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A Focus Group Study on Psychotropic Substance Abuse

by

Emily Sung

for

The Task Force on Psychotropic Substance Abuse

Narcotics Division

12th January 2001

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Hong Kong Jockey Club Drug InfoCentre

ACKNOWLEDGEMENTS

I would like to thank members of the Ad Hoc Research Group for this study, Mr. David Cheung, and Mrs. Lily Ng for their assistance in the recruitment of participants; and Mr. Y. M. Chan of Narcotics Division for his kind assistance in the coordination work. I am especially indebted to Dr. Ng Ho Yee for her supervision throughout the study and her advice which has shaped the present report. I would also like to thank Ms. Jody Ying, Ms. Vancy Pang, Ms. Iddy Yiu, and Ms. Esther Lau for their hard work in transcribing the audiotapes.

Lastly, I would like to express my gratitude towards all participants of this study, who generously shared their thoughts and experiences with me. The wish to canvass their perspectives in a truthful manner was the major impetus behind the completion of this project.

Executive Summary

This study was carried out to solicit detailed information on the characteristics and abuse patterns and factors contributing to abuse of psychotropic drugs in Hong Kong. Eleven focus groups had been held involving 6 social workers and 44 service recipients from agencies providing services relating to drug prevention and rehabilitation. Findings indicated that the majority of these young abusers came from intact and relatively well-off families with at least lower-secondary education (p.10-11). Their first attempt of drug taking usually began in their early teens (p.12), prompted by their curiosity about, and the availability of, drugs amongst their peers (p.25-26). Drugs were found to be distributed extensively by what they claimed to be triad members (p.17-18). Drug taking seems to be taken as a way of coping with life's frustrations (p.24) and develop into a lifestyle that may be considered as an inferior substitute of a more meaningful way of living. The participants seem to be unreceptive to the information about the harmful effects of drugs as promulgated by government sources and believe that they have control over the use of drugs through self-medication (p.22-23). They accept information regarding the serious harm consequent to drug abuse based only on their own experiencing of the ill effects or that conveyed by fellow drug users. Treatment is usually sought on an involuntary basis through legal order or after their having sustained serious physical damage due to drug abuse (p.32-33).

Several implications on prevention and treatment can be drawn from the findings. First, the use of natural support networks in terms of family and non-drug taking friends can be essential for recovery. Teaching the family the detection of early signs of drug use might deter young drug users from further abuse (p.41-42). Second, the encouragement of alternative life-styles with practical support services are likely to help rehabilitated persons to give up their drug habit as an inferior alternative (p.43). Third, to gain the credibility of these young drug abusers, drug prevention messages may best be delivered by reformed peers who have had personal experiences with drugs (p.45). Fourth, more communication between social workers and government officials may facilitate more efficient delivery of services (p.46). Lastly, as the findings are based upon a convenience sample predominated by males from lower-to-middle class, further studies involving more selective samples such as female participants, or users from other social strata, using other research methods, such as in-depth interviewing, are suggested (p.40).

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CHAPTER ONE INTRODUCTION

BACKGROUND

At its meeting on 26 April 2000, a focus group study on psychotropic substance abusers was endorsed by the Task Force on Psychotropic Substance Abuse, Narcotics Division, with the aims to "solicit detailed information on the characteristics and abuse patterns of psychotropic substance abusers and the situation of cross border drug abuse by Hong Kong people" (Appendix 1). Such data would help to identify factors contributing to psychotropic substance abuse as well as to inform drug treatment and rehabilitation. The study was overseen by the Ad Hoc Research Group formed under the Task Force.

METHOD

Eleven focus group-interviews were held, involving a total of 50 participants in ten groups of service recipients from agencies providing treatment and rehabilitation services, and one group of social workers with experience in working with psychotropic drug abusers.

Participants

Convenience sampling was used. The ten groups of service recipients were recruited in seven non-government organizations (NGO), one government unit, and one statutory organization. They provided services in outreaching work, drug treatment and rehabilitation, and drug prevention. These organizations were identified through members of the Ad Hoc Research Group. Appendix 2 gives a description of the nature of services provided by these organizations. The social worker group also came from these organizations.

Service Recipients

The help of social workers was solicited in recruiting these participants, the selection criteria being good rapport between the workers and the participants, and their willingness to share their experiences with an independent group facilitator not known to the participants. A total of 44 participants were recruited according to the different stages of drug use. They formed 10 focus groups. Table 1 gives the different categories of participants. The experimental users were recruited from a unit providing preventive services. In view of the preventive nature of its services, a few non-drug users were located at this site. The high risk-youths were recruited from outreach teams. As abusers at workplace were located amongst those under treatment, they were put

together under one category.

Table 1. Composition of the Focus Groups

Category	*Number of Participants*
Experimental Users/ No drug experience	7
High risk youth	15
Abusers at workplace/ under treatment	22
Social Workers	6
Total	*50*

Table 2 gives the size of each group which ranged from two to eight members. The size of some groups was small due to a generally low actual turnout rate, and the participants' preference for sharing experiences only with peers they knew personally, thus limiting the participation from other unfamiliar members.

Table 2. Size of Focus Groups

No.	*Number of Participants*
1	7
2	5
3	3
4	2
5	5
6	3
7	6
8	3
9	8
10	2
	44

Social Workers

The participants in the social worker group were recruited from the NGOs and the one government unit involved in the study. One social worker was invited from nine agencies. Six finally attended the group interview. All were Assistant Social Work Officers. Their years of experience in drug work ranged from

2 years to 9 years, with an average of 4 years.

Procedure

The focus groups with service recipients were all held at their respective agencies. Each participant was requested to sign a consent form (Appendix 3) for participating in a two- to three-hour group session and for providing information on their personal background and pattern of drug abuse in the form of a data sheet (Appendix 4). The purpose of the study was explained to the participants who were also assured of the confidentiality of their identity. Discussion guidelines for each category of participants are given in Appendix 5. At the request of the social workers, for five of the focus groups, a social worker of the agency where the interview was held was present at the interview, serving as a co-facilitator.

Data Analysis

The group interviews generally lasted for 90 -120 minutes each, depending on the number of participants. All interviews were tape recorded, and then transcribed into Chinese for thematic analyses. Only dominant themes found across all groups will be categorized and presented (Vaughn, Schumm, & Sinagub, 1996).

CHAPTER TWO PRESENTATION OF FINDINGS

In presenting the findings, apart from the relevant statistical information, selected transcribed quotations are used to illustrate the findings. The source for each quotation is identified in terms of the speaker's sex, age, and the nature of service attended. The findings are presented in the following sequence, covering the topics as stated in the guidelines from the Ad Hoc Research Group (Appendix 1):

A. Service Recipients

- Demographic and social characteristics
- Drug abuse patterns and history
- Sources and distribution of Drugs
- Knowledge and attitudes towards substance abuse
- Reasons and attractions for substance abuse
- Consequences associated with substance abuse
- Views on treatment

B. Social Workers

- Perceptions of their roles
- Treatment and rehabilitation services
- Training needs
- Difficulties in service delivery

Service Recipients

Demographic and social characteristics

Table 3 details the demographic and social characteristics of the 44 service recipients. They were predominantly male (77%), with a ratio of male to female being 3.4 to 1. Such predominance of male participants is related to the fact that the male drug users were in general recognized by social workers to be more open about sharing their experiences than females. Fifty-seven percent of the participants were under age 19; participants who were above age 30 were those recruited from abusers under treatment with 12 to 24 years of drug abuse history. Ninety-six percent of the sample was educated up to lower to upper secondary school level.

Seventy percent of participants came from intact families and many of them living in relatively well-off households, in that 39% of these households were reported to have a monthly household income from

$20,000 to $40,000, a level above the median household income of $18,000 in Hong Kong (HK Census Information, 1998).

Most of those who reported having full time or part-time employment held blue-collar jobs, e.g. workmen or unskilled workers in delivery, catering or construction services. Those who were unemployed were mainly school dropout teenagers or adults with lower education background. For the 41% who reported a personal income below $5000, most held part-time employment or were unemployed.

Table 3. Demographic & Social Characteristics of Participants

Variables	*Number*	*Percentage*
Sex		
Male	34	77%
Female	10	23%
Age (Years)		
Under 15	11	25%
15 - 19	14	32%
20 - 24	7	16%
25 - 29	9	20%
30 - 39	2	4%
40 & over	1	2%
Education Level		
Primary	2	4%
Lower Secondary	32	73%
Upper Secondary	10	23%
Marital Status		
Single	40	91%
Married	1	2%
Divorced	1	2%
No Information	2	4%
Occupation		
Full Time	13	30%
Part-time	5	11%
Student	10	23%
Unemployed	16	36%
Monthly Income		
Below $5,000	18	41%
$5,000 - $10,000	13	30%
$10,000 - $15,000	2	4%
$15,000 - $20,000	2	4%
Nil	2	4%
No Information	7	16%
Household Monthly Income		
Below $5,000	2	4%
$5,000 - $10,000	11	25%
$10,000 - $20,000	10	23%

$20,000 - $40,000	17	39%
Nil	1	2%
No Information	3	7%
Family Composition		
Intact Family	31	70%
Single-parent Family	7	16%
Living with Siblings	2	4%
Living alone	4	9%
Residential District		
Hong Kong Island	8	18%
Kowloon	13	30%
New Territories	19	43%
No Information	4	9%

Drug abuse patterns and history

Information on drug abuse patterns four weeks before the group interview was requested from the participants. The data are presented in Table 4. As the participants were at different stages of their drug careers, the individual drug abuse experiences varied widely. Only 29 (66%) reported themselves to be active drug abusers. Ten (23%) were drug free either because they quit drug voluntarily or were under treatment. Five who were in the experimental user group reported having no drug experience at all as the services of the agency was preventive in nature and were available to non-drug users. The majority of the participants were those with less than 5 years history in drug abuse, with 36% reporting their age at initial drug abuse to be below 15, which is somewhat younger than the range of 15 to 24 years of age as reported in the latest Central Registry of Drug Abuse report (Narcotics Division, 2000).

Table 4. Participants' Current Drug Abuse Pattern

Variables	*Number*	*Percentage*
Current Drug Abuse Pattern		
Active Abusers	29	66%
Abstinent	10	23%
No drug experience	5	11%
Drug Abuse History (Years)		
0	6	14%
1 - 2	15	34%
3 - 5	10	23%
6 - 9	4	9%
10 - 19	8	18%
20 or above	1	2%
Age of Initial Drug Abuse		
10 - 14	16	36%
15 - 19	18	41%
20 - 21	2	4%
Not Applicable	5	11%

		(out of 29)
Drugs Abused		
FING 頭 (Ecstasy)	19	66%
Ketamine (K)	17	59%
Cannabis (Hash)	14	48%
Methylamphetamine (Ice)	6	21%
Cough Mixture	5	17%
Trizolam (藍精靈, 白瓜子)	4	13%
Flunitrazepan (十字架)	2	7%
Heroin	2	7%
Money Involved		
Under $100	11	25%
$100 - 199	14	32%
$200 -299	7	16%
No information	19	43%
Source of Drugs		
Friends	29	66%
Dealers	5	11%
Drug Stores	5	11%
No information	5	11%
Cross-border Experience		
Yes	29	66%
No	10	23%
No information	5	11%

Drugs Abused

The most popular drugs amongst the active abusers were FING 頭, ketamine, and cannabis, which, despite the sample being a convenience one, reflects a trend similar to the one reported in the latest CRDA report (Narcotics Division, 2000). Whereas the younger participants (under age 22) reported abusing FING 頭, ketamine, cannabis and methylamphetamine, the older participants tended to use cough mixture, Trizolam, and Flunitrazepan more. The frequency of abuse varied widely from daily to once or twice a month.

Beliefs about Drugs and Pattern of Use

The patterns of use for different drugs seem to be distinctly different for various types of drugs.

Methylamphetamine (Ice)

Ice is believed to be able to help concentration and to lose weight. Two female participants acknowledged weight loss as the main reason behind their taking ice.

"我以前都食開冰既, 我中一 十月時high冰, 食完, 夠精神溫書, high左成年, 得第二名." (Male,

age 15, Preventive)

"又係為左減肥, 瘦得快, 食野都食唔到," (Female, age 20, Rehabilitation)

Participants reported that they enjoyed the drug-taking ritual, one which they could concentrate on for a long time, e.g., over 10 hours, to perfect every detail. They especially enjoyed changing the flavors of the drugs by their own choosing, that is, mixing them with different kinds of soft drinks. The activity can be either solitary or a social one.

Cough Mixture

Cough mixture is believed to help concentrating on routine jobs. Participants reported feeling being able to relax and feeling more energized and excited after taking it.

"第一次飲咳藥水果D時咪咩囉. 果陣時做野咩架嗎, 即自己開舖頭, 即係成日應酬果D, 精神緊張, 成日訓唔到覺咪飲囉. D朋友講野話飲左好D, 冇咁緊張, 咁飲左之後咪無咁犀利囉." (Male, age 28, Rehabilitation)

"我就辛苦d, 我跟車都係飲咳藥水, d貨拿去放低, 簽左名就走人, 專心做野, 如果唔飲, 睇地圖, 排單, 就會冇心機." (Male, age 17, Rehabilitation)

Cannabis (Hash)

Hash was reported to be frequently used in social occasions, e.g. karaoke, watching VCD, or just sitting at home chatting with friends. The users believed that it could help them to have more fun, improve appetite and sleep. It can be used everywhere like smoking cigarettes. In general it was considered the least harmful drug, as the legal penalty was considered to be the lightest.

"招呼朋友用既, 係啦, 貪得意來用, 同食煙無乜分別."

"即係大麻最係咁多種軟性硬性毒品最唔係咁嚴重架咩囉. 既程度係最平既, 揀到守下行為, 罰下錢咁囉. 食冰呀食白粉呀, 果D好嚴重架嘛. 即係輪番個程度黎講, 懲罰咁樣, 原來都係大麻最冇咁嚴重." (Female, age 24, Counseling)

FING 頭 (Ecstasy)

FING 頭 was used for partying and dancing, to accompany strong music, and was very popular in discos, but some who could not afford so would take the pills in karaoke or at home while listening to strong dance music.

"食fing頭呀，食fing頭咁你食完之後你會覺得好似周身都好有力咁，跟住聽到d音樂就，即係好想跳下舞呀，即係周圍郁下果d啦." (Male, age 16, Counseling)

Ketamine

Ketamine was used mainly at dancing in discos but many also took it for the sensation it gave, e.g. during school lunch hours, at a park or at home, whenever feeling bored.

"佢地個個都索k嘛, 係屋企冇野做咪索, 傾下, d感覺好正." (Female, age 14, Outreaching)

Polydrug Use

Polydrug use has been reported across different groups. Some drug users reported mixing whatever they had with them, whereas some seemed to prefer particular combinations and sequences.

Mix-and-match

The most popular mix-and-match use is FING 頭 and ketamine.

"係囉, 通常會兩樣." "我覺得會兩樣，我自己就兩樣，lung埋先囉." (Male, age 17, Outreaching)

"因為K仔快上丫嘛，fing頭果D要等幾耐呀，咁你快上左先啦，跟住再fing頭再上，跟住然後又上，跟住然後再上. 一晚上好多云架." (Male, age 18, Outreaching)

Participants also mentioned mix-and-matches between FING 頭, ketamine, and cannabis with different sequences.

"係食fing頭再大麻就有幻覺架啦. 即係食完fing頭跟住就去食大麻, 再走去索「茄」拿咪". (Male, age 18, Outreaching)

(" 3種加埋之後會點樣架?") "唔知呀, 即係食完fing頭你就跳跳紮紮, 就好想郁, 但係索左「茄」, 咁樣你個人會好遲鈍, 3樣加埋去玩, 你會覺得好好舒服咁樣, 有D人會覺得覺得好辛苦." (Male, age 20, Outreaching)

"大麻先, 跟住落D, 落D就通常Fing頭, 跟住再「茄」." (Male, age 16, Counseling)

Bingeing

Bingeing, stacking and boosting were found. Stacking is the taking of several tablets at once.

"人一世物一世，乜都試下，撞下，每樣撞下，一次過溝五隻一齊食." (Male, age 16, Rehabilitation)

Boosting is the taking of several tablets of drugs but at intervals over a period of time. One participant reported bingeing 60 tablets of O仔.

（"邊個同你講食60粒?"）"佢地羅. 唔，開頭唔係食咁多，諗住食20粒左右."（"點解會越食越多架?"）"越黎越想free囉，應該就." (Male, age 17, Counseling)

Such behavior was described to be related to the desire to regain the sensation obtained at the first experience, which, however, diminished as tolerance developed.

"你第一次覺得好HIGH呀好好玩咁你第二次落去，梗係想搵番第一次D感覺啦，咁第一次係最勁架喎，咁第二次第三次果D呢，咁冇乜野咁樣，當然你越索越食越多咁樣，跟住去番第一次，咁人會適應家嘛，一適應左，咁你下次食番又多D既，又唔似番上次D感覺喎，咁咪越食越多越食越多越食越多咁樣，落親去就係為左咁." (Male, age 18, Outreaching)

Pot-Luck Dinner (大食會)

Two participants mentioned that when they had gatherings with friends, each would bring along some different types of drugs and they would share their drugs together.

"見人地，見到乜 就食乜架啦D friend呀. 開大食會果陣，呢個黎到有乜唔係乜野囉，唔好理佢囉. 有D鍾意咩野，有D意囉冰，有D呀囉下草咁樣呀嘛. 有D囉下D XX咁樣囉，係酒樓呀，夜晚呀咁囉，撞倒呀，係D酒樓食囉." (Male, age 34, Rehabilitation)

Peer Influence

To many high-risk youth, the pattern of drug use seemed to be very much dependent on the availability of drugs amongst their friends.

"當其時人地一唸，索啦索啦，你呢度又有，索啦索啦，呢度又有得食，嘩，呢度食，索啦索啦，咁樣就唔受控制架喇，即係你當其時已經索之後咁你黎左果陣時就覺得乜都冇乜所謂，咁你梗係，呢度索D果度又索D." (Male, age 17, Outreaching)

Sources and Distribution of Drugs

All participants emphasized the easy availability of drugs. There seemed to be well-established and proliferating distribution networks.

Social Network/ Friends

The initial contact of drugs usually started within the participants' social network. Friends were reported to be the predominant source of drugs. Such friends could be those of long-term friendship whereas others were mere casual acquaintances.

"主要係friend 駁friend, 做野時, 一個女仔玩開, 駁friend, 駁到成條街咁, 一齊落去玩." (Female, age 25, Rehabilitation)

Triad Members

Drugs could also be offered by triad members as a friendly gesture to the adolescents. Once these adolescents started buying drugs regularly, they would be incorporated into the distribution network and able to purchase drugs at lower prices. Triad members, who were wholesalers, might then invite them to work as dealers and distribute drugs within their own social network. Some adolescents were able to earn a lot of money from selling drugs.

"初頭都食左咁様，即係大家都食既，跟住有俾你試囉，咪試囉，佢係知道你果班friends呢，識果班friend都食果d野既，需求好大既果個需求，咁佢就話俾D甜頭我，俾我試下咁様呀，跟住以個低D既價錢讓俾我，如果你話要貨既，我就可以問你拎, 我再轉手俾人地，即係你話即係一包貨咁様呢佢賣俾我咁既價，俾個咁既價我，我再搵客囉，佢又唔駛經過接觸D客人囉，咁様會安全D囉，因爲佢信得過我丫嘛." (Male, age 26, Treatment)

The adolescents did not seem to offer much resistance to joining the triad gangs. Participants reported that they had to join them or they would otherwise be bullied. Moreover, the gangs could offer protection, fun and drugs to them.

Dealers

Drugs were sold openly by dealers in discos, game parlors, housing estates, football and basketball playgrounds, snooker clubs, and parks or through phone contacts.

FING 頭 and ketamine were reported to be very easily available in discos.

"個程序，哦，好簡單架咋，即係去到間的士高裡面，跟住入去間房果度，跟住問俾一包fing頭，俾一百蚊佢，跟住就俾包fing頭你，就係咁喇" (Male, age 16, Outreaching)

"好多間disco都會賣，你唔識人都好啦，你一行入去，你望到 d 樣都已經知道邊個係賣. 佢企左係度唔郁，好似揸住個牌咁." (Male, age 16, Counseling)

"好容易接觸到囉, 係依D地方有D直情包差唔多幾個drink包一粒fing頭咁. 400蚊包fing兩個Drink咁." (Female, age 24, Counseling)

Ice was reported to be sold by appointments.

"打電話去, 跟住佢就會問你係邊個, 就問你要幾多, [講到] 一半咁就得, 費事警察追到條線, 跟住約係邊度等就cut線." (Male, age 15, Preventive)

Drug stores

Drugs, especially cough mixture, were available from drug stores, and obtained without prescription. With an introduction by a friend, one could start to get a regular supply of cough mixture and Trizolam from drug stores. Some stores required referrals from clients; others needed a physician's prescription, which, however, could be used by someone else.

"我個時做野, 有個收銀都係食哩隻, 佢介紹我, 俾張野去藥房配, 就變左佢買唔到, 變左我買到." (Female, age 43, Rehabilitation)

Attitude towards distribution of drugs

Participants recounted that they initially considered drugs fun to share with friends. Yet once they noticed the negative side effects, they would try to withhold them especially from those they cared about, e.g. girlfriends.

Despite knowing of the side effects, participants said they would still sell them to others by rationalizing that such drugs would not have any harmful effects on others.

"即係諗住唔係白粉唔會上晒癮,都冇乜野,又唔係害人，咪俾d佢食下,跟住又收下錢咁囉." (Male, age 15, Rehabilitation)

A drug dealer rationalized that it was an independent rational decision by others to buy drugs and consumers should bear the sole responsibility.

"你玩呢樣野，你預左架啦，你預左架啦冇得擔心架，你後悔咪唔好玩囉，係咪先？ 即係冇得後悔."

" 即係係囉，你自己揀既，係你冇得賴人架，根本上係你係你自己叉隻腳埋去之嘛，冇人叫你食架，你唔食都係咁樣玩架者，係咪先？喂，你食左你覺得興奮D失控開心D，你咪自己去食囉，又冇人迫你架咼，者係者係你自己走去食，冇人怪你架，要怪怪自己囉." (Male, age 20, Outreaching)

Money Involved

Forty-three percent of participants did not report their daily expenditure on drugs. Some, especially young female participants, said that they obtained drugs for free from friends. Others found that reporting the expenditure per trip to discos rather than per day a better representation of their pattern of spending, which could range from below $100 to $1,000.

Both beginners and experienced drug abusers said they tended to spend all their money, say, 70-80% of their income, on drugs. Even the dealers, who could earn a lot of money from selling drugs, would also spend it all on drugs or to have fun. Participants also reported resorting to illegal activities, e.g. robbery, or desperately borrowing money as the last resort to buy drugs.

"曾經有做過D犯法野，即係好多時都係D做案，即係都係爲左搵果D錢愛黎即係令到自己買D毒品呀，追求D毒品high，即係日日都覺得好high，即係追求D感覺係好唔同，即係試過今日呢隻葯溝呢隻葯，有一種感覺，跟住我想聽日就呢隻葯溝果隻葯，睇下係咩感覺，追求果D感覺好過癮架." (Male, age 26,Treatment)

Cross-border Experience

Around two-thirds of the participants reported having cross-border experience. and 24% of them explicitly stated the Shenzhen district to be the place of drug abuse.

Attractions of discos in Shenzhen included looser regulations, as there were no policemen to check their IDs or check whether they had drugs with them. They were thus able to act more freely.

"Feel 唔同，無咁易衰咁. 上面係周身有得囉，周身袋幾多都得囉…即係冇人逗咁樣，冇差佬捉，即係少掃場囉，唔會易掃場囉." (Female, age 24, Counseling)

The discos were reported to be usually more spacious and the expenditure generally less expensive. Participants also hinted at the availability of sex services, but those involved were not prepared to discuss it openly.

"D野唔同囉, 地方大，d女仔又多d，同埋又興呢，人地話去就會去架啦，邊度興咪去邊度囉... 平啦, 係有陣時你係香港唔可以玩咁多個場囉，佢熟果個先可以唔駛錢入場既者，大陸果d；就算要俾錢都係有限啦，３０蚊入場, ３５蚊，咁咪俾佢囉，拉齊都係咁多錢既者，又要租房, 又要搭車，以為好平，感覺好平，其實就同香港差唔多." (Female, age 24, Counseling)

Many, however, expressed much caution towards going to discos in Shenzhen. They were afraid of being in an unfamiliar place, exposing themselves to the dangers of being cheated, robbed, or attacked.

"人生路不熟, 俾人湯左都唔知, 係香港唔同, 有事都有人打三條九, 在內地, 邊個睬你. 本來有玩, 但唔敢玩." (Female, age 43, Rehabilitation)

Some perceived people in the Mainland to be more barbaric, feared encountering fights. They also preferred not to buy drugs there, as they might be given fakes. Drugs costing about $100 in Hong Kong might be sold at $30 in the Mainland. They reported there were factories to produce these drugs, yet such drugs might not be manufactured from the same formula.

"三十囉 即係好似D翻版果D. 即係蛇人偷左人地張方再翻版, 再抄." ("即係上面有D咁既工廠?") "有, 好多." (Male, age 25, Counseling)

One participant mentioned that he would prefer bringing his own drugs from Hong Kong to the Mainland due to the practice of the Hong Kong customs.

"帶落黎易捉D囉. 衰過上面好多. 照理就算唔拎野, 都會捉你入去搜身啦, 上去就唔會." (Male, age 25, Counseling)

Nevertheless, they would still go to the Mainland by being more cautious, e.g., staying with a bigger group of friends and refraining from fighting with others.

Knowledge and Attitudes towards Substance Abuse

Sources of Knowledge

Participants acknowledged that they knew clearly that the drugs were illegal, but they did not have much knowledge about the side effects. Their initial knowledge about drugs often tended to be insufficient and positively biased as it was provided by dealers or friends who were also unaware of the negative effects.

In general they seemed to accept their friends' or their own experiences to be more valid than drug information from the media.

Friends

The participants gained knowledge of such drugs by word of mouth from friends and work-mates. Their initial knowledge about drugs was usually positive, e.g., drugs being something that could help them to have fun or help them solve their problems, say, to relax or to concentrate better. The negative effects they learnt about were usually short-term, e.g. unable to fall asleep, and said to be easy to recover from.

(“咁食新藥時, 有冇人同你地講會有咩事架?”) “冇事架, 朝早食, 散晒, 睡覺, 唔食, 點知呀, 食多幾粒仲好訓.” (Male, age 16, Rehabilitation)

“食完咪最多訓唔到覺，冇乜大問題，你玩得耐先有者.” (Male, age 18, Outreaching)

Media

Though many acknowledged that they had been exposed for a long time to the media message of such drugs as harmful, the participants expressed negative feelings and distrust towards the media.

(“初初岩岩開始食既時候有冇人同你地講過對呢D野唔好既, 即係食呢D野之後唔好既反應?”)
“有, 宣傳D野大把呢D野啦. 電視都有得睇啦, 係要食呀. 貪玩呀嘛, 貪玩唔係食囉, 由細到大, 電視都有睇啦, 毒品害人架嘛.” (Male, age 21, Rehabilitation)

(“點解反感呢？”) “即係佢講埋D野係有可能做到既，但係可以點做？”
“有錢我都拎黎去旅行啦？ 我會幫到你架咁様，呢D真係個廣告拍得太假啦可能，無乜信服力.”
(Male, age 18, Outreaching)

Information on the harmful effects and dangers were being interpreted as anecdotal - those involved were especially unwise or unlucky, and unrelated to them.

"果d賣電視廣告真係，FING呀FING出馬路被人撞果D既，我諗冇咁嚴重果D，如果係果D真係玩到非常之顛峰既境界架喇，我呢D初哥黎咋." (Male, age 18, Outreaching)

Media coverage of such drugs, e.g., on the use of drugs by celebrities, can stimulate curiosity about drugs and interest in trying them.

"都係報紙呀咁樣，咁你賣得出黎，或者呢 d 香港原本好少人知既，但係呢幾年，幾多人知，香港咁多人有 d 實試架啦，咁你食黎食去，大人又食，細路又食，嘩咁仲唔癲呀？" (Male, age 17, Rehabilitation)

Personal Experience

As beginners often did not feel any harmful effects from drugs after their first attempt, they believed that they would not become addicted and had control over drugs. They tended to believe that as soon as the negative effects dissipated, they would recover, and they would never think about long-term damage.

"基本上我諗個個人咁諗啦，唔死得就得啦，唔死得就已經可以繼續落去架啦，好多人覺得好玩就繼續去沉迷落去唔理咩啦." (Male, age 18, Outreaching)

Many participants learnt about the negative effects only from their own or their close friends' experiences. They would complain about the deterioration of memory, hallucinations and black out. Yet despite the fact that many had experienced the effects of overdose, they insisted on continuing to take drugs, though of a lesser dosage.

"叫我唔好食, 慳D啦,叫我食少D就得, 叫我唔好食就唔得,邊個我都係咁講架啦." (Male, age 16, Counseling)

They believed they had their own control over the drugs by adjusting the dosage through trial-and-error and would attempt to adjust the dosage until their body could get the sensation they liked but without losing control.

A group of abusers under treatment described how many active abusers were very resistant towards negative information.

"即係好似我地呢D, 食到咁樣, 知道有後遺症果時, 先至會講俾人地聽. 多玩開, 好似佢地玩開果D, 唔知...因爲自己仲食緊, 唔知道後遺症有乜...講左都唔聽架啦. 好多人都係咁樣食架啦, 都係咁食啦, 有楂枴杖都係咁啦, 坐輪椅都係咁啦. 死不悔改." (Male, age 30, Rehabilitation)

Attitudes towards Drug-taking

Many adolescent participants stated that going to discos and taking drugs served as a hobby or an essential activity in their lives for which they could find no substitute.

"每個人冇事都好想落D既, 呢個係興趣所在." (Male, age 16, Counseling)

"即係一至五呢, 個時間呢, 過得好慢好慢, 等黎臨禮拜六個刻, 去玩, 去食個種藥物, 係等呢段時間者, 而家D年青人係咁架啦, 你唔覺架咩?" (Male, age 20, Outreaching)

They perceived drug-taking as an activity or an agent that could help them to have fun, to drive away boredom and unhappiness. FING 頭 and ketamine were taken especially as an essential part of their disco-dancing experience. According to three high-risk youths, they would leave the disco if drugs were unavailable there. They considered drug taking as encompassing more than just the "high" feelings, but as part of the disco experience.

如果你話覺得呢D會上癮會食既，幾僻都得啦，洗乜落D先，落D玩架之嘛，即係我都話俾你聽大潮流之嘛. 如果譬如我真係上癮呀，果D呢，追求果下呢，就真係屋企黎都得啦，唔洗下下落架，咁你落去其實都玩架之嘛，所以我咪話其實香港冇野好玩囉. (Male, age 17, Outreaching)

Thus participants' attitude towards drug taking depends on the stage and the kinds of drugs they take. Some regarded it as an essential part of their life; others considered it part of the party experience when their friends were having, say, birthday celebrations.

Being Trendy

Participants across different groups, including social workers, commented that the trend of party going and drug taking was becoming more prevalent. They quoted names of celebrities, movie stars, and rich people taking drugs, which seemed to make drug taking to appear more glamorous and trendy. They also observed that this trend had been spreading to other groups, e.g. professionals, or to adolescents from good schools and families.

"明星都係咁樣啦, 搵幾多千萬, 幾多億投資, 錢就梗係易賺呀啦, 咁feel可以賺咁多錢, 唔使做呀_.. 全世界都係咁亂." (Male, age 18, Rehabilitation)

Reasons and Attractions for Substance Abuse

Initial Stage

There seems to be an interaction between peer influence and curiosity in those participants who began with fun seeking; whereas for other abusers, drugs could serve a more functional purpose, e.g. better concentration at work or studies.

Curiosity

The process usually began with the availability of drugs amongst friends. Drugs were either offered by close friends as a friendly gesture, or demanded by the novice after observing the behavior of others after drug-taking.

"咁成班friend玩有D唔食既, 見到我地食咁, 佢就自然會會流下你. 喂食完點架, 好唔好玩架, 咁樣跟住食就食俾佢食囉咁." (Male, age 17, Rehabilitation)

"我第一次上去呢,即係第一次上去係冇食過既,我睇到我D friend食,佢問我食,佢地都問我食唔食架,我話唔食喇,但係我睇,我睇佢地玩得好舒服咁,好有力去玩,但係我就好眼訓去玩,越玩越眼訓咁,咁第二次咪試下食少少試下咩,後來知道個種感覺係咁樣,咪繼續食落去咯." (Male, age 19, Rehabilitation)

Most participants acknowledged that they were aware what they took were illegal drugs. The Media was reported to be a trigger for attempting to take drugs and they perceived drugs as something new and exciting.

"好玩啦，初初我都唔知有呢樣野，冇人會諗架麻，我初初都唔知，落到去話有粒野，話fing頭嗎，跟住你試完，嘩，原來咁勁，跟住餐餐都有，d 人唔知，睇報紙有 d 人又食，心思思." (Male, age 17, Rehabilitation)

("大家係食之前都知道個d係有危險既藥物，但大家都會去食，諗住大家玩開，冇所謂?") "諗住一次，冇所謂啦." "諗住，試下自己." ("咁一次之後呢？") "咁就有第二次." "愈來愈好玩." (Male, age 19, Rehabilitation)

Peer influence

Drugs would spread among friends. Such friends were reported to be those of long-term friendship, e.g., neighbors in the housing estates or classmates from schools, rather than casual contacts.

"都係Friend lung friend 咁樣. 即係一個傳兩個, 兩個變八個, 八個變卅廿個咁囉." (Female, age 25,

Rehabilitation)

Some perceived it as impossible not to take drugs amongst the group of friends.

"真係無得唔食架, 你成班人去玩, 得你一個唔食, 無可能, 即係你成班人食既話, 一樣照食...如果你唔食既話, 會比人地排擠o悶啦...你自己唔食, 你都悶啦...人地個個都好開心, 得你一個坐埋係一個角個度唔知做乜野." (Male, age 17, Rehabilitation)

There was, however, one participant who reported himself as refraining from taking drugs but still accepted by a group of peers. He said he would just drink and observe other people in the disco.

Boredom

Many participants, especially the high risk youths, acknowledged that they took drugs to drive away boredom or when they had nothing to do.

("點解你話想食呢?") "悶囉, 因爲響屋企冇野做囉." ("你想做D乜野架?") "返學個D囉...搵到野做." (Male, age 15, Outreaching)

Maintenance Stage

Pleasurable Sensation

The pleasurable sensation derived from drugs was reported to be one of the major reasons behind continuing drug taking, e.g., missing the sensation of feeling high and attempting to get the first experience of drugs by boosting.

("乜野吸引你繼續食落去呢?") "個種感覺，食完之後好玩囉." "係咩感覺？" "暈暈地，好飄好舒服咁既感覺." (Male, age 26, Treatment)

Psychological Dependence (心癮)

Participants reported various types of being psychologically dependent on drugs, e.g., associating disco-dancing experience as inseparable from party drugs and missing the entire disco-dancing experience.

即係成日掛住, 尋日玩到好好玩個喎, 成日日掛住好好玩, 今晚唔知好唔好玩個過尋晚添. (Male, age 18, Outreaching)

Heightening or Regulating Mood

Many participants reported that, with drugs, they could have more fun when they felt happy; they could forget about unhappy matters temporarily.

（"有 d 咩吸引你試左一次之後，又想繼續試呢？"）"唔開心開心都會呀."（"可唔可以舉個例子呀？"）"開心既例如係 d 過節日呀，一齊慶祝呀，唔開心例如係俾屋企人鬧呀，同女朋友鬧交呀." (Male, Age 25, Rehabilitation)

Social Function

Participants also reported taking drugs as part of their social life, e.g., going out together everyday and taking drugs while watching movies, VCD, or karaoke. Sometimes they had social functions solely for drug taking.

Consequences associated with Substance Abuse

Overdosing

Many participants reported experiences of overdosing including vomiting, blackout, suffering from hallucinations, rapid lost of weight, loss of memory, temporary numbing of pain, suicidal attempt, and delirium.

Hallucinations and Delusions

Many participants reported having hallucinations after taking drugs. One participant recounted his confusion between hallucinations and reality.

"好真實架, 以爲你發緊夢, 原來你做緊架...明明發緊夢, 以爲有人開拳　坐_, 打一拳過黎, 你想打番過去, 原來你真係打緊交...我自己都唔知架, 跟住俾人打番, 睇睇自己, 嘩, 原來俾人打緊, 唔係幻覺, 所以之後就驚, 究竟仲有冇做錯D乜野呢?" (Male, Age 20, Counseling)

Another participant who took ice vividly described how her relationship with her clients was affected by her becoming delusional:

"做呢個保險公司既agent 呀咁, 係正如等咩野呀.. 把口呀, 開D呀, 咁咪多D野講囉　穧礅z_ 諗住唔講野, 跟住就好似被害咁. 同埋D同事又攻擊我呀咁, 好似被害咁, 哇乜呢個人無啦啦攞把刀出黎呢, 疑神疑鬼, 我都係走先喇咁." (Female, Age 24, Counseling)

Poorer Job Performances/ Loss of Employment

Participants reported numerous incidents where their employment would be affected. Those who took FING 頭 and ketamine reported poorer job performance as they suffered from poorer memory and dozing off at work; they would keep taking sick leave after going to discos as they were too tired to go to work. Beginners would try to keep their jobs by going to discos on Saturdays and sleeping over Sundays. Yet once they became more involved in drug-taking, their employment would become unstable and they had to resort to illegal activities to obtain money for drugs.

"初時打工都咩既，即係都唔係，即係做一個月，咁譬如話有一段時期做一個月野咁啦，即係果一個月有人請番，乜都唔理淨係諗住成日諗住果份工係做一個月架姐，幾錢一件事，我一個月之後就玩哂佢架喇，即係好有計劃既，跟住玩完喇果D錢呢，輪到下一次，咁冇辦法喇，即係去偷呀，或者即係做D犯法既野，諗D辦法啦，搵唔到錢呢咁我就會再抖番一排咁樣啦，再搵份工去做番一個月或者兩個月咁啦，通常都係十零日，一個月減十幾日做幾日，即刻做幾日呀，即係做幾日啦唔做，做到出糧先喇咪食囉." (Male, Age 26, Treatment)

Even for those who originally intended to improve job performance by taking drugs, their job performance would gradually deteriorate as they became addicted. A participant who used to work as a waitress said she would bring along a bottle of cough mixture that she would take during breaks. She believed drug-taking had affected the relationship with her boss.

"其實自己唔知, 不過應該有[影響], 成日都做錯野, 有時成杯咖啡倒落個客到, 有時成條糕跌落地下." (Female, Age 25, Counseling)

It is more difficult for them to look for employment as employers usually would not hire them again. Some, however, reported that drug taking was an accepted norm in some specific trades, e.g., hair saloons, truck delivery service, car sales. One participant reported that he could take drugs in front of his boss without any worries.

"D大麻呀, 大麻呀咁囉. 基本上好多老細都係果陣時做髮型屋, 都係架 D老細一齊點架, 哈, 果陣時做運輸直情係D老細臉前整呀　腿駄妨嗺Y佢面前大搖大擺, 跟住自己食幾啖食呀." (Male, Age 25, Counseling)

Legal Consequences

Participants across different categories expressed fear that their drug taking behavior would be detected by policemen. They would try to hide from policemen especially when they had drugs with them.

驚架都，盡量少拎咁多貨，唔係自己擲住咁多貨囉，即係我擲住咁多貨，如果我俾人查既話，都好大件事. (Male, Age 26, Treatment)

For those who were under age, they were also afraid of their ID cards being checked by the policemen (查牌) as well as of the public humiliation and the consequences resulting from being caughtt.

梗係驚啦大佬，講左出好鬼瘀架喎，我個樣幾瘀，係D人面前凌辱你，嘩，果下你真係呀. (Male, Age 16, Outreaching)

Relationship with Family Members

Usually the family was unaware that the participants were taking drugs especially when these young people only went out on weekends, or spent most of their time with their friends. Almost all participants emphasized that they would not let their family know about their drug taking.

（"屋企人知唔知你地食?"）"唔知." "應該唔知, 我地過晒d野先返屋企, 通常返到屋企都夜麻麻."（"你地返到屋企幾多點呢?"）"冇定喎, 有時唔返, 有時3 –4 點, 有時可能12點幾."（"屋企人介唔介意你地咁夜先返去?"）"少少." "介意." "成日都話咁夜返, 或者打電話黎問你係邊, 做乜唔返屋企. 好煩." (Female, Age 15, Outreaching)

If family members learnt about their drug taking, they would start to fight with them. Yet some reported that the more they fought with them, the unhappier they became, and the more drugs they would take.

"成日問, 睇到你咁, 問你咩事, 咁你緊係唔講, 自己諗, 冚有一日知." "知道叫唔好食都唔易, 成日係度嘈."（"嘈完之後, 會唔會食少D?"）"多數嘈完就食, 嘈完之後唔開心, 愈嘈愈食...煩呀, 喊呀, 真係冇辦法." (Group discussion, Rehabilitation)

Participants also reported being more irritable after taking drugs, leading to more family conflicts. Family conflicts in general were reported to have negative effects on the participants' moods, which would lead to more drug taking. Once they were under treatment, however, care and support from the family was considered essential.

屋企人都好緊要啦，屋企人接唔接納你啦，因為出面D人已經全部唔接納你架喇，都對你冇信心喇，即係屋企人囉，屋企人有D信心對你，即係經過咁多次戒左又食番，戒左又食番，但係D屋企人即係表面上唔會話唔理你，即係佢始終都唔會離棄你囉屋企人始終都，最緊要囉呢樣野. (Male, Age 26,Treatment)

Relationship with Friends

Participants' relationships with friends seemed to depend on whether their friends were drug-taking or not. Friends who took drugs would accept their drug taking behaviors. Yet friendship would be affected when all started to have paranoid hallucinations because of the growing lack of trust among themselves.

"我食,食到自殺，即個個都投入左係自己既幻想世界入面...但當你跟佢一齊食果陣，一齊玩，但當個個係自己幻想世界裡面呢，咁到相處既時候就好多爭拗，變左衝突囉." ("即係你又係你幻想世界，我又係我幻想世界？")"咁中間就有人想調停，又唔知你兩個發生咩事，你地搞緊咩，有D冇食丫嘛，有D有食，有食果D呀幻想，好亂囉，搞到朋友唔信任啦，屋企又唔信任，咩人都唔信任，連自己都唔信任，想死左佢." (Male, Age 26, Treatment)

One reported he tried to separate himself from friends who did not take drugs, as he feared that they would not accept him and that he would be looked down upon by others.

"疏遠左架, 都唔想俾佢知既啦, 始終個社會唔會接受話有咁多人食. 又唔食既人重多過食既...即係食個個時候有自己世界囉, 即係你可以呢係入便都得既...你唔使理其他人" (Male, Age 28, Counseling)

Yet when they were in the process of recovery, acceptance from non-drug using friends was considered important.

"我自己呀就3分之一呢朋友囉, 吓即係3分之一都係咁食法囉, 吓但係一旦遠離咗呢D咁既朋友少行埋少接觸, 咁呀同番D即呀健康D呀踩下單車呀或者燒野食呀果D, 果D佢唔食你自然自己都唔食架嘛." (Female, Age 24, Counseling)

Others

Participants also mentioned that taking drugs would affect the quality of their skin, especially for ice (冰瘡), and they would look much older and worn out. Participants also reported overeating after they had taken hash till they had gastrointestinal problems, or loss of appetite, which led to rapid loss of weight.

Views on Treatment

Perceptions of Need for Drug Treatment

Treatment not required

In general, few would seek formal treatment until serious damage was incurred or family members discovered their drug taking. The adolescents would ask their friends for information or help, or withstand the side effects until they dissipated.

A group of adolescent drug users believed that they would continue to take drugs for at least one or two more years or even for the rest of their lives.
（"你地黎食fing頭呀,即係會唔會諗住食到幾耐度會唔食咁架?"）"食多1-2年先啦...有生之年,睇下D腸胃幾時壞啦. 30-40歲啦. 邊度有得唔玩, 我唔信去到二, 三十歲." (Male, Age 16, Counseling)

Help seeking

Participants with longer histories would seek treatment voluntarily when they felt they needed to make changes to their lives. Many were on treatment only when being caught, discovered by family members, or being hospitalized after taking a serious overdose.

A group of abusers under treatment shared their views on when they perceived seeking formal treatment was necessary.

"屋企人完全唔理你時. 食到屋企人知果時. 照鏡個下, 見到個面色好差, 一旦見到食的friend, 落多去兩次, 就食返. 年紀大, 多多錢都唔夠食, 冇乜意思." (Group discussion, Rehabilitation)

As a group of abusers under treatment looked back on their past experiences, they reckoned that quitting would not come to their mind until there were negative side effects. "冇後遺症係唔會改變既."

Yet even after they had recovered and were well aware of the side effects, they would still continue to take drugs.

"就算我食正左我身體, 身體有唔舒服呢, 我自己睇完醫生, 復元返, 我又黎過."

"初頭, 第一次, 食到十二指腸潰瘍, 我睇完醫生, 又唔係病, 又話唔食, 咁又係食." (Male, Age 28, Counseling)

Voluntary Quitting

Three participants reported quitting successfully on their own, whereas others highly appreciated social workers' support and physicians' treatments. Two participants quit on their own, one by refraining from going to discos, the other seemingly solely by his self-will.

("停既時候點停法架, 辛唔辛苦架?") "唔辛苦架, 者係你自己識諗D, 喂, 唔好話, 唔好話, 唔好話會上癮, 呢D野唔會話上癮架, 係者係你自己見到個種場合, 點講俾你聽, 係, 者係我覺得唔好玩羅, 變左, 成日玩成日都要靠食呢D藥物去玩呢D, 咁咪覺得唔好玩囉, 我同D friend傾下偈, 我同D friend都唔食架而家, 傾偈." (Male, Age 20, Outreaching)

Another participant who had been taking ice for almost a year also quit on his own because all his friends had already quit and because ice was too expensive.

"點戒? 要人幫, 還是自己?" "屋企人梗係唔知啦, d friends 已開始戒晒, 最後是我呀." "有d乜野影響到你想戒?" "女朋友, 之前都有戒過, 戒戒下又食返, 貴呀, 百五元, 得半磅." (Male, Age 15, Preventive)

Reasons for Joining a Treatment Program

The majority of participants joined the various treatment programs involuntary, at least initially, e.g., on probation order, or they were sent to the hospital after serious overdosing. Others were being sent to treatment by their family, or were self-motivated when they became aware of the negative consequences of drug taking on their health and their future.

A few exceptions, usually more mature participants, around 25 or above, said that they wanted to receive services when they were aware of the negative effects on their health and their future. For the younger abusers, though they did not actively seek treatment, they did express a yearning for a normal life style.

即係成日出出入入醫院，即係好危險囉呢種程況，所以自己都同自己講，都要即係真係決心去戒左去，即係要做番d有意義既事囉，即係唔好令自己屋企人，關心自己d人好失望囉，結果乜都未試過，乜都未追求過d咩正常既生活，咩叫上進生活，咩叫投入工作呀，即係點樣正常既生活果d咁樣既事，即係未真係試過去努力過囉，咁樣，咁就死真係好唔抵家嘛. (Male, Age 26, Treatment)

Comments on Treatment & Rehabilitation Facilities

Perception of Treatment/ Services

Some participants, usually more mature ones, highly appreciated the work done by social workers and seemed to rely on them for emotional support and guidance.

(“我可唔可以問下你地對於服務邊一樣野會覺得特別幫到你?”) “社工啦，我諗其中一樣係社工，如果佢係，你係肯交個心出黎俾佢，而且佢又好樂意咁樣輔導你呢，個成效係會幾大囉.” (“咁樣你講成效係點樣大法呀？”) “點樣大呀？即係佢會關心你啦，同埋幫你教你點樣去計劃，即係佢會引導你去思考，去諗下如果再食會係點，將來會點囉，即係會引導你去諗，你有時自己諗到呢D問題會係唔諗家嘛，但係佢會引導你去諗下囉，關心你囉，鼓勵囉，得益囉.” (Male, Age 26, Treatment)

Participants of a support group and those having in-patient services appreciated having a routine in their lives. Those in inpatient services also appreciated the stress free environment during treatment.

“係度局住有d地方, 起身係個段時間起身, 最多睡多半個小時, 係屋企就睡到夜晚先得, 哩度冇壓力, 大家玩埋一齊, 出到去就唔同, 要搵野做, 可能會寄託返呢樣野.” (Male, Age 17, Rehabilitation)

Two participants who were receiving out-reach services seemed to enjoy receiving the counseling services, having someone to confide in, and the activities organized by social workers, but without taking their advice related to drug taking into consideration.

(“你識到佢地 (社工), 有乜服務俾到你地?”) “傾下, 唔開心, 好搞笑, 又唔怕佢講出去, 佢講俾邊個聽呢…係, 有時有d活動叫我地去, 唔洗咁悶…本來去camp, 不過唔夠人, 跟住就冇. 通常叫個d都去唔成, 叫我地去燒野食, 去海洋公園…就係試過同陳sir唱k咁大把, 阿sir請.” (“佢地有冇同你地講過食藥d野?) 有呀, 勸我地唔好食, 第一次食佢都係度, 佢話唔俾我食, 食左報警… 周miss, 跟住搭車, 避開miss周, 走返上去食.” “咁有冇人叫你地唔好食架?’ “學校社工.” (“聽完之後有乜反應?”) “冇呀, 叫我食少d, 睬佢都傻. D 社工明知道我地聽完都唔聽佢講, 都係循例講.” (Female, age 15, Outreaching)

Some adolescent participants felt a lack of empathy with those who had no drug experience.

“D 阿sir當我地傻仔咁玩, d 阿sir唔知你諗咩野.” (“有冇人有其他睇法呢? 覺唔覺阿sir講完冇乜效果?”) “信食過果d, 未食過唔係好信.” (Group discussion, Rehabilitation)

Yet older participants appreciated learning more perspectives and theories from social workers. One participant complained that the pay of the jobs the social workers found for them was too low.

("出返黎, 是不是有些工作介紹俾你地?") "冇, 自己搵, 介紹d工都唔岩做, 三千幾元一個月, 一睇個人工就想走." (Male, age 16, Rehabilitation)

Some participants acknowledged that medication was essential in the treatment process.

"醫生有D開D藥, 開D藥俾你, 然後填番你D身體失去個D, 即係你唔食個D野, 個種感覺." (Male, age 25, Counseling)

Overall Perception of the Programs

Some participants were rather pessimistic and seemed to have no confidence that they could remain abstinent after completing the various programs offered by institutions or agencies.

"大家各自去戒, 但一再遇上又食, 好多朋友都唔知去左邊度戒, 一或坐緊監. 有時我出返黎, 佢就入去." (Male, age 16, Rehabilitation)

Yet those who were able to recover successfully had very positive comments about services provided by doctors and social workers.

Social Workers

Perception of Their Roles

Participants described their roles to be mainly providing remedial services and said that their work was constrained by the existing assessment system which they perceived to be too quantitative and rigid.

我地做好多係好remedial既野,即係急果D, 係要交個數字,你要fulfill果D數字既時候,...
我地係要做一D野去fulfill左最basic既requirement.

They expressed feeling helpless in making effective changes due to the many constraints in the larger systems, which were perceived as not accommodating to the drug taking youths. As examples, they quoted lack of jobs and education opportunities for school drop-outs, lack of recreational space in the community for the youth to express themselves, e.g., by drawing graffiti or skating; lack of drug education in school, lack of control over the availability of drugs and misunderstanding of soft drugs as being less harmful by people in society in general, including judges. They believed that only changes in the larger system would lead to genuine changes in working with drug using youth.

整個社會氣氛呢好老實講就算社工都係架，任何人都係，因爲整個社會有幾多真係好愛錫,或者唔好愛錫啦，企係呢班人既well being去諗，其實唔多啦.即係整體果個香港既文化等等既野其實,以我自己覺得係包括你好多professional裡面都要求training，或者唔係training，係seminar係promote番呢呢班人裡面呢有佢地既一面既，除左佢地有take drugs，以至到整體既社會裡面呢係慢慢既改觀，即係對一班drug addicts從一個咩aspect去睇呢班人，同埋每一個社工都要deal with呢D野，特別係外展社工，甚至IT啦，IT都唔多喇.

Participants particularly expressed reluctance towards passing their clients' information to the Narcotics Division.

你冇啦啦要我將client既數字呈報俾官方 冇ad資料俾官方嗎，我俾左你點用丫，總之去到官方我就覺得有問題.
佢就淨係話你要notice你個client，我要報CRDA. 咁所以我地好多機構你點樣將我將clients既資料而話俾你聽呢，而家我將你吸毒既資料話俾政府禁毒處知，即係有冇可能先？我地係實際工作上面你咁樣講, 佢睬你都從氣跟住鬧你都仲得啦係咪，打你都仲得啦我地d clients.

Participants shared the view that CRDA figures were very much dependent on what social workers choose to report to the government and thus often did not reflect the true picture of drug abuse. They also complained about the lack of their involvement in their work plans and felt being treated as a rubber stamp.

咁其實,前線社工係好少say係裡面既.即係三年計劃係係開會confirm之前既一日俾資料D人去睇，然之後開會既時候係唔可以改既，已經冇時間喇，endorse黎架，冇得改架,禁毒署不嬲都係用呢D format，你endorse咋，即係同意定係唔同意兩個選擇？ 無得唔同意架，佢係你橡皮圖章黎架.·

Treatment & Rehabilitation Services

Participants reported that their main services included providing counseling services, imparting drug knowledge and making referrals for appropriate treatments. Services would differ according to the nature of the agency. Some mainly provided short term counseling to increase client motivation to change and increase clients' drug knowledge. Others also provided life skill training to boost their clients' self-confidence and to substitute undesirable behaviors. They would also invite their clients to be volunteers in promoting drug prevention to increase their interaction with rehabilitated persons.

Some expressed that they had a different definition of the effectiveness of treatment from that of the government.

我地係好著重既，果個過程裡面，即係佢肯同你見工，點知十份工有九份都唔請因爲你F.3，即係呢個過程呢係有參與有commitment，但turn out有D野佢唔成功可能始會減少左，咁究竟又唔effective呢，我地就係呢度有唔同既睇法.其實我地都好覺得呢個仔呢個女有好大既唔同左，政府果個睇法就會話俾你聽唔係囉，即係有分別囉，但係我地既睇法唔係喎，乖左好多喎佢地，負責任左喎，但係呢D唔係果個funding，係咪，即係會唔同囉.

Training Needs

Participants agreed that the current workshops and seminars were sufficient though more education on specific drug knowledge was preferred. Some participants also suggested that they would prefer more channels to communicate with the government officials other than training, e.g., regular seminars to be held between concerned parties for better communication and coordination of work.

Difficulties in Service Delivery

Participants' chief complaints were the lack of funding and the time-consuming administrative work for assessment required by the government. Both had limited them from delivering more innovative and effective services.

其實由我地個中心由開始我想創一D新既模式出黎呢，個限制就係話呢佢評估我

地係_全部呢D係限制哂，你想點樣好創新去創新,創唔到喇，你一定要岩返呢D數字呀.於是就好容易吸下吸下，咁你個數字又唔得，咁即係其實好困難囉,如果用番同樣既evaluation既tool去做既時候…

They complained about the lack of transparency in the criteria in allocation of resources and that resources were given to organizations that might not have expertise in drug treatment. Furthermore, participants also felt a lack of support in terms of medical services, shelter, and in-patient services. One participant believed that current services provided by various agencies were overlapping, and suggested better coordination could be done by the Narcotics Division.

CHAPTER THREE DISCUSSION

Limitations of the Study

Limitations of the study are noted before the discussion of the findings. Considerable difficulty has been encountered in the recruitment of participants. Social workers reported having difficulties in recruiting participants in the various categories and much overlapping between the categories were found between the participants recruited. The group size was also limited as the participants often preferred to be grouped with people they knew in view of the sensitivity of the topic. The actual turn-out rate was also lower than expected. Furthermore, as seen from the extracts of the session with the social worker participants, a degree of antagonism between the NGOs and the Government was apparent, such insufficient rapport between the two parties might also be a factor hindering the recruitment of service recipients who were referred through social workers for the study. The sample of this study may thus be a highly selective one, composing of those with relatively better social skills, as these clients have been described as more out-spoken and on better rapport with the social workers. However, for the purpose of obtaining a picture of drug use experience from an insider's perspective, it is felt that such a skewed sample would not affect the authenticity of the experiences reported.

Participants of this study, apart from the social worker group, were mostly young service recipients from lower to middle class, psychotropic drug users from higher social classes have not been included, as they would most probably not be found amongst clients from social service agencies. Yet they were seen by the participants as part of the drug scene, serving as models for them as a result of media reporting. The extent of drug use and abuse amongst these social strata would require further investigation.

The format of group discussion may also have discouraged the female drug users from participating more fully. According to an experienced social worker, female drug users are of a very different profile, e.g., housewives, who would take drugs due to relationship problems, which they considered too intimate to reveal in group discussions. Another form of investigation, e.g., in-depth individual interviews, would be a more appropriate way to gain an understanding of their experiences.

Of the ten focus groups held with the service-recipients, five were carried out with the presence of social workers of the respective agencies. Though the presence of the social worker in the group discussion might have eased the process of rapport building, this might have, however, influenced the depth of discussion, particularly in the area of views on treatment and rehabilitation services from the service-recipients. It is also likely that given the official position of the researcher (as coming from the Narcotics Division), the topic of cross-border drug experience might have become a sensitive one, resulting in relative paucity in information with reference to other topics discussed. A separate study using an ethnographic approach involving an independent researcher entering into the field may yield more information on cross-border drug use.

Given the limitations, findings from this study serve to provide directions for further discussions and research in the area of psychotropic substance abuse, as highlighted in the following section.

Discussion

Demographics & Social Characteristics

Characteristics of the service recipients are different with regard to age as compared to the general trends recorded in government statistics, in that 36% of the participants reported their age of first attempt to be below 15, which is slightly younger than the range of 15 to 24 years of age given in recent government statistics. Their educational background, with 96% attaining at least lower secondary education, corresponded to the increasing education level of drug abusers reported, so do their reasons for drug taking (Narcotics Division, 2000). Such observations point to the need to consider intensifying drug prevention services for the younger age groups. As the education level of drug users and abusers increases, this raises the question of the suitability of drug prevention programs held in the school setting. In particular, these people tend to be school dropouts, thus cannot be reached through school programs.

Contrary to findings from the latest available survey on drug use amongst students (Narcotics Division, 1997), that those living with their parents were less likely to abuse psychoactive drugs, the majority of participants came from intact families. They also reported to be living in relatively well-off households with household income above the median of the Hong Kong population, though their personal income was below the local median. Such a profile suggested that the family might inadvertently provide a shelter for drug abuse. For those who begin using drugs under age 15, they may have been using money obtained from their parents on drugs without the parents' awareness. For those who have their own income, most were still living with their parents, and may thus be able to afford spending most of their income on drugs and related entertainment.

Despite the fact that many participants were living with their families, their drug taking behavior remained unknown to family members. Many took great pains to hide their drug-taking from their family, and would consider quitting if their drug-taking behavior became known to their family. This suggests participants were still concerned about their relationships with their family. Reports from participants also suggested that concern and support from family members would sustain their motivation to stay in treatment.

Working with families in terms of teaching family members to detect drug use and to get involved in treatment are thus important. For primary prevention in school programs, parental involvement, for

example, through the parent-teacher associations, would also be indicated, especially in the area of detection of the early signs of the use of drugs in their children and the consequent need for early intervention.

Apart from professional help, the findings also suggest encouraging the re-activation of natural support networks within the family and old peers could sustain the rehabilitated persons' motivation towards recovery. This approach is considered viable as most young abusers live in intact families. Research has indicated that a majority of young drug abusers come from intact families and family relationships are not particularly conflicting, although "their interactions with their family members is less frequent and they do not have as good a relationship with their family members as those not taking drugs." (Narcotics Division 1994, p. 11). The nature of family relationships, however, may require further investigations, as participants tend to avoid talking about their families in this study.

Factors Contributing to Substance Abuse

The factors identified to be contributing to drug abuse are presented together with their implications.

Friends/ Peers

Friends are reported to be the major source of drug knowledge, the major source of drugs, and a major reason behind taking drugs. Psychotropic drugs seemed to have penetrated into the lifestyle of young people, making peer influence one of the most frequently quoted reasons behind the participants' first attempt in drug use as well as relapse. Yet being a salient factor that influences their drug behavior, peers are also reported to be a strong factor that supports their rehabilitation.

Many participants under treatment acknowledged the importance of social support particularly during the period immediately after treatment. It is the point in time when they are most vulnerable to relapse, as they neither have a job to keep them occupied, nor a group of non-drug taking friends to keep them company. Acceptance from non-drug using friends is considered important for relapse prevention as they give the rehabilitated persons both emotional support as well as a social environment with activities that could substitute drug taking. Those who have quit drugs emphasized the importance of relating back to the non-drug using friends, which implies the importance of a non-drug using peer network in relapse prevention. Such non-drug use environment may be provided by either encouraging the rekindling of old friendships or the training of volunteers to befriend rehabilitated persons.

Purpose in Life

Drug abuse has been seen as an inferior substitute for a more meaningful way of living seen from Society's perspective (Walters, 2000a, 2000b). In this sample, both active drug users and abusers under

treatment acknowledged that they do yearn for a normal life style, such as having a job or going back to school, yet they would turn to drugs when they feel bored and empty. For those who quit drugs voluntarily, the desire for a normal life style is also the impetus behind their decision to quit drugs.

At the same time, it is reported by participants that there exist subcultures where drug use is accepted as part of the general lifestyle. Apparently such forms of lifestyle are supported by the belief that controlled drug use is possible through self medication. Further, the initial impact of drugs on the user are taken as positive, as repeatedly confirmed by the participants' own experience, thus they find the media messages about drugs as inherently harmful unconvincing. This raises the question of whether it is possible to distinguish drug use from drug abuse, and when intervention should begin.

While assisting young people through counseling, career services, and participation in voluntary services may motivate them to explore alternative ways of living other than drug taking, this would require practical support in terms of the availability of jobs and leisure activities. Further communal efforts in reducing the stigmatization of rehabilitated persons would aid their reintegration back into society. For example, the difficulty for them to return to a full time job should be acknowledged, and ways found to accommodate their special needs on returning to normal living.

Lack of Appropriate Coping Skills & Alternative Life Styles

For the participants, drug taking is used as a way of coping with negative emotions and has become a part of their lifestyle integrated into their leisure activities such as disco dancing, chatting with friends, and watching VCDs. While the reasons given for initial drug involvement are curiosity, peer influence and availability of drugs, the attraction of such a life style to escape from boredom and frustrations in life seems to have maintained the continuous use of drugs. The question of what other lifestyles are available to young people as alternatives to drugs, and as attractive, could be debated, for example, party without drugs.

Easy Availability of Drugs

The distribution of drugs is reported to be actively controlled by triad members, and seen as openly available, especially in places such as discos and game parlors which are frequented by young people. Some drug stores also seem to be loose in controlling the sale of drugs, e.g., a prescription can be passed from person to person. This would imply the need for tighter enforcement of control over the operations of drug stores and entertainment parlors, especially in the case of discotheques, an issue also raised by the social work group, in that society at large, including the courts, has been seen as too tolerant.

Cross-border Drug Use

Sixty-six percent of the sample visited discos in Shenzhen, which is a popular activity amongst young drug users. Participants are attracted to discos there by the more lax law enforcement, the lower cost, and, for male participants, the availability of sex services. Though they are alert to the dangers of being in a novel place, they remedy this by going in groups. There is no report of them bringing drugs back to Hong Kong, as they are doubtful of the quality of drugs and the tighter customs check when they return to Hong Kong. However, it appears that all participants are ignorant of the draconian drug laws in the Mainland to which they are subjected to when caught by the relevant authorities.

The popularity of cross-border drug taking emphasizes the need for the close cooperation between the authorities on both sides of the border.

Biased Perceptions towards Drug Knowledge

In earlier drug prevention work, it was believed that the more accurate drug knowledge one possesses, the less likely one will be involved in drugs. It is, however, now well-established in the drug prevention literature that drug information programs alone are ineffective. Worse still, the giving of information alone may increase drug use (Panter & Melchoir, 1995). Data from this study support these contemporary views in that the participants seem to have many defenses in processing the drug knowledge they are exposed to.

Participants in the sample demonstrate a limited and positively biased understanding of the effects of drugs, gained mainly through friends who also serve as their advisers in drug use. More important, they perceive themselves as having control over the impact of drugs by self-medication. They rely mostly on their personal experiences and experiences of their friends in forming an 'expert' opinion about drugs.

Many participants acknowledge that they have seen government promotion of the information on the harmful effects of drugs. Yet for various reasons, they are unreceptive to the official media messages. First, their personal experiences of the positive short-term drug effects are incongruent with the serious harmful effects promulgated by the media, which they perceive as exaggerated. Second, health concern is low in them, and having fun is a more immediate concern to them than health. It is not until they have personally experienced serious harm resulting from drug use, or having seen their close friends suffering from negative consequences of drug abuse, that they realize drugs have taken control of them. Third, they report having difficulties identifying with the behaviors portrayed by the protagonists in the official commercials, in that these are very different from their own way of relating to each other and the contexts under which they take drugs.

In view of the heavy emphasis on the importance of personal experience for the participants for their understanding of drug use, drug messages would probably have a greater impact when delivered by rehabilitated peers. Furthermore, the idea of introducing chronic drug abusers under treatment to meet

with novices in drug taking may be explored as an attempt to help inoculate these youngsters against further drug use.

Lack of Awareness to Seek Treatment

Most participants have very low, if any, awareness for the need of treatment, as they do not see themselves as abusing drugs. They see themselves as being forced into treatment, and they repeatedly emphasize their high vulnerability to relapse, suggesting their resistance in quitting their drug habit, and for some, a lack of confidence in themselves. Ways to motivate them to enter treatment would have to be found. This problem of drug abusers not coming forward for treatment has been recognized, as it has been noted that less than 20% of the known population of drug abusers came into treatment (Narcotic Division, 1997). The reliance on voluntary treatment in Hong Kong as the major mode of drug rehabilitation confines treatment opportunities to a limited number of drug abusers. Considering the participants' low motivation in seeking treatment, and their report of a fear of being caught, the question of whether coercive treatment may be an effective way of deterring drug abusers from spiraling further into their drug career should be debated. Nevertheless, regardless of treatment approaches, early detection by the family, school, and police is likely to help the abusers to connect to treatment networks.

High Anticipation of Relapse

The high anticipation of relapse in participants may reflect the low self-confidence of the young abusers. Reverting to drug taking as a way of handling stress becomes real to them on returning to normal life after rehabilitation, e.g. on meeting problems in finding, and staying in, a job. Apart from the training in life skills, and in specific, coping skills in rehabilitation programs, the availability of job opportunities remains a crucial factor in relapse prevention. Those who can quit voluntarily seem to be more rational in their approach to life, suggesting that a cognitive approach is feasible in drug prevention work, in terms of the teaching of problem solving skills and life skills.

Social Workers as Service Providers

Participants in the social worker group seem to hold the view that there are marked discrepancies between them and government officials in perspectives concerning the extent of the problem of drug abuse, reporting of figures, assessment of work effectiveness, and allocation of resources. They are particularly concerned about the use of government statistics and the need to collect which type of data and for what purpose. More communication is required to resolve the differences in perspective between policy makers and service providers in the field of drug rehabilitation.

Future Research

Apart from expanding the scope of psychotropic drug users to other social strata and to female drug users, a review of previous research related to the same topic in the local context would be valuable, but due to resource constraints, this has not been done in the present study. An integration of the present findings with other available data would yield a more comprehensive picture of the scene of psychotropic substance abuse in Hong Kong. As cross-border drug experience is a sensitive issue, research carried out by an independent researcher would probably be more fruitful.

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Appendices

Appendix 1

Appendix 2

Nature of Services provided by
the Organizations involved in Recruitment of Participants

	Target Group	Nature of Services provided by Agencies
1	Social Workers	-
2	Abusers at Workplace/ Under Treatment	Counseling
3	High Risk Youth	Outreaching
4	Abusers at Workplace/ Under Treatment	Counseling
5	Abusers at Workplace/ Under Treatment	Counseling
6	Abusers at Workplace/ Under Treatment	Rehabilitation
7	Abusers at Workplace/ Under Treatment	Treatment
8	High Risk Youth	Preventive
9	Experimental User	Outreaching
10	High Risk Youth	Outreaching
11	Abusers at Workplace/ Under Treatment	Rehabilitation

Appendix 3

濫用精神科藥物問題小組研究

同意書

香港政府保安局正進行一項有關濫用精神科藥物問題的研究，誠邀您的參與・有關這研究的各項細節如下。

研究目的: 了解前線工作者在服務濫用精神科藥物人士的工作性質和需要・所收集的資料將為政府在治療及防止濫用精神科藥物的服務上提供參考・

研究員: 宋琪嘉小姐

形式: 研究將以小組討論形式進行。小組討論時間約兩至三個小時・討論過程將被錄音・所收集的資料將以集體形式報告，參加者的個人資料，將絕對保密。

參與性質: 參與這項研究純屬自願，參加者可於任何時候退出。

查詢: 參加者若對這項研究有任何疑問，可隨時於辦公時間內致電研究員宋小姐 (7633 2987) 查詢。

同意書

本人 ______________________ 明瞭上述各項，並同意參與這項研究。

簽署: ______________________ 日期: ______________________

青少年使用精神科藥物小組研究

同意書

香港政府保安局正進行一項青少年使用精神科藥物的研究，誠邀您的參與．有關這研究的各項細節如下。

研究目的: 了解青少年對精神科藥物的認識和觀感．所收集的資料將為政府在治療及防止濫用精神科藥物的服務上提供參考．

研究員: 宋琪嘉小姐

形式: 研究將以問卷調查及小組討論形式進行。問卷內容為參加者個人背景資料，參加者無須提供真實姓名．小組討論時間約兩至三個小時；討論將主要圍繞青少年對精神科藥物的使用的認識及觀感．討論過程將被錄音．所收集的資料將以集體形式報告，參加者的個人資料，將絕對保密。每位參加者將獲港幣100元津貼。

參與性質: 參與這項研究純屬自願，參加者可於任何時候退出，而不會影響將來接受任何社會服務。

查詢: 參加者若對這項研究有任何疑問，可隨時於辦公時間內致電研究員宋小姐 (7633 2987) 查詢。

同意書

本人 ________________________ 明瞭上述各項，並同意參與這項研究。

簽署: ______________________________ 日期: ______________________________

Appendix 4

青少年濫用精神科藥物小組研究

個案背景資料

（由社工填寫）

謝謝您轉介個案參與這個研究，請在以下空格上加上 "✓" 號或填上該個案的背景資料.

姓名/ 代號：________________

性別

☐ 男

☐ 女

年齡：_____

婚姻狀況

☐ 未婚

☐ 已婚

☐ 同居

☐ 其他 ：________________

教育程度

☐ 無受過正式教育/ 小學以下程度

☐ 小學

☐ 中一至中三

☐ 中四至中五

☐ 預科

☐ 大學或以上

☐ 其他 ：________________

職業

☐ 學生

☐ 全職，請註明：________________

☐ 兼職，請註明：________________

☐ 無業

☐ 其他 ：________________

個人月入

☐ $5,000 或以下

☐ $5,001 - $10,000

☐ $10,001 - $15,000

☐ $15,001 - $20,000

☐ $20,001 - $30,000

☐ $30,001 或以上

家庭狀況

☐ 與父母同住

☐ 與父親或母親同住

☐ 與兄弟姊妹同住

☐ 與朋友同住

☐ 獨居

☐ 其他 : ______________________

居住區域 : ______________________

家庭平均月入

☐ $5,000 或以下

☐ $5,001 - $10,000

☐ $10,001 - $20,000

☐ $20,001 - $40,000

☐ $40,001 - $70,000

☐ $70,001 或以上

濫藥情況

首次濫藥年齡 : ________

過去四星期內濫用藥物的種類及次數

☐ 忘我 (fing頭) 每日/週/月* ___ 次

☐ 茄 (k仔) 每日/週/月* ___ 次

- ☐ 冰 每日/週/月* ___ 次
- ☐ 咳藥水 每日/週/月* ___ 次
- ☐ 大麻 每日/週/月* ___ 次
- ☐ 白粉 每日/週/月* ___ 次
- ☐ 其他 : ____________________ 每日/週/月* ___ 次
- ☐ 其他 : ____________________ 每日/週/月* ___ 次
- ☐ 其他 : ____________________ 每日/週/月* ___ 次

*請將不適用者刪去

平均每日藥物開支

- ☐ $100以下
- ☐ $100-199
- ☐ $200-299
- ☐ $300-399
- ☐ $400-499
- ☐ $500以上, 請註明 ______________________

藥物來源

- ☐ 朋友
- ☐ 藥房
- ☐ 醫生
- ☐ 分銷商 (拆家)
- ☐ 其他 : ____________________

北上濫藥經驗

曾否到國內濫用精神科藥物

- ☐ 有, 請列出地點:: ____________________
- ☐ 無

請將填妥之問卷傳真至2537 2575研究員宋小姐, 謝謝!

Appendix 5

Discussion Guidelines for Social Workers

1. 可唔可以請你地講一下你地對濫用精神科藥物既人既服務?
(你地俾左d乜野服務佢地?)
可唔可以舉例講解一下?
(例如由頭講起，你地會點樣開始處理一個新既個案？)
(你地點知道佢地食多過一種藥物? 有無方法評估？)

2. 你地點睇係服務呢一類對象既時候, 社工所擔當既角色?
(如: 支持; 治療; 教育, 如增加對毒品害處既認識)

3. 你地認為係你地既服務裡面, 有乜野係最能夠幫助到佢地?

4. 你地認為有乜野原因令到呢一類服務對象會濫用精神科藥物?

5. 佢地最近濫用藥物既情況有無改變? 你地認為有乜野原因帶來呢種改變?

6. 你地係服務呢類對象既時候, 有無遇上乜野困難?

7. 你地認為有無邊方面既培訓可以幫助到你地克服呢d困難?

Discussion Guidelines for Current Drug Abusers

(Abusers at Work Place/ High Risk Youth)

1. 係你未接觸呢d藥之前, 你知道幾多關於呢d藥既野?
(聽過d乜? 係邊到聽返黎架?)

2. 你第一次食呢d藥係係乜野情況之下食架?

3. 你第一次食完之後你既反應係點?

4. 乜野原因令你想食第一次?

5. 點解會繼續食?

6. 點食法? 一日食幾多次? 係邊到食?

7. 你係邊到攞到d藥黎食?

8. 有無返過大陸食?

    a. 大陸邊到? 同香港食有乜唔同?

    b. 有無試過係上面帶番落黎食?

    c. d藥同香港買既有無唔同?
    - 會唔會有人賣d唔同既, 或者成份唔一樣既藥?

    d. 食左之後通常你地會做d乜? (跳舞, 上床) 同你唔食會有乜唔同?

9. D藥要幾多錢? 你係邊到搵到錢去買?

10. 食左呢d藥之後, 你覺得對你既生活有無乜野改變?
(返工/返學; 同朋友/ 屋企人/ 老師同學/ 上司同事 既關係)

11. 你點樣應付呢d改變?

12. 有無試過覺得自己有上左癮既感覺? 你點知自己上左癮? 跟住你點做?
(有無試過自己戒? 點戒法?)

13. 你有無諗過搵其他人幫手去應付你剛才提到既問題?
（例如朋友/ 屋企人/ 學校老師/社工 / 專業人士:　醫生/ 戒毒機構）

Discussion Guidelines for Abusers under Treatment

1. 係你未接觸呢d藥之前, 你知道幾多關於呢d藥既野?
(聽過d乜?　係邊到聽返黎架?)

2. 你第一次食呢d藥係係乜野情況之下食架?

3. 你第一次食完之後你既反應係點?

4. 乜野原因令你想食第一次?

5. 點解會繼續食?

6. 點食法？ 一日食幾多次? 係邊到食?

7. 你係邊到攞到d藥黎食?

8. 有無返過大陸食?

    a. 係大陸邊到? 同香港食有乜唔同?

    b. 有無試過係上面帶番落黎食?

    c. d藥同香港買既有無唔同?
    - 會唔會有人賣d唔同既, 或者成份唔一樣既藥?

    d. 食左之後通常你地會做d乜? (跳舞, 上床) 同你唔食會有乜唔同?

9. D藥要幾多錢? 你係邊到搵到錢去買?

10. 食左呢d藥之後, 你覺得對你當時既生活有無乜野改變?
(返工/返學; 同朋友/ 屋企人/ 老師同學/ 上司同事 既關係)

11. 你當時點樣應付呢d改變?

12. 有無試過覺得自己有上左癮既感覺? 你點知自己上左癮? 跟住你點做?
(有無試過自己戒? 點戒法?)

13. 你當時有無諗過搵其他人幫手去應付你剛才提到既問題?
(例如朋友/ 屋企人/ 學校老師/社工 / 專業人士: 醫生/ 戒毒機構)

14. 你覺得而家呢度既服務幫唔幫得到你?
如果有, 係邊方面? 有無令你生活上或者睇法上有改變?
如果無, 你覺得邊方面可以做得好d ?

15. 總括黎講, 你對呢度既服務有乜野感覺同埋意見?

Discussion Guidelines for Experimental Drug Abusers

1. 你有無聽過例如Fing頭, K仔, 冰, 大麻呢類藥物? 聽過d乜? 係邊到聽返黎架?

2. 有無試過食呢d藥? 係乜野情況之下食架?

3. 你第一次食完之後你既反應係點?

4. 乜野原因令你想食第一次?

5. 點食法? 一日食幾多次? 係邊到食?

6. 你係邊到攞到d藥黎食?

7. 有無返過大陸食?

   a. 係大陸邊到? 同香港食有乜唔同?

   b. 有無試過係上面帶番落黎食?

   c. d藥同香港買既有無唔同?
   - 會唔會有人賣d唔同既, 或者成份唔一樣既藥?

   d. 食左之後通常你地會做d乜? (跳舞, 上床) 同你唔食會有乜唔同?

7. D藥要幾多錢? 你係邊到搵到錢去買?

8. 食左呢d藥之後, 你覺得對你既生活有無乜野改變?
(返工/返學; 同朋友/ 屋企人/ 老師同學/ ,上司同事既關係)

9. 你點樣應付呢d改變?

10. 有無試過覺得自己有上左癮既感覺? 你點知自己上左癮? 跟住你點做?
(有無試過自己戒? 點戒法？)

11. 你覺得而家呢度既服務幫唔幫得到你?
如果有, 係邊方面? 有無令你生活上或者睇法上有改變?
如果無, 你覺得邊方面可以做得好d？

12. 總括黎講, 你對呢度既服務有乜野感覺同埋意見?