

Final Report

Pathway to Desistance: A Qualitative Study of
young ex-drug users in Hong Kong
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Executive Summary

Discovering the reasons drug abusers started taking drugs are important to lower the rate of drug use. Nevertheless, exploring significant desisters is also crucial to assist abusers in desistance, prevent ex-drug abusers' relapse, and maintain low drug use rates in society. Yet, the data of local youths' desistance from drugs is rare. Thus, the aim of our project is to extend the current knowledge pertaining to desistance theory by examining pathways to desistance among young ex-drug users in Hong Kong.

For the sake of a comprehensive qualitative research, our project team recruited 76 interviewees in total by using purposeful sampling to conduct in-depth interviews. In which, the 76 interviewees were divided into 3 groups evenly, including ex-drug abusers, significant others and case workers. After conducting all interviews, our project team focused on data analysing by adopting an inductive coding approach. Throughout the two-year period of research, it is found that there are 11 notable desisters, including 2 static factors- gender and criminal history, and 9 dynamic factors- family, peers, intimate partner, social worker, work engagement, growth, positive changes, self-concepts, and social roles. Among the 11 desisters, family, intimate partner, and the 4 personal dynamic factors including growth, positive changes, self-concepts, and social roles are more significant than other desisters being found from the local and overseas literatures. For an easier understanding, our project team has developed a conceptual model and a set of basic principle for the pathways to desistance in local settings. Ultimately, several recommendations on current drug desistance services for local young people and the future direction of the development of drug desistance services for local young people are discussed and suggested.

執行摘要

研究吸毒者的吸毒原因對於降低吸毒率固然重要。然而，探討戒毒者的戒毒因子對於幫助吸毒者戒毒、防止吸毒者復吸以及維持社會低吸毒率，也是十分關鍵的。但是，有關本港青少年戒毒的數據卻非常少。因此，我們項目的研究目的是通過研究香港年輕戒毒者的戒毒因，擴展現有有關戒毒理論的知識、制定適用於本港青少年的戒毒模型和就改善現時的戒毒模型提出建議。

為了進行全面的定性研究，項目組採用有目的抽樣的方式，共招募了 76 名受訪者進行深度訪談。其中，76 名受訪者平均分為 3 組，包括戒毒者、重要他人及個案工作人員。在完成所有訪談後，我們的項目團隊採用了歸納編碼進行數據分析。在為期兩年的研究中，我們發現了 11 個顯著的因素，包括 2 個靜態因素——性別和犯罪史，以及 9 個動態因素——家庭、同伴、親密伴侶、社會工作者、工作投入、成長、正面改變、自我概念和社會角色。當中，家庭、親密伴侶以及成長、積極改變、自我概念和社會角色這 4 個個人動力因素起其他因子更具影響力。為了更容易理解，我們研究團隊針對本港青少年的戒毒因子制定了一個概念模型和一套基本原則。最後，我們在討論部份就現時本港青少年戒毒服務和未來方向提出了一些建議。

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Chapter One

Introduction

As is well known, drug abuse has been a global issue for decades. In 2022, it was reported by the United Nations Office on Drugs and Crime (UNODC) that, around 284 million people aged 15-64 abused drugs worldwide in 2020 (UNODC, 2022). Additionally, the report claimed that young people were using more drugs as compared with the previous generation (UNODC, 2022). In other words, the drug abuse issue has been a global emergency, especially the drug issue among young people. Yet, Hong Kong is no exception.

Drug abuse amongst youth in Hong Kong is an excessively concerning problem. According to the official statistics published by the Central Registry of Drug Abuse (CRDA) in 2023, the total number of reported drug abusers in Hong Kong had dropped steadily from 11,572 in 2011 to 5,782 in 2020 and then raised slightly to 6,095 in 2021 (CRDA, 2023). The increase was mainly driven by the rising number of reported young drug abusers aged under 21. Statistically, the number of reported young drug abusers (aged below 21) soared from 609 in 2020 to 888 in 2021, accounting for approximately 15% of the total number of drug abusers in the year (CRDA, 2023). Also, youngsters arrested for drug offences were also recorded to increase in 2021 (HKSAR Press Release, 2022). Accordingly, drug issues are not only about drugs, but also about the law and order of the society. Nonetheless, since CRDA is a voluntary reporting system, the statistics only show part of the drug abused situation in Hong Kong. Regarding the places of drug abuse, the figures revealed that in 2021, over half of the abusers took drugs in private settings only, like their own home or friends' home (CRDA, 2023). Thus, the hidden drug abusers are not easily discovered by law enforcement and social control agents; hence, the official statistics can hardly reflect the whole picture of the

drug abuse issue in Hong Kong. Besides, the growing median drug abuse history of newly reported abusers shows the severity of the hidden drug abuse problem in Hong Kong. According to the same report published by CRDA, the median drug abuse history of newly reported abusers increased notably, from 3.5 years in 2011 to 5.0 years in 2020 (CRDA, 2022). In other words, it is expected that there are still many hidden drug abusers in the society that have not been discovered. Hence, it is inferred that the real drug abuse issue, including the drug abuse problem among young people under 21, is excessively critical.

Moreover, Dr. Donald Li, the Chairman of the Action Committee Against Narcotics (ACAN), voiced concern about the impact of the pandemic of Coronavirus Disease 2019 (COVID-19) on the rise of drug abuse (RTHK English News, 2022). “The Covid-19 epidemic is changing rapidly and brings stress of various degrees to members of the public,” he said. As a consequence, the drug abuse problem among young people under 21 is especially alarming under the current pandemic situation.

Furthermore, there is a noteworthy difference in the common types of drugs abused between the age group below 21 and the older age groups. According to figures from CRDA, the three most common types of drugs abused among all age groups in 2021 were heroin (海洛英), methamphetamine (甲基安非他明) (also known as “Ice (冰毒)”), and cocaine (可卡因) (also known as “coca (可樂)”) (RTHK English News, 2022). Yet, the most common types of drug abused differ in the age group below 21. In which, cannabis (大麻) was the most popular one and was taken by 56% of reported young drug abusers in 2021 (CRDA, 2023). Cocaine and ketamine (氯胺酮) (as known as “K 仔”) followed, with 45% of young drug abusers took cocaine in 2021, and 12% of them used ketamine in 2021 (CRDA, 2023). Thus, it is concluded that the

characteristics of the young drug abusers in Hong Kong are different from drug abusers in other age groups.

Consequently, it is important and essential to explore the knowledge on desistance in local young ex-drug abusers and invent a Desistance Model tailored to the local young drug abusers' needs.

Chapter Two

Research Objectives and Significances

The research project consists of the following seven key objectives:

- i) To enrich the desistance theories among the local and international literature;
- ii) To advance the general crime desistance framework with embedment of drug abuse-related factors;
- iii) To explore the scope for fostering desistance from young drug abusers;
- iv) To examine the significance of different desisters in preventing cycle of relapse;
- v) To propose a localized and integrated desistance model for young drug addicts;
- vi) To develop a set of basic principles for the use of desistance model in Hong Kong;
- vii) To make recommendation to government or social welfare sectors based on study findings.

Concerning the importance of reducing youth drug abuse, it is estimated that in 2017, around 12.6 million teenagers aged 15-16 throughout the world have used drug in 2017 (United Nations, 2019). Youth drug abuse is definitely a prominent social problem at local as well as international level. Hence the study will heavily focus on the potential in developing pathways to desistance through a series of investigations examining various aspects of successful cases in local settings.

While predominant research in past decade examined the use of desistance to crime in general, scholars began to discuss the issues and advocate the significances of desistance in more specific contexts, including cases of juvenile delinquency in recent years (Mok and Wong, 2017). Nevertheless, research that examined the concepts of desistance for drug addicts within Chinese communities is relatively scarce. Thus, this study is crucial in debating future development of desistance for young drug abusers in Hong Kong.

Chapter Three

Literature Reviews

Desistance from crime and general offending has become an important topic of study in criminological research, for both theoretical and practical considerations. Grasping the reasons for desistance from crime may improve our future policy efforts to reduce crime. Desistance from crime refers to the process of ending a period of involvement in offending behaviour. Haggard et al. (2001, p. 1048) argued that ‘understanding . . . desistance from crime is probably as important as knowledge of factors that may trigger the development of a criminal career in the first place’; however, ‘The matter of desistance has been subjected to few empirical studies and theoretical discussions’. Desistance is a concept that focuses on how an individual manages to lead a crime-free life, despite facing various obstacles, which may include social stigma, homelessness, addiction, and unemployment (Richards & Jones, 2004).

The process of desistance has been further conceptualised as occurring in different phases. Uggen and Ktuttschnitt (1998) suggested that desistance is present in two states: a ‘state of offending’ and a ‘state of non-offending’. They believed behavioural desistance to be a shift from a state of offending to a stable state of non-offending. Furthermore, Maruna and Farrall (2004) believed that there is an obvious difference between primary desistance (a lull or a crime-free gap in a criminal career) and secondary desistance (a more long-term process that is a result of reframing one’s personal identity into a new conventional self). Based on the foundations of primary and secondary desistance, McNeill (2014) further developed another level of desistance, tertiary desistance, with an establishment of a sense of belongings towards the society and the community (a contextual understanding for keeping one’s state of non-

offending). All in all, the above definitions seem to point at one major phenomenon: desistance is a process of maintaining a state of non-offending.

Based on a life course perspective, Sampson and Laub's (2003) age-graded theory of informal social control has emphasized the importance of social bonds such as marriage and a stable employment as offering the potential factors to redirect lives into a more conventional lifestyle. Thus, evidence of individual identity changes and other cognitive transformations are also believed to be important factors for desistance (Giordano et al., 2002; Maruna, 2001). Hence, desistance can be viewed as a process that exerts an impact through the interaction between environmental influences and individual decision making.

Scholarly research has examined the relationship between substance abuse and crime. For example, both alcohol and drug abuse have been linked to crime and criminality (Dawkins, 1997), but drug abusers show extensive amount of serious and violent criminal activity (Inciardi, 1979; Nurco, et al, 1991; Speckart & Anglin, 1986). Research also has further implicated drug abuse as a key factor of continuity in juvenile delinquency (Anglin & Speckart, 1988; Chaiken & Chaiken, 1990; Dawkins, 1997; Elliott et al., 1989; Inciardi & Pottieger, 1991; White et al., 1999).

Recently more attention has been focused on studying desistance in specific groups of populations, such as sex offenders (Harris, 2014), drug abusers (Chu and Sung, 2009), probationers (Farrall, 2002) and property offenders (LeBel et al., 2008). However, knowledge on desistance in young ex-drug abusers is limited. The aim of the study is to extend the current knowledge pertaining to desistance theory by examining pathways to desistance among young ex-drug abusers in Hong Kong.

Chapter Four

Conceptual Framework

A proposed conceptual framework was constructed with reference to the concepts mentioned in the Chapter Two. The framework has been divided to three levels, namely Level One – Personal Background, Level Two – Life Course and Level Three – Social Context. For Level One – Personal Background, four potential static factors affecting drug desistance have been identified, including Gender, Age, Family Background, and Criminal History. For Level Two – Life Course, the potential factors have been categorized into two domains (Personal and Environmental). In Personal domain, five dynamic factors including Maturation (biological, intellectual and cognitive), Motivation, Self-concepts, Belief, and Social Roles will be included. For Environmental domain, the dynamic factors including Family, Peers, Intimate Partner, Academic / Work Performance, and Religious will be included. Besides the dynamic factors in the life course, three interacting factors under the Social Context have been identified in Level Three, which includes The Acceptance by the Society, Bondings with Significant Others, and Interaction with Criminal Justice / Health Care / Social Welfare System. The importance of all potential factors for inducing the drug desistance effect will be examined through the in-depth case analyses with the study. The layout of the conceptual framework has been documented in Figure 4.1 on the next page.

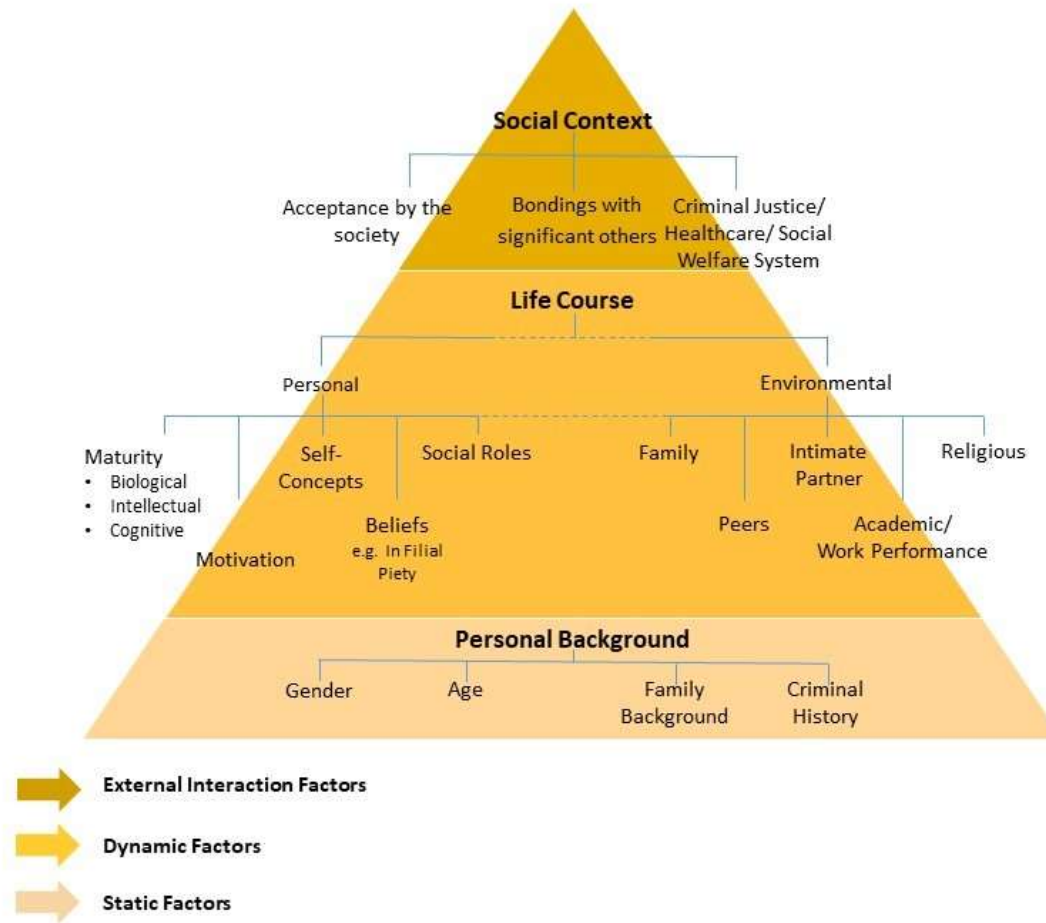


Figure 4.1 Proposed conceptual framework

Chapter Five

Methodology

Qualitative method was adopted as the key research methodology for the current study. Open-ended unstructured in-depth interviews were employed as the data collection methods to capture different episodes from various stakeholders on the pathways to desistance. In order to yield a comprehensive picture of drug desistance, triangulation on three groups of interviewees (ex-drug users, significant others and case workers) was incorporated into the research design. The following paragraphs will capture our interview tools, sampling strategy, recruitment of samples and an overview of the research samples of the research project.

5.1 Interview Tools

Three sets of interview guidelines (Appendix I, Appendix II, and Appendix III) were developed from the conceptual framework of desistance for three groups of interviewees, including young ex-drug abusers that had abstained from drug taking for at least one year before their ages of 21, significant others that had supported ex-drug abusers throughout their desistance pathways, and case workers that had handled cases of young ex-drug abusers. For an easier understanding for the participants, the three sets of interview guidelines were designed in Chinese. A narrative approach was used to explore key incidents and major changes of successful cases along with the pathways. Specifically, it aims at identifying how young ex-drug abusers, their significant others and case workers interpret their roles during the desistance processes, how changes in their lives shape affirmation in abstaining from drug use, and how micro and macro systems affect the pathways to desistance in the context of drug abuse in Hong Kong. The interviews were conducted by at least one research team member. Sometimes the case workers of the ex-drug users will also be present to ease the worries of the research

participants. The information from these stories and experiences was reviewed for commonalities in developing, applying, practicing and perceiving desistance for drug use or drug abuse in local context.

5.2 Data Collection Procedure

One-on-one (or sometimes two-on-one for female clients) open-ended interviews were conducted in various locations that assured a comfortable and private environment for participants. For instance, social welfare practitioners were interviewed at their workplaces and clients were interviewed at their service centers or the university according to their preferences. Due to the pandemic situation during the research period, sometimes phone or online interviews were arranged alternatively. A female research team member or a female case worker has been involved in the interview for female participants to ensure the ethical issue. The presence of female could also provide some on-the-spot emotional support to the participants. When the participant agreed to be interviewed, a time and place were then fixed for the interview to take place. Some rapporteurs were developed to let the participant feel more casual and comfortable. Then voluntary consent was sought from all participants through a written informed consent form (see Appendix IV). As the participant read along the consent form, some key points were explained. The researcher then verbally informed the participants of the possibility of psychological distress associated with the discussion of their drug abuse history or other issues. The participants were told if they experienced any distress and felt that they needed to talk further, the opportunity would be given to them to speak with the research team members or their case workers at the end of the interview. The research team members reminded each participant that participation is totally voluntary, and he or she can pause or terminate the interview at any time and the entire interview will be audio recorded. If the participant agreed, the researcher then asked the participants to fill-in an interview protocol that recorded their demographic

backgrounds. Upon completion, the researcher further asked the participant if he or she had any questions related to the interview and answers the queries. If the participant did not have any questions, the interview began.

5.3 Sampling Strategy

25 young ex-drug abusers who have abstained from drug taking for at least one year and with the onset of all forms of drug abuse before 21 years of age will be regarded as eligible cases for the study. Maximum variation sampling strategy of purposeful sampling (Patton, 1990) with voluntary consent will be used. Samples with different demographic and socioeconomic backgrounds including genders, age groups, marital status, presence of children, employment status, educational attainment will be selected in order to increase the sample variation. This strategy maximizes the numbers of perspectives gathered from different pathways, so as to yield more fruitful and comprehensive findings for the study.

Upon the recruitment of each ex-drug abuser, one of their significant others (e.g. parents, partners, close friends, teachers, etc.) and the key case worker will be invited to separate in-depth interviews for sharing their stories and practice wisdoms of accompanying the ex-drug abusers in the pathways, respectively. For example, the E4 of the group 1 (ex-drug abusers) is paired with the sixth interviewee of group 2 (significant others_ paired case workers) who was coded S6_C1. If the same case worker or significant others appeared in more than one case, only one interview will be conducted and the interviewees will be invited to respond to different cases correspondingly during the interviews. For example, S21_C37 was the key case worker of E22, E24, and E8, but there was only 1 interview conducted. Besides, some interviewees with no paired case in this research will also be invited for interviews, in order to yield more fruitful and comprehensive findings for the study. For example, the

first interviewee from the group 2 (significant others) who was coded S1, does not have a paired interviewee of the group 1 (ex-drug abusers) in this research, since her son (a young ex-drug abuser) was in prison and not available for the interview. Findings from ex-drug abusers, their significant others and frontline practitioners will be triangulated to construct a localized model of desistance from drug abuse.

5.4 Recruitment of Samples

23 organizations providing various desistance services to drug abusers have been identified from their websites, including The Hong Kong Federation of Youth Groups (HKFYG) and The Christian New Being Fellowship. Then, an invitation letter was sent to the heads of agencies to seek their assistance in recruiting interviewees. The invitation letter has specified the target of participants in the research, including ex-drug abusers who had desisted for over 1 year below their ages of 21 (group 1), significant others of ex-drug abusers (group 2), and key case workers (group 3). Due to the sensitivity of the study, confidential and anonymous issues were also particularly emphasized in the invitation letter. Besides, the three sets of interview questions were attached with the letter for agencies' references. Moreover, snowball referral strategies were used to search for suitable interviewees at the end of each interview, that is to ask the interviewees to refer suitable participants for the study. To attract more interviewees to join the study, supermarket cash coupons of HKD 300 were provided for each interviewee in group 1 and group 2 (including the 14 paired key case workers) after the interviews.

5.5 Data Analysis Plan

The qualitative data obtained in this study consisted of transcription of 76 interviews. The interviews were transcribed and proof-read several times for further analysis. Transcribed interviews were also printed out and used for back-up purposes and being marked and stacked according to different participants. As the interviews were conducted in Cantonese, the Chinese texts became the data sources for analysis. Bilingual translation tools like “Cambridge Dictionaries Online” were used for assisting the translation. A latent content analysis was undertaken to identify different perspectives towards spousal abuse and restorative justice based on the interviews. This allowed emergent themes to be generated from the data itself, based on the subjective evaluation by the research team members, instead of having a set of pre-determined categories prior to data analysis. This type of data analysis is preferable when little is known about the area being researched and therefore the study adopted this data analysis method.

The interview data from ex-drug users, significant others and case workers provided an opportunity to triangulate information across the client and professional workers with multiple perspectives to identify their views for developing the potential desistance model as a form of measure for anti-drug services in Hong Kong. Emergent categories of components on different aspects of desistance were identified and listed after reviewing all the interviews individually. Components were then grouped by the interviewee type and further grouped according to the research questions. This grouping and categorization allowed for the integration of ideas and thoughts about the individual and to search for similarities and differences between the participants. It also helped determine the important ideas with regards to the research question of the study and the development of theoretical understandings in desistance and its application. The

categories being identified were further checked among the research team and underwent several refinements in the stage of data analysis.

5.6 A Brief Overview of the Sample in the Study

Throughout the study (from August 2021 to June 2023), 76 interviewees in total were interviewed, including 25 ex-drug abusers (21 males and 4 females), 26 significant others of an ex-drug abuser (including 15 paired case workers), and 25 key case workers (including both paired and unpaired case workers who have not been regarded as significant others) were interviewed. In other words, there were 40 case workers being interviewed, while 15 of them were categorized as significant others (group 2) according to their paired ex-drug users, and the remaining 25 case workers were categorized as case workers (group 3). Among those 25 case workers who have not been regarded as significant others, 1 of them are paired with ex-drug users for providing case-specific information on the desistance pathways of their cases. The 24 unpaired case workers were invited to provide general practice wisdoms on the use of desisters for supplementing the research findings.

In Group 1 (ex-drug abusers), 23 out of 25 ex-drug abusers had not completed secondary education at the time, 1 ex-drug abuser had completed primary education only, and 1 ex-drug abuser was studying civil engineering at a university. Besides, 11 out of 25 ex-drug abusers were employed at the time of being interviewed. Additionally, the majority of the young ex-drug abusers (15 out of 25), were single with no children at the time of the interview. Among the remaining ex-drug abusers, 1 of them was single with 2 children, 5 of them were in relationships without children, 1 of them was in relationships with a child, and only 3 ex-drug abusers were married (2 with children and 1 without children). Also, 4 interviewees in the group of ex-drug abusers had

children, 2 of them were not married yet. Next, it is notable that over half of the ex-drug abusers (15 out of 25) were triad members prior to their desistance from drugs. In addition, cocaine was the most popular type of drugs among the ex-drug abusers- 16 out of 25 interviewees abused cocaine. Cannabis was slightly less popular than cocaine- 15 out of 25 interviewees abused cannabis. Besides, many interviewees mentioned that cannabis was not deemed a drug until they realized it harmed their physical health. Ketamine and methamphetamine had moderate popularity among the ex-drug abusers and heroin was the least popular drug among the ex-drug abusers. Moreover, it is also noteworthy that the first female significant other (S1) was also an ex-drug abuser (E6) who had desisted from drugs before her 21.

In Group 2 (significant others of ex-drug abusers), there are 11 significant others and 15 paired case workers. Firstly, 8 out of the 11 significant others are females, and the remaining three are males. Also, 5 of the 11 significant others were relatives of ex-drug abusers and the remaining 6 interviewees were peer counsellors, a Chinese herbalist, and a nurse. In the 5 relatives, 4 were mothers, and 1 was a father. In which, 2 out of the 4 mothers are paired with 2 ex-drug abusers- S2 is paired with E5 while S17 is paired with E25. Secondly, as the ex-drug users were free to nominate their significant others, most of them believed their case workers were significant others during their pathways for desisting from drugs. No notable reasons like imprisonment, disconnected family ties or irregular working hours of family members were found among the interviewees. Alternatively, the close connections and strong bonding between the ex-drug users and their corresponding case workers were the key reasons for indicating case workers as their significant others. Regarding the samples, there are 15 paired case workers who are also deemed as significant others of the ex-drug abusers. In which, there are 5 female case workers and 10 male case workers. All of them had completed tertiary education before the interviews. Next, their years of experience vary, from 1

year to 40 years. Out of the 15 case workers who have been regarded as the significant others, 7 of them engaged in youth outreaching services, 4 of them engaged in anti-drug services, 2 of them engaged in residential services, 1 of them engaged in counselling center services and the remaining 1 case worker is from community service support scheme. It is notable that there are 5 paired case workers paired with more than 1 ex-drug abuser. S12_C19 is paired with E13, E14, E15, and E16 (4 ex-drug abusers), S15_C17 is paired with E1, E2, and E3, S21_C37 is paired with E8, E22, and E24, S7_C6 is paired with E5 and E6, while S11_C15 is paired with E12 and E20.

In Group 3 (case workers who have not been not regarded as significant others), there are 12 female case workers and 13 male case workers. In addition, 5 of the 25 interviewees engaged in youth outreaching services, 1 of the 25 interviewees engaged in anti-drug services and the remaining 19 engaged in counselling center services at the time of being interviewed. Most of them had completed social work programs in universities, only 2 case workers did not take social work programs. Yet, the two unpaired case workers took social sciences relevant courses, such as psychology and counselling. Their years of experience vary too, from a few months to around 20 years.

The sample characteristics of all samples were documented in Table 5.5.1 to Table 5.5.4 on the subsequent pages.

Sample Number	Gender	Age Group	Educational Level	Employment Status	Marital Status	Number of Children	Type(s) of Drug	Triad Affiliation
E1	M	18-20	Secondary Education	Unemployed	Single	0	Cannabis, Ketamine, Methamphetamine	Yes
E2	M	18-20	Secondary Education	Unemployed	Single	0	Cannabis, Cocaine, Heroin, Ketamine, Methamphetamine	Yes
E3	M	< 18	Secondary Education	Unemployed	Single	0	Cannabis, Cocaine, Ketamine	Yes
E4	F	18-20	Secondary Education	Unemployed	Single	0	Cannabis	No
E5	F	< 18	Secondary Education	Unemployed	In a relationship (not married)	1	Methamphetamine	Yes
E6	F	40-59	Secondary Education	Employed	Single	2	Cannabis, Cocaine, Heroin, Ketamine, Methamphetamine	No
E7	M	18-20	Secondary Education	Employed	In a relationship (not married)	0	Cocaine, Methamphetamine	No
E8	M	21-39 years old	Secondary Education	Unemployed	Single	0	Cocaine	Yes

Sample Number	Gender	Age Group	Educational Level	Employment Status	Marital Status	Number of Children	Type(s) of Drug	Triad Affiliation
E9	M	18-20	Secondary Education	Employed	Single	0	Cannabis	No
E10	F	18-20	Secondary Education	Employed	Single	0	Cocaine	No
E11	M	< 18	Secondary Education	Unemployed	In a relationship (not married)	0	Cocaine	Yes
E12	M	18-20	Secondary Education	Employed	Single	0	Cocaine, Methamphetamine	Yes
E13	M	< 18	Secondary Education	Unemployed	Single	0	Cannabis, Cocaine, Methamphetamine	Yes
E14	M	18-20	Secondary Education	Employed	Single	0	Cannabis, Cocaine, Ketamine	Yes
E15	M	18-20	Secondary Education	Unemployed	Single	0	Cannabis, Cocaine	Yes
E16	M	< 18	Secondary Education	Unemployed	Single	0	Cannabis, Cocaine, Ketamine, Methamphetamine	Yes
E17	M	< 18	Secondary Education	Employed	In a relationship (not married)	0	Cocaine	No

Sample Number	Gender	Age Group	Educational Level	Employment Status	Marital Status	Number of Children	Type(s) of Drug	Triad Affiliation
E18	M	21-39	Secondary Education	Unemployed	In a relationship (not married)	0	Cannabis, Cough Medicine	No
E19	M	21-39	Secondary Education	Employed	Married	0	Cannabis, Ketamine	No
E20	M	21-39	Secondary Education	Employed	Married	1	Cannabis, Cocaine, Heroin, Ketamine, Methamphetamine, Nimetazepam	Yes
E21	M	18-20	Secondary Education	Employed	In a relationship (not married)	0	Cocaine	Yes
E22	M	40-59	Primary Education	Employed	Married	2	Cocaine, Ketamine, Methamphetamine, Nimetazepam	Yes
E23	M	21-39	Secondary Education	Unemployed	Single	0	Ketamine, Methamphetamine	Yes
E24	M	< 18	Secondary Education	Unemployed	Single	0	Cannabis	No
E25	M	21-39	Tertiary Education	Unemployed	Single	0	Cannabis	No

Table 5.5.1 Sample Characteristics of Ex-drug abusers (N=25)

Sample Number	Relationship with the Ex-drug abuser	Gender	Age Group	Educational Level	Employment Status	Marital Status	Number of Children	Paired case
S1	Mother	F	40-59	Secondary Education	Unemployed	Married	2	/
S2	Mother	F	40-59	Secondary Education	Employed	Married	1	E5
S3	Peer Counsellor	M	21-39	Secondary Education	Employed	Married	0	/
S4	Peer Counsellor	F	21-39	Secondary Education	Employed	Single	0	/
S5	Peer Counsellor	F	21-39	Secondary Education	Employed	Married	1	/
S16	Mother	F	40-59	Secondary Education	Employed	Married	2	/
S17	Mother	F	40-59	Secondary Education	Employed	Married	1	E25
S18	Father	M	40-59	Secondary Education	Employed	Married	2	/
S19	Peer Counsellor	F	21-39	Secondary Education	Employed	Married	1	/

Sample Number	Relationship with the Ex-drug abuser	Gender	Age Group	Educational Level	Employment Status	Marital Status	Number of Children	Paired case
S24	Chinese Herbalist	M	21-39	Tertiary Education	Employed	Single	0	/
S25	Nurse (psychiatric nurse)	F	40-59	Tertiary Education	Employed	Single	0	/

Table 5.5.2 Sample Characteristics of Significant Others (Non-case workers) (N=11)

Sample Number	Field of Service	Years of Experience	Gender	Age Group	Educational Level	Employment Status	Paired Case
S6_C1	Youth Outreaching Services	6 years	F	21-39	Tertiary Education	Employed	E4
S7_C6	Anti-drug Services	40 years	F	41-59	Tertiary Education	Employed	E5, E6
S8_C8	Youth Outreaching Services (Overnight outreaching services)	1 years	M	21-39	Tertiary Education	Employed	E7
S9_C13	Youth Outreaching Services	3.5 years	M	21-39	Tertiary Education	Employed	E10
S10_C14	Community Support Service Scheme	17 years	M	21-39	Tertiary Education	Employed	E11
S11_C15	Youth Outreaching Services	7 years	M	21-39	Tertiary Education	Employed	E12, E20
S12_C19	Residential Services	12 years	F	21-39	Tertiary Education	Employed	E13-16
S13_C18	Counselling Centers	15 years	M	21-39	Tertiary Education	Employed	E19

S14_C20	Youth Outreaching Services	12 years	F	21-39	Tertiary Education	Employed	E18
S15_C17	Residential Services	15 years	M	21-39	Tertiary Education	Employed	E1-E3
S20_C30	Youth Outreaching Services	2 years	M	21-39	Tertiary Education	Employed	E17
S21_C37	Anti-drug Services	4 years	M	21-39	Tertiary Education	Employed	E8, E22, E24
S22_C38	Anti-drug Services	2 years	F	21-39	Tertiary Education	Employed	E21
S23_C39	Anti-drug Services	5 years	M	21-39	Tertiary Education	Employed	E23
S26_C16	Youth Outreaching Services	4 years	M	21-39	Tertiary Education	Employed	E9

Table 5.5.3 Sample Characteristics of Significant Others (Paired Case Workers) (N=15)

Sample Number	Gender	Field of Service	Years of Experience	Job Title	Educational Level	Major of Study
C2	M	Youth Outreaching Services	5 years	Social Worker (SWA)	Bachelor	Social Work
C3	M	Youth Outreaching Services	8 years	Social Worker (SWA)	Diploma	Social Work
C4	M	Youth Outreaching Services	20 years	Social Worker (ASWO)	Bachelor	Social Work
C5	M	Youth Outreaching Services	5 years	Social Worker (ASWO)	Bachelor	Social Work
C7	M	Anti-drug Services (paired with E25)	6 years	Social Worker (ASWO)	Master or above	Criminology, Social Work
C9	F	Counselling Centers	19 years	Social Worker (ASWO)	Bachelor	Social Work
C10	M	Counselling Centers	8 years	Social Worker (SWA)	Bachelor	Social Work
C11	F	Counselling Centers	12 years	Social Worker (ASWO)	Bachelor	Social Work
C12	F	Counselling Centers	6 years	Social Worker (ASWO)	Bachelor	Social Work
C21	F	Counselling Centers	8 years	Social Worker (ASWO)	Bachelor	Social Work
C22	F	Counselling Centers	15 years	Social Worker (ASWO)	Bachelor	Social Work
C23	M	Counselling Centers	5 years	Social Worker (ASWO)	Master or above	Design, Social Work
C24	M	Counselling Centers	8 months	Social Worker (ASWO)	Master or above	Counselling, Psychology
C25	M	Counselling Centers	5 months	Social Worker (ASWO)	Bachelor	Social Work

C26	F	Counselling Centers	6 months	Social Worker (ASWO)	Diploma	Social Work
C27	M	Counselling Centers	1.5 years	Social Worker (ASWO)	Master or above	Social Work
C28	F	Counselling Centers	3 years	Social Worker (ASWO)	Bachelor	Social Work
C29	M	Counselling Centers	6 months	Social Worker (ASWO)	Master or above	Social Work
C31	F	Counselling Centers	2.5 years	Social Worker (ASWO)	Master or above	Science, Social Work
C32	M	Counselling Centers	13 years	Social Worker (ASWO)	Master or above	Social Work
C33	F	Counselling Centers	6 years	Social Worker (ASWO)	Bachelor	Social Work
C34	F	Counselling Centers	7 years	Social Worker (ASWO)	Master or above	Social Work
C35	F	Counselling Centers	10 years	Social Worker (ASWO)	Bachelor	Counselling
C36	M	Counselling Centers	7 years	Social Worker (ASWO)	Bachelor	Social Work
C37	F	Youth Outreaching Services	20 years	Social Worker (SWO)	Master or above	Social Work

Table 5.5.4 Sample Characteristics of Other Case workers (Not as Significant Others) (N=25)

Chapter Six

Research Findings

The ex-drug abuser interviewees are recoded to E1, E2, E3 ... along with the sequence of the dates of interviews. In other words, the first interviewee is recoded as E1, the second interviewee is recoded as E2, and so forth.

Most of the ex-drug abuser interviewees shared some similarities. For example, at the beginning of their drug abuse issues, most of them were influenced and tempted by their peers. Only E9 searched cannabis online and abused cannabis spontaneously. Then, the 25 ex-drug abusers had diverse levels of drug addiction. Then, they had varied reasons to stop taking drugs. The key preliminary findings are summarized below:

6.1 Onset and Continuation of Drug Abuse

All of the 25 ex-drug abusers tried drugs for the first time when they were adolescents. At that period of time, they lost track of their normal life due to various reasons, such as distant family relationships, and/or unsatisfactory academic performances. Some of them were lost. Some of them felt undervalued. Therefore, they sought satisfaction, excitement, and self-values out of their family settings and their school settings. Hence, friends and peers became their main emotional support. It is notable that 24 out of 25 ex-drug abusers tried drugs for the first time because of the lure of their peers. The curiosity of the feeling of taking drugs also pushed them to try. The interviewees were told that the 23 interviewees were lured and tempted to try taking drugs in private settings, for example, a private party in a co-renting venue, a private party in someone's house,

or a private boat party. Only 1 interviewee (E17) was lured to take drugs at a public place- a basketball court. Besides, there was only 1 interviewee (E9) was not tempted by his peers. Instead, he searched for cannabis online and tried it spontaneously. According to E9, he had a false perception that cannabis was not a type of drug since it is very common in foreign countries. Hence, E9 tried to soothe his own intensive emotion by taking cannabis. In which, E25 shared a common view of cannabis with E9. Therefore, E25 claimed that he tried cannabis for the first time without any hesitation.

Next, the interviewees recalled, at the beginning of their drug abuse issues they were not very addicted to drugs. However, they continued abusing drugs as there was no reason for them to stop taking drugs. The lost feeling sustained their drug abuse issues. Thus, their degree of drug addictions increased with time. More than half of the ex-drug users even tried multiple types of drugs and/or mixed various types of drugs to strive for more intensive stimulations. For example, E2 claimed that the first type of drug he took was cannabis when he was aged 11. Then, he abused ketamine for better stimulation. Yet, he soon replaced ketamine by cocaine because he felt the body damage by ketamine. Besides, sometimes he mixed methamphetamine and heroin for an extreme stimulation. Nonetheless, 10 out of the 25 ex-drug abusers only abused 1 kind of drug during their whole drug abuse experiences. In which, cocaine was the most popular one- 5 of the 9 ex-drug abusers only abused cocaine. The remaining 4 of the 9 ex-drug abusers abused cannabis. As the 4 ex-drug abusers who only used cannabis mentioned, it was because they acknowledged the harms and damage brought by other types of drugs. In other words, there was an actual difference between their cognitions of cocaine and cannabis. According to the interviewees, they deemed cocaine as a drug while they did not deem cannabis as a drug at the beginning. Also, in order to make money for drugs, 15 out of the 25 interviewees participated in drug

trafficking by joining triad. Yet, drug trafficking made them exposed to more kinds of drug, so they are more likely to abuse more drugs. The dependence on diverse drugs increased the difficulty of them to desist from drugs. In addition, most of the 15 interviewees involved more deviant and delinquent behaviours with time, such as deception, fighting in the public place, and common assault. According to the 15 interviewees, the involvement to triad was also a big obstacle for them to desist from drugs.

To conclude, 24 out of the 25 interviewees abused drugs due to the influences of their peers, only 1 ex-drug abusers tried cannabis spontaneously. Besides, 15 interviewees in Group 1 (ex-drug abusers) participated in drugs trafficking to make money for buying more drugs. Next, triad members had more possibility to try on multiple drugs, which is an obstacle of desistance.

6.2 Occasions and Experience in Quitting Drugs

The 25 interviewees shared similar reasons of abusing drugs; nevertheless, they had different reasons for abstaining from drugs.

According to E1, E2, and E3, they firstly tried to desist from drugs since they had been arrested by the police due to drug trafficking. They were deterred, afraid, and frustrated; thus, the idea of desistance popped up in their minds. E1 was soon sentenced to drug treatment centre of Christian New Being Fellowship. Then, he started his desistance pathway in the centre. However, for the other 2 interviewees (E2 and E3), the deterrence did not last for a long time. As E2 recalled ‘I deemed that (the incarceration) as a vacation... actually we can meet more people inside the prisons...to further expand the network outside the prisons in the future.’ E3 was even boosted after being sentenced as not guilty,

he mentioned 'I was terrified at the beginning... my parents used a lot of money to solve the lawsuit (sentenced as not guilty)...my courage was boosted after that case...as I thought I wouldn't be convicted.' Later then, both E2 and E3 were convicted and sent to the same training centre as E1. As E2 and E3 recalled, they did not truly want to abstain from drug at the beginning of the training, they deemed that training as perfunctory. E2 mentioned 'I deemed it as a pay back.' E3 claimed that 'I thought it naught be another place for fun.' Then, they were determined to really desist from drugs because of their family, especially their mothers. E2 recalled emotionally, 'my mum came and visited me, she cried and begged me not to take drugs anymore...that was the first time she called me 'son'... I was deeply touched... I decided to desist from drugs as I do not want to make my mum cry anymore.' E3 also recalled 'my parents kept visiting me every week.....I think I made my mum 'crazy' (because of his drug abuse problem)...she would cry suddenly...now...I am guilty for hurting her...'

Besides, though E5 was not arrested, she desisted from drugs due to her new family member. E5 became a new mummy of a newborn boy that had become her greatest motivation and reason to desist from drugs. E5 attributed to her baby for many times, she said 'I tried to stop taking drugs because of my baby!!... I still want to take drugs but I hold on because of my baby!!!... I do not want to hurt my baby...my baby is so cute!!! He is my biggest reason to stop taking drugs!!!...it is because of my baby!!!' Also, her parents were also the driving force of her desistance, 'my parents are so good...they take care of me' said E5.

Additionally, E7, E11, E19, and E21, the 4 male ex-drug abusers stopped taking drugs because of their girlfriends (intimate partners). They promised their

girlfriends to be better men and strike for better futures for them. For example, E7 mentioned that ‘She (his girlfriend) said she would leave me at once if I took one more drug, I could not imagine losing her... I wish to marry her... I desist from drugs because of my girlfriend, she is the crucial reason’. Another interviewee (E19) recalled ‘She (his wife) is my spiritual sustenance... her pure existence erased all the lost feelings inside my heart... she is a very good girl who never tried drugs, so I desisted from drugs to build a better future for us’.

However, E4 stopped taking drugs with other reasons. ‘I was unemployed..... I have physical illness (tuberculosis) (therefore she could not work anymore)...I do not have money so I could not afford the drugs (cannabis)’ said E4. In other words, financial burden was a factor driving E4 to desist from drugs. Besides, getting back to a proper live track with a concrete life direction guided her to not relying on drugs, she said ‘I do not have to take it anymore...I do not think I need to take it anymore...’

Consequently, the interviewees stop taking drugs with different reasons, including family, intimate partners, and self.

6.3 Factors for Fostering Desistance

6.3.1 Level 1 - Personal Background

Personal backgrounds, such as age and family background, of the interviewees were rarely mentioned in the interviews; thus, it is believed that personal background may not be a notable desister of young ex-drug abusers in the local context. However, we found that there were two static factors that influence the pace of desistance, including gender and criminal history.

It is found that most of the male ex-drug abusers rated their intimate partner as a significant desister in their pathways of desistance. For example, E21 desisted from cocaine due to his promise to his girlfriend. E21 mentioned ‘her (his girlfriend) supports and encouragement were my motivation to stop using drugs... she is the main reason... I think she is the only reason’. However, all the 4 female ex-drug abusers did not rank intimate partner as a significant desister. Instead, they rated it as a risky factor of taking drugs. For instance, E6 said ‘my ex-boyfriend was the reason I took drugs and relapsed... my life might be totally different if I did not meet him...’. She replenished ‘He is never a reason for me to desist from drugs, not at all’. Thus, it is believed that intimate partners may play a more important role in males’ pathways of desistance.

Also, criminal history affects the pace of desistance of the ex-drug abusers. It is found that 15 out of the 25 ex-drug abusers were triad members, who

had different deviant and delinquent behaviours, such as drugs trafficking, deception, and common assault. According to them, being a triad member was an obstacle of desistance from drugs as it is not easy for them to leave the peer group (triad gangsters) who always used drugs. For example, E20 was a triad member before his age of 20. He recalled ‘It is impossible to stop taking drugs because all of your friends (his friends) are taking drugs... even though I wanted to stop taking drugs, once I was still in that peer group, I could not escape from drugs.’ Finally, he stopped abusing drugs successfully by leaving triad. Therefore, to a certain extent, criminal history influences the pace of desistance of ex-drug abusers.

6.3.2 Level 2 - Changes and Development among the Life Courses

Throughout the research, we found that personal factors and environmental factors are interlinked. For instance, social roles of a person can be changed by a presence of a new family member, a new job opportunity, or a new intimate partner. However, for a better explanation, we would still divide the factors in to two domains of personal and environmental.

6.3.2.1 Personal Factors (Growth, Positive Change, Self-concept, and Social Roles)

It is found that all 4 personal factors including growth, positive change, self-concept, and social roles are highly linked to each other. For example, a change of social role might change the self-

concept of a person, bring a notable positive change to the person, facilitate the growth of the person, and so contribute to the desistance pathway to that person. E5 is an impressive example. E5 changed her role to a young mother in 2021, she realised that she was no longer a girl but a mother, she had to be responsible to her son, she had to grow up to a mature and caring mother. Thus, she was determined to desist from drugs regardless her intimate partner (the father of her son) was still abusing drugs. S2 from Group 2 (significant others), the mother of E5, added ‘She grew up and changed a lot suddenly, I think it is because of her son... She is now a mother, so she is more mature than before.’ Next, the change of the social role of E12 also brought him growth, positive change, and a new self-concept. E12 had become an older brother, and he said ‘I look at my younger brother and sister, I suddenly realised I am an older brother and I have to be a role model of them... I do not want them to take drugs.’ He replenished ‘It is like “ding!” it is time to grow up, to be responsible to myself and my family.’

a. Growth

All of the interviewees emphasized the importance of growth in their desistance pathway. On one hand, a concrete and distinct life goal urged a rapid growth of oneself. On the other hand, growth changed the life goal of a person. They are interrelated. E4 highlighted the significance of life goal: ‘The crucial thing is self . . . it is about life goals.’ said E4. ‘I was lost . . . life was like a mess, so I tried (taking drugs) . . . I have found my direction of life . . . now I do not need drugs.’ She added that ‘I want to do music

production.’ Besides E4, other interviewees also claimed that growth was a notable desister. For example, E18 said ‘I have found my life goal, its music... I do not need drugs’. E19 also emphasized life goal as one of the significant desister ‘My life goal was to marry my wife once I met her’. ‘I have found the true happiness here (The Christian New Being Fellowship) . . . now I know what I really want to engage in.’ said E2. He supplemented ‘I like kayaking and mountain-crafting . . . I also want to help others to desist from drugs.’ In addition, E5 affirmed the direction of life as a key desister: ‘if I retake drugs again, I will not be able to look after my baby. . . I want to take care of my baby.’ Thus, it is shown that a positive life goal is also a key desister. Next, E2 linked the concepts of life goals and growth. E2 said: ‘I deemed the gangsters as idols, they looked like they had everything. They have money, they have girls, they have followers.’ He then added: ‘People get more mature with time . . . I do not want the old lifestyle . . . I want to be an ordinary person (not a gangster).’ E3 shared a similar perspective with E2 too: ‘I was too young and did not know what I wanted to do . . . engaging with gangster was playful to me.’ He even disclosed his innermost thoughts: ‘Playing with them (the gangster group) still looks playful . . . but now I am more thoughtful, I know I should not do that again.’ E3 kept elaborating: ‘I have been learning new things. For example, I am taking a baking course, just finished it before the interview . . . I have also taken a barista training course . . .’ To conclude, it is believed that ex-drug abusers have more distinct life goals with their growth. In which, growth and positive life goals are interrelated and always guide them to desist from drug abuse.

Besides, interviewees from Group 2 (significant others and paired case workers) and Group 3 (unpaired case workers) also recognised the importance of life goal. For example, S25, a psychiatric nurse in a counselling center who helped dozens of patients to desist from drugs, mentioned ‘people around ex-drug users might be supporters, but the main part is themselves (the ex-drug abusers)... if they are willing to grow up, they will be determined to desist from drugs.’ C8, who is paired with E7, shared a similar point of view with S25. C8 claimed that ‘I think he (E7) has grown up a lot, more mature than before, I am so glad to see his change.’ Next, C32, who had 13 years of social worker experience, shared with us ‘Growth is very important in the desistance pathway, in which growth may be facilitated by lots of factors, like a clearer life plan, a clearer self-concept, a change in social roles, or some changes in the environment.’ In consequence, growth is a significant desister, which always linked with other desister like positive changes in life, self-concepts, and social roles.

b. Positive Changes

Positive changes also facilitate ex-drug abusers to desist from drugs, in which common positive changes among the 25 interviewees in Group 1 (ex-drug abusers) are establishing new hobbies, meeting a new girlfriend, and leaving the old friend group which abuse drugs. For example, E20 started to drive when he was around 20. Then, driving soon became his hobby. He recalled ‘I would rather put my

time and money on my car than drugs... after getting my driving license, I do not want to waste any time on drugs,' Besides hobby, meeting some new positive people brought positive changes and facilitated the ex-drug abusers desist from drugs. E11 mentioned 'I met my girlfriend who is a normal good girl (his girlfriend does not take drug and is not a triad member)... I feel so good being with her... she really changed my lifestyle... she asked me to stop taking drugs so I stop taking drugs for her.' Next, E15 shared similar point of view. 'I met some new friends... they are much more positive than the old friends... I would say the old friends (drug group) are fast crowd (豬朋狗友) and rubbish (垃圾)... I know I cannot desist from drugs if I still play with them... I know live a better life if I leave them... I left them for a better life' said E15, who initially left his old friend group for the sake of desistance. Hence, it is shown that different positive changes in life can lead to the same positive effect- facilitating the ex-drug abusers to desist from drugs.

c. Self-concepts

Another notable desister found in this research is self-concepts, which is highly related to the desisters of growth, positive changes, and social roles. Self-concepts was mentioned as a desister by about half of the 25 interviewees in Group 1 (ex-drug abusers). In which, they changed how they deem themselves or how they want their future, due to different reasons, such as not liking the lifestyle of drug friends. For example, according to E18, 'some of my drug friends were living a messy life, nothing but drugs... I found that it is not a lifestyle I want, thus I left that old friend group... I love

music, I play music, that is my new life goal- playing music'. He added 'I want to be a normal person'. In short, E18 recognized he did not want to live the life his drug friend lived so he left his old friend group (positive change). Also, he found that he liked playing music and want to engage in music industry instead of drugs (growth). He wanted to be a normal person instead of a drug abuser (change in self-concepts). Therefore, he was determined to desist from drugs. Besides, E21 shared a similar story with E18. As E21 mentioned 'I heard about my triad friends' lives and I suddenly realised I didn't want to be a triad member anymore, I just want to be a normal person... prior to that (being a normal person) I have to desist from drugs... I know it'. In other words, since E21 is more clear about his self-concepts, he chose to desist from drugs. Consequently, a clear and positive self-concepts help the ex-drug abusers desist from drugs.

d. Social Roles

Social roles is a very crucial desister in this research. In this research, several interviewees in Group 1 (ex-drug abusers) mentioned that the change of their social roles made a huge change to their lives, which further facilitated them to desist from drugs. For example, E5 turned into a mother accidentally, which was a positive change to a certain extent. The identity of mother reminded her of responsibility for her child, that she realised her body was not hers only, but also her baby child. In which, her drug abuse habit would harm the health of her baby child so she had to stop taking drugs as once. In short, her change in social roles also pushed

her growth and change in self-concepts that she had to be more mature and responsible for her child. ‘(What was the main issue that facilitated you to desist from drugs?) it was because of my baby...it was because of my baby! I had become a mother... I am a mother now!’ E5 emphasized the importance of her baby, who brought a brand new social role, a positive change, and a big pace of growth. Besides, E12 also had desisted from drugs because of the change of his social role, that he become a big brother. E12 recalled ‘I had become a big brother (in my own family), I want to be a role model for my younger brother and younger sister...one of the most important reasons for me to stop taking drug is to be a role model to my brother and sister, I cannot imagine if they take drugs in their future.’ In other words, E12 desist from drugs because he adopted a new social role- a big brother, and he wanted to be a role model. Therefore, the stories of E5 and E12 show that social role is an important desister.

6.3.2.2 Environmental Factors (Family, Peers, Intimate Partner, Social Worker, and Work Engagement)

a. Family

Family was emphasized throughout most of the interviews. In which, about 18 out of the 25 interviewees emphasized the roles of their families in their pathways of desistance from drug abuse. ‘I don’t want to disappoint my mum and my younger sister’ said E1. Moreover, E3 also mentioned the roles of his family in his desistance story: ‘My parents were supportive . . . they kept visiting

me in every family visit . . . I do not want to disappoint them anymore.’ said E3. Furthermore, the three males highlighted the importance of their mums. ‘My mum cried and asked me to stop taking drugs . . . I did not really want to desist from drugs, for me it was just a show (desistance therapy in The Christian New Being Fellowship) . . . my mum smiled and called me “son” during the first family visit, that was so warm that she never did that before . . . my mum kept encouraging me not to go backward (retaking drugs) . . . ’ said E2. ‘My mum was quite sentimental (after she knew E3 had the drug-taking habit) . . . like she would suddenly cry as she thought of me. . . I am ashamed of myself making my mum so depressed’ said E3. Beside parents, another role in the family is also a significant desister. E5, a young female interviewee, pointed up the value of her new-born baby in her road of desistance. ‘It is because of my baby!’ E5 continuously mentioned her new-born baby during the interview. When she was asked to rank the importance of the disaster, her baby was also prioritized. E9 also pointed out the role of his father in his pathway of desistance. ‘My dad was extremely strict... I did not want to disappoint him anymore’ E9 said. Furthermore, E13 mentioned that the support and encouragement from his mum were the main reason for him to stop taking drugs. He recalled ‘My mum was supportive and encouraging, she never blamed me about my addiction to drugs...I felt sorry for her... my mum was the main reason for me to desist from drugs.’ Another example is E17, he mentioned ‘I felt deeply sorry for my family, especially my younger sister... I should be her role model but... I would rank family as the most crucial reason I desist from drugs.’ E22, who deemed his mother as the only reason

for desistance, recalled ‘Actually I did not want to desist at the beginning, but my mum asked me to desist so I promised her... I wanted to give up so many times, but I desist for my mum, as I had promised her.’ E22 further completed ‘I might not desist from drugs if my mum was not here, I really cherish her.’ E24 replenished ‘My older brother supported me a lot, he taught me and guided me throughout my pathway of desistance... the most important thing is family! They are pulling me up... if I did not have them, I might be in prison now.’ Thus, family is a notable desister for ex-drug abusers.

Next, interviewees in Group 2 and Group 3 also highlighted the role of family in the pathway of desistance. S24 in Group 2 (significant others), who is a Chinese herbalist helped hundreds of people to desist from drugs, ranked family as a remarkable desister. He claimed ‘for drug abusers, family’s support and encouragement are very important in the pathway of desistance... words from their family are more influential than words from any others.’ Key case workers also pointed out the role of family, near all of the interviewees in Group 3 (unpaired case workers) ranked family as the most important desister. For instance, C6 ranked family as the number one remarkable desister, she said ‘family is the most influential to drug-abusers in the pathway of desistance undoubtedly.’ E32 also ranked family as the most important desister, he claimed ‘we (case workers) are like cheer team, and good family is like their (drug-abusers) team member who can

directly affect their desistance.’ All in all, the interviewees revealed that family does play a crucial role in the pathways to desistance.

However, some interviewees claimed that family was the reason for them to take drugs. For example, E19 said ‘family was the main source of my stress...family was the reason I took drugs... family does not mean much to me.’ In other words, the influence of family in the pathway of desistance depends on the relationship of the ex-drug abusers and their families.

b. Peers

Peers is deemed as a relatively neutral desister. As mentioned above, peers was a pushing factor for people to take drugs. Most of the interviewees in Group 1 claimed that they took drugs for the first time as they were affected and tempted by their peers. Also, their peers were even the obstacles in their desistance roads. E3 recalled: ‘I retook drugs as I played with the old friends.’ E2 also shares: ‘I have to stay away from the old friend groups, I know will easily retake drugs if I am close to them.’ Nevertheless, E5 brought up a new perspective to us that to a certain extent, positive similar others (peers) prevent the ex-drug abusers from retaking drugs. ‘Lots of my friends desist from drugs because of their babies, just like me. We always encourage and support each other to resist drugs. This makes me more determined to desist from drug use’ said E5. Interviewees in Group 2 (significant others including paired case workers) and interviewees in Group 3 (unpaired case

workers) also shared a similar view. S5, who was a peer counsellor at the point of being interviewed, said ‘the influence of friends really depends... if there are some positive friends, they help us (ex-drug abusers) to desist from drugs. However, bad friends are obstacles (in the pathway of desistance).’ Therefore, peer influence is inferred as a neutral desister.

c. Intimate Partner

Intimate partner is another significant desister in this research. However, here shows a gender difference that only male interviewees deemed intimate partner as an important desister, while none of the 4 female interviewees in Group 1 did. From male perspective, most of them value the desister of intimate partner. For example, ‘My girlfriend was my biggest motivation; she was even more important than my family at that time’ E3 recalled. E7 also highlighted his girlfriend. ‘I desist from drugs because of her (his girlfriend), she hated me taking drugs... I want to marry her... I deem her as my future wife... if she leaves me I will definitely relapse, I stop abusing drugs for her’ E7 mentioned. Besides, E19 considered his wife as his life saver too. E19 claimed ‘Her presence brought me back to a normal life... She was the main reason I desisted from drug... she is the meaning of my life, I cannot live without her.’ However, intimate partner is not a notable desister for the 4 female interviewees. For example, E5 ranked her intimate partner as the least significant desister. She replenished ‘His (her boyfriend) presence is the risk I relapse, but I will not relapse because of my baby (her son).’ E10 shared a similar view. E10

mentioned '(laughed) I abused drugs due to him (her ex-boyfriend), he is never a desister, not at all.' Therefore, intimate partner is a significant desister to male interviewees but not a desister to female interviewees.

d. Social Worker

Social worker is remarkably important role in the pathway of desistance, it is reflected in the fact that 15 ex-drug abusers indicated their case workers as their significant others. As they mentioned, social workers were not important at the beginning of their pathways of desistance. Nevertheless, social workers became influential with time, since their social workers are like the guide of their life who led them to reorganise their lives. E10, who is paired with S9_C13, mentioned 'He (S9_C13) is more like my friend, he led me to reflect on my lives and me to reorganise my life, he is really important to me in my pathway of desistance.' Besides, E21 ranked his social worker (S22_C38) as the second most influential desister (he ranked his intimate partner as the most significant one). He claimed that 'they are not that important but very influential to me, like... growth... their presence facilitated my growth and I realised that I did not want to live that live (taking drugs) anymore.) Nevertheless, social worker as a desister is rarely mentioned in the interviews of Group 2 (significant others including paired case workers) and Group 3 (unpaired case workers). Thus, it is inferred that social workers act like a cheer team in the pathway of desistance, in which their importance may be ignored easily.

e. Work Engagement

It is found that the more engaged the interviewees (ex-drug-abusers) are to their work, the more possible they desist from drugs, as work occupy their times. For example, E6 recalled ‘I sold drinks to make money for my lives. I was busy, so I did not have time to take drugs.’ E21 engaged to work and desist from drugs too. He mentioned ‘Work is not a direct factor, but it is still useful (as a desister)... I desisted from drugs because of my wife, I worked hardly for my wife, it is all about my wife... but work occupied my time, I did not have any time to think about drugs, I think that is the point... I would rank work as the third important desister.’ Furthermore, E25 also highlighted the significance of work engagement. He claimed ‘I am going to be a civil engineer, I am so eager to work as a civil engineer... I suddenly realised that the drug (cannabis) might affect my work so I am determined to desist from drugs... sometimes I still thought of it (cannabis), but soon then my work (placement) occupied my time that I had no time to think of it and abused it.’ Consequently, it is inferred that higher work engagement, which occupies the time of the ex-drug abusers, is a notable desister.

6.4 Incorporating empirical findings into a revised conceptual model

After the two years of research, the conceptual framework which developed from previous literatures has been revised to a concentric circle as it is found that a concentric circle would be more precise to present the idea. Besides, the conceptual framework is trimmed to 2 levels since the proposed level 3 was found not significant within the local context. In the new version of conceptual framework, level 1 is personal background (static factors) and level 2 is life course (dynamic factors). Also, some factors are changed within. For example, there are only two static factors left in level 1- personal background, as it is shown that age and family background are not influential in the sense of desistance of drugs. Next, there are 9 dynamic factors in life course, 1 less than the proposed conceptual framework. On one side, 2 desisters were erased from the conceptual framework, including belief from the personal domain and religion from the environmental domain, since the two factors were not notable in this research. On the other side, desister named social worker was added to the environmental domain due to the fact that they were mentioned frequently by the ex-drug abusers. Next, maturity (biological, intellectual, and cognitive maturation) was replaced by the term of 'growth', while motivation was replaced by the concept of 'positive change'. The layout of the revised conceptual model for the local context has been documented in Figure 6.1 on the next page.

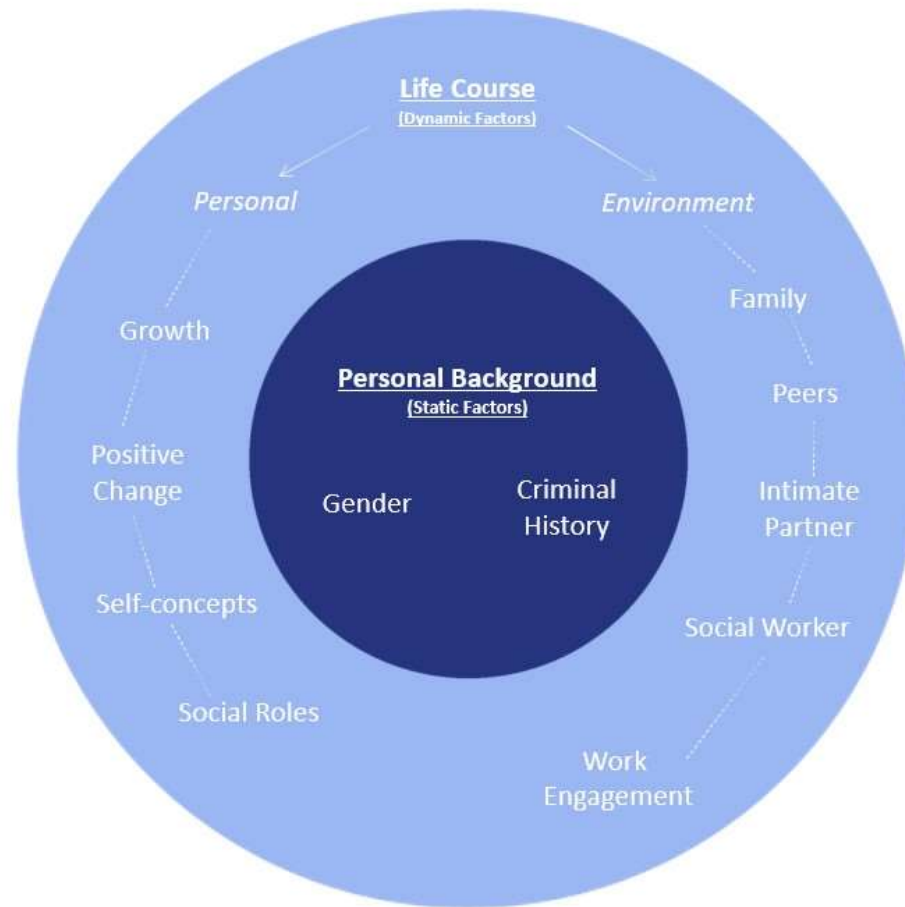


Figure 6.1 Desistance Model for the Local Context

Chapter Seven

Basic Principles for the use of desistance model

The previous chapter has presented different aspects of empirical findings of the study relating to the drug use experience and the corresponding pathways to desistance of the young ex-drug users in Hong Kong. Different desisters being identified might make the desistance model become more feasible to address the problem locally, and particularly in accommodating the needs and opportunities in drug abuse problem among the youth in local context. Therefore, this chapter will summarize the key findings yield from the study and developed a set of basic principles for guiding the use of desistance model in Hong Kong. The first section consisted of four statements regarding the definition of the term for the set of basic principles. The second section consisted of four statements related to the use of the desistance model including some basic conditions in fostering and strengthening desistance. The third section consisted of nine statements in guiding the practical operation of the desistance model with the use of various professional tactics in different stages of the desistance pathways.

6.1 Use of term

First, “The Desistance Model” refers to the service model that employs a process which identify and fosters different desisters of drug abuse for the parties involved.

Second, “Process” refers to the on-going exploration, stimulation and construction processes in which the drug abuser, their family members and/or supporters and the social welfare / healthcare professionals participate collectively and actively in searching and developing desisters initiated by the drug abuse incidents.

Third, “Parties” refers to the drug abusers, the family members or supporters and the professionals from social welfare and health care sectors. The family and/or supporters may act as a supportive network for the drug abusers who involve in a desistance process.

Forth, “Desister” refers to the factors which help to maintain the state of stop using drugs. The desister shall be developed in the desistance process. Facilitators and the relevant parties shall take their corresponding roles to foster and strengthen as much desisters as possible along with the life course of the drug abusers.

6.2 The use of the Desistance Model

First, there is no universal formula of desistance for all drug abusers. The development of desisters is contextual with some degree of variation along with the life course experiences and changes of an individual.

Second, desisters cannot be constructed or manipulated artificially alone and they shall come naturally with an event(s) or a particular moment(s) of the drug abusers. Facilitators should keep exploring the emergences of desisters and assist its development.

Third, all desisters share equal importance in the Desistance Model. Synergy effect will be taken place when different desisters support each other.

Forth, the desisters being identified could be incorporated into any forms of social welfare intervention, health care services, law enforcement responses and community support. All stakeholders can work together to consolidate desistance for drug abusers.

6.3 Operation of the Desistance Model

First, regular follow ups on the behaviors or health conditions of the drug abusers along with the community-based treatment or after they are released from the residential / custodial programmes. The follow-up mechanisms allow facilitators continue strengthening long-term desistance for the drug abusers.

Second, building a sense of trust with drug addicts is crucial in exploring and developing desister in their life course experiences. The sense of trust shall also be extended to their family members, supporters and the entire community for an effective and long-term desistance.

Third, empowerment and the corresponding recognition for the efforts in avoiding relapse can equip drug abusers' stronger self-determination in their desistance processes.

Forth, repairing broken relationships between the drug abusers and their family members or significant others could provide a fundamental basis in fostering desistance. Facilitators can explore existing social support networks of the drug abusers and work on relational ties accordingly.

Fifth, addressing the needs of drug abusers can clear the obstacles in building up desistance. Tangible and non-tangible needs shall be explored and addressed before / concurrent with the development of desisters.

Sixth, life planning and/or career planning shall be incorporated into the programme or services when the timing is appropriate. Such planning process can stimulate feasible and positive changes for fostering desistance.

Seventh, if the drug abusers have built rapports with their case workers (or other social welfare / healthcare / law enforcement professionals), one shall be encouraged to hang

onto the relationships with the case workers / professionals whenever possible. The established rapport can let both parties work on a continuing progress of the desistance pathways.

Eighth, stable educational or working environments are important to sustain desistance. It allows drug abusers and their supportive network to find suitable positions and demonstrated proper social roles during life course experiences.

Ninth, preventing or reducing the associated stigma is crucial to prevent relapse. The entire community shall provide drug abusers a safe and inclusive educational or working environment for further consolidating desistance.

Chapter Eight

Developing desistance for young drug abusers:

A viable option in Hong Kong

7.1 Applicability of incorporating desistance into existing anti-drug services for young drug abusers in Hong Kong

Drug abuse among young people is a persistent social problem that has existed globally for decades. The social meaning on drug use keeps changing in this informative and fast-changing world. As shown in Chapter Six of this research report, young people in Hong Kong have constructed alternative perceptions on the use of drug. Many of them were confident in controlling their drug use and have never imagined that they will abuse drug ultimately. Some of the young people even treated drugs as a kind of recreational supplement in their social circles. In order to face with the situation, punitive legal measures and community prevention programmes have been employed to tackle the problem. Nevertheless, the pattern of drug abuse is still alarming. Instead of solely finding out the causes of drug use, this research focus on how young people can successfully get rid of drug and start their drug-free life along with their life course development.

The empirical findings in Chapter Six suggested a local conceptual model for desistance and those desisters being identified can definitely be fitted into the anti-drug service models as well as the criminal justice system in Hong Kong. Although the static factors (gender and criminal history) cannot be changed, other localized dynamic factors (personal and environmental desisters) could be manipulated or strengthened in both case works, group works or mass programmes. In Chinese communities, bonding between family and the importance of social capital have been emphasized, which aligned with the environmental desisters being identified in the research study. In additional, the professional social welfare, healthcare and law enforcement measures in

Hong Kong provide a comprehensive network in offering different types of services for different types of drug abusers. Such services have already provided a good basis for nurturing both personal and environmental desisters for the young drug abusers. Hence, it is feasible and applicable to further strengthen and consolidate the desisters for assisting young people to sustain long-term drug-free life in local context.

7.2 Recommendations to government and social welfare sectors

Desistance is a long-term process that cannot be developed shortly. With the support of the Beat-drug Fund, Drug Treatment and Rehabilitation Centre (DTRC), Counselling Centre for Psychotropic Substance Abusers (CCPSA), etc., the social welfare sectors have already developed a wide variety of programmes or services for different types of drug abusers. The social welfare sectors can have a brief review on different measures in order to package the component with reference to the desisters being identified. A set of basic principles has been suggested in Chapter Seven that cover the use and sustaining desistance for young drug abusers. Besides, as life course experiences of drug abusers always create potentials for fostering desisters, practitioners or facilitators may equip drug abusers and their supportive network necessary skills or values in advance to cope with those opportunities.

In addition, the government may consider further promoting the concept of desistance into other healthcare or law enforcement practices as an interdisciplinary matrix which may let different desisters support each other. Last but not the least, more effort shall be placed in building a more inclusive community for ex-drug users and other community stakeholders. Such a positive and supportive atmosphere can help escalating the desistance from behavioral and identity levels to the tertiary level (the

sense of belongings). Though the tertiary level of desistance will never be easy to develop, all stakeholders should work together collectively for clearing away the social stigmas and other potential obstacles existed in our community.

7.3 Research limitations and the scope of future research

The current study triangulates different sources (including ex-drug users, their significant others and case workers) to derive a localized conceptual model on desistance for young drug abuser in Hong Kong. Although the study has been conducted with comprehensive planning and consideration to minimize the errors, some limitations are observed.

First of all, the current study faces the limitation of generalization. Due to the relative small number of sample (N=76), the findings yielded from the study may not be able to be generalized to the entire young drug abuse cases or ex-drug abuse cases in Hong Kong. However, with an in-depth understanding on their pathway to desistance, the research study provided a basis to bring forth some important insights on how desistance could be developed within the local context. Second, the study has difficulties in recruiting a more balanced sample. For example, the study can only recruit 4 female ex-drug users and 2 paired significant others who are not belonging to the case worker of the ex-drug users. In order to address the problem of underrepresented groups, the study invited 24 unpaired case workers to supplement more insight on the development of desistance for different types of young ex-drug users in Hong Kong. Third, the research has faced lots of difficulties in recruiting samples as many cases have been lost during the Covid-19. Yet, the collaborating NGOs were so helpful and keep on exploring other suitable and eligible interviewees for the

study. Fortunately, the study recruited sufficient samples before the end of the research project.

All in all, although the study had a few research limitations, lots of fruitful outcomes were yielded under the triangulation of the in-depth interviews from ex-drug users, their significant others, paired and unpaired case workers. The key findings together with the revised conceptual model from this study provide practitioners and academic more solid grounds on exploring and discussing the use of desistance model in assisting young drug abusers to get rid of drug in local context. This research study shed lights to the possibility for proposing a larger scale of research study which may integrate both qualitative and quantitative methods for further substantiating the concept of desistance in local settings. Alternatively, future research may also extend the scopes in understanding desistance by triangulating findings from social welfare, criminal justice, healthcare and community support sector for a more comprehensive picture on the use of the desistance model. In addition, longitudinal studies on the dynamic development of the desistance model could also be done in the future.

7.4 Conclusion

To conclude, drug abuse problem brings lots of significant damages to drug abusers, their families and the entire community. The abusive cycles also cause frustrations on drug abusers and decrease their determination in stop using drugs. Nowadays, young people may not treat the problem of drug use seriously before the situation get worse or somehow putting themselves vulnerable to be addicted to drugs. Yet, the present research study reveals promising findings from 25 successful stories of the local young people on their pathways to desistance. Although their pathways were full of challenges and barriers, there are full of potentials to nurture opportunities and supports from various personal and environmental desisters. By the collective effort from drug abusers,

their supportive network (families, peers, intimate partners, etc.), social welfare sectors and other supporting professionals, desisters would have more possibilities to be fostered and strengthened.

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Appendix I

Interview Guideline for Ex-Drug Abusers (in Chinese)

定性研究訪談大綱 以戒毒人士為對象之主要訪談問題

1. 您最初是因為甚麼會接觸和吸食毒品？
2. 當時的您除了吸食毒品外，還有沒有其他偏差或犯法行為？如有，那些行為大概是什麼？
3. 請就下面幾個問題分享您的吸毒經歷。引導問題（包括但不限於）：
 - a. 您當時吸食甚麼毒品？
 - b. 您認為毒品帶給你甚麼感覺？
 - c. 您曾否因吸食毒品而被逮捕？如有，當時您得到甚麼刑罰？
 - d. 承上題，當時您如何去面對被逮捕或被處罰？
4. 當時發生了甚麼事促使您嘗試戒毒？
5. 您所經歷的戒毒過程是怎樣的？
6. 在戒毒的過程中，您有否遇到什麼困難？如果有，那些困難是什麼？
7. 您有否曾經想過放棄？是什麼令您堅持戒毒的決定？
8. 除了上述的因素外，您認為還有哪些原因促使您能成功戒毒？
9. 您認為以下的因素在您成功戒毒的途路上發揮了什麼作用？
 - a. 家人與家庭
 - b. 友伴及朋輩
 - c. 親密伴侶
 - d. 學業或工作
 - e. 刑罰
 - f. 戒毒服務

10. 有什麼人對您成功戒毒尤其重要？他們在您戒毒過程當中擔當什麼角色？
11. 就您在訪談中所提及能幫助您成功戒毒的原因中，哪一個是最重要？
為什麼？
12. 您認為在戒毒前後，自己有何轉變？(如在性格、心態、信念上等)
13. 您現在擔心會再次吸食毒品嗎？為甚麼？
14. 現時您對自己有什麼期望呢？在將來的日子您有什麼事情想做？

Appendix II

Interview Guideline for Significant Others (in Chinese)

定性研究訪談大綱 以重要他人為對象之主要訪談問題

1. 據您所知，戒毒人士當時發生了甚麼事導致他染上毒癮？請加以描述。
2. 在得知他有吸毒後，您的心情如何？
3. 戒毒人士的吸毒期間，他與您的關係如何？請加以描述。
4. 您認為戒毒人士在吸毒前後有何不同？
5. 據您所知，戒毒人士當時發生了甚麼事而決心戒毒？
6. 您如何幫助他脫離毒海？
7. 您在幫助他戒毒時遇到了什麼困難？
8. 您認為當時有甚麼原因促使他成功戒毒？
9. 得知戒毒人士成功戒毒後，您的心情如何？
10. 您認為他在戒毒前後有何轉變？
11. 戒毒人士成功戒毒後，他與您的關係有何轉變？
12. 您認為作為您的角色（如吸毒青年的母親），該如何幫助吸毒的青少年戒毒？
13. 您認為以下的因素在戒毒人士成功戒毒的途路上發揮了什麼作用？
 - a. 家人與家庭
 - b. 友伴及朋輩
 - c. 親密伴侶
 - d. 學業或工作
 - e. 刑罰
 - f. 戒毒服務

Appendix III

Interview Guideline for Case Workers (in Chinese)

定性研究訪談大綱 以個案同工為對象之主要訪談問題

1. 何時及如何認識戒毒人士? 請加以描述。
2. 據您所知，戒毒人士當時發生了甚麼事導致他染上毒癮? 請加以描述。
3. 據您所知，戒毒人士發生了甚麼事而決心戒毒?
4. 您如何幫助戒毒人士脫離毒海?
5. 您在幫助他戒毒時遇到了什麼困難?
6. 您認為當時有甚麼原因促使他成功戒毒?
7. 您如何評價戒毒人士呢?
8. 您認為普遍青少年容易戒毒嗎? 為何? 如果認為不容易脫離毒海，你認為困難是甚麼?
9. 認為吸毒的青少年比較其他青少年難走出歧途嗎? 為何?
10. 您認為作為社工，該如何幫助吸毒的青少年戒毒?
11. 您認為哪些關鍵因素會使青少年染上毒癮? 請詳細解釋。
12. 您認為以下的因素在戒毒人士成功戒毒的途路上發揮了什麼作用?
 - a. 家人與家庭
 - b. 友伴及朋輩
 - c. 親密伴侶
 - d. 學業或工作
 - e. 刑罰
 - f. 戒毒服務

Appendix IV **Consent Form**

CONSENT FORM FOR IN-DEPTH INTERVIEWS (IN CHINESE)

[保密函件]

訪問編號：_____

禁毒基金

香港理工大學 專業及持續教育學院 社會科學、人文及設計學部

「吸食毒品斷念之路：香港青少年戒毒者」之定性研究 訪談

您好！本人是負責「吸食毒品斷念之路：香港青少年戒毒者」之定性研究的首席研究員莫偉賢博士。本研究在二〇二一年得到禁毒基金的資助，主要目的是透過了解成功戒毒人士的斷念之路，建構一個對象為年輕吸毒者的服務模型，並就未來戒毒服務的發展方向提出建議。是次訪談需時約 1 小時，我們非常感謝您的參與。您的參與是完全自願的。這是完全匿名的訪談，訪談內所收集的資料只作學術研究用途，所有個人資料將絕對保密。如果您對這項研究有任何疑問，歡迎與本人聯繫 (電郵：louis.mok@cpce-polyu.edu.hk)。

同意書

本人同意參與禁毒基金和香港理工大學 專業及持續教育學院 社會科學、人文及設計學部的是次之研究。本人了解我的參與是自願性質，我能夠隨時終止參與。關於是次研究的問題和擔心之處，本人亦已得到滿意的答案。

簽署：_____ 日期：_____

CONSENT FORM FOR IN-DEPTH INTERVIEWS (IN ENGLISH)
[CONFIDENTIAL]

Interview Number : _____

Beat Drugs Fund

The Hong Kong Polytechnic University
College of Professional and Continuing Education
Division of Social Sciences, Humanities and Design

Interview for the Project

‘Pathway to Desistance: A Qualitative Study of young ex-drug users in Hong Kong’

Greetings. My name is Louis Mok, the Principal Investigator of the project of ‘Pathway to Desistance: A Qualitative Study of young ex-drug abusers in Hong Kong’. This study has been funded by Beat Drugs Fund since 2021. The main objective of the study is to propose a localized and integrated desistance model for young drug addicts and make recommendations to the government or social welfare sectors based on study findings, through understanding the desistance road of young ex-drug abusers. This interview will take about 1 hour. I appreciate your participation. Your participation is completely voluntary, and this interview was designed to maintain the anonymity of the participants. The information collected will only be used for academic research purposes and all the personal information will be kept confidential. If you have quires for the study, please feel free to discuss with me via email: louis.mok@cpce-polyu.edu.hk. Thank you very much.

Consent Form

I agree to participate in the study of Beat Drugs Fund and The Hong Kong Polytechnic University College of Professional and Continuing Education Division of Social Sciences, Humanities and Design. I understood my participation is voluntary and I can terminate the study at any time. I also got satisfactory responses to my quires about this study.

Signature: _____ Date: _____