

## Chapter II

### YOUTH DRUG ABUSE: TRENDS, CHARACTERISTICS AND CHALLENGES

#### (A) World Situation

2.1 Historically, the problem of drug abuse was largely associated with the use of heroin and other opiates among lower and working class adults. The rising threat of psychotropic substances in the past decades has significantly changed this longstanding pattern.

2.2 According to the 2008 World Drug Report published by the United Nations Office on Drugs and Crime (UNODC), the extent of drug use of the global population is as follows -

**Chart 1 Extent of drug use (annual prevalence) estimates (2006/07 or latest year available)**

	Cannabis	Amphetamine-type stimulants		Cocaine	Opiates (of which is Heroin)
		Amphetamines	Ecstasy		
Number of abusers (in millions)	165.6	24.7	9	16	16.5 (12.0)
in % of global population aged 15-64	3.9%	0.6%	0.2%	0.4%	0.4% (0.3%)

Note : Annual prevalence is a measure of the number/percentage of people who have consumed an illicit drug at least once in the 12-month period preceding the assessment.

Sources : UNODC, Government reports, European Monitoring Centre for Drugs and Drug Addiction, Inter-American Drug Abuse Control Commission, local studies.

2.3 The international community is now recognising amphetamine-type stimulants (ATS)<sup>1</sup> as a new threat after cocaine and cannabis, with its abuse being more prevalent than that of heroin and other opiates. Ketamine, the most commonly abused psychotropic substance among youngsters in Hong Kong, is a synthetic drug and analysed by

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<sup>1</sup> ATS are synthetic drugs made in a chemical laboratory (including ice and ecstasy), whereas cannabis, cocaine and opiates are derived from plants.

UNODC as part of the ATS markets<sup>2</sup>. ATS, cannabis and cocaine are included as psychotropic substances in Hong Kong's Central Registry of Drug Abuse<sup>3</sup> (CRDA).

2.4 Against this backdrop, there has been an increasing trend of youth drug abuse in recent years. According to UNODC<sup>4</sup>, drug prevalence rates among youth in many countries are higher than that for the general population, up to three or four times higher in some cases.

2.5 Although there is a lack of comprehensive worldwide data, many regional studies have shown that psychotropic substances have replaced opiates as the dominant drug among young drug abusers<sup>5</sup>. The problems of youth drug abuse and psychotropic substances are intimately related.

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<sup>2</sup> Global Amphetamine-Type Stimulants Assessment Report (*UNODC 2008*). Ketamine's appearance on ATS markets, either in connection with the "club drug" scene, or found knowingly or unknowingly as an active ingredient in "ecstasy", is a relatively recent phenomenon. In 2001, only two countries reported seizures of ketamine. In 2006, this number increased to 20, including mainly East and South-East Asian countries but also Australia, Canada, France, Argentina and Russia. Ketamine is currently not subject to control of the international drug conventions (see Chapter X for details).

<sup>3</sup> CRDA is a voluntary reporting system. See Chapter XI for details. According to CRDA, "psychotropic substances" are defined to include hallucinogens (e.g. cannabis), depressants, stimulants (e.g. ice, ecstasy and cocaine), tranquillizers and other drugs and substances such as ketamine, cough medicine and organic solvent. The other category in CRDA is "narcotics analgesics" or "narcotic drugs", which refer to heroin, opium, morphine and physeptone/methadone. They may be referred to as traditional drugs in this Report.

<sup>4</sup> World situation with regard to drug abuse, with particular reference to children and youth. *E/CN.7/2001/4, UNODC Commission on Narcotic Drugs, Forty-fourth session, Vienna, 20-29 March 2001*

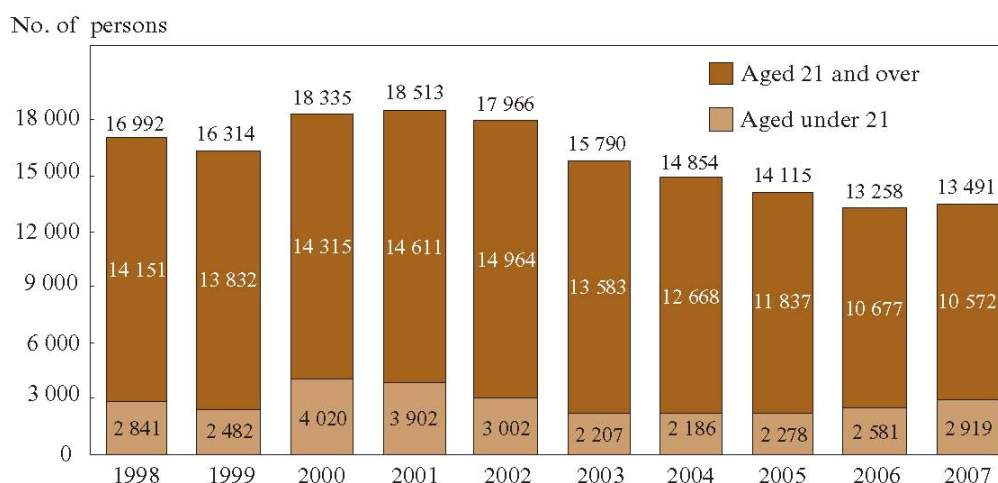
<sup>5</sup> The 2007 Monitoring the Future – National Results on Adolescent Drug Use (*NIDA, US*); Smoking, drinking and drug use among young people in England 2007 (*NHS Information Centre, UK*); and the 2004 Survey of Drug Use among Students (*Narcotics Division, HKSAR*) have similar findings.

## (B) Drug Abuse Trend in Hong Kong

### (a) CRDA figures

2.6 The total number of drug abusers reported to CRDA fluctuated over the years. There was a general downward trend in the reported number except for a slight pick-up in 2000 and 2001 (18 335 and 18 513 respectively). The number has since decreased steadily to 13 258 in 2006, until a reversal again in 2007 (13 491, an increase of 1.8%).

Chart 2 Reported drug abusers by age group, 1998-2007

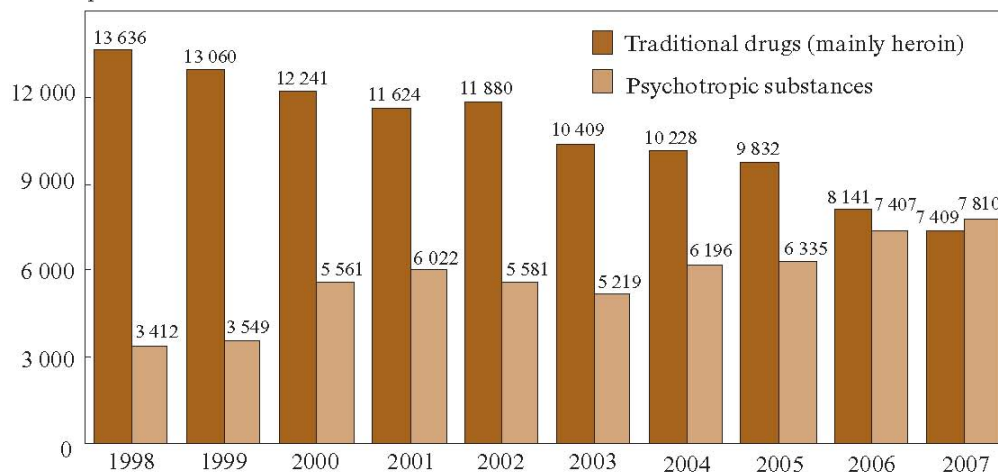


2.7 Opiates (mainly heroin) have long been the dominant, traditional illicit drugs in Hong Kong. But we have witnessed a steadily decreasing popularity. In the past decade (1998-2007), the number of reported abusers taking narcotic drugs has decreased from 13 636 to 7 409, a drop of 46%. On the contrary, we have seen a steady rise in the number of reported abusers taking psychotropic substances over the same period, from 3 412 to 7 810, or an increase of 129%. 2007 indeed saw the number of reported abusers taking psychotropic substances having overtaken the number of those taking traditional drugs, the first time ever recorded<sup>6</sup>.

<sup>6</sup> There was also an increasing trend of abuse of both narcotic drugs and psychotropic substances in the past decade, with the proportion against total rising from 8.3% in 1998 to 13.6% in 2007.

**Chart 3 Reported drug abusers of psychotropic substances and traditional drugs, 1998-2007**

No. of persons



Notes : 1. Figures exclude persons with unknown drug information.

2. An individual drug abuser may abuse both psychotropic substances and traditional drugs concurrently in a given year.

2.8 Regarding young drug abusers aged under 21, we have seen an alarming rising trend in recent years, with over 2 900 reported abusers in 2007, representing an increase of 34% in three years. This has contributed to the reversal in the total number of all drug abusers in 2007. The rising trend has continued into 2008, with an increase of 22% in the first half of the year over the same period in 2007.

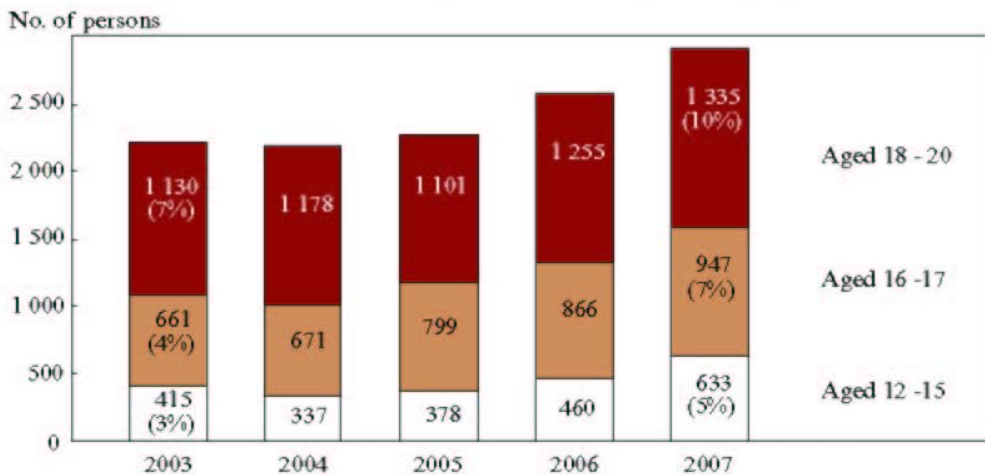
2.9 In 2007, the rate of drug abusers reported to CRDA is 0.21%<sup>7</sup> of the total population, while the rate of youth drug abusers under 21 is 0.34%<sup>8</sup> which was 1.6 times of the former.

<sup>7</sup> The percentage refers to the number of reported drug abusers as a proportion of population aged 11 and over.

<sup>8</sup> The percentage refers to the number of reported drug abusers as a proportion of population aged between 11 and 20.

2.10 We have also seen a younger drug abuse population overall, with the proportion of those aged under 21 as against the total rising from 14% in 2003 to 22% in 2007. The mean age of young drug abusers has declined from 17.4 in 2003 to 17.1 in 2007.

**Chart 4 Reported drug abusers aged under 21 by specific age groups, 2003-2007**

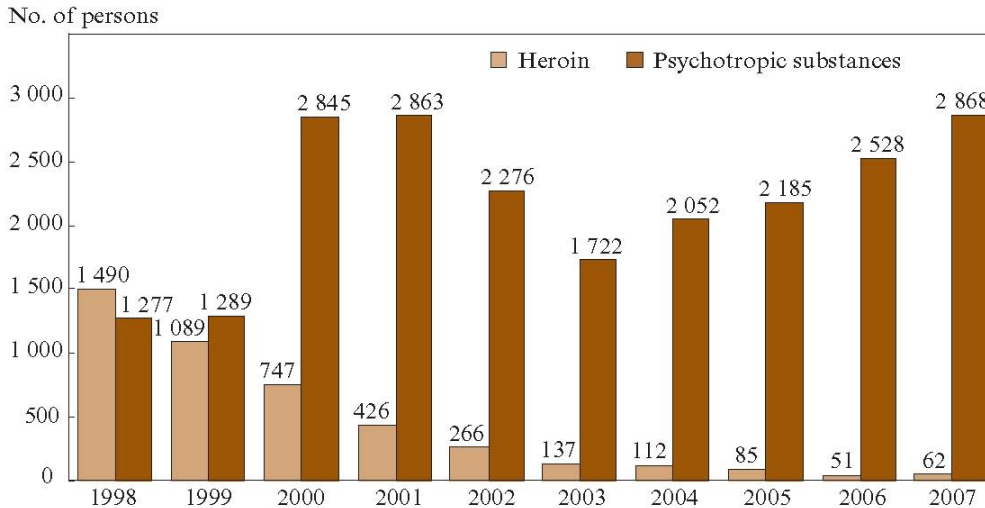


Notes :1. Figure in bracket refers to the proportion of all reported drug abusers in a given year.  
 2. For those below the age of 12, the number is less than 6 and percentage is less than 0.5%, throughout the period.

2.11 We have also observed a general lowering of the age of first-time abuse of young drug abusers in recent years. Over the same period from 2003 to 2007, the mean has dropped from 15.8 to 15.4. In 2003, half of the young drug abusers first took drugs at ages below 16. In 2007, this median age dropped to 15.

2.12 The steady declining trend of heroin abuse and increasing trend of psychotropic substance abuse is most significant among young drug abusers. In 1998, some 58% of young drug abusers took heroin and 50% psychotropic substances (some took both). In 2007, only 2% took heroin, and 99% took psychotropic substances.

**Chart 5 Reported drug abusers aged under 21 of psychotropic substances and heroin, 1998-2007**



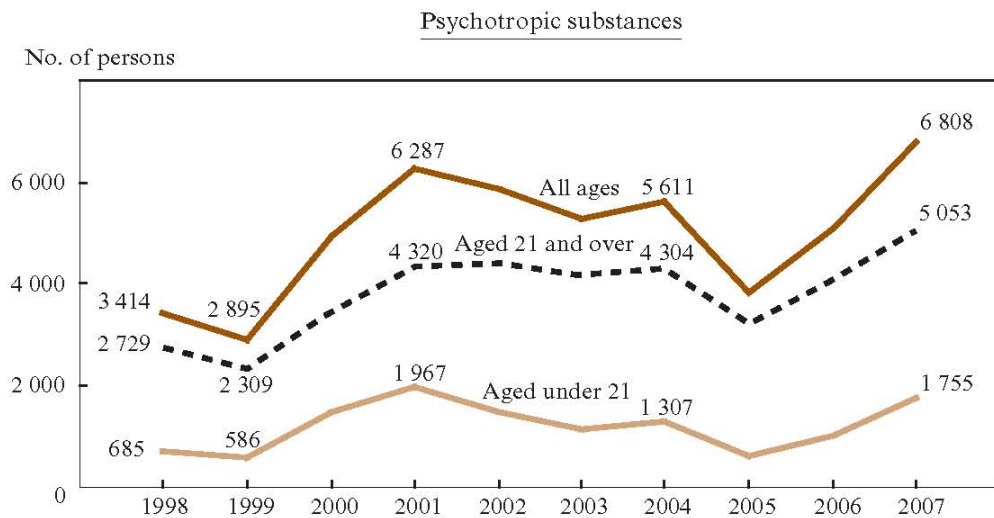
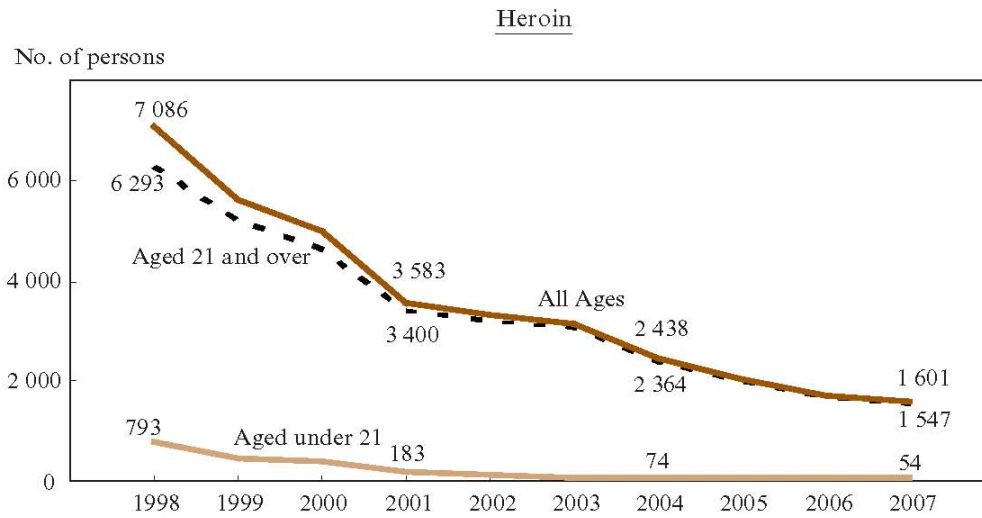
Notes :1. Figures exclude persons with unknown drug information.  
 2. An individual drug abuser may abuse both psychotropic substances and heroin concurrently in a given year.

**(b) Other figures and information**

2.13 The escalating, inter-related problems of psychotropic substance abuse and youth drug abuse could be illustrated by statistics on drug-related offences.

2.14 Over the past decade, the number of arrests for drug-related offences involving heroin has declined continually. On the other hand, the number of arrests for drug-related offences involving psychotropic substances has generally been on the rise, with occasional peaks and troughs. The current peak of 6 808 in 2007 represented a 79% increase over just two years. 1 755 of them were young persons under 21 years of age.

**Chart 6 Persons arrested for drug-related offences by age group, 1998-2007**



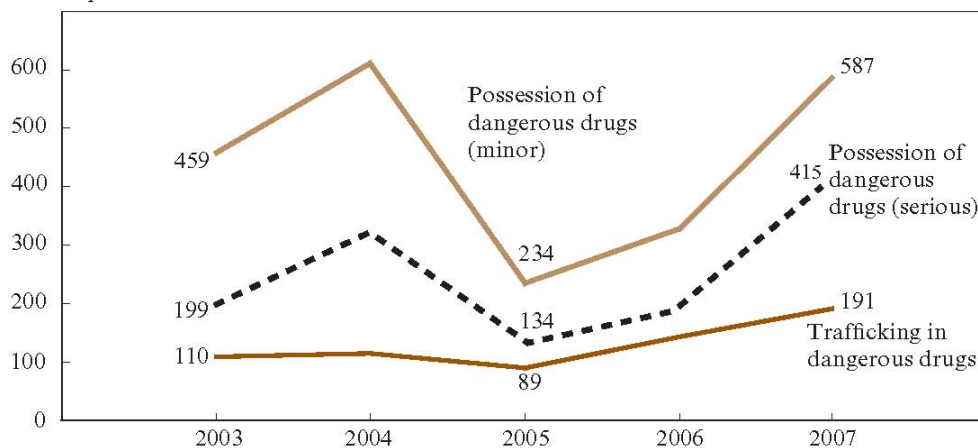
Note : An individual may be arrested for offences of both heroin and psychotropic substances concurrently in a given year.

Sources: Police and Customs

2.15 For those youngsters under 21 prosecuted for drug-related offences, the majority were related to possession of dangerous drugs, followed by trafficking in dangerous drugs. Over two years since 2005, there have been increases of 151% of cases of prosecution of minor possession offences; over 200% for serious possession offences; and 115% for trafficking offences.

**Chart 7 Persons aged under 21 prosecuted for drug-related offences, 2003-2007**

No. of persons



Note : An individual may be prosecuted for more than one offence in a given year.

Source : Judiciary

2.16 The CRDA and law enforcement statistics on the serious problem of youth drug abuse are corroborated by other studies and anecdotal information.

2.17 For example, to study the drug abuse situation of the young people in Hong Kong, the Hong Kong Council of Social Service, in 2006, interviewed 1 123 young people who had either ever used or were currently abusing drugs<sup>9</sup>. The study found that 69.1% of the subjects used drugs for the first time at the age of 15 or below. A slight proportion of them (3.2%) even used drugs for the first time at an age below 12<sup>10</sup>.

<sup>9</sup> 青少年濫用藥物概況調查 2006. 香港社會服務聯會及全港地區青少年外展社會工作隊

<sup>10</sup> However, it should be noted that due to the non-statistical sample design, the survey results could not be generalised to other young people beyond the survey coverage.



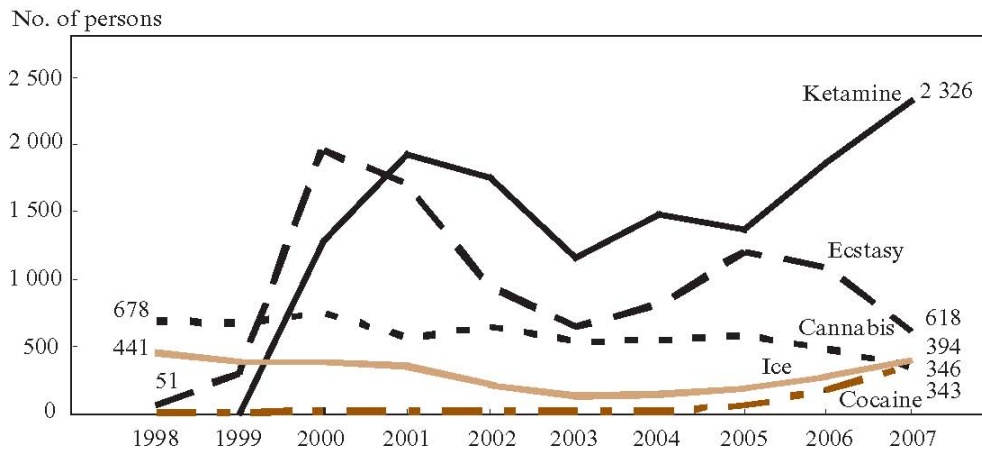
2.18 News reports in recent years also highlighted the problem and aroused significant community concern. For instance, a thirteen-year-old girl died in a disco due to a fatal dose of ecstasy in July 2006. In June 2007, four Form 2 female students were found to have used ketamine in the classroom. The ketamine was suspected to be purchased from a schoolmate. In November 2007, three Form 1 male students were arrested for drug possession and trafficking at school.

**(c) Profile of young drug abusers**

2.19 In 2007, a total of 2 919 young drug abusers aged under 21 were reported to CRDA, accounting for 22% of the total number of reported drug abusers. Nearly all of them (99%) abused psychotropic substances, while only 2% took traditional drugs (mainly heroin). 37.8% of those young psychotropic substance abusers took multiple drugs.

2.20 In 2007, ketamine was the most common type of psychotropic substances abused by young drug abusers (80.2%), followed by ecstasy (21.3%), ice (13.6%), cannabis (11.9%) and cocaine (11.8%). Ketamine has remained the most common psychotropic substance of abuse since 2001 and has been on a rising trend in recent years. Declines in the number of abusers taking ecstasy and cannabis were observed in 2006 and 2007. On the contrary, the significant increase in numbers taking ice and cocaine since 2004 calls for close attention.

**Chart 8 Reported drug abusers aged under 21 by major type of psychotropic substances, 1998-2007**



Note : An individual drug abuser may abuse more than one type of substances concurrently in a given year.

2.21 The mean age of the reported young drug abusers was 17.1. Some 70.9% of them were male. Half of them first abused drugs when they were under 15.

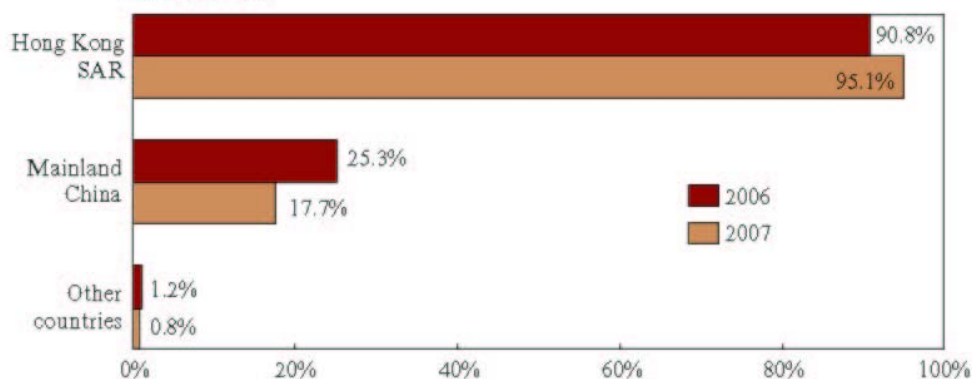
2.22 69.7% had attained lower secondary level of education; 27.9% upper secondary level; 1.8% primary or lower level; and only 0.5% tertiary level.

2.23 41.8% were previously convicted, with 13.5% convicted of drug-related offences and 27.7% convicted of other offences only. The association between crime and drugs is apparent.

2.24 40.5% were employed, 26.4% students and about one-third non-engaged (neither studying nor employed).

2.25 Along with the close social and economic links within the Pearl River Delta region, cross-boundary drug abuse is an issue of concern. In 2006, 25.3% of the young drug abusers reported that they had taken drugs in the Mainland (mainly Shenzhen). This figure dropped to 17.7% in 2007. This is a problem more serious among the young drug abusers, as the corresponding figure for all drug abusers was 11% in both 2006 and 2007.

**Chart 9** Proportion of reported drug abusers aged under 21 by place of abusing drugs, 2006 and 2007

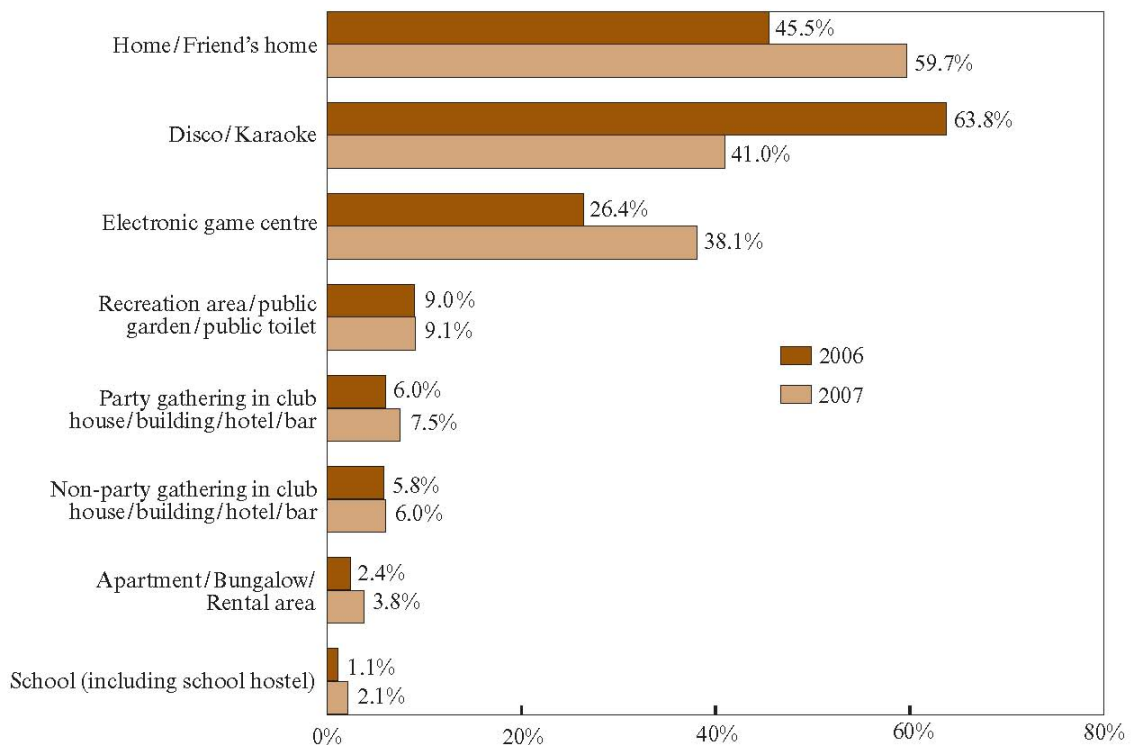


Notes : 1. Figures exclude persons with unknown place of abusing drugs.  
 2. More than one type of place may be reported for each individual drug abuser.  
 3. Proportion refers to the proportion of all reported drug abusers in a given year.

2.26 Regarding the locality of drug abuse, home and karaoke/disco top the list. 59.7% of young drug abusers indicated to have taken drugs at home in 2007 (45.5% in 2006)<sup>11</sup>; 41.0% at karaoke/disco (63.8% in 2006). The reversal in order of popularity may possibly be attributed to enhanced law enforcement efforts in places of public entertainment. Some have suggested that the after school hours before the return of parents from work are a high-risk window for taking drugs alone or in the company of friends. Recreation areas/public gardens/public toilets were also common localities (26.4% and 38.1% in 2006 and 2007 respectively).

<sup>11</sup> Most of those young drug abusers taking drugs at home or at friend's home also took drugs elsewhere, such as at entertainment venues. The proportion of those only taking drugs at home or at friend's home was 13.4% and 21.5% in 2006 and 2007 respectively.

**Chart 10 Proportion of reported drug abusers aged under 21 by locality of abusing drugs, 2006 and 2007**



Notes : 1. Figures exclude persons with unknown locality of abusing drugs.  
 2. More than one type of locality may be reported for each individual drug abuser.  
 3. Proportion refers to the proportion of all reported drug abusers in a given year.

## **(C) Characteristics and Challenges of Psychotropic Substance Abuse**

### **(a) Harm**

2.27 Abuse of psychotropic substances is known to have caused many adverse effects on one's health, family, social life, school and work performance.

2.28 As the name implies, psychotropic substances affect the mind and the mental health of a person. The harmful effect may range from attention deficit, deteriorating memory, movement disorders to cognitive impairment, depression and hallucination. Serious mental diseases may result<sup>12 13 14</sup>. Worse still, an impaired state of the mind may make one more vulnerable to accidents and senseless behaviours, endangering the safety of not only his or her own self but also others.

2.29 Psychotropic substances may also damage the function of other organs in the body. For example, ketamine may have adverse effects on many important bodily functions, including the cardiovascular, respiratory, neuromuscular, gastrointestinal, reproductive and immune systems<sup>15</sup>. Some local research suggests that habitual abuse of ketamine may result in significant bladder dysfunction and renal impairment, causing frequent visits to the toilet as often as every 15 minutes. Even kidney transplant may not fully restore the renal function<sup>16</sup>.

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<sup>12</sup> A study commissioned by ACAN in 2005 showed that ketamine abusers were found to have more problems with fine motor coordination than non-abusers. The abusers were also found to have impaired executive functioning, displaying difficulty with organising tasks, verbal memory and using semantic clustering and abstract thinking in their memory strategy. (Chen Ronald et. al. 2005. A study on the cognitive impairment and other harmful effects caused by ketamine abuse. ACAN)

<sup>13</sup> Research has shown that methamphetamine (ice) can damage brain blood vessels and nerve endings and cause changes in brain chemicals. These effects put chronic methamphetamine abusers at risk of cognitive impairment and early onset of movement disorders, similar to those seen in Parkinson's disease. 3,4-Methylenedioxymethamphetamine (ecstasy) causes actual depletion of tissue stores of serotonin, which impairs the brain function in regulating aggression, mood, sexual activity, sleep and sensitivity to pain.

<sup>14</sup> A study supported by the Beat Drugs Fund in 2006 revealed that there was clear association between cough mixture abuse and folate deficiency. Many people with the habit of cough mixture abuse were at risk of severe damage to their brain and nervous system. The side effects might come on suddenly and might lead to severe permanent disabilities. In pregnant mothers, there was the possibility of causing severe brain damage to the fetus. (Au WY et. al. 2006. A Survey in Folate Deficiency and its Serious Consequences in Drug Abuser, with Emphasis on Cough Mixture Abuse. Beat Drugs Fund)

<sup>15</sup> Cardiovascular toxicity usually manifests as hypertension, tachycardia, and palpitations. Respiratory toxicity may include respiratory depression and apnea. Central nervous system adverse effects may include confusion, hostility and delirium. (Krystal JH et al. Subanaesthetic effect of the non-competitive NMDA antagonist, ketamine, in humans: psychometric, perceptual, cognitive, and neuroendocrine responses. *Arch Gen Psychiatry* 1994; 51:199-214)

<sup>16</sup> A local study demonstrated an association between ketamine abuse and lower urinary tract pathology, which caused intractable urinary symptoms and severe impairment of patients' quality of life. Findings suggested that the progressive disease process might end up as irreversible chronic renal failure rendering patients dependent on dialysis. (Chu PS, Kwok SC, Lam KM. "Street ketamine"-associated bladder dysfunction: a report of 10 cases. *Hong Kong Medical Journal* 2007; 13:S1-S3)

2.30 Contrary to common misconception in some quarters, psychotropic substances are potentially addictive in nature, causing both physical dependence and psychological dependence. Physical dependence may be manifested in the appearance of withdrawal symptoms due to absence of drugs. Psychological dependence refers to the experience of impaired control over drug use, and is characterised by repeated and excessive use of a drug.

2.31 In a landmark decision in June 2008, the Court of Appeal substantially raised the sentencing tariffs for trafficking ketamine and ecstasy. The Court accepted the compelling medical evidence regarding the harmful and addictive effect of these two most commonly psychotropic substances being abused by youngsters. More details can be found in Chapter IX (paragraphs 9.8 - 9.11).

**(b) Hidden nature**

2.32 Unlike traditional drugs such as heroin, psychotropic substance abuse is more “hidden” in nature.

2.33 In the first place, many common psychotropic substances can simply be sniffed or swallowed, rather than injected. The need for apparatus is often minimal. This makes discovery more difficult, notably at home which is the most common place of drug abuse among youngsters.

2.34 Secondly, some common psychotropic substances could be subject to less frequent recreational or experimental use at the beginning, without the discomfort of non-administration. According to CRDA, the median monthly frequency of abuse for reported ketamine and heroin abusers were 4 and 60 times respectively in 2007. 14% of abusers taking only psychotropic substances cited ‘to avoid discomfort of its absence’ as a reason of current drug use<sup>17</sup>. On the other hand, this reason is the most popular one cited by heroin abusers (52%).

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<sup>17</sup> This has risen from 8% in 2003.

2.35 It is also suggested that the other harmful effects of psychotropic substances on the body, like the development of mental diseases, may not be immediate or apparent at the beginning, but may gradually surface after a few years.

2.36 The lower frequency of abuse, and the slow emergence of withdrawal symptoms and other harmful effects on the body would make enquiries by family members less likely and young abusers themselves less motivated to seek help, who may remain hidden from the usual help networks for quite some time. Half of the young drug abusers who are reported to CRDA for the first time have a drug abuse history of two years or more.

**(c) Accessibility**

2.37 The most common psychotropic substances in Hong Kong, ketamine, ecstasy and ice, are synthetic drugs which can be produced wholly from precursor chemicals in clandestine laboratories. This makes the monitoring of the supply and trafficking more difficult than heroin, which is made from opium plants grown only in a few countries.

2.38 Worse still, ketamine, the most popular illicit drugs in Hong Kong, is not subject to control of the international drug conventions. Illicit diversion from legal supply and international trafficking are challenges for the law enforcement authorities.

2.39 It is also suggested that the purely synthetic nature of the common psychotropic substances, the availability of supply and the less frequent abuse patterns may make them relatively more affordable or accessible to youngsters.

2.40 According to CRDA, in 2007, half of the reported heroin abusers spent over \$127 every time in taking the drug, while half of the reported abusers of ketamine spent over \$100 every time. Taking into account the different frequencies in taking the two drugs (paragraph 2.34), heroin abusers tended to spend much more (with a median monthly usual

expenditure at \$6,000) than ketamine abusers (with a median monthly usual expenditure at \$450).

2.41 In the case of cocaine, the recent increase in the number of reported young drug abusers (from 20 in 2004 to 343 in 2007) coincides with a falling retail price during the same period according to law enforcement intelligence.

#### **(d) Challenges**

2.42 The rise of psychotropic substance abuse among our young people is posing significant challenges to Hong Kong.

2.43 A major difficulty is identification and contact. Many youngsters at risk or those who have fallen victim to drug abuse may remain out of reach or unknown to help networks for years. A significant proportion of the young drug abusers are non-engaged (not studying or unemployed). There is a tendency to abuse drugs at home while many also frequent places outside Hong Kong to seek drugs and other illicit sensations.

2.44 This is made worse by some common features of psychotropic substances, including their slow but severe harm on a person, “hidden” nature from discovery and relative accessibility.

2.45 A natural consequence is that the problem may be much more serious than the community may readily appreciate or understand. By the time multiple harm to an individual abuser fully surfaces, or until the extent of the affected youth population is fully revealed, serious damage would have already been deeply inflicted on the individual and the community alike, making any remedial measure, even if effective, very costly.

2.46 The truth of the matter is that the drug problem is becoming an enormous burden to world communities economically. The United States estimated that the drug problem had cost the country about US\$143 billion in 1998, equivalent to about 1.6% of the country’s Gross Domestic Product



(GDP) that year<sup>18</sup>. Likewise, Canada estimated the cost at about CAD\$8.24 billion in 2002, equivalent to about 0.7% of the country's GDP<sup>19</sup>. A recent study in the United Kingdom estimated that a problem drug addict may cost the community more than £800,000 over the addict's lifetime<sup>20</sup>.

2.47 In Hong Kong, the cost of the drug problem was estimated to be around HK\$4.23 billion in 1998, equivalent to about 0.3% of the local GDP that year<sup>21 22</sup>. The cost covers abusers' expenditure on drugs; the cost to health as well as welfare systems in providing prevention, treatment, education and welfare services arising from drug abuse; the cost of law enforcement and criminal justice system in tackling drug problem; the loss of income due to lower or non-productivity of the abusers; and the cost borne by the abusers for property damage under the influence of drug.

2.48 Psychotropic substances are a long-term scourge on our young people, severely stifling the growth of our new generation and sapping our strength and competitiveness in a manner unknown to many. We must come to grips with this serious and escalating problem and rise to the challenge.

2.49 In launching a new battle against this problem, the Task Force has investigated and deliberated with a view to unveiling the true nature and extent of the problem, reviewed and reinvigorated our strategies, taken any immediate actions which could be implemented, and made specific recommendations in the short, medium and long term. We shall discuss the details in the following chapters.

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<sup>18</sup> The Economic Costs of Drug Abuse in the United States, 1992-1998. *Executive Office of the President, Office of National Drug Control Policy*

<sup>19</sup> Rehm, J. et al. (2006). The Cost of Substance Abuse in Canada 2002. *Canadian Centre for Substance Abuse*

<sup>20</sup> BBC News (14 June 2008) [http://news.bbc.co.uk/go/pr/fr/-/2/hi/uk\\_news/7454338.stm](http://news.bbc.co.uk/go/pr/fr/-/2/hi/uk_news/7454338.stm)

<sup>21</sup> Cheung Y.W. (2000). Social Costs of Drug Abuse in Hong Kong, 1998. *Narcotics Division, HKSAR*

<sup>22</sup> A newly commenced longitudinal study focusing on a whole bunch of socioeconomic and health impacts of substance abuse will provide an update to the figures. The study is supported by the Beat Drugs Fund and is scheduled to be completed in 2011. Please also see Chapter XI of this Report.

2.50 Implementation of the recommendations will require collaboration among Government and non-Government parties, adjustment of their operations and priorities, redeployment of existing resources, and new funds and human resources particularly in respect of longer term measures. The Task Force members, representing the relevant bureaux and departments involved, are fully convinced of the necessity to tackle the drug abuse problem among our young people effectively and urgently, and are committed to pursuing the various measures recommended herein to the best of our endeavours.