



A Study of Substance Abuse in Underground Rave Culture and Other Related Settings¹

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Introduction

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 the 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.

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 1997.² 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.

Under guidelines issued by the Narcotics Division,³ rave parties in Hong Kong have been contained by a bilateral agreement between party organisers and the government. Under the agreement, party organisers 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.

¹ This study was commissioned by the Action Committee Against Narcotics (ACAN). More information can be found in Lam, C.W., Boey, K.W., Wong, A.O.O., & Tse, J.S.K. (2004). *A Study of Substance Abuse in Underground Rave Culture and Other Related Settings*. Research Commissioned by the Research Sub-committee of ACAN, HKSAR.

² Task Force on Psychotropic Substance Abuse (2001). *Report on an in-depth study of psychotropic substance abuse in Hong Kong*, Hong Kong: ACAN.

³ *The Code of Practice for Dance Party Organisers*, October 2000, Hong Kong SAR Government.

Some frequenters of raves have 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 face the same problem, the government and law enforcement agents in Hong Kong use a wide range of legislations 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).

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. Such discos and parties have also been spreading to other districts, especially satellite towns such as Tsuen Wan where many young people live. Often, these discos and parties do not have a licence from the government and so can be considered to be operating underground. The public has expressed concern that another type of culture, the Underground Rave Culture (URC), will expand along with the growing popularity of underground discos and parties, and that youths will resort to other forms of gathering in order to take drugs in a group.

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 organisers, and underground disco-goers/party-goers. 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 the Underground Rave Culture (URC)

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 those underground activities that are characterised by the consumption of psychotropic drugs and, as a part of the rave culture that can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture and music culture.



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 organised, illegal rave parties where young people not only enjoyed dancing and music, but also took drugs that were most probably provided by party organisers, party-goers' friends or party-goers themselves. Such parties or discos were on a small scale. They were run 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.

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; and
- (C) They had attended rave parties or discos.

Research Method

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 standardised scale measures and semi-structured interviews.

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 whose ideas are studied through in-depth interviews or focus group meetings.

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.

Findings of Qualitative Study

Basic Characteristics

The qualitative study of this research aimed to understand URC and the conditions of young drug users by conducting in-depth interviews with drug users who had psychotropic substance abuse experience in the context of URC and were aged 30 or below.

The researchers also arranged focus group discussions with “normal” youths in a secondary school. The purpose was to better comprehend what “normal” young people thought about URC and what the differences between URC and the normal culture were.

Of the 30 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 ages of the respondents at the time of their initial drug abuse behaviour ranged from 11 to 22, with 16.5 being the average.

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 abused by the respondents. Cannabis and methylamphetamine (Ice) were two other substances that the young people commonly abused. Other substances that the young people often abused included cough medicine, tranquillisers, cocaine, organic solvents and heroin. They also stated that they would abuse cough medicine at video game centres 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

Some of the respondents claimed that they went to ***privately run discos and parties (私賣)*** to take drugs, listen to music and dance. Such discos, which were normally situated in flats in commercial or residential buildings, were unlicensed. As informed by the interviewees, one was located in Jordan and others were located in Mongkok. TV cameras were installed at the front doors to check the identity of visitors. Only those who were known to the organisers 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 Tsui. 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 aged over 20, would go there with groups of friends and take drugs such as MDMA (ecstasy), ketamine and cannabis, as well as drink and gamble (play dice).

It is easy to buy illicit drugs in privately run discos and parties as the organisers themselves would sell them. The respondents pointed out that one of the main attractions of privately run discos was 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 organisers could enter.

Renting a ***resort house*** (渡假屋) 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 that they could do anything they liked in a rented flat and would take a range of drugs. 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 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 trying 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.

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 conducted as private parties and the locations were often deliberately chosen to be on outlying islands or in remote areas, medical treatment would be hard to get if someone happened to have an overdose. Moreover, since such parties are privately organised 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.

The respondents also mentioned that ***cyber cafés*** (after the normal opening hours) were another location 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 volume of 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 a 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 behaviour indicates that young people dance and take drugs not only at proper discos, but also at any place such as a cyber café or a shopping mall as they can create a similar atmosphere. This is an alarming issue to which the government needs to pay attention.

One respondent revealed that she and a group of 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, were 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.

In fact, drug abuse is greatly exacerbated by the easy availability of drugs in the context of URC. Also, the availability of a 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.

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 a rented resort house or a 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.

The Quantitative Study

Methodology

In the survey, we studied the drug abusers' pattern of taking drugs, and their psychological states as identified by the CDIS and the CPIL.



The CDIS 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.

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.

Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of URC. The scales were also administered to students from a purposively selected secondary school which had students of academic standards relatively lower than average. The results were compared with the drug abusers group.

Findings

There were three groups of respondents: (a) drug abusers identified in discos and rave parties; (b) drug abusers referred by outreaching social workers (these two groups constituted the drug users group ($N= 201$) and had taken drugs in the context of URC); and (c) students from one secondary school (non-drug users, $N= 233$). It was found in the survey that male drug users (61.7%) accounted for a higher proportion in our sample as compared with the population as a whole. There were relatively high unemployment rates among the drug users (44.8%). It was also found that the drug user group had a higher single parent rate (23.4%) than the school comparison group (7.3%). It implied that drug abuse behaviour is related to the status of being in a single parent family (Table 1).

Table 1: Demographic characteristics of respondents

		Drug users (N = 201)	Non-drug users (N = 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%

Regarding the frequency of visiting discos, nearly half of the drug users (45.9%) visited discos twice a month or more (Table 2). Social gathering (including “meeting friends” and “being invited by friends”) accounted for 58.4% among the major reasons of visiting discos or rave parties. While some of the male drug users (8.6%) visited discos for making new friends as the major reason, none of the female drug users took it as the major reason. For the drug users, far more girls (32.9%) than boys (17.2%) stated that dancing was their most important reason of visiting discos. Getting drugs accounted for 13.0% among the major reasons of visiting discos (Table 3).



Table 2: Frequency of the respondents visiting discos

Frequency	Drug users (N = 201)	Non-drug users (N = 233)*
Once in previous 6 months	9.8 %	3.0 %
Once in previous 3 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.

Table 3: Reasons of visiting discos among the drug users (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 %

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.

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 ($M=70.5$, $s.d.=11.5$). The CDIS scores of the drug abusers and non-drug users were significantly different ($t=-35.0$, $d.f.=432$, $p<0.0001$). This was

consistent with the purpose of the CDIS, which is to measure an individual's involvement in substance abuse. 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.

The **CPIL** also had a very high degree of internal reliability. It was found that drug users had their CPIL ($M=88.0$, $s.d.=18.1$) lower than the non-drug users ($M=97.6$, $s.d.=19.7$). The difference between the CPIL scores of the drug abusers and the non-drug users was statistically significant ($t=5.234$, $d.f.=432$, $p<0.0001$). It meant that drug users had less purpose in life than non-drug users (Table 4).

Table 4: Comparison of CPIL of drug user and non-drug user groups

		Drug user	Non-drug user	t-Value
CDIS Score	Mean	70.5	32.0	-35.0***
	<i>s.d.</i>	11.5	11.4	
CPIL Score	Mean	88.0	97.6	5.2***
	<i>s.d.</i>	18.1	19.7	

*** $p<.0001$

The drug users' CPIL scores arranged in descending order were: employed ($M=92.5$), students ($M=88.7$) and unemployed ($M=85.0$) (Table 5). Those who were unemployed had even lower CPIL scores than the other two groups. Their lack of purpose in life might make them get involved in a variety of problematic activities.

Table 5: Relationship between CPIL and employment status of drug user ($N=201$)

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

* $p<.05$

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



For drug users, the CPIL and CDIS are negatively correlated with mild strength ($r = -0.189$, $p < 0.01$). The correlation between the CPIL and CDIS for non-drug users was higher and of a moderate strength ($r = -0.314$, $p < 0.01$). It suggested that those with higher involvement in substance abuse tended to have a more negative purpose in life.

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 were ketamine (89%), ecstasy (84%), and cannabis (79%) (Table 6). In the last month, each subject on average had abused drugs for more than five times ($M = 5.35$).

Table 6: The prevalence of different types of drugs among drug users ($N = 201$)

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%

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 discos/rave parties, it should be noted that 53% of our respondents abused drugs at their own homes or at their friends' homes. Moreover, it was common that the respondents liked to have substance abuse together in karaoke and other entertainment venues (45%), such as cyber cafés and TV game centres. Finally, many of the participants had the experience of substance abuse in public areas (35%) such as parks (Table 7).

Table 7: 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, pharmacies)	9%
Others	3%

Note: Respondents could choose more than one location.

Moreover, “the number of kinds of drugs” and “the number of locations” had positive correlations ($r=0.456$, $p<0.01$), even when the variable of the 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 also suggested that in different locations, different drugs were more favoured by drug users.

It was also found that there was gender difference on the number of types of drugs abused ($t=2.09$, $d.f.=199$, $p<0.05$). Among the drug abusers, the females ($M=3.7$) had tried more kinds of drugs than the males ($M=3.2$). It suggested that female drug abusers had different ways of obtaining drugs from the males, even if they were in the same environment.

Content analysis of the items of CDIS reviewed that the social circle of the drug abusers showed general acceptance towards substance abuse (i.e. CDIS02, CDIS17). The motive for drug abuse was mostly for pleasure (i.e. CDIS06). 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). The drug abusers, in fact, realised the adverse effects of drug abuse on their health and work (i.e. CDIS20, CDIS22).



Table 8: Responses of subjects to selected items of CDIS

Frequency	Drug users (N = 201)
Non-drug users (N = 233)*	
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%

Discussion

During our period of study of nearly one and a half years, the research team found that URC has been changing rapidly and has 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 organised and illegal parties. The activities that go on within URC are multifarious in a broader way.

It was observed that, in the context of URC, the types of drug behaviour 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 **organised, structured, and commercialised settings**, such as small-scale discos/dance clubs in Hong Kong and Shenzhen. The accessibility and availability of drugs are high. The variety of substances is also so great that young people can easily get different types of drugs at the same time in those settings.

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 centres. Loud music and sound are

needed when the young people abuse drugs.

Third, some young people would treat drug abuse as ***an entertainment programme 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, with one of them even claiming that they would abuse drugs “at any time, any place”.

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 socialise, 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 common beliefs (particularly about drugs).

As a whole, URC is part of drug culture, characterised by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. 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, socialising, having fun, feeling high, and doing something new and exciting that users would never have dared to do before taking drugs. Drug consumption is often a means to an end rather than an end itself.

Our study also found that there was a clear trend of habitual substance abuse. Like smoking or drinking, the respondents took drugs as if it was a kind of hobby. They often compared taking drugs to smoking – though harmful, it is enjoyable. More importantly, they did not think that the harmful effects were imminent. The majority of the respondents even held the belief that they were not addicted to any drugs. They claimed that 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 behaviour reveals that some of them really could not control their substance abuse.



Conclusion and Recommendations

Based on the findings of this research, we anticipate that the problem of substance abuse in the context of URC will continue to exist and transform. It has to be noted 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. 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 and lower, with some being as young as 12. These young teenagers will very likely take the place of the older disco-goers and substance abusers in the future.

One key point we anticipate 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 organised in small, scattered and unstructured groups, making police detection or social worker interventions more difficult. Furthermore, according to some social workers and drug users we have interviewed, more young people may have been involved in drug dealing activities in some districts. This extension of drug use to different areas poses a greater threat to the community because the drug users would be more likely to spread their behaviour to other teenagers who had not previously come into contact with drug-taking behaviour.

It has to be noted that drug consumption is often a means to an end rather than an end itself in the context of URC. Drug-taking behaviour acts as a ritual, a form of recreation and enhancer for other activities, such as dancing and listening to music. Drug abusers 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.

When comparing URC with normal party culture and youth culture of non-drug users, the research team observed that loud music and dancing are not necessarily needed in the context of normal party and youth culture. Drug consumption is seldom found. Discussion with the normal youths at school revealed that they will not use drugs as an enhancer for a party or gathering. They believe that drug-taking will not help them to solve their daily problems. Rather, they will use other methods, such as talking with friends in those parties or gatherings, to solve the problems they are facing.

Although there are differences when comparing URC with normal party culture and youth culture, there are similarities among these cultures. The research team found that it is common for a group of young people to have dancing parties for gatherings. It is a kind of social gathering and entertainment for relaxation and socialisation among themselves, and the networks are easily built and expanded. These attitudes and needs for parties are similar to our findings in the quantitative study, that many of our respondents (58.4%) claimed that social gathering (including “meeting friends” and “being invited by friends”) was their major reason of visiting discos or rave parties.

Strategies to Combat Drug Abuse within the Context of URC

Entertainment venues: Our study found that young people mostly congregate at entertainment venues such as discos, parties and karaoke bars to consume drugs. It is not an exaggeration to say that these venues are hotbeds of drug abuse. We support a stringent approach to stop the supply of illicit drugs by using strict measures and legislation to control discos, parties and karaoke bars, etc. 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. However, it should be pointed out that young people could still abuse drugs at other venues and it would then be more difficult for the social workers to identify and provide services to these drug abusers.

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 formalising the management of these businesses so that it will be less likely that they are exploited by unsavoury 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 game centres.

In tackling the problem of drug-taking behaviour in the context of URC, we suggest that the police should deploy more undercover officers to investigate and identify drug traffickers and abusers in the privately run discos and parties.



Drug prevention education: We found from 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. They also needed training in rejection skills and assertiveness.

Recommendations: We believe that drug prevention education should continue in primary schools. There is a need for schools to organise interesting drug prevention programmes 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 programmes for different schools. Schools should provide more in-depth (not superficial) programmes about substance abuse for students, and the emphasis should be on quality, not just quantity.

We believe that drug education should be an integral part of schools' health and social studies curriculum. Drug education programmes 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 courses for students.

Anti-drug programmes and publicity functions: Most of our interviewees pointed out that the anti-drug advertisements on TV were effective in getting their message across to those who did not have any experience of taking drugs. In order to reach a wide audience, these adverts should not only be shown on TV and broadcasted on the radio, but 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 programmes in which the real life experiences of drug users were dramatised (e.g., 毒海浮生、鏗鏘集) were most attractive.

However, for those who had already abused illicit drugs, these TV programmes were not effective. According to some of the social workers, young drug abusers accused TV programmes which had a drug education theme of exaggerating the effects of drugs. Thus, such TV programmes, 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 programmes as ineffective, and if they watch them, they end up laughing.

Recommendations: In order to enhance the effectiveness of drug prevention programmes, including TV programmes 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.

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 programme. We also suggest that such programmes, 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.

We suggest that resources be allocated to NGOs to design and carry out drug prevention education programmes, especially for drug abusers, because NGOs are more innovative and in a better position to identify with youngsters. The government could make it a requirement for NGOs to involve ex-drug users so that the programmes will be more acceptable to young drug abusers.

“Drug cocktail parties” are apparently a common underground cultural practice among drug abusers. We consider them very dangerous and believe that 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 is often one of the drugs in a drug “cocktail.”

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

Social services: Almost all the interviewees looked after by social workers claimed that their social workers helped them a lot with their drug problem, providing them with counselling, emotional support and social programmes. Social workers also provided tangible services to drug abusers, such as helping them to find jobs and arranging hospital check-ups. Some respondents suggested that more youth centres be established so that young people would have some place to go. Also, they felt that youth centres should open at night, when they have free time and like to go to discos.

According to some of the social workers, drug users believed that if they did not go to discos, they could stop abusing illicit drugs. The drug abusers interviewed in 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.

Some of the social worker respondents suggested that drug abuse counselling services overlapped with the integrated services for young people. Moreover, a better division of labour in the social welfare sector in regard to substance abuse counselling services to young people should be established so as to fully utilise resources. The idea that there should be special teams devoted to drug abuse counselling, rather than a general youth service team, was well received by our social worker respondents. 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. Time and resources will be wasted when the projects are discontinued because funding is stopped. Moreover, most of the clients whom such projects serve would have difficulty finding substitute services when a project comes to an end.

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 counselling 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.

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” centres be set up where young people can meet friends at night instead of going to a disco. The opening hours of youth centres should also be extended so that young people can have a greater choice of places where they can gather and meet friends. The risk of their getting involved in illicit drugs will thus be lowered and such places will also provide a favourable environment for social worker interventions.

It was observed from our research that drug abusers do not like to seek help for their difficulties from professionals. This behaviour 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 centres. 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 programmes and counselling services to drug users.

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. Those who cannot initially find a suitable job can participate in vocational training courses to equip themselves with job skills.

Since young drug abusers are more convinced by the experiences of ex-drug users, we suggest that the government consider ways to help NGOs expand their peer counselling programmes for drug users so that young people who have been rehabilitated can help current drug users.

Drug abuse among ethnic minorities is also increasing, but the social services tailored for them are insufficient. Moreover, there are no drug prevention programmes 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.

We suggest that more programmes be provided to foster the development of resilience in young drug abusers and other young people at risk. Such programmes should aim to equip them with rejection skills which help them resist the temptation to take drugs offered by their friends, to increase their self-confidence, self-esteem, and problem-solving skills, and to provide them with strategies to enhance their bonding to their family, to their school, and to the community.

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