

Tackling Drug “Ab/use” among Adolescents: The Third Way – “Just Say Know” Approach

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Abstract:

Party drug use such as ketamine and ecstasy has become widespread amongst Hong Kong youths since 1999. Mostly, they use party drugs occasionally or at recreational venues such as discotheques. Many local researches showed that they do not fit into the stereotype of traditional drug users like taking heroin or cocaine. In response to such changing drug culture among youngsters, some specific outreaching services provide on-the-spot health check up, which is treated as a way to arouse party drug users’ awareness about the close relationship between their deteriorating health and prolonged drug taking acts. However, drug abstinence is still an ultimate objective within most drug educational and treatment services in Hong Kong.

This paper suggests a third way approach, which emphasises the “knowledge” based drug education especially for those high-risk adolescents. The authors emphasise 3 pillars (supply, demand and harm reduction) of drug policies are not mutually exclusive; rather, harm reduction principles can also be applied as the guiding policy ideal on both demand and supply sides. This paper concludes by advocating this third way (or named “just say know” approach), which promotes 3 stages of drug education that includes power of knowledge, freedom of informed choice and sense of responsibility in drug education. Instead of preaching drug prohibition or “just say no” among adolescents, using the peer education scheme to respond to party drug use could be a rational, relevant and empowering way to minimise drug-related harm in the local party scene.

Introduction

Whenever talking or writing about the drug abuse problem, one cannot avoid taking a look at the trends of drug use in Hong Kong. The Central Registry of Drug Abuse (CRDA) is undeniably the key reference for statistical evidence of the seriousness of the drug scene in Hong Kong. However, the



drug scene is constructed merely by generalising a bunch of statistics, and then telling the public how serious the drug problem is. A huge surge in the use of psychotropic drugs like ketamine, ecstasy and triazolam, according to the CRDA, has intensified the drug scares in Hong Kong (Narcotics Division, 2005). The tabloid media also dramatises the drug problems, which arouses the public's attention and eventually affects the drug laws. Thus, before commenting on the general drug policy that concerns tackling the problem of party drug use among youths in Hong Kong, I will briefly examine the drug scene in the last few years of the 90s and the early 21st century by referring to some of the local researches accompanied by the statistical data from the CRDA.

Then, I will go on to analyse the discourse behind the drug policy, which, reflecting the reasons behind the youths taking party drugs, dominates the contemporary drug policy in Hong Kong. Obviously, the drug policy in Hong Kong is upholding the prohibitionist approach that targets the reduction of both demand and supply, and the ultimate goal is drug abstinence. Before suggesting a third way approach – harm reduction (as 'just say know' approach) - dealing with drug "problems", I would emphasise that these 3 pillars (supply, demand and harm reduction) of drug policies are not mutually exclusive; rather, harm reduction principles can also be applied as the guiding policy ideal on both demand and supply sides. Finally, some concrete proposals, like the peer education scheme (mainly for the ex-drug users) on harm reduction, will also be suggested so as to polish this third way approach in fulfilling the urgent needs of the party drug users in Hong Kong.

Background – do drug statistics depict the whole picture?

The Central Registry of Drug Abuse (CRDA) was established in the Narcotics Division, Government Secretariat in 1972. It aims to identify trends in the nature of drug addiction and the addict population, and to provide a database, which is responsible for monitoring the drug abusing patterns over a period of time (Narcotics Division, 2005). This statistical database is crucial not just because of the above functions, but because it comes up with what directly influences the general public's views on the drug abuse problem in Hong Kong. In addition, it would become the key indicator for the Action Committee Against Narcotics (ACAN), a non-statutory advisory body chaired by a non-official member comprising experienced community people from the fields of social work, education, medicine and community service, to advise on the priorities assigned to the Beat Drugs Fund applications (Ibid). In other words, more resources have been channelled into tackling the problem of party drug use among youths in the past few years since the CRDA statistics showed the upsurge.

One is difficult to argue it is bad to have more resources to set up new services for the party drug users. The key question that should be asked is whether those services are really targeting the young drug using populations, or whether the prohibitionist approach in health promotion would further undermine its efficacy efforts within these populations.

Quite a number of outreaching social workers in my research¹ suggested that the CRDA statistics only show the tip of the iceberg, and the whole picture of the emerging drug scene in Hong Kong has remained unveiled. The argument is that most of the party drug users are recreational or occasional users; in other words, they belong to an invisible population that may not be easily reflected in/by traditional indicators of illicit drug use – such as emergency room admissions, overdose deaths, treatment, or even arrests. Besides, party drug users tend to disassociate themselves from opiate drug users, as they do not fit into the stereotyping of “Junkie” or “*daoyou*” (道友). Instead, party drug use is widespread amongst many social groups ranging from the so-called marginal youths to elite professionals, though there are many differences in their drug use patterns and their perspectives regarding its use (Redhead, 1993). Thus, the CRDA statistics will definitely not be enough to reflect the actual usage of psychotropic substance in Hong Kong. Worse still, this would probably be followed by drug scares, which were intensified by the reports of the tabloid press on any drug-related news.

Drug Scares

Although there has been no systematic and scientific evidence to prove the notion of drug scares affecting the repressive drug laws in Hong Kong, I would strongly agree with Craig Reinerman (1994)'s analysis on the social construction of drug scares in America that consequently expands the quantity and quality of social control (Reinerman, 1996). Among the seven ingredients he stated in his writing, I found that media magnification and professional interest groups would be more applicable when describing the party drug scene in the Hong Kong context. As I said before in the introduction part, the mass media, especially the tabloid press, has a tendency to engage in dramatising drug problems by re-crafting the worst cases into typical cases (Reinerman, 1996). At Appendix I, there are several news clippings collected between 1999 and 2001 that the outreaching social workers used (posted on the billboards inside some local discos) as a scare tactics to arouse

¹ The first author's Master thesis, “Outsiders on the insides: the drug use discourses of social workers and party drug users in Hong Kong.” Department of Sociology, The University of Hong Kong (In Progress).



youngsters' attention on the negative side of taking party drugs with a wish to caution them not to take drugs. Quite a number of news clippings showed the negative and terrible consequences of party drug use, like arrests, rape, and death. The general public who read the news every day would easily get the impression that there was an upsurge in the number of youngsters taking party drugs. Interestingly, the mass media might have a bipolar effect instead of a unidirectional effect. On the one hand, it increases the risks of drug scares amongst the general public. On the other hand, people, especially teenagers, might be more attracted to drugs after they found that their friends did not bear any obvious harmful consequences despite the media's stigmatisation of drug users, or exaggeration of the risk incurred. In short, there exists a gap between the realities of the media representation or the prevention programmes that construct the drug scares and the lived experiences of the party drug users.

In addition, the professional interest groups, like social service agencies, churches or medical associations, will exert their "abilities to create and influence the public definition of a problem", which Gusfield calls the "ownership" of drug problems (1981, pp.10-15 quoted in Reinerman, 1996, p.81). These groups did a number of studies about youngsters' drug problems, then claimed the legitimacy and authority to name what is wrong, and suggested the solutions. Although claiming the resources to extend or sustain their services might not be the original aim for doing their studies, in most of the cases, they finally got funding to do further studies or implement some services. To summarise here, we cannot ignore how the claims-making about how a drug is damaging the society can help elites increase the social control of groups perceived as threatening (Duster, 1970), and establish one class's moral code as dominant (Gusfield, 1963). The recent published research, "Study on the Cognitive Impairment and Other Harmful Effects Caused by Ketamine Abuse" done by a group of medical professionals (Chen, *et al.*, 2005), was one typical example that illustrates how the "expert" scientific assessments of the "problem" of ketamine abuse have come to dominate the government's response, including the drug laws², to this issue in Hong Kong. Therefore, it is sensible to suggest that these interest groups, like those drugs service agencies, are not part of the "solution", but instead a cause of the problem of aggravating the image of the drug problem in Hong Kong.

² Refer to the newspaper clippings about the son of the proprietor of the famous traditional Shanghai style sauna having committed the offence of drug possession in Hong Kong.

明報 (29/5/2005). [浴德池負責人兒子藏毒囚4年](#)

東方日報 (29/5/2005). [港人濫用冠全球：重囚浴德池少東 女法官痛陳禍害](#)

蘋果日報 (29/5/2005). [浴德池人子爺販毒藏槍械囚4年](#)

Discourses behind prohibitionist policies

The overall objective of the drug policy is to tackle the problem of party drug use, especially among youths in Hong Kong. The term “tackle” indeed implies the reduction or elimination of party drug use among youths. This is obviously a kind of prohibitionist discourses.

For supply side reduction, it is generally acceptable in the community to punish harshly those drug dealers arrested for the manufacture, distribution, trafficking and possession of a *large quantity* of drugs. The reason is that the tabloid press always depicts their acts as devils’ deeds (*Dufan* 毒販). However, the zero tolerance approach has its own limitations (Greene, 1999); for example, the “get tough” measures can lead to lengthy incarceration of a large number of young drug offenders. In the long run, this disrupts family ties, creates stigmatisation barriers to labour market participation, and increases the levels of alienation and distrust (Ibid, p.182). Besides, the street-level policing can actually lead to harm both the drug users and society. For instance, intensively policing the drug markets or even the venues (discos, mid-night entertainment premises) leads to increases in the prices of party drugs, which may subsequently heighten the rate of crime, as users seek to pay the higher prices; the dispersion of the drug market also makes supervisory efforts more difficult, increasing the likelihood of more sophisticated ways of dealing being developed, and a strengthening of the relationship between the seller and the buyer (Beyer *et al.*, 2002).

From the field observations and information shared by the party drug users in my own research mentioned before, the frequent police raids or the undercover operations in disco-settings or mid-night entertainment premises have already changed the party drugs market structure. There are 3 main sales features of party drugs highlighted in my research. First, delivery service: the drug dealers (in fact, they are the friends of the users) will deliver the drugs to the users’ homes or workplaces. Second, the drug dealers would probably offer loans to the users in case the latter lack cash to pay for the drugs; this is named *k-debts*. Finally, in order to do a “mega” sale, the drug dealers will encourage the users to buy more in a single transaction by offering something like ‘buy one get one free’, or giving them an attractive discount on large dosage. All these measures undeniably increase the motivation of the users to consume more and frequently, simply because of the convenience and their ability to secure the drugs under circumstances safe from the detection of the police. However, the users confessed that they might be more prone to over-dosage than before when the police put in place “get tough” measures. Thus, we can see that the traditional punitive or deterrent approaches arguably increase harms as well as the displacement effect.



Problems arising in the Reforming Criminal Justice System (Supply side reduction)

Inequity in sentencing

Echoed by the research findings from Australia about the perspectives of senior criminal justice professionals on drug offences, sustained media “demonisation” and sensationalism arguably led to the introduction of more severe sentences for drug sellers (Beyer et al., 2002). Besides, although the prohibitionists may suggest that people who are arrested for the manufacture, distribution, trafficking and possession of a large quantity of drugs will be punished harshly, the vast majority of those arrested by the police are the most visible, low-level street sellers (Beyer, Reid & Crofts, 2001). Thus, the “get tough” drug laws will have the greatest impact at this level. Besides, the harsher legislation will also have a number of negative outcomes, including decreased flexibility in sentencing for magistrates, and the incarceration of non-violent young people at comparatively early stages in their offending careers (Beyer et al., 2002).

Lack of flexibility for complex problems

We need to look back at both the individual and structural reasons behind the drug-related crimes. Besides, if we subscribe to the labelling perspective, which is more concerned with the “definition” of deviance, we may need to be aware of the fact that taking those illicit drugs is/has been labelled as a deviant act, which is a social phenomenon constructed by members of society. Why do we punish those illicit drug dealers rather than those cigars and alcohol companies if we perceive both as addictive and harmful to people’s health ?

Key informants (criminal justice practitioners) from the research mentioned above considered the whole criminal justice to be extremely restricted in its ability to respond appropriately to the complexities of drug offending (Beyer et al., 2002). In other words, drug offending is always considered as one homogenous “evil”. Under the current drug laws, I cannot see flexibility in sentencing; it is rather unjust for the judiciary to sentence the young people to a period of incarceration. Besides, as mentioned before, the party drug use pattern is totally different from the pattern that concerns people who use heroin. If we take into consideration the unique culture and context of taking party drugs among young drug using populations, we won’t think the current legislations are too lenient. Although for the general public, imposing longer prison sentences will promote the

deterrence effect, the prison system may not be the ideal place for prisoners to rehabilitate or reintegrate themselves into society. After associating with other “criminals” for a period of time, young drug offenders may learn more sophisticated skills or tactics; once they have been released, the stigmatisation effect associated with drug users may push them to “pursue” their criminal careers.

Overall, we should take into account the broader context when looking at the drug-taking pattern and problems in order to reduce drug-related harm. If the new compulsory drug rehabilitation scheme, targeted at youths and proposed by some members from the Narcotics Division Committee³, has to be implemented in a similar way to the contemporary American approaches to the drug problem, which seek to eliminate drug supply through interdiction and to penalise the drug dealers and users, ultimately little success may be gained, not to mention the fact that the implementation of such approaches is quite expensive (Tucker, 1999).

Demand side reduction

Drug treatment programmes for psychotropic substance abusers, like the Counselling Centres for Psychotropic Substance Abusers (CCPSAs), were set up to provide counselling services across different districts in Hong Kong. Apart from these specific services for drug abusers, there have been 2 pilot outreach projects targeting party drug users and providing service on-site in disco-settings. Their intervention modes are alike, which include non-labelling health check up and peer counselling scheme. The two pilot projects are PlaySafe project from the Hong Kong Caritas Youth and Community Service (YCS) and Project Snowball from the Hong Kong Federation of Youth Groups. They started up their projects during 2000 and were sponsored by the Beat Drugs Fund. These two new schemes recruit disco-goers who have drug use experiences before and/or have quit it for at least 3-6 months to be the peer counsellors, like the Play Safe Angels from the PlaySafe project (Chan and Chu, 2005). Having received some training like problem-solving skill training and life-to-life education, they will have to go out to the community and schools to educate other youths about the potential harm of the use of party drugs.

³ Refer to the newspaper clipping about the proposal to introduce compulsory rehabilitation for young drug abusers by the Narcotics Divisions Committee Chairman, Dr. Choi Yuen Wan.

蘋果日報 (1/5/2005). 濫藥青年擬強制戒毒：檢k仔激增兩倍六季少光捉美國經驗



For demand side reduction, I think it would be much appreciated in two ways. First, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Guidelines for the evaluation of outreach work, a peer is also “a trained volunteer who belongs/belonged to the target population (drug user). They are usually involved in peer support or peer education projects” (EMCDDA, 2001, p.80). In the case of the peer counselling models in the above pilot projects, peers are recruited from the dance scene and trained to provide information about drugs and their effects to people attending discos in Hong Kong. Through peer led credibility, peers can influence a change in sub-cultural norms within a community of individuals who possess similar characteristics (Bleekwe & Jamin, 2003, p.9). Second, the peer counsellors are paid and it can alleviate their financial burden in a short period of time. Having equipped them with more jobs skills and work experience, they will have more confidence and abilities to hunt for a better job later. However, the main focus for discussion in the following part will be the content of the training for the peer counsellors. Are they aiming at drug abstinence or reducing drug-related harms? What kinds of sharing the peer counsellors will focus on when facing different target audiences and in different contexts?

The drug educational content does matter ?

For the training and counselling part, I believe it is good in a way to do some drug education for the young people. The peer counsellors may be motivated by the payment or their good heart to participate in those programmes, and this can indeed lower the dropout rate. However, I think the content and approach of the training and counselling part is the key issue to consider.

Here is the difference between Say “NO” and Say “Know” which is an excerpt from the Training & Education Packet in S.H.A.R.E Project, Bay Area Chapter in the U.S. DanceSafe. This is a peer-led volunteers organisation working to reduce drug-related harms in dancing parties. I amended and tried to put it into the local context to consider.

Stages	Just Say “NO”	Just Say “Know”
1. Obtaining Drug Information	Mis-education <ul style="list-style-type: none"> • Disregards intelligence by using simplistic messages with no further tips or facts to back them up (e.g. Just Say No, Drugs kill, Drugs are evils, etc.). • Equates use with abuse; exaggerates negative behaviours and omits positive ones; fears and expects any disclosure of positive drug use will definitely spread the use in other words, it assumes that youths are inherently irresponsible or ignorant. 	Power of Knowledge <ul style="list-style-type: none"> • Recognises wide range of use and abuse with both negative and positive examples; medicinal, religious, spiritual, and other serious forms of drug use included to teach youths that drugs aren't all about reckless fun. • Allows individuals to ask questions and discuss their own experience; respectful and realistic of what youths want out of the education. • Stimulates or motivates them to seek information by themselves; critically reviews the information with their real life experiences (i.e. “expert” vs “non-expert” information and risk assessments).
2. Making Decision	Mis-guidance <ul style="list-style-type: none"> • Driven to use by rebelliousness and curiosity; no desire or care for safe use in the process. • No sense of controlling or moderating behaviour due to equation of use with abuse and assumption that drug users are automatically bad people. 	Freedom of Informed Choice <ul style="list-style-type: none"> • Individual inspired to consider risks and consequences if free to make the decision all on his/her own. • Encourages exploration into one's own personality, physical health, and the decision all on his/her own. • Respects their choices of different lifestyles.



3. Consequences	Misjudgment <ul style="list-style-type: none">• User portrayed as poor, innocent, and overpowered victim, absolutely no mention of personal choices or behaviours as cause of harm; individual given no need to assume accountability and thus never learn responsible ways of using drugs.	Sense of Responsibility <ul style="list-style-type: none">• Knowledge of risks and freedom to choose reduces opportunity to place blame on other people or things, thus allowing one to reflect on personal behaviour as result of use or abuse.• Builds ability to teach others based on self-confidence of personal knowledge, decision-making, and experience.• Recognises drug use experience as part of their life experience and lets them voice out their stories without any pre-set “drug abstinence” assumptions and constraints.
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In fact, the existing abstinence-only education seems to send mixed messages, and blur the lines between use and abuse; use scare tactics; promote misinformation; and undermine the credibility of parents and teachers who provide such false information. Besides, “say no” programmes often ignore young people’s exposure to drug use and fail to engage them in a meaningful way on this complex and controversial issue (Rosenbaum, 2002). In America, the Drug Policy Alliance initiates the project of Safety First, which recognises that a majority of teenagers will experiment with drugs and some will use it more regularly. However, the emphasis of this project, *Safety First: A Reality-based Approach to TEENS, DRUGS, and Drug Education*, is to keep teenagers free from harm. Thus, in order to protect young people, this reality-based approach would place emphasis on providing drug education for life; enabling teenagers to make responsible decisions by providing honest, science-based information; distinguishing between the use and abuse of mind-altering substances; the legal consequences of drug use; and, finally, putting safety first (Rosenbaum, 2002).

If the content and approach of this peer education scheme only concerns “say no to drugs” instead of “say know to drugs”, then I think the relapse rate would be higher for the youths, since they will

find the information they are given misguided, irrelevant to, or worse than their lived experience, and also ideologically-driven (i.e. prevention is the only goal for the programme). The reason simply is that the programmes ignore the changes in the ways harms or risks are experienced in diverse cultural settings (Duff, 2003, p.292).

In Hong Kong, the medical science discourses characterise drug use as a “high risk” practice and support zero tolerance. Many of the researches (for example, Chen, et al., 2005; Lau, 2004 and Lam *et al.*, 2004 etc.) are prevention science, which identifies risks and harms inherent in the substance itself with an aim to deter people from taking any illicit drugs. From the prevention science perspectives, there is no safe level of drug use simply because there is no safe (illicit) drug in this world (Duff, 2003). Thus, what I want to stress here is about what kind of approach and content of the training and counselling should be under those peer education schemes. If the aims were just “to educate them on the harmful consequences of the use of the drugs and help them to eliminate the initial motivation for using drugs”, then I would question the efficacy of these efforts. Even though the ex-drug users are encouraged to participate in those training or counselling sessions, they will take drugs again when they encounter the favourable venue like disco, as they would not see it as a “big deal” to do party drugs. Instead, they will learn more sophisticated skills to hide the drugs or they may easily get “overdosed”. The reason is that they may try to take it before entering the dancing floor, or simply take more drugs than before in a single night, as they don’t want to keep the drugs themselves to avoid police searching. Besides, their tolerance level of the usage of certain drugs could be reduced after a clean period. Thus, whenever they try to take it again, intense feeling or effects may result. If they are not well equipped with the knowledge of the particular kind of drugs as well as their own body reception, this actually increases the risk or harmful effects to their own drug use community.

Of course, I am opposed to the use of a more punitive approach to the drug users. Instead, I would like to suggest using the harm reduction approach which utilises harm minimisation strategies to provide the target group oral and written information with the aim of reducing drug related harm (Bleekwe & Jamin, 2003) and to make such training more reality-based – that is, based on the drug users’ real experiences. More discussion and information can be reached on the websites of Harm Reduction Coalition about the *Principles of Harm Reduction (2001)* and the local harm reduction manual published by the Hong Kong Council of Social Service in 2003. In other words, the purpose of education is to let them know their own limits and responsibilities whenever they make any decision



to take drugs or not in the future. Although “harm reduction” education itself is empowering to the party drug users, one should not overlook the structural constraints that the drug using communities are facing. Quite a number of the party drug users, especially those attending discos in Tsim Sha Tsui and Mongkok, claimed that they were unemployed, or have been working on/in dead-ended jobs temporarily (Lam *et al.*, 2004). Thus, it would be worth considering putting rave or disco culture under the socio-political framework to consider how the party drug users are being excluded socially. In short, this paper aims at discussing the third way approach in dealing with drug users, and it focuses on drug education and the say “know” approach.

Reaching out to the community for anti-drug promotion ?

Concerning the use of the peer counsellors’ lived experience in drug education, I would like to suggest its format as peer-led education or mutual support group rather than a short period of sharing or like a prevention propaganda exercise, which is again a kind of “say no” education. We need to be aware of the different natures of drug taking by different young people. Those party drugs may not be as addictive as heroin use. Besides, according to Zinberg’s model: Drug-set-setting (1984), different effects will result in different people even if they take the same drugs (Zinberg, 1984). Thus, in order to educate youngsters to say “No” to drugs, which is based on the kind of “acontextual” assessment of risk (Duff, 2003, p.290), I would rather suggest peer-led interventions, which are a grassroots movement that recognises peers as a credible source of information (Bleekwe & Jamin, 2003). Under the prohibitionist discourses, the “acontextual” assessment of risk fails to examine the lived experience of drug use and the range of decisions that individuals make about their drug use behaviour (Duff, 2003, p.289). This assessment does not consider the benefits that the users might find in taking drugs; instead, it merely focuses solely on the harms or the costs. In short, it primarily ignores the perspective of individual drug users. Thus, party drug users find it hard, or are unwilling, to say no to drugs not because they are not staying firm or afraid of losing friends, but because they treasure their collective “drug use” experience and collective identity in the dance scene (Holland, 2001; Ho, 2001).

One of the focuses of the programme would be providing some realistic information about both the positive and negative sides of party drugs. In short, sharing with the party drug users some moderation concepts and harm reduction skills would be much more relevant to their realities. More importantly, I would argue for the incorporation of the localised lay risk knowledge within the design and

implementation of drugs educational programmes, which is more likely to lead to more effective scheme outcomes in Hong Kong (Duff, 2003)

Contribution and Challenges - the peer-led education

With reference to the Netherlands' experience, "Unity", on developing peer education at dance events about how to implement the peer-led intervention among young drug using populations at dance events, I would suggest the peer education scheme follow this model rather than letting those "ex-drug users" become ideal models (zero tolerance), something that may not be true in reality. Peer-led education at dance events and outreaching teams to reach out to those invisible populations are innovative concepts in Hong Kong as mentioned before. From the outreach social workers' observation and experience, more target-specific drugs education will be more cost-effective, especially at dance events, since those partygoers would be the high-risk population. To reach the unreached population, and to bridge some mainstream social services to the party drug users, like health check up, are the main contributions brought by the pilot projects at dance events (Ho, 2003). More importantly, social workers can acquire closer understanding about, and similar experience with the party drug users' subculture in discos when they stay with the drug users for a period of time on the insides (disco) (Ibid).

Besides, it is also suggested that the experience of those ex-drug users should be made use of in formulating the preventive programme, such as drug-info centres, and drug education publications. Taking into consideration the social marketing approach in formulating the health promotion for potential drug users would also be recommended. HIT, an organisation in the U.K., is very famous for applying the principles of social marketing in different health promotion campaigns. In fact, both pilot projects have designed many different kinds of drug education leaflets or souvenirs like tissue packs, flashlight keypads, etc. This showed that the social workers tried hard to consider the importance of the dance culture and context when they determined the intervention plan in working with the party drug users. However, do the social workers uphold or believe in using the third way – "say know to drugs" approach (harm reduction) genuinely and wholeheartedly? It really deserves more reflection on this issue. Otherwise, the innovative reaching-out projects would definitely become another extension of prohibitionist discourses.



Conclusion

While a law enforcement approach to combating the supply of illicit drugs is certainly important and essential, it should not preclude the introduction of harm reduction strategies to minimise the harm induced by taking drugs. As mentioned before, “get tough” measures indeed weaken the social bonding, which may invoke more crimes in the long run (Greene, 1999, pp.182). I would rather suggest that we should treat the street level selling of illegal drugs as a social or health problem. Thus, the health sector can take responsibility for street level drug problems, and law enforcement could more productively redirect their resources to the drug dealers higher up the chain. However, as Zimmer said, aggressive or get tough policing will definitely change the drug market structure (Zimmer, 1986), so it deserves more researching efforts on the impact of this approach on drug users’ community, especially on both their patterns of drug use, and their dosage or the level of drugs purity. Last, to encourage the paradigm shift to empower the drug users with sensible knowledge, it is most emphasised in this paper that we should recognise the importance of respecting the party drug users’ own culture and drug use practice, of considering the risk/harm, and of tackling the structural barriers that hinder drug users (either drug dealers or users) from resuming their “normal” or social acceptable identities, instead of tackling the drug users themselves (either by criminal justice approach or rehabilitation approach).

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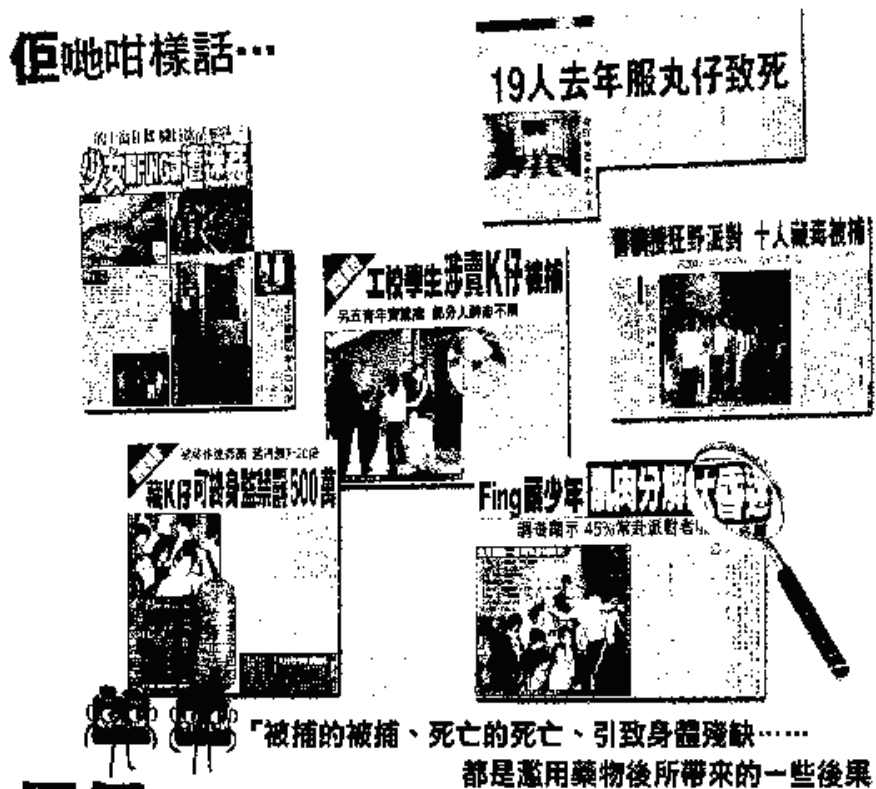
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Appendix I News Clippings collected during 1999-2001



Source:

Billboard Exhibition extracted from The "We Can Dance" Beat Drug Project during 1999-2001 from the Hong Kong Federation of Youth Groups.