Research Report on
A Study on the
Drug Abuse Situation among Ethnic Minorities in Hong Kong

Submitted to

Research Sub-Committee of the Action Committee Against Narcotics

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Executive Summary

(A) Methodology

The study employs survey data obtained from three sources: 100 ethnic-minority drug abusers; and 7 focus groups and personal interviews with rehabilitation and allied professionals concerned with ethnic-minority drug abuse; and service users and nonusers among ethnic-minority drug abusers in Hong Kong.

Objectives of the study are:

(1) To identify profiles, trends, behaviors, and characteristics of drug abusers who are ethnic minorities in Hong Kong, with special emphasis on high-risk behaviors such as needle sharing;

(2) To identify the social consequences associated with their drug abuse, including its relationship with family problems and involvement in criminal activities;

(3) To examine the barriers, such as language, discrimination, and stigma, hindering them from receiving services; and

(4) To assess the service needs of these abusers.

The survey data came from 68 Nepalese, 17 Vietnamese, and 15 of other ethnicities (Indian, Pakistanis, Filipino and Thai). They were recruited from various sources, including methadone clinics and other drug service centers. The data collection period was June 2005 to March 2006.

(B) Key Findings

(a) Socio-demographic characteristics of ethnic minority drug abusers

The average age of the responded ethnic-minority abusers was 28.2, with 63% aged over 25 or above, 98% were males. 46% of them were born in Hong Kong. On average, they had stayed in Hong Kong for 18.9 years. Half of them had attained primary or junior secondary education, while 49% had attained senior secondary education level or above.

About two-thirds of the responded abusers could speak English and 28% could speak Chinese. The proportion of non-South Asian ethnic minority abusers (i.e. Vietnamese, Filipino, Thai, Indonesian etc.) who spoke Chinese was even

as high as 83%.

The median family income of the responded abusers was at $7,000 per month. About half (52%) of them were unemployed and 61% were unmarried.

(b) Drug abuse behaviours

- Heroin was the most common drug ever abused (85%), abused initially (35%) and currently abusing (50%) by ethnic-minority drug abusers:

- Marijuana was the second most commonly abused drug in ethnic minority drug abusers' lifetime (57.0%) and abused the most initially (35.0%).

- Cough syrup was the third most commonly abused drug in ethnic minority drug abusers' lifetime (51.0%) and abused the most initially (25.0%).

- Disproportionately more South Asian drug abusers had abused cough syrup in their lifetimes (65.8%) and at their initial abuse (32.9%).

- Disproportionately more South Asian drug abusers had also abused marijuana in their lifetimes (64.5%) and at their initial abuse (39.5%).

- Disproportionately more drug abusers below 25 years of age had abused marijuana in their lifetimes (73.0%) and at their initial abuse (48.6%).

- Disproportionately more drug abusers below 25 years of age had abused cough syrup in their lifetimes (64.9%).

- The average history of drug abuse was 12.7 years. Drug abusers below 25 years of age had an average history of 8.9 years.

- Responded abusers used drugs 19.2 times per week on average currently, which was less frequent than that six months before (23.9 times per week).

- Needle sharing in drug abuse occurred among 14% of the ethnic-minority drug abusers, and on average, needle sharing happened 2.2 times per week.

- The majority of the ethnic-minority drug abusers were using services of the methadone clinic currently (72%). This was followed by NGO rehabilitation services (19%) and NGO counselling services (17%). Other services such as training (9%) and social activities (11%) provided by NGOs were less popular.

(c) Situation of drug abuse

The study affirmed the deleterious impacts of drug abuse among ethnic-minority drug abusers in causing social problems, including family trouble and criminal behavior. Such impacts stemmed from frequent drug abuse, deviant peers, and drug dealers.

Trouble with the family was more frequent among ethnic-minority drug abusers with more frequent drug abuse six months before. One who had abused 40 times more per week before was 1.7 times more per week having trouble with the family on average.

Health and family risks stemmed from needle sharing in drug abuse, increase in drug abuse, separation from the family, and not taking care of family members. It was higher among those ethnic-minority drug abusers who had a longer duration of abstinence from drug abuse, had not abused heroin the most initially, and experienced approaches by drug dealers at the park.

Criminal offenses were more frequent among ethnic-minority drug abusers who were encountered approaches by drug dealers at home or entertainment venues.

(d) Barriers to desire and access to services

Statistically, social integration[1], racial discrimination[2] and language problems were not found to be barriers for ethnic minority drug abusers' desire and access to services.

On the other hand, based on results of the focus groups, it was found that social integration might diminish one's desire for various services, probably showing that social integration can substitute for these services partially. Racial discrimination might also impede abusers' desire for services. Furthermore, language might pose a barrier to their access to services. However, these observations could not be generalized and should be interpreted with caution.

Ethnic minority abusers in Hong Kong were only experiencing a rather low level of racial discrimination (with an average score of 30.4), and a moderate level of social integration (with an average score of 46.7). Although both factors have no significant association with the abusers' desire and access to services, social integration actually showed positive associations with reducing

[1] Social integration referred to integration with the mainstream society of Hong Kong. It was indicated by access to the mass media, social services, and jobs.

[2] Racial discrimination referred to not receiving fair and equal treatment by Chinese neighbours, and being discriminated by Chinese employers or superiors and by Chinese in public places.

needle sharing, having trouble with families, and health and family risk. Moreover, racial discrimination was not found to be a risk factor of starting and continuing drug abuse among ethnic minority respondents.

(e) Service Needs

Language training was the most desired service among ethnic-minority drug abusers, followed closely by peer support, outpatient, community integration, and employment services. Desires for residential, aftercare, and referral services were lower. Ethnicity and age had made no significant differences in desires of almost all services.

Apart from meeting the needs of ethnic-minority drug abusers, effectiveness of the services in reducing drug abuse and its concomitant risks is also important consideration of whether they should be provided. The following findings justified the effectiveness of some existing services:

- Rehabilitation services of NGOs in the recent month reduced drug abuse frequency by 3.4 times per week.

- Health Authority services in the recent month reduced drug abuse frequency by 6.5 times per week. Nevertheless, because only 5 abusers had used the services in the recent month and 3 had used them six months before, the help from the services is far from conclusive.

- Training services of NGOs in the recent month reduced drug abuse frequency by 3.8 times per week.

(C) Recommended service model

Based on the study findings, the following service model for tackling the drug abuse problem among ethnic minorities is recommended. The model included implementation of the prevention of drug abuse at primary, secondary, and tertiary levels, that is, deterring initial abuse, repeated abuse, and relapse.

(a) Primary prevention

The primary prevention of drug abuse among ethnic minorities functions to prevent them from the early abuse of illicit drugs.

- **School-based drug prevention and education project**

Launching primary prevention and education projects for Primary 5 to

Secondary 3 students at both non-Chinese Schools (NCS) and those schools using Chinese as a medium for instruction (CMI) but enrolling a significant number of ethnic-minority students.

Its strategies are:
- Preventing drug abuse in secondary and primary schools where ethnic-minority children attend.
- Discouraging and preventing by other means the initial trial of cough syrup and marijuana as a way of drug abuse, especially among South Asians.
- Facilitating the collaborative efforts of teachers and social workers to prevent drug abuse among ethnic-minority students.

(b) Secondary prevention

Secondary prevention targets ethnic-minority drug abusers to prevent their further drug abuse and facilitate their rehabilitation.

- **One-stop Outreaching and Rehabilitation Services for ethnic-minority drug abusers**

Organizing an integrated service team for providing outreaching services to identify ethnic-minority drug abusers, providing case management to assign suitable rehabilitation services and aftercare services, and closely liaising with parents and schools after the discharge to maintain ethnic-minority drug abusers' trust in the services.

Its strategies are:
- Deploying social workers, notably those providing outreaching services, to engage ethnic-minority drug abusers in rehabilitation services and prevent their risky behaviors.
- Obtaining the cooperation of the parents of ethnic-minority abusers to place the abusers into rehabilitation services, notably those of NGOs and the Hospital Authority.
- Combating ethnic-minority drug dealers.
- Decreasing or stopping the influence of deviant peers and replacing them with social networks composed of prosocial or non-deviant peers.
- Preventing needle sharing among ethnic-minority drug abusers.
- Targeting Nepalese and Vietnamese drug abusers in particular.

(c) Tertiary prevention

Tertiary prevention serves (a) to prevent the relapse of the ethnic-minority drug abusers who used services to decrease their drug abuse and (b) to enhance the effectiveness of the services.

- **Community-based Centers for Ethnic-minority Youth**

Setting up community-based centers for ethnic-minority youth in areas where the youth concentrate (e.g., Yau Mau Tei, Yuen Long) to foster healthy and socially desirable lifestyles and new social networks that can prevent relapse among ethnic-minority drug abusers who have received rehabilitation services.

Its strategies are:

- Providing Chinese-language training to younger ethnic-minority drug abusers.
- Using peer or co-ethnic interventions, including counseling, role modeling, experience sharing, and group activities.
- Engaging older ethnic-minority drug users in residential services, employment services, referral services, and after-care services.
- Establishing community-based services to engage ethnic-minority abusers in interesting and healthy activities, such as sports and music.

(d) Desired or Effective Rehabilitation Practices

For the implementation of the above strategies at the practical level, consideration may be given to the following practices which are either desirable or have proven to be effective:

- Discipline: imposing strict rules and putting close surveillance on service users.

- Chinese-Language Training: providing Chinese-language training to facilitate integration with local Chinese.

- Services along with Chinese: Facilitating integration with local Chinese without giving ethnic-minority drug abusers special or privileged treatment.

- Vocational Training: Enhancing employability and sustainability for a living in Hong Kong.

- Physical Education: Building physical health to facilitate capability for work and other activities.

- Teaching by Co-ethnics, at least initially: Facilitating involvement in the service and its success by removing language and cultural barriers.

- Social-Worker Contact: Facilitating engagement in the rehabilitation service because of the lack of information and confidence in the rehabilitation service and the untrustworthiness of other sources, such as peers and family members.

報告摘要

(A) 研究方法

本研究利用問卷調查了 100 位少數族裔濫藥者，並進行了 7 個聚焦小組和個人訪問，向包括復康及相關專業人士、有使用服務和沒有使用服務的少數族裔濫藥者詢問有關情況。

研究目的如下：

(1) 找出香港少數族裔濫藥者的背景、趨勢、行爲及特徵，尤其有關他們共用針筒的高風險行爲；

(2) 找出他們濫藥的社會後果，包括與家人的關係和參與犯罪活動；

(3) 檢視他們獲取服務的障礙，如語言、歧視和標籤；及

(4) 評估他們的服務需要。

調查數據來自 68 位尼泊爾裔、17 位越南裔及 15 位其他族裔人士。這些被訪者乃從不同來源招募（包括美沙酮診所及其他服務中心）。數據收集在 2005 年 6 月到 2006 年 3 月之間進行。

(B) 主要發現

(a) 少數族裔濫藥人士的背景

回應的少數族裔濫藥人士，平均年齡爲 28.2 歲。他們中 63%在 25 歲或以上，98%是男性，46%在香港出生。他們平均在港 18.9 年，半數曾接受小學或初中教育，49%曾接受高中或以上教育。

他們中約三分之二能說英語，28%能說廣東話。非南亞裔(即越南、菲律賓、泰國、印尼等)中，能說廣東話的比例更高至 83%。

回應的濫藥人士，家庭收入中位數爲每月$7,000。他們約一半(52%)失業，61%未婚。

(b) 濫藥行爲

- 海洛英是最多少數族裔濫藥者曾濫用的(85.0%)、開始時最多濫用(35.0%) 及受訪時最多濫用的 (50.0%)藥物。

- 大麻是第二種最多少數族裔濫藥者曾經濫用 (57.0%) 及開始時最

多濫用的藥物(35.0%)。

- 咳藥水是第三種最多少數族裔濫藥者曾經濫用 (51.0%) 及開始時最多濫用的藥物(25.0%)。

- 相對較多南亞裔濫藥者曾經濫用咳藥水 (65.8%) 及開始時濫用它(32.9%)。

- 相對較多南亞裔濫藥者曾經濫用大麻 (64.5%) 及開始時濫用它(39.5%)。

- 相對較多 25 歲以下的濫藥者曾經濫用大麻 (73.0%) 及開始時濫用它 (48.6%)。

- 相對較多 25 歲以下的濫藥者曾經濫用咳藥水 (64.9%)。

- 他們濫藥的平均時期是 12.7 年。25 歲以下的濫藥者有平均 8.9 年的濫藥經驗。

- 受訪時平均濫藥頻次是 19.2 次，較六個月之前的 23.9 次低。

- 14.0%的少數族裔濫藥者會共用針筒濫藥。平均每週 2.2 次。

- 最多少數族裔濫藥者在受訪時使用與濫藥有關的服務是美沙酮診所(72.0%)，其次是非政府組織的復康服務(19%)及非政府組織的輔導服務(17%)。其他，例如非政府組織的訓練 (9%) 和社交活動服務(12.0%)則較少人用。

(c) 濫藥者的處境

研究確定少數族裔者的濫藥行爲會對他們產生問題，包括家庭與犯罪的問題。這些影響源於高頻次的濫藥、不良朋輩及毒販。

在六個月前較多濫藥的少數族裔濫藥者，較常與家人出現較糾紛。如每週濫藥增加 40 次，與家人的糾紛每週會平均增加 1.7 次。

健康及家庭風險源自濫藥時共用針筒、增加濫藥、離開家庭及不照顧家人等。這些風險在停止濫藥時間較長、初時並非最多濫用海洛英及在公園中受到毒販接觸的少數族裔濫藥者之中較常見。

犯罪行爲在那些在家中或娛樂場所場所受到毒販接觸的少數族裔濫藥者之中較常出現。

(d) 渴求及使用服務的障礙

在統計數據上，本研究不能確定社會融合[3]、種族歧視[4]和語言問題是少數族裔濫藥者渴求及使用服務的障礙。

另一方面，根據聚焦小組討論的發現，社會融合可能減低少數族裔濫藥者對各類服務的渴求，這可能顯示社會融合可替代部份這些服務。種族歧視亦可能阻礙他們對服務的渴求。此外，語言問題亦可能成爲他們接受服務的障礙。但需留意，這些觀察未能推廣至所有情況，應小心演繹。

香港的少數族裔濫藥者只感受到較低程度的種族歧視(平均分數爲 30.4)，及一般程度的社會融合(平均分數爲 46.7)。雖然兩者和濫藥者對各類服務的渴求及使用沒有明顯關係，社會融合對共用針筒、家庭問題、健康和家庭風險等，有正面關係。此外，種族歧視不是會導致少數族裔濫藥者開始或持續濫藥的高危因素。

(e) 服務需求

語言訓練是少數族裔濫藥者較渴求的服務，其次是朋輩支援、門診、社區融合及就業服務。他們對住宿、復康後及轉介服務的渴求較低。族裔和年齡對全部有關服務的渴求程度並無顯著分別。

除了滿足少數族裔濫藥者對服務所表示的需求之外，這些服務對降低濫藥及其伴隨而來的風險的成效亦爲應否提供這些服務的考慮因素。研究發現以下現有服務有顯著的成效：

- 最近一個月使用非政府組織的復康服務能減少每週濫藥頻次 3.4 次。
- 最近一個月使用醫院管理局的服務所能減少每週的濫藥頻次 6.5 次。然而，只有 5 位濫藥者曾使用這服務，而只有 3 位濫藥者在六個月前使用這服務，因而這服務的成效未能確定。
- 使用非政府組織的訓練服務能減少每週濫藥頻次 3.8 次。

(C) 建議

基於研究結果，我們建議以下的服務模式。這些服務包括初級、次級和三級的預防工作，以竭止初次濫藥、再次濫藥及復吸。

[3] 社會融合指與香港主流社會結合。它由是否獲得傳媒資訊、社會服務及工作等顯示。
[4] 種族歧視指受到華裔鄰居的不公平和不平等對待，受到華裔僱主或上司歧視，以及在公眾地方受到華人的歧視。

(a) 初級預防

對少數族裔濫藥的初級預防的功用在於預防他們早期濫用藥物。

• 以學校爲基礎的濫藥預防及教育計劃

對非華人學校及招收較多少數族裔學生的中文授課學校的小五至中三學生推行預防及教育計劃。

其策略爲：:
- 預防少數族裔的中、小學學生濫藥
- 使用其他方法勸止及預防少數族裔，尤其是南亞裔人士初次嘗試濫用咳藥水及大麻。
- 促進教師與社工合作，以預防少數族裔學生的濫藥。

(b) 次級預防

次級預防的對象是少數族裔濫藥者,以預防他們再次濫藥和促使他們復康。

• 一站式對少數族裔濫藥者的外展及復康服務

組織綜合服務隊以提供外展服務予少數族裔濫藥者，以及提供個案管理以分派適合的復康服務及復康後服務，並在完成服務後緊密聯繫家長及學校，以維持少數族裔濫藥者對服務的信賴。

其策略爲：:
- 分派社工，尤其是那些提供外展服務的，吸納少數族裔濫藥者參與復康服務及預防他們的產生風險的行爲
- 取得少數族裔濫藥者的家長的合作以安排少數族裔濫藥者使用復康服務，尤其是那些由非政府組織及醫院管理局提供的服務
- 打擊少數族裔毒販
- 堵塞不良朋輩的影響及以正面朋輩或社會網絡取代之
- 預防少數族裔濫藥者之間共用針筒
- 針對少數族裔濫藥者之中的尼泊爾裔及越南裔濫藥者

(c) 三級預防

三級預防用於預防戒除毒癮的少數族裔濫藥者的復發，以及加強復康服務的成效。

• 以社區爲基礎的少數族裔青年中心

爲少數族裔青年在他們聚集的地方（例如油麻地、元朗）建立以社區爲基礎的中心，以培養健康及社會讚許的生活方式和新的社交網絡，以預防接受過復康服務的少數族裔濫藥者的復發。

其策略爲：：

- 爲年輕的少數族裔濫藥者提供中文訓練
- 利用朋輩或相同族裔的介入，包括輔導、角色扮演、經驗分享及小組活動
- 吸納較年長的少數族裔濫藥者接受住宿服務、就業服務、轉介服務及復康後服務
- 建立以社區爲基礎的服務，以吸納少數族裔人士參與有趣及健康的活動，例如運動及音樂活動社

(d) 渴求或有效的復康實務

爲了在實務層面上實施以上的策略，可考慮以下濫藥者渴求或證明爲有成效的方法：

- 紀律：對服務使用者施加嚴格的規則及緊密的監控

- 中文訓練：提供中文訓練以促進與本地華人的融合

- 一起提供服務予華人：促進與本地華人的融合而不給與少數族裔濫藥者特別對待或優待

- 職業訓練：增強就業能力和在香港生活的可持續性

- 體育：營造身體健康以促進工作及其他活動的能力

- 由相同族裔的人任教（最少在開始時）：移除語言及文化的障礙，促使對服務的投入及令服務得以成功

- 社工接觸：有助對服務的投入（因部份濫藥者缺乏對服務的資訊和信心，和不信朋輩和家人等）

Background

The study serves the following required objectives:

(1) To identify profiles, trends, behaviors, and characteristics of drug abusers who are ethnic minorities in Hong Kong, with special emphasis on high risk behaviors such as needle sharing;
(2) To identify the social consequences associated with their drug abuse, including its relationship with family and involvement in criminal activities;
(3) To examine the barriers for them to receive services such as language barrier, discrimination, and stigma experienced; and
(4) To assess the service needs of these abusers

The study covers abusers among ethnic minorities, typically Vietnamese, Nepalese, Indians, Pakistanis, and Bangladeshis.

The rationales of the study spring from (1) difficulty in delivering anti-drug messages and treatment services to ethnic-minority drug abusers, who are increasing in number and are at high risk of infectious diseases through needle sharing (2) and the absence of in-depth and systematic research on them. The study provides useful information to facilitate service review and policy formulation.

Conceptual Framework

Since ethnic-minority drug users targeted for the study have varying degrees of addiction and rehabilitation, the study addresses issues concerning secondary prevention, to discontinue drug abuse, and tertiary prevention, to prevent the relapse of drug abuse. 'Drug abuse' typically refers to the use of illicit drugs, which among ethnic-minority drug abusers in Hong Kong commonly include marijuana and heroin. These drug abusers are likely to abuse drugs through injection, which can be in the form of needle sharing and therefore carries the risk of infectious diseases.

Among theories explaining drug abuse, social control theory has been particularly useful for explaining ethnic minorities' drug abuse (Nagasawa et al. 2000). Social control theory assumes that both inadequate social control over ethnic minorities by the mainstream or conventional society and culture and, conversely, these minorities' inadequate attachment to the mainstream or conventional society and culture lead to their drug abuse. Evidence shows that their inadequate attachments to families, teachers, schools, and churches loosen social control and thereby give them room for drug abuse (Bankston and Zhou 1995; Nagasawa et al. 2000). Apparently, social integration – that is, integration with conventional institutions and people such as the majority groups – can serve to prevent ethnic minorities' drug abuse (Bankston and Zhou 1995). Contrary to mainstream social norms, influence from peer groups, especially those associated with drug abuse and gangs, fosters drug abuse among ethnic minorities (Nagasawa et al. 2000).

A second theory which contributes to our assessment of ethnic-minority drug abuse is strain theory. Besides a lack of social control, strains experienced by ethnic minorities are also a precursor to their drug abuse. Research has shown that racial discrimination is a direct cause of minorities' drug abuse (Gibbon et al. 2004). Furthermore, discrimination is an indirect cause of drug abuse through the mediation of distress. Ethnic minorities suffering discrimination tend to find themselves to be vulnerable and susceptible to the craving for drug abuse (Gibbon et al. 2004). These findings support strain theory.

As such, social control theory and strain theory are useful for explaining, predicting, and preventing ethnic minorities' drug abuse at various stages, including its continuation and relapse.

Rehabilitation and relapse are particularly problematic for ethnic minorities because they are less likely to complete drug-treatment programs (Sechrest 2001). Completing the programs and, thereby, rehabilitation success tend to be more difficult for male, unemployed, and long-time drug abusers (Hohman 2000; Milton et al. 2002). A comprehensive review and examination of theories and factors of drug relapse in Hong Kong has shown that the cognitive-developmental factor is the most important, followed by the social cognitive factor, which is significantly more important among former addicts who have maintained abstinence for a longer time (Cheung et al. 2003). Other factors examined in that study include those of biogenetic, consistency, power, psychoanalytic, rational choice, role, social cognitive, social control, and strain theories.

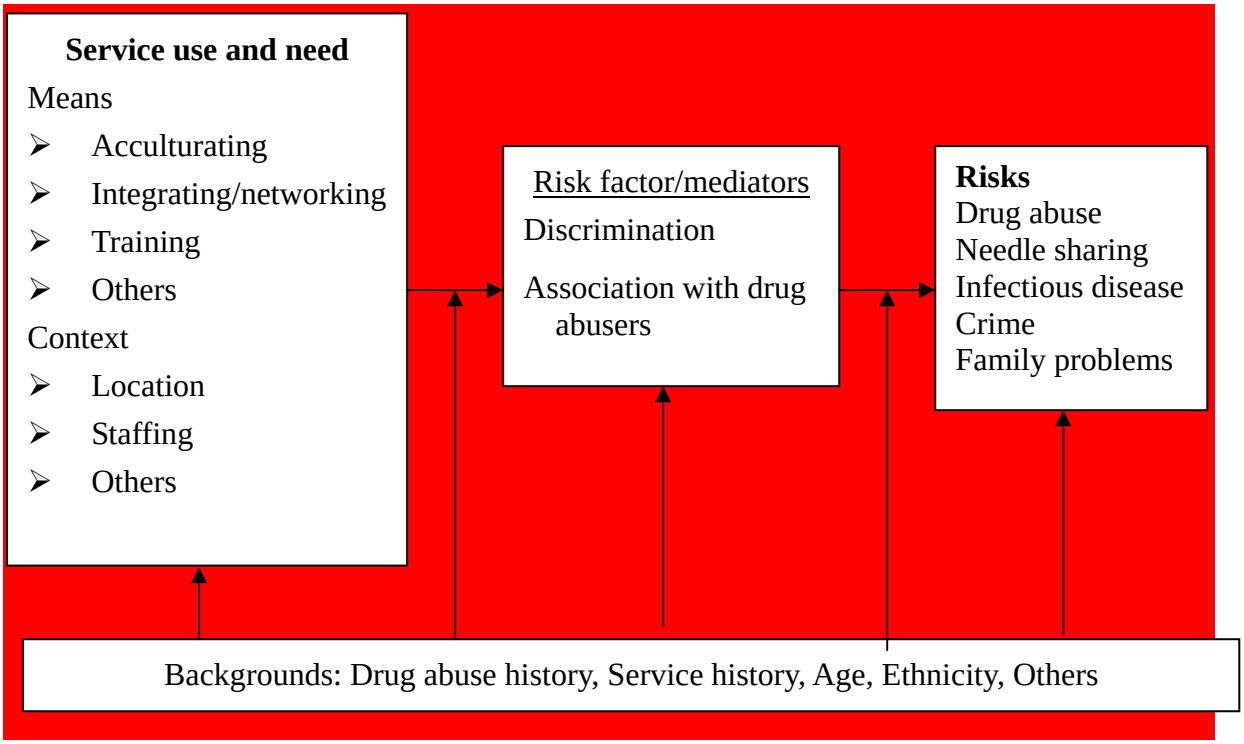
Based on practical experience in working with ethnic-minority drug abusers in Hong Kong, factors related to drug abuse and its relapse and prevention primarily involve (1) association with drug-abusing peers, which is partly a result of segregation and social exclusion, (2) cultural discrepancies, including those of language and religion, and (3) a lack of skills for living in Hong Kong. The latter factor also dampens the effectiveness of social services rendered to minority drug abusers. As such, there is apparently a service gap separating minority drug abusers from many mainstream social services in Hong Kong. Obviously, social services have a decisive role to play in deterring ethnic minorities' drug abuse. In a city in northern England, outreach social work devoted to tackle problems of ethnic minorities' drug abuse seemed to be successful in its aim (Pearson and Patel 1998). This case shows that committed effort in social services can bring fruitful results in preventing and rehabilitating drug abuse among ethnic minorities. It also reflects the observation that different forms of treatment of drug abuse will have differential effects on drug abusers of different ethnicities (Castro and Alarcon 2003).

Drug abuse tends to be deleterious to the abuser's social roles and relationships, resulting in such problems as criminal involvement and conflict with the family (Benda and Corwyn 2001; Thompson et al. 2001). Presumably, the urge to find money to buy illicit drugs drives the abuser to commit crime. The abuser's family may also reject the abuser. These social risks may be notable to ethnic-minority drug abusers, who may have limited opportunities to get out from the trap of drug addiction (Connors 1995). Importantly, racial discrimination, including that imposed by police, tends to foster ethnic minorities' addiction to drugs and criminal activities (Meier 1994). Hence, elimination of discrimination and unfair treatment holds potential for alleviating the contribution of drug abuse to problems with crime and the family.

The above review makes it clear that alleviating racial discrimination and promoting social integration are essential for social services to prevent ethnic minorities' drug abuse and its relapse. Factors conducive to the experience of racial discrimination, according to literature, include the minorities' adherence to ethnic identity and association with coethnic friends (Portes 1995a; Sellers and Shelton 2003). Meanwhile, adherence to ethnic identity also prevents social integration with the conventional stream of society (Sam 1995). Moreover, the social integration of ethnic minorities would result from their acculturation (Shih 1998). Therefore, services that discourage their emphasis on their ethnic identity and association with coethnic peers would be helpful to defuse their drug abuse.

In sum, research on ethnic minorities' drug abuse and its relapse, prevention, and treatment needs to tap racial discrimination, cultural barriers, peer association, social integration, and services and practices that help alleviate discrimination and promote social integration, including efforts to promote the acculturation of ethnic minorities. A causal framework is necessary for the research, notably because service inputs need to make their effects in steps, through the promotion of acculturation, social integration and attenuation of discrimination and strain.

Figure 1: Framework for analysis



Methods

The study combined a survey of 100 ethnic-minority drug abusers with focus group interviews of 16 ethnic-minority drug abusers and 8 service providers. Focus groups can elicit ideas and detailed information to explore and substantiate reasons, including those related to social services, for drug abuse, relapse, abstinence, and its maintenance (Vandevelde et al. 2003). Meanwhile, surveys can obtain objective, quantitative data for statistical exploration and verification.

For the survey, a quota-sampling procedure identified Vietnamese, Nepalese, and Indians, Pakistanis, Bangladeshis, and others as respondents. One-third of them were younger than 25 years of age, and two-thirds of them were 25 or above. Whereas the former group consists of potential clients of youth services, the latter group represents adults, who differ from younger people in employment and other means of living. The quota sampling also specified three major means of sampling, that is, (1) snowballing, (2) methadone clinics, and (3) rehabilitative services (Peters et al. 1998). 'Snowballing' is the technique of relying on referrals among ethnic minorities. This means has proven to be useful and indispensable to research on drug abuse, especially involving minorities (Bernburg and Krohn 2003; Davis et al. 2004). Moreover, techniques are available to minimize bias due to the snowball sampling. For the sampling, Unison (an NGO working with ethnic minorities and a collaborator in this study) already has ample experience through its referral chains and regular visits to methadone clinics and rehabilitative services. Typically, the sampling took place in Jordan, Yuen Long, Kam Tin, To Kwa Wan, Tai Kok Tsui, and other areas frequented by ethnic-minority drug abusers. Interviewers who could communicate well with ethnic minorities conducted survey interviews under close supervision.

Of the focus groups, some recruited drug abusers and one recruited professionals dealing with drug rehabilitation or prevention, while another group recruited teachers and other professionals working with ethnic-minority people. The groups of drug abusers included one for those having received some rehabilitative services, whereas the other group and (as well

as the personal interviews) consisted of abusers who had not received the services. As such, the first group dealt more with relapse prevention, whereas the other was concerned with secondary and primary prevention of drug abuse.

The focus groups and the survey alike covered issues outlined in the conceptual framework, including service use and need, discrimination, social integration, acculturation, peer association, and various personal and social risks. Whereas the focus groups unveiled the details of these issues, the survey offered data for rigorous investigation of relationships among the factors.

Analytic Approaches

Apart from the usual steps to ensure the reliability and validity of measures and other information through statistical techniques and triangulating quantitative and qualitative data, a procedure to minimize the bias due to snowballing is necessary. The bias of snowballing can be twofold – first, concerning the clustering of respondents who know each other and, second, the problem of self-selection into the survey. To get rid of the clustering bias, multi-level modeling, or the more general mixed-effects approach, is appropriate for statistical estimation (Hedeker et al. 1994). Accordingly, once information about the referral network of respondents is available, the technique can use this grouping information to obtain the best estimates. To tackle the problem of self-selection, the technique involving propensity estimation and adjustment is appropriate. The logic is to estimate one's propensity to respond to the survey and then use the estimated propensity in subsequent steps of analysis. In this connection, the essential step is to identify one's propensity to respond. The step in turn relies on the process of identifying phantom respondents, who provide some information even though not responding to the survey in full (Brehm 1993). To minimize bias due to self-selection, the logic is to compare phantom respondents with respondents who complete the survey in order to detect and thereby adjust for the difference. For this survey, statistical analysis via linear or logistic regression analysis included sociodemographic backgrounds, drug abuse experience, self-selection hazard, and interviewing conditions such as interviewing time and location, and the response set of acquiescence as potential control variables in screening risk and protective factors.

Methodological Limitations

The quota sampling, while drawing drug abusers who were mostly Nepalese and Vietnamese in an attempt to represent the population of ethnic-minority drug abusers, was unable to represent the population perfectly. This problem arose from the absence of a sampling frame of the population. Moreover, the population consists, very likely, of many hidden, unidentifiable, and inaccessible members. This shortcoming makes the study best representative of *accessible* ethnic-minority drug abusers.

The survey was a cross-sectional one, exploring naturally occurring activities retrospectively. It therefore could never be immune to the confounding of the many extraneous factors. Therefore, the causal inferences made in the study are never conclusive, only speculative.

Descriptive Findings from the Survey

Sociodemographic Characteristics

Nepalese comprised the single largest ethnicity in the sample (68.0%), followed by Vietnamese (17.0%). South Asians, a category composed of Nepalese, Indians, and Pakistanis, comprised more than three quarters (76.0%) of all respondents. South Asians, notably

Nepalese and Indians, were significantly more numerous among under-25 respondents than among older respondents. Virtually all (97.3%) of the younger respondents were South Asians. Conversely, Vietnamese represented a significantly higher proportion among over-25 respondents than among younger respondents, a group in which there were no Vietnamese.

Table 1: Percentages for ethnicity

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Nepalese	81.1*	60.3	0.0	89.5	68.0
Indian	10.8*	1.6	0.0	6.6	5.0
Pakistani	5.4	1.6	0.0	3.9	3.0
Bangladesh	0.0	0.0	0.0	0.0	0.0
Vietnamese	0.0	27.0***	70.8	0.0	17.0
Filipino	2.7	4.8	16.7	0.0	4.0
Thai	0.0	1.6	4.2	0.0	1.0
Indonesian	0.0	0.0	0.0	0.0	0.0
Other ethnic minorities	0.0	3.2	8.3	0.0	2.0
South Asian	97.3***	63.5	0.0	100.0	76.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

The average age of respondents was 28.2 years, and 63.0% of respondents were aged 25 or above. Nearly half the respondents were born in Hong Kong, with South Asians significantly more likely to be born in Hong Kong (53.9% vs. 20.8%). The average duration of residence in Hong Kong was 18.9 years. Also, minority drug abusers tended to be predominantly male, as only 2.0% of respondents were female.

Table 2: Means of basic demographic characteristics

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Age (years)	20.3	32.8***	37.0***	25.4	28.2
Aged 25 or above (%)	0.0	100.0	95.8***	52.6	63.0
Born in Hong Kong (%)	43.2	47.6	20.8	53.9**	46.0
Duration in Hong Kong (years)	13.4	22.2***	21.9	18.0	18.9
Female (%)	2.7	1.6	4.2	1.3	2.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Almost half (46.0%) the respondents lived in Kowloon West; New Territories West and

Hong Kong Island each accounted for about a quarter of the respondents. Very few lived in Kowloon East or New Territories East.

Table 3: Percentages for the district of residence

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Hong Kong Island	35.1*	15.9	12.5	26.3	23.0
Kowloon East	0.0	3.2	8.3*	0.0	2.0
Kowloon West	27.0	57.1**	41.7	47.4	46.0
New Territories East	2.7	0.0	0.0	1.3	1.0
New Territories West	35.1	22.2	33.3	25.0	27.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Chinese were the most likely (50.5%) to be the neighbors of respondents. Nepalese were the second-most likely (38.4%). and they were particularly more likely among South Asian respondents (50.7%). In contrast, Vietnamese were significantly more likely (25.0%) to be the neighbors of non-South Asian respondents.

Table 4: Percentages for the ethnicity of neighbors

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Chinese as neighbors	50.0	50.8	70.8*	44.0	50.5
Nepalese as neighbors	44.4	34.9	0.0	50.7***	38.4
Indians as neighbors	5.6	0.0	0.0	2.7	2.0
Pakistanis as neighbors	0.0	3.2	0.0	2.7	2.0
Bangladesh as neighbors	0.0	0.0	0.0	0.0	0.0
Vietnamese as neighbors	0.0	9.5	25.0***	0.0	6.1
Filipinos as neighbors	0.0	0.0	0.0	0.0	0.0
Thais as neighbors	0.0	1.6	4.2	0.0	1.0
Indonesians as neighbors	0.0	0.0	0.0	0.0	0.0
Neighbors of other ethnicities	0.0	0.0	0.0	0.0	0.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

A majority (79.0%) of respondents had received their primary education in their home countries, and many (60.0%) of them their secondary education as well. Younger respondents were significantly more likely than were older respondents to have had primary or secondary education in Hong Kong. South Asians did not differ from others in this variable.

Table 5: Percentages for the place of schooling

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Primary education in Hong Kong	29.7*	12.7	16.7	19.7	19.0
Primary education in the home country	64.9	87.4**	75.2	80.3	79.0
Primary education in other countries	5.4	1.6	0.0	3.9	3.0
Secondary education in Hong Kong	54.1***	6.3	16.7	26.3	24.0
Secondary education in the home country	35.1	74.6***	50.0	63.2	60.0
Secondary education in other countries	0.0	0.0	0.0	0.0	0.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

About half (49.0%) the respondents had attained a senior-secondary level of education. South Asians had significantly higher education than did non-South Asians. Respondents had, on average, 3.3 years of work experience. Their average monthly earnings were $5,882, and average monthly family income was $18,898.

Table 6: Means of socioeconomic status

Variable		Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Education (1 = below primary … 100 = postsecondary)		60.1	59.5	47.9	63.5**	59.8
Below primary		0.0	1.6	0.0	1.3	1.0
Primary		16.2	19.0	37.5	11.8	18.0
Junior secondary		27.0	27.0	37.5	23.7	27.0
Senior secondary		56.8	44.4	20.8	57.9	49.0
Postsecondary		0.0	7.9	4.2	5.3	5.0
Work experience (years)		1.7	4.4***	4.3	3.1	3.3
Monthly earnings ($)	Mean	4818.9	6516.1	5439.1	6015.8	5881.8
	Median	5500.0	7250.0	6000.0	7000.0	7000.0
Monthly family income ($)	Mean	12563.6	22270.2	50936.4	9243.1	18898.4
	Median	9000.0	6000.0	6750.0	7000.0	7000.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly

higher at .001 level;

Respondents were quite likely (52.0%) to be unemployed, and only about a third were employed (32.0%). South Asians were significantly less likely to be employed than were other respondents. Younger respondents were significantly more likely to be students than were older ones.

Table 7: Percentages for employment status

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Employee	24.3	36.5	50.0*	26.3	32.0
Employer	0.0	3.2	0.0	2.6	2.0
Self-employed	0.0	3.2	4.2	1.3	2.0
Student	32.4***	0.0	4.2	14.5	12.0
Homemaker	0.0	0.0	0.0	0.0	0.0
Unemployed	43.2	57.1	41.7	55.3	52.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Respondents were most likely workers of elementary occupations (17.0%). Respondents who were not South Asians were significantly more likely to be craftspersons (20.8% vs. 6.6%).

Table 8: Percentages for occupation

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Manager	0.0	1.6	0.0	1.3	1.0
Professional	2.7	1.6	4.2	1.3	2.0
Associate professional	0.0	0.0	0.0	0.0	0.0
Clerk	0.0	0.0	0.0	0.0	0.0
Service/sale worker	10.8	4.8	4.2	7.9	7.0
Craftsperson	5.4	12.7	20.8*	6.6	10.0
Plant worker	0.0	0.0	0.0	0.0	0.0
Worker of an elementary occupation	8.1	22.2	25.0	14.5	17.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Construction was the most common industry for respondents. Older respondents were significantly more likely to work in the construction industry, whereas younger ones were

significantly more likely to work in the transportation, communication, and warehousing industry.

Table 9: Percentages for industry association with employment

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Manufacturing industry	5.4	4.8	8.3	3.9	5.0
Construction industry	8.1	25.4*	29.2	15.8	19.0
Wholesale/retail industry	5.4	6.3	8.3	5.3	6.0
Transportation/communication/ warehousing industry	8.1*	0.0	0.0	3.9	3.0
Business service industry	0.0	0.0	0.0	0.0	0.0
Community/personal service industry	0.0	6.3	8.3	2.6	4.0
Other industries	0.0	0.0	0.0	0.0	0.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Most (61.0%) of respondents were unmarried. Younger respondents were significantly more like to be unmarried than were older ones (91.9% vs. 42.9%). Non-South Asians were more likely divorced than were South Asians (29.2% vs. 5.3%).

Table 10: Percentages for marital status

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Unmarried	91.9***	42.9	45.8	65.8	61.0
Married	8.1	38.1**	20.8	28.9	27.0
Divorced/separated	0.0	17.5**	29.2**	5.3	11.0
Widowed	0.0	1.6	4.2	0.0	1.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Living alone was more common (32.7%) than other living arrangements among respondents. Younger respondents were significantly more likely to be living with parents, less likely with spouses.

Table 11: Percentages for living arrangements

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Living alone	22.2	38.7	43.5	29.3	32.7
Living with spouse	8.3	29.0*	21.7	21.3	21.4
Living with parents	47.2***	6.5	13.0	24.0	21.4
Living with offspring	0.0	6.5	0.0	5.3	4.1
Living with other relatives	2.8	0.0	0.0	1.3	1.0
Living with non-relatives	19.4	19.4	21.7	18.7	19.4

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Nearly half (47.5%) the respondents had committed offenses. Non-South Asians were significantly more likely to have committed offenses than were South Asians (75.0% vs. 38.7%). On average, the respondent had committed offenses 0.5 times in the previous six months. The average times per week of having trouble with the family was 2.5.

Table 12: Means about problem backgrounds

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Having committed offenses (%)	52.8	44.4	75.0**	38.7	47.5
Offending (times per 6 months)	0.8	0.4	0.9	0.4	0.5
Trouble with family (times per week)	3.1	1.6	1.7	2.8	2.5

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Sampling and Interviewing Characteristics

Most (82.0%) of respondents were not referred cases through various agencies for the survey. Older respondents were significantly more likely to be non-referred cases. Among the referred cases, most (14.0%) came through Christian Zheng Sheng College.

Table 13: Percentages for referral

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Not referred	56.8	95.2***	87.5	79.0	82.0
Christian Zheng Sheng College	37.8***	0.0	4.2	17.1	14.0
Caritas	2.7	1.6	4.2	1.3	2.0
Ling Oi	2.7	0.0	0.0	1.3	1.0
Hong Kong Christian Service	0.0	1.6	0.0	1.3	1.0
Society of Rehabilitation and Crime Prevention	0.0	1.6	4.2	0.0	1.0
Referred by others	0.0	0.0	0.0	0.0	0.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

On average, the survey response was highly credible, according to the interviewer's judgment (82.7 on a 0~100 scale). Responses from younger respondents were significantly more credible than were those from older ones. The average length of the survey interview was 30.9 minutes. Younger respondents generally took a significantly longer time to complete the interview (*M* = 34.7 vs. 28.7).

Table 14: Means of interviewing characteristics

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Credibility	88.1**	79.5	80.0	83.6	82.7
Interviewing time (minutes)	34.7*	28.7	32.5	30.4	30.9

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

The methadone clinic was the commonest (72.0%) site for conducting the survey. It was particularly higher among South Asians and older respondents. In contrast, non-South Asians were significantly more likely to participate in the survey in public places other than clinics and social service centers. English was the typical (66.0%) language used for the interview. South Asians were significantly more likely than non-South Asians to use English for the survey.

Table 15: Percentages for language and place of interview

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Cantonese	16.2	34.9*	83.3***	10.5	28.0
English	75.7	60.3	16.7	81.6***	66.0
Other languages	5.4	4.8	0.0	6.6	5.0
Methadone clinic	54.1	82.5**	54.2	77.6*	72.0
Social service center	40.5***	0.0	4.2	18.4	15.0
Home	0.0	3.2	8.3*	0.0	2.0
Public place	2.7	14.3	33.3***	2.6	10.0
Another place	2.7	0.0	0.0	1.3	1.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

More survey interviews took place in Kowloon West (49.0%) than in other places. Older respondents were significantly more likely to respond to the survey in Kowloon West than were younger ones (60.7% vs. 29.7%). In contrast, older respondents were significantly less likely to participate in the survey in New Territories West than were younger ones (21.3% vs. 43.2%).

Table 16: Percentages for district where interviewing took place

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Hong Kong Island	21.6	18.0	13.6	21.1	19.4
Kowloon West	29.7	60.7**	50.0	48.7	49.0
New Territories East	5.4	0.0	0.0	2.6	2.0
New Territories West	43.2*	21.3	36.4	27.6	29.6

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Drug Abuse

A majority of minority drug abusers abused heroin (85.0%). Few abusers abused solvents (5.0%). Marijuana or cough-syrup abuse was significantly more likely among younger drug abusers and South Asian drug abusers than among others.

Table 17: Percentages for drugs ever abused

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Heroin	86.5	84.1	95.8	81.6	85.0
Marijuana	73.0*	47.6	33.3	64.5**	57.0
Solvent	5.4	4.8	4.2	5.3	5.0
Cough syrup	64.9*	42.9	4.2	65.8***	51.0
Psychotropic	10.8	15.9	20.8	11.8	14.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

About one third (35.0%) of minority drug abusers abused heroin or marijuana the most. Non-South Asian drug abusers were significantly more likely than were South Asian drug abusers to abuse heroin the most. In contrast, South Asian abusers were more likely than non-South Asian abusers to abuse cough syrup the most. Younger abusers were significantly more likely than older ones to abuse marijuana the most.

Table 18: Percentages for drugs most abused initially

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Heroin	29.7	38.1	70.8***	23.7	35.0
Marijuana	48.6*	27.0	20.8	39.5	35.0
Solvent	0.0	1.6	0.0	1.3	1.0
Cough syrup	18.9	28.6	0.0	32.9**	25.0
Psychotropic	2.7	1.6	4.2	1.3	2.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Heroin was the most likely (50.0%) drug currently in use by minority drug abusers – half of them were abusing it. Non-South Asian drug abusers were more likely to be using heroin than were South Asian drug abusers. In contrast, cough syrup was significantly more likely to be currently in use among South Asian drug abusers than among non-South Asian abusers (27.6% vs. 0).

Table 19: Percentages for drugs most abused currently

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Heroin	43.2	54.0	75.0**	42.1	50.0
Marijuana	10.8	6.3	4.2	9.2	8.0
Solvent	0.0	0.0	0.0	0.0	0.0
Cough syrup	21.6	20.6	0.0	27.6**	21.0
Psychotropic	2.7	1.6	0.0	2.6	2.0

*: significantly higher at .05 level; **: significantly higher at .01 level

Heroin was the most likely (41.0%) the initial drug abused. Non-South Asian drug abusers were significantly more likely to have abused heroin initially than were South Asian abusers (75.0% vs. 30.3%). In contrast, cough syrup was significantly more likely than other drugs (31.6% vs. 0) to be the initial drug abused among South Asian abusers.

Table 20: Percentages for drugs abused initially

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Heroin	43.2	39.7	75.0***	30.3	41.0
Marijuana	35.1	27.0	16.7	34.2	30.0
Solvent	0.0	0.0	0.0	0.0	0.0
Cough syrup	18.9	27.0	0.0	31.6**	24.0
Psychotropic	0.0	3.2	4.2	1.3	2.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

On average, the minority drug abusers had abused drugs for 12.7 years. Currently, the abuse frequency was 19.2 times per week on average. This was somewhat lower than the average frequency, 23.9 times per week, six months before. Non-South Asian drug abusers were significantly higher than were South Asian drug abusers in spending on drugs, pooling payments for drugs, amount of pooled payments (in dollars per week), and abstinence in terms of times and months.

Table 21: Means of drug abuse conditions

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Abuse history (years)	8.9	15.0	15.7	11.8	12.7
Abuse currently (times per week)	22.7	17.4	12.7	21.1	19.2

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Abuse 6 months before (times per week)	18.4	27.2	23.1	24.1	23.9
Sharing needles in drug abuse (%)	13.5	14.3	16.7	13.2	14.0
Sharing needles in drug abuse (times per week)	3.0	1.8	2.5	2.1	2.2
Spending on drugs ($ recent week)	914.9	754.4	1281.3*	666.1	813.8
Pooling payments for drugs (%)	55.0	59.5	75.5*	52.3	57.8
Others' paying for drugs (%)	41.7	50.3	63.4	42.0	47.1
Pooled payment ($ recent week)	178.2	135.7	314.2*	100.0	151.4
Others' payment ($ recent week)	330.2	122.5	151.6	214.4	199.4
Abstinence (times)	1.6	2.8	4.7*	1.6	2.3
Abstinence (months)	12.5	29.1	48.0*	15.8	23.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

The street or mall was more likely (51.0%) the place where drug abusers encountered approaches by drug dealers. The next most common place was the park (49.0%). The other places were relatively unlikely for minority drug abusers to encounter approaches by drug dealers.

Table 22: Percentages for place approached by drug dealers

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Park	51.4	47.6	50.0	48.7	49.0
School	2.7	0.0	0.0	1.3	1.0
Home	10.8	4.8	4.2	7.9	7.0
Workplace	5.4	4.8	0.0	6.7	5.1
Entertainment place	8.1	11.1	16.7	7.9	10.0
Dining place	0.0	4.8	8.3	1.4	3.0
Clinic	21.6	15.9	12.5	19.7	18.0
Street/mall	54.1	49.2	45.8	52.6	51.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Association with drug abusers was rather low on average (35.9 on a 0~100 scale). It was especially low regarding people's encouragement for using illicit drugs (M = 16.8).

Table 23: Means of association with drug abusers

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Association with drug abusers	32.2	38.1	40.6	34.4	35.9
Being together with people who used illicit drugs	43.2	50.0	55.2	45.1	47.5
People encourage you to use illicit drugs	11.5	19.8	22.9	14.8	16.8
Sharing illicit drugs among people around you	41.9	44.8	43.8	43.7	43.7

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Drug-related Services

Most (88.0%) minority drug abusers were aware of services of the methadone clinic. Awareness of the services of the Correctional Services Department was the next commonest (57.0%). Non-South Asian drug abusers were significantly more likely to be aware of most of the services related to drug rehabilitation.

Table 24: Percentages for service knowledge

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Correctional Services Department	45.9	63.5	83.3**	48.7	57.0
Methadone clinic	81.1	92.1	91.7	86.8	88.0
Health Authority	21.6	27.0	45.8**	18.4	25.0
NGO rehabilitation	51.4	36.5	54.2	38.2	42.0
NGO counseling	35.1	38.1	62.5**	28.9	37.0
NGO midway house	24.3	27.0	54.2***	17.1	26.0
NGO training	21.6	30.2	45.8*	21.1	27.0
NGO social activities	29.7	28.6	37.5	26.3	29.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Service use was the commonest in the methadone clinic service (72.0%) among minority drug abusers. The next most commonly used service was rehabilitation provided by non-governmental organizations (19.0%). Non-South Asian drug abusers were more likely than were South Asian abusers to use the services of the Correctional Services Department (33.3% vs. 6.6%). Younger drug abusers were more likely than were older ones to use

rehabilitation services provided by non-governmental organizations. On average, the minority drug abuser had received services for 2.2 years. Non-South Asian drug abusers had significantly longer experience with using drug-related services than did South Asian abusers (*M* = 3.5 vs. 1.8).

Table 25: Means of service use

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Receiving services (years)	1.7	2.5	3.5**	1.8	2.2
Correctional Services Department (%)	5.4	17.5	33.3**	6.6	13.0
Methadone clinic (%)	67.6	74.6	70.8	72.4	72.0
Health Authority (%)	8.1	3.2	4.2	5.3	5.0
NGO rehabilitation (%)	40.5***	6.3	12.5	21.1	19.0
NGO counseling (%)	16.2	17.5	29.2	13.2	17.0
NGO midway house (%)	10.8	6.3	16.7	5.3	8.0
NGO training (%)	8.1	9.5	16.7	6.6	9.0
NGO social activities (%)	18.9	6.3	16.7	9.2	11.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Six months before the survey, the methadone clinic service again was the most commonly used service among minority drug abusers (56.0%). The next most commonly used service was that of the Correctional Services Department (19.0%). The use of this service was significantly higher among older and non-South Asian drug abusers than among others. Younger drug abusers were significantly more likely to use rehabilitation services provided by non-governmental organizations.

Table 26: Percentages for service use six months before

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Correctional Services Department	8.1	25.4*	37.5**	13.2	19.0
Methadone clinic	54.1	57.1	45.8	59.2	56.0
Health Authority	5.4	1.6	0.0	3.9	3.0
NGO rehabilitation	21.6**	4.8	4.2	13.2	11.0
NGO counseling	8.1	11.1	12.5	9.2	10.0
NGO midway house	2.7	1.6	4.2	1.3	2.0
NGO training	0.0	1.6	0.0	1.3	1.0

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
NGO social activities	8.1	1.6	4.2	3.9	4.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Service use in the recent month or six months before was evidently the commonest regarding services of methadone clinics (74.0%). Apart from this, 24.0% of the drug abusers used services of the Correctional Service Department and 20.0% used NGO rehabilitation services. On the other hand, only 5.0% used services of the Health Authority related to drug abuse.

Table 27: Percentages about service use in the recent month and six months before

Variable	Recent month	6 months before	Either recent month or 6 months before
Correctional Services Department	13.0	19.0	24.0
Methadone clinic	72.0	56.0	74.0
Health Authority	5.0	3.0	5.0
NGO rehabilitation	19.0	11.0	20.0
NGO counseling	17.0	10.0	17.0
NGO midway house	8.0	2.0	8.0
NGO training	9.0	1.0	9.0
NGO social activities	11.0	4.0	12.0

Desire was slightly the highest for language training (M = 57.6, on a 0~100 scale). It was slightly the lowest for residential services related to drug rehabilitation (M = 36.1).

Table 28: Means of service desire

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Residential	45.3	30.4	22.8	40.2	36.1
Outpatient	46.6	61.3	46.9	58.7	55.8
Aftercare	39.2	38.7	38.5	39.0	38.9
Referral	36.5	48.4	43.8	44.1	44.0
Employment	55.4	51.2	44.8	55.3	52.8
Language training	68.2	51.2	48.9	60.2	57.6
Community integration	56.1	52.0	45.7	55.9	53.5
Peer support	57.4	55.6	51.1	57.9	56.3

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Risks and Opportunities

Health and family risks expected in the coming year were rather low on average (23.4 on a 0~100 scale) among minority drug abusers . It was the lowest regarding sharing needles in using illicit drugs (M = 6.4). Non-South Asian abusers were significantly higher than were South Asian abusers in the risk of separating from family members (M = 48.8 vs. 25.3).

Table 29: Means of health and family risk

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Health and family risks	20.0	25.4	24.7	23.0	23.4
(Not) Decreasing the use of illicit drugs	16.7	27.8	20.7	24.7	23.7
Sharing needles in using illicit drugs	5.4	7.1	9.8	5.4	6.4
Separating from your family members	30.6	30.5	48.8*	25.3	30.5
(Not) Taking care of your family members	28.4	37.7	27.5	35.9	34.1

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Racial discrimination experienced in the recent month was rather low among minority drug abusers on average (30.4). It was lowest in discrimination by Chinese employers or superiors. In this aspect, older drug abusers experienced significantly more discrimination, just because of their higher chance of employment.

Table 30: Means of racial discrimination

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Racial discrimination	23.4	34.5*	30.6	30.3	30.4
Fair and equal treatment by Chinese neighbors	39.9	49.2	46.7	45.3	45.6
Discrimination by Chinese employers or superiors	7.6	25.8**	22.8	17.8	19.0

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Discrimination by Chinese in public places	21.6	27.8	22.9	26.3	25.5

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Social integration was at a modest level on average (46.7) for minority drug abusers. The experience was at similar levels for various social integration dimensions. Younger drug abusers and South Asian abusers had significantly higher integrative experiences, in terms of contact with social workers, than did others.

Table 31: Means of social integration

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Social integration	52.5	43.3	38.8	49.2	46.7
Some family members help you to stop using illicit drugs	58.8	42.7	43.8	50.3	48.7
Helping other people to find jobs or quit drugs	40.5	40.1	28.1	44.1	40.3
Aware of advertisements and activities that combat drug abuse	50.7	50.0	51.0	50.0	50.3
Have contact with social workers	60.1*	40.1	32.3	52.3*	47.5

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Reasons for Drug-Abuse Reduction and Rehabilitation Service Use

The reasons that ethnic-minority drug abusers mentioned for their reduction in drug abuse fell into nine categories, pertaining to financial, health, family, friend, work, criminal justice, rehabilitation service, methadone clinic, and mass media aspects. Among these categories, those related to the family were the most common (39.0%). Accordingly, support, pressure, and alternative influence from the family, parents, siblings, spouses, children, and other family members were the factors most commonly making the ethnic-minority drug abuser reduce drug abuse. The next most common reasons were those related to health, such as deterioration in health or perceived harm to health (23.0%), and friends (21.0%). Reasons related to work (18.0%) and finance (16.0%) were also relatively important. On the other hand, influences on reduction in drug abuse from the mass media, criminal justice, rehabilitation services, and methadone clinics were not compellingly prevalent (< 6%).

The young drug abuser was significantly more likely than was the older one to mention

rehabilitation services as a reason for reducing drug abuse (10.8% vs. 1.6%). Apparently, younger drug abusers benefit more from rehabilitation services.

Table 32: Percentages for reasons given for reduction in drug abuse

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Financial	13.5	17.5	12.5	17.1	16.0
Health	27.0	20.6	25.0	22.4	23.0
Family	43.2	36.5	33.3	40.8	39.0
Friend	27.0	17.5	25.0	19.7	21.0
Work	18.9	17.5	12.5	19.7	18.0
Criminal justice (e.g., imprisonment)	5.4	1.6	4.2	2.6	3.0
Rehabilitation services	10.8*	1.6	0.0	6.6	5.0
Methadone clinic	2.7	6.3	0.0	6.6	5.0
Mass media	2.7	0.0	0.0	1.3	1.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Ethnic-minority drug abusers also talked about reasons for their use of rehabilitation services. These reasons fell into nine categories, pertaining to financial, health, family, friend, work, criminal justice, rehabilitation service, methadone clinic, and mass media aspects. The quality or characteristics of rehabilitation services were the most commonly mentioned reason for the use of the services (25.0%). Importantly, social workers and their services were seen as meritorious components of the services that engaged the drug abusers' service use. Reasons related to friends represented the second most important reason (18.0%). Following this were reasons related to work (14.0%) and the mass media (12.0%). The influence of friends was significantly greater on a South Asian than on a non-South Asian (23.7% vs. 0.0%).

Table 33: Percentages for reasons given for using rehabilitation services

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
Financial	0.0	3.2	4.2	1.3	2.0
Health	0.0	0.0	0.0	0.0	0.0
Family	5.4	0.0	4.2	1.3	2.0
Friend	24.3	14.3	0.0	23.7**	18.0
Work	13.5	14.3	16.7	13.2	14.0
Criminal justice (e.g., imprisonment)	0.0	3.2	0.0	2.6	2.0
Rehabilitation services (e.g.,	35.1	19.0	20.8	26.3	25.0

Variable	Age below 25 (n=37)	Age above 25 (n=63)	Non-South Asian (n=24)	South Asian (n=76)	All (N=100)
personnel)					
Methadone clinic	0.0	3.2	0.0	2.6	2.0
Mass media (i.e., promotion)	8.1	14.3	16.7	10.5	12.0

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level

Comparison among Nepalese, Vietnamese, and Others

Comparison among Nepalese, Vietnamese, and other ethnic minority drug abusers yielded the following significant findings regarding differences among the three groups.

The Nepalese was significantly more likely been born in Hong Kong (57.4%), having secondary education in the home country (67.6%), having higher education (*M* = 64.7), using English (86.8%), abused marijuana (66.2%), syrup (66.2%), and reporting friend influences on the use of rehabilitation services (25.0%). On the other hand, the Nepalese was significantly lower on being an employee, having Chinese as neighbors (40.3%), spending on drugs, knowledge about Health Authority services (17.6%) and NGO midway house services (17.6%), and Correctional Services Department services used in the recent month (7.4%).

The Vietnamese was significantly higher on age (*M* = 39.1), committing offenses (82.4%), speaking Cantonese (100.0%), working in the construction industry (41.2%), abusing heroine the most initially (88.2%) and currently (70.6%), having abstained from drug abuse (M = 5.1 times), knowledge about Correctional Services Department services (88.2%) and NGO midway house services (52.9%) to deal with drug abuse, and using Correctional Services Department services currently (35.3%) and six months before (41.2%). On the other hand, the Vietnamese was less likely been born in Hong Kong (5.9%), living in Hong Kong Island (0.0%), speaking English (0.0%), having secondary education in Hong Kong (0.0%), living with parents (0.0%), abusing marijuana (17.6%) and cough syrup (0.0%), having social integration (*M* = 27.9), and reporting friend influences on using rehabilitation services (0.0%).

Both the Nepalese and Vietnamese were significantly higher on having secondary education in the home country (67.6% & 58.8%), desire for residential services (*M* = 45.1 & 31.3), aftercare services (*M* = 45.1 & 31.3), employment services (*M* = 59.6 & 50.0), language training services (*M* = 65.1 & 53.1), and community integration services (*M* = 60.3 & 54.7) to deal drug abuse. On the other hand, both the Nepalese and Vietnamese were significantly less likely living in Kowloon East (0.0% & 0.0%), having Chinese as neighbors (40.3% & 64.7%), having primary education in Hong Kong (16.2% & 0.0%), having secondary education in Hong Kong (25.0% & 0.0%), being a professional (0.0% & 0.0%), working in the wholesale/retail industry (4.4% & 0.0%), working in the transportation/communication industry (0.0% & 0.0%), spending on drug abuse (*M*= $602.2 & $935.3), pooling payment for drug abuse (*M* = $109.1 & $73.5), and using NGO counseling services in the recent month (13.2% and 11.8%).

Table 34: Means among Nepalese, Vietnamese, and others

Variable	Nepalese (n=68)	Vietnamese (n=17)	Others (n=15)
Age	25.5	39.1***	27.9
Aged 25 or above	55.9	100.0**	53.3
Born in Hong Kong	57.4***	5.9	40.0
Having committed offense	41.8	82.4**	33.3
Hong Kong Island	23.5	0.0	46.7**
Kowloon East	0.0	0.0	13.3**
Education	64.7**	44.1	55.0
Cantonese	4.4	100.0***	53.3
English	86.8***	0.0	46.7
Chinese as neighbors	40.3	64.7	80.0**
Primary education in Hong Kong	16.2	0.0	53.3***
Primary education in the home country	83.8	88.5**	46.7
Secondary education in Hong Kong	25.0	0.0	46.7**
Secondary education in the home country	67.6*	58.8	26.7
Employee	20.6	52.9	60.0**
Professional	0.0	0.0	13.3**
Construction industry	16.2	41.2*	6.7
Wholesale/retail industry	4.4	0.0	20.0*
Transportation/communication industry	0.0	0.0	20.0***
Divorced/separated	5.9	17.6	26.7*
Living with parents	23.5	0.0	38.5*
Marijuana ever abused	66.2**	17.6	60.0
Cough syrup ever abused	66.2***	0.0	40.0
Heroin abused the most initially	23.5	88.2***	26.7
Marijuana abused the most initially	41.2*	5.9	40.0
Cough syrup abused the most initially	30.9*	0.0	26.7
Heroin abused the most currently	44.1	70.6***	53.3
Marijuana abused the most currently	8.8	0.0	13.3*
Cough syrup abused the most currently	27.9*	0.0	13.3
Spending on drugs (recent week)	602.2	935.3	1635.3**
Pooled payment for drug abuse (recent week)	109.1	73.5	431.7*
Abstinence (times)	1.8	5.1***	2.0
Correctional Services Department services known	50.0	88.2*	53.3
Health Authority services known	17.6	41.2*	40.0
NGO midway house services known	17.6	52.9**	33.3
Correctional Services Department services used in the recent month	7.4	35.3**	13.3

Variable	Nepalese (n=68)	Vietnamese (n=17)	Others (n=15)
NGO counseling services used in the recent month	13.2	11.8	40.0*
Correctional Services Department services used 6 months before	14.7	41.2*	13.3
Residential services desired	45.1**	31.3	1.7
Aftercare services desired	43.7	45.6*	10.0
Employment services desired	59.6*	50.0	25.0
Language training services desired	65.1*	53.1	28.3
Community integration services desired	60.3*	54.7	21.7
Social integration	48.1	27.9	61.7**
Have contact with social workers	50.0	13.2	75.0***
Friend reasons for using rehabilitation services	25.0*	0.0	6.7

*: significantly different at .05 level and highest; **: significantly at .01 level and highest; ***: significantly different and highest at .001 level

Analytical Findings from the Survey

Analytical findings from the survey derived from statistical analyses that revealed a) statistically significant effects of service and b) various factors in or predictors of drug abuse and health and family risks. In the first place, the analysis used available background information to identify the hazard of self-selection into the survey. This hazard was then a possible control variable employed to distill service and other factors that exhibited effects on drug abuse and risks.

Response to the Survey

For controlling any bias due to respondents' self-selection into the survey, it was necessary to begin the analyses with an analysis of the response to the survey on background information collected for potential respondents. The background information included the respondent's sex, age, ethnicity, location, and date of contact. It was available for the 100 respondents and for the 36 phantom respondents contacted but unable to respond to the survey (Brehm 1993). The logic was to predict the propensity of response to the survey based on the available information and apply it for controlling self-selection in subsequent analyses. Logistic regression was the technique used to analyze response to the survey and predict the propensity based on the logistic regression coefficients estimated.

The logistic regression analysis showed that although no single background characteristic was a significant predictor of response to the survey, the characteristics altogether explained a significant portion of variance in the response (*Pseudo* R^2 = .275). Findings, albeit insignificant statistically, revealed that the female, Filipino, or Indian drug abuser was more likely to respond to the survey than were others. Conversely, the Pakistani or Vietnamese was less likely to respond to the survey. Apparently, it was worthwhile to predict the propensity of response for the controlling purpose, and in practice, the propensity score yielded a hazard score for the use in the control process (Heckman 1979; Stolzenberg and Relles 1997). Conceptually, a hazard score is a propensity score weighted by the probability of occurrence. That is, the hazard score gave greater weight to the chance of self-selection that was more common. The hazard score of the response tendency was then a control variable for subsequent analyses involving only the 100 respondents.

Table 35: Logistic regression coefficients for predicting response to the survey (*N* = 136)

Predictor	*b*
Age (every 50 years)	-1.213
Female (vs. male)	18.596
Nepalese	.741
Pakistani	-11.063
Vietnamese	-8.722
Indian	9.125
Filipino	9.440
Date of contact	.158
Location	
Cheung Chau	9.726
Sai Kung	9.740
Sham Shui Po	9.582

Predictor	*b*
Tuen Mun	11.208
Wan Chai	1.321
Yau Tsim Mong	1.106
Yuen Long	0.000
Others	1.399
Pseudo R^2	.275

Drug Abuse and Its Risks

Drug abuse frequency in the recent month, the frequency of sharing needles in drug abuse, having trouble with the family, and overall health and family risk were foci for statistical analysis. The analysis served to (1) target services with reference to risk or protective factors of drug abuse and its risks and (2) evaluate services for drug rehabilitation. Risk, protective, and service factors for evaluation included (1) background characteristics, (2) drug abuse conditions, (3) service use and awareness, and (4) service and social experiences. Background characteristics comprised demographic, socioeconomic, and situational characteristics. Drug abuse conditions included uses of various drugs initially and currently, pooling money for buying drugs, stopping drug abuse, having others paying for drug abuse, and places of approaches by drug dealers. Service and social experiences included those of social integration through services, association with drug abusers, and racial discrimination. Social integration, in turn, comprised support from the family, social workers, and engagement in the community.

Because of the large number of potential predictors (relative to the small number of cases), the stepwise selection procedure embedded in regression analysis was appropriate to screen significant ($p < .05$) predictors and thus avoid including too many predictors for the analysis. To reflect the causal order, the analysis proceeded in five stages, screening (1) background predictors, (2) drug abuse conditions and awareness of services, (3) service use six months prior, (4) service use in the recent month, and (5) service and social experiences in the recent month. In this sequence, proximal predictors would not interfere with effects estimated for background and remote predictors. On the other hand, the estimated effects of proximal predictors would be those extra to the effects of background and remote predictors.

Drug-Abuse Frequency

Significant predictors detected from regression analysis were Pakistani ethnicity, place of the survey interview, drug abuse six months before, experience of abusing psychotropic drugs, and use of rehabilitation, Health Authority, or training services in the recent month. Service use six months before, however, delivered no significant impact on drug-abuse frequency. Hence, the impacts of service use were immediate but not enduring. The effect of each of the significant predictors is as follows:

- The Pakistanis abused illicit drugs more frequently than abusers of other ethnicities did. Nevertheless, because there were only three Pakistani respondents, the statistical power for confirming a standardized effect of .666 (or a metric effect of 24.696) was only about .088. This means that there is a chance of only 8.8% that the present study made a correct claim about the Pakistani differential if the true differential was .666. Conversely, the differential, even though it was true, was very likely to be insignificant, reflecting a Type II error of 91.2%. On the other hand, the Type I error of wrongly concluding that there was a Pakistani differential was less than .001. As such, there was very likely a

Pakistani differential, but the differential was unlikely to be .666, as estimated. Unless the differential was much greater, the present significant finding might be merely a coincidence.

- One interviewed in Hong Kong Island abused drugs less frequently than did others.
- One who had abused drugs more frequently six months before abused drugs more frequently in the recent month. Clearly, drug abuse formed an addictive habit for abusers to perpetuate their drug-abuse behavior.
- One who had abused psychotropic drugs abused drugs less frequently. Such an abuser appeared to be less addictive when he or she could turn to the less-addictive psychotropic drugs.
- One who had used rehabilitation services, services of the Health Authority, and training services abused drugs less frequently. These services tended to be effective for reducing drug abuse, and the effectiveness was immediate.

Among statistically insignificant predictors, those with higher or notable effects were:

- One who had used services of the Correctional Services Department six months before abused drugs less frequently than others not having used the services. Apparently, some services of the Correctional Services Department might simply incapacitate one's ability to abuse drugs.
- One who had used counseling services of NGOs six months before abused drugs less frequently. Apparently, the counseling services reduced drug abuse quite effectively.
- One encountered more racial discrimination abused drugs less frequently. As such, racial discrimination was an insulation factor rather than a risk factor of drug abuse. Apparently, racial discrimination might reduce one's access and/or motivation to abuse drugs and this effect would deviate from the intuitive expectation (Gibbon et al. 2004). Obviously, racial discrimination would lead to the minority person's depression, (Forman 2003; Hernandez and Charney 1998; Liebkind and Jasinskaja-Lahti 2000; Mak and Nesdale 2001; Mossakowski 2003), which in turn would reduce one's motivation to do a broad range of activities (Cattell 2001; Garland and Zigler 1994), including criminal ones (Gendreau et al. 1996). Another possibility is that racial discrimination leads one to work hard in a socially desirable way in order to reclaim one's social status (St-Hilaire 2002). This insignificant finding is in need of further examination.

Table 36: Linear regression coefficients for drug abuse frequency

Predictor	*b*	*β*
Pakistani	24.696	.666***
Interviewed in Hong Kong Island	-3.802	-.235*
Drug abuse 6 months before (every 40 times per week)	26.204	.717***
Ever abuse of psychotropic drugs	-3.925	-.215**
Service use (every 10 years)	-.650	-.023
Use of services of the Correctional Services Department 6 months before	-1.857	-.115
Use of services of methadone clinics 6 months before	-.910	-.071
Use of services of the Health Authority 6 months before	-.667	-.018
Use of rehabilitation services of NGOs 6 months before	-1.206	-.060
Use of counseling services of NGOs 6 months before	-1.729	-.082
Use of midway house services of NGOs 6 months before	2.746	.061
Use of training services of NGOs 6 months before	-1.696	-.027

Predictor	*b*	*β*
Use of social activity services of NGOs 6 months before	1.206	.037
Use of rehabilitation services of NGOs in the recent months	-3.410	-.211**
Use of services of the Health Authority in the recent months	-6.460	-.223**
Use of training services of NGOs in the recent months	-3.766	-.170*
Social integration	-.171	-.007
Association with drug abusers	.777	.033
Racial discrimination	-2.438	-.082
R^2		.792

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

It turned out that only three Pakistani drug abusers responded to the survey. The Pakistani, on average, was significantly different from others in acculturation and social integration. Accordingly, the Pakistani was better in the use of Cantonese, more likely to receive primary education in Hong Kong, and work in the transportation, communication, and warehousing industry. The Pakistani was also more likely to abuse psychotropic drugs the most for the time being. None of these characteristics significantly predicted the frequency of drug abuse. However, it was possible that the combination of these characteristics made a difference in drug abuse frequency.

Table 37: Significant differences between Pakistanis and other abusers

Variable	Non-Pakistani (n = 97)	Pakistani (n = 3)
Interviewing in Cantonese (%)	25.8	100.0**
Interviewing duration (minutes)	31.4*	15.3
Interviewing in Hong Kong Island (%)	17.9	66.7*
Abusing psychotropic drugs the most currently (%)	1.0	33.3***
Primary education in Hong Kong (%)	16.5	100.0***
Transportation / communication / warehousing industry (%)	1.0	66.7***
Social integration	45.7	79.2*

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Needle Sharing

Significant predictors detected from regression analysis were the place of residence, living arrangements, education, current abuse of heroin, and place approached by drug dealers. None of service uses displayed a significant effect of need sharing frequency. Apparently, existing services were not significantly helpful to reduce needle sharing among minority drug abusers. Significant findings are as follows:

- One living in Kowloon East shared needles more frequently than did others.
- One living with offspring shared needles more frequently than did others.
- One with a higher education shared needles less frequently. Apparently, less-educated drug abusers might not be aware of the risk of needle sharing.
- One who was currently abusing heroin (more than other drugs) shared needles more

frequently than did others. Obviously, the abuse of heroin was more likely to involve needle sharing than was the abuse of other drugs.

- One who encountered approaches by drug dealers in the workplace shared needles more frequently than did others. Presumably, such a drug abuser might share needles with coworkers.

Notable statistically insignificant findings are as follows:

- One who had used services of the Correctional Services Department, rehabilitation services, or counseling services of NGOs six months before shared needles less frequently than did others. These services might have some effect on reducing needle sharing.
- One who had more experience with social integration shared needles less frequently. Apparently, social integration helped reduce needle sharing.

Table 38: Linear regression coefficients for sharing needles

Predictor	*b*	*β*
Residence in Kowloon East	19.338	.697***
Living with offspring	5.057	.255***
Education (from lowest to highest)	-2.938	-.165*
Current abuse of heroin the most	1.506	.194**
Approached by drug dealers in the workplace	2.543	.143*
Service use (every 10 years)	1.569	.090
Use of services of the Correctional Services Department 6 months before	-.962	-.097
Use of services of methadone clinics 6 months before	-.620	-.079
Use of services of the Health Authority 6 months before	-1.357	-.060
Use of rehabilitation services of NGOs 6 months before	-1.169	-.094
Use of counseling services of NGOs 6 months before	-1.215	-.094
Use of midway house services of NGOs 6 months before	.907	.033
Use of training services of NGOs 6 months before	.130	.003
Use of social activity services of NGOs 6 months before	1.188	.060
Social integration	-1.414	-.098
Association with drug abusers	1.144	.080
Racial discrimination	.605	.033
R^2		.665

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Trouble with the Family

Significant predictors detected from regression analysis were interviewing duration, having primary education in Hong Kong, the status of a student, place approached by drug dealers, others' payment for drug abuse, drug abuse frequency, and awareness of services of the Correctional Services Department. None of the service uses displayed a significant effect of needle sharing frequency. Apparently, existing services were not significantly helpful to reduce drug abusers' trouble with the family. Significant findings are as follows:

- One with a longer interviewing time had trouble with the family more frequently. Probably, the drug abuser might have talked more about the trouble during the interview

or been otherwise distracted by the trouble.

- One having primary education in Hong Kong had trouble with the family less frequently. Apparently, primary education in Hong Kong helped smooth the drug abuser's relationship with the family. Probably, this drug abuser had developed a favorable relationship with the family during the time of primary education and this helped insulate the abuser from getting into trouble with the family.
- One who was a student had trouble with the family more frequently. Apparently, the family of a student might have increased expectations of the student, creating trouble with the family.
- One who encountered approaches by drug dealers at home had trouble with the family more frequently. Obviously, drug dealers' intrusion into the home caused trouble in the family.
- One who encountered approached by drug dealers in school had trouble with the family less frequently. Probably, such drug abusers who had more exposure in school might have less contact, and therefore have less trouble, with their families.
- When other people paid more for drug abuse, trouble with the family was more frequent. Apparently, others' inducement of drug abuse was a source of family trouble.
- One who was aware of services of the Correctional Services Department had trouble with one's family less frequently. Probably, the services might have a deterrent effect on trouble with the family.

Notable statistically insignificant findings are as follows:

- One who had used services of methadone clinics or counseling services of NGOs six months before had trouble with the family more frequently. Apparently, the services did not help reduce the drug abuser's trouble with the family.
- One who had used social-activity, NGO midway–house, or Health Authority services six months before had trouble with the family less frequently. Apparently, these services had some effect on preventing trouble with the family.
- One who experienced more racial discrimination had trouble with the family more frequently. Probably, racial discrimination became a source of conflict with the family. Alternatively, the relationship might reflect inherent problems in the drug abuser in building favorable relationships with people (Forman 2003; Ryff et al. 2003).

Table 39: Linear regression coefficients for predicting trouble with the family (times per week)

Predictor	*b*	*β*
Primary education in Hong Kong	-1.173	-.367***
Student	.817	.212*
Approached by drug dealers at home	1.735	.354***
Others' payment for drug abuse (every $10,000)	3.719	.305***
Aware of services of the Correctional Services Department	-.703	-.278**
Drug abuse 6 months before (every 40 times per week)	1.737	.240**
Approached by drug dealers in school	-2.114	-.168*
Service use (every 10 years)	-.263	-.047
Use of services of the Correctional Services Department 6 months before	-.067	-.021
Use of services of methadone clinics 6 months before	.360	.143
Use of services of the Health Authority 6 months before	-.680	-.093
Use of rehabilitation services of NGOs 6 months before	-.154	-.038

Predictor	*b*	*β*
Use of counseling services of NGOs 6 months before	.418	.100
Use of midway house services of NGOs 6 months before	-.912	-.102
Use of training services of NGOs 6 months before	.937	.074
Use of social activity services of NGOs 6 months before	-.790	-.124
Social integration	-.401	-.086
Association with drug abusers	.166	.036
Racial discrimination	.498	.085
R^2		.593

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Health and Family Risk

Health and family risk combined items regarding continuing drug abuse, needle sharing, separating from the family, and not taking care of the family. Significant predictors detected from regression analysis were living arrangements, the place of approach by drug dealers, termination of drug abuse, kind of drugs in initial abuse, and use of midway house services of NGOs. Significant findings are as follows:

- One who lived with the spouse or parents showed lower health and family risk. Apparently, the spouse and parents helped prevent the risk through social support.
- One who encountered approaches by drug dealers in the park showed higher health and family risk. Such a drug abuser tended to be exposed to greater risk due to his or her staying away from home.
- One who had initially used heroin the most manifested lower health and family risk.
- One who had stopped drug abuse for a longer time displayed higher health and family risk. Such a drug abuser might encounter greater difficulty in drug rehabilitation and might thereby suffer more from withdrawal symptoms.
- One who had used midway house services of NGOs six months before showed higher health and family risk. At least, the services did not successfully rehabilitate the abuser.

Notable statistically insignificant findings are as follows:

- One who had used rehabilitation services of NGOs or services of the Health Authority six months before exhibited lower health and family risk. Apparently, these services were somewhat effective for reducing the risk. .
- One with greater association with drug abusers showed higher health and family risk. Other drug abusers apparently tended to aggravate the risk.

Table 40: Linear regression coefficients for predicting health and family risk

Predictor	*b*	*β*
Living with the spouse	-19.019	-.335**
Living with parents	-17.829	-.314**
Approached by drug dealers in the park	13.454	.292**
Stopping drug abuse (per 500 months)	49.740	.228*
Initial abuse of heroin the most	-8.993	-.186*
Service use (every 10 years)	-3.708	-.036
Use of services of the Correctional Services Department 6 months before	1.264	.022

Predictor	*b*	*β*
Use of services of methadone clinics 6 months before	-3.242	-.070
Use of services of the Health Authority 6 months before	-22.433	-.166
Use of rehabilitation services of NGOs 6 months before	-13.076	-.178
Use of counseling services of NGOs 6 months before	1.094	.014
Use of midway house services of NGOs 6 months before	41.689	.253**
Use of training services of NGOs 6 months before	-.952	-.004
Use of social activity services of NGOs 6 months before	12.206	.104
Social integration	-6.946	-.081
Association with drug abusers	12.950	.153
Racial discrimination	6.820	.063
R^2		.453

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Offenses

Offenses committed during the recent six months were possibly the outcome of initial drug abuse, service use six months before, and other background characteristics. Significant predictors detected from regression analysis were the location of interviewing, age, marital status, ethnicity, location of drug dealers' approaches, and the use of services of the Health Authority six months before. Significant findings are as follows:

- One interviewed at the methadone clinic reported fewer offenses. Conversely, those referred by some services had more offenses, which was the reason for their relation with these services.
- An older drug abuser committed offenses less frequently. Apparently, motivation and ability to commit crime diminished with increasing age.
- The Vietnamese committed offenses more frequently.
- An unmarried drug abuser committed offenses less frequently. Probably, an unmarried person was under the control of his or her parents or elder family members to eschew criminal involvement; parental supervision has proven to reduce criminal involvement (Hagan et al. 1995; Tremblay et al. 2003). Moreover, a married person might venture to commit more offenses because his or her marriage could conceal the criminal activities more easily against police inspection (Davis et al. 2004).
- One who experienced drug dealers' approaches at home or entertainment places committed offenses more frequently than did one without such experience. Apparently, people exposed to drug dealers' approaches were also exposed to the risk of criminal involvement. One possibility was that association with drug dealers increased one's involvement in crime. Another possibility was that one who was open to drug dealers' approaches was also predisposed to criminal involvement.
- One who abused marijuana or cough syrup initially committed offenses less frequently. Probably, the abuse of these drugs was less expensive and thus imposed less pressure on the abuser to commit property crime in order to support the abuse.
- The use of services of the Health Authority six months before was the only significant predictor of offenses within the recent six months. Apparently, the services were less able than were others to divert the abuser from criminal involvement, probably because their major function was in drug rehabilitation and not in socio-moral development.

Table 41: Linear regression coefficients for predicting offenses in the recent 6 months

Predictor	*b*	*β*
Interviewed at the methadone clinic	-.614	-.229**
Age (every 50 years)	-4.681	-.641***
Vietnamese	1.570	.491***
Unmarried	-.872	-.354***
Approach by drug dealers at entertainment places	1.192	.297***
Approach by drug dealers at home	.917	.195**
Initial abuse of marijuana	-.778	-.297**
Initial abuse of cough syrup the most	-.512	-.184*
Service use (every 10 years)	.196	.036
Use of services of the Correctional Services Department 6 months before	.318	.104
Use of services of methadone clinics 6 months before	-.124	-.051
Use of services of the Health Authority 6 months before	1.875	.266**
Use of rehabilitation services of NGOs 6 months before	-.314	-.082
Use of counseling services of NGOs 6 months before	.225	.056
Use of midway house services of NGOs 6 months before	-.018	-.002
Use of training services of NGOs 6 months before	1.042	.086
Use of social activity services of NGOs 6 months before	.528	.086
R^2		.671

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Based on the survey of approachable ethnic minority drug abusers, Vietnamese drug abusers tended to concentrate to live in Kowloon West (52.9%) and New Territories West (47.1%), and live among Vietnamese (35.3%). They were more likely to have some connection with the Society of Rehabilitation and Crime Prevention (5.9%). Very likely, they could speak Cantonese (100.0%). However, they were unlikely to have received primary and secondary education in Hong Kong. Their social integration in terms of contact with social workers was low (13.2 on a 0~100 scale).

Table 42: Means (with scores between 0 and 100) of Vietnamese and non-Vietnamese

Variable	Non-Vietnamese (n=83)	Vietnamese (n=17)
Residence		
Hong Kong Island	27.7*	0.0
Kowloon East	2.4	0.0
Kowloon West	44.6	52.9
New Territories East	1.2	0.0
New Territories West	22.9	47.1*
Vietnamese as neighbors	0.0	35.3***

Referred by Society of Rehabilitation and Crime Prevention	0.0	5.9*
Cantonese speaking	13.3	100.0***
Primary education in Hong Kong	22.9*	0.0
Secondary education in Hong Kong	28.9*	0.0
Social integration	50.6**	27.9
Some family members help you to stop using illicit drugs	52.7	29.4
Helping other people to find jobs or quit drugs	43.7	23.5
Aware of advertisements and activities that combat drug abuse	51.2	45.6
Have contact with social workers	54.5***	13.2

*: significantly higher at .05 level; **: significantly higher at .01 level; ***: significantly higher at .001 level;

Service Desire

Statistical analyses served to identify factors conducive to the drug abuser's desire for various services. They worked in a similar manner as in the analyses reported in the previous section. Accordingly, they applied linear regression analysis to screen significant factors pertaining to background characteristics, drug abuse conditions, service use and awareness, and service and social experiences. They can inform services about how to cater to minority drug abusers' needs.

Desire for Residential Services

Significant predictors detected from regression analysis included the place of the survey interview, education, neighbors' ethnicity, place of approach by drug dealers, kind of drugs in current use, service use, and social integration. Significant findings are as follows:

- One with higher education showed higher desire for residential services.
- One currently abusing cough syrup more than other drugs displayed greater desire for residential services.
- One having used services of methadone clinics six months before showed lower desire for residential services. The drug abuser might prefer services of methadone clinics instead.
- One using services of methadone clinics in the recent month expressed higher desire for residential services. The drug abuser might wish to receive more intensive services than those offered in methadone clinics.
- One using services of the Correctional Service Department in the recent month displayed lower desire for residential services. Probably, the drug abuser already received intensive services from the Department.
- One with more social-integration experience showed lower desire for residential services. Probably, the abuser might have more confidence in drug rehabilitation without using residential services.

Table 43: Linear regression coefficients for predicting desire for residential services

Predictor	*b*	*β*
Education (from lowest to highest)	50.953	.252**
Current abuse of cough syrup the most	20.622	.191*
Service use (every 10 years)	-13.428	-.068
Use of services of the Correctional Services Department 6 months before	11.181	.100

Predictor	*b*	*β*
Use of services of methadone clinics 6 months before	-18.513	-.209*
Use of services of the Health Authority 6 months before	8.182	.032
Use of rehabilitation services of NGOs 6 months before	20.616	.147
Use of counseling services of NGOs 6 months before	-15.996	-.109
Use of midway house services of NGOs 6 months before	35.144	.112
Use of training services of NGOs 6 months before	30.193	.068
Use of social activity services of NGOs 6 months before	28.210	.126
Use of services of the Correctional Services Department in the recent month	-27.184	-.208*
Use of services of methadone clinics in the recent month	18.932	.193*
Social integration	-28.328	-.173*
Association with drug abusers	-3.572	-.022
Racial discrimination	-4.658	-.023
R^2		.631

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Outpatient Services

Significant predictors detected from regression analysis included the place of the survey interview, job, and use of social activity services of NGOs. The significant finding is as follows:

- One who had used social activity services of NGOs six months before expressed higher desire for outpatient services. Probably, the social activities aroused the abuser's interest in the services.

Table 44: Linear regression coefficients for predicting desire for outpatient services

Predictor	*b*	*β*
Service use (every 10 years)	-5.583	-.029
Use of services of the Correctional Services Department 6 months before	6.197	.056
Use of services of methadone clinics 6 months before	4.177	.048
Use of services of the Health Authority 6 months before	14.264	.056
Use of rehabilitation services of NGOs 6 months before	-.564	-.004
Use of counseling services of NGOs 6 months before	3.362	.023
Use of midway house services of NGOs 6 months before	26.091	.084
Use of training services of NGOs 6 months before	-66.739	-.152
Use of social activity services of NGOs 6 months before	53.483	.241*
Social integration	8.171	.050
Association with drug abusers	.780	.005
Racial discrimination	-8.072	-.039
R^2		.344

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Aftercare Services

Significant predictors detected from regression analysis included marital status, the place of the survey interview, neighbor ethnicity, kind of drugs abused, service awareness and use, notably training services, of NGOs. Significant findings are as follows:

- One who had abused solvents displayed lower desire for after-care services.
- One who had used training services of NGOs six months before showed lower desire for after-care services. Probably, the training services had already provided enough support for the abuser.

Notable statistically insignificant findings are as follows:

- One who experienced more social integration indicated lower desire for after-care services. Probably, the abuser was capable of rehabilitation without using after-care services.
- One with more association with drug abusers reported lower desire for after-care services. Apparently, the association hindered one from using the services.

Table 45: Linear regression coefficients for predicting desire for after-care services

Predictor	*b*	*β*
Ever abuse of solvents	-37.119	-.182*
Service use (every 10 years)	-11.834	-.060
Use of services of the Correctional Services Department 6 months before	1.218	.011
Use of services of methadone clinics 6 months before	-8.617	-.096
Use of services of the Health Authority 6 months before	-3.205	-.012
Use of rehabilitation services of NGOs 6 months before	8.047	.057
Use of counseling services of NGOs 6 months before	14.693	.099
Use of midway house services of NGOs 6 months before	16.720	.053
Use of training services of NGOs 6 months before	66.512	.149*
Use of social activity services of NGOs 6 months before	-4.388	-.019
Social integration	-23.139	-.140
Association with drug abusers	-23.718	-.146
Racial discrimination	-2.283	-.011
R^2		.624

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Referral Services

Significant predictors detected from regression analysis included employment status, the place of approach by drug dealers, pooling money for buying drugs, social integration, and association with drug abusers. The previous use of services did not manifest a significant effect on the desire. Significant findings are as follows:

- An unemployed abuser showed higher desire for referral services. Probably, the abuser wished to get support concerning employment.
- One who encountered approaches by drug dealers in the street reported higher desire for referral services.
- One with more association with drug abusers displayed lower desire for referral services. The other drug abusers would hinder one from getting access to the services.
- One with more social integration experience manifested lower desire for referral services.

Probably, the abuser might be capable enough to fare without using referral services.

Table 46: Linear regression coefficients for predicting desire for referral services

Predictor	*b*	*β*
Unemployed	18.135	.203*
Approached by drug dealers in the street	19.973	.223**
Service use (every 10 years)	14.861	.074
Use of services of the Correctional Services Department 6 months before	-3.696	-.032
Use of services of methadone clinics 6 months before	-8.013	-.089
Use of services of the Health Authority 6 months before	29.399	.112
Use of rehabilitation services of NGOs 6 months before	-2.615	-.018
Use of counseling services of NGOs 6 months before	19.427	.130
Use of midway house services of NGOs 6 months before	-38.416	-.120
Use of training services of NGOs 6 months before	-28.643	-.064
Use of social activity services of NGOs 6 months before	-38.723	-.170
Social integration	-32.981	-.198*
Association with drug abusers	-54.402	-.332**
Racial discrimination	-27.251	-.130
R^2		.582

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Employment Services

Significant predictors detected from regression analysis included employment status, language use, kinds of drugs abused, pooling money for drug abuse, the place of approach by drug dealers, the use of midway-house services, and social integration. Significant findings are as follows:

- One who used a language other than Chinese or English expressed higher desire for employment services. Ostensibly, the drug abuser encountering a language barrier had greater desire for employment services.
- An employee showed less desire for employment services. An abuser having employment already might have no need for the services.
- One who had abused solvents reported lower desire for employment services.
- One who currently abused psychotropic drugs the most expressed less desire for employment services.
- One who had used midway-house services of NGOs six months before exhibited lower desire for employment services.
- One with more social-integration experience indicated less desire for employment services. Apparently, the abuser was capable of faring without employment services.

The notable statistically insignificant findings is as follows:

- One having more association with drug abusers manifested less desire for employment services. The association tended to pose an obstacle to one's access to employment services.

Table 47: Linear regression coefficients for predicting desire for employment services

Predictor	*b*	*β*

Predictor	*b*	*β*
Employee	-30.674	-.308***
Use of language other than Chinese or English	36.898	.173*
Ever abuse of solvents	-47.105	-.221**
Current abuse of psychotropic drugs the most	-54.971	-.166*
Service use (every 10 years)	17.777	.086
Use of services of the Correctional Services Department 6 months before	-2.195	-.019
Use of services of methadone clinics 6 months before	-3.515	-.038
Use of services of the Health Authority 6 months before	5.037	.018
Use of rehabilitation services of NGOs 6 months before	-19.428	-.131
Use of counseling services of NGOs 6 months before	12.570	.081
Use of midway house services of NGOs 6 months before	-48.250	-.145*
Use of training services of NGOs 6 months before	18.591	.040
Use of social activity services of NGOs 6 months before	-6.562	-.028
Social integration	-27.990	-.162*
Association with drug abusers	-20.117	-.118
Racial discrimination	-18.902	-.087
R^2		.657

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Language Training Services

Significant predictors detected from regression analysis included employment status, age, referral, drug abuse type and frequency, drug abuse termination, and awareness of services. The previous use of services did not show a significant effect on desire for language training services. Significant findings are as follows:

- One aged 25 or above expressed lower desire for language training services. Probably, this abuser was less willing to attend language training.
- One having abused drugs more frequently six months before exhibited lower desire for language training services. Probably, such an abuser expected greater difficulty in attending the training.
- One having initially abused solvents the most showed higher desire for language training services.
- One having stopped drug abuse for a longer time expressed higher desire for language training services.

The notable statistically insignificant findings is as follows:

- One who experienced more racial discrimination displayed less desire for language training services. Probably, such an abuser was less willing to interact with local people, which is also a reason for their failure in acculturation (Forman 2003; Liebkind and Jasinskaja-Lahti 2000). Moreover, discrimination would segregate drug abusers from other people (Wilson and Portes 1980).

Table 48: Linear regression coefficients for predicting desire for language training services

Predictor	*b*	*β*
Aged 25 or above	-15.486	-.169*

Predictor	*b*	*β*
Drug abuse 6 months before (every 40 times per week)	-83.833	-.327***
Stopping drug abuse (every 20 times)	72.624	.228***
Initial abuse of solvents the most	83.482	.187*
Service use (every 10 years)	-6.148	-.031
Use of services of the Correctional Services Department 6 months before	10.277	.091
Use of services of methadone clinics 6 months before	-4.912	-.055
Use of services of the Health Authority 6 months before	9.931	.038
Use of rehabilitation services of NGOs 6 months before	-10.777	-.076
Use of counseling services of NGOs 6 months before	11.501	.078
Use of midway house services of NGOs 6 months before	-.248	-.001
Use of training services of NGOs 6 months before	40.438	.091
Use of social activity services of NGOs 6 months before	-5.471	-.024
Social integration	-3.421	-.021
Association with drug abusers	-11.410	-.070
Racial discrimination	-24.867	-.119
R^2		.546

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Community Integration Services

Significant predictors detected from regression analysis included place of residence, drug abuse frequency and types, awareness of services, and place of approach by drug dealers. The previous use of services did not show a significant effect on desire for community integration services. Significant findings are as follows:

- One having abused drugs more frequently six months before indicated lower desire for community integration services.
- One having initially abused marijuana showed lower desire for community integration services.
- One having abused solvents indicated less desire for community integration services.

Notable statistically insignificant findings are as follows:

- One with more experience with social integration indicated less desire for community-integration services. Probably, these abusers were capable on their own of community integration.

Table 49: Linear regression coefficients for predicting desire for community integration services

Predictor	*b*	*β*
Drug abuse 6 months before (every 40 times per week)	-61.771	-.236**
Initial abuse of marijuana	-20.929	-.212**
Ever abuse of solvents	-28.530	-.137*
Service use (every 10 years)	-12.894	-.064
Use of services of the Correctional Services Department 6 months before	7.408	.064

Predictor	*b*	*β*
Use of services of methadone clinics 6 months before	-4.221	-.046
Use of services of the Health Authority 6 months before	1.999	.008
Use of rehabilitation services of NGOs 6 months before	17.955	.124
Use of counseling services of NGOs 6 months before	-5.946	-.039
Use of midway house services of NGOs 6 months before	-42.764	-.132
Use of training services of NGOs 6 months before	10.546	.023
Use of social activity services of NGOs 6 months before	-14.325	-.062
Social integration	-19.232	-.114
Association with drug abusers	-16.185	-.098
Racial discrimination	-9.625	-.045
R^2		.678

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Desire for Peer-Support Services

Significant predictors detected from regression analysis included employment status, drug abuse frequency, and service use. Significant findings are as follows:

- One having abused drugs more frequently six months before displayed lower desire for peer-support services.
- One with longer service use exhibited lower desire for peer-support services. Probably, the abuser might no longer need the services.
- One receiving counseling services of NGOs in the recent month displayed higher desire for peer-support services. Apparently, the counseling services raised the abuser's interest in using peer-support services.

Table 50: Linear regression coefficients for predicting desire for peer-support services

Predictor	*b*	*β*
Drug abuse 6 months before (every 40 times per week)	-63.664	-.255**
Service use (every 10 years)	-41.969	-.217**
Use of services of the Correctional Services Department 6 months before	7.757	.070
Use of services of methadone clinics 6 months before	5.264	.060
Use of services of the Health Authority 6 months before	-8.594	-.034
Use of rehabilitation services of NGOs 6 months before	19.483	.141
Use of counseling services of NGOs 6 months before	-11.485	-.080
Use of midway house services of NGOs 6 months before	16.128	.052
Use of training services of NGOs 6 months before	42.793	.099
Use of social activity services of NGOs 6 months before	-27.257	-.124
Use of counseling services of NGOs in the recent month	25.408	.221*
Social integration	-1.980	-.012
Association with drug abusers	-10.651	-.067
Racial discrimination	-4.083	-.020

Predictor	*b*	*β*
R^2		.568

*: significant at .05 level; **: significant at .01 level; ***: significant at .001 level

Summary

Relatively more effective services for reducing drug abuse or its risks were services of the Health Authority and rehabilitation, training, counseling, and social-activity services of NGOs. Among them, services of the Health Authority and rehabilitation services of NGOs displayed more consistent effects.

The following is a list of services that would cater to the needs of particular categories of abusers:

- Residential services were desired by those currently abusing cough syrup the most, surrounded by Vietnamese neighbors, or having little experience of social integration;
- Outpatient services were desired by those having joined social activities organized by NGOs;
- After-care services were desired by those not married, having used training services of NGOs, or low in social integration experience or in association with drug abusers;
- Referral services were desired by those unemployed or low in social integration experience, association with drug abusers, or racial discrimination;
- Employment services were desired by those having little experience in social integration, not using Chinese or English, or having little association with drug abusers;
- Language training services were desired by those aged under 25, having once stopped drug abuse for a long time, or not encountering racial discrimination;
- Community integration services were desired by those abusing drugs infrequently, aware of social activities organized by NGOs, or having little experience in social integration;
- Peer-support services were desired by those abusing drugs infrequently, having little experience in service use, or using counseling services of NGOs.

Low education was a barrier to the ethnic minority drug abuser's desire for using residential services related to drugs. Drug abuse frequency was another barrier that reduced the abuser's desire for using language training, community integration, and peer support services. Having abused solvents was a barrier to the abuser's desire for using aftercare services, employment services, and community integration services.

Drug dealers' approaches at the workplace, home, and park tended to intensify the minority drug abuser's needle-sharing risk and health/family risk. Apparently, drug dealers' influence was a risk factor that aggravated the drug abuser's risk.

One with experience in abusing psychotropic drugs was lower in the frequency of drug abuse and one with early experience in the abuse of heroin was lower in health and family risk. The abuse of psychotropic drugs may have been less addictive for the abuser. However, one who abused heroin the most was at higher risk of needle sharing. It shows that needle sharing is most likely to be a means for the abuse of heroin.

Having primary education in Hong Kong tended to protect one from having trouble with the family. Hence, early acculturation in Hong Kong would assuage risk among minority drug abusers.

The Pakistani was higher in the frequency of drug abuse than were other ethnic-minority drug abusers. As the Pakistani was better in acculturation and social integration in Hong Kong, this privilege might be facilitating him/her to access and abuse drugs. For instance, the Pakistan's involvement in the transportation industry might be such a facilitating factor. Moreover, Pakistani drug abusers were likely to be drug dealers because of their better social integration and therefore greater association with the triad society.

Racial discrimination did not appear to be a risk factor of drug abuse and its risks. On the other hand, some contribution to the risk reduction tends to stem from the experience of social integration. Social integration, including support from social workers, anti-drug efforts, and other sources, tended to have some effect on reducing needle sharing, having trouble with the family, and health and family risk. Besides, it tended to diminish one's desire for residential, referral, employment, community integration, and after-care services, probably showing that social integration can substitute for these services. In contrast, association with drug abusers posed somewhat of an obstacle to rehabilitation from drug abuse.

Table 51: Standardized regression coefficients of significant predictors of service desires

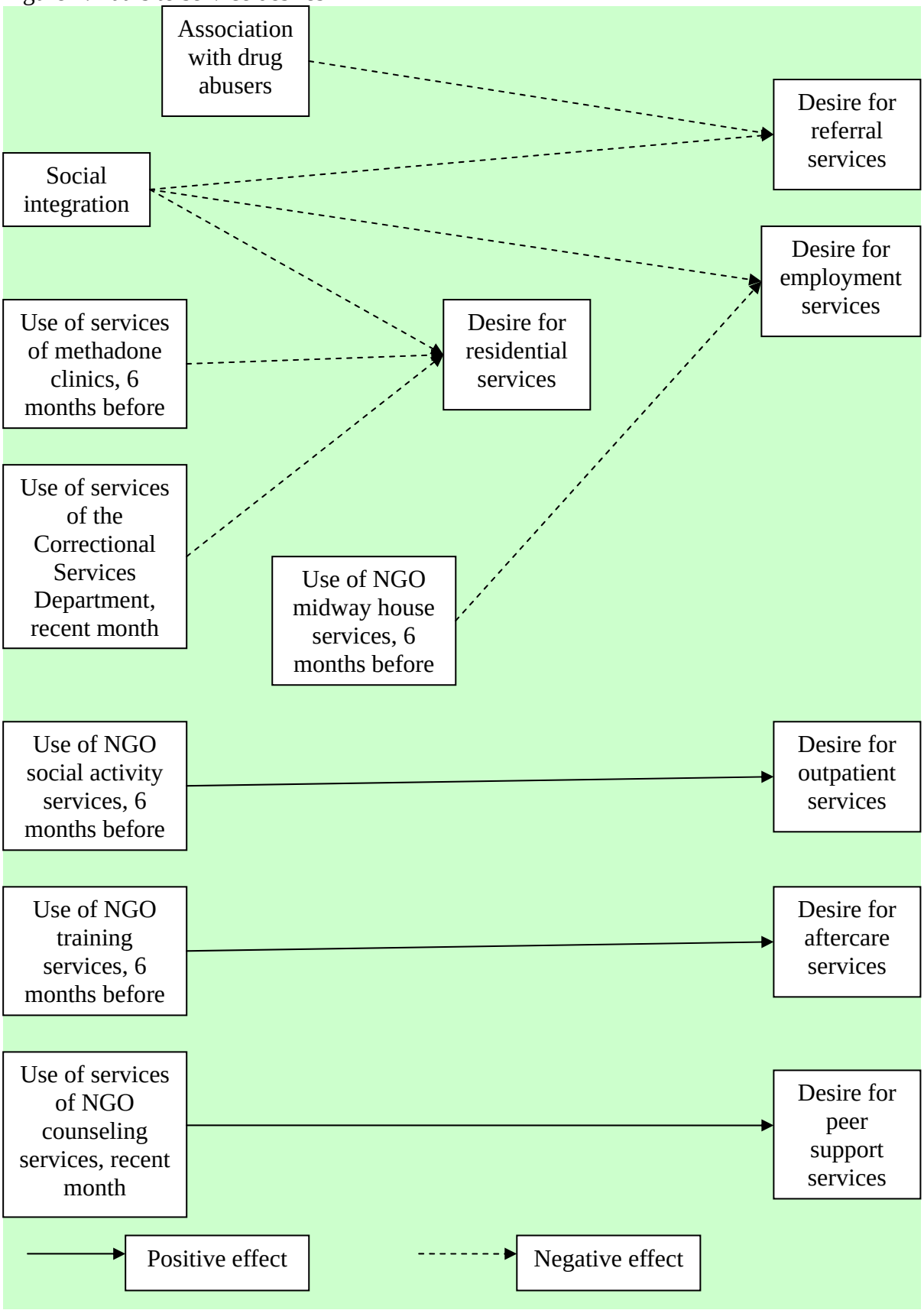
Predictor	RES	OUT	AFT	REF	EMP	TRA	COM	PEE
Aged 25 or above						-.169*		
Education	.252**							
Use of language other than Chinese or English					.173*			
Employee					-.308***			
Unemployed				.203*				
Initial abuse of marijuana							-.212**	
Initial abuse of solvents the most						.187*		
Current abuse of cough syrup the most	.191*							
Current abuse of psychotropic drugs the most					-.166*			
Ever abuse of solvents			-.182*		-.221**		-.137*	
Drug abuse 6 months before						-.327***	-.236**	-.255**
Stopping drug abuse						.228***		
Approached by drug dealers in the street				.223**				
Association with drug abusers				-.332**				
Social integration	-.173*			-.198*	-.162*			
Service use								-.217**
Use of counseling services of NGOs in the recent month								.221*
Use of midway house services of NGOs 6					-.145*			

Predictor	RES	OUT	AFT	REF	EMP	TRA	COM	PEE
months before								
Use of services of methadone clinics 6 months before	-.209*							
Use of services of the Correctional Services Department in the recent month	-.208*							
Use of social activity services of NGOs 6 months before		.241*						
Use of training services of NGOs 6 months before			.149*					

Note: RES: Residential services
OUT: Outpatient services
AFT: Aftercare services
REF: Referral services
EMP: Employment services
TRA: Language training services
COM: Community integration services
PEE: Peer support services

Use of various services, social integration, and association with drug abusers displayed positive effects and negative effects on the drug abuser's desires for using various services to deal with drug abuse. Some of the positive effects reflect extension effects and some of the negative effects reflect substitution effects. The positive, extension effect reveals that prior use of services extends the user's desire for further services. For instance, prior use of NGO training services extended the user's desire for aftercare services and prior use of NGO counseling services extended the user's desire for peer support services. On the other hand, the negative, substitution effect suggests that prior use of services substitutes for the user's desire for other services. In this connection, prior use of services of methadone clinics and the Correctional Services Department substituted for desire for residential services, and prior use of NGO midway house services substituted for desire for employment services. These substitution effects partly dhow that prior use of the services was satisfactory and thereby diminished the need for further services.

Figure 1: Paths to service desires



The ethnic minority drug abuser's use of services related to drug abuse during the recent month or six months before was significantly predicable by a number of background characteristics. Among the predictors, those facilitating the use included being a Thai, self-employed, manager, and living with offspring and non-kin. On the other hand, those impeding the use included being a Filipino and unmarried.

Table 52: Standardized regression coefficients of significant predictors of service use

Predictor	CSD	MET	HA	REH	COU	MID	TRA	SOC
Vietnamese	.351							
Filipino				-.305				
Thai					.189	.359		
Born in Hong Kong	.271							
Speaking English			.178					
Unmarried				-.196				
Divorced/separated					.187			
Widowed			.447					
Living in non-kin				.116				
Living with offspring				.134				
Self-employed					.350			
Manager					.249			
Student						.426		
Professional							-.176	
Offense frequency			.400					

CSD: Correctional Services Department
MET: Methadone clinic
HA: Health Authority
REH: NGO rehabilitation
COU: NGO counseling
MID: NGO midway house
TRA: NGO training
SOC: NGO social activities

Findings from Focus Groups

Focus groups and personal interviews collected ideas both before and after the survey. Before the survey, two focus groups, involving rehabilitation service providers and allied professionals respectively, culled information to enrich the design of the survey questionnaire. As such, the focus groups collected answers to questions about the problems encountered by ethnic-minority drug abusers and service professionals and the needs for services and ways to make them effective (see Appendix 1). After the survey, focus groups and personal interviews served to substantiate findings obtained from the survey. The focus was on the ways that various services helped ethnic minorities to stay away from drugs, rehabilitate from drug abuse, and improve their life chances and social integration in Hong Kong (see Appendix 2). The following gives the composition of the focus groups and personal interviews.

	Focus group / Personal interview	Date	Participants
1.	Rehabilitation service providers	2005.06.09	13
2.	Allied professionals, including teachers, a district council member, and ethnic-minority organization representatives	2005.07.26	6
3.	Residential service users	2006.02.27	8
4.	Residential service users	2006.02.27	7
5.	Nonusers of rehabilitation service	2006.02.10	1
6.	Nonusers of rehabilitation service	2006.03.16	1
7.	Nonusers of rehabilitation service	2006.03.17	5

Findings from the focus groups and personal interviews centered on two issues: (1) difficulties encountered by ethnic-minority drug abusers, and (2) ways to help them abstain and rehabilitate from drug abuse.

Difficulties Encountered

Focus-group participants commented about the difficulties in helping ethnic-minority drug abusers in the following ways. These difficulties applied to Pakistani, Vietnamese, and ethnic-minority drug abusers in general.

Pakistanis

Because of their better acculturation and integration in Hong Kong society, Pakistanis were at greater risk of drug abuse and failure in rehabilitation from the abuse. Some Pakistani drug abusers were seriously involved in crime, such as drug dealing and trafficking. They were reluctant to go through rehabilitation services for at least two reasons: first, they made their living through drug selling; and second, Pakistani drug abusers were not willing to attend rehabilitation services, which were mostly affiliated with Christianity. This would explain why the survey found that Pakistanis abused drugs more frequently. The following are quotes from service professionals:

Pakistanis would have big brothers, dealers, and drug holders, forming a gang. (service professional A)

Pakistani youth are easier integrated. Work is a factor. Among the youth studying in school, some Secondary 3 students already have five or six years of experience in drug abuse. (service professional B)

Vietnamese

It was difficult to engage Vietnamese drug addicts in drug-rehabilitation services because of their cohesion with their co-ethnics or also because of their invisibility when submerged within the local Chinese population. No service for Vietnamese drug addicts was feasible when the service could not identify and approach the drug addicts.

Currently, we have a problem of being unable to engage Vietnamese drug addicts. They would form a group and share living places in apartments located in Tai Nam Street, Sham Shui Po. When one is in jail, another will take up. Because their appearnace is just like Hong Kong people, it is sometimes difficult to recognize. They are unwilling to disclose their past. In terms of language, that of North Vietnam is more sophisticated, while South Vietnam has more ethnic Chinese. (service professional C)

General

Some ethnic-minority families did not lend support to the rehabilitation of ethnic-minority drug abusers because of the high level of patriarchy practiced in ethnic-minority families. Besides, it was difficult to attain the parents' cooperation: they tended to be ignorant about drug abuse and its harm; and they tended to be permissive toward their children's drug abuse.

The value of family is not very strong among ethnic-minority people, because many youth would not like following their families. However, the parents' patriarchy is very strong. (service professional D)

Parents are more innocent than the students. I've got a case that we spent quite a lot of time to convince the parents what is the meaning of taking drugs. They still give money to the students. Parent education is the most difficult thing to do. (teacher A)

On the other hand, the authoritarian nature of ethnic-minority parents and other senior family members sometimes helped young ethnic-minority drug abusers into rehabilitation services. Nevertheless, educating parents and soliciting the help from parents and other senior family members was a knotty task.

At least for the adolescent abuser, family members did play an important role. It is true that many youth are ignored by parents, as they have no time with them. This made them easier to get together with bad peers and it made it difficult for parents to identify the drug abuse problem of kids at the early stage. However, once they know it, they are the one motivating them or forcing them to go to the social worker and rehabilitation service. In fact, my colleague says it is usually the parent, elder brother or sister, uncle (parents' friend) approaching us, then we engage their youths and encourage them to use the service. (service provider D)

Ways to Tackle Drug Abuse

Focus group participants suggested the following effective ways for helping ethnic-minority drug abusers: culturally specific approaches, peer intervention, proactive intervention, open discussion, offering interesting and convenient activities, collaboration

between school and social workers, personal contact through social workers, discipline, language training, and arrest.

Culturally Specific Approaches

Services such as employment (including training and career matching) and correctional services were seen as needed to treat ethnic minorities in culturally specific ways. Ethnic-minority service users disliked services that treated them as Chinese people. A notable factor in culturally specific treatment was using the ethnic-minority people's own language. For instance, as the advertisements and job descriptions in the Labor Department were in Chinese, they could hardly help ethnic-minority people. The employment service was particularly important as ethnic minorities were eager to get jobs, which were not necessarily of high status (e.g., shopkeeper).

Even the Correctional Service Department treats the ethnic minorities as Chinese. At present, there are 1,000 ethnic-minority prisoners but they are not like the local Chinese who have the Chinese volunteers to visit them. (EM organization representative A)

Language is a major problem. Existing youth training programs are all in Chinese and not any are for ethnic-minority groups. This is the same for the career matching services. (EM organization representative A)

Employment is a serious problem. For instance, they go to the Labor Department looking for jobs. All advertisements and job description are in Chinese. (EM organization representative A)

Peer Counseling, Role Modeling and Experience Sharing

Peer influence was critical to drug abuse and its rehabilitation. Among ethnic-minority people, brotherhood emerged readily and constrained the people very much. The influential brotherhood or peer networks posed an obstacle to effective services in helping ethnic-minority drug abusers. Breaking connection with deviant peers was important. One way to do so was re-arranging ethnic-minority people's friendship networks. Introducing pro-social peer influence through peer role models undergoing successful rehabilitation was another way.

We have hired a Nepalese as a peer counselor. The effect is not bad, because they share the same language. (service professional E)

Maybe we identify some good students to get along with the EM students, and maybe try to find good students in class, and ask them to be a good friend of the suspected student. To give them more good peer influence. (EM organization representative A)

Because this group of students, they have quite a high degree and high sense of brotherhood, everyone is welcome, no matter whether they take drugs. There are no problems with friends. Basically not all teachers know who is getting drugs, only the core group (like the class teacher, the discipline teacher, they know what to do and not what to do) I don't see any problem. Services, in my experience, it will not be very helpful. It is not the quality of the service itself, but it is the whole environment matter. (teacher A)

We invited Zheng Shen College's students to share their experience two years ago. The effect is better and it gets quite a big impact on the students. (teacher B)

We help to introduce some new Nepalese friends to him in Tsuen Wan and avoid him to contact his old friends in Yuen Long. (EM organization representative A)

Proactive Intervention

Proactive intervention was necessary because drug abuse could be an invisible problem among ethnic-minority people, in that it was impossible to tell who had problems in drug abuse. It was also necessary to raise ethnic-minority people's courage to eschew drug abuse and rehabilitate themselves from it.

For the proven cases, we will try to do this way. For the suspected case, we can't do that until he or she admits. It is not a matter whether we help them or not, it is a matter whether they admit or not. If they refuse help, how can we provide help? The rehabilitation services can only be started at a point when the student admits first. The job we do to encourage them to face the problem will be more difficult. There are many services, many centers outside that provide professional services to encourage them to tell. (teacher A)

They don't have the courage and strong spirit to change the life. It is hard to escape from schools. They do not have expected good academic results, but staying in school is easy life. It is leisure, playing with friends, remains everything the same, why should I change? I guess they do not have the courage to make a decision like this. (teacher B)

Open Discussion

As ethnic minorities needed to confront the issue of drug abuse openly and preferred to talk (rather than read) about drug abuse, open discussion about drug abuse was preferable. Ethnic minorities did not like reading printed matter and viewing televised materials. They were thus not aware of anti-drug promotion and regarded those various forms of anti-drug promotion through the mass media as ineffective. In contrast, face-to-face conversation would be the desirable mode of communication with ethnic-minority drug abusers. The following gives the related quotes.

They told me that because Nepalese like verbal promotion, they did not need leaflets in their own language. But I think that Nepalese should have their own regular programs. (EM organization representative A)

We can openly talk about drugs, and the more that we are open to talk about it, the easier that we may handle it. (teacher B)

Offering Interesting and Convenient Activities

Interesting and convenient activities were necessary to engage actual or potential ethnic-minority drug abusers in preventive and intervention services, since these people did not have lasting attention and concentration. Activities interesting to ethnic minorities include music, dancing, and sport. In organizing interesting services, it was necessary to differentiate a group already knowledgeable about drug abuse from another group ignorant of it. Disseminating information about the harm of drug abuse would not be interesting to those already knowledgeable, but it could be interesting to those ignorant about it. The knowledgeable group tended to be those arriving in Hong Kong only a short time before, as they presumably had experience about drug abuse in their home countries.

First of all, the activities must be very interesting, very very interesting. They don't endure any boring matters. Like band, music, football and cricket, it must be very interesting and convenient. They don't need to travel too far. (teacher A)

There are two categories of students. For those who have stayed for few years in HK, I don't think that they have no knowledge. They are not innocent. For the new immigrants, they really don't know. So, keep them on knowing the basic knowledge about drug usage, join the workshop, knowing consequences of taking drugs. I think that it still works. But the problem we just introduce the drugs, they will feel very dull and think that it's like science lessons. There must be some real-life examples or something very like daily life. We can arrange a football match and then have a debriefing. Having some casual talks with them if they take drugs, they can't play football. You will get on the point. If you talk to them in classrooms, it doesn't work. Like the smoking, everybody knows it is harmful but many people still take it. There are two groups, some are new immigrants and they don't know, some know the consequences but they don't mind. Someone mind but they can't control themselves. (teacher A)

Collaboration between School and Social Workers

Collaboration between school and social workers could generate a synergistic effect on tackling drug abuse among ethnic-minority students. Notably, the effect could stem from the complementary roles of teachers and social workers. Whereas teachers played a strict, regulating role, social workers played a supportive, advisory role.

But we need to tell him/her that if he/she takes again, a chance can be given only once. It is very strict. Social workers are more lenient but the discipline teacher plays a stricter role. Schools should play the strict role and then the social worker gives the mother advice and services whatever. (teacher A)

Personal Contact through Social Workers rather than through the Mass Media

Ethnic-minority drug abusers preferred personal contact, and they would learn about rehabilitation services and use them through their personal contact with social workers. They trusted social workers and suggested that outreaching social work was necessary to make contact with them. On the other hand, they denied that their use of rehabilitation services was due to introduction by their family members or friends. Meanwhile, they said that promotion through the mass media was not effective for raising their service use because they did not pay attention to the mass media, which were predominantly Chinese. The following are quotes from some ethnic-minority drug abusers.

The social worker contacted me and introduced to me about the services, how it could help me. (service user A)

I think that the mass media do not work, because even we don't listen or watch much about the mass media. (service user B)

Discipline

Discipline in the rehabilitation service was necessary to prevent the drug abuser's relapse. When there was too much freedom, there would be too much temptation to urge the drug abuser to relapse. Discipline was necessary to keep one concentrated on the effort of drug rehabilitation.

If you go to the methadone clinic, they will give you a plan. But the problem is there is too much freedom. There is no boundary, and it is easy for you to relapse. (service user B)

I will prefer the rehabilitation hostel type because I can be more concentrated, focused on

quitting drugs without any distraction from work and I don't need to bother with my friends. (service nonuser C)

One instance of discipline in the rehabilitation service was requiring service users to undertake strenuous physical education. Such education was helpful to strengthen both physical ability – and thereby employability – and mental ability, including resilience and perseverance in resisting the temptation of drug abuse..

The good method is physical training. We run around the island once a week, very challenging and exciting. (service user C)

Physical education makes ourselves stronger, physically and mentally. (service user C)

Language Training

Chinese language training was a service desired by ethnic-minority drug abusers. It served to enhance the abusers' social integration with local Chinese and employment, which in turn reduced their drug abuse. The preferred training was not only about listening to and speaking Chinese, but also reading and writing Chinese. The following are relevant comments from some ethnic-minority service users and nonusers.

We also learn Cantonese, so that we make more friends and know about the people of Hong Kong. (service user A)

To help the ethnic-minority people, the government should employ more people and give us the language training. (service user A)

More Chinese learning courses/classes. Since we are not Chinese, we do not know Chinese at all. And because of Chinese, we cannot find a job, not even a simple, easy job. (service nonuser A)

Yes, there are some language courses, but they are of no use. It is very simple Chinese. I know it already. I do not need to take that simple course. You can see now here, we all four (pointing the others) can speak and listen Chinese. But even we know how to speak and listen. It is very hard for us to find a job. So, I am planning to learn how to write and read Chinese. (service nonuser A)

Arresting Drug Dealers and Abusers

Arresting drug dealers and abusers would be an effective means to eliminate the circulation of drugs and deter ethnic minorities from abusing drugs. It would impose a deterrent effect because ethnic-minority drug abusers were afraid of being caught, sent to prison, losing their freedom, and coerced to do tough labor.

They have to arrest drug dealers because everywhere they sell the drugs. The pharmacy also contributes to selling the drugs. (service user A)

It can help in one part, the fear. We don't want to be caught and be sentenced in such place. So won't take the drugs. (service user A)

Summary

The focus groups and personal interviews suggested that drug abuse was increasingly a

problem facing ethnic-minority people, notably the younger generation of Nepalese. Besides, Pakistani and Vietnamese drug abusers tended to be seriously involved in drug abuse, related risks, and unlikely to use rehabilitation services. All of these comments are alarming – they call for services and actions to tackle the problem, especially since the ethnic-minority drug abusers preferred to stay in Hong Kong.

To help ethnic-minority drug abusers, the very important entry point was the effort of social workers, notably through outreaching services. Social workers could win the abusers' trust and encourage the abusers to use rehabilitation services. Their efforts were more effective than were those of family members, friends, and the mass media.

In the early phase of rehabilitation services, peer or co-ethnic intervention was remarkable to maintain ethnic-minority drug abusers' commitment to service use. Other cultural-specific approaches that accommodated the abusers' own culture were also essential. Alternatively, the services needed to offer interesting and convenient activities to engage ethnic-minority drug abusers' continued service use.

Building on the early cultural-specific approach was an inclusive approach to enhance ethnic-minority drug abusers' integration with local Chinese. At this stage, segregated treatment of ethnic-minority drug abusers and local Chinese drug abusers was undesirable. To facilitate interaction and integration between ethnic-minority drug abusers and local Chinese, Chinese language training was inevitable. The training was a necessary condition for friendship and employment secured with local Chinese networks.

A harsh, disciplined form of rehabilitation services was preferable to ethnic-minority drug abusers. The abusers realized that having too much freedom in the service could not help them resist the temptation of drug abuse. Instead, they enjoyed discipline and lived in an orderly life in order to keep their concentration on studying and preparing themselves for work. One reason for the preference might be due to the authoritarian cultural background, notably conveyed by their fathers, who were members of the police or armed force. As such, they anticipated that discipline and physical education benefited them physically and mentally.

Turning to the primary prevention of drug abuse, proactive intervention and open discussion about issues of drug abuse were necessary. Without these efforts, it was difficult to identify ethnic minorities at risk of drug abuse. The concentration of effort was cost-effective because of the clustering of ethnic minorities in certain schools and places. This effort was most effective when it involved collaboration among different professionals, such as social workers and teachers.

Prevention and rehabilitation services targeted at ethnic-minority abusers would not eliminate the problem of drug abuse. They required the coordination of efforts to combat the supply of illicit drugs, that is, through arrest, imprisonment, and other sanctions. The influence of drug dealers on ethnic-minority people's drug abuse was strong and widely recognized. Strenuous efforts were necessary to combat drug dealers simply because the dealers were often cunning enough to evade arrest. On the other hand, arrest and sanctions generated a deterrent effect on ethnic-minority people's drug abuse, because of the people's fear of the sanctions. Probably owing to the authoritarian cultures of ethnic-minority people, submission to force was a habit that could shape the people's drug abuse involvement. This explains why forceful fathers could effective place their drub-abusing children into rehabilitation services.

Conclusion

The following findings indicate that the drug abuse situation among (accessible) ethnic minorities in Hong Kong is alarming. Their average frequency of drug abuse was high (19.2 times per week currently and 23.9 times per week six months before). Some Nepalese focus-group participants even reported an increasing trend of drug abuse among their ethnic group. Furthermore, a substantial proportion (14.0%) of them shared needles in drug abuse and the average frequency of sharing was high (2.2 times per week). Some focus group participants commented that neither drug abusers in general nor those sharing needles and taking risk in various forms were afraid of dying because of the risk. They indicated that even though drug abusers realized the health risk, they remained addicted to drugs. Besides, the average spending on drug abuse was high ($813.8 per week). Even though some abusers did not have the money to buy drugs, they could obtain drugs free-of-charge, as 47.1% of the abusers had other paying for their drug abuse. Furthermore, while the drug abusers on average had a long time of abstinence from drug abuse (23.0 months), they often relapsed to become drug abusers eligible for the study. Meanwhile, while the majority (72.0%) of the drug abusers were users of the services of the methadone clinic, they continued their addictive behavior.

Profiles, Trends, Behaviors, Characteristics, and High-risk Behaviors such as Needle Sharing

Profiles and Trends

Only 2.0% of ethnic-minority abusers were female. Hence, drug abuse tends to appeal to a masculine interest (Robbins and Bryan 2004; Youniss et al. 1999).

Among all ethnic-minority abusers, 46.0% were born in Hong Kong. However, only 20.8% of non-South Asian drug abusers were born in Hong Kong. They may therefore more likely to have developed their drug-abuse habits in their home countries.

New Territories East and Kowloon East are the two regions among the five regions in Hong Kong that may have disproportionately fewer ethnic-minority drug abusers, as only 1% and 2%, respectively, of the drug abusers lived in those regions. One exception is that 8.3% of non-South Asian drug abusers lived in Kowloon East.

Half of the ethnic-minority drug abusers had Chinese neighbors, and half of them had ethnic minorities as their neighbors. This clustering of ethnic minorities in their residences is remarkable.

Only 19.0% of the ethnic-minority drug abusers had received primary education in Hong Kong, and 24.0% had received secondary education in Hong Kong. Younger ethnic drug abusers were more likely to have received primary and secondary education in Hong Kong. Notably, 54.1% of the ethnic-minority drug abusers below 25 years old had received secondary education in Hong Kong.

More and about half (49.0%) of the ethnic drug abusers had a senior-secondary education. Their education, on average, was not low.

The median personal monthly income was $7,000 and the median family monthly income was, again, $7,000. This family income was rather low.

About half (52.0%) of the ethnic-minority drug abusers were unemployed, and this represented the largest category of employment status. Being an employee was the next commonest (32.0%) employment condition. Non-South Asian drug abusers were more likely to be employed (50.0%).

In general, the ethnic-minority drug abuser was most likely to work in the construction industry (19.0%). However, disproportionately more (8.1%) of the drug abusers below 25 years of age worked in the transportation, communication, or warehousing industry.

More of the ethnic-minority drug abusers were unmarried (61.0%). The non-South Asian drug user was disproportionately more (29.2%) likely to have experienced divorce or separation.

More of the ethnic-minority drug abusers lived alone (32.7%). Apparently, many of them lived with non-relatives (19.4%), probably involving roommates in institutions.

Nearly half (47.5%) of the ethnic-minority drug abusers had committed offenses. The non-South Asian drug abuser was disproportionately more likely to have committed offenses (75.0%).

On average, the ethnic-minority drug abuser had trouble with the family 2.5 times per week. This was a rather frequent incidence.

Two-thirds (66.0%) of the ethnic-minority spoke English and 28.0% spoke Chinese. The majority (83.3%) of non-South Asian drug abusers could speak Chinese.

Behaviors

Heroin was the drug that the most ethnic-minority drug abusers:

-had ever abused (85.0%);
-abused initially (35.0%); and
-were currently abusing (50.0%).

Marijuana, another frequently abused drug among ethnic-minority drug abusers (57.0%), had the same rate of initial abuse as heroin (35.0%).

Cough syrup was the third-most abused drug among ethnic-minority drug abusers (51.0%) and was abused the most initially (25.0%).

Disproportionately more South Asian drug abusers had abused cough syrup in their lifetimes (65.8%) and at their initial abuse (32.9%).

Disproportionately more South Asian drug abusers had also abused marijuana in their lifetimes (64.5%) and at their initial abuse (39.5%).

Disproportionately more drug abusers below 25 years of age had abused marijuana in their lifetimes (73.0%) and at their initial abuse (48.6%).

Disproportionately more drug abusers below 25 years of age had abused cough syrup in their lifetimes (64.9%).

The average history of drug abuse was 12.7 years, and even drug abusers below 25 years of age had an average history of 8.9 years.

Current drug abuse was 19.2 times per week on average, which was less frequent that drug abuse six months before, which was 23.9 times per week.

Needle sharing in drug abuse occurred among 14.0% of the ethnic-minority drug abusers. On average, needle sharing happened 2.2 times per week.

On average, the ethnic-minority drug abuser had abstained from drug abuse 2.3 times. The average cumulative duration of abstinence was 23.0 months. The non-South Asian drug abuser abstained from drug abuse more frequently, with an average of 4.7 times, and longer, with an average of 48.0 months.

About half of the ethnic drug abusers experienced approaches by drug dealers in the street or mall (51.0%) and park (49.0%). A considerable number of them experienced approaches at the clinic (18.0%).

The majority of the ethnic-minority drug abusers were using services of the methadone clinic currently (72.0%) and had used them six months before (56.0%). Disproportionately more of the non-South Asian drug abusers than South Asian drug abusers were using services of the Correctional Services Department currently (33.3%) and had used them six months

before (37.5%). Particularly, disproportionately more of the drug abusers below 25 years of age were using NGO rehabilitation services currently (40.5%) and had used them six months before (21.6%). The younger drug abusers might be the target of NGO rehabilitation services.

On average, the drug abuser received services for 2.2 years. Non-South Asian drug abusers received services longer than did South Asian abusers.

Social Consequences Associated with Ethnic-Minority Drug Abuse, Including Its Relationship to Family Problems and Involvement in Criminal Activities

The study affirmed the deleterious impacts of drug abuse among ethnic-minority drug abusers in causing social problems, including family trouble and criminal behavior. Such impacts stemmed from frequent drug abuse, deviant peers, and drug dealers. Simply put, involvement in drug abuse that was more intensive would engender social problems that were more severe. Detailed findings are as follows.

Trouble with the family was more frequent among ethnic-minority drug abusers with more frequent drug abuse six months before. One who had abused 40 times more per week before was 1.7 times more in trouble with the family (based on the estimation of regression analysis). Thus, drug abuse tended to result in trouble with the family among ethnic-minority drug abusers. Moreover, one who had someone paying more for the cost of drug abuse had trouble with the family more frequently. Very likely, one abusing drugs despite family objections would have more trouble with the family.

Health and family risk stemmed from needle sharing in drug abuse, increase in drug abuse, separation from the family, and not taking care of family members. It was higher among those ethnic-minority drug abusers who had a longer duration of abstinence from drug abuse, had not abused heroin the most initially, and experienced approaches by drug dealers at the park. Apparently, those who relapsed into drug abuse were at higher risk, probably due to the withdrawal effect of their previous drug abuse. On the other hand, those who had abused heroin the most initially might learn to take more precautions against health and family risk. Apparently, those abusing heroin occasionally might be at greater risk of health and family problems. Drug use would also increase one's exposure to drug dealers' approaches, which raised one's health and family risk.

Criminal offenses were more frequent when the ethnic-minority drug abusers encountered approaches by drug dealers at home or entertainment venues. Therefore, as drug abuse increased one's change of exposure to drug dealers' approaches, it heightened one's chance of criminal involvement.

Barriers to Receiving Services, such as Language, Discrimination, and Stigma

Racial discrimination perceived by the ethnic-minority drug abuser appeared to exert minimal influence on the abuser's desire for services dealing with drug abuse and risks pertaining to health, family, and criminal behavior. It also tended to show a weak and statistically insignificant effect on desire for employment services and language training services. Although these effects tend to show that racial discrimination was a barrier to service use, they reveal that racial discrimination did not motivate the ethnic-minority drug abuser to seek help to overcome the discrimination. Apparently, the ethnic-minority drug abuser might think that even receiving the services would not help overcome racial discrimination. Hence, racial discrimination might somewhat discourage ethnic-minority drug

abuser's desire for employment and communication with local people. These implications are tentative because the impacts were not statistically significant.

Racial discrimination did not appear to be a risk factor for drug abuse among ethnic-minority drug abusers, even though it might impede their desire for services. At least, racial discrimination might not be a direct cause of the drug abuser's continuing drug abuse. On the other hand, it might have an indirect effect on drug abuse by impeding service use.

Language might not be a barrier to the ethnic-minority drug abuser's desire for services. At least, those unable to speak Chinese or English showed higher desire for employment services. Hence, those with language barriers would be the target for service provision to facilitate their rehabilitation and earning for a living. Conversely, language might pose a barrier to their access to services that help their rehabilitation.

Service Needs

Language training was the most-desired service among ethnic-minority drug abusers, followed closely by peer support, outpatient, community integration, and employment services. Desires for residential, aftercare, and referral services were lower. Ethnicity and age made no significant differences in almost all the desires for various services. Nevertheless, desires for the various services were higher for drug addicts with the following characteristics.

- Residential services appealed to those currently abusing cough syrup the most, surrounded by Vietnamese neighbors, or having little experience in social integration. Hence, the services would meet the needs of Vietnamese and those with little social integration or social work support. This can insulate the ethnic-minority drug abusers from the influence of deviant peers.
- Aftercare services appealed to those not married, having used training services of NGOs, or low in social integration experience or in association with drug abusers. Hence, the services would meet the needs of ethnic-minority drug abusers who had already used some services and had inadequate social integration in a proper way. This can help abusers with continuing needs for services.
- Referral services appealed to those unemployed or low in social integration experience, association with drug abusers, or racial discrimination. Hence, the services would meet the needs of those expecting to find jobs and having little social integration. This can substitute for the social support that these abusers are lacking.
- Employment services appealed to those not using Chinese or English, having little experience in social integration, or having little association with drug abusers. Hence, these services would meet the needs of those with a language barrier and inadequate social integration.
- Community integration services appealed to those abusing drugs infrequently, aware of social activities organized by NGOs, or having little experience in social integration. Hence, the services would meet the needs of those concerned with community integration and more willing to abstain from drug abuse.
- Outpatient services appealed to those having joined social activities organized by NGOs. Hence, the services might meet the needs of those having used some services. Presumably, these drug abusers are better at community integration.
- Peer-support services appealed to those abusing drugs infrequently, having little experience in service use, or using counseling services of NGOs. Hence, the services might primarily meet the needs of current service users.
- Language training services appealed to those aged under 25, having once stopped drug abuse for a long time, or not encountering racial discrimination. Hence, the services might meet the needs of younger drug abusers not seriously involved in drug abuse and eager to

integrate themselves with the local community.

Lack of social integration was therefore an important predictor of ethnic-minority drug abusers' desire for services dealing with rehabilitation from drug abuse. The services function as a substitute for the proper social integration that the drug abusers are lacking.

Apart from meeting ethnic-minority drug abusers' expressed needs for services, the provision of services may be justifiable when the services reduce the abusers' drug abuse and its concomitant risks. Findings show the following services with significant help:

- Rehabilitation services of NGOs in the recent month reduced drug abuse frequency by 3.4 times per week.
- Health Authority services in the recent month reduced drug abuse frequency by 6.5 times per week. Nevertheless, because only 5 abusers had used the services in the recent month and 3 had used them six months before, the help from the services is far from conclusive.
- Training services of NGOs in the recent month reduced drug abuse frequency by 3.8 times per week.

Recommendations

The above findings clearly register the need for tackling drug abuse among ethnic minorities. The available services to tackle the issue, however effective, are not adequate. These services need to implement the prevention of drug abuse at primary, secondary, and tertiary levels, that is, deterring initial abuse, repeated abuse, and relapse. The preventive efforts are justifiable because of the great need for tackling the issue and the feasibility of the efforts. A justification for the feasibility rests in the logic of the economies of scale. Accordingly, ethnic-minority drug abusers tend to gather in certain schools and places so that services rendered to them can operate in a cost-effective way. Notably, a social worker can approach and render services to a number of ethnic-minority drug abusers through personal contact. This is a preferable means because ethnic-minority drug abusers do not pay attention to or depend on the mass media.

Prevention Strategies

The primary prevention of drug abuse among ethnic minorities functions to prevent them from the early abuse of illicit drugs.

School-based Drug Prevention and Education Project

Launching primary prevention and education projects for Primary 5 to Secondary 3 students at both non-Chinese Schools (NCS) and those schools using Chinese as a medium for instruction (CMI) but enrolling a significant number of ethnic-minority students.

Its strategies are:

- Discouraging and preventing by other means the initial trial of cough syrup and marijuana as a way of drug abuse, especially among South Asians
  - 32.9% of South Asian drug abusers abused cough syrup the most initially, whereas no non-South Asian drug abusers abused it the most initially.
    - This proportion was considerably higher than the proportion of 8.0% for all drug abusers, newly reported in 2004 (Narcotics Division 2005).
  - 35.0% of ethnic-minority drug abusers in general and 48.6% of those below 25 years old abused marijuana the most initially.
- Preventing drug abuse in secondary and primary schools where ethnic-minority children attend
  - 54.1% of ethnic-minority drug abusers below 25 years old had secondary education in Hong Kong, and 29.7% of them had primary education in Hong Kong.
- Facilitating the collaborative effort of teachers and social workers to prevent drug abuse among ethnic-minority students

Secondary prevention targets ethnic-minority drug abusers to prevent their further drug abuse and facilitate their rehabilitation.

One-stop Outreaching and Rehabilitation Services for Ethnic-minority drug abusers

Organizing an integrated service team for providing outreaching services to identify ethnic-minority drug abusers, provide case management to assign suitable rehabilitation services and aftercare services, and closely liaise with parents and schools after the discharge to maintain ethnic-minority drug abusers' trust in the services

Its strategies are:

- Deploying social workers, notably those providing outreaching services, to engage ethnic-minority drug abusers in rehabilitation services and prevent their risky behaviors
- Obtaining the cooperation of the parents of ethnic-minority abusers to place the abusers into rehabilitation services, notably those of NGOs and the Health Authority
- Combating ethnic-minority drug dealers
- Decreasing or stopping the influence of deviant peers and replacing them with social networks composed of prosocial or non-deviant peers
- Preventing needle sharing among ethnic-minority drug abusers
    - 2.2 times per week on average
- Targeting Nepalese and Vietnamese drug abusers in particular
    - Among drug abusers in 2004, 1.7% were Nepalese and 1.7% were Vietnamese

Tertiary prevention serves a) to prevent the relapse of the ethnic-minority drug abusers who used services to decrease their drug abuse and b) to enhance the effectiveness of the services.

Community-based Centers for Ethnic-minority Youth

Setting up community-based centers for ethnic-minority youth in areas where the youth concentrate (e.g., Yau Mau Tei, Yuen Long) to foster healthy and socially desirable lifestyles and new social networks that can prevent relapse among ethnic-minority drug abusers who have received rehabilitation services

- Providing Chinese-language training to younger ethnic-minority drug abusers
    - One below 25 years old was 15.5 points higher on desire for language-training services.
- Using peer or co-ethnic interventions, including counseling, role modeling, experience sharing, and group activities
- Engaging older ethnic-minority drug users in residential services, employment services, referral services, and after-care services
- Establishing community-based services to engage ethnic-minority abusers in interesting and healthy activities, such as sports and music

Desired or Effective Rehabilitation Practices

For the implementation of the above strategies at the practical level, the following practices either are desirable or have proven effective.

- Discipline: imposing strict rules and putting closed surveillance on service users
- Chinese-Language Training: providing Chinese-language training to facilitate integration with local Chinese
- Services along with Chinese: Facilitating integration with local Chinese without giving ethnic-minority drug abusers special or privileged treatment
- Vocational Training: Enhancing employability and sustainability for a living in Hong Kong
- Physical Education: Building physical health to facilitate capability for work and other activities
- Teaching by Co-ethnics at least initially: Facilitating involvement in the service and its success by removing language and cultural barriers
- Social-Worker Contact: Facilitating engagement in the rehabilitation service because of the lack of information and confidence in the rehabilitation service and the untrustworthiness of other sources, such as peers and family members

Appendix 1: Focus-Group Questions for Professionals of Rehabilitation and Allied Services

1. How do you describe the characteristics of ethnic minority drug abusers? How about your ethnic group?
2. What is the trend of drug abuse among your ethnic group and other ethnic groups?
3. What are the causes of your drug use? Causes of your continuation of drug use? Causes of your relapse into drug use?
   - 3.1 What are the personal causes? Please illustrate.
   - 3.2 What are the causes related to the family? Please illustrate.
   - 3.3 What are the sociocultural causes? Please illustrate.
4. What are the successful experiences in abstaining from drug use? Please illustrate.
   - 4.1 What social services give you the successful experiences? What are the reasons?
   - 4.2 What are other factors contributing to the successful experiences? What are the reasons?
5. What are your experiences with social services concerned with drug use? What do they do? What do you get from them?
   - 5.1 What make the services useful, helpful, or effective? What are the reasons?
6. Please describe your expectations of social services that would help you regarding drug use.
   - 6.1 In the beginning, in what ways do you expect the services to approach, show, and give you? What do you expect service staff to do? What are the reasons?
     - 6.1.1 What are the factors, including hindrances, of your joining the service? What are the reasons?
       - a. How about a treatment service? What are the reasons?
   - 6.2 Suppose you join the service, what do you expect the service to help and offer you? What do you expect service staff to do? What are the reasons?
     - 6.2.1 What are the factors, including hindrances, of your staying with the service? What are the reasons?
       - a. How about a treatment service? What are the reasons?
   - 6.3 After using the service, what are your expected outcomes from the service? What are the reasons?
     - 6.3.1 What are the factors that affect your attainment of the outcomes? What are the reasons?
       - a. How about a treatment service? What are the reasons?
7. Apart from concern with drug use, what do you expect to improve in life? What do you need others, such as social services, to help you?
   - 7.1 What are the skills that you expect to improve and need others, such as social services, to help you to improve? What are the reasons?
   - 7.2 In what ways do you expect others, such as social services, to help you? What are the reasons?
8. What do you expect the Hong Kong government to help you, including concerns with drug use and others? What are the reasons?
   - 8.1 In what ways do you expect the government to help you? What are the reasons?
9. What do you expect Chinese people to treat you?
   - 9.1 Employers: What are the reasons?
   - 9.2 Sellers: What are the reasons?
   - 9.3 Police: What are the reasons?
   - 9.4 Other government officers: What are the reasons?

Appendix 2: Focus-Group Questions for Ethnic-minority Drug Abusers

1. If a minority drug user wishes to stop or reduce using illicit drugs, what kinds of services among the following can help the user? How can the services help the user based on your experience or knowledge? What others can help the user? What other factors increase or decrease the helpfulness of the following?
   - 1.1 Services of the Correctional Services Department
   - 1.2 Services of the methadone clinic
   - 1.3 Services of the Health Authority
   - 1.4 Rehabilitation services of NGOs
   - 1.5 Counseling services of NGOs
   - 1.6 Midway house services of NGOs
   - 1.7 Training service of NGOs
   - 1.8 Social activity services of NGOs
   - 1.9 Residential services
   - 1.10 Outpatient services
   - 1.11 Aftercare services
   - 1.12 Referral services
   - 1.13 Employment services
   - 1.14 Language training services
   - 1.15 Community integration services
   - 1.16 Peer support services
   - 1.17 Anti-drug campaign
   - 1.18 Social workers in general
   - 1.19 Police
   - 1.20 Support from the family
   - 1.21 Support in the workplace
2. If a minority drug user has trouble with your family, what kinds of services among the following can help the user? How can the services help the user based on your experience or knowledge? What others can help the user? What other factors increase or decrease the helpfulness of the following?
3. If a minority drug user shares needles in using drugs, what kinds of services among the following can help the user? How can the services help the user based on your experience or knowledge? What others can help the user? What other factors increase or decrease the helpfulness of the following?

Appendix 3: Survey Questionnaire

Respondent #: ____; Referee #: ____; Ethnicity: _____

Questionnaire for the Study of Drug Abuse Situation among Ethnic Minorities (2005.07.21)

Hello! I'm a volunteer of the Chinese University of Hong Kong. (show the card if necessary) Now the University works with Unison (a NGO working with ethnic minorities) to conduct a study to understand the situation of ethnic minority people's experiences and expectations using drugs. We hope that the study can help prepare advice the government to make appropriate policies to help the ethnic minorities people. We certainly will keep all information about you from the questionnaire survey as strictly confidential and we will never disclose any of the information to any government officials. You can get a HK$20 coupon to buy food after answering this questionnaire

Should you have queries, please contact Miss Lai Yuen Mei at 97165810.

Screening Questions:

A) Have you been interviewed by volunteer from the Chinese University in the last few days? YES

B) Have you used illicit drugs? NO → Thank you. Stop interview

I am XXX, you may call me XX during the interview,

What should I call you? _____

1. What kinds of illicit drugs (excluding methadone) have you used? (check all that apply) (Show Table 1)	(1) Heroin ☐ (2) Marijuana☐ (3) Solvent☐ (4) Cough syrup☐ (5) Soft/psychotropic drugs☐ And Enter Drug Code:_____ _____
2. 2.1Which one kind of illicit drug have you mostly used in the beginning?(choose one only)	(6) Heroin☐ (7) Marijuana☐ (8) Solvent ☐ (9) Cough syrup ☐ (10) Soft/psychotropic drugs☐ And Enter Drug Code:_____

	2.2Which one kind of illicit drug have you mostly used at present? (within last week, and choose one only)	(1) Heroin□ (2) Marijuana□ (3) Solvent □ (4) Cough syrup□ (5) Soft/psychotropic drugs And Enter Drug Code:_____
3.	For how many years have you used illicit drugs?	_____ years
4.	In the beginning, which one kind of illicit drug did you use?	(1) Heroin□ (2) Marijuana□ (3) Solvent (gas) □ (4) Cough syrup (water) □ (5) Soft/psychotropic drugs□ And Enter Drug Code:_____
5.	How frequently did you use illicit drugs during the following periods?	
5.1	Recent 1 month	____ times per ____ weeks
5.2	Six months ago	____ times per ____ weeks
6.	How frequently did you share needles in using illicit drugs in the past six months? **(ask them whether having sharing needles with others first before asking this question)**	____ times per ____ weeks
7.	How much did you spend on using illicit drugs in the recent week?	$_____
8.	8.1Have you pooled money buying illicit drugs in the recent week?	_____ (Y／N) if yes, how much _____
	8.2Have you been paid by others in using illicit drugs in the recent week?	____ (Y／N) if yes, how much _____
	9. For how many times have you ever stopped using illicit drugs? (means stopped to use drugs at least 1 month)	_____ times
9.	During which periods have you stopped using illicit drugs? (3 latest ones plus the earliest one)	3 latest ones (backward) From _____ to _____ From _____ to _____ From _____ to _____ Earliest one From _____ to _____
11.	For how many years have you used social services dealing with drug use in Hong Kong?	_____ years

12.	12.1Which kind of services dealing with drugs rehabilitation services have you heard? 12.2 Which kind of services dealing with drugs rehabilitation services have you used during the following periods? Recent 1 month(check all that apply) (show Table 2)	12.1 Have heard the service	12.2 Have used the service in recent month	12.3 Have used the service 6 months ago
	(1) Correctional Services Department: compulsory placement programme	(1) Y／N	Y／N	Y／N
	(2) Department of Health Methadone Clinics: Out-patient Drug Treatment programme	(2) Y／N	Y／N	Y／N
	(3) Hospital Authority: Substance Abuse Clinic			
	(4) NGOs: Voluntary In-patient Treatment/Residential Drug Rehabilitation Programmes	(3) Y／N	Y／N	Y／N
	(5) NGOs: Counselling Programme for Psychotropic Substance Abuser			
	(6) NGOs: Midway home and aftercare service	(4) Y／N	Y／N	Y／N
	(7) NGOs: Life Skills Training and Employment Services	(5) Y／N	Y／N	Y／N
	(8) NGOs: Social Activities, Inclusion and Acculturation	(6) Y／N	Y／N	Y／N
	12.3 Which of the above services have you used six months ago?	(7) Y／N	Y／N	Y／N
		(8) Y／N	Y／N	Y／N

	During the recent month, how much did you experience the following?					
	(if the interviewee does not have any family members, just skip the related questions)	Very little	Rather little	Average	Rather a lot	Very much
	I. Family/ Skills/Contact					
13.	Some family members help you to stop using illicit drugs **(help means in action)**	1	2	3	4	5
14	Helping other people to find jobs or quit drugs	1	2	3	4	5
15.	Have difficulty in making friends with others	1	2	3	4	5
16.	Some family members give you money using illicit drugs	1	2	3	4	5
17.	Aware of advertisements and activities that	1	2	3	4	5

	combat drug abuse					
18.	You are being approached by people selling illicit drugs	1	2	3	4	5
19.	Have contact with social workers	1	2	3	4	5
20.	Have difficulty in getting illicit drugs	1	2	3	4	5
21.	Where have you mostly been approached by people selling illicit drugs? (check all that apply)	(1) Park (2) School (3) Home (4) Workplace		(5) Entertainment venue (6) Restaurant / canteen (7) Around Clinic/hospital (8) Street / shopping mall		
	II. Discrimination/ Isolation/ Association/ Acculturation	Very little	Rather little	Average	Rather a lot	Very much
22.	Being together with people who used illicit drugs	1	2	3	4	5
23.	People encourage you to use illicit drugs	1	2	3	4	5
24.	Difficulty in making friends with Chinese	1	2	3	4	5
25	Fair and equal treatment by Chinese neighbors	1	2	3	4	5
26.	Speaking Chinese fluently	1	2	3	4	5
27.	Feeling lonely	1	2	3	4	5
28.	Sharing illicit drugs among people around you	1	2	3	4	5
29.	Discrimination by Chinese employers or superiors	1	2	3	4	5
30.	Discrimination by Chinese in public places	1	2	3	4	5
31.	Visiting friends	1	2	3	4	5
	At present, how you expect the following will happen in next 12 months?					
	I. Risk/ Crime/ Family Problem					
32.	Decreasing the use of illicit drugs	1	2	3	4	5
33.	Separating from your family members	1	2	3	4	5
34.	Selling illicit drugs	1	2	3	4	5
35.	Contracting some diseases due to the use of illicit drugs	1	2	3	4	5
36.	Fighting with others	1	2	3	4	5
37.	Taking care of your family members	1	2	3	4	5
38.	Sharing needles in using illicit drugs	1	2	3	4	5
	Would you like to receive the following services in next 12 months? Service	Very little	Rather little	Average	Rather a lot	Very much
39.	Receiving residential services in rehabilitation	1	2	3	4	5
40.	Receiving out-patient drug rehabilitation services	1	2	3	4	5
41.	Receiving after-care services	1	2	3	4	5
42.	Receiving referral services, e.g., Family Service, CSSA	1	2	3	4	5
43.	Receiving employment services	1	2	3	4	5
44.	Receiving language training services	1	2	3	4	5
45.	Receiving services that teach you how to mix up with Chinese people in Hong Kong	1	2	3	4	5

46.	Receiving peer support services in rehabilitation	1 2 3 4 5
47.	What is your ethnicity?	(1) Nepalese☐ (2) Indian☐ (3) Pakistanis☐ (4) Bangladeshi☐ (5) Vietnamese☐ (6) Filipino☐ (7) Thai☐ (8) Indonesian☐ (9) Another: _____
48.	What is the district of your residence?	_____(18 Districts e.g. Yau Tsim Mong, Tsuen Wan)
49.	What is the ethnicity of most of your neighbors around you? (choose <u>one</u> only)	(1) Chinese☐ (2) Nepalese☐ (3) Indian☐ (4) Pakistanis☐ (5) Bangladeshi☐ (6) Vietnamese☐ (7) Filipino☐ (8) Thai☐ (9) Indonesian☐ (10) Another: _____
50.	What is your educational level?	(1) Below primary☐ (2) Primary☐ (3) Junior secondary☐ (4) Senior secondary☐ (5) Postsecondary☐
51.	Where did you get your primary education? (check all that apply)	(1) Hong Kong ( ) (2) Home country ( ) (3) Others ( )
52.	Where did you get your secondary education? (check all that apply)	(1) Hong Kong ( ) (2) Home country ( ) (3) Others ( )
53.	What is your employment status?	(1) Employee☐ (2) Employer☐(go to Q56) (3) Self-employed☐(go to Q56) (4) Student☐ (5) Homemaker☐(go to Q56) (6) Unemployed☐ (go to Q56)

54.	If being employed now, what is your occupation?	(1) Managers and Administrators☐ (2) Professionals☐ (3) Associate Professionals☐ (4) Clerks☐ (5) Service Workers and Shop Sales Workers ☐ (6) Craft and Related Workers☐ (7) Plant Machine Operators and Assemblers ☐ (8) Elementary Occupations☐ Others, please specify:_____
55.	If being employed now, what is your Industry:	(1) Manufacturing ☐ (2) Construction ☐ (3) Wholesale, retail and import/export trades, restaurants and hotels ☐ (4) Transport, storage and communications ☐ (5) Financing, insurance, real estate and business services ☐ (6) Community, social and personal services ☐ (7)Others☐(pls specify):_____
56.	For how long have you worked for paid jobs?	_____ months _____ years
57.	How much did you earn per month in the past six months?	$_____
58.	Your household income	$_____
59.	What is your marital status? (check all that apply)	(1) Unmarried☐ (2) Remaining married/cohabited☐ (3) Divorced/separated☐ (4) Widowed☐
60.	Who do you live with? (check all that apply)	(1) None☐ (2) Spouse/partner☐ (3) Parent☐ (4) Offspring☐ (5) Another relative☐ (6) Non-relative☐
61.	How old are you?	_____ years-old

62.	Were you born in Hong Kong?	Yes ☐ No ☐(how long have you been in Hong Kong_____ years)
63.	Have you ever committed offences (e.g. shop-lifting, stealing, trafficking drugs, reported or unreported) (No, go to 89)	(1) No☐ (2) Yes☐
64.	In the past six months, how many times did you commit offenses (e.g., shop-lifting, stealing, trafficking drugs)	____ times per last six months
65.	How frequently did you have trouble with your family?	____ times per ____ weeks

66.

67.

Unison may offer help to you, if you want Unison to provide assistance, please provide information, so that Unison can contact you:
Name: _____
Telephone: _____

Thank you for completing the interview. Here is a food coupon of $20 as a token of thanks for your assistance, and here is the leaflet about the social service for drug users

	Interviewer coding	
(7)	Time of the interview	(1) Ending time: _____ (0:00~23:59) (2) Date: _____
(8)	Duration of the Interview	_____ minutes
(9)	Respondent's sex	(1) Male (2) Female
(10)	Language used in the interview (check all that apply)	(1) Chinese (2) English (3) Another
(11)	Presence of other people within a close distance	(1) Respondents (2) Other drug addicts (3) Interviewers / research staff (4) Other professionals unrelated to the study (5) Respondents' family members
(12)	District of the interview	_____

(13) Location of the interview	(1) Methadone center (2) Service center (3) Respondent's home (4) Public place (5) Another place
(14) Credibility of responses (0~10)	_____
(15) Interviewer #	_____

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