Part 2: Changing drug abuse patterns and law enforcement strategies

Understanding Local Synthetic Drug Trends in the Global Context and Implications for Treatment: The Case of Hong Kong

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Abstract

Paradoxically, while globalisation has opened opportunities for individuals and communities to increase wealth and spending, it has simultaneously widened access to previously restricted products including illicit drugs. The United Nations Office on Drugs and Crime (UNODC) has witnessed a steady increase in the synthetic drug market, especially the manufacturing and use of amphetamine type stimulants (ATS) over the last decade. The UNODC estimates that there are 34 million amphetamine users and eight million ecstasy users. One concern of the growing ATS market is its dominance in Asia, a region where heroin use, until recently, has had a strong presence in many of its countries. Hong Kong has witnessed these changes with the UNODC identifying it, in 2002, as experiencing one of the largest increases internationally. These drug market changes represent important challenges for the treatment of drug use as the use, consequences, and distribution of synthetic drugs are significantly different from heroin. This panel discussion first examines synthetic drug market trends in Asia, and Hong Kong. We look specifically at the patterns and context of use among different types of users, and problems related to use. We then turn to look at the implications of these trends for treatment, examining local strategies and alternatives used elsewhere.

Introduction

Paradoxically, while globalisation has opened opportunities for individuals and communities to increase wealth and spending, it has also widened access to previously restricted products across national boundaries including illicit drugs (Joe Laidler 2002). The United Nations Office on Drugs and Crime (UNODC) has witnessed a steady increase in the synthetic drug market, especially the manufacturing and use of amphetamine type stimulants (ATS) over the last decade such that it now ranks second after cannabis in terms of use. The UNODC estimates that there are 34 million amphetamine users or 0.8% of the global population age 15 and above and eight million ecstasy users or 0.2% of the global population age 15 and above (UNODC, 2003).
One concern of the growing ATS market is its concentration in Asia, a region where heroin consumption, until recently, has had a strong presence in some of its countries. The UNODC figures indicate that nearly two-thirds of the 34 million users are in the Asia region (UNODC, 2003). Within Asia, ATS ranks as the main drug of abuse in Thailand, Japan, Republic of Korea and the Philippines, and ranks second as the drug of abuse in China, Myanmar, Indonesia and Australia (UNODC, 2004). For the latest reporting period (2002), China and Singapore reported significant increases in methamphetamine use, some increase in Myanmar and the Republic of Korea, and decreases in the Philippines, and Indonesia.

As the UNODC (2004) has observed, there is no single global profile of an ATS user. There are variations across and within countries, although ecstasy is largely used by young people as part of the dance and entertainment scene and other forms of ATS are used by youth as well as adults. With the increase in economic opportunities and cultural demands, individuals, especially the young, turn to stimulants to accelerate their energy (Joe Laidler, 2002). In many locales across the world, research consistently shows that ATS users appreciate and rely on its stimulating effects. In many parts of Asia, transportation drivers, entertainers, and even office workers find it helps them keep them awake to meet the demands of long working hours. Construction workers find it helps with labor intensive and physically demanding work. Teenagers reportedly use it as a means for staying awake while studying for examinations. The young perceive ecstasy as a vehicle for transcending the demands of education and work without any perceived negative consequences. This is an attractive feature for young people who live in communities where heroin has traditionally been dominant as is the case in Hong Kong (Joe Laidler, 2002).

Hong Kong has witnessed changes in drug use with the UNODC identifying it at the start of the new millennium as experiencing one of the largest increases in ATS consumption internationally (UNODC, 2002). As will be discussed, this pattern has shifted again, with reported levels of ATS use decreasing and increasing reports of ketamine use. These drug market changes represent important challenges for the treatment of drug use as the use, consequences, and distribution of synthetic drugs are significantly different from heroin. With these general global and regional trends in mind, the following discussion first examines synthetic drug market trends in Hong Kong, looking specifically at the patterns and context of use among different types of users and the problems associated with use. We then turn to look at the implications of these trends for treatment, examining local strategies and alternatives used elsewhere.
**Drug Use Trends**

Hong Kong’s association with opiates, dates back to its colonial founding. From the 1800s through to the 1940s, opium dominated, but eventually heroin became the primary drug on the local market, and its’ use remains associated with lower class adult males (Joe Laidler, Hodson and Traver, 2000). Although highly stigmatised, heroin users are perceived as relatively non-threatening in the community. Given the sedating narcotic effects of heroin, these users rarely engaged in acts of violence, but resorted to petty offences to eek out a living. Drug consumption trends, however, have changed rapidly in recent years.

Today, heroin consumption among young persons under the age of 21 has declined with the number of reported young users falling from 80% in 1994 to 8% by 2003. At the same time, following trends reported in other countries, Hong Kong has experienced a significant increase in the use of, what the government refers to as, psychotropic drugs. According to the government’s Central Registry of Drug Abusers (CRDA), reported psychotropic drug use (non-opiates) among those under 21 years of age rose from 32% in 1994 to 94% by 2003. Much of this rise is attributable to stimulant and synthetic drug use. While there were no reported cases of ice use in 1994, its use among young people grew gradually to 17% in 1998 but has tapered off to 7% by 2003. By comparison, there were no documented cases in 1994 of ecstasy use, but this pattern changed, and gradually rose so that by 2000, the percentage of reported young persons using ecstasy increased to 56% but this has slowly declined to 34% by 2003. While Hong Kong experienced a significant rise in ATS use, principally with the emergence of ecstasy into the entertainment industry, its’ use has begun to drop off. This latest decrease however has occurred while ketamine has become the most reported drug used among youth. The percentage of ketamine consumers has risen rapidly in the last two years with only a few cases reported in 1999 and by 2002, the percentage of reported young users reached 70%, and fell to 63% in 2003. Poly-drug use among reported young persons also increased from 13% in 1995 to 44% in 2002.

The popularity of these stimulant and other synthetic drugs is linked to a variety of reasons including the globalisation of the youth dance drug scene and a highly peer oriented youth culture. Boredom and curiosity also spark their participation in the dance drug scene. Young people’s expectation in using these drugs in the dance context is to attain feelings of freedom and autonomy from the mundaneness of everyday life. Ecstasy and ketamine allow them to attain happiness as these drugs
stimulate energy for dancing and confidence in their interactions with others. Feelings of shyness and loneliness disappear. This forum for relief, autonomy and social bonding gains even more salience in their everyday life, as youth observers have noted, because of the breakdown of interpersonal relationships, the dissipation of social cohesion and increasing disintegration and dysfunction of the family unit in Hong Kong (Choi, 2004).

Similar to the reasons reported in other countries, the growing popularity of stimulant and synthetic drug use among young people is also related to the perception that these drugs are not addictive and have limited short term side effects like tiredness, sleeplessness and teeth grinding. Although they recognise that ecstasy and ketamine are typically adulterated, they do not perceive as having any potential long term consequences.

Another factor for the popularity of these drugs is their association with a trendy and hip social scene. These are characteristics of a youthful “in culture” which is distinctly opposite to the stereotypical image of the hard core, end of the line, heroin user. Drugs like ecstasy and ketamine consumed in today’s trendy entertainment scene is not associated with the negative culture and identity of stigmatised heroin users. Another reason related to the continued popularity of these drugs, is users’ perceptions of the legal consequences for possession. According to many users, few patrons are arrested during police licence checks of entertainment venues. During unannounced licence checks, users drop their supply, and since it is not physically in their possession, the police can do little save confiscate the drugs from the establishment. Some users purchase and use prior to entering the venue to reduce the risks of police detection. From our observations, ecstasy and ketamine are openly used in some venues. Based on their own or peers’ experiences, users believe that existing penalties are relatively lenient.

One other factor to consider is the proliferation of entertainment venues. The consumption of these drugs are directly linked to the nightclub scene in Hong Kong and Shenzhen, across the border on the mainland of China. Different types of settings attract different user and social groups. Buying and consuming on site in these venues is perceived as being relatively unproblematic and inexpensive. This form of leisure for females is especially cheap as they rarely have to pay for anything. It is their male counterparts who bear the costs for entrance fees, drinks and drugs (Joe Laidler, Hodson and Traver, 2000).
Shenzhen holds an attraction for youth looking for more affordable venues for leisure and entertainment compared to Hong Kong (Joe Laidler forthcoming). Although it sometimes requires a longer travelling distance, an evening or overnight across the border costs significantly less, and for some, the drugs are believed to be stronger and easily available. Moreover, some young persons perceive these alternative venues across the border as a welcome relief from the confines of Hong Kong. While in Hong Kong, they are facing isolation from parents, have left school and/or are either unemployed or engaged in unmeaningful jobs, Shenzhen offers a certain level of status as their Hong Kong dollar goes further here than at home.

While patrons of discos and clubs in Hong Kong dislike the continued presence and surveillance of the police in local nightclubs, some prefer to stay within Hong Kong’s borders believing that they are safer than on the mainland. As noted above, when the police conduct licence checks, drugs can be dumped without police detection. The legal risks are comparatively higher across the border, with compulsory re-education for those caught with a small amount for personal use. In Hong Kong, a small amount as a first offence, depending on other circumstances, would result in a non-institutional penalty. Despite recognition of the risks involved, some young people remain attracted, partly for the reasons noted above, but also because they perceive the risks of detection by mainland authorities as being relatively low. Many of our respondents indicated low levels of policing. There have been reports of Hong Kong citizens being arrested across the border for drug taking and in early 2001, the head of the Shenzhen narcotics office indicated that more than ten Hong Kong teenagers are undergoing compulsory rehabilitation for three to six months.

**Problems Associated with Use**

Most users we have interviewed frequent clubs and discos on the weekends and public holidays and use only in this context (Joe Laidler, Day and Hodson, 2001). On a night out, they will use one to two ecstasy tablets and supplement the high with a few lines from a shared packet of ketamine. Beer or fruity alcohol based drinks are also consumed. Some of those who use on the week report using greater amounts to attain a higher level to the point where their head feels as if it has exploded, but the majority indicate that their use is regulated by limiting intake (Joe Laidler, forthcoming). They also monitor each other’s intake to lessen potential health problems.
Even with controls on their use, these users experience health problems related to their use of ecstasy and ketamine including teeth grinding, rawness of the nasal passages, occasional vomiting when using ketamine and dehydration. Some users rest and drink water to counter the dehydration, but most will opt for beer because it is cheap and sustains their high. Given the duration of an evening out, the exercise expended in dancing, and the effects of the drugs noted above, it is not surprising that many users report having headaches and feeling exhausted after a weekend session (Joe Laidler, forthcoming). To alleviate headaches and exhaustion and be ready for school or work, most users will sleep, often facilitated by smoking cannabis. Most of these weekend users reported that their use had no negative impact on their work or school performance.

Many weekend users also report a decrease in their sexual performance but this was not viewed as a deterrent to using. After time, many notice a decrease in their body weight, and this, is perceived as a benefit rather than as a deterrent. Generally speaking, from these users’ point of view, if they control and regulate their intake, the problems associated with using ecstasy and ketamine are tolerable and can be managed.

**Treatment and Harm Reduction**

The relatively recent and dramatic increase in the trend toward ATS and ketamine use among young people in Hong Kong is beginning to alter the landscape of local drug treatment services. A recent review of drug services in Hong Kong shows that a majority of service providers now provide at least some of their services for psychotropic as well as opiate using clients (Hong Kong Narcotics Division, 2004). Joining together under a broad umbrella are a variety of drug services including new and existing initiatives that include both compulsory and voluntary drug treatment programmes, a long running methadone treatment programme, substance abuse clinics and programmes focusing specifically on ATS and ketamine users. Services are provided by a variety of agencies including both government and non-governmental organisations.

The changing drug trend has been a challenge for what was a relatively stable system historically treating opiate users. With the exception of the methadone treatment programme established in the early 1970s, Hong Kong treatment services have traditionally focused on abstinence based treatment models. As is seen in the overall figures for clients in drug treatment in 2003 (Hong Kong Narcotics Division, 2004) a majority of the agencies providing drug treatment are operated by
organisations with a religious background, typically Christian. This is countered by the fact that a majority of drug users in treatment are being treated within the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) which is a non religious NGO with subvention from the Department of Health.

While the trends for drug users under 21 years of age have changed substantially in recent years it should be noted that when drug use among all ages is considered heroin users still make up 74.7% of all reported cases to the CRDA. Ketamine, at 13.6%, is the next most commonly reported drug followed by Triazolam / Midazolam at 11%, cannabis 7.3%, ecstasy 6.6% and methamphetamines at 4% (CRDA, 2003). This highlights the need for an ongoing focus on heroin treatment for ‘older’ drug users in contrast to the need for a reorientation of services aimed at under 21s who are most commonly found to abuse psychotropic substances. If this trend continues there will be increasing pressure for change in drug services.

**Current Drug Treatment Focus in Hong Kong**

Drug treatment programmes that in the past mainly focused on treatment for opiates are now integrating services for ‘psychotropic’ drug users into their overall services (Hong Kong Narcotics Division, 2004). Additionally, specific counselling centres are being created or expanded to increase the reach of services specifically targeting this trend and new services with the intention of identifying and providing services to keep these young drug users from progressing to ‘hard-core’ drug use have been stressed as a priority. A feature of this move is to consider a multi-disciplinary approach reflecting ‘overseas experience’ that will develop a strategic plan to enhance the drug treatment system. Included in this plan is a review of the appropriateness of current services to psychotropic drug users (Ibid.).

A major change in recent history has been the extension of specific psychotropic treatment agencies - Counselling Centres for Psychotropic Substance Abusers (CCPSAs). The first such programme, PS 33, run by the Hong Kong Christian Service opened in 1988 and has now been joined by 4 other centres which aim to provide a territory wide coverage for psychotropic substance abusers. The CCPSAs were set up with the specific goals of helping drug abusers “abstain from drug taking habits”, to “steer them away from drugs”, to provide services for family members, present drug education programmes to secondary school age students and organise training for various
professionals on psychotropic drugs / treatment. Joining these agencies in their specific focus on ATS are 4 substance abuse clinics located in hospitals throughout the region. These clinics are intended to provide specialist services such as inpatient treatment.

Over the past century Hong Kong has followed a fairly typical course worldwide when it comes to policy on drug related problems. The dominant approaches, supply reduction and demand reduction, have been the driving forces in Hong Kong drug policy and treatment. Additionally, Hong Kong has a longstanding example of a third ‘reduction’ policy, harm reduction, in its Methadone Treatment Programme founded in the 1970s.

**Harm Reduction**

The term harm reduction refers to a collection of principles that can be applied to drug education, treatment and policy on an individual or community level. While it appears that an absolute definition of the term has not been established as of yet there is a consensus on some basic elements that stand out when attempting to define the concept. 1. It emphasises short-term pragmatic goals over long-term idealistic goals. 2. It involves establishing a scale of means to achieving specific goals, realising that no one strategy will work with everyone. 3. It views illicit drug users as full members of the community, worthy of respect and capable of both rational and altruistic behaviour (Des Jarlais & Friedman, 1993).

The main goal of harm reduction can be said to decrease the adverse consequences of drug use without necessarily viewing drug use, per se, as an inherently positive or negative practice (Riley, 1994). It is a model that stresses the pragmatism of a policy or intervention in attaining the goal of a minimisation of the harms that occur from drug use on individuals, communities and society as a whole. It occupies the middle ground between the moral model of drug use on one side, which tells us that drug use is an evil or immoral practice that must be stamped out, and the medical model on the other side, espousing all drug use as abuse and in need of medical intervention (Marlatt, 1998). Harm reduction chooses to take a morally neutral stance on drug use, instead choosing to focus on the bettering of the individual's situation and ameliorating any harms that may result from his or her drug use.

Harm reduction has been practised as a response to drug issues for many years and in many forms from the prescription of maintenance doses of opiates in the early part of the 20th century for opiate
addicts to the mandatory notification of drug users in the UK in the 1960s (aimed at the reduction of societal harms), to the unease with the medical model’s focus on treatment, cure and abstinence during the 1980s (Berridge, 1993). The modern harm reduction movement has its roots in the recent explosion of HIV / AIDS among communities of injecting drug users (Wodak, 1992).

The two countries most closely associated with the advent of harm reduction are the UK and the Netherlands. The UK came to harm reduction early on in their efforts to curb problems associated with drug use as is evidenced by the ongoing acceptance of physicians prescribing opiates to maintain heroin addicted patients. This approach has been especially evident in the city of Liverpool through the Merseyside Health Authority (Marks, 1991). The Dutch have long supported harm reduction through a variety of both policy and treatment initiatives including the legalisation and regulation of cannabis supply and their initiatives to separate the hard and soft drug markets in order to lessen the harm of cannabis use (Marlatt, 1998). Another feature of Dutch treatment services of interest to our current ATS drug trends is the provision of pill testing at venues linked to ATS drug taking. NGOs are allowed to test pills on site to let users know whether the pills that they present are ‘bogus’ and do not contain any MDMA.

**Hong Kong**

Harm reduction is no stranger to Hong Kong; we have a longstanding methadone maintenance programme which has been in place since 1972 (Ch’ien & Cheung, 1999). Another example of harm reduction in Hong Kong is the outreaching service of the Pui Hong Self Help Association, which trains ex drug users (graduates of the treatment service provided by SARDA) to provide outreach services to current drug addicts. Services by this group include alerting users to the dangers of sharing needles, procedures for cleaning needles / syringes and condom distribution (Ch’ien & Cheung, 1999).

Local research (Ch’ien, 1997) has also attributed Hong Kong’s relatively low rate of HIV infection to, among other factors:

- The availability of multi-modality treatment, including 21 methadone clinics
- An experimental needle / syringe exchange programme operated by Medecins Sans Frontieres, etc.
The needle exchange programme by MSF was a first of its kind trial in Hong Kong which was brought to a close in 1997 with the closure of the Pillar Point Vietnamese refugee camp and has neither been endorsed nor repeated since by the Hong Kong government (Nemayechi & Taveaux, 1996).

Challenges

As put forward earlier in this paper, young people in Hong Kong are citing a number of reasons for their increasing acceptance of psychotropic drugs

- Boredom / curiosity
- It's not addictive in nature
- It's a 'trendy' thing to do
- ATS / ketamine have few legal consequences
- The use of the substances is linked to particular entertainment venues or ‘scenes'

This is very different from the overall perception that opiates, particularly heroin, are much more serious drugs with greater risks. The adverse consequences put forth by ecstasy and ketamine users are not seen to be as acute or dangerous as those of heroin users, i.e., dehydration / dry mouths, jaw cramping, headache, weight loss, runny noses and sore throats as opposed to the risks of opiates which include addiction, greater risk for overdose, risks in contracting HIV or hepatitis C, etc.

The Hong Kong government notes that these attitudes and the changing drug trends that result are forcing treatment agencies to look at new forms of treatment that are more acceptable to these drug users (Hong Kong Narcotics Division, 2004). While the overall trend in drug use across all ages continues to be mainly heroin the fact that a vast majority of users under 21 are using different drugs may force even further changes in the provision of services if drug treatment agencies intend to match the perceived needs of their clients. Harm reduction options such as the legalisation or decriminalisation of particular substances, on site pill testing for dance / club drugs, alternatives to methadone maintenance, etc. which are not acceptable to main stream treatment organisations at the moment may become a more viable alternative if the current trends continue and we are faced
with a greater number of psychotropic drug users over time. The recent surge of ketamine and the concern for drugs mostly unknown in Hong Kong but gaining acceptance in other parts of the world (i.e. GHB) argue for the need to have a flexible provision of drug services that is able to change its focus quickly.

Harm reduction programmes do not necessarily stress abstinence, as is the current trend in Hong Kong drug treatment services, but accept that drug use will happen and stress the delivery of services without a moral judgement on users behavior. This may present a philosophical or religious challenge to the current drug treatment services as it has in other parts of the world. Another challenge may come from the legality of harm reduction services. At the moment initiatives such as needle exchange programmes and on site pill testing would leave treatment agencies open to prosecution if they were to implement these types of programmes.

Summary

The increasing consumption of ATS drugs globally is also apparent in the Asia region with Hong Kong showing one of the largest increases of use internationally. This use has been mainly linked to young people in Hong Kong under the age of 21 with older users still predominantly using heroin as a drug of choice. These young people see ATS use very differently from heroin, claiming that they do not have major concerns about health or legal problems with the drugs and that they see ATS drug use as a trendy and social activity that does not lead to addiction. Minor problems that users do report include dry mouth, sore jaws, gradual weight loss, headache, etc. that they ameliorate with a number of different strategies. The increased consumption of these drugs can also be linked to the proliferation of drug using venues (typically nightclubs / discos) which are connected to the ATS drug use ‘scene’. This trend has also followed across the border into Shenzhen where cheaper clubs, and drugs, can be found.

These changes in drug use trends have also led to a change in the provision of drug treatment services for young people. Hong Kong drug treatment services have begun to provide services specifically for psychoactive drug users in addition to their ongoing treatment of older, typically male, opiate users. Hong Kong continues to provide mainly supply and demand reduction oriented services and harm reduction initiatives such as the methadone programme for heroin addicts have only been replicated in isolated cases. If the current trends of ATS consumption are to continue it
will pose a challenge to both the treatment of drug users and the overall drug policy framework under which those programmes operate.

References


