* Drugs & Society

** Drug Addiction

— Narcotics

Treatment and Rehabilitation within the correctional system "THE HONG KONG APPROACH"

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* DRUGS AND SOCIETY

refreshed, if anything. These then are the advantages of cannabis."

To some, this statement may sound logical, but is it?

It has been said that, if we try to forget all definitions and theories and ask why do people use drugs? Then it can be said, with some simplification, that they are using them to produce a changed state of consciousness, a changed quality of feeling or experience. I doubt it can be simplified as easily as this, but most certainly, where we have intelligent, educated, reasonably well off members of the community involved, particularly as habitual cannabis users, then either they want more than can be had by normal people, or they want something quite within the reach of normal people which only they cannot accomplish because of some shortcoming. This can point to some emotional, mental and social weakness.

Ian Vine, in "Marihuana — a comment" discussed a BBC survey presented by Terence Feeny. Vine wrote:

> "The program confirmed the common view that the normal subjective effect from small doses is a feeling of lightheartedness and well-being. Feeny likened this to the early stages of drunkenness, which seemed only slightly misleading. Several informants mentioned the slowing down of the sense of time under marihuana, and under heavier doses, this can be most marked, amounting to a complete disjunction of experiences and sometimes a feeling of fright, "the horrors".

Marihuana, whether spelt with a 'h' or a 'J', has recently become a subject of a great deal of attention. The Oxford illustrated dictionary pulbished in 1962 whilst spelling marijuana with a 'j', describes it as dried leaves of common hemp smoked as a narcotic in Mexico and US. The encyclopaedia Britannica, playing it safe, spells Marihuana twice with a 'j' and a 'h' and describes it as an intoxicating excitant drug, used illegally in the United States and elsewhere, usually in cigarette form, is obtained from the top leaves and flowers of the Indian hemp plant, Cannabis Sativa, which grows in most parts of the world. It is important that before one considers the problem involving cannabis, one must first of all determine what it is, what it does, and what it can do. This subject has been dealt with in great detail in the First Report of the Board of Health Committee on Drug Dependency and Drug Abuse in New Zealand.

PROBLEM OF CANNABIS: MARIJUANA, HASHISH AND T.H.C.

Few aspects of drug abuse have given rise to more discussion than the place of cannabis, either in the form of the dried leaves ("marijuana") or of the resin obtained from the female flowering tops ("hashish"). Cannabis deserves a special consideration along with other hallucinogens for several reasons. Pharmacologically, it is quite different from such drugs of dependence as morphine and the amphetamines. As the active principles of cannabis were not identified until quite recently, few scientists have been able to study their pharmacological properties. It is commonly believed that cannabis is much less harmful than such drugs as morphine and heroin. It is therefore important to assess its potential for harm.

It can be grown in many countries in the world, including Arabia, Asia Minor, Australasia, Ceylon, Egypt, India, Mexico, Pacific Islands, Pakistan, Turkey, West Indies and the Far East. It is possible to grow it in temperate to tropical zones which have high temperatures with dry climates.

Hemp fibre obtained from the cannabis plant was one of the earliest fibres used by man. Seeds of hemp and hemp cord were found in a Viking ship dating from 850 A.D. In Britain, hemp was extensively cultivated in East Anglia for fibre in the fourteenth century — indeed by royal decree a ¼ acre in each 60 acres of arable land had to be cultivated in cannabis for production of ship cordage. The intoxicating properties of cannabis would seem to have been known in South Russia since at least the nihth century B.C. In fact, since ancient times, people have used its products for stimulation and intoxication.

From both the flowering tops and the leaves can be obtained drugs which have a powerful action on the brain. The flowering tops develop a resinous material which contains several pharmacologically active chemicals. These are present in smaller quantities in the leaves. The principal active ingredients of cannabis resin are called cannabinols. The most potent are several tetrahydro-cannabinols usually referred to as "T.H.C.".

Cannabis is commonly prepared and used in several ways. In most western societies, dried preparations of the whole plant are smoked as marijuana in the form of a cigarette often called a "reefer" or "joint". The potency of such preparations depends on a number of factors. A form favored in many Asian and a few western communities is the concentrated cannabis resin known as "hashish" which is usually chewed or eaten; by this means, significantly higher doses of T.H.C. are absorbed by the body. Hashish eating was the basis of the ritual preparation of those chosen as political assassins in twelfth century Iran.

It has for some time been known that the amount of T.H.C. in cannabis varies greatly according to the parts of the plant used, the climate and soil in which it grew, the time of harvesting and the length of time in storage. The keeping qualities of dried cannabis vary widely and its potency may decline significantly with age, conditions of storage and the stage at which the crop, especially the flowering tops, was harvested.

It can therefore be understood that even relatively pure samples of prepared cannabis may differ both greatly and unpredictably.

The many variations of quality, and the unpredictability of deterioration with ageing and conditions of storage, no doubt, account in part for some of the widely differing claims and observations of the effects of cannabis on its users.

In the light of present knowledge, there is no justification for the view that smoking of cannabis is harmless. The danger of such a statement lies in the encouragement it gives to non-users to venture on their first experimental indulgence, and the discouragement it gives the user to make any serious effort to stop.

A recent case in the United Kingdom came to light when a person smoked cannabis for the first time. The effects of the drug so frightened him that he called the police and a doctor. He told the police he thought he was dead and he had murdered his wife. Having tried it out of curiosity, he was a wiser man after the event, but was it really necessary for him to have such an experience?

On the situation in India, Dr K. J. Dunlop writes:

> "The long-term effects of Indian hemp (marijuana) make a person a shiftless and degraded member of the community, and ultimately a sick member. He eventually becomes unemployable because he is so incapable and unreliable. I have been following the controversy regarding the use or abuse of marijuana for some time.
> Living in this part of India (Assam) for the last twenty years, I have in my professional capacity had to meet and treat many patients who have smoked pot, many of them since early youth.
> One can always recognise a pot smoker of any duration by the fact that he will have been admitted to hospital on many occasions suffering from "bronchitis". He will have a chronic non-productive cough and his exercise tolerance will be reduced.
> Why do our 'progressives' and 'do-gooders' make statements to the Press and to medical journals stating that the drug is 'soft' and no harm or only a little harm can come from its use, when they have little or no experience of its effect in society?
> Why at a time when we see pressures being brought to bear on the Government, television and the press to ban advertisements for cigarettes, because they are carcinogenic and lead to premature death, do we have, simultaneously, pressure groups trying to legalise a drug which kills its habitues a decade or a decade and a half earlier than does tobacco?"

During a recent visit to Ceylon, I discovered that cannabis (Ganja) was used quite often in the preparation of food in certain areas of that country. I discovered the same to be true on a visit to Nepal in 1967.

During a discussion by members of the United Nations Economic and Social Council reported in a recent edition of the "Bulletin on Narcotics", it was stated that the International Narcotics Control Board had taken a serious view of the cannabis problem, and it shared the opinion of the WHO Expert Committee on Drug Dependence that the growing misuse of cannabis constituted a menace to society and the individual. The physiological effects of long-term misuse were known and, while research into the psychiatric effects was needed, it could hardly be doubted that prolonged misuse undermined man's inborn urge to improve the lot of himself and his family. There seemed also to be general agreement that even mild doses disturbed the individual's sense of time and space — a fact which, especially in the age of the automobile, was of relevance to the current debate on whether cannabis consumption should be legalised. The debate seemed to be clouded by lack of understanding arising from the fact that much of the cannabis consumed by new adherents to the cult was of inferior quality, so that its effects were relatively mild.

Because this drug has no known therapeutic value, relatively little is known of its mode of action in man. The overall effects of the drugs are well recorded however, and have recently been summarised in an editorial of the British Medical Journal. The inhaled smoke from a "reefer" produces the initial effects within a few minutes and the maximum effect is produced in 30 - 60 min. and persists for 3 - 5 hrs. The effect of the drug is partly dependent on the setting in which it is taken; if taken in a conducive setting its effects commonly include tranquillity, apathy and euphoria. Less frequently fear, aggression and hilarity (hashish laugh) are noticeable, and these effects are seen particularly when cannabis is used by an extrovert in an emotionally stimulating situation. With increasing doses, changes in mood are followed by changes in perception, particularly in the concept of time, and then by hallucinations.

Conclusion

This then constitutes some of the known facts about marihuana, and at the present time anyone who condones its use would do well to consider all the factors involved.

As a final point I would like to emphasize the necessity for the press to handle this problem in a responsible manner.

We are fortunate in Hong Kong to have a press that recognises this need and in general treats the subject of drug addiction with the seriousness and tact it merits.

The press, whether it is in the form of a magazine, newspaper, radio or television is constantly in our homes, and as such is always within reach of our children. It can have a powerful effect on young minds and in so doing can give tremendous support to parents in any programme of preventative education. For if we are to win the fight against drug addiction, it will have to start with preventative education directed at those who do not take the drugs. "Prevention is better than cure."

References:
1. Board of Health Committee on Drug Dependency and Drug Abuse in New Zealand. Published February 1970.
2. U.N. Economic and Social Council discusses the drug problem. Bulletin on Narcotics, Vol. XXII, No. 3, July-September 1970.
3. Aspects of Drug Addiction. Published by the Royal London Prisoners Aid Society.
4. Cannabis: A Short Review of its Effects and the Possible Dangers of its Use. By B. E. Leonard. (The British Journal of Addiction Vol. 64 Number 1 May 1969).
5. Mental Illness and Indian Hemp in Lagos. By A. Boroffka, East African Medical Journal Vol. 43 No. 9.

** DRUG ADDICTION — NARCOTICS: The Treatment and Rehabilitation within the correctional system — "The Hong Kong Approach"

Introduction

Dependence on narcotic drugs has been common in Hong Kong for many years. Before the Pacific War, when the population was about 1,500,000 the main drug of addiction was opium, usually consumed in the company of others in a "divan". The divans were constantly raided and action was also taken wherever possible against importers and distributors of opium. The narcotic drug traffic then did not present anything like the problem it does now. Nevertheless, records for 1939 show that of 11,964 prisoners admitted to prison, 2720 were suffering from "chronic opium poisoning" and 1020 from the results of heroin addiction. Thus even before the war at least one third of all prisoners admitted to prisons were narcotic dependent. No records have been preserved of the number of prisoners received on conviction for drug offences in that period, but these numbers rose dramatically in the postwar years. Even more sinister than the alarming upward trend was the fact that the majority of addicts were switching from opium to heroin.

The opium poppy is not grown in Hong Kong therefore narcotic drugs whether in the form of opium or morphine find their way into Hong Kong via the illicit market.

THE HEROIN PROBLEM

There is no such thing as mild heroin dependence. The drug is powerful and addiction is rapid and complete. Physical and moral degeneration soon sets in, and the craving becomes such that the addict will ruin himself and his family and, if necessary, turn to crime for the money he needs to purchase the drug.

The chemical name for heroin is diacetylmorphine hydrochloride, a derivative of morphine which in turn is extracted from opium. Its use by doctors as a pain killer has been the subject of considerable controversy and the medical profession today generally prefers other less addicting analgesics.

Although opium contains many different substances, its activity is primarily dependent on its morphine content. The amount of morphine present in various samples of raw opium varies to some extent but usually averages 10 to 15 per cent. On a weight basis, therefore, morphine is roughly six to ten times as potent as opium.

Not only is heroin more active than morphine but in addiction it produces a greater illusion of well-being and is infinitely more harmful and addicting than morphine or opium.

METHODS OF CONSUMPTION

Heroin can be consumed in various ways. The majority of addicts in Hong Kong smoke it by a method called "chasing the dragon" or by its variant "playing the mouth organ". To smoke the drug by the former method, several granules of heroin are mixed with barbitone and placed on a folded piece of tinfoil, which is heated by a taper, the resulting fumes being inhaled through a small tube of bamboo or rolled paper. The fumes arising from the movement of the molten powder on the tinfoil resembling the undulating tail of the dragon in Chinese mythology.

The use of a narrow tube to inhale the fumes is relatively difficult for a beginner and a match box cover is often substituted for it. This latter variation is called "playing the mouth organ" because the inhaling action is very much like that of a mouth organ player.

A third method is to imbed some granules of heroin in the tip of a cigarette which is lit and held in a vertical position, while the smoker inhales the fumes. The use of heroin in this manner is called "firing the ack-ack gun". Other known methods include intravenous, intramuscular or subcutaneous injection and the mixing of heroin with other ingredients in the form of red pills which are either smoked or taken orally.

THE MANUFACTURING PROCESS

The manufacture of heroin is comparatively easy and need not necessarily take place inside a well-equipped pharmaceutical laboratory. The equipment required is neither complicated nor expensive. The drug consumed by addicts in Hong Kong — generally of poorer quality than that used medically by injection — is smuggled in from illicit sources abroad, either in refined form or in the form of morphine which is then manufactured locally to produce heroin.

In Hong Kong, most addicts employ barbiturates as a base powder during the smoking of heroin. Pharmacological investigations carried out by Dr. Carl C. Gruhzit, of the University of Hong Kong, revealed that the combined use of heroin and barbiturates may produce a particularly severe form of drug addiction. Legislation was therefore enacted to have barbitone, and its salts and preparations, included in the first schedule of the Dangerous Drugs Ordinance, thereby placing these drugs under very stringent controls.

OTHER ADDICTIVE DRUGS

The opium-morphine-heroin group does not comprise the whole of the drug problem, for there are other drugs of addiction and abuse such as barbiturates and amphetamine developed for medical use. Unlike morphine, these are wholly synthetic and produced entirely in pharmaceutical laboratories. Procurable through diversion from legitimate medical use, they claim only a small number of addicts in Hong Kong.

TREATMENT OF OFFENDERS

Until 1958, people found to be drug dependent upon admission to prison received the same treatment as other prisoners. This was obviously undesirable. Clearly, a special programme was needed to deal with these cases and to offer a form of treatment which would give them a real chance of ridding themselves permanently of their addiction.

Because new institutions are costly, and because in the public mind, projects such as schools and hospitals take priority, a search was made for existing buildings which could be readily converted and put to use.

When the Tai Lam Chung reservoir scheme was completed on the southern seaboard of the New Territories, the workers' lines and engineers' quarters became available. Considerable alteration and improvement converted these to serve as the nucleus of the present Tai Lam Treatment Centre, providing good, unpretentious accommodation for inmates. Bungalows for senior officers and married quarters for junior staff have since been added.

At the start of 1958 due to the poor physical condition of those admitted it was thought that the hospital and light labour sections would make up the bulk of the centre, but this has not proved to be the case. Physical recovery is rapid and dramatic — photographs of inmates and weight records prove this. Unless suffering severely from tuberculosis or some other physical disease, or simply from old age, a drug dependent soon becomes fit for work, and the nature of the work does much to restore his self-respect.

All convicted male prisoners sentenced to imprisonment are in the first instance admitted to the reception and classification centre. There they appear before a classification and assessment board which on the basis of information available decides the institution to which individual prisoners are allocated.

Between 1958 and 1963 prisoners who were found to be drug dependent were selected at the time of classification and assessment for allocation to Tai Lam. Information most relevant to this decision at

that time was the type of offence and length of sentence. Only prisoners sentenced to terms of imprisonment for three years or less were sent to Tai Lam.

In 1963 as a result of experience gained during the previous five years it was decided that in addition to the maximum of three years a minimum sentence of six months would also be necessary. Sentences shorter than six months resulted in virtually all those involved being discharged before the treatment programme could have any real effect. However, further experience accrued after 1963 indicated that sentences fixed by the court did not in many cases expire at the time the man had reached the peak of his response to the programme. As a result some prisoners were being discharged before reaching the peak of their response and others were having to be held after reaching it and no administrative machinery was available to rectify this. In addition as after-care was voluntary it usually turned out that those who most needed after-care were the ones who did not volunteer for it.

NEW LEGISLATION

New legislation was therefore planned to introduce an indeterminate period of detention for treatment with a minimum of six months and a maximum of eighteen months for a convicted person, regardless of the nature of his offence, subject to establishing that he is in fact drug dependent and likely to respond to treatment. It must be emphasised that drug addiction itself is not an offence, nor would it be practicable to make it one.

The innovations at Tai Lam gave the Prisons Department the unique distinction of being the first organisation or department to embark upon a planned programme of treatment of drug dependents in Hong Kong. In addition, the department was also involved in the first research study into treatment methods when, in 1957, the then Medical Officer of Victoria Prison, Dr. Lee Cheng-ong, in co-operation with Dr. C. Gruhzit, Pharmacologist of the University of Hong Kong, commenced a research study to investigate the use of Memprobromate for use during the withdrawal syndrome.

During the period 1958 to 1968 a total of 17,501 prisoners passed through the Tai Lam Treatment Centre. Of this total, 3485 volunteered for after-care, which commenced in 1960.

DRUG ADDICTION TREATMENT CENTRES ORDINANCE

The Drug Addiction Treatment Centres Ordinance became law on 17th January, 1969. Under this ordinance the Governor may by order appoint any place or building to be an addiction treatment centre for the cure and rehabilitation of persons found guilty of an offence punishable with imprisonment, other than non-payment of a fine, who are addicted to any dangerous drug.

Where a person is found guilty of a relevant offence and the court is satisfied in the circumstances of the case, having regard to his or her character and previous conduct, that it is in his or her interest and the public interest that he or she 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. The period of detention for treatment is from a minimum of six months to a maximum of eighteen months, followed by a compulsory period of twelve months after-care.

The date of discharge from a treatment centre is determined in the light of the inmate's health, progress and likelihood of continuing abstention from drugs on release. The progress of each inmate is regularly reviewed by a board which makes recommendations to the Commissioner of Prisons for discharge.

DRUG ADDICTION TREATMENT CENTRES FOR MALES

There are three such centres under the administration of the Prisons Department. The first one, the Tai Lam Treatment Centre providing accommodation for 508 inmates, nestles at the foot of the Tai Lam Chung dam. Access is gained via the Tai Lam Chung Road, located at the 16th milestone Castle Peak Road, in the New Territories. This centre also has a remand wing for persons remanded from the courts for suitability reports for admission to an addiction treatment centre.

A second centre, Hei Ling Chau Drug Addiction Treatment Centre, is located on the island of Hei Ling Chau. It became operational as a Drug Addiction Treatment Centre in April 1975 with accommodation for 365 inmates. It is the intention of the Prisons Department to develop this island to accommodate 1000 addicts for treatment.

The third centre is the Tong Fuk Drug Addiction Treatment Centre situated at the 6th milestone of South Lantau Road on Lantau Island. This centre has accommodation for 200 young addicts 14-21 who are involved in a special programme geared to meet the needs of this age group.

While all three centres basically follow the same type of programme, for administrative reasons inmates selected for Tai Lam are mainly first offenders and those who do not have long criminal histories; inmates selected for Hei Ling Chau are mainly old habitual offenders who may or may not have previously been treated in other voluntary centres or at institutions within the Department.

The programme at each of the centres is comprehensive and includes medical treatment, psychological treatment aided by individual and group counselling, a work programme aimed at instilling good work habits and a full range of welfare and after-care services. In addition there is a wide range of recreational activities, including swimming, football and volleyball, and an educational programme with emphasis on citizenship training, conducted under the auspices of the Adult Education Section of the Education Department.

Persons admitted into the centre undergo a short period in the induction wing, situated close to the hospital block. Most will already have recovered from the withdrawal phase, having been treated for withdrawal during the period on remand. A process of clinically controlled withdrawal, including the use of substitution techniques, is initiated as soon after reception as possible for all persons admitted, whether on remand or conviction.

THE INMATE'S PROGRESS

The progress of every inmate is followed with the closest possible interest by the superintendent and staff. Recognizing that psychological dependence is one of the most important factors to overcome, much effort is expended to combat this difficulty and clear the way for successful rehabilitation.

In the main the problem of drug addiction is not viewed as a psychiatric one, but for those who are in need of such treatment it is available.

Inmates are allowed to proceed on a leave pass, without supervision, when it is considered they have earned the privilege and the time is ripe for testing them in the community for a short period. Passes may be granted for up to 72 hours. With their own laboratory facilities, centres are able to carry out urine tests and determine at any stage if a person has had access to drugs. Advancement to discharge is progressive, with constant encouragement and guidance being given. Control is applied firmly but fairly and provides for the disciplining of inmates should it be found necessary.

Like other treatment and rehabilitation programmes the success of the programme is dependent upon the interest which is taken by the staff and over the years they have given unstinting support to the programme. Much of its success is due to their efforts.

After-care plays an important role in rehabilitation and no inmate is discharged unless and until he has employment or is enrolled in a school to further his studies.

RESEARCH

Since 1963, when the department embarked on a planned programme of research, results have played a vital role in assisting members of the staff to get to know and understand many of the problems associated with drug dependence.

The results of such research are published annually by the department and can be obtained locally through the Government Publications Centre.

NEW LIFE HOUSE

The New Life House serves as a halfway house project for those discharged from the Training Centre who are considered likely to function better in the community from within a controlled environment. Residents engage in normal occupations during the day but return to the house in the evenings. Psychological services are available within the programme with an emphasis on individual counselling.

Situated at Victoria Road on Hong Kong Island, the house has accommodation for 24. Normal length of compulsory residence applied while under supervision ranges from one to three months. Since 1969 a total of 232 persons have been in residence for varying periods of their supervision.

TREATMENT FOR WOMEN

Many difficulties were encountered in attempting to introduce a treatment programme for women addicts. Due to the small numbers admitted to prison, the women were housed in one building, making segregation difficult. The setting up of a full treatment facility was impossible without a large capital outlay not justified by the number requiring treatment.

Consequently, between 1958 and 1969, during which the specialised treatment programme for males was developed, treatment for women addicts was restricted to medical treatment during the withdrawal phase. However, when a new centre for women was

opened at the end of 1969 the opportunity came to embark upon a full treatment programme for women addicts.

The treatment centre, administered under the Drug Addiction Treatment Centres Ordinance, has accommodation for 110 women and, like the men's centre, is also situated close to the Tai Lam Chung dam. The programme is basically similar to the one for men except where differences are made necessary because of sex. Here the main emphasis in cultivating good work habits is directed towards the type of work more suitable to women and includes tailoring, hairdressing and embroidery.

The majority of women admitted for treatment will have recovered from the withdrawal phase, having been treated for withdrawal during the period on remand in the same centre. The usual period for remand is 14 days. Here too the progress of every inmate is also followed with the closest possible interest by the superintendent and staff. The problem of psychological dependence on the drug comes in for close attention. Leave passes of up to 72 hours are granted on the same conditions as those for men. The staff have access to the laboratory facilities at the Tai Lam Addiction Treatment Centre. Inmates participate in educational programmes, and outdoor recreational facilities are available.

REHABILITATION

Experience has shown that the rehabilitation of women addicts is in some cases more difficult to carry through than that of their male counterparts. For the young teenage girl, the lure of the bright lights and easy money available by working as a dance hostess or bar girl is an ever present threat to rehabilitation. Most of the girls formerly worked in such occupations and in the rehabilitation phase they can only be offered employment on a salary scale far less than they previously enjoyed. Added to this, the type of work they are called upon to do is much harder than that which they did previously. The problem of illegitimate children, and in some cases the necessity to return home to an environment in which a husband may well be a drug user, are difficulties which have to be faced.

THE LOK HEEP CLUB

The staff of the treatment centres became increasingly aware that the problem of readjustment for former drug dependents after leaving a treatment centre was difficult and hazardous. While a major point is reached in the treatment and rehabilitation process when a man or woman leaves a treatment centre, the goal of complete rehabilitation has still not been reached for the person concerned must be able to function efficiently within the community without the use of drugs. Unfortunately there are many cases of persons who, having made an effort to improve themselves and succeeded in doing so, to some degree surrender all in less than a minute through — a mere puff of heroin or a shot in the arm.

To remain drug free in a controlled environment is one thing; to sustain it without the aid of controls except one's own will is another. While psychological dependence can be overcome it would be a very bold statement to say it can be cured; certainly with effort it can be conquered but in most cases, it lurks around like a cobra ready to strike.

To assist treated drug dependents to overcome some of their difficulties, particularly in the initial stages just after discharge from a treatment centre, the Lok Heep Club was formed. Operating under the auspices of Caritas Hong Kong, it aims to assist and encourage persons previously drug dependent to remain abstinent, to enable them to regain self-confidence and assume a responsible role within the family and towards society as a whole, and to foster mutual co-operation, assistance and friendship among members.

The club has two types of membership: ordinary members who are former addicts and associate members comprising persons interested in the problem and seeking to help. There is a small monthly subscription. Two club houses are maintained — one in Wanchai, on Hong Kong Island, and the other in Tung Tau Resettlement Estate, Kowloon — where former addicts and their families can meet together in modest though comfortable premises and enjoy recreational and social programmes away from the pressure of urban society. The clubs are administered by an advisory committee elected at an annual general meeting. The advisory committee is assisted by house management committees, one for each club house made up of ordinary and associate members.

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