

A Study of Substance Abuse

in

Underground Rave Culture and Other Related Settings

**Commissioned by the Action Committee Against Narcotics (ACAN)
Research Sub-committee**

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地下狂歡文化及有關場合中濫藥問題研究

報告書撮要

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二〇〇四年九月

1. 「狂歡文化」(Rave Culture) 起源於八十年代西方國家，它混合了舞蹈、音樂、毒品、青年文化及反叛文化等。狂歡文化於九十年代末在香港出現。在過去十年，狂歡派對和的士高愈來愈流行。可是，在這次研究當中發現，狂歡文化近幾年在快速轉變中 - 沒有了大型的狂歡派對，取而代之是一些小型和沒有固定型式的地下派對，可簡稱之為「地下狂歡文化」(Underground Rave Culture)。這個研究主要集中在地下狂歡文化中青少年濫用藥物行為。
2. 定義：地下狂歡文化是指一種地下活動，它是狂歡文化的一類，但揉合了青年文化、反叛文化、毒品、舞蹈及音樂等。在地下狂歡文化的環境中，朋輩溝通特別受到強調。濫用藥物被作為一種形式、一種娛樂和加強活動氣氛 (例如跳舞) 的方法。濫藥其實是活動中的過程而非目的。
3. 初期，地下狂歡文化通常於不同的小型士高及狂歡派對中進行。但地下狂歡文化現已日漸普及。它會使參與者更易接觸到毒品，及擴闊他們濫藥朋輩的網絡。地下狂歡文化一直迅速轉型及發展，成為不同型式的活動，而這些活動是繁雜多面和短暫性的。
4. 我們發現，地下狂歡文化曾於那些有組織的非法派對或的士高中相當普及。籌辦者往往沒有向政府申辦牌照。青少年不單在這些地方跳舞和聽音樂，更會在這些有組織的非法派對或的士高裡濫用藥物。我們在研究當中，發現這些活動會在一些私下經營的士高和派對(俗稱私竇)、渡假屋、工業大廈內的「毒品拆家貨倉」、網吧，及打烊後的商場舉行。但是我們需要留意，地下狂歡文化雖然由狂歡文化中產生，卻不是濫藥的主流文化，而濫藥行為也不單限制於上述狂歡文化的地方。
5. 我們的研究發現，在地下狂歡文化的背景之下，濫藥行為可分為三種不同類別：第一，濫藥者會於有組織、有結構及商業經營的環境中濫用藥物：如小型的士高、跳舞會所及在深圳的士高等。

6. 第二，他們會即興及自發地在某些場合濫藥：在這類別，濫用藥物通常是在青少年的朋輩及群體活動當中進行。有些青少年更會在自己家中、朋友家中、卡拉 OK、遊戲機中心（俗稱機舖）、公園或郊野公園濫藥。
7. 第三，有些青少年把濫用藥物看為某些其他活動的娛興節目：在這類別，青少年會在不同場合濫藥。例如在這次研究中的青少年，他們會在海灘、戲院，或公共屋邨的平台等地方濫藥。

定性研究結果

8. 研究對象：在半結構性深入面談中，我們訪問了 30 位年齡介乎 15 至 30 歲曾濫藥的青少年（18 位男性，12 位女性），他們都曾於地下狂歡文化中濫用精神藥物。
9. 研究對象對濫藥之觀念及價值觀：大部份研究對象均相信自己不會上癮，他們均宣稱自己只是偶然濫藥，以及作為一種娛樂。他們只會在一些特別場合，好像朋友生日或某些特別節日（例如聖誕節）才濫用藥物。他們也相信自己能夠控制藥物的份量。他們只想體驗濫藥帶來的快感，並自信能控制濫藥的情況。
10. 社工的觀察：有 23 位在不同青年服務崗位工作的社工參與本研究。總括而言，他們均同意，在地下狂歡文化之下的青少年濫用藥物情況頗為嚴重，初次濫藥者漸趨年輕化，並會同時濫用多種藥物。社工亦證實青少年濫藥者會在不同地點，例如自己或朋友家中、公園、公共屋邨之樓梯間、甚至在巴士及街上等地方濫藥。因此，地下狂歡文化中青少年濫用藥物的行為，可以顯示出問題的嚴重性。有些濫藥者將濫藥行為變得如吸煙或飲酒般，在不同地方濫藥，彷彿成了一種嗜好。

定量研究結果

11. 在調查當中，我們研究了濫藥者的濫藥模式，以及根據《中文版濫藥程度測量表》(*Chinese Drug Involvement Scale, CDIS*) 和《中文版人生目標調查問卷》(*Chinese Purpose in Life Questionnaire, CPIL*) 探討受訪者之心理狀況。是次調查採用了「滾雪球式」樣本採集方式，受訪者皆有在地下狂歡文化中濫藥的經驗。受訪者包括研究隊在的士高及狂歡派對中接觸到的濫藥者，及由外展社工轉介的濫藥者 ($N=201$)。而上述兩個量表也同時分發給一群成績較差的中學生(非濫藥者)，所得結果用作與濫藥者組別比較 ($N=233$)。

12. 樣本特徵：在調查中發現男性濫藥者 (61.7%) 佔的比率較高；濫藥者之失業率 (44.8%) 也較普遍人口為高。調查亦發現濫藥者中的單親家庭比率 (23.4%) 較另外一組學生 (7.3%) 為高，意味着濫用藥物行為很可能與單親家庭有關。
13. 參加的士高 / 狂歡活動的模式：接近一半受訪者 (45.9%) 每月至少到的士高兩次。「社交聚會」(包括與朋友聚會及朋友邀請) (58.4%) 是參加的士高或狂歡派對的主要原因。當中，部份男性 (8.6%) 到的士高之主要原因是「認識新朋友」(沒有女性以此為主要原因)。女性 (32.9%)比男性(17.2%)較多認為「跳舞」是去的士高之主要原因。另外，有 13%受訪者承認到的士高之主要原因是「濫用藥物」。
14. 濫藥模式：大部分濫藥者 (88.6%) 是多種藥物濫用者，有些更同時濫用超過三種藥物，最多人濫用是 K 仔佔 89%、搖頭丸佔 84%，大麻則佔 79%。在過去一個月，每位受訪者平均濫用藥物次數超過五次 (平均為 5.35)。大部份受訪者 (73.1%) 曾在多於一個地點濫藥；平均而言，他們在多於兩處地方 (平均為 2.41) 濫藥。除了在的士高 / 狂歡派對，有 53%的濫藥受訪者在自己家中、朋友家中、卡拉 OK 及其他娛樂場所(例如網吧和遊戲機中心 [45%]) 濫藥。此外，有 35% 濫藥受訪者曾在公眾地方濫藥，例如公園。
15. 濫藥者對濫藥的態度：研究顯示，濫藥者及他們的朋輩普遍接納濫藥行為，他們濫藥之動機大多為「貪玩」。大部份濫藥者均認為他們的濫藥行為沒有問題，而且他們低估了濫藥的嚴重性。然而，濫藥者皆明白濫藥對他們的健康、學業或工作有負面影響。
16. 濫藥者與學生(非濫藥者)之比較：研究顯示，濫藥者的 CDIS 分數 (平均為 70.5) 比非濫藥者 (平均為 32.0) 高出很多。這個顯著的差別是預期之內的結果，也符合 CDIS 是用作測量個人濫藥的參與程度。而濫藥者與非濫藥者的 CPIL 在統計上亦有明顯不同，濫藥者的 CPIL (平均為 88.0) 比非濫藥者 (平均為 97.6) 為低，此現象表明濫藥者之人生目標比非濫藥者為低。
17. CPIL 與 CDIS 之關係：CPIL 與 CDIS 有相反的相關性 (correlation); 在濫藥者 ($r = -0.189$) 及學生 ($r = -0.314$) 的測試中均是如此。這意味着濫藥者濫藥程度愈高，相對地，他們的人生目標會愈低。

地下狂歡文化的趨勢及情況

18. 根據研究結果，我們預期地下狂歡文化的濫藥問題將繼續存在。值得注意的是，在現今社會及經濟環境下，在學業和職業兩方面有較低動機的青少年，很難得到成功感和自我肯定，濫藥成爲他們得到朋輩肯定，逃避不快和「無聊感」的渠道。
19. 「藥物自助餐」(或「藥物雞尾酒會」)：我們發現此種聚會流行於濫藥者的地下文化，各式各樣的毒品(包括海洛英)於這種派對中免費供應。我們認爲這種派對非常危險，因濫藥者可能因爲藥物的交叉作用而中毒，或青少年可能籍此途徑接觸到海洛英而上癮。
20. 我們預期濫藥者會成爲了地下狂歡文化的「傳播媒介」，他們會將這種社會病態帶給朋友及帶進社區。而濫藥的活動將會在一些較細及非組織性的聚會盛行，警方及社工的介入變得更爲困難。

建議

21. 進一步規範經營娛樂場所：爲了減少有人在的士高販毒的可能性，每位的士高職員均應領有牌照，確保所有職員沒有刑事案底。所有參加者須在場所入口接受搜身及檢查，確保沒有把精神藥物帶入場地。
22. 防濫藥教育：預防濫藥教育可結合在中學的社會及健康教育課程當中，而一些學校的課外活動亦可包括有關的教育活動。
23. 禁毒活動及宣傳活動：這些活動應有較強針對性，包括不同組別人士，例如青少年濫藥者、邊緣青少年、普通青少年及家長等。政府亦應加強引用一些「過來人」的經歷在其活動中，以收較強的感染效果，並使用互聯網來擴大宣傳。非政府機構亦可參與設計禁毒活動，他們亦應在活動當中包含一些濫藥過來人的經歷，使活動更易被濫藥青少年接受。
24. 社會服務：應投放更多資源給女青少年濫藥者，因她們較易取得免費毒品。我們也建議成立「青年濫藥醫療中心」，爲濫藥的青少年提供基本健康服務。這些中心亦可以包括外展服務，促使一些邊緣青少年和濫藥者留意自己的健康問題，亦同時爲濫藥者提供輔導服務。我們也建議非政府機構提供濫藥朋輩輔導工作，讓「過來人」幫助濫藥青少年。此外，應加強服務，協助失業的康復者尋找工作，或協助他們參加職業訓練課程。最後，政府應該舉辦更多活動，以培育青少年濫藥者及邊緣青少年發展抗逆能力。該等活動應集中在增強自信、解困能力、及提供一些策略和方法，幫助他們加強與家庭、學校及社區的聯繫。

EXECUTIVE SUMMARY

1. Rave culture first appeared in western countries in the 1980s. It is a mixture of dance, music, drugs, youth culture, and deviance culture. The culture came to Hong Kong in the late 1990s. There has been an increase in the popularity of rave parties and discos in the past decade. However, this study found that the rave culture is transforming quickly in recent years. Large-scale rave parties are disappearing and changing into a variety of less structural and small-scale underground settings. The focus of this study is placed on the substances abuse behavior among young people in the context of the underground rave culture (URC).
2. **Definition:** The Underground Rave Culture (URC) basically refers to those underground activities that, as a part of the rave culture, can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing). Drug consumption is often a means to an end rather than an end itself.
3. At first, URC takes the form of small-scale discos or rave parties in different local communities and has now become more widely spread. It has the effect of giving participants greater access to drugs, and expanding their networks to form groups in which drugs are consumed. URC has been changing rapidly and developed into different forms of activities. The activities that go on within URC are multifarious, but transitional and temporary.
4. It has to be noted that URC has prevailed in those organized and illegal parties or discos where the organizers do not get the license from the government to hold discos/parties. Young people not only dance and listen to the music in these environment, they also abuse substances in such organized and illegal rave parties. In our study, we found that these activities took place in *privately run discos and parties* (私賣), *resort houses* (渡假屋), *drug dealers' warehouses* in industrial building, *cyber cafés* (網吧) and *shopping malls* (after the normal opening hours). However, URC cannot be regarded as a mainstream culture for drug abusers to take drugs, but develops from the rave culture. Their drug taking behaviors are not only restricted to the places that mentioned above.

5. In the context of Underground Rave Culture (URC), as we found in this study, the types of drug behavior can be further divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in *organized, structural, and commercialized settings*, such as small-scale discos/ dance clubs and Shenzhen discos.
6. Second, they might take drugs in *spontaneous and self-initiated ways*. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), in public parks or country parks.
7. Third, some young people would treat drug abuse as *an entertainment program of other activities*; that is, they would abuse drugs in various places. For instance, the respondent in this study had taken drugs at beaches, in cinemas, and at podiums of public housing estates.

Findings of Qualitative Study

8. **Target of interviews:** Semi-structured in-depth interviews with 30 young drug users (18 males and 12 females) who had psychotropic substance abuse experience in the context of URC and who aged between 15 to 30.
9. **Respondents' drug beliefs and values:** The majority of the respondents held the belief that they were not addicted to any drugs. They claimed they were casual and recreational users, since they only took illicit drugs on special occasions, such as friends' birthdays or certain festivals like Christmas. They also believed that they could control their drug dosage. They just wanted to experience the "happy" feeling that drugs gave them and were confident in their ability to control their drug usage.
10. **Observation of social workers:** A total of 23 social workers from different settings participated in the study. Overall speaking, the social workers agreed that the problem of substance abuse among young people in the context of URC was serious. The age at which they start taking drugs has been getting lower, and most of them are poly-drug users. They also confirmed that young people would abuse at various places, such as in their homes, at friends' homes, in public gardens, in the stairwells of public housing estates, or even on buses and in the street. Hence, the substance abuse behavior among young people in the context of URC highlights the seriousness of the problem. For there is a clear trend of habitual substance abuse. Like smoking or drinking, the respondents take drugs in various places, as if it is a kind of hobby.

Findings of Quantitative Study

11. In the survey, we studied the drug abusers' pattern of taking drugs, and their psychological states as identified by the *Chinese Drug Involvement Scale (CDIS)* and the *Chinese Purpose in Life Questionnaire (CPIL)*. Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of URC, including drug abusers identified in discos and rave parties by the research team, and drug abusers referred by outreaching social workers ($N=201$). The scales were also administered to students (non-drug users) from a purposively selected secondary school which had students of academic standards relatively lower than average ($N=233$). The results were compared with the young drug abusers group.
12. **Sample characteristics:** It was found in the survey that male drug users (61.7%) accounted for a higher proportion in our sample. There were relatively high unemployment rate among the drug users (44.8%) as compared with the population as a whole. It was also found that the drug user group had higher single parent rate (23.4%) than the school comparison group (7.3%). It implied that drug abuse behavior is related to the status of being in a single parent family.
13. **Disco/rave activities:** Regarding the frequency of visiting disco, nearly half of them (45.9%) visited disco twice a month or more. Social gathering (including "meeting friends" and "being invited by friends") accounted for 58.4% among the major reasons of visiting disco or rave party. While some of the boys (8.6%) visited disco for making new friends as the major reason, none of the girls took it as the major reason, much more girls (32.9%) than boys (17.2%) stated that dancing was their most important reason of visiting disco. Getting drugs accounted for 13.0% among the major reasons of visiting disco.
14. **Drug abuse pattern:** Most of the drug abusers (88.6%) were poly-drug users and had ever abused more than three kinds of drugs on average. The three most popular drugs were Ketamine (89%), Ecstasy (84%), and Cannabis (79%). In the last month before the interview, each subject on average had abused drugs for more than five times ($M=5.35$). Most of the subjects (73.1%) abused drugs in more than one location. On average, they abused drugs in more than two places ($M=2.41$). Apart from disco/rave parties, it should be noted that 53% of our respondents abused drugs at their own homes or at their friends' homes, in Karaoke and other entertainment venues (45%, e.g. 'Cyber cafes', TV game centers). Moreover, many of the participants had the experience of substance abuse in public areas (35%), such as parks.

15. **Drug abusers' attitudes towards drug abuse:** It was found that drug abusers and their peers generally showed acceptance towards substance abuse. Their motive for drug abuse was mostly out of fun. Most of the drug abusers tended to deny their problems or under-estimate their involvement in drugs. Nevertheless, the drug abusers realized that there were adverse effects of drug abuse on their health, their study, or their work.
16. **Comparison between drug abusers and students (non-drug users):** It was found that the drug abusers had higher CDIS scores ($M= 70.5$) than students ($M= 32.0$). The difference was significantly different as expected and was consistent with the purpose of CDIS being a measure of one's involvement in substance abuse. The CPIL difference between drug abusers and students was also statistically significant, and it was found that drug abusers had their CPIL ($M=88.0$) lower than students ($M=97.6$). It meant that drug abusers had less purpose in life than that of the non-drug users.
17. **Relationship between CPIL and CDIS:** The CPIL and CDIS were negatively correlated for both drug users ($r= -0.189$) and students ($r= -0.314$) respectively. It suggested that those with higher involvement in substance abuse tended to have a more negative purpose in life.

Trend and extent of drug abuse problem in the context of URC

18. Based on the findings of this research, we anticipate that the problem of substance abuse in the context of both URC will continue to exist and transform. It is noteworthy that in the current social and economic environment, young people with low academic motivation and achievement will not be in a position where they will be able to gain a sense of success and self-fulfilment. Hence, substance abuse will remain an easy way for some young people to gain peer recognition and avoid unhappiness and boredom.
19. "Drug buffet" or "drug cocktail party", with all kinds of drugs (including heroin) provided for free use at a party, were apparently a common underground cultural practice among drug abusers. We consider them very dangerous and the drug users are at a greater danger of becoming addicted to heroin. We also anticipate that drug users in the context of URC will act as a "transmitter" of this social illness to their friends and community. While drug-taking activities being organized in small, unstructured groups, police detection and social worker interventions become difficult.

Recommendations

20. **Formalizing the management of entertainment venues:** To reduce the possibility of drug trafficking at discos, a personal licensing system for disco staff needs to be set up to ensure that no personnel have a criminal record. Body searches and tests for psychotropic drugs should be carried out at the entrances, to ensure that customers do not carry or use drugs at these events.
21. **Drug prevention education:** Drug education should be an integral part of secondary schools' health and social studies curricular, and drug education programs be provided as extracurricular activities.
22. **Anti-drug programs and publicity functions:** They should be target-specific to different groups, including young drug abusers, at-risk youths, normal youths, and parents. The government should put more emphasis on the programs that make use of the stories of former drug users, and increase their circulation through the Internet. NGOs should be invited to design anti-drug programs and make it a requirement for them to involve ex-drug users, so that the programs will be more acceptable to young drug users.
23. **Social Services:** More resources should be allocated to help young female drug abusers, who can easily get free drugs. "Youth substance abuse clinics" should be set up so as to provide basic health care services to young drug users. The service can also reach out, and make the at-risk youth become more aware of their health problems while simultaneously providing counseling services to drug users.
24. We also suggest that peer counseling programs in NGOs for drug abusers should be expanded so that young people who have been rehabilitated can help current drug users. There should also be more services to help unemployed young drug users find jobs or participate in vocational training courses.
25. Finally, the government should launch more programs to foster the development of resilience in young drug abusers and other young people at risk. Such programs should aim to increase their self-confidence, and problem-solving skills, and provide them with strategies to enhance their bonding to their family, to their school, and to the community.

SUMMARY

Introduction (Chapter 1)

Background

1. The research team was commissioned by the Research Sub-committee, Action Committee Against Narcotics (ACAN) in 2001 to conduct a study on the drug behavior of young adolescents. This was given the title “A Study of Substance Abuse in the Context of Underground Rave Culture.”
2. Rave culture first appeared in western countries in the 1980s. It is a mixture of dance, music, drugs, youth culture, and deviance culture. Redhead (1993) argues that a rave is a dance party that evolved from the dance-musical styles adopted mainly in black gay clubs, especially the Warehouse in Chicago and Paradise Garage in New York. The prevalence of rock and pop music and the adoption of the rock star as a model for a new artistic lifestyle contributed to the increase in illicit drug use in the second half of the 20th century.
3. Rave culture came to Hong Kong in the late 1990s. However, only a small group of people would attend these early rave parties and discos, most of which were run underground before 1997.¹ However, there has been an increase in the popularity of rave parties and discos in the past few years, and more and more people, especially young people, now attend these parties and discos.
4. Under guidelines issued by the Narcotics Division,² rave parties in Hong Kong have been contained by a bilateral agreement between party organizers and the government. Under the agreement, party organizers should responsibly manage the parties (such as by providing a safe environment) and prevent any unlawful activities (especially the possession and consumption of drugs inside the dancing hall) from taking place. Most large scaled rave parties and discos in Hong Kong operate legally.

¹ Task Force on Psychotropic Substance Abuse (2001). *Report on an in-depth study of psychotropic substance abuse in Hong Kong*, Hong Kong: ACAN.

² *The Code of Practice for Dance Party Organizers*, October 2000, Hong Kong SAR Government.

5. Some frequenters of raves predicted that the popularity of rave parties in Hong Kong would decline and even disappear from Hong Kong within one or two years. As in other countries that have faced the same problem, the government and law enforcement agents in Hong Kong use a wide range of legislature and operations to tackle illegal drug use at parties and discos. It has been argued, however, that such a prohibitive approach will drive parties and discos underground (Task Force on Psychotropic Substance Abuse, 2001).
6. With the decline of rave parties comes the rise of an alternative mode of gathering. Along Nathan Road in Kowloon, an increasing number of small-scale disco clubs and parties have been established. They have also been spreading to other districts, especially satellite towns such as Tsuen Wan where many young people live. Often, such discos and parties do not have a license from the government and so can be considered to operate underground. The public has expressed concern that another type of culture, Underground Rave Culture (URC), will expand along with the growing popularity of underground discos and parties, youths will resort to other forms of gathering in order to take drugs in a group.
7. If discos and parties go underground, there will be no communication between the different parties, namely government authorities, law enforcement agents, youth workers, disco/party organizers, and underground disco-goers/party-goers. If the policy cannot fit the genuine needs and expectations of these young people, stronger resistance will develop among them, leading to their isolation and their refusal to seek help. If the problem worsens, it may finally lead to the social exclusion of disco-goers from our society.

Definition of Underground Rave Culture (URC) in this Research

8. When the research team was commissioned by the ACAN in October 2001 to conduct the research, whether URC existed in Hong Kong or not was largely unknown. Nevertheless, we define URC as basically referring to those underground activities that are characterized by the consumption of psychotropic drugs and, as a part of the rave culture, can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture.
9. Apart from that, based on our review of the literature and information provided by some social workers, we predicted at the beginning of our research two possible scenarios. First, it was possible that URC might exist. There would be organized,

illegal rave parties where young people not only enjoyed dancing and music, but also took drugs that were most probably provided by party organizers, by party-goers' friends or by party-goers themselves. Such parties or discos were in small scale. They were done secretly because they were unofficial and illegally. Second, at the other extreme, it was possible that URC did not exist at all; that the authorities had been successful in controlling URC and consequently drug abuse by disciplinary measures.

10. Finally, we have found from our research that URC has prevailed in those organized and illegal parties or discos where the organizers do not get the license from the government to hold discos/parties. Young people not only dance and listen to the music in these environment, they also abuse substances in such organized and illegal rave parties. In our study, we found that these activities took place in *privately run discos and parties* (私竇), *resort houses* (渡假屋), *drug dealers' warehouses* in industrial building, *cyber cafés* (網吧) and *shopping malls* (after the normal opening hours).
11. We have also found from our research that URC has developed from the “old” rave culture and emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, such rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, a common language and the common beliefs (particularly about drugs).
12. During our period of study for nearly one and a half year, however, the research team also found that URC has been changing rapidly and developed into different forms of activities. As we observed, URC was only transitional and temporary and the scope of URC has been transformed, not only restricted to those organized and illegal parties. The activities that go on within URC cannot be regarded as a mainstream culture for drug abusers to take drugs. Therefore, apart from examining the URC, research team also investigated the trend and extent of substances abuse behavior among young people in related settings.
13. In the context of URC, the types of drug behavior of the respondents in related settings can be divided into three categories, each of which involved taking drugs in specific environment. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos/ dance clubs and Shenzhen discos.

14. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), in public parks or country parks.
15. Third, some young people would treat drug abuse as an entertainment program of other activities and would abuse drugs in various places. For instance, the respondents had taken drugs at beaches, in cinemas, and at podiums of public housing estates.
16. As a whole, URC is part of the drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing). Drug consumption is often a means to an end rather than an end itself.
17. We have also found from our research that, in the context of URC, raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Thus, URC has the effect of expanding participants' networks and giving them greater access to drugs, leading them to form groups in which drugs are consumed. In this network, they share the same culture, a common language and the common beliefs (particularly about drugs).
18. Essentially, URC is a part of drug culture, characterized by the consumption of drugs (especially psychotropic drugs) and associated activities such as dancing and listening to loud music. Participants in URC tend to be young people aged between 16 and 30. With reference to their drug beliefs, they regard taking drugs as a form of recreation and a ritual. They place more emphasis on communicating with friends, thus taking drugs is regarded as a social activity with discos being used as a platform where people can interact. Taking drugs is not the only goal within this culture but it is one of the goals. In the context of URC, drugs are used recreationally as an enhancer of activities such as dancing, socializing, having fun, feeling high, and doing something new and exciting that users would never have dared to do before taking drugs.
19. Since the participants in URC tend to be anonymous, our research strategy was to initially focus on potential URC participants such as disco-goers and the clients of outreaching social workers. The selection criteria of the participants are:
 - (A) Aged 30 or below.
 - (B) They had taken psychotropic drugs in the past six months.
 - (C) They had attended rave parties or discos.

Research Method

20. This project is guided by Peele's (1991) cognitive model of addiction, which sees addiction as a self-defeating and habitual style of coping. Data were collected from multiple sources through both qualitative and quantitative means, including standardized scale measures and semi-structured interviews.
21. Qualitative research methods are used to understand the problem from an insider's perspective by engaging the "subjects" as equal and full participants in the research process. The results are compared with those relating to "normal" youths and other stakeholders in society (e.g. government officials, councilors) whose ideas are studied through in-depth interviews or focus group meetings.
22. For the quantitative part of the research, two scale measurements were adopted namely, the *Chinese Drug Involvement Scale (CDIS)* and the *Chinese Purpose in Life Questionnaire (CPIL)*, to provide an outsider's view of the drug experience. The results are compared with those relating to a group of "normal youths" assessed with the same tools.

Research Objectives

23. The objectives of this study were as follows:
 - (A) To study different aspects of URC, including its features, operation modes, target groups, and attraction to youths, and *compare* them with those of *normal party culture and youth culture*.
 - (B) To analyze the social, family, demographic, and other characteristics of the participants; in particular, *their drug abuse pattern and behavior, personal values, and beliefs about drugs*.
 - (C) To assess the trends and extent of the drug abuse problem in the context of URC.
 - (D) To recommend strategies to combat psychotropic substance abuse within the context of URC in Hong Kong.
 - (E) To compare URC with the *mainstream culture of* our society.
24. We hope that this study will highlight the effects of drug control policy on young people's drug use behavior, and provide insights into the future development of drug control policy and anti-drug programs for young people in Hong Kong.

Findings of the Qualitative Study

(Chapter 2)

Basic Information and Characteristics

25. The qualitative study of this research aimed to understand Underground Rave Culture (URC) and the conditions of young drug users by conducting in-depth interviews with drug users, social workers, and other stakeholders:
 - A. Young drug users who had psychotropic substance abuse experience in the context of URC and were aged 30 years old or below.
 - B. Social workers who provided rehabilitation services for the URC drug users.
 - C. Other stakeholders – disco organizers, politicians (district councilors, LegCo councilors), and government officials.
26. Focus group discussions: The researchers arranged focus group discussions with “normal” youths. The purpose of these was to better comprehend what “normal” young people thought about URC and what the differences between URC and the normal culture were.
27. Basic characteristics: Of the thirty interviewees who were drug users, 11 were unemployed (37%) and 8 were students (27%). The rest (11 out of 30) were low-skilled or semi-skilled workers. The age of the respondents at the time of their initial drug abuse behavior ranged from 11 to 22, with 16.5 being the average.
28. All 30 interviewees were poly-drug users; that is, they were abusing two or more types of drugs at the time of the interview. Most of the respondents abused Ketamine and MDMA (Ecstasy) at the same time, especially when they were at discos. Ketamine was the most common type of psychotropic substance that was abused by the respondents. Cannabis, and Methylamphetamine (ICE) were another substances that the young people commonly abused. Other substances that the young people often abused included cough medicine, tranquilizers, cocaine, organic solvents, and heroin. They also stated that they would abuse cough medicine at video game centers or in pharmacies, and that they would abuse organic solvents at podiums and in stairwells of public housing estates, or in their homes. Thus, they would abuse different substances at different places.

Drug Abuse in the context of URC

29. Some of the respondents claimed that they went to privately run discos and parties (私賣) to take drugs, listen music and dance. Such discos, which were normally situated in flats in commercial or residential buildings, were unlicensed. As far as informed by the interviewees, one was located in Jordan; others were located in Mongkok where TV cameras were installed at the front doors to check the identity of visitors. Only those who were known to the organizers of these discos were allowed to enter. The decoration, equipment (such as spot lights), and music in privately run discos are similar to those of small-scale discos in places like Tsim Sha Shui. But the average area of these discos is even smaller than that of small-scale discos, and only about 20 people could attend. People, who were mostly over the age of 20, would go there with groups of friends and take drugs such as MDMA (Ecstasy), Ketamine, and cannabis, as well as drinking and gambling (playing dice).
30. It is easy to buy illicit drugs in privately run discos and parties as the organizers themselves would sell them. The respondents pointed out that one of the main attractions of privately run discos is that the police would not check up on them. Another attraction was the sense of security that came from knowing most of the people at the disco, since only those known to the organizers could enter.
31. Renting a resort house (渡假屋) in which to abuse drugs is also gaining in popularity. A group of friends (over 10 persons) would rent a house together and decorate it so that it was like a mini-disco. The respondents claimed they could do anything they liked in a rented flat and would take a range of different drugs. One respondent had attended a sex party in a village house in Yuen Long. She said that there were around 16 participants (10 male and 6 female), and the house was decorated with disco lighting and filled with disco music. A variety of substances including Ketamine, MDMA (Ecstasy), cannabis, and even heroin were provided free of charge. Nearly everyone took drugs, danced, and had sex. It is alarming that such parties were attractive to young people who liked the excitement of new things. As the above two cases highlight, such a setting provides a convenient place for psychotropic drug users to try opiates and thus become more entangled in drug abuse.
32. It has to be noted that it is extremely dangerous to take different kinds of drugs at the same time. Yet, since these activities were set up as private parties and the locations were often deliberately chosen to be on outlying islands or remote areas, medical treatment would be hard to get if someone were to have an overdose. Moreover, since

such parties are privately organized and the location can change from party to party, it is difficult for the police to detect and control them. Also, given the close relationship between drugs and sex at these private parties, the safety of female participants is an important concern.

33. The respondents also mentioned that cyber cafés (after the normal opening hours) were another place where they would take drugs. One interviewee told the research team that if there were not many customers in a cyber café by 2 or 3 am, the staff would switch off the lights, lock the door, and turn up the music, thus turning the café into a disco and party where the handful of remaining customers could dance and take drugs. Over 10 persons would take part in such party in the cyber café. Besides, one of the respondents said that he had taken drugs at a shopping mall in Mongkok. He said that all of the shops closed at 10 pm, and then the main gate of the shopping mall was locked and music came on, creating an atmosphere similar to that of a disco or a party. This kind of activity and behavior indicates that young people do not only dance and take drugs at proper discos, as they can create a similar atmosphere at any place such as a cyber café or a shopping mall. This is an alarming issue that the government needs to pay attention to.
34. One respondent revealed that she and a group of her friends would take drugs in a factory in an industrial building. The factory was apparently a drug dealer's warehouse, thus a whole range of drugs, including cannabis, cocaine, heroin, MDMA (Ecstasy), and Ketamine, was available. The respondent and her friends would abuse different kinds of drugs at the same time. She admitted that sometimes they would have an overdose. When drugs were readily available, young people would obviously not be able to control their usage.
35. In fact, the popularity of drug abuse is greatly exacerbated by the easy availability of drugs in the context of URC. Also, the great variety of illicit drugs in such places as rented resort houses or drug dealer's warehouse makes it easier for young people to abuse different substances at the same time.
36. It was alarming to discover in this study that when drugs were abused by the respondents, they were often arranged in the form of a "drug buffet" or a "drug cocktail party", with all kinds of drugs provided for free use at a party in rented resort house or drug dealer's warehouse. Moreover, as heroin was often provided along with psychotropic drugs in a drug buffet or cocktail, drug abusers would have plenty of opportunities to try this opiate.

Drug Abuse in Other Related Settings

37. During our period of study for nearly one and a half year, however, research team also found that URC has been changing rapidly and developed into different forms of activities. The places of having such activities were diversified, too. The research team observed that the scope of URC has been transformed to a broader scope, not only restricted to those organized and illegal parties. The activities that go on within URC are multifarious in a broader way.
38. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos/ dance club in Hong Kong and Shenzhen. The accessibility and availability of drugs is high. The variety of substances is also great that young people can easily get different types of drugs at the same time in those settings.
39. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers. Loud music and sound are needed when the young people abuse drugs.
40. Third, some young people would treat drug abuse as an entertainment program of other activities; that is, they would abuse drugs in various places. For instance, the respondents had taken drugs at beaches; in country parks; in cinemas; and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents, one of them even claimed that they would abuse drugs "at any time, any place".
41. As a whole, URC is part of drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing, listening to music). Drug consumption is often a means to an end rather than an end itself.

Drug Abuse Pattern, Values and Beliefs in the Context URC

42. Our study found that the respondents abused drugs constantly at different places. The respondents abused drugs with groups of friends, but seldom by themselves. Their drug-taking behavior was greatly influenced by peer pressure and was used as a means to gain social recognition and inclusion from friends.
43. There is a clear trend of habitual substance abuse. Like smoking or drinking, the respondents take drugs as if it is a kind of hobby. They often compared taking drugs with smoking – though harmful, it is enjoyable. More importantly, they did not think that the harmful effects were imminent.
44. The majority of the respondents held the belief that they were not addicted to any drugs. They claimed they were casual and recreational users, since they only took illicit drugs on special occasions, such as friends' birthdays or certain festivals like Christmas. They also believed that they could control their drug dosage. However, a closer examination of their drug-taking behavior reveals that some of them really could not control their substance abuse.
45. The respondents claimed that they would be better able to concentrate on certain things, such as playing mahjong or cleaning the house, after taking ICE. Some female drug users revealed that they lost weight after taking ICE, which was a particularly attractive side effect for girls concerned about their appearance.

Drug Abuser's Views and Recommendations

46. Most of the respondents claimed that the strict measures and operations carried out by the government and the police were not effective at tackling the problem of substance abuse among young people at discos. However, some of the respondents claimed that there was still a need for the police to regularly check Hong Kong discos. People might lose interest to play and take drugs in discos when the police always checked up on them.
47. The majority of the respondents claimed that preventive education such as TV advertisements and posters would not be very effective, especially for those who had already used illicit drugs. Yet, most of the respondents who had abused drugs believed that TV programs that dramatized real cases to illustrate the bad effects of drug abuse were more effective at reaching them.

48. We found that preventive education in schools was not very effective at reaching young people who had already started abusing drugs. Some respondents suggested that it would be more effective if talks were given by those who had abused drugs in the past. Having such a role model to share his or her experiences would be a good way of delivering the anti-drug message to students.
49. Almost all the interviewees who had social workers claimed that their social workers helped them a lot with their drug problem, providing counseling, emotional support, and social programs. Social workers also provided tangible services to drug abusers, such as helping them to find jobs and arranging hospital check ups.
50. Some respondents suggested that more youth centers should be established so that young people would have some place to go. Also, they felt that youth centers should open at night, which is when they have free time and like to go to discos.

Development of Drug Abuse in Different Areas Observed by Social Workers

51. A total of 23 social workers from different settings – such as youth outreach teams, integrated teams, psychotropic substance abuse counseling centers, and special projects on psychotropic substance abuse – participated in the study.
52. It was evident from the interviews with the social workers that the pattern of drug-taking behavior was different in different districts. For instance, social workers in Northern District claimed that most of their clients would abuse illicit drugs at discos in Shenzhen rather than Hong Kong. The social workers also said that young people would take drugs in karaoke bars. Since they would all know each other in the karaoke room, they would feel more secure while abusing drugs. In fact, it was widely recognized among social workers that drug abuse among young people is a group culture: they would take drugs in a group and seldom on their own.
53. Overall speaking, the social workers agreed that the problem of substance abuse among young people in the context of URC was serious. The age at which they start taking drugs has been getting lower, and most of them are poly-drug users. The social workers believed that the easy availability of drugs and peer pressure were the main factors affecting what kinds of substances young people abuse.

54. All the social workers stated that MDMA (Ecstasy) and Ketamine, especially the latter, were the most common substances that young people currently abused at discos and parties, both in Hong Kong and in Shenzhen. However, they pointed out that during the past year, it was becoming more common for young people to abuse cough medicine, organic solvents and Cannabis. Some adolescents even took Cannabis whilst they were playing football.
55. All the social workers confirmed that young people would abuse at various places, such as in their homes, at friends' homes, in public gardens, in the stairwells of public housing estates, or even on buses and in the street. There is a clear trend of habitual substance abuse. Like smoking or drinking, the respondents take drugs in various places, as if it is a kind of hobby.
56. The social workers believed that the closing down of some discos really had reduced youth problems related to substance abuse. But they also thought that the closure of such discos and parties would not reduce substance abuse among young people, since they would just take illicit drugs elsewhere. Clearly, the easy availability of illicit drugs was a very important factor in the substance abuse behavior of young people.

Findings of Quantitative Study

(Chapter 3)

Methodology

57. In this quantitative study, we aimed to study the drug abusers' pattern of taking drugs, and their psychological states as identified by the *Chinese Drug Involvement Scale* (CDIS) and the *Chinese Purpose in Life Questionnaire* (CPIL).
58. Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of underground rave culture. The scales were also administered to students from a purposively selected secondary school which had students of a relatively low academic standard compared to the average. The results were compared with those of the young drug abusers group.

Findings

59. There eventually turned out to be three groupings of respondents: (a) drug abusers identified at discos and rave parties, and (b) drug abusers referred by outreaching social workers; these two groups constituted the drug abusers group ($N=201$) and had taken drugs in the context of URC (refer to Chapter 1 for definitions); and (c) students from one secondary school (non-drug users, $N=233$).
60. There was a higher proportion of male drug abusers (61.7%) in our sample than female drug abusers (38.3%). This is concurrent with our observation. The unemployment rate among the drug abusers (44.8%) was relatively high. The drug user group contained a greater proportion of individuals from single-parent families (23.4%) than did the school comparison group. This implied that drug abuse behavior is related to the status of being in a single-parent family.
61. Regarding the frequency of going to discos, nearly half of them (45.9%) visited discos twice a month or more. Fifty-eight point four percent of the respondents mentioned that one of the major reasons why they attended discos or rave parties was for the purpose of social gathering ("meeting friends" and "being invited by friends"). While

some of the boys (8.6%) attended discos primarily to make new friends, none of the girls considered this as the major reason for their attendance. More girls (32.9%) than boys (17.2%) stated that their most important reason for visiting discos was that they wanted to go dancing. Getting hold of drugs was mentioned by 13.0% of the respondents as a major reason for attending discos.

62. The CDIS had relatively high internal consistency in this the study. For the school sample of non-drug users, the CDIS mean score was 32.0 with standard deviation of 11.4. For the drug users, the mean was 70.5 with standard deviation of 11.5. The CDIS between drug users and non-drug users were significantly different as expected. The potential factors affecting the CDIS scores of the drug abusers were explored by including all of the corresponding variables in General Linear Model (GLM) analysis. It was found that the CPIL score and the number of types of drugs abused outweighed the effects of other variables.
63. The CPIL also had a very high degree of internal reliability. It was found that drug users had their CPIL ($M=88.0$) lower than the non-drug users ($M=97.6$). This indicated that the drug abusers had less of a purpose in life than did the non-drug users.
64. The employed had the highest CPIL scores ($M=92.5$), followed by the students ($M=87.7$), and then the unemployed ($M=85.0$). For the drug abusers, the CPIL scores of the unemployed were even lower than those of the other two groups. Their lack of a purpose in life might lead them to become involved in a variety of problematic activities.
65. For the drug users, the CPIL and CDIS scores were negatively correlated with mild strength ($r=-0.189$, $p<0.01$). The correlation between the CPIL and CDIS scores for the non-drug users was higher and was of moderate strength ($r=-0.314$, $p<0.001$). It suggested that those with a greater involvement in substance abuse tended to have a more negative purpose in life.
66. Most of the drug users (88.6%) were poly-drug users and abused more than three kinds of drugs on average. The three most popular drugs among the respondents were ketamine (89%), MDMA (Ecstasy) (84%), and cannabis (79%). In the month preceding the beginning of our study, the subjects on average had abused drugs more than five times ($M=5.35$).

67. Most of the subjects (73.1%) abused drugs in more than one location, on average, they abused drugs in more than two places ($M=2.41$). Though drugs were most commonly abused at discos and rave parties, 53% of the respondents abused drugs at their own or their friends' homes. It was common for them to abuse drugs at karaoke bars and other entertainment venues such as "cyber cafés" and TV games centers (45%). Finally, many of the respondents abused drugs in public areas (35%) such as parks.
68. Moreover, "the number of kinds of drugs" and "the number of locations" had a positive correlations ($r=0.456$, $p<0.01$), even when the variable of CDIS was controlled. It suggested that, regardless of the subjects' drug involvement, the accessibility and choices of drugs increased with the number of locations. Furthermore, it suggested that in different locations, different drugs were more favored by drug users.
69. It was also found that there was gender difference on the number of types of drugs abused ($t=2.09$, $df=199$, $p<0.05$). The female subjects ($M=3.68$) had tried more types of drugs than had the male subjects ($M=3.21$). This suggested that the female drug abusers had different ways of obtaining drugs from the male drug abusers, even if they were in the same location.
70. Discriminant analysis showed that the use of CDIS was able to correctly classify 93.5% of the subjects as drug user or non-drug user, and the cut-off point derived in this study was 51.3.
71. Content analysis on the items of CDIS reviewed that
- i. The social circle of the drug abusers showed general acceptance towards substance abuse (i.e. CDIS02, CDIS17).
 - ii. The motive for drug abuse was mostly for pleasure (i.e. CDIS06).
 - iii. Only a few drug abusers disagreed that they used more drugs than their friends. It implied that most of the drug abusers tended to deny their problems (i.e. CDIS12).
 - iv. The drug abusers, in fact, realized the adverse effects of drug abuse on their health and work (i.e. CDIS20, CDIS22).

Conclusion and Recommendations

(Chapter 4)

The Development, Trend and Extent of Drug Abuse in the Context of URC

72. We found in our research that, in the context of URC, young people abused substances in organized and illegal rave parties. These places include privately run discos and parties (私竇), resort houses (渡假屋), cyber cafés (網吧, after the normal opening hours), shopping malls (after normal opening hours) and drug dealers' warehouse in industrial buildings.
73. The research team also found that URC was changing rapidly and had developed into many different forms of activities. Thus, URC is transitional and temporary, and the locations where URC activities take place are diversified. As revealed by the respondents, the URC cannot be regarded as a mainstream culture for them to take drugs. Their drug taking behaviors are not only restricted to the places that mentioned in URC. Research team observed that the scope of URC has been transforming, not only restricted to those organized and illegal parties. The activities that go on within URC are multifarious.
74. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos or dance clubs in Hong Kong and Shenzhen.
75. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), and in public parks or country parks.
76. Third, some young people would treat drug abuse as an entertainment program of other activities; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches, in cinemas, and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents and they would abuse drugs in many places.

77. Based on the findings of this research, we anticipate that the problem of substance abuse in the context of URC will continue to exist but will transform. It is noteworthy that in the current social and economic environment, young people of low academic motivation and achievement will not be in a position where they will be able to gain a sense of success and self-fulfillment. Substance abuse will remain an easy way for some young people to gain peer recognition and avoid unhappiness and boredom. Also, the age at which young people start taking drugs and going to discos is getting lower, with some being as young as 12. These young teenagers will very likely take the place of older discos-goers and substance abusers in the future.
78. Drug “buffets” or “cocktail parties,” where all kinds of drugs (including heroin) are provided for free use at a party, are apparently a common underground cultural practice among drug abusers. We consider these to be very dangerous and drug abusers who attend them are at a greater risk of becoming addicted to heroin.
79. One key point is that drug users who have abused drugs in the context of URC will act as a “transmitter” of this social illness and propagate drug abuse among their friends and the wider community. More importantly, there is already a trend of drug-taking activities being organized in small, unstructured groups, making police detection or social worker interventions more difficult.
80. Some social workers also warned that because of the tightening police control, there was a growing trend of young drug users spreading out to different locations to abuse drugs. The places of taking drugs among young people become diversified and scattered.
81. Furthermore, according to some social workers and drug users we interviewed, more young people may have involved in drug dealing activities in some districts. This extension of drug use to different areas poses a great threat to the community because the drug users would be more likely to spread their behavior to other teenagers who had not previously come into contact with drug-taking behavior.

Compare URC with Normal Party Culture and Youth Culture

82. Our study identified differences between URC, and normal party culture and youth culture. Loud music and dancing are important elements of the drug taking experience of young people in the context of URC. Drug consumption plays an important and essential role in this context: drug “cocktail parties” are common, and indeed the availability and accessibility of drugs in URC are very high.

83. It has to be noted that drug consumption is often a means to an end rather than an end in itself in the context of URC. Drug-taking behavior acts as a ritual, a form of recreation, and an enhancer for other activities, such as dancing and listening to music. Young people can obtain a feeling of “escape” when they abuse drugs. Most importantly, some parties and discos are run secretly, unofficially, and illegally in the context of URC.
84. In normal party culture and in youth culture in general, loud music and dancing are not important elements. Drug consumption also seldom occurs. With reference to the view points of social workers and the students (the non-drug user group) whom we interviewed, “normal” youths believe that taking drugs will not help to solve their daily problems. Instead, they will use other methods, such as talking with friends.
85. However, as well as differences between URC, and normal party culture and youth culture, we also found similarities between these cultures. We found that it is common for young people to organize dancing parties as a form of social gathering and entertainment. At these parties, it is easy to build and expand social networks. These tendencies are similar to those held by our respondents in the quantitative study, of whom 58.4% claimed that the desire to socialize (“meeting friends” and “being invited by friends”) was their major reason for visiting discos or rave parties.

Strategies to Combat Drug Abuse within the Context of URC

86. **Entertainment venues**: Our study found that young people mostly congregate at entertainment venues such as discos and parties to consume drugs. It is not an exaggeration to say that these venues are hotbeds of drug abuse. The police have responded rapidly to the rising trend of drug abuse in these venues and have come down particularly hard on the most notorious. Moreover, uniformed officers are deployed in discos as a deterrent while undercover officers try to identify drug traffickers and abusers.
87. ***Recommendations***: We believe that the current vigorous control of entertainment venues by the police will be more effective if it can be supported by other measures. These measures should aim at formalizing the management of these businesses so that it will be less likely that they are exploited by unsavory elements and used as hotbeds of drug trafficking and abuse. To curb the availability of drugs at discos, we suggest that a personal licensing system for disco staff be set up to ensure that no personnel have a criminal record so as to reduce the possibility of drug trafficking at discos. We

also suggest that body searches and tests for psychotropic drugs be carried out at the entrances of discos and rave parties to ensure that customers do not carry or use drugs at these events. More attention also needs to be paid to drug use at entertainment venues such as karaoke bars and games centers.

88. In tackling the problem of drug taking behavior in the context of URC, we suggest that police should deploy more undercover officers to investigate and identify drug traffickers and abusers in privately run discos and parties.
89. **Drug prevention education:** We found from in our study that most of the students whom we interviewed were aware of the dangers of drug use. Nevertheless, their knowledge of drugs was inadequate and we saw that the students needed training in rejection skills and assertiveness.
90. **Recommendations:** We believe that drug prevention education should continue in primary school. There is a need for schools to organize interesting drug prevention programs so that the anti-drug message can be delivered effectively to students. Teachers and social workers should cooperate more so as to fashion tailor-made program for different schools. Schools should provide more in-depth (not superficial) programs about substance abuse for students, and the emphasis should be on quality, not just quantity.
91. We believe that drug education should be an integral part of schools' health and social studies curricular. Drug education programs should also be provided as extracurricular activities of secondary schools. In addition to social workers, schools should enlist the help of law enforcement officers who have been specially trained to conduct short classes for students.
92. **Anti-drug programs and publicity functions:** Most of our interviewees (drug users, social workers, and politicians) pointed out that the anti-drug advertisements on TV were effective at getting their message across to those who did not have any experience of taking drugs. In order to reach a wide audience, not only should these adverts be shown on TV and read out on the radio, but they should also be displayed in different locations (such as on the TV screens of public transport vehicles) and in different forms (such as posters). On the other hand, having celebrities such as pop stars appear at publicity functions was not effective. Most of the interviewees also stated that TV programs in which the real life experiences of drug users were dramatized (e.g., 毒海浮生、鏗鏘集) were most attractive.

93. However, for those who had already abused illicit drugs, these TV programs were not effective. According to some of the social workers, young drug abusers accused TV programs which had a drug education theme of exaggerating the effects of drugs. Thus, such TV programs, which create a negative image of these young people, make them more likely to become socially excluded from the community and alienate them from public authorities. Young drug abusers regard such TV programs as ineffective, and if they watch them, they end up laughing.
94. **Recommendations:** In order to enhance the effectiveness of drug prevention programs, including TV programs and planned activities, we suggest that the government make them more target-specific. Target groups should include young drug abusers, at-risk youths, normal youths, and – equally important – parents.
95. As young drug abusers are more convinced by the stories of ex-drug users, we suggest that the government put more emphasis on this kind of program. We also suggest that such programs, which make use of the stories of former drug users, be circulated more widely through the Internet or in the form of teaching kits for teachers and social workers.
96. We suggest that resources be allocated to NGOs to design and carry out drug prevention education programs, especially for actual drug abusers, that are more innovative and better able to identify with youngsters. The government could make it a requirement for NGOs to involve ex-drug users so that the programs will be more acceptable to young drug abusers.
97. Drug “cocktail parties” are apparently a common underground cultural practice among drug users. We consider them very dangerous and believe we need to educate drug users about the dangers of mixing drugs. We should also alert them to the greater danger of becoming addicted to heroin, which, according to the interviewees, is often one of the drugs in a drug “cocktail party.”
98. It is true that young people who abuse drugs tend to have a weaker sense of purpose in life than do “normal” youths. Strengthening young people’s sense of purpose in life, particularly those at risk, is a significant challenge that the government faces.

99. **Social Services:** According to some of the social workers, drug users believe that if they did not go to discos, they could stop abusing illicit drugs. The drug abusers of our study also strongly believed that they could control their drug usage and that they were not, and would not become, addicted to drugs. This kind of false belief should be countered with more drug education provided through different channels.
100. Some of the social worker respondents suggested that drug abuse counseling services overlapped with the integrated services for young people. Moreover, a better division of labor among social welfare sectors in regard to substance abuse counseling services to young people should be established so as to fully utilize resources. The idea that there should be special teams devoted to drug abuse counseling, rather than a general youth service team, was well received by our social worker respondents.
101. Most of the social workers pointed out that a lack of resources (both in terms of funding and manpower) was one of the most serious problems affecting the provision of services to young drug abusers. Some social workers suggested that the current government practice of using “project-based” services is ineffective as they are a great waste of time and resources when the projects are discontinued because the funding stops. Moreover, most of the clients whom such projects serve would have difficulty finding substitute services when a project comes to an end.
102. ***Recommendations:*** First, more resources should be allocated to help young female drug abusers because girls can easily get free drugs from their friends. Second, more substance abuse counseling service should be provided in the outlying islands so that drug abusers in these areas would not lose their motivation to seek help as a result of having to travel a long distance to access such a service.
103. It was apparent that some young drug abusers used discos as a venue for social gatherings where the young people know each other quite well and have a common language as well as a similar lifestyle. Hence, we suggest that more “over-night” centers be set up where young people can meet friends at night instead of going to a disco. The opening hours of youth centers should also be extended so that young people can have a greater choice of places where they can gather with their friends. The risk of their getting involved in illicit drugs will thus be lowered and such places will also provide a favorable environment for social worker interventions.

104. It was observed from our research that drug abusers do not like to seek help for their difficulties from professionals. This behavior pattern is particularly worrying given that the health of youngsters deteriorates after they start abusing drugs. In order to help drug users more, we suggest that the government set up “youth substance abuse clinics” at different youth centers. These clinics could provide basic health care services, such as body check ups, to young drug users. A team of “health link workers” attached to a clinic could also be established to reach out to youngsters at discos and in the wider community. Such a service can make them become more aware of their health problems while simultaneously providing drug prevention programs and counseling services to drug users.
105. Our research indicates that there is an association between unemployment and substance abuse. We suggest that more services be provided to help unemployed youths find jobs. Even those who cannot initially find a suitable job can participate in vocational training courses to equip themselves with job skills.
106. Since so many young people already engage in drug abuse, the health awareness strategy is useful as a way of establishing contact with them. It can also act as an initial intervention during which drug users can be “anchored” allowing more interventions to be made.
107. Since young drug abusers are more convinced by the experiences of ex-drug users, we suggest that the government consider how to help NGOs expand their peer counseling programs for drug users so that young people who have been rehabilitated can help current drug users.
108. It is also the case that drug abuse among ethnic minorities is increasing, but the social services tailored for them are insufficient. Moreover, there are no drug prevention programs or publications targeting ethnic groups. We recommend that this service void be filled quickly and that pamphlets in the native languages of ethnic groups be published as soon as possible.
109. We suggest that more programs be provided to foster the development of resilience in young drug abusers and other young people at risk. Such programs should aim to equip them with rejection skills to help them resist the temptation to take drugs offered by their friends, and also to increase their self-confidence, self-esteem, and problem-solving skills, and provide them with strategies to enhance their bonding to their family, to their school, and to the community.

110. **Work with politicians in drug prevention:** The drug problem in particular and the problems of youths in general have not been important issues for politicians. Moreover, they tended to see the drug problem from a macro perspective, believing that if the unemployment problem of young people was resolved, fewer young people would abuse drugs. They also stressed that the education system of Hong Kong should be reformed so as to act as a “shield” against the influence of bad elements. These two points are in line with the conclusions of our study.
111. ***Recommendations:*** We need to think how political parties can be made to consider the drug issue as important since their involvement and cooperation will be an impetus to the development of drug control policy in Hong Kong. We also suggest that the government furnish political parties with more information and materials so that they can be informed about the drug problem and the strategies of drug control. Briefings and seminars would also be useful for this purpose.

Limitations of the study

112. During our period of study, the research team found that URC has been changing rapidly, and its forms and activities are multifarious and transitional. Hence, the information about URC will need updating from time to time. The convenience sampling approach was adopted in this study because young drug users in the context of URC are very difficult to find for research purposes and difficult to contact once found. Since the study did not use a representative random sample, the conclusions drawn here need to be interpreted with caution and require substantiation by further studies.

CHAPTER 1

INTRODUCTION

Background

1. The research team was commissioned by the Research Sub-committee, Action Committee Against Narcotics (ACAN) in 2001 to conduct a study on the drug behavior of young adolescents. This was given the title “A Study of Substance Abuse in the Context of Underground Rave Culture.”
2. Rave culture first appeared in western countries in the 1980s. It is a mixture of dance, music, drugs, youth culture, and deviance culture. Redhead (1993) argues that a rave is a dance party that evolved from the dance-musical styles adopted mainly in black gay clubs, especially the Warehouse in Chicago and Paradise Garage in New York. These styles evolved into Acid House that emerged from Chicago, techno music that emerged from Detroit, and garage music that came out of New York. The prevalence of rock and pop music and the adoption of the rock star as a model for a new artistic lifestyle contributed to the increase in illicit drug use in the second half of the 20th century.
3. Rave culture came to Hong Kong in the late 1990s. However, only a small group of people would attend these early rave parties and discos, most of which were run underground before 1997.¹ However, there has been an increase in the popularity of rave parties and discos in the past few years, and more and more people, especially young people, now attend these parties and discos.
4. Under guidelines issued by the Narcotics Division,² rave parties in Hong Kong have been contained by a bilateral agreement between party organizers and the government. Under the agreement, party organizers should responsibly manage the parties (such as by providing a safe environment) and prevent any unlawful activities (especially the possession and consumption of drugs inside the dancing hall) from taking place. At present, most rave parties and discos in Hong Kong operate legally.
5. According to some social workers, adolescent drug users maintained that rave parties and discos provide a sense of euphoria as well as communal fun and excitement. The participants in raves mainly take psychotropic drugs like MDMA (Ecstasy) or Ketamine in order to lose their social inhibitions. Poly-drug abuse is also common. According to statistics provided by the Central Registry of Drug Abuse (Narcotics Division, 2001), there was a drop in heroin consumption in recent years among people under 21 alongside a drastic rise in psychotropic substance abuse, particularly of amphetamine-type stimulants (ATM) such as Ecstasy, Ketamine, and ICE. In addition,

¹ Task Force on Psychotropic Substance Abuse (2001). *Report on an in-depth study of psychotropic substance abuse in Hong Kong*, Hong Kong: ACAN.

² *The Code of Practice for Dance Party Organizers*, October 2000, Hong Kong SAR Government.

youth culture and deviance culture form part of rave culture. Young people with a sense of hopelessness try to seek enjoyment and happiness at raves by taking drugs (normally psychotropic drugs).

6. As stated in the 2001 study “Report on an In-depth Study of Psychotropic Substance Abuse in Hong Kong,” disco-goers are mostly marginalized youths. They would still be at the margins of society even if rave culture had not emerged in Hong Kong. Indeed, drug abuse behavior is merely a presenting symptom of the underlying problems of young people – such as problems in the family, problems at school, unemployment, and financial difficulties – and their low sense of satisfaction in life.
7. As suggested in the literature, dancing and taking drugs at rave parties and discos is also, for young people, a way of escaping their identity and expressing resistance. It gives them a sense of adventure, of traveling into the unknown. The parties and discos can be regarded as places “where nobody is, but everybody belongs” (Redhead, 1993). In general, rave culture can be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture. Rave culture is also a combination of values, ritual (dance and music), and practice (drug-taking behavior). However, since the problem of psychotropic substance abuse at rave parties and discos in Hong Kong is relatively recent, rave culture is not well understood in the territory and has not been properly defined.

Rave Culture: Fading out or moving on?

8. Some frequenters of raves predict that the popularity of rave parties in Hong Kong will decline and even disappear from Hong Kong within one or two years. As in other countries that have faced the same problem, the government and law enforcement agents in Hong Kong use a wide range of legislature and operations to tackle illegal drug use at parties and discos. It has been argued, however, that such a prohibitive approach will drive parties and discos underground (Task Force on Psychotropic Substance Abuse, 2001).
9. With the decline of rave parties comes the rise of an alternative mode of gathering. Along Nathan Road in Kowloon, an increasing number of small-scale disco clubs and parties have been established. They have also been spreading to other districts, especially satellite towns such as Tsuen Wan where many young people live. Often, such discos and parties do not have a license from the government and so can be considered to operate underground. The public has expressed concern that another type of culture, underground rave culture (URC), will expand along with the growing popularity of underground discos, youths will resort to other forms of gathering in order to take drugs in a group.
10. The emergence of URC will be both forceful and dangerous. It is anticipated that there will be a rise of psychotropic substance abuse at underground discos and parties because these drugs are very common at rave parties. Such substances will cause harm to the health of abusers and a lot of social problems will emerge.
11. Drug-taking behavior at underground discos and parties may develop into a kind of ritual for the participants. The discos and parties give them space and provide them with a place in which they can manifest ritual behavior. News about new events can

be spread through such popular forms of communication as the Internet, ICQ, and mobile phone message services.

12. If discos and parties go underground, there will be no communication between the different parties, namely government authorities, law enforcement agents, youth workers, disco organizers, and underground disco-goers. The general public will become even more ignorant about disco-goers as the latter will hide their *genuine needs* and expectations. Furthermore, the government authorities will not be able to formulate an appropriate policy to tackle the problem of psychotropic substance abuse at underground discos and parties because they will not be able to establish contact with the disco and party participants. If the policy cannot fit the genuine needs and expectations of these young people, stronger resistance will develop among them, leading to their isolation and their refusal to seek help. If the problem worsens, it may finally lead to the social exclusion of disco-goers from our society.

Definition of URC: Has URC emerged in Hong Kong?

13. When the research team was commissioned by the ACAN in October 2001 to conduct the research, whether URC existed in Hong Kong or not was largely unknown. Nevertheless, we define URC as basically refers to those underground activities, first, that “are done secretly because they are unofficial and illegal and often opposed to or aimed against the government in power” (Collins COBUILD English Language Dictionary, p. 1587). Second, as a part of the rave culture, URC can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture.
14. Apart from that, based on our review of the literature and information provided by some social workers, we predicted at the beginning of our research two possible scenarios. First, it was possible that URC might exist. There would be organized, illegal rave parties where young people not only enjoyed dancing and music, but also took drugs that were most probably provided by party organizers, by party-goers’ friends or by party-goers themselves. Such parties or discos were small scaled, organized secretly because they were unofficial and illegal. Second, at the other extreme, it was possible that URC did not exist at all; that the authorities had been successful in controlling URC and consequently drug abuse by disciplinary measures.
15. In our research study, URC is first defined as the culture that prevails in organized and illegal parties where people took psychotropic drugs. Organizers did not get the license from the government to hold discos/ parties. Young people not only danced and listened to the music, they also abused substances in such organized and illegal rave parties. These places include the *privately run discos and parties* (私賣), *resort house* (渡假屋), *drug dealer’s warehouses* in industrial building, *cyber café* (網吧) and *shopping malls* (after the normal opening hours).
16. In fact, we have found from our research that URC has developed from the rave culture and emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, the common beliefs and a common language.

17. During our period of study for nearly one and a half year, however, research team also found that URC has been changing rapidly and developed into different forms of activities. The places of having such activities were diversified, too. The Research team observed that the scope of URC has been transformed, not merely restricted to those organized and illegal parties. As we observed, *URC was only transitional and temporary*. The activities that go on within URC are multifarious.
18. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific environment. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos/ dance clubs and Shenzhen discos.
19. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers, in public parks or country parks.
20. Third, some young people would treat drug abuse as an entertainment program of other activities; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches; in cinemas; and at podiums of public housing estates.
21. As a whole, URC is *part of drug culture*, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing). Drug consumption is often a means to an end rather than an end itself.

Effects of URC

22. Thus, URC has the effect of expanding participants' networks and giving them greater access to drugs, leading them to form groups in which drugs are consumed. This expansion of networks also stems from information and communication technologies such as mobile phones. URC takes the form of small-scale discos or rave parties in different local communities. They target younger teenagers and tend to be cheaper to enter than large-scale raves while providing easy access to drugs. According to our respondents, although the number and popularity of small discos are declining, they have become more widely spread.
23. In fact, we have found from our research that URC has emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, a common language and the common beliefs (particularly about drugs).
24. Essentially, URC is characterized by the consumption of drugs (especially psychotropic drugs) and associated activities such as dancing and listening to loud music. Participants in URC tend to be young people aged between 16 and 30. With

reference to their drug beliefs, they regard taking drugs as a form of recreation and a ritual, thus unlike opiate users, who tend to be older, they usually do not consume drugs alone but within a group in a public setting such as a disco. They place more emphasis on communicating with friends, thus taking drugs is regarded as a social activity with discos being used as a platform where people can interact. Taking drugs is not the only goal within this culture but it is one of the goals. Viewed from this perspective, URC can be regarded as a derivative of the “old” rave culture. However, it differs from rave culture in that it is deeply associated with drugs and is therefore illegal and underground.

25. In the context of URC, drugs are used recreationally as an enhancer of activities such as dancing, socializing, having fun, feeling high, and doing something new and exciting that users would never have dared to do before taking drugs. Thus, drug consumption is often a means to an end rather than an end in itself.
26. Because URC has not been well studied in Hong Kong, this research will make timely contributions to our understanding of URC and its relation to drug abuse.

Research method

Theoretical Framework

27. This project is guided by Peele’s (1991) cognitive model of addiction, which sees addiction as a self-defeating and habitual style of coping. A drug-user is regarded as having made a value choice in continuing or not continuing with drug use to the point of addiction. Thus, understanding what the addiction experience is like for abusers is the best starting point for working with them toward a viable solution to their drug problem.
28. A large body of research indicates that drug taking in adolescence results from a number of risk factors, such as being a school dropout, having drug-abusing peers, or having normative beliefs and attitudes favorable to drug abuse (Hawkins, Catalano, & Miller, 1992; Narcotics Division, 1997). Some local studies have demonstrated that the drug abuse behavior of peers, adolescents’ attitudes towards drug abuse, and their beliefs in the consequences of drug taking are mediating variables that influence the development of young drug abusers’ drug careers (HKCSS & HKPA, 1995; Narcotics Division, 1997; Wong, Tang, & Schwarzer, 1997).
29. These findings suggest that there is a need to understand drug abuse in the totality of a person’s life space, including his or her beliefs, values, and behaviors, all of which are influenced by the contextual constraints of the physical and social environments.
30. In this study, data were collected from multiple sources through both quantitative and qualitative means, including standardized scale measures and semi-structured interviews.

Methodology

31. Since the participants in URC tend to be underground and anonymous, our research strategy was to initially focus on potential URC participants such as disco-goers and

the clients of outreaching social workers. The selection criteria of the participants are:

- (A) Aged 30 or below.
 - (B) They had taken psychotropic drugs in the past six months.
 - (C) They had attended rave parties or discos.
32. In this research, qualitative research methods were used to understand the problem from an insider's perspective by engaging the "subjects" as equal and full participants in the research process. The participants in this study were assessed in terms of the meaningfulness of experiences to the individual, a position emphasized by the cognitive perspective of drug abuse (Faidley & Leitner, 1993). The results were compared with those relating to "normal" youths and other stakeholders in society (e.g., disco organizers, government officials, councilors, and policy makers; see below) whose ideas were studied through in-depth interviews or focus group meetings.
33. In order to facilitate rapport building with the participants, an *ethnographic approach* (Atkinson & Hammersley, 1994) was adopted, with the researchers serving as participant observers as well as interviewers throughout the research process.
34. For the quantitative part of the research, two scale measurements were adopted namely, the *Chinese Drug Involvement Scale (CDIS)* and the *Chinese Purpose in Life Questionnaire (CPIL)* (explained in the next chapter) to provide an outsider's view of the drug experience. The results are compared with those relating to a group of "normal youths" assessed with the same tools.

Objectives

35. The objectives of this study were as follows:
- (A) To study different aspects of URC, including its features, operation modes, target groups, and attraction to youths, and compare them with those of normal party culture and youth culture.
 - (B) To analyze the social, family, demographic, and other characteristics of the participants; in particular, their drug abuse pattern and behavior, personal values, and beliefs about drugs.
 - (C) To assess the trends and the extent of the drug abuse problem in the context of URC.
 - (D) To recommend strategies to combat psychotropic substance abuse within the context of URC in Hong Kong.
 - (E) To compare URC with the mainstream culture of our society.
36. This study uses multiple sources of data that are seen as complimentary to each other, each extracting information about different but related aspects of the participants' drug experiences. We hope that, ultimately, a combination of the perspectives of both outsiders (standardized measures) and insiders (individual reporting) provides the most useful information on the participants' experiences. Using both perspectives, this study will enhance our understanding of URC in Hong Kong.
37. We hope that this study will highlight the effects of drug control policy on young people's drug use behavior, and provide insights into the future development of drug control policy and anti-drug programs for young people in Hong Kong.

CHAPTER 2

FINDINGS OF THE QUALITATIVE STUDY

Introduction

1. *Qualitative study*: The qualitative study of this research aimed to understand Underground Rave Culture (URC) and the conditions of young drug users by conducting in-depth interviews with drug users, social workers, and other stakeholders (Table 2.1). Descriptions of personalized experiences and narrative information were obtained from the respondents in order to understand the drug problem, the general situation of drug abuse among young people, and the experiences of drug users from different perspectives.
2. *Targets of Interviews* (Table 2.1):
 - (a) Young drug users who had psychotropic substance abuse experience in the context of URC and were aged 30 years old or below (for their characteristics, refer to Table 2.2).
 - (b) Social workers who provided rehabilitation services for URC drug users (refer to Table 2.3 for their background).
 - (c) Other stakeholders – disco organizers, politicians (district councilors, LegCo councilors), and government officials.
3. *Methods*:
 - (a) Semi-structured interviews: The researchers conducted semi-structured interviews with 30 young drug users from March to November 2003. In order to capture the participants' drug experiences and beliefs about drugs as they wished to tell them, open-ended questions were asked about their drug career and episodes of their lives related to their drug experiences. Each interview lasted for about one and a half hours. The researchers received consent from the interviewees for the interview process to be audio-taped.
 - (b) In-depth interviews: The researchers conducted in-depth interviews with social workers, disco organizers, two councilors, and government officials about the drug problem, URC, and other related issues.

- (c) Focus group discussions: The researchers arranged focus group discussions with “normal” youths. The purpose of these was to better comprehend what “normal” young people thought about URC.
4. *Data analysis*: The drug users’ narratives were transcribed, coded, and categorized for thematic analysis. These data provided information for understanding what drug use in the context of URC meant to the participants, their accounts of their own experiences providing an insider’s perspective. The focus group discussions were also audio-taped and field notes were taken.
 5. In this chapter, we report the qualitative findings regarding what the drug users and the social workers thought about URC and drug culture. In Chapter 4, the data and comments obtained from the qualitative study will be used for the overall analysis of URC and for recommendations for future drug control policy.

Findings

Background of the respondents (drug users)

6. *Sources of cases*: Of the 30 drug users who took part in the in-depth interviews, 17 were cases of social workers from Youth Integrated Teams or Outreaching Teams, and 10 were referred by social workers from the Substance Abuse Counseling Center and Substance Abuse Special Projects in Disco. Three of the respondents were identified in discos ($n=3$) that we had visited.
7. *Occupation of respondents*: Of the 30 interviewees, 11 were unemployed (37%) and 8 were students (27%). The rest (11 out of 30) were low-skilled or semi-skilled workers, such as salesmen or saleswomen, construction workers, drivers, waitresses, a “youth ambassador” in a social services center, a receptionist at a night club, and a hairdresser. One of them made a living by selling fake CDs for a living.
8. Corresponding to the quantitative part of the research, the majority of substance abusers in the context of URC are unemployed or low-skilled/semi-skilled workers. This indicates that there is an association between unemployment and substance abuse. The unemployed substance abusers claimed that their unemployment status had increased the frequency of their drug abuse in the context of URC. Since they do not need to work and have plenty of free time, they tend to loiter and abuse drugs with their friends more frequently. They also abuse drugs to overcome the boredom of being unemployed.

9. *The age at which the respondents first took drugs:* The age of the respondents at the time of their initial drug abuse behavior ranged from 11 to 22, with 16.5 being the average.
10. It is clear, then, that most of the interviewees started their drug-taking behavior in their teenage years. Two of the respondents claimed that their first experience of taking drugs occurred at the age of 11. One of these respondents said that she first abused organic solvents with her classmates in a stairwell of a public housing estate. The other revealed that she first abused MDMA (Ecstasy) at a Shenzhen disco. Seven of them claimed that they first abused drugs at the age of 14. It was alarming that young people would start abusing drugs at such a young age. What was more alarming, however, was the respondents' deep involvement in drugs. Most of them had abused substances for more than two years, and two of them stated that they had abused drugs for as long as nine years.

Types of Drugs Abused

11. All 30 of the respondents were poly-drug users; that is, they were abusing two or more types of drugs at the time of the interview. Most of the respondents abused Ketamine (K仔) and MDMA (Ecstasy, 搖頭丸) at the same time, especially when they were at discos.
12. Most of the respondents claimed that they liked to dance, listen to music, and make new friends at discos. They claimed that there was a strong association at discos among music, dancing, and drugs. They believed that drugs, especially MDMA (Ecstasy), would help them to dance freely at rave parties and discos. They also abused Ketamine to help them to maintain the effect of MDMA (Ecstasy). Nearly all of the respondents who abused Ketamine also abused MDMA (Ecstasy) at the same time. Indeed, Ketamine was the most common type of psychotropic substance that was abused by the respondents: 29 of the 30 interviewees abused this drug (Table 2.4). Most of them abused one to two packs of Ketamine per night. Some respondents claimed that they had inhaled as many as 10 packs of Ketamine in one night.
13. MDMA (Ecstasy) was the second most popular drug among the interviewees, with 28 out of 30 of them stating that they abused it (Table 2.4). Most of them took one to two pills per night, though one interviewee said that she took as many as six pills in one night. However, some of the respondents claimed that the prevalence of MDMA (Ecstasy) abuse was declining because of the decrease in the popularity of large-scale

rave parties and discos. They would not take MDMA (Ecstasy) if there was no music or a place where they could dance, because they believed that the drug would help them to dance and would give them a “high” feeling when they were listening to music at a disco or in a karaoke room.

14. Nineteen of the 30 respondents stated that they had taken cannabis (Table 2.4). The majority of the interviewees regarded using cannabis as smoking, and indeed, the consumption method of taking cannabis was so simple that many people would abuse it. The respondents described how they would become talkative and euphoric after taking cannabis.
15. Methylamphetamine (ICE, 冰) is another substance that the young people commonly abused. Twelve interviewees revealed that they had abused this drug (Table 2.4), normally at home. Unlike Ketamine and MDMA (Ecstasy), much preparation is needed before taking ICE, and some equipment is necessary to inhale it. Therefore, there was a trend of young people taking ICE at friends’ homes or in their own homes. Most of them said that after taking ICE, they would concentrate on doing something, such as playing mahjong or cleaning the house.
16. Other substances that the young people often abused included cough medicine (咳藥水), tranquillizers (十字架, 藍精靈, 白瓜子), cocaine, organic solvents (天拿水), heroin, and substances such as “Five仔” and “Stamp (郵票)” (Table 2.4). They also stated that they would tend to abuse cough medicine at video game centers or in pharmacies, and that they would abuse organic solvents at podiums and in stairwells of public housing estates, or in their homes. Thus, they would abuse different substances at different places.
17. All of the respondents claimed that they were poly-drug users, since they would abuse more than one kind of drug at the same time. This showed the seriousness of the substance abuse problem among young people in the context of URC. Also, taking more than one type of drug simultaneously would make it more difficult for doctors to identify which drugs someone had used and therefore what the appropriate treatment was in the event of an overdose.

The Underground Rave Culture (URC)

18. In our research study, we found that URC has prevailed in those organized and illegal parties or discos where the organizers do not get the license from the government to hold discos/parties. Young people not only danced and listened to music, they also abused substances in such organized and illegal rave parties. These places include the *privately run discos and parties* (私竇), *resort houses* (渡假屋), *cyber cafés* (網吧) and *shopping malls* (after the normal opening hours), and *drug dealer's warehouses* in industrial buildings.

***Privately run discos and parties* (私竇)**

19. Some of the respondents claimed that they went to privately run discos and parties to take drugs and to dance. Such discos, which were normally situated in flats in commercial or residential buildings, were unlicensed. One was located in Jordan; others were located in Mongkok where TV cameras were installed at the front doors to check the identity of visitors. Only those who were known to the organizers of these discos were allowed to enter. As these discos had no signs, most people would not know about them.
20. In some privately run discos and parties, people do not need to pay for admission. However, they are required to buy drinks. The decoration, equipment (such as spot lights), and music in privately run discos are similar to those of small-scale discos in places like Tsim Sha Shui, Mongkok, and Jordan. But the average area of these discos, at around 800 sq. ft., is even smaller than that of small-scale discos, and only about 20 people can attend. People, who were mostly over the age of 20, would go there with groups of friends and take drugs such as MDMA (Ecstasy), Ketamine, and cannabis, as well as drink and gambling (playing dice). Some respondents gave vivid descriptions of this setting:

“咁佢地無任何招牌個啲嘅，地址就係啲佐敦個啲唐樓啦，之後上去係，咁你係出面完全聽唔到呢，呼呼聲，啲音樂完全聽唔到，佢地個啲隔音好利害，就算係上面有人住呢都聽唔到樓下個單位播歌個啲囉，所以個度唔會有差人上黎 ... 同埋個度只係招呼啲熟人 ... 我諗 800 多呎度啦，咁覺得容納 20 個人已經係好迫啦 ... 咁上面又係有啲疏化呀，有啲枱呀，有得飲酒有音樂，好似 disco 個啲音樂囉，同埋有射燈囉 ... 多數大概 20 幾歲個啦 ... 佢地就叫個個地方做鐵竇囉 ... 即係又唔會有差人上去查，又只係招呼熟人，即係你突然上去係無人會開門俾你，因為佢地有閉路電視 ... 環境細左啲囉，空氣唔太流通囉，因為佢地個度都係密封，不過佢地啲冷氣係開到好大 ... 成大班 friend 一齊，... (在鐵

竇) 飲酒呀, 玩”色”盅 ... 以我所知就無收入場費, 但係就一定要買酒囉, 睇下幾多人啦, 如果你係 3, 4 個, 咪叫你買半打至一打酒囉, 咁如果多啲就再多囉, 半打酒百多蚊 ...” (Case 15)

“我去過, 自己開嘅搞到成間 DISCO 咁, 咩嘢都有得賣。淨係熟人先去到囉, 個情況係一片混亂, 上去都係食啲啲嘢。同埋參觀下。係佐敦。六七個人上去, 上便大概容納到都幾多人, 佢唔識你佢唔會開門俾你入架, 氣氛普通啦。即好似去一間屋咁, 但整到成間 D (disco) 咁囉, 啲牆應該就有有啲隔音設備, 如果唔係會俾人拉。佢個層淨係得佢一間嘢架。唔駛入場費, 佈置 (與 disco) 無乜分別, 係細咗少少囉 ... 我聽我老細講就話有幾間係左近, 睇你識唔識到人去到呢啲地方。如果你唔識一定上唔到去。唔通無端端拷人哋度門, 問呢度係咪私竇? 我知就有幾間係佐敦囉。” (Case 17)

“佢 (朋友) 話 (私竇) 拍得住 party 咁貴, 好貴, 係要一定識入面的三山五嶽的人先可以入到去, 佢話要著得 mk (mongkok) look 先可以入去, 因為佢唔知你係乜, 太斯文又怕你係差人, 驚你唔知係乜人, 一定要識, 又要講暗語先至可以開門, 你唔講暗語佢唔開門俾你, 上度去, 俾入場費, 好貴, 但係入到去, 就任你拿, 你玩乜都得, 有女呀, 玩得好顛, 好放呀, 任你玩, 戒到女, 咪可以帶返屋企, 佢 (朋友) 話都要五六百蚊一個人” (Case 30)

21. It is easy to buy illicit drugs in privately run discos and parties as the organizers themselves would sell them.

“咁個度啲經營個啲人都有賣啲搖頭同埋 K 囉 ... 容易 (擺到藥), 個度只係招呼熟人, 咁帶我地上去個個都識得個經營個個人, 咁好容易擺到囉 ... 藥會唔會貴 (過 disco), 搖頭就 80 蚊一粒, K 就 60 至 70 蚊一包 ... 多數都係食呢 2 隻 (fing 頭及 K 仔)” (Case 15)

“喺裏便買, 好容易就擺到架喇, 好似入呢啲地方就好似睇醫生咁, 搵個醫生就可以食藥。” (Case 17)

22. The respondents pointed out that one of the main attractions of privately run discos and parties that the police would not check up on them, as they would small-scale discos in places such as Mongkok. Thus, they could abuse illicit drugs freely. Another attraction was the sense of security that came from knowing most of the people at the disco and party, since only those known to the organizers could enter.
23. However, those interviewees who went to such privately run discos and parties claimed that they could not replace mainstream discos because the dance floors were too small, allowing room for only a small number of people; because few teenagers

would attend such discos and parties; and because these discos and parties were uncomfortable as a result of poor ventilation systems and other problems. Mainstream discos, on the other hand, were attractive to young people because of the good music, the lighting, and the large crowds of people. But privately run discos do provide an alternative setting in which people can abuse drugs.

Resort houses (渡假屋)

24. We found that renting a resort house in which to abuse drugs is also gaining in popularity. A group of friends would rent a house together and decorate it so that it was like a mini-disco. The respondents claimed they could do anything they liked in a rented flat and would take a range of different drugs including Ketamine, MDMA (Ecstasy), cannabis, and ICE.

“租間屋同啲朋友去玩 ... 沙田個啲村屋，十幾個 friend ... 一晚萬幾蚊，即係包埋啲藥，啤酒汽水，都係預先諗住去 high 野，係個度通常 high 下冰，high 下草 ... 乜野都有，白粉都有！K，fing 頭都有，自由啲，自己點攤都得，唔駛一定要跳，翻係度都得，坐係到都得 ... 自由，又唔會有警察黎查，disco 就驚有警察上黎 ... 有時七點幾八點鐘去到天光七點幾八點鐘，租屋比我地個個人，唔知我地做乜野。” (Case 29)

25. One respondent had attended a sex party in a village house in Yuen Long. She said that there were around 16 participants (10 males and 6 females), and the house was decorated with disco lighting and filled with disco music. A variety of drugs including Ketamine, MDMA (Ecstasy), cannabis, and even heroin were provided free of charge. Nearly everyone took drugs, danced, and had sex. It is alarming that such drug-related sex parties were organized by young people, for it is difficult for the police to detect or monitor this kind of private activity. Such parties were attractive to young people who liked the excitement of new things. As one female respondent told us:

“其實我唔識果度啲人，識一個男子，係第一次見，果個係我 net friend，係 ICQ 識，一直未見過，佢地問我出唔出街 ... 我問佢去邊，佢話去村屋，玩下啦 ... 跟著入到去，三層屋 ... 一入到去就熄所有燈，有個 disco 燈，開 disco 音樂，先知係私竇，佢地講你地想食乜野，係桌上面拿 ... 大家一齊 take，果度乜都有，例如大麻，海洛英，白粉，糖，K ... 咁放晒係度任你拿。唔使錢，仔就十個，女就六個 ... 果個叫我去的男子，都係乖仔，佢話唔敢食，但俾佢的朋友叫佢食，佢就食左一粒，跟著一個朋友又叫佢食，佢十個朋友叫佢食，都食十粒啦，食到佢唔知自己做緊乜 ...

... 都一段時間，啲仔啲女係度打茄輪，我只係度扮迷，匿埋係度睇。好戲在後頭，有一對已經係度搞緊野，我個男仔 friend 就上左房，我點都要跟住佢。跟住佢仲死，原來上面已經起兩飛，原來後尾先知果六個係“雞”，上到去我見到佢除清自己的衫，啲雞都係除清自己的衫。佢都有兩個 friend 上左黎睇，但係我就驚啦，因為我唔知果兩個會點對我，我地係度企住黎睇。睇完之後，佢地訓左。我見到一個好似係屋主，因為佢無食咁多，要睇住屋企的野，我叫佢不如車我走啦，... 佢都食左少少，佢話等佢散左先算，佢就坐係度散，我地係度傾計，差唔多都天光先走，我覺得係 sex party，即係淫亂大派對，啲男子女子都唔著衫唔著褲係度走 ...” (Case 30)

26. As the above two cases highlight, such a setting provides a convenient place for psychotropic drug users to try opiates and thus become more entangled in drug abuse. It is dangerous to take different kinds of drugs at the same time, but because these activities were set up as private parties and the locations were often deliberately chosen to be on outlying islands or remote areas, medical treatment would be hard to get if someone were to have an overdose. Moreover, since such parties are privately organized and the location can change from party to party, it is difficult for the police to detect and control them. Also, given the close relationship between drugs and sex at these private parties, the safety of female participants is an important concern.

Cyber cafés (after the normal opening hours)

27. The respondents mentioned that cyber cafés were another place where they would take drugs such as Ketamine. Some of the staff of cyber cafés would even sell Ketamine to customers. One interviewee claimed that if there were not many customers in a cyber café by 2 or 3 am, the staff would switch off the lights, lock the door, and up the music, thus turning the café into a disco where the handful of remaining customers could dance and take drugs. As described by one respondent:

“最近都係網吧 ... 識到班男仔 ... 出到去，原來成班都係壞的，有個男仔係網吧賣野，知道我地都係壞架啦，佢就自己拿包 K，係度索，有個男仔見到佢地索，就話你唔好咁孤寒啦，一個係度索，跟住佢係個袋拿出幾包 K，跟著每一晚係度索 K，索完之後，都唔係打機架啦，教暗啲燈，反鎖度門，裏面就好似間 disco 咁，覺到啲音樂好大，大家好開心係度玩 ... 果間網吧係乾淨的，唔係色情的。但係請埋古惑仔係度，間網吧都唔係好大 ... 直情放埋音樂，好似一個小型 disco，係裏面索 K 多，來來去去都係十幾個人 (朋友)，零晨兩三點度開始，果時差不多係晚晚，隔晚啦都唔係晚晚的。通常第二日會訓的，但係訓夠就會落去 ... 試過差人入黎，我地咪扮到好精神 ...” (Case 30)

28. This kind of activity indicates that young people do not only dance and take drugs at proper discos, as they can create a similar atmosphere at any place such as a cyber café. This is an alarming issue that the government needs to pay attention to.

Shopping Mall (after the normal opening hours)

29. One of the respondents said that he had taken drugs at a shopping mall in Mongkok where most of the shops sold fake CDs. He said that all of the shops closed at 10 pm, and then the main gate of the shopping mall was locked and music came on, creating an atmosphere similar to that of a disco or a party. In this setting, they would take cannabis, which was sold on an upper storey of the shopping mall.

“好景 (旺角好景商場) 個度 ... 即係一個商場十點鐘關門，落晒閘，鎖好晒門，開大啲音響呀，跟住成班係度食大麻 ... 即係有晒喇叭 (amplifier)，即係好似 disco 咁，即係好似成班係度玩既 ... 係上面好似開 party ... 係個啲商業鋪頭，係上面慢慢分開啲野呀，傾下偈呀，食下大麻咁啦 ...” (Case 14)

Drug Dealer's Warehouse

30. One respondent revealed that she and her friends (around five people) would take drugs in a factory in an industrial building. The factory was apparently a drug dealer's warehouse, thus a whole range of drugs, including cannabis, cocaine, heroin, MDMA (Ecstasy), and Ketamine, was available. The respondent and her friends would abuse different kinds of drugs at the same time. She admitted that sometimes they would have an overdose. When drugs were readily available, young people would obviously not be able to control their usage. The following case demonstrates this phenomenon:

“係街裏面識咗一班比較大點的男子，原來佢係工廠裏面名義上係做裝修，但其實係賣毒品的，我地三個女仔咪去公司度 high 野，多數 take 大麻呀，可卡因呀，白粉呀，丸仔呀，但係擺左係度。佢地會叫我地去玩，當係傾計啦，佢話你要幾多自己拿啦，任我拿，佢地果度只有二個人，二個男人，夾埋我，就三個女仔，high 完野，就一齊打麻雀，聽音樂。其實係打唔到的，得個笑字，如果同一時間 high 咁多，直情唔知自己做緊什麼，同一時間 high 三樣野，已經 O.D.，都唔知發生乜事，個感覺唔知呀，一次過 high 得太多，就 O.D. 啦，好眼訓啦 ...” (Case 30)

Conclusion

31. In fact, we have found from our research that URC has developed from the “old” rave culture and emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, such rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, the common beliefs and a common language.
32. The popularity of drug abuse is greatly exacerbated by the easy availability of drugs in the context of URC. Also, the great variety of illicit drugs in such places as rented resort houses or drug dealer’s warehouse makes it easier for young people to abuse different substances at the same time.
33. It was alarming to discover in this study that when drugs were abused by the respondents, they were often arranged in the form of a “*drug buffet*” or a “*drug cocktail party*”, with all kinds of drugs provided for free use at a party in rented resort house or drug dealer’s warehouse. Moreover, as heroin was often provided along with psychotropic drugs in a drug buffet or cocktail, drug abusers would have plenty of opportunities to try this opiate.

Other related settings

34. Although the pattern of drug-taking behavior among young people has been changing, our study found that the respondents abused drugs constantly at different places. During our period of study for nearly one and a half year, however, research team also found that URC has been changing rapidly and developed into different forms of activities. As we observed, the URC was only transitional and temporary. As revealed by the respondents, the places they had such activities were diversified. The research team observed that *the scope of URC has been transformed and not only restricted to those organized and illegal parties.* The activities in in the context of URC are multifarious and take place in other settings as well.
35. It was observed that, in the context of URC, the types of drug behavior of the respondents in a broader way can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in *organized, structural, and commercialized settings*, such as small-scale discos/ dance club in Hong Kong and Shenzhen. The most common types of substances that respondents abused in organized, structural and commercial settings are Ketamine,

MDMA (Ecstasy) and cannabis. They can easily obtain the substances in those settings. The accessibility and availability of drugs is high. The variety of substances is also great that young people can easily get different types of drugs at the same time in those settings.

36. Second, they might take drugs in *spontaneous and self-initiated ways*. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖). Ketamine, cannabis, cough medicine are the most common substances that young people abuse in such settings. Loud music and sound are needed when the young people abuse drugs.
37. Third, some young people would treat drug abuse as *an entertainment program of other activities*; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches; in country parks; in cinemas; and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents and they would abuse drugs in many places.

(A) Organized, Structural, and Commercialized Settings

Small-scale discos and dance clubs

38. Large-scale rave parties and warehouse dances were popular in Hong Kong when URC first came to Hong Kong in the late 1990s from the West. However, in the past two years, they have declined in popularity. This study found evidence that small-scale discos and dance clubs have largely taken their place. Such discos and clubs can be found in Tsim Sha Tsui, Jordan, Yaumatei, Mongkok, Central, and Causeway Bay. They have also spread to districts where many young people live, such as Tsuen Wan, Tai Woo Hau, Shamshuipo, Shatin, and Tuen Mun.
39. All the respondents stated that they had abused drugs at small-scale discos and dance clubs. They even claimed that taking drugs in such places was a necessity. They seldom went to a disco without taking drugs, since they believed that they would enjoy themselves more and be able to dance freely, especially if they took MDMA (Ecstasy).

“悶囉，最主要落到 D，十個有九個都喺度食糖，跟住個個都好開心，你會發覺你自己一個好悶，驅使你去食。” (Case 3)

“其實我諗大部份，或者佔八成以上嘅都係為食野 (drugs)，其餘兩成都係落去界女。” (Case 4)

“但落親去一定要食囉。落親去就好大癮要食。” (Case 5)

“基本上落去就一定會 high 嘢架。好自然會食 (藥) 囉。” (Case 12)

40. MDMA (Ecstasy) and Ketamine were the two most common illicit drugs that they abused at discos. Some would also take cannabis and “Five仔.” Poly-drug abuse was common at discos. Some would take MDMA (Ecstasy) first and then inhale Ketamine in order to maintain the feeling from MDMA (Ecstasy). They claimed that they would seldom abuse MDMA (Ecstasy) in other places, such as their own homes or friends’ homes, since they needed to listen to loud music and dance when they abused this drug. The majority of them would go to a disco once or twice a week, while some claimed that they would go to a disco nearly every night. The amount of drugs they took per night was described above. Most of them said that their dosage was increasing because they had started developing a tolerance. They also believed that the purity of these substances was decreasing, so they needed to take a bigger dosage to obtain the “high” feeling. These findings indicate that the risk of young people abusing substances at discos is increasing. Their health would also be negatively affected because of their increased tolerance to drugs and because of the drugs’ impurity. They might become addicted without realizing it.

“disco 多數食 K 同搖頭 同埋會有人食大麻囉” (Case 15)

“我唔會喺 disco 食冰呢樣嘢，我喺 disco 食 (Fing 頭、K 仔)，有音樂聽，我又可以跳舞，唔同囉，同埋啲燈打落嚟，大咗會有幻覺囉。” (Case 17)

“Fing 頭，索 K 仔，Five 仔 多數 disco, karaoke 撞埋 (同時食幾種藥)，就激啲個 feel，好似上太空” (Case 18)

41. The majority of the respondents said that they or their friends would buy drugs at discos because they were freely available there. Some female interviewees even claimed that they could get drugs without paying for them, since boys would buy the drugs for them in order to get to know them. These findings suggest that if young people cannot get drugs at discos, then they might not go to discos in order to abuse drugs. The police and the Customs Services Department, therefore, should try to clamp down on the availability of illicit drugs at discos.

“應該係佢地自己個啲人 (disco 經營者) 係度 (disco) 賣囉。” (Case 15)

“我個 friend 喺下便 (disco) 嗰度做，佢拎俾我，咁我就好容易擺到喇。” (Case 17)

“通常我都係向我班 friend 度拎，問 disco 個度有人放埋嘅，通常都係我班 friend 幫我拎囉。” (Case 23)

42. The respondents mentioned that they needed to pay an admission fee to enter a disco, which for a small-scale disco is about HK\$100 and might include two drinks. On ladies' nights, girls do not need to pay an admission fee, which means that more girls would go, and more guys would go in order to meet girls. This was a tactic used by disco organizers to attract more people, especially young people. They could dance all night (from 10 pm to 8 am), flirting with the opposite sex, which might lead to sexual encounters. Clearly, there is a close association between drugs and sex among young people. It seems as if drugs are used as a medium for flirting at discos.

“唔使錢買 fing 頭架，只要你有女人落去就得啦，你係女人，只要落 D (disco)，你食乜都得架。” (Case 30)

“啲人會覺得條女都好似幾得架，過去同佢傾計，睇佢受唔受啦，一個男仔過黎，好自然會問你有冇煙呀，無煙就無野啦，有冇煙呀？有呀，咁有冇糖呀？即係有冇 fing 頭，咁佢實俾你啦，佢想溝你，佢乜都俾你啦，有就繼續玩啦。” (Case 30)

43. The environment and atmosphere at a disco also lead young people to abuse drugs. They believe that it would be a “waste” of such loud music and such an atmosphere if they do not take drugs. Thus, there is a strong association among music, dancing, and drug abuse. Most of the respondents claimed that listening to music and dancing after taking MDMA (Ecstasy) was unavoidable. Even if they did not know how to dance, they would feel compelled to move their body after taking MDMA (Ecstasy). They would also consume alcohol when taking MDMA (Ecstasy).

“同埋當你食完嘅時候，你自己真係好不其言咁跟住的音樂跳架 ... 我覺得剛剛入到場嘅時候，個陣時 keep 住玩時，就覺得試左食完之後就好似跳得放嘞呀，跳得激嘞呀，同埋就算你食左，跳到咁上下，你覺得開始已經倦啦，但係同埋果陣時我會覺得食完係會跳得耐嘞架。” (Case 2)

“食左(濫藥) 之後開心，入到 bit! 更加入到 bit，跳得特別耐！可以長時間嘛，唔食好快就會倦！咁你就想走。” (Case 22)

“我喺 disco 食，有音樂聽，我又可以跳舞，唔同囉，同埋啲燈打落嚟，大咗會有幻覺囉。” (Case 17)

44. The interviewees revealed that they took illicit drugs in toilets, on dance floors, or in “private rooms” at discos. Some respondents pointed out that discos were regarded as a “public place” in which people could openly abuse drugs. As individuals could

easily see other people abusing drugs at discos, they would be more likely to abuse drugs themselves. Their fears about drug taking would be decreased in such an environment.

“咁係 3x8 (disco) 呢，我見到咁多次同埋我自己啲 friend，咁佢地係啲好當眼地方，係係啲 bar 枱度都會擺出黎囉，好似無咩野咁。” (Case 15)

“好公然地就食，唔係話躲埋黎食，有房就咩，如果卡位就好少咁樣食，少少位，有房就直接咁樣，有時去廁所食，有時就咁樣就得架啦！” (Case 20)

45. Young people go to discos and abuse drugs as a kind of social event. All of the interviewees went to discos with their friends, rather than alone. Some pointed out that discos provided an environment in which they could find comfort and communal fun and excitement. The majority of them had taken illicit drugs for the first time at a disco after being persuaded to go there by their friends. Peer influence was a significant element of people's drug-taking behavior at discos. They would mainly take psychotropic substances such as MDMA (Ecstasy) and Ketamine in order to get rid of their social inhibitions and try to make new friends.

“幾十個，二十個朋友一齊去啦 (disco)成班朋友一齊，大家一齊食就食，無咩所謂，即係成大班朋友。” (Case 14)

“落去 (disco) 有得玩啦，同一大班人玩啦，都係玩的。” (Case 30)

46. Some young people abused drugs at discos simply out of curiosity, while others just wanted to feel happy when they danced. They did not think that they were addicted to the drugs, since they could control their drug-taking behavior. Such a belief is dangerous.

“想試下啦，未試過，覺得好好奇，點解人人食左會咁樣？” (Case 15)

“(藥物) 用來助興，想爆囉。” (Case 17)

“有時會唔開心時候食，總之開心會食，唔開心又會食。總之想食的時候，就食啦，玩得仲開心，就食，有時候唔開心，食左，就唔想諗野。” (Case 18)

47. While it was true, as some of the respondents claimed, that a lot of discos had been closed down in the past two years, because the government and law enforcement agents had used a wide range of legislature, operations, and strict measures to curb their growth, it is unlikely that discos will disappear altogether in the near future.

“我覺得唔會，因為我覺得 disco 唔會俾佢地執晒，一定唔會，佢執得一間，又有

另外一間開，佢執得一間，實有人開家 ... 同埋 disco 個氣氛會好好多 ... discos 仍然有個吸引力係度” (Case 15)

“D (disco)係最開心。啲音樂夠大 ... Disco 仍然有生存嘅空間 ... 咁我哋唔玩，仲有啲細過我哋啲啲 ... 執咗都有第二間開番。” (Case 17)

Shenzhen discos

48. There has been a recent trend of young people going to Shenzhen to abuse drugs. According to the respondents, nearly 80% of the people at Shenzhen discos are from Hong Kong, mostly from the northern districts such as Sheung Shui, Fanling, Tuen Mun, and Tin Shui Wai. There are a number of reasons for this increasing trend. First, some of the respondents said that they could get to Shenzhen more quickly than they could get to Tsim Sha Tsui or Mongkok. Second, there are many discos in Shenzhen, so if someone does not like one disco, he or she can go to another one just a few minutes' walk away. Third, Shenzhen is much cheaper than Hong Kong. Not only do disco admission fees and illicit drugs cost less, but so too do goods sold in shops, and other services that attract young people such as massages and prostitution. Fourth, according to the respondents, the police in Shenzhen would not carry out regular check ups of discos, and even if check ups did take place, their friends would know about them in advance, thus it was safe to take illicit drugs at Shenzhen discos. Finally, because the opening hours of Shenzhen discos were longer than those of discos in Hong Kong, young people could dance and take drugs throughout the night, even continuing until 2 pm the following afternoon.

“上面多場 (disco), 你落到場, 覺得唔好, 行五分鐘, 搭的士又好, 可以去過第二間。場 (disco) 好密, 十至二十間到。喺 D 場, 仲可以打機呀, 桌球呀。去到上面行街買野, 行街, 搵骨。涉及性交易嘅 ...” (Case 3)

“好多間 (disco), 條街有一間, 兜過條街又有一間。” (Case 20)

“上面 (Shenzhen)掃場嘅情況, 睇下上面有啲咩搞囉, 政府有野搞嘅話就掃得好密, 無端百事就唔會掃。(公安) 查牌, (Shenzhen) D Friend 會叫你走。通常都唔會拉, 你唔係 High 晒嘅話。一定知, 無問過, 佢地話收到風囉。但佢哋收啲風好準囉。今晚一點會查牌, 就真係會查。” (Case 3)

“其實公安 check 得少, 大陸, 就算 check 都唔驚? 因為佢地會開咪叫一係出一出去, 或者唔好毓, 我地兜一兜, 扮晒鎮定咁, 咁坐係度, 佢地就唔理我地, 一係出去個場出面, 或者唔好毓, 或者停音樂, 大家都知乜野事! 大家扮晒冇事, 扮晒飲酒咁! 大陸有咁嚴!” (Case 20)

“同埋香港冇乜早場，六點多七點已經走晒，好冇癮家嘛！但係大陸好多早場家嘛，玩到下晝兩點，通常我地都唔會玩到下晝兩點，玩到十一點已經好盡，但係已經好開心！但係如果玩得到十一點，個晚通常都好開心！” (Case 22)

49. The interviewees pointed out that, like at Hong Kong discos, they would abuse MDMA (Ecstasy), Ketamine, and cannabis in Shenzhen. Furthermore, people could easily buy illicit drugs at Shenzhen discos.

“大陸貨源 ...好容易擺到貨，想要就有，因為佢地有錢賺！” (Case 20)

“深圳羅湖區 (disco), 一星期一次，最多咪一星期三次！係班 friend 叫，主力都係 fing 頭，索 K, 係去到問個場個度放野個啲人擺。” (Case 22)

50. However, some of the respondents said that they did not like to go to Shenzhen discos, because they found the environment complicated and strange. They did not have a sense of security there, and they were afraid of the harsh punishment meted out in China for possessing illicit drugs.

(B) Drug Abuse as a Self-initiated, Peer-related, and In-group Activity

Karaoke bars

51. Most of the respondents said that they had taken drugs in karaoke bars – especially Ketamine, but also MDMA (Ecstasy) and cannabis. Though most would take the drugs in karaoke rooms, some said they would take them in the toilet. They indicated that they would plan to take drugs in karaoke bars beforehand and so would bring the drugs along. One of the respondents said that some karaoke bars in Tuen Mun would even sell illicit drugs to their customers. Other respondents stated that staff would not request them not to take drugs when they came into the room, even though they knew about the drugs. Sometimes, as many as 10 people would go to a karaoke bar together, and the staff would arrange a “party room” for them, which would be like a mini-disco with a spot light, artificial smoke and music. They abused drugs, sang, listened to music and even dance in the karaoke bars.

“同啲 friend 一齊去唱卡啦 ok, 佢地都會 high 囉 通常都會係索 K, 但係就, 同埋大麻囉, 就唔會食冰同搖頭囉, 因為冰要好多架生呀, 可能方便掛 K, 咁 K 就快啲, 即係快啲上快啲落囉。” (Case 9)

“屯門卡拉 ok 都有人賣野，喺個 counter，你行去 counter 嗰個位度，識晒架嘛啲人，你話俾佢知要 K，咁佢就有條鎖匙，去倉到擺。間卡拉 ok 個老闆經營。元朗有啲卡拉 ok 都好似係咁。同埋啲 bar。” (Case 1)

52. The respondents pointed out that as the police seldom check up on karaoke bars, they felt more secure taking drugs there. The fact that they knew everyone in the karaoke room also increased their sense of security.

“卡拉 OK，啲 friend 有好多喺個身度，咁人哋玩七八九就飲酒，我哋玩七八九就索 K。去卡拉 OK 時，已經預先諗咗去 high 嘢，咁嗰度啲職員基本上唔知我哋 high 嘢，知都無嘢。冇試過有警察嚟。” (Case 17)

53. However, some of them claimed that there were disadvantages in taking drugs in karaoke bars, such as the fact that the music was not as good as at a disco, and that there was little room in which to dance. Others said that they could not sing in karaoke bars when they took drugs there. Thus, karaoke bars were often only an alternative to discos where they could take drugs.

Friends' homes or one's own home

54. Most of the respondents revealed that they had taken drugs at their homes or at friends' homes. It was especially common to take Methylamphetamine (ICE) at their own or friends' homes, because they would not take it at discos since it required a lot of equipment as well as certain procedures and rituals. Cannabis, organic solvents, Ketamine, and tranquillizers were also commonly taken at home. Some of them would have loud music at their homes or their friends' homes when abusing drugs. Some of them even danced in their home when they listen to music and took illicit drugs.

“點樣食 (冰) 呀？咁你要擺啲飲品個啲啦，跟住之後，咁佢好似紙包飲品咁啦，咁你就要係上面平個度開 2 個洞，跟住插 2 支喉，跟住之後要啲錫紙，跟住擺啲冰落去俾火燒，之後有煙出，咁就擺係其中一條飲管度，之後係另外一條飲管到囉 要好多工具囉，都要好多程序囉 ... 所以多數都係朋友個度食多，呢啲唔會係 disco 度食。” (Case 15)

“係同學屋企 high 天呀，大家一齊坐係度，拎啲紙巾出黎，大家一齊索。” (Case 30)

“喺同學屋企，食冰囉，溝呢個十字架食，擺埋野 (藥物) 去食。” (Case 17)

55. The respondents claimed that they or their friends would buy the drugs before they went to their homes from friends or dealers who were part of their network. Even at a young age, they had already built a strong network that included drug dealers.
56. What is especially noteworthy about their abuse of drugs at residential locations is the respondents' very casual manner: they would abuse drugs any time they felt like it. One respondent told us that he once cooked Ketamine in a 'hot pot' for a group of friends in a dinner.
57. The respondents stated that taking drugs at home was much safer since the police would not regularly go to their homes. However, the respondents would only abuse drugs at their own home or at friends' homes when their families were not at home. This highlighted a hidden risk of taking drugs at home: no helping professionals would be aware of their situations and approach them, even if they were strongly addicted to the substances.

Video game centers (機舖)

58. Video game centers are another place where young people abuse drugs, especially cough medicine. The respondents revealed that after taking cough medicine, they would play video games. Loud music is provided in the video game centers because of the sound from the video game machines. They could easily buy cough medicine from a pharmacist for a low price. This behavior was most common on the outlying islands such as Cheung Chau. One social worker pointed out that young people on the outlying islands tended to have less money, so they could only afford to buy cough medicine, and that it was common to find empty bottles in video game centers. In fact, young people are easily influenced by their peers to abuse cough medicine at these locations if most of their friends are doing it. The following case demonstrates this phenomenon:

“...啲 friend 之前飲開(咳水)嘅，跟住之後咪試下，跟住咪一齊飲，到現在。喺個陣時無野做咁呢，咁飲完之後，你會好專注咁打機咁打機，有好強的音響，幾個鐘咁樣，跟住消磨到幾個鐘 ... 去機舖打機，都係各自各打機，唔想人偈呀，喺羅，靜啲，一路打機一路飲。其實即是等於我食煙咁樣，你想唔食，但係你側邊啲 friends 話，一齊出去玩，一齊飲呀，你就會跟住佢飲。兩三個朋友一齊出黎飲 ...” (Case 6)

59. The fact that cough medicine can easily be bought from pharmacists without needing a doctor's prescription for a cheap price and in bulk is cause for concern. This legislative loophole in the control of drug sales in pharmacies makes drug abuse more common among young people.

(C) Drug abuse as an entertainment program of other activities

At the beach

60. Some respondents said that they would take Ketamine and cannabis at the beach. This shows that drug abuse is such a casual, even habitual activity. Young people will abuse drugs in many places. Some of them will listen to music when they abuse drugs in the beach. It also indicates that they will take drugs in an open area without fear.

“海灘囉，試過夜晚三點幾駛架車入赤柱，咁咪踏係個度咪索下 K。” (Case14)

“到沙灘食草，或者索 K，開大喇叭，然後又繼續返黎燒野食 ...” (Case 29)

Public parks and country parks (郊野公園)

61. Some interviewees told us that they would take drugs in a variety places. For instance, some had taken cannabis in a country park when they were having a barbecue and listening to music. As with smoking, their substance abuse behavior was so habitual that they would abuse drugs whenever and wherever they wanted in order to feel “high.” One respondent recalled such an incident with pleasure:

“有時 ... 夜晚黑去燒野食，郊野公園，又係果度 high，乜都有 ... 無 la la 就話去燒野食，果次就拿大麻去食，一路燒野，一路食草，一路聽歌，一路係咁笑啦，乜野都係咁笑，你生的野，熟的野，都放入口，都唔知自己食緊乜野，不停係咁肚餓，係咁食係咁食，跟著俾火燒親，都唔痛呀，撞親又唔痛呀，跟著燒完野食啦，返到屋企先知損手爛腳 ... 直情唔知發生乜事，high 草的感覺係好開心，不停咁笑，但係唔知笑乜野 我可以望住支白花油係咁笑，第一笑啦，好開心啦，仲有唔痛啦，整親都唔痛啦。” (Case 30)

At the cinema

62. One of the interviewees said that she took an illicit drug called “根,” which is imported from the Netherlands, at the cinema. She said that the feeling was similar to cannabis and caused her to laugh for no reason when watching the movie. Loud music, sound and animation were provided at the cinema when the respondents abused drugs. Again, this shows that young people will take illicit drugs in many places. As one respondent described:

“試過一次係戲院，我睇 ‘X 墓迷城 2’，咁果個係我的舊同事，佢去荷蘭旅行郵寄左一隻毒品俾自己，果隻野係我從來未見過，佢同我講當地的人叫佢做 ‘根’，係一朵紅色的花，但都要吹乾佢，剪碎，跟著當係大麻咁卷起佢。果隻係比大麻犀利好多，我食果次係戲院，個感覺好似自己身在 ‘X 墓迷城’ 一樣，個心跳得好犀利，個人係咁震，係咁笑，同大麻差不多，個眼好似 3d 咁。” (Case 30)

In stairwells, in gardens, or at podiums of public housing estates

63. It is also common for young people to abuse illicit drugs on public housing estates. The respondents said that they would gather in groups to take drugs such as Ketamine, cannabis, and organic solvents in the parks, in the stairwells, or at the podiums of public housing estates. These were convenient places for them to take drugs in, since most of them lived on these estates. Sometimes, they would bring along the Hi-Fi with them to the garden and podiums so as to listen to music when they abuse drugs.

“袋住就唔會去公園，我食完就去 (屋村) 公園。我係黑社會背景，咁佢地係我啲老表，兄弟，所以咪係呢度一齊玩囉。” (Case 19)

Conclusion

64. As a whole, URC is part of drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing, listening to music). Drug consumption is often a means to an end rather than an end itself.

65. Although the pattern of drug-taking behavior among young people has been changing, our study found that they abused drugs constantly at different places. The respondents abused drugs with groups of friends, but seldom by themselves. It was a kind of social activity. Their drug-taking behavior was greatly influenced by peer pressure and was used as a means to gain social recognition and inclusion from friends. Most of their drug-taking behavior was planned.
66. There is a clear trend of habitual substance abuse. Like smoking or drinking, they take drugs whenever and wherever they like, as if it is a kind of hobby. They often compared taking drugs with smoking – though harmful, it is enjoyable. More importantly, they did not think that the harmful effects were imminent.
67. Young people do not have the ability to control their drug-taking behavior. It is easy for them to overdose. Also, it is difficult for doctors to prescribe the proper medication for poly-drug users. Furthermore, there is clearly a close relationship between drugs and sex, thus young female drug abusers are especially at risk.
68. Young people do not have the ability to control their drug-taking behavior. It is easy for them to overdose. Also, it is difficult for doctors to prescribe the proper medication for poly-drug users. Furthermore, there is clearly a close relationship between drugs and sex, thus young female drug abusers are especially at risk.

Respondents' Drug Beliefs and Values

69. *Casual and recreational users:* The majority of the respondents held the belief that they were not addicted to any drugs. They claimed they were casual and recreational users, since they only took illicit drugs on special occasions, such as friends' birthdays or certain festivals like Christmas. They also believed that they could control their drug dosage. They just wanted to experience the "happy" feeling that drugs gave them. Some claimed that they took MDMA (Ecstasy) and Ketamine at discos only. Most of them held a strong belief that they were totally different from heroin addicts. They were confident in their ability to control their drug usage. They would not acknowledge that they had already become addicted to certain substances.
70. However, a closer examination of their drug-taking behavior reveals that some of them really could not control their substance abuse. The fact that they could take drugs at any time and in any place, and the variety and easy availability of drugs are

all areas of concern. Measures must be taken to rid young people of their mistaken beliefs about the illicit drugs they abuse. The most common answers about drug beliefs and values that the respondents gave were:

“我覺得自己係偶然服用 我本身自制到。” (Case 3)

“成日都聽到話上癮，其實唔係，你唔食就唔食。” (Case 13)

“覺得自己唔係上癮 如果去 disco 咪食囉，唔去就唔食。” (Case 15)

“我係控制 fing 頭，唔係 fing 頭控制我。(藥物) 用來助興，想爆囉。” (Case 17)

71. The respondents claimed that they would be better able to concentrate on certain things, such as playing mahjong or cleaning the house, after taking ICE.

“冰就係人地屋企囉 ... 完之後個腦好似實左咁呀，跟住之後呆呆滯滯呀，跟住就好專心做一樣野囉，之後又食唔到野，訓唔到覺囉。” (Case 15)

72. Some female drug users revealed that they lost weight after taking ICE, which was a particularly attractive side effect for girls concerned about their appearance.

“咁我地成日 pop 冰，總之成日啦。一得閒去佢個 friend 屋企 pop 冰，pop 左一段時間，個人都好瘦，瘦到去九十磅，以我身高都只得九十，好開心啦。” (Case 30)

73. All the above misconceptions should be corrected so as to reduce drug abuse among youngsters.

Respondents' Future Drug-taking Behavior

74. When the respondents were asked about their future drug-taking behavior and whether they would stop taking drugs, they gave a variety of answers. Some of them claimed that they had not taken any drugs in the past few weeks because they had felt some bad effects from drugs. Others had experienced personal incidents that had made them stop taking drugs.

75. However, some of them claimed that they did not plan to stop taking illicit drugs. Some even said that their dosage or the frequency with which they took drugs was increasing, though others revealed that their drug-taking behavior had not changed. One group said that whenever they wanted to take drugs, they would.

“唔會話真係戒，想 high 就 high！冇諗過戒或者唔食。”(Case 20)

“譬如你番大陸玩嘅，你會嘍大陸落到去 D，你先想用。”(Case 3)

76. Some of the respondents, however, stated that they planned to reduce the frequency with which they took drugs and their dosage, as they had been taking some drugs, such as MDMA (Ecstasy), for a long time and had lost interest in them. Instead, they considered switching to other drugs. Other respondents claimed that because they were often not allowed to take drugs at discos, their drug-taking behavior was reduced.

“可能對 fing 頭呀果啲都係三分鐘熱度呀咁，可能搵到啲第二樣仲好玩嘅野就唔會玩呢啲野。”(Case 19)

“再少啲，厭咗喇。厭咗(係 disco 濫藥)好耐喇，如果唔係以前點會一星期三次，而家一個月先兩、三次。”(Case 3)

The Respondents' Expectations of Services

Police action

77. Most of the respondents pointed out that disco organizers would know when the police were going to check up on a disco. The disco organizers and staff would inform the participants that the police were coming, so those who were under age or had illicit drugs would have time to leave. Respondents told us:

“佢哋呢啲好有系統架，即係呢個負責睇水。咁有人查牌，有“龜車”(police car)，就一定要收埋啲嘢呀，咁咪要即刻 call 上去收埋啲嘢。係呀，通常都知架喇，有內鬼架嘛。總之有人睇水架喇。總之差佬未到，上高一早就知有人嚟踢。我指有內鬼係因為次次差佬未到，佢哋就知，我覺得有內鬼。”(Case 5)

“佢地會係下面如果見到，就會通知上面，咁上面就會同啲人講未夠 18 歲既走，咁我就走佬囉 ... 後門走囉 ... 無效 (警方呢一啲查牌)，有效就宜家就唔會仲有咁多啦。”(Case 15)

78. Another respondent pointed out that some discos did not get a license to operate from the police, but they were still able to operate for a long time. He suspected that the disco organizers would come to some arrangement with the police beforehand.

“無牌都照開得，即係場嘅人同差佬傾偈囉，咁咪對策囉。同差佬傾偈一定要咁做。如果你唔傾偈都開唔到門啦。” (Case 5)

79. Most of the interviewees claimed that the strict measures and operations carried out by the government and the police were not effective at tackling the problem of substance abuse among young people at discos. Some of them claimed that disco organizers would reopen their disco after the police had left; others said that people would simply go to another disco or another place altogether to take drugs. In any event, it was impossible for the police to completely stamp out discos in Hong Kong.

“警察打擊啲毒販，查得密啲冇咩用。查完都係咁，你係查果時停止，查完之後又返晒來。捉人易囉，但捉晒啲毒販就好難。” (Case 19)

“只係一般人覺得人地落去 (disco) 係為左 high 野，現在即使無左 disco，係其他地方都得啦。” (Case 30)

“佢地 (police) 都 “kum” 唔晒啦，無呢間場都第二間場啦。” (Case 23)

80. The interviewees said that they seldom saw police capture those who sell illicit drugs. Instead, they were only able to arrest those at discos who were under 18. This was ineffective at curbing the supply of illicit drugs.

“咁佢上黎都係，一係掃毒呀，一係捉啲唔夠 18 歲，我無見幾多次真係捉到啲人，即毒販個啲囉，即係賣個啲囉，無幾次 ... 即係反而啲毒販呀，個啲就捉唔到。” (Case 15)

81. However, some of the respondents claimed that there was still a need for the police to regularly check Hong Kong discos. People might lose interest to play and take drugs in discos when the police always checked up on them. It was because it would take a few hours to carry out the check. Also, according to the interviewees, the conditions of discos in Mongkok were not good, thus there was a need for the police to check up on them more frequently.

“你成日搵警察落去掃，一晚掃幾次，我啲 Friend 都話日日掃都無癮啦，個場實會少咗人架。” (Case 3)

“都應該，旺角個啲地方真係好雜，入到個啲廁所，成地都係啲 “K”，好惡劣，好難頂，好得人驚！成個地下都係，旺角個啲地方應該掃下。” (Case 22)

82. Some of the respondents themselves claimed that the most effective way of tackling the problem of substance abuse among youngsters was to stop the supply of illicit

drugs. They thought that the ease with which illicit drugs could be obtained increased the chances of young people abusing drugs. The government and the police should put more effort towards reducing the supply of drugs by targeting the traffickers, sellers, and producers of illicit drugs.

“我覺得最好就禁絕個啲來源囉。真係好容易拾到。” (Case 23)

The government's drug preventive education TV advertisements

83. The majority of the respondents claimed that preventive education such as TV advertisements and posters would not be very effective, especially for those who had already used illicit drugs. They did think, however, that TV anti-drug advertisements could have some effect on young people who had not tried drugs before. The interviewees believed that the government exaggerated the bad effects of taking drugs. Some of them claimed that it was a waste of money for the government to produce such anti-drug advertisements, as they were not put off by this tactic. While one respondent asked what the government could provide as an alternative to drug taking, another just took the advertisement as a joke:

“政府嘅宣傳短片真係噉氣，噉錢，你宣傳嚟有咩用啫。無意思架，我聽你講又點呀，你有冇其他嘢代替番俾我？” (Case 4)

“我覺得(政府嘅宣傳)冇用囉，可能你對啲未食嘅人有啲用。” (Case 19)

“有睇過政府啲宣傳短片，總之好搞笑，得啖笑！” (Case 20)

84. One of the respondents said that it was good for the government to use the harm reduction approach to help heroin addicts by substituting heroin with methadone. He said that the government could also use this kind of approach with psychotropic substances. This way, the government would not force substance abusers to stop taking drugs suddenly, but instead gradually. Such an approach would be more acceptable to most substance abusers.

“即係你好似宣傳白粉個啲，唔用針筒，食美沙酮，食 fing 頭丸，唔好食一粒，最好半粒半粒咁食，咁咪諗囉。” (Case 22)

85. The government should produce anti-drug advertisements or programs that are tailor-made for substance abusers. To a certain extent, such efforts can effectively get their message across to those young people who have not yet taken drugs, since they

provide basic information and describe the negative consequences of drug-taking behavior.

86. Most of the respondents who had abused drugs believed that TV programs (such as 毒海浮生、鏗鏘集) that dramatized real cases to illustrate the bad effects of drug abuse were more effective at reaching them.

School preventive education programs

87. Most of the interviewees claimed that they could not remember whether there were any preventive education talks or lessons when they were at school. This showed that preventive education in schools was not very effective at reaching young people who had already started abusing drugs.
88. Some of the respondents stated that there were some programs or talks at their schools. But they claimed that they only received basic information about illicit drugs from such programs and talks, and that it did not stop them taking drugs. One of the respondents thought it would be more effective if talks were given by those who had abused drugs in the past. Having such a role model to share his or her experiences would be a good way of delivering the anti-drug message to students.

“我間學校係有時都有啲講座，或者有啲警察黎講講座，巡例講下有啲咩後果呀，嚴唔嚴重呀，要承擔啲咩責任呀，對自己身體有咩害呀，即係都會有基本嘅講座呀，個啲知識都會教你嘅 ... 講座我覺得其實無咩用，因為親身經歷你聽落，因為可能佢親身試過，講出黎比較真實啲呀，你自己聽落，譬如你自己有 keep 住食，你同佢個一刻係有共鳴架 ... 真係會影響得多啲。” (Case 2)

Social services

89. Almost all the interviewees who had social workers claimed that their social workers helped them a lot with their drug problem, providing counseling, emotional support, and social programs.

“曾經有一段時間我覺得佢 (social worker) 比我啲屋企人更加重要，你只要同得佢講，佢幫到你，佢都會幫你，可能無實際幫到你，但係起碼你同佢傾完，你自己會舒服啲。” (Case 2)

“有用啦，如果個社工講反而會聽佢講，唔同老豆老母或者政府。反而社工有啲用。真係唔知點解。可能社工俾我嘅印象好好人，會聽佢講多啲。細個已經係架喇，即係小學時都有接觸過社工，成日睇球場傾計。覺得佢哋好好囉，有似天使。同佢傾偈會好舒服囉。” (Case 3)

90. Social workers also provided tangible services to drug abusers, such as helping them to find jobs and arranging hospital check ups.

“來到呢啲中心，社工都好好，最好就搞多啲活動，佔據左你嘅時間你就唔會掂或長期沉迷呢類野呀咁，都係當(社工)一個朋友，有時可以幫到我。實際上嘅野，有書讀可以幫到我，想搵下工又可以幫到我咁。” (Case 19)

91. Most of the drug abusers treated their social workers as friends. They would share their thoughts with them, while the social workers would provide the youngsters with information about drugs. They would not force them to stop taking drugs but would try to persuade them not to take so many.

“我會同社工傾囉，我都會 keep 住同個社工好 friend ...” (Case 2)

“佢只會叫你唔好去咁多啦，去少啲啦。咁你就會聽佢講囉。係呀佢有考慮你嘅感受，就係嗰下先好，佢唔會夾硬叫你唔好去，政府就叫你唔好去。社工就唔同，社會會站喺你嘅立場。幫你諗。” (Case 3)

“社工都可能會話俾我聽，可能對健康會有啲影響咁樣嘅，即係都會多番一啲嘅知識俾我知道，即係自己個個都會記得食得多會有啲影響啲。” (Case 23)

92. Some of the respondents said that youth centers provided them with a place to hang out, so they would not have time to go to discos and take drugs. They could also talk with social workers at youth centers.

93. Social workers would also talk with the respondents about their personal matters such as family problems, problems at school, or problems with their peers. Thus, social workers clearly play an important role in the lives of drug abusers, so the government should put more resources into social services to help drug abusers.

“社工同我地傾呢啲(濫藥)問題我覺得會有幫助，勸下我地，呢度啲社工係百分之一百好，各方面都好，真係好，健康教育，叫我唔好戒手，講左好多道理比我聽，話左好多野比我聽，好好，全程跟足你，例如有乜野問題，有乜野心事想同你傾，就即係同你傾，佢又會勸你戒，點樣去戒，專係同你傾偈，我覺得呢個係對我戒藥物係有幫助，社工有某程度嘅幫助。” (Case 28)

94. One of the respondents suggested that more youth centers should be established so that young people would have some place to go. They could hang out and make friends at youth centers, and thereby the numbers of young people frequenting discos would decrease. Also, they felt that youth centers should open at night, which is when they have free time and like to go to discos.

“你（政府）如果真係要搵錢去做呢啲嘢，你不如撥多錢錢俾中心喺夜晚搵啲有意義嘅活動，有意義嘅地方俾人落去聚下腳咩。係呀，例如一啲中心，等啲中心去處理番呢個。社區中心日頭開嚟係無意思，日頭要番工番學。夜晚你整個咁地方俾佢哋搞呀，飲杯嘢，玩下，咁佢地咪唔駛落去 D。” (Case 4)

95. In addition, one respondent suggested that youth centers should organize more social activities such as football matches, basketball matches, and adventure programs. This would keep youngsters busy, so they would not have time to abuse drugs.

“青少年中心搞下活動囉，搞多啲活動，我地又有心機參加，我地就會食少好多，因我地都係悶先食，係條村度成日坐，咁如果佢地搞多啲活動，咁我地又有可一路食一路參加，咁個次數都會減少。雖然呢度都成日有活動，但唔夠，唔係成日有，一兩個月可能得一兩次。” (Case 19)

Overall suggestions

96. Some of the respondents suggested that it would be a good measure to close all discos in Hong Kong. If there were no such places, fewer people would take illicit drugs.

“咁如果唔俾人開 disco，一定少好多人掂呢樣嘢。” (Case 19)

“唔好開 disco 咪得，唔好開 disco，咪唔會咁多人落去！” (Case 28)

97. Some respondents stated that different parties in society, such as families, teachers, and the government, should join hands to combat the problem of substance abuse. Teachers should learn how to deliver the anti-drug message in schools through creative programs. Parents should learn how to teach their children. The government should not only use hard-hitting advertisements but should also produce tailor-made anti-drug advertisements to discourage people from abusing drugs.

“意見係淨係掃係冇用，最緊要係教育，要啲教師點樣宣傳，自己父母點樣教導，電視個方面嘅廣告，唔係一黎就話食死人，心諗，嚇鬼，我食緊，又唔見我死，唔係咁樣，咪又係食完，邊個會想到自己個女係咁，人地係度笑緊佢，食緊個啲，傻！人地都唔知幾開心，咁唔啱嘛。” (Case 22)

Drug abuse in different areas as observed by social workers

98. In order to learn what social workers think of young drug users, as well as their opinion of what the authorities and the public could do to help drug users, focus group interviews and individual in-depth interviews with social workers were conducted from July to November 2003. A total of 23 social workers from different settings – such as youth outreach teams, integrated teams, psychotropic substance abuse counseling centers, and special projects on psychotropic substance abuse – participated in the study (see Table 2.3). They had all handled cases of substance abuse, thus their views and recommendations were worth noting.

The recent trend of drug-taking behavior among young people in different districts

99. It was evident from the interviews with the social workers that the pattern of drug-taking behavior was different in different districts. Overall, as they perceived, the problem of substance abuse among young people in the context of URC was serious. The age at which they start taking drugs has been getting lower, and most of them are poly-drug users. The social workers believed that the easy availability of drugs and peer pressure were the main factors affecting what kinds of substances young people abuse.
100. The social workers were aware that young people abuse different kinds of substances, including MDMA (Ecstasy), Ketamine, cannabis, ICE, cough medicine, tranquillizers, cocaine, organic solvents, heroin, and other substances such as Five and Stamp. The trends of drug-taking behavior among young people have been changing rapidly. For instance, a few years ago, the popular drugs were organic solvents and heroin, but because of the popularity of discos in the 1990s as a result of the growth of rave culture, young people started to abuse MDMA (Ecstasy) and then Ketamine, as well as newer drugs in recent years. Such fast-changing trends threaten social workers' ability to handle substance abuse cases. One social worker described the pressure he felt:
- “五六年嘅時候，我都睇到個變化好大。由我做第一個 project 嘅時候，我睇緊第一份資料呢，仲係睇緊忽得呀，睇緊天拿水呀，白粉嘅 information 之外呢，其實係無 K 仔同 fing 頭嘅 information。咁係跟住好快，突然之間好多 disco 蒲咗出嚟，跟住就開始有 fing 頭丸。跟住 study 完啲 fing 頭丸之後呢，跟住好快半

年之間，又出咗 k 仔出嚟。跟住 K 仔之後，好似停咗一停，其實跟住都有好多新興嘅藥物出現啦。可能“five 仔”呀，有好多種唔同食法嘅 K 仔啦。”(3)

101. Social workers in Northern District claimed that most of their clients would abuse illicit drugs at discos in Shenzhen rather than Hong Kong. They pointed out that the admission fee for Shenzhen discos was cheaper than that for discos in Hong Kong, as was the actual price of illicit drugs. Then, too, for some people, the traveling time to Shenzhen was shorter and the fare was cheaper. We also saw above that other services, including prostitution, were cheaper in Shenzhen. Finally, there were fewer fights at Shenzhen discos. For all these reasons, so many young people have recently been going to discos in Shenzhen.

“其實去香港會少啲，始終去深圳近啲，過關又方便，消費又平啦，其實我係做沙頭角的，亦都果啲細路都係去果間 disco，叫做 838。平啦，價錢 Fing 頭，K 都係五十蚊左右，大麻間唔中都有啲啲，可能廿蚊一裁，咁就一支咁去用，但係因為依家皇崗開咗啦，即係廿四小時，如果佢地玩得悶，佢地就返黎，始終都係多啲其他活動，係上面溝女，依家”手泵”骨呀，其他啲色情活動，係香港比較簡單，同埋有啲靚仔覺得有多啲架打，香港啲場複雜啲，上面的場，比較少嚴重的衝突，即個場由某個人睇，其實情況都幾穩定，去大陸佢地去開果場，咁就覺得無乜問題。”(1)

102. The social workers claimed that the seriousness of the problem of drug abuse differs from district to district. In Tsing Yi, it was not so serious, but in Northern District, even though there was no entertainment place where young people could take illicit drugs, there was a private den (私賣) where they would abuse cannabis. In fact, this absence of venues is a further reason why youngsters have been going to Shenzhen discos recently. A similar situation can be found in Tuen Mun.

103. The social workers stated that MDMA (Ecstasy) and Ketamine, especially the latter, were the most common substances that young people currently abused at discos, both in Hong Kong and in Shenzhen. However, they pointed out that during the past year, it was becoming more common for young people to abuse cough medicine and organic solvents.

“而家主要都係 k 仔啦，大麻，fing 頭就比起前幾年相對地少咗。咁一嚟係可能 disco 執得多啦。其實我哋容易理解，食 fing 頭都要有一個音樂環境，無理由自己喺屋企 fing，唔會嘅。”(9)

104. In the past few years, there was a high prevalence of organic solvent abuse among young people in private dens in Northern District. This phenomenon has also recently spread to Kowloon and Hong Kong Island. The social workers also stated that young people would abuse cough medicine and cannabis at video games centers and in public gardens. They could easily buy cough medicine from pharmacies for a very cheap price. Some adolescents even took cannabis whilst they were playing football.

“但係我地(Kowloon East) 都有好多咳水，近呢幾個月就天拿水，因為認識到一啲年青人，佢地十幾人廿幾人一齊 high 天，所以係我地中心，係 fing 頭，K，咳水，天拿水，呢啲比較多！” (7)

“但係有啲比較傳統例如 MB 呀都會有 ... 如果舊區的話，MB 可能 common 啲，喺長洲都有啲細路仔喺街食，隔離公園呀，機寶都會有。” (2)

“踢住波咁食 (cannabis), 有時係機舖都會見到。” (1)

105. All the social workers confirmed that young people would abuse drugs in different places, such as in their homes, at friends' homes, in public gardens, in the stairwells of public housing estates, or even on buses and in the street. They also confirmed that young people would abuse different kinds of substances at different places: MDMA (Ecstasy) and Ketamine at discos, cough medicine at video game centers, tranquilizers and ICE at home, and so forth.

“我見到啲細路，真係喺巴士都食。屋企固然有，個成數都好高。... 喺街啦，公園呀，講講下嘢，跟住就有幾個走埋一邊，索幾嘢，跟住又返嚟同你傾偈，都會有。我同事嘅親戚，喺長洲都見到有人就喺機舖門口 high。真係好明目張膽。但係有啲真係食慣，就會喺公園附近擺咗就返屋企呀，朋友屋企食呀。機舖呀。咁呢啲藥物會喺機舖食呀，例如 MB 呀。成個長洲都係 MB 樽。” (2)

“一路都有私寶，有時佢地有個 friend 有空置地方，有啲可以聚地方，天台呀，譬如大角咀天台呀，好方便，我知佢地會落卡拉 OK” (6)

“而且呢班人會喺特定嘅地方食，如咳水，喺機舖食。另外，咳水會有時喺啲商場，有時喺屋企呀。安眠藥呢，大部分都會係自己食嘅。話說回來，安眠藥係會比較 individual，可以自己睇埋食，唔需要同朋友食，唔需要特定地方食。” (8)

106. Some of the social workers said that their clients told them that there would be some privately run discos and parties in Hong Kong. Someone would host a party and call all their friends to their flat, where illicit drugs would be sold. Some of the privately run discos and parties were organized by triad societies. Not many people would know about such events.

“名義上個運作梗係咁樣，街外人都可以入去消費，佢都係想賺錢，但係有一啲頭先講既爛場，其實某程度一個正常人都唔會入去，因為你已經知道個場係某一範黑社會字頭，咁入到去撞口撞面都係個啲人，但你都唔係個個世界，個個圈子嘅人，所以街外人係唔會有興趣入去個啲爛場到玩，整整下形成入親去都係個一範嘅人，或者佢啲 friend，或者係個既燈頭帶客入去，個啲場係唔係好人好姐識得摸上去玩！或者 through 個啲燈頭，through 個啲 friend，先至會上去” (5)

107. The social workers also said that young people would take drugs in karaoke bars. Since they would all know each other in the karaoke room, they would feel more secure while abusing drugs. In fact, it was widely recognized among social workers that drug abuse among young people is a group culture: they would take drugs in a group and seldom on their own. Although a lot of discos have been closed down recently, the social workers believed that the culture of taking illicit drugs at discos remains unchanged, since drug abuse for some young people had already become a habit.

“個 wave 係過咗，但我睇到仍然有一班人呢，係好鐘意呢個文化。或者呢種文化已經成為佢生活嘅一個方式。佢哋唔會戒呢個玩意。幸好而家嘅 disco 唔係太多，但大型嘅有某幾間，其實都仍然有機會接觸到囉。” (3)

108. The social workers believed that the closing down of some discos really had reduced youth problems related to substance abuse. But they also thought that the closure of discos would not reduce substance abuse among young people, since they would just take illicit drugs elsewhere.

“但係呢三間 disco 執左之後，到 2003 年今年，就成個情況就淡淨左，咁似乎 disco 嘅文化，disco 嘅存在都幾影響區裡面青少年濫藥嘅問題，自從 disco 唔再存在之後，我地確係睇到青少年牽涉到濫藥而係荃灣或葵涌區發生問題就少左，但係咪代表青少年唔再濫藥，我會有保留嘅，佢地只不過唔再係因為 disco 係呢兩個區裡存在而濫藥，唔等於佢地唔再係出面濫藥 ...” (5)

109. The social workers also stated that young people could easily buy illicit drugs at discos, as the organizers themselves would sell them. Clearly, the easy availability of illicit drugs was a very important factor in the substance abuse behavior of young people.

Drug abuse behavior of young people in the context of URC

110. Some of the social workers believed that the trend of young people abusing substances in the context of URC and other related settings would continue unchanged. In other words, adolescents would continue to abuse illicit drugs at discos, both in Shenzhen and Hong Kong. The social workers thought that a lot of young people would abuse drugs only when they were at discos, and that not many would take them in private areas such as their homes or friends' homes.

“我諗其實 Rave Party (rave culture) 呢個潮流都會繼續，只不過我地睇到依家係兩邊走，睇到個主流一係北上，一係本地香港的 Rave Party/ Disco，落去先至濫藥 ... 但係我地估計果啲人都係 addicted 左，可能係濫藥方面 addicted. 所以當佢有藥的時候，係自己屋企或者人地屋企 high 野，但係都未去到一個新趨勢。” (1)

111. Some social workers stated that some young people would take substances such as heroin and organic solvents at home. This could be categorized as “underground” drug abuse because the social workers could not easily identify drug abusers, approach them, and provide services to them if the substance abuse was occurring in a private area.

“但係如果有些藥，好似以前話白粉，high 天呀，可以自己呢埋拍針啦，果啲其實都係 underground，以前 high 天都係呢埋係屋企，係屋企個竇你點可以捉佢地，因為你上到佢都做唔到野，就算你拍門都好，個個都可能係度索緊，都唔清醒，咁你根本都做唔到任何野，同埋果啲 frequency 好高，差唔多不停重復，都是做同一樣野” (1)

“咁係間屋自己搞，果啲唔係公開，唔係擺正牌場所，你自己用作娛樂用途，咁叫做地下，反而我覺得地下依啲情況係果啲有錢有面果啲，果啲明星呀，有錢果啲，果班年青既後代，佢地又要玩 d，又唔想俾人知，所以成班圍內，果啲自己開個 rave party 或者私人派對” (6)

“我地知道，同容易 spot 得到，呢個係我地所謂既地上，我地容易接觸得到，地下係我地接觸唔到！佢地外展隊都夠地下啱，但係都仍然會接觸唔到，有啲係屋企就更加難，如果佢地係卡拉 OK 或網吧，我地分分鐘都知得到，佢地係條街，都分分鐘知得到，所以我諗地下既意思係一啲更加隱蔽既地方，都可以咁樣定嘅！佢地唔係公開場合，係一啲私人嘅場合食藥！” (10)

112. The social workers thought that substance abuse behavior among youngsters was diversified in terms of type of drugs, place of abuse, and number of people taking drugs. Young people would abuse drugs anywhere.

“濫用藥物已經公開化咗。所以極其量只能夠講濫用藥物嘅形態多元化咗。” (2)

“Underground rave culture，可能係 illegal，一啲自己嘅地方，唔公開，可能係呢啲特質嘞！但係你要我定義 exactly 要指啲乜野地方係最主要嘅，我估屋企係最主要嘅，或者佢地一齊有個地方，有個私鬥，可能某個人嘅屋企，長年累月有屋企人係度嘅，於是佢地成班就去左佢嘅地方，做一個“鬥”，我諗係咁樣運作嘞！同埋有個人數限制，我一個又得，十幾個又得 ...” (5)

113. Some of the social workers believed that underground substance abuse culture had existed for a long time, even before the rise of large-scale rave parties and discos. The demise of such events, they felt, would lead young people to abuse substances in other places in order to satisfy their needs, though some of them continued to describe this kind of activity as “underground.”

“我會覺得不翹都係地下化，一向都唔係咁公開咁 open 嘅。就算係次文化入面主流，始終都係次文化嘅主流。始終佢哋都會知濫用藥物呢個唔係一個好嘅行爲嘍嘅。咁你話會唔會好公開呀，我覺得不會成爲一個好主流嘅方向，一路都好地下化。但我又同意，disco/ rave party 呢個比較顯眼嘅地方，又警方打擊，但有時有個潮流實會轉，有啲場賺唔到錢，所以咪啲人咪擁晒去囉。而家過咗個潮流，賺不到錢，撈偏門嘅人咪去第二度搵錢囉。而家咪好似少咗囉。而家可能會真係分散咗，因爲唔係咁容易搵到 disco，我諗啲細路自然會有其他方法去，如果佢仍然有呢個需要，佢可以有好多方法去滿足佢嘅需要。” (8)

“我第一次聽係用地下黎形容，我地都有傾下乜野叫地下？都未搵到個共識點去演譯地下，你之前都問過一啲 worker，根本冇地上，點會有地下呢？因爲呢樣野佢地唔會光明正大去進行家嘛，咁所以我個人黎睇，定義唔到乜叫地下！” (10)

Annexes to Chapter 2

Table 2.1: The respondents of the qualitative study

Respondents		Information	Goal	Actual
Young drug users		First contact with drug; reasons and experience of drug taking at initial contact; continual drug taking in relation to the URC and related activities; attempts to quit drug; and reasons of relapse.	30	30
Social Workers		Their understanding of young drug users in the context of the URC; their opinions on what the government and the public can do to help the drug users.	20	23
Other stake holders		Disco organizers: Their knowledge about Underground Rave Culture, their acquaintance of young drug users in the context of URC, their opinions on what the authority and youth workers can do to regulate the discos and rave parties.	2	2
		Government officials & councilors: Their viewpoints on how to help the young drug users, their opinions about the present and future direction of drug control policy for young people in Hong Kong.	20	6
		Students: Their views were used for us to compare the differences between the URC and the “normal” youth culture.	20	60

Table 2.2: Demographic information of respondents (drug users)

	Age	Sex	Occupation	Age of first drug taking behavior
Case 1	17	F	Student	15
Case 2	16	F	Student	14
Case 3	19	M	Unemployed	14
Case 4	23	M	Unemployed	16
Case 5	22	M	Unemployed	19
Case 6	19	M	Student	17
Case 7	20	M	Shop man in convenient shop	15
Case 8	18	M	Construction worker	14
Case 9	16	M	Student	13
Case 10	17	M	Student	12
Case 11	19	F	Assistant in hair salon	12
Case 12	20	M	Driver	16
Case 13	17	M	Unemployed	15
Case 14	18	M	Sell fake disc	14
Case 15	17	F	Unemployed	15
Case 16	18	M	Unemployed	16
Case 17	20	F	Unemployed	14
Case 18	22	F	Unemployed	18
Case 19	16	M	Student	14
Case 20	18	M	Unemployed	14

Case 21	15	F	Student	11
Case 22	22	M	Driver	18
Case 23	15	M	Student	13
Case 24	16	M	Deliver goods	13
Case 25	20	F	“PR lady” in night club	19
Case 26	28	M	Shop man	19
Case 27	19	F	Waitress	15
Case 28	30	F	Unemployed	21
Case 29	30	F	Unemployed	22
Case 30	18	F	Youth ambassador in social services center	11

Table 2.3: Characteristics of social workers

Agency	Worker	Types of service	Area
1. 基督教香港信義會 北區青少年外展社工隊	2	北區青少年外展社會工作	North District
2. 香港基督教女青年會	5	觀塘區, 中西區及離島青年外展社會工作; 屯門; 龍翔; 青衣綜合社會服務	Hong Kong Island, Outlying Islands, Tuen Mun, Tsing Yi, Kowloon (East).
3. 香港青年協會	1	預防濫用藥物輔導及教育計劃 (V Can Dance – VCD 計劃)	Tseun Wan, Tai Woo Hau, Kwai Tsing
4. On personal capacity	1	青少年濫用藥物輔導服務	Hong Kong
5. 香港青年協會	1	荃灣及葵涌外展社會工作隊	Tsuen Wan, Kwai Chung
6. 香港遊樂場協會	2	油尖旺區青少年外展社會工作隊, 上葵涌青少年綜合服務, 「非常體驗」青少年驗身服務計劃	Kowloon (Yaumatei, Mongkok, Tsimshatsui)
7. 香港路德會社會服務處 路德會青怡中心	3	青少年濫用藥物輔導中心 (九龍東)	East Kowloon
8. 香港基督教服務處 PS33	2	藥物濫用者中心	Kowloon
9. 明愛容圃中心	3	青少年濫用藥物輔導服務	Tuen Mun
10. 香港明愛青少年 及社區服務	2	Work Hard Play Safe Drug Free Promotion Team; 南區青少年外展社會工作隊	Tsim Sha Tsui, Mongkok, Hong Kong Island (South)
11. 基督教香港信義會 天水圍青少年外展社工隊	1	青少年外展社工隊	Yuen Long, Tin Shui Wai

Table 2.4: Types of substances that respondents abused

	Ketamine 氯胺酮 (K仔)	MDMA (Ecstasy) 亞甲二氧基 甲基安非他 明 (搖頭丸)	Cannabis 大麻 (草)	Methylamphetamine 甲基安非他明 (冰)	Cough Medicine 咳藥 (止咳水)	Tranquillizers 鎮靜劑 (十字架, 藍精 靈, 白瓜子)	Cocaine 可卡因 (可卡因)	Organic Solvents 有機溶劑 (天拿水)	Heroin 海洛英 (白粉)	Others: (Five仔, 郵票)
Case 1	√	√								
Case 2	√	√							√	
Case 3	√	√	√							
Case 4	√	√		√						
Case 5	√	√								
Case 6	√	√			√					
Case 7	√	√		√						
Case 8	√	√	√	√						
Case 9	√		√		√					
Case 10	√	√	√							
Case 11	√	√				√				
Case 12	√	√	√							
Case 13	√	√	√				√			
Case 14	√	√							√	
Case 15	√	√	√	√						
Case 16	√	√	√							

	Ketamine 氫胺酮 (K仔)	MDMA (Ecstasy) 亞甲二氧基 甲基安非他 明(搖頭丸)	Cannabis 大麻 (草)	Methylamphetamine 甲基安非他明 (冰)	Cough Medicine 咳藥 (止咳水)	Tranquillizers 鎮靜劑 (十字架, 藍精 靈, 白瓜子)	Cocaine 可卡因 (可卡因)	Organic Solvents 有機溶劑 (天拿水)	Heroin 海洛英 (白粉)	Others: (Five仔, 郵票)
Case 17	√	√		√		√				
Case 18	√	√	√	√					√	
Case 19	√	√	√	√						
Case 20	√	√	√							
Case 21	√	√	√							
Case 22	√	√		√			√			
Case 23	√	√	√							
Case 24	√	√	√					√	√	
Case 25	√		√							
Case 26		√	√	√	√	√				
Case 27	√	√	√	√		√				
Case 28	√	√				√				
Case 29	√	√	√	√		√		√		
Case 30	√	√	√	√	√	√	√	√		

√ Types of substances that respondents abused

CHAPTER 3

FINDINGS OF THE QUANTITATIVE STUDY

Methodology

1. *Scale measurements:* In this quantitative study, we aimed to study the drug abusers' pattern of taking drugs, and their psychological states as identified by the *Chinese Drug Involvement Scale* (CDIS) and the *Chinese Purpose in Life Questionnaire* (CPIL).
2. The CDIS (refer to Appendix 1) is a 22-item scale that has been constructed and validated by the investigators of this research team (Lam, Ng, & Boey, 2002). It is a global assessment scale, measuring the respondents' involvement in drugs by assessing such indicators as actual drug experiences, beliefs with regard to the consequences of drug taking, the degree of manifest commitment to abstinence from drugs, and the extent to which friends have drug-related habits. The total scale score ranges from 22 to 132, with a higher score indicating a more extensive degree of drug involvement.
3. The CPIL is a 20-item scale that assesses the meaning in life as perceived by an individual. It has been translated and found to be valid and reliable in the local context (Shek, 1988). The total scale score ranges from 20 to 140, with a higher score indicating the subject has a more positive purpose in life.
4. Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of underground rave culture (URC). Snowball sampling was appropriate when it was difficult to locate the members of a special population (Rubin & Babbie, 1997). In this study, we first collected data from the respondents referred by social service agencies, and also other young people identified by investigators at discos and rave parties. These respondents were then requested to provide the research team with the contact information of other young drug abusers.
5. *Comparison:* The CDIS and CPIL were also administered to students from a purposively selected secondary school located in Tsuen Wan which had students of a relatively low

academic standard compared to the average. The results were compared with those of the young drug abusers group.

6. There eventually turned out to be three groupings of respondents: (a) drug abusers identified at discos and rave parties, and (b) drug abusers referred by outreaching social workers; these two groups constituted the drug abusers group ($N=201$) and had taken drugs in the context of URC (refer to Chapter 1 for definitions); and (c) students from one secondary school (non-drug users, $N=233$).
7. *A longitudinal research design* was also adopted to evaluate the changes of drug abusers drug-taking habits and beliefs toward drugs throughout the investigation period. In order to assess the changes of the respondents within the period, the drug users were asked to complete the same questionnaire three months after they were first interviewed.
8. *Procedures:* Questionnaires were first administered between November 2002 and March 2003. A total of 95 respondents were interviewed by the research team at discos and 106 respondents were referred by social workers. These respondents were interviewed for a second time between April and July 2003; sixty respondents were interviewed successfully. Meanwhile, 233 students in F.3 and F.4 were administered the questionnaires in May and October 2003 respectively.

Findings

Demographic characteristics

9. There was a higher proportion of male drug abusers (61.7%) in our sample than female drug abusers (38.3%). This is concurrent with our observation.
10. The unemployment rate among the drug abusers (44.8%) was relatively high. Since they were neither employed nor studying on schools, they could be categorized as the “non-engaged youth”.
11. Since a major portion of the respondents were interviewed by the research team at discos, it was no wonder that 96.5% of the drug abusers had attended discos and rave parties, and all had abused drugs there. It may be due to the exciting atmosphere and the availability of drugs at discos, that discos and rave parties were favorite locations for drug abusers.

12. The drug user group contained a greater proportion of individuals from single-parent families (23.4%) than did the school comparison group (7.3%; *chi-square*=22.2, *d.f.*=1, *p*<0.0001) (Annex 1). This implied that drug abuse behavior is related to the status of being in a single-parent family, which demonstrates that parenting is very important to reduce the risk of substance abuse among young people, though its effects require further investigation.

Table 1: Demographic characteristics of respondents

		Drug users (<i>N</i> = 201)	Non-drug users (<i>N</i> = 233)
Age:	Range	13 - 24	13 – 18
	Mean	17.6	15.3
	Median	18.0	15.0
Gender:	Male	61.7 %	47.6%
	Female	38.3 %	52.4%
Education:	Primary	1.5 %	0 %
	Lower secondary (F1 – F3)	48.0 %	42.1 %
	Upper secondary (F4 – F5)	44.4 %	57.9 %
	Post-secondary	6.1 %	0 %
Occupation:	Student	24.4 %	100%
	Unemployed	44.8 %	-
	Employed	30.8 %	-
Living with:	No parent	6.5%	3.4 %
	single parent	23.4%	7.3 %
Visited disco/rave party in previous 6 months		96.5%	6.4%

Behaviors of visiting disco among the drug abusers

13. Regarding the frequency of going to discos, nearly half of them (45.9%) visited discos twice a month or more (Table 2).

Table 2: Frequency of visiting discos of the respondents

Frequency	Drug abusers (<i>N</i> = 201)	Non-drug users (<i>N</i> = 233)*
Once in previous six months	9.8 %	3.0 %
Once in previous three months	14.2 %	1.7 %
Once a month	14.8 %	0.9 %
Twice a month	15.3 %	0.0 %
Once a week	26.8 %	0.4 %
More than once a week	19.1 %	0.0 %
Total	100 %	6.0 %

* 14 non-drug users claimed to have visited disco/rave in the last six months.

14. Fifty-eight point four percent of the respondents mentioned that one of the major reasons why they attended discos or rave parties was for the purpose of social gathering (“meeting friends” and “being invited by friends”). This confirmed the observation that peer influence was the greatest “pull factor” for disco goers (Table 3). The implication of this finding is that it would be desirable if there were some drug-free places where young people could congregate, especially at night time.
15. Gender differences in the reasons for attending discos were as follows:
- i. While some of the boys (8.6%) attended discos primarily to make new friends, none of the girls considered this as the major reason for their attendance.
 - ii. More girls (32.9%) than boys (17.2%) stated that their most important reason for visiting discos was that they wanted to go dancing.
 - iii. Getting hold of drugs was mentioned by 13.0% of the respondents as a major reason for attending discos.

Table 3: Reasons of visiting discos among the drug abusers (N=201)

	Male	Female	Total
Invited by friends	37.1 %	35.5 %	36.5 %
Dancing	17.2 %	32.9 %	23.4 %
Meeting friends	25.9 %	15.8 %	21.9 %
Get drugs	11.2 %	15.8 %	13.0 %
Make new friends	8.6 %	0 %	5.2 %

Chinese Drug Involvement Scale (CDIS)

16. The reliability of the CDIS was tested for both the drug user and non-drug user groups (school sample). The Cronbach alpha values were found to be 0.72 and 0.87 respectively. When both groups were pooled together, the alpha value was 0.94, indicating that the CDIS had very high internal consistency.
17. For the non-drug users, the CDIS scores ranged from 22 to 72 ($M=32.0$, $s.d.=11.4$). For the drug abusers, the CDIS scores ranged from 45 to 107 ($M=70.5$, $s.d.=11.5$) (Annex 5).
18. The CDIS scores of the drug abusers and non-drug users were significantly different ($t=-35.0$, $d.f.=432$, $p<0.0001$), as expected. This was consistent with the purpose of the CDIS, which is to measure an individual's involvement in substance abuse (refer to Annex 10 for the content analysis of the CDIS items for the non-drug users, and Annex 7 for the t-tests conducted on the CDIS items for both groups).
19. Discriminant analysis showed that the CDIS was able to correctly classify 93.5% of the subjects as drug users or non-drug users; the cut-off point derived in this study was 51.3 (Annex 4).
20. Content analysis of the CDIS items shown in Annex 10 and Table 4 revealed that:
 - i. The social circle of the drug users showed general acceptance toward substance abuse, and the items of CDIS02 and CDIS17 had very high percentages of agreement.

- ii. The motive for drug abuse was mostly pleasure (i.e. CDIS04, CDIS06).
- iii. Only a few drug users did not agree that they used more drugs than their friends. This implied that most of them tended to deny their problems (i.e. CDIS12).
- iv. The drug abusers, in fact, knew of the adverse effects that drug abuse had on their health and work. This can be illustrated by the high percentages of agreement for the items of CDIS20 and CDIS22.

Table 4: Responses of Subjects to Selected items of CDIS

Selected items of CDIS	Agree
CDIS02: My good friends would regard using drugs as very common.	76.6%
CDIS17: I have many good friends who abuse drugs.	88.1%
CDIS04: I believe that all my troubles will disappear after using drugs.	51.2%
CDIS06: I believe that I will have a good time after taking drugs.	85.1%
CDIS12: When I use drugs together with my friends, I always use more than they do.	14.0%
CDIS20: If I abuse drugs often, I will have trouble in my work or study.	65.2%
CDIS22: My health will be worse than the health of others if I abuse drugs.	88.1%

21. The potential factors affecting the CDIS scores of the drug abusers were explored by including all of the corresponding variables in General Linear Model (GLM) analysis. It was found that the CPIL score and the number of types of drugs abused outweighed the effects of other variables. This illustrated that both the number of types of drugs they had abused and the extent of their psychological well-being in having a meaningful purpose in life played an important role in their involvement in substance abuse (Table 5).

Table 5: GLM analysis for the Chinese Drug Involvement Scale on different factors

Factor	Factors in the model				
	Sum of Squares	<i>d.f.</i>	Mean Square	<i>F</i>	<i>p</i>
Corrected Model	3073.757	8	384.220	3.204	0.002
Intercept	6191.729	1	6191.729	51.628	0.000
Age	248.410	1	248.410	2.071	0.152
Gender	109.527	1	109.527	0.913	0.340
Education level	209.356	1	209.356	1.746	0.188
Employment level	31.151	2	15.575	0.130	0.878
Drug abuse location type counts	295.216	1	295.216	2.462	0.118
Drug abuse types counts	580.244	1	580.244	4.838	0.029
CPIL	483.225	1	483.225	4.029	0.046
Error	22666.834	189	119.930		
Total	1015781.000	198			
Corrected total	25740.591	197			
r^2	0.119				
Adjusted r^2	0.082				

Chinese Purpose in Life Scale (CPIL)

22. The internal reliability of the CPIL was tested for both the drug user group and the non-drug user group. The Cronbach alpha values were found to be 0.84 and 0.89 respectively. When both groups were pooled together, the alpha value was 0.88, which indicated that the CPIL had a relatively high internal consistency in this study.
23. For the school sample of the non-drug users, the CPIL scores ranged from 29 to 136 ($M=97.6$, $s.d.=19.8$), while for the drug abusers, the CPIL scores ranged from 31 to 140 ($M=88.0$, $s.d.=18.1$) (Table 6).

Table 6: Comparison of CPIL of drug user and non-drug user groups

CPIL Score	Drug User	Non Drug user	t- Value
Mean	87.98	97.55	
<i>s.d.</i>	18.12	19.73	5.23***

*** $p < .0001$; mean difference=9.57

24. The difference between the CPIL scores of the drug abusers and the non-drug users was statistically significant ($t=5.234$, $df=432$, $p < 0.0001$). The drug abusers' CPIL scores ($M=88.0$) were lower than those of the non-drug users ($M=97.6$) (refer to Annex 6 for details). This indicated that the drug abusers had less of a purpose in life than did the non-drug users (refer to Annex 8 for t-tests that compared the CPIL items of the drug users and the non-drug users).
25. For the drug abusers, the differences in CPIL scores among the students, the employed, and the unemployed were statistically significant ($F=3.14$, $df=2,198$, $p < 0.05$). The employed had the highest CPIL scores ($M=92.5$), followed by the students ($M=87.7$), and then the unemployed ($M=85.0$) (Table 7). All three groups had average CPIL scores less than those of the non-drug user group of students.

Table 7: Relationship between CPIL and employment status of drug user ($N=201$)

	Unemployed	Students	Employed	$F(2,198)$
Mean	85.0	87.7	92.5	
<i>s.d.</i>	18.15	16.8	18.45	3.14*
<i>N</i>	90	49	62	

* $p < .05$

Note: The group difference is due to the difference between the employed and the unemployed.

26. For the drug abusers, the CPIL scores of the unemployed were even lower than those of the other two groups. Their lack of a purpose in life might lead them to become involved in a variety of problematic activities such as drug abuse, though further study is needed to understand the relationship.
27. There were statistical differences between the drug users and the non-drug users on a number of CPIL items (refer to Annex 9 for the item scores of the two groups).
28. The drug users differed from the non-drug users in their beliefs and attitudes, which implies that different types of drug prevention programs should be designed for drug abusers and non-drug users.

Relationship between CPIL and CDIS

29. For the drug users ($N=201$), the CPIL and CDIS scores were negatively correlated with mild strength ($r=-0.189$, $p<0.01$, 2-tailed). The correlation between the CPIL and CDIS scores for the non-drug users ($N=233$) was higher and was of moderate strength ($r=-0.314$, $p<0.001$, 2-tailed).
30. Those drug users with a greater involvement in substance abuse tended to have a more negative purpose in life. This may have important implications for the orientation of drug prevention programs, though further study is needed to reveal the causal relationship between perceived meaning of life and readiness to abuse drugs.

Patterns of drug abuse –types of drugs, frequency and locations

31. Most of the drug users (88.6%) were poly-drug users, and it is noteworthy that about 40% of the respondents abused more than three types of drugs (Annex 2) and that the average number of drugs abused was also more than three ($M=3.39$) at the time of our study.
32. The three most popular drugs among the respondents were ketamine (89%), MDMA (Ecstasy) (84%), and cannabis (79%). The least popular was ICE. The individual drug prevalence among the drug abusers is shown in Table 8.

Table 8: The prevalence of different types of drugs among drug abusers (N=201)

Drugs	Percentage of users
Ketamine	89%
MDMA (Ecstasy)	84%
Cannabis	79%
Methylamphetamine (ICE)	33%
Methaqualone (Mandrax, 忽得)	16%
Cough medicine (咳水)	13%
Diazepam (Valium, 五仔)	8%
Flunitrazepam (Rohypnol, 十字架)	7%
Cocaine	1%
Others	7%

33. In the month preceding the beginning of our study, the subjects on average had abused drugs more than five times ($M=5.35$, $s.d.=7.1$). Most of the subjects (73.1%) abused drugs in more than one location; on average, they abused drugs in more than two locations ($M=2.41$, Annex 3).
34. Though drugs were most commonly abused at discos and rave parties, 53% of the respondents abused drugs at their own or their friends' homes. It was common for them to abuse drugs at karaoke bars and other entertainment venues such as "cyber cafés" and TV games centers (45%). Finally, many of the respondents abused drugs in public areas (35%) such as parks. It was evident, therefore, that the participants had many convenient locations in which to abuse drugs (Table 9).

Table 9: Locations of drug abuse apart from disco / rave party

Locations	Percentage of users
Home	53%
Karaoke and other entertainment facilities	45%
Outdoor areas	35%
Shops (e.g. convenient shops, pharmacy)	9%
Others	3%

Note: Respondents could choose more than one locations.

35. There were significant associations between the use of the three most common drugs, ketamine, MDMA (Ecstasy), and cannabis (Table 10). First, those who used one of these drugs would often use the other two drugs, and second, these three drugs were equally accessible to the respondents who abused them.
36. After discos and rave parties, the most common locations for drug abuse were homes, then entertainment venues, then public areas. The correlations between these three locations were found to be statistically significant (Table 10).
37. Cannabis was equally welcomed by the drug abusers in various locations apart from discos and rave parties, including homes and public areas. ICE was found to be more readily abused at home and in public areas than was cannabis. MDMA (Ecstasy) was frequently abused at entertainment venues, but not in public areas or at home (Table 10).
38. The “number of types of drugs” and the “number of locations” had a positive correlation ($r=0.456$, $p<0.01$, 2-tailed). When the CDIS variable was controlled, the correlation was still high and relatively strong ($r=0.425$, $p<0.0001$). This indicates that regardless of the subjects’ degree of drug involvement, the accessibility to and the choice of drugs increased with the number of available locations. It also suggests that in different locations, some types of drugs are more favored by drug abusers than others.

39. There was a positive correlation on the CDIS with both the number of types of drugs abused ($r=0.265$, $p<0.01$) and the number of locations ($r=0.206$, $p<0.01$). This confirms our observation that the respondents' degree of involvement in drugs was positively correlated with the number of types of drugs they took and the number of locations in which they abused drugs.
40. There was a gender difference in the number of types of drugs abused ($t=2.09$, $d.f.=199$, $p<0.05$): the female subjects ($M=3.68$, $s.d.=1.44$) had tried more types of drugs than had the male subjects ($M=3.21$, $s.d.=1.60$). However, the relationship between gender and the number of locations in which drugs were abused was not statistically significant. This suggested that the female drug abusers had different ways of obtaining drugs from the male drug abusers, even if they were in the same location (this difference was also found in the qualitative study).

Table 10: Chi-square value based on cross-tabulation between locations and kinds of drugs abused (N=201)

Chi-square	<i>Karaoke etc.</i>	<i>Home</i>	ICE	MDMA	Ketamine	Cannabis
<i>Outdoor</i>	13.40*** (0.26)	25.67*** (0.36)	15.83*** (0.28)	3.86* (0.14)	.00 (0.00)	12.97*** (0.25)
<i>Karaoke etc.</i>		9.77** (0.22)	4.02* (0.14)	4.52* (0.15)	5.81* (0.17)	13.08*** (0.26)
<i>Home</i>			24.95*** (0.35)	.11 (0.02)	10.01** (0.22)	11.11** (0.24)
ICE				3.64 (0.14)	2.97 (0.12)	17.10*** (0.29)
MDMA (Ecstasy)					10.45** (0.23)	3.81 (0.14)
Ketamine						14.63*** (0.27)

$d.f.=1$; * $p<0.05$; ** $p<0.005$; *** $p<0.000$ (2-tailed)

Note: Values in parenthesis = The Cramer's V.

Analysis of the Longitudinal Study by Comparing the CDIS and CPIL

41. Since the respondents identified by the research team at discos and rave parties could not be contacted at later stages, only 56 drug abusers, who were clients of the outreaching group, took part in the longitudinal study. The respondents' ages ranged from 13 to 24. Both their mean and their median ages were 17. Most of them were male (76.8%) and of low educational attainment. Their basic characteristics are presented in Table 11.

Table 11: Demographic characteristics in the longitudinal study (N=56)

	Characteristics	Percentage
Education:	Lower secondary (F1 – F3)	61.8 %
	Upper secondary (F4 – F5)	32.1 %
	Post-secondary	6.1 %
Occupation:	Student	39.3 %
	Unemployed	44.3 %
	Employed	16.4 %

42. A paired sample t-test was used to compare the CPIL scores across the three-month period. The result was not statistically significant and there was no evidence that they had experienced significant changes in their life purpose during the period (Annex 11).
43. A paired sample t-test was also used to compare the CDIS scores across the three-month period. It was found that the subjects became less involved in drug abuse (Annex 11). This suggested that the follow-up of the social workers helped the respondents reduce their level of drug involvement. The intervention process that brought about positive changes within this period requires further study in order to facilitate the development of effective invention programs.
44. In order to generate more in-depth knowledge about drug users' drug abuse patterns, the research team suggests that more resources be invested in longitudinal studies in future, and that there is a longer time span between tests.

ANNEXES

Annex 1: Single-parent family rates between drug user and non-drug user groups

Annex 2: Number of types of drugs abused by drug users

Annex 3: Frequency and locations of drug abuse

Annex 4: Discriminant analysis and comparison of *Chinese Drug Involvement Scale* (CDIS) between drug user and non-drug user, and calculation for the cut-off point of CDIS

Annex 5: Comparison between drug user and non-drug user on the *Chinese Drug Involvement Scale* (CDIS)

Annex 6: Comparison between drug user and non-drug user on the *Chinese Purpose in Life Questionnaire* (CPIL)

Annex 7: Difference between drug user and non-drug user on CDIS items

Annex 8: Difference between drug user and non-drug user on CPIL items

Annex 9: Item scores of CPIL of non-drug user and drug user groups

Annex 10: Item scores of CDIS of non-drug user and drug user groups

Annex 11: Longitudinal study of drug users across three month period

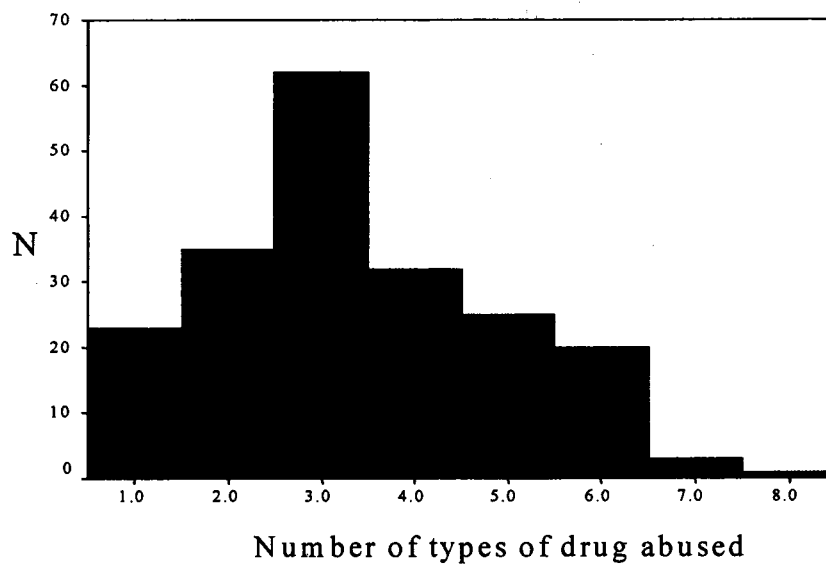
Annex 1: Single-parent family rates between drug user and non-drug user groups

		Total	Single-parent family	
			No	Yes
Non-drug user	Count	233	216	17
	%		92.7%	7.3%
Drug user	Count	201	154	47
	%		76.6%	23.4%
Total	Count	434	370	64
	%		85.3%	14.7%

Chi-square= 22.21 (d.f.=1, p<0.000)

Annex 2: Number of types of drugs abused by drug users

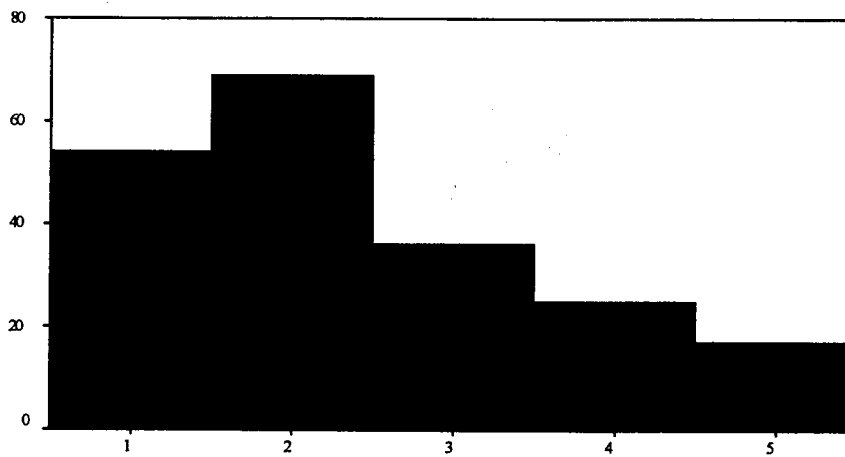
Number	Frequency	%
1	23	11.4
2	35	17.4
3	62	30.8
4	32	15.9
5	25	12.4
6	20	10.0
7	3	1.5
8	1	0.5
Total	201	100.0



Annex 3: Frequency and locations of drug abuse

Number of locations	Frequency	%
1	54	26.9
2	69	34.3
3	36	17.9
4	25	12.4
5	17	8.5
Total	201	100.0

$M=2.41$



Number of locations of drug abuse

Annex 4: Discriminant analysis and comparison of *Chinese Drug Involvement Scale* (CDIS) between drug user and non-drug user, and calculation for the cut-off point of CDIS

CDIS			
	<i>N</i>	<i>M</i>	<i>S.d.</i>
Non-drug user	233	32.00	11.375
Drug user	201	70.53	11.480

Classification Function Coefficients			Classification Results					
	Drug user		Predicted Group Membership			Total		
	No	Yes	Drug user	N	Y			
CDIS	.245	.540	Original	Count	N	214	19	233
(Constant)	-4.618	-19.751		Y	9	192	201	
Fisher's linear discriminant functions			%	N	91.8	8.2	100.0	
				Y	4.5	95.5	100.0	

93.5% of original grouped cases correctly classified.

Refer to above tables, by running the Fisher's linear discriminant functions, it was found that:

1. Suppose x is score of CDIS.
2. The probability of that subject with score x is NOT a drug user = $0.245x - 4.618$
3. The probability of that subject with score x is a drug user = $0.540x - 19.751$
4. If x_1 is the cut-off point, then: $0.5 = 0.245 x_1 - 4.618 = 0.540 x_1 - 19.751$
5. It follows that: $x_1 = (19.751 - 4.618)/(0.540-0.245) = 51.3$
6. Therefore, CDIS score of 51.3 is the cut-off point to estimate the subjects as either drug-users or non-drug users in the classification.

Annex 5: Comparison between drug user and non-drug user on the *Chinese Drug Involvement Scale (CDIS)*

	Drug user (N=201)		Non-drug user (N=233)	
	<i>M</i>	<i>s.d.</i>	<i>M</i>	<i>s.d.</i>
CDIS01 我試過服用藥物後，與他人無故發生爭執	1.92	1.08	1.03	.21
CDIS02 我的好朋友會覺得服用藥物是很平常的事情	4.24	1.24	1.84	1.26
CDIS03 服用藥物可以令我更有自信	2.40	1.37	1.34	.76
CDIS04 我相信服用藥物後，我的煩惱會盡消	3.27	1.52	1.50	1.00
CDIS05 我相信服用藥物後可以和朋友更容易相處	3.39	1.49	1.32	.70
CDIS06 我相信服用藥物可以令我玩得更開心	4.54	1.25	1.65	1.21
CDIS07 我每星期均有幾次服用藥物	2.75	1.28	1.06	.43
CDIS08 我試過服用過量藥物以致暈倒	1.49	.86	1.03	.18
CDIS09 服用藥物令我和家人產生越來越多磨擦	1.86	1.05	1.13	.62
CDIS10 遇到不如意的事情，我會服用藥物	3.22	1.64	1.29	.76
CDIS11 我試過服用過量的藥物	2.48	1.30	1.04	.19
CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多	2.53	1.10	1.01	.15
CDIS13 我向自己承諾，不會濫用藥物**	3.62	1.48	1.64	1.35
CDIS14 我會因為濫用藥物而感到內疚**	4.02	1.39	1.99	1.49
CDIS15 我不會濫用藥物**	4.07	1.48	1.48	1.15
CDIS16 我在過去三十天內有濫用藥物	2.78	4.26	1.01	1.40
CDIS17 我許多好朋友都濫用藥物	4.26	1.39	1.40	.74

	Drug user (<i>N</i> =201)		Non-drug user (<i>N</i> =233)	
	<i>M</i>	<i>s.d.</i>	<i>M</i>	<i>s.d.</i>
CDIS18 我的好朋友在過去一個月內曾經濫用藥物	4.70	1.32	1.67	1.28
CDIS19 我的好朋友認為濫用藥物是愚蠢的**	4.40	1.36	2.33	1.69
CDIS20 如果經常濫用藥物，我的工作或學業會有 麻煩**	3.12	1.65	1.73	1.35
CDIS21 讓人知道我沒有濫用藥物是重要的**	3.37	1.57	1.98	1.45
CDIS22 如果濫用藥物，我的健康會比人差**	2.11	1.32	1.55	1.24

Notes: ** Reversely recoded.

Higher scores indicate greater drug involvement.

Annex 6: Comparison between drug user and non-drug user on the *Chinese Purpose in Life Questionnaire (CPIL)*

	Drug user (N=201)		Non-drug user (N=233)	
	<i>M</i>	<i>s.d.</i>	<i>M</i>	<i>s.d.</i>
CPIL01 我通常 (1=十分煩厭生活; 7=熱愛生活, 活力充沛)	4.55	1.64	5.33	1.52
CPIL02 生命對我來說, 似乎 (1=總是令人興奮和鼓舞; 7=十分刻板) **	4.27	1.85	5.02	1.69
CPIL03 在我的生命裡, 我 (1=完全沒有目標; 7=有很清楚的目標)	4.68	1.78	5.16	1.53
CPIL04 我個人的存在是 (1=完全沒有意義和目的; 7=十分有意義和目的)	4.88	1.61	5.27	1.52
CPIL05 每一天對我來說都 (1=經常都是新的; 7=絕對都是一樣) **	3.56	2.05	4.51	1.96
CPIL06 如果我可以選擇, 我會 (1=選擇從來沒有在這個世界出現; 7=十分希望擁有我現在的生命)	4.74	2.01	5.24	1.80
CPIL07 當我退休之後, 我會 (1=做一些我經常想做而令我興奮的事情; 7=空閒地渡過我的生命) **	4.39	2.29	4.95	2.15
CPIL08 在達致我生命目標過程中, 我 (1=從來沒有任何進展; 7=已經完全達成我的理想)	4.05	1.56	4.41	1.49
CPIL09 我的生命 (1=空虛和充滿著沮喪; 7=充滿著十分多姿多采的事情)	4.65	1.64	5.13	1.52
CPIL10 如果我今天死了, 我會覺得我已經過了的生命是 (1=十分有價值; 7=十分沒有價值) **	3.18	1.97	4.21	1.98
CPIL11 當我思想我的生命的時候, 我 (1=經常想知道我為什麼存在; 7=經常領會到我為何存在的原因)	4.10	1.82	3.97	1.87

	Drug user (N=201)		Non-drug user (N=233)	
	<i>M</i>	<i>s.d.</i>	<i>M</i>	<i>s.d.</i>
CPIL12 當我看這個世界與我生命的關係時，這個世界 (1=令我感到十分混亂; 7=很有意義地與我的生命 吻合)	3.60	1.69	4.42	1.62
CPIL13 我是一個 (1=十分不負責任的人; 7=十分負責的 人)	4.70	1.59	5.25	1.31
CPIL14 關於人可以自由抉擇的問題，我相信人是 (1=完 全有自由去做任何有關生命的抉擇; 7=完全被遺 傳和環境因素所限制) **	4.84	1.86	5.10	1.77
CPIL15 對於死亡，我是 (1=有準備和不懼怕; 7=沒有準備 而懼怕) **	4.24	1.99	4.48	1.94
CPIL16 對於自殺，我 (1=曾經很嚴肅和認真地認為它是 解決問題的一個方法; 7=完全沒有考慮過)	4.71	2.18	5.06	2.19
CPIL17 我認為我對於尋找生命的意義、目標或任務的能 力是 (1=十分強; 7=完全沒有) **	4.51	1.58	4.86	1.46
CPIL18 我的生命是 (1=我可以掌握和控制的; 7=我不可 以掌握和被外在因素所控制的) **	4.71	1.81	5.06	1.72
CPIL19 面對我日常的任務是 (1=快樂和滿足感的來源; 7=十分痛苦和沉悶) **	4.30	1.73	5.09	1.56
CPIL20 在我的生命裡，我已經發現 (1=完全沒有目標和 任務; 7=有十分鮮明的目標和令我滿足的生命目 的)	4.72	1.54	5.03	1.50

Notes: ** Reversely recoded.

Higher scores indicate greater drug involvement.

Annex 7: Difference between drug user and non-drug user on CDIS items

		Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper	
CDIS01 我試過服用藥物後，與他人無故發生爭執	Equal variances assumed	191.156	.000	-12.417	431	.000	-.89	.072	-1.036	-.753	
	Equal variances not assumed			-11.565	211.522	.000	-.89	.077	-1.047	-.742	
CDIS02 我的好朋友會覺得服用藥物是很平常的事情	Equal variances assumed	.007	.932	-19.945	432	.000	-2.40	.120	-2.634	-2.161	
	Equal variances not assumed			-19.968	424.572	.000	-2.40	.120	-2.634	-2.162	
CDIS03 服用藥物可以令我更有自信	Equal variances assumed	148.270	.000	-10.162	432	.000	-1.06	.104	-1.265	-.855	
	Equal variances not assumed			-9.770	301.178	.000	-1.06	.108	-1.273	-.846	
CDIS04 我相信服用藥物後，我的煩惱會盡消	Equal variances assumed	62.606	.000	-14.481	432	.000	-1.77	.122	-2.006	-1.527	
	Equal variances not assumed			-14.064	337.022	.000	-1.77	.126	-2.014	-1.519	
CDIS05 我相信服用藥物後可以和朋友更容易相處	Equal variances assumed	145.488	.000	-18.951	432	.000	-2.07	.109	-2.286	-1.856	
	Equal variances not assumed			-18.083	275.896	.000	-2.07	.115	-2.297	-1.846	
CDIS06 我相信服用藥物可以令我玩得更開心	Equal variances assumed	1.178	.278	-24.498	432	.000	-2.89	.118	-3.122	-2.658	
	Equal variances not assumed			-24.444	418.788	.000	-2.89	.118	-3.122	-2.658	
CDIS07 我每星期均有幾次服用藥物	Equal variances assumed	184.942	.000	-18.927	432	.000	-1.68	.089	-1.857	-1.507	
	Equal variances not assumed			-17.839	238.299	.000	-1.68	.094	-1.868	-1.496	
CDIS08 我試過服用過量藥物以致暈倒	Equal variances assumed	265.859	.000	-8.119	432	.000	-.47	.057	-.580	-.354	
	Equal variances not assumed			-7.589	215.981	.000	-.47	.062	-.588	-.346	
CDIS09 服用藥物令我和家人產生越來越多磨擦	Equal variances assumed	140.221	.000	-8.939	431	.000	-.73	.082	-.891	-.570	
	Equal variances not assumed			-8.635	314.758	.000	-.73	.085	-.897	-.564	
CDIS10 遇到不如意的事情，我會服用藥物	Equal variances assumed	187.884	.000	-16.085	432	.000	-1.93	.120	-2.167	-1.695	
	Equal variances not assumed			-15.333	272.696	.000	-1.93	.126	-2.179	-1.683	
CDIS11 我試過服用過量的藥物	Equal variances assumed	348.582	.000	-16.702	431	.000	-1.44	.086	-1.614	-1.274	
	Equal variances not assumed			-15.592	207.683	.000	-1.44	.093	-1.626	-1.261	

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多	Equal variances assumed	360.940	.000	-20.754	430	.000	-1.52	.073	-1.661	-1.373
	Equal variances not assumed			-19.316	205.069	.000	-1.52	.079	-1.672	-1.362
CDIS13 我向自己承諾，不會濫用藥物	Equal variances assumed	9.659	.002	-14.575	432	.000	-1.98	.136	-2.245	-1.711
	Equal variances not assumed			-14.481	409.359	.000	-1.98	.137	-2.247	-1.710
CDIS14 我會因為濫用藥物而感到內疚	Equal variances assumed	.014	.905	-14.600	432	.000	-2.03	.139	-2.302	-1.755
	Equal variances not assumed			-14.679	429.613	.000	-2.03	.138	-2.300	-1.757
CDIS15 我不會濫用藥物	Equal variances assumed	27.507	.000	-20.594	432	.000	-2.60	.126	-2.846	-2.350
	Equal variances not assumed			-20.216	373.954	.000	-2.60	.129	-2.851	-2.346
CDIS16 我在過去三十天內有濫用藥物	Equal variances assumed	336.958	.000	-18.644	432	.000	-1.77	.095	-1.955	-1.582
	Equal variances not assumed			-17.339	203.564	.000	-1.77	.102	-1.969	-1.567
CDIS17 我許多好朋友都濫用藥物	Equal variances assumed	122.862	.000	-27.282	432	.000	-2.86	.105	-3.061	-2.650
	Equal variances not assumed			-26.176	294.333	.000	-2.86	.109	-3.070	-2.641
CDIS18 我的好朋友在過去一個月內曾經濫用藥物	Equal variances assumed	1.922	.166	-24.251	432	.000	-3.03	.125	-3.277	-2.786
	Equal variances not assumed			-24.185	417.768	.000	-3.03	.125	-3.278	-2.785
CDIS19 我的好朋友認為濫用藥物是愚蠢的	Equal variances assumed	10.639	.001	-14.025	432	.000	-2.07	.148	-2.362	-1.781
	Equal variances not assumed			-14.232	430.815	.000	-2.07	.146	-2.358	-1.786
CDIS20 如果經常濫用藥物，我的工作或學業會有麻煩	Equal variances assumed	16.671	.000	-9.680	432	.000	-1.39	.144	-1.678	-1.112
	Equal variances not assumed			-9.538	386.054	.000	-1.39	.146	-1.682	-1.107
CDIS21 讓人知道我沒有濫用藥物是重要的	Equal variances assumed	6.294	.012	-9.586	432	.000	-1.39	.145	-1.675	-1.105
	Equal variances not assumed			-9.529	410.732	.000	-1.39	.146	-1.676	-1.103
CDIS22 如果濫用藥物，我的健康會比人差	Equal variances assumed	7.799	.005	-4.598	432	.000	-.57	.123	-.807	-.324
	Equal variances not assumed			-4.575	412.561	.000	-.57	.124	-.808	-.322

Annex 8: Difference between drug user and non-drug user on CPIL items

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
CPIL01 我通常 (1=十分煩厭生活; 7=熱愛生活, 活力充沛)	Equal variances assumed	2.227	.132	5.092	432	.000	.77	.152	.475	1.073
	Equal variances not assumed			5.063	411.367	.000	.77	.153	.473	1.074
CPIL02 生命對我來說, 似乎 (1=總是令人興奮和鼓舞; 7=十分刻板)	Equal variances assumed	8.975	.003	4.403	432	.000	.75	.170	.414	1.082
	Equal variances not assumed			4.373	408.756	.000	.75	.171	.412	1.084
CPIL03 在我的生命裡, 我 (1=完全沒有目標; 7=有很清楚的目標)	Equal variances assumed	9.813	.002	3.032	432	.003	.48	.159	.169	.794
	Equal variances not assumed			2.999	397.589	.003	.48	.161	.166	.797
CPIL04 我個人的存在是 (1=完全沒有意義和目的; 7=十分有意義和目的)	Equal variances assumed	.360	.549	2.570	431	.011	.39	.150	.091	.682
	Equal variances not assumed			2.560	415.018	.011	.39	.151	.090	.683
CPIL05 每一天對我來說都 (1=經常都是新的; 7=絕對都是一樣)	Equal variances assumed	.958	.328	4.913	432	.000	.95	.193	.569	1.328
	Equal variances not assumed			4.897	416.500	.000	.95	.194	.568	1.329
CPIL06 如果我可以選擇, 我會 (1=選擇從來沒有在這個世界出現; 7=十分希望擁有我現在的生命)	Equal variances assumed	4.854	.028	2.780	432	.006	.51	.183	.149	.868
	Equal variances not assumed			2.758	405.285	.006	.51	.184	.146	.871
CPIL07 當我退休之後, 我會 (1=做一些我經常想做而令我興奮的事情; 7=空閒地渡過我的生命)	Equal variances assumed	4.557	.033	2.627	432	.009	.56	.213	.141	.979
	Equal variances not assumed			2.615	414.013	.009	.56	.214	.139	.980
CPIL08 在達致我生命目標過程中, 我 (1=從來沒有任何進展; 7=已經完全達成我的理想)	Equal variances assumed	.519	.472	2.471	432	.014	.36	.147	.074	.650
	Equal variances not assumed			2.462	415.521	.014	.36	.147	.073	.652
CPIL09 我的生命 (1=空虛和充滿著沮喪; 7=充滿著十分多姿多采的事情)	Equal variances assumed	4.187	.041	3.169	432	.002	.48	.152	.183	.781
	Equal variances not assumed			3.152	411.481	.002	.48	.153	.181	.783
CPIL10 如果我今天死了, 我會覺得我已經過了的生命是; (1=十分有價值; 7=十分沒有價值)	Equal variances assumed	.090	.765	5.398	432	.000	1.03	.190	.653	1.400
	Equal variances not assumed			5.400	423.268	.000	1.03	.190	.653	1.400
CPIL11 當我思想我的生命的時候, 我 (1=經常想知道我為什麼存在; 7=經常領會到我為何存在的原因)	Equal variances assumed	.370	.543	-.731	432	.465	-.13	.178	-.480	.220
	Equal variances not assumed			-.733	425.735	.464	-.13	.178	-.480	.219

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CPIL12 當我看這個世界與我生命的關係時，這個世界 (1=令我感到十分混亂; 7=很有意義地與我的生命吻合)	Equal variances assumed	1.256	.263	5.174	432	.000	.82	.159	.511	1.136
	Equal variances not assumed			5.159	417.262	.000	.82	.160	.510	1.137
CPIL13 我是一個 (1=十分不負責任的人; 7=十分負責的人)	Equal variances assumed	9.535	.002	3.970	432	.000	.55	.139	.279	.825
	Equal variances not assumed			3.914	387.851	.000	.55	.141	.275	.829
CPIL14 關於人可以自由抉擇的問題，我相信人是 (1=完全有自由去做任何有關生命的抉擇; 7=完全被遺傳和環境因素所限制)	Equal variances assumed	2.709	.101	1.530	432	.127	.27	.175	-.076	.610
	Equal variances not assumed			1.525	415.676	.128	.27	.175	-.077	.612
CPIL15 對於死亡，我是 (1=有準備和不懼怕; 7=沒有準備而懼怕)	Equal variances assumed	.036	.850	1.254	432	.210	.24	.189	-.134	.608
	Equal variances not assumed			1.252	419.036	.211	.24	.189	-.135	.609
CPIL16 對於自殺，我 (1=曾經很嚴肅和認真地認為它是解決問題的一個方法; 7=完全沒有考慮過)	Equal variances assumed	.047	.828	-1.066	432	.287	-.22	.210	-.637	.189
	Equal variances not assumed			-1.066	422.838	.287	-.22	.210	-.637	.189
CPIL17 我認為我對於尋找生命的意義、目標或任務的能力是 (1=十分強; 7=完全沒有)	Equal variances assumed	5.441	.020	2.371	432	.018	.35	.146	.059	.633
	Equal variances not assumed			2.358	411.782	.019	.35	.147	.058	.634
CPIL18 我的生命是 (1=我可以掌握和控制的; 7=我不可以掌握和被外在因素所控制的)	Equal variances assumed	.864	.353	2.078	432	.038	.35	.170	.019	.687
	Equal variances not assumed			2.070	415.517	.039	.35	.171	.018	.688
CPIL19 面對我日常的任務是 (1=快樂和滿足感的來源; 7=十分痛苦和沉悶)	Equal variances assumed	10.56	.001	5.005	432	.000	.79	.158	.480	1.102
	Equal variances not assumed			4.966	406.136	.000	.79	.159	.478	1.104
CPIL20 在我的生命裡，我已經發現 (1=完全沒有目標和任務; 7=有十分鮮明的目標和令我滿足的生命目的)	Equal variances assumed	.255	.613	2.078	432	.038	.30	.146	.016	.592
	Equal variances not assumed			2.074	419.189	.039	.30	.147	.016	.593

Annex 9: Item scores of CPIL of non-drug user and drug user groups

	Non-drug user (N=233)	Drug user (N=201)
CPIL01 我通常		
		%
1 十分煩厭生活	2.1	4.0
2	2.6	7.6
3	11.6	17.9
4 無意見	8.2	15.9
5	19.7	26.9
6	31.3	12.9
7 熱愛生活，活力充沛	24.5	15.4
Total	100.0	100.0
CPIL02 生命對我來說，似乎		
		%
1 十分刻板	3.4	7.0
2	6.9	13.9
3	11.6	18.4
4 無意見	8.2	10.4
5	24.5	19.9
6	23.2	16.4
7 總是令人興奮和鼓舞	22.3	13.9
Total	100.0	100
CPIL03 在我的生命裡，我		
		%
1 完全沒有目標	4.3	7.0
2	2.1	6.0
3	7.7	14.9
4 無意見	8.6	8.5
5	35.6	30.8
6	19.3	13.4
7 有很清楚的目標	22.3	19.4
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CPIL04 我個人的存在		
	%	
1 完全沒有意義和目的	3.9	5.0
2	2.6	3.0
3	5.6	13.4
4 無意見	10.8	10.0
5	28.9	31.8
6	24.6	19.9
7 十分有意義和目的	23.7	16.9
Total	100	100

	Non-drug user (N=233)	Drug user (N=201)
CPIL05 每一天對我來說都		
	%	
1 絕對都是一樣	11.6	19.9
2	6.0	18.4
3	17.2	17.9
4 無意見	6.9	9.0
5	19.7	11.9
6	20.6	10.0
7 經常都是新的	18.0	12.9
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CPIL06 如果我可以選擇，我會		
	%	
1 選擇從來沒有在這個世界出現	7.3	12.4
2	2.6	6.0
3	8.2	7.0
4 無意見	7.7	11.9
5	20.2	19.9
6	22.7	18.4
7 十分希望擁有我現在的生命	31.3	24.4
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CPIL07 當我退休之後，我會		
	%	
1 空閒地渡過我的生命	12.4	18.9
2	7.7	18.4
3	6.9	17.9
4 無意見	6.9	9.0
5	11.6	11.9
6	20.2	10.0
7 做一些我經常想做而令我興奮的事情	34.3	12.9
Total	100.0	100.0
CPIL08 在達致我生命目標過程中，我		
	%	
1 從來沒有任何進展	4.3	6.5
2	6.4	10.9
3	18.5	20.9
4 無意見	13.7	14.4
5	34.8	34.3
6	16.3	6.0
7 已經完全達成我的理想	6.0	7.0
Total	100.0	100.0
CPIL09 我的生命		
	%	
1 空虛和充滿著沮喪	3.0	4.5
2	3.0	7.5
3	12.0	14.4
4 無意見	4.7	10.9
5	35.6	32.3
6	20.6	15.9
7 充滿著十分多姿多采的事情	21.0	14.4
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CPIL10 如果我今天死了，我會覺得我已經過了的生命是		
	%	
1 十分沒有價值	4.3	32.3
2	6.4	10.9
3	18.5	14.4
4 無意見	13.7	9.5
5	34.8	20.9
6	16.3	5.0
7 十分有價值	6.0	7.0
Total	100.0	100.0

	%	
CPIL11 當我思想我的生命的時候，我		
1 空虛和充滿著沮喪	15.9	10.9
2	8.2	9.5
3	16.3	18.9
4 無意見	13.3	14.9
5	23.6	22.9
6	14.2	10.4
7 經常領會到我為何存在的原因	8.6	12.4
Total	100.0	100.0

	%	
CPIL12 當我看這個世界與我生命的關係時，這個世界		
1 令我感到十分混亂	6.4	14.4
2	6.4	12.4
3	17.2	24.9
4 無意見	12.9	11.9
5	32.2	24.9
6	15.5	6.5
7 很有意義地與我的生命吻合	9.4	5.0
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CPIL13 我是一個		
	%	
1 十分不負責任的人	1.3	4.5
2	1.7	5.5
3	7.7	13.9
4 無意見	11.6	12.9
5	32.6	30.3
6	27.5	20.4
7 十分負責的人	17.6	12.4
Total	100.0	100.0
CPIL14 關於人可以自由抉擇的問題，我相信人是		
	%	
1 完全被遺傳和環境因素所限制	5.6	4.5
2	5.2	8.0
3	8.6	16.9
4 無意見	10.7	10.0
5	22.3	20.4
6	19.3	11.4
7 完全有自由去做任何有關生命的抉擇	28.3	28.9
Total	100.0	100.0
CPIL15 對於死亡，我是		
	%	
1 沒有準備而懼怕	11.2	15.4
2	6.4	6.5
3	15.0	12.4
4 無意見	12.0	15.4
5	20.2	22.4
6	16.3	10.0
7 有準備和不懼怕	18.9	17.9
Total	100.0	100

	Non-drug user (N=233)	Drug user (N=201)
CPIL16 對於自殺，我		
	%	
1 曾經很嚴肅和認真地認為它是解決 題的一個方法	10.3	10.0
2	6.4	6.0
3	13.3	11.4
4 無意見	7.3	4.5
5	7.7	7.0
6	9.0	8.5
7 完全沒有考慮過	45.9	52.7
Total	100.0	100.0
CPIL17 我認為我對於尋找生命的意義、目標或任務的能力是		
	%	
1 完全沒有	2.6	3.0
2	3.0	6.5
3	15.5	22.9
4 無意見	11.6	10.9
5	32.6	28.9
6	21.9	16.4
7 十分強	12.9	11.4
Total	100.0	100.0
CPIL18 我的生命是		
	%	
1 我不可以掌握和被外在因素所控制的	4.7	7.5
2	3.4	6.5
3	15.0	13.9
4 無意見	7.3	7.5
5	21.0	28.4
6	24.0	16.9
7 我可以掌握和控制的	24.5	19.4
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CPIL19 面對我日常的任務是		
	%	
1 十分痛苦和沉悶	4.3	7.5
2	3.0	10.9
3	9.9	16.9
4 無意見	8.2	7.5
5	29.2	32.8
6	27.5	14.4
7 快樂和滿足感的來源	18.0	10.0
Total	100.0	100.0
CPIL20 在我的生命裡，我已經發現		
	%	
1 完全沒有目標和任務	2.6	5.0
2	4.3	5.5
3	9.9	10.4
4 無意見	12.4	10.9
5	30.5	39.3
6	22.7	17.4
7 有十分鮮明的目標和令我滿足的 生命目的	17.6	11.4
Total	100.0	100.0

Annex 10: Item scores of CDIS of non-drug user and drug user groups

	Non-drug user (N=233)	Drug user (N=201)
CDIS01 我試過服用藥物後，與他人無故發生爭執		
	%	
絕對沒有	98.3	41.3
甚少有	.9	37.3
間中有	.9	13.9
很多時候有	0	4.0
大部份時間有	0	.5
經常有	0	2.5
Missing	0	.5
Total	100.0	100.0
CDIS02 我的好朋友會覺得服用藥物是很平常的事情		
	%	
十分不同意	58.8	4.0
頗為不同意	18.5	5.0
少許不同意	9.4	14.4
少許同意	8.6	30.3
頗為同意	2.6	32.3
十分同意	2.1	13.9
Total	100.0	100.0
CDIS03 服用藥物可以令我更有自信		
	%	
十分不同意	78.1	38.8
頗為不同意	12.9	15.4
少許不同意	6.4	20.4
少許同意	2.1	18.4
頗為同意	.4	6.0
十分同意	0	1.0
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS04 我相信服用藥物後，我的煩惱會盡消		
	%	
十分不同意	74.2	18.9
頗為不同意	11.6	13.9
少許不同意	6.4	15.9
少許同意	5.2	30.8
頗為同意	2.6	13.4
十分同意	0	7.0
Total	100.0	100.0
CDIS05 我相信服用藥物後可以和朋友更容易相處		
	%	
十分不同意	79.4	16.9
頗為不同意	11.2	10.4
少許不同意	0	19.9
少許同意	7.3	27.9
頗為同意	2.1	18.9
十分同意	0	6.0
Total	100.0	100.0
CDIS06 我相信服用藥物可以令我玩得更開心		
	%	
十分不同意	70.8	3.0
頗為不同意	11.6	5.0
少許不同意	4.7	7.0
少許同意	8.6	29.9
頗為同意	3.0	30.3
十分同意	1.3	24.9
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS07 我每星期均有幾次服用藥物		
	%	
絕對沒有	96.6	11.4
甚少有	2.1	37.8
間中有	.4	33.3
很多時候有	.4	6.5
大部份時間有	0	4.0
經常有	.4	7.0
Total	100.0	100.0
CDIS08 我試過服用過量藥物以致暈倒		
	%	
絕對沒有	97.9	67.2
甚少有	1.7	20.9
間中有	.4	9.5
很多時候有	0	1.5
大部份時間有	0	0
經常有	0	1.0
Total	100.0	100.0
CDIS09 服用藥物令我和家人產生越來越多磨擦		
	%	
絕對沒有	94.0	51.7
甚少有	2.6	20.9
間中有	1.3	18.4
很多時候有	.4	8.5
大部份時間有	.4	0
經常有	.9	.5
Missing	.4	0
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS10 遇到不如意的事情，我會服用藥物		
	%	
十分不同意	84.1	22.9
頗為不同意	7.7	13.4
少許不同意	4.3	16.4
少許同意	3.0	22.9
頗為同意	.9	14.9
十分同意	0	9.5
Total	100.0	100.0
CDIS11 我試過服用過量的藥物		
	%	
絕對沒有	95.7	26.4
甚少有	3.9	27.4
間中有	0	30.3
很多時候有	0	8.0
大部份時間有	0	3.5
經常有	0	4.5
Missing	.4	0
Total	100.0	100.0
CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多		
	%	
絕對沒有	98.7	15.4
甚少有	.4	37.8
間中有	.4	32.3
很多時候有	0	8.5
大部份時間有	0	3.0
經常有	0	2.5
Missing	.4	.5
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS13 我向自己承諾，不會濫用藥物		
		%
十分同意	74.2	11.4
頗為同意	10.3	8.0
少許同意	5.2	29.4
少許不同意	2.1	21.9
頗為不同意	3.4	16.9
十分不同意	4.7	12.4
Total	100.0	100.0
CDIS14 我會因為濫用藥物而感到內疚		
		%
十分同意	57.9	4.0
頗為同意	16.3	8.0
少許同意	10.3	27.9
少許不同意	5.6	21.4
頗為不同意	3.9	19.9
十分不同意	6.0	18.9
Total	100.0	100.0
CDIS15 我不會濫用藥物		
		%
十分同意	79.4	7.5
頗為同意	9.0	6.0
少許同意	3.9	20.9
少許不同意	2.6	24.9
頗為不同意	2.6	18.9
十分不同意	2.6	21.9
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS16 我在過去三十天內有濫用藥物		
	%	
絕對沒有	99.1	21.9
甚少有	.4	21.9
間中有	.4	33.3
很多時候有	0	10.0
大部份時間有	0	5.0
經常有	0	8.0
Total	100.0	100.0
CDIS17 我許多好朋友都濫用藥物		
	%	
絕對沒有	70.0	1.5
甚少有	22.7	10.4
間中有	5.6	20.4
很多時候有	.9	21.4
大部份時間有	.4	20.9
經常有	.4	25.4
Total	100.0	100.0
CDIS18 我的好朋友在過去一個月內曾經濫用藥物		
	%	
十分不同意	71.2	4.5
頗為不同意	11.6	3.0
少許不同意	5.2	6.5
少許同意	6.4	24.9
頗為同意	2.6	26.9
十分同意	3.0	34.3
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS19 我的好朋友認為濫用藥物是愚蠢的		
	%	
十分同意	50.2	2.5
頗為同意	15.5	4.5
少許同意	7.7	24.4
少許不同意	11.6	15.9
頗為不同意	8.2	24.9
十分不同意	6.9	27.9
Total	100.0	100.0
CDIS20 如果經常濫用藥物，我的工作或學業會有麻煩		
	%	
十分不同意	67.0	4.5
頗為不同意	15.9	3.0
少許不同意	6.9	6.5
少許同意	3.4	24.9
頗為同意	1.3	26.9
十分同意	5.6	34.3
Total	100.0	100.0
CDIS21 讓人知道我沒有濫用藥物是重要的		
	%	
十分同意	57.1	15.4
頗為同意	16.3	14.9
少許同意	12.4	25.9
少許不同意	6.0	15.9
頗為不同意	2.1	16.9
十分不同意	6.0	10.9
Total	100.0	100.0

	Non-drug user (N=233)	Drug user (N=201)
CDIS22 如果濫用藥物，我的健康會比人差		
		%
十分同意	75.1	45.3
頗為同意	13.3	20.9
少許同意	3.9	21.9
少許不同意	1.3	4.0
頗為不同意	2.1	5.0
十分不同意	4.3	3.0
Total	100.0	100.0

Annex 11: Longitudinal study of drug users across three month period (t-test of CDIS and CPIL)

Paired Samples Test									
Paired Differences									
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Chinese Drug Involvement Scale (1) - Chinese Drug Involvement Scale (2)	2.68	9.892	1.322	.03	5.33	2.026	55	.048
Pair 2	Chinese Purpose in Life Scale (1) - Chinese Purpose in Life Scale (2)	-1.05	13.697	1.830	-4.72	2.61	-.576	55	.567

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
	Chinese Drug Involvement Scale (2)	65.96	56	10.634	1.421
Pair 2	Chinese Purpose in Life Scale (1)	90.32	56	20.620	2.755
	Chinese Purpose in Life Scale (2)	91.38	56	19.172	2.562

Remark: (1) first investigation (2) second investigation

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

Introduction

1. This chapter will present our analysis and recommendations based on the main findings of the qualitative study and the quantitative survey. First, our focus will be on assessing the development, trend, and extent of the drug abuse problem in the context of URC. Second, we will compare URC with normal party culture and youth culture. Third, we will recommend strategies to combat psychotropic substance abuse within the context of URC in Hong Kong.
2. For the sake of brevity, instead of presenting their ideas separately in this report, we have assimilated the ideas and suggestions of the stakeholders (social workers, government officials, students, disco organizers, and politicians) whom we interviewed in this research into this chapter. In what follows, we will present our analyses of the problem and the recommendations for strategies, which are the integration and development of the ideas of our interviewees, to combat psychotropic substance abuse within the context of URC in Hong Kong.

The development, trend and extent of the drug abuse problem in the context of URC

3. In our research study, URC is first defined as the culture that prevails in organized and illegal parties where people take psychotropic drugs. The organizers do not have licenses from the government to hold such activities. Young people not only dance and listen to music at such organized and illegal rave parties, but they also abuse substances. These places include privately run discos and parties (私賣), resort houses (渡假屋), drug dealers' warehouses in industrial buildings, cyber cafés (網吧), and shopping malls (after normal opening hours).
4. During our period of study, however, which lasted nearly one-and-a-half years, we also found that URC was changing rapidly and had developed into many different forms of activities. Thus, URC is transitional and temporary, and the locations where URC activities take place are diversified.

5. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos or dance clubs in Hong Kong and Shenzhen.
6. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), and in public parks or country parks.
7. Third, some young people would treat drug abuse as an entertainment program of other activities; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches, in cinemas, and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents and they would abuse drugs in many places.
8. Based on the findings of this research, we anticipate that the problem of substance abuse in the context of URC will continue to exist but will transform. It is noteworthy that in the current social and economic environment, young people of low academic motivation and achievement will not be in a position where they will be able to gain a sense of success and self-fulfillment. The high youth unemployment rate will further intensify the problem. Substance abuse will remain an easy way for young people to gain peer recognition and avoid unhappiness and boredom, especially those who can build a network at discos or rave parties.
9. The claims mentioned above concur with those of many of the social workers who we interviewed. They claimed that substance abuse behavior in the context of URC is still serious, and that the age at which young people start taking drugs and going to discos is getting lower, with some being as young as 12. These young teenagers will very likely take the place of older discos-goers and substance abusers in the future.
10. Drug "buffets" or "cocktail parties," where all kinds of drugs (including heroin) are provided for free use at a party, are apparently a common underground cultural practice among drug abusers. We consider these to be very dangerous and drug abusers who attend them are at a greater risk of becoming addicted to heroin.
11. One key point is that drug users who have abused drugs in the context of URC will act as a "transmitter" of this social illness and propagate drug abuse among their

friends and the wider community. More importantly, there is already a trend of drug-taking activities being organized in small, unstructured groups, making police detection or social worker interventions more difficult.

12. Some social workers also warned that because of the tightening police control, there was a growing trend of young drug users spreading out to different locations to abuse drugs. Furthermore, according to the social workers and some drug users we interviewed, it was likely that more young people would occasionally be involved in drug dealing activities in a greater number of districts. This extension of drug use to different areas poses a great threat to the community because the drug users would be more likely to spread their behavior to other teenagers who had not previously come into contact with drug-taking behavior. One social worker worried that children might end up seeing drug users abuse drugs in the playground and learning more about drugs from their friends.

Compare URC with Normal Party Culture and Youth Culture

13. Our study identified differences between URC, and normal party culture and youth culture. Loud music and dancing are important elements of the drug taking experience of young people in the context of URC. Drug consumption plays an important and essential role in this context: drug “cocktail parties” are common, and indeed the availability and accessibility of drugs in URC are very high.
14. As mentioned above, drug abusers in URC act as transmitters of social illness and propagate drug abuse among their friends and the community as URC helps participants build networks that facilitate their future drug use. Drug consumption is often a means to an end rather than an end in itself in the context of URC. Drug-taking behavior acts as a ritual, a form of recreation, and an enhancer for other activities, such as dancing and listening to music. Young people can obtain a feeling of “escape” when they abuse drugs. Most importantly, some parties and discos are run secretly, unofficially, and illegally in the context of URC.
15. In normal party culture and in youth culture in general, loud music and dancing are not important elements. Drug consumption also seldom occurs. With reference to the view points of social workers and the students (the non-drug user group) whom we interviewed, “normal” youths believe that taking drugs will not help to solve their daily problems. Instead, they will use other methods, such as talking with friends.

16. However, as well as differences between URC, and normal party culture and youth culture, we also found similarities between these cultures. We found that it is common for young people to organize dancing parties as a form of social gathering and entertainment. At these parties, it is easy to build and expand social networks. These tendencies are similar to those held by our respondents in the quantitative study, of whom 58.4% claimed that the desire to socialize (“meeting friends” and “being invited by friends”) was their major reason for visiting discos or rave parties.

Strategies to combat drug abuse within the context of rave culture

Controlling drug abuse in entertainment venues

17. Our study found that young people mostly congregate at entertainment venues such as discos and parties to consume drugs. It is not an exaggeration to say that these venues are hotbeds of drug abuse. The police have responded rapidly to the rising trend of drug abuse in these venues and have come down particularly hard on the most notorious. Moreover, uniformed officers are deployed in discos as a deterrent while undercover officers try to identify drug traffickers and abusers.
18. We support a stringent approach to stop the supply of illicit drugs by using strict measures and legislation to control discos so that young people cannot get drugs easily. It would be more preferable if the police in Shenzhen and Hong Kong could coordinate their efforts to control drug abuse at discos. As the above chapters have demonstrated, drug users tend to use particular types of drugs in particular locations, such as MDMA (Ecstasy) and Ketamine at discos. Hence, if the police were to regularly check up on discos, which may take several hours each time, the participants would come to regard attending discos as a waste of time and money and so would be less likely to go to them. Police raids of discos will help to prevent the formation of networks of drug abusing young people. They would be especially effective at deterring those new to drugs from joining such a network.
19. However, our social worker respondents identified three problems with police raids. First, according to some of the social workers’ clients, the disco organizers or staff would sometimes know in advance that the police were about to carry out a “surprise” check up. Also, if the police checked up on one disco in a district, other discos in the same district would probably be notified of the police presence and so could prepare for the raid.

20. Second, one social worker told us that the heavy-handed police tactic of storming discos actually leads to an increase in drug users' dosages. Some of his clients would consume drugs as soon as they obtained them from dealers, regardless of the quantity. This means they can avoid being prosecuted by the police for possession of drugs, but it increases their chances of having an overdose.
21. Third, some social workers observed that even if the police did use heavy-handed measures to check up on discos, the disco organizers could open a new disco within a short period of time. It is difficult for the police to heavily engage themselves in this kind of "cat and mouse" game. Moreover, it was also pointed out that young people could still abuse drugs at other venues (see Chapter 1). It would then be more difficult for social workers to identify and provide services to these drug abusers.
22. Nevertheless, we are convinced that the curbing of discos by the police has helped to stop some young people from taking illicit drugs, especially those who have never tried drugs before. This is because they can no longer get drugs from discos, which were the most convenient source of illicit substances.
23. Throughout our research process, despite our repeated attempts to elicit their views, we were only able to talk to two organizers of discos and rave parties. Not surprisingly, they tended to suggest that there should be some government control of such events. But the police themselves recognize that some discos are influenced by triads.

Recommendations on controlling drug abuse in entertainment venues

24. We believe that the current vigorous control of entertainment venues by the police will be more effective if it can be supported by other measures. These measures should aim at formalizing the management of these businesses so that it will be less likely that they are exploited by unsavory elements and used as hotbeds of drug trafficking and abuse.
25. The respondents revealed that discos have close connections with triads. Triad members sometimes work as security guards or bar attendants at discos. The respondents also claimed that they can easily obtain illicit drugs from discos. To curb the availability of drugs at discos, we suggest that a personal licensing system for disco staff be set up to ensure that no personnel have a criminal record so as to reduce the possibility of drug trafficking at discos.

26. We also suggest that body searches and tests for psychotropic drugs be carried out at the entrances of discos and rave parties to ensure that customers do not carry or use drugs at these events. These measures can be formalized as requirements that disco organizers have to comply with to obtain licenses for their venues.
27. More attention needs to be paid to drug use at entertainment venues such as karaoke bars and games centers.
28. In tackling the problem of drug taking behavior in the context of URC, we suggest that police should deploy more undercover officers to investigate and identify drug traffickers and abusers in privately run discos and parties.

Drug education in schools

29. Drug prevention education begins at primary school, which is fortunate as it means the anti-drug message is communicated to children. Also, the resource education kits on drug prevention are user-friendly, making it easier for social workers and teachers to reach young people in secondary school.
30. In the focus groups that we set up for students of lower academic standing, we found that most of the students could list the most common types of drugs that were abused in Hong Kong, such as MDMA (Ecstasy), ketamine, cannabis, tranquillizers, and cough medicine. They were also aware that drug abusers took illicit drugs in many places, such as at discos, at cyber cafés, or in the open, such as at podiums of public housing estates. Although they were aware of the dangers of drug use, their knowledge of drugs was inadequate and some were not even clear about the difference between heroin and psychotropic drugs.
31. Some of the students claimed that they obtained knowledge about drugs through talks or games at a fun fair that had a drug prevention theme. However, since they believed that the problem of drug abuse was quite remote from them, they admitted that they did not have much interest in the topic and were not motivated to join drug prevention programs organized by social service agencies. In fact, they would only join these activities if they were held through their schools, either as part of the curriculum or as extracurricular activities. Although some teachers would not find it easy to provide such information, the students said that it would still be worthwhile for teachers to give basic information about illicit drugs, particularly for students in lower forms.

32. In our focus groups, the students gave many reasons explaining why young people abused drugs, such as peer influence, curiosity, stress in their daily lives, and a way of expressing their anger or unhappiness. Some students claimed that they faced the same problems as young drug abusers, but that they took part in certain healthy activities to help them cope with their problems instead of abusing illicit drugs. Furthermore, if they were tempted to abuse drugs, the students were able to think of a lot of methods to resist the temptation. In spite of the self-confidence that they exhibited, we saw that the students needed training in rejection skills and assertiveness. This was especially true for those students of a lower social and economic status who had a higher possibility of becoming associated with drug abusers.
33. The students believed that, unlike themselves who were “good” students, young drug abusers were “naughty” students. The students would not make friends or even try to get along with drug abusers even if they had been friends before. But some of them claimed that we should not “label” drug abusers but should give them a chance to rehabilitate and help them to stop their drug-taking behavior.

Recommendations on drug education in school

34. As was said above, the age at which youngsters start taking drugs has dropped in the past few years. Now, they sometimes begin in their early teens. We believe that drug prevention education should start in primary school. There is a need for schools to organize interesting drug prevention programs so that the anti-drug message can be delivered effectively to students. Teachers and social workers should cooperate more so as to fashion tailor-made program for different schools.
35. We suggest that students be helped to acquire a deeper understanding of the effects of drugs. Schools should provide more in-depth (not superficial) programs about substance abuse for students, and the emphasis should be on quality, not just quantity.
36. We believe that drug education should be an integral part of schools’ health and social studies curricular. Drug education programs should also be provided as extracurricular activities of secondary schools. In addition to social workers, schools should enlist the help of law enforcement officers who have been specially trained to conduct short classes for students.

Anti-drug programs and publicity functions in the community

37. Most of our interviewees (drug users, social workers, and politicians) pointed out that the anti-drug advertisements on TV were effective at getting their message across to those who did not have any experience of taking drugs. They could also arouse the concern of parents. Also, such TV advertisements in recent years are a significant improvement on those of the past. Students in our focus groups could remember some of the slogans from the adverts (e.g. “嗒丸等於玩命”, “生命無take two”). Some said that the government needs to run regular anti-drug advertisements to increase public awareness of the drug problem. In order to reach a wide audience, not only should these adverts be shown on TV and read out on the radio, but they should also be displayed in different locations (such as on the TV screens of public transport vehicles) and in different forms (such as posters).
38. Most of the interviewees (especially the students and the young drug users) told us that having celebrities such as pop stars appear at publicity functions was not effective since most of the young people who joined these functions only did so because they wanted to see their idols in person and so would not pay attention to the anti-drug message. These functions could only be useful if celebrities who had themselves abused drugs in the past were invited to share their experiences with the audience. Most of the interviewees also stated that TV programs in which the real life experiences of drug users were dramatized (e.g., 毒海浮生、鏗鏘集) were most attractive. Some students suggested that these TV programs should be shown more frequently during the peak period of TV viewing.
39. However, for those who had already abused illicit drugs, these TV programs were not effective. According to some of the social workers, young drug abusers accused TV programs which had a drug education theme of exaggerating the effects of drugs. They also felt they were portrayed as unruly, unwise, and irresponsible youngsters in anti-drug TV programs. Thus, such TV programs, which create a negative image of these young people, make them more likely to become socially excluded from the community and alienate them from public authorities. Young drug abusers regard such TV programs as ineffective, and if they watch them, they end up laughing.

Recommendations on anti-drug programs and publicity functions in the community

40. In order to enhance the effectiveness of drug prevention programs, including TV programs and planned activities, we suggest that the government make them more target-specific. Target groups should include young drug abusers, at-risk youths, normal youths, and – equally important – parents.
41. As young drug abusers are more convinced by the stories of ex-drug users, we suggest that the government put more emphasis on this kind of program. We also suggest that such programs, which make use of the stories of former drug users, be circulated more widely through the Internet or in the form of teaching kits for teachers and social workers.
42. We suggest that resources be allocated to NGOs to design and carry out drug prevention education programs, especially for actual drug abusers, that are more innovative and better able to identify with youngsters. The government could make it a requirement for NGOs to involve ex-drug users so that the programs will be more acceptable to young drug users.
43. Our research also found that some drug users were ignorant about the harmful effects of psychotropic drugs. We need to compile and translate more scientific information about the effects of drugs and help the public better understand drug abuse and addiction. A comprehensive program of instruction should be designed that covers the harmful effects of alcohol, tobacco, and other drugs that are commonly abused. The program should incorporate sections appropriate for each education grade, from kindergarten through to secondary school. Ideally, this instruction should be offered as an integral part of a school's comprehensive health curriculum.
44. In view of the fluid drug situation, which changes rapidly, the government needs to commission academic institutes to manage and run web-sites to educate the public about drugs. Moreover, we suggest that the government commission some short-term, small-scale research projects aimed at amassing up-to-date information about drug abuse trends.
45. Drug “cocktail parties” are apparently a common underground cultural practice among drug users. We consider them very dangerous and believe we need to educate

drug users about the dangers of mixing drugs. We should also alert them to the greater danger of becoming addicted to heroin, which, according to the interviewees, is often one of the drugs in a drug “cocktail party.”

46. It is true that young people who abuse drugs tend to have a weaker sense of purpose in life than do “normal” youths. Strengthening young people’s sense of purpose in life, particularly those at risk, is a significant challenge that the government faces.

Towards social services

47. A large number of the respondents, especially girls, alleged that they went to discos to meet friends and dance. According to some of the social workers, drug users believe that if they did not go to discos, they could stop abusing illicit drugs. Hence, we need to consider whether we can provide a better and more secure place in which they can meet up with their friends and dance.
48. The respondents also strongly believed that they could control their drug usage and that they were not, and would not become, addicted to drugs. This kind of false belief should be countered with more drug education provided through different channels.
49. Some of the social worker respondents suggested that drug abuse counseling services overlapped with the integrated services for young people. Moreover, a better division of labor among social welfare sectors in regard to substance abuse counseling services to young people should be established so as to fully utilize resources. For instance, social workers who work in outreaching teams might not have enough counseling skills to handle substance abuse clients and so will need the expert support of a substance abuse counseling center. The idea that there should be special teams devoted to drug abuse counseling, rather than a general youth service team, was well received by our social worker respondents.
50. It was commonly accepted by our social worker respondents that having some kind of employment is the most important positive factor that can help young drug abusers stop their drug-taking behavior. Therefore, there are many training courses run by social workers that help drug abusers to find jobs. However, due to a shortage of resources, youth centers cannot usually afford to provide substantial occupational training to many young drug users, thus they are often referred to other re-training agencies located far away from their homes. Their motivation to attend the courses is therefore often extinguished because of the time and expenses the courses take up.

51. Most of the social workers pointed out that a lack of resources (both in terms of funding and manpower) was one of the most serious problems affecting the provision of services to young drug abusers. Social workers in the Integrated Team thus do not have the time to concentrate on one particular area such as substance abuse.
52. Some social workers suggested that the current government practice of using “project-based” services is ineffective as they are a great waste of time and resources when the projects are discontinued because the funding stops. Moreover, most of the clients whom such projects serve would have difficulty finding substitute services when a project comes to an end.

Recommendations for social services

53. Two suggestions made by the social workers are worthy of particular attention. First, more resources should be allocated to help young female drug abusers because girls can easily get free drugs from their friends.
54. Second, more substance abuse counseling services should be provided in the outlying islands so that drug abusers in these areas would not lose their motivation to seek help as a result of having to travel a long distance for the service.
55. From our observation, it was apparent that some young drug users used discos as a venue for social gatherings. Those attending a disco would tend to know each other quite well and have a common language as well as a similar lifestyle. Given that this is the lifestyle of some young people in our society, we need to ensure that they have appropriate places to go where they are not exposed to drugs. Hence, we suggest that more “over-night” centers be set up where young people can meet friends at night instead of going to a disco. The opening hours of youth centers should also be extended so that young people can have a greater choice of places where they can gather with their friends. The risk of their getting involved in illicit drugs will thus be lowered and such places will also provide a favorable environment for social worker interventions.
56. It was observed from our research that drug abusers do not like to seek help for their difficulties from professionals. This behavior pattern is particularly worrying given that the health of youngsters deteriorates after they start abusing drugs. In order to help drug users more, we suggest that the government set up “youth substance abuse

clinics” at different youth centers. These clinics could provide basic health care services, such as body check ups, to young drug users. A team of “health link workers” attached to a clinic could also be established to reach out to youngsters at discos and in the wider community. This service can make them more aware of their health problems and, simultaneously, provide drug prevention programs and counseling services to drug users.

57. Some of the social workers also opined that, in view of the popularity of football, the government should organize more activities related to football for youngsters.
58. Our research indicates that there is an association between unemployment and substance abuse. Quite a large number of the respondents who took drugs were also unemployed. This means they have much free time and will tend to loaf about with their friends and take drugs. We suggest that more services be provided to help unemployed youths find jobs. Even those who cannot initially find a suitable job can participate in vocational training courses to equip themselves with job skills and occupy their time. It is further recommended that more research on psychotropic drugs be conducted so that social workers, teachers, and parents will know better how to handle the drug abuse problem of the young people. More resources should also be provided to social service agencies so that they can employ more people to organize anti-drug programs for youngsters.
59. Harm reduction (HR) programs have been found to be difficult to implement because of the difficulty involved in assessing safe drug dosages. However, since so many young people already engage in drug abuse, the health awareness strategy is useful as a way of establishing contact with them. It can also act as an initial intervention during which drug users can be “anchored,” allowing more interventions to be made.
60. Since young drug abusers are more convinced by the experiences of ex-drug users, we suggest that the government consider how to help NGOs expand peer counseling programs for drug users so that young people who have been rehabilitated can help current drug users.
61. Different patterns of drug abuse were observed in different places. For instance, the abuse of cough medicine is especially common on the outlying islands (e.g. Cheung Chau), while young people from Northern District tend to attend discos in Shenzhen more frequently than do those from other districts. Hence, we suggest that drug prevention programs be “fine tuned” for different districts so as to address the particularities in different places.

62. It is also the case that drug abuse among ethnic minorities is increasing, but the social services tailored for them are insufficient. Moreover, as far as we know, there are no drug prevention programs or publications targeting ethnic groups. We recommend that this service void be filled quickly and that pamphlets in the native languages of ethnic groups be published as soon as possible.
63. We found from our study that drug users had a much weaker sense of purpose in life than did non-drug users. Although this goes beyond the scope of drug control policy, it reflects the fact that if drug control is to succeed, the education system in Hong Kong will have to be reformed.
64. We suggest that more programs be provided to foster the development of resilience in young drug abusers and other young people at risk. Such programs should aim to equip them with rejection skills to help them resist the temptation to take drugs offered by their friends, and also to increase their self-confidence, self-esteem, and problem-solving skills, and provide them with strategies to enhance their bonding to their family, to their school, and to the community.

Politicians and drug prevention

65. The drug problem in particular and the problems of youths in general have not been important issues for politicians. Some of the politicians we interviewed claimed that unless certain incidents made the news headlines, sufficient attention would not be paid to the problems of youths. Moreover, they tended to see the drug problem from a macro perspective, believing that if the unemployment problem of young people was resolved and the economy prospered, fewer young people would abuse drugs.
66. The politicians also stressed that the education system of Hong Kong should be reformed so as to act as a “shield” against the influence of bad elements. In addition, the education system should incorporate more vocational and practical elements alongside the traditional cultural elements. This is in line with our observations because most of the young people we contacted in the study were alienated from the current school system. While the question of how to reform the education system is out of the scope of this report, it is important to suggest here that at the present stage, we need to strengthen the extracurricular elements of education so that the teaching of knowledge about drugs and training in rejection skills can be incorporated into the school system.

67. The politicians also suggested that young people be given the chance to develop their career in Mainland China, particularly in the Pearl Delta area. They strongly emphasized the types of youth employment support that the government could give them, such as an apprentice scheme. Hence, we anticipate that there will be support from politicians if the government starts employment programs for the rehabilitation of drug users. As our research revealed, there is a strong correlation between drug use and unemployment.
68. Further, the politicians suggested that drug education programs be organized by the private sector or even by NGOs as such organizations can be more innovative and identify more with youngsters.

Recommendations on working with politicians

69. We need to think how political parties can be made to consider the drug issue as important since their involvement and cooperation will be an impetus to the development of drug control policy in Hong Kong.
70. We suggest that the government furnish political parties with more information and materials so that they can be informed about the drug problem and the strategies of drug control. Briefings and seminars would also be useful for this purpose.

Limitations of the study

71. During our period of study, the research team found that URC has been changing rapidly, and its forms and activities are multifarious and transitional. Hence, the information about URC needs updating from time to time. The convenience sampling approach was adopted in this study because young drug users in the context of URC are very difficult to find for research purposes and difficult to contact once found. Since the study did not use a representative random sample, the conclusions drawn here need to be interpreted with caution and require substantiation by further studies.

APPENDIX 1

Questionnaire

問卷編號：_____ 訪問員：_____

香港大學社會工作及社會行政學系

的士高文化研究問卷內容絕對保密，只作學術研究之用第一部分：基本資料

年齡：_____ 性別：男 / 女

婚姻狀況：已婚 / 未婚 職業：_____

學歷：小學 / 中一至中三 / 中四至中五 / 預科 / 大專或以上 / 專科課程

共同居住的家庭成員：父 母 兄弟 姊妹 祖父母 其他 請註明：_____第二部分：問題1. 我半年內 有 沒有 去過的士高 (Disco) / 狂野派對(Rave Party) ?

2. 我去的士高 (Disco) / 狂野派對 (Rave Party) 的頻率大概是(最近半年):

1	2	3	4	5	6
半年內只一次	3個月一次	每個月一次	半個月一次	一星期一次	一星期超過一次

3. 我去的士高 (Disco) / 狂野派對 (Rave Party) 的最主要原因是(只填寫一項)

1	2	3	4	5	6
朋友交際	認識新朋友	順應朋友邀請	可以跳舞	可以得到藥物	販賣藥物

4. 有沒有試過在的士高 (Disco) / 狂野派對 (Rave Party) 內服食藥物 (最近半年)?

1	2
有	無

5. 我在的士高 (Disco) / 狂野派對 (Rave Party) 內服食藥物的次數大概是 (過去一個月內):

1	2	3	4
很少	間中	很多時候	不計其數

5.a 在過去一個月內服食藥物有多少次? _____次

6. 除了的士高 (Disco) / 狂野派對 (Rave Party) 外, 我曾在這些地方服食藥物 (可選多項):

1	2	3	4	5	6
露天公共場所 (如公園、街上)	店舖 (如便利店)	消閒場所 (如卡拉 OK)	自己或朋友家中	無	其他, 請註明: _____

7. 從甚麼途徑得到上述藥物? _____

8. 我曾經服用的藥物是 (可選多項):

1	2	3	4	5	6	7	8
E 仔 / 搖頭丸	K / 茄	十字架	MB / 咳藥水	大麻 / 草	弗得	冰	其他, 請註明: _____

指示: 以下問題是要了解你對於服用藥物 (包括違禁或合法的藥物) 的意見, 這些問題並非一個測試, 因此並沒有對或錯的答案。請先細心閱讀各題, 決定那一項選擇最能夠反映你的意見, 然後圈上適當的數目字。請你回答所有問題。

9. 我試過服用藥物後, 與他人無故發生爭執。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

9a. 在過去三個月內大約有多少次? _____次

10. 我的好朋友會覺得服用藥物是很平常的事情。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

11. 服用藥物可以令我更有自信。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

12. 我相信服用藥物後，我的煩惱會盡消。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

13. 我相信服用藥物後可以和朋友更容易相處。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

14. 我相信服用藥物可以令我玩得更開心。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

15. 我每星期均有幾次服用藥物。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

16. 我試過服用過量藥物以致暈倒。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

16a. 在過去三個月內大約有多少次？_____次

17. 服用藥物令我和家人產生越來越多磨擦。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

18. 遇到不如意的事情，我會服用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

19. 我試過服用過量的藥物。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

19a. 在過去三個月內大約有多少次？_____次

20. 當我和朋友一起服用藥物時，我會比他們用得更多。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

香港有些人有濫用藥物的行爲，即服用違禁藥物（例如俗稱的 "high 天"、"high 冰"、"啪丸"、吸毒），或過量服食某些合法的藥物（例如咳藥水等）。基於這種理解，請你回答 21 至 40 題。

21. 我向自己承諾，不會濫用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

22. 我會因為濫用藥物而感到內疚。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

23. 我不會濫用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

24. 我在過去三十天內有濫用藥物。

1	2	3	4	5	6
絕對沒有	甚少	間中有	很多時候有	大部份時間有	經常有

25. 我許多好朋友都濫用藥物。

1	2	3	4	5	6
絕對沒有	甚少	間中有	很多時候有	大部份時間有	經常有

26. 我的好朋友在過去一個月內曾經濫用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

27. 我的好朋友認為濫用藥物是愚蠢的。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

28. 如果經常濫用藥物，我的工作或學業會有麻煩。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

29. 讓人知道我沒有濫用藥物是重要的。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

30. 如果濫用藥物，我的健康會比人差。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

以下第 31 至 50 題指示

在下列的句子中，請你圈上你認為最能夠代表你的現況的數字答案。請留意這些數字是一極端 (例如 1)到另外一個相反的極端 (例如 7)，而它們是代表著不同程度的感受。"4" 是代表沒有意見 (或不能作出任何判斷)，請盡量避免使用這個答案。

31. 我通常是

1	2	3	4	5	6	7
十分煩厭生活			(無意見)			熱愛生活 活力充沛

32. 生命對我來說，似乎

1	2	3	4	5	6	7
總是令人興奮 和鼓舞			(無意見)			十分刻板

33. 在我的生命裡，我

1	2	3	4	5	6	7
完全沒有目標			(無意見)			有很清楚的目標

34. 我個人的存在是

1	2	3	4	5	6	7
完全沒有意義 和目的			(無意見)			十分有意義和 目的

35. 每一天對我來說都

1	2	3	4	5	6	7
經常都是新的			(無意見)			絕對都是一樣

36. 如果我可以選擇，我會

1	2	3	4	5	6	7
選擇從來沒有在 這個世界出現			(無意見)			十分希望擁有 我現在的生命

37. 當我退休之後，我會

1	2	3	4	5	6	7
做一些我經常想做而 令我興奮的事情			(無意見)			空閒地渡過我 的生命

38. 在達致我生命目標過程中，我

1	2	3	4	5	6	7
從來沒有任何 進展			(無意見)			已經完全達成 我的理想

39. 我的生命

1	2	3	4	5	6	7
空虛和充滿著 沮喪			(無意見)			充滿著十分多 姿多采的事情

40. 如果我今天死了，我會覺得我已經過了的生命是

1	2	3	4	5	6	7
十分有價值			(無意見)			十分沒有價值

41. 當我思想我的生命的時候，我

1	2	3	4	5	6	7
經常想知道我為 什麼存在			(無意見)			經常領會到我為 何存在的原因

42. 當我看這個世界與我生命的關係時，這個世界

1	2	3	4	5	6	7
令我感到十分 混亂			(無意見)			很有意義地與我 的生命吻合

43. 我是一個

1	2	3	4	5	6	7
十分不負責任的人			(無意見)			十分負責的人

44. 關於人可以自由抉擇的問題，我相信人是

1	2	3	4	5	6	7
完全有自由去做任 何有關生命的抉擇			(無意見)			完全被遺傳和環 境因素所限制

45. 對於死亡，我是

1	2	3	4	5	6	7
有準備和不懼怕			(無意見)			沒有準備而懼怕

46. 對於自殺，我

1	2	3	4	5	6	7
曾經很嚴肅和認真 地認為它是解決問 題的一個方法			(無意見)			完全沒有考慮過

47. 我認爲我對於尋找生命的意義、目標或任務的能力是

1	2	3	4	5	6	7
十分強			(無意見)			完全沒有

48. 我的生命是

1	2	3	4	5	6	7
我可以掌握和控制的			(無意見)			我不可以掌握和被外在因素所控制的

49. 面對我日常的任務是

1	2	3	4	5	6	7
快樂和滿足感的來源			(無意見)			十分痛苦和沉悶

50. 在我的生命裡，我已經發現

1	2	3	4	5	6	7
完全沒有目標和任務			(無意見)			有十分鮮明的目標和令我滿足的生命目的

請問閣下三個月後是否願意再接受問卷訪問？ 願意 不願意

請問閣下是否願意接受深入的訪談？ 願意 不願意

-謝謝-

APPENDIX 2

Interview schedule for drug users

香港大學社會工作及社會行政學系

禁毒處禁毒常務委員會

地下狂野及的士高文化下濫用藥物問題研究

藥物濫用者深入訪談 (In-depth interview with drug abusers)

研究目的:

形式: 研究將以個人訪談形式進行。如有需要, 負責社工也可在場進行訪談。訪談時間約一小時, 討論過程將被錄音, 參加者的個人資料, 將絕對保密。

訪談研究對象: 三十歲或以下, 有濫用藥物經驗, 濫藥者除了在的士高濫藥外, 也會在其他地下地方, 例如私竇、卡拉OK、私人派對、朋友或自己家中等地方濫用藥物, 濫藥者的濫藥經驗比較深及豐富, 也願意接受訪談及分享經驗

進行訪談日期: 二零零三年三月至十一月

進行訪談地點: 所屬機構或中心 (或其他適合地方)

訪談津貼: 每個深入訪談會有港幣 150 元作津貼 (各機構可與研究小組成員商議津貼運用的方法)

訪談研究人數: 每機構大概 2 至 4 位研究對象

聯絡人: 黃安安小姐 - 研究協調員 (電話: 2859 2097) 或 林昭寰博士 - 首席研究員 (電話: 2859 2087)

**** 請各機構同事於十一月三日或之前聯絡黃安安小姐 (電話: 2859 2097) 以便商討有關訪談安排及細節**

Interview Guidelines

香港大學社會工作及社會行政學系

禁毒處禁毒常務委員會

地下狂野及的士高文化下濫用藥物問題研究

濫藥者深入訪談問題範圍及大綱

濫藥行爲、習慣性、歷史及個人經歷：

1. 簡述以下數項有關個人生活的過往經歷：

- 學歷
- 家庭
- 朋友
- 工作 (如曾有工作經驗)
- 愛情

2. 年齡

3. 第一次濫用藥物年齡、藥物類型、藥物份量、濫用藥物原因、濫用藥物地方及環境、濫藥形式 [人數及方法等一般形態] 等等

4. 第一次濫用藥物之後，濫藥經歷 (藥物類型、藥物份量、濫用藥物頻率、濫用藥物原因、濫用藥物地方及環境、濫藥形式 [人數及方法等一般形態] 等等)

5. 如何購買藥物及買藥錢的來源？

6. 生活費從何而來？家人會否知道其濫藥行爲？

7. 可否簡介自己平日一天生活中會做的事情？

8. 濫藥後對自己的健康有沒有影響及憂慮？除了健康受影響外，有沒有其他方面受影響？

9. 爲何明知有害仍服用藥物？你怎樣看自己濫藥問題？你覺得藥物可以帶給你什麼？你能否控制藥物？

10. 爲什麼特別要選擇在的士高(Disco)服用藥物？於該處濫藥之原因、次數及人數，濫藥之類型，服用藥物期間有甚麼附帶行爲 (如跳舞、聽音樂等)，是否有人蓄意策劃該次聚會等？

11. 除了的士高(Disco) 外，還曾到什麼地方濫藥？於該處濫藥之原因、次數及人數，濫藥之類型，服用藥物期間有甚麼附帶行爲 (如跳舞、聽音樂等)，是否有人蓄意策劃該次聚會等？

12. 覺得自己是否「偶然服用者」？還是不能自制的濫用者？
13. 有關其服藥習慣的前景 (用量上升、保持、減少、已戒)?
14. 自己跟其他藥物濫用者有沒有不同？
15. 有沒有想過戒用藥物？
16. 評論政府預防濫用藥物的工作效用：
 - 教育宣傳
 - 警方工作
 - 政府政策
 - 社會工作 (對非說教式、切身關注式的社會服務新方式的看法)

人生目標：

17. 展望未來最想做的是甚麼？
18. 生活中最令受訪者感到沮喪的事？
19. 最希望發展的事業(或最理想的工作)是甚麼？
20. 任意說對人生的看法(樂觀、悲觀、命運、生存意義為何)。
21. 自問長處為何？
22. 有沒有想過如何發揮自己最大的長處？

APPENDIX 3

Discussion guidelines for social workers**社會工作者深入訪談 - 個別訪問/ 聚焦小組**

形式: 研究將以個別訪問/小組討論形式進行。個別訪問/小組討論時間約兩至三個小時，討論過程將被錄音，參加者的個人資料，將絕對保密。

每個聚焦小組人數: 兩至五人

聚焦小組對象: 有處理藥物濫用經驗的社會工作者

社會工作者深入訪談問題範圍**簡介工作現況**

- △ 現在提供服務的性質、具體工作範圍、服務對象。
(現在工作的機構/部門是否專門服務濫用藥物者? 還是混合了其他類型之服務對象?)
- △ 有關濫用藥物者的普遍情況。

有關藥物濫用大環境的回顧(過去)、簡述(現在)、展望(將來)

- △ 簡述有關藥物買賣的普遍運作情況。
- △ 對於警方現行打擊藥物濫用情況的意見。
- △ 對於政府現行針對藥物濫用情況的政策及宣傳之意見。
- △ 對於政府政策/工作環境對受訪社工工作上的影響及限制。
- △ 現在濫用藥物文化有沒有轉型的趨勢? 趨勢為何?

有關藥物濫用地下化的問題

- △ 如何定義「地下」(Underground)?
- △ 現在有沒有「地下」藥物使用者?
- △ 濫用藥物「地下」化發展的可能性，及形式的轉變。
- △ 預計濫用藥物「地下」化對受訪社工工作上的影響。

有關受訪社工對自身工作的意見

- △ 作為一個社會工作者的角色、立場及對待取向。
(如 Prohibition, Harm-Reduction 等)。
- △ 為濫用藥物者的定位。對未來工作的展望。

APPENDIX 4

Discussion guidelines for politicians

香港大學社會工作及社會行政學系

地下狂野及的士高文化下濫用藥物問題研究

政黨議員訪談

形式: 研究將以傾談形式進行。訪談時間約一小時, 參加者的個人資料, 將絕對保密。

對象: 政黨議員

日期: 二零零三年或二零零四年

聯絡人: 黃安安小姐 - 研究協調員 (電話: 2859 2097) 或 林昭寰博士 - 首席研究員 (電話: 2859 2087)

政黨議員訪談問題範圍及大綱

- I. 對現時狂野文化下青少年濫用藥物情況的看法
- II. 對政府、警察、學校及社會福利界等針對青少年濫用藥物問題的措施的看法及意見
- III. 怎樣能有效解決或減少青少年濫用藥物情況? 怎樣幫助這班青少年人?
- IV. 對青少年藥物濫用現象的前瞻

APPENDIX 5

Discussion guidelines for young students focus groups

香港大學社會工作及社會行政學系

地下狂野及的士高文化下濫用藥物問題研究**在學青少年深入訪談 - 班別課堂討論**

形式: 研究將以班別課堂討論形式進行。每班討論時間約半小時, 討論過程將被錄音、錄影或筆錄 (得到校方準許才進行), 參加者的個人資料, 將絕對保密。

聚焦小組對象: 中三或中四在學青少年

地點: 學校

訪談問題範圍及大綱

1. 何謂濫用藥物?
2. 濫用藥物原因及有何用處?
3. 對現時青少年在的士高、狂野派對或其他地方濫用藥物有何看法?
4. 當遇到困難、不快或誘惑時, 怎樣尋求協助或拒絕?
5. 有什麼原因令你沒有濫用藥物?
6. 對學校或其他機構有關濫用藥物教育有何看法?
7. 對政府宣傳有關濫用藥物的廣告或其他活動有何看法?
8. 整體上有什麼方法及建議能減少青少年濫用藥物情況?

APPENDIX 6

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