine
Codeine
Dextropropoxyphene
Dihydrocodeine
Ethylmorphine (3-ethylmorphine)
Nicocodine
Norcodeine
Pholcodine

Propiram (Amended L.N. 185 of 1983)

20. Any salt of a substance specified in paragraph 19.
21. Any preparation, mixture, extract or other substance containing any proportion of a substance specified in paragraph 19 or 20, being a preparation, mixture, extract or other substance whereof none of the other ingredients is a dangerous drug. (Amended 46 of 1971 s. 10)
22. Any other preparation specified in Part II of this Schedule.

PART IV

[SS. 24, 25 & 26]

PREPARATIONS WHICH MAY BE SOLD BY RETAIL BY LISTED SELLERS OF POISONS UNDER PHARMACY AND POISONS ORDINANCE (CAP. 138)

(Amended 46 of 1971 s. 10)

23. Any preparation containing not more than 0.1 per cent of cocaine, being a preparation compounded with one or more other ingredients in such a way that the preparation has not or a negligible, risk of abuse and that the substance contained therein cannot be recovered by readily applicable means or in a yield which would constitute a risk to health, (Replaced L.N. 348 of 1998)

SECOND SCHEDULE

[ss. 2, 50 & 52]

(Amended L.N. 59 of 1999)

PRESCRIBED HOSPITALS AND INSTITUTIONS,

OTHER THAN HOSPITALS MAINTAINED BY THE GOVERNMENT

1. Alice Ho Miu Ling Nethersole Hospital
2. Canossa Hospital
3. Caritas Medical Centre
4. Castle Peak Hospital
5. Cheshire Home, Chung Hom Kok
6. Cheshire Home, Shatin
7. David Trench Rehabilitation Centre
8. The Duchess of Kent Children's Hospital at Sandy Bay (Replaced L.N. 249 of 1999)
9. East Kowloon Polyclinic
10. Evangel Hospital
11. Fanling Hospital
12. Grantham Hospital
13. Haven of Hope Hospital
14. Home of Loving Faithfulness Fellowship
15. Hong Kong Adventist Hospital
16. Hong Kong Baptist Hospital
17. Hong Kong Buddhist Hospital
18. Hong Kong Central Hospital

19. Hong Kong Red Cross Blood Transfusion Service
20. Hong Kong Sanatorium and Hospital
21. Kowloon Hospital
22. Kwai Chung Hospital
23. Kwong Wah Hospital
24. Lai Chi Kok Hospital
25. Li Ka Shing Specialist Clinic
26. Lock Tao Nursing Home
27. Ma Tau Chung Nursing Home
28. MacLehose Medical Rehabilitation Centre
29. *(Repealed L.N. 359 of 2000)*
30. Matilda and War Memorial Hospital
31. Nam Long Hospital
32. Our Lady of Maryknoll Hospital
33. *(Repealed L.N. 59 of 1999)*
34. Pok Oi Hospital
35. Precious Blood Hospital
36. Prince of Wales Hospital
37. Prince Philip Dental Hospital
38. Princess Margaret Hospital
39. Pui Hong Geriatric Day Centre
40. Queen Elizabeth Hospital
41. Queen Elizabeth Hospital Specialist Clinic
42. Queen Mary Hospital
43. Ruttonjee Hospital
44. Shatin Hospital *(Replaced L.N. 372 of 1994)*
45. Shek Kwu Chau Treatment and Rehabilitation Centre
46. Sister Aquinas Memorial Women's Treatment Centre
47. Siu Lam Hospital
48. South Kwai Chung Jockey Club Polyclinic
49. St. John Hospital
50. St. Paul's Hospital
51. St. Teresa's Hospital
52. Tang Chi Ngong Specialist Clinic
53. Tang Shiu Kin Hospital
54. Tsan Yuk Hospital
55. Tsuen Wan Adventist Hospital
56. Tuen Mun Hospital
57. Tung Wah Eastern Hospital
58. Tung Wah Group of Hospitals Fung Yiu King Hospital *(Amended L.N. 59 of 1999)*.
59. Tung Wah Hospital
60. United Christian Hospital
61. Violet Peel Polyclinic, Southorn Centre
62. Wanchai Nursing Home
63. Tung Wah Group of Hospitals Wong Tai Sin Hospital *(Replaced L.N. 174 of 1997)*
64. Yan Chai Hospital
65. Hong Kong Eye Hospital *(Added L.N. 372 of 1994)*
66. Pamela Youde Nethersole Eastern Hospital *(Added L.N. 372 of 1994)*
67. Pamela Youde Nethersole Eastern Hospital Polyclinic *(Added L.N. 372 of 1994)*

68. Sai Ying Pun Specialist Clinic (Added L.N. 372 of 1994)
69. Tuen Mun Specialist Clinic (Added L.N. 372 of 1994)
70. Yung Fung Shee Memorial Centre (Pamela Youde Specialist Clinic) (Added L. N. 372 of 1994)
71. Yau Ma Tei Psychiatric Centre (Added L.N. 372 of 1994)
72. Yau Ma Tei Specialist Centre (Extension) (Added L.N. 372 of 1994)
73. Bradbury Hospice (Added L.N. 612 of 1994)
74. Hong Kong Renal Centre Limited (Added L.N. 612 of 1994)
75. Sha Tin International Medical Centre Union Hospital (Added L.N. 612 of 1994)
76. The Hong Kong Kidney Foundation Jockey Club Dialysis Centre (Added L.N. 164 of 1995)
77. The Hong Kong Kidney Foundation Kowloon City Dialysis Centre (Added L.N. 164 of 1995)
78. Au Tau Youth Centre (Added L.N. 174 of 1997)
79. Ha Kwai Chung Renal Dialysis Centre (Added L.N. 174 of 1997)
80. Kowloon Medical Rehabilitation Centre (Added L.N. 174 of 1997)
81. Pamela Youde Polyclinic (Added L.N. 174 of 1997)
82. Rehabaid Centre (Added L.N. 174 of 1997. Amended L.N. 59 of 1999)
83. Tai Po Hospital (Added L.N. 174 of 1997)
84. Western Psychiatric Centre (Added L.N. 174 of 1997)
85. Wong Chuk Hang Hospital (Added L.N. 174 of 1997)
86. The Lookout (Added L.N. 388 of 1997)
87. North District Hospital (Added L.N. 599 of 1997)
88. Integrated Dialysis Facilities (HK) Limited (Added L.N. 59 of 1999)
89. Buddhist Li Chong Yuet Ming Nursing Home for the Elderly (Added L.N. 59 of 1999)
90. Pok Oi Hospital Tuen Mun Nursing Home (Added L.N. 59 of 1999)
91. Yan Chai Nursing Home (Added L.N. 59 of 1999)
92. Hong Kong Sheng Kung Hui Nursing Home (Added L.N. 59 of 1999)
93. Shatin Sister Aquinas Memorial Women's Treatment Centre (Added L.N. 59 of 1999)
94. Haven of Hope Nursing Home (Added L.N. 249 of 1999)
95. Caritas Wong Yiu Nam Centre (Added L.N. 249 of 1999)
96. Alice Ho Miu Ling Nethersole Nursing Home (Added L.N. 249 of 1999)
97. Tseung Kwan O Hospital (Added L.N. 249 of 1999)

(Second Schedule replaced L.N. 187 of 1992)

THIRD SCHEDULE

[s. 42]

OTHER OFFENCES OF WHICH DEFENDANT MAY BE CONVICTED

Item	Offence charged	Other offences of which defendant may be convicted
1.	Unlawful trafficking in dangerous drug (section 4)	Trafficking in a substance represented or held out to be a dangerous drug (section 4A) <i>(Added 37 of 1980 s. 4)</i> Possession of dangerous drug (section 8(1) (a) and (2))
2.	Unlawful manufacturing of dangerous drug (section 6)	Unlawful trafficking in dangerous drug (section 4) Possession of dangerous drug (section 8(1)(a) and (2))
3.	<i>(Repealed 52 of 1992 s. 10)</i>	

(Amended 52 of 1992 s. 10)

FOURTH SCHEDULE

[s. 49A]

REPORTING AGENCIES

1. Barnabas Charitable Service Association Limited
 2. The Boys' and Girls' Clubs Association of Hong Kong
 3. Caritas-Hong Kong
 4. The Chinese Young Men's Christian Association of Hong Kong
 5. Christian Family Service Centre
 6. The Christian New Being Fellowship Limited
 7. Christian Zheng Sheng Association Limited
 8. Department of Health
 9. DACARS, Limited
 10. Evangel Hospital
 11. Hong Kong Adventist Hospital
 12. Hong Kong Baptist Hospital
 13. Hong Kong Christian Service
 14. The Hong Kong Council of Social Service
 15. The Hong Kong Federation of Youth Groups
 16. Hong Kong Playground Association
 17. Hong Kong Sanatorium and Hospital Limited
 18. Hospital Authority
 19. Ling Oi Youth Centre, Finnish Missionary Society
 20. Operation Dawn Limited
 21. Precious Blood Hospital (Caritas) (Replaced L.N. 613 of 1994)
 22. St. Paul's Hospital (Replaced L.N. 613 of 1994)
 23. St. Stephen's Society
 24. St. Teresa's Hospital (Replaced L.N. 613 of 1994)
 25. The Salvation Army
 26. Social Welfare Department
 27. The Society for the Aid and Rehabilitation of Drug Abusers
 28. The Society for the Rehabilitation of Offenders, Hong Kong
 29. Tsuen Wan Adventist Hospital
 30. Wu Oi Christian Centre
 31. Yang Memorial Methodist Social Service (Replaced L.N. 613 of 1994)
 32. Hong Kong Young Women's Christian Association
 33. Hong Kong Police Force (Added L.N. 415 of 1996. Amended L.N. 362 of 1997)
 34. Correctional Services Department (Added L.N. 415 of 1996)
- (Fourth Schedule replaced L.N. 363 of 1992)*

FIFTH SCHEDULE

[s. 38A]

First Column	Second Column	Third Column
	Dangerous Drug	Excessive Quantity
1.	Any dangerous drug other than opium or cannabis or cannabis resin.	500 g
2.	Opium.	3000 g
3.	Cannabis or cannabis resin.	3 000 g

(Fifth Schedule added 48 of 1982 s. 3. Amended 62 of 1994 s. 10)

SIXTH SCHEDULE

[ss. 22 & 34A]

- The following substances, namely-**
 - Aiprazolam
 - Bromazepam
 - Chiordiazepoxide
 - Clonazepam
 - Diazepam
 - Flurazepam
 - Lorazepam
 - Medazepam
 - Nitrazepam
 - Oxazoktm
 - Temazepam
- Any preparation, mixture, extract or other substance containing any proportion of a substance specified in paragraph 1.**

(Sixth Schedule added 2 of 1992 s. 12)

SEVENTH SCHEDULE

[ss. S4AA(7) &
54AC]

APPLICATION FOR AND GIVING OF A MAGISTRATE'S APPROVAL FOR THE TAKING OF A URINE SAMPLE

- An application under section 54AA(7) of this Ordinance must be made in Form 1. A copy of the authorization duly given pursuant to section 54AA(2) of this Ordinance and of appropriate consent duly given and signed under section 54AA(6) of this Ordinance must be exhibited to Form 1.
- Form 1 together with the exhibits referred to in section 1 must be submitted to a magistrate.
- A magistrate, on receiving the application, may-
 - give his approval if he is satisfied that-

- (i) an authorization has been duly given pursuant to section 54AA(2) of this Ordinance;
 - (ii) there are reasonable grounds-
 - (A) for suspecting that the person from whom the urine sample is to be taken has committed a serious arrestable offence; and
 - (B) for believing that the sample will tend to confirm or disprove the commission of the offence by that person; and
 - (iii) the appropriate consent has been duly given under section 54AA(6) of this Ordinance;
- (b) order that an inter partes hearing shall be conducted in private for the purposes of determining whether the approval should be given or not if he considers that it is necessary in the interest of justice to do so; or
- (c) reject the application if he thinks fit to do so.
4. An order made under section 3(b) must specify a hearing date and must be served on the applicant and the respondent not less than a period as may be directed by the magistrate before the specified hearing date.
5. Where an order has been duly served under section 4, the applicant and the respondent must attend before the magistrate on the hearing date specified in the order. The respondent may be represented by his legal representative. The applicant and the respondent (or his legal representative, if any) may make representations at the hearing.
6. The magistrate, upon hearing the parties, may-
- (a) give his approval if he is satisfied that-
 - (i) an authorization has been duly given pursuant to section 54AA(2) of this Ordinance;
 - (ii) there are reasonable grounds-
 - (A) for suspecting that the person from whom the urine sample is to be taken has committed a serious arrestable offence; and
 - (B) for believing that the sample will tend to confirm or disprove the commission of the offence by that person; and
 - (iii) the appropriate consent has been duly given under section 54AA(6) of this Ordinance; or
 - (b) reject the application if he thinks fit to do so.
7. The approval under sections 3(a) and 6(a) must be given in Form 2.

FORM 1

APPLICATION FOR AN APPROVAL FOR THE TAKING OF A URINE SAMPLE

Section 54AA(7) of the Dangerous Drugs Ordinance (Cap. 134)

Application No.

Writ No.

TO A MAGISTRATE OF HONG KONG
IN THE MAGISTRATES COURT AT

I, (name of the applicant), apply for an approval to the taking of urine sample from (name of the suspect) on the following grounds-

(a), a police officer of or above the rank of superintendent/a member of the Customs and Excise Service of or above the rank of superintendent* on(date) has given an authorization (which is exhibited to this form) to the taking of the sample from the said person as he has reasonable grounds-

(i) for suspecting that the said person has committed a serious arrestable offence, namely an offence contrary to section.....of the.....Ordinance (Cap.); and

(ii) for believing that the sample will tend to confirm or disprove the commission of the offence by the said person,
relying on the following facts-

(b) the appropriate consent has been given (which is exhibited to this form).

Dated this day of (year).

.....

Applicant.
(signature)

* Delete whichever is inapplicable.

FORM 2

APPROVAL FOR THE TAKING OF A URINE SAMPLE

Section 54AA(7) of the Dangerous Drugs Ordinance (Cap. 134)

Application No.
Writ No.

HONG KONG. IN THE MAGISTRATES COURT AT

To each and all of the police officers of Hong Kong/members of the Customs and Excise Service of Hong Kong*.

APPLICATION has been made to the undersigned, a magistrate of Hong Kong, by(name of the applicant) on(date) and the undersigned magistrate, relying on the facts specified in the said application/upon hearing the parties*, has satisfied that—

- (a)a police officer of or above the rank of superintendent/a member of the Customs and Excise Service of or above the rank of superintendent* on.....(date) has duly given an authorization to the taking of the sample from(name of the suspect);
- (b) there are reasonable grounds-
 - (i) for suspecting that the said person has committed a serious arrestable offence, namely an offence contrary to section.....of theOrdinance (Cap.); and
 - (ii) for believing that the sample will tend to confirm or disprove the commission of the offence by the said person; and
- (c) the appropriate consent has been duly given.

You are herewith approved to take the urine sample from the said person.

Dated this day of (year).

.....
Magistrate

[L. S.]

* Delete whichever is inapplicable.

(Seventh Schedule added 68 of 2000 s. 3)

DANGEROUS DRUGS REGULATIONS

(CAP. 134, SECTION 51)

[17 January 1969]

1. Citation

These regulations may be cited as the Dangerous Drugs Regulations.

2. Interpretation

In these regulations, unless the context otherwise requires—

“identity card” (身分證) means an identity card issued under the Registration of Persons Ordinance (Cap. 177) and includes a permanent identity card;(L.N. 191 of 1996)

“proof of identity” (身分證明文件) means any proof of identity specified in section 17B(1) of the Immigration Ordinance (Cap. 115); (L.N. 191 of 1996)

“retail business”(零售業務) means the business of retailing, dispensing or compounding dangerous drugs carried on at a shop;

“retail dealer”(零售商) means a person who carries on a retail business.

(L.N. 191 of 1996)

3. Requirements with respect to prescriptions

- (1) A person by whom a prescription prescribing a dangerous drug is given shall comply with the following requirements, that is to say, the prescription shall-
 - (a) be in writing and signed by the person giving it with his usual signature, and be dated by him;
 - (b) be in ink or otherwise so as to be indelible;
 - (c) specify the address of the person giving it;
 - (d) specify the name, identity card number and address of the person for whose treatment it is given or, if it is given by a registered veterinary surgeon, of the person to whom the article prescribed is to be delivered; (L.N. 191 of 1996; L.N. 556 of 1997)
 - (e) have written thereon—
 - (i) if given by a registered dentist, the words “For local dental treatment only” (僅供局部牙科治療之用); and
 - (ii) if given by a registered veterinary surgeon, the words “For animal treatment only” (僅供動物治療之用); (L.N. 556 of 1997)
 - (f) if the dangerous drug prescribed is a preparation, or if all the dangerous drugs prescribed are preparations,- (L.N. 191 of 1996)
 - (i) specify the total amount of the preparation or of each preparation, as the case may be; or
 - (ii) when the preparation is packed in ampoules, either specify as aforesaid or specify the total amount of the preparation or of each preparation, as the case may be, intended to be administered or injected; and
 - (g) if the dangerous drug is not a preparation, specify the total amount of the drug to be supplied. (L.N. 191 of 1996)

- (2) In the case of a prescription given for the treatment of a patient in a prescribed hospital or a health centre maintained by the Crown, sub-paragraph (d) of paragraph (1) shall be deemed to have been complied with if the prescription is written on the patient's bed card or case sheet, and in such a case the initials of the person giving the prescription shall be a sufficient signature for the purposes of sub-paragraph (a) of paragraph (1).
- (3) For the purpose of paragraph (1)(d), in the case of a person who is not resident in Hong Kong, the reference number of any proof of identity other than an identity card shall be specified in the prescription. (L.N. 191 of 1996)

[cf. S.I. 1964/1811 reg. 14 U.K.]

4. Marking of packages and bottles

- (1) Save as provided in paragraph (2), no person shall—
 - (a) supply a dangerous drug, other than a preparation, unless the package or bottle in which it is contained is plainly marked with the amount of the dangerous drug contained therein; or
 - (b) supply a preparation, unless the package or bottle in which it is contained is plainly marked—
 - (i) in the case of a powder, solution or ointment, with the total amount thereof in the package or bottle and the percentage of the dangerous drug contained in the powder, solution or ointment; or
 - (ii) in the case of cachets, single dose injections, lozenges, suppositories, pills, tablets or similar articles, with the amount of the dangerous drug in each article and the number of articles in the package or bottle.
- (2) Paragraph (1) does not apply—
 - (a) in a case where a preparation is lawfully supplied by a registered medical practitioner;
 - (b) in a case where a preparation is lawfully supplied on a prescription lawfully given by a registered medical practitioner; or
 - (c) in relation to the supply of a dangerous drug specified in Part III of the First Schedule to the Ordinance.
- (3) Any person who contravenes paragraph (1) shall be guilty of an offence and shall be liable on conviction to a fine of ten thousand dollars and to imprisonment for twelve months.

[cf. S.I. 1964/1811 reg. 16 U.K.]

5. Keeping of register or other records

- (1) Every person authorized by or licensed under the Ordinance to supply a dangerous drug, except a sister authorized by section 22 of the Ordinance, shall comply with the following provisions, that is to say—
 - (a) he shall, in accordance with this regulation and regulation 6, keep a register and enter therein in chronological sequence in the form specified in the First Schedule true particulars with respect to every quantity of a dangerous drug, other than a preparation specified in Part II of the First Schedule to the Ordinance, obtained by him and with respect to every quantity of a dangerous drug, other than a preparation specified in Part II of the First Schedule to the Ordinance, supplied by him, whether to persons within or outside Hong Kong;
 - (b) he shall use a separate register or separate part of the register for entries made with respect to each of the dangerous drugs specified in paragraph 1 of Part I of the First Schedule to the Ordinance or in paragraph 2, 3, 4, 5, 6 or 7 thereof, and for this purpose—
 - (i) each such drug shall be deemed to comprise its salts and any preparation, admixture,

extract or other substance containing any proportion of it or its salts; and

(ii) any isomer of a dangerous drug the existence of which is possible within its specific chemical designation shall be deemed to be identical with that drug;

(c) he shall use a separate page within the register or separate part of the register for entries made with respect to different dangerous drugs and different strengths of preparations comprised within the class of dangerous drugs to which that register or separate part relates. (L.N. 191 of 1996)

(2) *(Repealed L.N. 191 of 1996)*

(3) Where a registered medical practitioner, a registered dentist, a registered veterinary surgeon or a specified person obtains or supplies any dangerous drug (which, in the case of the specified person, means a specified dangerous drug) packed in ampoules, he shall be deemed to have complied with the requirements- (2 of 1992 s. 13; L. N. 556 of 1997)

(a) of paragraph (1) in regard to entry in the register required to be kept under that paragraph of true particulars with respect to every quantity of every dangerous drug obtained or supplied; or

(b) *(Repealed L.N. 191 of 1996)*

if he enters as the amount which he has obtained or supplied, as the case may be, true particulars as to either the total quantity of the dangerous drug or the total quantity thereof intended to be administered or injected.

(4)-(5) *(Repealed L.N. 191 of 1996)*

(6) (a) Subject to sub-paragraph (c), a manufacturer of any preparation specified in Part II of the First Schedule to the Ordinance and a wholesale dealer in any such preparation shall keep every invoice or other like record issued in respect of each quantity of any such preparation obtained by him and in respect of each quantity of any such preparation supplied by him.

(b) A retail dealer in any such preparation shall keep every invoice or other like record issued in respect of each quantity of any such preparation obtained by him.

(c) Sub-paragraph (a) does not apply in the case of a preparation manufactured by a registered medical practitioner, or by a person referred to in subsection (5) of section 22 of the Ordinance, under the authority conferred by subsection (4) or (5) of the said section 22, as the case may be.

(7) Any person who contravenes any of the provisions of paragraph (1) or (6) shall be guilty of an offence and shall be liable on conviction to a fine of \$450,000 and to imprisonment for three years. (L.N. 191 of 1996; L.N. 201 of 1996)

(8) It is a defence for a person charged with committing an offence under paragraph (7) in relation to paragraph (1) to show that he took all reasonable steps and exercised all due diligence to avoid committing the offence. (L.N. 191 of 1996; L.N. 288 of 1996)

[cf. S.I. 1964/1811 reg. 17 U.K.]

6. Requirements as to registers

The following requirements shall be complied with by any person required to keep a register under regulation 5, that is to say-

(a) there shall be specified at the head of any page of such register-

(i) the class of dangerous drugs; and

(ii) where applicable, the particular dangerous drug and the particular strength of the preparation comprised within such class, to which the entries on that page relate;

(L.N. 191 of 1996)

- (b) every entry required to be made under regulation 5 in such register shall be made on the day on which the dangerous drug is received or, as the case may be, on which the transaction with respect to the supply of the dangerous drug by the person required to make the entry takes place, or, if that is not reasonably practicable, on the day next following the said day;
- (c) no cancellation, obliteration or alteration of any such entry shall be made, and every correction of such an entry shall be made only by way of a marginal note or footnote which shall specify the date on which the correction is made;
- (d) every entry required to be made under regulation 5 in such register, and every correction of such an entry, shall be made in ink or otherwise so as to be indelible;
- (e) such a register shall not be used for any purpose other than the purposes of the Ordinance;
- (f) such person shall if so required by the Director or any public officer authorized in writing by the Director in that behalf—
 - (i) furnish such particulars as may be required with respect to the obtaining or supplying by him of any dangerous drug, or with respect to any stock of dangerous drugs in his possession;
 - (ii) for the purpose of confirming any such particulars, produce any stock of dangerous drugs in his possession; and
 - (iii) produce such register and such other books or documents in his possession relating to any dealings in dangerous drugs as may be required;
- (g) a separate register shall be kept in respect of each set of premises at which the person required to keep the register carries on business, but save as aforesaid not more than one register shall be kept at one time in respect of each class of dangerous drug in respect of which he is required to keep a separate register or part of a register, so, however, that a separate register may, with the approval of the Director, be kept in respect of each department of the business carried on by him;
- (h) every such register shall be kept at the premises to which it relates and so as to be at all times available for inspection.

[cf. S.I. 1964/1811 reg. 25 U.K.]

7. Preservation of documents

- (1) All registers, records, books, prescriptions and other documents which are kept, issued or made pursuant to the requirements, or for the purposes, of the Ordinance shall be preserved—
 - (a) in the case of a register, book or other like record, for a period of two years from the date on which the last entry therein is made; and
 - (b) in the case of any other document, for a period of two years from the date on which it is issued or made.
- (2) In the case of any document kept pursuant to paragraph (6) of regulation 5, the keeping of a copy thereof made at any time during the said period of two years shall be treated for the purposes of paragraph (1) as if it were the keeping of the original document.
- (3) Any person who contravenes any of the provisions of paragraph (1) shall be guilty of an offence and shall be liable on conviction to a fine of ten thousand dollars and to imprisonment for twelve months.

[cf. S.I. 1964/1811 reg. 26 U.K.]

8. Validity of licence under section 18 and fee therefor

- (1) A licence issued under section 18 of the Ordinance shall be valid until the 1st day of January next following the day on which it is issued.

- (2) The fees specified in the Second Schedule shall be payable on the issue of the licences under section 18 of the Ordinance therein specified.

9. *(Repealed 31 of 1969 s. 7)*

FIRST SCHEDULE

[reg. 5]

FORM OF REGISTER

Date of receipt/supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number#	Amount		Invoice No.	Balance
			received	supplied		

* Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.

For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.

(L.N. 191 of 1996)

SECOND SCHEDULE

[reg. 8]

LICENCE FEES

Item	Licence	Fee
1.	Licence to manufacture dangerous drug	\$1,340
2.	Wholesale dealer's licence to supply dangerous drug	\$780

(L.N. 182 of 1989; L.N. 522 of 1994)

THIRD SCHEDULE

(Repealed 31 of 1969 s. 7)

CHAPTER 244

DRUG ADDICTION TREATMENT CENTRES ORDINANCE

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CHAPTER 244

DRUG ADDICTION TREATMENT CENTRES

To provide for the cure and rehabilitation of persons found guilty of criminal offences who are suffering from addiction to a dangerous drug.

[17 January 1969] *L.N. 3 of 1969*

1. Short title

This Ordinance may be cited as the Drug Addiction Treatment Centres Ordinance.

2. Interpretation

In this Ordinance, unless the context otherwise requires-

“addiction treatment centre” (戒毒所) means any place or building appointed by the Secretary for Security under section 3; (*Amended 41 of 1977 s. 2*)

“Commissioner” (署長) means the Commissioner of Correctional Services; (*Amended L.N. 30 of 1982*)

“dangerous drug” (危險藥物) has the meaning that it has for the purposes of the Dangerous Drugs Ordinance (Cap. 134);

“detention order” (羈留令) means any order of detention made under section 4(1);

“recall order” (召回令) means an order made under section 6(1); (*Replaced 5 of 1974 s. 2*)

“relevant offence” (有關罪行) means an offence punishable with imprisonment otherwise than for non-payment of a fine;

“supervision order” (監管令) means an order for supervision made under section 5(1).

3. Addiction treatment centres

The Secretary for Security may by order appoint any place or building to be an addiction treatment centre for the cure and rehabilitation of persons found guilty of a relevant offence who are addicted to any dangerous drug.

(Amended 41 of 1977 s. 3)

4. Detention order

- (1) Where a person is found guilty of a relevant offence and the court is satisfied that in the circumstances of the case and having regard to his character and previous conduct it is in his interest and the public interest that he should undergo a period of cure and rehabilitation in an addiction treatment centre, the court may, in lieu of imposing any other sentence, order that such person be detained in an addiction treatment centre.
- (2) A person in respect of whom a detention order is made shall be detained in an addiction treatment centre for such period, not less than 2 months and not more than 12 months from the date of such order, as the Commissioner may determine, having regard to the health and progress made by such person and the likelihood of his remaining free from addiction to any dangerous drug on his release, and shall then be released. (*Amended 41 of 1977 s. 4; 24 of 1986 S. 2*)
- (3) Before a detention order is made in respect of any person, the court shall consider a report of the Commissioner on the suitability of such person for cure and rehabilitation and on the availability of places at addiction treatment centres, and if the court has not received such a report it shall, after such person has been found guilty, remand him in the custody of the Commissioner for such period, not exceeding 3 weeks, as the court thinks necessary to enable such a report to be made.
- (4) When a court makes a detention order, no conviction shall be recorded against the person in respect of whom the order is made unless, in the opinion of the court, the circumstances of the offence so warrant and the court orders accordingly. (*Replaced 5 of 1974 s. 3. Amended L.N. 65 of 1986*)
- (5) The Commissioner shall, in his report under subsection (3), inform the court whether or not a detention order has previously been made in respect of the person to whom the report relates.

5. Supervision order

- (1) The Commissioner may order that a person released from an addiction treatment centre shall, for a period of 12 months from the date of his release, be subject to supervision by such organization or person as he may specify and shall while under such supervision comply with such requirements, including requirements as to medical examination and as to residence, as he may specify. (*Amended 44 of 1987 s. 4*)
- (2) The Commissioner may at any time vary or cancel a supervision order.
- (3) A person who fails to comply with any requirement specified in a supervision order made against him commits an offence and is liable to a fine of \$5,000 and to imprisonment for 12 months. (*Added 32 of 1983 s. 2*)

6. Recall order

- (1) The Commissioner may, if he is satisfied that a person against whom a supervision order is in force has failed to comply with any requirement of the order, make a recall order against such person requiring him to return to an addiction treatment centre; and thereupon such person may be arrested and taken to an addiction treatment centre and detained there.
- (2) A person detained in an addiction treatment centre under subsection (1) shall be detained until the expiry of 12 months from the date of the detention order or 4 months from the date of his being arrested under the recall order, whichever is the later. *(Amended 41 of 1977 s. 5)*
- (3) The Commissioner may at any time release a person in respect of whom a recall order is in force. *(Amended 24 of 1986 s. 3)*
- (4) Where a person is detained under a recall order the supervision order in force at the time of that recall order shall cease to have effect during the period of his detention and, if he is released from detention under that recall order within a period of 12 months from the date on which the supervision order came into force, shall again have effect until the expiration of that period. *(Added 24 of 1986 s. 3)*
- (5) Subsection (4) shall not apply where the supervision order was made before the commencement of the Drug Addiction Treatment Centres (Amendment) Ordinance 1986 (24 of 1986). *(Added 24 of 1986 s. 3)*

(Replaced 5 of 1974 s. 4)

6A. Effect of imprisonment or further detention order

- (1) If a person in respect of whom a detention order, a supervision order or a recall order is in force is sentenced to imprisonment— *(Amended 32 of 2000 s. 4)*
 - (a) for a term of 9 months or less (or in the case of a detention order, supervision order or recall order made before the commencement of the Drug Addiction Treatment Centres (Amendment) Ordinance 1986 (24 of 1986), 2 years or less), the detention order, supervision order or recall order shall be suspended until the expiration of his term of imprisonment;
 - (b) for a term of more than 9 months (or in the case of a detention order, supervision order or recall order made before the commencement of the Drug Addiction Treatment Centres (Amendment) Ordinance 1986 (24 of 1986), 2 years) or a new detention order is made in respect of him, the first-mentioned detention order, or the supervision order or recall order, as the case may be, shall cease to have effect. *(Amended 24 of 1986 s. 4)*
- (2) If a person in respect of whom—
 - (a) a detention order is in force is further sentenced to detention in a training centre, his detention in such a training centre shall take effect on the expiration of the detention order;
 - (b) a supervision order is in force is further sentenced to detention in a training centre, the supervision order shall lapse;
 - (c) a recall order is in force is further sentenced to detention in a training centre—
 - (i) the recall order shall lapse; or
 - (ii) his detention in such a training centre shall take effect on the expiration of the recall order, as may be decided by the Commissioner. *(Added 32 of 2000 s. 4)*

(Added 5 of 1974 s. 5)

6B. Lapse of supervision order

- (1) A supervision order shall lapse if the person against whom it was made is under any other Ordinance placed under the supervision of a probation officer or any other person other than

the Commissioner.

- (2) This section shall not apply in the case of a supervision order made before the commencement of the Drug Addiction Treatment Centres (Amendment) Ordinance 1986 (24 of 1986).

(Added 24 of 1986 s. 5)

7. Arrest, etc. of persons unlawfully at large

- (1) If a police officer reasonably suspects that a person in respect of whom a detention order or a recall order is in force is unlawfully at large, he may arrest such person and take him to the place in which he is required to be detained.
- (1A) If an officer of the Correctional Services Department specified in a supervision order made in respect of a person against whom a recall order is in force, or such other officer of that Department as the Commissioner may substitute for the officer so specified by a variation of that supervision order, reasonably suspects that that person is unlawfully at large, he may arrest such person and take him to the place in which he is required to be detained. *(Added 14 of 1988 s. 2)*
- (2) Any period during which a person in respect of whom a detention order or a recall order is in force is unlawfully at large shall be disregarded in calculating the period for which he may be detained under such detention order or recall order, unless the Chief Executive otherwise directs. *(Amended 15 of 1999 s. 3)*

(Amended .5 of 1974 s. 6)

8. Transfer to prison

- (1) If the Chief Executive is satisfied, on application by the Commissioner, that a person detained in an addiction treatment centre is exercising a bad influence on other persons detained in the addiction treatment centre, the Chief Executive may order such person to be transferred to and detained in a prison for a period not exceeding— *(Amended 15 of 1999 s. 3)*
- (a) the balance of the period during which such person might have been detained in an addiction treatment centre; or
- (b) the term of imprisonment to which such person was liable for the offence of which he was found guilty,
whichever is the less.
- (2) A person in respect of whom an order is made under subsection (1) shall, for the purposes of the Prisons Ordinance (Cap. 234), be deemed to have been sentenced for the offence of which he was found guilty to a term of imprisonment for the period for which he is ordered to be transferred to and detained in a prison.
- (3) Where an order is made under subsection (1) the Commissioner shall cause a certified copy thereof to be transmitted to the court that made the detention order and, notwithstanding that it made no order under section 4(4), the court may order that a conviction shall be recorded in respect of the offence in relation to which the detention order was made.
- (4) Where the court makes an order under subsection (3) that a conviction shall be recorded it shall cause the Commissioner of Police to be notified accordingly.

(Replaced 5 of 1974 s. 7)

8A. Transfer of persons serving a prison sentence to an addiction treatment centre

- (1) If the Chief Executive is satisfied, on application by the Commissioner, that a person serving a sentence of imprisonment is addicted to any dangerous drug and having regard to his health, character and previous conduct, it is in his interest and the public interest that he

should undergo a period of cure and rehabilitation in an addiction treatment centre, the Chief Executive may order such person to be transferred to and detained in an addiction treatment centre.

- (2) An order under subsection (1) shall not be made in respect of any such person if the balance of the term of imprisonment to which he is liable to serve is more than 12 months, taking into account the amount of remission of sentence which may be earned by him. (Amended 41 of 1977 s. 6)
- (3) A person in respect of whom the Chief Executive makes an order under subsection (1) shall be deemed to have been ordered to be detained in an addiction treatment centre in accordance with section 4(1) from the date of the making of the order.

(Added 5 of 1974 s. 7. Amended 15 of 1999 s. 3)

9. Application of Prisons Ordinance

Subject to any regulations made under section 10 of this Ordinance, sections 9 to 12 inclusive, 16 to 22 inclusive and 24 of the Prisons Ordinance (Cap. 234) and the Prison Rules (Cap. 234 sub. leg.) shall apply to an addiction treatment centre and to the staff thereof and to persons therein in respect of whom detention orders or recall orders are in force in like manner as if such persons were prisoners and an addiction treatment centre were a prison, and such Ordinance and Rules shall be read with such verbal alterations and modifications not affecting their substance as are necessary to render the same conveniently applicable: *(Amended 5 of 1974 s. 8)*

Provided that in the event of conflict between this Ordinance and the Prisons Ordinance (Cap. 234) this Ordinance shall prevail.

10. Regulations

The Chief Executive in Council may make regulations for all or any of the following matters—*(Amended 15 of 1999 s. 3)*

- (a) the regulation and management of addiction treatment centres;
- (b) the treatment, employment, discipline, control and welfare of persons detained in addiction treatment centres;
- (c) forms required for the purposes of this Ordinance; and
- (d) generally for the better carrying out of the purposes of this Ordinance.

11. Power of Chief Executive to give directions

- (1) The Chief Executive may give to the Commissioner such directions as he thinks fit with respect to the exercise or performance of his powers, functions or duties under this Ordinance, either generally or in any particular case.
- (2) The Commissioner shall, in the exercise or performance of his powers, functions or duties under this Ordinance, comply with any directions given by the Chief Executive under subsection (1).

(Amended 15 of 1999 s. 3)

KOREA

ACT ON THE CONTROL OF NARCOTICS, etc.

CHAPTER I

General Provisions

Article 1 (Purpose)

The purpose of this Act is to establish an appropriate system of treatment and control of narcotics, psychotropic drugs or marijuana, and thereby to prevent any harms or dangers to the public health by the misuse or abuse thereof, and to contribute to the improvement of the national health and welfare.

Article 2 (Definitions)

For the purpose of this Act,

1. The term “narcotics, etc.” means narcotics, psychotropic drugs and marijuana;
2. The term “narcotics” means a substance falling under any of the following items:
 - (a) Poppy, opium or coca leaves;
 - (b) All alkaloids extracted from poppy, opium or coca leaves, and which are determined by the Presidential Decree;
 - (c) Chemical compounds likely to be abused or to cause harmful effects similar to those listed in items and
 - (d) Mixtures or admixtures that contain the substances listed in items (a) through (c):

Provided, That those mixed with other drugs or substances and listed in items (a) through (c) which may not once again manufactured or compounded and may not cause any physical or mental anaclisis, and which are determined by the Ordinance of the Ministry of Health and Welfare (hereinafter referred to as “ultra-narcotics”), shall be excluded;

3. Definitions of poppy, opium and coca leaves in subparagraph 2 (a) shall be as follows:
 - (a) The term “poppy” means the plant of *Papaver Somniferum* L and *Papaver Setigerum* D or C;
 - (b) The term “opium” means the coagulated sap extracted from poppy and its processed substance (excluding the substances processed into pharmaceutical drugs); and
 - (c) The term “coca leaves” means the leaves of coca shrub (referring to all plants of *Erythroxyton* species): Provided, That this shall not apply to the leaves from which ecgonine, cocaine and ecgonine alkaloids have been entirely removed;
4. The term “psychotropic drug” means a drug which falls under any of the following items and is determined by the Presidential Decree, and which affects the human central nervous system and is deemed to cause serious harms to human body when it is misused or abused:
 - (a) Drugs or any substances containing them that are likely to be misused or abused, and are not used for medical treatments and are void of safety, and when they are misused or abused, they tend to cause a severe physical or mental anaclisis;
 - (b) Drugs or any substances containing them that are likely to be misused or abused, and are used only for very limited medical treatments, and when they are misused or abused, they tend to cause a

- severe physical or mental anaclisis;
- (c) Drugs or any substances containing them that are relatively less likely to be misused or abused than those listed in items (a) and (b), and are used for medical treatments, and when they are misused or abused, they tend to cause not so severe physical anaclisis or a severe mental anaclisis;
 - (d) Drugs or any substances containing them that are relatively less likely to be misused or abused than those listed in items (a) and (b), and are used for medical treatments, and when they are misused or abused, they tend to cause less physical or mental anaclisis than those listed in item (c); and
 - (e) Mixtures or admixtures that contain the substances listed in items (a) through (d): Provided, That those mixed with other drugs or substances and listed in items (a) through (d) which may not once again manufactured or compounded, and may not cause any physical or mental anaclisis, and which are determined by the Ordinance of the Ministry of Health and Welfare, shall be excluded;
5. The term “marijuana” means the hemp (*Cannabis Sativa L*) and its resin as well as the entire products manufactured from the hemp or its resin: Provided, That the hemp’s seeds and roots and the stalks of mature hems and the products therefrom shall be excluded; and
6. The term “handler of narcotics, etc.” means a person who falls under any of the following items (a) through (g), and has obtained a license or designation under this Act, as well as a person who falls under items (h) and (i):
- (a) Import-export business operator of narcotics, etc.: Referring to those who are engaged in the import of narcotics, or the import-export of psychotropic drugs;
 - (b) Manufacturer of narcotics, etc.: Referring to those who are engaged in the manufacturing of narcotics or psychotropic drugs (including preparations and subdivisions thereof; hereinafter the same shall apply);
 - (c) User of raw materials of narcotics, etc.: Referring to those who use the narcotics or psychotropic drugs as raw materials in manufacturing ultra-narcotics or pharmaceuticals; (d) Cultivator of hems: Referring to those who cultivate hems for the purpose of collecting fibers or seeds therefrom;
 - (e) Wholesaler of narcotics, etc.: Referring to those who are engaged in the sale of narcotics or psychotropic drugs to the retailers of narcotics, etc., medical practitioners handling narcotics, etc., managers of narcotics, etc., and researchers handling narcotics, etc.;
 - (f) Managers of narcotics, etc.: Referring to those who are responsible for the preparation, transfer or receipt, and control of the narcotics or psychotropic drugs that are dosed to patients or delivered for dosing at the relevant medical institution, as the pharmacists engaged in the medical institution under the Medical Service Act (hereinafter referred to as the “medical institution”);
 - (g) Academic researcher handling narcotics, etc.: Referring to those who use the narcotics or psychotropic drugs, cultivate hems, or import marijuana for the purpose of academic research;
 - (h) Retailer of narcotics, etc.: Referring to those who open a drug store duly registered under the Pharmaceutical Affairs Act, and engage in the sale of the narcotics or psychotropic drugs that are prescribed by a medical practitioner handling narcotics, etc.; and
 - (i) Medical practitioner handling narcotics, etc.: Referring to those who dose the narcotics or psychotropic drugs, or deliver them for dosing, or issue the prescriptions indicating the narcotics or psychotropic drugs for the purpose of medical treatments or the animal cares, as a physician or dentist engaged in medical treatments at a medical institution, or as a veterinarian engaged in treatments of animals under the Veterinarian Act.

Article 3 (Prohibition of General Conducts)

Nobody shall conduct any act falling under any of the following subparagraphs:

1. Use of narcotics, etc. without any governing under this Act;
2. Export of narcotics;
3. Cultivating any plants to form raw materials of narcotics, or holding, possessing, controlling, importing or exporting, trading, interceding for trade, or transferring or receiving of any raw materials, seeds or seedlings containing a narcotic component, or any act of extracting narcotic components therefrom: Provided, That this shall not apply to the case where an approval of the Commissioner of the Korea Food and Drug Administration is obtained, under the conditions as prescribed by Presidential Decree;
4. Acts of holding, possessing, controlling, importing, manufacturing, trading or interceding for trade, transferring or receiving, transporting, using, dosing or delivering for dosing the diacetylmorphine, its salts or any substances containing them: Provided, That this shall not apply to the case where an approval of the Commissioner of the Korea Food and Drug Administration is obtained, under the conditions as prescribed by Presidential Decree;
5. Acts of manufacturing, importing or exporting, trading or interceding for trade, transferring or receiving, holding or possessing any substances forming raw materials as determined by the Presidential Decree, for the purpose of manufacturing the narcotics or psychotropic drugs;
6. Acts of holding, possessing, using, controlling, importing or exporting, manufacturing, trading, interceding for trade, or transferring or receiving the psychotropic drugs under subparagraph 4 (a) of Article 2 or other psychotropic substances containing the former: Provided, That this shall not apply to the case where an approval of the Commissioner of the Korea Food and Drug Administration is obtained, under the conditions as prescribed by Presidential Decree;
7. Acts of extracting the psychotropic components from a plant forming a raw material of the psychotropic drugs under subparagraph 4 (a) of Article 2, or importing or exporting, trading, interceding for trade, transferring or receiving, smoking or intaking such a plant, or acts of holding, possessing such a plant for the purpose of smoking or intaking: Provided, That this shall not apply to the case where an approval of the Commissioner of the Korea Food and Drug Administration is obtained, under the conditions as prescribed by Presidential Decree;
8. Acts of importing or exporting marijuana: Provided, That this shall not apply to the case where an academic researcher handling narcotics, etc. imports it by obtaining an approval of the Commissioner of the Korea Food and Drug Administration, under the conditions as prescribed by Presidential Decree;
9. Acts of manufacturing the marijuana (excluding the hemps): Provided, That this shall not apply to the case where an academic researcher handling narcotics, etc. manufactures it by obtaining an approval of the Commissioner of the Korea Food and Drug Administration, under the conditions as prescribed by Presidential Decree;
10. Acts of trading or interceding for trade of marijuana;
11. Acts of smoking or intaking marijuana or its testa, or holding marijuana, its seeds or testae for smoking or intaking, or trading or interceding for trade in the marijuana seeds or testae while knowing the genuine intents; and
12. Acts of providing other persons with a place, facilities, equipments, funds, or means of transportation for committing such acts as are prohibited under the text of Article 4 (1) or subparagraphs 1 through 11 of this Article.

Article 4 (Prohibition of Handling Narcotics, etc. by Unauthorized Persons)

- (1) Nobody other than a handler of narcotics, etc. shall hold, possess, use, transport, control, import, export (limited to psychotropic drugs), manufacture, dispense, dose, trade, intercede in trade, transfer or receive, or deliver the narcotics or psychotropic drugs, or cultivate, hold, possess, transfer or receive, transport, keep in custody, or use the marijuana, or issue prescriptions indicating the narcotics or psychotropic drugs, or manufacture the ultra-narcotics: Provided, That this shall not apply to the case falling under any of the following subparagraphs:
 1. Where a person holds the narcotics or psychotropic drugs that have been dosed under this Act by a medical practitioner handling the narcotics, etc.;
 2. Where a person holds the narcotics or psychotropic drugs that have been purchased from, or transferred by, a retailer of the narcotics, etc. under this Act;
 3. Where a person transports, keeps in custody, holds or controls the narcotics, etc. for a handler of narcotics, etc. under this Act;
 4. Where a person controls the narcotics, etc. that have been seized, removed or confiscated on duty;
 5. Where a person who has been disqualified as a handler of narcotics, etc. holds the narcotics, etc. pending the transfer thereof to a handler of narcotics, etc. under Article 13; and
 6. Other cases where an approval of the Commissioner of the Korea Food and Drug Administration has been obtained under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.
- (2) No handler of narcotics, etc. shall handle the narcotics, etc. without being subject to this Act: Provided, That this shall not apply to a case where an approval has been granted by the Commissioner of the Korea Food and Drug Administration under the conditions as prescribed by the Presidential Decree.
- (3) Matters necessary for the methods and procedures for the transport, custody or holding of marijuana under paragraph (1) 3 shall be determined by the Ordinance of the Ministry of Health and Welfare.

Article 5 (Restrictions on Handling Narcotics, etc.)

- (1) No handler of narcotics, etc. shall conduct such acts as stipulated in the text of Article 4 (1) for the purposes other than his own business.
- (2) No person who holds, possesses, transports or controls the narcotics, etc. under this Act shall use them for other purposes than the above-mentioned.
- (3) The Commissioner of the Korea Food and Drug Administration may, in case where deemed necessary for the public interest, prohibit or restrict the import, export (limited to psychotropic drugs), manufacture, sale or use of the narcotics or psychotropic drugs, or take other necessary measures under the conditions as prescribed by the Presidential Decree.

CHAPTER II

Licenses, etc.

Article 6 (Licenses or Designations of Handlers of Narcotics, etc.)

- (1) Any person who intends to become a handler of narcotics, etc. shall fall under any of the following subparagraphs, and obtain a license from the Commissioner of the Korea Food and Drug

Administration in the cases falling under subparagraphs 1, 2 and 4, from the Special Metropolitan City Mayor, Metropolitan City Mayor or Do governor (hereinafter referred to as the “Mayor/Do governor”) in the case falling under subparagraphs 3, from the head of Shi/Kun/Ku (limited to the head of the autonomous Ku; hereinafter the same shall apply;) in the case falling under subparagraphs 5 respectively, under the conditions as prescribed by the Ordinance of the Ministry of Health and Welfare. In the case of any modifications in the licensed matters, the same shall apply:

1. With respect to the import-export business operator of narcotics, etc., a person as a licensed importer under the Pharmaceutical Affairs Act who has obtained a permit for pharmaceutical item from, or made a report thereon to, the Commissioner of the Korea Food and Drug Administration;
 2. With respect to the manufacturer of narcotics, etc. or the user of raw materials of narcotics, etc., a person who has obtained a license for manufacturing pharmaceuticals under the Pharmaceutical Affairs Act;
 3. With respect to the wholesaler of narcotics, etc., a person who has opened a registered drug store under the Pharmaceutical Affairs Act, or has obtained a license for wholesaler of pharmaceuticals thereunder;
 4. With respect to the academic researcher handling the narcotics, etc., a person who needs the use of narcotics, etc. for the purpose of academic research; and 5. With respect to the marijuana cultivator, a person who intends to cultivate the hemp for the purpose of collecting fibers or seeds therefrom.
- (2) With respect to the person who intends to become a manager of narcotics, etc. shall be a pharmacist engaged in a medical institution where a medical practitioner handling narcotics, etc. serves, and obtain a designation from the Mayor/Do governor under the conditions as prescribed by the Ordinance of the Ministry of Health and Welfare. In the case of any modifications in the designated matters, the same shall apply.
- (3) A person who falls under any of the following subparagraphs may not obtain a license as an import-export business operator of narcotics, etc., an academic researcher handling narcotics, etc. or a marijuana cultivator:
1. An incompetent, a quasi-incompetent or a minor;
 2. A psychopathic patient or a narcotics, etc. addict; and
 3. A person who has been consigned to an unsuspended sentence of imprisonment without forced labor or to a heavier sentence, and for whom not more than 3 years have passed after the completion of its execution or the decision not to execute the sentence becomes final.
- (4) With respect to those for whom not more than two years have elapsed since the disposition of revoking a license for a handler of narcotics, etc. or not more than one year has elapsed since the disposition of revoking a designation, under Article 44, a licence or a designation under paragraph (1) or (2) shall not be granted.

Article 7 (Issuance and Registration of Licenses, etc.)

- (1) The Commissioner of the Korea Food and Drug Administration, Mayor/Do governor or the head of Shi/Kun/Ku (hereinafter referred to as a “licensing authority”) granting a license or designation under Article 6 (1) or (2) shall, under the conditions as prescribed by the Ordinance of the Ministry of Health and Welfare, make the entry of such a license or designation in the register of handlers of narcotics, etc., and thereby issue a license certificate or a written designation. In the case of any modifications in the licensed or designated matters, the same shall apply.
- (2) In case where a person licensed or designated under Article 6 (1) or (2) has lost or damaged his license

certificate or written designation, he shall obtain a reissuance of them, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.

Article 8 (Prohibition of Transfer of Licenses, etc. and Reports, etc. on Business Closure, etc.)

- (1) No handler of narcotics, etc. shall lend or transfer his license certificate or written designation.
- (2) In case where a handler of narcotics, etc. has closed or suspended his business relevant to handling the narcotics, etc., or reopened his suspended business, he shall make a report thereon to the relevant licensing authority, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.
- (3) In case where a handler of narcotics, etc. comes to fall under any of the following subparagraphs, the person corresponding to each subparagraph shall make a report thereon to the relevant licensing authority, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare:
 1. In the case of death: An heir (where an heir is indistinct, referring to a manager of the inherited properties);
 2. In the case of incompetency: A guardian; and 3. In the case of dissolution of a corporation: A liquidator.
- (4) In case where the provisions of paragraph (1) have been violated or where there exist the reasons as referred to in paragraph (2) or (3), the relevant license or designation shall lose its validity.
- (5) The licensing authority shall, in case where a license or designation for the handler of narcotics, etc. has become invalid or it has taken a measure to revoke such a license or designation, or taken a measure to suspend the relevant business under paragraph (4) and Article 44, enter such matters in the register of the handlers of narcotics, etc., under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.

CHAPTER III

Control of Narcotics, etc.

Article 9 (Restrictions on Transfer or Receipt, etc.)

- (1) No handler of narcotics, etc. shall take over any narcotics, etc. from other persons than a handler of narcotics, etc.: Provided, That this shall not apply to a case where an approval has been granted by the licensing authority under Article 13.
- (2) No handler of narcotics, etc. shall transfer the narcotics, etc. in other cases than those as stipulated in this Act: Provided, That this shall not apply to the cases falling under any of the following subparagraphs and thereby approved by the Commissioner of the Korea Food and Drug Administration:
 1. Where a person intends to transfer the narcotics and psychotropic drugs, that he holds, possesses or controls, to another handler of narcotics, etc. due to a revocation of his item permit; and 2. Where a person intends to transfer the narcotics, etc. to an academic researcher handling the narcotics, etc. or to the person who has obtained an approval for handling the narcotics, etc.
- (3) In case where a manufacturer of narcotics, etc., a user of raw materials of narcotics, etc., or an academic researcher handling narcotics, etc. intends to transfer the narcotics, etc. (excluding preparations) to another manufacturer of narcotics, etc., another user of raw materials of narcotics, etc., or another

academic researcher handling narcotics, etc., he shall obtain an approval of the Mayor/Do governor under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.

Article 10 (Purchase and Sales Forms)

- (1) In case where a handler of narcotics, etc. intends to trade, or transfer or receive the narcotics with another handler of narcotics, etc., both of them shall fill in, sign or seal the narcotics purchase form and sales form, and exchange them with each other.
- (2) The narcotics purchase form and sales form under paragraph (1) shall be preserved for two years from the date of their exchange.

Article 11 (Keeping Records)

- (1) A handler of narcotics, etc. shall keep a register relevant to the narcotics handled by him, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, and make the records of the names, quantity and date of the narcotics that have been imported, manufactured, prepared, taken over, transferred, dosed or delivered for a dose, or used for an academic research, the addresses and names of counter parties, or when the counter parties are the handlers of narcotics, etc., their classifications and license numbers.
- (2) A handler of narcotics, etc. shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, prepare and keep the books relevant to the sale, transfer or receipt of the psychotropic drugs and, each time he sells, transfers or receives the psychotropic drugs, make an entry thereof and secure the signature or seal of the purchaser or transferee: Provided, That such a signature and seal may be omitted in case where the retailer of narcotics, etc. prepares and sells the psychotropic drugs under prescriptions by a medical practitioner handling the narcotics, etc., or in the case of such psychotropic drugs as determined by the Ordinance of the Ministry of Health and Welfare.
- (3) In a medical institution where a manager of narcotics, etc. is available, notwithstanding the provisions of paragraphs (1) and (2), the relevant manager of narcotics, etc. shall keep records with respect to the narcotics or psychotropic drugs that are dosed or delivered for a dose by a medical practitioner handling the narcotics, etc. in the relevant medical institution.
- (4) The books under paragraphs (1) through (3) shall be preserved for two years.

Article 12 (Dealing with Narcotics, etc. in Trouble)

A handler of narcotics, etc. or a person approved for handling the narcotics, etc. shall, in case where any causes falling under any of the following subparagraphs occur with respect to the narcotics, etc. held by him, make without delay a report thereon to the relevant licensing authority (referring to the authority approving for, or receiving the report of, the establishment of relevant medical institution in the case of a medical practitioner handling the narcotics, etc., and referring to the authority registering the opening of a drug store in the case of a retailer of narcotics, etc.; hereinafter the same shall apply), under the conditions as determined by the Ordinance of the Ministry of Health and Welfare:

1. Losses caused by disasters;
2. Missing or thefts; and
3. Deterioration, rotting or damages.

Article 13 (Disposal of Narcotics, etc. Possessed by Disqualified Persons)

In case where a handler of narcotics, etc. (excluding a manager of narcotics, etc.) has been disqualified

pursuant to Articles 8 and 44, the relevant handler of narcotics, etc., his heir, his guardian, the liquidator and the surviving or the newly formed corporation after a merger shall transfer the narcotics, etc. in their possession to another handler of narcotics, etc. by obtaining an approval of the relevant licensing authority under the conditions as determined by the Ordinance of the Ministry of Health and Welfare:

Provided, That in case where the relevant heir or the corporation is a handler of narcotics, etc., he may not transfer them by obtaining an approval of the relevant licensing authority, and in case where the heir to the marijuana cultivator or the manager, guardian or corporation of the inherited properties has reported for the purpose of becoming the marijuana cultivator, he shall be considered to have obtained a license under Article 6 (1) 5, limited to only the relevant year.

Article 14 (Advertisement)

- (1) With respect to the narcotics and psychotropic drugs, the advertisements other than those on the newspapers or magazines specialized in the professional coverage of the medical or pharmaceutical matters, shall not be made.
- (2) Criteria for the advertisements of the narcotics and psychotropic drugs shall be determined by the Ordinance of the Ministry of Health and Welfare.

Article 15 (Storage of Narcotics)

A handler of narcotics, etc. and those who handle the narcotics under Article 4 (1) 3 through 6 shall store the narcotics kept in custody, possessed or controlled by them at a solid place with a locking device by separating them from other pharmaceuticals and medical supplies.

Article 16 (Sealing)

- (1) An import-export business operator of narcotics, etc. and a manufacturer of narcotics, etc. shall seal the containers or packages of the narcotics or psychotropic drugs, that have been imported or manufactured, with the sealing stamps issued by the Government, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare: Provided, That this shall not apply to the preparations of psychotropic drugs.
- (2) No handler of narcotics, etc. shall transfer or receive the narcotics or psychotropic drugs that have not been sealed under paragraph (1): Provided, That this shall not apply to the case where an approval of the Commissioner of the Korea Food and Drug Administration is obtained under the conditions as prescribed by the Presidential Decree.

Article 17 (Descriptions on Containers, etc.)

Containers, packages or instructions attached thereto of the narcotics and psychotropic drugs shall have a description of such matters as determined by the Ordinance of the Ministry of Health and Welfare.

CHAPTER IV

Handlers of narcotics, etc.

Article 18 (Import-Export Business Operator of Narcotics, etc.)

- (1) Nobody other than an import-export business operator of narcotics, etc. shall import the narcotics, or export or import the psychotropic drugs.

- (2) In case where an import-export business operator of narcotics, etc. intends to import the narcotics, or export or import the psychotropic drugs, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, obtain a relevant item permit for each particular item from the Commissioner of the Korea Food and Drug Administration. In the case of any modifications in the permitted matters, the same shall apply.
- (3) In the case of paragraph (2), with respect to a person for whom not more than one year has elapsed since a revocation of item permit under Article 44, a permit for the relevant item shall not be granted.

Article 19 (Import-Export Report)

In case where an import-export business operator of narcotics, etc. has imported the narcotics, or exported or imported the psychotropic drugs, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report to the Commissioner of the Korea Food and Drug Administration on the matters concerning the relevant import of narcotics or import-export of psychotropic drugs as well as on the matters concerning the sale of imported narcotics and psychotropic drugs.

Article 20 (Sale of Imported Narcotics, etc.)

No import-export business operator of narcotics, etc. shall sell the imported narcotics or psychotropic drugs to persons other than the manufacturers of narcotics, etc., users of raw materials of narcotics, etc., and wholesalers of narcotics, etc.

Article 21 (Manufacturers of Narcotics, etc.)

- (1) Nobody other than a manufacturer of narcotics, etc. shall manufacture the narcotics and psychotropic drugs.
- (2) In case where a manufacturer of narcotics, etc. intends to manufacture the narcotics or psychotropic drugs, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, obtain a relevant permit for each item from the Commissioner of the Korea Food and Drug Administration. In the case of any modifications in the permitted matters, the same shall apply.
- (3) The provisions of Article 18 (3) shall apply mutatis mutandis to the case of paragraph (2).

Article 22 (Sale of Manufactured Narcotics, etc.)

- (1) No manufacturer of narcotics, etc. shall sell his manufactured narcotics to persons other than wholesalers of narcotics, etc.
- (2) No manufacturer of narcotics, etc. shall sell his manufactured psychotropic drugs to persons other than the import-export business operators of narcotics, etc., wholesalers of narcotics, etc., retailers of narcotics, etc., or medical practitioners handling narcotics, etc.

Article 23 (Report on Manufacture of Narcotics, etc.)

In case where a manufacturer of narcotics, etc. has manufactured the narcotics or psychotropic drugs, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report to the Commissioner of the Korea Food and Drug Administration on the matters concerning the relevant manufacture and sales.

Article 24 (Users of Raw Materials of Narcotics, etc.)

- (1) Nobody other than a user of raw materials of narcotics, etc. shall manufacture the ultra-narcotics or pharmaceuticals using the narcotics or psychotropic drugs as the raw materials.
- (2) In case where a user of raw material of narcotics, etc. intends to manufacture the untra-narcotics, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, obtain a permit for each item from the Commissioner of the Korea Food and Drug Administration. In the case of any modifications in the permitted matters, the same shall apply.
- (3) The provisions of Article 18 (3) shall apply mutatis mutandis to the case of paragraph (2).

Article 25 (Report on Use of Narcotics, etc. as Raw Materials)

In case where a user of raw material of narcotics, etc. has manufactured the untra-narcotics or pharmaceuticals using the narcotics or psychotropic drugs as the raw materials, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report to the Commissioner of the Korea Food and Drug Administration on the matters concerning the relevant use.

Article 26 (Wholesalers of Narcotics, etc.)

- (1) No wholesalers of narcotics, etc. shall sell the narcotics to any person other than the retailers of narcotics, etc., medical practitioners handling narcotics, etc., managers of narcotics, etc. or academic researchers handling narcotics, etc. in the Special Metropolitan City, Metropolitan City or Do, where his business place is located: Provided, That this shall not apply to the case where he sells them by obtaining an approval of the relevant licensing authority.
- (2) No wholesalers of narcotics, etc. shall sell the psychotropic drugs to any person other than the academic researchers handling narcotics, etc., wholesalers of narcotics, etc., retailers of narcotics, etc., medical practitioners handling narcotics, etc., or managers of narcotics, etc.: Provided, That this shall not apply to the case where he sells them by obtaining an approval of the relevant licensing authority.

Article 27 (Wholesale Report of Narcotics)

A wholesaler of narcotics, etc. handling the narcotics shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report to the relevant licensing authority on the matters concerning the relevant sales.

Article 28 (Retailers of Narcotics, etc.)

- (1) Nobody other than a retailer of narcotics, etc. shall sell the narcotics or psychotropic drugs that have been prepared under a prescription indicating the narcotics or psychotropic drugs issued by a medical practitioner handling narcotics, etc.: Provided, That this shall not apply to the case where a medical practitioner handling narcotics, etc. may directly prepare by himself under the Pharmaceutical Affairs Act.
- (2) A retailer of narcotics, etc. shall preserve for two years the prescriptions under which he has made relevant preparations.

Article 29 (Retail Report of Narcotics)

In case where a retailer of narcotics, etc. has sold the narcotics, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report on the matters concerning the relevant sales to the Mayor/Do governor in whose jurisdiction his drug store is located.

Article 30 (Medical Practitioner Handling Narcotics, etc.)

Nobody other than a medical practitioner handling narcotics, etc. shall dose the narcotics or psychotropic drugs or deliver them for a dose for the purpose of medical treatments or the care of animals, or issue a prescription indicating the narcotics or psychotropic drugs.

Article 31 (Records on Dose of Narcotics)

- (1) A medical practitioner handling narcotics, etc. shall prepare, keep and preserve the records relevant to the address, name, age, sex, name of disease, main symptom of the patient (in the case of an animal, its species and the address and name of its owner) for whom the narcotics are dosed or delivered for a dose, and the name and quantity of the dosed narcotics or the name, quantity and date of a delivery for a dose, by separating them from the ordinary pharmaceuticals.
- (2) The records under paragraph (1) shall be preserved for two years.
- (3) In the case of paragraphs (1) and (2), a manager of narcotics, etc. shall prepare, keep and preserve the relevant records, in a medical institution where such a manager is available.

Article 32 (Indications on Prescriptions)

- (1) No medical practitioner handling narcotics, etc. shall dose or deliver for a dose the narcotics or psychotropic drugs without making a prescription thereof: Provided, That this shall not apply to the case where a medical practitioner who may, under the Pharmaceutical Affairs Act, directly dose them or deliver for a dose by himself, by entering the name and quantity of the narcotics or psychotropic drugs intended for his use in the register of medical treatments.
- (2) In case where a medical practitioner handling narcotics, etc. issues a prescription indicating the narcotics, he shall enter his address, location of his business place, trade name or title, and his license number on the relevant prescription as well as the address, name, sex, age, name of disease of the patient and the date of its issuance, and sign and seal on it, and prepare, keep and preserve the relevant records by separating them from the ordinary pharmaceuticals.
- (3) The records under paragraphs (1) and (2) shall be preserved for two years.

Article 33 (Managers of Narcotics, etc.)

- (1) The representative of a medical institution where not fewer than four medical practitioners are engaged in the medical services shall employ a manager of narcotics, etc. at the relevant medical institution: Provided, That this shall not apply to the case of a medical institution where only the psychotropic drugs are handled.
- (2) In case where the manager of narcotics, etc. under paragraph (1) falls under any of the following subparagraphs, the representative of relevant medical institution shall have him to hand over the narcotics, etc. under his control to another manager of narcotics, etc. (in the absence of another manager of narcotics, etc., a medical practitioner handling narcotics, etc. who serves at the relevant medical institution pending an appointment of the successor), and make a report on such reasons to the relevant licensing authority:
 1. Where the validity of designation of a manager of narcotics, etc. is lost under Article 8 (4); and
 2. Where the designation of a manager of narcotics, etc. has been revoked or his business has been suspended under Article 44.

Article 34 (Control of Narcotics, etc.)

In case where the medical institution, where a manager of narcotics, etc. is available, controls the narcotics and psychotropic drugs, no narcotics or psychotropic drugs other than those purchased or controlled by the relevant manager of narcotics, etc. for the purpose of dosing or delivering for a dose at the relevant medical institution, shall be dosed or delivered for a dose.

Article 35 (Academic Researcher Handling Narcotics, etc.)

- (1) Nobody other than an academic researcher handling narcotics, etc. shall use the narcotics, etc. for the purpose of academic researches.
- (2) In case where an academic researcher handling narcotics, etc. has used the narcotics for an academic research, or cultivated the hemsps, or imported and used the marijuana for an academic research, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report to the Commissioner of the Korea Food and Drug Administration on the matters relevant to such a use (including the current status of hemp cultivation) and the researches thereon.
- (3) In case where an academic researcher handling narcotics, etc. has used the psychotropic drugs for an academic research, he shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, prepare and keep the books relevant to such uses and researches, and such books shall be preserved for two years.

Article 36 (Report by Hemp Cultivator)

- (1) A hemp cultivator shall, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare, make a report to the head of Shi/Kun/Ku on the cultivation area, current status of production and quantities of hemsps.
- (2) A hemp cultivator shall destroy the hemsps cultivated by him, except for the seeds, roots and the mature stalks thereof, by burning, burying or other means capable of preventing an outflow, and make a report on the result thereof to the head of Shi/Kun/Ku, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare. Article 37 (Restriction on Licenses, etc.) In granting a license or a designation under Articles 6, 18, 21 and 24, the licensing authority may not grant a license or designation by limiting a specified area or specified item, in case where deemed harmful to the public health by the misuse or abuse of narcotics, etc. In this case, the matters relevant to the specified area or specified item shall be publicly announced in advance.

Article 38 (Control Obligations of Manufacturers, etc. of Narcotics, etc.)

A manufacturer of narcotics, etc. or a user of raw material of narcotics, etc. shall observe such requirements as are provided by the Ordinance of the Ministry of Health and Welfare in respect to the guidance and supervision of the employees engaged in his business, quality control and other matters in regard to the narcotics, psychotropic drugs and the untra-narcotics.

CHAPTER V

Narcotic Addicts

Article 39 (Prohibition of Use of Narcotics)

No medical practitioner handling narcotics, etc. may dose or deliver for a dose the narcotics, or issue a prescription indicating the narcotics in order to alleviate or cure the toxic symptoms of a narcotic addict: Provided, That this shall not apply to the case where the treatment and protection institute under Article 40 has obtained a permit from the Commissioner of the Korea Food and Drug Administration or Mayor/Do governor.

Article 40 (Treatment and Protection of Narcotic Addicts)

- (1) The Commissioner of the Korea Food and Drug Administration or Mayor/Do governor may establish, operate or designate the treatment and protection institute in order to either discriminate whether a person using narcotics, etc. is addicted to the narcotics, or to treat and protect those who have been discriminated as the narcotic addicts.
- (2) The Commissioner of the Korea Food and Drug Administration or Mayor/Do governor may have a person using narcotics, etc. undergo a discriminating test for narcotics addiction at the treatment and protection institute under paragraph (1), or place those discriminated as a narcotic addict under a medical treatment and protection. In this case, the period of a discriminating test shall be limited to one month or less, and the period of medical treatment and protection to six months or less.
- (3) In case where the Commissioner of the Korea Food and Drug Administration or Mayor/Do governor intends to conduct a discriminating test or a medical treatment and protection under paragraph (2), he shall go through the deliberation of the Commission of Treatment and Protection Screening.
- (4) In order to deliberate the matters concerning a discriminating test as well as a treatment and protection under paragraph (3), the Commission of Treatment and Protection Screening shall be established in the Korea Food and Drug Administration, Special Metropolitan City, Metropolitan Cities, and Dos, respectively.
- (5) Matters necessary for the establishment, operation and designation of the treatment and protection institute, the discriminating test, and the treatment and protection as well as the composition, operation and duties, etc. of the Commission of Treatment and Protection Screening under paragraphs (1) through (4) shall be prescribed by the Presidential Decree.

CHAPTER VI

Supervision and Control

Article 41 (Entry, Inspection and Removal)

- (1) The licensing authority may, if deemed necessary to supervise and control the handling of narcotics, etc., have the relevant public officials enter the business place, factory, warehouse, sites of hemp cultivation, drugstore, place for preparations, and other places related to the narcotics, etc., or inspect their structures, facilities, business situations, records and documents, medical supplies and other goods, or

remove such a limited portion as deemed necessary for a test of narcotics, etc. and other pharmaceuticals recognized to be related thereto, under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.

- (2) Public officials who enter, inspect or remove under paragraph (1) shall show a certificate verifying his authority to the interested parties.

Article 42 (Orders, etc. for Destruction)

- (1) The licensing authority may order the handlers of narcotics, etc. to destroy the psychotropic drugs that have been manufactured, sold, stored or imported in violation of Article 16, 18, 21, or 24 or inferior psychotropic drugs, etc. by such a means as may prevent any occurrence of dangers or harms to the public sanitations, or to take necessary measures.
- (2) The licensing authority may, in case where the person ordered under paragraph (1) fails to implement the relevant order, or where the hemp cultivator fails to effect the destruction under Article 36 (2), have the relevant public officials destroy the relevant psychotropic drugs, etc. or the hems, or take other necessary measures.

Article 43 (Business Reports, etc.)

The licensing authority may order the handlers of narcotics, etc. to make a report on the necessary matters with respect to their business, or to submit the books, documents and other relevant goods.

Article 44 (Revocation of Licenses, etc. and Business Suspension)

- (1) In case where any handler of narcotics, etc. falls under any of the following subparagraphs, the relevant licensing authority may revoke the license (including the item permits) or designation under this Act, or order the suspension of whole or part of relevant businesses or a use of narcotics, etc.: Provided, That, in the cases of the narcotics or psychotropic drugs or the untra-narcotics that have caused or likely to cause any harms or dangers to the public health, the said authority may, in case where no causes are attributable to the said handlers and the objectives of license are deemed to be achievable by modifications in the components or prescriptions of the narcotics, psychotropic drugs or the untra-narcotics, order only the modifications in them:
 1. Where he falls under Article 6 (3) 2;
 2. Where he has been sentenced to an imprisonment without labor or a heavier punishment;
 3. Where he violates this Act or the orders or dispositions under this Act;
 4. Where he violates other Acts and subordinate statutes relevant to the narcotics, etc.; and
 5. Where a hemp cultivator fails to cultivate the hems for two consecutive years without any justifiable reasons.
- (2) The criteria for administrative dispositions under paragraph (1) shall be determined by the Ordinance of the Ministry of Health and Welfare.

Article 45 (Hearings)

In case where the licensing authority intends to revoke the license or designation for a handler of narcotics, etc. under Article 44 (1), it shall hold a hearing.

Article 46 (Disposition of Penalty Surcharges)

- (1) The licensing authority may, in case where it comes to make a disposition of business suspension under Article 44 (1) on a handler of narcotics, etc., impose a penalty surcharge not exceeding 100 million won in lieu of the disposition of a business suspension, under the conditions as prescribed by the Presidential Decree. In this case, the imposition of penalty surcharge shall be limited to the case where the disposition of business suspension incurs or likely to incur serious harms or dangers to the public health, and it shall not be imposed in excess of three times.
- (2) The amount of penalty surcharge according to the kind and level of the offenses liable to penalty surcharges under paragraph (1) and other necessary matters shall be prescribed by the Presidential Decree.
- (3) In case where the penalty surcharge under paragraph (1) has not been paid within a specified period, the licensing authority shall collect it by referring to the practices of dispositions on the national or local taxes in arrears.

Article 47 (Disposal of Illegal Narcotics)

With respect to the narcotics that are held, possessed, used, controlled, cultivated, imported or exported, manufactured, traded, interceded in trade, transferred or received, dosed or delivered for a dose or used for preparations or researches in violation of this Act or other Acts and subordinate statutes relevant to the narcotics, the Commissioner of the Korea Food and Drug Administration may seize them or make other necessary dispositions.

Article 48 (Supervisors of Narcotics, etc.)

- (1) The supervisors of narcotics, etc. shall be assigned to the Korea Food and Drug Administration, Special Metropolitan City, Metropolitan Cities/Dos, and Shis/Kuns/Kus (limited to autonomous Kus; hereinafter the same shall apply) respectively, in order to have them perform the duties of public officials and other supervisory duties on the narcotics, etc. under Articles 41 (1) and 42 (2).
- (2) Qualifications for the supervisors of narcotics, etc., the scope of duties and other necessary matters shall be prescribed by the Presidential Decree.

Article 49 (Honorary Counselors for Narcotics, etc.)

- (1) The Korea Food and Drug Administration, Special Metropolitan City, Metropolitan Cities/Dos, and Shis/Kuns/Kus may appoint honorary counselors for the narcotics, etc. for the service of preventing the misuse or abuse of the narcotics, etc. and for implementing the publicity and anti-narcotics campaigns, etc.
- (2) The qualifications for the honorary counselor for the narcotics, etc., the scope of functions and other necessary matters shall be prescribed by the Presidential Decree.

Article 50 (Education for Handlers of Narcotics, etc.)

- (1) Handlers of narcotics, etc. (excluding the hemp cultivators) shall undergo the education relevant to the control of narcotics, etc. that is conducted by the Commissioner of the Korea Food and Drug Administration or the Mayors/Do governors.
- (2) Matters necessary for the method, frequency and contents of the education relevant to the control of the narcotics, etc. under paragraph (1) shall be determined by the Ordinance of the Ministry of Health and Welfare.

Article 51 (Control of Substances to form Raw Materials)

- (1) Any person who imports or exports, transfers or receives, or trades the raw material substances under subparagraph 5 of Article 3 (hereafter in this Article referred to as the "raw material substances") in excess of the quantity that is prescribed by the Presidential Decree shall prepare a record of his transactions, and preserve it for two years: Provided, That this shall not apply to the case falling under any of the following subparagraphs:
 1. A case of transaction for which a record is prepared and preserved under the Pharmaceutical Affairs Act;
 2. A case of transaction for which a record is prepared and preserved, under the Toxic Chemicals Control Act;
 3. A case of transaction of the composite raw material substances; and
 4. A case of lawful transaction in the course of regular business, and which is prescribed by Presidential Decree.
- (2) Any person who manufactures, imports or exports or sells the raw material substances (hereinafter in this Article referred to as a "raw material substance dealer") shall, in case where it falls under any of the following subparagraphs, make without delay a report thereon to the Minister of Justice or the Commissioner of the Korea Food and Drug Administration: 1. Where the purpose of a purchase of raw material substances is dubious, or they are likely to be used for the illegal manufacture of narcotics and psychotropic drugs; and 2. Where a theft, unknown location, or other accidents have occurred on the raw material substances in excess of the quantity under paragraph (1).
- (3) The raw material substance dealer, who has made a report under paragraph (2) to the Minister of Justice or the Commissioner of the Korea Food and Drug Administration, or the public official in receipt of such a report shall keep the secrets relevant to these matters.
- (4) Matters necessary for the preparation, preservation of the transaction records under paragraphs (1) and (2), and the reports thereon shall be determined by the Ordinance of the Ministry of Health and Welfare.

CHAPTER VII Supplementary Provisions

Article 52 (Collection of Data on Narcotics, etc.)

The Minister of Health and Welfare and the Commissioner of the Korea Food and Drug Administration shall collect from each agency of the Government the data on the enforcement of this Act and other Acts and subordinate statutes concerning the narcotics, etc., and may request such an agency to submit the data on the necessary matters relevant to the narcotics, etc.

Article 53 (Disposal Methods, etc. of Confiscated Narcotics, etc.)

- (1) The narcotics, etc. which have been confiscated under the conditions as prescribed by this Act and other Acts and subordinate statutes shall be handed over to the Mayors/Do governors.
- (2) The Mayors/Do governors shall, in case where they have taken over the narcotics, etc. under paragraph (1), destroy them or make other necessary disposals thereof.
- (3) Matters necessary for the disposals under paragraph (2) shall be prescribed by the Presidential Decree.

Article 54 (Rewards)

Such rewards as prescribed by the Presidential Decree shall be paid to any person who has provided an information on or made accusation against a crime relevant to the narcotics, etc. to the investigation agency prior to its discovery, or arrested the relevant criminal.

Article 55 (Fees)

Any person who intends to obtain a license or designation, to modify the licensed or designated matters, or to have his license certificate or written designation reissued under this Act, shall pay the relevant fees under the conditions as determined by the Ordinance of the Ministry of Health and Welfare.

Article 56 (Delegation of Authority)

The authority of the Commissioner of the Korea Food and Drug Administration or Mayors/Do governors may, under the conditions as prescribed by the Presidential Decree, be delegated in part to the heads of the Local Food and Drug Offices, other Mayors/Do governors or the heads of Shis/Kuns/Kus.

Article 57 (Application of Other Acts)

The provisions of the Pharmaceutical Affairs Act, except as provided by this Act, shall apply to the manufacture and control, etc. of the narcotics and psychotropic drugs.

CHAPTER VIII Penal Provisions

Article 58 (Penal Provision)

- (1) Any person who falls under any of the following subparagraphs shall be punished by imprisonment for life or for not less than five years:
1. A person who imports or exports, manufactures, trades or interceding in trade of the narcotics, or who holds or possesses the narcotics for the purpose of an import or export, manufacture, trade or interceding in trade, in violations of subparagraphs 2 through 4 of Article 3, Article 4 (1), 18 (1) or 21 (1);
 2. A person who manufactures, imports or exports the substances forming the raw material for the purpose of manufacturing the narcotics or psychotropic drugs, or who holds or possesses them for the purpose of manufacturing, importing or exporting, in violation of subparagraph 5 of Article 3;
 3. A person who manufactures, imports or exports, trades or intercedes in trade, or transfers or receives the psychotropic drugs falling under subparagraph 4 (a) of Article 2, or other psychotropic drugs containing the relevant substances, or who holds or possesses them for the purpose of a manufacture, import or export, trade or interceding in trade, or transfer or receipt, in violation of subparagraph 6 of Article 3;
 4. A person who extracts the relevant components from a plant forming a raw material of the psychotropic drugs under subparagraph 4 (a) of Article 2, or who imports or exports the relevant plant, or holds or possesses it for the purpose of an import or export, in violation of subparagraph 7 of Article 3;
 5. A person who imports or exports the marijuana, or who holds or possesses it for the purpose of importing or exporting, in violation of subparagraph 8 of Article 3;

6. A person who manufactures, imports or exports the psychotropic drugs falling under subparagraph 4 (b) of Article 2, or other psychotropic drugs containing the relevant substances, or who holds or possesses them for the purpose of a manufacture, import or export, in violation of Article 4 (1); and
7. A person who offers, prepares, doses, or delivers the narcotics to minors, or who trades, offers, prepares, doses or delivers the psychotropic drugs, in violation of Article 4 (1). (2) Any person who has committed the offenses under paragraph (1) for profit-making or habitually shall be punished by death penalty, imprisonment for life or for not less than 10 years. (3) Any attempt to commit the crimes under paragraphs (1) and (2) shall be punished. (4) Any person who has premeditated or plotted for committing the crimes under paragraphs (1) (excluding subparagraph 7) and (2) shall be punished by imprisonment for not exceeding 10 years.

Article 59 (Penal Provision)

- (1) Any person who falls under any of the following subparagraphs shall be punished by penal servitude for a year or more:
 1. A person who holds, possesses, controls, or transfers or receives the narcotics in violation of Article 4 (1), or who manufactures the untra-narcotics in violation of Article 24 (1);
 2. A person who cultivates a plant forming a raw material of the narcotics for the purpose of import or export, trade or manufacture, or who holds or possesses the raw material, seeds or seedlings containing the relevant components, in violation of subparagraph 3 of Article 3;
 3. A person who controls, transfers or receives the raw materials, seeds or seedlings containing the component of narcotics, or who extracts such components therefrom, in violation of subparagraph 3 of Article 3;
 4. A person who holds, possesses, controls, transfers or receives, transports, uses or doses or delivers for a dose the diacetylmorphine, its salts, or other substances containing salts, in violation of subparagraph 4 of Article 3;
 5. A person who trades, intercedes in trade, or transfers or receives the substances forming a raw material of narcotics or psychotropic drugs for the purpose of manufacturing them, or who holds or possesses them for the purpose of trade, interceding in trade, or transfer or receipt, in violation of subparagraph 5 of Article 3;
 6. A person who holds, possesses, uses, or controls the psychotropic drugs falling under subparagraph 4 (a) of Article 2, or other psychotropic drugs containing the relevant substances, in violation of subparagraph 6 of Article 3;
 7. A person who trades, intercedes in trade, or transfers or receives a plant forming a raw material of the psychotropic drugs under subparagraph 4 (a) of Article 2, or who holds or possesses it for the purpose of trade, interceding in trade, or transfer or receipt, in violation of subparagraph 7 of Article 3;
 8. A person who manufactures, imports or exports the psychotropic drugs falling under subparagraph 4 (c) of Article 2, or other psychotropic drugs containing the relevant substances, or who holds or possesses them for the purpose of a manufacture, import or export, in violation of Article 4 (1);
 9. A person who handles the narcotics, etc. (excluding marijuana) in violation of Article 4 (2);
 10. A person who imports, exports or manufactures the psychotropic drugs, or manufactures the pharmaceuticals, in violation of Article 18 (1), 21 (1) or 24 (1);
 11. A person who cultivates the hemp for the purpose of export, trade or manufacture of marijuana, in violation of Article 4 (1);
 12. A person who manufactures, trades, or intercedes in trade of marijuana, or who holds or possesses

it for the purpose of manufacture, trade, or interceding in trade of marijuana, in violation of subparagraph 9 or 10 of Article 3; and

13. A person who offers or delivers marijuana to the minors, or has the minors smoke or intake marijuana or testae of its seeds, in violation of subparagraph 11 of Article 3 or Article 4 (1).
- (2) Any person who habitually commits the crimes under paragraph (1) shall be punished by penal servitude for three years or more.
- (3) Any attempt to commit the crimes under paragraphs (1) (excluding subparagraph 6) and (2) shall be punished. (4) A person who has premeditated or plotted for committing the crimes under paragraph (1) 12 shall be punished by imprisonment for not exceeding 10 years.

Article 60 (Penal Provision)

- (1) Any person who falls under any of the following subparagraphs shall be punished by imprisonment for not exceeding ten years or a fine not exceeding 100 million won:
 1. A person who handles the narcotics or delivers a prescription thereof in contravention of Article 5 (1) and (2), 9 (1), 28 (1), 30, 35 (1) or 39;
 2. A person who uses the narcotics or the psychotropic drugs under subparagraph 4 (a) of Article 2 in violation of subparagraph 1 of Article 3, or who provides another person with a place, facility, equipment, fund or means of transportation for committing the prohibited acts relevant to the narcotics or the psychotropic drugs under subparagraph 4 (a) of Article 2 in violation of subparagraph 12 of the same Article;
 3. A person who trades, intercedes in trade, transfers or receives, holds, possesses, uses, controls, prepares, doses or delivers the psychotropic drugs falling under subparagraph 4 (b) and (c) of Article 2, or other psychotropic drugs containing the relevant substances, or who issues a prescription indicating the psychotropic drugs, in violation of Article 4 (1); and
 4. A person who manufactures or imports or exports the psychotropic drugs falling under subparagraph 4 (d) of Article 2, or other psychotropic drugs containing the relevant substances, or who holds or possesses them for the purpose of manufacture, import or export, in violation of Article 4 (1). (2) Any person who habitually commits the crimes under paragraph (1) shall be punished by aggravating up to 1/2 of the penalty stipulated for the relevant crimes. (3) Any attempt to commit the crimes under paragraphs (1) and (2) shall be punished.

Article 61 (Penal Provision)

- (1) Any person who falls under any of the following subparagraphs shall be punished by imprisonment for not exceeding five years, or a fine not exceeding 50 million won:
 1. A person who cultivates a plant forming a raw material of the narcotics, or holds or possesses a raw material, seed or seedling containing the relevant components, in violation of subparagraph 3 of Article 3;
 2. A person who smokes or intakes a plant forming a raw material of the psychotropic drugs under subparagraph 4 (a) of Article 2, or who holds or possesses it for his own smoking or intaking or for having others smoke or intake it, in violation of subparagraph 7 of Article 3;
 3. A person who uses psychotropic drugs (excluding the psychotropic drugs under subparagraph 4 (a) of Article 2) or marijuana in violation of subparagraph 1 of Article 3, or who in violation of subparagraph 12 of the same Article provides others with a place, facility, equipment, fund, or means of transportation in order to commits such prohibited acts relevant to the psychotropic drugs

(excluding the psychotropic drugs under subparagraph 4 (a) of Article 2) and marijuana;

4. A person who trades, intercedes in trade, transfers or receives, holds, possesses, uses, controls, prepares, doses or delivers the psychotropic drugs falling under subparagraph 4 (d) of Article 2 or other psychotropic drugs containing relevant substances, or who issues a prescription indicating the psychotropic drugs, in contravention of Article 4 (1);
 5. A person who handles the psychotropic drugs or marijuana in contravention of Article 5 (1) and (2), 9 (1) or 35 (1);
 6. A person who handles the psychotropic drugs, or issues a prescription indicating thereof, in violation of Article 28 (1) or Article 30;
 7. A person who cultivates, holds, possesses, transfers or receives, transports, keeps in custody, or uses marijuana, in violation of Article 4 (1); and
 8. A person who smokes or intakes marijuana or testae of hemp seeds, or who holds marijuana, hemp seeds or their testae for the purpose of smoking or intaking, or who trades or intercedes in trade the hemp seeds or their testae while knowing the genuine intents, in violation of subparagraph 11 of Article 3.
- (2) Any person who habitually commits the crimes under paragraph (1) shall be punished by aggravating up to 1/2 of the penalty stipulated for the relevant crimes.
- (3) Any attempt to commit the crimes under paragraph (1) 3 through 8 and paragraph (2) (excluding violations of paragraph (1) 1 and 2) shall be punished.

Article 62 (Penal Provision)

- (1) Any person who falls under any of the following subparagraphs shall be punished by imprisonment of three years or less, or a fine not exceeding 30 million won:
1. A person who lends or transfers his license certificate or written designation relevant to handling the narcotics in violation of Article 8 (1), or who handles the narcotics in violation of Article 9 (2) and (3), 18 (2), 20, 21 (2), 22 (1), 24 (2) and 26 (1); and
 2. A person who handles the narcotics by becoming a counter party to the acts violating Articles 9 (2), 20, 22 (1) and 26 (1).
- (2) Any person who habitually commits the crimes under paragraph (1) shall be punished by aggravating up to 1/2 of the penalty stipulated for the relevant crimes.
- (3) Any attempt to commit the crimes under paragraphs (1) and (2) shall be punished.

Article 63 (Penal Provision)

- (1) Any person who falls under any of the following subparagraphs shall be punished by imprisonment of not more than two years, or a fine not exceeding 20 million won;
1. A person who handles the narcotics in contravention of Articles 10, 11 (1), (3) and (4), 16, 28 (2), 31, 32, 33 (1) and 34;
 2. A person who handles the narcotics by making false statements in the purchase or sales forms under Article 10 (1), in the books under Article 11 (1), in the records under Article 31 (1), or in the prescription under Article 32 (2);
 3. A person who violates the orders or fails to make reports, declarations, or entries under Articles 12, 17, 19, 23, 25, 27, 29, 33 (2), 35 (2), and 43, or who violates the orders or handles the narcotics by making false reports, declarations or entries;
 4. A person who handles the narcotics in contravention of Articles 13 and 33 (2);

5. A person handling the narcotics who refuses, obstructs or evades the visits, inspections, removals under Article 41 (1), or the dispositions under Article 47, without any justifiable reasons;
 6. A person who handles the narcotics by conducting the business during the period of business suspension under Article 44;
 7. A person who deserts the treatment and protection agency under Article 40 (1) without any justifiable reasons, or who conceals a person who has deserted therefrom;
 8. A person who refuses, obstructs or evades a test for narcotics addiction or a medical care and protection under Article 40 (2), without any justifiable reasons;
 9. A person who trades in the raw material by dividing it in small amount with an intent of evading an obligation to keep records under Article 51 (1);
 10. A person who violates Article 51 (1) through (3);
 11. A person who lends or transfers his license certificate or a written designation relevant to handling the psychotropic drugs in violation of Article 8 (1), or who handles the psychotropic drugs in violation of Article 9 (2) and (3), 20, 22 (2) or 28 (2);
 12. A person who handles the psychotropic drugs by becoming a counter party to the acts violating Articles 9 (2), 20 and 22 (2);
 13. A person who handles the psychotropic drugs in contravention of Article 18 (2) or 21 (2);
 14. A person who lends or transfers his license certificate relevant to handling marijuana in violation of Article 8 (1), or who handles marijuana in violation of Article 9 (2) and (3); and
 15. A person who handles marijuana by becoming a counter party to the acts violating Article 9 (2).
- (2) Any person who habitually commits the crimes under paragraph (1) 7, 11 through 15 shall be punished by aggravating up to 1/2 of the penalty stipulated for the relevant crimes.
- (3) Any attempt to commit the crimes under paragraph (1) 7, 11 through 15 and paragraph (2) shall be punished.

Article 64 (Penal Provision)

Any person who falls under any of the following subparagraphs shall be punished by imprisonment of a year or less, or a fine not exceeding 10 million won:

1. A person who fails to make reports under Article 8 (2) and (3) or make false reports;
2. A person who violates Article 14;
3. A person who handles the psychotropic drugs in contravention of Article 11 (3) and (4), 13, 16, 26 (2), 32 (1) and (3), 33 (2), 34 or 35 (3);
4. A person who handles the psychotropic drugs by becoming the counter party to the acts violating Article 26 (2);
5. A person who fails to make reports, declarations or entries under Article 12, 17, 19, 23, 25, or 33 (2), or who handles the psychotropic drugs by making false reports, declarations or entries;
6. A person who fails to transfer or hand over the psychotropic drugs to the handler of the narcotics, etc. in violation of Articles 13 and 33 (2);
7. A person who handles the psychotropic drugs by failing to prepare and keep the books or the receipt and delivery register under Articles 11 (2) and 35 (3) or making false preparations;
8. A person handling the psychotropic drugs who violates the orders issued under Articles 41 (1), 42 or 43 without any justifiable reasons, or makes false reports, or who refuses, obstructs or evades the inspection, removal or disposition;

9. A person who handles the psychotropic drugs by conducting the relevant business during the period of business suspension under Article 44;
10. A person who violates the orders under Article 12, 35 (2), 36 or 43, or fails to make reports or declarations, or who handles marijuana by violating the orders or by making false reports or declarations;
11. A person who fails to destroy marijuana or refuses, obstructs or evades the relevant disposals, in violation of Article 36 (2) or 42 (2);
12. A person who handles marijuana in violation of Article 13;
13. A person handling marijuana who refuses, obstructs or evades the search, inspection or removal under Article 41 (1) without any justifiable reasons; and
14. A person who handles marijuana by conducting the relevant business during the period of business suspension under Article 44.

Article 65 (Penal Provision)

Any person who violates Article 15 shall be punished by a fine not exceeding 10 million won.

Article 66 (Concurrent Impositions of Suspension of Qualification or Fines)

- (1) Any person who commits the crimes under Articles 58 and 59 may be concurrently punished by a suspension of qualification for less than ten years or a fine not exceeding 100 million won.
- (2) Any person who commits the crimes under Articles 60 through 64 shall be concurrently punished by a suspension of qualification for less than five years, or a fine corresponding to each relevant Article (limited to the crimes punishable by penal servitude).

Article 67 (Confiscation)

The narcotics, etc., and the relevant facility, equipment, fund or means of transportation that have been furnished for the crimes as defined by this Act as well as any proceeds derived therefrom shall be confiscated: Provided, That, where they are not confiscable, the value equivalent thereto shall be collected in addition.

Article 68 (Joint Penal Provision)

In case the representative of a corporation, or an agent, a commercial servant, or other employee of the corporation or an individual commits any of the crimes as prescribed by this Act with respect to the business of narcotics, etc. on behalf of the corporation or the individual, the said corporation or the individual, in addition to the wrongdoer concerned, shall also be punished by a fine not exceeding 100 million won (in the case of marijuana, 50 million won): Provided, That in the case of the crimes as defined in Articles 61 through 65, a fine corresponding to each applicable article shall be imposed.

ADDENDA

- Article 1 (Enforcement Date) This Act shall enter into force on July 1, 2000.
- Article 2 (Abrogation of Acts) The Narcotics Act, the Psychotropic Drugs Control Act, and the Cannabis Control Act shall be hereby repealed.
- Article 3 (Transitional Measures on Licenses, Permits, Designations, Approvals, etc.) (1) Those who were licensed or permitted as the narcotics importers or the importers-exporters of the psychotropic drugs under the Narcotics Act, the Psychotropic Drugs Control Act, or the Cannabis Control Act which is repealed pursuant to Article 2 of the Addenda at the time of the enforcement of this Act (hereinafter referred to as the “previous Acts”), shall be regarded as the importer-exporter of narcotics, etc. under Article 6 (1) 1; those who were licensed or permitted as the narcotic manufacturers, pharmaceutical manufacturers of narcotics, narcotics subdividers, or psychotropic drugs manufacturers, as the manufacturers of narcotics, etc. under Article 6 (1) 2; those who were licensed or permitted as the pharmaceutical manufacturers of ultra-narcotics or users of raw material of psychotropic drugs, as the users of raw material of narcotics, etc. under Article 6 (1) 2; those who were licensed or permitted as the wholesalers of narcotics or the wholesalers of psychotropic drugs, as the wholesalers of narcotics, etc. under Article 6 (1) 3; those who were licensed or permitted as the academic researchers handling the narcotics, the academic researchers of psychotropic drugs or the marijuana researchers, as the academic researchers handling the narcotics, etc. under Article 6 (1) 4; and those who were licensed or permitted as the marijuana cultivators, as the marijuana cultivators under Article 6 (1) 5. (2) Those who were licensed or designated as the narcotics managers or the psychotropic drug managers under the previous Acts at the time of the enforcement of this Act shall be regarded as the managers of narcotics, etc. under Article 6 (2). (3) Those who have obtained the licenses for the narcotics import item, narcotics manufacture item, pharmaceutical manufacture item, or the licenses for the narcotics subdivision item, the pharmaceutical manufacture item of ultra-narcotics, or the licenses for the psychotropic drug import-export item or the manufacture item of psychotropic drugs, under the previous Acts at the time of the enforcement of this Act, shall be regarded as having obtained the relevant item licenses under Article 18 (2), 21 (2) or 24 (2).
- Article 4 (Transitional Measures on Medical Care and Protection Agencies for Addicts to Narcotics, etc.) Those entities that were designated by the Commissioner of the Korea Food and Drug Administration or the Mayors/Do governors as the medical treatment and protection agencies under the previous Acts at the time of the enforcement of this Act, shall be regarded as the medical care and protection agencies under Article 40 (1), while the treatment and protection review committees that were established and operated by the Commissioner of the Korea Food and Drug Administration, Special Metropolitan City, Metropolitan City, and Do shall be deemed to be the treatment and protection review committee under Article 40 (4).
- Article 5 (Transitional Measures on Honorary Counselors for Narcotics, etc.) Those who were commissioned as honorary narcotics advisers, honorary advisers on psychotropic drugs or honorary marijuana advisers under the previous Acts at the time of the enforcement of this Act, shall be deemed to be honorary counselors for the narcotics, etc. under Article 49 (1).
- Article 6 (Transitional Measures on Dispositions, etc.) In addition to the matters under Articles 3 through 5 of the Addenda at the time of the enforcement of this Act, the licenses or permits granted by the administrative agencies, or other actions of the said agencies, or various declarations and other actions taken toward the administrative agencies, under the previous Acts, shall be regarded as the dispositions of the administrative agencies, or the actions toward the said agencies,

pursuant to the provisions of this Act corresponding thereto.

Article 7 (Transitional Measures on Penal Provisions) The previous Acts shall govern in the application of penal provisions to the offenses committed in violation of the previous Acts prior to the enforcement of this Act.

Article 8 Omitted.

Article 9 (Relations with Other Acts and Subordinate Statutes) In case where other Acts and subordinate statutes have quoted the previous Act or its provisions at the time of the enforcement of this Act, they shall be deemed to have quoted this Act or its provisions corresponding thereto, respectively, in lieu of them.

MALAYSIA
DANGEROUS DRUGS
ACT 1952 (ACT 234)

(AS AT 25TH MAY 2003)

15. Self administration.

(1) Any person who-

(a) consumes, administers to himself or suffers any other person, contrary to the provisions of section 14 to administer to him any dangerous drug specified in Parts III and IV of the First Schedule; or

(b) is found in any premises kept or used for any of the purposes specified in section 13 in order that any such dangerous drug may be administered to or smoked or otherwise consumed by him, shall be guilty of an offence against this Act and shall be liable on conviction to a fine not exceeding five thousand ringgit or to imprisonment for a term not exceeding two years.

(2) For the purpose of this section, "consumes" includes eat, chew, smoke, swallow, drink, inhale or introduce into the body in any manner or by any means whatsoever.

38A. Powers of the Court in respect of drug dependants below the age of eighteen.

Where any person below the age of eighteen years is found guilty of an offence against this Act other than an offence under section 6B or 39B or other than in a case where a person is found guilty of an offence against this Act for which the punishment shall be under section 39A, the Court may, if it is satisfied that such person is a drug dependant as certified by a government medical officer or a registered medical practitioner and that it is inexpedient to inflict the punishment provided, deal with such person under section 6 of the Drug Dependants (Treatment and Rehabilitation) Act 1983.

38B. Powers of the Court in respect of persons found guilty under section 15.

(1) Where a person is found guilty of an offence under section 15, he shall, immediately after having undergone the punishment imposed upon him in respect thereof, undergo supervision by an officer as defined under section 2 of the Drug Dependants (Treatment and Rehabilitation) Act 1983 for a period of not less than two and not more than three years as may be determined by the Court.

(2) A person required to undergo supervision under subsection (1) shall be deemed to have been placed under such supervision under paragraph (b) of subsection (1) of section 6 of the Drug Dependants (Treatment and Rehabilitation) Act 1983.

39c. Increased penalty where person has prior admissions or convictions.

(1) Where a person who has not less than-

(a) two previous admissions;

(b) two previous convictions under section 10 (2) (b) or section 15 (1) (a) or any combination of the sections;

- (c) one previous admission and one previous conviction under section 10(2)(b) or section 15(1)(a);
- (d) one previous admission and two previous convictions under section 31A; or
- (e) one previous conviction under section 10 (2) (b) or section 15 (1) (a) and two previous convictions under section 31A,

is found guilty of an offence under section 10(2)(b), section 15(1)(a) or section 31A, he shall, instead of being liable to the punishment provided for that offence under the section under which he has been found guilty, be punished with imprisonment for a term which shall not be less than five years but shall not exceed seven years, and he shall also be punished with whipping of not more than three strokes.

- (2) Where a person who has been punished under subsection (1) is convicted of a subsequent offence under section 10(2)(b), section 15(1)(a) or section 31A, he shall, instead of being liable to the punishment provided for that offence under the section under which he has been found guilty, be punished with imprisonment for a term which shall not be less than seven years but shall not exceed thirteen years, and he shall also be punished with whipping of not less than three strokes but not more than six strokes.
- (3) A certificate to be signed by an officer authorized in writing by the Director General and purporting to relate to a person's admission to a Rehabilitation Centre shall be admissible in evidence in any proceedings under this section, on its production by the prosecution without proof of signature; and until the contrary is proved, that certificate shall be evidence of all matters contained in the certificate.

- (4) For the purposes of this section—

“admission” means an admission to undergo treatment and rehabilitation at a Rehabilitation Centre by an order of a magistrate under section 6 (1) (a) of the Drug Dependents (Treatment and Rehabilitation) Act 1983;

“Director General” means the Director General appointed under section 2 (2) of the Drug Dependents (Treatment and Rehabilitation) Act 1983;

“Rehabilitation Centre” means the Rehabilitation Centre established under section 10 of the Drug Dependents (Treatment and Rehabilitation) Act 1983.

**DRUG DEPENDANTS
(TREATMENT AND REHABILITATION) ACT 1983*
(ACT 283)**

An Act to provide for the treatment and rehabilitation of drug dependants and for matters connected therewith.

[16th April 1983]

BE IT ENACTED by the Duli Yang Maha Mulia Sen Paduka Baginda Yang di-Pertuan Agong with the advice and consent of the Dewan Negara and Dewan Rakyat in Parliament assembled, and by the authority of the same, as follows:

**PART 1
PRELIMINARY**

1. Short title and commencement.

This Act may be cited as the Drug Dependants (Treatment and Rehabilitation) Act 1983 and shall come into force on such date as may be appointed by the Minister by notification in the Gazette.

2. Interpretation.

(1) In this Act, unless the context otherwise requires-

“After-care Centre” – (Deleted) [Act A1018]

“Board of Visitors” means the Board of Visitors appointed by the Minister under section 11;

“Centre” – (Deleted) [Act A1018]

“dangerous drug” means any drug or substance which is for the time being comprised in the First Schedule of the Dangerous Drugs Act 1952;

“Day Centre” – (Deleted) [Act A1018]

“Director General” means the Director General appointed under subsection (2);

“drug dependant” means a person who through the use of any dangerous drug undergoes a psychic and sometimes physical state which is characterised by behavioural and other responses including the compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effect and to avoid the discomfort of its absence;

“Minister” means the Minister charged with the responsibility for internal security;

“officer” means any Rehabilitation Officer or any police officer; [Subs. Act A1018]

“registered medical practitioner” means a medical practitioner registered under the Medical Act 1971;

* Received Royal Assent on 13th April, 1983 and published in the Gazette on 14th April, 1983. Amended by Act 1018.

“Rehabilitation Centre” means an institution established under section 10; [Am. Act A1018]

“Rehabilitation Committee” – (Deleted) [Act A1018]

“Rehabilitation Officer” means an officer appointed under subsection (2);

“rules” means rules made by the Minister under this Act;

“tests” means all such acts or procedures as may be carried out for the purpose of determining whether a person is a drug dependant.

- (2) The Minister shall appoint a public officer to be Director General who shall have, subject to the direction and control of the Minister, superintendence over all matters relating to the apprehension, treatment and rehabilitation of drug dependants under this Act and there shall be appointed such number of Rehabilitation Officers as may time to time be required for the purposes of this Act.

PART 2

TREATMENT AND REHABILITATION OF DRUG DEPENDANTS UNDER COURT ORDER

3. Detention of suspected drug dependant for tests.

- (1) An officer may take into custody any person whom he reasonably suspects to be a drug dependant.
- (2) A person taken into custody under subsection (1) may be detained for a period not exceeding twenty-four hours at any appropriate place for the purpose of undergoing tests.

4. Production before Magistrate where tests cannot be completed within twenty-four hours.

- (1) If the tests cannot be held or completed or the results of such tests cannot be obtained within twenty-four hours from the time a person is taken into custody under subsection (1) of section 3—
 - (a) the person may be released on bail, with or without surety, by an officer to attend at the time and place mentioned in the bond; or
 - (b) the person may be produced by an officer before a Magistrate, and the Magistrate shall, if the officer reports to the Magistrate that it is necessary to detain him for the purpose of undergoing tests, order him to be so detained for such period not exceeding fourteen days to undergo tests or the Magistrate may release him on bail, with or without surety, to attend at such time and place as may be mentioned in the bond for the purpose of undergoing such tests, or where such person has already undergone tests but the result of such tests has not yet been obtained, the Magistrate may release him on bail, with or without surety, to appear at such place and time as may be mentioned in the bond to receive the result of the tests.

[Am. Act A1018]

- (2) The provisions of sections 390, 391, 392, 393 and 404 of the Criminal Procedure Code shall apply mutatis mutandis to a bail bond executed under this section in so far as they are not inconsistent with the provisions of this section, and references in the said sections to a police officer shall be construed as references to an officer under this Act.

5. Obligation of suspected drug dependant to undergo tests procedures.

- (1) For the purpose of tests under section 3 or 4, the person shall submit himself to all such acts or

procedures as he may be required or directed to undergo by an officer, or by a government medical officer, or by a registered medical practitioner, or by any person working under the supervision of such officer, government medical officer or registered medical practitioner, as the case may be.

- (2) Where any person fails to comply with any requirement or direction under subsection (1), he shall be guilty of an offence and shall, on conviction, be liable to be punished with imprisonment for a period not exceeding three months or with fine, or with both.

6. Magistrate's order which may be made on a drug dependant. [Subs. Act A1018]

- (1) Where a person who has undergone the tests referred to in section 3 or 4 and, in consequence of such tests, is certified by a government medical officer or a registered medical practitioner to be a drug dependant, the officer shall produce him, or cause him to appear before a Magistrate, and the Magistrate shall upon the recommendation of a Rehabilitation Officer and after giving such person an opportunity to make representations—

(a) order such person to undergo treatment at a Rehabilitation Centre specified in the order for a period of two years and thereafter to undergo supervision by an officer at the place specified in the order for a period of two years; or

(b) order such person to undergo supervision by an officer at the place specified in the order for a period of not less than two and not more than three years.

- (2) An order of supervision imposed on a person under paragraphs (a) and (b) of subsection (1) shall contain the following conditions;

(a) the person must reside in a State or Federal Territory or any area as specified in the order;

(b) the person must not leave the area where he resides without the written permission of the Director General;

(c) at the time specified in the order, the person shall report at the nearest police station or for a member of the armed forces at the place specified by an officer;

(d) the person shall not consume, use or possess any dangerous drugs;

(e) the person shall undergo such tests at such time and place as may be ordered by an officer; and

(f) the person shall undergo any programme for the rehabilitation of drug dependants held by the Government.

- (3) Any person undergoing supervision under paragraph (a) or (b) of subsection (1) who fails to comply with any condition imposed under subsection (2) shall be guilty of an offence and shall on conviction be liable to be punished with imprisonment for a period not exceeding three years or to whipping not exceeding three strokes or to both.

7. (Deleted). [Act A1018]

PART 3

TREATMENT AND REHABILITATION OF DRUG DEPENDANTS WHO VOLUNTEER FOR SAME

8. Procedure for treatment and rehabilitation of drug dependant who volunteers for same.

- (1) Any person who is a drug dependant may apply to a Rehabilitation Officer to be provided with

treatment and rehabilitation in respect of his drug dependency.

- (2) Where a person makes an application under subsection (1), the Rehabilitation Officer shall as soon as possible make arrangements for the applicant to undergo tests.
- (3) Where in consequence of the tests under subsection (2). such person is certified by a government medical officer or a registered medical practitioner to be a drug dependant. the Rehabilitation Officer shall decide whether such person should—
 - (a) undergo treatment and rehabilitation at a Rehabilitation Centre for a period of two years and thereafter undergo supervision by an officer for a period of two years; or
 - (b) be placed under the supervision of a Rehabilitation Officer for a period of not less than two and not more than three years and be subject to such conditions as the Rehabilitation Officer may consider necessary or beneficial for his treatment and rehabilitation, and shall inform the applicant of his decision.
- (4) *(Deleted)*. [Act A1018]
- (5) *(Deleted)*. [Act A1018]

9. Procedure for treatment and rehabilitation of drug dependant who is a minor and for whom assistance is sought.

- (1) Any parent or guardian of a minor whom the parent or guardian suspects or has a reason to believe to be a drug dependant may apply to a Rehabilitation Officer for the minor to be treated and rehabilitated and produce such minor before such officer.
- (2) Where a minor is produced before a Rehabilitation Officer under subsection (1), the provisions of section 8 shall apply to him in the same manner as they apply to a person who applies for treatment and rehabilitation under that section.

PART 4

CENTRES FOR TREATMENT AND REHABILITATION

10. Rehabilitation Centres. [Subs. Act A1018]

The Minister may, by notification in the Gazette, establish Rehabilitation Centres for the residence, treatment and rehabilitation of drug dependants ordered or admitted to reside therein under this Act.

11. Board of Visitors.

There shall be appointed by the Minister in respect of each Rehabilitation Centre a Board of Visitors, and such Board of Visitors-

- (a) shall exercise all powers. discharge all such duties and perform all such functions as may be provided in this Act or as may be prescribed in any rules:
- (b) shall advise and make recommendations to the Director General on all matters which the Director General may refer to it and on other matters pertaining to then duties and functions on which it may deem necessary or expedient to advise and make recommendations.

12. Shortening period of residence of Rehabilitation Centre. [Subs. Act A1018]

- (1) The Director General may shorten the period of residence at any Rehabilitation Centre in respect of any person for reasons which appear to him to be sufficient if such person has already

completed a period of twelve months of residence in such Centre.

- (2) The Director General may, with the consent in writing of the Minister, discharge from a Rehabilitation Centre a person who has not yet completed a period of twelve months of residence at the Centre for special reasons pertaining to the welfare of such person.

13. **(Deleted).** [Act A1018]

14. **(Deleted).** [Act A1018]

15. **(Deleted).** [Act A1018]

16. Private centres for treatment and rehabilitation and for after-care.

(1) The Minister may on the application of any individual person or of any organisation, body or group of persons, grant approval for the establishment and operation of a private centre for the treatment and rehabilitation of drug dependants or for the after-care of persons who have been drug dependants, upon such terms and conditions as the Minister may specify.

(2) The terms and conditions of any approval granted under subsection (1) may at any time be varied by the Minister and he may without giving any notice or assigning any reason, revoke any approval granted under subsection (1), and any revocation so made may contain all such directions of an incidental or a consequential nature which the Minister may deem necessary, expedient or desirable.

(3) Notification of every approval of a centre under this section and every revocation of such approval, shall be published in the Gazette.

(4) Any person who establishes or operates, or assists in the operation of any place for the treatment, rehabilitation, or after-care and supervision of persons who are or have been drug dependants shall be guilty of an offence and be liable on conviction to a fine or to imprisonment not exceeding five years or to both.

(5) Nothing contained in the foregoing provisions of this section shall be construed as in any manner affecting, prejudicing or derogating from the rights of a person lawfully providing medical treatment to any person in relation to any physical or mental condition arising from, or involving or relating to the drug dependency of such person.

17. Transfer between Centres.

Any person who is resident at a Rehabilitation Centre may at any time be directed by the Director General to be transferred to reside at a different Rehabilitation Centre and where it is so directed the person shall be accordingly removed to such other Rehabilitation Centre.

PART 5

GENERAL

18. Compulsory notification of drug dependants.

(1) It shall be the duty of a registered medical practitioner, including a government medical officer, to notify the Director General of any person who is treated by him for drug dependency in accordance with rules made under this Act.

- (2) Any person who contravenes the provisions of this section shall be guilty of an offence and shall, on conviction, be liable to a fine not exceeding two thousand ringgit. [Am. Act A1018]

19. Lawful custody.

- (1) A person shall be in lawful custody—
- (a) where he is taken into custody by an officer under this Act;
 - (b) while he is resident at a Rehabilitation Centre under this Act;
 - (c) while he is being taken from or to any place, or while he is engaged in any activity under this Act outside a Rehabilitation Centre, during the period that he is under an order made under this Act to reside at a Rehabilitation Centre.
- (2) Subsection (1) shall not apply to a person who is admitted to a Rehabilitation Centre under section 8 or 9.
- (3) Any person who escapes from lawful custody as referred to in subsection (1) shall be guilty of an offence and shall, on conviction, be liable to imprisonment for a term not exceeding five years or to whipping not exceeding three strokes or to both.

20. Offences by residents of Rehabilitation Centres and After-care Centres, and by supervisees.

- (1) Where any person—
- (a) contravenes any term or condition lawfully imposed under this Act in relation to residence, treatment or rehabilitation at a Rehabilitation Centre; or [Am. Act A1018]
 - (b) commits a breach of any rules relating to a Rehabilitation Centre, where no specific punishment is provided in such rules for such breach; [Am. Act A1018]
 - (c) incites any resident of a Rehabilitation Centre to commit a breach of any rules relating to such Centre; [Am. Act A1018]
 - (d) uses any indecent, threatening, abusive or insulting words or gestures, or otherwise behaves in a threatening or insulting manner, against any person exercising any powers, discharging any duties or performing any functions in relation to the custody, treatment, rehabilitation, residence or supervision of any person under this Act, or against any person resident at a Rehabilitation Centre or against any employee or servant employed or engaged at any Rehabilitation Centre, or against any person lawfully visiting a Rehabilitation Centre or otherwise lawfully present at a Rehabilitation Centre, or assaults any person, employee or servant, as aforesaid,
shall be guilty of an offence and shall on conviction be liable to a fine or to imprisonment for a term not exceeding three years or to both. [Am. Act A1018]
- (2) Paragraphs (a) and (b) of subsection (1) shall not apply to a person who is admitted to a Rehabilitation Centre under section 8 or 9.

21. Period of any imprisonment or detention to be deemed to be period of residence, after-care or supervision.

- (1) Where a person who is undergoing residence at a Rehabilitation Centre, supervision by an officer or has been ordered to do so but has not yet commenced to undergo the same, is sentenced by any court to any term of imprisonment, or by a Juvenile Court to a term of detention, or is detained under any law relating to preventive detention, such imprisonment or detention shall take precedence over the residence or supervision as aforesaid, and the period of imprisonment or detention served shall be deemed to be residence at a Rehabilitation Centre or supervision, as the case may

be, and if upon completion of such period of imprisonment or detention there still remains unexpired any portion of the period for which he had been ordered to reside at a Rehabilitation Centre, or undergo supervision, as the case may be, he shall be required to reside at a Rehabilitation Centre or undergo supervision, as the case may be, for such unexpired portion thereof. [*Am. Act A1018*]

- (2) The foregoing provisions of this section shall not apply to a person who is admitted to a Rehabilitation Centre under section 8 or 9.

22. Contribution for cost of maintenance, treatment and rehabilitation.

- (1) Where a Magistrate makes an order requiring any person to reside at a Rehabilitation Centre, he may, at the time of making such order, or at any time thereafter during the currency of such order make an order, requiring such person, or where such person is a minor, requiring his parent or guardian, to pay such amount as may be specified in the order to the Director General as contribution towards the cost of maintenance, treatment and rehabilitation of such person at the Rehabilitation Centre.
- (2) Before making an order under subsection (1), the Magistrate shall consider the report of a Rehabilitation Officer relating to the circumstances of the person against whom the order is proposed to be made (a copy of which report shall be supplied to such person) and give an opportunity to such person to make representations in the matter to the Magistrate.
- (3) A Magistrate may, on the application of any person against whom an order under subsection (1) has been made, rescind, make anew or vary the order as the Magistrate deems just.
- (4) Any amount due and owing under this section shall be a civil debt due and owing to, and shall be recoverable by, the Government. [*Am. Act A1018*]

23. Delegation by Director General.

The Director General may delegate in writing to any Rehabilitation Officer by name or office any power conferred on him under this Act.

24. Jurisdiction.

- (1) Notwithstanding any provision in the Subordinate Courts Act 1948 or the Criminal Procedure Code or any other written law to the contrary, any power or jurisdiction conferred on a Magistrate under sections 4, 6 and 22 of this Act over the matters specified therein, may be exercised by any Magistrate at any place whether such matters arose within or outside the local jurisdiction of the Magistrate or within or outside the local limits of his court. [*Am. Act A1018*]
- (2) A Magistrate exercising power under sections 4, 6 or 22 may do so at any place, other than an open and public court, considered convenient for the purpose by the Magistrate, whether such place is within or outside the precincts of the court building. [*Am. Act A1018*]

25. Protection of persons acting under authority of this Act.

Any person who does any act in pursuance of any of the provisions of this Act or of any subsidiary legislation made thereunder shall not be subject to any civil or criminal liability in respect thereof, whether on the ground of want of jurisdiction, mistake of law or fact or on any other ground unless he has acted in bad faith or without reasonable care.

26. Activity which will assist treatment and rehabilitation.

Any person undergoing treatment and rehabilitation in a Rehabilitation Centre may be required to

engage in any activity which, in the opinion of the person in charge of the Rehabilitation Centre, will assist in his treatment and rehabilitation, and such activity may involve employment in or outside the Rehabilitation Centre. [Am. Act A1018]

27. Separation of minors.

Where a minor is held in custody, or is required to reside at a Rehabilitation Centre under any provision of this Act, or is being conveyed to or from any place while in such custody, or such residence, as the case may be, arrangements shall be made so that he is held in such custody, or so resides, or is so conveyed, in a manner which will ensure that he does not associate with and is segregated from an adult or adults who are being so held in custody, or are so residing, or are being so conveyed. [Am. Act A1018]

28. Rules

- (1) The Minister may make rules for the further, better and more convenient carrying out of the provisions or purposes of this Act and in particular, but without derogating from the generality of the foregoing, with respect to any or all of the following matters:
 - (a) to prescribe anything which is required to be prescribed under this Act;
 - (b) to provide forms for use in connection with any matter under this Act;
 - (c) to regulate the establishment, management and control of Rehabilitation Centres, and private rehabilitation centres, including provision for the powers, duties and functions of persons in charge of such centres or employed at such Rehabilitation Centres or private rehabilitation centres, [Am. Act A1018]
 - (d) to provide for the discipline, education, vocational training and employment of persons undergoing treatment and rehabilitation at such Rehabilitation Centres or private rehabilitation centres; [Am. Act A1018]
 - (e) to provide for procedures relating to the tests to be carried out under this Act;
 - (f) to provide for procedure relating to the treatment, rehabilitation and supervision of persons under this Act;
 - (g) to provide for the composition, duties, functions and procedures of the Board of Visitors;
 - (h) to provide for the form, and the provisions to be included in any bail bond executed under this Act;
 - (i) to provide for the form, provisions, and the terms and conditions of any other bond required to be executed under this Act.
- (2) The Minister may in such rules or by separate rules made under this Act provide that any contravention of the provisions of any rule shall be an offence and may provide for such offence to be punished with a fine not exceeding five hundred ringgit or imprisonment for a term not exceeding six months or both.

29. Repeal.

The words “for matter relating to the treatment and rehabilitation of drug dependants,” appearing in the long title, the definitions of “Board of Visitors”, “detection centre”, “Director General”, “drug dependant”, “rehabilitation centre” and “rehabilitation committee” in section 2, and Part VA, of the Dangerous Drugs Act 1952 are repealed.

30. Transitional.

Notwithstanding anything contained in section 29, where before the commencement of this Act—

- (a) any person has been taken into custody; or
- (b) has been or is being dealt with in any manner by any court. Magistrate, Social Welfare Officer, Board of Visitors, or any other officer or authority,

under Part VA of the Dangerous Drugs Act 1952, the provisions of that Act, including the said Part VA thereof, shall continue to apply in relation to such person, save that the references to officers and authorities under the said Part VA shall be construed as references to the corresponding officers and authorities established under this Act.

31. Amendment of Dangerous Drugs Act 1952.

The Dangerous Drugs Act 1952 is amended by inserting immediately after section 38 new sections 38A and 38B as follows:

“Powers of Court in respect of drug dependants below the age of eighteen.

38A. (1) Where any person below the age of eighteen years is found guilty of an offence against this Act other than in the case of an offence under section 6B or 39B or other than in a case where a person is found guilty of an offence against this Act for which the punishment shall be under section 39A, the Court shall consider a report of a Rehabilitation Officer as defined in the Drug Dependents (Treatment and Rehabilitation)

Act 1983 and if the Court is satisfied that such person is a drug dependant as certified by a government medical officer and that having regard to the circumstances of the case and the character, antecedents, health or mental condition of the person charged it is inexpedient to inflict the punishment provided, the Court may, with or without recording a conviction—

- (a) release the offender and order him to reside at a Rehabilitation Centre for a period of two years to undergo treatment and rehabilitation, and immediately thereafter to undergo after-care in accordance with the provisions of the Drug Dependents (Treatment and Rehabilitation) Act 1983; or
- (b) order the offender to be placed under the supervision of a Rehabilitation Officer for a period of not less than two and not more than three years, and to execute a bond with or without sureties, as the Court may determine to remain under such supervision for such period:

Provided that where such person fails to execute such bond, an order under paragraph (a) shall be made against him by the Court.

(2) Where an order under paragraph (a) of subsection (1) is made against an offender, it shall be deemed to be an order made by a Magistrate under paragraph (a) of subsection (1) of section 6 of the Drug Dependents (Treatment and Rehabilitation) Act 1983, and where the order is made under paragraph (b) of subsection (1), it shall be deemed to be an order made by the Magistrate under paragraph (b) of subsection (1) of section 6 of that Act, and the provisions of that Act shall apply accordingly in relation to such order.

Powers of Court in respect of person found guilty under section 15.

38B. (1) Where a person is found guilty of an offence under section 15, he shall immediately after having undergone the punishment imposed upon him in respect thereof, undergo supervision by a Rehabilitation Officer as defined under subsection (2) of section 2 of the Drug Dependents (Treatment and Rehabilitation) Act 1983 for a period of not less than two and not more than three years as may be determined by the Rehabilitation Officer.

- (2) A person who is required to undergo supervision by a Rehabilitation Officer under subsection (1), shall be deemed to have been placed under such supervision by virtue of an order made by a Magistrate under paragraph (b) of subsection (1) of section 6 of the Drug Dependents (Treatment and Rehabilitation) Act 1983, and the provisions of that Act shall apply accordingly in relation to such supervision.”.

**DRUG DEPENDANTS (TREATMENT AND
REHABILITATION) ACT 1983***
(ACT 283)

LIST OF AMENDMENT

<i>A mending law</i>	<i>Short title</i>	<i>Inforce from</i>
Act A1018	Drug Dependents (Treatment and Rehabilitation) (Amendment) Act 1998	1.9.1998 –PU (B) 329/98

SINGAPORE

MISUSE OF DRUGS ACT

(CHAPTER 185)

**Reprint 2 of 1978, 1985 REVISED EDITION, 1997 REVISED EDITION
1998 REVISED EDITION, 2001REVISED EDITION**

Short title

1. This Act may be cited as the Misuse of Drugs Act.

Interpretation

2. In this Act, unless the context otherwise requires –

“approved institution” means any institution or place declared by the Minister to be an approved institution under section 35;

“article liable to seizure” means any money, thing, controlled equipment or controlled material by means of or in respect of which an offence under this Act has been committed or which contains evidence of an offence under this Act;

“cannabis” means any part of a plant of the genus *Cannabis*, or any part of such plant, by whatever name it is called;

“cannabis mixture” means any mixture of vegetable matter containing tetrahydrocannabinol and cannabinal in any quantity;

“cannabis resin” means any substance containing resinous material and in which is found tetrahydrocannabinol and cannabinal in any quantity;

“Class A drug”, “Class B drug” and “Class C drug” mean any of the substances and products for the time being specified in Parts I, II and III of the First Schedule, respectively;

“committee of inquiry” means a committee of inquiry convened under section 41;

“controlled drug” means any substance or product which is for the time being specified in Part I, II or III of the First Schedule or anything that contains any such substance or product;

“controlled equipment, controlled material or controlled substance” means any equipment, material or substance, respectively, specified in the Third Schedule;

“corresponding law” means a law stated in a certificate purporting to be issued by or on behalf of the government of a country outside Singapore to be a law providing for the control and regulation in that country of –

- (a) the production, supply, use, export and import of drugs and other substances in accordance with the provisions of the Single Convention on Narcotic Drugs signed at New York on 30th March 1961; or

- (b) the production, supply, use, export and import of dangerous or otherwise harmful drugs in pursuance of any treaty, convention or other agreement or arrangement to which the government of that country and the Government of Singapore are for the time being parties;

“Director” means the Director of the Central Narcotics Bureau appointed under section 3 (1);

“Director of Prisons” means the Director of Prisons appointed under section 20 of the Prisons Act (Cap. 247);

“drug addict” means a person who, through the use of any controlled drug, has developed –

- (a) a desire or need to continue to take that controlled drug; or
 - (b) a psychological or physical dependence upon the effect of that controlled drug;
- “Health Sciences Authority” means the Health Sciences Authority established under the Health Sciences Authority Act 2001 (Act 4 of 2001);
- “immigration officer” has the same meaning as in the Immigration Act (Cap. 133);
- “inmate” means a person who is detained in an approved institution;
- “manufacture” , in relation to —
- (a) a controlled drug, includes any process of producing the drug and the refining or transformation of one drug into another; or
 - (b) a controlled substance, includes any process of producing the substance and the refining or transformation of one substance into another;
- “officer of customs” has the same meaning as in the Customs Act (Cap. 70);
- “officer of the Bureau” means the Director or any officer of the Central Narcotics Bureau;
- “opium” means any substance containing in any quantity morphine and one or more of the following, namely, codeine, narcotine, papaverine and thebaine but does not include poppy-straw which is not mixed in any such substance;
- “permanent resident of Singapore” includes the holder of a Singapore blue identity card and a person who holds an entry permit or a re-entry permit issued by the Controller of Immigration;
- “police officer” has the same meaning as in the Police Force Act (Cap. 235);
- “prison officer” has the same meaning as in the Prisons Act (Cap. 247);
- “regulations” means any regulations made under this Act;
- “Review Committee” , in relation to an approved institution, means the Review Committee appointed for the institution under section 37;
- “senior officer of customs” has the same meaning as in the Customs Act;
- “special police officer” means a member of the Special Constabulary constituted under Part VIII of the Police Force Act;
- “specified drug” , except for the purposes of the Second Schedule, means a drug specified in the Fourth Schedule;
- “traffic” means —
- (a) to sell, give, administer, transport, send, deliver or distribute; or
 - (b) to offer to do anything mentioned in paragraph (a),
otherwise than under the authority of this Act, and “trafficking” has a corresponding meaning;
- “Vigilante Corps” means the Vigilante Corps constituted under the Vigilante Corps Act (Cap. 343).

[49/75; 12/77;40/93;20/988/2000;4/2001]

Appointment of Director and other officers of Central Narcotics Bureau

3. —(1) The Minister may appoint a Director and a Deputy Director of the Central Narcotics Bureau and such number of Assistant Directors and other officers as the Minister may think fit.

[49/75]

- (2) All officers of the Bureau appointed by the Minister before 12th December 1975 shall be deemed to have been appointed under subsection (1).

[49/75]

- (3) The powers and functions conferred upon the Director under this Act, and the duties required to be discharged by him may, subject to such limitations as the Director may impose, be exercised

and discharged by the Deputy Director or an Assistant Director of the Central Narcotics Bureau duly authorised by the Director to act on his behalf.

[20/98]

Advisory committees

4. –(1) For the purpose of assisting in the administration of this Act, the Minister may from time to time appoint such advisory committees as he thinks fit.

[12/77]

(2) Every such committee shall have such functions as the Minister may from time to time determine.

[12/77]

(3) Subject to the regulations, every such committee may regulate its own procedure.

[12/77]

Trafficking in controlled drugs

5. –(1) Except as authorised by this Act, it shall be an offence for a person, on his own behalf or on behalf of any other person, whether or not that other person is in Singapore –

(a) to traffic in a controlled drug;

(b) to offer to traffic in a controlled drug; or

(c) to do or offer to do any act preparatory to or for the purpose of trafficking in a controlled drug.

(2) For the purposes of this Act, a person commits the offence of trafficking in a controlled drug if he has in his possession that drug for the purpose of trafficking.

[40/93]

Manufacture of controlled drugs

6. Except as authorised by this Act, it shall be an offence for a person to manufacture a controlled drug.

Import and export of controlled drugs

7. Except as authorised by this Act, it shall be an offence for a person to import into or export from Singapore a controlled drug.

Possession and consumption of controlled drugs

8. Except as authorised by this Act, it shall be an offence for a person to –

(a) have in his possession a controlled drug; or

(b) smoke, administer to himself or otherwise consume –

(i) a controlled drug, other than a specified drug; or

(ii) a specified drug.

[20/98]

Consumption of drug outside Singapore by citizen or permanent resident

8A. –(1) Section 8 (b) shall have effect in relation to a person who is a citizen or a permanent resident of Singapore outside as well as within Singapore where he is found as a result of urine tests conducted under section 31 to have smoked, administered to himself or otherwise consumed a controlled drug or a specified drug.

[20/98]

- (2) Where an offence under section 8 (b) is committed by a person referred to in subsection (1) in any place outside Singapore, he may be dealt with as if that offence had been committed within Singapore.

[20/98]

Possession of pipes, utensils, etc.

9. Except as authorised by this Act, it shall be an offence for a person to have in his possession any pipe, syringe, utensil, apparatus or other article intended for the smoking, administration or consumption of a controlled drug.

Cultivation of cannabis, opium and coca plants

10. It shall be an offence for a person to cultivate any plant of the genus Cannabis, or any plant of the species papaver somniferum or any plant of the genus erythroxylon from which cocaine can be extracted.

Manufacture, supply, possession, import or export of equipment, materials or substances useful for manufacture of controlled drugs

10A. –(1) Any person who –

- (a) manufactures any controlled equipment, controlled material or controlled substance;
- (b) supplies any controlled equipment, controlled material or controlled substance to another person;
- (c) has in his possession any controlled equipment, controlled material or controlled substance; or
- (d) imports or exports any controlled equipment, controlled material or controlled substance, knowing or having reason to believe that the controlled equipment, controlled material or controlled substance is to be used in or for the manufacture of a controlled drug in contravention of section 6 shall be guilty of an offence.

[20/98]

- (2) It shall not be a defence to a person who contravenes subsection (1) (d) in respect of any controlled equipment, controlled material or controlled substance to show that the equipment, material or substance is the subject of a licence, permit or any other form of authorisation issued or granted under any regulations made under section 10B.

[20/98]

Regulations on controlled substances

10B. –(1) The Minister may by regulations make provisions for –

- (a) the licensing, by such person or authority as may be prescribed, of persons who intend to import or export any controlled equipment, controlled material or controlled substance;
- (b) the regulation and control of the import or export of any controlled equipment, controlled material or controlled substance;
- (c) imposing requirements for the registration of premises used in connection with the import, export, manufacture, processing, storage, distribution or supply of any controlled equipment, controlled material or controlled substance;
- (d) imposing requirements as to the documentation of transactions involving any controlled equipment, controlled material or controlled substance;
- (e) requiring the keeping of records and the furnishing of information with respect to any controlled equipment, controlled material or controlled substance;

- (f) the inspection and production of records kept pursuant to the regulations; and
- (g) the labelling of consignments of any controlled equipment, controlled material or controlled substance.

[20/98]

(2) Regulations made under subsection (1) may, in particular, require –

- (a) the notification of the proposed exportation of any controlled equipment, controlled material or controlled substance to such countries as may be specified in the regulations; and
- (b) the production, in such circumstances as may be specified, of evidence that the required notification has been given,
and any such equipment, material or substance shall be deemed to be exported contrary to a restriction for the time being in force with respect to the equipment, material or substance under such regulations if it is exported without the requisite notice being given.

[20/98]

(3) Regulations made under this section may make different provisions in relation to different controlled equipment, controlled material or controlled substance and in relation to different cases or circumstances.

[20/98]

(4) Regulations made under this section may provide that any person who contravenes any provision thereof shall be guilty of an offence and shall be liable on conviction to be punished with a fine not exceeding \$10,000 or with imprisonment for a term not exceeding 3 years or with both as may be specified in the regulations.

[20/98]

(5) No information obtained pursuant to any regulations made under this section shall be disclosed except for the purposes of criminal proceedings or of proceedings under or in relation to the Corruption, Drug Trafficking and Other Serious Crimes (Confiscation of Benefits) Act (Cap. 65A).

[20/98]

Responsibilities of owners and tenants, etc.

11. It shall be an offence for a person being the owner, tenant, occupier or person in charge of any place or premises, to permit or suffer such place or premises or any part thereof to be opened, kept or used for –
- (a) the purpose of smoking, administration or consumption of any controlled drug; or
 - (b) the unlawful trafficking in or the unlawful manufacturing of any controlled drug.

Abetments and attempts punishable as offences

12. Any person who abets the commission of or who attempts to commit or does any act preparatory to, or in furtherance of, the commission of any offence under this Act shall be guilty of that offence and shall be liable on conviction to the punishment provided for that offence.

Abetting or procuring commission of offences outside Singapore

13. It shall be an offence for a person –
- (a) to aid, abet, counsel or procure the commission in any place outside Singapore of an offence punishable under a corresponding law in force in that place; or
 - (b) to do an act preparatory to, or in furtherance of, an act outside Singapore which if committed in Singapore would constitute an offence under this Act.

Offences by body corporate

14. Where any offence under this Act committed by a body corporate is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of, any director, manager, secretary or other similar officer of the body corporate, or any person purporting to act in any such capacity, he as well as the body corporate shall be guilty of that offence and shall be liable to be proceeded against accordingly.

Certificate of corresponding law

15. –(1) A document purporting to be issued by or on behalf of the government of a country outside Singapore and purporting to state the terms of a corresponding law in force in that country shall be admitted in evidence, in any proceedings for an offence under this Act, on its production by the prosecution without further proof.
- (2) Such document shall be conclusive evidence that –
- (a) it is issued by or on behalf of the government of that country;
 - (b) the terms of that law are as stated in the document; and
 - (c) any fact stated in the document as constituting an offence under that law does constitute such offence.

Analyst's certificate

16. A certificate purporting to be signed by an analyst employed by the Health Sciences Authority and purporting to relate to a controlled drug or controlled substance shall be admitted in evidence, in any proceedings for an offence under this Act, on its production by the prosecution without proof of signature and, until the contrary is proved, that certificate shall be prima facie evidence of all matters contained therein.

[20/98;4/2001]

Presumption concerning trafficking

17. Any person who is proved to have had in his possession more than –
- (a) 100 grammes of opium;
 - (b) 3 grammes of morphine;
 - (c) 2 grammes of diamorphine;
 - (d) 15 grammes of cannabis;
 - (e) 30 grammes of cannabis mixture;
 - (f) 10 grammes of cannabis resin;
 - (g) 3 grammes of cocaine;
 - (h) 25 grammes of methamphetamine; or
 - (i) 10 grammes of any or any combination of the following:
 - (i) N, α -dimethyl-3, 4-(methylenedioxy) phenethylamine;
 - (ii) α -methyl-3, 4-(methylenedioxy) phenethylamine; or
 - (iii) N-ethyl- α -methyl-3, 4-(methylenedioxy) phenethylamine.

whether or not contained in any substance, extract, preparation or mixture shall be presumed to have had that drug in possession for the purpose of trafficking unless it is proved that his possession of that drug was not for that purpose.

[38/89;40/93;20/98]

Presumption of possession and knowledge of controlled drugs

18. –(1) Any person who is proved to have had in his possession or custody or under his control –
- (a) anything containing a controlled drug;
 - (b) the keys of anything containing a controlled drug;
 - (c) the keys of any place or premises or any part thereof in which a controlled drug is found; or
 - (d) a document of title relating to a controlled drug or any other document intended for the delivery of a controlled drug,
- shall, until the contrary is proved, be presumed to have had that drug in his possession.
- (2) Any person who is proved or presumed to have had a controlled drug in his possession shall, until the contrary is proved, be presumed to have known the nature of that drug.
- (3) The presumptions provided for in this section shall not be rebutted by proof that the accused never had physical possession of the controlled drug.
- (4) Where one of 2 or more persons with the knowledge and consent of the rest has any controlled drug in his possession, it shall be deemed to be in the possession of each and all of them.

Presumption concerning premises

19. –(1) Where a pipe, syringe, utensil, apparatus or other article intended for the smoking, administration or consumption of a controlled drug is found in any place or premises, it shall be presumed, until the contrary is proved, that the place or premises is used for the purpose of smoking, administering or consuming a controlled drug.
- (2) Any person found in or escaping from any place or premises which is proved or presumed to be used for the purpose of smoking or administering a controlled drug shall, until the contrary is proved, be presumed to have been smoking or administering a controlled drug in that place or premises.

Presumption relating to ship or aircraft

20. If any controlled drug is found in any ship or aircraft, it shall be presumed, until the contrary is proved, that the drug has been imported in that ship or aircraft with the knowledge of the master or the captain thereof.

Presumption relating to vehicle

21. If any controlled drug is found in any vehicle, it shall be presumed, until the contrary is proved, to be in the possession of the owner of the vehicle and of the person in charge of the vehicle for the time being.

Presumption relating to urine test

22. If any controlled drug is found in the urine of a person as a result of both urine tests conducted under section 31, he shall be presumed, until the contrary is proved, to have consumed that controlled drug in contravention of section 8 (b).

[49/75;38/89]

Protection of informers

23. –(1) Except as provided in subsection (3) –
- (a) no information for an offence under this Act shall be admitted in evidence in any civil or criminal proceedings; and

- (b) no witness in any civil or criminal proceedings shall be obliged –
 - (i) to disclose the name and address of any informer who has given information with respect to an offence under this Act; or
 - (ii) to answer any question if the answer thereto would lead, or would tend to lead, to the discovery of the name or address of the informer.
- (2) If any book, document or paper which is in evidence or liable to inspection in any civil or criminal proceedings contain any entry in which any informer is named or described or which may lead to his discovery, the court shall cause those entries to be concealed from view or to be obliterated so far as may be necessary to protect the informer from discovery.
- (3) If –
 - (a) in any proceedings before a court for an offence under this Act, the court, after full inquiry into the case, is satisfied that an informer wilfully made a material statement which he knew or believed to be false or did not believe to be true; or
 - (b) if in any other proceedings, the court is of the opinion that justice cannot be fully done between the parties thereto without the disclosure of the name of an informer, the court may permit inquiry and require full disclosure concerning the informer.

Powers of search and seizure

24. –(1) Any officer of the Bureau, police officer not below the rank of Assistant Superintendent of Police or any police officer authorised by him or any senior officer of customs may at any time –
- (a) without a warrant enter and search any place or premises in which he reasonably suspects that there is to be found –
 - (i) any controlled drug, controlled substance or article liable to seizure; or
 - (ii) a person who has committed or is reasonably suspected to have committed any offence under this Act or any seizable offence under the regulations;
 - (b) search any person found in that place or premises; and
 - (c) seize and detain any controlled drug or controlled substance found in that place or premises, or any article liable to seizure.
- [20/98]*
- (2) For the purpose of exercising his power under this section, an officer may, with such assistance as he considers necessary, break open any door, window, lock, fastener, floor, wall, ceiling, compartment, box, container or any other thing.

Powers of arrest

25. –(1) Any officer of the Bureau, police officer, officer of customs, or special police officer or member of the Vigilante Corps authorised in writing by a police officer not below the rank of Assistant Superintendent of Police, may arrest and search without a warrant any person who has committed or whom he reasonably suspects to have committed an offence under this Act or a seizable offence under the regulations.
- [12/77;20/98]*
- (2) Any person arrested under subsection (1) shall, together with any controlled drug, controlled substance or article liable to seizure, be taken to the Central Narcotics Bureau, a police station or a customs station and may be searched.
- [49/75;20/98]*
- (3) No woman shall be searched under this Act except by another woman.

- (4) An officer making an arrest under this section may seize and detain any controlled drug, controlled substance or article liable to seizure.

[20/98]

Power to search ship, aircraft, vehicle or train and person arriving in or departing from Singapore

26. –(1) Any officer of the Bureau, police officer or officer of customs may –

- (a) stop, board and search any ship, hovercraft, aircraft, vehicle or train if he has reason to suspect that there is therein any controlled drug in contravention of this Act, controlled substance or any article liable to seizure;
- (b) search any person in that ship, hovercraft, aircraft, vehicle or train; and
- (c) search any person arriving in Singapore or about to depart from Singapore.

[20/98]

- (2) An officer may seize and detain –

- (a) any controlled drug, controlled substance or article liable to seizure as a result of any search under this section; and
- (b) any ship, hovercraft, aircraft, vehicle or train which has been used in the commission of or in connection with an offence under this Act.

[20/98]

Forfeiture of controlled drugs, controlled substances and articles seized

27. –(1) Where anything is seized under this Act, the officer who carried out the seizure shall immediately give notice in writing of the seizure to the owner of that thing, if known, either by delivering the notice to him personally or by post at his place of residence, if known.

- (2) The notice under subsection (1) shall not be required to be given where the seizure is made in the presence of the offender or the owner or his agent, or in the case of a ship or an aircraft, in the presence of the master or captain thereof.

- (3) An order for the forfeiture of any controlled drug, controlled substance or article shall be made if it is proved to the satisfaction of a court that an offence under this Act has been committed and that such drug, substance or article was the subject matter of or was used in the commission of the offence notwithstanding that no person may have been convicted of that offence.

[20/98]

- (4) If there is no prosecution with regard to any controlled drug, controlled substance or article seized under this Act, that drug, substance or article shall be deemed to be forfeited at the expiration of one month from the date of the seizure thereof unless a claim thereto has been made before that date in such manner as may be prescribed.

[20/98]

Forfeiture of ship, hovercraft, aircraft or vehicle

28. –(1) Where a person has been convicted of an offence under this Act, the court may order to be forfeited to the Government any ship, hovercraft or aircraft which has been proved to have been used in any manner in connection with the offence.

[20/98]

- (2) Where a person has been convicted of an offence under this Act, the court shall, upon the application of the Public Prosecutor, order to be forfeited to the Government any vehicle which has been proved to have been used in any manner in connection with the offence.

[20/98]

- (3) This section shall not apply to any ship or hovercraft of more than 200 tons net or to any aircraft belonging to any person carrying on a regular passenger service to and from Singapore by means of that aircraft.
- (4) No ship, hovercraft, aircraft or vehicle shall be forfeited under this section if it is established by the owner thereof that the ship, hovercraft, aircraft or vehicle was unlawfully in the possession of another person without the consent of the owner.

Disposal of things forfeited

29. –(1) All things which are forfeited to the Government under this Act shall be disposed of in such manner as the Minister thinks fit.
- (2) The Minister may, in his discretion and after any proceedings under this Act are concluded, entertain and give effect to any claim to or in respect of anything which has been forfeited to the Government.

Obstruction of inspection or search

30. –(1) It shall be an offence for a person to –
 - (a) obstruct any officer of the Bureau, police officer, officer of customs or other public officer in the exercise of any power under this Act;
 - (b) fail to comply with any lawful requirement of any officer of the Bureau, police officer, officer of customs or other public officer in the execution of his duty under this Act;
 - (c) fail, without reasonable excuse, to furnish such information in his possession as may be required by any officer of the Bureau, police officer, officer of customs or other public officer;
or
 - (d) furnish to any officer of the Bureau, police officer, officer of customs or other public officer any information which he knows or has reason to believe to be false.
- [12/77]*
- (2) In subsection (1), “public officer” includes any special police officer or member of the Vigilante Corps exercising any power under section 25.

[12/77]

Urine tests

31. –(1) Any officer of the Bureau, immigration officer or police officer not below the rank of sergeant may, if he reasonably suspects any person to have committed an offence under section 8 (b), require that person to provide a specimen of his urine for urine tests to be conducted under this section.
- [12/77;38/89]*
- (2) A person who fails, without reasonable excuse, to provide a specimen of his urine within such time as may be required by any of the officers referred to in subsection (1) shall be guilty of an offence.
- [12/77]*
- (3) Any person (other than a citizen of Singapore or a permanent resident) arriving in Singapore by land, sea or air who –
 - (a) fails to comply with the requirement of an immigration officer under this section; or
 - (b) is found as a result of urine tests conducted under this section to have consumed a controlled drug,

may be prohibited from entering or remaining in Singapore.

[38/89]

- (4) A specimen of urine provided under this section shall be divided into 2 parts and each part shall be marked and sealed in such manner and in accordance with such procedure as may be prescribed.

[38/89]

- (5) A urine test shall be conducted by an analyst employed by the Health Sciences Authority on one part of a specimen of urine provided under this section and, at the same time or soon thereafter, a second urine test shall be conducted on the other part of the specimen of urine by another analyst employed by the Health Sciences Authority.

[38/89;20/98;4/2001]

Power of investigation of officers of Bureau

32. –(1) In any case relating to the commission of an offence under this Act, an officer of the Bureau shall have all the powers of a police officer under the Criminal Procedure Code (Cap. 68) in relation to an investigation into a seizable offence.

[49/75;20/98]

- (2) In any case relating to the commission of an offence under the regulations –
- (a) where the offence is seizable, an officer of the Bureau shall have all the powers of a police officer under the Criminal Procedure Code in relation to an investigation into a seizable offence; and
- (b) where the offence is non-seizable, an officer of the Bureau shall have all the powers of a police officer under the Criminal Procedure Code in relation to an investigation into a non-seizable offence.

[20/98]

Punishment for offences

33. –(1) Except as provided in subsection (4) or under section 33A, the Second Schedule shall have effect, in accordance with subsections (2) and (3), with respect to the way in which offences under this Act are punishable on conviction.

[12/77;20/98]

- (2) In relation to an offence under any provision of this Act specified in the first column of the Second Schedule (the general nature of the offence being described in the second column thereof) –
- (a) the third, fourth and fifth columns show, respectively, the punishments to be imposed on a person convicted of the offence according to whether the controlled drug in relation to which the offence was committed was a Class A drug, a Class B drug or a Class C drug, except as otherwise provided in paragraph (b);
- (b) the sixth column shows the punishments to be imposed on a person convicted of the offence where the offence was committed –
- (i) in the case of unauthorised manufacture, in relation to such specified controlled drug as is mentioned in the second column; and
- (ii) in the case of unauthorised traffic or import or export, in relation to a specified quantity of such controlled drug or to a controlled drug (except opium) containing such quantity of morphine or diamorphine as is mentioned in the second column; and
- (c) the seventh column shows the punishments to be imposed on a person convicted of the offence whether or not the offence was committed in relation to a controlled drug and, if it was so committed, irrespective of the nature of the drug.

(3) In the third, fourth, fifth, sixth and seventh columns of the Second Schedule, a reference to a period gives the maximum or minimum term of imprisonment as is specified, a reference to a sum of money gives the maximum or minimum fine as is specified, and a reference to a number of strokes gives the number of strokes of caning with which the offender shall, subject to section 231 of the Criminal Procedure Code (Cap. 68), be punished.

[49/75]

(4) If any person convicted of an offence under section 8 (b) or 31 (2) is again convicted of an offence under section 8 (b) or 31 (2), he shall on conviction be punished with imprisonment for a term of not less than 3 years unless he is punished under section 33A for that same offence.

[20/98]

(5) In subsection (4), “convicted of an offence” includes a conviction by a subordinate military court or the Military Court of Appeal constituted under the Singapore Armed Forces Act (Cap. 295).

[38/89]

Punishment for repeat consumption of specified drugs

33A. –(1) Where a person who has not less than –

- (a) 2 previous admissions;
- (b) 2 previous convictions for consumption of a specified drug under section 8 (b);
- (c) 2 previous convictions for an offence of failure to provide a urine specimen under section 31 (2);
- (d) one previous admission and one previous conviction for consumption of a specified drug under section 8 (b);
- (e) one previous admission and one previous conviction for an offence of failure to provide a urine specimen under section 31 (2); or
- (f) one previous conviction for consumption of a specified drug under section 8 (b) and one previous conviction for an offence of failure to provide a urine specimen under section 31 (2), is convicted of an offence under section 8 (b) for consumption of a specified drug or an offence of failure to provide a urine specimen under section 31 (2), he shall on conviction be punished with–
 - (i) imprisonment for a term of not less than 5 years and not more than 7 years; and
 - (ii) not less than 3 strokes and not more than 6 strokes of the cane.

[20/98]

(2) Where a person who has been punished under subsection (1) is again convicted of an offence for consumption of a specified drug under section 8 (b) or an offence of failure to provide a urine specimen under section 31 (2), he shall on conviction be punished with –

- (a) imprisonment of not less than 7 years and not more than 13 years; and
- (b) not less than 6 strokes and not more than 12 strokes of the cane.

[20/98]

(3) A certificate purporting to be signed by an officer authorised in writing by the Director of Prisons and purporting to relate to a person’s previous admission to an approved institution under this Act shall be admissible in evidence in any proceedings under this section, on its production by the prosecution without proof of signature; and, until the contrary is proved, that certificate shall be evidence of all matters contained therein.

[20/98]

(4) A certificate purporting to be signed by the Registrar for the subordinate military courts or for the Military Court of Appeal appointed under section 82 (5) of the Singapore Armed Forces Act

(Cap. 295) shall be admissible in evidence, in any proceedings under this section, on its production by the prosecution without proof of signature; and, until the contrary is proved, that certificate shall be evidence of a person's previous conviction by a subordinate military court or the Military Court of Appeal.

[20/98]

- (5) For the purposes of this section –
- (a) a conviction under section 8 (b) by a court including a subordinate military court or the Military Court of Appeal constituted under the Singapore Armed Forces Act at –
 - (i) any time before 20th July 1998 but not before 1st October 1992 for the consumption of a controlled drug which is specified in the Fourth Schedule; or
 - (ii) any time on or after 20th July 1998 for the consumption of a specified drug, shall be deemed to be a previous conviction for consumption of a specified drug under section 8 (b);
 - (b) a conviction under section 31 (2) by a court including a subordinate military court or the Military Court of Appeal constituted under the Singapore Armed Forces Act at any time before 20th July 1998 but not before 1st October 1992 shall be deemed to be a previous conviction for an offence of failure to provide a urine specimen under section 31 (2);
 - (c) “admission” means an admission under section 34 (2) to an approved institution at –
 - (i) any time before 20th July 1998 but not before 1st October 1992 for the consumption of a controlled drug which is specified in the Fourth Schedule; or
 - (ii) any time on or after 20th July 1998 for the consumption of a specified drug.

[20/98]

Supervision, treatment and rehabilitation of drug addicts

34. –(1) The Director may require any person whom he reasonably suspects to be a drug addict to be medically examined or observed by a Government medical officer or a medical practitioner.

[38/89]

- (2) If, as a result of such medical examination or observation under subsection (1) or both the urine tests conducted under section 31, it appears to the Director that it is necessary for any person examined or observed, or who supplied the urine specimen for the urine tests –
- (a) to be subject to supervision, the Director may make a supervision order requiring that person to be subject to the supervision of an officer of the Bureau for a period not exceeding 2 years; or
 - (b) to undergo treatment or rehabilitation or both at an approved institution, the Director may make an order in writing requiring that person to be admitted for that purpose to an approved institution.

[38/89]

- (3) Every person who is admitted to an approved institution under this section shall be detained in the institution for a period of 6 months unless he is discharged earlier by the Director or the Review Committee of the institution.

[12/77]

- (4) If the Review Committee of an approved institution is of the opinion that an inmate of that institution whose period of detention therein is about to expire requires further treatment or rehabilitation or both, the Committee may by order in writing direct that the inmate be detained in the institution for a further period or periods not exceeding 6 months at any one time.

[12/77]

- (5) No person in respect of whom an order has been made under subsection (2) shall be detained in an approved institution or institutions for a period of more than 3 years after his admission to any approved institution pursuant to that order.

[37]

[12/77;28/79]

Approved institutions

35. The Minister may from time to time, by notification in the Gazette, declare any institution or place to be an approved institution for the purpose of the treatment and rehabilitation of drug addicts and other persons under this Act and may at any time in like manner revoke or amend any such notification.

[38]

[12/77]

Administration of approved institutions

36. –(1) Subject to the directions of the Minister, the general charge and administration of –
- (a) approved institutions, except those designated under paragraph (b), shall be under the Director of Prisons; and
 - (b) such approved institutions as the Minister may designate shall be under such person as the Minister may appoint.

[20/98]

- (2) The Director of Prisons or the person appointed under subsection (1) (b), as the case may be, may appoint a person to be the superintendent of an approved institution and such person shall be responsible for the supervision and administration of that approved institution.

[20/98]

- (3) Subject to such modifications as may be made by the Director of Prisons, the standing orders issued under the Prisons Act (Cap. 247) shall apply to an approved institution under the charge of the Director of Prisons as they apply to a prison.

[20/98]

- (4) The person appointed under subsection (1) (b) may in writing issue orders, to be called standing orders, for the approved institutions designated under his charge.

[39]

[20/98]

Review Committees for approved institutions

37. –(1) The Minister shall appoint for any approved institution or institutions a Review Committee which shall have such functions as are conferred upon it by this Act.

[12/77]

- (2) Every Review Committee shall consist of a Chairman, who shall be a person registered under the Medical Registration Act (Cap. 174), and such other members, not being less than 3, as the Minister may determine.

[12/77;38/89]

- (3) The Chairman and members of a Review Committee shall be appointed by the Minister for a term not exceeding 3 years, but may –

- (a) from time to time be reappointed;
- (b) at any time be removed from office by the Minister; or
- (c) at any time resign from their office in writing addressed to the Minister.

[12/77]

- (4) At any meeting of the Review Committee, 3 members of the Committee shall constitute a quorum. [12/77]
- (5) The Chairman shall preside at every meeting of the Review Committee at which he is present and in his absence the members present shall elect one of their number to preside at the meeting. [12/77]
- (6) Every question before the Review Committee shall be determined by a majority of the votes of the members present and voting thereon, and in the event of an equality of votes the Chairman or the member presiding at the meeting shall have a casting vote in addition to his original vote. [12/77]
- (7) Subject to the provisions of this Act, the Review Committee may determine its own procedure. [12/77]
- (8) Any order of the Review Committee may be signed by the Chairman or a member of the Committee. [12/77]

Review, discharge and transfer of inmates

38. –(1) The Review Committee of an approved institution shall keep the case of every inmate under review and shall, as often as practicable, consider whether he should be discharged. [12/77]
- (2) The Director or the Review Committee of an approved institution may at any time by order in writing –
- (a) discharge any inmate; or
 - (b) transfer any inmate from one approved institution to another approved institution. [12/77]
- (3) The Superintendent of an approved institution may enter into an arrangement with the Superintendent of another approved institution for the transfer of any inmate to that other institution and may, subject to any direction given by the Director or the Review Committee, carry out any transfer in accordance with that arrangement. [12/77]
- (4) On proof to his satisfaction that the presence at any place of an inmate is required in the interests of justice, or for the purpose of any inquiry, or in the public interest or in the interest of the inmate, the Superintendent may order that the inmate be taken to that place. [41
[28/79]

Power of Magistrate to inquire into complaint of misconduct or breach of duty

39. –(1) Where a complaint is made on oath to a Magistrate that any person is improperly detained in an approved institution by reason of any misconduct or breach of duty on the part of any officer in the discharge of his functions pursuant to this Act, the Magistrate may –
- (a) inquire into the complaint himself; or
 - (b) direct a police officer to make an inquiry for the purpose of ascertaining the truth or falsehood of the complaint and report to the Magistrate the result of the inquiry. [12/77]
- (2) Every inquiry under subsection (1) shall be conducted in private, except that the procedure for conducting any inquiry shall be such as the Magistrate considers appropriate in the circumstances of the case. [12/77]

(3) A Magistrate or a police officer conducting any inquiry under subsection (1) shall have all the powers conferred on him by the Criminal Procedure Code (Cap. 68) in relation to the attendance and examination of witnesses, the taking of evidence and the production of documents.

[12/77]

(4) If, after considering the result of any such inquiry, the Magistrate is satisfied that any person who is detained in an approved institution ought not to be so detained, the Magistrate may make an order for the discharge of that person from the approved institution and that person shall be discharged accordingly.

[12/77]

(5) Any order or decision of the Magistrate made under this section shall be final.

[12/77]

(6) No evidence taken for the purpose of any such inquiry shall be admissible in any civil or criminal proceedings, except where the person who gave that evidence is charged with giving or fabricating false evidence.

[42

[12/77]

Inmates deemed to be in legal custody

40. –(1) Every inmate shall be deemed to be in the legal custody of the approved institution in which he is for the time being detained.

[28/79]

(2) An inmate shall be deemed to be in legal custody –

(a) while he is confined in, or is being taken to or from, an approved institution;

(b) while he is for any other reason outside an approved institution in the custody or under the control of an officer of the approved institution; or

(c) while he is being taken to any place to which he is required or authorised under this Act to be taken, or is kept in custody in pursuance of any such requirement or authorisation.

[43

[28/79]

Committee of inquiry

41. –(1) Where it is expedient that the Minister, or such other person as the Minister may appoint to exercise the powers conferred upon the Minister by sections 42, 49 and 51, should be informed on any matter connected with the discipline, administration or functions of any approved institution or affecting any inmate, the Minister or the person appointed by the Minister may convene a committee of inquiry.

[8/2000]

(2) A committee of inquiry shall inquire into and report on the facts relating to any matter referred to it and, if directed by the Minister to do so, express its opinion on any question arising out of any such matter.

[8/2000]

(3) In this section and in sections 42, 49 and 51, “Minister” includes the person appointed by the Minister under subsection (1) to act on his behalf for the purposes of this section and sections 42, 49 and 51.

[43C

[8/2000]

Composition of committee of inquiry

42. –(1) A committee of inquiry shall consist of one or more persons who shall be appointed by the Minister.

[8/2000]

(2) Where a committee of inquiry consists of more than one person, the Minister shall appoint one of the members to be the chairman.

[8/2000]

(3) Where a committee of inquiry consists of one member only, he shall be vested with the powers of a chairman.

[8/2000]

(4) Every member of a committee of inquiry appointed under this section shall be deemed to be a public servant within the meaning of the Penal Code (Cap. 224).

[43D

[8/2000]

Powers of committee of inquiry

43. A committee of inquiry may –

(a) summon any person to give evidence on oath or on affirmation or to produce any document or material necessary for the purpose of the inquiry; and

(b) visit any place in order to inquire into any matter which may arise in the course of the inquiry.

[43E

[8/2000]

Disobedience to summons

44. –(1) A person who is summoned to give evidence before a committee of inquiry shall not, without lawful excuse, fail to appear in obedience to the summons.

[8/2000]

(2) A person who is required by a committee of inquiry to produce any document or material for the purpose of the inquiry shall not, without lawful excuse, fail to produce the document or material.

[8/2000]

(3) Any person who contravenes subsection (1) or (2) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 6 months or to both.

[43F

[8/2000]

Refusal to give evidence

45. –(1) A person who appears before a committee of inquiry shall not, without lawful excuse, refuse to be sworn or to make an affirmation, or to produce any document or material, or to answer any question, which he is lawfully required to produce or answer.

[8/2000]

(2) Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 6 months or to both.

[43G

[8/2000]

Giving of false evidence

46. Every person who wilfully gives false evidence when examined on oath or on affirmation before a committee of inquiry shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 7 years or to both.

[43H]
[8/2000]

Evidence and procedure

47. Except as otherwise provided in this Act, a committee of inquiry shall not be bound by the rules of evidence and may act in such manner as the committee of inquiry thinks most expedient.

[43I]
[8/2000]

Admissibility of evidence

48. No statement made in the course of any inquiry and no report of a committee of inquiry shall be admissible as evidence in proceedings other than proceedings, whether criminal or disciplinary, for an offence of giving or fabricating false evidence under any written law.

[43J]
[8/2000]

Proceedings not open to public

49. –(1) A committee of inquiry shall not sit in public.
(2) No person shall be allowed to attend the proceedings of a committee of inquiry, or address the committee of inquiry, except with the permission of the chairman or if the Minister so directs.

[43K]
[8/2000]

Persons who may be affected by findings

50. –(1) Where it appears to a committee of inquiry that any witness or person involved in the supervision or administration of an approved institution may be adversely affected by its findings, the committee shall notify him and give him an opportunity to be present at the proceedings of the committee of inquiry or at such part thereof as the chairman may specify.

[8/2000]

- (2) The person notified under subsection (1) shall be allowed to give evidence and examine any witness.

[43L]
[8/2000]

Record of proceedings

51. –(1) The chairman shall record or cause to be recorded in writing the proceedings of the committee of inquiry.

[8/2000]

- (2) The evidence of each witness before a committee of inquiry shall be read over to him and shall be signed by him.

[8/2000]

- (3) A record of the proceedings of a committee of inquiry shall be signed by the chairman and the members of the committee, if any, and forwarded to the Minister.

[8/2000]

- (4) The record of proceedings of a committee of inquiry or any part thereof or any information

relating thereto shall be kept confidential and shall not be released to any person, other than a member of the committee, without the written permission of the Minister.

[43M
[8/2000]

Offence to influence or attempt to influence committee of inquiry

52. Every person who, otherwise than in the course of duty, directly or indirectly by himself or by any other person in any manner whatsoever influences or attempts to influence any decision of a committee of inquiry or any member of a committee of inquiry shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 6 months or to both.

[8/2000]

Jurisdiction of court

53. A District Court or a Magistrate's Court shall have jurisdiction to hear and determine all proceedings under this Act and, notwithstanding anything to the contrary in the Criminal Procedure Code (Cap. 68), a District Court shall have power to impose the full penalty or punishment in respect of any offence provided by this Act except the punishment of death.

[34
[49/75]

Indemnity

54. –(1) The Government shall not be liable to make good any damage caused to any goods or property as a result of an entry, search or detention under the provisions of this Act unless the damage is caused by the wilful neglect or default of an officer employed by the Government.
(2) In the event of any dispute as to the amount of any damage so caused, the same shall be summarily ascertained and determined by a District Court or a Magistrate's Court.

[35]

Protection of persons acting under authority of Act

55. Any person who does any act in pursuance or intended pursuance of any of the provisions of this Act shall not be subject to any civil or criminal liability in respect thereof, whether on the ground of want of jurisdiction, mistake of law or fact, or any other ground, unless he has acted in bad faith or without reasonable care.

[36]

Use of weapons

56. –(1) Subject to this section, a prison officer may use any weapon against –
(a) any inmate of any approved institution escaping or attempting to escape;
(b) any person who does any act or attempts to do any act to facilitate the escape of an inmate of any approved institution; or
(c) any person engaged in any attempt to damage or force or break open –
(i) the outside door or gate or enclosure wall of any approved institution or any other part of an approved institution; or
(ii) any part of any vehicle in which an inmate is conveyed.
(2) A prison officer may use any weapon against –
(a) any inmate of any approved institution engaged in any combined outbreak; and

[8/2000]

- (b) any person engaged in any attempt to damage or force or break open –
 - (i) the outside door or gate or enclosure wall of any approved institution or any other part of an approved institution; or
 - (ii) any part of any vehicle in which an inmate is conveyed, and may continue to use the weapon so long as the combined outbreak or attempt is actually being prosecuted.

[8/2000]

- (3) Every prison officer may use weapons against an inmate of any approved institution using violence against any prison officer or other person, if the prison officer has reasonable ground to believe that the prison officer or other person is in danger of life or limb, or that other grievous hurt is likely to be caused to either of them.

[8/2000]

- (4) A prison officer shall not resort to the use of any weapon under subsection (1) unless the officer has reasonable ground to believe that he cannot otherwise prevent the escape of any inmate.

[8/2000]

- (5) Before using any firearm against an inmate or other person referred to in subsection (1), the prison officer shall give a warning to the inmate or that other person, as the case may be, that he is about to fire on him.

[8/2000]

- (6) No prison officer shall, in the presence of his superior officer, use any firearm against an inmate or other person in the circumstances described in subsection (1) or (2) except under the orders of his superior officer.

[8/2000]

- (7) The use of weapons under this section shall be, as far as possible, to disable and not to kill.

[8/2000]

- (8) Every police officer who is for the time being serving in the capacity of an escort, or of a guard in or around any approved institution, for the purpose of ensuring the safe custody of any inmate, shall be deemed to have all the powers and privileges granted to a prison officer under this section.

[43A

[8/2000]

Employment of auxiliary police officers as escorts and guards

- 57. –(1) For the purpose of assisting him in the discharge of his duties under this Act, the Director of Prisons may employ such numbers of auxiliary police officers as he considers fit as escorts or guards to ensure the safe custody of the inmates who are under his custody while the inmates are transported to, or from, any approved institution and while the inmates are at any place outside an approved institution.

[8/2000]

- (2) An inmate who is delivered into the custody of an auxiliary police officer under this section shall be deemed to be in legal custody within the meaning of section 40.

[8/2000]

- (3) Every auxiliary police officer who is employed as an escort or a guard under subsection (1) shall, in the course of carrying out his duties as an escort or a guard, have the same powers as a prison officer under section 56.

[8/2000]

- (4) Every auxiliary police officer employed under subsection (1) shall be deemed to be a public servant within the meaning of the Penal Code (Cap. 224).

[8/2000]

- (5) For the purpose of this section, “auxiliary police officer” means a member of the Auxiliary Police Force established under section 12 of the Commercial and Industrial Security Corporation Act (Cap. 47) or a member of an auxiliary police force established under any other written law.

[43B
[8/2000]

Regulations

58. –(1) The Minister may make regulations –

- (a) providing for the issue of licences for the import, export, sale, manufacture, production or distribution of controlled drugs;
- (b) prescribing the form, duration and terms and conditions of any licence and the fees payable therefor, and providing for the cancellation and suspension thereof;
- (c) authorising the sale or possession or other dealing in controlled drugs and prescribing the circumstances and conditions under which the persons by whom controlled drugs may be sold, had in possession or otherwise dealt in;
- (d) requiring medical practitioners, dentists, pharmacists, veterinary surgeons and other persons who deal in controlled drugs as may be authorised by the regulations to keep records and make returns;
- (e) requiring any medical practitioner who attends to a person whom the medical practitioner considers or has reasonable grounds to suspect is addicted to any controlled drug to furnish to the prescribed authority such particulars with respect to that person as may be prescribed;
- (f) prohibiting any medical practitioner from administering, supplying and authorising the administration and supply to persons addicted to controlled drugs, and from prescribing for those persons, those drugs;
- (g) as to the packaging and labelling of controlled drugs;
- (h) regulating the transport of controlled drugs and the methods to be used for destroying or otherwise disposing of those drugs when no longer required;
- (i) requiring precautions to be taken for the safe custody of controlled drugs;
- (j) providing for the inspection of any precautions taken or records kept in pursuance of any regulations made under this section;
- (k) providing for the treatment and rehabilitation of persons affected by the misuse of controlled drugs;
- (l) prescribing the punishment by a fine not exceeding \$10,000 or imprisonment for a term not exceeding 4 years or both to be imposed on the conviction for a breach of the regulations;
- (m) providing for the management, maintenance and inspection of approved institutions;
- (n) prescribing the functions and procedure of Review Committees;
- (o) providing for the control, discipline (including the imposition of corporal punishment) and occupation of inmates and for the granting of leave to inmates for the purpose of their employment outside an approved institution and to return to their residences or other designated places;
- (p) prescribing the appointment and duties of officers of approved institutions;
- (q) providing for the supervision and aftercare of persons referred to in section 34 (2) (a), or who have undergone treatment and rehabilitation at approved or other institutions or who have been convicted of an offence under section 8 (b);
- (r) prescribing anything that may be prescribed;
- (s) prescribing the functions and procedure of advisory committees;
- (t) requiring the fingerprinting of inmates and the dissemination of this information to the police;

- (u) prescribing the type of offences in the regulations which may be seizureable offences for the purposes of the Criminal Procedure Code (Cap. 68); and
- (v) generally for carrying out the purposes and provisions of this Act.

[12/77;28/79;38/89;20/98]

- (2) Regulations made by the Minister under this section may –
- (a) make different provisions in relation to different controlled drugs, different classes of persons or different cases or circumstances;
 - (b) make the opinion, consent or approval of any prescribed authority or authorised person material for the purposes of any provision; and
 - (c) provide for the constitution and procedure of a tribunal to advise the Minister in any case of contravention of this Act or the regulations by any medical practitioner, dentist, pharmacist, veterinary surgeon or other authorised person.

[44]

Power of Minister to amend First, Third and Fourth Schedules

59. The Minister may, by order published in the Gazette, amend the First, Third and Fourth Schedules.

[45]

[49/75;20/98]

FIRST SCHEDULE

Section 2

CONTROLLED DRUGS

PART I

CLASS A DRUGS

1. The following substances and products:

Acetorphine.
Acetylmethadol.
Allylprodine.
Alphacetylmethadol.
Alphameprodine.
Alphamethadol.
Alphaprodine.
2-amino-1-(2, 5-dimethoxy-4-methyl) phenylpropane.
Amphetamine.
Anileridine.
Benzethidine.
Benzylmorphine (3-benzyl-morphine).
Betacetylmethadol.
Betameprodine.
Betamethadol.
Betaprodine.
Bezitramide.

4-Bromo-2,5-dimethoxy- α -methylphenethylamine
(also known as Brolamfetamine).

4-Bromo-2,5-dimethoxyphenethylamine.
Bufotenine.
Cannabinol.
Cannabinol derivatives.
Cannabis and cannabis resin.
Cathinone.
Clonitazene.
Coca leaf.
Cocaine.
Codoxime.
Desomorphine.
Dextromoramide.
Diamorphine.
Diampromide.
Diethylthiambutene.
Difenoxin.
Dihydroetorphine.
Dihydromorphine.
Dimenoxadole.
Dimepheptanol.

2,5-Dimethoxy- α -methylphenethylamine.
N, α -dimethyl-3, 4-(methylenedioxy)
phenethylamine, 3-(1, 2-dimethylheptyl)-1-hydroxy-7, 8, 9,
10 tetrahydro-6, 6, 9-trimethyl-6H-

Dimethylthiambutene.
Dioxaphetyl butyrate.
Diphenoxylate.
Dipipanone.
Drotebanol.
Ecgonine, and any derivative of ecgonine which is convertible to ecgonine or to cocaine.

4-Ethyl-2, 5-dimethoxy- α -methylphenethylamine.

N-ethyl- α -methyl-3, 4-(methylenedioxy) phenethylamine.

Ethylmethylthiambutene.
Eticyclidine.
Etonitazene.
Etorphine.
Etoxidine.
Etryptamine.
Furethidine.
Gamma hydroxybutyric acid
Hydrocodone.
Hydromorphinol.
Hydromorphone.

N-[α -methyl-3, 4-(methylenedioxy) phenethyl] hydroxylamine.

Hydroxypethidine.
Isomethadone.
Ketobemidone.
Levomethorphan.
Levomoramide.
Levophenacilmorphan.
Levorphanol.
Lysergamide.
Lysergide and other *N*-alkyl derivatives of lysergamide.
Mescaline.
Metazocine.
Methadone.
Methadyl acetate. Methcathinone.

3-Methoxy- α -methyl-4, 5-(methylenedioxy) phenethylamine.

p-methoxy- α -methylphenethylamine.

4-methylaminorex.
Methamphetamine (also known as Methylamphetamine).
Methyldesorphine.

N-Methyl- α -ethyl-3, 4-(methylenedioxy) phenethylamine.

Methyldihydromorphine (6-methyldihydromorphine).
4-methylthioamphetamine
Metopon.
Morpheridine.
Morphine.
Morphine methobromide, morphine
N-oxide and other pentavalent nitrogen morphine derivatives.
Myrophine.
Nicomorphine (3, 6-dinicotinoyl-morphine).
Noracymethadol.
Norlevorphanol.
Normethadone.
Normorphine.
Norpipanone.
Opium.
Oxycodone.
Oxymorphone.
Parahexyl (3-hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl 6h-dibenzo [b, d] pyran).
Pethidine.
Phenadoxone.
Phenampromide.
Phenazocine.
Phenomorphin.
Phenoperidine.
Piminodine.

Piritramide. Poppy-straw and concentrate of poppy-straw.
Proheptazine.
Propерidine (1-methyl-4-phenyl-piperidine-4-carboxylic acid isopropyl ester).
Psilocin.
Psilocybine.
Racemethorphan.
Racemoramide.
Racemorphan.
Remifentanil.
Rolicyclidine.

α -Methyl-3, 4-(methylenedioxy) phenethylamine
(also known as Tenamfetamine).

Tenocyclidine.
Thebacon.
Thebaine.
Tilidine.
Trimeperidine.

3, 4, 5-trimethoxy- α -methyphenethylamine.

4-Cyano-2-dimethylamino-4, 4-diphenylbutane.
4-Cyano-1-methyl-4-phenyl-piperidine.
N, N-Diethyltryptamine.
N, N-Dimethyltryptamine.

2, 5-Dimethoxy-4, α -dimethyl-phenethylamine.

1-Hydroxy-3-pentyl-6a, 7, 10, 10a-tetra hydro-6, 6, 9-trimethyl-6-H-dibenzo [b, d] pyran.
1-Methyl-4-phenylpiperidine-4-carboxylic acid.
2-Methyl-3-morpholino-1, 1-diphenylpropanecarboxylic acid.
3-methylthiofentanyl.
4-Phenylpiperidine-4-carboxylic acid ethyl ester.

2. Any stereoisomeric form of a substance for the time being specified in paragraph 1 not being dextromethorphan or dextrorphan.
3. Any ester or ether of a substance for the time being specified in paragraph 1 or 2 not being a substance for the time being specified in Part II.
4. Any salt of a substance for the time being specified in any of paragraphs 1 to 3.
5. Any preparation or other products containing a substance or product for the time being specified in any of paragraphs 1 to 4.
6. Any preparation designed for administration by injection which includes a substance or product for the time being specified in any of paragraphs 1 to 3 of Part II.
7. Fentanyl and any compounds structurally derived from N-(1-Methyl-4-piperidyl)-N-phenyl formamide by substitution of any of the hydrogen atoms, including the following; and any salt of any substance falling within this item:

Alfentanil.
Alpha-Methyl fentanyl.

Alpha-Methyl fentanyl Acetanilide.
Alpha-Methylthiofentanyl.
Benzyl fentanyl.
Beta-hydroxy fentanyl.
Carfentanil.
Lofentanil.
3-Methyl fentanyl.
para-fluorofentanyl.
Sufentanil.
Thiofentanyl.

PART II

CLASS B DRUGS

1. The following substances and products:
Acetyldihydrocodeine.
Codeine.
Dextropropoxyphene.
Dihydrocodeine.
Ethylmorphine (3-ethylmorphine).
Fentanyl.
Ketamine.
Methylphenidate.
Nicocodine.
Nicodicodine.
Norcodeine.
Norketamine and its dehydro derivatives.
Phencyclidine.
Phenmetrazine.
Pholcodine.
Propiram.
Zipeprol.
2. Any stereoisomeric form of a substance for the time being specified in paragraph 1.
3. Any salt of a substance for the time being specified in paragraph 1 or 2.
4. Any preparation or other product containing a substance or product for the time being specified in any of paragraphs 1 to 3, not being a preparation falling within paragraph 6 of Part I.

PART III

CLASS C DRUGS

1. The following substances:
Benzphetamine.
Chlorphentermine.
Flunitrazepam.

- Mecloqualone.
Mephentermine.
Methaqualone.
Nimetazepam.
Phendimetrazine.
Pipradrol.
Secobarbital.
Triazolam.
Zolpidem
2. Any stereoisomeric form of a substance for the time being specified in paragraph 1.
 3. Any salt of a substance for the time being specified in paragraph 1 or 2.
 4. Any preparation or other product containing a substance for the time being specified in any of paragraphs 1 to 3.

PART IV

MEANING OF CERTAIN TERMS USED IN THIS SCHEDULE

For the purposes of this Schedule –

“cannabinol derivatives” means the following substances, namely tetrahydro derivatives of cannabinol and their carboxylic acid derivatives, and 3-alkyl homologues of cannabinol or its tetrahydro derivatives;

“coca leaf” means the leaf of any plant of the genus *Erythroxylon* from whose leaves cocaine can be extracted either directly or by chemical transformation;

“concentrate of poppy-straw” means the material produced when poppy-straw has entered into a process for the concentration of its alkaloids;

“opium poppy” means any plant from which morphine may be produced;

“preparation” means a mixture, solid or liquid, containing a controlled drug;

“poppy-straw” means all parts, except the seeds, of the opium poppy, after mowing.

[S 88/79; S 238/83; S 229/84; S 272/84; S 31/86; S 50/90; S 564/91; S 66/92; S 262/95; S 223/96; S 469/97; S 391/99; S 232/2000; Act 40/93]

SECOND SCHEDULE

Sections 2 and 33

OFFENCES PUNISHABLE ON CONVICTION

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
5	(1) Unauthorised traffic in controlled drug except as otherwise provided in this Schedule	Maximum 20 years and 15 strokes	Maximum 20 years and 10 strokes	Maximum 10 years and 5 strokes	—	—
		Minimum 5 years and 5 strokes	Minimum 3 years and 3 strokes	Minimum 2 years and 2 strokes	—	—
	(2) Unauthorised traffic in opium where the quantity is –					
	(a) not less than 800 grammes and not more than 1,200 grammes and containing not less than 20 grammes of morphine	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—
					Minimum 20 years and 15 strokes	
	(b) more than 1,200 grammes and containing more than 30 grammes of morphine	—	—	—	Death	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
	(3) Unauthorised traffic in controlled drug (except opium) containing such quantity of morphine being –					
	(a) not less than 20 grammes and not more than 30 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—
					Minimum 20 years and 15 strokes	—
	(b) more than 30 grammes	—	—	—	Death	—
	(4) Unauthorised traffic in controlled drug containing such quantity of diamorphine being–					
	(a) not less than 10 grammes and not more than 15 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—
					Minimum 20 years and 15 strokes	—
	(b) more than 15 grammes	—	—	—	Death	—
	(5) Unauthorised traffic in cocaine where the quantity is –					
	(a) not less than 20 grammes and not more than 30 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—
					Minimum 20 years and 15 strokes	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
	(b) more than 30 grammes	—	—	—	Death	—
	(6) Unauthorised traffic in cannabis where the quantity is –					
	(a) not less than 330 grammes and not more than 500 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes Minimum 20 years and 15 strokes	—
	(b) more than 500 grammes	—	—	—	Death	—
	(7) Unauthorised traffic in cannabis mixture where the quantity is –					
	(a) not less than 660 grammes and not more than 1,000 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes Minimum 20 years and 15 strokes	—
	(b) more than 1,000 grammes	—	—	—	Death	—
	(8) Unauthorised traffic in cannabis resin where the quantity is –					
	(a) not less than 130 grammes and not more than 200 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes Minimum 20 years and 15 strokes	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
	(b) more than 200 grammes	—	—	—	Death	—
	(9) Unauthorised traffic in methamphetamine where the quantity is –					
	(a) not less than 167 grammes and not more than 250 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes Minimum 20 years and 15 strokes	—
	(b) more than 250 grammes	—	—	—	Death	—
6	(1) Unauthorised manufacture of controlled drug except as otherwise provided in this Schedule	Maximum 30 years or imprisonment for life and 15 strokes Minimum 10 years and 5 strokes	Maximum 30 years or imprisonment for life and 15 strokes Minimum 10 years and 5 strokes	Maximum 20 years and 15 strokes Minimum 5 years and 5 strokes	— —	— —
	(2) Unauthorised manufacture of morphine, or any salt of morphine, ester of morphine or salt of ester of morphine	—	—	—	Death	—
	(3) Unauthorised manufacture of diamorphine or any salt of diamorphine	—	—	—	Death	—
	(4) Unauthorised manufacture of cocaine or any salt of cocaine	—	—	—	Death	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
	(5) Unauthorised manufacture of methamphetamine	—	—	—	Death	—
7	(1) Unauthorised import or export of controlled drug except as otherwise provided in this Schedule	Maximum 30 years or imprisonment for life and 15 strokes	Maximum 30 years or imprisonment for life and 15 strokes	Maximum 20 years and 15 strokes	—	—
		Minimum 5 years and 5 strokes	Minimum 5 years and 5 strokes	Minimum 3 years and 5 strokes	—	—
	(2) Unauthorised import or export of opium where the quantity is –					
	(a) not less than 800 grammes and not more than 1,200 grammes and containing not less than 20 grammes of morphine	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes –	—
					Minimum 20 years and 15 strokes	
	(b) more than 1,200 grammes and containing more than 30 grammes of morphine	—	—	—	Death	—
	(3) Unauthorised import or export of controlled drug (except opium) containing such quantity of morphine being –					
	(a) not less than 20 grammes and not more than 30 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—
					Minimum 20 years and 15 strokes	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
	(b) more than 30 grammes	—	—	—	Death	—
	(4) Unauthorised import or export of controlled drug containing such quantity of diamorphine being –					
	(a) not less than 10 grammes and not more than 15 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes Minimum 20 years and 15 strokes	—
	(b) more than 15grammes	—	—	—	Death	—
	(5) Unauthorised import or export of controlled drug containing such quantity of cocaine being –					
	(a) not less than 20 grammes and not more than 30grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes Minimum 20 years and 15 strokes	—
	(b) more than 15 grammes	—	—	—	Death	—
	(6) Unauthorised import or export of cannabis where the quantity is –					
	(a) not less than 330 grammes and not more than 500 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
					Minimum 20 years and 15 strokes	—
	(b) more than 500 grammes	—	—	—	Death	—
	(7) Unauthorised import or export of cannabis mixture where the quantity is –					
	(a) not less than 660 grammes and not more than 1,000 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—
					Minimum 20 years and 15 strokes	
	(b) more than 1,000 grammes	—	—	—	Death	—
	(8) Unauthorised import or export of cannabis resin where the quantity is					
	(a) not less than 130 grammes and not more than 200 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes –	—
					Minimum 20 years and 15 strokes	
	(b) more than 200 grammes	—	—	—	Death	—
	(9) Unauthorised import or export of methamphetamine where the quantity is –					
	(a) not less than 167 grammes and not more than 250 grammes	—	—	—	Maximum 30 years or imprisonment for life and 15 strokes	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
					Minimum 20 years and 15 strokes	
	(b) more than 250 grammes	—	—	—	Death	—
8 (a)	Unauthorised possession of a controlled drug	—	—	—	—	Maximum 10 years or \$20,000 or both
8 (b)	Smoking, self-administering or consuming a controlled drug or a drug specified in the Fourth Schedule	—	—	—	—	Maximum 10 years or \$20,000 or both
9	Possession of pipes, utensils, etc., for smoking, administration or consumption of a controlled drug	—	—	—	—	Maximum 3 years or \$10,000 or both
10	Cultivation of cannabis, opium, coca plant	—	—	—	—	Maximum 20 years or \$40,000 or both
						Minimum 3 years or \$5,000 or both
10A	Manufacture, supply, possession, import or export of equipment, materials or substances useful for manufacture of controlled drugs	—	—	—	—	Maximum 20 years or \$200,000 or both
11	Being the owner, tenant, occupier or person concerned in the management of premises and permitting or suffering certain activities to take place there	Maximum 10 years or \$40,000 or both	Maximum 10 years or \$40,000 or both	Maximum 5 years or \$10,000 or both	—	—
		Minimum 2 years or \$4,000 or both	Minimum 2 years or \$4,000 or both	Minimum 12 months or \$2,000 or both	—	—

Section creating offence	General nature of offence	Punishment			Specified drug or quantity thereof or drug with specified content involved	General
		Class A drug involved	Class B drug involved	Class C drug involved		
13	Abetting or procuring the commission outside Singapore of an offence punishable under a corresponding law	—	—	—	—	Maximum 10 years or \$40,000 or both Minimum 2 years or \$4,000 or both
30 (1) (a)	Obstructing exercise of powers	—	—	—	—	Maximum 3 years or \$5,000 or both
30 (1) (b)	Failure to comply with lawful requirements	—	—	—	—	Maximum 3 years or \$5,000 or both Minimum 6 months or \$1,000 or both
30 (1) (c)	Failure to furnish information	—	—	—	—	Maximum 3 years or \$5,000 or both Minimum 6 months or \$1,000 or both
30 (1) (d)	Furnishing false information	—	—	—	—	Maximum 12 months or \$5,000 or both
31 (2)	Failure to provide specimen of urine for urine test	—	—	—	—	Maximum 10 years or \$20,000 or both

[20/98]

THIRD SCHEDULE

Section 2

CONTROLLED EQUIPMENT, MATERIALS OR SUBSTANCES USEFUL FOR MANUFACTURING CONTROLLED DRUGS

PART I

1. The following substances:

N-acetylanthranilic acid also known as N-Acetyl-o-aminobenzoic acid

Ephedrine also known as β -Hydroxy-N-methylamphetamine

Ergometrine also known as Ergonovine or Ergobasine or [8 β (S)]-9, 10-

Didehydro-N-(2-hydroxy-1-methylethyl)-6-methylergoline-8-carboxamide

Isosafrole also known as 1,2-(Methylenedioxy)-4-propenylbenzene

Lysergic acid also known as 9, 10-Didehydro-6-methylergoline-8 β -carboxylic acid

3,4-methylenedioxyphenyl-2-propanone

Norephedrine

Norpseudoephedrine

1-Phenyl-2-propanone also known as Phenylacetone

Piperonal also known as 3,4-(Methylenedioxy)benzaldehyde or Piperonylaldehyde

Pseudoephedrine also known as β -Hydroxy-N-methylamphetamine

Safrole also known as 4-Allyl-1,2-methylenedioxybenzene.

2. The salts of the substances listed in paragraph 1 whenever the existence of such salts is possible.

[20/98;S404/2000]

PART II

1. The following substances:

Acetic anhydride also known as Acetic oxide

Acetone also known as 2-Propanone or Dimethyl ketone

Anthranilic acid also known as o-Aminobenzoic acid

Ethyl ether also known as Ether or Diethyl ether or Ethyl oxide or Diethyl oxide or Ethoxyethane or

1,1'-Oxybisethane

Hydrochloric acid

Methyl ethyl ketone also known as 2-Butanone

Phenylacetic acid also known as Benzeneacetic acid or α -Toluic acid

Piperidine also known as Hexahydropyridine

Potassium permanganate

Sulphuric acid

Toluene also known as Methylbenzene or Phenylmethane.

2. The salts of the substances listed in paragraph 1 whenever the existence of such salts is possible.

[20/98]

FOURTH SCHEDULE

Sections 2 and 33A

SPECIFIED DRUGS

1. Diamorphine
2. Morphine
3. Opium.

[20/98]

LEGISLATION HISTORY

1. Act 5 of 1973 — Misuse of Drugs Act 1973

Date of First Reading : 22.11.72 (Bill No. 46/72 published on 25.11.72)
Date of Second and Third Readings : 16.2.73
Date of commencement : 7.7.73

2. Act 49 of 1975 — Misuse of Drugs (Amendment) Act 1975

Date of First Reading : 11.11.75 (Bill No. 55/75 published on 11.11.75)
Date of Second and Third Readings : 20.11.75
Date of commencement : 12.12.75

3. Act 12 of 1977 — Misuse of Drugs (Amendment) Act 1977

Date of First Reading : 2.9.77 (Bill No. 14/77 published on 7.9.77)
Date of Second and Third Readings : 9.11.77
Date of commencement : 1.1.78

4. Act 28 of 1979 — Misuse of Drugs (Amendment) Act 1979

Date of First Reading : 7.9.79 (Bill No. 27/79 published on 11.9.79)
Date of Second and Third Readings : 21.9.79
Date of commencement : 1.10.79

5. Act 38 of 1989 — Misuse of Drugs (Amendment) Act 1989

Date of First Reading : 6.10.89 (Bill No. 39/89 published on 7.10.89)
Date of Second and Third Readings : 30.11.89
Date of commencement : 15.2.90

6. Act 40 of 1993 — Misuse of Drugs (Amendment) Act 1993

Date of First Reading : 12.10.93 (Bill No. 33/93 published on 13.10.93)
Date of Second and Third Readings : 10.11.93
Date of commencement : 10.12.93

7. Act 20 of 1998 — Misuse of Drugs (Amendment) Act 1998

Date of First Reading : 20.4.98 (Bill No. 17/98 published on 21.4.98)
Date of Second and Third Readings : 1.6.98
Date of commencement : 20.7.98

8. Act 8 of 2000 — Prisons (Amendment) Act 2000

(Consequential amendments made by)

Date of First Reading : 00.00.00 (Bill No. 00/00 published on 00.00.00)
Date of Second and Third Readings : 00.00.00
Date of commencement : 17.4.2000

9. Act 00 of 2001 — Health Sciences Authority Act 2001

(Consequential amendments made by)

Date of First Reading : 12.1.2001 (Bill No. 3/2001 published on 13.1.2001)
Date of Second and Third Readings : 22.2.2001
Date of commencement : 00.00.00

COMPARATIVE TABLE

The following provisions in the 1998 Revised Edition of the Misuse of Drugs Act have been renumbered by the Law Revision Commissioners in this 2001 Revised Edition.

This Comparative Table is provided for the convenience of users. It is not part of the Misuse of Drugs Act.

2001 Ed.	1998 Ed.
33—(2) and (3)	33—(2)
(4)	(3)
(5)	(4)

PART IV	PART IV
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35	38—(1) and (2)
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PART V	PART IV
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43	43E
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MISUSE OF DRUGS ACT

(CHAPTER 185, SECTION 44)

MISUSE OF DRUGS ACT (APPROVED INSTITUTIONS AND TREATMENT AND REHABILITATION) REGULATIONS

[20th August 1976]

Citation

1. These Regulations may be cited as the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations.

Definitions

2. In these Regulations, unless the context otherwise requires –
“inmate” means a drug addict or abuser who is an inmate of an approved institution;
“medical officer” means a Government medical officer who for the time being is assigned to perform the functions of a medical officer under these Regulations;
“supervision officer” means any person appointed by the Minister under regulation 15.

Superintendent

3. (1) Subject to any directions of the Minister, an approved institution shall be under the general charge and supervision of a Superintendent.
(2) The Superintendent of an approved institution shall be responsible for the control, discipline and occupation of the inmates and may issue general orders which shall be observed by the inmates.

Medical examination

4. Every inmate shall, upon admission to an approved institution, be examined by a medical officer as soon as possible.

Detoxication

5. (1) Except as provided by regulation 6, every inmate shall, upon completion of his medical examination, undergo a period of detoxication during which no medication shall be given unless in the opinion of a medical officer it is necessary to save the inmate's life.
(2) The period of detoxication shall not exceed 7 days.

Age limit, fitness, etc.

6. (1) No inmate who is above the age of 55 years shall be subject to detoxication.
(2) No inmate who is certified by a medical officer to be medically unfit to undergo detoxication shall be subject to detoxication.
(3) The inmate shall undergo detoxication as soon as he is found fit by a medical officer to do so.
(4) The Minister may for special reasons exempt any inmate from undergoing detoxication.

Visitors disallowed

7. During the period of an inmate's detoxication, no person shall be allowed to visit him.

Examination of inmates for infectious diseases

8. (1) The Director of Prisons or the person appointed under section 39 (1) (b) of the Act may, at any time, require any inmate of an approved institution to undergo a medical examination by the medical officer for the purposes of ascertaining whether the inmate is suffering from, or is a carrier of, any infectious disease.
- (2) Where an inmate refuses to undergo the medical examination under paragraph (1) or refuses to provide any sample necessary for the purposes of such examination, the medical officer shall forthwith give a written notification to the Superintendent of the approved institution.
- (3) The Superintendent of the approved institution may, upon receipt of the written notification under paragraph (2), direct that the inmate be detained separately from other inmates until such time when the inmate undergoes the required medical examination.
- (4) Where an inmate has been ascertained to be suffering from, or is a carrier of, any infectious disease under this regulation, the medical officer shall forthwith give a written report to the Superintendent of the approved institution.
- (5) The Superintendent of the approved institution shall, upon receipt of the written report by the medical officer under paragraph (4), direct that the inmate be detained separately from other inmates until the medical officer certifies that the inmate is free from infection or the risk of spreading the infectious disease to other persons is eliminated.
- (6) In this regulation, "infectious disease" has the same meaning as in the Infectious Diseases Act (Cap. 137).

Confidentiality in handling of inmates with AIDS and other sexually transmitted disease

9. Where, in consequence of any action taken under regulation 8, any person is aware or has reasonable grounds for believing that an inmate has Acquired Immune Deficiency Syndrome or is infected with the Human Immunodeficiency Virus or is suffering from a sexually transmitted disease or is a carrier of that disease, the person shall not disclose any information which may identify the inmate except –
 - (a) with the consent of the inmate;
 - (b) in accordance with regulation 8;
 - (c) when ordered to do so by a court;
 - (d) to any person who is treating, caring or handling the inmate;
 - (e) to the victim of a sexual assault by the inmate; or
 - (f) where such disclosure is allowed under section 20D of the Infectious Diseases Act (Cap. 137).

Finger impressions of inmate

10. (1) An inmate shall, if requested to do so by the Superintendent, or by a person authorised by the Superintendent, allow the Superintendent, or the person so authorised, to take his finger impressions for the purposes of identification and record.
- (2) No person shall, except in the performance of his duty, in accordance with any law or with the inmate's consent, give the finger impressions taken under paragraph (1), or any copy thereof, to any person.

- (3) Where an order under section 37 (2) (b) of the Act pursuant to which an inmate was admitted to an approved institution is revoked by the Director of the Central Narcotics Bureau, the Superintendent shall, as soon as practicable, cause the finger impressions taken from that inmate under paragraph (1), and all copies thereof, to be destroyed.
- (4) Any inmate who fails to comply with paragraph (1), and any person who contravenes paragraph (2), shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000.

Review Committee

11. The Review Committee of an approved institution shall consider or review the case of every inmate on his suitability for employment and shall make its recommendations to the Superintendent of an approved institution accordingly.

Employment of inmate

12. (1) The Superintendent of an approved institution may, on the recommendation of the Review Committee of an approved institution, grant an inmate leave for employment with such employer as the Superintendent may specify.
- (2) An inmate who has been granted leave under paragraph (1) shall –
 - (a) not leave the approved institution without the approval of the officer on duty;
 - (b) not be absent from his work without good cause;
 - (c) return to the approved institution immediately after completing his work for the day and report to the officer on duty;
 - (d) provide a specimen of his urine for urine test at such times as may be required by the officer on duty;
 - (e) not consume, or have in his possession, any drug; and
 - (f) not commit any act of gross misconduct or insubordination.
- (3) The Superintendent may at any time amend, vary or add to any of the conditions in paragraph (2).
- (4) If the Superintendent is satisfied that an inmate has –
 - (a) contravened or failed to comply with –
 - (i) any of the conditions in paragraph (2); or
 - (ii) any amended or varied condition or any additional condition in paragraph (3); or
 - (b) for any reason ceased to be so employed, the Superintendent may cancel the leave granted to the inmate under paragraph (1).
- (5) Any inmate who fails to return to the approved institution after the leave granted to him has been cancelled under paragraph (4) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 3 years or to both.
- (6) For the purpose of this regulation, "officer" means the Superintendent of an approved institution or any rehabilitation or custodial officer of the institution.

Leave to return to residence

13. (1) An inmate who has been granted leave for employment under regulation 12 may also be granted leave by the Superintendent of an approved institution or by any rehabilitation officer authorised by the Superintendent to return to his place of residence or to any other place designated by the

Superintendent or the authorised rehabilitation officer at such times as the Superintendent or authorised rehabilitation officer thinks fit and subject to the following conditions:

- (a) to remain within doors at his place of residence or at such other designated place between such times as may be specified by the Superintendent or the authorised rehabilitation officer;
 - (b) to wear at all times on such part of his body as specified by the Superintendent or the authorised rehabilitation officer such electronic transmitting device as may be issued by the Superintendent or the authorised rehabilitation officer;
 - (c) to allow the Superintendent or any person authorised by the Superintendent to enter at any time his place of residence or at such other designated place to install, inspect, maintain, repair or retrieve any electronic monitoring device;
 - (d) to allow a telephone line at his place of residence or at such other place designated by the Superintendent or an authorised rehabilitation officer to be connected to an electronic monitoring device and to ensure that there is no call waiting or call transfer facility attached to the telephone line and that the telephone line is not connected to any cordless telephone, telephone answering machine, parallel telephone line, modulator-demodulator unit or any other equipment which may interfere with the proper functioning of the electronic monitoring device;
 - (e) not to disconnect, remove, damage, tamper with or lose the electronic transmitting device issued to him or the electronic monitoring device installed at his place of residence or at such other designated place or the telephone line connected to the electronic monitoring device;
 - (f) to inform forthwith the Superintendent or any authorised rehabilitation officer of any malfunction, damage or loss to the electronic transmitting device or the electronic monitoring device;
 - (g) to respond promptly to any telephone call from the centre set up to monitor inmates who have been issued with the electronic transmitting device; and
 - (h) to comply with such other conditions as the Superintendent or the authorised rehabilitation officer may impose.
- (2) If the Superintendent or, in his absence, the authorised rehabilitation or custodial officer is satisfied that an inmate has contravened or failed to comply with any of the conditions imposed under paragraph (1), he may cancel any leave granted to the inmate under this regulation.

Inmate to pay for food

14. (1) The Superintendent of an approved institution may require an inmate who is in receipt of any remuneration to pay for the food he consumes at the approved institution.
- (2) The rate of payment for the food consumed shall be determined by the Superintendent from time to time.

Supervision officers

15. (1) The Minister may appoint supervision officers for the purposes of this regulation.
- (2) The Director of the Central Narcotics Bureau or any other officer authorised by the Minister may make an order directing a person who has been discharged from an approved institution or who has been convicted of an offence under section 8 (b) of the Act to report to a supervision officer for the purpose of supervision for such period, not exceeding 2 years, as the Director or officer authorised by the Minister considers necessary.

- (3) A person in respect of whom a supervision order has been made under paragraph (2) or section 34 (2) (a) of the Act shall, during the period he is subject to supervision, observe the following requirements:
- (a) report to the supervision officer at such times and places as may be directed by the supervision officer;
 - (b) allow the supervision officer to visit his place of residence or such other place designated by the supervision officer;
 - (c) immediately notify the supervision officer of any change in his place of residence;
 - (d) not to leave Singapore without the approval of the supervision officer;
 - (e) immediately notify the supervision officer of any change in his employment;
 - (f) present himself at such times and places to provide a specimen of his urine for urine test as may be required by the supervision officer;
 - (g) not to be found in any place as may be specified by the supervision officer or in the company of any person who is subject to supervision under the Act or these Regulations;
 - (h) not to have in his possession any controlled drug;
 - (i) not to smoke, administer to himself or otherwise consume any controlled drug; and
 - (j) furnish to the supervision officer 2 passport size photographs of himself in accordance with any direction given by the supervision officer.
- (4) The Director of the Central Narcotics Bureau or any officer authorised by the Minister under paragraph (2) may by order in writing exempt any person against whom a supervision order is in force from all or any of the requirements specified in paragraph (3).
- (5) The supervision officer may, in addition to the requirements under paragraph (3), require a person in respect of whom a supervision order is in force to observe any of the following requirements:
- (a) present himself for counselling at such times and places and to such persons as may be directed by the supervision officer;
 - (b) present himself for any medication at such times and places and to such persons as may be directed by the supervision officer;
 - (c) remain within doors at his place of residence or at such other place designated by the supervision officer between such hours as may be specified by the supervision officer;
 - (d) wear at all times on such part of his body as specified by the supervision officer such electronic transmitting device as may be issued by the supervision officer;
 - (e) allow any person authorised by the supervision officer to enter at any time his place of residence or such other place designated by the supervision officer to install, inspect, maintain, repair or retrieve any electronic monitoring device;
 - (f) allow a telephone line at his place of residence or at such other place designated by the supervision officer to be connected to an electronic monitoring device and ensure that there is no call waiting or call transfer facility attached to the telephone line and that the telephone line is not connected to any cordless telephone, telephone answering machine, parallel telephone line, modulator-demodulator unit or any other equipment which may interfere with the proper functioning of the electronic monitoring device;
 - (g) not to disconnect, remove, damage, tamper with or lose the electronic transmitting device issued to him or the electronic monitoring device installed at his place of residence or at such other designated place or the telephone line connected to the electronic monitoring device;

- (h) inform the supervision officer immediately of any malfunction, damage or loss to the electronic transmitting device or the electronic monitoring device;
 - (i) respond promptly to any telephone call from the centre set up to monitor persons who have been issued with the electronic transmitting device; and
 - (j) comply with such other conditions as the supervision officer may impose.
- (6) Without prejudice to the continuance of any supervision order in force against him, any person subject to such an order who contravenes or fails to comply with –
- (a) paragraph (3) (a) or (f) or a requirement imposed on him under paragraph (5) (a), (b), (c), (d) or (g) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 4 years or to both; and
 - (b) paragraph (3) (b), (c), (d), (e), (g) or (j) or a requirement imposed on him under paragraph (5) (e), (f), (h), (i) or (j) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$1,000 or to imprisonment for a term not exceeding 6 months or to both.
- (7) Where a person against whom a supervision order is in force has contravened or failed to comply with paragraph (3) (a), (f), (h) or (i) or a requirement imposed on him under paragraph (5) (a), (b) or (c), the Director of the Central Narcotics Bureau may, if having regard to the circumstances of the case he considers it desirable to do so, by order extend the period of supervision of that person for a further period not exceeding 2 years.

Urine tests

16. (1) Subject to paragraphs (2) and (3), regulation 15 shall apply to any person who has been discharged from a military detention barrack to which he was committed for drug treatment and rehabilitation while being subject to military law as it applies to a person who has been discharged from an approved institution.
- (2) Where any person to whom paragraph (1) applies continues to be subject to military law after being discharged from a military detention barrack, a supervision order may take effect from the date he ceases to be subject to military law.
- (3) The procurement of urine specimens and the conduct of urine tests of persons to whom paragraph (1) applies shall, while such persons are subject to military law, be carried out in accordance with regulations made under the Singapore Armed Forces Act (Cap. 295) for that purpose as they apply to urine specimens procured under a lawful order.

[G.N. Nos. S 168/76; S 202/77; S 324/77; S 115/78; S 208/79; S 223/81; S 183/82; S 52/90; S 324/91; S 507/95; S 286/96; S 199/99]

MISUSE OF DRUGS ACT

(CHAPTER 185, SECTION 44)

[29th June 1979]

Citation

1. These Regulations may be cited as the Misuse of Drugs (Approved Institutions) (Discipline) Regulations.

Definitions

2. In these Regulations, unless the context otherwise requires –
 - “centre” means any approved institution as defined in the Act;
 - “Director of Prisons” has the same meaning as in section 2 of the Prisons Act (Cap. 247);
 - “inmate” means any drug addict or abuser who is detained in a centre;
 - “medical officer” means a Government medical officer who is for the time being assigned to perform the functions of a medical officer under these Regulations;
 - “officer” means the Superintendent of a centre and includes any other rehabilitation or custodial officer who is attached to the centre;
 - “probation officer” means a person appointed as a probation officer or volunteer probation officer under section 3 of the Probation of Offenders Act (Cap. 252);
 - “supervision officer” means any person appointed by the Minister under regulation 15 (1) of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations (Rg 3);
 - “visitor” means a member of the Board of Visitors appointed under regulation 3 of the Misuse of Drugs (Board of Visitors for Approved Institutions) Regulations (Rg 4), and includes any other person authorised by the Minister or the Director of Prisons to visit a centre.

Duties of inmates

3.
 - (1) An inmate of a centre shall work in such workshop or do such work as may be assigned to him by the Superintendent of the centre.
 - (2) An inmate shall keep his bedding, personal effects and all the surrounding areas and the toilets of his living quarters clean and tidy.

Enforcement of discipline

4. Every officer shall treat every inmate justly and firmly in the enforcement of discipline.

Use of force

5.
 - (1) Every officer may use reasonable force against any inmate who -
 - (a) is escaping or attempting to escape from a centre;
 - (b) is engaged in a mutiny or an outbreak by himself or with other inmates;
 - (c) attacks the officer or any other person; or
 - (d) without any reasonable excuse, repeatedly refuses to obey a lawful order given by the officer.
 - (2) Where force is used against an inmate under paragraph (1), the inmate shall be examined by a medical officer as soon as possible.

Discipline of inmates outside centre

- 6 Every person, while being taken to or from any centre to which he has been lawfully committed under the Act or while working outside the centre, or is otherwise beyond the premises thereof, in or under the lawful charge or control of an officer, shall be subject to the same discipline and to the same constraints as if he were within the centre.

Punishments for minor offences

7. An inmate of a centre who contravenes or fails to comply with regulation 3 or commits any of the minor offences set out in Part I of the Schedule shall be liable, in addition to or in lieu of any other punishment which may be imposed under the Act or any other written law, to any one or more of the following punishments to be imposed by the Superintendent of the centre:
- (a) deprivation of not more than 2 visits by relatives and friends of the inmate;
 - (b) deprivation of the privilege to use or patronise the centre's canteen for a period not exceeding one month;
 - (c) stoppage or reduction of earnings for a period not exceeding one month;
 - (d) reprimand.

Punishments for major offences

8. An inmate of a centre who commits any of the major offences set out in Part II of the Schedule shall be liable, in addition to or in lieu of any other punishment which may be imposed under the Act or any other written law, to any one or more of the following punishments to be imposed by the Superintendent of the centre:
- (a) deprivation of not more than 4 visits by relatives and friends of the inmate;
 - (b) deprivation of the privilege to use or patronise the centre's canteen for a period not exceeding 2 months;
 - (c) solitary confinement in a ward for a period not exceeding 7 days;
 - (d) stoppage or reduction of earnings for a period not exceeding 2 months;
 - (e) corporal punishment not exceeding 6 strokes with a rattan.

Records of punishments

9. (1) Any punishment imposed on an inmate under these Regulations shall be recorded in a register.
- (2) The number and name of the inmate, the nature of the offence for which the punishment is imposed and such other details thereof as the Director of Prisons may require shall also be recorded in the register.

Director to be informed of offences

10. (1) Where the Superintendent of a centre has found an inmate guilty of an offence, he shall notify the Director of Prisons of the facts of the case not later than 7 days after the inmate has been found guilty of the offence.
- (2) The Director of Prisons may amend, alter or vary any punishment imposed by the Superintendent of a centre under these Regulations.

Right to be heard

11. No inmate shall be punished under these Regulations until he has had an opportunity of hearing the

charge and the evidence against him and of making his defence.

Corporal punishment

12. Corporal punishment shall not be imposed under these Regulations on -
- (a) women;
 - (b) males who are above 50 years of age; or
 - (c) any inmate unless a medical officer is present and certifies that the inmate is in a fit state of health to undergo such punishment.

Offences

13. (1) Any person who without lawful authority -
- (a) conveys, supplies or causes to be conveyed or supplied to any inmate or hides or places for the use of any inmate any letter, document, intoxicating liquor, tobacco, drug, money, clothing, provisions or any other article;
 - (b) brings or attempts by any means to introduce into any centre, or places or attempts to place where inmates work, any letter, document, intoxicating liquor, tobacco, drug, money, clothing, provisions or any other article to be sold or used therein;
 - (c) brings or attempts to bring out of any centre or conveys from any inmate, any letter, document or other article; or
 - (d) communicates with any inmate,
shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 6 months or to both.
- (2) Every officer of a centre who without lawful authority -
- (a) knowingly suffers any intoxicating liquor, tobacco, drug, money, clothing, provisions, letter, document or other article to be sold to or received or used by any inmate;
 - (b) lends or gives to any inmate any such intoxicating liquor, tobacco, drug, money, clothing, provisions or other article; or
 - (c) knowingly suffers any letter, document or other article to be brought out of any centre, or to be conveyed from any inmate,
shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 6 months or to both.

THE SCHEDULE

Regulations 7 and 8

PART I

MINOR OFFENCES

For the purposes of regulation 7, the minor offences are –

- (1) behaving in a disorderly or indecent manner;
- (2) talking without any reasonable cause during working hours, during an assembly or during physical exercise, or talking loudly, laughing or singing at any time after having been ordered by an officer to desist from doing so;
- (3) leaving his place in a file or any seat or berth assigned to him without the permission of an officer or without any reasonable cause;
- (4) omitting or refusing, without any reasonable excuse, to march in a file when moving about a centre or when proceeding to or returning from work;
- (5) committing a nuisance in any part of a centre;
- (6) secreting any article without any reasonable excuse;
- (7) omitting or refusing, without any reasonable excuse, to be clean or tidy or disobeying, without any reasonable cause, an order relating to the cutting of hair;
- (8) smoking a cigarette or any form of tobacco in a centre;
- (9) doing any act which is injurious to his health;
- (10) refusing to undergo any medical treatment or examination when required by an officer to do so;
- (11) doing any act or using any language calculated to offend or insult any other inmate;
- (12) quarrelling with any other inmate;
- (13) doing any act calculated to create unnecessary alarm in the mind of any other inmate or an officer;
- (14) visiting a lavatory without the permission of an officer or remaining there longer than is necessary without any reasonable cause;
- (15) mixing or adding any substance to any material issued for work without the permission of an officer;
- (16) leaving a place of work or that part of a centre in which he is confined without the permission of an officer or without any reasonable cause;
- (17) performing any work allotted to another inmate, or obtaining his assistance to do any work without any reasonable excuse;
- (18) loitering about during working hours or idling or malingering when engaged in work or being negligent;
- (19) defacing or damaging any wall, furniture or other property of a centre;
- (20) eating or appropriating any food not assigned to him, or increasing or decreasing the portion of any food assigned to another inmate, without the permission of an officer or without any reasonable excuse;
- (21) removing any food or drink from a kitchen or from a place where meals are served in a centre without the permission of an officer or without any reasonable cause, or disobeying any order of an officer in respect of the issue and distribution of any food or drink in the centre without any reasonable excuse;
- (22) introducing into any food or drink in a centre anything likely to render it unpalatable or unwholesome;

- (23) refusing, without any reasonable cause, to eat any food assigned to him in accordance with a centre's diet scale;
- (24) wilfully destroying any food in a centre or throwing it away without the permission of an officer or without any reasonable cause;
- (25) omitting or refusing to wear any clothing issued to him in a centre or exchanging the clothing for that of another inmate, or damaging or altering any clothing issued to him or another inmate in the centre without the permission of an officer or without any reasonable excuse, or losing or discarding the clothing;
- (26) removing, defacing or altering without any reasonable excuse any distinctive number, mark or badge to be attached to, or worn on, the body or any clothing issued in a centre;
- (27) omitting or refusing to keep any utensil or clothing clean or disobeying any lawful order as to the arrangement or disposition of the utensil or clothing or any blanket, bedsheet or personal belonging in a centre;
- (28) tampering with a centre's lock, lamp or electrical fitting, or any other property in the centre with which he has no concern;
- (29) damaging or omitting or refusing to take due care of any property of a centre which has been entrusted to him;
- (30) spitting on or otherwise soiling or befouling any floor, door, wall or other part of a centre's 'building or any article therein;
- (31) littering;
- (32) omitting to report at once or as soon as possible any loss, destruction, breakage or damage which he has caused to any property of a centre;
- (33) stealing a centre's property or that of another inmate;
- (34) damaging or destroying a tree or plant within the enclosure of a centre without the permission of an officer or without any reasonable excuse;
- (35) showing disrespect to any officer, probation officer, supervision officer or visitor;
- (36) answering untruthfully any question put to him by any officer, probation officer, supervision officer or visitor;
- (37) omitting, without any reasonable excuse, to assist in the maintenance of discipline by not reporting the commission of an offence in a centre, or to assist an officer to investigate into the commission of the offence when called upon to do so;
- (38) making any instrument for shooting, cutting or stabbing or any weapon without the knowledge or permission of an officer;
- (39) causing violence or insubordination of any kind in a centre or omitting, without any reasonable excuse, to assist in the suppression of violence or insubordination of any kind when called upon by an officer to do so;
- (40) omitting or refusing, without any reasonable excuse, to help an officer to prevent another inmate from escaping from a centre;
- (41) any other act, conduct or neglect to the prejudice of good order or discipline in a centre;
- (42) contravention of any condition under regulation 12 (2) or 13 (1) (b), (c), (d), (f), (g) or (h) of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations (Rg 3); and
- (43) abetting the commission of a minor offence.

PART II

MAJOR OFFENCES

For the purposes of regulation 8, the major offences are-

- (1) bringing any drug, money, intoxicating substance or cigarette into a centre without the permission of an officer or concealing any drug, money, intoxicating substance or cigarette in a centre;
- (2) wilfully causing to himself any illness, injury or disability;
- (3) wilfully destroying a centre's property;
- (4) aggravated or repeated assault on another inmate;
- (5) striking or otherwise using violence on, or offering violence to, any officer, probation officer, supervision officer or visitor;
- (6) escaping or attempting to escape from a centre;
- (7) mutiny;
- (8) any other act of gross misconduct or insubordination;
- (9) possessing or consuming any drug while on leave granted under regulation 12 or 13 of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations (Rg 3);
- (10) contravention of regulation 13(1) (a) or (e) of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations; and
- (11) abetting the commission of a major offence.

[G.K Nos. S 13 7/79, S 182/82; S 51/90; S 325/91; S 278/95]

MISUSE OF DRUGS ACT

(CHAPTER 185, SECTION 44)

MISUSE OF DRUGS (BOARD OF VISITORS FOR APPROVED INSTITUTIONS) REGULATIONS

[8th December 1978]

Citation

1. These Regulations may be cited as the Misuse of Drugs (Board of Visitors for Approved Institutions) Regulations.

Definitions

2. In these Regulations, unless the context otherwise requires—
“Board” means the Board of Visitors appointed by the Minister under regulation 3;
“Superintendent” means a person appointed to be in charge of an approved institution.

Appointment of Board of Visitors

3. (1) The Minister may, by notification in the Gazette, appoint a Board of Visitors to advise and make recommendations to the Superintendent in respect of the matters referred to in regulation 9 at any approved institution.
(2) A Board may be appointed for one or more approved institutions as the Minister thinks fit.

Number of board members

4. (1) The number of members of any Board shall be at the discretion of the Minister.
(2) The Minister may at any time revoke the appointment of any member of the Board.

Term of office

5. A member of the Board shall-
 - (a) hold office for a period of not more than 2 years from the date of his appointment; and
 - (b) be eligible for reappointment on completion of that period unless the member resigns during his period of office or unless his appointment is revoked by the Minister under regulation 4 (2).

Termination of office

6. A person appointed as a member of the Board shall cease to hold such appointment-
 - (a) on his death, resignation or absence from Singapore for more than 3 months without the prior permission of the Minister; or
 - (b) if the Minister revokes such appointment under regulation 4 (2).

Vacancy

7. A vacancy occurring in the Board shall be filled by a fresh appointment made by the Minister, and the person appointed to fill the vacancy shall hold office for so long as the member in whose place he is appointed would have held office.

Assistance from Superintendent

8. The Superintendent shall assist any member of the Board in the exercise of his powers and the discharge of his functions under these Regulations.

Functions of board members

9.
 - (1) Members of the Board shall satisfy themselves that the health, maintenance, recreation and discipline of the inmates are satisfactory and that an efficient standard is maintained throughout each approved institution, but shall not be concerned with the general administrative matters of the approved institutions.
 - (2) Members of the Board shall on every visit hear any complaint which any inmate may wish to make to them.
 - (3) Members of the Board shall send their comments and recommendations regarding an approved institution to the Superintendent.
 - (4) The Superintendent shall take such action as may be necessary on any recommendation made under paragraph (3) and report to the Board on any action taken as soon as possible.

Visits by board members

10. No fewer than 2 members of the Board shall visit each approved institution in respect of which they are appointed at least once a month.

[G.N. No. S 271/78]

MISUSE OF DRUGS ACT

(CHAPTER 185, SECTION 44)

MISUSE OF DRUGS (URINE SPECIMENS AND URINE TESTS) REGULATIONS

[15th February 1990]

Citation

1. These Regulations may be cited as the Misuse of Drugs (Urine Specimens and Urine Tests) Regulations.

Definitions

2. In these Regulations, unless the context otherwise requires –
“Chief Executive of the Health Sciences Authority” means the Chief Executive of the Health Sciences Authority appointed under section 15 of the Health Sciences Authority Act 2001;
“enforcement officer” means an officer of the Central Narcotics Bureau, an immigration officer, a police officer not below the rank of sergeant or a supervision officer appointed under regulation 15 (1) of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations (Rg 3).

S 141/2001, wef01/04/2001

Urine specimens to be deposited in security boxes

3. (1) Urine specimens which are to be provided for the purpose of urine tests under section 31 of the Act or regulation 15 (3) (1) of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations (Rg 3) shall be procured and deposited in security boxes in accordance with the First Schedule.
(2) No person shall have the key to any security box without the authority of the Permanent Secretary to the Ministry of Home Affairs or the Chief Executive of the Health Sciences Authority.

S 141/2001, wef01/04/2001

Collection of security boxes

4. The collection and delivery of urine specimens deposited in security boxes shall be in accordance with the Second Schedule.

Urine test

5. (1) Urine tests shall be carried out in accordance with paragraph (2).
(2) The Chief Executive of the Health Sciences Authority shall arrange for each of the 2 urine specimens to be tested by a different officer and the results of the 2 urine tests shall be sent to the enforcement officer in charge of the case.

S 141/2001, wef01/04/2001

FIRST SCHEDULE

Regulation 3 (1)

PROCURING URINE SPECIMENS AND DEPOSITING THEM IN SECURITY BOXES

1. When a person who is required to provide a specimen of his urine (referred to in this Schedule as the suspect) is ready to give his urine, the enforcement officer shall ask him to select 2 plastic containers from a lot of not less than 20.
2. The suspect shall carry the 2 containers with him and be escorted by an officer who may be the enforcement officer or some other officer to the urinal.
3. if the suspect wishes to wash the containers he has selected, he shall be allowed to do so.
4. The suspect, if a female, shall in addition to the 2 containers also pick a beaker from a number of other beakers and shall wash it before and after she has used it.
5. The officer escorting the suspect to the urinal shall ensure that the urine specimen in the 2 containers is that of the suspect and not that of any other person.
6. The volume of urine specimen in each of the 2 containers shall not be less than 15 ml.
7. The officer shall then escort the suspect who shall carry his 2 containers with him for labelling and sealing.
8. The name of the suspect, the number of his National Registration Identity Card or passport or other identification documents and the date of his arrest shall be written or typed by the enforcement officer on 2 self-adhesive labels.
9. The suspect shall be allowed to check and sign the labels in the presence of the enforcement officer.
10. The enforcement officer shall then enter the other necessary particulars on the labels and affix them to the containers.
11. if the suspect is unable to read, the enforcement officer shall read the particulars on the labels to time suspect before the enforcement officer affixes the labels to die containers.
12. The enforcement officer shall then seal the containers in the presence of the suspect and shall ensure that the containers are properly sealed and correctly stamped with a security seal.
13. No officer or person other than the suspect shall handle the 2 containers from the time they were handed to the suspect till they are given to the enforcement officer for the labels to be affixed.
14. The enforcement officer shall ask the suspect himself to deposit one container of the urine specimen into each of the 2 security boxes which should be kept locked at all times until they are delivered to the Health Sciences Authority.

S 141/2001, wef 01/04 2001

SECOND SCHEDULE

Regulation 4

COLLECTION AND DELIVERY OF URINE SPECIMENS AND THE SECURITY ARRANGEMENT THEREFOR

1. The 2 security boxes shall be delivered as soon as practicable to the Health Sciences Authority.
S 141/2001, wef 01/04/2001
2. After delivery to the Health Sciences Authority, the officer who has custody of the key shall unlock the 2 boxes and empty their contents in the presence of the officer who delivered the boxes.
S 141/2001 wef 01/04/2001
3. The empty security boxes shall be re-locked and handed back to the officer who delivered the boxes.
[G.N. No.S 53/90]

NARCOTICS CONTROL LAWS OF THAILAND

Legal Affairs Division
Office of the Narcotics Control Board
Ministry of Justice Thailand
Tel. (662) 245-9087
http: /www.oncb.go.th
No. 1-13-2546

Narcotics Control Laws of Thailand in Summary

“Narcotics” under the Narcotics Control Act B.E. 2519 is broader than “narcotics” under the Narcotics Act B.E. 2522. According to the Narcotics Control Act, “narcotics” means narcotics under the law on narcotics, psychotropic substances under the law on psychotropic substances and volatile substances under the law on “narcotics” under the Narcotics Act does not include psychotropic substances and volatile substances which are separately controlled under the Psychotropic Substances Act B.E. 2518 and Emergency Decree on Controlling the Use of Volatile Substances B.E. 2533 respectively. Apart from those, some chemicals which can be used to produce narcotics are also controlled under the Narcotics Act B.E. 2522 and Commodities Control Act B.E. 2495.

Narcotics	narcotics	Narcotics Act B.E. 2522
	psychotropic substances	Psychotropic Substances Act B.E. 2518
	volatile substances	Emergency Decree on Controlling the Use of Volatile Substances B.E. 2533
chemicals used to produce narcotics	narcotics of category IV	Narcotics Act B.E. 2522
	controlled commodities	Commodities Control Act B.E. 2495

Groups of Narcotics Control Laws

- 1) Law designating powers and duties of the competent official to control narcotics:
 - Narcotics Control Act B.E. 2519 (1976)
- 2) Laws on controlling of drugs:
 - Narcotics Act B.E. 2522 (1979)
 - Psychotropic Substances Act B.E. 2518 (1975)
 - Emergency Decree on Controlling the Use of Volatile Substances B.E. 2533 (1990)
 - Commodities Control Act B.E. 2495 (1952)
- 3) Laws providing special measures
 - Act on Measures for the Suppression of Offenders in an Offence relating to Narcotics B.E. 2534 (1991)
 - Narcotic Addict Rehabilitation Act B.E. 2545 (2002)
 - Land Transport Act B.E. 2522 (1979)

- Road Traffic Act B.E. 2522 (1979)
- Act on Authorizing Naval Officer for the Suppression of Some Offences Committed by Sea (No. 4) B.E. 2534 (1991)

For more details please contact;

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Narcotics Control Act B.E. 2519 (1976)

The Narcotics Control Act B.E. 2519 (1976) designates the Narcotics Control Board (N.C.B.) as central authority for preventing and suppressing narcotics in the country and also prescribes the Office of the Narcotics Control Board (ONCB) to have duties in implementing the resolutions of the N.C.B. and perform some other administrative functions

The N.C.B. consists of the Prime Minister as Chairman, Minister hold portfolio of Office of the Prime Minister who entrusted by the Prime Minister, Minister of Defense, Minister of Interior, Minister of Justice, Minister of Public Health, Minister of Education, Attorney-General, National Police Commander, Director General of the Department of Custom as members, and not more than six qualified members appointed by the Cabinet-Council, as qualification ex-officio members and the Secretary-General of ONCB as member and secretary. (section 5)

The N.C.B., Secretary-General, Deputy Secretary-General of the ONCB and competent officials have the following powers: (section 14)

- to enter any dwelling place or premises for searching when there is a reasonable ground to suspect that there is person who had a reasonable ground to suspect that committed the offence relating to narcotics is hidden or these is property which possesses to be in offence or acquired through the commission of an offence or used or intended to use in the commission of the offence relating to narcotics or which may be used as the evidence, together with a reasonable ground to believe that because of more delayed to got the search warrant, such person shall escaped or such property shall removed, hidden, destroyed or transformed in original;
- to search any person or conveyance which there is a reasonable ground to suspect that there are narcotics unlawful hidden;
- to arrest any person who committed the offence relating to narcotics;
- to seize or attach narcotics which there are unlawful possessed or any property which used or intended to use in the commission of the offence relating to narcotics or may be used as the evidence;
- to search under the provisions of the Criminal Procedure Code;
- to make an inquiry of the alleged offender in the offence relating to narcotics;
- to issue to letter of inquiry to or summon any person or the official of any Government agency to give statement or to submit any account, document or material for examination or supplement the consideration.

Act on Measures for the Suppression of Offenders in an Offence relating to Narcotics B.E. 2534 (1991)

This Act provides the following 3 significant measures for the suppression of offenders in an offence relating to narcotics:

1) Offence of conspiracy to commit an offence relating to narcotics

Whoever two or more persons, with manifest intention, agree to commit an offence relating to narcotics, every such person is said to conspire to commit such offence and if the offence relating to narcotics has actually been committed on account of the conspiracy, every such conspirator shall be liable to the penalty imposed for such offence. (section 8)

2) Asset forfeiture

All the instruments equipment, conveyances machineries or any other properties used in the commission of an offence relating to narcotics or used as accessories for producing the consequence of the commission of an offence relating to narcotics or possessed for use in the commission of an offence relating to narcotics shall be forfeited, irrespective of whether or not any person is convicted by the judgement. (section 30)

The properties forfeited shall devolve on the Narcotics Control Fund established for the purpose of narcotics control (section 31)

3) Extension of jurisdiction to adjudicate (section a)

Any person who commits an offence relating to narcotics, despite the fact that the offence is committed outside the Kingdom, shall be punished in the Kingdom, if it appears that

- (1) the offender or any accomplice is a Thai person or has a place of residence in Thailand; or
- (2) the offender is an alien and intends its consequence to occur within the Kingdom or the Thai Government is the injured person; or
- (3) the offender is an alien and such act is an offence under the law of the State in the jurisdiction of which the offence is committed, if such offender has appeared in the Kingdom and has not been extradited under the law on extradition.

According to the Act, the authorities are empowered to seize restrain or confiscate the proceeds of drug trafficking as well as to deal with drug conspirators The officials can also pursue the drug barons even if the offence is committed outside Thailand.

Narcotic Addict Rehabilitation Act B.E. 2545 (2002)

Narcotic Addict Rehabilitation Act has brought the idea that “drug user” is an ill person, not a crime as well as the idea that “drug Addict” is a person who needs to rehabilitate for bringing that person back to society.

The following alleged offender to recover from narcotic addiction:

1. any person who is alleged to consume, consume and have in possession, consume and possess for the purpose of disposal or consume and dispose of the narcotics of category I, II or V in the character, type, category and quantity prescribed in the Ministerial Regulation
2. any person who does not appear to be the alleged offender or to be prosecuted for other offences which punishable with imprisonment or to be under the imprisonment by judgement of court.

The inquiry official shall transfer that person to the court and the court shall make a decision to transfer the person to the rehabilitation centre for identifying whether such alleged offender is a drug addict or a drug user or not.

Upon admission of the alleged offender, the rehabilitation centre shall :

- 1) make a record of the offender's identification
- 2) identify whether the offender is a drug addict/a drug user
- 3) report the result of 1) and 2) to the sub-committee of Narcotic Addict Rehabilitation

In case where the result of identification disappear that the offender is a drug addict or a consumer, the sub-committee of Narcotic Addict Rehabilitation shall report the result of identification to the inquiry official or the prosecutor for continuing the proceeding under the law. But if the sub-committee decides otherwise, the rehabilitation plan shall be arranged for a period of not more than 6 months. The extension of such period may be made many times but each extension shall not be longer than 6 months and the total periods shall not exceed 3 years. In the mean time the prosecutor shall issued an order to suspend the prosecution until receiving the result of rehabilitation from the sub-committee of Narcotic Rehabilitation.

When the sub-committee of Narcotic Rehabilitation decides that the rehabilitation has finished and the result of the rehabilitation is satisfactory, it shall be deemed that such person relieved from alleged offence. But if the result of rehabilitation is not satisfactory, the sub-committee of Narcotic Rehabilitation shall report the result to the inquiry official or the prosecutor for continuing the proceeding under the law.

Emergency Decree on Controlling the use of Volatile Substances B.E. 2533 (1990)

“Volatile Substances” means chemicals or materials as notified by the Minister of Public Health and Minister of Industry in the Government Gazette. (section 3)

Lists of Volatile Substances under the Notification of Ministry of Public Health and Ministry of Industry No. 14 (B.E. 2538) specifying names, categories and containing quantities are the following:

- 1) 14 chemicals are Toluence, Acetone, Methyl Ethyl Ketone, Isopropylacetone, Ethyl Acetate, Cellosolve Acetate, Methyl Acetate, n-Butyl Acetate, sec-Butyl Acetate, n-Butyl Nitrite, iso-Butyl Nitrite, Butyl Cellosolve, Cellosolve and Methyl Cellosolve
- 2) 5 materials are thinners, lacquers, Synthetic Organic Adhesives, Natural Organic Adhesives and Blowing Balloon.

Offences and Punishments under the Emergency Decree

Offences	Punishments
<ul style="list-style-type: none"> ● Any producer does not provide picture, sign or content on container package of Volatile Substances for the purpose of warning the use of Volatile Substances as prescribed in the Ministerial Regulation (Section 12) 	<ul style="list-style-type: none"> ● Imprisonment for term of 2 years or a fine not exceeding 20,000 Baht or both (section 22)
<ul style="list-style-type: none"> ● Any importer before selling dose not provide picture, sign or content on container or package of Volatile Substances for the purpose of warning the use of Volatile Substances as prescribed in the Ministerial Regulation (section 13) 	
<ul style="list-style-type: none"> ● Sale of Volatile Substances without picture, sign or content which the producer or importer provides on container or package (section 14) 	
<ul style="list-style-type: none"> ● Sale of Volatile Substances to a person not exceeding 17 years old except in case of sale by educational institute for the purpose of education (section 15) 	<ul style="list-style-type: none"> ● Imprisonment of not exceeding two year or a fine of not exceeding 20,000 Baht or both (section 23)
<ul style="list-style-type: none"> ● Seller, provider or giver of Volatile Substances to a person whom he knows or should know that such person is a Volatile Substances addict (section 16) 	<ul style="list-style-type: none"> ● Imprisonment of not exceeding 3 years or a fine of not exceeding 30,000 Baht or both (section 23 bis)
<ul style="list-style-type: none"> ● Use of Volatile Substances for the treatment of the bodily and mental conditions (section 17) ● Inducing, instigating or using fraudulent or deceitful means to cause other person to consume Volatile Substances (section 18) 	<ul style="list-style-type: none"> ● Imprisonment not exceeding 2 years or a fine not exceeding 20,000 Baht or both (section 24)
<ul style="list-style-type: none"> ● Impeding or failing to render facilities to the competent officials in entering the producing importing selling or storing place of Volatile Substances in order to inspect and seize articles (section 19) 	<ul style="list-style-type: none"> ● Imprisonment not exceeding 1 month or a fine not exceeding 1,000 Baht or both (section 25)

Psychotropic Substances Act B.E. 2518 (1975)

“Psychotropic Substance” means such a psychotropic substance which is natural or derived from nature, or synthetic as the Minister notifies in the Government Gazette. (section 4)

This Act was enacted to control the psychotropic substances. The Act was directly resulted from the Convention of Psychotropic Substances 1971 of which Thailand is a member. It comprises of 12 chapters and 119 sections, viz. 1) Psychotropic Substances Board 2) Application for and issue of licences concerning psychotropic substances 3) Duties of licensee 4) Duties of pharmacist 5) Fake psychotropic substances, psychotropic substances not being in conformity with standard 6) Registration of preparation 7) Advertisement 8) Competent Officials 9) Suspension and revocation of licences 10) Special measures of control 11) International trade 12) Penalties

Psychotropic Substances are classified into 4 categories (section 6 (1) according to the Notification of the Ministry of Public Health No. 97 B.E. 2539 (1996) and No. 110 B.E. 2542 (1999)

Schedule I such as Tetrahydrocannabi-Nol., GHB : Gamma-hydroxybutyrate

Schedule II such as Amfepramone, Ephedrine, Flunitrazepam, Methylphenidate, Midazolam, Phentermine, Triazolam, Ketamine Pseudoephedrine

Schedule III such as Buprenorphine, Pentazocine

Schedule IV such as (Alprazolam, Chlordiazepoxide, Clorazepate, Diazepam, Lorazepam)

Offences and punishments under the Psychotropic Substances Act B.E. 2518

Offences	Schedule I	Schedule II	Schedule III	Schedule IV
production importation exportation sale	● imprisonment of 5-20 years and a fine of 100,000-400,000 Baht (section 89)		● imprisonment not exceeding 5 years and a fine not exceeding 100,000 Baht (section 90)	
carrying across	● imprisonment not exceeding 5 years and a fine not exceeding 100,000 Baht (section 90)			
possession or utilization	● imprisonment of 1-5 years and a fine of 20,000-100,000 Baht (section 106 para. 1)		● imprisonment not exceeding one year or a fine not exceeding 20,000 Baht or both (section 106 para. 2)	
possession or utilization in quantity exceeding that prescribed by the Minister	● imprisonment of 5-20 years and a fine of 100,000-400,000 Baht (section 106 his)			
consumption	● imprisonment of 1-5 years and a fine of 20,000-100,000 Baht (section 106 ter.)			
inducing, pandering, instigating, deceiving or threatening another person to consume	● imprisonment of 2-10 years and a fine of 40,000-200,000 Baht (section 106 quarter)			

Narcotics Act B.E. 2522 (1979)

“Narcotics” means any from of chemicals or substances which, upon being consumed whether by taking orally, inhaling, smoking, injecting or by whatever means, causes physiological or mental effect in a significant manner such as need of continual increase of dosage, having withdrawal symptoms when deprived of the narcotics, strong physical and mental need of dosage and the health in general being deteriorated, and also includes plant or parts of plants which are or give product as narcotics or may be used to produce narcotics and chemicals used for the production of such narcotics as notified by the Minister in the Government Gazette, but excludes certain formula of household medicine under the law on drugs which contain narcotic ingredients. (section 4)

In order to be controlled properly, narcotics are classified into 5 categories because they are of different danger and medicinal purposes.

Lists of narcotics according to the Notification of the Ministry of Public Health No. 135 (B.E. 2539) revised by the Notification of the Ministry of Public Health No. 150 (B.E. 2541), No. 154 (B.E. 2542), No. 158 (B.E. 2542), No. 175 (B.E. 2545) are as follows:

- Category I** 39 dangerous narcotics such as heroine, amphetamine, methamphetamine, ecstasy and LSD;
- Category II** 102 ordinary narcotics such as coca leaf, cocaine, codeine, concentrate of poppy straw, methadone, morphine, medicinal opium and opium;
- Category III** narcotics which are in the form of medicinal formula and contain narcotics of Category II as ingredients prescribed by the Minister
- Category IV** 32 chemicals used for producing narcotics of Category I or II such as acetic anhydride, acetyl chloride, ethylidine diacetate, chlorpseudophedrine, ergometrine, ergotamine, isosafrole, lysergic acid, piperonal and safrole;
- Category V** 4 narcotics which are not included in Category I to IV -i.e. cannabis, kratom plant, poppy plant and magic mushroom.

Offences and Punishments under the Act

Offences	Category I	Category II
production importation exportation	<ul style="list-style-type: none"> ● life imprisonment and a fine of 1,000,000-5,000,000 Baht (Section 65 para. 2) ● for the purpose of disposal: death penalty (section 65 para. 2) ● for retailing or whole-selling and pure substances or number of used dosage or net weight does not reach the quantity prescribed in section 15 para. 3 : imprisonment of 4-15 years or a fine of 80,000-300,000 Baht or both (section 65 para. 3) ● for retailing or whole-selling in the purpose of disposal : imprisonment of 4 years-life and a fine of 400,000-5,000,000 Baht (section 65 para. 4) 	<ul style="list-style-type: none"> ● imprisonment of 1-10 years and a fine of 100,000-1,000,000 Baht (section 68 para. 1) ● in case of morphine, opium or cocaine : imprisonment of 20 years to life and a fine of 2,000,000-5,000,000 Baht (section 68 para. 2)
disposal or possession for the purpose of disposal	<ul style="list-style-type: none"> ● pure substances or number of used dosage or net weight does not reach the quantity prescribed in section 15 para. 3 : imprisonment 4-15 years or a fine of 80,000-300,000 baht or both(section 66 para. 1) ● pure substances of quantity prescribed in Sec. 15 para. 3 but not over 20 grams : life imprisonment and a fine of 400,000-5,000,000 Baht (section 66 para. 2) ● pure substances of more than 20 grams : life imprisonment and a fine of 100,000-5,000,000 Baht or death penalty (section 66 para. 3) 	<ul style="list-style-type: none"> ● imprisonment of 1-10 years and a fine of 20,000-200,000 Baht or both (section 69 para. 2) ● in case of morphine, opium or cocaine, if pure substances not reach 100 grams imprisonment of 3-20 years or a fine of 60,000-400,000 Baht or both (section 69 para. 3) ● in case of morphine, opium or cocaine, if pure substances of 100 grams or more : imprisonment of 5 years to life and a fine of 500,000-5,000,000 Baht (Section 69 para. 3) ● Licensee under section 17 violated the provision of section 69 Paragraph 1, 2 and 3 : imprisonment not exceeding 5 years fine of not exceeding 100,000 Baht (Section 69 para. 4)

Offences	Category I	Category II
possession	<ul style="list-style-type: none"> ● pure substances, number of used dosage, net weight does not reach the quantity prescribed in section 15 para. 3 : imprisonment of 1-10 years or a fine of 20,000-200,000 Baht or both (section 67) 	<ul style="list-style-type: none"> ● imprisonment not exceeding 5 years or a fine not exceeding 100,000 Baht or both (section 69 para. 1) ● pure substances of 100 grams or more shall be regarded as commission for the purpose of disposal : imprisonment of 1-10 years or a fine of 20,000-200,000 Baht or both (section 69 para. 2)
consumption		<ul style="list-style-type: none"> ● imprisonment of 6 months - 3 years or a fine of 10,000-60,000 Baht or both (section 91)
deceit, threat, use of violent force or coercion of another person for consumption		<ul style="list-style-type: none"> ● imprisonment of 1-10 years and a fine of 100,000-1,000,000 Baht (section 93)
deceit, threat, use of violent force or coercion of another person for importation, exportation, disposal, possession for the purpose of disposal or possession		<ul style="list-style-type: none"> ● double penalty of the normal penalty imposed by the law for such offence (section 93/2)
instigating another person for consumption		<ul style="list-style-type: none"> ● imprisonment of 1-5 years or a fine of 20,000-100,000 Baht or both (section 93/1)
Offences	Category III	Category IV
production, importation	<ul style="list-style-type: none"> ● imprisonment of 1-3 years and a fine of 100,000-300,000 Baht (section 70) 	<ul style="list-style-type: none"> ● imprisonment of 1-10 years and a fine of 20,000-200,000 Baht (section 73 para. 1)
disposal, possession for the purpose of disposal, exportation	<ul style="list-style-type: none"> ● the amount not exceeding as prescribed in section 20 para. 4 : imprisonment not exceeding 1 year or a fine not exceeding 20,000 Baht or both (section 71 para. 1) ● the amount more than as prescribed in section 20 para. 4 imprisonment not exceeding 2 years and a fine not exceeding 200,000 Baht (section 71 para. 2) 	<ul style="list-style-type: none"> ● quantity of 10 kilogram or more : imprisonment of 1-15 years and a fine of 100,000-1,500,000 Baht (section 73 para. 2)
importation, exportation	<ul style="list-style-type: none"> ● imprisonment not exceeding 1 year and a fine not exceeding 100,000 Baht (section 72) 	
possession	–	<ul style="list-style-type: none"> ● imprisonment not exceeding 5 years or a fine not exceeding 100,000 Baht or both (section 74)
consumption	–	–
deceit, threat, use of violent force or coercion of another person for consumption		<ul style="list-style-type: none"> ● imprisonment of 1-10 years and a fine of 100,000-1,000,000 Baht (section 93)
deceit, threat, use of violent force or coercion of another person for importation, exportation, disposal, possession for the purpose of disposal or possession		<ul style="list-style-type: none"> ● double penalty of the normal penalty imposed by the law for such offence (section 93/2)

Offences	Category V	
	Others	Kratom Plant (<i>Mitragyna speciosa</i>)
production importation exportation	<ul style="list-style-type: none"> ● imprisonment of 2-15 years and a fine of 200,000-1,500,000 Baht (section 75 para. 1) 	<ul style="list-style-type: none"> ● imprisonment not exceeding 2 years and a fine not exceeding 200,000 Baht (section 75 para. 2)
disposal, possession of the purpose of disposal	<ul style="list-style-type: none"> ● quantity of less than 10 kilograms : imprisonment of 2-10 years or a fine of 40,000-200,000 Baht or both (section 76/1 para. 1) ● quantity of 10 kilograms or more : imprisonment of 2-15 years and a fine of 200,000-1,500,000 Baht (section 76/1 para. 2) 	<ul style="list-style-type: none"> ● quantity of less than 10 kilograms : imprisonment not exceeding 2 years or a fine not exceeding 40,000 Baht or both (section 76/1 para. 3) ● quantity of 10 kilograms or more : imprisonment not exceeding 2 years and a fine not exceeding 200,000 Baht (section 76/1 para. 4)
possession	<ul style="list-style-type: none"> ● imprisonment not exceeding 5 years or a fine not exceeding 100,000 Baht or both (section 76 para. 1) 	<ul style="list-style-type: none"> ● imprisonment not exceeding 1 year or a fine not exceeding 20,000 Baht or both (section 76 para. 2)
consumption	<ul style="list-style-type: none"> ● imprisonment not exceeding 1 year or a fine not exceeding 20,000 Baht or both (section 92 para. 1) 	<ul style="list-style-type: none"> ● imprisonment not exceeding 1 month or a fine not exceeding 2,000 Baht (section 92 para. 2)
deceit, threat, use of violent force or coercion of another person for consumption	<ul style="list-style-type: none"> ● imprisonment of 1-10 years and a fine of 100,000-1,000,000 Baht (section 93) 	
deceit, threat, use of violent force or coercion of another person for importation, exportation, disposal, pos- session for the purpose of disposal or possession	<ul style="list-style-type: none"> ● double penalty of the normal penalty imposed by the law for such offence (section 93/2) 	
instigating another person for consumption	<ul style="list-style-type: none"> ● imprisonment not exceeding 1 year or a fine not exceeding 20,000 Baht or both (section 93/1 para. 2) 	

(EMBLEM)
DRUG ADDICT CAPABILITY REHABILITATION ACT
A.D. 2002

Bhumibol Adulyadej, Rex
Given on September 27,2002
The 57th year of the present reign

(Notified in the Royal Gazette, Vol.119, Part 96, dated September 30, 2002)

His Majesty King Bhumibol Adulyadej commands that it be published that:

Whereas it is fit to improve the law on drug addict capability rehabilitation;

This Act contains some provisions pertaining to the limitation of the rights and freedoms of individuals which Section 29 combined with Section 31, Section 35, Section 237 and Section 238 of the Constitution of the Kingdom of Thailand provides may be done by virtue of the provisions of a law;

Therefore, His Majesty commands that an act be given by the advice and consent of Parliament as follows:

Section 1. This act is called "The Narcotic Addict Rehabilitation Act A.D.2002".

Section 2. This act shall come into force from the day next from the day of its publication in the government gazette onward, except that when and in which locality the provisions of Chapter 3 will come into force shall be published by the Minister in the government gazette, provided that they shall come into force throughout the kingdom within a period not exceeding one year from the effective date of this act.

Section 3. The Narcotic Addict Rehabilitation Act AD. 1991 shall be repealed.

Section 4. In this act, "Narcotics" means the narcotics under the harmful narcotic law and the narcotics under the narcotic control law, "Narcotic addiction" means frequently and regularly using a narcotic and being in the condition of needing to depend on that narcotic, which condition can be detected according to the technical principles;

"Narcotic addict rehabilitation" means any act which constitutes treatment of narcotic addiction and revives the physical and mental condition of the narcotic addict, including restoring the physical and mental condition of the person who uses a narcotic to the normal condition without the risk of being a narcotic addict;

"Commission" means the Narcotic Addict Rehabilitation Commission;

"Competent official" means the Narcotic Addict Rehabilitation Center

Director or the person whom the Minister appoints to perform the functions under this act;

"Minister" means the Minister in charge of the functions under this act.

Section 5. The Minister of Justice shall be in charge of the functions under this act and shall be empowered to appoint the competent official and issue ministerial regulations and notices for the performance of the functions under this act.

The ministerial regulations and notices concerned, when having been published in the government gazette, may come into force.

CHAPTER 1

The Narcotic Addict Rehabilitation Commission

Section 6. There shall be a Narcotic Addict Rehabilitation Commission consisting of the Permanent Secretary for Justice as the Commission Chairman, the Permanent Secretary for Education, the Permanent Secretary for Public Health, the Supreme Commander of the Armed Forces, the Royal Thai Police Commissioner, the Attorney-General, the Secretary-General of the Court of Justice Office, the Director-General of Employment, the Director-General of Local Administration, the Director-General of Community Development, the Director-General of Medical Services, the Director-General of Communicable Disease Control, the Director-General of Public Welfare, the Director-General of Skill Development, the Director-General of Corrections, the Director-General of Medical Sciences, the Director-General of Mental Health, the Secretary-General of the Narcotics Control Board, the Secretary-General of the Food and Drug Administration and a maximum of four qualified persons appointed by the Minister, of whom at least two shall be private organization representatives who perform prevention or narcotic addict rehabilitation work and have the experience of working directly with narcotic addicts, as commissioners and the Director-General of Probation shall be a commissioner and the secretary.

The Commissioner may appoint a maximum of two government servants in the Department of Probation to be assistant secretaries.

Section 7. The Commissioner shall have the following powers and duties:

- (1) To make recommendations to the Minister on the issuance of the ministerial regulations under this act;
- (2) To make recommendations to the Minister on the issuance of notices on the Narcotic Addict Rehabilitation Center under Section 14 and Section 16;
- (3) To appoint and remove narcotic addict rehabilitation subcommissioners;
- (4) To lay down regulations prescribing the criteria and the procedures of the consideration of the Narcotic Addict Rehabilitation Subcommission under Section 13;
- (5) To offer opinions to the Minister for the prescription of the place for the verification of narcotic addict rehabilitation or detention;
- (6) To lay down regulations prescribing the criteria and the procedures of the verification of narcotic use or addiction, narcotic addict rehabilitation and the delivery of persons reporting for narcotic addict rehabilitation to the inquiry official or the public prosecutor;
- (7) To lay down regulations on detention or transference of suspects in the course of verification or narcotic addict rehabilitation;
- (8) To lay down regulations prescribing the criteria, the procedures and the conditions of consideration of permission for temporary release;
- (9) To lay down regulations prescribing the criteria and the conditions of the inspection and monitoring of the narcotic addict rehabilitation of persons permitted to be temporarily released;
- (10) To consider and judge appeals against the judgements or orders of the narcotic addict rehabilitation subcommission under Section 38;
- (11) To lay down regulations on visiting and contacting persons reporting for verification or persons reporting for narcotic addict rehabilitation in the course of verification or narcotic addict rehabilitation,
- (12) To lay down regulations prescribing the criteria of reducing and increasing the narcotic addict

rehabilitation period;

- (13) To lay down regulations prescribing the criteria and the procedure of reporting the narcotic addict rehabilitation result to the Commission and the procedure of reporting the verification result, including the narcotic addict rehabilitation result, to the inquiry official or the public prosecutor,
- (14) To lay down regulations prescribing the criteria of considering punishing persons violating or failing to comply with the regulations, the conditions and the rules under Section 32;
- (15) To lay down other regulations for the performance of the functions under this act;
- (16) To consider such other matters as assigned by the Minister and perform any other function prescribed by the law to be a power and duty of the Commission.

Section 8. The Commissioner whom the Minister appoints has an office term of two years. The Commissioner who is separated from office may be re-appointed.

Section 9. The Commissioner whom the Minister appoints is separated from office before the term when

- (1) he dies,
- (2) he resigns,
- (3) the Minister dismisses him,
- (4) he is a person of unsound mind or with mental infirmity,
- (5) he is a bankrupt,
- (6) he comes under a final judgement of imprisonment.

In the case where the Commissioner is separated from office before the term, the Minister may appoint another person to be a commissioner in his place.

In the case where a commissioner is appointed while the commissioner already appointed still has an office term, whether it is an additional appointment or appointment to fill a vacancy, that appointed person shall be in office as much as the remaining term of that commissioner who has already been appointed.

Section 10. At a meeting of the Commissioner there must be commissioners present not less than one half of the number of all the commissioners in order to form a quorum.

The Chairman shall act as the chairman of the meeting. In the case where the chairman is not present or not able to perform the function, the commissioners who are present shall elect one commissioner to act as the chairman of the meeting.

A decision of the Commissioner shall be made by a majority of votes. One commissioner has one vote in voting. If votes are equal, the chairman of the meeting shall have one more vote as the casting vote.

Section 11. The Commissioner may appoint a subcommissioner to perform any function on its behalf, and the provisions in Section 9 and Section 10 shall apply mutatis mutandis.

Section 12. The Commissioner shall consider appointing narcotic addict rehabilitation subcommissions in various areas according to appropriateness, consisting of a representative of the Ministry of Justice as the subcommission chairman, one doctor of medicine, one psychologist, one social worker and a maximum of two qualified persons having such qualifications as prescribed in a

Ministerial Regulation as subcommissioners, and a representative of the Department of Probation shall be a commissioner and the secretary.

The doctor of medicine under paragraph one shall be considered to appoint from psychiatrists. If he cannot be appointed from psychiatrists, he shall be appointed from appropriate doctors of medicine.

How many narcotic addict rehabilitation subcommissions there will be shall be considered to appoint by the commissioner by considering the quantity of narcotic-related cases taking place in the area concerned.

The Commissioner who is not a government servant attached to the Narcotic Addict Rehabilitation Center shall receive such consideration as prescribed in a Ministerial Regulation.

The provision in Section 9 and Section 10 shall apply mutatis mutandis to the narcotic addict rehabilitation subcommission.

Section 13. The narcotic addict rehabilitation subcommission has the following powers and duties:

- (1) To consider judging whether or not the person reporting for verification is a narcotic user or addict
- (2) To monitor the taking into custody of the suspect in the course of verification or narcotic addict rehabilitation in accordance with the criteria prescribed by the commissioner;
- (3) To consider transferring the person reporting for narcotic addiction treatment or reporting for narcotic addict rehabilitation from one narcotic addict rehabilitation center to another, including considering reducing or increasing the narcotic addict rehabilitation period;
- (4) To consider permitting the person reporting for verification or person reporting for narcotic addict rehabilitation to be temporarily released
- (5) To notify the verification result or the narcotic addict rehabilitation result to the commissioner, the inquiry official or the public prosecutor as the case may be;
- (6) To consider a rehabilitation plan for the suspect accused of committing an offense on the charge set forth in Section 19;
- (7) To monitor the narcotic addict rehabilitation of persons reporting for narcotic addict rehabilitation in its jurisdiction in accordance with the narcotic addict rehabilitation plan;
- (8) To consider the narcotic addict rehabilitation result under Section 33;
- (9) To make recommendations to the Commissioner on the verification procedure and the narcotic addict rehabilitation procedure;
- (10) To perform such other functions as prescribed by the law to be powers and duties of the narcotic addict rehabilitation subcommission;
- (11) To consider such other matters as assigned by the Commissioner.

The criteria and the procedures of consideration under (1), (3), (6) and (8) shall be according to the regulations prescribed by the Commissioner.

CHAPTER 2

The Place for Verification and Narcotic Addict Rehabilitation

Section 14. For the purpose of narcotic addict rehabilitation, the Minister shall be empowered to set up and dissolve a narcotic addict rehabilitation center by publishing, it in the government gazette.

The narcotic addict rehabilitation center shall be a medical center under the Criminal Code.

The narcotic addict rehabilitation center shall be an agency reporting to the Department of Probation, Ministry of Justice.

Section 15. The notice setting up the narcotic addict rehabilitation center shall contain the following details:

- (1) The limits of the narcotic addict rehabilitation are clearly set, a map of which is also annexed to the notice.
- (2) The locality being in the jurisdiction of the narcotic addict rehabilitation center under (1) is prescribed.

Section 16. In the case where there are reasonable grounds the Minister may publish in the government gazette a notice changing the limits of the narcotic addict rehabilitation center under Section 15 (1) or the change of the locality being in the jurisdiction of the narcotic addict rehabilitation center under Section 15 (2).

For the change of the limits of the narcotic addict rehabilitation center under paragraph one there shall also be a map clearly showing the old limits of the narcotic addict rehabilitation center and the changed limits annexed to the notice.

Section 17. In each narcotic addict rehabilitation center there shall be a narcotic addict rehabilitation center director as the supervisor, being responsible for the operation of the narcotic addict rehabilitation center and having the following powers and duties:

- (1) To verify the narcotic using or addiction of the person reporting for verification committed under Section 19;
- (2) To take into custody the person reporting for verification or the person reporting for narcotic addict rehabilitation in the course of verification or narcotic addict rehabilitation and see to it that the person reporting for verification or the person reporting for narcotic addict rehabilitation observes the various regulations, conditions and rules;
- (3) To conduct the narcotic addict rehabilitation of the person reporting for narcotic addict rehabilitation according to the prescribed regulations;
- (4) To monitor the narcotic addict rehabilitation of the person reporting for narcotic addict rehabilitation who is permitted to be temporarily released;
- (5) To prepare the report on the narcotic using or addiction verification result, including the narcotic addict rehabilitation result, for submission to the narcotic addict rehabilitation subcommission;

- (6) To issue rules of the narcotic addict rehabilitation center for the implementation of this act;
- (7) To perform such other duties as assigned by the commissioner or the narcotic addict rehabilitation subcommission.

Section 18. In the case where he deems it fit the Minister shall be empowered to publish in the government gazette a notice prescribing any medical center, child and youth observation and protection center, government office or other place as a place for verification, narcotic addict rehabilitation or custody in addition to the narcotic addict rehabilitation center.

In such a case the narcotic addict rehabilitation subcommission shall be empowered to prescribe the supervisor of that place with any power and duty just as the narcotic addict rehabilitation center director under Section 17 as it may see fit for the said place.

CHAPTER 3

Narcotic Addict Rehabilitation

Section 19. In case of any person accused of committing the offense of using a narcotic, using and possessing, using and possessing for the purpose of selling or using and realizing a narcotic according to the character, the kind, the category and the quantity prescribed in the ministerial regulations, if it does not appear that he or she is suspected or is under prosecution for another offense which is an offense punishable by imprisonment or is under imprisonment according to a court judgement, the inquiry official shall take the suspect to the court within forty eight hours from the time when that suspect arrives at the office of the inquiry official in order for the court to consider issuing an order for that person to be sent to verify narcotic using or addiction, unless there is force majeure or other necessary cause arising from that suspect himself or from a changing circumstance which makes it impossible to take the suspect to the court within the said time limit.

In the action under paragraph one, if the suspect is of an age less than eighteen full years, the inquiry official shall send him to the court for an order of verification to be issued within twenty four hours from the time when that suspect arrives at the office of the inquiry official.

In sending to verify narcotic using or addiction, the court shall consider sending the person to verify at such narcotic addict rehabilitation center or place for verification, narcotic addict rehabilitation or custody as prescribed by the Minister also taking account of the age, the sex and the individual characteristics as supplementary factors and then the court shall give notice to the narcotic addict rehabilitation subcommission.

In the course of verification or narcotic addict rehabilitation, the inquiry official shall continue conducting the inquiry process and shall upon the completion of the inquiry send the inquiry file to the public prosecutor without having also to send the suspect and notify at which the narcotic addict rehabilitation center or place for verification, narcotic addict rehabilitation or custody the suspect is under custody.

During the time when the suspect is under custody under this act, the inquiry official or the public prosecutor is not required to carry out imprisonment on consignment or request a postponement of the prosecution according to the law.

Section 20. Should it appear that any suspect uses a narcotic before, at the time of or after being arrested for himself to be sent for narcotic addict rehabilitation and not have to be prosecuted on the charge of using and possessing, using and possessing for the purpose of selling or using and selling a narcotic, that person is not entitled to receive narcotic addict rehabilitation under this act. The narcotic addict rehabilitation subcommission shall give the inquiry official or the public prosecutor as the case may be notice to come to take that person to prosecute subsequently according to the law.

Pending the inquiry official or the public prosecutor coming to take the suspect to prosecute, the place receiving the suspect to verify or rehabilitate shall be empowered to keep the suspect in custody to the necessary extent provided that the inquiry official or the public prosecutor as the case may be shall come to take the suspect as soon as it is possible to do so.

Section 21. In the verification of the suspect under Section 19, the narcotic addict rehabilitation subcommission shall cause to be made by the competent official a record of the bio-data, the circumstance in the commission of the offense as well as all the environments of the person reporting for verification and verifying narcotic using or addiction.

The verification process shall be completed within fifteen days from the date of receiving that suspect at the place of verification, except that if there is a necessary cause the narcotic addict rehabilitation subcommission may order a time extension not exceeding thirty days.

The criteria and the procedure of verification shall be according to the regulations prescribed by the Commissioner.

Section 22. In the case where the narcotic addict rehabilitation subcommission judges that the person reporting for verification is a narcotic user or addict, a narcotic addict rehabilitation plan shall be made available and notice of the verification result shall be given to the public prosecutor. In such a case, the public prosecutor shall issue an order slowing down the prosecution until the narcotic addict rehabilitation result is received from the narcotic addict rehabilitation subcommission under Section 33.

In the case where the public prosecutor deems that the suspect who receives notice of the verification result under paragraph one is not entitled to receive narcotic addict rehabilitation under this act, the public prosecutor shall institute a prosecution subsequently and give notice to the narcotic addict rehabilitation subcommission.

Should as the verification result it does not appear that the suspect is a narcotic user or addict, the narcotic addict rehabilitation subcommission shall report the verification result for the inquiry official or the public prosecutor to consider instituting a prosecution subsequently according to the law.

In the case where the suspect must be sent back for the inquiry official or the public prosecutor to institute a prosecution subsequently, the provision of Section 20, paragraph two, shall apply *mutatis mutandis*.

Section 23. In the making of the narcotic addict rehabilitation plan under Section 22, the place and the procedure for narcotic addict rehabilitation shall be prescribed appropriate to the condition of the person reporting for narcotic addict rehabilitation by also taking account of the age, the

sex, the bio-data, the circumstance in the commission of the narcotic related offense as well as all the environments of that person as supplementary factors.

The prescription of the place for narcotic addict rehabilitation under paragraph one may be done of the narcotic addict rehabilitation center or narcotic addict rehabilitation place published prescribed by the Minister from the medical center, the child and youth observation and protection center, the government office or other place deemed fit.

The prescription of the narcotic addict rehabilitation procedure shall be done by taking account of the following procedure:

- (1) In the case where it is necessary to take the person reporting for narcotic addict rehabilitation into strict custody, that person shall be sent to receive narcotic addict rehabilitation in the narcotic addict rehabilitation center or narcotic addict rehabilitation place having a custody system against escape;
- (2) In the case where it is not necessary to take the person reporting for narcotic addict rehabilitation into strict custody, that person shall be sent to receive narcotic addict rehabilitation in the narcotic addict rehabilitation place according to appropriateness and conditions be prescribed requiring the person reporting for narcotic addict rehabilitation to 'stay within the prescribed limits in the course of narcotic addict rehabilitation;
- (3) In the case where it is not necessary to take the person reporting for narcotic addict rehabilitation into custody, he may be acquired to practice with any other procedure under the supervision of the probation official;
- (4) In the course of narcotic addict rehabilitation, the person reporting for narcotic addict rehabilitation may be required to drill in an occupation, do a social service work or do any other thing according to appropriateness so that he will have security in leading life staying far away from narcotics.

Section 24. In the case where facts shows after the court has issued the order under Section 19 that the person reporting for verification or the person reporting for narcotic addict rehabilitation is suspected or is under prosecution for another offense which is an offense punishable by imprisonment or comes under a judgement of imprisonment, the court shall consider issuing and order to send that person to the inquiry official for a prosecution to be subsequently instituted.

Section 25. The person reporting for narcotic addict rehabilitation must stay to receive narcotic addict rehabilitation according to the narcotic addict rehabilitation plan for a period not exceeding six months from the day of being sent to receive narcotic addict rehabilitation.

In the case where it appears that the narcotic addict rehabilitation result is still not satisfying, the narcotic addict rehabilitation subcommission may consider extending the narcotic addict rehabilitation period.

In the course of narcotic addict rehabilitation the narcotic addict rehabilitation may consider reducing the narcotic addict rehabilitation period as it sees fit.

Extending and reducing the narcotic addict rehabilitation period may be done in any number of times, but extending the narcotic addict rehabilitation period must at a time not exceeding six months and must in total not exceed three years from the date of being sent to receive narcotic addict rehabilitation.

Section 26. In the case where there are reasonable grounds the narcotic addict rehabilitation subcommission may consider a temporary release for the person reporting for verification or the person reporting for narcotic addict rehabilitation according to the criteria, the procedure and the condition prescribed by the Commissioner.

Section 27. In the case where the suspect has a domicile which is not convenient to report for narcotic addict rehabilitation in the narcotic addict rehabilitation or the place for narcotic addict rehabilitation or custody concerned, when the narcotic addict rehabilitation subcommission sees it fit or receives a request from the suspect, it may issue an order for transferring that person to receive narcotic addict rehabilitation or custody at another place but it must also appear that such transference will be in the interests of the narcotic addict rehabilitation of that person.

Section 28. The fact of the person reporting for verification or the person reporting for narcotic addict rehabilitation being taken into custody in the same manner as a detainee shall be considered as the person reporting for verification or the person reporting for narcotic addict rehabilitation as the case may be being a detainee under the Criminal Code.

In the case where there is an incident of escape from the custody of the narcotic addict rehabilitation center or the place for verification, narcotic addict rehabilitation or custody concerned, the period in which that person has already received verification or narcotic addict rehabilitation to the date of escape shall not be counted into the detention schedule.

Section 29. In the course of verification or narcotic addict rehabilitation, if any person reporting for verification or person reporting for narcotic addict rehabilitation escapes from custody or escapes outside the limit of the narcotic addict rehabilitation center or the place for verification, narcotic addict rehabilitation or custody concerned, that person shall be considered as escaping detention under Section 190 of the Criminal Code, and the competent official shall immediately give notice to the inquiry official. In this case the competent official is empowered also to pursue and arrest that person.

The provision in paragraph one in the portion related with the offense and the punishment under Section 190 of the Criminal Code shall not apply to a person aged less than eighteen full years; however the provision in Section 32, paragraph two, shall apply *mutatis mutandis*.

In the commission of the offense under paragraph one the narcotic addict rehabilitation subcommission shall be empowered to settle the case according to the criteria, the procedure and the condition prescribed by the commission.

Section 30. The person reporting for verification or the person reporting for narcotic addict rehabilitation must strictly comply with the various regulations and conditions prescribed by the commission and the narcotic addict rehabilitation subcommission, including the rules of the narcotic addict rehabilitation center or the place for verification, narcotic addict rehabilitation or custody concerned.

Section 31. In the case where the person reporting for verification or the person reporting for narcotic addict rehabilitation who is temporarily released fails to comply with or violates the prescribed regulations, conditions or rules, the competent official shall arrest that person back into the narcotic addict rehabilitation center or the place for narcotic addict rehabilitation or custody without having to issue a warrant.

Section 32. If any person reporting for verification or person reporting for narcotic addict rehabilitation violates Section 30, the narcotic addict rehabilitation center director or the supervisor of the place receiving that person shall be empowered to inflict the punishment by one or several of the following ways:

- (1) Put on probation,
- (2) Cut permission to be visited or contacted not in excess of three months,
- (3) Arrange to stay in isolation each time not in excess often days

In the case where it is necessary to inflict the punishment on the person under paragraph one who is a person aged less than eighteen full years, the punitive measure under the law governing the establishment of the Juvenile and Family Court and the juvenile and family procedure shall apply *mutatis mutandis*.

Section 33. When the narcotic addict rehabilitation subcommission judges that any person reporting for narcotic addict rehabilitation has received narcotic addict rehabilitation to the full as required in the narcotic addict rehabilitation plan and the narcotic addict rehabilitation result is already satisfying, that person shall be considered as relieved from the alleged offense under Section 19, and the narcotic addict rehabilitation subcommission shall issue an order for the release of that person and then give notice of the result to the inquiry official or the public prosecutor who is still prosecuting as the case may be.

In the case where any person reporting for narcotic addict rehabilitation, though already having received narcotic addict rehabilitation to the full of the period under Section 25, has a narcotic addict rehabilitation result still not satisfying, the narcotic addict rehabilitation subcommission shall report its opinion to the inquiry official or the public prosecutor as the case may be for the purpose of aiding the consideration of continuing prosecuting that person, and the provision in Section 22, paragraph four, shall apply *mutatis mutandis*.

Section 34. In trying and judging the case of the person who has already received narcotic addict rehabilitation under Section 33, paragraph two, the court may inflict the punishment on that person to any extent less than that prescribed by the law for that offense or may inflict no punishment at all by taking account of the period in which that person has already received narcotic addict rehabilitation.

Section 35. In the performance of the functions under this act, the commissioner, the subcommissioner and the competent official under this act shall be the administrative or police official under the Criminal Procedure Code and be the officer under the Criminal Code.

CHAPTER 4

The Competent Official

Section 36. In the performance of his duties, the competent official shall have the following powers:

- (1) To enter any dwelling place, place or conveyance in order to search and arrest the person reporting for narcotic addict rehabilitation violating Section 29 or Section 31 when there are reasonable grounds to suspect reasonably that the said person is hiding therein, combined

with there being reasonable grounds to believe that due to a delay before the warrant of search can be obtained that person will escape;

- (2) To issue a letter asking question to or summoning any person concerned with the person reporting for verification or the person reporting for narcotic addict rehabilitation to come to make a statement, send a written explanation or send any document or evidence for the purpose of inspection as an aid for consideration in the performance of the functions under Section 17;
- (3) To question the person reporting for verification, the person reporting for narcotic addict rehabilitation or any person who can provide such facts about the case as set forth in Section 17;
- (4) To order or cause the person reporting for verification or the person reporting for narcotic addict rehabilitation to be checked or tested as to whether or not there is a narcotic in his body.

Whether the competent official of which office or which level will have the powers prescribed under paragraph one in whole or in part or from whom he must receive approval before taking action shall be as prescribed by the Commissioner by being set forth in the identification card of that assigned competent official.

In the performance of the duties of the competent official under paragraph one, the person concerned shall afford reasonable facilities.

Section 37. In performing his duties the competent official must show his identification card to the person concerned.

The identification card of the competent official shall be according to the form prescribed by the Commissioner by being published in the government gazette.

CHAPTER 5

Appeal

Section 38. In the case where the narcotic addict rehabilitation subcommission issues the judgement under Section 22 that the person reporting for verification uses or is addicted to a narcotic or issues an order not permitting the person reporting for verification or the person reporting for narcotic addict rehabilitation to be temporarily released according to Section 26, or issue an order to extend the narcotic addict rehabilitation period as per Section 25, that person is entitled to lodge an appeal against the said judgement with the Commissioner within fourteen days from the date of being notified of the judgement or the order as the case may be.

The appeal under paragraph one, of course, constitutes no cause to diminish the enforcement of the judgement of the narcotic addict rehabilitation subcommission.

The judgement of the Commissioner shall be final.

Section 39. The criteria and the procedure of appeal lodgement and the procedure of appeal consideration shall be as prescribed in the ministerial regulations.

Section 40. In the consideration of the appeal the Commissioner shall have the following powers:

- (1) To give notice requiring the person concerned to come to make a statement or send other related objects, documents or evidences to aid consideration.
- (2) To issue the summoning letter to call for the concerned person to make his statement or send object, document or evidence witness to aid consideration.

In the case where the appellant does not come to make a statement or does not send the object, document or evidence under the order of the Commissioner under (1) without having given written notice of the failure to the Commissioner within three days from the date of receipt of the order of the Commissioner, the appellant shall be considered as not wanting to come to make a statement or send any additional object, document or evidence, and the Commissioner shall continue considering the appeal as it sees fit.

The summoning letter for coming to make a statement or send the object, document or evidence under (1) must also state on what matter the person is required to come to make a statement or send the object, document or evidence.

CHAPTER 6

Punishment Provision

Section 41. Any person discloses any fact or any evidential document which is the personal information obtained from performing according to this Act to other persons, he must be imprisoned not more than five years or fined not exceeding one hundred thousand baht or both, except such disclosure is for performing in the duty of investigation or legal proceeding or received permission from the narcotic addict rehabilitation commission or subcommission.

Any person acquiring or knowing of any fact from the person under paragraph one and then discloses that fact shall also be punished, unless the case is one where disclosure may be done according to paragraph one.

Section 42. Any person failing to comply with the letter of the competent official under Section 36(2) or failing to afford the facilities to the competent official under Section 36, paragraph three, or failing to comply with the summoning letter of the Commissioner under Section 40 shall be punished with improvement not exceeding six months or fine not exceeding ten thousand baht or both.

Section 43. The commission is empowered to settle the offense under Section 42 and for this purpose the Commissioner is empowered to assign the narcotic addict rehabilitation subcommission or the competent official attached to the narcotic addict rehabilitation center to execute settlement according to the criteria or the condition prescribed by the Commissioner.

When the offender has paid such fine a settled, the offense shall be treated as settled under the Criminal Procedure Code.

If the offender does not consent as settled or when having consented does not pay the fine

within the prescribed period, the case shall be proceeded with.

Countersigned by

Pol.Lt.Col. Thaksin Shinawatra

Prime Minister

Note: The reason for the enactment of this act is: Whereas problems about harmful narcotics at present have tensified, in which the narcotic is by principle a patient of a sort and not a normal criminal, the rehabilitation of narcotic addicts should therefore be extensively done, and whereas a number of narcotic addicts are also compelled to be narcotic distributors in exchange for the acquisition of narcotics, it is advisable to enlarge the scope of narcotics addict rehabilitation to extend to users and possessors, users and possessors for the purpose of selling and users and distributors of a small quantity of a narcotic too. In addition to that, since persons who are addicted to or use narcotics are many and constitute a major problem of the country, it is advisable to enlarge the places for verification of narcotic using or addiction and the places for narcotic addict rehabilitation, because in addition to the agencies of the Ministry of Justice there are also other state organizations and capable private organizations participating in the narcotic using or addiction verification and the rehabilitation of such persons, e.g. places of organizations in the military service, districts and minor-districts, nursing homes of the Ministry of Public Health, nursing homes of private individuals or other organizations, whose resources it is advisable to consolidate for narcotic addict rehabilitation so that greater efficiency will be brought about. It is therefore necessary to give this act.

THE MINISTERIAL REGULATION ON PRESCRIPTION OF THE CHARACTER, TYPE, CATEGORY AND QUANTITY OF DRUGS IN 2003

By virtue of section 5 and section 19 paragraph one of Narcotic Addict Rehabilitation Act B.E. 2545(2002) which contains provisions relating to the restriction of rights and liberties of the people which section 29 together with section 31 section 35 section 237 and 238 of the Constitution of the Kingdom of Thailand allow to be done by virtue of provisions of law, the minister of justice has issued ministerial regulation as follows:

1. The character, type and category of narcotics for the offence of consumption according to section 19 paragraph one are as follows:
 - (1) The following six types of narcotics of category I
 - (a) Heroin
 - (b) Methamphetamine
 - (c) Amphetamine
 - (d) 3,4 - methylenedioxyamphetamine
 - (e) Methylenedioxyamphetamine
 - (f) MDA or MDE
 - (2) The following two types of narcotics of category II
 - (a) cocaine
 - (b) opium
 - (3) A type of narcotics of category V is cannabis Narcotics of category I and II include any material called for other names but in the same physical appearance of chemical structure of the narcotics as mentioned and any flake of the narcotics as mentioned
2. The narcotics according to 1. for the offence of consumption and possession, the offence of consumption and possession for disposal and the offence of consumption and disposal of narcotics under section 19 paragraph one shall have the following quantity:
 - (1) narcotics of category I
 - (a) heroin is in quantity not exceeding 200mg.
 - (b) methamphetamine is not exceeding of five doses under narcotic law or in quantity not exceeding 500mg.
 - (c) amphetamine is not exceeding of five doses under narcotic law or in quantity not exceeding 500mg.
 - (d) 3,4- methylenedioxyamphetamine is not exceeding of five doses under narcotic law or in quantity not exceeding 1,250 mg.
 - (e) Methylenedioxyamphetamine is not exceeding of five doses under narcotic law or in quantity not exceeding 1,250 mg.
 - (f) MDA or MDE is not exceeding of five doses under narcotic law or in quantity not exceeding 1,250 mg.
 - (2) narcotics of category II
 - (a) cocaine is in quantity not exceeding 200 mg.

(b) opium is in quantity not exceeding 5,000 mg.

(3) narcotic of category V is cannabis which is in quantity not exceeding 5,000 mg.

Narcotics according to (1) and (2) include any material called for other names but in the same physical appearance of chemical structure of the narcotics as mentioned and any flake of the narcotic as mentioned

Given on 28 February 2003

The Minister of Justice

QUESTIONNAIRE ON THE EFFECTIVE PREVENTION OF DRUG ABUSE AND ENHANCEMENT OF TREATMENT FOR DRUG ABUSERS

PART A. BASIC INFORMATION SECTION

In this section, you are kindly requested to fill in the basic information concerning this survey. When you respond to this questionnaire, please use the attached diskette which contains this questionnaire in the MSWord format. If you type or write your answers, please write them clearly.

A-1 Respondent's agency, name, address, and other contact details.

Agency (organization)			Website	
Name Title/Position			Email	
Address				
Contact Person (if different from above)	Name Title/Position			
	Address			
	TEL/FAX			
	Email			

A-2 Major agencies/organizations in handling drug-related problems

Please list the major agencies/organizations which handle drug-related problems (especially those related to prevention and treatment of drug abusers) in this table. In order to fill in this table, please specify agencies/organizations in the following order which are responsible for:

1. National/regional drug strategy, 2. Institutional treatment in the criminal justice system (CJS), 3. Institutional treatment in the Health Care System (HCS) 4. Community-based treatment in the CJS, and 5. Other relevant agencies/organization (e.g. Department of Health, private organization such as a NGO).

	Agencies/Organization	Contact Details	Brief Description of Its Activities
1		Address: TEL/FAX: E-mail: Website:	
2		Address: TEL/FAX: E-mail: Website:	
3		Address: TEL/FAX: E-mail: Website:	
4		Address: TEL/FAX: E-mail: Website:	
5		Address: TEL/FAX: E-mail: Website:	

A-3-(a) Current situation of drug offenders

Please fill in the following table concerning drug offenders in your country (area) based upon reliable and latest statistics.

Tab. A-3 –(a): Situation of the top five drug offenders for 2001 or 2002

Year: _____

	Name or types of Drug	Estimated number of abusers	Number of Arrestees per year
1			
2			
3			
4			
5			
Total			

Sources of the above statistics	
Among the drugs listed above, which drug is most important in drug control in your country? Please describe specific reasons for your answer.	

A-3-(b). Please fill in the following table based upon annual statistics

Tab. A-3-(b)-1: Recent Trends in the Number of the Top five drug offence arrestees (Total)

Name or types of drug	1997	1998	1999	2000	2001	2002	Notes
1							
2							
3							
4							
5							

Sources of the above statistics	
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Tab. A-3-(b)-2: Recent Trends in the Number of the Top five drug offence arrestees (self-use/ consumption only)

Name or types of drug	1997	1998	1999	2000	2001	2002	Notes
1							
2							
3							
4							
5							

Sources of the above statistics	
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Tab. A-3 ñ(c): Situation of the top five drug offenders in prisons in 2001 or 2002

1	a. Number of drug offenders b. Number of drug abusers	
2	a. Number of drug offenders b. Number of drug abusers	
3	a. Number of drug offenders b. Number of drug abusers	
4	a. Number of drug offenders b. Number of drug abusers	
5	a. Number of drug offenders b. Number of drug abusers	
Total	a. Number of drug offenders b. Number of drug abusers	

Recidivism Rates (%)¹ of drug offenders/abusers in prison on 2001 or recent years : (year) (%)

Sources of the above statistics	
Definition of Recidivism rates in the above	
Among the drugs listed above, which drug is most important in drug control <u>in prison</u> in your country? Please describe specific reasons for your answer.	

Tab. A-3 ñ(d): Situation of the top five drug offenders under probationary or parole supervision in 2001 or 2002

1	a. Number of drug offenders under probation b. Number of drug-abuse probationers c. Number of drug offenders under parole d. Number of drug-abuse parolees	
2	a. Number of drug offenders under probation b. Number of drug-abuse probationers c. Number of drug offenders under parole d. Number of drug-abuse parolees	
3	a. Number of drug offenders under probation b. Number of drug-abuse probationers c. Number of drug offenders under parole d. Number of drug-abuse parolees	
4	a. Number of drug offenders under probation b. Number of drug-abuse probationers c. Number of drug offenders under parole d. Number of drug-abuse parolees	
5	a. Number of drug offenders under probation b. Number of drug-abuse probationers c. Number of drug offenders under parole d. Number of drug-abuse parolees	
Total	a. Number of drug offenders under probation b. Number of drug-abuse probationers c. Number of drug offenders under parole d. Number of drug-abuse parolees	

Recidivism Rates (%)² of drug offenders/abusers under probationary or parole supervision on 2001 or recent years:

Probationers (year) (%) _____ **Parolees (year) (%)** _____

Sources of the above statistics	
Definition of Recidivism rates in the above	
Among the drugs listed above, which drug is most important in drug control <u>in probation or parole</u> your country? Please describe specific reasons for your answer.	

^{1,2} Please specify the definition of "recidivism" such as re-arrest rate after release, sentenced in a court, re-incarceration rate etc., and fill in this column using appropriate measures of recidivism as defined here.

A-4 Legal Provisions Concerning Control of Drugs

Please fill in the following table which ask the name of relevant laws and legal punishments for the top five drugs in your country (area).

Note: If the above laws are available in English, please attach a photocopy to this questionnaire.

TAB A-4(a): Overview on legal provisions controlling the top five drugs

Name or type of drug	Name of Relevant Law (year of enactment)	Modes of violation	Contents of Legal Punishments/Sanctions	
			Lower limit of Punishments/Sanctions	Upper limit of Punishments/Sanctions
		Cultivation/Production		
		Import/Export/Smuggling		
		Possession (by type of each offence) 1. 2. 3.		
		Self-use (consumption)		
		Others		
		Cultivation/Production		
		Import/Export/Smuggling		
		Possession (by type of each offence) 1. 2. 3.		
		Self-use (consumption)		
		Others		
		Cultivation/Production		
		Import/Export/Smuggling		
		Possession (by type of each offence) 1. 2. 3.		
		Self-use (consumption)		
		Others		
		Cultivation/Production		
		Import/Export/Smuggling		
		Possession (by type of each offence) 1. 2. 3.		
		Self-use		
		Others		
		Cultivation/Production		
		Import/Export/Smuggling		
		Possession (by type of each offence) 1. 2. 3.		
		Self-use (consumption)		
		Others		

A-4(b) Major sanctions for drug abusers

Please describe major sanctions (e.g., imprisonment, probationary supervision, and other sanctions such as commitment to drug treatment center, community service orders, treatment referral orders for drug abusers etc.) using the following table.

Tab. A-4(b): Major sanctions for drug abusers

Types of Sanctions	Relevant law governing this sanction	Responsible Enforcement Agency/ Organization	Description of the Sanction	Numbers of Offenders who received this sanction in a year (year in parenthesis)
				()
				()
				()
				()
				()
				()

A-4(c) Possibility of introducing new measures/schemes

If your country (area) is going to introduce new measures/schemes in handling drug abusers within the next coming few years (e.g. introduction of a diversion program), please describe the plan in the table below.

Tab. A-4(c): Plan to introduce new measure/scheme in handling drug abusers in the near future

There is a plan to introduce new measures.	Yes	No
If answer is Yes , please describe the details of the plan.		

Next, please answer the questionnaires concerning institutional treatment (Continued to PART B) .

PART B. INSTITUTIONAL TREATMENT FOR DRUG ABUSERS

B-1 Current modalities of institutional treatment

With regard to current modalities of compulsory institutional treatment (not only limited to institutions under the criminal justice system) for drug abusers, please fill in the following table.

TAB. B-1: Types of available institutions for drug abusers and their relevant information

Types of Institutions	Numbers of Institutions	Authorized Capacity ³		Staff Strength	Responsible Agency	Notes (Relevant law and regulations, brief description of treatment offered)
		capacity	admission			
1 Special Treatment Center for drug abusers	Adult					
	Juvenile					
2 Special Treatment unit for drug abusers in hospitals	Adult					
	Juvenile					
3 Special Treatment unit for drug abusers in prisons	Adult					
	Juvenile					
4 Medical prisons (except for 2 and 3)						
5 Regular prisons (except for 2 and 3)						
6 Juvenile (Training) School						
7 Others (please specify the name of institution and available services which are provided by other agencies (e.g. dept. of health)						

B-2 Program contents at institutional settings

Next, please mark available interventions and programs using x if applicable in the following table and describe program details briefly.

TAB. B-2: Contents of intervention programs by type of institution

Types of Institution	Detoxification	Pharmacotherapy ⁴	Education	Psycho-Social Intervention ⁵	Drug Testing	Harm-Reduction Measures ⁶	Relapse Prevention	Family Intervention ⁷	Vocational Guidance ⁸	Others	Notes (Program details, etc.)
1 Special Treatment Center											
2 Special Treatment Unit in hospitals											
3 Special Treatment Unit in prisons											
4 Medical Prison											
5 Regular Prison											
6 Juvenile Training School											
7 Others											

³ Authorized Capacity means authorized capacity of institution or annual admission of drug abusers to the institution.

⁴ Pharmacotherapy includes replacement therapy, maintenance therapy, and other medication to relieve drug-related symptoms.

⁵ Psycho-social intervention includes counseling, therapeutic community programs, cognitive therapies, life skills training, etc..

⁶ Harm-reduction measures include delivery of syringes, needles, condoms, etc. to minimize harm caused by drug use.

⁷ Family intervention includes psycho-education programs for family members, family counseling, case work, etc.

⁸ Vocational guidance includes vocational training programs, assistance for job placement, etc.

B-3 Specific programs for specific types of drugs

Please describe if special institutional treatment programs are available for a specific drug like Amphetamine-Type-Stimulants (ATS), Heroin.

TAB. B-3: Specific programs for specific type of drug like ATS, Heroin, etc.

There are specific programs for specific drugs.	Yes		No	
Type of institution:				
Name of specific drugs :				
Contents of treatment programs :				

B-4 Drug abuse problems inside institutions

Please fill in the following table if there are any drug abuse problems in drug-treatment institutions.

There are drug abuse problems inside institutions.	Yes		No	
(1) Type of institution:				
If answer is 'yes', Please describe the problems				
Countermeasures by institutions				
(2) Type of institution:				
If answer is 'yes', Please describe the problems				
Countermeasures by institutions				

B-5 Evaluative Studies on the Effectiveness of the Institutional Treatment Programs

If your country has conducted empirical studies on the effectiveness of institutional treatment for drug abusers, please describe them in the table below.

Note: (1) If several studies were conducted, please copy this table and describe them.

(2) If the above study is written in English, please attach a photocopy of it..

		Study No.
1	Name/title of the study	
2	Purpose of the study	
3	Authors Name of Journal/Document, Volume and pages.	
4	Method of the study (e.g., sampling, research design, etc.) If randomized control trial was adopted, please mention it. (1) Independent variables (e.g. program participation vs control condition) (2) Dependent variables (e.g. indicators of effectiveness)	
5	Number, age & sex composition and other characteristics of the research subjects	(1) Number of the research subject (2) Gender proportion (3) Age composition (4) Occupation
6	Major findings of the study (reduction of recidivism rates, improvement of QOL, etc.)	
7	Future tasks suggested by the study	
8	Other comments	

B-6 Current Problems, Future tasks, and Prospects of the Treatment Programs for Drug Abusers at Institutional Settings.

Major problems or obstacles of institutional treatment for drug abusers:
Possible countermeasures for the problems:
Future tasks and prospects:

B-7 Major prevention programs of drug abuse and treatment programs for drug abusers in correctional institutions

Please describe major prevention/treatment programs conducted at institutional settings using the following table.
Please copy this sheet, if you have several program.

Table No. _____

1	Name and definition of the program	
2	Purpose	
3	Legal provisions of the program	
4	Responsible agency or authority	
5	Provider of the program (a) Planning agency (b) Implementation agency (including support from private organizations) (c) Collaboration with relevant agencies (including legal provisions, memorandum among the relevant agencies, etc.)	
6	Staff members involved in the program (number of staff, qualification, specialties, etc.)	
7	Cooperation or collaboration with outside agencies (e.g. medical/social welfare agencies, NGO, etc.)	
8	The year of the Inception of the program	
9	Place of the program (name of institution)	
10	Criteria to select appropriate clients (a) Criminal background (b) Risk to the community (c) Motivation (d) Other requirements <u>Note: if you utilize a specific suitability assessment scale, please attach a photocopy.</u>	
11	Program contents <u>Note: If program manual is available, please attach it to this questionnaire</u> A Duration B Capacity of program C Types of services <u>Definition of the following services, please refer notes on page 6 of this questionnaire.</u> (1) Detoxification (2) Pharmaco-Therapy (3) Education (4) Psycho-Social Intervention (social skills training etc.) (5) Drug Testing (urine/blood) (6) Harm-Reduction Measures (7) Relapse Prevention (8) Family Intervention(Support for family) (9) Vocational Guidance/Training (10) Information (access to support/treatment agencies/bodies) (11) Others	

12	<p>Conditions of program participation</p> <p>(a) types of condition (e.g. general conditions, special conditions)</p> <p>(b) contents</p> <p>(c) numbers of conditions by type</p>	
13	<p>Program achievements</p> <p>1 Annual number of clients who received the program</p> <p>2 Annual budget for the program (if possible, please specify the breakdown of the budget)</p> <p>3 Results (Monitoring and evaluation of the program)</p> <p>a. Program effectiveness in terms of preventing re-offending</p> <p>b. Changes to the clients' Quality of Life</p> <p>c. How to measure progress, outcome, etc.</p> <p>d. Others</p> <p>Note: If annual report or statistics are available, please attach it.</p>	
14	<p>Staff training for the programs</p> <p>1 Titles of training courses</p>	
	<p>2 Course contents</p>	
	<p>3 Number of staff who completed the courses</p>	
	<p>4 Certificates or licenses obtainable after the courses</p>	
	<p>5 Other comments on the staff training courses</p>	
15	<p>Challenges in the programs</p> <p>1 Budget and manpower</p> <p>2 Collaboration with other agencies and resources in the community</p> <p>3 Verification of program effectiveness</p> <p>4 Other matters</p>	

B-8 Drug-related infections/psychosis/other disease among population in correctional institutions

Please provide information concerning drug-related diseases in the following table.

Type of disease	Number of inmates	Treatment and care provided for the patients, preventive measures against infection
AIDS/HIV		
Hepatitis		
Tuberculosis		
Drug-related psychotic disorder		
Other drug-related Diseases		

Next, please answer the community-based prevention and treatment questionnaires (Continued to the PART C)

PART C. Community-based Treatment

C-1 Availability of community-based treatment programs at each stage of the criminal justice system

In which stage of the criminal justice system are community-based treatment programs available in your country? Please mark the applicable stage using 'X'.

a	Police	
b	Prosecution	
c	Court	
d	Early release from prison	
e	Probation	

C-2 Contents of the available sanctions related to community-based treatment programs for drug abusers

If your answer is 'yes' in the C-1 table, please mark "X" for available programs in the table below and describe the name of the programs.

	Organization	Types of Programs	Yes	Name of programs
a	Police	1 Drug diversion programs		
		2 Others (e.g. arrest referral)		
b	Prosecution	1 Suspension of prosecution & drug treatment program ⁹		
		2 Other drug diversion programs		
c	Court	1 Suspended sentence & drug treatment (as the conditions of this decision)		
		Suspension of the execution of sentence & drug treatment (as the conditions of this decision)		
		2 Probation & drug treatment (as the conditions of this decision)		
		3 Special drug court program		
		4 Treatment orders		
d	Early release from Prison	1 Early release with intensive supervision and support parole (ISSP)		
		2 Others		
e	Probation	1 Intensive supervision and support probation (ISSP)		
		2 Probation with special conditions concerning drug treatment		

C-3 Types of community-based treatment programs

If the following programs are available in the community-based treatment settings, please mark the applicable programs using 'X'.

	Types of Programs	Yes	Name of programs
1	Pre-treatment Services		
2	Temporary Residential Treatment		
3	Day Treatment or daycare services		
4	Outpatient treatment		
5	Relapse Prevention		
6	Special treatment courses for specific drugs (e.g. ATS)		
7	Community-based residential program		
8	Others (1)		
	Others (2)		
	Others (3)		

⁹ Treatment program means supervision and support for drug abusers. It may include drug testing.

C- 4 Program details

If your answer is 'yes' in C-1 to C-3, please describe the details of each program using the following table.

Please copy this sheet, if you have several program.

Table No.

1	Name and definition of the program	
2	Purpose	
3	Legal provisions of the program	
4	Responsible agency or authority	
5	Provider of the program (a) Planning agency (b) Implementation agency (including support from private organizations) (c) Collaboration with relevant agencies (including legal provisions, memorandum among the relevant agencies, etc.)	
6	Staff members involved in the program (number of staff, qualification, specialties, etc.)	
7	Cooperation or collaboration with outside agencies (e.g. medical/social welfare agencies, NGO, etc.)	
8	The year of the Inception of the program	
9	Place of the program	
10	Criteria to select appropriate clients (a) Adult or juvenile (b) Criminal background (c) Risk to the community (d) Motivation (e) Other requirements Note: If you utilize a specific suitability assessment scale, please attach a photocopy.	
11	Program contents Note: If a program manual is available, please attach it to this questionnaire A Duration B Capacity of program C Intensity of the supervision and support (a) minimum (b) regular, moderate (c) intensive, maximum (d) mobility among the above levels D Types of services Definition of the following services, please refer notes on page 6 of this questionnaire. (1) Pharmaco-Therapy (2) Education (3) Psycho-Social Intervention (social skills training etc.) (4) Drug Testing (urine/blood) (5) Harm-Reduction Measures (6) Relapse Prevention (7) Family Intervention(Support for family) (8) Vocational Guidance/Training (9) Information (access to support/treatment agencies/bodies) (10) Support from relevant agencies and the community (11) Others	

12	<p>Conditions of program participation</p> <p>(a) Types of condition (e.g. general conditions, special conditions)</p> <p>(b) Contents</p> <p>(c) Numbers of conditions by type</p>	
13	<p>Measures to be taken in good program records</p> <p>(a) criteria</p> <p>(b) legal effects (e.g., non-prosecution, suspended-sentence, early termination of probation, etc.)</p>	
14	<p>Measures to be taken in bad program records</p> <p>(a) criteria</p> <p>(b) legal effects (e.g., prosecution, sentencing of ordinary sanction, revocation of conditional release or probation, etc.)</p>	
15	<p>Program achievements</p> <p>1 Annual number of clients who received the program</p> <p>2 Annual budget for the program (if possible, please specify the breakdown of the budget)</p> <p>3 Results (Monitoring and evaluation of the program)</p> <p>a. Program effectiveness in terms of preventing re-offending</p> <p>b. Changes to the clients' Quality of Life</p> <p>c. How to measure progress, outcome, etc.</p> <p>d. Others</p> <p><u>Note: If annual report or statistics are available, please attach it.</u></p>	
16	<p>Staff training for the programs</p> <p>1 Titles of training courses</p>	
	<p>2 Course contents</p>	
	<p>3 Number of staff who completed the courses</p>	
	<p>4 Certificates or licenses obtainable after the courses</p>	
	<p>5 Other comments on the staff training courses</p>	
17	<p>Challenges in the programs</p> <p>1 Budget and manpower</p> <p>2 Collaboration with other agencies and resources in the community</p> <p>3 Verification of program effectiveness</p> <p>4 Other matters</p>	

C-5 Empirical studies on the effectiveness of community-based treatment

If your country has conducted empirical studies on the effectiveness of community-based treatment for drug abusers, please describe them in the table below.

Note: (1) If several studies were conducted, please copy this table and describe them.

(2) If the above study is written in English, please attach a photocopy of it.

		<u>Study No.</u>
1	Name/title of the study	
2	Purpose of the study	
3	Authors Name of Journal/Document, Volume and pages.	
4	Method of the study (e.g., sampling, research design, etc.) If randomized control trial was adopted, please mention it. (1) Independent variables (e.g. program participation vs control condition) (2) Dependent variables (e.g. indicators of effectiveness)	
5	Number, age & sex composition and other characteristics of the research subjects	(1) Number of the research subject (2) Gender proportion (3) Age composition (4) Occupation
6	Major findings of the study (reduction of recidivism rates, improvement of QOL, etc.)	
7	Future tasks suggested by the study	
8	Other comments	

C-6 Future tasks and prospects of community-based treatment for drug abusers

1	What are the major obstacles in reducing drug abusers in your country?		
2	What are the major obstacles in conducting drug abuse prevention activities?		
3	Among the following measures, which countermeasures against drug abuse problems should be emphasized in near future in your country? Please write the order of priority by the numerical number such as 1, 2, 3. . .		
	Area	Priority	Reason of prioritization
a	Police (drug diversion program)		
b	Prosecution (drug diversion program)		
c	Court (e.g. Suspended sentence with drug treatment order)		
d	Early release from prison (with intensive supervision for drug abuse)		
e	Probation (ISSP)		
4	Among the following modes of treatment programs, which programs should be emphasized in near future in your country? Please write the order of priority by the numerical number such as 1, 2, 3. . .		
	Area	Priority	Reason of prioritization
a	Pre-treatment Services		
b	Temporary Residential Treatment		
c	Day Treatment or daycare services		
d	Outpatient treatment		
e	Relapse Prevention		
f	Special courses for specific drugs (e.g. ATS)		
g	Other programs or services		
5	Finally please provide any other information or comments concerning community-based prevention and treatment of drug abusers		

D Through care system and aftercare

Through care system is a system which provides (1) supervision and support for offenders at parole and probation period, (2) support for offenders after treatment at institutional settings (except for parole) and expiration of term of probationary or parole supervision. It is provided by multi agencies and organizations. It may include relapse prevention, supervision and support for peer relationship, support for stabilizing their living conditions and so forth. (2) is called aftercare. Through care system aims to enhance effective rehabilitation or re-integration of offenders into the society. Since treatment and rehabilitation of drug abusers takes long period, it seems very important to establish through care system and to provide aftercare for them. Please describe current practice of through care system and aftercare conducted in your country.

D-7-a Are there any collaboration among intuitional treatment agencies, probation/parole agencies and community-based treatment agencies/organizations for drug offenders/abusers?		Yes		No	
If answer is 'yes', please describe the contents of the activities:					
D-7-b Are there any casework activities conducted before release?		Yes		No	
If answer is 'yes', please describe the contents of the activities:					
D-7-c Are there any rehabilitation services or programs which drug abusers can participate in after release (except for parole) or the expiration of the term of probationary or parole supervision? If answer is 'yes', is it compulsory or voluntary (release from institution only)?	After release from institution		Yes	No	
	Compulsory treatment Voluntary treatment				
After expiration of term of probation or parole period					
Name of services or programs	Service provider	Outline of the services or program			
D-7-d (1) Please describe details of the above mentioned services or programs					
1 Name of the programs or services					
2 Selection criteria for the program participation					
3 Duration of the program or services					
4 Contents of the program or services					
5 Rules and measures for rule violation					
6 Staff members involved in the program or services (including utilization of ex-offenders)					
7 Staff training concerning the program					
8 Methods and procedures of monitoring and evaluation of the program or services					
9 Other comments					

D-7-d (2) Please describe details of the above mentioned services or programs	
1 Name of the programs or services	
2 Selection criteria for the program participation	
3 Duration of the program or services	
4 Contents of the program or services	
5 Rules and measures for rule violation	
6 Staff members involved in the program or services (including utilization of ex-offenders)	
7 Staff training concerning the program	
8 Methods and procedures of monitoring and evaluation of the program or services	
9 Other comments	

D-7-d (3) Please describe details of the above mentioned services or programs	
1 Name of the programs or services	
2 Selection criteria for the program participation	
3 Duration of the program or services	
4 Contents of the program or services	
5 Rules and measures for rule violation	
6 Staff members involved in the program or services (including utilization of ex-offenders)	
7 Staff training concerning the program	
8 Methods and procedures of monitoring and evaluation of the program or services	
9 Other comments	

D-7-d (4) Please describe details of the above mentioned services or programs	
1 Name of the programs or services	
2 Selection criteria for the program participation	
3 Duration of the program or services	
4 Contents of the program or services	
5 Rules and measures for rule violation	
6 Staff members involved in the program or services (including utilization of ex-offenders)	
7 Staff training concerning the program	
8 Methods and procedures of monitoring and evaluation of the program or services	
9 Other comments	

Thank you very much for your kind cooperation.

Please check the questionnaire again and return the questionnaire to UNAFEI (the following address) by 31 July 2003.

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