

Executive Summary

This study provides an in-depth exploration of drug use patterns, attitudes, and rehabilitation experiences among ethnic diversity drug abusers in Hong Kong, focusing primarily on Nepali, Pakistani, and Indian communities. Drawing from 36 abuser interviews and 10 service provider interviews, the findings reveal that drug taking behaviours are heavily shaped by cultural norms, social networks, and structural barriers that differ markedly from those of the local Chinese population. Initial drug use commonly began in early adulthood and almost always occurred in social contexts, primarily through friends, significant others, or casual gatherings, where substances were normalized and curiosity, contact opportunity, and peer influence played significant roles. Clear ethnic patterns emerged: Nepali participants predominantly used heroin, often mixed with tranquilizers or methadone, Pakistani respondents mainly consumed methamphetamine, commonly known as “ice”, and frequently paired use with gambling in game centres, while Indian participants generally favoured cannabis, viewing it as a recreational or stress relief substance rather than a harmful drug.

Drug use for many respondents remained social and communal even among long term abusers, diverging from the traditional five stage drug use model that predicts eventual isolation. Cost sharing, cultural cohesion, and shared coping practices contributed to sustained group use, meaning later stages of hidden or solitary consumption were less common among ethnic diversity abusers. Alongside these social factors, several risk factors influenced drug use initiation and continuation. Peer influence and closed circle dynamics were central, particularly as many ethnic diversity groups maintain tight, insular networks shaped by cultural familiarity and trust. Psychosocial pressures, such as adaptation difficulties, boredom, unemployment, bereavement, and misunderstanding of drug harms, further heightened vulnerability. Cultural perceptions also played a role, with cannabis normalized in some participants’ home cultures and misconceptions about the safety of substances like methamphetamine reducing perceived risk.

Despite these challenges, several protective factors emerged, with family attachment identified as the most powerful motivator for quitting or reducing use. Many participants expressed deep emotional ties to family members locally or abroad, influencing them to pursue sobriety or temporarily return to their home countries to break drug use cycles. Peer supporters, especially rehabilitated peers from similar cultural backgrounds, reinforced hope and fostered behavioural change. Structured environments, such as residential rehabilitation, halfway houses, and methadone clinics, also offered stability, though the benefits often depended on cultural compatibility.

However, the study highlights significant systemic and structural gaps that limit effective engagement and treatment outcomes for ethnic diversity abusers. Language barriers, lack of cultural competency, and religious incompatibilities within existing rehabilitation centres frequently discouraged participation or led to early dropout. Fragmented services, lengthy intake procedures, and fear of stigma or judgement further hindered help seeking. Many participants also struggled to access aftercare or employment support, contributing to boredom, re exposure to drug using peers, and relapse.

The report concludes that Hong Kong's current drug rehabilitation system could be further strengthened to support ethnic diversity populations. It recommends establishing culturally and linguistically tailored counselling centres and residential programmes, strengthening aftercare and employment support, formalizing peer supporter career pathways, and implementing multilingual, culturally adapted drug education initiatives. These reforms are essential for addressing both the structural inadequacies and the unique socio-cultural dynamics shaping drug use within Hong Kong's ethnic diversity communities.