

Report on

Public Opinion Survey
on Anti-drug Publicity, 2007

Statistics Unit
Security Bureau
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EXECUTIVE SUMMARY

- 1 091 persons aged 11 and above were successfully enumerated by telephone interviews during the period from 14 to 15 and from 17 to 20 September 2007.

Audience appreciation / public awareness of anti-drug publicity items

- The two anti-drug APIs / advertisements on 「K 仔食壞腦」 and 「E 仔食壞腦」 were successful in reaching the great majority of the general public, conveying proper messages on the harmfulness of ketamine and ecstasy and arousing public awareness of the harmfulness of the said two drugs.
- 80% of the 1 091 respondents had watched or heard of the two APIs / advertisements on 「K 仔食壞腦」 and 「E 仔食壞腦」。 Television was the most popular channel, with 77% of respondents watching or hearing the said APIs / advertisements through it. (Table 1)
- The majority (71%-83%) of the 886 respondents excluding those who had not watched or heard of the two APIs / advertisements had impression of the four messages (viz. 「索 K 會胡言亂語」, 「索 K 會導致失憶或者失控」, 「食 E 仔會成日搖頭、磨牙同埋抽筋手震」 and 「食 E 仔會妄想被迫害」) delivered by the two APIs / advertisements. The message of 「索 K 會導致失憶或者失控」 was the most impressive, with 83% of respondents having impression on it. (Table 2)
- The majority (86%) of the 886 respondents (excluding those who had not watched or heard of the two APIs / advertisements) thought that the two APIs / advertisements could arouse public awareness of the harmfulness of ketamine and ecstasy. (Table 3)
- As for other five publicity items launched in 2007, “「PG 家長指引 防毒篇」” one-minute TV programme and the anti-drug time slot entitled 「無毒成長龐身寶」 in a TV programme entitled 「都市閒情」, with 22% and 21% having watched, heard of or knew the programmes respectively, were relatively more popular than the other items, viz., “無毒真高手 the Hip Hop Band Rap dance” competition, the mobile phone and computer game entitled “Evil Killer 滅魔行者” and the time slot named 「百毒不侵成長路」 broadcast in the radio programme entitled 「紫荊花常開」 on the putonghua channel of Radio Television Hong Kong. (Table 4)

- Among various publicity channels of anti-drug messages, television was the most popular one, with 89% of respondents getting the messages through it. Among youth aged 11-20, television (88%) and school (61%) were the two most popular channels of getting anti-drug messages. (Table 5)

Perception on the harmful effect of 「濫藥」 and 「吸毒」

- A majority of the public had the correct perception on harmful effect of drugs on the human body and the terms 「濫藥」 or 「吸毒」 made no difference to their perception.
- 83% of the respondents opined that 「濫藥」 and 「吸毒」 had the same harm to one's body, while 13% opined that 「吸毒」 had more harm than 「濫藥」 and the remaining 3% opined otherwise. The pattern for youth of age 11-20 was more or less the same as that of all respondents. (Table 9)

Public understanding of taking psychotropic substances or heroin for non-treatment purpose being lawful or not in Hong Kong

- The majority of the public had the correct understanding that it was unlawful to abuse psychotropic substances or heroin for non-treatment purpose in Hong Kong.
- 80% of respondents thought that it was unlawful to abuse psychotropic substances for non-treatment purpose in Hong Kong while 13% thought otherwise. Another 87% of respondents thought that it was unlawful to abuse heroin for non-treatment purpose in Hong Kong while 9% thought otherwise. The pattern for youth of age 11-20 was more or less the same as that of all respondents. (Table 11)

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1. INTRODUCTION

1.1 Preventive education and publicity is a very important strategy in combating drug abuse. The Narcotics Division and the Action Committee Against Narcotics continue to adopt a multi-faceted approach in launching a series of educational and publicity activities to disseminate anti-drug messages so as to raise public awareness of drug abuse problems and public understanding of the harmfulness of drugs to curb drug abuse trend. These include television and radio APIs / advertisements / broadcasts on anti-drug messages and delivering drug education talks to students and youths of various educational level and in different kinds of schools or organisations.

1.2 In particular, two APIs / advertisements with two different themes on 「K 仔食壞腦」 and 「E 仔食壞腦」 were the major components of the anti-drug campaign in the past year or so. The APIs have been widely broadcast at scheduled time slots on television and radio channels and advertisements posted in MTR stations and inside KCR trains and also on television on the external building wall. The same messages were delivered to the general public in many other different channels as well, including posters and promotional leaflets, via SMS and on Internet. In the year 2007, there were new anti-drug publicity activities of the Government – the 10-episode series of “PG Parents guidance” one-minute TV programme broadcast in June; the time slot named 「百毒不侵成長路」 broadcast in the radio programme entitled 「紫荊花常開」 on the putonghua channel of RTHK during April to August; “無毒真高手 Hip Hop Band Rap dance” competition announced in June; and the mobile phone and computer game entitled “滅魔行者 Evil Killer” launched in July. Another anti-drug time slot entitled 「無毒成長龐身寶」 in a TV programme entitled 「都市閒情」 was also broadcast during May to August.

1.3 The Narcotics Division and the Action Committee Against Narcotics also recently on various different occasions heard of diverse views on the use of the reference to drug abuse - 「濫藥」 and 「吸毒」 and so would need to gauge the view of the general public for reference.

1.4 In order to gauge public perceptions of various anti-drug publicity activities and the use of the reference to drug abuse - 「濫藥」 and 「吸毒」 with a view to guiding further improvements in future anti-drug publicity campaigns, a telephone survey was specially designed and conducted in September 2007. This report presents results of the Survey. Detailed statistical tables are given at Appendix I.

2. SURVEY METHODOLOGY

Objectives

2.1 The Survey has the following objectives:

- (a) to gauge the extent of audience appreciation of the two APIs / advertisements on 「K 仔食壞腦」 and 「E 仔食壞腦」 and other five anti-drug publicity items;
- (b) to assess public perception on the harmful effect of two different drug terms, viz., 「濫藥」 and 「吸毒」; and
- (c) to obtain data on public understanding of taking psychotropic substances or heroin for non-treatment purpose being lawful or not in Hong Kong.

Project team

2.2 The Survey questionnaire was designed by the Statistics Unit, Security Bureau. Data collection was commissioned to and performed by the SAMS Training and Research Unit of Hong Kong Baptist University (the Contractor). Data analyses and report compilation were undertaken by staff of the Security Bureau.

Coverage

2.3 The Survey basically covered all Hong Kong residents aged 11 or above who were able to speak and communicate in Cantonese or Putonghua and were staying in households with a domestic telephone line during the survey period.

2.4 Non-Cantonese or non-Putonghua speaking household members, children aged 10 or below and selected persons who were incapable (such as the aged / mentally or hearing handicapped) for interview in selected households were excluded from the coverage. Mobile telephone numbers and business telephone numbers were excluded.

Questionnaire

2.5 The questionnaire is prepared for Chinese only (specimen as in Appendix II). It consists of 14 questions focusing on the following five areas:

- (a) audience appreciation of the the two APIs / advertisements on 「K仔食壞腦」 and 「E仔食壞腦」 (3 questions);
- (b) public awareness of other five anti-drug publicity items and popularity of various publicity channels (2 questions);
- (c) public perception on harmful effect of 「濫藥」 and 「吸毒」 (1 question);
- (d) public understanding of taking psychotropic substances or heroin for non-treatment use being lawful or not in Hong Kong (2 questions);
- (e) exposure of risk of drug abuse of respondents (2 questions); and
- (f) basic socio-demographic characteristics of respondents (4 questions).

Sample selection

2.6 The Survey was a voluntary telephone survey. It was conducted with Computer Aided Telephone Interview (CATI) technology.

2.7 In the first stage, the survey sample of telephone numbers was divided into three geographical districts, viz., Hong Kong Island, Kowloon and the New Territories. A list of household telephone numbers for each individual district was generated randomly, with the first four digits of the numbers based on the 2005 edition of the residential telephone directory and the last 4 digits being random digit numbers generated by the computer.

2.8 In the second stage, when a telephone call was successfully answered, an eligible respondent was selected by the interviewer using the statistical technique called “Kish Grid”¹. This is a commonly used technique to ensure all qualified respondents in a selected household would have equal chance of being selected for interview, thus to avoid bias towards persons who were more likely to stay at homes (e.g. home-makers and children etc.) and pick up telephone calls.

¹ All qualified target respondents in selected households were listed according to their age in ascending order. The one corresponding to a pre-designed number (which has been randomly drawn) would be selected for interview.

Data collection method

2.9 The Survey was conducted from 14 to 15 and from 17 to 20 September 2007 mainly during the time slots between 6.30 pm and 10.30 pm. First attempts of telephone calls were mainly made in the scheduled time slots in the evening. Calls for unanswered telephone numbers were repeatedly made at other time slots where appropriate.

2.10 When a telephone call was successfully being answered and an eligible household member of the selected household was contacted, the enumerator would conduct the telephone interview by going through the questions one by one. Choices for answers were read out to respondents one-by-one. Upon request, appropriate introductory message of the five specified publicity items launched in 2007 would also be read out to respondents to assist respondents to recall memory. Respondents' answers were entered into the CATI simultaneously by the interviewers during tele-conversation. Real-time simple skipping of the questions were performed by CATI.

Pilot test

2.11 A pilot test was successfully completed on between 8 and 10 September 2007. It confirmed that time slots in the evenings and at night during 630 pm and 1030 pm on non-Sundays were more fruitful than those in the afternoons and on Sundays in securing telephone answers, respondents were able to answer all the questions within a reasonable time (5-8 minutes), and that children as young as 11 should be able to understand the question wordings.

Enumeration results

2.12 The Survey successfully interviewed 1 091 Cantonese or Putonghua speaking people aged 11 or above, being 52% of those eligible randomly selected respondents.

Rounding of Figures

2.13 There may be slight discrepancies between the sums of individual % and the % totals as shown in the tables and charts due to rounding.

Symbol

2.14 The note ‘-’ denotes not available and is used throughout the report.

3. SURVEY FINDINGS

Audience appreciation of the two APIs / advertisements on 「K仔食壞腦」 and 「E仔食壞腦」

3.1 873 respondents or 80% of the 1 091 respondents had watched or heard of the two APIs / advertisements on 「K仔食壞腦」 and 「E仔食壞腦」, while 19% the otherwise. The proportion for youth of age 11-20 having watched or heard of them were similar to that of all respondents. (Table 1)

3.2 Among the channels of knowing the two APIs / advertisements, television was the most popular channel, with 77% of respondents knowing the APIs / advertisements through it. Relatively fewer respondents had known the APIs through other channels - 14% for radio, 8% for bus body advertisements, 7% for television in MTR stations / KCR train and 4% for Internet. (Table 1)

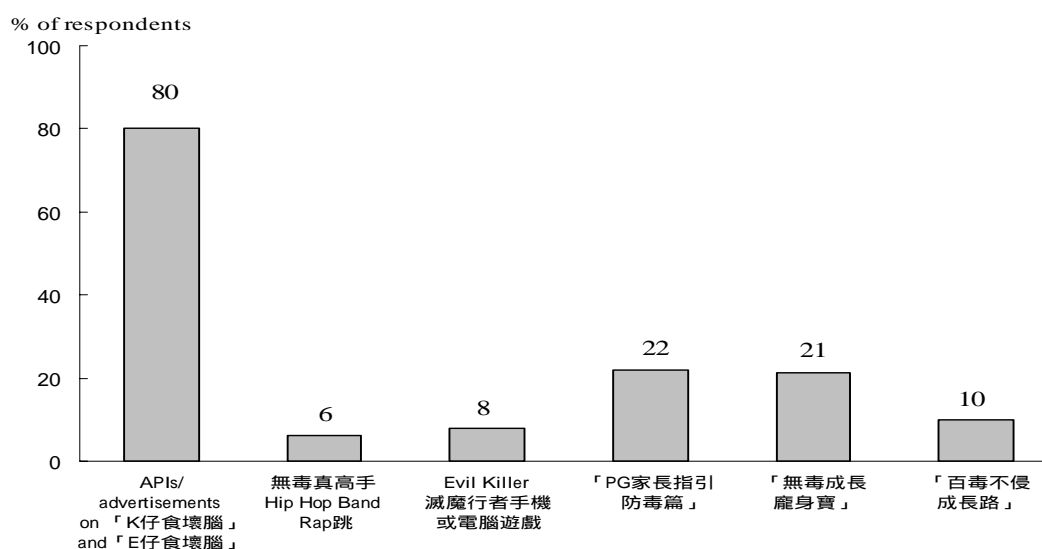
3.3 Respondents were requested to indicate whether they had any impression of the four messages delivered by the two APIs / advertisements viz. 「索 K 會胡言亂語」, 「索 K 會導致失憶或者失控」, 「食 E 仔會成日搖頭、磨牙同埋抽筋手震」 and 「食 E 仔會妄想被迫害」. The majority (71%-83%) of the 886 respondents excluding those who had not watched or heard of the two APIs / advertisements had impression of the four messages, with the message of 「索 K 會導致失憶或者失控」 being the most impressive, with 83% of respondents having impression of it. (Table 2)

3.4 The majority (86%) of the 886 respondents thought that the two APIs / advertisements could arouse public awareness of the harmfulness of ketamine and ecstasy. (Table 3)

3.5 The aforementioned statistics of audience penetration of the two APIs/ advertisements indicate that the latter had successfully conveyed the anti-drug messages to audiences and also aroused public awareness of the harmfulness of ketamine and ecstasy.

Public awareness of other anti-drug publicity items

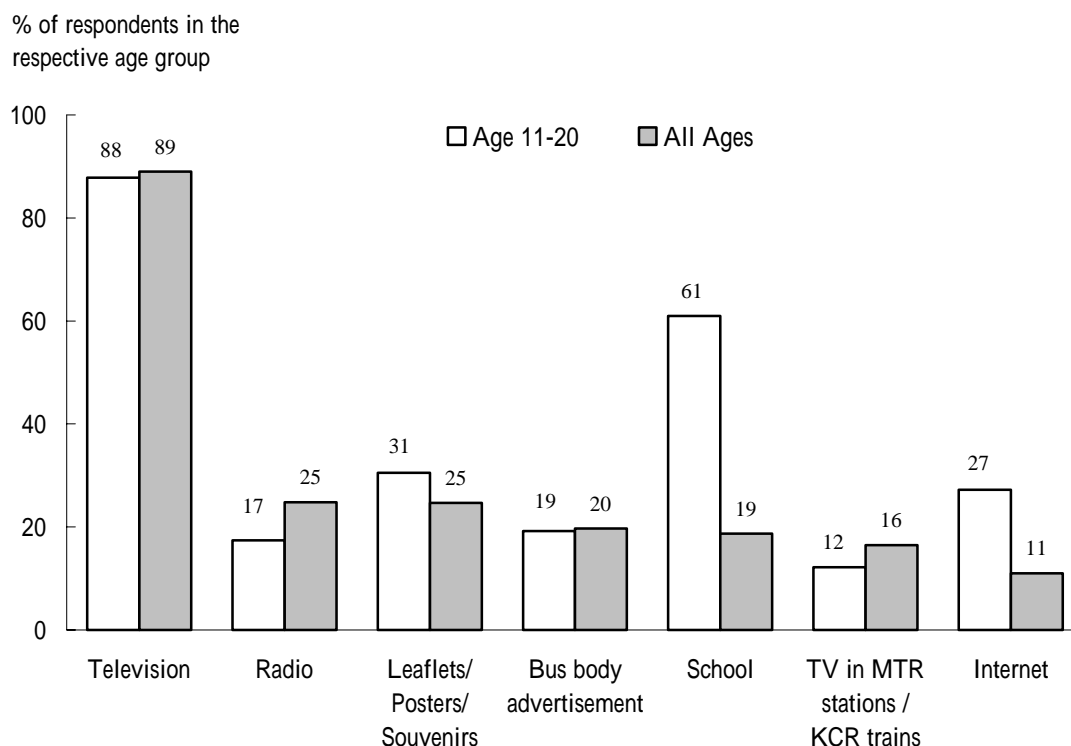
Chart 1 Proportion of respondents of knowing the specified publicity items



3.6 Apart from the two APIs / advertisements on 「K仔食壞腦」 and 「E仔食壞腦」, the respondents were asked if they had watched, heard of or known another five publicity items launched during the year 2007, viz., “無毒真高手 Hip Hop Band Rap dance” competition, the mobile phone and computer game entitled “Evil Killer 滅魔行者”, 「PG家長指引 防毒篇」 one-minute TV programme, the time slot entitled 「無毒成長 龐身寶」 in a TV programme entitled 「都市閒情」 and the time slot named 「百毒不侵 成長路」 broadcast in the radio programme entitled 「紫荊花常開」 on the putonghua channel of Radio Television Hong Kong. Far fewer respondents were aware of these publicity items compared with the two APIs / advertisements on 「K仔食壞腦」 and 「E仔食壞腦」. 「PG家長指引 防毒篇」 one-minute TV programme and the time slot entitled 「無毒成長 龐身寶」 in a TV programme entitled 「都市閒情」 had more respondents knowing them, with 22% and 21% of respondents respectively. A lower proportion of respondents knew “無毒真高手 Hip Hop Band Rap dance” competition (6%) and the mobile phone and computer game entitled “滅魔行者 Evil Killer” (8%), probably because they were targeted towards the younger members of the public. (Table 4 and Chart 1)

3.7 By broadly listing the twelve channels of publicizing anti-drug messages, respondents were asked to indicate the channel(s) through which they usually got anti-drug messages. Television was the most popular channel, with the great majority (89%) of respondents citing it. Relatively far fewer respondents got anti-drug messages through the other channels – 25% for both radio and leaflets / posters / souvenirs, 20% for bus body advertisements, 19% for schools and 16% for television in MTR stations / KCR trains. (Table 5 and Chart 2)

Chart 2 More common channels through which respondents usually got anti-drug messages by age group



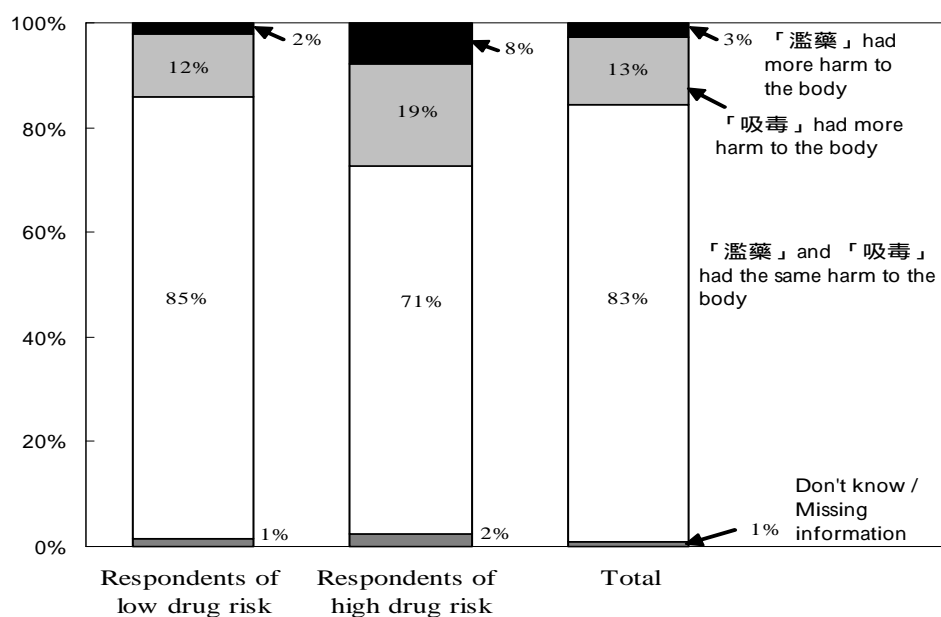
Note: More than one channel could be chosen by the respondents.

3.8 The pattern for youth of age 11-20 was slightly different. While television was also the dominating channel of getting anti-drug messages among youths, school was the second popular channel (61%) which was far more popular than the other channels - leaflets / posters / souvenirs (31%) and Internet (27%). (Table 5 and Chart 2)

Perception on the harmful effect of 「濫藥」 and 「吸毒」

3.9 Respondents were asked if they thought 「濫藥」 or 「吸毒」 had more harm to one's body or both had the same harm. The majority (83%) of the respondents opined that 「濫藥」 and 「吸毒」 had the same harm to one's body, another 13% opined that 「吸毒」 had more harm than 「濫藥」 and the remaining 3% opined otherwise. The pattern for youth of age 11-20 was more or less the same as that of all respondents. These show that a majority of the public had the correct perception on harmful effect of drugs on the body and the terms 「濫藥」 or 「吸毒」 made no difference to their perception. (Table 9 and Chart 3)

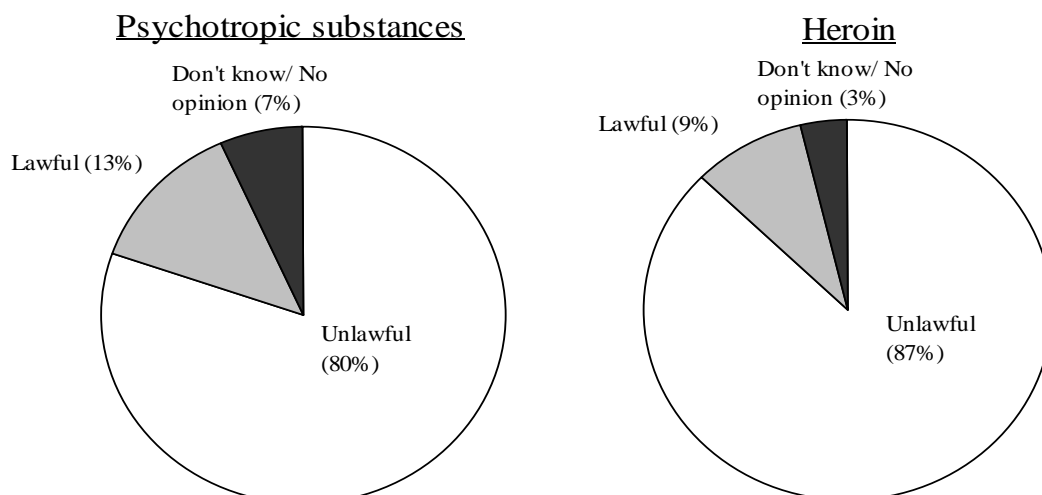
Chart 3 Respondents' perception of the harmful effect on the body caused by「濫藥」and「吸毒」 by respondents of two drug risk groups



3.10 Compared with respondents of low drug risk (i.e. those who were neither acquainted with any drug abuser nor had been offered drugs by any person), proportionally more respondents of high drug risk (i.e. those who were acquainted with drug abusers or who had been offered drugs by another person) got the wrong perception that 「濫藥」 (8%) or 「吸毒」 (19%) was more harmful than the other to the body. (Table 10 and Chart 3)

Public understanding of taking psychotropic substances or heroin for non-treatment purpose being lawful or not in Hong Kong

Chart 4 Respondents' understanding of taking psychotropic substances or heroin for non-treatment purpose being lawful or not in Hong Kong



3.11 As regards public understanding of taking psychotropic substances or heroin for non-treatment purpose being lawful or not in Hong Kong, the majority of the 1 091 respondents thought that it was unlawful to abuse psychotropic substances (80%) or heroin (87%) for non-treatment purpose in Hong Kong. Some 13% and 9% thought that it was lawful to abuse psychotropic substances or heroin respectively however, and 7% and 3% were unsure. The patterns for youth of age 11-20 were more or less the same as that of all respondents. These show that the majority of the public had the correct understanding that it was unlawful to abuse psychotropic substances or heroin for non-treatment purpose in Hong Kong. Of the remaining minority, more had the wrong understanding that it was lawful to do so and a very small proportion were unsure of whether it was lawful or not to do so. (Table 11 and Chart 4)

3.12 The patterns for respondents of low drug risk and respondents of high drug risk were similar to each other. (Table 12)

Exposure to risk of drug abuse

3.13 In the survey, two questions were included to attempt to identify one's exposure to risk of drug abuse, one on acquaintance with drug abusers and another on access to drugs, so as to differentiate respondents of high drug risk from those of low drug risk. The high risk group refers to respondents who knew someone who was abusing drugs at the time of survey or/and they had ever been offered any psychotropic substances or drugs. The low risk group refers to respondents who neither knew anyone who was abusing drugs at the time of survey nor had ever been offered any psychotropic substances or drugs. Only 9% of the 1 091 respondents were acquainted with drug abusers, of whom the drug abusers they knew were mostly (5%) their friends. A very small proportion, 5%, had been offered psychotropic substances or drugs before and most of whom were offered drugs by friends (3%). (Tables 6 - 8)

3.14 There were in total 129 (or 12%) respondents who were acquainted with drug abusers and/or who had been offered drugs by another person i.e. those of high drug risk. The remaining 962 respondents who were neither acquainted with any drug abuser nor had been offered drugs before were those of low drug risk. Youth of age 11-20 had a similar pattern. (Table 6)

Socio-economic characteristics

3.15 Among the 1 091 respondents, 37% of them were aged 41-60, followed by 31% aged 21-40. Young persons aged 11-20 accounted for about 20%. Some 44% of the respondents were male and 56% were female. The age and sex distributions of respondents were largely similar to the patterns of the overall population in Hong Kong, except that the proportion of young persons aged 11-20 was slightly higher in the Survey. (Table 13)

3.16 Compared with respondents of low drug risk, males (52%) and females (48%) were more evenly distributed among those of high drug risk. The latter group seems to have a younger age profile than the former group, with a higher proportion of persons aged 21-40 (43%) and a lower proportion of those aged 41-60 (32%). (Table 14)

3.17 As for the activity status, near half (48%) of the respondents were working and another half (50%) were not. A relatively higher proportion of the respondents were clerk, service worker and shop sales worker (22%), followed by student (20%), manager and administrator, professional and associate professional (16%) and retired person (15%). (Table 15)

3.18 Comparing the two drug risk groups, the high drug risk group has proportionally more (53%) respondents working. (Table 15)

3.19 Among the 1 091 respondents, 35% had attained upper secondary education, 26% post-secondary education, 24% lower secondary education, 12% primary education and the remaining 3% with no schooling or at kindergarten level. (Table 16)

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Table 1 Audience penetration for the two APIs / advertisements on 「K 仔食壞腦」 and 「E 仔食壞腦」 and channels of getting aware of them

| Whether had watched/ heard of the two TV APIs or advertisements on 「K 仔食壞腦」and「E 仔食壞腦」 | No. | % of all respondents |
|--|--------------|----------------------|
| Had watched/ heard of the two TV announcements or advertisements / channel | 873 | 80.0 |
| <i>Television</i> | 843 | 77.3 |
| <i>Radio</i> | 150 | 13.7 |
| <i>Bus body advertisement</i> | 84 | 7.7 |
| <i>TV in MTR stations / KCR trains</i> | 81 | 7.4 |
| <i>Internet</i> | 41 | 3.8 |
| <i>TV hanging on the building external wall</i> | 32 | 2.9 |
| <i>Forgot</i> | 14 | 1.3 |
| Had not watched or heard of | 205 | 18.8 |
| Forgot / Not sure / Missing information | 13 | 1.2 |
| Total | 1 091 | 100.0 |

Note: More than one channel could be chosen by the respondents.

Table 2 Impression of the anti-drug message(s) delivered by the two APIs / advertisements of respondents other than those who had not watched or heard of the two APIs / advertisements

| Message delivered | Whether have impression of anti-drug message(s) delivered by the two APIs or advertisements | | | Total |
|---------------------|---|----------------|------------------------------|-----------------|
| | Yes | No | Forgot / Missing information | |
| 索 K 會胡言亂語 | 719 (81.2%) | 93 (10.5%) | 74 (8.4%) | 886 (100.0%) |
| 索 K 會導致失憶或者失控 | 734 (82.8%) | 90 (10.2%) | 62 (7.0%) | 886 (100.0%) |
| 食 E 仔會成日搖頭、磨牙同埋抽筋手震 | 684 (77.2%) | 116 (13.1%) | 86 (9.7%) | 886 (100.0%) |
| 食 E 仔會妄想被迫害 | 631 (71.2%) | 146 (16.5%) | 109 (12.3%) | 886 (100.0%) |

Note: Figures in brackets represent the respective proportions of all respondents.

Table 3 Whether respondents (other than those who had not watched or heard of the two APIs / advertisements) thought that the two APIs / advertisements could arouse public awareness of the harmfulness of ketamine and ecstasy

| Opinion | No. | % |
|--|------------|--------------|
| Thought that the two APIs / advertisements could arouse public awareness | 758 | 85.6 |
| Thought that the two APIs / advertisements could not arouse public awareness | 84 | 9.5 |
| Not sure | 44 | 5.0 |
| Total | 886 | 100.0 |

Table 4 Audience penetration for various anti-drug publicity items

| Publicity items | Whether had watched/ heard of/ knew the publicity item | | | |
|---------------------------------|---|-----------------|--------------------|-------------------------|
| | | | | Forgot / Missing |
| | Yes | No | information | Total |
| 無毒真高手 Hip Hop Band Rap 跳 | 67 (6.1) | 1 001 (91.8) | 23 (2.1) | 1 091 (100.0) |
| Evil Killer 滅魔行者手機或電腦遊戲 | 87 (8.0) | 987 (90.5) | 17 (1.6) | 1 091 (100.0) |
| 「PG 家長指引— 防毒篇」一分鐘電視節目 | 239 (21.9) | 801 (73.4) | 51 (4.7) | 1 091 (100.0) |
| 「都市閒情」電視節目內由龐愛蘭女士主持「無毒成長龐身寶」的環節 | 233 (21.4) | 841 (77.1) | 17 (1.6) | 1 091 (100.0) |
| 香港電台普通話台「紫荊花常開」節目內「百毒不侵成長路」的環節 | 109 (10.0) | 967 (88.6) | 15 (1.4) | 1 091 (100.0) |

Note: Figures in brackets represent the respective proportions of all respondents.

Table 5 Channels through which respondents usually got anti-drug messages by age group

| Channels | Aged 11-20 | | Total | |
|--|------------|------|-------|------|
| | No. | % * | No. | % * |
| Television | 187 | 87.8 | 971 | 89.0 |
| Radio | 37 | 17.4 | 271 | 24.8 |
| Leaflets/ Posters/ Souvenirs | 65 | 30.5 | 270 | 24.7 |
| Bus body advertisement | 41 | 19.2 | 215 | 19.7 |
| School | 130 | 61.0 | 204 | 18.7 |
| TV in MTR stations / KCR trains | 26 | 12.2 | 180 | 16.5 |
| Internet | 58 | 27.2 | 120 | 11.0 |
| Voluntary organisations or youth centres | 27 | 12.7 | 97 | 8.9 |
| TV hanging on the building external wall | 9 | 4.2 | 72 | 6.6 |
| Karaoke | 14 | 6.6 | 44 | 4.0 |
| Mobile phone network/ SMS | 4 | 1.9 | 29 | 2.7 |
| Drug InfoCentre | 10 | 4.7 | 29 | 2.7 |
| Others | 6 | 2.8 | 50 | 4.6 |
| Missing information | 1 | 0.5 | 17 | 1.6 |

Notes: More than one channel could be chosen by the respondents.

* Percentages refer to the proportions of all respondents in the respective age groups.

Table 6 Whether respondents knew any drug abuser by whether ever been offered drugs or psychotropic substances

| Whether knew any drug abuser | Whether ever been offered drugs or psychotropic substances | | | |
|------------------------------|--|------------------|--------------|-----------------|
| | Had not been offered | Had been offered | Total | |
| | No. | No. | No. | % |
| Did not know any drug abuser | 962 # | 31 + | 993 | (91.0%) |
| Knew drug abuser | 74 + | 24 + | 98 | (9.0%) |
| Total | 1 036 | 55 | 1 091 | (100.0%) |
| | (95.0) | (5.0%) | (100.0%) | |

Notes: Figures in brackets represent the respective proportions of all respondents.

Respondents of low drug risk

+ Respondents of high drug risk (129 or 12%)

Table 7 Whether respondents knew any drug abuser and relationship with the drug abuser

| Whether knew any drug abuser | No. | % of all respondents |
|---|--------------|-----------------------------|
| Knew drug abuser/ relationship with drug abuser | 98 | 9.0 |
| <i>Friend</i> | 60 | 5.5 |
| <i>Neighbour</i> | 11 | 1.0 |
| <i>Schoolmate</i> | 5 | 0.5 |
| <i>Relative</i> | 5 | 0.5 |
| <i>Sibling</i> | 1 | 0.1 |
| <i>Others</i> | 9 | 0.8 |
| <i>Forgot whom</i> | 15 | 1.4 |
| Did not know any drug abuser | 993 | 91.0 |
| Total | 1 091 | 100.0 |

Note: A respondent might know more than one drug abuser, and hence more than one relationship might be chosen.

Table 8 Whether respondents ever been offered any psychotropic substances or drugs by any person and relationship with the offering person

| Whether ever been offered psychotropic substances or drugs | No. | % of all respondents |
|---|--------------|-----------------------------|
| Had been offered psychotropic substances or drugs / relationship with the offering person | 55 | 5.0 |
| <i>Friend</i> | 37 | 3.4 |
| <i>Schoolmate</i> | 4 | 0.4 |
| <i>Neighbour</i> | 1 | 0.1 |
| <i>Relative</i> | 1 | 0.1 |
| <i>Others</i> | 5 | 0.5 |
| <i>Forgot whom</i> | 9 | 0.8 |
| Had not been offered | 1036 | 95.0 |
| Total | 1 091 | 100.0 |

Note: A respondent might know more than one drug abuser, and hence more than one relationship might be chosen.

Table 9 Respondents' perception of the harmful effect on the body caused by 「濫藥」 and 「吸毒」 by age group

| Respondents' opinion on the harmfulness of 「濫藥」 and 「吸毒」 | Aged 11-20 | | Total | |
|--|------------|--------------|--------------|--------------|
| | No. | % | No. | % |
| 「濫藥」 had more harm to the body | 9 | 4.2 | 30 | 2.7 |
| 「吸毒」 had more harm to the body | 28 | 13.1 | 140 | 12.8 |
| 「濫藥」 and 「吸毒」 had the same harm to the body | 176 | 82.6 | 905 | 83.0 |
| Don't know / Missing information | - | - | 16 | 1.5 |
| Total | 213 | 100.0 | 1 091 | 100.0 |

Table 10 Respondents' perception of the harmful effect on the body caused by 「濫藥」 and 「吸毒」 by respondents of two drug risk groups

| Respondents' opinion on the harmfulness of 「濫藥」 and 「吸毒」 | Respondents of low drug risk | | Respondents of high drug risk | | Total | |
|--|------------------------------|--------------|-------------------------------|--------------|--------------|--------------|
| | No. | % | No. | % | No. | % |
| 「濫藥」 had more harm to the body | 20 | 2.1 | 10 | 7.8 | 30 | 2.7 |
| 「吸毒」 had more harm to the body | 115 | 12.0 | 25 | 19.4 | 140 | 12.8 |
| 「濫藥」 and 「吸毒」 had the same harm to the body | 814 | 84.6 | 91 | 70.5 | 905 | 83.0 |
| Don't know / Missing information | 13 | 1.4 | 3 | 2.3 | 16 | 1.5 |
| Total | 962 | 100.0 | 129 | 100.0 | 1 091 | 100.0 |

Table 11 Respondents' understanding of taking psychotropic substances / heroin for non-treatment purpose being lawful or not in Hong Kong by age group

| Respondents' understanding | Aged 11-20 | | Total | |
|--|------------|------|-------|------|
| | No. | % | No. | % |
| Taking psychotropic substances for non-treatment purpose in Hong Kong | | | | |
| Unlawful | 177 | 83.1 | 877 | 80.4 |
| Lawful | 27 | 12.7 | 141 | 12.9 |
| Don't know / No opinion | 9 | 4.2 | 73 | 6.7 |
| Taking heroin for non-treatment purpose in Hong Kong | | | | |
| Unlawful | 188 | 88.3 | 951 | 87.2 |
| Lawful | 17 | 8.0 | 102 | 9.3 |
| Don't know / No opinion | 8 | 3.8 | 38 | 3.5 |

Table 12 Respondents' understanding of taking psychotropic substances / heroin for non-treatment purpose being lawful or not in Hong Kong by respondents of two drug risk groups

| Respondents' understanding | Respondents of low drug risk | | Respondents of high drug risk | | Total | |
|---|------------------------------|------|-------------------------------|------|-------|------|
| | No. | % | No. | % | No. | % |
| Taking psychotropic substances for non- treatment purpose in Hong Kong | | | | | | |
| Unlawful | 768 | 79.8 | 109 | 84.5 | 877 | 80.4 |
| Lawful | 125 | 13.0 | 16 | 12.4 | 141 | 12.9 |
| Don't know / No opinion | 69 | 7.2 | 4 | 3.1 | 73 | 6.7 |
| Taking heroin for non-treatment purpose in Hong Kong | | | | | | |
| Unlawful | 843 | 87.6 | 108 | 83.7 | 951 | 87.2 |
| Lawful | 85 | 8.8 | 17 | 13.2 | 102 | 9.3 |
| Don't know / No opinion | 34 | 3.5 | 4 | 3.1 | 38 | 3.5 |

Table 13 Respondents by sex and age group

| Sex / Age group | No. | % | % of population aged 11 and above * |
|---------------------|--------------|--------------|-------------------------------------|
| Sex | | | |
| Male | 480 | 44.0 | 47.1 |
| Female | 611 | 56.0 | 52.9 |
| Age group | | | |
| 11-20 | 213 | 19.5 | 13.4 |
| 21-40 | 342 | 31.3 | 33.7 |
| 41-60 | 399 | 36.6 | 36.0 |
| 61 and over | 132 | 12.1 | 17.0 |
| Missing information | 5 | 0.5 | - |
| Total | 1 091 | 100.0 | 100.0 |

Note: * Based on Hong Kong Resident Population aged 11 and above in mid-2007.

Table 14 Respondents of two drug risk groups by sex and age group

| Sex/ Age group | Respondents of low drug risk | | Respondents of high drug risk | | Total | |
|-----------------------|-------------------------------------|--------------|--------------------------------------|--------------|--------------|--------------|
| | No. | % | No. | % | No. | % |
| Sex | | | | | | |
| Male | 544 | 56.5 | 67 | 51.9 | 611 | 56.0 |
| Female | 418 | 43.5 | 62 | 48.1 | 480 | 44.0 |
| Age group | | | | | | |
| 11-15 | 97 | 10.1 | 6 | 4.7 | 103 | 9.4 |
| 16-20 | 93 | 9.7 | 17 | 13.2 | 110 | 10.1 |
| 21-30 | 117 | 12.2 | 32 | 24.8 | 149 | 13.7 |
| 31-40 | 169 | 17.6 | 24 | 18.6 | 193 | 17.7 |
| 41-50 | 206 | 21.4 | 27 | 20.9 | 233 | 21.4 |
| 51-60 | 152 | 15.8 | 14 | 10.9 | 166 | 15.2 |
| 61 and over | 123 | 12.8 | 9 | 7.0 | 132 | 12.1 |
| Missing information | 5 | 0.5 | - | - | 5 | 0.5 |
| Total | 962 | 100.0 | 129 | 100.0 | 1 091 | 100.0 |

Table 15 Respondents of two drug risk groups by activity status / occupation

| Activity status / occupation | Respondents of low drug risk | | Respondents of high drug risk | | Total | |
|---|-------------------------------------|--------------|--------------------------------------|--------------|--------------|--------------|
| | No. | % | No. | % | No. | % |
| Working | 421 | 43.8 | 69 | 53.5 | 490 | 44.9 |
| <i>Clerk, service worker and shop sales worker</i> | 200 | 20.8 | 37 | 28.7 | 237 | 21.7 |
| <i>Manager and administrator, professional and associate professional</i> | 155 | 16.1 | 22 | 17.1 | 177 | 16.2 |
| <i>Craft and related worker, plant and machine operator and assembler</i> | 66 | 6.9 | 10 | 7.8 | 76 | 7.0 |
| Not working | 526 | 54.7 | 57 | 44.2 | 583 | 53.4 |
| <i>Student</i> | 196 | 20.4 | 20 | 15.5 | 216 | 19.8 |
| <i>Retired person</i> | 147 | 15.3 | 12 | 9.3 | 159 | 14.6 |
| <i>Home-maker</i> | 123 | 12.8 | 14 | 10.9 | 137 | 12.6 |
| <i>Elementary occupation</i> | 36 | 3.7 | 5 | 3.9 | 41 | 3.8 |
| <i>Unemployed person</i> | 24 | 2.5 | 6 | 4.7 | 30 | 2.7 |
| Missing information / Others | 15 | 1.6 | 3 | 2.3 | 18 | 1.6 |
| Total | 962 | 100.0 | 129 | 100.0 | 1 091 | 100.0 |

Table 16 Respondents of two drug risk groups by educational attainment

| Educational attainment | Respondents of low drug risk | | Respondents of high drug risk | | Total | |
|-------------------------------|-------------------------------------|--------------|--------------------------------------|--------------|--------------|--------------|
| | No. | % | No. | % | No. | % |
| No schooling / Kindergarten | 26 | 2.7 | 2 | 1.6 | 28 | 2.6 |
| Primary | 116 | 12.1 | 15 | 11.6 | 131 | 12.0 |
| Lower secondary (Form 1-3) | 241 | 25.1 | 26 | 20.2 | 267 | 24.5 |
| Upper secondary (Form 4-7) | 324 | 33.7 | 54 | 41.9 | 378 | 34.6 |
| Post-secondary | 250 | 26.0 | 32 | 24.8 | 282 | 25.8 |
| Missing information | 5 | 0.5 | - | - | 5 | 0.5 |
| Total | 962 | 100.0 | 129 | 100.0 | 1 091 | 100.0 |

禁毒宣傳工作意見統計調查 - 電話訪問問卷

早晨 / 晚安，我姓 ____。我地係香港浸會大學既 “學校行政管理系統培訓及研究組” 打黎既。(等待回覆)

我地依家幫政府做緊一項研究，我地希望你可以對禁毒宣傳既工作上俾 D 意見。

你既家庭俾我地隨機抽樣選中左做依個訪問，響你 11 歲或以上而又識廣東話或者普通話既家庭成員裡面，我地會隨機揀出一位黎做依個訪問。請問你地屋企有幾多位成員係 11 歲或以上呢？

- 如沒有，請多謝受訪者及結束訪問。
- 如有，等待回覆 及 準備 kish grid 來選出合適的受訪成員。

訪問員指引:

1. 如果受訪住戶只有一人是 11 歲或以上，則不用抽樣。
2. 如果受訪住戶多過一個是 11 歲或以上，……
 - a. 將家庭成員由大到小(age)排列，參考 kish grid 來選出合適的受訪成員。
 - b. 跟著請該名 “合適的受訪成員” 來接聽電話。
 - c. 然後向他講解有關這個研究的內容 (repeat opening)，受訪人資料的保密(閣下所提供嘅意見，我地係會絕對保密嘅，請您放心)，訪問時間的長度 (呢個訪問大約需要 2-3 分鐘時間)等，跟著才正式開始訪問。

以下三個問題係關於兩個宣傳短片或廣告，名為「K 仔食壞腦」同「E 仔食壞腦」。

Q1:請問你有冇睇過或者聽過呢兩個宣傳短片或廣告呢？如果有〔其中一個或兩個也可以〕，係邊到睇過或者聽過呢？(可選多個答案。訪問員請讀出選項 2-7。)

1. 拒絕回答
2. 有，係電視睇過
3. 有，係大廈外牆大電視睇過
4. 有，係九廣鐵路列車裏面或者地鐵站內電視睇過
5. 有，係巴士車身張貼嘅宣傳海報睇過
6. 有，係電台宣傳聲帶聽過
7. 有，係互聯網上睇過
8. 有，但唔記得係邊到
9. 冇睇過或者聽過 → Proceed to Q4 (no need to answer Q2 and Q3)
→ 跳題至 Q4 (不需問 Q2 及 Q3)
10. 唔清楚/唔記得

Q2: 你對宣傳短片或廣告帶出嘅信息，印象較深刻嘅有：(訪問員請讀出選項 a-d。)

| | 拒絕回答 | 係 | 唔係 | 唔記得 |
|------------------------|------|---|----|-----|
| a. 索 K 會胡言亂語 | 1 | 2 | 3 | 4 |
| b. 索 K 會導致失憶或者失控 | 1 | 2 | 3 | 4 |
| c. 食 E 仔會成日搖頭、磨牙同埋抽筋手震 | 1 | 2 | 3 | 4 |
| d. 食 E 仔會妄想被迫害 | 1 | 2 | 3 | 4 |

Q3: 你認為呢兩個宣傳短片或廣告可唔可以提高市民對精神藥物 K 仔同 E 仔嘅害處嘅認識呢？

1. 拒絕回答
2. 可以
3. 唔可以
4. 唔知道/唔清楚

跟住兩個問題係有關其他禁毒宣傳項目。

Q4: 請問你有冇聽過、睇過或者知唔知道以下嘅禁毒宣傳項目呢？(訪問員請讀出選項 a-e。若受訪者就個別項目主動問多些資料，訪問員請見附件一讀出 相關資料作提示，然後再次問該受訪者“有冇聽過或者…… 這個宣傳項目?” 才繼續住下一項。)

| | 拒絕回答 | 有聽、睇過/知 | 冇聽、冇睇過/唔知 | 唔清楚 / 唔記得 |
|------------------------------------|------|---------|-----------|-----------|
| a. 無毒真高手 Hip Hop Band Rap 跳 | 1 | 2 | 3 | 4 |
| b. Evil Killer 滅魔行者手機或電腦遊戲 | 1 | 2 | 3 | 4 |
| c. 「PG 家長指引— 防毒篇」一分鐘電視節目 | 1 | 2 | 3 | 4 |
| d. 「都市閒情」電視節目內由龐愛蘭女士主持「無毒成長龐身寶」嘅環節 | 1 | 2 | 3 | 4 |
| e. 香港電台普通話台「紫荊花常開」節目嘅「百毒不侵成長路」嘅環節 | 1 | 2 | 3 | 4 |

Q5: 你通常係透過以下邊個途徑知道禁毒宣傳訊息呢？（訪問員請讀出選項 2-13。）

1. 拒絕回答
2. 電視
3. 九廣鐵路列車或地鐵站裏面嘅電視
4. 巴士車身張貼嘅宣傳海報
5. 電台宣傳聲帶
6. 大廈外牆大電視
7. 互聯網
8. 手機流動網絡或手機短訊
9. 單張、海報或紀念品
10. 藥物資訊天地
11. 卡拉 OK
12. 學校
13. 志願或青少年機構
14. 其他 (請註明): _____

Q6: 你認為“濫藥”同埋“吸毒”邊一樣對身體嘅傷害會較大呢？定係兩樣一樣咁有害嘅呢？

1. 拒絕回答
2. 濫藥會大啲
3. 吸毒會大啲
4. 濫藥同吸毒一樣咁有害
5. 唔知道/唔清楚

Q7: 據你所知，喺香港唔係因為醫病而食用或者吸服精神藥物，例如啪丸同索 K 等係唔係犯法呢？

1. 拒絕回答
2. 係
3. 唔係
4. 唔知道/唔清楚

Q8: 據你所知，喺香港食白粉係唔係犯法呢？

1. 拒絕回答
2. 係
3. 唔係
4. 唔知道/唔清楚

Q9: 你有冇認識人現時係濫用藥物嘅人士呢？例如嗰丸同索K等。如果「有」，係你邊個呢？
(可選多個答案。)

1. 拒絕回答
2. 有，我不認識
3. 有，朋友
4. 有，同學
5. 有，鄰居
6. 有，父母
7. 有，兄弟姊妹
8. 有，其他親戚
9. 有，其他 (請註明): _____
10. 有，但唔記得係邊個

Q10: 有冇人曾經給予你任何精神藥物或者毒品呢？如果「有」，係你邊個呢？(可選多個答案。)

1. 拒絕回答
2. 冇
3. 有，朋友
4. 有，同學
5. 有，鄰居
6. 有，父母
7. 有，兄弟姊妹
8. 有，其他親戚
9. 有，其他 (請註明): _____
10. 有，但唔記得係邊個

最後三題想問關於你嘅年齡、教育同工作嘅資料。

Q11: 請問你嘅年齡係屬於以下邊一個組別？(以上一次生日計算) (訪問員請讀出選項 2-8。)

1. 拒絕回答
2. 11-15 歲
3. 16-20 歲
4. 21-30 歲
5. 31-40 歲
6. 41-50 歲
7. 51-60 歲
8. 61 歲或以上

Q12: 請問你嘅教育程度係屬於以下邊一個組別？（訪問員請讀出選項 2-7。）

1. 拒絕回答
2. 無受過教育／幼稚園程度
3. 小學程度
4. 初中程度(中一至中三)
5. 高中程度(中四至中七)
6. 專上教育程度
7. 大學教育程度

Q13: 請問你現時有冇工作呢？如果有，你係...（訪問員請讀出 2-5 項。） / 如果有，你嘅工作係屬於邊一類呢？（訪問員請讀出 6-9 項。）

- | | |
|-------------------------------|-------------------------------|
| 1. 拒絕回答 | 7. 有，文員、服務工作或商店銷售人員 |
| 2. 有，冇工作而喺屋企做家務 | 8. 有，工藝及有關人員、 機台及機器操作員及裝配員 |
| 3. 有，退休人士 | 9. 有，非技術工人 |
| 4. 有，待業人士 | 10. 其他人士，請註明： _____ |
| 5. 有，學生 | |
| 6. 有，經理及行政級人員、專業 人員或輔助專業人員 | |

Q14: 請問你住響邊區呢？

1. 香港
2. 九龍
3. 新界

受訪者性別: [由訪問員自行填寫]

1. 男
2. 女

多謝你接受訪問。你提供寶貴嘅意見，禁毒處會用嚟制訂禁毒宣傳策略時作參考。

- 完 -

附件一

- a. 「無毒真高手 Hip Hop Band Rap 跳」係一個由禁毒常務委員會、保安局禁毒處同香港電台合辦嘅比賽，係今年 6 月推出，為期半年。比賽項目有四個，包括街頭舞蹈（即係 Hip Hop 舞蹈）、樂隊表演、「掙碟」同埋饒舌（即係 Rapping），歡迎 25 歲或以下嘅年青人參加。
- b. Evil Killer 滅魔行者免費手機或電腦遊戲係今年 7 月中推出，市民可以係手機流動網站、卡拉 OK 或禁毒處網頁等以藍芽下載。遊戲以打擊代表兩種年青人最常濫用的精神藥物 E 仔同 K 仔為目標。
- c. 「PG 家長指引— 防毒篇」一分鐘電視節目共有 10 集，係今年 6 月 4 日至 15 日期間，逢星期一至五晚上十一點半左右，係無綫電視翡翠台晚間新聞前播放，而家亦可以係網上收睇。呢套節目係由藝員曹永廉主持，仲邀請到名人做嘉賓，好似有龐愛蘭女士、鄧藹霖女士同陳志雲先生等。
- d. 「都市閒情」電視節目由龐愛蘭女士主持「無毒成長龐身寶」嘅環節，主要係講解一啲禁毒訊息俾觀眾，係今年 5 月至 8 月期間係無綫電視翡翠台逢星期四午間一點半左右係「都市閒情」電視節目內播放。
- e. 普通話台「紫荊花常開」電台節目嘅「百毒不侵成長路」環節，主要係講解一啲禁毒訊息俾聽眾，係今年 4 月至 8 月期間係香港電台嘅普通話台逢星期四係三點左右係「紫荊花常開」電台節目內播放。