

Social capital and normalisation of adolescent drug use in Hong Kong

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Abstract

The upsurge in consumption of party drugs among adolescents in recent years in Hong Kong has been part of the global trend of adolescent recreational use of drugs at rave parties, discos and similar party settings. Scholars in Western societies have recently proposed the thesis of “normalisation of adolescent drug use” to describe such a trend. This paper applies the normalisation thesis to analyse the situation of adolescent drug use in Hong Kong. Our data suggest that the normalisation of drug use among young people has occurred in Hong Kong, but the extent of normalisation in Hong Kong is smaller than those in Western societies. We also apply the social capital framework to an analysis of how family social capital, school social capital, and developmental disadvantages might affect drug use among young people in Hong Kong. Family social capital and school social capital are conducive to the generation of informal social control towards conformity, increase of legitimate opportunities, the learning of conventional values, and the raising of self-image. These



resources can augment adolescents' capacities for action oriented to the achievement of conformity. However, the deprivation of family social capital and school social capital increases adolescents' likelihood of turning to drugs. Developmental disadvantageous experiences further impede the social capital acquisition of adolescents, thereby increasing their likelihood of drug use.

INTRODUCTION

Perhaps the most salient change in the pattern of drug use among young people around the world since the 1990s has been the rapid ascent in popularity of "party drugs" (notably ecstasy and ketamine), which is reinforced by the emergence of a new dance club culture in the West (e.g., Parker et al., 1998, 2002; Weber, 1999; Wijngaart, 1999; Duff, 2003). The Western dance club culture and party drug use have quickly become a globalised phenomenon, spreading to Asian societies such as Hong Kong, Tokyo and Kuala Lumpur (Time, 2000). Scholars in Western societies have recently proposed the thesis of "normalisation of adolescent drug use" to describe such a trend (Parker et al., 1998, 2002). This paper applies the normalisation thesis to analyse the situation of adolescent drug use in Hong Kong. In this article, we aim to find out the extent to which normalisation of drug use among young people may be observable in Hong Kong. We also attempt to show how the social capital framework can be applied to the understanding of the increase of drug use among Hong Kong adolescents. Data are drawn from official statistics and a recent study of drug use of Hong Kong marginal youths conducted by the authors.

NORMALISATION OF ADOLESCENT DRUG USE

According to Rock (1973), the meanings of deviant activities can be redefined so that "certain kinds of deviancy may, indeed, become normalised that they are no longer managed as deviant" (p.84). The application of the concept of normalisation to the understanding of the current unprecedented increase in drug involvement of adolescents was popularised by British scholars, Howard Parker and his colleagues (1998, 2002).

There are various foci within the thesis of normalisation of adolescent drug use. The first focus is the increasing prevalence of illicit drug use in young people. Drawing on data from a nine-year North West England longitudinal study of British high school students, Parker et al. (1998; 2002) find that drug use has become more widespread among conventional English youths of a variety of social

backgrounds. The lifetime trying rates of drugs among young Britons was 37% at 14 years. Entering the late teens, by the age of 18, over six in ten of them had ever tried an illicit drug, and at 22, the rate was 76%. The past-month prevalence of drug-taking was reported by 20% at 14 years, and then escalated to 35% at 18 years and 31% at 22 years.

Second, the notions of pleasure and recreation characterise contemporary youth drug use. Dependent and frequent drug use is not very acceptable by many young drug users. “Sensible” recreational drug use is gradually accommodated into the lives of many young people (Parker et al., 1998, 2002). While some young people may use drugs in problematic ways, the normalisation trend pinpointed by Parker et al. pertains to the increasing prevalence of recreational drug use in young people, rather than referring to the normalisation of addictive drug use.

Third, the receptive attitude of accepting drug use as a normal part of leisure is increasingly prevalent in young people. Contrary to the traditional image of drug use as a subterranean activity, recreational drug use is perceived as normal, rather than deviant, among young people. Young people “fit their leisure into busy lives and then in turn fit their drug use into their leisure and ‘time out’ to compete alongside sport, holidays, romance, shopping, nights out, drinking and, most important of all, having a laugh with friends” (Parker et al., 1998, pp.156-157). Young recreational drug users even do not think of themselves as drug users. For them, drug use is a peripheral but normal aspect of leisure time consumption and lifestyle.

SOCIAL CAPITAL AND ADOLESCENT DRUG USE

What motivates adolescents to pursue a recreational style of drug use? To facilitate our analysis of factors of adolescent drug use, we apply the social capital perspective to the study of the relationships between social capital and drug use. The social capital framework is undoubtedly one of the most popular concepts in the social science literature in the last decade. Social capital refers to those resources embodied in the structure of social relations, including interpersonal ties and institutional linkages (e.g., family, schools, work, and community setting) that can facilitate social actions or achievement of goals (Coleman, 1988). The following discussion will illustrate several social factors (pertaining to family social capital, school social capital, and developmental disadvantages), drawn from the social capital framework, and their relationships to adolescent drug use.



Family Social Capital and School Social Capital

With the growing popularity of the social capital concept within the delinquency field, there is an increasing interest among deviance theorists in the roles played by the family and school in the production of social capital (Hagan and McCarthy, 1997). How will family social capital and school social capital be generated? What are the outcomes that both kinds of social capital will facilitate? Here, in explicating family social capital and school social capital, social bonding theory, anomie theory, differential association theory, and labelling theory are integrated within the social capital framework.

Informal Control, Legitimate Opportunities, Social Learning, Positive Labelling, and Social Capital

Social bonding theory is widely known for its focus on social bonds in family and school (Hirschi, 1969). These bonds are important sources of informal social control, which in turn reduces crime and delinquency. The strength of social bonds between family, school, and adolescents emphasised in social bonding theory concurs with the recent discussion of the closure of social relations in the social capital formation (Hagan et al., 1995, 1996). The stronger the social bonds, the more the social capital in the form of informal control can be generated.

The incorporation of Merton's (1938) *classic anomie theory* within the social capital framework proposes another form of social capital, that is, legitimate opportunities that can enhance an individual's attainment of socially approved goals and reduce his/her experience of strain or anomie, thereby preventing deviance. Merton's classic anomie theory states that deviance is the result of strain, which stems from the disjunction between culturally defined goals and legitimate means to achieve the goals. Integrating anomie theory into the social capital framework, Hagan and McCarthy (1997) argue that the organisation of social ties can influence the ability to obtain legitimate opportunities for attaining socially accepted goals and the likelihood of experiencing strain. Coleman (1988) recognises the crucial role of social capital in increasing non-economic legitimate opportunities to facilitate the creation of human capital and to enhance the life prospects. As found by Coleman, parents who have positive interaction with children are more capable of endowing their children with conventional opportunities, and to translate human capital present in the family into their children's human capital or other favourable life outcomes. Recent research also reveals that supportive family relation with children is linked to adolescents' lessened likelihood of dropping out of school

early, greater high school completion (McNeal, 1999), greater college enrollment (Furstenberg & Hughes, 1995), and lower risk of unemployment in early adulthood (Caspi et al., 1998).

While family social capital and school social capital can exhibit the controlling and legitimate-opportunity-producing functions, family and school can also augment youths' access to social capital in the form of pro-social tutelage and learning of conforming behaviour. From *differential association theory*, deviant behaviour is viewed as the result of learning in the course of interaction with one's intimate deviant groups (Sutherland & Cressey, 1978). Indeed, differential association theory explains not only deviant behaviour, but also conforming behaviour. The more the conforming association, the more the conforming behaviour one can learn in the course of conventional learning. This argument has relevance to our understanding of the keeping of youths uninvolved in delinquency. Establishing pro-social relations between family, school and adolescents can enhance social capital in the form of pro-social tutelage and learning of conforming values and behaviours.

Rather than analysing deviant behaviour *per se*, *labelling theory* posits that deviance is socially constructed through the application of the deviant label. The labelling of deviance produces subsequent deviant behaviours on the part of the person so labelled (Becker, 1963). Whilst labelling theory concentrates on the negative outcomes of deviant labels, labels are not restricted to deviant ones. One can be labelled a conformist or a success at conventional activity, which should increase the likelihood of conventional behaviour while decreasing the likelihood of deviance (Matsueda & Heimer, 1997). What is the relationship between positive labelling, social capital and adolescent behaviour? Positive labelling might reduce delinquency by facilitating the building of conventional ties and therefore social capital. As Matsueda and Heimer (1997) argue, favourable appraisals are important elements of social capital. Favourable appraisals by significant others (including teachers, parents, and conventional peers) not just facilitate the building of a positive self-image in adolescents. They also strengthen the ties with conventional others, and produce informal control through encouraging adolescents' incorporation of and commitment to conforming roles expected from significant others.

The cumulation of the theoretical and empirical works we have reviewed shows the outcomes that social capital can facilitate. The integration of control theory, anomie theory, differential association theory, and labelling theory with the social capital framework attempts to theorise the potential of family and school, via developing relations with children, in generating *social capital*, which can



enhance the outcomes of *informal control*, *increase of legitimate opportunities*, *pro-social learning*, and *the building of a positive self-image* in adolescents. As the family and school are the key sources of social capital, how are family social capital and school social capital generated?

Formation of Family and School Social Capital

In this paper, we suggest that family social capital can be formed on the basis of *direct parental informal control*, *parental support*, and *parental positive labelling*. The first component of family social capital is direct parental informal control that involves the explicit efforts exerted by parents to monitor the behaviours of adolescents and recognise their misdeeds (Hirschi, 1991). The second component of family social capital is parental support. A recent analysis by Wright and Cullen (2001) has alerted us that parental control and parental support are equally important in parenting, as “parents who support their children are also parents who control and are attached to their children” (p. 695). The third component of family social capital is parental positive labelling. Adolescents who have come to see themselves as “good kids” through the eyes of parents will be relatively unlikely to violate norms, when adolescents take the role of “good kids”.

With the onset of adolescence, although the family continues to be the first and most important institutional locus of social capital, schools are growing in importance and becoming the sites for the formation of social capital (Coleman, 1988). The three school processes suggested here are *direct school informal control*, *school support*, and *teachers’ positive labelling*. Regarding direct school informal control, school is more effective than family in discipline management and plays a key role in promoting conforming behaviours (Gottfredson, 2001). School support — the second process of the school formation of social capital — is also important, as it can directly establish bonds with students. The school formation of social capital via school support can accrue resources and benefits to adolescents, especially for those who may not have adequate access to social capital in family (Munn, 2001). Teachers’ positive labelling may also contribute to the production of school social capital. When the view of “good kids” from teachers enters adolescents, the bond between teachers and students, and resulting informal control, will be strengthened by the favourable appraisal of teachers.

In summary, we argue that family social capital can be formed by direct parental informal control, parental support, and parental positive labelling, while school social capital can be formed by

direct school informal control, school support, and positive labelling by teachers. Family social capital and school social capital can enhance informal social control, legitimate opportunities, pro-social learning of conforming values and behaviours, and the development of a positive image in adolescents. The possession of family social capital and school social capital will greatly enhance adolescents' tendency to involve in conforming behaviours. In this study, we hypothesise that *family social capital and school social capital are each inversely related to the likelihood of adolescent drug use.*

Developmental Disadvantages and Social Capital

In recent years, there is increasing literature highlighting the role of developmental life experiences (such as association with drug-using peers, educational disadvantage, and trouble with law) in affecting the social capital acquisition and the life course development of adolescents (Sampson & Laub, 1997; Hagan & Parker, 1999). As one of the developmental disadvantageous experiences, association with deviant peers does not just increase the likelihood of deviance. It has been also shown in life-course research to have further adverse developmental consequences in establishing conventional social relationships and acquiring social and human capital. Simons et al. (2002) report that as young adults, young delinquents entrenched in a deviant peer network in adolescence undermines job attachment, disrupts ties with conventional adult peers, solidifies adult deviant affiliations, and increases the probability of having an antisocial partner through assortative mating in adulthood.

In addition to association with drug-using peers, educational disadvantage and trouble with law can further distance the youths from the investment in social capital and human capital that are important in developing legitimate pathways into later life chances. In examining their life-course capitalisation theory of intergeneration delinquency, Hagan and Parker (1999) find support for their hypothesis that educational disadvantage, which can be in the form of educational underachievement and low educational effort, has long-term developmental implications. Building around the assessment of children's parents who are followed from adolescence to adulthood and parenthood in a 19-year longitudinal study in Canada, Hagan and Parker find that educational disadvantage in adolescence can possibly lead to negative life events including dropping out of school, teen parenthood, unemployment, marriage and parenting problems. Likewise, Sampson and Laub (1997) have demonstrated that arrest, conviction, and juvenile incarceration have negative developmental



consequences on schooling (e.g., early dropping out of high school), marital attachment, securing employment, and job stability in young adulthood. Trouble with law and the consequent formal sanction are clearly stigmatising, and those so tarnished may face the structural impediments to establishing strong ties to conventional lines of activity.

On the basis of the above discussion, we also propose in this study that *developmental disadvantages in the forms of educational disadvantage, association with drug-using peers, and trouble with law* may repeatedly knife off the opportunities for an adolescent to involve in conventional relationships. These disadvantages continuously impose the developmental strain on youths due to the deprivation of legitimate life chances, and decrease the chances of developing social bonds, thereby leading to the deprivation of social capital (informal control, pro-social learning, legitimate opportunities, and fostering of a positive self-image) that is vital for successful development in adolescence transition. *The encountering of developmental disadvantageous experiences will impede the acquisition of social capital, thereby increasing an adolescent's likelihood of being involved in delinquency such as drug use.*

NORMALISATION OF ADOLESCENT DRUG USE IN HONG KONG

First and foremost, in the light of the normalisation thesis described above, we would like to find out whether the phenomenon of normalisation of drug use among the youth has occurred in Hong Kong. To do this, we will examine (1) the prevalence of young people's drug use in Hong Kong since the early 1980s, (2) the type of drugs that are most popular among them, and (3) the extent to which their use could be said to be recreational.

Prevalence of Drug Use among Young People in Hong Kong

The first indicator of normalisation is a substantial increase of drug use among young people. Has this occurred in Hong Kong? Let us first take a look at the data of the Central Registry of Drug Abuse, which is a government unit that collects information of drug abusers who come into contact with treatment, health care, social service, welfare, and law enforcement organisations. The Registry offers useful data that reflect the pattern and trend of illicit drug use in the Hong Kong population. Table 1 contains drug use information of individuals under the age of 21 who were reported to the Registry by the broad network of agencies.

Table 1

Individuals Aged Under 21 Reported to the Central Registry of Drug Abuse, Narcotics Division, by Selected Type of Drugs Abused

Selected type of drugs	1984	1986	1988	1990	1992	1994	1996	1998	2000	2001	2002	2003
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Heroin	94.3	96.2	59.1	48.2	58.0	79.5	66.6	58.4	21.6	13.3	10.7	7.7
Cannabis	0.7	3.1	24.7	29.5	22.9	17.9	21.0	26.6	21.2	17.4	25.9	28.4
Methylamphetamine (Ice)	-	-	-	-	n.a.	n.a.	7.6	17.3	11.0	10.8	8.1	6.5
MDMA (Ecstasy)	-	-	-	-	-	-	<.05	2.0	56.2	53.0	37.1	34.1
Ketamine	-	-	-	-	-	-	-	-	36.9	59.8	70.4	62.5
Cough medicine	-	-	3.0	15.7	25.3	11.0	7.8	5.2	2.6	1.4	3.1	7.9
Organic solvents	-	-	-	0.3	1.6	0.8	4.7	4.3	1.8	1.5	2.6	2.4
No. of individuals aged under 21 with known type of drug reported	971	1,036	697	892	1,653	3,891	3,363	2,551	3,467	3,210	2,494	1,758

Source: Narcotics Division (1990, 2000, 2004)

Notes: (1) “-” denotes “nil”

(2) “n.a.” denotes “not available”

In Table 1, the number of individuals under 21 with known type of drug reported was, on the whole, less than 1,000 in the mid-1980s, but suddenly almost doubled (1,653) in 1992, and reached its peak in 1994 (3,891). Since the mid-1990s, the number has fluctuated, and by 2000, it reached 3,467, and then decreased to 3,210 in 2001, 2,494 in 2002, and 1,758 in 2003. Compared with the 1980s and the early 1990s, the number of drug users under 21 who came into contact with the Registry’s network has risen two or three times.

We also examine the results of four large-scale student surveys conducted under the auspices of the Narcotics Division to capture the trend of illicit drug use in the Hong Kong student population (Narcotics Division, 1991, 1993, 1997; Lau, 2000). All of the four surveys enumerated large samples of Form 1 to Form 7 students from mainstream Chinese-speaking secondary schools in Hong Kong.



Table 2 reports data of the four student surveys.

Table 2

Lifetime and Past 30 Days Prevalence of Use of Psychoactive Drugs among Students of Mainstream Chinese-speaking Secondary Schools in Hong Kong

	1990	1992	1996	2000
	(%)	(%)	(%)	(%)
<i>Whole sample:</i>				
Psychoactive drugs	(N = 84,117)	(N = 81,100)	(N = 84,515)	(N = 67,100)
Ever tried	2.1	2.9	2.8	3.7
Tried past 30 days	0.4	0.8	0.6	1.9
<i>Among ever users:</i>				
Cannabis	40.1	27.9	50.8	39.4
Cough medicine	11.6	54.7	54.7	26.4
Organic solvents	n.a.	16.8	30.3	24.3
Ecstasy	n.a.	n.a.	5.00	47.0
Ketamine	n.a.	n.a.	n.a.	37.8

Source: Narcotics Division (1991, 1993, 1997) and Lau (2002)

Note: "n.a." denotes "not available"

From Table 2, we can see that the percentage of lifetime use of psychoactive drugs (heroin not included) in the whole student sample almost doubled in the last decade. The percentage climbed from 2.1% in 1990 to 2.9% in 1992. Though this percentage decreased slightly to 2.8% in 1996, it rose substantially again to 3.7% in 2000. Similar to the trend of the lifetime prevalence of psychoactive drug use, the percentage of the past 30-day use of psychoactive drugs in the whole student sample increased nearly five times from 0.4% in 1990 to 1.9% in 2000. However, it should be pointed out that the lifetime trying rates and the past 30-day rates of drug use among Hong Kong secondary students has risen over the years, but the rates are much lower than those recorded in Parker et al.'s (1998, 2002) longitudinal study of drug use in British high school students mentioned before.

The above data of the Central Registry and the student surveys show that there have been

unprecedented upswings in the prevalence of Hong Kong young people's drug use in the past two decades. Therefore, it can be said that this aspect of normalisation has occurred in Hong Kong, although the scale of the increase in the prevalence of drug use among adolescents in Hong Kong is not as great as that of their counterparts in the United Kingdom.

Most Popular Drugs among Young People in Hong Kong

The normalisation thesis suggests that much of the increase of young people's drug use can be attributed to the consumption of party drugs, notably ecstasy and ketamine, in the context of a new rave/club culture. Have these two drugs become the drug of choice among adolescents in Hong Kong?

We first take a look at the Central Registry data (Table 1). Heroin had been a drug that had attracted over 80% of reported drug users under 21 before the late 1980s. Since then, the popularity of heroin has superseded that of psychoactive drugs. The psychoactive drugs that have achieved the most acute rise in popularity are ecstasy and ketamine. Ecstasy, barely consumed by reported drug users under 21 before the end of the 1990s, suddenly became a drug that attracted over half (56.2%) of the reported young drug users in 2000. This percentage then declined to 34.1% in 2003. Similarly, ketamine also appeared on the scene suddenly in 2000, consumed by 36.9% of reported young drug users. While the popularity of ecstasy soared in 2000 and then dropped, that of ketamine rose sharply to 59.8% in 2001, and then increased up to 70.4% in 2002 and 62.5% in 2003. Thus, although the two drugs changed their dominant positions from 2000 to 2003, ecstasy and ketamine have dominated the choice of drugs among young drug users in the past several years.

Let us also take a look at the student surveys (Table 2). Before 2000, cannabis and cough medicine were the most popular drug of choice among student drug users. Again, after ecstasy and ketamine entered the picture in the 2000 student survey, they surfaced as the most attractive drugs in student users (47% and 37.8%, respectively), though cannabis (39.4%) remained as popular as ketamine.

The sudden popularity of ecstasy and ketamine among Hong Kong adolescents in the past few years is inextricably tied to the arrival of the dance/rave culture of the West to Hong Kong since the late 1990s. The rise of party drugs facilitates the building of a trendy clubber identity and "hip" culture among Hong Kong young drug users in the context of local drug history, which has long



been tied with heroin (Hunt & Evans, 2003). For Hong Kong young drug users, party drugs can be divorced from the stigma of heroin use.

Recreational Drug Use among Young People in Hong Kong

Besides examining the prevalence of drug use and the most popular of drugs among Hong Kong adolescents, we also want to find out whether or not drug use in young people is recreational in nature. To examine recreational drug use, we look at four aspects: (1) frequency of use, (2) major setting of use, (3) major type of drugs used, and (4) major reasons for use. We do not refer to the data of the Central Registry, nor the above student surveys, as they somehow do not have data pertaining to all of these indicators. We will examine the results of a recent study of marginal youths — Northbound Pleasures: Pattern of Cross-Border Deviance of Hong Kong Marginal Youths and Its Implications for Adolescent Deviance in Hong Kong, which was funded by the Research Grants Council of Hong Kong.

The Hong Kong marginal youths study, conducted by the authors in 2002-04, examines the drug use patterns of marginal youths and their social and psychological correlates (for details of the study, see Cheung, 2004). The study had a sample of 504 marginal youths, aged 14 to 19, who were recruited from outreaching social work agencies, drug treatment centres, and penal institutions. In the study, we also had a sample of 1,217 secondary students, who were recruited from randomly drawn secondary schools. From these students, a sample of 504 students, aged 14 to 19, was selected by matching with the marginal youth sample in certain socio-demographic characteristics. This sample of students served as a comparison group.

We found in the study that, in the student sample (N = 504), only 1% of the students had current drug use (defined as drug use in the twelve months prior to the time of interview). On the contrary, the majority of the respondents (71.7%) in the marginal youth sample (N = 504) were current users. Given that drug use was highly prevalent among marginal youths but was rare among students, we proceed to assess the extent to which drug use in marginal youths can be said to be recreational. Results pertaining to their current drug use patterns are given in Table 3.

Table 3

Current Drug Use (Last 12 months) of Marginal Youths in Hong Kong

	%	n
<i>Frequency of Use (N=502)</i>		
No use	28.3	142
Once a month or less	22.9	115
Twice to three times a month	10.0	50
Once a week or more	38.8	195
<i>Typical Setting of Use (N=362; multiple answers)</i>		
Discos/rave parties	74.3	269
Karaoke lounges	56.4	204
Friends' home	46.6	167
Own home	43.2	155
Parks/playgrounds	38.2	138
Video game centres	23.9	86
Pubs/bars	21.5	78
<i>Major Type of Drugs Used at Discos/Rave Parties (N=269; multiple answers)</i>		
Ketamine	92.9	242
Ecstasy	85.5	230
Cannabis	37.1	100
Methylamphetamine (Ice)	1.50	4
Cough medicine	0.70	2
Heroin	0.00	0
<i>Major Reasons for Use (N=364; each respondent could give up to 3 reasons)</i>		
For leisure and recreation	73.9	269
To seek excitement/euphoria	53.0	193
To relieve boredom	46.4	169
To relieve pressure/stress	36.0	131
To escape from harsh reality	33.8	123
To comply with peers' suggestion	30.8	112

Firstly, in terms of frequency of current use, marginal youths in the study show a generally low frequency of use. As many as 28.3% of the respondents had not used any drugs in the twelve months prior to the time of interview. Almost one-quarter (22.9%) had used drugs only once a month or less, and 10% had used drugs two or three times a month. Less than 40% of the respondents had used drugs once or more times a week.

The respondents' favourite settings of use were mainly entertainment settings. Discos/rave parties were mentioned by 74.3% of the respondents, followed by karaoke lounges (56.4% of respondents).



As to the major type of drugs used at discos/rave parties, ketamine was consumed most by 92.9% of the respondents, followed by ecstasy (85.5%). Only one-third (37.1%) of the respondents mostly consumed cannabis in this setting.

Regarding the major reason for current drug use, the majority of respondents used drugs for leisure and recreation (mentioned by 73.9% of respondents). Other major reasons included euphoria (53%), relief of boredom (46.4%), and relief of pressure/stress (36%). The dominance of leisure as a major motivational factor for drug use far outweighs other reported reasons. Taken as a whole, the above findings show that the major type of drug use in the marginal youth sample was recreational drug use.

On the whole, our data suggest that the major aspects of the normalisation phenomenon are present in Hong Kong. Nonetheless, the extent of normalisation in Hong Kong does not seem to be as great as that in the United Kingdom found in Parker et al.'s study. There has been a rapid increase of the prevalence of drug use among Hong Kong adolescents in the last decade. Drug-taking is highly prevalent in marginal youths, but it is rare in students. A majority of drug use in drug-taking marginal youths has been recreational, mostly taking place at entertainment settings of discos, rave parties and karaoke lounges, where party drugs, notably ecstasy and ketamine, are commonly used. Drug-using marginal youths also describe their motivation of drug use largely in terms of leisure and recreation, suggesting that drug use is treated as more and more a normalised leisure activity among marginal youths in Hong Kong.

SOCIAL CAPITAL AND ADOLESCENT DRUG USE IN HONG KONG

In addition to examining the normalisation phenomenon in Hong Kong, we also explore the strengths of social capital variables in the prediction of youth drug use in Hong Kong. In examining the influences of social capital variables, we make use of the data of the Hong Kong marginal youth study. We construct the variable of “family social capital” on the basis of direct parental informal control, parental support, and parental positive labelling, and the variable of “school social capital” on the basis of direct school informal control, school support, and teachers’ positive labelling. We also measure developmental disadvantageous experiences of the respondents, including “educational disadvantage”, “association with drug-using peers”, and “trouble with law”. (See the appendix for measurements of the variables.)

As noted earlier, only 1% of the students were current drug users in the Hong Kong marginal youth study. On the contrary, the majority of the respondents in the marginal youth sample (71.7%) were current users. In view of this, we compare the marginal youths (high risk group of drug use) with the students (low risk group of drug use) to see if they had differed with respect to the factors of social capital (Table 4).

Table 4

Comparing the Marginal Youth Sample and the Student Sample

	<i>Marginal Youths</i>			<i>Students</i>			Sig.
	Mean	s.d.	N	Mean	s.d.	N	
Family social capital (Direct parental informal control, parental support, and parental positive labelling) (score range 3-12)	6.89	1.89	497	8.77	1.79	502	**
School social capital (Direct school informal control, school support, and teachers' positive labelling) (score range 3-12)	7.61	1.61	491	8.66	1.35	503	**
<i>Developmental disadvantages</i>							
Educational disadvantage (score range 2-8)	6.13	1.23	493	5.41	1.13	503	**
Association with drug-using peers (score range 2-8)	6.01	1.79	504	2.30	0.87	504	**
Trouble with law	1.59	2.19	503	0.04	0.23	500	**

** $p < .01$, *t*-test of means



Table 4 shows that marginal youths and students differed significantly in all social factors. As to the family social capital variable, marginal youths (6.89) scored much lower on family social capital than students (8.77). Parents of marginal youths, on average, produced less social capital within the family than parents of school youths. Concerning school social capital, marginal youths appeared to be less likely than students to capture school social capital, as marginal youths (7.61) scored much lower on school social capital than students (8.66).

Marginal youths were much more likely to have encountered developmental disadvantages than students. Marginal youths were much more involved in drug-using peer ties than are school youths, as marginal youths (6.01) scored three times as high as school youths (2.30) in association with drug-using peers. They also experienced more educational disadvantage and trouble with law than school youths. The mean score of educational disadvantage of marginal youths was 6.13, whereas that of students was 5.41. Likewise, marginal youths (1.59) had a much higher mean score of trouble with law than students (0.04).

SUMMARY AND DISCUSSION

Our analysis indicates that the case of Hong Kong offers only partial support to the normalisation thesis. The normalisation thesis points at three major aspects of the normalisation phenomenon, namely, a fast growth of the prevalence of drug use among young people, the widespread popularity of recreational drug use that is closely linked with the recent arrival of the dance club culture, and an accommodating attitude of accepting drug use as a normal feature of leisure time consumption. Our data suggest that the normalisation of adolescent recreational drug use has occurred in Hong Kong. However, the extent of normalisation in Hong Kong appears to be smaller than those in Western societies like the United Kingdom. The increase in the prevalence of drug use among Hong Kong adolescents, albeit substantial over the years, is not as great as that among young people in the United Kingdom. Besides, the popularity of drug use in the student population is still very low in Hong Kong compared with that of the student population in the United Kingdom. In Hong Kong, consumption of drugs, notably recreational use at discos, rave parties and karaoke lounges where ketamine and ecstasy are commonly used, seems to be limited to marginal youths rather than regular students.

Apart from examining the normalisation phenomenon in Hong Kong, we also analyse the factors that lead to drug use among Hong Kong adolescents. Notwithstanding the small extent of normalisation of adolescent drug use in Hong Kong, more and more Hong Kong young people are involved in recreational consumption of drugs in recent years. Why do Hong Kong adolescents increasingly engage themselves in recreational drug use? To answer this question, we have utilised the data of the Hong Kong marginal youth study, and compared the sample of marginal youths (high risk group of drug use) with a matched sample of students (low risk group of drug use) with respect to social factors derived from the social capital framework (indicated by family social capital, school social capital, and developmental disadvantages). Marginal youths are found to have less access to family social capital and school social capital, and have encountered more developmental disadvantageous experiences of association with drug-using peers, educational disadvantage and trouble with law.

Given these findings, how should we interpret the increase of drug use among youngsters in Hong Kong? In the present example, we suggest that the normalisation of recreational drug use has occurred in Hong Kong, and it might have been due to the weakening of social structural forces in the family, school and community. The social capital perspective that we used in the present analysis provides insights into the various ways that structural forces affect drug use. Social capital produced by the family and school is conducive to informal social control towards conformity, legitimate opportunities to enhance life chances and to reduce strain, pro-social learning of conventional values, and the raising of self-image. These resources can enhance conforming behaviours. On the contrary, when adolescents possess very little family social capital and school social capital, they have a greater likelihood of drug use. Besides, developmental disadvantages, in the forms of association with drug-using peers, educational disadvantage and trouble with law, inhibits the acquisition of social capital, thereby leading to an increased likelihood of drug use.

To conclude, our results underscore the relevance of social structural factors and processes to the explanation of the substantial increase of drug use, particularly in recreational style, among young people. We hope findings of this study will provide a useful basis of comparison for future studies applying the social capital perspective to the analysis of adolescent recreational drug use in Hong Kong and other societies.



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Appendix

Variables and Measurements

Variables	Indicators	Cronbach Alpha	
		Marginal Youths	Students
Family Social Capital	<p>A scale constructed from items on direct parental informal control, parental support, and parental positive labelling.</p> <ul style="list-style-type: none"> - Direct parental informal control: "How often did you need to seek approval from parents when going out?" ^a - Parental support: "How often were your parents willing to try to help you solve problems when you needed their help?" ^a - Parental positive labelling: "How did your parents think of you as a son/daughter?" ^b 	0.55	0.53



School Social Capital	<p>A scale constructed from items on direct school informal control, school support, and teachers' positive labelling.</p> <ul style="list-style-type: none"> - Direct school informal control: "How strict was your school's supervision on students?"^c - School support: "Do you think that your teachers showed concern in students' non-academic matters, such as those concerning personal hobbies, emotions, friendship and family?"^d - Teachers' positive labelling: "How did your teachers think of you as a student?"^b 	0.53	0.58
Educational Disadvantage	<p>A scale constructed from items on educational underachievement and diminished educational effort.</p> <ul style="list-style-type: none"> - Educational underachievement: "How did you rate your academic performance in school?"^e - Diminished educational effort: "Did you think you were a hard-working student?"^f 	0.62	0.60
Association with Drug-using Peers	<p>A scale constructed from items: "How many of your good friends had taken drugs in Hong Kong?"^g and "How many of your good friends had taken drugs in Shenzhen or other places of mainland China?"^g</p>	0.59	0.67
Trouble with Law	<p>"How many times had you been put under the police superintendent's discretionary scheme, probation orders or community service orders, or had been sent to penal institutions prior to the interview (or prior to the admission to the penal institution or residential drug treatment centre, if you were still in a penal institution or under residential drug treatment at the time of interview)?"</p>	—	—

Note: Although the measurements of the scales of family social capital and school social capital were less than satisfactory, their alpha values were quite close to the minimally accepted value of 0.6. As such, they were used in the analysis.

^a Often = 4, sometimes = 3, seldom = 2, never = 1

^b Very good = 4, good = 3, poor = 2, very poor = 1

^c Strict/very strict = 4, fair = 3, not strict = 2, not strict at all = 1

^d Cared very much = 4, somewhat cared = 3, didn't care = 2, didn't care at all = 1

^e Very poor = 4, quite poor = 3, quite good = 2, very good = 1

^f Very lazy = 4, quite lazy = 3, quite hard-working = 2, very hard-working = 1

^g Many = 4, some = 3, very few = 2, no/don't know = 1