

Innovative Intervention Mode for Young Recreational Drug Users in Hong Kong — Changing through acting

Chan Wai Leung, Chu Fung, Wong Pui Ling, Yu Kai Ming
Caritas – Hong Kong

Abstract

A new intervention model in tackling young recreational drug use problems in Hong Kong is presented in this paper. This intervention mode uses the concept of “*changing through acting*” to motivate the recreational drug users to be aware of their drug problems and finally take action to reduce drug use.

The intervention mode includes two parts. The first part is a non-labelling health check up which uses a series of health assessment tools to create a platform for young drug users to discuss their drug problems. Through the assessment, young people would begin to be aware of their own health and initiate change, i.e. to motivate them to put out their first step. The second part is an employment scheme, namely peer education training. The young recreational drug users would be invited to join our peer educator training after assessment. Throughout the training, they would be taught the concept of healthy life, given an opportunity to reflect on their past experience and imparted the knowledge of how to provide health education to others. This training would focus on reforming their identity and capacity building. After the training, they will become peer educators to design and implement various health education programmes for students and young people.

Introduction

Throughout the years, drug abuse was still one of the major problems among young people in Hong Kong. This trend once dropped in the mid 90s but there was then a reversal trend in the beginning of the 21st century (Narcotics Division, 2002). The change of this trend was due to a change in the structure of drug abuse pattern of youth, from which came the domination of party drugs such as ecstasy and ketamine. This trend of party drugs was contributed by the growing trend of rave scenes and discotheques from Europe and America to Hong Kong. Numbers of young drug users grew, and the problems of drug overdose, drug addiction and other public health issues came hand in hand.



Reacting to this trend, the Caritas Youth and Community Service (YCS) started a service targeting this population. With the support of several allocations of funding, we established a drug education and crisis intervention team to provide services for the high-risk youth in the discotheque and rave scene – Play Safe Healthy Life Project. Throughout these years we succeeded in establishing a team of drug education specialists to provide services to the high-risk youth in discotheques and rave parties. We reached out to those hard-to-reach targets to provide drug education and follow-up services to them with the aim of reducing drug harm and to motivate them to change. We also made use of their own experiences to educate other young people (mainly secondary school students). Below is a brief elaboration of our intervention mode and our working experiences.

The Era of Ecstasy — Drug Problems in Hong Kong Recap

The number of youth using drugs indeed reached two peaks in these ten years. According to the data of the Central Registry of Drug Abuse (2003), the proportion of drug abusers who were under 21 got to the first peak in 1994 (21.1%) when the use of heroin was dominant. The proportion of heroin usage among youth under 21 was 79.5% in 1994 but then dropped to 7.7% in 2003 (CRDA, 2003). A downward trend in the number of reported persons was observed from then to 1999. However, this trend was reversed in 2000 (Narcotics Division, 2002). This was the era of ecstasy, the second peak of the proportion of young drug abusers (21.9%), where the use of party drugs dominated. While there was a continuous drop in heroin users who were below 21, the abuse of party drugs such as ecstasy and ketamine had been increasing rapidly since 2000. In 1999, the newly reported persons who were under 21 and used MDMA and ketamine accounted for 19.1% and 1.1% respectively. However, in 2001 these percentages rose to 49.8% and 63.3% respectively (CRDA, 2002).

It was not until the end of the 90s that the trend of disco in Hong Kong and mainland China began to grow. Rave culture spread out in Hong Kong in the late 90s and reached its peak in the summer of 2000. Week-end rave parties took place at various venues such as exhibition and convention centres, large pubs and discotheques, warehouses and even beaches in remote rural areas, which were packed to full capacity with crowds up to 4 000 to 5 000 young people a night (Chan, 2003). Dancing culture became a sign of being trendy among the youngsters and it contributed to the rebirth of discotheques in Hong Kong. Different dancing venues blossomed like spring flowers, attracting different kinds of youngsters from different age strata

and socio-economic backgrounds¹.

Unfortunately, rave and disco culture also brought back its evil partners, the party drugs. Having its “magical effect” of elevating moods and promoting the dancing atmosphere, ecstasy (MDMA) soon became the most popular party drug in raves and discotheques. Coming along with ecstasy were ketamine, marijuana, cocaine, LSD, nimetazepam and GHB². The use of drugs is common in discotheques and rave parties but most of them are not in a pure form, having other materials mixed together in it. Yet, it seems that young people are attracted by the special “euphoric, blissful, love inducing” effects (Cohen, 1998) and “a feeling of floating, an out of body experience” (Kelly, 2000). According to our own records, 78% of disco goers would use ketamine and 66% would use ecstasy, and less than 12% would use other drugs such as cannabis, nimetazepam and methylamphetamine (Chan, 2003).

Another phenomenon was the increase in the proportion of female drug abusers from 8% in 1992 to 17.7% in 2002 and 15.8% in 2003. From our service experience, the proportion of female party drug users was the highest when compared with other types of drugs. This was because the popularity of discotheques among youth also promotes the beauty of females and rumours that using ecstasy can help them keep fit. Many discos would have ladies nights on which girls could have free entry and free drinks for the whole night. Young girls also like to wear beautiful and sexy clothing to express their nice moves and emotions at discos. And without the help of ecstasy, it could not happen. As a result, drug overdoses and high risk sexual activities such as date rapes happen each night³. Health problems among youth also become their main concern after several years of using these recreational drugs (Caritas, 2002).

¹ There were three types of dancing venues in Hong Kong. Rave parties, discotheques and noon discos, which have their own types of young people who like to go there. Most “ravers” are between the ages of 18 and 30 and mainly come from middle class or are professionals. Discotheques are likely for those who cannot afford high costs of entertainment, and those who are underage would choose noon discos as a place for non-alcoholic dancing and also for drug taking (Chan, 2003).

² *Nimetazepam*: is a long-acting benzodiazepine (tranquilliser). It is available in light orange tablets bearing the imprint “028/5” and containing 5 mg nimetazepam

GHB (gamma hydroxybutyrate) is used most commonly in the form of a chemical salt (Na-GHB or K-GHB) which is taken recreationally as a depressant with effects quite similar to those of alcohol. A popular date-rape drug.

Source: <http://www.erowid.org/>

³ Refer to the newspapers cutting from 2002 to 2004.

1. 索K出事 青少年姦少女候判 (蘋果日報 9/5/2002)
2. 賣魚老涉姦劫索K少女 (成報 8/8/2003)
3. 女子疑索K一睡不起 (東方日報 18/5/2004)
4. 警查D場 少女鯨吞K仔 (成報 22/6/02004)



Supply, Demand and Harm Reduction – Government and Civil Efforts in Tackling Drug Problems

The Hong Kong government has been determined to eliminate drug abuse in Hong Kong since 45 years ago. A government white paper published in 1959 and another in 1974 declared that “all measures necessary would be taken to suppress the menace (drug problems)” and “to stop illicit trafficking of drugs through Hong Kong and to eradicate drug abuse from the community.” (Action Committee Against Narcotics, 2004). Led by the Narcotics Division of the Security Bureau, a five pronged strategy was put into effect through legislation, preventive education, treatment and rehabilitation, research work, and external cooperation. In view of a rising number of young people involved in this rave culture, the government acted fast to keep this trend at a controlled level. In summer 2001, the public demanded strong-arm tactics to ban these parties. Soon there were a code of practice for party organisers, frequent seizures and regular checks at discos by the police. However, these tactics sometimes would only backfire as the youth could simply change the venues to the underground, ending up in a hide and seek with the police (Chan, 2003).

Besides the supply reduction policy adopted by the government, a demand reduction strategy, i.e. a treatment and prevention strategy, was started by local non-governmental organisations. Counselling centres⁴ were set up and treatment centres for heroin drug addicts increased. Substance abuse clinics provided medical services to drug abusers and drug prevention talks were given in most secondary schools, etc. The work done by the government and NGOs was indeed paving a good way for the solutions. However, handling party drug abusers were far more difficult than we may imagine. They come from various social-economic backgrounds. Many of them have normal jobs and even are professionals. They think that they don't need help from social workers. They have a certain understanding of drug harm, yet they feel that they are willing to take a calculated risk. They also believe that they use drugs in a controlled and non-abusive manner. And without apparent withdrawal symptoms after using party drugs, it is more difficult to tell them to “say no to drugs”.

⁴ The Counselling Centre for Psychotropic Substance Abusers (CCPSA) is one of the community-based support services aiming to help substance abusers and youth-at-risk abstain from their drug-taking habit and develop a healthy lifestyle. There are 5 CCPSAs serving 5 different regions in Hong Kong.

Yet there is an alternative approach to the above strategy – harm reduction. Harm reduction is offered as an alternative to the supply reduction strategy – aggressive law enforcement and pressure on producer nations – and the demand reduction strategy – treatment and prevention (Abadinsky, 2004). This alternative recognises that while abstinence is desirable, it is not a realistic goal. Thus in harm reduction approaches, the use of drugs is accepted as a fact and focus is placed on reducing harm while use continues (Abadinsky, 2004). We would promote safer use of party drugs and to reduce the direct harm of drugs done to their health while at the same time we motivate them to care more about their own health and to make a change.

Our Intervention – Changing through Acting

The characteristics of our project, the 5Rs, namely to *Reach out*, carry out *Risk assessment*, *Reduce harm*, make them *Realise their own health*, and *Raise their motivation*, explain the whole intervention process.

I. Reach Out

Since the start of our project we have adopted a reaching out approach as we would be present at the party venues or discotheques every Friday and Saturday night as well as holiday eve. We give out trendy souvenirs with functional and educational purposes, such as wet tissues (to cool down and prevent overheating) and candies (to provide glucose to prevent exhaustion) as well as info cards which have our contact details and some safety precautions printed on it. We provide them with the message to play safe and they can find us whenever there is any need for help. Our staff have been trained in providing crisis intervention, first-aid knowledge in drug overdoses and emergency escort service, and they are backed up with an 8-seater van that can drive them to hospital or, for those who are not so serious, home.

Some of the youth would ask this question: “You are social workers, so you must be coming here to tell us not to take drugs, aren’t you?” However we would tell them it is not our immediate concern. Our concern is to let them know how to play safe and prevent the drugs from doing immediate harm to them. Our notion, that is to “Work Hard and Play Safe”, reveals that you can still make a choice as far as your own health is concerned. This outreaching approach established an appropriate context for the workers and young people to build up a relationship and openly discuss drugs topics. Some



young people started to agree with our approach and discussed openly their drug taking behaviours even in such open areas! In the beginning we just approached those who were queuing outside the discos and introduced ourselves. Yet our actions at last caught the attention of the disco owners. Some disco owners invited us to join their programmes at some festivals and some provided us a counter inside the disco.

II. Risk Assessment – On-site Body Check

Working inside a disco is never an easy task for us, not to even mention the smelly smoke and the loud “hard-beat” music. We have to find ways to attract them to stop for a while and have a chat with us. We thus set up a counter 明愛健康檢查站 (Caritas Health Check Station) just off the dance floor. Tables and chairs were set up; equipment to check their blood pressure, pulse rate, fat ratio, peak flow, and even skin scanner were spread out on the table; and we would also erect banners with colourful pictures and messages so that they could keep in touch with our newest programmes and educational materials.

The reactions of the youth were somewhat encouraging. They would come to our counter with curiosity and ask what we were doing there. We would then introduce ourselves and provide them with some messages to tell them that they could contact us for any help. Health advice, emotional counselling, legal advice, job or study information, etc. are given. In the process of giving them health check ups and talking with them, we could have a preliminary risk assessment of their drug problems and high-risk sexual activities. Their blood pressure would reveal their secrets, whether they took drugs or not and their answer in the sexual questionnaire (情性指數) could tell us something about their sexual risk as well. This assessment acted as a starting point to have a further talk with them and enriched our conversation and intervention. At the same time they could find a place for a rest and cool down a little bit.

III. Reduce Harm

After assessing their risk by using health check ups or questionnaires, we would provide them with some advice such as:

1. Take a rest for 15 minutes every one hour of dancing.
2. Not to use drugs and alcohol at the same time.
3. Ask them to drink some water to prevent dehydration or overheating.
4. Provide safety precautions brochures and info cards in case of any emergency.
5. Ask them to keep checking their blood pressure and pulse level so that there would be some precautions in case of any risk of overdosing.

Some of the disco youth would find the advice interesting but when our programmes had been in operation for a period of time, body checks became one of their “routine” procedures after entering the disco. We promote the concept of checking their body regularly before and even after taking drugs so that they would keep an eye on their own health situation.

IV. Realise Their Own Health

Throughout the process of body check inside discos, the youth could have a conversation about their own health situation. A personalised health record was then given to them in the form of a small card with their blood pressure level, pulse rate, fat ratio, peak flow, skin humidity level and sexual index (情性指數) written on it. With the health report that we provided them, they could “visualise” the immediate effect and the hidden risk of the drugs that they were taking, not only talking about the harm of the drugs done to their body. As Chan (2003) stated: “The noisy and boisterous environment does not allow for any in-depth counselling. Therefore, we used physical check ups to trigger the young people’s concern for their health.” It would also help us to build up the image of a health care worker who would also deal with the psychosocial aspects of health (Chan, 2003).

Many youth in discos feel that there is a need for change after realising their health situation. We thus started to motivate them to have a medical check up or even a cognitive assessment. We aimed to motivate them to take action to deal with their drug abuse behaviours. We would then get their contact details and provide follow-up services to them including gynae check, cognitive assessment and even medical check up in the substance abuse clinics. This would be elaborated below.



V. Raise Their Motivation

We are now coming to the last step of our intervention – motivation to change. According to the findings of the research that we did in 2002, most of the youth going to discos suffered from various physical discomforts after using drugs. The Research on Party Drug Abusers' Health Conditions (派對藥物使用者健康情況調查報告) done by Caritas in 2002 found that among 107 disco goers, 79% of them claimed that they experienced loss of memory; 72% claimed they got tired easily, 54% of them experienced insomnia and 53% had headache within 3 months (Caritas, 2002). Although their health condition was somewhat poorer than that of normal youth, they were reluctant to get help or to visit a doctor. They thought that they would not receive proper medication if they did not tell the doctor about their drug taking problems. The same research also found that 64% of youth claimed that they did not go to visit doctors even though they had such physical discomforts. Among them, 39.3% felt that they could stand it, 15.2% claimed that doctors could not help, and 9.8% claimed that they did not want to tell the others about their drug taking habits.

In view of this situation, we cooperated with Caritas Clinic – Caine Road in launching a non-labelling medical check up. Before the check up, social workers would have a list of assessment items for them. We collected these data and passed them to the physician before seeing the client. We would also discuss the situation of the client with the physician or we might also escort them to see the physician as well. Thus they would not have to worry about letting the physician know their drug taking habits and being caught by the police. They would receive a suitable treatment or referral that suited their situation. In the process the social worker would also accompany them for further follow up and make a plan for them to reduce drug use or even stop using drugs. According to our data, there were 139 young drug users motivated to go for further medical check up and quitting drugs last year. More than 50% of them claimed to be more aware of their high-risk situation and to have started to think about reducing drug use.

So what else could we do after we had succeeded in raising their motivation to change? In order to sustain their motivation and prolong their action in quitting drugs, a relapse prevention model should be used. Here we started our peer education scheme.

Peer Education Scheme: from Intervention to Relapse Prevention

Play Safe Angels (披星 TEEN 使) – A Life to Life Education

In the process of motivating them to stop drugs through medical check up and counselling, we also tried to accelerate the changing process by reconstructing their identity. As many young abusers' main reasons for current drug use were peer influence (Narcotics Division, 2002), they were strongly identified with their peers and their psychological environment for making the decision whether they would continue using drugs or not. Thus, in our peer education programme, we tried to provide them with a new identity, to redefine their role from a substance abuser into a drug educator.

In the training, they had to openly share their pasts as well as their weaknesses. They would share their experiences, such as when was their first time using drugs, how it felt when they were arrested, what were their struggles in the process of quitting drugs. Here, they could gain support from other members as they had also gone through these stages and experienced the same struggles. Different from other peer counsellor programmes, abstinence is not necessary at this stage. As we understood, they had to come across a stage of struggling and questioning, "Can I really quit drugs?" Through the assurance given by the other trainees, they would gradually feel that "I believe I could stop!" After that, we could start to encourage them to share their feelings in front of other younger students. In this stage they should overcome their struggles and had to quit drugs for at least six months. In the feedbacks of our peer educators, they also said that the programme really reassured them that they could walk out from their bad habits and old life, and that they succeeded in living a new life. These were the most precious moments for them, and to share these moments with others would no doubt influence the audience most.

I. Recruitment of Target

We started our recruitment in discos and from the referrals by out reaching workers. Our criteria for recruiting our target focus on his/ her interest to become a peer educator. Those who have no employment at the time are preferred. Priority would be given to those who had some "special experience" such as substance abuse, high-risk sexual activities, abortion, but their conditions should be stable now. Interviews by our social workers with a list of criteria had been made. And after the first round of interviews, 7 youth aged from 17 to 26 were chosen to enter our first training programme.



II. Training

In the training programme we designed a series of helpers development, skills development and topic development training.

Helpers Development Training

In helpers development, we emphasised the role of being a peer educator and their helping attitudes. Self-esteem and team building programmes in the training camp also emphasised the building up of cohesiveness among themselves. A series of command task and debriefing sessions were held, so they could share their feelings and could feel the support given by other team members. On the last day of the training camp, they could express their feelings and make a pledge to be a helper. Self-understanding sessions also gave them opportunities to know more about their inner self, so as to help them to grow before they could help others.

Skills Development Training

Communication skills and counselling skills were taught in the skills development training. As many of our trainees did not have any experience in speaking in public, public speech training was also given. We provided them with the opportunities to practise how to speak in public and to learn attentive listening skills.

Topic Development Training

In the series of games and discussions held, we came across several issues such as substance abuse and AIDS prevention. We invited several speakers from related agencies and we arranged some agency visits in order to help them to have a better understanding of drug abuse and AIDS. We also split them into two small groups, with each having to do some research about substance abuse or AIDS and STDs, and at the last session of the training, they had to present their work in front of us and their parents.

III. Work as Peer Educators

After a series of training, two of them succeeded in becoming our peer educators. They were

responsible for providing school talks on topics of drug prevention and sex education. Not only had they to share their experiences with the students, they also had to be involved in implementing the educational programmes. Every time when they came to the schools, students were involved in experience sharing, and some of them would even give feedbacks and show some support for the peer educators.

IV. Outcome

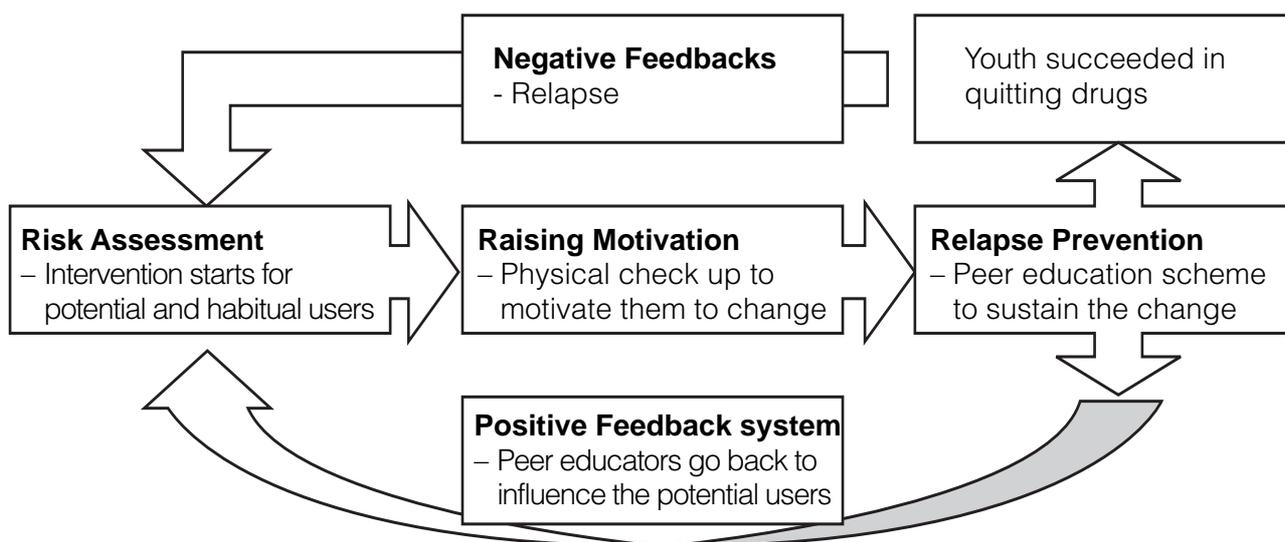
From 2003 up to now, we have trained a total of 18 peer educators, and most of them have succeeded in quitting drugs. Seven of them worked as our full-time peer educators. We found that the peer educator programmes served not only as a tool for providing primary prevention to the school kids, but also as a reminder to peer educators themselves. In becoming a peer-educator, they could have a new identity for themselves. They would feel themselves to be representatives of our project and they have to be responsible in their daily life. This new identity could sustain their effort to refuse drug use, preventing them from relapse again. Although some of them relapsed before the training ended, they would frankly admit that to us. Based on the relationship and trust between social workers and peer educators, although they still could not overcome their habit, we would still give them a chance to be trained again six months later. Some of them succeeded in becoming peer educators then.

Conclusion

Before the project started, we could not believe that there was a way to reach these hard-to-reach targets. Every Friday and Saturday night, we encountered nearly 400 people in discos and those who came for on-site body check ups at our counter were as many as hundreds. As one of the first social work teams working for this population, we felt that we succeeded in building up their trust . Not only would they treat us as drug education and health care experts, but they also built up trust and a relationship with us. Through the body checks and follow up, we succeeded in motivating them to change. And in our peer counsellor programme, we could make use of these ex-party drug abusers as our feedback systems for providing drug education to those who are potential users. A figure below illustrates our intervention model and how it works. A risk assessment is followed by physical and cognitive check ups as a motivator, in addition to the peer counsellor programmes as our intervention as well as relapse prevention system. After they succeeded, some of them may relapse again but some of them could act as our positive feedback system for influencing the

potential or habitual users again. As suggested in the Chinese proverb “to throw out a brick to draw a jade piece”, we hope that our service will serve as an example and have the effect of pooling collective wisdom to tackle recreational drug abuse problems in 21st century Hong Kong.

Figure – Play Safe Intervention Model



Bibliography

- Abadinsky, H. (2004). *Drugs: An Introduction*. CA: Wadsworth/ Thomson Learning
- Action Committee Against Narcotics (2004). *Hong Kong Narcotics Report 2004*. Hong Kong: Hong Kong Special Administrative Region, People's Republic of China
- Alexandrova, A. (2002). *AIDS, Drugs and Society*. NY: The International Debate Education Association
- Caritas (2002). 派對藥物使用者健康情況調查報告. Hong Kong: Caritas Youth and Community Service
- Chan, W.L. (2003). *Who Can Work Hard and Play Safe?* HK: Caritas Youth and Community Service
- Cheung, Y.W. (2000). *Substance Abuse and Developments in Harm Reduction*. Canadian Medical Association, 162 (12). Retrieved October 30, 2002. from <http://www.cmaj.ca/cgi/content/full/162/12/1697/>
- Cohen, R.S. (1998). *The Love Drug: marching to the beat of ecstasy*. NY: The Haworth Medical Press
- Don C. Des Jarlais. (2003). Harm Reduction: A Framework for Incorporating Science into Drug Policy. *The Drug Dilemma: responding to a growing crisis*. NY: The International Debate Education Association
- Frank, I. (1996). *Building Self-Esteem in At-Risk Youth*. Praeger Publisher
- 香港社會服務聯會 (2001). 香港青少年北上濫用藥物之個案研究報告. 香港: 香港社會服務聯會
- Kelly, K. (1999). *The Little Book of Ketamine*. CA: Ronin Publishing Inc.
- Narcotics Division (2002). *Central Registry of Drug Abuse – Fifty-first Report*. Hong Kong: Security Bureau, Hong Kong Special Administrative Region, People's Republic of China
- Narcotics Division (2003). *Central Registry of Drug Abuse – Fifty-second Report*. Hong Kong: Security Bureau, Hong Kong Special Administrative Region, People's Republic of China
- O'Hare, Newcombe. (1992). *The Reduction of Drug Related Harm*. Routledge
- Painter, C. (1989). *Friends Helping Friends: A Manual For Peer Counselors*. MN: Educational Media Corporation
- Roberts, M. (2002). Harm Reduction: The Middle Way. *Nothing Is Without Poison: Understanding Drugs*. HK: The Chinese University Press