

## Chapter III

### WHY DO THE YOUTH TAKE DRUGS AND OUR RESPONSE

#### (A) Analysis

3.1 Drug abuse is a complex social problem. It can be analysed from many perspectives.

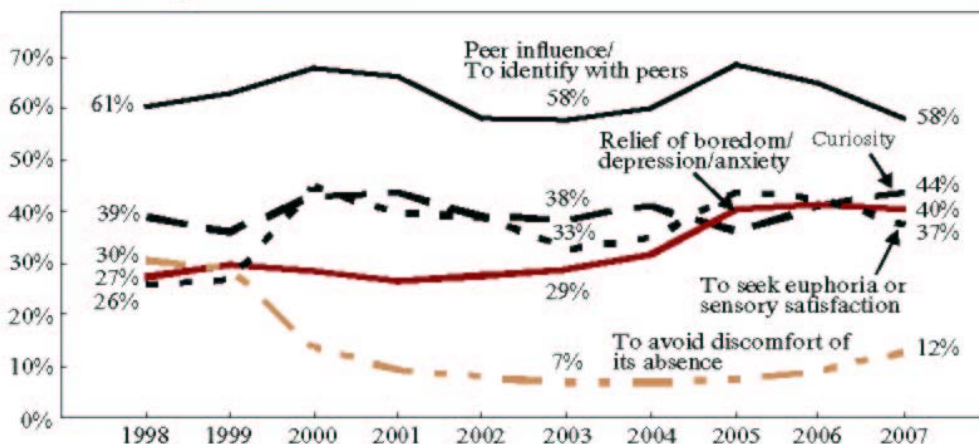
3.2 When we focus on the youth and the personal level, a starting point to look at is the reasons given by the young drug abusers themselves.

3.3 According to CRDA, in 2007, the reported young drug abusers aged under 21 gave the following reasons for current drug abuse -

- Peer influence / To identify with peers (58.3%)
- Curiosity (43.5%)
- Relief of boredom/ Depression/ Anxiety (40.4%)
- To seek euphoria or sensory satisfaction (37.2%)
- To avoid discomfort of its absence (12.4%)

3.4 The trend over the last ten years is shown in the chart below –

**Chart 1 Proportion of reported young drug abusers by major reason for current drug abuse, 1998-2007**



- Notes : 1. Percentage refers to the proportion of reported young drug abusers claiming the respective reason for current drug abuse.  
2. Figures do not include those abusers who did not give any reason for current drug abuse.  
3. More than one reason for current drug abuse may be reported by an individual drug abuser.

3.5 It can be seen from the above that peer influence has always remained the most popular reason for current drug abuse, as attributed by 58.2% to 68.2% of young drug abusers. Curiosity is an important personal factor<sup>1</sup>, with a steady attribution ranging between 35.7% and 43.5%. Indeed it is also the single most often quoted reason, way ahead of others, for the first use of psychotropic substances among students in the 2004 survey.

3.6 Relief of boredom, depression and anxiety is also a significant factor, ranging between 26.4% and 41.3%. Such factors are strongly related to adolescent growth and problem-coping ability.

3.7 Over the years there has been a significant decreasing trend of avoiding discomfort of absence of drugs, from 30.5% in 1998 to 12.4% in 2007. On the other hand, seeking euphoria or sensory satisfaction has generally risen from 25.6% in 1998 to 37.2% in 2007. This may be attributed to the decreasing prevalence of heroin abuse among the youth, from 58.4% in 1998 to 2.1% in 2007, and the increasing prevalence of psychotropic substance abuse, from 50.1% in 1998 to 98.9% in 2007.

## **(B) Research<sup>2</sup>**

3.8 The above personal and interpersonal factors are also closely related to others which may contribute to drug abuse, such as lack of psychological competencies and coping skills, underachievement, and non-engagement. From an ecological perspective, one may describe these

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<sup>1</sup> The reasons for first abuse of psychotropic substances in the 2004 student survey are as follows -

- Curiosity (34.9%)
- Peer influence / pressure (15.4%)
- To seek euphoria or sensory satisfaction (14.0%)
- Relief of boredom/ Depression/Anxiety (10.4%)
- To relieve pressure (6.4%)
- To keep up spirits (2.7%)
- To show off (1.6%)
- Others (14.6%)

<sup>2</sup> See Shek, D.T.L. (2007). Tackling Adolescent Substance Abuse in Hong Kong: Where We Should and Should Not Go. *The Scientific World Journal (TSW Child Health & Human Development)*, 7, 2021–2030. DOI 10.1100/tsw.2007.315. See also “A study to identify the risk and protective factors on drug use among the youngsters” by the Hong Kong Council of Social Service, 1996.

as risk factors at the individual level. There are other risk factors at different levels.

3.9 In the school setting, one may attribute youth drug abuse to such factors as poor academic achievement, inadequate educational aspiration and lack of appropriate life skills of students.

3.10 From a family viewpoint, parental absence, loose parental supervision and sanction against drug abuse, lack of positive relationship with adults and lack of family strength are some common risk factors.

3.11 At the societal level, one may identify risk factors like availability of drugs, growing addiction culture, postmodern youth culture, growing poor population, growing pessimism about upward social mobility, pathological emphasis on achievement, etc.

3.12 In contrast with the risk factors, there are protective factors which may help us protect young people from drugs. One may see them as the absence of risk, or as the low end of a risk factor. They may also be conceptually distinct from risk factors, but could moderate or buffer some of the risk factors.

3.13 Some common protective factors identified in literature<sup>3</sup> and by front-line workers and stakeholders<sup>4</sup> include -

- at the individual level - healthy attribution style, self-efficacy, hope, faith, problem solving, life and social skills, positive values and attitudes, good peers;
- at the family level - supportive home environment, parental support and guidance, trust;

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<sup>3</sup> See Hauser, S.T. (1999). Understanding resilient outcomes: adolescent lives across time and generations. *J. Res. Adolesc.* 9, 1-24; See also Smith, C. and Carlson, B.E. (1997) Stress, coping and resilient in children and youth. *Soc. Serv.Rev.* 71(2), 231-256

<sup>4</sup> The importance of protective factors is indeed widely shared by many parties which we have met or submitted views to us, including ACAN, DLC, RAG, representatives from DFCCs, school councils, principals' and teachers' associations, and social services organisations such as the Hong Kong Federation of Youth Groups, and the Hong Kong Council of Social Service.

- at the school level - schools with effective pastoral care and student guidance system, appropriate discipline, expectations; and
- at the community level - supportive non-parent adults, anti-drug publicity, drug controls.

3.14 Given the above analysis and research, a natural strategy in the international community to tackle the youth drug abuse problem is to reduce the impact of the risk factor and promote the influence of protective factors. This constitutes the foundation of our policy responses.

### **(C) Policy Perspectives**

3.15 Youth drug abuse is a complex problem, intrinsically linked to a number of other social issues. It is often a manifestation of some wider and more intricate issues such as family, adolescent or health problems that need to be tackled with equal, if not more, rigour. The problems cut across many policy areas.

3.16 Risk factors increase as children grow into adolescents. If these risk factors are not tackled in a proper manner with appropriate guidance or relevant skills match, or otherwise countered by promotion of protective factors, they can develop into more complex problems of which drug abuse is but one of them. Other manifestations include smoking, gambling, internet addiction, pre-marital pregnancy, juvenile delinquency, suicide, and other family problems.

3.17 Worse still, drug abuse and some other social problems or risk factors mentioned are prone to reinforce one another and they could be both the cause and the effect. In any case, the adverse consequences would be felt by all, the troubled youngsters themselves, their family members, the community, and society in general. In order to break this vicious cycle, a holistic approach canvassing different policy areas is essential in order to effectively tackle the youth drug problem.

## **(D) A Holistic Approach**

3.18 Our anti-drug policy has long followed a five-pronged approach, namely, (1) preventive education and publicity, (2) treatment and rehabilitation, (3) legislation and law enforcement, (4) external cooperation and (5) research. Many of the measures under this approach are aimed at suppressing the risks factors and strengthening the protective factors. In addition, the Task Force believes that in order to more comprehensively and effectively avail the vulnerable youth to the protective factors, it is essential to foster a caring culture for our youth within the community at large. This represents an additional and yet fundamentally important dimension in the overall strategy.

3.19 On preventive education and publicity, the focus is on reducing the demand for illicit drugs by imparting knowledge on drugs to different stakeholders, dispelling any misconceptions, strengthening young people's life skills and resistance to adversity and temptations, and mobilising the whole community to join the anti-drug cause. Chapter IV will discuss our overall efforts, while Chapter V will focus on the school sector.

3.20 For those who have unfortunately fallen victim to drug abuse, our treatment and rehabilitation services play a key part in identifying them, and helping them to kick the habit and reintegrated into society. An overview will be given in Chapter VI. The possible use of voluntary and compulsory drug testing as a means to identify young drug abusers early for intervention will be considered in Chapter VII. Enhancement of the probation system for those abusers caught by the criminal justice system will be discussed in Chapter VIII.

3.21 On legislation and law enforcement, the focus is on reducing the supply and availability of illicit drugs based on a proper legal framework, in compliance with our obligations under the international conventions on illicit drugs. We will discuss our efforts in Chapter IX, and address the specific issue of compulsory drug test in Chapter VII.

3.22 Drug abuse problem is a global issue. We must work closely with our counterparts in the Mainland and overseas to combat the problem. Development on this front can be found in Chapter X, with emphasis on tackling the cross-boundary drug abuse problem.

3.23 To better understand the drug abuse problem, to respond to new challenges brought by the changing drug scene locally and overseas, and hence support continuous improvement of our anti-drug programmes, we attach great importance to carrying out evidence-based research. Details can be found in Chapter XI.

3.24 The above five prongs have served us well over the years. However, as mentioned above, to tackle the youth drug abuse problem at root, we must look beyond our usual confines and address some fundamental issues. We should enhance the culture of care for our young people in the community, strengthen complementary support among various sectors and stakeholders and promote participation in the anti-drug cause by all. Detailed efforts on this front are set out in Chapter XIII. Improvements to the operation of the Beat Drugs Fund (BDF) to support community participation are discussed in Chapter XII.