

“Study on Drug Abuse Situation and Service Needs of Non-engaged Youths in Hong Kong”

Executive Summary

Introduction

Background

Psychoactive substance use among adolescents and youths is a global health problem. Non-engaged youths (NEY), which is defined as adolescents and youths of 15 to 24 years old, having neither been schooled nor employed in the past three months at the time of the interview being conducted, is a particular high risk group. According to a report previously prepared by our group (Lau, 2003), the prevalence of psychoactive substance use among NEY aged 15 to 19 recruited from outreach services, the Youth Work Experience Training Scheme, and the Youth Pre-employment Training Programme was 8% in 2002. As the problems faced by NEY are different from those faced by engaged youths, different anti-drug strategies are required. It is warranted to investigate the risk and protective factors associated with substance use behaviors and intentions among NEY.

The Hong Kong government has recently invested ample resources on prevention and control of psychoactive substance use among adolescents and youths. As there is a dearth of studies on issues related to use of psychoactive substances among NEY, the Narcotics Division commissioned this needs assessment study to the Centre for Health Behaviors Research of the Chinese University of Hong Kong.

Objectives

1. to identify socio-demographic profiles, behaviours and characteristics of non-engaged youth in general, with special focus on substance abusers;
2. to investigate the risk and protective factors on the substance-using behaviours of non-engaged youth;
3. to examine the service needs of these non-engaged substance-using youth and barriers that discourage them from receiving anti-drug services;
4. to recommend services that may help non-engaged substance-using youth to resume a healthy life.

The first part of the study targeted all participants. It investigated the prevalence of use of psychoactive substances (life-time use, current use during the last month and intention to use in the next 12 months) among Chinese NEY of 15 to 24 years old in Hong Kong. We investigated factors associated with ever use of psychoactive substances (among all participants), intention to use psychoactive substances in the next 12 months (among those who had never used psychoactive substances) and intention not to use psychoactive substances (among those who had used psychoactive substances) in the last 12 months. A list of psychoactive substances, including ketamine, methylamphetamine, cocaine, cannabis, ecstasy, nimetazepam, flunitrazepam, and coughing syrup, were provided to the participants for reference.

In the first part of the study, a wide range of factors was considered for investigating associations with ever use of psychoactive substances, including: 1) socio-demographic factors, 2) information related to non-engagement (duration, distress, desire to be employed, participation in community activities, perceived governmental support on youth development), 3) previous adversities (physical abuse and corporal punishment, arrest, and school suspension), 4) cognitive factors related to psychoactive substance use, basing on Health Belief Model (HBM) (perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and perceived self-efficacy), 5) protective factors (resilience attributes, social and family support), 6) mental health status (loneliness and social isolation, depression, anxiety and stress), 7) responses to the themes of announcements of public interest (API) and anti-drug slogans (level of fear induced and perceived impact on the participant's substance use behavior) and 8) peer influences on substance use (friends who are substance users and suggestion by peers to use substance).

While the first part of the study focused on all participants, the second part targeted psychoactive substance users (those who had used psychoactive substances in the last 12 months) only. The second part of the study described the history (age at first use) and patterns of substance use (e.g. types and frequency of substance use, multiple substance use, substance use in mainland China, and performance of illegal activities due to substance use). Second, the levels of awareness and utilization of cessation services, intention to use psychoactive substances in the next year, and history of relapse was reported. Third, some cognitive beliefs on cessation basing on the Theory of Planned Behavior (TPB) (positive and negative attitudes, subjective norms and perceived behavioral control) were assessed. Fourth, the level of help seeking behaviors to deal with problems related to substance use was recorded. Lastly, factors associated with intention to not using substances in the next 12 months within this subgroup of participants were investigated.

Methods

A cross-sectional survey was conducted from February 2011 to March 2012. The main data set was collected from a random population-based telephone survey (n=255), supplemented by data collected on a special subgroup of NEY who were clients of social workers (n=209), and referrals made by NEY participants of this study who were clients of social workers (n=15). The total sample size was hence 479. The prevalence estimated by the main telephone survey sample was an effort to reflect the overall situation of NEY in Hong Kong. The sample of clients of social workers represented a potentially important subgroup as potential interventions can be delivered to such NEY via social workers. Since the special subgroup had a different age range and different characteristics as compared to the overall telephone sample, we presented the prevalence of the two groups separately.

Major Findings:

Please note that the characteristics of the combined sample depend on the characteristics of the sub-samples and therefore should be used for reference only.

Descriptive statistics of the participants' profiles

The section below provides some descriptive statistics about the participants.

1. Socio-demographic characteristics

Of all the participants, 52.8% were 19 years old or above (85.5% for the telephone-based

sample and 15.6% for the service-based sample); 39.5% were female (42.0% for the telephone-based sample and 36.6% for the service-based sample); 74.3% were living with both parents (76.1% for the telephone-based sample and 72.3% for the service-based sample); 59.1% were living in public housing estates (52.2% for the telephone-based sample and 67% for the service-based sample); 23.4% had divorced parents (18% for the telephone-based sample and 29.5% for the service-based sample).

2. Variables related to non-engagement

About 40% (37.2%) of all the participants had been non-engaged for over six months (31.4% for the telephone-based sample and 43.8% for the service-based sample) and 62% were currently not participating in any community activities (70.6% for the telephone-based sample and 52.2% for the service-based sample).

3. Previous adverse life events

Of all participants, 40.9% (27.8% for the telephone-based sample and 55.8% for the service-based sample), 16.5% (9.8% for the telephone-based sample and 24.1% for the service-based sample), 27.3% (10.6% for the telephone-based sample and 46.4% for the service-based sample) and 52.6% (33.7% for the telephone-based sample and 74.1% for the service-based sample) of the participants had been hit or received corporal punishment frequently during their childhood, had been suspended from school, had been arrested or had at least one of the adverse experiences respectively.

4. Peer influences on substance use

About half of the participants (48.4%) had at least one substance-using friend (29.4% for the telephone-based sample and 70.1% for the service-based sample); 29.9% (16.5% for the telephone-based sample and 45.1% for the service-based sample) were having close relationships with some psychoactive substance users; 23.4% (14.5% for the telephone-based sample and 33.5% for the service-based sample) and 10% (9.8% for the telephone-based sample and 10.3% for the service-based sample) had been suggested to use psychoactive substances by friends or friends known via the internet respectively.

Use and intention to use psychoactive substances

1. Substance use behavior

It is seen that psychoactive substance use was prevalent among the sampled NEY. 13.7% of the participants recruited through telephone survey and 37.5% of those recruited through NGO or snowballing had ever used psychoactive substances; and 8.6% of the participants recruited through telephone survey and 27.7% of those recruited through NGO or snowballing had done so in the last 12 months, whilst about one-eighths (11.8%) of the never-users and 83.3% of those who had used psychoactive substances in the last 12 months would use psychoactive substances in the next 12 months. As a reference, previous studies reported prevalence of ever-use of psychoactive substances being 4.3% among secondary students in the 2008/09 school year (Narcotics Division, 2010) and 9.3% among younger adults (age 18 to 24) of the male general population (Lau, Kim, & Tsui, 2005).

2. Profile of ever psychoactive substance users and users in the last 12 months

Two-third of the participants who were psychoactive substance users were male (62.2% for ever users and 59.5% for the users in the last 12 months). Due to the study design, more than one-third of the psychoactive substance users were 19 years old or above (42.9% for ever users and 39.4% for users in the last 12 months) and around 70% had an education

level lower than F.3 (66.4% for ever users and 72.6% for the users in the last 12 months). More than half of the psychoactive substance users had been non-engaged for over six months (56.3% for ever users and 63.1% for users in the last 12 months).

More than two-third of psychoactive substance users had been hit or received corporal punishment frequently during their childhood (63.9% for ever users and 70.2% for users in the last 12 months) or had been arrested (66.4% for ever users and 65.5% for users in the last 12 months). About half had been suspended from school (43.7% for ever users and 40.5% for users in the 12 last months)

3. Substance use patterns and intention to quit

Close to half (50.4%) of the substance ever-users had been using psychoactive substances for at least three times a month. Therefore, most of them are regular psychoactive substance users. Over half of the ever-users and users in the last 12 months (55.5% and 56.0%, respectively) had their onset at age 14 or earlier. Furthermore, 31.1% of the substance users had used psychoactive substances in mainland China in the last six months.

About 60% (61.9%) of the psychoactive substance users (last 12 months) had attempted to quit but failed. Respectively 16.7% and 32.1% of the psychoactive substance users (last 12 months) perceived that there was no chance or only some chances for him to use psychoactive substances in the next 12 months, indicating their wish to quit. Half of the psychoactive substance users (50%) were unaware of existing cessation services. Furthermore, worry about loss of freedom was the most frequently mentioned barrier against using cessation services among those who were aware of the existence of such services.

Factors associated with psychoactive substances use

1. Negative childhood experiences and broken family as risk factors

The high prevalence of psychoactive substance use among the sampled may be related to their developmental needs and problems. It is noted that high proportions of the participants had had divorced parents (23.4%) or were not living with both parents (25.7%). Previous adversities such as probable physical maltreatment (almost 40%), school suspension and police arrest was also prevalent. In the univariate analysis, the aforementioned variables were significantly associated with life-time use of psychoactive substances and intention to use such substances in the next year among never-users.

Corroborating with the results of other studies, our univariate analysis showed that family support factor (including good relationship with family members and being cared by family members) were strongly associated with ever-use of psychoactive substance among all respondents and/or intention to use psychoactive substances in the next year among never users. About half of the participants did not feel well understood by their family members. Understanding is seen to be lacking by many participants, and family pressure (such as poor family relationship and lack of care) was a risk factor of substance use among never-users. Substance use is one of the behavioral problems that are prevalent among children growing up in broken families.

2. Longer duration of non-engagement and stress due to non-engagement as risk factors

About 40% (37.2%) of the participants had had their duration of non-engagement longer than seven months. It is seen that duration of non-engagement of 7 to 12 months was

significantly associated with a higher likelihood of psychoactive substance ever-use as compared to a shorter duration of non-engagement. Therefore, we cannot underestimate the effect of non-engagement lasting for a year or less on psychoactive substance use.

Furthermore, about 60% (63.0%-67.8%) of the participants expressed signs of distress (financial pressure, family pressure and disappointment) due to the non-engagement. Loneliness and social isolation were associated with duration and distress related to non-engagement. Importantly, these indicators were all associated with ever-use of psychoactive substances among all participants and/or intention to use psychoactive substances in the next 12 months among never-users

The prevalence of anxiety and depression was high (respectively 29.9% and 28.2%) and both of these variables were significantly associated with ever-use of psychoactive substances among all participants and/or intention to use psychoactive substances in the next year among never-users.

3. Peer influences as risk factors

Peer influences were among the strongest risk factors found in this study, including suggestions to use substances made by peers and financial support from peer. Subjective norm, a construct of the TPB, defined as significant others' approval of the health-related behaviors, have shown to be significantly associated with the health-related behavior (Sheeran, Conner, & Norman, 2001), including substance use (Umeh & Patel, 2004). Anti-drug campaigns targeting NEY needs to take this into account. It is necessary to replace substance using peers by other types of significant others, such as family members or peers living healthy life-styles.

4. Cognitive factors of HBM and TPB as risk or protective factors

It is interesting to point out that perceived severity of substance use was not significantly associated with ever use and intention to use psychoactive substances. Two perceived barriers (fear about arrest and perceived high cost of the substances) were significant protective factors of intention to use substance in the next 12 months among never users.

5. Responses toward health communication media messages as a protective factor

Our results interestingly showed that the expressed level of fear associated with messages about some physical damages (deaths and frequent urination) was seen as less fearful and/or as less effective in preventing the participants to use psychoactive substances, as compared to themes referring to social damages (e.g. hurting the family and destroy the future). This is consistent with the results that perceived severity of physical harm was non-significant related to intention to use substance in the next 12 months among the never-users. These observations are supported by research findings that adolescents and youths are more concerned about immediate feelings (rewards) over long-term benefits (Pechmann, Levine, Loughlin, & Leslie, 2005). Some slogans (e.g. Be smart Be free and Drugs? No way?) were apparently rated as not being too effective.

6. Intention not to use substances among user in the last 12 months

The prevalence of intention not to use psychoactive substances among those users in the last 12 months was 16.7%. About 40% of the psychoactive substance users (72.7% of males and 27.3% of females) worried about weight gain, which is a disincentive of cessation. In contrast, improved chances of finding a job (53.6%) and improvement of family relationship (56.0%) were reported to be incentives of cessation. Discomfort due to

substance use was significantly associated with the intention of not to use psychoactive substances in the next 12 months among those who had used psychoactive substances in the last 12 months.

Limitations:

The definition of NEY is operational as the definition of NEY differs across researchers. There was no good sampling frame for NEY. We sampled from three sources, attempting to give both overall estimates for all NEY and those for an important subgroup of clients of social workers. The sample thus contained two groups of participants recruited from different sources, which had different characteristics and proportion of substance users. The characteristics of participants recruited from different sources may not be comparable. This is coupled by the fact that the age range of the two samples was different. We therefore presented the prevalence of the two samples separately and readers are reminded that the overall prevalence of all participants were for references only. Our snowballing only recruited a small number of participants and our sampling could not be extended through social networks of NEY. Also, the definition of psychoactive substances might vary among the participants. Furthermore, the number of substance users identified by this study was relatively small. The results may be subjected to reporting bias, as substance use is both socially undesirable and illegal.

Finally, the findings on the associated factors to substance use were based on combined sample recruited from difference sources. Despite the fact that the sample contained two groups of participants recruited from different sources, which had different characteristics and proportion of substance users, we believe that the associations between the independent variables (socio-demographic, cognitive and psychological) under investigation and the dependent variables related to substance use should follow similar directions in both groups. We tested this assumption of directionality by looking at separate analysis of the risk factors of ever use of substances for the two groups and found similar directions in almost all of the associations. We however, could not test the assumption of similar directionality for the two other dependent variables (intention to use substances among non-users and intention not to use substances among users) as there were too few cases showing intention in each of the two groups to allow for such logistic regression analysis. The approach of analysing associated factors using combined samples recruited from different sources has been common and acceptable in many published studies on hard-to-reach populations, including those on substance use. It is acknowledged that NEY is an extremely hard-to-reach population. The sampling of this study was therefore inevitably subjected to potential sampling biases but in the absence of any sampling frame, it was a good attempt to collect data from this vulnerable group and we believe that the results have brought insights to programmers and health workers.

Recommendations:

We summarize some specific recommendations that were made basing on our findings.

1. Additional resources should be allocated to anti-drug campaigns targeting NEY as the size of the problem is alarming. Such campaigns should target both males and females.
2. Strengthened support should be provided to outreach social workers as many of their clients are substance users or potential substance users. Such support may include

- training about substance use prevention, referrals to mental health professionals, and additional resources to implement anti-drug services targeting NEY.
3. Anti-drug prevention programs should be provided at schools targeting high risk individuals such as potential drop-outs and those with single parents. Such programs should start early. Resources should be given to follow up those who drop-out from schools.
 4. Anti-drug prevention programs targeting NEY needs to be comprehensive. It should tackle perceived benefits, perceived self-efficacy and cues to action according to our findings. Barriers should be increased, including prosecutions and cautions about use of excessive pocket money. It should increase benefits of job-finding and family relationship. Such programs should involve family members and psychologists and to remove distress due to non-engagement and mental health problems. It needs to compete with the negative peer influences by creating new meaningful relationships and skills to resist invitations to use substances. Substance use among NEY needs to be seen as one of the negative outcomes of previous adversities interacting with loneliness and frustration of non-engagement, in the context of negative peer influences. Dissemination about long-term severe consequences may not be adequate to solve the problem.
 5. Anti-drug messages targeting NEY may be reviewed, with the possibility of shifting the emphasis from long-term physical consequences to immediate responses such as discomfort, prosecution, harms to family relationship, and difficulty in finding a job. It is recommended that some formative operational research should be conducted to design effective campaign.
 6. Social workers should also be made aware of existing cessation services. A campaign to promote such services may be necessary as there seems to be a demand but the prevalence of awareness and utilization of such services among NEY seems low. Such campaigns should take different strategies from the existing one which highlights harms of substance use. It also needs to take into account worry about prosecution, family responses and other logistic factors. Research is warranted to understand further factors affecting health services utilization behaviors.

Conclusion

All in all, we need to understand our clients better so as to design effective programs preventing and controlling psychoactive substance use among NEY. The risk factors faced by NEY might be different from other young adults with full-time employment or study. Thus, a tailor-made preventive program is needed. The problem is multi-dimensional which includes the individual distress due to NEY experience, mental health problems, negative peer influences, broken family background and adverse childhood experience. In order to have effective anti-drug campaign, different stakeholders such as family members, peers, and interdisciplinary health professionals should be involved in developing such campaign.