

**Final Research Report on  
Monitoring Recent Changes of Cross-Border  
Drug Use and Their Implications for  
Prevention/Control Strategies**

Submitted to:

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# Introduction

## Background

Cross-border drug use has continued to be a serious concern of the law enforcements. In 2011, there were 821 or one in every thirteen drug abusers being reported to the Central Registry of Drug Abuse (CRDA) for taking drugs in the Mainland (mainly in Shenzhen), of which 87.8% of them were adults aged 21 or above.<sup>1</sup> Among psychotropic substances, ketamine was still the most commonly abused type (31.5%) despite its declining trend. Reports of cocaine abuse, in contrast, continued to grow in recent years. Meanwhile, the latest 2011/12 Survey of Drug Use among Students<sup>2</sup> indicated up to 34.3% of lifetime drug-taking respondents had taken drugs outside Hong Kong, whereas 65.3% of those 30-day drug-takers did so. Among those students who had taken drugs outside Hong Kong, more than three-fifth (63.9%) had done so in “Mainland China/ Macao” (71.9% for 30-day drug-taking students). The most commonly reported places in which students took drug were “Shenzhen” (lifetime: 35.1%; 30-days: 38.4%), followed by Macao (lifetime: 19.2%; 30-days: 28.5%), Guangzhou (lifetime: 19.1% ; 30-days: 27.7%), Dongguan (lifetime: 18.6%; 30-days: 28.0%) and Zhuhai (lifetime: 15.1%; 30-days: 24.2%).

While cross-border drug use has become a social problem in Hong Kong with the continual economic and social integration of the Pearl River Delta area, most previous local research on this topic has focused mainly on drug-taking behavior of the younger ages (Cheung, Lee and Tang 2001)<sup>3</sup> and was conducted in earlier years (Lau 2003)<sup>4</sup>. Little has been done in recent years to investigate the current situation and patterns of cross-border drug activities among the Hong Kong citizens. On the contrary, research efforts by Mainland law enforcement counterpart on this social

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<sup>1</sup> *Central Registry of Drug Abuse: Sixty-first Report. 2002-2011.* Narcotic Division. Security Bureau, Hong Kong Special Administrative Region People’s Republic of China (HKSAR).

<sup>2</sup> Survey covered all full-time students from upper primary to post-secondary level. See *The 2011/12 Survey of Drug Use among Students.* Narcotic Division. Security Bureau, HKSAR.

<sup>3</sup> Cheung, Y.W., W.L. Francis Lee and S.K. Catherine Tang. 2001. *Northbound Pleasures: Pattern of Cross-border Deviance of Hong Kong Marginal youths and Its implications for Adolescent Deviance in Hong Kong.* Research Grants Council.

<sup>4</sup> Lau, Joseph T.F. 2003. *Cross-Boundary Substance Abuse Problem among Youths in Hong Kong.* Report submitted to Sub-committee on Research, ACAN.

phenomenon have increased substantially, pointing out several reasons for the persisting cross-border drug problem (Xu 2009)<sup>5</sup>. Frequently the first reason cited was the proximity-mobility factor or time-space compression: with the opening of the *e*-channels and installation of other facilitating measures, the immigration border has speeded up its processing of travelers and made it very convenient for potential drug users to visit Shenzhen. Drug market was often cited as the second cause: generally speaking, the price of drugs in Mainland was lower than that in Hong Kong, which attracted many potential drug users. The lower risk of apprehension or detection in conducting such illegal leisure in the entertainment premises in Mainland was the third main reason of cross-border drug use. Crackdown on youths' cross-border drug activities has stepped up since the former Chief Executive Donald Tsang expressed his concern about easy access to drugs in Shenzhen for Hong Kong youth in 2008/2009 (Lo 2011<sup>6</sup>). The anti-drug measures taken by the law enforcers in Mainland included temporary detention of Hong Kong residents who were detected for taking drugs, continual patrol in discos and clubs that were drug hotspots, and cooperation with Hong Kong law enforcement agencies for intelligence sharing and strategic operations.

Nevertheless, it remains unknown how these deterrent government actions affect the changing composition of cross-border drug users and the pattern of cross-border drug consumption. The decisions to take drugs or not, to use what types of drugs, and to stay in Hong Kong or go to Mainland depend on the comparative perceptions of the efficacy of the sanctions. How various drug users perceive the new sanction risk remains an unknown subject. For instance, how effective is the deportation and detention policy in Mainland in deterring Hong Kong citizens' cross-border drug use? As the sanction risk fluctuates in recent years, some unexpected cross-border drug trends may be emerging that requires proactive research to monitor and then suggest suitable responses at the policy level. Like other criminal justice policies with deterrence purposes (Nagin 1998<sup>7</sup>), there is a large gap in knowledge on the links between drug policies and actual drug-use behaviors, calling for an urgent need to estimate the effectiveness of policy options for deterring drug use across the borders.

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<sup>5</sup> Xu, Y.Y. 2009. "Study of Hong Kong Youths' Cross-Border Drug Abuse Problem." *Issues on Juvenile Crimes and Delinquency*. 5:44-48.

<sup>6</sup> Lo, Sonny S.H. 2011. "The influence of Hong Kong's policing on China. Mechanisms of Knowledge Transfer." *Asian Survey* 51(4): 769-784.

<sup>7</sup> Nagin, Daniel. 1998. "Criminal Deterrence Research at the Outset of the Twenty-First Century." *Crime and Justice* 23: 1-42.

According to Nagin (1998), such analyses must estimate not only short-term consequences of drug policy but its long-term effects, which may be ineffective or even criminogenic. Since the strict law-enforcement measures on cross-border drug use have been enacted for more than five years, it is appropriate to catch the relatively long-term consequences of the policies at this stage. Nagin (1998) further suggests in fact there are varying effectiveness estimates concerning a drug policy across different units. Thus it is necessary to collect evaluations across the borders (the local and Mainland departments) and directly get information from cross-border drug users and general public. MacCoun (1993)<sup>8</sup> also points out some unintended or counterproductive consequences of the deterrence anti-drug model, such as downplaying informal social controls and increasing hidden users. Unfortunately, few studies have been done in Hong Kong to examine these mechanisms.

On the other hand, the normalization of drug use has already occurred globally and influenced people from various social classes and sociodemographic groups (Parker et al. 1998; Parker 2005)<sup>9</sup>. Men and women, students and working adults, and the rich and the poor might all involve into cross-border drug use. Previous research so far has only addressed this drug problem associated with youth in Hong Kong and we need to know more about the broader population in terms of cross-border drug activities in recent years. Moreover, although a substantial number of young drug abusers from the early 2000s 'drug wave' have ceased to take drugs in later part of their life course, especially after entering into young adulthood (Dewit, Offord and Wong 1997)<sup>10</sup>, those who sustain their drug habit might need to adjust their cross-border drug consumption patterns in accordance with changes in their life-course. Again we have little knowledge of this particular group of young adult drug abusers graduating from the 2000s drug epidemic. Are they still taking social drugs like ketamine in Mainland with friends? Are there any changes in terms of their drug behaviors and drug abusing networks? Why? Cross-border psychotropic substance use among Hong Kong residents often co-occurs with alcohol use and sexual risk

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<sup>8</sup> MacCoun, Robert. 1993. "Drugs and the Law: A Psychological Analysis of Drug Prohibition." *Psychological Bulletin* 113(3): 497-512.

<sup>9</sup> Parker, Howard, Judith Aldridge and Fiona Measham. 1998. *Illegal Leisure. The Normalization of Adolescent Recreational Drug Use*. London: Routledge; Parker, Howard. 2005. "Normalization as a barometer: recreational drug use and the consumption of leisure by younger Britons." *Addiction Research and Theory*, 13(3): 205-215.

<sup>10</sup> Dewit, David, David Offord and Maria Wong. 1997. "Patterns of Onset and Cessation of Drug Use over the Early Part of the Life Course." *Public, Environmental and Occupational Health* 24(6):746-758.

behaviors (Lau, Tsui and Lam 2007)<sup>11</sup>. From a public health angle, we also wonder whether there is a change in cross-border drug use affecting the above high risk behavioral patterns and if so, toward which direction. Lastly, trafficking of narcotics constituted yet another problem (Li and Gao 2004<sup>12</sup>) that requires a continuing review of the latest information collected from official reports, academic literature, news, and public discourse at both local, regional and global level.

## **Objectives**

Our research aims to explore and monitor the recent changes of cross-border drug use in Hong Kong and to evaluate the current cross-border drug policies through both qualitative and quantitative methods. It can make contributions to the existing “e-Drug Stats” (quantitative) and “Drug Intelligence” (qualitative) modules and provide suggestions on new policy makings. First, we collected data on current cross-border drug scene via extensive qualitative methods: archival analysis, focus group interviews and face-to-face in-depth interviews in particular. We invited informants from various NGOs, police officers, and custom officers on both sides of the borders. Based on the results of qualitative analysis, a large-scale quantitative survey (sample size is 1,500) was conducted targeting at travelers at various border control areas. In general, information concerning the patterns, characteristics, social/political/legal background, and consequences of cross-border drug use, as well as insider/outsider knowledge of the effectiveness of the current cross-border drug policies were obtained. Finally, to grasp the most recent and comprehensive picture of cross-border drug use, we establish a self-updated online system to monitor official publications, professional literature (e.g. journal articles and academic websites), and public domains like internet forums.

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<sup>11</sup> Lau, Joseph T.F., Hi Yi Tsui, and Lawrence T. Lam. 2007. “Alcohol Consumption, Sex, and Use of Psychotropic Substances among Male Hong Kong-Mainland China Cross-Border Substance users.” *Addictive Behaviors* 32(4): 686-699.

<sup>12</sup> Li, Y. and Gao H. 2004. “Trans-border Drug Crime, Cause and Punishing Measures.” *Journal of Henan Judicial Police Vocational College*. 2(3): 62-64.

# Part I

## - A Qualitative Study

This part reports the final result obtained from qualitative research of the project. The qualitative research part was conducted primarily to identify recent cross-border drug trends and to generate key questions for the quantitative survey at control point (results reported in the next section).

### Methods

Due to the explorative nature of the qualitative component of this research, a variety of qualitative methods were used to catch a relatively complete picture of recent cross-border substance abuse by collecting information from the law-enforcers who deal with this issue directly and routinely in both Hong Kong and Shenzhen: (1) archival research in both cities to get the official statistics, internal reports and policy documents related to substance users with Hong Kong citizenship; (2) in-depth interviews and focus groups with drug-control legal practitioners in HK/Shenzhen custom and police departments to account for the official archives, to get familiarity about the legal environment and social background of the cases, to share with us their first-hand experience and understandings about cross-border substance abuse, and their evaluations about the current HK-Shenzhen collaborations on drug control plus suggestions for further improvement. Both in-depth interviews and focus groups would be semi-structured with interview guidelines to follow. All interview records and notes are confidential and only for research purpose.

To validate the results obtained from the law-enforcement agencies, reduce bias and get a full picture of this issue, we also conducted focus groups for cross-border drug users in Hong Kong (identified by social workers and NGOs). All participants should have cross-border drug use experience in the past 12 months. We asked questions about their cross-border drug activities and their impressions on the current cross-border drug policies in both Hong Kong and Shenzhen. By comparing their answers with the responses from law enforcers, the deterrence effects of the policies can be better estimated.

Below is a summary of the interviewee.

A. Hong Kong police force: interviews with seven officers in total were conducted in the summer of 2015.

- 1). One former senior police officer;
- 2). Two senior officers with drug investigation experience;
- 3). Two senior officers with experience patrolling the Border District.
- 4). Two officers who are familiar with drug-related research within the HK police force.

B. Hong Kong Customs and Excise Department: interviews with seven officers in total were conducted in the summer of 2015.

- 1) Two senior officers with Land Boundary Command experience;
- 2) Two senior officers with Rail and Ferry Command experience;
- 3) Three senior officers with Drug Investigation experience.

### C. Cross-Border Drug Users

Six focus group interviews were conducted with 30 drug users (two aged <18, fourteen aged 18-25, fourteen aged >25) and eight social workers recruited from six different non-government organization sources. The names of these partner NGOs are (in random order):

- Sister Aquinas Memorial Women's Treatment centre, SARDA (香港戒毒會 區貴雅修女紀念婦女康復中心)
- Hong Kong Children and Youth Services - Sane Centre (香港青少年服務處 心弦成長中心)
- Church Social Service, Hong Kong (北區青少年外展社會工作隊)
- Au Tau Youth Centre, SARDA (香港戒毒會 凹頭青少年中心)
- Cheer Lutheran Centre, HKLSS (Counselling Centre for Psychotropic Substance Abusers) (香港路德會社會服務處 路德會青欣中心)
- Adult Female Rehabilitation Centre, SARDA (香港戒毒會 成年婦女康復中心)
- North District Youth Outreaching Social Work Team, Evangelical Lutheran

D. Shenzhen Custom: interviews with seven officers in total at the five land borders of Shenzhen were conducted in the summer of 2015.

- 1). One high-level officer from Shenzhen Customs
- 2). Two officers from the Luo Hu border (羅湖口岸);
- 3). Two officers from the Futian border (福田口岸) and Huanggang border (皇崗口岸) ---these two offices have experience at both border crossings
- 4). One officer from the Shenzhen Bay border
- 5). One officer from the Sha Tau Kok customs

- E. Mainland Police: in summer 2015, we first approached police offices in Shenzhen. Based on the previous information we collected from HK drug users, social workers and Shenzhen police, we then expanded our sample accordingly and interviewed police officers in both Dongguan (東莞) and Huizhou (惠州). In total 12 officers were interviewed.
- Shenzhen: five police officers, three frontline, two middle-level;
  - Dongguan: four police officers, three frontline, one middle-level;
  - Huizhou: three police officers, one frontline, two middle-level.

For reasons of anonymity and confidentiality, all the names and ranks of the informants were masked in the following report. The names of Government Departments would be identified in the paragraphs but not the names of their corresponding branches and non-government organizations. We integrated the result into four main parts: overall drug trend in Hong Kong and Mainland; characteristics of cross-border drug user; recent patterns of cross-border drug use; impact of Mainland law enforcement on cross-border drug use.

## **Results**

### **Overall trend of cross-border drug use**

Result suggested a number of Hong Kong residents were still using a variety of illegal drugs across the border in Mainland, although the trend of cross-border drug use has been declining in recent years (-2015). Before exploring the factors leading to the decline, let's revisit the original causes to the north-bounded drug use.

### ***Background of north-bounded drug use: the crackdown in local drug spot and the booming entertainment premises in Shenzhen***

At the turn of the century (2000s), an increasing trend of cross-border drug use were observed in Hong Kong. There were many reasons for the initial displacement of drug use. One reason cited by a Police interviewee was due to strengthened law enforcement crackdown against illegal drug hotspot in Hong Kong.

“跨境其實係呢十幾二十年都多。主要係因為香港既警察係呢D所謂既場所入面果個巡察係十分之頻密既。尤其是知道呢一個場所有個黑點既時候，

佢地就會增加個打擊。咁青少年佢地就係鍾意享受果個熱鬧果樣野，佢地追求果個所謂好 I N 既場地。咁香港係呢方面係越來越少，以前曾經，譬如 D I S C O 咩三四八，果 D 好快就 K U M 左當，無牌。... 譬如國內果個場地...這係我都去過一 D...佢地果個規模、氣氛、裝修都係十分之熱鬧，可以吸引好多既青年人。” (Police interviewee J)

During this period, youth headed north for consumption in the more fashionable entertainment premises. Taking ecstasy across the border was considered a trendy act at the time, as a Customs interviewee expressed:

“Fin 頭，就好流行北上。當時一個流行既消費就係北上消費。當年係多左人上去玩既。” (Customs interviewee F)

Typically, drug users began their habit in Hong Kong’s discos, and then shifted their drug location to Mainland following local official’s crackdown of these local premises and the surging number of large entertainment premises in Shenzhen. The later were more ‘free’ and easier for Hong Kong drug users to obtain illegal drugs. Taking drug in discos in Mainland was once considered ‘safe’ without much interference from law enforcements. A few drug users expressed their drug habits actually started in Mainland due to the rather loose regulations there:

“本身香港玩梗既。轉左翻大陸玩囉。覺得香港 D 場係...一來細啦，好似成日被抽...查牌果 D。覺得大陸果 D 場會大、好玩...自由 D 囉。這係無咁多限制。同埋易擺到野。” (Interviewer: 係咩年份?) “零五、零六、零七” (Male drug user no.5)

“... 成日都上深圳玩囉果陣時。成日去 D I S C O 阿。點解會上去勒? 因

為上面D野□D、平D，同埋上面係當你一上到去既時候，你擺黎食係唔會有人拉你既。絕對有安全感既。”(Male drug user no.6)

“我係大陸食先既。” (Interviewer: 大陸先食既?) “因為一早無咩查牌，無查牌。(Interviewer: 咁當時查牌既情況係點?) “好少，好少，係大陸，好少查牌。二千零果陣時。” (Interviewer: 點樣少法?) “DISCO 未查就已經走晒啦。” (Female drug user no.4, 5, 6)

In fact, the rising number of cross-border drug users had a diffusing impact on Hong Kong's local drug scene. Supply of lower priced drugs and cheaper entertainment spending in Shenzhen attracted Hong Kong's drug users. The 'hyper-consumption' of cheap drugs then resulted in their diffusion across the border back to Hong Kong, as drug users carried with them the 'left-over' drug:

“我之前係...跟所謂之前果D老表係旺角果邊拎一粒 FING 頭開始玩。...索埋 K (ketamine)囉。果陣時主要都係 K 同 FING 頭。跟住轉左上去玩之後因為識一班撈呢D既朋友...果陣時都好成日番大陸玩既。... D場又平D、D野又平D。呢度可能拎 50 蚊 60 蚊一粒。番左大陸 30 蚊一粒、25 蚊一粒 FIVE 仔。D野都平既。” (Male drug user no.6)

“因為以往(before 2000s)都好少零點幾 1 gram 以下(走私毒品)，咁佢都話唔好睇，這係食剩帶番落黎，下次帶上去食。” (Customs interviewee F)

From 2000 onward, both the local drug scene and context of cross-border drug abuse continued to deteriorate. In response, the HKSAR Government established the inter-departmental Task Force on Youth Drug Abuse in 2007 to tackle the youth drug abuse

problem. It seems that with the input of inter-departmental works and the joint anti-narcotic efforts across the Mainland-Hong Kong border, both cross-border and local drug use began to decline thereafter. Such a decline was reflected in our qualitative interviews.

***A declining trend of cross-border drug use in recent years***

Despite the fact that large quantity drug smuggling was observed to be on the rise by both the Customs and Excise Department and the Hong Kong Police, the declining cross-border drug use trend was indeed supported by a drop in the number of small amount drug smuggling (possession for self-use) arrested in recent years:

“係我地發現有個趨勢就係係呢D被捕毒品人士，參與嚴重毒品人士，這係拘捕人士主要係販毒，咁係有上升既。而係一D藏毒既案件，我可以講係比較輕微D既毒品案件拘捕人數係下跌既。... 我相信好似話依家可能係嗰邊環境已經整頓左，淨係睇個數字藏毒案件，拘捕人數係少左既時候，北上吸毒既情況，我地估計，肯定會係少左。” (Customs interviewee B)

“大宗既 case。果個數字就有上升既趨勢。咁另一D我地叫 minor case D D 細宗D既 case 就有一個下降既趨勢。” (Customs interviewee F)

“我地睇度就係譬如話，整體果個顯示毒品既案件，拘捕既人數都係有下跌既趨勢。咁到 2014 年我地睇度就雖然果個拘捕人數同埋案件都有下降既情況，但係個別毒品抽到既數量上升。” (Police interviewee X)

“我地加強左口岸，包括增加人手、多左，嚴厲左抽查同打擊阿。咁去做既時候勒就變左有個效果出左黎既。之後去度零八零九年之後，跟住慢慢，

起碼就無左急速上升，就慢慢穩定左落黎，直接度最近呢幾年會有下降D

既趨勢。這係D細宗既都有下降既趨勢。” (Customs interviewee F)

While the increase in penalty against smuggling of small amount of drugs, especially for Ketamine and the stepped up effort at the control points had certainly helped curbing the drug smuggling, there were also other reasons leading to a drop in cross-border drug use. Reduced cross-border drug use were reported by a significant number of the interviewed drug users, whom also discussed the ‘causes’ of such a decline. In one of the focus group interviews, drug users reported they no longer went to Shenzhen because many ‘famous’ (drug hotspot) discos had been closed, and that most of the entertainment premises had now turned into much smaller bars:

(Interviewer: 深圳果幾間大家可唔可以開名、可能執左D) “Cyber、838、

夜貓。” “真系執晒啦。” (Interviewer：點解執晒?) “太耐啦。十幾年前。”

(Interviewer: 近年呢?) “近年都唔上去過啦。” (你地聽番黎既...佢去咗邊?) “聽講而加多數都係 Bar。” (Collective responses from male drug users no.7-18)

Compared to the loose regulation in the early 2000s, tightened regulatory responses towards Shenzhen entertainment premises associated with drug hotspots and bureaucratized (standardized) law enforcement procedures by Mainland authority regardless of arrestee’s residential status were some key reasons driving away the Hong Kong drug users:

“如果我上去食，真系估唔度幾時會查牌，都係驚呢個野囉。佢一查牌既，

全部封晒。” “係阿。以前譬如我細個上去既時候就都有路走既。這係有小

路可以走既，走佬落去。但係而家全部封晒。” (Male drug user no.8 and 10)

“我就試過，果陣時 08 年，咁差唔多時間，新年前啦。查牌，走唔遲。咁

就公安入晒黎啦。咁然之後就全部人都唔畀走啦。女既就入房，驗尿。男既就搜身，咁跟住即時驗尿就知結果阿嘛。咁就多數女仔就拉左佢囉。咁拉度去派出所就係過渡困四日。” (Female drug user no.5)

Apart from law enforcement efforts, macro-economic factors were also cited as causes of the declining cross-border drug scene. For instance, the strong exchange rate of Mainland currency against Hong Kong currency had driven up the expenses in entertainment premises in Shenzhen and made it less attractive to many of the would-be goers:

“上去玩可能都係講梗去 karaoke、夜店果D勒，都係相對性貴左既，香港，甘大家都知你人民幣又貴左。咁本身內地既C P I每年都愈來愈高。咁相對消費係大陸咁變左『需唔需要上去勒？係香港有唔定』。咁變左香港人少左上去。少左上去唔係話無人上去，就係比以前少左好多嘍。咁就算係呢幾年去睇，這係我地係前線去睇望落去係少左D比較年輕D既人。咁樣上落少左D。” (Customs interviewees G)

Customs in Shenzhen do not consider that dealing with drug users is their primary objective and it is probably beyond their administrative scope to handle such cases as well. Their primary focus is drug trafficking. Due to the nature of their enforcement area, Customs in Shenzhen do not keep information concerning HK people using drugs in Shenzhen. But there were still some observations from the front line border officers. Especially, the officers agreed that the depreciation of the Hong Kong dollar has increased the price of drugs and various recreational activities in the Mainland, thus reducing young drug users' incentives to cross the border. Interviewed officers observed fewer HK young males (previously the dominant group for cross-border drug use) were now heading to Shenzhen. Most HK male travelers were middle-aged or even older.

The only exception is from Mainland police. The statistics produced by the Mainland police did not see a decrease in Hong Kong cross-border drug users, but perhaps becoming more diverse in age and sex. In fact, they expressed a lot of worries about the rising number of HK cross-border drug users in recent years. According to our informants, the number of HK cross-border drug users arrested in Shenzhen has reached around 500 in 2014, which is much higher than the past two years<sup>13</sup>; the number in the first half year of 2015 also has surpassed the same period in previous three years. Such discrepancy between Mainland and HK law enforcement departments may be partially because HK cross-border drug users become more visible in Shenzhen, considering the more frequent patrols, more advanced technology to chase drug users, and the higher level of standardization in dealing with HK cross-border drug users for Shenzhen police. The current evidence is not sufficient to conclude that there is a “real” increasing trend of cross-border drug users.

In short, multiple causes seem to have led to a reduction of cross-border drug use in recent years. In spite of this optimistic trend, large quantity of illegal drugs was still seized by the authority at the control borders or within the territory from time to time. We interviewed the informants for the latest drug pattern in both Hong Kong and Mainland. In the following we reported the characteristics of drug users, the pattern and location of drug use, and the types of drug that become popular lately.

## **Recent pattern of cross-border (and local) drug use**

### *Characteristics of cross-border drug user*

The most concrete information about the sociodemographic characteristics of the HK cross-border drug users were obtained from Shenzhen police force. Among the arrested HK drug users in Shenzhen, those aged from 18 to 25 accounted for around 11% and whilst the percentage for those aged from 26 to 35 was around 25%. In one official drug rehabilitation centre in Shenzhen, majority of HK arrestee are above age 40. According to the explanations of Mainland police, these older cross-border drug users were often facing middle age crisis such as divorce, felt lonely and went to Mainland to find a partner, and took drugs as a relief to their mid-life crisis. Some cross-border drug users from Hong Kong have relatives in Mainland. They previously

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<sup>13</sup> For the reason of confidentiality, the Mainland police did not provide the exact number but a rough number. Therefore, all statistics should not be taken as face value.

emigrated to Hong Kong and became Hong Kong residents, yet could not adapt to the society well. Some were unemployed and some left the secondary schools in their early ages. They returned to their hometown in Mainland to take drugs. While most Hong Kong drug users prefer to go to Shenzhen, these types of drug users may go to Dongguan and Huizhou depending on their places of origin.

Shenzhen police also suggested around 10% of arrested HK drug users are also drug dealers. The ratio of male to female users is approximately 5:1. The informants also mentioned that some young HK girls were selling and using drugs in Shenzhen. This is consistent with information provided by two Shenzhen custom officers. They noticed that some young girls would come to Shenzhen at late night, and that they frequently went in a group. They were suspected to cross the border for using drugs with adult HK men. Shenzhen police also mentioned that these young girls might be hired by HK crime organizations to sell drugs to HK men who looked for fun in Shenzhen and to accompany these men when they use drugs, since their HK accent might appear reassuring to HK users regarding the quality of the drugs they consumed. A majority of the arrested HK cross-border drug users (>80%) have a history of drug abuse in Hong Kong.

The above sex distribution of drug users is also consistent with the statement of a Customs interviewee in Hong Kong:

“如果你跨境這係你話吸毒，我地所稱就叫左少量帶毒者，咁呢D相信收入都唔會高既人。一般黎講。男同女既比例，我都講畀你聽啦。男既係八，女既係二。或者男既七，女既三。當年都係咁樣。八二七三之比。”

(Customs interviewee F)

In terms of occupation, we mainly rely on our interviews with drug users. Most of the interviewed drug users were employed at the lower end of the service sector or as casual workers. Male drug users reported their occupation as catering and restaurant (餐廳/廚房/飲食), logistic and transportation (運輸/跟車/倉務/速遞/送貨/司機), hair salon (剪髮), beauty salon (美容), construction site (地盤), property (物業), sales (售貨員) and student (學生). Female drug users reportedly work in service sector like sales (售貨員), clerk (文員), beauty salon (美甲師), logistic (運輸), cashier (收銀員) and student (學生). We explored if flexible working hours of service sector and casual work provided flexibility that facilitated cross-border drug use, results suggested it

really depended. The older male drug users tended to report fixed work routine, whereas some of the younger male drug users reported more flexibility in choosing their 'holiday for drug':

(Interviewer: 工作果個模式係好定時定係相對黎講都唔係話朝九晚五果D?) “朝八晚五囉。” “(幾位) 定時既。” (Collective responses from male drug users no.7-18)

(Interviewer: 聽過D故仔話因為依家番工就無定時?) “都請到假

(Interviewer: 都請到假?) “自己揀咋嘛。成個月係到, 自己d o k 邊日咋嘛。” (Male drug user no. 3)

The Hong Kong Customs and Excise Department and the Hong Kong Police also provided very useful information about features of cross-border drug traffickers. Even though the socio-economic background of the cross-border drug users somewhat overlapped with cross-border drug traffickers, the later were often not drug users themselves:

“這係果D我地俗稱豬仔佢係就係咁帶毒者, 就咁袋野啫。咁佢地又未必係吸毒啲。” (Customs interviewee F)

“兩個情況都會有。好多, 同我地果個以往拘捕到D帶毒者既經驗就係其實佢果D毒販、販毒集團都係想搵D正經既人, 望落去比較這係同普通人一樣。這係你話掉番轉會唔會專登搵番D吸毒果D人, 我相信佢地係唔想既。” (Customs interviewee D)

“咁無業既就一般係佔三成度啦(note: 被捕帶毒者)。可以咁講。這係好多

時佢答無業既...總之個數字係好 stable 既...。咁其他七成就係 mud 野行業都會有。咁但係你問我普遍黎講都係果D低水平工作。教育水平相對會係低少少。這係可能係做一D服務性行業、酒店、bar。” (Customs interviewee F)

“一般黎講，係無業，或者係做下散工或者比較低收入D既工作咁樣。都係相應因為始終佢就係可能搵唔到錢，自己又搵得唔多，跟住就爭一大筆債。有人話搵快錢，你幫我拎過黎，我畀兩萬蚊你。咁呢D可能就話係D誘因令度佢地會易走險咁樣。” (Customs interviewee D)

We were also told by the HK Customs interviewees that although cross-border drug users were always a main target of anti-narcotic operations at the control points, the users' explicit symptoms of after-drug effect like dilated pupils render them less useful for drug trafficking, which increasingly involved the tactics of 'ants moving home' by moving small quantities (around 1-2kg) of drug by a larger number of 'normal look' traffickers each time. We discuss more about the drug distribution networks in later section.

### ***Type of drug use in recent years***

The interviews with Mainland police officers reveal that over 80% of drug users had taken were synthetic drugs (ketamine, amphetamine etc.). Our interviews with drug users reflected cross-border and local use of ice (Methamphetamine) and cocaine were on the rise, whereas ketamine use was either stable or declining, and ecstasy (MDMA) use seems to be decreasing as reported by both the law enforcements and drug users. Some of the drug users reported recent use of Nimetazepam(Erimin) - 'Five je' (five 仔), Triazolam (白瓜子), Gamma Hydroxybutyric Acid – G Water (GHB), liquid ketamine - K water / Happy Water (happy 水), 'stamp' across the border in Mainland. Often the drug users reported practices of poly drug use. A few drug users reported using heroin in Mainland, which illustrated a cross-border drug pattern that was distinct from other psychotropic drug users. In further probing recent cross-border drug use, those revolving around the abuse of ice and provision of free drug, and those that took place in certain location like clubs and karaoke, seems to

demonstrated some gender specific features. Notably, only six of the drug users (including both male and female) interviewed were living outside any institutions. The rest of the drug users interviewed were all rehabilitating members living in isolated dormitories for a period ranging from several weeks to one year.

Considering drug trafficking, Customs interviewees recalled ketamine was the major type of drugs seized at the control points in the past, but they noticed in the last one to two years (2014-2015), detection of ice was the highest. Meanwhile, Police interviewees stated there was an increase in seizure of ice and ketamine comparing their 2014 statistics to 2013 one. This increase in ice was echoed by a group of male drug users as well:

(Interviewer: 想問你地覺唔覺得近年毒品既趨勢有無話邊果多左邊果少左。)“(幾位) 冰多左。” (Interviewer: 點解既?) “冰無咁易睇得出。”

(Interviewer: 冰無咁易睇出? 點解勒?) “食完之後你唔會話量左或者咩, 你只會精神左。普通人睇唔度。” (Male drug user no. 8)

“個毒品既種類主要係陸路邊境所拉度就係氯胺酮。但係最近一兩年就係, 反而係冰毒所測獲既係最高。” (Customs interviewee B)

“譬如話我地睇度就係話果個冰毒以及呢個氯胺酮佢地被抽既數量 2014 年相比 2013 年係增加左。” (Police interviewee X)

“其實睇過果個例如冰毒係一個上升既趨勢。這係以往都係氯胺酮比較多, 依家係呢個數字冰既趨勢係比較多既。” (Customs interviewee F)

“整體黎講睇番我地 D 數字如果係最主要果個毒品測獲。最主要係以 K 仔、冰啦。但係睇番, 果個譬如 2008 打後, 去度 2014 年果個冰既測獲真係多

左既。果個以倍數計，真係。”“但係，係果個...這係 K 仔果度就比較穩定 D。咁，這係比起我跟翻測毒果個數量黎講就係 K 仔，明顯少過冰毒。這係睇翻我果個數字。” (Customs interviewee H)

A few young male drug users whom were not institutionalized reported a continual pattern of ketamine use in clubs located in Shenzhen but not ecstasy as the associated ‘dance music’ and discos were no longer available. The use of ketamine included its liquid form:

(Interviewer: 通常是乜野阿?) “K 囉。” (Interviewer: 搖頭丸有無聽過? E 仔?) “依家呢 d 無人玩。” (Interviewer: 點解 g e h?) “唔知，唔岩 f e e l l。” (Interviewer: 唔岩 f e e l l) “但係呢落 c l u b 唔下岩 f e e l g e h 咩。這下以前係有音樂要搖先係爽，但係依家這下無。。。 ” (Male drug user no. 3 and 4)

(Interviewer: 咁大陸興乜野?) “興香水 ( ? ) 囉 (Interviewer: K 同香水?) ”香水都係 K 黎 g a h。即係 K 水。” (Male drug user no. 3 and 4)

Apart from ketamine and ice, ‘Five je’ (five 仔), Triazolam (白瓜子), and ‘stamp’ were also reported by both male and female drug users concerning their recent drug use in Mainland:

“問爸爸(note: Ba-Ba Sen, head of male prostitutes) : 「今日有無筍野? 」爸爸知你想要果 D 快感既野，咁佢就係啦。今日要幾多? 100 粒。”

(Interviewer: 100 粒? 一個人要 100 粒?) “白瓜子阿嘛。你要 100 粒咪就畀

100 粒你。咁就計係張單度既，雜貨。” (Female drug user no.6)

(Interviewer: 其實上面除左 D I S C O , 仲有無其他地方可以買到呢 D)

“藥房嘍。” (Interviewers: 藥房...呢個大家都無講過，未聽過。) “我果 D 都

係藥房黎 G A H。” “藥房要你同佢熟左先賣畀你 G A H。唔熟佢就：「無

阿小姐」。你同佢講你要安眠藥會介紹咩草本精。” (Interviewer: 你話果 D

安眠藥，但係其他。) “這係白瓜子。” (Female drug user no.5 and 6)

(Interviewer: 咁呢個五仔嘞?) “有咪食囉。” (Interviewer: 有會食阿，呢

個? 五仔食完會點 g a h?) “好舒服。” (Male drug user no. 3 and 4)

“你講果郵票擺係脞底已經可以...” “產生幻覺。” “死得啦。好少都可以死

啦。” (Interviewer: 邊果話會產生幻覺阿?) “好少都應該可以死啦。

(Interviewer: 新定舊? 我想知。) “係新。唔係，係興番。” (Collective

responses from male and female drug users: male no.1-2, female no.1-2)

As said, both law enforcement interviewees and drug abusers indicated the abuse of ice (MDMA) were on the rise. This increasing pattern was largely driven by supply than demand, as it was a known and widely reported fact that majority of ice (and ketamine) consumed by drug users in either Hong Kong or in Shenzhen was manufactured in Mainland China, especially in the Canton area. The increased mobility and integration between Hong Kong and Mainland had facilitated the flow of drug and drug users in reverse directions:

“或者呢度我會咁樣睇呢個野就係好大部分既香港毒品都係內地。”

(Customs interviewee D)

“咁其實氯胺酮既情況就我依家相信就超過百分之九十五都會係內地黎既。其實應該可以話最大多數啦。會係內地。” (Interviewer: 世界工廠?) “係。無錯。至於佢依家既途徑係點樣偷運入黎，會係陸路。最主要係陸路邊境會咁樣偷運入黎。這係好似我地講既螞蟻搬家既形式偷運入黎。” (Customs interviewee E)

“咁就最近比較流行 D 既冰毒或者氯胺酮咁樣，咁香港都唔會出產。其中既來源地就內地，咁內地同香港，這係果個人流、物流交易係非常之頻繁，如果佢地一入來香港既話可以用物流運輸落黎香港，亦都可以用人攜帶黎香港。” (Police interviewee X)

(Interviewer: 但是他們毒品是來自於深圳還是其他的城市。) “深圳多。深圳。” (Interviewer: 有無聽過東莞或者惠州係開始興成為分銷中心?) “惠州一定係 gah 啦。” (Interviewer: 惠州一定係?) “因為果度係一個冰村。係製作冰毒阿嘛。” (Customs interviewee E)

“咁所以可以講就係氯胺酮同埋冰毒就會係國內帶入內果個數量比較多囉。咁呢個可能係果個製作地方或者果個毒品既來源都係國內既。咁好多報告都出左。” (Customs interviewee F)

“咁可能有個因素就係話，因為最主要冰毒同埋 K 仔既來源都係國內。咁我

地既關卡都係睇番 land boundary 既 control point 都係大陸過黎既。最主要  
佢製冰、製毒既工廠都係國內。” (Customs interviewee H)

While some male drug users mentioned girls were using ice for ‘keep fit’ – a long established phenomenon, the resurgence of ice as a popular drugs came with renewed pattern of use that were slightly different from the past. A few years ago, using ice often involved a filter device made from an empty ‘lemon tea package’. While the presence of a ‘lemon tea package’ was still a sign of ice abuse, more and more a glass device resembling that of a ‘middle water smoke gun’ was in use. The ‘glass device’ was also widely available on both sides of the border and even sold as non-drug related glass containers in bookshops in Shenzhen and in Temple Street of Hong Kong. To mediate the sour / bitter taste of ice, the drug users were now using ‘fruit juice’ as filter (instead of water) for inhaling ‘ice’. It was also common that small devices of LED light and others were added inside the glass device to make it look ‘trendy’ – by differentiating from the old ‘lemon tea package, some even reported feeling less guilty of ‘taking drug’ with the fancy glass device:

“冰大陸多人食。” “女仔多。” “(幾位)係。” “識親果D都係。” “Keep fit 作用。” (Interviewer:真係可以 keep fit?) “脫水嘢，成個人係，無水囉。”

(Interviewer: 這係冰可以瘦既。咁K勒？點解女仔唔食K?) “(幾位)：都有，少D。” (Male drug users 5-14)

“這係你食氯胺酮就好方便。但係冰毒就唔係啦。你要一個 bok 冰壺，這係一個儀器。” “吸食既工具。” “其實所謂冰壺，其實佢果個操作既方式同時水煙，這係中東一D燒煙草。” “佢主要既作用都係...佢燒左依D煙，佢經過液體過濾左，令度佢凍番D，X番D，咁你鍾意加提子味又得。加西柚味又得，這係加係水度。” “佢地味道都得啦。就提子汁嘛、橙汁嘛。因為

你要就咁 gib 可能。好苦，咁所以佢地就鍾意加D味道落去啦。”“俾如話整咩 LED 燈，咁就係整度個樣，這係佢鍾意，這係個人喜好。”(Collective responses Customs interviewees B, D, E)

“果D？一個壺囉。”“過濾囉。”“咁你唔晒成日摟番黎自己整樽阿、自己 doot 飲管啦。你咪係自己裝水，莊完水之後插個玻璃 ball 就可以食。”

(Interviewer: 但係唔係話管有吸毒用品會畀人捉既?) “咁佢擺設黎既咋嘛。可以當。”(Interviewer: 邊度有得買呢D?) “廟街囉。幾檔都係。”“連銅鑼灣都有得買啦。銅鑼灣直情係有間鋪專門賣呢D既。”“旺角都有間鋪系賣果D玻璃 ball 既野。”“這係佢唔係得食毒品咁樣用囉。佢都可以用黎食煙阿嘛。”(Interviewer: 這係水煙果D？這係土耳其煙？但係點解以前又唔興用呢D。) “以前興□。不 lao 都有，只不過花款愈來愈多。”

(Interviewer: 其實點解要咁作?) “你睇都想靚 D 啦，買車都想買靚D既車，唔好話買價差阿嘛。”(Interviewer: 咁食果陣時就) “舒服少少。”“開心D，食得。覺得唔係犯罪阿嘛。”(Male drug users 7-14).

“所謂既 F I L T E R 。”“個水煙黎阿嘛。”“係啦。專係賣個 B O，係行過廟街都有 G A H。哇！全部都擺晒出黎既?”(Interviewer: 係囉。點解無執法人員去問你 吸毒工具。) “食水煙咋嘛。食水煙合法阿嘛。”

(Interviewer: 幾錢一舊?) “幾十蚊一套。”“有個 P A C K I N G 阿嘛。”

“好靚添，會閃燈阿。” (Interviewer: 會 F I N 咁樣阿?) “唔係，這係你一吸既時後，果下面就有個感應係度既，形既感應啦。當你擺個樽上去勒咁佢就著燈。著燈既時後當你一吸果 D 水佢就會轉啦。果 D 博博博 轉啦。D 轉，D 燈轉既時候就好靚啦。係非常之靚。” (Female drug users no.1 and 2 and male drug users no.1 and 2)

Cocaine were also increasingly available in the Hong Kong drug scene due to a deliberate attempt of the South American drug syndicates to expand their Asian market shares. Cocaine was also getting cheaper, although it was once considered a ‘noble drug’ used mainly by the affluent persons:

“可卡因因為佢係南美黎啦。佢都係南美種植出黎，可卡因就比較優惠 D 啦。” ”但係亦都係聽度其實就南美既販毒集團係意去開拓亞洲，這係做一個大 D 既可卡因市場，所以供應量多，自然供求...咁你供多左，價錢相對下跌。” (Customs interviewees D and E)

“咁香港毒品經常都係外來輸入既。譬如你提到可卡因，絕對係南美，多數係南美果方面。咁而家係因為香港一直以來都係交通方便，樞流，經濟又磅礪。” (Police interviewees X)

We asked about the latest trend concerning synthetic drugs. Interviews with drug users revealed little about the local synthetic drug scene. In fact, we were not sure if the ‘stamp’ previously mentioned was one kind of such. Meanwhile, both the interviewees from the Hong Kong Police and the Customs and Excise considered it a wider problem – a global one. Luckily it was not a common type of drug used in Hong Kong, as majority of the seized synthetic drugs were awaiting for transit to other continent:

“好難講，新興合成毒品係點樣走出黎好難講。... 我覺得歐洲就係一個發源地。”“這係果D新進D既地方。譬如你 fing 頭玩咁樣，荷蘭就好早既因為佢好先進。”“呢個係全世界性既問題。” (Police interviewees X)

“佢地會唔會叫「喵喵」果D。” (Interviewer: 喔? 「喵喵」?) “係, 「喵喵」, 你有無聽過?” (Interviewer: 有, 係X X X網有見過。) “其實呢D香港都唔係太過流行, 都係。” “新興。” “係阿, 新興毒品。” “精神科藥物品通常都係 synthetic 既 chemicals 黎既。” “主要都係轉X既郵包入面去搵度既, 呢D。我地相信唔係香港市場。” “這係最多就係浴鹽, 所謂。” (Interviewer: 呢個我都聽過, 都興阿嘛。) “浴鹽...唔係...” “唔係香港興。” “不過都係多左好多。不過好多都係因為經香港轉去大部分係美國。香港就, 好少好少係入境拉度。” (Customs interviewees B, D, E)

Some drug users and the Customs interviewees mentioned an additional way illegal drug was taken or trafficked – mixing with instant coffee or milk tea powder packages. There seems to be an emerging trend in Canton where drug users visited designated ‘cafe’ where drug was pre-packed into instant powder form and to be drunk with water. The content of these powder packages depended on occasions, while some drug users mentioned ketamine was included.

#### *Initiation into drug habits and poly drug use*

The practice of providing ‘free drug’ to female drug users to induce them into drug habits and to exploit their presence so as to attract more male drug users to the discos (e.g. 838) and clubs continued until recently. Knowing someone being a drug dealer, friends’ influence in discos or clubs (in Hong Kong for the adult drug users and in Shenzhen for the younger drug users), and boy/girlfriend relations were also

mentioned in the focus group as factors initiating once drug habits.

“我講先啦。我最初就係因為有個朋友開始賣，咁我諗住捧場既形式咁阿支持下佢，咪幫襯第一次啦。咁根柱習慣左會擺番屋企食啦。慢慢日日食就變左我既生活必需品。” (Female drug user no.11)

“我第一次係落去八三八D朋友話就黎食啦。好好玩，又未試過。後咩跟住都可以壓抑自己唔食，點知去度湯全個場係個個都迷迷下。咁咪同佢地一齊參與都食埋囉。” (Female drug user no. 9)

“我第一次都係八三八。咁當時係跳梗舞，咁人伸手我伸手就食左第一啖啦。之後就慢慢接觸就食左。” (Female drug user no. 10)

“我對上果位都好相似。都係朋友屋企食左第一啖啦。後咩就男朋友影響變左自己習慣番工都要食。無時無刻都要食。” (Female drug user no. 12)

“我果陣時係做網吧既。係樓上食。我有一次叫佢地...唔係，佢地問左好多次，跟住我都係唔食。跟住有一次我真係忍唔度。跟住之後就食得愈來愈多。” (Female drug user no.13)

“有D中間人G A H，例如好似燈頭，或者有D唔系燈頭，只係果D食毒品既人，咁D燈頭識佢，咁就幫據地中間在轉，再轉去樓野。但細譬如講骨

場果D就要搵自己...或者朋友識既人先去樓，打電話去，跟住就先去樓，先去骨場度 dub 骨。” (Male drug user no.11)

Once picked up, the drug users tended to engage in poly drug use. Some first initiated into ketamine, and progressed to other drug type, like crack cocaine (可樂) as they grew up:

“開頭食 fing 頭、five 仔、大麻，跟住到後咩就到可卡因同埋氯胺酮。”“果陣時食糖(？)、食K跟住 five 仔跟住...不過之前都有食過大麻...細個少少既時候。跟住後咩就值情係 cocaine、冰、全部、白瓜子咩都試下。”“細個食 fing 頭、大麻、冰、郵票，後咩大個就索 K 同埋食可樂。”“我一開始係食 five 仔、大麻，後咩就係索 K 同埋可樂”“細個食可樂、K、five 仔，大個都係 K 同埋可樂。”“我個陣時開頭係食 K 先既。跟住之後就有食白瓜子、米奇...。跟住在後D就食珠、可樂同埋索 K。” (Interviewer: 想問米奇、花同珠有咩分別?) “珠就係冰嘢。花就係大麻。” (Female drug users no.9-14)

#### *Changing location of cross-border drug hotspot*

While a number of younger female drug users was initiated into drugs in discos and clubs in Shenzhen, a notable number of adult female drug users we interviewed were visiting some of the clubs across the border to buy sex service. This ‘consumer’ image of adult female drug users perhaps pointed to research direction beyond the old image of the ‘doubly-victimized’ young female drug users:

“『海鷗』啦。專門係男公關做既『海鷗』啦。”“『海悅』最多香港人去。” (Female drug users no. 4 and 6)

“咁有時玩幾日就會租酒店囉。咁如果一晚玩一晚既就如果早跳完，這戲落完 D I S C O 就會去 D U B 係骨囉。都係成班一起去既。” (Interviewer: 消費高唔高 G A H ?) “消費高。你知坐一晚爸爸幾多錢。” “(幾位) 你這 ( 笑聲 ) 。” (Female drug users no.4, 5, 6)

According to our interview results, the hotspot of cross-border drug use had gradually moved towards clubs and karaoke equipped with large independent cubicles with privacy, hotel rooms, and rented apartments when discos were mostly closed by the Mainland authority since 2007. Stricter regulatory implementation means many of the clubs and remaining discos in Shenzhen had to compile to official closing time and zero-drug tolerance policy. Dancing with a large group of persons while on drug-high were no longer the ‘fashion’ in Shenzhen. In some of the cases, the drug users mentioned they had to hide in a toilet of a club to avoid detection by the club securities – the very same persons that used to supply drugs before 2007/2008:

(Interviewer: 咁如果通常想係上面食呢，去邊度食多?) “上面阿 ( 係 ) 廁所囉。” (Interviewer: 點解要去廁所?) “會大 lun 鑊，係出面。勁過香港。” (Interviewer: 呢個我真係想聽多 D。) “唔係。個個場有保安既。” “下? 睇度□ 連食完都睇度□” “咁你唔知阿嘛。” “這係你唔好食的太大 X ( ? ) 。” “佢會打你。” “丟你出去。這係保鑣咁樣囉。” (Interviewer: 這係 c l u b 個 d 保鑣。) “這係睇場囉。” ... “這係人地黎玩。個場唔係 h i g h 野。只係飲酒 g e h 這。咁 d 人沟女飲酒這。” (Male drug users no. 3-6)

We discuss the shifting law enforcements across the border in more detail later.

***Temporal pattern, frequented control points and visited cities by cross-border drug***

## *users*

We derive our survey time and location schedule based on the qualitative interviews to maximize the chance of selecting cross-border drug users for questionnaire interviews. Apparently, most of the drug users that responded to our probing question suggested they tended to cross the border for drug use on Saturday or Sunday, and to return to Hong Kong on Sunday night or on Monday morning. A very few drug users reported they did not have fixed schedule of visit to Shenzhen.

Similarly, Customs interviewees in both Shenzhen and Hong Kong commented that most of the cross-border drug users returned to Shenzhen quite late, often after work, therefore making the Lok Ma Chau Spur Line (Railroad) not fit for the purpose of drug tourism. Rather, most of the cross-border drug users passed the border via the Lok Ma Chau Control Point (vehicle) and Lo Wu Control Point (Railroad). Few drug users would select Shenzhen Bay Control Point for passing as there was no entertainment premise after crossing the border on that western side of Hong Kong. Customs interviewees also opined the drug users often used a different control point when they returned to Hong Kong. Out of these context our quantitative research part was carried out mainly on Friday and weekends evenings until after mid-night with more emphasis on Lo Wu Control Point and Lok Ma Chau Control Point (vehicle) to capture the potential cross-border drug users when they were opting north.

Another interesting yet preliminary observation out of the qualitative interviews were the mentioning of the two cities of Huizhou (惠州) and Dongguan(東莞) by drug users and interviewees from the Customs and Excise Department. While Customs interviewees mentioned Huizhou mainly because it was a major source of ice in the past, some female drug users also mentioned going to such ‘second line’ cities for drugs with friends after the initial crackdown on entertainment premises by law enforcements in the Shenzhen area. A small number of the male drug users, whom had relatives living in Mainland, told of cross-border drug experience that reached as far as Chengdu (成都) and Fuzhou (福州). To explore further how social network influenced cross-border drug behavior, we include a question on the name of the city the respondents frequented (for drugs) and a series of questions on details of someone whom the respondents knew was using drug in Mainland.

## **Impact of Mainland cross-border law enforcement on drug use**

The information collected in Mainland China also suggested law enforcement has

deterrence effects for the cross-border drug use behaviors. After the frequent raids of entertainment facilities by Shenzhen Police since 2008, the drug users became more reluctant or cautious to cross the border for drugs. Many frightening rumors were spread in their communities, such as the story that a fine of several thousands to several millions Renminbi would be charged when one got caught in a raid. Unlike Hong Kong, drug taking is considered as a more serious type of law violation in Mainland China, and compulsory urine tests can be carried out indiscriminately by the police in entertainment facilities like karaoke and pubs, regardless of someone's residential status. With a positive result from the urine test, the cross-border drug users face a high risk of getting arrested and being imposed a maximum 15-day administrative detention. Only one of our drug user interviewee admitted being administrative detained, but almost all of the interviewees reported that they had friends being detained before and were able to tell the gruesome detail of the institutions. Moreover, the Mainland law enforcement would take the drug users to coerced drug rehabilitation (losing freedom for several months or even one year) after they were arrested three times. Mainland police expected that Hong Kong drug users would be afraid of the coerced rehabilitation and become much more reluctant to take drugs in Mainland after being caught two times. Many of the drug user interviewees expressed the view that the up to one year compulsory drug treatment in correctional institutions in Mainland had an extra-ordinary deterrence effect on their cross-border drug use. Noticeably, none of our drug users interviewed had ever heard that there were social workers in Mainland to follow up the Hong Kong drug users after being arrested for drug use.

In summary, though it was still possible to take drugs in the Mainland, the majority of drug users (especially younger age) interviewed chose to do so in Hong Kong during recent years. They could order drugs conveniently with a phone call. The origin of drugs was believed to be in the Mainland, and some interviewees reported that when they dial the number to order drugs, the call was transferred to Mainland. They preferred to consume the drugs at home or their friends' home in Hong Kong. Local "upstairs pubs" was also one of the popular choices, only those who were introduced by familiar customers could enter those pubs. They had a high degree of security with surveillance cameras outside their doors, the customers usually had to give a phone call to the pub before they were allowed to enter the door. Among the drug users interviewed, various districts including Yuen Long, Tuen Mun, Mongkok and Yau Ma Tei were reported as having these upstairs pubs. The reasons for Hong Kong drug users to shift their venues from Mainland to Hong Kong included the loss of entertainment facilities in Shenzhen after the raids, and they could find no more fun.

Others included the affordable drug price and the convenient ordering process in Hong Kong. Yet, some interviewees suggested that the purity of ketamine obtained in Hong Kong is not as good as that in Mainland, resulting in a higher local drug price to obtain a similar level of drug effect. The interviewed social workers agreed that the depreciation of Hong Kong dollars against Renminbi is an important reason for fewer cross-border drug uses, but as we previously showed, the drug users themselves usually rejected such an explanation.

## **Part II**

### **- A Quantitative Study**

Official records and impressions often underestimate the situation since most cross-border drug users in reality cannot be identified and caught by law enforcers. We thus need a large-scale survey on mass travelers at the border to grasp more direct information about the sociodemographic profiles of cross-border substance abusers and their drug use patterns in both Mainland China and Hong Kong in the past 12 months. By including questions on their attitudes and knowledge on drug use itself and drug-related policies, this survey also carries on the purposes of drug education and policy evaluation. For example, the respondents who know little about the harm of drug use and the existing anti-drug policies might learn it from our questionnaire. Moreover, the survey itself delivers a strong message to the general public that drug use is not tolerable in Hong Kong society and both the government and the research agencies are proactively to improve their responses to the problem.

#### **Methods**

Although our qualitative research is exploratory, it has implied that there have been changing patterns of recent cross-border drug use and the possible social mechanisms affecting such changes. Our next step is to conduct a large-scale survey at the most-commonly used four land borders crossings between Hong Kong and Shenzhen to examine the findings of the qualitative part of this research by collecting more solid evidence.

## Sampling

The target participants of this self-report survey are cross-border travelers who are Hong Kong citizens in the age group of 18-50<sup>14</sup>. Following the suggestions of the Shenzhen customs, the targeted HK respondents will be invited to participate in the study when they go to Mainland China via the Lo Wu, Lok Ma Chau (spur line), Lok Ma Chau, and Shenzhen Bay crossings, the four checkpoints for pedestrians between Hong Kong and Shenzhen. All of these checkpoints have been mentioned by law enforcers in both Shenzhen and Hong Kong as relevant for our purposes. Such type of a non-probability convenience sampling method has been adopted in previous surveys concerning cross-border public health issues (Lange and Voas 2000<sup>15</sup>; Lau and Wong 2000<sup>16</sup>; Lau et al. 2004<sup>17</sup>; Lau, et al. 2007<sup>18</sup>). These previous studies all agree that although valuable, it is difficult to obtain a generalizable sample to deduct cross-border drug use prevalence since there is not a complete list of the cross-border population and researchers cannot draw a strict random sample based on the list. Therefore, the primary objective of the current research is to maximize our contact with our main target population of cross-border travelers who are risky in respect of using drugs so as to identify risk factors for their cross-border drug-taking and to collect their knowledge and views on current drug policies. These risk factors and

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<sup>14</sup> Previously we planned to survey the age group of 15-18. However, as the qualitative interviews suggested, young people in Hong Kong now are much less likely to go to Shenzhen to use drugs. The Shenzhen police did not arrest any teenage drug users from Hong Kong in recent years. In 2014, local NGOs (mainly ELCHK “基督教信義會”) as well as the HK police have also stopped their youth educational programs (the Operation EDGETELLER ““邊緣說客”行動”) at the border since it became extremely difficult for them to find any potential young drug users. Another important reason is that the ethics review committee of our university suggested to us to delete that part of the survey targeting at adolescents below 18 since it would be hard to obtain their parents’ consent to allow them to participate into the survey at the border.

Both HK and Shenzhen law enforcers mentioned the aging trend of cross-border drug users. Several cases involve men and women aged 50 and above. Nonetheless it is not within the scope of this research to explore the relationship of aging and drug abuse so we will skip those aged above 50.

<sup>15</sup> Lange, James E. and Robert B. Voas. 2000. “Youth escaping limits on drinking: binging in Mexico.” *Addiction* 95(4): 521-528.

<sup>16</sup> Lau, Joseph T.F. and Wing S. Wong. 2000. “Behavioral surveillance of sexually-related risk behaviours for the cross-border traveler population in Hong Kong: the evaluation of the overall effectiveness of relevant prevention programmes by comparing the results of two surveillance surveys.” *International Journal of STD & AIDS* 11: 719-727.

<sup>17</sup> Lau, Joseph T.F., Xilin Yang, H.Y. Tsui and Ellie Pang. 2004. “SARS related preventive and risk behaviours practiced by Hong Kong-mainland China cross border travelers during the outbreak of the SARS epidemic in Hong Kong.” *Journal of Epidemiology Community Health* 58: 988-996.

<sup>18</sup> Lau, Joseph T.F., Hi Yi Tsui, Lawrence T. Lam, and Mason lau. 2007. “Cross-boundary Substance Uses Among Hong Kong Chinese Young Adults.” *Journal of Urban health: Bulletin of the New York Academy of Medicine* 84(5): 704-721.

opinions are possible to generalize to larger population and have broad policy implications.

With this in mind, we combined convenience sampling and purposive sampling methods here. We first use a rough quota sampling method and train our interviewers to try to reach certain percentages of age and gender groups<sup>19</sup>. The quota is mainly based on the age and gender distributions reported in CRDA Drug Abuse Statistics of Hong Kong concerning all reported abusers. The final sample is close to such distributions (See Appendix I).

Based on the results of our qualitative study, Lo Wu and Lok Ma Chau are the two most commonly-used border crossings used by HK drug users. We then oversampled the travelers at these two borders (about 500 respondents for each of these two border points). For Shenzhen Bay and Lok Ma Chau (spur line), the figure is 250 each. Moreover, to ensure the recruitment of an adequate target of drug abusers, survey interviewers would only be deployed to reach eligible respondents at the four checkpoints during the peak-hours when cross-border drug abusers go to Shenzhen. The peak hours have been identified during our qualitative research (see below). We expect to get in contact with cross-border drug users at the following times.

Lok Ma Chau: 22:00-1:00

Lo Wu: 21:30-23:30

Shenzhen Bay and Lok Ma Chau (Spur Line): 18:00-22:00

Besides selecting peak hours, the interviewers are trained to identify the most risky groups based on certain behavioral characteristics. Their judgmental criteria are subjective information provided by “experts”, including drug control officers and drug users in our qualitative study. Based on our interviews, some easily-identified characteristics include (1) social class--these cross-border drug users are more likely to be lower social class; (2) single men--they usually go to Shenzhen without a female

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<sup>19</sup> Since we conduct the survey at four different borders and many cross-border people tend to reject our survey invitations especially at Lok Mo Chau (Spur Line) and Shenzhen Bay, it is difficult for interviewers to meet fixed age-sex-specific quota at the end. We just train interviewers to try their best to approach the quota.

partner since their romantic relationships often are not happy; (3) some drug addiction symptoms such as looking for a restroom in a hurry, red eyes or sweating; (4) a group of young girls across the border at mid-night; (5) a group of adult women across the border during weekends--they go to a city in Guangdong for fun. Such purposive sampling is especially useful to select members of a difficult-to-reach and deviant population, especially those involving public health issues.<sup>20</sup> With a combination of convenience sampling, quota sampling and purposive sampling, this survey shall be able to locate as many potential cross-border drug users as possible and at the same time improve its representativeness. The final sample size is 1,461 (after excluding invalid questionnaires).

### Reducing Sensitivity

Given the sensitivity of answering such questions at the border control points, some respondents may be reluctant to reveal the truth of their drug taking behavior. The current research has incorporated three procedural measures to mediate the underreporting problem caused by such sensitivity issue. The first focuses on the questionnaire design. Sensitive questions are kept to the end of the questionnaire so as to minimize the risk of break-offs (Tourangeau and Yan 2007<sup>21</sup>). Questions concerning a respondent's perception of cross-border drug policy would be asked at the transitional stage of the questionnaire to achieve the goal of policy evaluation even if some of the respondents finally decline to answer the more sensitive one. Secondly, all interviewers would be well trained to approach the potential respondents, and to provide standardized instructions to them and proper debriefs after the respondents have completed the survey. All respondents would be reassured about the anonymity and confidentiality of the survey. Thirdly, the survey would be carried out in an isolated corner away from the officials at the border control to maximize respondents' privacy level. The questionnaire would be self-administered

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<sup>20</sup> Watters, John and Patrick Biernacki. 1989. "Targeted Sampling: Options for the Study of Hidden Population." *Social Problems* 36(4):416-430.

<sup>21</sup> Tourangeau, R. and Ting Yan. 2007. "Sensitive questions in surveys." *Psychological Bulletin* 133(5): 859-883.

by the respondents after interviewers' initial instructions<sup>22</sup>. The full version of the questionnaire has been attached (see Attachment II).

### Limitations

Due to the lack of the full list of all cross-border HK citizens, it is nearly impossible to draw a representative sample based on a complete sample frame. The research team thus chooses non-probability sampling method. In order to include different subgroups of the cross-border respondents and reach more potential drug users, convenience sampling, quota sampling and purposive sampling are combined here. But we need to bear in mind that *the results derived from this sample cannot be generalized to the overall cross-border people/drug users and the sampling error cannot be estimated*.

Moreover, the final sample may have *selection bias* even though we trained all interviewers about the selection criteria. When our interviewers approach the potential respondents, they have to rely on their *subjective judgment* to follow the selection criteria and different interviewers may have different subjective judgment. The bias also comes from *the difficulty of recruiting middle or upper class travelers* to do the survey at these four borders even though they might fulfill some of our selection criteria: (1) compared with other social classes, the lower-class travelers are more likely to take part in the survey since we offer them a food coupon to appreciate their contribution; (2) better-off HK citizens may cross the border through other ways instead of walking through these four land border points (i.e. they may drive through Shenzhen Bay).

Though with such limitations, it is suitable to use nonprobability sampling methods since the purpose of this study is mainly explorative<sup>23</sup>. In future, the findings in this explorative research may inspire scholars to conduct a representative survey using a random sample of all known drug users (including cross-border drug users) in Hong Kong.

### **Results for Questionnaire Part I**

Since this is a survey targeting at general cross-border HK citizens, it is understandable

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<sup>22</sup> Due to such arrangements to protect our respondents, the interviewers could not directly control the quality of the questionnaire at the scene so that some questionnaires are invalid at the end.

<sup>23</sup> Kidder, Louise H., Charles M. Judd, and Eliot R. Smith. 1991. *Research Methods in Social Relations*. Fort Worth, TX: Brace Jovanovich College Publishers.

that 94.5% of the survey participants do not report prior drug use and we thus classify them as “no drug use” in the following tables. Although they are not drug users, our survey questions related to types of drugs, attitudes toward drug use and anti-drug policies in both Mainland and Hong Kong would deliver them useful knowledge about the negative consequences of drug use and have some educational effects on these ordinary cross-border travelers.

In total, 81 (5.6% of the 1,461 valid survey sample) survey participants report prior drug use either in Hong Kong or in Mainland China (“Drug use in either HK or Mainland” in the following tables), which has reached our research goal. Among these 81 drug users, 30 only report drug use experience in Hong Kong (“only drug use in Hong Kong”), 19 only report drug use experience in Mainland (“only drug use in Mainland”), and 32 report drug use experience in both Hong Kong and Mainland (“drug use in both places”). That is, our research team has reached 51 cross-border drug users (“only drug use in Mainland” plus “drug use in both places”) through this survey.

The following tables would pay more attention to these 81 self-reported drug users and classify them into four categories based on their self-reported location of drug use (Mainland only, HK only, both and either). Information about the general cross-border travelers (the “no drug use” category) would focus on their knowledge on drugs and drug-related policies.

**Table 1. Percentage of reporting drug use at each control points**

The Location of Interviewing (& Self-reported most-commonly-used border points)	Lok Ma Chau (Wangguang □ □ )		Lok Ma Chau Spur Line (□ □ □ □ □ )		Lo Wu (□ □ )		Shenzhen Bay(□ □ □ )		Total	
	N	%	N	%	N	%	N	%	N	%
	<b>No drug use</b>	482	90.8%	192	93.7%	475	96.7%	231	98.7%	1380
<b>Only drug use in HK</b>	19	3.6%	4	2.0%	6	1.2%	1	0.4%	30	2.1%
	<b>(15</b>	<b>50.0%</b>	<b>6</b>	<b>20.0%</b>	<b>9</b>	<b>30.0%</b>	<b>0</b>	<b>0.0%</b>		
<b>Only drug use in Mainland</b>	11	2.1%	2	1.0%	5	1.0%	1	0.4%	19	1.3%
	<b>(8</b>	<b>47.1%</b>	<b>2</b>	<b>11.8%</b>	<b>6</b>	<b>35.3%</b>	<b>1</b>	<b>5.9%</b>		
<b>Drug use in both places</b>	19	3.6%	7	3.4%	5	1.0%	1	0.4%	32	2.2%
	<b>(15</b>	<b>50.0%</b>	<b>5</b>	<b>16.7%</b>	<b>7</b>	<b>23.3%</b>	<b>2</b>	<b>6.7%</b>		
<b>Drug use in either HK or Mainland</b>	49	9.3%	13	6.4%	16	3.2%	3	1.2%	81	5.6%
	<b>(38</b>	<b>49.4%</b>	<b>13</b>	<b>16.9%</b>	<b>22</b>	<b>28.6%</b>	<b>3</b>	<b>3.9%</b>		
<b>Total</b>	531	100%	205	100.0%	491	100.0%	234	100%	1461	100%

In this table we reported the percentage of respondents at each control points that reported prior drug use experience. Lok Ma Chau (Wangguang) respondents reported the highest drug use rate in either HK or Mainland or both (9.3% of total interviewed there). This is followed by Lok Ma Chau Spur Line (6.4% of total interviewed there) and Lowu (3.2% of total interviewed there). Only 1.2% of respondents at Shenzhen Bay reported taking drug before. We further broke down the group of drug users by their location of drug use and cross-tabulated with their self-reported usual (most commonly-used) passing control points (i.e. not necessarily the point of interview). It was found that around half of those

taking drug in only HK (50.0%), taking drug in only Mainland (47.1%), or taking drug in both places (50.0%) considered Lok Ma Chau (Wanguang) as their usual passing point. Lowu was the second most likely passing point for those interviewees taking drug in only HK (30.0%), in only Mainland (35.3%) and in both places (23.3%). **More anti-drug resources thus should be allocated to Lok Ma Chau (Wanguang) and Lo Wu.**

**Table 2 Percentage of prior drug use experience by sex**

	Drug use in HK		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%
<b>Male</b>	26	2.4%	16	1.5%	28	2.6%	70	6.5%
<b>Female</b>	4	1.1%	3	0.8%	4	1.1%	11	3.0%
<b>Total</b>	30	2.1%	19	1.3%	32	2.2%	81	5.6%

Overall speaking, around 6.5% of all males interviewed and 3.0% of females interviewed had some sort of drug using experience in either HK or mainland. Some 2.4% of all males interviewed and 1.5% of all males interviewed had prior drug use experience in HK or in Mainland respectively. A similar percentage of males (2.6%) reportedly use drug in both places. Female’s prevalence of drug use in either or both places were around halved that of the males in each category. **Male travelers were at higher risk of consuming drug in either HK or Mainland. The male-to-female ratio of these self-reported drug users is about 2:1, which is consistent with our qualitative findings.**

**Table 3 Percentage of prior drug use experience by age**

age	Drug use in HK only		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%
<b>18-21</b>	5	2.5%	5	2.5%	9	4.4%	19	9.3%
<b>22-25</b>	10	3.4%	4	1.3%	8	2.7%	22	7.4%
<b>26-30</b>	3	1.3%	3	1.3%	3	1.3%	9	3.8%
<b>31-40</b>	7	1.8%	5	1.3%	6	1.5%	18	4.6%
<b>41-50</b>	5	1.6%	2	0.7%	6	2.0%	13	4.2%
<b>Total</b>	30	2.1%	19	1.3%	32	2.2%	81	5.6%

Among the age groups interviewed, 18-21 years old posed the highest risk (9.3% of this age group) to have prior drug experience in either HK or Mainland, followed by 22-25 years old (7.4% of this age group). This is consistent with the global situation: young people are more likely to be attracted by illicit drugs, especially psychotropic drugs. However, considering the older age groups the percentage reporting drug use was not particularly low. Some 4.6% of 31-40 years old interviewed and 4.2% of 41-50 years old interviewed reportedly took drugs in either HK or Mainland. **In particular, among all 51 (“Mainland only” plus “drug use in both places”) cross-border drug users, two third of them are aged above 22 and half of them are aged between 26-50.**

**Table 4 The education background of self-reported drug users**

	Drug use in HK only	Drug use in Mainland only	Drug use in both places	Drug use in either place
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<b>education background</b>	N	%	N	%	N	%	N	%
<b>No formal education or kindergarten</b>	0	0.0%	0	0.0%	1	3.1%	1	1.3%
<b>Primary school</b>	0	0.0%	1	5.6%	3	9.4%	4	5.0%
<b>Secondary 1 to 3</b>	11	36.7%	7	38.9%	6	18.8%	24	30.0%
<b>Secondary 4 to 5</b>	9	30.0%	4	22.2%	16	50.0%	29	36.3%
<b>Pre-med</b>	2	6.7%	1	5.6%	0	0.0%	3	3.8%
<b>Junior College: a bachelor's degree (e.g. associate degree, Diploma)</b>	1	3.3%	4	22.2%	4	12.5%	9	11.3%
<b>University: Bachelor's degree</b>	6	20.0%	1	5.6%	1	3.1%	8	10.0%
<b>University: Master or PhD</b>	1	3.3%	0	0.0%	1	3.1%	2	2.5%
<b>Total</b>	30	100%	18	100%	32	100%	80	100%

In the above table, the educational levels of interviewees were compared between groups that reported taking drug in only HK, in only Mainland and in both places. Overall speaking, majority or 72.5% of those reported any prior drug use experience in either HK or Mainland were educated only up to Form Five or below. While around one fourth or 27.5% of those with any prior drug experience in either HK or Mainland were educated up to college (預科) or tertiary level or above, almost double or 55.0% of those without any drug use experience were educated to similar level. The group using drugs in both HK and Mainland attained the lowest educational level, some 81.3% were educated up to only Form five level and 18.8% college (預科) or tertiary level or above. In comparison, one third of those using drug only in HK (33.3%) and those using drug only in Mainland (33.3%) each reportedly were educated up to college (預科) or tertiary level. **In short, drug users that took drug in both places seems to have lower education background than not just non-drug users, but those taking drug in HK only or in Mainland only as a whole.**

**Table 5 Employment status of self-reported drug users**

	Drug use in HK only		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%
<b>Employment status</b>								
<b>Employed</b>	29	96.7%	15	88.2%	24	75.0%	68	86.1%
<b>Unemployed</b>	1	3.3%	2	11.8%	8	25.0%	11	13.9%
<b>Total</b>	30	100.0%	17	100.0%	32	100.0%	79	100.0%

The above table compared the employment status of non-drug users with drug users. Overall speaking, slightly more of those with any prior drug use experience in either HK or Mainland (13.9%) were unemployed than those without prior drug use experience (9.2%). But on further check, those that had prior drug use experience in only HK actually had higher employment rate (96.7%) than even those without drug experience at all (90.8%). **Meanwhile, those that took drug in both HK and Mainland were more likely to be unemployed (25.0%) than all groups considered, including those that used drug in Mainland only (11.8%).** Those that took drug in both HK and Mainland were also less likely to work full-time comparing to other groups (table not shown here).

**Table 6 Occupation of self-reported drug users**

	Drug use in HK only		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%
<b>Working background</b>								
<b>Banking and Finance</b>	3	10.3%	3	16.7%	5	17.9%	11	14.7%
<b>construction</b>	4	13.8%	3	16.7%	4	14.3%	11	14.7%

<b>Education</b>	0	0.0%	1	5.6%	1	3.6%	2	2.7%
<b>hotel and catering</b>	3	10.3%	2	11.1%	6	21.4%	11	14.7%
<b>Manufacturing industry</b>	0	0.0%	0	0.0%	2	7.1%	2	2.7%
<b>health care</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Public administration service / Government</b>	1	3.4%	0	0.0%	0	0.0%	1	1.3%
<b>Property</b>	0	0.0%	1	5.6%	0	0.0%	1	1.3%
<b>retailing / trade</b>	4	13.8%	3	16.7%	1	3.6%	8	10.7%
<b>Entertainment / Kangle / activities</b>	1	3.4%	0	0.0%	1	3.6%	2	2.7%
<b>Service industry</b>	2	6.9%	0	0.0%	4	14.3%	6	8.0%
<b>transportation / logistics / communication service</b>	7	24.1%	4	22.2%	3	10.7%	14	18.7%
<b>Other business activities</b>	1	3.4%	1	5.6%	1	3.6%	3	4.0%
<b>Others</b>	3	10.3%	0	0.0%	0	0.0%	3	4.0%
<b>Total</b>	29	1	18	1	28	1	75	1

Considering the main occupations among all these 81 drug users, **58.7% were working as transportation / logistics / communication service (18.7%), construction (14.7%), hotel and catering (14.7%) and retailing / trade (10.7%)**. These occupations are more risky in terms of chances of using drugs and social services may pay more attention to people working in these occupations.

**Table 7 Frequency of returning to Mainland among the self-reported drug users**

	Drug use in HK only		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%
<b>The frequency of returning to Mainland</b>								
At least one time per day	5	16.7%	7	36.8%	6	19.4%	18	22.5%
At least one time once a week	9	30.0%	5	26.3%	13	41.9%	27	33.8%
At least one time once a month	12	40.0%	2	10.5%	8	25.8%	22	27.5%
At least one time every six months	2	6.7%	3	15.8%	2	6.5%	7	8.8%
At least one time every year	2	6.7%	2	10.5%	2	6.5%	6	7.5%
<b>Total</b>	30	100%	19	100%	31	100%	80	100%

The above table showed that those taking drug in only HK tended more likely to return to Mainland once a month (40.0%). Those taking drugs in only Mainland, however, seem to travel more frequent and 36.8% of them returned to Mainland on a daily basis. Those that took drugs in both HK and Mainland, on the other hand, seem more likely to travel at least once a week (41.9%). **Cross-border drug users (Mainland only or drug use in both places) apparently traveled more frequently than other groups.**

**Table 10 Marital status: no drug use versus drug use**

Marital Status	No drug use		Drug use in HK only		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%	N	%

<b>Single</b>	784	57.9%	23	76.7%	12	63.2%	21	65.6%	56	69.1%
<b>married</b>	469	34.6%	6	20.0%	4	21.1%	7	21.9%	17	21.0%
<b>divorce</b>	55	4.1%	1	3.3%	1	5.3%	3	9.4%	5	6.2%
<b>Widowed</b>	4	0.3%	0	0.0%	1	5.3%	0	0.0%	1	1.2%
<b>Cohabitation</b>	31	2.3%	0	0.0%	1	5.3%	1	3.1%	2	2.5%
<b>remarriage</b>	6	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Others</b>	5	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	135		30		19		32		81	
	4	100%		100%		100%		100%		100%

The above table indicated those with any prior drug use experience in either HK or Mainland (69.1%) were more likely than those without any drug experience (57.9%) to be single. Those that reportedly took drug in only HK before was particularly likely to be single (76.7%) compared to those that took drug in Mainland only (63.2%) and in both places (65.6%). Notably, other marital status was also observed for those taking drug in only Mainland (15.9% divorced/widowed/cohabited) and in both places (12.5% divorced/cohabited) while they were not indicated in those taking drug in only HK. For comparison, 6.7% of those that had no prior drug experience were divorced/widowed/cohabited. **There is a chance that marital issues might be related to cross-border drug taking in such sense.**

**Table 11 Cities of usually travelling to among self-reported drug users**

Cities of usually travelling to	Drug use in HK		Drug use in Mainland only		Drug use in both places		Drug use in either place	
	N	%	N	%	N	%	N	%

<b>Shenzhen</b>	30	100.0%	17	89.5%	3	9.4%	76	93.8%
<b>Dongguan</b>	0	0.0%	1	5.3%	4	12.5%	5	6.2%
<b>Guangzhou</b>	1	3.3%	0	0.0%	3	9.4%	4	4.9%
<b>Huizhou</b>	1	3.3%	0	0.0%	0	0.0%	0	0.0%
<b>Other cities</b>	1	3.3%	0	0.0%	1	3.1%	2	2.5%
<b>Total</b>	30		19		32		81	

Note: multiple selections are allowed.

For those with drug experience in only HK or in only Mainland, 100% and 89.5% of them would select Shenzhen as their destination whereas a few would choose other Guangdong cities. Due to large missing data, the statistics for those having prior drug use experience in both places might not be accurate for Shenzhen (only 9.4%), but still we can see a significant number opted for Dongguan (12.5%) and Guangzhou (9.4%) thus a more spread out pattern of travel within the Guangdong Province than those having drug experience in only HK or only Mainland. **This perhaps provided some hints that persons who took drug in both HK and Mainland might share different drug abuse networks compared to the other drug users that consumed drug in only HK or only Mainland.**

**Table 12 Interviewees' awareness of anti-narcotic propaganda at control points: no drug use versus drug use**

	No drug use			Drug use in HK only			Drug use in Mainland only			Drug use in both places			Drug use in either place		
	N	%	Sub_t	N	%	Sub_t	N	%	Sub_t	N	%	Sub_t	N	%	Sub_t
<b>Awareness of anti-narcotic propaganda</b>															
<b>Anti-drug signs</b>	1113	81.7%	1363	25	83.3%	30	14	73.7%	19	24	75.0%	32	63	77.8%	81
<b>Anti-drug videos</b>	758	56.3%	1347	19	63.3%	30	11	61.1%	18	18	56.3%	32	48	60.0%	80

<b>Anti-narcotic inspection dogs</b>	1186	87.2%	1360	27	90.0%	30	15	78.9%	19	25	78.1%	32	67	82.7%	81
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The awareness of anti-narcotic propaganda at Control Points varied across location of drug use. Those with prior drug use experience in only HK tended to be more aware of anti-drug signs (83.3%), anti-drug videos (63.3%) and anti-narcotic inspection dogs (90.0%), which more or less mirrored such awareness of the group with no prior drug use experience. Those whom had drug use experience in only Mainland or in both HK and Mainland tended to have lower awareness of anti-drug signs (73.7% and 75.0% respectively) and anti-narcotic inspection dog (78.9% and 78.1% respectively). **Perhaps a more spread-out pattern of travelling back to HK by these two groups of cross-border drug users reduced their encounters with the anti-narcotic inspection dogs as a whole. But in general, the three types of anti-drug messages at border points are very valid and majority of our respondents receive the messages.**

**Table 13 Interviewees' awareness towards various types of drug rehabilitation services: no drug use versus drug use**

	No drug use			Drug use in HK only			Drug use in Mainland only			Drug use in both places			Drug use in either place		
	N	%	Sub_t	N	%	Sub_t	N	%	Sub_t	N	%	Sub_t	N	%	Sub_t
Awareness of the following drug rehabilitation community service in Hongkong															
Methadone Treatment Programme (海洛英-美沙酮門診治療計劃)	1080	79.4%	1360	26	86.7%	30	16	84.2%	19	27	84.4%	32	69	85.2%	81
Voluntary In-patient Treatment / Residential Drug Rehabilitation Programmes (海洛英-自願住院戒毒治療康復計劃)	812	60.0%	1354	23	<b>76.7%</b>	30	14	73.7%	19	21	65.6%	32	58	71.6%	81
Substance Abuse Clinic	374	27.7%	1350	13	44.8%	29	11	57.9%	19	19	<b>59.4%</b>	32	43	53.8%	80

(海洛英-物質誤用診所)															
Centre for Drug Counselling (海洛英-戒毒輔導服務中心)	1031	76.2%	1353	26	<b>86.7%</b>	30	15	78.9%	19	23	71.9%	32	64	79.0%	81
Counselling Programme for Psychotropic Substance Abusers (危 害精神毒品-濫用精神藥物者輔導計劃)	772	57.0%	1355	21	<b>72.4%</b>	29	11	<b>57.9%</b>	19	20	62.5%	32	52	65.0%	80
Voluntary In-patient Treatment / Residential Drug Rehabilitation Programmes	757	55.7%	1358	20	66.7%	30	12	63.2%	19	26	<b>81.3%</b>	32	58	71.6%	81
(危害精神毒品-自願住院戒毒治療康復計劃)															
Substance Abuse Clinic (危害精神毒品-物質誤用診所)	356	26.4%	1350	11	37.9%	29	9	47.4%	19	18	<b>56.3%</b>	32	38	47.5%	80
Centre for Drug Counselling (危害精神毒品-戒毒輔導服務中心)	942	69.6%	1353	24	<b>80.0%</b>	30	13	76.5%	17	23	71.9%	32	60	75.9%	79
Compulsory Placement Scheme considering drug rehabilitation Services for Sentenced Persons (判刑人士-過強迫戒毒計劃)	827	60.9%	1357	24	<b>80.0%</b>	30	13	<b>68.4%</b>	19	23	71.9%	32	60	74.1%	81
Others(其他)	1	0.1%	1326	0	0.0%	29	0	0.0%	18	0	0.0%	32	0	0.0%	79

The table above illustrated interviewee's awareness towards various kinds of drug rehabilitation services provided in Hong Kong. Overall speaking interviewees with prior drug use experience in either HK or Mainland were generally more aware of all kinds of drug rehabilitation services indicated in the interviews than those without prior drug experience. Methadone Treatment Programme (海洛英-美沙酮門診治療計劃) was especially well-known among those with prior drug using experience than those without such experience. Some notable differences existed between the three groups of using drug in HK only, using drug in Mainland only, and using drug in both places. Those with prior drug use experience in both places apparently were more aware of Voluntary In-patient Treatment / Residential Drug Rehabilitation Programmes(危害精神毒品-自願住院戒毒治療康復計劃) (81.3%) and Substance Abuse Clinic(危害精神毒品-物質誤用診

所)(56.3%) than those that use drug in Mainland only (63.2%; 47.4%) and those that use drug in HK only (66.7%; 37.9%). Those that had prior experience in using drug in HK only, on the other hand, tended to be more aware of Voluntary In-patient Treatment / Residential Drug Rehabilitation Programmes (海洛英-自願住院戒毒治療康復計劃) (76.6%), Centre for Drug Counselling (海洛英-戒毒輔導服務中心) (86.7%), Counselling Programme for Psychotropic Substance Abusers (危害精神毒品-濫用精神藥物者輔導計劃) (72.4%), Centre for Drug Counselling (危害精神毒品-戒毒輔導服務中心) (80.0%) and Compulsory Placement Scheme considering drug rehabilitation Services for Sentenced Persons (判刑人士-過強迫戒毒計劃) (80.0%) but not 危害精神毒品-物質誤用診所 as previously said. Meanwhile, those that took drug in Mainland only were least aware of Substance Abuse Clinic (危害精神毒品-物質誤用診所) (57.9%) and Compulsory Placement Scheme considering drug rehabilitation Services for Sentenced Persons (判刑人士-過強迫戒毒計劃) (68.4%) although they fell somewhere in between the other two groups in terms of awareness of other drug rehabilitative services. **Overall speaking drug using persons generally were more aware of rehabilitation services but such awareness seems to vary by their pattern of drug use.**

**Table 14 Interviewees' awareness of the three types of punishment for taking drugs in Mainland China: no drug use versus drug use**

Awareness of punishment	1. no drug use		2. only HK drug use		3. only mainland drug use		4. both borders drug use		Total		Drug use in HK or mainland (2+3+4)	
	N	%	N	%	N	%	N	%	N	%	N	%
Detention because of taking drug in Mainland	1231	90.4%	24	80.0%	17	94.4%	24	77.4%	1296	89.9%	65	82.3%

Being sent to drug center because of taking drug in Mainland	936	68.8%	20	66.7%	17	94.4%	14	45.2%	987	68.6%	51	64.6%
drug record being registered in an electronic system because of taking drug in Mainland	807	59.1%	17	56.7%	16	88.9%	19	61.3%	859	59.8%	52	65.8%

The above tables illustrated the frequency and percentage of interviewees indicating ‘yes’ for knowing the three types of punishment for drug use in Mainland China. Of all the sub-group, respondents having prior drug experience in only Mainland tended most likely to hear of all three kinds of punishment against drug use in Mainland. Vast majority of them knew that taking drug in Mainland could result in detention (94.4% yes), being sent to drug centre (94.4%), and had their drug record being registered in an electronic system (88.9%). Comparatively, drug users that had prior experience in both HK and Mainland had the lower awareness towards possibility of detention (77.4%) and being sent to a drug centre (45.2%). Those that had prior drug experience in only HK had the lowest awareness towards their drug record being registered in an electronic system (56.7%), which was closed to those with no prior drug experience at all (59.1%). **In short, people taking drug on both sides of the border apparently were least risk aversive towards being detected. Meanwhile the group that used drug in only Mainland seems to be more acquainted with these legal sanctions.**

**Table 15 Interviewees’ perception towards the effectiveness of detention: no drug use versus drug use**

The effectiveness of detention*	1 (ineffective)		2		3		4		5 (effective)		Total N	Mean
	N	%	N	%	N	%	N	%	N	%		
1. no drug use	151	11.3%	98	7.3%	323	24.2%	214	16.0%	551	41.2%	1337	3.69

2. only HK drug use	5	17.9%	3	10.7%	5	17.9%	3	10.7%	12	42.9%	28	3.50
3. only mainland drug use	3	18.8%	1	6.3%	2	12.5%	1	6.3%	9	56.3%	16	3.75
4. both borders drug use	7	22.6%	3	9.7%	6	19.4%	3	9.7%	12	38.7%	31	3.32
Total	166	11.8%	105	7.4%	336	23.8%	221	15.7%	584	41.4%	1412	3.67
Drug use in HK or mainland(2+3+4)	15	20.0%	7	9.3%	13	17.3%	7	9.3%	33	44.0%	75	3.48

**Table 16 The effectiveness of being sent to drug center: no drug use versus drug use**

The effectiveness of being sent to drug center *	1 (ineffective)		2		3		4		5 (effective)		Total N	Mean
	N	%	N	%	N	%	N	%	N	%		
	1. no drug use	125	9.4%	87	6.6%	290	21.9%	277	20.9%	547		
2. only HK drug use	5	18.5%	3	11.1%	4	14.8%	4	14.8%	11	40.7%	27	3.48
3. only mainland drug use	3	18.8%	1	6.3%	1	6.3%	2	12.5%	9	56.3%	16	3.81
4. both borders drug use	7	22.6%	2	6.5%	8	25.8%	3	9.7%	11	35.5%	31	3.29
Total	140	10.0%	93	6.6%	303	21.6%	286	20.4%	578	41.3%	1400	3.76
drug use in HK or mainland(2+3+4)	15	20.3%	6	8.1%	13	17.6%	9	12.2%	31	41.9%	74	3.47

**Table 17 The effectiveness of being registered in an electronic system: no drug use versus drug use**

The effectiveness of being registered in an electronic system*	1 (ineffective)		2		3		4		5 (effective)		Total N	Mean
	N	%	N	%	N	%	N	%	N	%		
1. no drug use	189	14.4%	113	8.6%	333	25.3%	233	17.7%	449	34.1%	1317	3.49
2. only HK drug use	5	18.5%	3	11.1%	6	22.2%	4	14.8%	9	33.3%	27	3.33
3. only mainland drug use	3	18.8%	2	12.5%	2	12.5%	2	12.5%	7	43.8%	16	3.50
4. both borders drug use	7	22.6%	2	6.5%	9	29.0%	2	6.5%	11	35.5%	31	3.26
Total	204	14.7%	120	8.6%	350	25.2%	241	17.3%	476	34.2%	1391	3.48
drug use in HK or mainland(2+3+4)	15	20.3%	7	9.5%	17	23.0%	8	10.8%	27	36.5%	74	3.34

Respondents were asked to weight on their perception towards the effectiveness of each type of legal sanctions. Majority of those who had any prior drug experience in HK or Mainland would consider detention (44.0%+9.3%=53.3%), drug centre (41.9%+12.2%=54.1%), or electronic registry (36.5%+10.8%=47.3%) effective or very effective deterrence of drug use in Mainland. We further compute an average score in terms of the ‘perceived effectiveness’ of each of the three types of legal sanction in Mainland against drug use. Consistently, the group that took drug in both sides of the border had the lowest score in perception of effectiveness about detention (3.32), drug centre (3.29), and electronic system (3.26) compared to others. On the other hand, the group that used drug in only Mainland reported the highest score in all three (detention 3.75, drug centre 3.81, electronic system 3.50), followed by the group with no prior drug experience at all (detention 3.69, drug centre 3.78, electronic system 3.49). **All in all, non-drug users and Mainland only drug user apparently were most aware of the criminal justice consequence of taking drug cross border in Mainland. The HK only drug user and drug users that took drug on both sides of the border tended to**

perceive these legal sanctions as lower in effectiveness.

**Table 18 Knowledge about different types of drugs: no drug use versus drug use**

if heard of the drug*	1. no drug use		2. only HK drug use		3. only mainland drug use		4. both borders drug use		Total	
	N	%	N	%	N	%	N	%	N	%
Marijuana (大麻)	1310	96.70%	30	100.00%	17	94.40%	29	90.60%	1386	96.60%
Heroin(白粉)	1318	97.40%	30	100.00%	16	88.90%	28	87.50%	1392	97.10%
Ecstasy (Methylenedioxy-amphetamine) (摇头丸)	1286	94.20%	30	100.00%	17	94.40%	29	90.60%	1362	95.40%
Ketamine(K仔)	1309	96.70%	30	100.00%	16	88.90%	30	93.80%	1385	96.70%
Ice(冰)	1298	95.90%	29	100.00%	17	94.40%	29	90.60%	1373	95.90%
Methaqualone (忽得)	995	73.90%	28	93.30%	16	88.90%	25	80.60%	1064	74.70%
'Give me five' (Nimetazepam(Erimin)) (五仔)	623	46.40%	26	86.70%	14	73.70%	23	71.90%	686	48.10%
'Blue Gremlin' (Triazolam(Halcion) / Midazolam(Dormicum) (藍精靈)	1086	79.60%	29	96.70%	15	83.30%	22	71.00%	1152	80.70%

Zopiclone (白瓜子)	706	52.50%	25	83.30%	15	78.90%	24	77.40%	770	54.00%
Cocaine (可卡因)	1264	92.60%	30	100.00%	16	84.20%	27	87.10%	1337	93.80%

The common drug types: marijuana, heroin, ecstasy, ketamine, ice and cocaine were well known among all sub-groups concerned. There was no apparent difference between non-drug users and drug users considering the knowledge of these common types of drug. Drug knowledge concerning Methaqualone, ‘Give me five’ (Nimetazepam(Erimin)), ‘Blue Gremlin’ ,Zopiclone, however, were different between the sub-group drug users. Those with prior drug experience in only HK were more likely to know these four types of drugs compared to those using drug in only Mainland side, and those that consumed drug on both sides of the border. Take ‘Give me five’ as example, 86.7% of HK only drug user knew about it, whereas only 73.7% of the Mainland only drug user, and 71.9% of the both sides drug user knew it. Meanwhile , less than half of those with no prior drug experience had ever heard of ‘Give me five’ (46.4%). **In short, interviewees seem to have heard of common drug types, but not the less commonly mentioned one.**

**Table 19 Attitudes toward drug use: no drug use versus drug use**

Attitudes toward drug use	favor		neutral		not favor		Total
	N	%	N	%	N	%	
1. No drug use	19	1.4%	158	11.6%	1184	87.0%	1361
2. only HK drug use	0	0.0%	16	53.3%	14	46.7%	30
3. only mainland drug use	10	52.6%	9	47.4%	0	0.0%	19
4. both borders drug use	20	71.4%	8	28.6%	0	0.0%	28
Total	23	1.6%	204	14.1%	1215	84.3%	1442

drug use in HK or mainland(2+3+4)	4	4.9%	46	56.8%	31	38.3%	81
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Comparing the attitude towards drug, it was found that majority of those without prior drug experiences do not favor drug use (87.0%). But majority of those with prior experiences in Mainland only (52.6%) and those having experiences in both HK and Mainland (71.4%) indicated they favor drug taking. Interestingly, people using drugs in HK only did not report favoring drug use: they hold either neutral (53.3%) or negative (46.7%) attitudes toward drug use.

**Table 20 Estimation about the prevalence of drug use in HK: no drug use versus drug use**

Perceived prevalence of drug use in HK	No drug use		only HK drug use		only mainland drug use		both borders drug use		Total		drug use in HK or mainland(2+3+4)	
	N	%	N	%	N	%	N	%	N	%	N	%
0-5%	218	16.1%	1	3.3%	1	5.3%	2	6.7%	222	15.5%	4	5.1%
5-10%	318	23.5%	5	16.7%	2	10.5%	3	10.0%	328	22.9%	10	12.7%
10-15%	224	16.5%	2	6.7%	5	26.3%	5	16.7%	236	16.5%	12	15.2%
15-20%	148	10.9%	6	20.0%	3	15.8%	5	16.7%	162	11.3%	14	17.7%
20-25%	65	4.8%	1	3.3%	1	5.3%	1	3.3%	68	4.7%	3	3.8%
25-30%	123	9.1%	4	13.3%	2	10.5%	1	3.3%	130	9.1%	7	8.9%
30-35%	101	7.5%	7	23.3%	1	5.3%	2	6.7%	111	7.7%	10	12.7%

35-40%	49	3.6%	1	3.3%	2	10.5%	3	10.0%	55	3.8%	6	7.6%
40-45%	21	1.5%	0	0.0%	0	0.0%	0	0.0%	21	1.5%	0	0.0%
45-50%	29	2.1%	0	0.0%	0	0.0%	0	0.0%	29	2.0%	0	0.0%
50% 以上	59	4.4%	3	10.0%	2	10.5%	8	26.7%	72	5.0%	13	16.5%
Total	1355	100.0%	30	100.0%	19	100.0%	30	100.0%	1434	100.0%	79	100.0%

Respondents were asked to estimate the percentages of drug user among the HK population (not necessarily cross-border). Although past literatures and research reports presented a typical figure of around 3%~5% of populations, all interviewees consistently reported a larger percentage of drug users among the Hong Kong populations. These were especially the case for those with prior drug use experience in both HK and Mainland, as some 43.3% of them considered there were 30% or more populations of HK were using drug. This is compared to 26.3% among those that use drug in only Mainland, 36.7% among those that use drug in only HK, and 19.1% of those that had no prior drug experience at all. In fact, almost 40% (39.6%) of those without prior drug experience made the closest guess in this figure compared to previous reports (0-10% of populations were taking drug). It is certainly worthy of doing future research to explore **whether drug users tended to rationalize their drug using behavior by exaggerating the account of ‘everyone else is using it’**.

**Results for Questionnaire Part II (only targeting at drug users)**

**Table 21. Types of drug use among the identified drug users in this survey**

Types of drug	Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent
Marijuana (大麻)	38	64.4%	23	47.9%
Heroin(白粉)	10	16.9%	7	14.6%
Ecstasy (Methylenedioxy- ethamphetamine) (摇头丸)	16	27.1%	13	27.1%
Ketamine(K 仔)	17	28.8%	23	47.9%
Ice(冰)	12	20.3%	10	20.8%
Methaqualone (忽得)	5	8.5%	3	6.3%
'Give me five' (Nimetazepam(Erimin)) (五仔)	12	20.3%	6	12.5%
'Blue Gremlin' (Triazolam(Halcion) / Midazolam(Dormicum) (藍精靈)	4	6.8%	7	14.6%
Zopiclone (白瓜子)	2	3.4%	2	4.2%
Cocaine (可卡因)	16	27.1%	12	25.0%
Other drugs	4	6.8%	6	12.5%
Total	N=59		N=48	

The above table reported the types of drug used by interviewees in HK and Mainland. Overall speaking, majority of those having prior experience of drug use in HK tried marijuana (64.4%) before in HK, but only half of those who had cross-border drug experience in Mainland did so in Mainland (47.9%). Nearly half of all those who took drug cross-border in Mainland reported using ketamine (47.9%), together with aforementioned marijuana were the most common drug used there. Comparatively, only 28.8% of reported drug experience in HK involved ketamine - which was also the second most commonly reported drug used in HK in this survey. 'Five je' were reported in one-fifth of drug users in HK (20.3%) but only 12.5% in Mainland. In terms of other drug use, the prevalence (HK: Mainland) of ecstasy (27.1%: 27.1%), Cocaine (27.1% : 25.0%), and Ice (20.3% : 20.8%) among drug users in both locations are similar. **In short, cross-border drug use in Mainland seems more likely to involve ketamine consumption than in the case of Hong Kong, whereas marijuana use had higher prevalence in the case of HK drug scene.**

**Table 22. Frequency of drug use among the identified drug users in this survey**

Frequency of drug use	Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent
At least once per day	6	11.3%	7	17.9%
At least once per week	18	34.0%	14	35.9%
At least once per month	15	28.3%	4	10.3%
At least once per half a year	3	5.7%	3	7.7%
At least once per year	11	20.8%	11	28.2%
Total	53	100%	39	100%

Around one third of those reporting drug use in HK (34.0%) or cross-border in Mainland (35.9%) reported taking drugs at least once a week. While 17.9% of cross-border drug user in Mainland reported drug use at least once a week, only 11.3% of HK drug user reported so. The later was more likely to take drug at least once a month (28.3%) than in the case of Mainland drug use (10.3%). Apart from these frequent users, a significant group of drug users in Mainland (28.2%) and HK (20.8%) used drug around or at least once a year – possibly the holiday drug user in such case.

**Table 23. Source of drug among the identified drug users in this survey**

Where to obtain drugs	Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent
Private clinic/pharmacy	6	10.5%	2	4.4%
hospital	3	5.3%	3	6.5%
Staff at entertainment premises	8	14.0%	13	28.3%
Friends/Acquaintance	38	66.7%	27	58.7%
Relatives	1	1.8%	2	4.3%
Strangers	5	8.8%	5	10.9%
Express delivery	3	5.3%	0	0.0%
Vehicles etc. transportation (外賣)	5	8.8%	4	8.7%
Others	0	0.0%	3	6.5%
Total N	57		46	

Note: Multiple selections are allowed

Friends/Acquaintance were the main channel for obtaining drugs for both interviewees having drug experience in HK (66.7%) or cross-border in Mainland (58.7%), while they seems to be more essential in the HK context than Mainland. Staffs at entertainment premises were the second most cited source of drugs among drug users in both places, but they were twice more likely mentioned in Mainland (28.3%) than in HK (14.0%). Private clinic stood out in the case of Hong Kong to be the third most cited source for obtaining drug (10.5%), whereas only 4.4% in Mainland mentioned about this source. Notably, a few prior HK drug experience involved obtaining drugs via express delivery (5.3%) but none in the case of prior drug experience in Mainland.

**Table 24. Manners of drug use among the identified drug users in this survey**

with whom	Drug use in HK		Drug use in Mainland	
	Freq.	Percent	Freq.	Percent
Alone	17	29.8%	9	19.6%
Relatives	2	3.5%	6	13.0%
Friends	16	28.1%	27	58.7%
Neighbors	0	0.0%	1	2.2%
Colleagues	1	1.8%	7	15.2%
Acquaintance	8	14.0%	6	13.0%
others	1	1.8%	8	17.4%

Note: Multiple selection allowed

In terms of the manner of drug taking, drug users in HK were more likely to involve taking drug alone (29.8%) than prior experience in Mainland (19.6%). To some extent, it is consistent with the previous experts' finding about **the rising invisibility of drug use in Hong Kong**. Taking drug with friends were doubly mentioned in prior drug experience in Mainland (58.7%) than in HK (28.1%). Notably, drug experience in Mainland was more likely to involve work colleagues (15.2%) and relatives (13.0%) than in HK (1.8% and 3.5% respectively). **These suggested the cross-border drug experience was more likely to involve social activities than drug taking in HK.**

**Table 25. Premise of drug use among the identified drug users in this survey**

Where to use drugs	Drug use in HK		Drug use in Mainland	
	Freq.	Percent	Freq.	Percent
Bar	19	33.3%	17	38.6%
KTV	8	14.0%	23	52.3%
Restaurant	5	8.8%	1	2.3%
Spar	0	0.0%	4	9.1%
Internet Cafe	1	1.8%	1	2.3%
Game Centre	1	1.8%	0	0.0%
Hotel	14	24.6%	4	9.1%
Rental housing	8	14.0%	8	18.2%
DISCO (的士高)	6	10.5%	7	15.9%
others	13	22.8%	0	0.0%

Note: Multiple selections are allowed.

In terms of drug experience in HK, the most cited premise of drug using was bar (33.3%), followed by hotel (24.6%), others (22.8% possibly including home as it was not an option included), rental housing (14.0%) and KTV (14.0%). In contrast, more than half of those drug experience in Mainland involved taking drug in KTV (52.3%), followed by taking drug in bar (38.6%) and in rented apartment (18.2%). **This suggested cross-border drug experience was especially prominent in premises where karaoke and associated services were provided, whereas in Hong Kong a significant amount of drug was supplied through bars – notably nowadays are more and more operating in a hidden sense (such as upstairs bar).**

**Table 26. Expenses of drug use every time among the identified drug users in this survey**

Expense of drug use every time	Drug use in HK		Drug Use in Mainland	
	Freq.	Percent	Freq.	Percent
Free	13	25.0%	10	25.0%
Below \$100	11	21.2%	7	17.5%
\$100-less than \$300	4	7.7%	3	7.5%
\$300-less than \$500	5	9.6%	5	12.5%
\$500 above	19	36.5%	15	37.5%
total	52	1	40	100.00%

Considering the drug expenses, it seems that total drug expenses in HK each time was slightly lower than that in Mainland, if one considered proportionally slightly more users in Mainland reported spending HKD300 or more (50.0%) than in HK over drug (46.1%). **Other recreational activities might be involved when drug users take drugs in Mainland so that the cost is higher.**

**Table 27. Reasons of drug use among the identified drug users in this survey**

Reasons of drug use	Drug use in HK		Drug Use in Mainland	
	Freq.	Percent	Freq.	Percent
to avoid withdrawal discomfort	7	12.7%	8	18.6%
boredom / negative emotions / stress	29	50.9%	22	51.2%
Peer influence / want to mingle with friends	14	24.6%	10	23.3%
curiosity	9	15.8%	4	9.3%
seeking stimulation / satisfaction	12	21.1%	7	16.7%
Other reasons	4	7.0%	4	9.3%
Total	57		43	

Note: Multiple responses are allowed

Main reasons cited by those with prior drug experience in HK or in Mainland were similar. Half of the respondents who previously took drug in HK cited ‘boredom / negative emotions / stress’ as the reasons of drug use in HK. A similar percent (51.2%) reported the same reason for drug use among the respondents that had prior drug experience in Mainland. The second most cited reasons in both locations were ‘peer influence / want to mingle with friends’, where 24.6% of those with prior drug experience in HK and 23.3% in Mainland reported so.

Some differences are observed concerning other cited reasons. Some 18.6% of those with prior drug experience in Mainland cited ‘to avoid withdrawal discomfort’ as reasons but slightly less or 12.7% considered this the reason of taking drug in HK. On the other hand, more than one-fifth or 21.1% of respondents having prior drug experience in HK cited ‘seeking stimulation / satisfaction’ as their reason of drug use in HK but slightly less or 16.7% of those having prior experience in Mainland cited the same reason for using drug in Mainland. Similarly, 15.8% of those with prior drug experience in HK cited ‘curiosity’ the reasons for taking drug in HK, compared to 9.3% for those using drug in Mainland. **Overall, ‘boredom’ and ‘peer influence’**

remained the main reasons for using drug in HK and using drug in Mainland. Yet future research can look into the possibility that local drug users might first get in touch with drugs in HK (based on our qualitative results), and dealt with their withdrawal discomfort by consuming drugs across the border in Mainland.

**Table 28. Reasons of using drugs in HK/Mainland among the identified drug users in this survey**

Why in HK/Mainland*	Drug use in HK		Drug Use in Mainland	
	Freq.	Percent	Freq.	Percent
Cheaper drugs	8	14.0%	18	41.9%
good quality of drug	18	31.6%	5	11.6%
Easy access to drugs	12	21.1%	9	20.9%
having fun together with friends/relatives	21	36.8%	11	25.6%
Using drug with sex workers or sex partners	6	10.5%	4	9.3%
Hard to be discovered	2	3.5%	25	58.1%
To avoid being punished by Hong Kong Law Enforcement	na	na	1	2.3%
others	8	14.0%	6	14.0%
Total	57		43	

\*For respondents reporting drug use in Hong Kong, we ask why they take drugs in Hong Kong. For respondents reporting drug use in Mainland, we ask why they take drugs in Mainland.

Note: Multiple selections are allowed.

The above table showed the cited reasons of using drug in HK and in Mainland were quite different. The primary reason cited for cross-border drug use in Mainland was ‘hard to be discovered’ (58.1%) whereas only 3.5% of those having prior drug use experience in HK suggested the same reason for drug use in HK. The second most cited reason for cross-border drug use in Mainland was availability of ‘cheaper drug’ (41.9%), whereas this was obviously less a reason of using drug in HK (14.0%). Notably, the most cited reason for using drug in HK was ‘having fun together with friends and relatives’ (36.8%), whereas this was only cited among 25.6% of those with prior drug experience in Mainland. The ‘good quality of drug’ was the second most cited reasons of taking drug in HK (31.6%), but this was much less likely cited as the reason to use drug in Mainland among the group having such prior drug experience (11.6%). **As a whole, cheaper drug and low detection of drug behavior were the main reason of cross-border drug use, whereas better drug quality and**

staying with friends apparently was the main reason taking drug back in HK.

**Results for Questionnaire Part II (for respondents with acquaintance using drugs in Mainland China)**

As we mentioned in the method section, respondents may be very sensitive to self-report their own drug use behaviors. We thus designed this part of questions to specifically ask each respondent, regardless of their own drug habits, if they knew any one having drug behavior in Mainland. In this way, researchers could gain more information about the patterns of cross-border drug use without threatening the respondents themselves. From this point onward, the tables show the results of this part of questionnaire. Some of the previous tables are replicated below to indicate the difference between ‘perception of drug use by acquaintance’ and ‘actual drug user in Mainland’.

**Table 29. Cross-tab respondents’ drug use and their reporting of acquaintances’ drug use**

Drug use of respondents	Knowing		Not knowing		total
	Freq.	Percent	Freq.	Percent	
HK only	15	53.6%	13	46.4%	28
Mainland only	8	50.00%	8	50.0%	16
Both HK and Mainland	16	50.00%	16	50.0%	32
Neither HK or Mainland	<b>228</b>	16.9%	1120	83.1%	1348
total	267	18.8%	1226	86.1%	1424

Half of the HK only drug user (53.6%), the Mainland only drug user (50.0%), and the both locations drug user (50.0%) each know someone taking drug in Mainland, which were three times more likely than those with no prior drug experience in either place (16.9%). More importantly, the table indicates that **researchers could get some information about extra 228 cross-border drug users that reported by “non-drug users”**. It is also suspicious that at least some of these 228 respondents themselves are also drug users in Mainland China and they do not report so mainly due to their sensitivity.

**Table 30. Source of drug among these respondents' acquaintances**

where to get drug	acquaintance who used drug in Mainland		Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Private clinic/pharmacy	7	2.6%	6	10.5%	2	4.4%
hospital	0	0.0%	3	5.3%	3	6.5%
Staff at entertainment premises	85	32.0%	8	14.0%	13	28.3%
Friends/Acquaintance	120	45.1%	38	66.7%	27	58.7%
Relatives	4	1.5%	1	1.8%	2	4.3%
Strangers	17	6.4%	5	8.8%	5	10.9%
Express delivery	7	2.6%	3	5.3%	0	0.0%
Vehicles etc. transportation (外賣)	3	1.1%	5	8.8%	4	8.7%
Others	1	0.4%	0	0.0%	3	6.5%
Don't know	82	30.8%	na	na	na	na
Total	266		57		46	

On asking from what source did they perceive their acquaintance who used drug in Mainland to obtain their drug, the primary source cited were 'friend / acquaintance' (45.1%), followed by entertainment premise staffs (32.0%). **The perceived priority of sources of drugs seems to mirror actual sources reported by those having prior drug experience in Mainland, but less so when contrasted with the sources of drugs in HK as reported by those with prior drug experience in HK.**

**Table 31. Manners of drug use among these respondents' acquaintances**

with whom	Acquaintance who used drug in Mainland		Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Alone	21	7.9%	17	29.8%	9	19.6%
Relatives	2	0.8%	2	3.5%	6	13.0%

Friends	186	70.2%	16	28.1%	27	58.7%
Neighbors	3	1.1%	0	0.0%	1	2.2%
Colleagues	7	2.6%	1	1.8%	7	15.2%
Acquaintance	26	9.8%	8	14.0%	6	13.0%
others	5	1.9%	1	1.8%	8	17.4%
Don't know	56	21.1%	na	na	na	na

A large proportion of those perceived ‘acquaintances who used drug in Mainland’ were likely doing it with other friends (70.2%), followed by other acquaintance (9.8%). These friends were less likely to be perceived as consuming drug in Mainland alone (7.9%). In contrast, those with prior drug experience in Mainland tended to report using drug in Mainland both alone (19.6%) and with acquaintances other than friends, like work colleagues (15.2%). **Such might reflect locals, especially those without prior drug experience, seem to perceive cross-border drug use of someone they knew differently compared to the actual cross-border drug users.**

**Table 32. Premise of drug use among these respondents’ acquaintances**

where to use	Friends who used drug in Mainland		Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Bar	140	53.2%	19	33.30%	17	38.60%
KTV	133	50.6%	8	14.00%	23	52.30%
Restaurant	10	3.8%	5	8.80%	1	2.30%
Spar	26	9.9%	0	0.00%	4	9.10%
Internet Cafe	13	5.0%	1	1.80%	1	2.30%
Game Centre	7	2.7%	1	1.80%	0	0.00%
Hotel	33	12.5%	14	24.60%	4	9.10%
Rental housing	25	9.5%	8	14.00%	8	18.20%
DISCO	0	0%	6	10.50%	7	15.90%
others	17	6.5%	13	22.80%	0	0.00%
Don't know	48	18.7%	Na	Na	Na	na

Note: Multiple selections are allowed

Apparently, the perceived location of drug use by someone respondents knew

mirrored experience mentioned by those with actual prior drug experience in Mainland. **Bar (53.2%) and KTV (50.6%) were the most cited locations of drug use by acquaintance as perceived by the respondents, relatively consistent with the report of actual drug users in Mainland China.** But rented flat (9.5%) were relatively less mentioned in this category.

**Table 33. Expenses of drug use every time among these respondents' acquaintances**

Expense of drug use every time	Friends who used drug in Mainland		Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Free	7	2.8%	13	25.0%	10	25.0%
Below \$100	3	1.2%	11	21.2%	7	17.5%
\$100-less than \$300	16	6.3%	4	7.7%	3	7.5%
\$300-less than \$500	30	11.9%	5	9.6%	5	12.5%
\$500 above	50	19.8%	19	36.5%	15	37.5%
Don't know	146	57.9%	na	na	na	na
total	252	100%	52	100.0%	40	100.0%

Considering the drug expenses, it seems most respondents did not perceive drug use by their acquaintance in Mainland could be free, as only 2.8% indicated so, compared to the actual experience that one-fourth mentioned obtaining their drugs for free in Mainland. The most prevalent perception of the cost is "\$500 above" (19.8%), which is consistent with the report of actual drug users in Mainland. This again indicates that **other social activities may be involved when HK residents use drugs in Mainland China so that the cost is higher.** Nonetheless, more than half of the respondents had no idea in this question.

**Table 34. Reasons of drug use among these respondents' acquaintances**

Reasons of drug use	Friends who used drug in Mainland		Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent

to avoid withdrawal discomfort	10	3.8%	7	12.70%	8	18.60%
boredom / negative emotions / stress	111	42.0%	29	50.90%	22	51.20%
Peer influence / want to mingle with friends	77	29.2%	14	24.60%	10	23.30%
curiosity	31	11.7%	9	15.80%	4	9.30%
seeking stimulation / satisfaction	68	25.8%	12	21.10%	7	16.70%
Other reasons	9	3.4%	4	7.00%	4	9.30%
Don't know	75	28.5%	Na	Na	Na	na

Note: multiple selections are allowed

Comparing the reasons of drug abusing, those friends perceived to use drug in Mainland seems to share similar features like the actual drug user in Mainland, as majority were perceived also due to 'boredom / negative emotions / stress' (42.0%), followed by 'peer influence / mingle with friends' (29.2%). But much less respondents realized these 'friends who use drug in Mainland' was trying to avoid withdrawal discomfort (3.8%), like those actually using drug in Mainland (18.6%). **Apparently general public did not realize taking drug in Mainland could be a consequence to avoid 'withdrawal discomfort'.**

**Table 35. Reasons of taking drugs in Mainland among these respondents' acquaintances**

why in Mainland	Friends who used drug in Mainland		Drug use HK		Drug use Mainland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Cheaper drugs	65	24.9%	8	14.0%	18	41.9%
good quality of drug	11	4.2%	18	31.6%	5	11.6%
Easy access to drugs	67	25.6%	12	21.1%	9	20.9%
having fun together with friends/relatives	51	19.4%	21	36.8%	11	25.6%
Using drug with sex workers or sex partners	11	4.2%	6	10.5%	4	9.3%
Hard to be discovered	46	17.5%	2	3.5%	25	58.1%
To avoid being punished by Hong Kong Law Enforcement	20	8.2%	na	na	1	2.3%

others	19	7.8%	8	14.0%	6	14.0%
Don't know	88	33.6%	na	na	na	na

Note: multiple selections are allowed

Some differences emerged when the perceived reasons to use drug in Mainland by acquaintance were contrasted with reasons cited by those actually using drug in Mainland. Far less respondents considered their acquaintances took drug in Mainland because it was 'harder to be discovered' (17.5%), compared to those actually using drug in Mainland (58.1%). The respondents were also less likely to perceive their acquaintances took drug in Mainland because it was cheaper there (24.9%) than those actually using drug in Mainland perceived about themselves (41.9%). But respondents tended more likely to perceive drug use in Mainland by acquaintance was meant for convenience (25.6%) and to avoid Hong Kong criminal justice intervention (8.2%) than those actually taking drug in Mainland (20.9% and 2.3% respectively). **Overall speaking, there seems to be a gap between public perceptions and actual reasons by cross border drug users concerning drug use in Mainland. General public may have more concerns about the negative consequences of being punished by HK law enforcement, which is not consistent with the knowledge of actual drug users.**

## Part III: Developing a digital archival database on cross-border substance use

The third component of this project involves advanced computer techniques to help HK government and scholars continuously monitor online news and literature on cross-border substance use. We first identified relevant websites of major media, governmental agencies, NGO, discussion forums, research centers, and academic journals. Our technician then helped us develop a computer program to automatically search keywords in our suggested list and publish the news, articles, reports and essays about this issue at a tentative host website. This program is also able to update the publications after a regular period (i.e. bi-monthly).

The final monitoring system reflected in the host website contains four major modules: (1) mass media; (2) government and NGOs' policies, reports and statistics; (3) academic publications; (4) online forums. The four modules form a holistic approach to provide us the most updated archival database with minimal maintenance so that the policy makers and frontline practitioners could have comprehensive understandings of the ongoing changes of the situation and adjust their strategies accordingly.

For each of the models, it contained four components: "most recent release", "historical information" (sorted by time order), "sources of information" and "topics". Users could easily search the website by each of the four components.

The full website is available to check if Beat Drugs Fund could provide a web host. We saved all the files and codes into a CD and it can be installed straightforwardly once the web host is ready. We also attach seven screenshots of this data archive for reference (see Attachment III).

## Policy Implications

Based on the current study and a further update of corresponding literatures in overseas, the policy implications are summarized as below:

### **1. Drug policy should target cross-border drug use as one element among hybridized patterns of cross-border risk behaviors**

By comparing our results with overseas cross-border research, we recommend the policy makers to consider cross-border drug use as a public health issue with multiple health risks that require multidimensional policy responses. Some recent overseas research has addressed cross-border substance abuse and associated risk behaviors at the Mexico-US border (Maxwell et al. 2006; Wallisch and Spence 2006; Marsiglia et al. 2009; Cherpitel et al. 2015). For example, cross-border drug use could be associated with higher risk of HIV/AIDS infection (Maxwell et al. 2006)<sup>24</sup>. Cherpitel

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<sup>24</sup> Maxwell, Jane C., Patricia Cravioto, Fernando Galvan, Mario Cortes Ramirez, Lynn S. Wallisch, Richard T. Spence. 2006. "Drug use and risk of HIV/AIDS on the Mexico-USA border: a comparison of treatment admissions in both countries." *Drug and Alcohol Dependence* 82 Suppl. 1:S85-S93.

et al. (2015)<sup>25</sup> found strong support that frequency of crossing the border, length of stay, and reasons for crossing (e.g. for nightlife and/or drinking) would be positively predictive of heavy drinking, alcohol use disorder, and co-occurrence of heavy drinking and drug use. In addition, such an association varied between those aged 18-29 and older one (Cherpitel et al. 2015).

In Hong Kong, drug policies should take into similar consideration that cross-border drug use is not a detached and standalone risk behavior but one that is highly associated with other cross-border risk behaviors, such as engaging in cross-border erotic businesses (for both sexes) and/or sexual activities, and cross-border alcohol use in pubs and discos. Currently it seems that public health commercials and advertisements at the border mainly target the aspect of drug use but no other co-occurring high risk behaviors.

Relatively more public health resources should focus on travelers at the Lok Ma Chau (Wanguang) and Lowu control points which are frequent passes for cross-border drug users. Since most cross-border drug users do not return to mainland only for drugs, their associated pattern of travelling in and out are quite diverse. But our special focus should be placed on travelers crossing the border (especially at Wanguang and Lowu) at the evening of weekdays and especially weekends which are the most likely time slots for potential drug users going to mainland. The returning patterns of surveyed drug users are more various than we expect. Drug users seem to return to Hong Kong quite randomly across a week period at rather random time of day, although a few more would return on Sunday. This indicates the public health resources and drug control measures should be more evenly spread out at the control points for returnees.

## **2. Synchronization in cross-border drug policies**

For the law enforcement agencies, synchronization in drug policies at two sides of the border are important. Overseas study found that perceptions towards cross-border substance abuse, availability of drugs, and deterrence policies at the two sides of the borders were related to the level of alcohol and drug abuse across the Texas-Mexico border (Wallisch and Spence 2006)<sup>26</sup>. Given the close proximity of Shenzhen and

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<sup>25</sup> Cherpitel, Cheryl, Yu Ye, Sarah E. Zeng, Jason Bond, Guilherme Borges. 2015. "The effect of cross-border mobility on alcohol and drug use among Mexican-American residents living at the U.S.-Mexico Border." *Addictive Behaviors* 50: 28-33.

<sup>26</sup> Wallisch, Lynn S. and Richard T. Spence. 2006. "Alcohol and drug use, abuse, and dependence in urban areas and colonias of the Texas-Mexico Border." *Hispanic Journal of Behavioral Sciences* 28(2)

Hong Kong, displacement and diffusion of drug use will likely occur as enforcements on either side tighten. According to our interviews, the transforming regulatory regime against public entertainment premises in Shenzhen has been one key element to the curtailment of a variety of drug associated cross-border risk behaviors after 2008: overnight drinking are stopped by the enforcement of premise operation time regulations; dancing by mass of people are effectively controlled by limiting the spatial area in discos. The new approach to carry out frequent license check, initiate anti-drug actions by trans-district law enforcement agencies, and standardize the procedure of dealing with HK drug users in Shenzhen apparently serve the purpose to randomize the occurrence of sanction process – which are the most effective way to discourage drug use in public entertainment premises. Young generations in Hong Kong nowadays are less likely to cross the border to use drugs at least partially because of such tough policies in Mainland.

It is believable that the synchronization of anti-drug legal measures in both Shenzhen and Hong Kong would have stronger deterrence effects for cross-border drug use. Unfortunately, due to the lack of power for HK law enforcement agencies to conduct compulsory drug tests, the above tight anti-drug measures in Shenzhen could not be effectively enforced at the side of Hong Kong. The current research thus highlights a new angle – *the synchronization of law enforcement in Shenzhen and social service practices in Hong Kong (through the help of law enforcement in Hong Kong)*. At this moment we are not aware of any official channels in bridging the social service gap dedicated to facilitate drug rehabilitation involving Hong Kong citizens who are arrested for taking drugs across the border. Local policy makers should find ways to make NGO service information available on both sides of the border. Both HK police force and HK custom could collect such information and then use the current links with Mainland counterparts to distribute the information.

According to the 2015 annual report of Guangdong Narcotics Bureau (published in June 2015), 464 HK/Macau drug users were arrested in Guangdong in the past 17 months; our qualitative interviews with police in Shenzhen also show similar results. All these HK drug users could not obtain well-designed rehabilitation services in detention centers or compulsory treatment centers of Guangdong since the anti-drug approach in Mainland China still emphasizes punishment<sup>27</sup>. Based on the current legal collaboration system between Guangdong and Hong Kong, Hong Kong police force

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286-307.

<sup>27</sup> Jianhong Liu (eds.). 2014. *New Encyclopedia of China against Drugs*. Beijing, China: China Law Press.

should be informed once there is any HK citizen arrested in Mainland, meaning that to some extent the synchronization of the data in both sides has been achieved. However, such data are not available for anti-drug social service agencies in Hong Kong. If HK police force could be authorized to share the data with some established anti-drug service agencies in Hong Kong, these services would be able to reach those HK drug users arrested in Guangdong (i.e. to offer some help after these drug users return to Hong Kong). The social service sector in Hong Kong could also consider establishing institutional links with detention centers and compulsory drug treatment centers in Guangdong (especially in Shenzhen) by offering free services for HK drug users there. If the above two measures could be adopted, at least 300-400 cross-border HK drug users known by Mainland law enforcers per year would get professional help in time from the social service side of Hong Kong.

### **3. Heterogeneous nature of cross-border drug users and cultural sensitivity in cross-border drug prevention policies**

The current research highlights the heterogeneous nature of cross-border drug users and a missing but extremely important angle in cross-border drug prevention policies – the cultural sensitivity angle. In overseas, Marsiglia et al. (2009) <sup>28</sup>found that youth with different ethnic background in US would have culturally specific resistance skills towards substance abuse across the US-Mexico border. Accordingly, four common skills among students in Southwest US were identified in their attempt to stay drug free: refuse, explain, avoid, and leave. Such drug resistance strategies commonly adopted by youths with Mexican ancestry in US are not exactly applicable to Mexican youths living across the border in Mexico. Marsiglia et al. (2009)'s research point out why cultural sensitivity in relation to migration is the key to resist cross-border drug use.

The current research broke down the interviewed drug users at the border into three main groups: the HK only drug users, the mainland only drug users, and drug users that took drugs at both sides. We found different patterns of and knowledge concerning drug use among these three groups. For example, those who claimed to use drug only in HK are much younger (below 25 years old) compared to those that took drugs in Mainland and in both places. The later (drug users in both places) also

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<sup>28</sup> Marsiglia, Flavio, Stephen Kulis, Gregorio M. Rodriguez, David Becerra and Jason Castillo. 2009. "Culturally specific youth substance abuse resistance skills: applicability across the U.S.-Mexico Border." *Research on Social Work Practice* 19(2):152-164 .

tend to have lower education achievement and more likely to be unemployed than drug users that took drugs at only either side. In terms of normal travelling pattern (not necessarily drug related), the three groups seem quite different: the HK only drug using group were more likely to return to mainland once a month; the mainland only drug using group were more likely to return per day; the both places drug using group were more likely to return once a week. As for the awareness of anti-narcotic propaganda at the border and drug-related knowledge, they also differed – with the HK only drug users not only having the highest awareness of anti-drug videos, signs and inspection dogs, but also being the most knowledgeable in a variety of drugs and their harms. The three groups' awareness of rehabilitation services and punishment of drug use at mainland side also differed. The both side drug using groups tended to perceive the effectiveness of drug punishment in mainland the least effective compared to the other two drug using groups.

While previous local research tended to view cross-border drug users as a homogenous group, the current research demonstrated their composition is heterogeneous. First of all, the cross-border drug users include different age groups of both sexes and our interviews indicated they took drugs for very different reasons. We have also heard from social workers and police in Shenzhen that some of the cross-border drug users were first generation migrants from mainland and they did have different patterns of cross-border drug use compared to the HK locally born. This is because the migrants had their own social life before migrating to Hong Kong, and could easily build their cross-border drug pattern upon these existing networks where 'negative' social capital were readily available. These socially embedded drug using patterns by migrants could have more resistance to regulatory policies on both sides than locally born drug users who consume drugs in Shenzhen out of a market oriented rationality (e.g. cheaper drugs and sex service). Again, we are not aware of any local research touching on this area. We suggest the policy makers notice the heterogeneity among the cross-border drug users and target each of the subgroups from a more culturally sensitive angle. More specifically, to reduce cross-border drug use in this decade, all relevant agencies in Hong Kong should pay attention to the adult drug users (including first generation migrants before 1997) when designing policies. For example, we can try to help lower class adult males expand their local social networks and form new styles of entertainment so that they reduce the frequencies of going to Mainland for fun; we can also provide more educational measures to make them more drug-wise and have more accurate understandings about the current drug policies in both sides. Previous resources preventing cross-border drug use among youth now can be largely allocated to the adult group and the migrant group.

## Conclusion:

Previous studies on cross-border drug issues mainly focus on the Hong Kong side and ignore the Mainland parties involved. We also have little knowledge about the situations of cross-border drug use in the most recent decade. The current study aims to explore the current level and patterns of cross-border drug use through both qualitative and quantitative methods and then to discuss the corresponding policy changes. The qualitative component of this research is the first effort to integrate the legal perspectives in both Hong Kong and Mainland by interviewing law enforcers at both sides, plus interviews with different age-sex groups of cross-border drug users. Future studies can continue to use this research frame to trace the situation and evaluate the policies regularly. Such approach is also consistent with the long-term priority of Narcotics Division and the global trend in terms of drug control/prevention strategies: to strengthen external co-operation and research.

Official views toward substance use are often criticized to be biased due to political and resource constraints. The interviews on drug users by social worker referral are limited due to the small sample size. The self-report survey targeting at cross-border travelers is also at risk to miss some serious substance users since respondents tend to underreport the level of their drug use. The combination of qualitative and quantitative research methods applied in this study give us more comprehensive insights about the changing behavioral patterns of cross-border drug users and the social mechanisms behind the changes, plus a multi-dimensional estimation on the deterrence effects of the current harsh cross-border drug policies. The main findings of this study include (1) after 2008, the crackdown on youths' cross-border drug activities at both sides (deterrence policies in Shenzhen and educational measures in Hong Kong) are effective and currently there are fewer young people going to Shenzhen to use drugs; (2) majority of young drug users now choose psychoactive drugs (affordable in Hong Kong and no need to go to Shenzhen for saving costs) and they also use such drugs with their local friends in Hong Kong, leading to the further reduction of cross-border drug use among youth; (3) the current cross-border drug users mainly use recreational drugs and include various age-sex-occupation groups, partially supporting the normalization theory; (4) among all cross-border drug users, the dominant ones are lower-class adult males and their drug activities are likely to co-occur with drinking and sexual risk behaviors.

Such findings have several implications for prevention and intervention work targeted at cross-border drug use. First, future policies need to address the multiple health risks considering the co-occurrence of cross-border drug use, alcohol use and sex activities. Second, the relevant agencies in Hong Kong can use extralegal measures to strengthen the collaboration between Hong Kong and Shenzhen due to the constraints of the current legal framework in Hong Kong, such as providing drug rehabilitation service for Hong Kong drug users arrested in Shenzhen. Finally, to reduce the cross-border drug use, policy makers need to consider the heterogeneity of the current cross-border drug users and especially should allocate more anti-drug resources to middle-aged lower class males in Hong Kong.

**Appendix I: The age-sex-specific sample size of the current study (quantitative border survey) vs. the three-year average of the CRDA distribution**

age	sex	Current Study		CRDA* (2006+2009+2012)/3	
		Frequency	Percentage	Frequency	Percentage
below 30	male	507	35.2%	600	40.4%
	female	233	16.2%	210	14.1%
31-40	male	315	21.9%	315	21.2%
	female	78	5.4%	105	7.1%
41-50	male	248	17.2%	225	15.2%
	female	58	4.0%	30	2.0%
Total	male	1070	74.4%	1140	76.8%
	female	369	25.6%	345	23.2%
	Total	1439	100%	1485	100%

\*The numbers are derived from Central Registry of Drug Abuse 2006, 2009 and 2012. We first obtained the numbers of reported drug users who used drugs in Mainland China for 2006, 2009, 2012 by age (16 - 50) and sex and then calculate the three-year average to avoid the random fluctuation and other noise of the survey.

## Appendix II: Questionnaire



### 香港中文大學社會學系 監測跨境吸毒的新變化及其對禁毒策略的啟示 問卷

填寫資料後  
即成機密文件

你好，多謝閣下參與今次問卷調查。是次調查是由香港中文大學進行，由禁毒基金資助，將隨機抽樣大約 1500 名年齡 18 歲或以上人士。

參加這項問卷調查是自願性質，問卷是不記名，而閣下提供的資料是絕對保密及只供研究用途。

是次研究計劃針對跨境吸毒者行為模式的改變，以及這些改變背後的社會機制，研究結果將有助對相關政策及服務提出建議。閣下可以拒絕回答任何一項問題或隨時停止，不過我們十分希望閣下能耐心地盡量誠實回答問卷內所有問題。閣下的分享與合作，對今次研究有很大幫助。

如果閣下自願填寫以下問卷，將證明閣下願意接受我們的訪問。

## PART I

請在你認為正確的答案號碼上畫“√”，或填寫正確的資料，謝謝！

### 一、第1-9 題與跨境方式有關

1. 在過去的一年，你去大陸的頻率大約是：（只能選 1 項）

[1]  每天至少一次      [2]  每星期至少一次

[3]  每月至少一次      [4]  每年至少一次

2. 在過去的一年，你經常在以下什麼時段去大陸（可選擇多項）

時間	週日	週一	週二	週三	週四	週五	週六	假期
早上	<input type="checkbox"/>							
下午	<input type="checkbox"/>							
晚上	<input type="checkbox"/>							

3. 你經常去的內地城市是否有你的親戚或家人？

[1]  有      [2]  沒有

4. 你經常去的內地城市是否有你較熟絡的朋友？

[1]  有      [2]  沒有

5. 在過去的一年，你最經常從哪個口岸去大陸？（只能選 1 項）

[1]  羅湖口岸（鐵路） [2]  落馬洲口岸（鐵路） [3]  深圳灣口岸

[4]  皇崗口岸      [5]  沙頭角口岸      [6]  文錦渡口岸

[7]  其他（請說明）\_\_\_\_\_

6. 你最常去的大陸城市是？（可選擇多項）

[1]  深圳            [2]  東莞            [3]  廣州            [4]  惠州

[5]  其他（請說明）\_\_\_\_\_

7. 你**通常**什麼時間從大陸回香港（可選擇多項）

時間	週日	週一	週二	週三	週四	週五	週六	假期
早上	<input type="checkbox"/>							
下午	<input type="checkbox"/>							
晚上	<input type="checkbox"/>							

8. 你去大陸城市的主要目的是？（可選擇多項）

[1]  出差            [2]  返工            [3]  娛樂

[4]  旅遊            [5]  探親            [6]  購物

[7]  其他（請說明）\_\_\_\_\_

9. 你在大陸去以下這些場所的頻率是？（請回答所有項目）

	從不	偶爾	間中	經常
酒吧	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
的士高	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
餐廳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
桑拿水療	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
網吧	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
遊戲機中心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
酒店	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
出租屋	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他娛樂場所 （請說明） _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

二、第 10-16 題與風險行為的知識有關，吸毒是一個公眾議題，屬於風險行為的一種。

10. 你有沒有見過以下在香港口岸的反毒品項目（例如標誌/橫額/短片）

	有	否
反毒品標誌	<input type="checkbox"/>	<input type="checkbox"/>
短片	<input type="checkbox"/>	<input type="checkbox"/>
測毒犬	<input type="checkbox"/>	<input type="checkbox"/>

11. 你有聽過以下香港的戒毒社會服務嗎？（請回答所有項目）

服務對象	服務計劃	聽過	未聽過
為吸食海洛英人士提供的服務	美沙酮門診治療計劃	<input type="checkbox"/>	<input type="checkbox"/>
	自願住院戒毒治療康復計劃	<input type="checkbox"/>	<input type="checkbox"/>
	物質誤用診所	<input type="checkbox"/>	<input type="checkbox"/>
	戒毒輔導服務中心	<input type="checkbox"/>	<input type="checkbox"/>
為吸食危害精神毒品人士提供的服務	濫用精神藥物者輔導計劃	<input type="checkbox"/>	<input type="checkbox"/>
	自願住院戒毒治療康復計劃	<input type="checkbox"/>	<input type="checkbox"/>
	物質誤用診所	<input type="checkbox"/>	<input type="checkbox"/>
	戒毒輔導服務中心	<input type="checkbox"/>	<input type="checkbox"/>
為被判刑人士提供的服務	強迫戒毒計劃	<input type="checkbox"/>	<input type="checkbox"/>

除上述服務外，你有聽過香港的其他戒毒社會服務嗎？（請說明）\_\_\_\_\_

12. 你認為兩地有哪些機構的職責包括打擊跨境吸毒？（可選擇多項）

[1]  香港海關      [2]  香港警方    [3]  大陸海關    [4]  大陸警方

13. 你有沒有聽過在內地進行吸毒行為會有以下相關刑罰？不管你是否聽過相關刑罰，你認為這些刑罰有效嗎？

	聽過	未聽過	[請回答以下，不管你是否聽過相關刑罰] 刑罰的有效性（1 代表無效，5 代表很有效）				
			1	2	3	4	5
拘留	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
送入強制戒毒中心	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
吸毒者的資料會被記錄在大陸警方電子系統	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 你是否聽過以下違禁藥物或毒品？不管你聽過與否，你覺得這些毒品對健康的危害有多大？

	有	無	[請回答以下，不管你是否聽過相關毒品] 毒品對身體危害的嚴重性（1 代表很少，5 代表很嚴重）				
			1	2	3	4	5
大麻	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
白粉（海洛英）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fing 頭丸（亞甲二氧基甲基安非他明）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K 仔（氯胺酮）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
冰（甲基安非他明）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
忽得	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
五仔	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
藍精靈	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
白瓜子	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
可卡因	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他（請注明）_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. 你對吸毒的態度（只能選1項）

- [1]  贊同      [2]  中立      [3]  反對

16. 你認為目前香港大概有多少人使用過毒品(只能選1項)

- [1]  0-5%      [2]  5-10%      [3]  10-15%      [4]  15-20%
- [5]  20-25%      [6]  25-30%      [7]  30-35%      [8]  35-40%
- [9]  40-45%      [10]  45-50%      [11]  50% 以上
- 

三、 第 17-25 題與家庭和個人的基本情況有關

17. 性別（只能選1項）

- [1]  男      [2]  女

18. 年齡（只能選1項）

- [1]  18-21 歲      [2]  22-25 歲      [3]  26-30 歲
- [4]  31-40 歲      [5]  41-50 歲

19. 在香港的居住地區（只能選1項）

- [1]  中西區      [2]  東區      [3]  南區      [4]  灣仔
- [5]  九龍城      [6]  觀塘      [7]  深水埗      [8]  油尖旺
- [9]  黃大仙      [10]  離島      [11]  葵青      [12]  北區
- [13]  西貢      [14]  沙田      [15]  大埔      [16]  荃灣
- [17]  屯門      [18]  元朗

20. 你的教育程度是（只能選1項）

- [1]  無受過正式教育或幼稚園      [2]  小學
- [3]  中一至中三      [4]  中四至中五
- [5]  預科      [6]  大專:非學士學位(如副學士、文憑)
- [7]  大學:學士學位      [8]  大學:碩士或博士

21. 你現時是否有工作?

[1]  有（包括兼職）

[2]  沒有（包括全職學生和家庭主婦）

若選擇沒有，請直接跳到第 **24** 題

22. 你的就業情況是（只能選 1 項）

[1]  就業（7 天內從事一些工作，賺取薪酬或利潤或有一份正式工作）

[2]  就業不足（7 天內在非自願的情況下工作少於35小時/兼職）

23. 你所從事的行業是（只能選 1 項）

[1]  銀行及金融

[2]  建造業

[3]  教育

[4]  酒店及餐館  
理

[5]  製造業

[6]  醫療及健康護

[7]  公共管理服務/政府

[8]  地產及物業

[9]  零售/貿易/批  
發

[10]  文娛/康樂/活動

[11]  服務性行業

[12]  運輸/物流/通  
訊

[13]  其他商業活動

[14]  其他（請注明）\_\_\_\_\_

24. 你的婚姻狀況（只能選 1 項）

[1]  單身

[2]  已婚

[3]  離婚

[4]  喪偶

[5]  同居

[6]  再婚

[7]  其他（請注明）\_\_\_\_\_

25. 在我們的社會裡，有些人處於頂層，有些人則處於底層。如果分數越高代表社會階層越高，1-5 分，1 代表**最底層**，5 代表**最高層**，你會用幾多分代表你自己目前的社會階層？（只能選 1 項）

[1]  1

[2]  2

[3]  3

[4]  4

[5]  5（最高層）

[第一部分結束，請將問卷交還給訪問員，謝謝!]

---



- [1]  私家診所/藥房                      [2]  醫院
- [3]  娛樂場所人員                      [4]  朋友/熟人
- [5]  親屬                                      [6]  陌生人
- [7]  快遞/自動郵包收發站      [8]  汽車/交通工具（外賣）
- [9]  其他（請說明）\_\_\_\_\_

30. 在大陸你**通常**跟誰一起吸毒？（可選擇多項）

- [1]  獨自一人              [2]  親戚              [3]  朋友              [4]  鄰居
- [5]  同事                      [6]  其他熟人              [7]  其他（請說明）  
\_\_\_\_\_

31. 在大陸，你**通常**在哪裡吸毒？（可選擇多項）

- [1]  酒吧      [2]  KTV              [3]  餐廳      [4]  桑拿水療
- [5]  網吧      [6]  遊戲機中心      [7]  酒店      [8]  出租屋
- [9]  其他（請說明）\_\_\_\_\_

32. 你每一次在大陸吸毒，**平均的花費**（港幣）是多少？（只能選1項）

- [1]  免費                      [2]  \$100 以下                      [3]  \$100—少於\$300
- [4]  \$300—少於\$500      [5]  \$500 以上

33. 你吸毒的原因是什麼？（可選擇多項）

- [1]  避免因沒有吸食毒品而感到不適
- [2]  解悶 / 情緒低落 / 壓力
- [3]  受到同輩朋友影響 / 想和同輩朋友打成一片
- [4]  出於好奇
- [5]  尋求快感或官能上的滿足

[6]  其他\_\_\_\_\_

34. 你為什麼在大陸使用毒品？（可選擇多項）

[1]  毒品比較便宜

[2]  毒品質素好

[3]  毒品獲取方便

[4]  和那裡的親友一起玩

[5]  有性伴侶/性工作者一起玩

[6]  不易被發現

[7]  避免香港司法介入

[8]  其他（請說明）\_\_\_\_\_

---

35. 你在過去的一年裏是否**在香港**使用毒品？

[1]  用過

[2]  沒有用過

**如果沒有，請直接跳到 44 題。**

36. 在香港，你**通常使用**的什麼類型的毒品？（可選擇多項）

[1]  大麻

[2]  白粉（海洛英）

[3]  Fing 頭丸（亞甲二氧、基甲基安非他明）

[4]  K 仔（氯胺酮）

[5]  冰（甲基安非他明）

[6]  忽得

[7]  五仔

[8]  藍精靈

[9]  含毒品的沖劑（如：奶茶、咖啡）

[10]  可卡因

[11]  其他（請注明）\_\_\_\_\_

37. 在香港，你使用毒品的頻率是？（只能選 1 項）

[1]  一天至少一次

[2]  一週至少一次

[3]  一月至少一次

[4]  半年至少一次

[5]  一年至少一次

38. 在香港，你**通常**在哪裏得到毒品？（可選擇多項）

- [1]  私家診所/藥房                      [2]  醫院  
[3]  娛樂場所人員                      [4]  朋友/熟人  
[5]  親屬                                      [6]  陌生人  
[7]  快遞/自動郵包收發站      [8]  汽車/交通工具（外賣）  
[9]  其他（請說明）\_\_\_\_\_

39. 在香港你**通常**跟誰一起吸毒？（可選擇多項）

- [1]  獨自一人              [2]  親戚              [3]  朋友  
[4]  鄰居                      [5]  同事              [6]  其他熟人  
[7]  其他（請說明）\_\_\_\_\_

40. 在香港，你**通常**在哪裡吸毒？（可選擇多項）

- [1]  酒吧      [2]  KTV                      [3]  餐廳      [4]  桑拿水療  
[5]  網吧      [6]  遊戲機中心      [7]  酒店      [8]  出租屋  
[9]  DISCO（的士高）                      [10] 其他（請說明）\_\_\_\_\_

41. 你每一次在香港吸毒，**花費的（港幣）平均費用**是多少？（只能選 1 項）

- [1]  免費                                      [2]  \$100 以下      [3]  \$100—少於\$300  
[4]  \$300—少於\$500      [5]  \$500 以上

42. 你吸毒的原因是什麼？（可選擇多項）

- [1]  避免因沒有吸食毒品而感到不適  
[2]  解悶 / 情緒低落 / 壓力  
[3]  受到同輩朋友影響 / 想和同輩朋友打成一片  
[4]  出於好奇

[5]  尋求快感或官能上的滿足

[6]  其他\_\_\_\_\_

43. 你為什麼在香港使用毒品？（可選擇多項）

[1]  毒品比較便宜

[2]  毒品質素好

[3]  毒品獲取方便

[4]  和親友一起玩

[5]  有性伴侶/性工作者一起玩

[6]  毒品不易被發現

[7]  其他（請說明）\_\_\_\_\_

---

44. 你是否認識在過去的一年裏曾經在大陸使用毒品的人？

[1]  認識

[2]  不認識

**如果不認識，請直接跳到 52 題。**

45. 他/她**通常**在大陸哪裏得到毒品？（可選擇多項）

[1]  私家診所/藥房

[2]  醫院

[3]  娛樂場所人員

[4]  朋友/熟人

[5]  親屬

[6]  陌生人

[7]  快遞/自動郵包收發站

[8]  汽車/交通工具（外賣）

[9]  其他（請說明）\_\_\_\_\_

[10]  不清楚

46. 在大陸，他/她**最經常**和誰一起吸毒？（可選擇多項）

[1]  獨自一人

[2]  親戚

[3]  朋友

[4]  鄰居

[5]  同事

[6]  其他熟人

[7]  其他（請說明）\_\_\_\_\_

[8]  不清楚

47. 在大陸，通常他/她在哪裡吸毒？（可選擇多項）

- [1]  酒吧      [2]  KTV      [3]  餐廳      [4]  桑拿水療  
[5]  網吧      [6]  遊戲機中心      [7]  酒店      [8]  出租屋  
[9]  其他（請說明）\_\_\_\_\_ [10]  不清楚

48. 他/她每一次在大陸吸毒平均的花費是多少？

- [1]  免費      [2]  \$100 以下      [3]  \$100—少於\$300  
[4]  \$300—少於\$500      [5]  \$500 以上      [6]  不清楚

49. 他/她為什麼吸毒？（可選擇多項）

- [1]  避免因沒有吸食毒品而感到不適      [2]  解悶 / 情緒低落 / 壓力  
[3]  受到同輩朋友影響 / 想和同輩朋友打成一片  
[4]  出於好奇      [5]  尋求快感或官能上的滿足  
[6]  其他\_\_\_\_\_      [7]  不清楚

50. 他/她為什麼在大陸吸毒？（可選擇多項）

- [1]  毒品比較便宜      [2]  毒品質素好  
[3]  毒品獲取方便      [4]  和那裡的親友一起玩  
[5]  有性伴侶/性工作者一起玩      [6]  毒品不易被發現  
[7]  避免香港司法介入      [8]  其他，請註明\_\_\_\_\_
- [9]  不清楚

51. 他/她是否也曾在香港使用毒品？

- [1]  是      [2]  否      [3]  不清楚

[52. 問卷完，請將這部分問卷自行投入紙箱，謝謝！ ]

個案編號：\_\_\_\_\_

訪問員編號：

\_\_\_\_\_

**訪問紀錄（訪問前由訪問員撕下分開填寫）**

---

訪問 (a) 日期：\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

(b) 時間：\_\_\_\_\_ 至 \_\_\_\_\_

(c) 地點：\_\_\_\_\_

訪問員姓名：\_\_\_\_\_

估計受訪者年齡：\_\_\_\_\_

整個訪問是否順利進行：

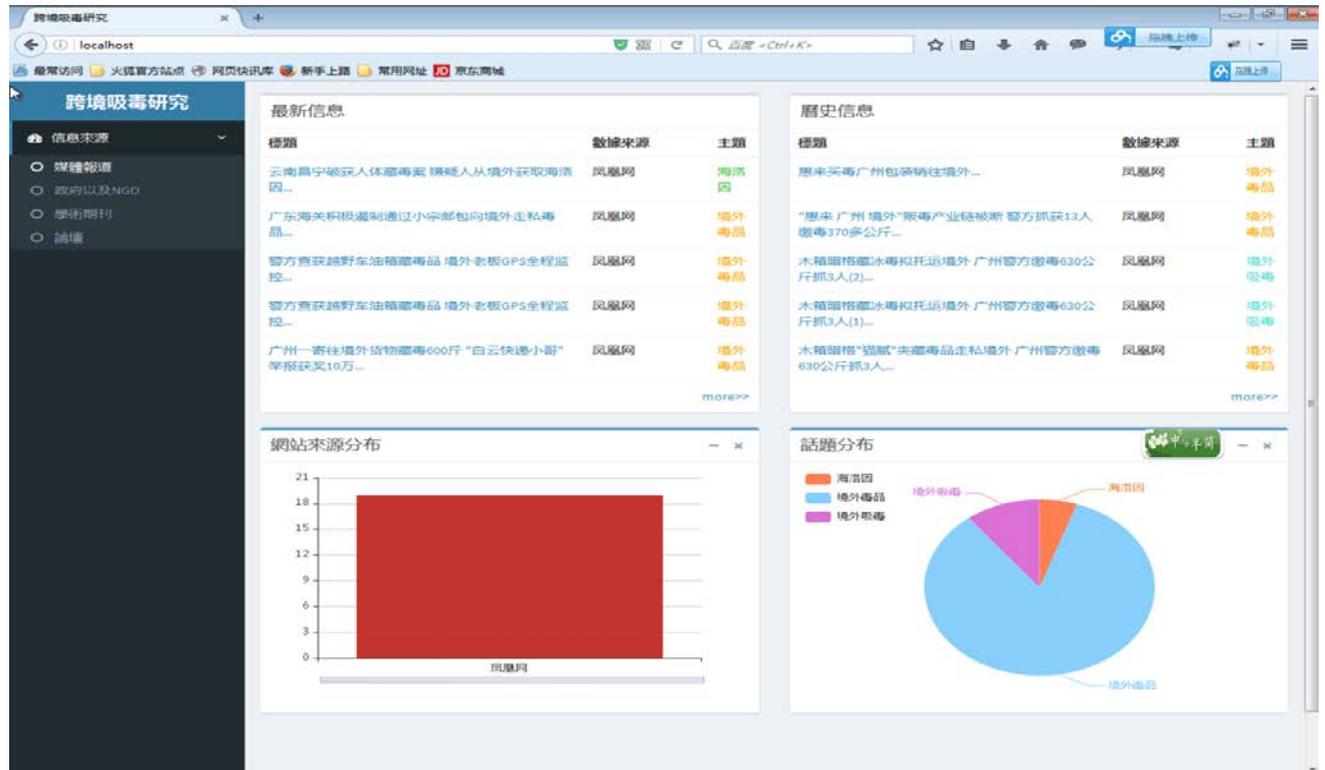
1  順利

2  不順利（原因：\_\_\_\_\_）

禮券編號：\_\_\_\_\_

# Appendix III: Screenshots of the website

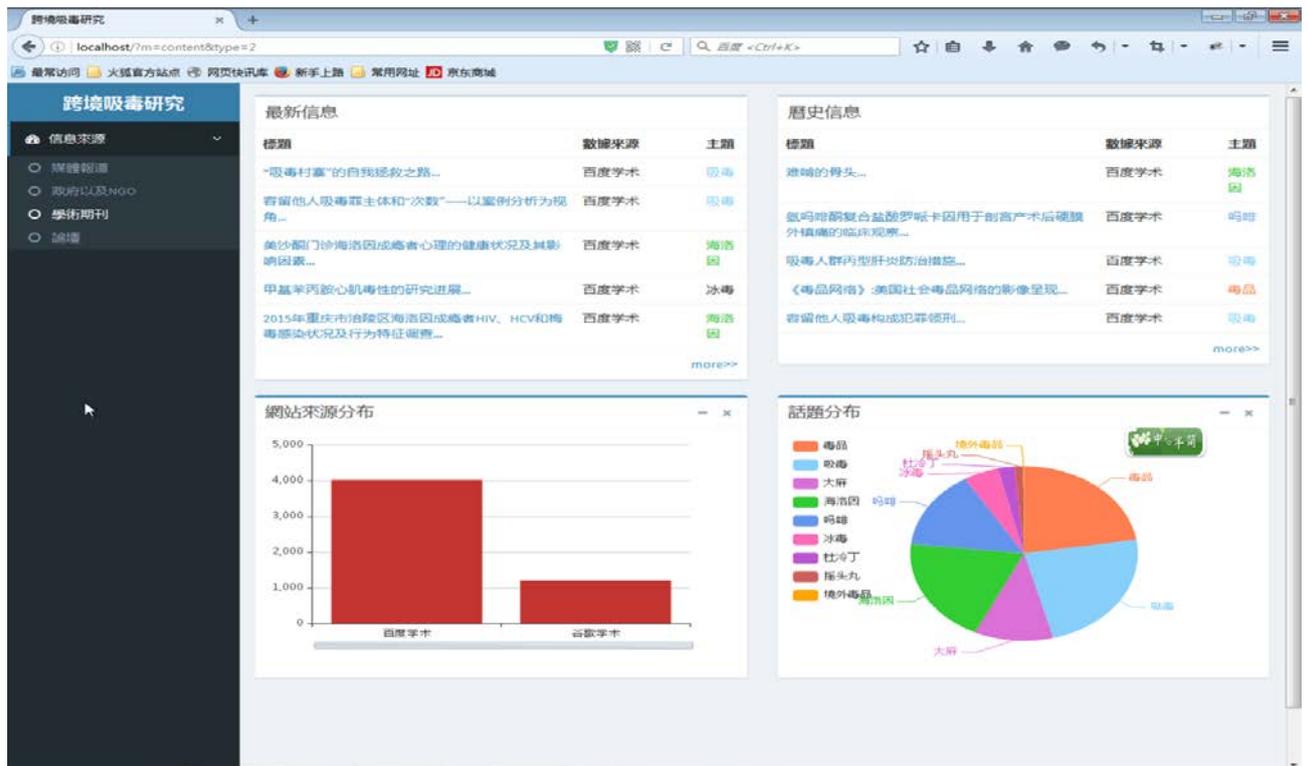
## 1. Information from Media



## 2. Information from Government and NGOs



### 3. Information from Academia



### 4. Information from Online Public Forums



## 5. Search by Keywords

最新信息

每页 10 记录

标题	数据来源	主题	发帖时间
[廣告吸毒] 400HKD 賣Overwa	香港论坛	吸毒	2016-07-08
[轉貼] 酒井法子被問吸毒 記者逮新	香港讨论区	吸毒	2016-06-29
[澳門] 政府廣告一時話毒成一家, 要搵	香港论坛	吸毒	2016-06-09
AV界女神麻生希 疑吸毒被捕	香港讨论区	吸毒	2016-07-07
【戒滅人性】吸毒者指使2歲男 用枕頭悶死	香港讨论区	吸毒	2016-07-18
【立會選戰】高錕斌反對學校談港獨：叫噏學	香港讨论区	吸毒	2016-08-20
【群青酒校】校長指有學生提交吸毒 太多驚	香港讨论区	吸毒	2016-05-09
【新聞】食火鍋變吸毒 深圳火鍋店揭密會「	香港论坛	吸毒	2016-04-21
【消息】李國章被圍毆後片學生似「吸毒	香港讨论区	吸毒	2016-07-21
傳歐雲球器吸毒, 睡下可以點解睡	香港讨论区	吸毒	2016-05-20

顯示 1 到 10, 共 26 條

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## 6. Search by Publication Date

最新信息

每页 10 记录

标题	数据来源	主题	发帖时间
孙杨到底有没有吸毒	Uwants	吸毒	2016-08-09
讓頭腦毒 港女紹羅判囚九年三月	香港讨论区	冰毒	2016-08-09

顯示 1 到 2, 共 2 條

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## 7. Search by Data Sources

历史信息

每页 10 记录

标题	数据来源	主题	发帖时间
(一)FosM1在澳门螺杆菌相关胃癌中的	百度学术	吗啡	2013-06-01
0.75%布比卡因复合吗啡与可乐定在制膏	百度学术	吗啡	2014-06-01
07年-12年1000例海洛因成瘾者临床	百度学术	海洛因	2013-06-01
1,3-偶极环加成反应与胆碱酯酶代谢海洛	百度学术	海洛因	2013-06-01
1.MK801、头孢曲松和RU38486	百度学术	吗啡	2013-06-01
1002例海洛因成瘾者DSM-IV轴I障碍	百度学术	海洛因	2013-06-01
100例吸毒成瘾人员的心理健康状况分析	百度学术	吸毒	2014-06-01
105例吸毒人群AIDS患者中医证型与C	百度学术	吸毒	2013-06-01
105例吸毒人群AIDS患者中医证型与C	百度学术	吸毒	2013-06-01
10英台喜家英文攜帶毒品 二度被逮	百度学术	毒品	2014-06-01

顯示 1 到 10, 共 3,680 條

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