

Report on

A Study of Substance Abuse

in

Underground Rave Culture and Other Related Settings

**Commissioned by the Action Committee Against Narcotics (ACAN)
Research Sub-committee**

LAM Chiu Wan

BOEY Kam Weng

WONG On On, Annie

TSE Siu Keung, James

September 2004

Report on
A Study of Substance Abuse in
Underground Rave Culture and Other Related Settings

Commissioned by the Action Committee Against Narcotics (ACAN)
Research Sub-committee

Name of Investigators

Principal Investigator: LAM Chiu Wan, *PhD*

Project Coordinator: WONG On On, Annie

Co-investigators: BOEY Kam Weng, *PhD*

TSE Siu Keung, James

Research Assistants: LAM Wai Fu

YUNG Chi Kong

Correspondence: Department of Social Work & Social Administration,
The University of Hong Kong, Hong Kong

(Phone: 2859 2087; email: cwlam@hku.hk)

September 2004

TABLE OF CONTENTS

Acknowledgements	3
Executive Summary	6
Summary	15
Chapter 1	
Introduction	54
Chapter 2	
Findings of Qualitative Study	66
Chapter 3	
Findings of Quantitative Study	122
Chapter 4	
Conclusion and Recommendations	168
 Appendices	
1. Questionnaire	193
2. Interview schedule for drug abusers	202
3. Discussion guidelines for social workers	205
4. Discussion guidelines for politicians	206
5. Discussion guidelines for young students focus groups	207
6. References	208

ACKNOWLEDGEMENTS

The research team would like to acknowledge the following persons and agencies for their contribution in the study:

-
1. The young people who participated in this study.
 2. Social workers of the “Work Hard Play Safe”, Drug Free Promotion Team (Hong Kong Caritas) and the “V Can Dance Project”, Beat Drugs Counseling and Educational Project (Hong Kong Federation of Youth Groups).
 3. The students of S.K.H. Li Ping Secondary School.
 4. Ms. CHAN King (Headmistress), Ms. SIU Chui-fan (Coordinator, Counseling Group) and the teachers of S.K.H. Li Ping Secondary School.
 5. Social workers of the following social service agencies:
 - (a) Caritas Youth & Community Service, Caritas HUGS Centre, Counseling Service for Young Psychotropic Substance Abusers
 - (b) Caritas Youth & Community Service, Work Hard Play Safe, Drug Free Promotion Team
 - (c) ELCHK, North District Youth Outreaching Social Work Team
 - (d) Hong Kong Christian Service, PS33 – Centre for Psychotropic Substance Abusers
 - (e) Hong Kong Lutheran Social Service, LC-HKS, Evergreen Lutheran Centre, Psychotropic Substance Abuse Counseling Centre for Youth
 - (f) Hong Kong Y.W.C.A., Central, Western & Islands District Youth Outreaching Social Work Team
 - (g) Hong Kong Y.W.C.A., Kwun Tong District
 - (h) Hong Kong Y.W.C.A., Jockey Club Tuen Mun Integrated Social Service Centre
 - (i) Hong Kong Y.W.C.A., Lung Cheung Integrated Social Service Centre
 - (j) Hong Kong Y.W.C.A., Jockey Club Shatin Integrated Social Service Centre
 - (k) Hong Kong Y.W.C.A., Tsing Yi Integrated Social Service Centre
 - (l) The Hong Kong Federation of Youth Groups, Beat Drugs Counseling and Educational Project V Can Dance Project
 - (m) The Hong Kong Federation of Youth Groups, Sai Kung & Wong Tai Sin District Outreaching Social Work Team; Jockey Club Tseung Kwan O Youth S.P.O.T.
-

6. Social workers who participated in individual and focus group interviews:

Miss HO Wing Yin, Cecilia (Senior Social Worker)

Mr. CHU Fung (Caritas Youth & Community Service)

Mr. YUEN Wai Sum (Hong Kong Y.W.C.A.)

Mr. A. TAM (Senior Social Worker)

7. And social workers from:

- (a) Caritas Youth & Community Service, Caritas HUGS Centre, Counseling Service for Young Psychotropic Substance Abusers
- (b) Caritas Youth & Community Service, Work Hard Play Safe, Drug Free Promotion Team
- (c) Caritas Youth & Community Service, Southern District Youth Outreaching Social Work Team
- (d) ELCHK, North District Youth Outreaching Social Work Team
- (e) ELCK, Tin Shui Wai District Youth Outreaching Social Work Team
- (f) Hong Kong Christian Service, PS33 – Centre for Psychotropic Substance Abusers
- (g) Hong Kong Lutheran Social Service, LC-HKS, Evergreen Lutheran Centre, Psychotropic Substance Abuse Counseling Centre for Youth
- (h) Hong Kong Playground Association, Yau-Tsim Mong District Youth Outreaching Social Work Team
- (i) Hong Kong Playground Association, Upper Kwai Chung Integrated Team
- (j) Hong Kong Y.W.C.A., Central, Western & Islands District Youth Outreaching Social Work Team
- (k) Hong Kong Y.W.C.A., Kwun Tong District
- (l) Hong Kong Y.W.C.A., Jockey Club Tuen Mun Integrated Social Service Centre
- (m) Hong Kong Y.W.C.A., Lung Cheung Integrated Social Service Centre
- (n) Hong Kong Y.W.C.A., Tsing Yi Integrated Social Service Centre
- (o) The Hong Kong Federation of Youth Groups, Beat Drugs Counseling and Educational Project V Can Dance Project
- (p) The Hong Kong Federation of Youth Groups, Tsuen Wan and Kwai Chung Outreaching Social Work Team

-
8. *The research team would also like to thank the following persons for their invaluable help:*

The Hon. LEUNG Yiu-chung (Legislative Council)

Mr. HO Hin Ming, Joseph (Kowloon City District Council)

Mr. YIM Tin-sang (Tuen Mun District Council)

Mr. Paul LEWIS (Narcotic Bureau, Hong Kong Police Force)

Mrs. Lily NG (Youth Section, Social Welfare Department)

Mr. DJ Bert (C Head Entertainment)

EXECUTIVE SUMMARY

1. Rave culture first appeared in western countries in the 1980s. It is a mixture of dance, music, drugs, youth culture, and deviance culture. The culture came to Hong Kong in the late 1990s. There has been an increase in the popularity of rave parties and discos in the past decade. However, this study found that the rave culture is transforming quickly in recent years. Large-scale rave parties are disappearing and changing into a variety of less structural and small-scale underground settings. The focus of this study is placed on the substances abuse behavior among young people in the context of the Underground Rave Culture (URC).
2. **Definition:** The Underground Rave Culture (URC) basically refers to those underground activities that, as a part of the rave culture, can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing). Drug consumption is often a means to an end rather than an end itself.
3. At first, URC takes the form of small-scale discos or rave parties in different local communities and has now become more widely spread. It has the effect of giving participants greater access to drugs, and expanding their networks to form groups in which drugs are consumed. URC has been changing rapidly and developed into

different forms of activities. The activities that go on within URC are multifarious, but transitional and temporary.

4. It has to be noted that URC has prevailed in those organized and illegal parties or discos where the organizers do not get the license from the government to hold discos/parties. Young people not only dance and listen to the music in these environment, they also abuse substances in such organized and illegal rave parties. In our study, we found that these activities took place in *privately run discos and parties* (私賣), *resort houses* (渡假屋), *drug dealers' warehouses* in industrial building, *cyber cafés* (網吧) and *shopping malls* (after the normal opening hours). However, URC cannot be regarded as a mainstream culture for drug abusers to take drugs, but develops from the rave culture. Their drug taking behaviors are not only restricted to the places that mentioned in URC.
5. In the context of Underground Rave Culture (URC), as we found in this study, the types of drug behavior can be further divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in **organized, structural, and commercialized settings**, such as small-scale discos/ dance clubs and Shenzhen discos.
6. Second, they might take drugs in **spontaneous and self-initiated ways**. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would

take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), in public parks or country parks.

7. Third, some young people would treat drug abuse as *an entertainment program of other activities*; that is, they would abuse drugs in various places. For instance, the respondent in this study had taken drugs at beaches, in cinemas, and at podiums of public housing estates.

Findings of Qualitative Study

8. **Target of interviews:** Semi-structured in-depth interviews with 30 young drug users (18 males and 12 females) who had psychotropic substance abuse experience in the context of URC and who aged between 15 to 30.
9. **Respondents' drug beliefs and values:** The majority of the respondents held the belief that they were not addicted to any drugs. They claimed they were casual and recreational users, since they only took illicit drugs on special occasions, such as friends' birthdays or certain festivals like Christmas. They also believed that they could control their drug dosage. They just wanted to experience the "happy" feeling that drugs gave them and were confident in their ability to control their drug usage.
10. **Observation of social workers:** A total of 23 social workers from different settings participated in the study. Overall speaking, the social workers agreed that the problem of substance abuse among young people in the context of URC was serious. The age

at which they start taking drugs has been getting lower, and most of them are poly-drug users. They also confirmed that young people would abuse at various places, such as in their homes, at friends' homes, in public gardens, in the stairwells of public housing estates, or even on buses and in the street. Hence, the substance abuse behavior among young people in the context of URC highlights the seriousness of the problem. For there is a clear trend of habitual substance abuse. Like smoking or drinking, the respondents take drugs in various places, as if it is a kind of hobby.

Findings of Quantitative Study

11. In the survey, we studied the drug abusers' pattern of taking drugs, and their psychological states as identified by the *Chinese Drug Involvement Scale (CDIS)* and the *Chinese Purpose in Life Questionnaire (CPIL)*. Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of URC, including drug abusers identified in discos and rave parties by the research team, and drug abusers referred by outreaching social workers (N=201). The scales were also administered to students (non-drug users) from a purposively selected secondary school which had students of academic standards relatively lower than average (N=233). The results were compared with the young drug abusers group.
12. **Sample characteristics:** It was found in the survey that male drug users (61.7%) accounted for a higher proportion in our sample. There were relatively high

unemployment rate among the drug users (44.8%) as compared with the population as a whole. It was also found that the drug user group had higher single parent rate (23.4%) than the school comparison group (7.3%). It implied that drug abuse behavior is related to the status of being in a single parent family.

13. **Disco/rave activities:** Regarding the frequency of visiting disco, nearly half of them (45.9%) visited disco twice a month or more. Social gathering (including “meeting friends” and “being invited by friends”) accounted for 58.4% among the major reasons of visiting disco or rave party. While some of the boys (8.6%) visited disco for making new friends as the major reason, none of the girls took it as the major reason, much more girls (32.9%) than boys (17.2%) stated that dancing was their most important reason of visiting disco. Getting drugs accounted for 13.0% among the major reasons of visiting disco.
14. **Drug abuse pattern:** Most of the drug abusers (88.6%) were poly-drug users and had ever abused more than three kinds of drugs on average. The three most popular drugs were Ketamine (89%), Ecstasy (84%), and Cannabis (79%). In the last month, each subject on average had abused drugs for more than five times ($\underline{M}=5.35$). Most of the subjects (73.1%) abused drugs in more than one location. On average, they abused drugs in more than two places ($\underline{M}=2.41$). Apart from disco/rave parties, it should be noted that 53% of our respondents abused drugs at their own homes or at their friends’

homes, in Karaoke and other entertainment venues such as 'Cyber cafes' and TV game centers (44%). Moreover, many of the participants had the experience of substance abuse in public areas (34%), such as parks.

15. **Drug abusers' attitudes towards drug abuse:** It was found that drug abusers and their peers generally showed acceptance towards substance abuse. Their motive for drug abuse was mostly out of fun. Most of the drug abusers tended to deny their problems or under-estimate their involvement in drugs. Nevertheless, the drug abusers realized that there were adverse effects of drug abuse on their health, their study, or their work.
16. **Comparison between drug abusers and students:** It was found that the drug abusers had higher CDIS scores (\underline{M} = 70.5) than non-drug users (\underline{M} = 32.0). The difference was significantly different as expected and was consistent with the purpose of CDIS being a measure of one's involvement in substance abuse. The CPIL difference between drug abusers and non-drug users was also statistically significant, and it was found that drug abusers had their CPIL (\underline{M} =88.0.) lower than the non-drug users (\underline{M} =97.6). It meant that drug abusers had less purpose in life than that of the non-drug users.
17. **Relationship between CPIL and CDIS:** The CPIL and CDIS were negatively correlated for both drug users (\underline{r} = -0.189) and students (\underline{r} = -0.314). It suggested that

those with higher involvement in substance abuse tended to have a more negative purpose in life.

Trend and extent of drug abuse problem in the context of URC

18. Based on the findings of this research, we anticipate that the problem of substance abuse in the context of both URC will continue to exist and transform. It is noteworthy that in the current social and economic environment, young people with low academic motivation and achievement will not be in a position where they will be able to gain a sense of success and self-fulfilment. Hence, substance abuse will remain an easy way for some young people to gain peer recognition and avoid unhappiness and boredom.
19. “Drug buffet” or “drug cocktail party”, with all kinds of drugs (including heroin) provided for free use at a party, were apparently a common underground cultural practice among drug abusers. We consider them very dangerous and the drug abusers are at a greater danger of becoming addicted to heroin.
20. We also anticipate that drug users in the context of URC will act as a “transmitter” of this social illness to their friends and community. While drug-taking activities being organized in small, unstructured groups, police detection and social worker interventions become difficult.

Recommendations

21. **Formalizing the management of entertainment venues:** To reduce the possibility of drug trafficking at discos, a personal licensing system for disco staff needs to be set up to ensure that no personnel have a criminal record. Body searches and tests for psychotropic drugs should be carried out at the entrances, to ensure that customers do not carry or use drugs at these events.
22. **Drug prevention education:** Drug education should be an integral part of secondary schools' health and social studies curricular, and drug education programs be provided as extracurricular activities.
23. **Anti-drug programs and publicity functions:** They should be target-specific to different groups, including young drug abusers, at-risk youths, normal youths, and parents. The government should put more emphasis on the programs that make use of the stories of former drug users, and increase their circulation through the Internet. NGOs should be invited to design anti-drug programs and make it a requirement for them to involve ex-drug users, so that the programs will be more acceptable to young drug users.
24. **Social Services:** More resources should be allocated to help young female drug abusers, who can easily get free drugs. "Youth substance abuse clinics" should be set up so as to provide basic health care services to young drug users. The service can

also reach out, and make the at-risk youth become more aware of their health problems while simultaneously providing counseling services to drug users.

25. We also suggest that peer counseling programs in NGOs for drug abusers should be expanded so that young people who have been rehabilitated can help current drug users. There should also be more services to help unemployed young drug users find jobs or participate in vocational training courses.
26. Finally, the government should launch more programs to foster the development of resilience in young drug abusers and other young people at risk. Such programs should aim to increase their self-confidence, and problem-solving skills, and provide them with strategies to enhance their bonding to their family, to their school, and to the community.

SUMMARY

Introduction

(Chapter 1)

Background

1. The research team was commissioned by the Research Sub-committee, Action Committee Against Narcotics (ACAN) in 2001 to conduct a study on the drug behavior of young adolescents. This was given the title “A Study of Substance Abuse in the Context of Underground Rave Culture.”
2. Rave culture first appeared in western countries in the 1980s. It is a mixture of dance, music, drugs, youth culture, and deviance culture. Redhead (1993) argues that a rave is a dance party that evolved from the dance-musical styles adopted mainly in black gay clubs, especially the Warehouse in Chicago and Paradise Garage in New York. The prevalence of rock and pop music and the adoption of the rock star as a model for a new artistic lifestyle contributed to the increase in illicit drug use in the second half of the 20th century.
3. Rave culture came to Hong Kong in the late 1990s. However, only a small group of people would attend these early rave parties and discos, most of which were run

underground before 1997.¹ However, there has been an increase in the popularity of rave parties and discos in the past few years, and more and more people, especially young people, now attend these parties and discos.

4. Under guidelines issued by the Narcotics Division,² rave parties in Hong Kong have been contained by a bilateral agreement between party organizers and the government. Under the agreement, party organizers should responsibly manage the parties (such as by providing a safe environment) and prevent any unlawful activities (especially the possession and consumption of drugs inside the dancing hall) from taking place. Most large scaled rave parties and discos in Hong Kong operate legally.
5. Some frequenters of raves predicted that the popularity of rave parties in Hong Kong would decline and even disappear from Hong Kong within one or two years. As in other countries that have faced the same problem, the government and law enforcement agents in Hong Kong use a wide range of legislature and operations to tackle illegal drug use at parties and discos. It has been argued, however, that such a prohibitive approach will drive parties and discos underground (Task Force on Psychotropic Substance Abuse, 2001).
6. With the decline of rave parties comes the rise of an alternative mode of gathering.

Along Nathan Road in Kowloon, an increasing number of small-scale disco clubs and

¹ Task Force on Psychotropic Substance Abuse (2001). *Report on an in-depth study of psychotropic substance abuse in Hong Kong*, Hong Kong: ACAN.

² *The Code of Practice for Dance Party Organizers*, October 2000, Hong Kong SAR Government.

parties have been established. They have also been spreading to other districts, especially satellite towns such as Tsuen Wan where many young people live. Often, such discos and parties do not have a license from the government and so can be considered to operate underground. The public has expressed concern that another type of culture, Underground Rave Culture (URC), will expand along with the growing popularity of underground discos and parties, youths will resort to other forms of gathering in order to take drugs in a group.

7. If discos and parties go underground, there will be no communication between the different parties, namely government authorities, law enforcement agents, youth workers, disco/party organizers, and underground disco-goers/party-goers. If the policy cannot fit the genuine needs and expectations of these young people, stronger resistance will develop among them, leading to their isolation and their refusal to seek help. If the problem worsens, it may finally lead to the social exclusion of disco-goers from our society.

Definition of Underground Rave Culture (URC) in this Research

8. When the research team was commissioned by the ACAN in October 2001 to conduct the research, whether URC existed in Hong Kong or not was largely unknown. Nevertheless, we define URC as basically referring to those underground activities that are characterized by the consumption of psychotropic drugs and, as a part of the

rave culture, can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture.

9. Apart from that, based on our review of the literature and information provided by some social workers, we predicted at the beginning of our research two possible scenarios. First, it was possible that URC might exist. There would be organized, illegal rave parties where young people not only enjoyed dancing and music, but also took drugs that were most probably provided by party organizers, by party-goers' friends or by party-goers themselves. Such parties or discos were in small scale. They were done secretly because they were unofficial and illegally. Second, at the other extreme, it was possible that URC did not exist at all; that the authorities had been successful in controlling URC and consequently drug abuse by disciplinary measures.
10. Finally, we have found from our research that URC has prevailed in those organized and illegal parties or discos where the organizers do not get the license from the government to hold discos/parties. Young people not only dance and listen to the music in these environment, they also abuse substances in such organized and illegal rave parties. In our study, we found that these activities took place in *privately run discos and parties* (私賣), *resort houses* (渡假屋), *drug dealers' warehouses* in industrial building, *cyber cafés* (網吧) and *shopping malls* (after the normal opening hours).

11. We have also found from our research that URC has developed from the “old” rave culture and emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, such rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, a common language and the common beliefs (particularly about drugs).
12. During our period of study for nearly one and a half year, however, the research team also found that URC has been changing rapidly and developed into different forms of activities. As we observed, URC was only transitional and temporary and the scope of URC has been transformed, not only restricted to those organized and illegal parties. The activities that go on within URC cannot be regarded as a mainstream culture for drug abusers to take drugs. Therefore, apart from examining the URC, research team also investigated the trend and extent of substances abuse behavior among young people in related settings.
13. In the context of URC, the types of drug behavior of the respondents in related settings can be divided into three categories, each of which involved taking drugs in specific environment. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos/ dance clubs and Shenzhen discos.

14. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), in public parks or country parks.
15. Third, some young people would treat drug abuse as an entertainment program of other activities and would abuse drugs in various places. For instance, the respondents had taken drugs at beaches, in cinemas, and at podiums of public housing estates.
16. As a whole, URC is part of the drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing). Drug consumption is often a means to an end rather than an end itself.
17. We have also found from our research that, in the context of URC, raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Thus, URC has the effect of expanding participants' networks and giving them greater access to drugs, leading them to form groups in which drugs are consumed. This expansion of networks also stems from information and communication technologies such as mobile phones. In this network, they share the same culture, a common language and the common beliefs (particularly about drugs).

18. Essentially, URC is a part of drug culture, characterized by the consumption of drugs (especially psychotropic drugs) and associated activities such as dancing and listening to loud music. Participants in URC tend to be young people aged between 16 and 30. With reference to their drug beliefs, they regard taking drugs as a form of recreation and a ritual. They place more emphasis on communicating with friends, thus taking drugs is regarded as a social activity with discos being used as a platform where people can interact. Taking drugs is not the only goal within this culture but it is one of the goals. Viewed from this perspective, URC can be regarded as a derivative of the “old” rave culture. However, it differs from the rave culture in that it is deeply associated with psychotropic drugs.
19. In the context of URC, drugs are used recreationally as an enhancer of activities such as dancing, socializing, having fun, feeling high, and doing something new and exciting that users would never have dared to do before taking drugs. Thus, drug consumption is often a means to an end rather than an end in itself.
20. Since the participants in URC tend to be underground and anonymous, our research strategy was to initially focus on potential URC participants such as disco-goers and the clients of outreaching social workers. The selection criteria of the participants are:
- (A) Aged 30 or below.
 - (B) They had taken psychotropic drugs in the past six months.
 - (C) They had attended rave parties or discos.

Research Method

21. This project is guided by Peele's (1991) cognitive model of addiction, which sees addiction as a self-defeating and habitual style of coping. Data were collected from multiple sources through both qualitative and quantitative means, including standardized scale measures and semi-structured interviews.
22. Qualitative research methods are used to understand the problem from an insider's perspective by engaging the "subjects" as equal and full participants in the research process. The results are compared with those relating to "normal" youths and other stakeholders in society (e.g. government officials, councilors) whose ideas are studied through in-depth interviews or focus group meetings.
23. For the quantitative part of the research, two scale measurements were adopted namely, the *Chinese Drug Involvement Scale (CDIS)* and the *Chinese Purpose in Life Questionnaire (CPIL)*, to provide an outsider's view of the drug experience. The results are compared with those relating to a group of "normal youths" assessed with the same tools.

Research Objectives

24. The objectives of this study were as follows:

- (A) To study different aspects of URC, including its features, operation modes, target groups, and attraction to youths, and *compare* them with those of *normal party culture and youth culture*.
- (B) To analyze the social, family, demographic, and other characteristics of the participants; in particular, *their drug abuse pattern and behavior, personal values, and beliefs about drugs*.
- (C) To assess the trends and extent of the drug abuse problem in the context of URC.
- (D) To recommend strategies to combat psychotropic substance abuse within the context of URC in Hong Kong.
- (E) To compare URC with the *mainstream culture of* our society.

25. We hope that this study will highlight the effects of drug control policy on young people's drug use behavior, and provide insights into the future development of drug control policy and anti-drug programs for young people in Hong Kong.

Findings of the Qualitative Study

(Chapter 2)

Basic Information and Characteristics

26. The qualitative study of this research aimed to understand Underground Rave Culture (URC) and the conditions of young drug users by conducting in-depth interviews with drug users, social workers, and other stakeholders:
- A. Young drug users who had psychotropic substance abuse experience in the context of URC and were aged 30 years old or below.
 - B. Social workers who provided rehabilitation services for the URC drug users.
 - C. Other stakeholders – disco organizers, politicians (district councilors, LegCo councilors), and government officials.
27. Focus group discussions: The researchers arranged focus group discussions with “normal” youths. The purpose of these was to better comprehend what “normal” young people thought about URC and what the differences between URC and the normal culture were.
28. Basic characteristics: Of the thirty interviewees who were drug users, 11 were unemployed (37%) and 8 were students (27%). The rest (11 out of 30) were low-skilled or semi-skilled workers. The age of the respondents at the time of their

initial drug abuse behavior ranged from 11 to 22, with 16.5 being the average.

29. All 30 interviewees were poly-drug users; that is, they were abusing two or more types of drugs at the time of the interview. Most of the respondents abused Ketamine and MDMA (Ecstasy) at the same time, especially when they were at discos. Ketamine was the most common type of psychotropic substance that was abused by the respondents. Cannabis, and Methylamphetamine (ICE) were another substances that the young people commonly abused. Other substances that the young people often abused included cough medicine, tranquillizers, cocaine, organic solvents, and heroin. They also stated that they would abuse cough medicine at video game centers or in pharmacies, and that they would abuse organic solvents at podiums and in stairwells of public housing estates, or in their homes. Thus, they would abuse different substances at different places.

Drug Abuse in the context of URC

30. Some of the respondents claimed that they went to *privately run discos and parties* (私賣) to take drugs, listen music and dance. Such discos, which were normally situated in flats in commercial or residential buildings, were unlicensed. As far as informed by the interviewees, one was located in Jordan; others were located in Mongkok where TV cameras were installed at the front doors to check the identity of

visitors. Only those who were known to the organizers of these discos were allowed to enter. The decoration, equipment (such as spot lights), and music in privately run discos are similar to those of small-scale discos in places like Tsim Sha Shui. But the average area of these discos is even smaller than that of small-scale discos, and only about 20 people could attend. People, who were mostly over the age of 20, would go there with groups of friends and take drugs such as MDMA (Ecstasy), Ketamine, and cannabis, as well as drinking and gambling (playing dice).

31. It is easy to buy illicit drugs in privately run discos and parties as the organizers themselves would sell them. The respondents pointed out that one of the main attractions of privately run discos is that the police would not check up on them. Another attraction was the sense of security that came from knowing most of the people at the disco, since only those known to the organizers could enter.

32. Renting a **resort house (渡假屋)** in which to abuse drugs is also gaining in popularity. A group of friends (over 10 persons) would rent a house together and decorate it so that it was like a mini-disco. The respondents claimed they could do anything they liked in a rented flat and would take a range of different drugs. One respondent had attended a sex party in a village house in Yuen Long. She said that there were around 16 participants (10 male and 6 female), and the house was decorated with disco lighting and filled with disco music. A variety of substances including Ketamine,

MDMA (Ecstasy), cannabis, and even heroin were provided free of charge. Nearly everyone took drugs, danced, and had sex. It is alarming that such parties were attractive to young people who liked the excitement of new things. As the above two cases highlight, such a setting provides a convenient place for psychotropic drug users to try opiates and thus become more entangled in drug abuse.

33. It has to be noted that it is extremely dangerous to take different kinds of drugs at the same time. Yet, since these activities were set up as private parties and the locations were often deliberately chosen to be on outlying islands or remote areas, medical treatment would be hard to get if someone were to have an overdose. Moreover, since such parties are privately organized and the location can change from party to party, it is difficult for the police to detect and control them. Also, given the close relationship between drugs and sex at these private parties, the safety of female participants is an important concern.

34. The respondents also mentioned that cyber cafés (after the normal opening hours) were another place where they would take drugs. One interviewee told the research team that if there were not many customers in a cyber café by 2 or 3 am, the staff would switch off the lights, lock the door, and turn up the music, thus turning the café into a disco and party where the handful of remaining customers could dance and take drugs. Over 10 persons would take part in such party in the cyber café. Besides, one

of the respondents said that he had taken drugs at a shopping mall in Mongkok. He said that all of the shops closed at 10 pm, and then the main gate of the shopping mall was locked and music came on, creating an atmosphere similar to that of a disco or a party. This kind of activity and behavior indicates that young people do not only dance and take drugs at proper discos, as they can create a similar atmosphere at any place such as a cyber café or a shopping mall. This is an alarming issue that the government needs to pay attention to.

35. One respondent revealed that she and a group of her friends would take drugs in a factory in an industrial building. The factory was apparently a drug dealer's warehouse, thus a whole range of drugs, including cannabis, cocaine, heroin, MDMA (Ecstasy), and Ketamine, was available. The respondent and her friends would abuse different kinds of drugs at the same time. She admitted that sometimes they would have an overdose. When drugs were readily available, young people would obviously not be able to control their usage.
36. In fact, the popularity of drug abuse is greatly exacerbated by the easy availability of drugs in the context of URC. Also, the great variety of illicit drugs in such places as rented resort houses or drug dealer's warehouse makes it easier for young people to abuse different substances at the same time.
37. It was alarming to discover in this study that when drugs were abused by the

respondents, they were often arranged in the form of a “drug buffet” or a “drug cocktail party”, with all kinds of drugs provided for free use at a party in rented resort house or drug dealer’s warehouse. Moreover, as heroin was often provided along with psychotropic drugs in a drug buffet or cocktail, drug abusers would have plenty of opportunities to try this opiate.

Drug Abuse in Other Related Settings

38. During our period of study for nearly one and a half year, however, research team also found that URC has been changing rapidly and developed into different forms of activities. The places of having such activities were diversified, too. The research team observed that the scope of URC has been transformed to a broader scope, not only restricted to those organized and illegal parties. The activities that go on within URC are multifarious in a broader way.
39. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos/ dance club in Hong Kong and Shenzhen. The accessibility and availability of drugs is high. The variety of substances is also great that young people can easily get different types of drugs at the

same time in those settings.

40. Second, they might take drugs in *spontaneous and self-initiated ways*. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers. Loud music and sound are needed when the young people abuse drugs.
41. Third, some young people would treat drug abuse as *an entertainment program of other activities*; that is, they would abuse drugs in various places. For instance, the respondents had taken drugs at beaches; in country parks; in cinemas; and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents, one of them even claimed that they would abuse drugs "at any time, any place".
42. As a whole, URC is part of drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing, listening to music). Drug consumption is often a means to an end rather than an end itself.

Drug Abuse Pattern, Values and Beliefs in the Context URC

43. Our study found that the respondents abused drugs constantly at different places. The respondents abused drugs with groups of friends, but seldom by themselves. Their drug-taking behavior was greatly influenced by peer pressure and was used as a means to gain social recognition and inclusion from friends.
44. There is a clear trend of habitual substance abuse. Like smoking or drinking, the respondents take drugs as if it is a kind of hobby. They often compared taking drugs with smoking – though harmful, it is enjoyable. More importantly, they did not think that the harmful effects were imminent.
45. The majority of the respondents held the belief that they were not addicted to any drugs. They claimed they were casual and recreational users, since they only took illicit drugs on special occasions, such as friends' birthdays or certain festivals like Christmas. They also believed that they could control their drug dosage. However, a closer examination of their drug-taking behavior reveals that some of them really could not control their substance abuse.
46. The respondents claimed that they would be better able to concentrate on certain things, such as playing mahjong or cleaning the house, after taking ICE. Some female drug users revealed that they lost weight after taking ICE, which was a particularly attractive side effect for girls concerned about their appearance.

Drug Abuser's Views and Recommendations

47. Most of the respondents claimed that the strict measures and operations carried out by the government and the police were not effective at tackling the problem of substance abuse among young people at discos. However, some of the respondents claimed that there was still a need for the police to regularly check Hong Kong discos. People might lose interest to play and take drugs in discos when the police always checked up on them.
48. The majority of the respondents claimed that preventive education such as TV advertisements and posters would not be very effective, especially for those who had already used illicit drugs. Yet, most of the respondents who had abused drugs believed that TV programs that dramatized real cases to illustrate the bad effects of drug abuse were more effective at reaching them.
49. We found that preventive education in schools was not very effective at reaching young people who had already started abusing drugs. Some respondents suggested that it would be more effective if talks were given by those who had abused drugs in the past. Having such a role model to share his or her experiences would be a good way of delivering the anti-drug message to students.
50. Almost all the interviewees who had social workers claimed that their social workers helped them a lot with their drug problem, providing counseling, emotional support,

and social programs. Social workers also provided tangible services to drug abusers, such as helping them to find jobs and arranging hospital check ups.

51. Some respondents suggested that more youth centers should be established so that young people would have some place to go. Also, they felt that youth centers should open at night, which is when they have free time and like to go to discos.

Development of Drug Abuse in Different Areas Observed by Social Workers

52. A total of 23 social workers from different settings – such as youth outreach teams, integrated teams, psychotropic substance abuse counseling centers, and special projects on psychotropic substance abuse – participated in the study.
53. It was evident from the interviews with the social workers that the pattern of drug-taking behavior was different in different districts. For instance, social workers in Northern District claimed that most of their clients would abuse illicit drugs at discos in Shenzhen rather than Hong Kong. The social workers also said that young people would take drugs in karaoke bars. Since they would all know each other in the karaoke room, they would feel more secure while abusing drugs. In fact, it was widely recognized among social workers that drug abuse among young people is a group culture: they would take drugs in a group and seldom on their own.
54. Overall speaking, the social workers agreed that the problem of substance abuse among young people in the context of URC was serious. The age at which they start

taking drugs has been getting lower, and most of them are poly-drug users. The social workers believed that the easy availability of drugs and peer pressure were the main factors affecting what kinds of substances young people abuse.

55. All the social workers stated that MDMA (Ecstasy) and Ketamine, especially the latter, were the most common substances that young people currently abused at discos and parties, both in Hong Kong and in Shenzhen. However, they pointed out that during the past year, it was becoming more common for young people to abuse cough medicine, organic solvents and Cannabis. Some adolescents even took Cannabis whilst they were playing football.
56. All the social workers confirmed that young people would abuse at various places, such as in their homes, at friends' homes, in public gardens, in the stairwells of public housing estates, or even on buses and in the street. There is a clear trend of habitual substance abuse. Like smoking or drinking, the respondents take drugs in various places, as if it is a kind of hobby.
57. The social workers believed that the closing down of some discos really had reduced youth problems related to substance abuse. But they also thought that the closure of such discos and parties would not reduce substance abuse among young people, since they would just take illicit drugs elsewhere. Clearly, the easy availability of illicit drugs was a very important factor in the substance abuse behavior of young people.

Findings of Quantitative Research

(Chapter 3)

Methodology

58. In the survey, we studied the drug abusers' pattern of taking drugs, and their psychological states as identified by the *Chinese Drug Involvement Scale* (CDIS) and the *Chinese Purpose in Life Questionnaire* (CPIL).
59. Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of URC. The scales were also administered to students from a purposively selected secondary school which had students of academic standards relatively lower than average. The results were compared with the drug abusers group.

Findings

60. There were three groups of respondents: (a) drug abusers identified in discos and rave parties, (b) drug abusers referred by outreaching social workers, these two groups constituted of the drug users group (N= 201) and had taken drugs in the context of URC; and (c) students from one secondary school (non-drug users, N= 233).
61. It was found in the survey that male drug users (61.7%) accounted for a higher

proportion in our sample as compared with the population as a whole. There were relatively high unemployment rate among the drug users (44.8%). It was also found that the drug user group had higher single parent rate (23.4%) than the school comparison group (7.3%). It implied that drug abuse behavior is related to the status of being in a single parent family.

62. Regarding the frequency of visiting disco, nearly half of the drug users (45.9%) visited disco twice a month or more. Social gathering (including “meeting friends” and “being invited by friends”) accounted for 58.4% among the major reasons of visiting disco or rave party. While some of the male drug users (8.6%) visited disco for making new friends as the major reason, none of the female drug users took it as the major reason. For the drug users, much more girls (32.9%) than boys (17.2%) stated that dancing was their most important reason of visiting disco. Getting drugs accounted for 13.0% among the major reasons of visiting disco.
63. The **CDIS** had relatively high internal consistency in this the study. For the school sample of non-drug users, the CDIS mean score was 32.0 with standard deviation of 11.4. For the drug users, the mean was 70.5 with standard deviation of 11.5. The CDIS between drug users and non-drug users were significantly different as expected. Potential factors affecting CDIS for the drug users were explored by including all of the corresponding variables in General Linear Model (GLM) analysis. It was found

that the CPIL score and the number of types of drugs abused have outweighed the effect of other variables.

64. The **CPIL** also had a very high degree of internal reliability. It was found that drug abusers had their CPIL (M=88.0) lower than the non-drug users (M=97.6). It meant that drug abusers had less purpose in life than that of the non-drug users.
65. The CPIL scores arranged in descending order were: employed (M=92.5), students (M=88.7) and unemployed (M=85.0). Those who were unemployed had their CPIL scores even lower than other two groups. Their lacking of purpose in life might make them getting involved in a variety of problematic activities.
66. For drug abusers, the CPIL and CDIS are negatively correlated with mild strength ($r = -0.189$, $p < 0.01$). The correlation between CPIL and CDIS for non-drug users was higher and of a moderate strength ($r = -0.314$, $p < 0.01$). It suggested that those with higher involvement in substance abuse tended to have a more negative purpose in life.
67. Most of the drug abusers (88.6%) were poly-drug users and abused more than three kinds of drugs on average. The three most popular drugs were Ketamine (89%), Ecstasy (84%), and Cannabis (79%). In the last month, each subject on average had abused drugs for more than five times (M=5.35).
68. Most of the subjects (73.1%) abused drugs in more than one location. On average, they abused drugs in more than two places (M=2.41). Apart from disco/rave parties, it

should be noted that 53% of our respondents abused drugs at their own homes or at their friends' homes. Moreover, it was common that the respondents liked to have substance abuse together in Karaoke and other entertainment venues such as 'Cyber cafes' and TV game centers (44%). Finally many of the participants had the experience of substance abuse in public areas (34%), such as parks.

69. Moreover, "the number of kinds of drugs" and "the number of locations" had positive correlation ($r=0.456$, $p<0.01$), even when the variable of CDIS was controlled. It suggested that, regardless of the subjects' drug involvement, the accessibility and choices of drugs increased with the number of locations. Furthermore, it also suggested that in different locations, different drugs were more favored by drug abusers.
70. It was also found that there was gender difference on the number of types of drugs abused ($t=2.09$, $d.f.=199$, $p<0.05$). Among the drug abusers, the female ($M=3.7$) had tried more kinds of drugs than male ($M=3.2$). It suggested that female drug abusers had different ways of obtaining drugs from the male, even if they were in the same environment.
71. Discriminant analysis showed that the use of CDIS was able to correctly classify 93.5% of the subjects as drug user or non-drug user, and the cut-off point derived in this study was 51.3.

72. Content analysis on the items of CDIS reviewed that

- i. The social circle of the drug abusers showed general acceptance towards substance abuse (e.g. CDIS02).
- ii. The motive for drug abuse was mostly out of fun (e.g. CDIS06).
- iii. Only a few drug abusers disagreed that they used more drugs than their friends. It implied that most of the drug abusers tended to deny their problems (e.g. CDIS12).
- iv. The drug abusers, in fact, realized the adverse effects of drug abuse on their health and work (e.g. CDIS20, CDIS22).

Conclusion and Recommendations

(Chapter 4)

The Development, Trend and Extent of Drug Abuse in the Context of URC

73. We found in our research that, in the context of URC, young people abused substances in organized and illegal rave parties. These places include the privately run discos and parties (私賣), resort house (渡假屋), cyber café (網吧, after the normal opening hours), shopping mall (after the normal opening hours) and drug dealer's warehouse in an industrial building.
74. The research team also found that URC has been changing rapidly and developed into different forms of activities. As we observed, the URC was only transitional and temporary. As revealed by the respondents, the URC cannot be regarded as a mainstream culture for them to take drugs. Their drug taking behaviors are not only restricted to the places that mentioned in URC. The places of having such activities were diversified, too. Research team observed that the scope of URC has been transforming, not only restricted to those organized and illegal parties. The activities that go on within URC are multifarious.
75. It was observed that, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific settings. First, the

respondents might abuse drugs in organized, structural, and commercialized settings,

such as small-scale discos/dance clubs in local communities and in Shenzhen.

76. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), in public parks or country parks.
77. Third, some young people would treat drug abuse as an entertainment program of other activities; that is, they would abuse drugs in various places. For instance, the respondents had taken drugs at beaches; in cinemas; and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents and they would abuse drugs at many places.
78. Based on the findings of this research, we anticipate that the problem of substance abuse in the context of URC will continue to exist and transform. It has to be noted that in the current social and economic environment, young people with low academic motivation and achievement will not be in a position where they will be able to gain a sense of success and self-fulfilment. Substance abuse will remain an easy way for some young people to gain peer recognition and avoid unhappiness and boredom. Also, the age at which young people start taking drugs and going to discos is getting lower, with some being as young as 12. These young teenagers will very likely take

the place of older discos-goers and substance abusers in the future.

79. “Drug buffet” or “drug cocktail party”, with all kinds of drugs (including heroin) provided for free use at a party, were apparently a common underground cultural practice among drug abusers. We consider them very dangerous and the drug abusers are at a greater danger of becoming addicted to heroin.
80. One key point we anticipate is that drug users who have abused drugs in the context of URC will act as a “transmitter” of this social illness and propagate drug abuse among their friends and the wider community. More importantly, there is already a trend of drug-taking activities being organized in small, scattered and unstructured groups, making police detection or social worker interventions more difficult.
81. Some social workers also warned that because of the tightening police control, there was a growing trend of young drug users spreading out to different locations to abuse drugs. The places of taking drugs among young people become diversified and scattered.
82. Furthermore, according to some social workers and drug users we interviewed, more young people may have involved in drug dealing activities in some districts. This extension of drug use to different areas poses a greater threat to the community because the drug users would be more likely to spread their behavior to other teenagers who had not previously come into contact with drug-taking behavior.

Compare URC with Normal Party Culture and Youth Culture

83. Our study found that there are differences between the URC and normal party culture /youth culture. In the context of URC, loud music is required in drug taking behavior of young people. Dancing is another important element for those parties and discos within the context of URC. Drug consumption plays an important and essential role in the context of URC. “Drug buffet” or “drug cocktail party”, with all kinds of drugs (including heroin) provides for free use at a party, is apparently a common underground cultural practice among drug abusers. A variety of drugs are provided for the drug abusers in the context of URC, and the availability and accessibility of drugs in this culture are very high. The drug abusers also act as transmitter of social illness and propagate drug abuse among their friends and the teenagers in community. For the URC helps participants build networks that facilitate their future drug use.
84. It has to be noted that drug consumption is often a means to an end rather than an end itself in the context of URC. Drug-taking behavior acts as a ritual, a form of recreation and enhancer for other activities, such as dancing and listening to music. They can obtain a feeling of “escape” when they abuse drugs. Most importantly, some parties and discos are run secretly, unofficially and illegally in the context of URC.
85. When compare URC with normal party culture and youth culture, the research team observed that loud music and dancing are not necessarily needed in the context of

normal party and youth culture. Drug consumption is seldom found. Through the discussion with the normal youth at school, students revealed that they will not use drugs as enhancer for the party or gathering. They believe that drugs taking will not help them to solve their daily problems. Rather, they will use other methods, such as talking with friends in those parties or gatherings, for the problems that they face.

86. Although there are differences when compare URC with normal party culture and youth culture, the research team found that there are similarities among these cultures. We found that it is common for a group of young people to have dancing parties for gatherings. It is a kind of social gathering and entertainment for relaxation and socialization among themselves, and the networks are easily built and expanded. This attitudes and needs for parties are similar to our findings in the quantitative study, that many of our respondents (58.4%) claimed that social gathering (including “meeting friends” and “being invited by friends”) was their major reason of visiting disco or rave party.

Strategies to Combat Drug Abuse within the Context of URC

87. **Entertainment venues:** Our study found that young people mostly congregate at entertainment venues such as discos, parties and karaoke bars to consume drugs. It is not an exaggeration to say that these venues are hotbeds of drug abuse. We support a

stringent approach to stop the supply of illicit drugs by using strict measures and legislation to control discos, parties and karaoke bars etc. so that young people cannot get drugs easily. It would be more preferable if the police in Shenzhen and Hong Kong could coordinate their efforts to control drug abuse at discos. However, it should be pointed out that young people could still abuse drugs at other venues and it would then be more difficult for social workers to identify and provide services to these drug abusers.

88. ***Recommendations:*** We believe that the current vigorous control of entertainment venues by the police will be more effective if it can be supported by other measures. These measures should aim at formalizing the management of these businesses so that it will be less likely that they are exploited by unsavory elements and used as hotbeds of drug trafficking and abuse. To curb the availability of drugs at discos, we suggest that a personal licensing system for disco staff be set up to ensure that no personnel have a criminal record so as to reduce the possibility of drug trafficking at discos. We also suggest that body searches and tests for psychotropic drugs be carried out at the entrances of discos and rave parties to ensure that customers do not carry or use drugs at these events. More attention also needs to be paid to drug use at entertainment venues such as karaoke bars and games centers.
89. In tackling the problem of drug taking behavior in the context of URC, we suggest

that police should deploy more undercover officers to investigate and identify drug traffickers and abusers in the privately run discos and parties.

90. **Drug prevention education:** We found from in our study that most of the students whom we interviewed were aware of the dangers of drug use. Nevertheless, their knowledge of drugs was inadequate and we saw that the students needed training in rejection skills and assertiveness.
91. **Recommendations:** We believe that drug prevention education should continue in primary school. There is a need for schools to organize interesting drug prevention programs so that the anti-drug message can be delivered effectively to students. Teachers and social workers should cooperate more so as to fashion tailor-made program for different schools. Schools should provide more in-depth (not superficial) programs about substance abuse for students, and the emphasis should be on quality, not just quantity.
92. We believe that drug education should be an integral part of schools' health and social studies curricular. Drug education programs should also be provided as extracurricular activities of secondary schools. In addition to social workers, schools should enlist the help of law enforcement officers who have been specially trained to conduct short classes for students.
93. **Anti-drug programs and publicity functions:** Most of our interviewees (drug users,

social workers, and politicians) pointed out that the anti-drug advertisements on TV were effective at getting their message across to those who did not have any experience of taking drugs. In order to reach a wide audience, not only should these adverts be shown on TV and read out on the radio, but they should also be displayed in different locations (such as on the TV screens of public transport vehicles) and in different forms (such as posters). On the other hand, having celebrities such as pop stars appear at publicity functions was not effective. Most of the interviewees also stated that TV programs in which the real life experiences of drug users were dramatized (e.g., 毒海浮生、鏗鏘集) were most attractive.

94. However, for those who had already abused illicit drugs, these TV programs were not effective. According to some of the social workers, young drug abusers accused TV programs which had a drug education theme of exaggerating the effects of drugs. Thus, such TV programs, which create a negative image of these young people, make them more likely to become socially excluded from the community and alienate them from public authorities. Young drug abusers regard such TV programs as ineffective, and if they watch them, they end up laughing.
95. **Recommendations:** In order to enhance the effectiveness of drug prevention programs, including TV programs and planned activities, we suggest that the government make them more target-specific. Target groups should include young drug abusers, at-risk

youths, normal youths, and – equally important – parents.

96. As young drug abusers are more convinced by the stories of ex-drug users, we suggest that the government put more emphasis on this kind of program. We also suggest that such programs, which make use of the stories of former drug users, be circulated more widely through the Internet or in the form of teaching kits for teachers and social workers.
97. We suggest that resources be allocated to NGOs to design and carry out drug prevention education programs, especially for actual drug abusers, that are more innovative and better able to identify with youngsters. The government could make it a requirement for NGOs to involve ex-drug users so that the programs will be more acceptable to young drug abusers.
98. “Drug cocktail parties” are apparently a common underground cultural practice among drug abusers. We consider them very dangerous and believe we need to educate drug users about the dangers of mixing drugs. We should also alert them to the greater danger of becoming addicted to heroin, which is often one of the drugs in a drug “cocktail.”
99. It is true that young people who abuse drugs tend to have a weaker sense of purpose in life than do “normal” youths. Strengthening young people’s sense of purpose in life, particularly those at risk, is a significant challenge that the government faces.

100. **Social Services:** According to some of the social workers, drug users believe that if they did not go to discos, they could stop abusing illicit drugs. The drug abusers of our study also strongly believed that they could control their drug usage and that they were not, and would not become, addicted to drugs. This kind of false belief should be countered with more drug education provided through different channels.
101. Some of the social worker respondents suggested that drug abuse counseling services overlapped with the integrated services for young people. Moreover, a better division of labor among social welfare sectors in regard to substance abuse counseling services to young people should be established so as to fully utilize resources. The idea that there should be special teams devoted to drug abuse counseling, rather than a general youth service team, was well received by our social worker respondents.
102. Most of the social workers pointed out that a lack of resources (both in terms of funding and manpower) was one of the most serious problems affecting the provision of services to young drug abusers. Some social workers suggested that the current government practice of using “project-based” services is ineffective as they are a great waste of time and resources when the projects are discontinued because the funding stops. Moreover, most of the clients whom such projects serve would have difficulty finding substitute services when a project comes to an end.
103. ***Recommendations:*** First, more resources should be allocated to help young female

drug abusers because girls can easily get free drugs from their friends. Second, more substance abuse counseling service should be provided in the outlying islands so that drug abusers in these areas would not lose their motivation to seek help as a result of having to travel a long distance to access such a service.

104. It was apparent that some young drug abusers used discos as a venue for social gatherings where the young people know each other quite well and have a common language as well as a similar lifestyle. Hence, we suggest that more “over-night” centers be set up where young people can meet friends at night instead of going to a disco. The opening hours of youth centers should also be extended so that young people can have a greater choice of places where they can gather with their friends. The risk of their getting involved in illicit drugs will thus be lowered and such places will also provide a favorable environment for social worker interventions.

105. It was observed from our research that drug abusers do not like to seek help for their difficulties from professionals. This behavior pattern is particularly worrying given that the health of youngsters deteriorates after they start abusing drugs. In order to help drug users more, we suggest that the government set up “youth substance abuse clinics” at different youth centers. These clinics could provide basic health care services, such as body check ups, to young drug users. A team of “health link workers” attached to a clinic could also be established to reach out to youngsters at

discos and in the wider community. Such a service can make them become more aware of their health problems while simultaneously providing drug prevention programs and counseling services to drug users.

106. Our research indicates that there is an association between unemployment and substance abuse. We suggest that more services be provided to help unemployed youths find jobs. Even those who cannot initially find a suitable job can participate in vocational training courses to equip themselves with job skills. It is further recommended that more research on psychotropic drugs be conducted so that social workers, teachers, and parents will know better how to handle this problem.

107. Since so many young people already engage in drug abuse, the health awareness strategy is useful as a way of establishing contact with them. It can also act as an initial intervention during which drug users can be “anchored” allowing more interventions to be made.

108. Since young drug abusers are more convinced by the experiences of ex-drug users, we suggest that the government consider how to help NGOs expand their peer counseling programs for drug users so that young people who have been rehabilitated can help current drug users.

109. It is also the case that drug abuse among ethnic minorities is increasing, but the social services tailored for them are insufficient. Moreover, as far as we know, there are no

drug prevention programs or publications targeting ethnic groups. We recommend that this service void be filled in quickly and that pamphlets in the native languages of ethnic groups be published as soon as possible.

110. We suggest that more programs be provided to foster the development of resilience in young drug abusers and other young people at risk. Such programs should aim to equip them with rejection skills to help them resist the temptation to take drugs offered by their friends, and also to increase their self-confidence, self-esteem, and problem-solving skills, and provide them with strategies to enhance their bonding to their family, to their school, and to the community.

111. **Work with politicians in drug prevention:** The drug problem in particular and the problems of youths in general have not been important issues for politicians. Moreover, they tended to see the drug problem from a macro perspective, believing that if the unemployment problem of young people was resolved, fewer young people would abuse drugs. They also stressed that the education system of Hong Kong should be reformed so as to act as a “shield” against the influence of bad elements. These two points are in line with the conclusions of our study.

112. ***Recommendations:*** We need to think how political parties can be made to consider the drug issue as important since their involvement and cooperation will be an impetus to the development of drug control policy in Hong Kong. We also suggest

that the government furnish political parties with more information and materials so that they can be informed about the drug problem and the strategies of drug control.

Briefings and seminars would also be useful for this purpose.

Limitations of the study

113. During our period of study, the research team found that URC has been changing rapidly, and its forms and activities are multifarious and transitional. Hence, the information about URC will need updating from time to time.

114. The convenience sampling approach was adopted in this study because the young drug users in the context of the underground rave culture are very evasive to researchers and more difficult to contact. Since it was not a representative random sample, the statistical methods are adopted for convenience. Conclusions drawn from this research thus need to be interpreted with caution and are in need of further studies for substantiation.

CHAPTER 1

INTRODUCTION

Background

1. The research team was commissioned by the Research Sub-committee, Action Committee Against Narcotics (ACAN) in 2001 to conduct a study on the drug behavior of young adolescents. This was given the title “A Study of Substance Abuse in the Context of Underground Rave Culture.”
2. Rave culture first appeared in western countries in the 1980s. It is a mixture of dance, music, drugs, youth culture, and deviance culture. Redhead (1993) argues that a rave is a dance party that evolved from the dance-musical styles adopted mainly in black gay clubs, especially the Warehouse in Chicago and Paradise Garage in New York. These styles evolved into Acid House that emerged from Chicago, techno music that emerged from Detroit, and garage music that came out of New York. The prevalence of rock and pop music and the adoption of the rock star as a model for a new artistic lifestyle contributed to the increase in illicit drug use in the second half of the 20th century.
3. Rave culture came to Hong Kong in the late 1990s. However, only a small group of people would attend these early rave parties and discos, most of which were run underground before 1997.¹ However, there has been an increase in the popularity of rave parties and discos in the past few years, and more and more people, especially young people, now attend these parties and discos.

¹ Task Force on Psychotropic Substance Abuse (2001). *Report on an in-depth study of psychotropic substance abuse in Hong Kong*, Hong Kong: ACAN.

4. Under guidelines issued by the Narcotics Division,² rave parties in Hong Kong have been contained by a bilateral agreement between party organizers and the government. Under the agreement, party organizers should responsibly manage the parties (such as by providing a safe environment) and prevent any unlawful activities (especially the possession and consumption of drugs inside the dancing hall) from taking place. At present, most rave parties and discos in Hong Kong operate legally.
5. According to some social workers, adolescent drug users maintained that rave parties and discos provide a sense of euphoria as well as communal fun and excitement. The participants in raves mainly take psychotropic drugs like MDMA (Ecstasy) or Ketamine in order to lose their social inhibitions. Poly-drug abuse is also common. According to statistics provided by the Central Registry of Drug Abuse (Narcotics Division, 2001), there was a drop in heroin consumption in recent years among people under 21 alongside a drastic rise in psychotropic substance abuse, particularly of amphetamine-type stimulants (ATM) such as Ecstasy, Ketamine, and ICE. In addition, youth culture and deviance culture form part of rave culture. Young people with a sense of hopelessness try to seek enjoyment and happiness at raves by taking drugs (normally psychotropic drugs).
6. As stated in the 2001 study “Report on an In-depth Study of Psychotropic Substance Abuse in Hong Kong,” disco-goers are mostly marginalized youths. They would still be at the margins of society even if rave culture had not emerged in Hong Kong. Indeed, drug abuse behavior is merely a presenting symptom of the underlying problems of young people – such as problems in the family, problems at school, unemployment, and financial difficulties – and their low sense of satisfaction in life.

² *The Code of Practice for Dance Party Organizers*, October 2000, Hong Kong SAR Government.

7. As suggested in the literature, dancing and taking drugs at rave parties and discos is also, for young people, a way of escaping their identity and expressing resistance. It gives them a sense of adventure, of traveling into the unknown. The parties and discos can be regarded as places “where nobody is, but everybody belongs” (Redhead, 1993). In general, rave culture can be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture. Rave culture is also a combination of values, ritual (dance and music), and practice (drug-taking behavior). However, since the problem of psychotropic substance abuse at rave parties and discos in Hong Kong is relatively recent, rave culture is not well understood in the territory and has not been properly defined.

Rave Culture: Fading out or moving on?

8. Some frequenters of raves predict that the popularity of rave parties in Hong Kong will decline and even disappear from Hong Kong within one or two years. As in other countries that have faced the same problem, the government and law enforcement agents in Hong Kong use a wide range of legislature and operations to tackle illegal drug use at parties and discos. It has been argued, however, that such a prohibitive approach will drive parties and discos underground (Task Force on Psychotropic Substance Abuse, 2001).
9. With the decline of rave parties comes the rise of an alternative mode of gathering. Along Nathan Road in Kowloon, an increasing number of small-scale disco clubs and parties have been established. They have also been spreading to other districts, especially satellite towns such as Tsuen Wan where many young people live. Often, such discos and parties do not have a license from the government and so can be considered to operate underground. The public has expressed concern that another

type of culture, underground rave culture (URC), will expand along with the growing popularity of underground discos, youths will resort to other forms of gathering in order to take drugs in a group.

10. The emergence of URC will be both forceful and dangerous. It is anticipated that there will be a rise of psychotropic substance abuse at underground discos and parties because these drugs are very common at rave parties. Such substances will cause harm to the health of abusers and a lot of social problems will emerge.
11. Drug-taking behavior at underground discos and parties may develop into a kind of ritual for the participants. The discos and parties give them space and provide them with a place in which they can manifest ritual behavior. News about new events can be spread through such popular forms of communication as the Internet, ICQ, and mobile phone message services.
12. If discos and parties go underground, there will be no communication between the different parties, namely government authorities, law enforcement agents, youth workers, disco organizers, and underground disco-goers. The general public will become even more ignorant about disco-goers as the latter will hide their *genuine needs* and expectations. Furthermore, the government authorities will not be able to formulate an appropriate policy to tackle the problem of psychotropic substance abuse at underground discos and parties because they will not be able to establish contact with the disco and party participants. If the policy cannot fit the genuine needs and expectations of these young people, stronger resistance will develop among them, leading to their isolation and their refusal to seek help. If the problem worsens, it may finally lead to the social exclusion of disco-goers from our society.

Definition of URC: Has URC emerged in Hong Kong?

13. When the research team was commissioned by the ACAN in October 2001 to conduct the research, whether URC existed in Hong Kong or not was largely unknown. Nevertheless, we define URC as basically refers to those underground activities, first, that “are done secretly because they are unofficial and illegal and often opposed to or aimed against the government in power” (Collins COBUILD English Language Dictionary, p. 1587). Second, as a part of the rave culture, URC can also be regarded as a combination of youth culture, deviance culture, drug culture, dance culture, and music culture.
14. Apart from that, based on our review of the literature and information provided by some social workers, we predicted at the beginning of our research two possible scenarios. First, it was possible that URC might exist. There would be organized, illegal rave parties where young people not only enjoyed dancing and music, but also took drugs that were most probably provided by party organizers, by party-goers’ friends or by party-goers themselves. Such parties or discos were small scaled, organized secretly because they were unofficial and illegal. Second, at the other extreme, it was possible that URC did not exist at all; that the authorities had been successful in controlling URC and consequently drug abuse by disciplinary measures.
15. In our research study, URC is first defined as the culture that prevails in organized and illegal parties where people took psychotropic drugs. Organizers did not get the license from the government to hold discos/ parties. Young people not only danced and listened to the music, they also abused substances in such organized and illegal rave parties. These places include the *privately run discos and parties* (私賣), *resort house* (渡假屋), *drug dealer’s warehouses* in industrial building, *cyber café* (網吧) and *shopping malls* (after the normal opening hours).

16. In fact, we have found from our research that URC has developed from the rave culture and emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, the common beliefs and a common language.
17. During our period of study for nearly one and a half year, however, research team also found that URC has been changing rapidly and developed into different forms of activities. The places of having such activities were diversified, too. The Research team observed that the scope of URC has been transformed, not merely restricted to those organized and illegal parties. As we observed, URC was only transitional and temporary. The activities that go on within URC are multifarious.
18. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific environment. First, the respondents might abuse drugs in organized, structural, and commercialized settings, such as small-scale discos/ dance clubs and Shenzhen discos.
19. Second, they might take drugs in spontaneous and self-initiated ways. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers, in public parks or country parks.
20. Third, some young people would treat drug abuse as an entertainment program of other activities; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches; in cinemas; and at podiums of public housing estates.

21. As a whole, URC is part of drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing). Drug consumption is often a means to an end rather than an end itself.

Effects of URC

22. Thus, URC has the effect of expanding participants' networks and giving them greater access to drugs, leading them to form groups in which drugs are consumed. This expansion of networks also stems from information and communication technologies such as mobile phones. URC takes the form of small-scale discos or rave parties in different local communities. They target younger teenagers and tend to be cheaper to enter than large-scale raves while providing easy access to drugs. According to our respondents, although the number and popularity of small discos are declining, they have become more widely spread.
23. In fact, we have found from our research that URC has emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, a common language and the common beliefs (particularly about drugs).
24. Essentially, URC is characterized by the consumption of drugs (especially psychotropic drugs) and associated activities such as dancing and listening to loud music. Participants in URC tend to be young people aged between 16 and 30. With

reference to their drug beliefs, they regard taking drugs as a form of recreation and a ritual, thus unlike opiate users, who tend to be older, they usually do not consume drugs alone but within a group in a public setting such as a disco. They place more emphasis on communicating with friends, thus taking drugs is regarded as a social activity with discos being used as a platform where people can interact. Taking drugs is not the only goal within this culture but it is one of the goals. Viewed from this perspective, URC can be regarded as a derivative of the “old” rave culture. However, it differs from rave culture in that it is deeply associated with drugs and is therefore illegal and underground.

25. In the context of URC, drugs are used recreationally as an enhancer of activities such as dancing, socializing, having fun, feeling high, and doing something new and exciting that users would never have dared to do before taking drugs. Thus, drug consumption is often a means to an end rather than an end in itself.
26. Because URC has not been well studied in Hong Kong, this research will make timely contributions to our understanding of URC and its relation to drug abuse.

Research method

Theoretical Framework

27. This project is guided by Peele's (1991) cognitive model of addiction, which sees addiction as a self-defeating and habitual style of coping. A drug-user is regarded as having made a value choice in continuing or not continuing with drug use to the point of addiction. Thus, understanding what the addiction experience is like for abusers is the best starting point for working with them toward a viable solution to their drug problem.
28. A large body of research indicates that drug taking in adolescence results from a number of risk factors, such as being a school dropout, having drug-abusing peers, or having normative beliefs and attitudes favorable to drug abuse (Hawkins, Catalano, & Miller, 1992; Narcotics Division, 1997). Some local studies have demonstrated that the drug abuse behavior of peers, adolescents' attitudes towards drug abuse, and their beliefs in the consequences of drug taking are mediating variables that influence the development of young drug abusers' drug careers (HKCSS & HKPA, 1995; Narcotics Division, 1997; Wong, Tang, & Schwarzer, 1997).
29. These findings suggest that there is a need to understand drug abuse in the totality of a person's life space, including his or her beliefs, values, and behaviors, all of which are influenced by the contextual constraints of the physical and social environments.
30. In this study, data were collected from multiple sources through both quantitative and qualitative means, including standardized scale measures and semi-structured interviews.

Methodology

31. Since the participants in URC tend to be underground and anonymous, our research strategy was to initially focus on potential URC participants such as disco-goers and the clients of outreaching social workers. The selection criteria of the participants are:
- (A) Aged 30 or below.
 - (B) They had taken psychotropic drugs in the past six months.
 - (C) They had attended rave parties or discos.
32. In this research, qualitative research methods were used to understand the problem from an insider's perspective by engaging the "subjects" as equal and full participants in the research process. The participants in this study were assessed in terms of the meaningfulness of experiences to the individual, a position emphasized by the cognitive perspective of drug abuse (Faidley & Leitner, 1993). The results were compared with those relating to "normal" youths and other stakeholders in society (e.g., disco organizers, government officials, councilors, and policy makers; see below) whose ideas were studied through in-depth interviews or focus group meetings.
33. In order to facilitate rapport building with the participants, an *ethnographic approach* (Atkinson & Hammersley, 1994) was adopted, with the researchers serving as participant observers as well as interviewers throughout the research process.
34. For the quantitative part of the research, two scale measurements were adopted namely, the *Chinese Drug Involvement Scale (CDIS)* and the *Chinese Purpose in Life Questionnaire (CPIL)* (explained in the next chapter) to provide an outsider's view of the drug experience. The results are compared with those relating to a group of "normal youths" assessed with the same tools.

Objectives

35. The objectives of this study were as follows:

- (A) To study different aspects of URC, including its features, operation modes, target groups, and attraction to youths, and compare them with those of normal party culture and youth culture.
- (B) To analyze the social, family, demographic, and other characteristics of the participants; in particular, their drug abuse pattern and behavior, personal values, and beliefs about drugs.
- (C) To assess the trends and the extent of the drug abuse problem in the context of URC.
- (D) To recommend strategies to combat psychotropic substance abuse within the context of URC in Hong Kong.
- (E) To compare URC with the mainstream culture of our society.

31. This study uses multiple sources of data that are seen as complimentary to each other, each extracting information about different but related aspects of the participants' drug experiences. We hope that, ultimately, a combination of the perspectives of both outsiders (standardized measures) and insiders (individual reporting) provides the most useful information on the participants' experiences. Using both perspectives, this study will enhance our understanding of URC in Hong Kong.

36. We hope that this study will highlight the effects of drug control policy on young people's drug use behavior, and provide insights into the future development of drug control policy and anti-drug programs for young people in Hong Kong.

Blank page

CHAPTER 2

FINDINGS OF THE QUALITATIVE STUDY

Introduction

1. *Qualitative study*: The qualitative study of this research aimed to understand Underground Rave Culture (URC) and the conditions of young drug users by conducting in-depth interviews with drug users, social workers, and other stakeholders (Table 2.1). Descriptions of personalized experiences and narrative information were obtained from the respondents in order to understand the drug problem, the general situation of drug abuse among young people, and the experiences of drug users from different perspectives.
2. *Targets of Interviews* (Table 2.1):
 - (a) Young drug users who had psychotropic substance abuse experience in the context of URC and were aged 30 years old or below (for their characteristics, please refer to Table 2.2).
 - (b) Social workers who provided rehabilitation services for URC drug users (refer to Table 2.3 for their background).
 - (c) Other stakeholders – disco organizers, politicians (district councilors, LegCo councilors), and government officials.

3. *Methods:*

- (a) Semi-structured interviews: The researchers conducted semi-structured interviews with 30 young drug users from March to November 2003. In order to capture the participants' drug experiences and beliefs about drugs as they wished to tell them, open-ended questions were asked about their drug career and episodes of their lives related to their drug experiences. Each interview lasted for about one and a half hours. The researchers received consent from the interviewees for the interview process to be audio-taped.
 - (b) In-depth interviews: The researchers conducted in-depth interviews with social workers, disco organizers, two councilors, and government officials about the drug problem, URC, and other related issues.
 - (c) Focus group discussions: The researchers arranged focus group discussions with "normal" youths. The purpose of these was to better comprehend what "normal" young people thought about URC.
4. *Data analysis*: The drug users' narratives were transcribed, coded, and categorized for thematic analysis. These data provided information for understanding what drug use in the context of URC meant to the participants, their accounts of their own experiences providing an insider's perspective. The focus group discussions were also audio-taped and field notes were taken.

5. In this chapter, we report the qualitative findings regarding what the drug users and the social workers thought about URC and drug culture. In Chapter 4, the data and comments obtained from the qualitative study will be used for the overall analysis of URC and for recommendations for future drug control policy.

Findings

Background of the respondents (drug users)

6. *Sources of cases:* Of the 30 drug users who took part in the in-depth interviews, 17 were cases of social workers from Youth Integrated Teams or Outreaching Teams, and 10 were referred by social workers from the Substance Abuse Counseling Center and Substance Abuse Special Projects in Disco. Three of the respondents were identified in discos ($n = 3$) that we had visited.
7. *Occupation of respondents:* Of the 30 interviewees, 11 were unemployed (37%) and 8 were students (27%). The rest (11 out of 30) were low-skilled or semi-skilled workers, such as salesmen or saleswomen, construction workers, drivers, waitresses, a “youth ambassador” in a social services center, a receptionist at a night club, and a hairdresser. One of them made a living by selling fake CDs for a living.
8. Corresponding to the quantitative part of the research, the majority of substance abusers in the context of URC are unemployed or low-skilled/semi-skilled workers.

This indicates that there is an association between unemployment and substance abuse.

The unemployed substance abusers claimed that their unemployment status had increased the frequency of their drug abuse in the context of URC. Since they do not need to work and have plenty of free time, they tend to loiter and abuse drugs with their friends more frequently. They also abuse drugs to overcome the boredom of being unemployed.

9. *The age at which the respondents first took drugs:* The age of the respondents at the time of their initial drug abuse behavior ranged from 11 to 22, with 16.5 being the average.
10. It is clear, then, that most of the interviewees started their drug-taking behavior in their teenage years. Two of the respondents claimed that their first experience of taking drugs occurred at the age of 11. One of these respondents said that she first abused organic solvents with her classmates in a stairwell of a public housing estate. The other revealed that she first abused MDMA (Ecstasy) at a Shenzhen disco. Seven of them claimed that they first abused drugs at the age of 14. It was alarming that young people would start abusing drugs at such a young age. What was more alarming, however, was the respondents' deep involvement in drugs. Most of them had abused substances for more than two years, and two of them stated that they had abused drugs for as long as nine years.

Types of Drugs Abused

11. All 30 of the respondents were poly-drug users; that is, they were abusing two or more types of drugs at the time of the interview. Most of the respondents abused Ketamine (K 仔) and MDMA (Ecstasy, 搖頭丸) at the same time, especially when they were at discos.

12. Most of the respondents claimed that they liked to dance, listen to music, and make new friends at discos. They claimed that there was a strong association at discos among music, dancing, and drugs. They believed that drugs, especially MDMA (Ecstasy), would help them to dance freely at rave parties and discos. They also abused Ketamine to help them to maintain the effect of MDMA (Ecstasy). Nearly all of the respondents who abused Ketamine also abused MDMA (Ecstasy) at the same time. Indeed, Ketamine was the most common type of psychotropic substance that was abused by the respondents: 29 of the 30 interviewees abused this drug (Table 2.4). Most of them abused one to two packs of Ketamine per night. Some respondents claimed that they had inhaled as many as 10 packs of Ketamine in one night.

13. MDMA (Ecstasy) was the second most popular drug among the interviewees, with 28 out of 30 of them stating that they abused it (Table 2.4). Most of them took one to two pills per night, though one interviewee said that she took as many as six pills in one night. However, some of the respondents claimed that the prevalence of MDMA (Ecstasy) abuse was declining because of the decrease in the popularity of large-scale

rave parties and discos. They would not take MDMA (Ecstasy) if there was no music or a place where they could dance, because they believed that the drug would help them to dance and would give them a “high” feeling when they were listening to music at a disco or in a karaoke room.

14. Nineteen of the 30 respondents stated that they had taken cannabis (Table 2.4). The majority of the interviewees regarded using cannabis as smoking, and indeed, the consumption method of taking cannabis was so simple that many people would abuse it. The respondents described how they would become talkative and euphoric after taking cannabis.
15. Methamphetamine (ICE, 冰) is another substance that the young people commonly abused. Twelve interviewees revealed that they had abused this drug (Table 2.4), normally at home. Unlike Ketamine and MDMA (Ecstasy), much preparation is needed before taking ICE, and some equipment is necessary to inhale it. Therefore, there was a trend of young people taking ICE at friends’ homes or in their own homes. Most of them said that after taking ICE, they would concentrate on doing something, such as playing mahjong or cleaning the house.
16. Other substances that the young people often abused included cough medicine (咳藥水), tranquillizers (十字架, 藍精靈, 白瓜子), cocaine, organic solvents (天拿水), heroin, and substances such as “Five 仔” and “Stamp (郵票)” (Table 2.4). They also

stated that they would tend to abuse cough medicine at video game centers or in pharmacies, and that they would abuse organic solvents at podiums and in stairwells of public housing estates, or in their homes. Thus, they would abuse different substances at different places.

17. All of the respondents claimed that they were poly-drug users, since they would abuse more than one kind of drug at the same time. This showed the seriousness of the substance abuse problem among young people in the context of URC. Also, taking more than one type of drug simultaneously would make it more difficult for doctors to identify which drugs someone had used and therefore what the appropriate treatment was in the event of an overdose.

URC

18. In our research study, we found that URC has prevailed in those organized and illegal parties or discos where the organizers do not get the license from the government to hold discos/parties. Young people not only danced and listened to music, they also abused substances in such organized and illegal rave parties. These places include the *privately run discos and parties* (私賣), *resort houses* (渡假屋), *cyber cafés* (網吧) and *shopping malls* (after the normal opening hours), and *drug dealer's warehouses* in industrial buildings.

Privately run discos and parties (私賣):

19. Some of the respondents claimed that they went to privately run discos and parties to take drugs and to dance. Such discos, which were normally situated in flats in commercial or residential buildings, were unlicensed. One was located in Jordan; others were located in Mongkok where TV cameras were installed at the front doors to check the identity of visitors. Only those who were known to the organizers of these discos were allowed to enter. As these discos had no signs, most people would not know about them.
20. In some privately run discos and parties, people do not need to pay for admission. However, they are required to buy drinks. The decoration, equipment (such as spot lights), and music in privately run discos are similar to those of small-scale discos in places like Tsim Sha Shui, Mongkok, and Jordan. But the average area of these discos, at around 800 sq. ft., is even smaller than that of small-scale discos, and only about 20 people can attend. People, who were mostly over the age of 20, would go there with groups of friends and take drugs such as MDMA (Ecstasy), Ketamine, and cannabis, as well as drink and gambling (playing dice). Some respondents gave vivid descriptions of this setting:

“咁佢地無任何招牌個 d 既，地址就係 d 佐敦個 d 唐樓啦，之後上去……係，咁你係出面完全聽唔到呢，呼呼聲，d 音樂完全聽唔到家，佢地個 d 隔音好利害家，就算係上面有人住呢都聽唔到樓下個單位播歌個 d 囉，所以個度唔會有差人上黎... 同埋個度只係招呼 d 熟家... 我諗 800 多呎度啦，咁覺得容納 20 個人已經係好迫家啦... 咁上面又係又 d 疏化呀，有 d 枱呀，有得飲酒有音樂，好似 disco

個 d 音樂囉，同埋有射燈囉... 多數大概 20 幾歲個啦... 佢地就叫個個地方做鐵寶囉... 即係又唔會有差人上去查，又只係招呼熟人，即係你突然上去係無人會開門俾你，因為佢地有閉路電視... 環境細左 d 囉，空氣唔太流通囉，因為佢地個度都係密封，不過佢地 d 冷氣係開到好大... 成大班 friend 一齊，... (在鐵寶) 飲酒呀，玩”色”盅... 以我所知就無收入場費，但係就一定要買酒囉，睇下幾多人啦，如果你係 3, 4 個，咪叫你買半打至一打酒囉，咁如果多 d 就再多囉，半打酒百多蚊...” (Case 15)

“我去過，自己開嘅搞到成間 DISCO 咁，咩嘢都有得賣。淨係熟人先去到囉，個情況係一片混亂，上去都係食啲啲嘢。同埋參觀下。喺佐敦。六七個人上去，上便大概容納到都幾多人，佢唔識你佢唔會開門俾你入架，氣氛普通啦。即好似去一間屋咁，但整到成間 D (disco) 咁囉，啲牆應該就有有啲隔音設備，如果唔係會俾人拉。佢個層淨係得佢一間嘢架。唔駛入場費，佈置 (與 disco) 無乜分別，係細咗少少囉... 我聽我老細講就話有幾間喺左近，睇你識唔識到人去到呢啲地方。如果你唔識一定上唔到去。唔通無端端拷人哋度門，問呢度係咪私寶？我知就有幾間喺佐敦囉。” (Case 17)

“佢 (朋友) 話 (私寶) 拍得住 party 咁貴，好貴，係要一定識入面的三山五岳的人先可以入到去，佢話要著得 mk (mongkok) look 先可以入去，因為佢唔知你係乜，太斯文又怕你係差人，驚你唔知係乜人，一定要識，又要講暗語先至可以開門，你唔講暗語佢唔開門俾你，上度去，俾入場費，好貴，但係入到去，就任你拿，你玩乜都得，有女呀，玩得好顛，好放呀，任你玩，戒到女，咪可以帶返屋企，佢 (朋友) 話都要五六百蚊一個人” (Case 30)

21. It is easy to buy illicit drugs in privately run discos and parties as the organizers themselves would sell them.

“咁個度 d 經營個 d 人都有賣 d 搖頭同埋 K 囉.....容易 (擺到藥)，個度只係招呼熟人，咁帶我地上去個個都識得個經營個個人，咁好容易擺到囉..... 藥會唔會貴 (過 disco)，搖頭就 80 蚊一粒，K 就 60 至 70 蚊一包..... 多數都係食呢 2 隻 (fing 頭及 K 仔)” (Case 15)

“喺裏便買，好容易就擺到架喇，好似入呢啲地方就好似睇醫生咁，搵個醫生就可以食藥。” (Case 17)

22. The respondents pointed out that one of the main attractions of privately run discos and parties was that the police would not check up on them, as they would small-scale discos in places such as Mongkok. Thus, they could abuse illicit drugs freely. Another attraction was the sense of security that came from knowing most of the people at the disco and party, since only those known to the organizers could enter.
23. However, those interviewees who went to such privately run discos and parties claimed that they could not replace mainstream discos because the dance floors were too small, allowing room for only a small number of people; because few teenagers would attend such discos and parties; and because these discos and parties were uncomfortable as a result of poor ventilation systems and other problems. Mainstream discos, on the other hand, were attractive to young people because of the good music, the lighting, and the large crowds of people. But privately run discos do provide an alternative setting in which people can abuse drugs.

Resort houses (渡假屋):

24. We found that renting a resort house in which to abuse drugs is also gaining in popularity. A group of friends would rent a house together and decorate it so that it was like a mini-disco. The respondents claimed they could do anything they liked in a rented flat and would take a range of different drugs including Ketamine, MDMA (Ecstasy), cannabis, and ICE.

“租間屋同 d 朋友去玩... 沙田個 d 村屋，十幾個 friend... 一晚萬幾蚊，即係包埋 d 藥，啤酒汽水，都係預先諗住去 high 野，係個度通常 high 下冰，high 下草... 乜野都有，白粉都有！K，fing 頭都有，自由 d，自己點攤都得，唔駛一定要跳，瞓係度都得，坐係到都得... 自由，又唔會有警察黎查，disco 就驚有警察上黎... 有時七點幾八點鐘去到天光七點幾八點鐘，租屋比我地個個人，唔知我地做乜野。” (Case 29)

25. One respondent had attended a sex party in a village house in Yuen Long. She said that there were around 16 participants (10 males and 6 females), and the house was decorated with disco lighting and filled with disco music. A variety of drugs including Ketamine, MDMA (Ecstasy), cannabis, and even heroin were provided free of charge. Nearly everyone took drugs, danced, and had sex. It is alarming that such drug-related sex parties were organized by young people, for it is difficult for the police to detect or monitor this kind of private activity. Such parties were attractive to young people who liked the excitement of new things. As one female respondent told us:

“其實我唔識果度 d 人，識一個男仔，係第一次見，果個係我 net friend，係 ICQ 識，一直未見過，佢地問我出唔出街... 我問佢去邊，佢話去村屋，玩下啦... 跟著入到去，三層屋... 一入到去就熄所有燈，有個 disco 燈，開 disco 音樂，先知係私竇，佢地講你地想食乜野，係桌上面拿... 大家一齊 take，果度乜都有，例如大麻，海洛英，白粉，糖，K... 咁放晒係度任你拿。唔使錢，仔就十個，女就六個... 果個叫我去的男仔，都係乖仔，佢話唔敢食，但俾佢的朋友叫佢食，佢就食左一粒，跟著一個朋友又叫佢食，佢十個朋友叫佢食，都食十粒啦，食到佢唔知自己做緊乜...

... 都一段時間，d 仔 d 女係度打茄輪，我只係度扮迷，匿埋係度睇。好戲在後頭，有一對已經係度搞緊野，我個男仔 friend 就上左房，我點都要跟住佢。跟住佢仲死，原來上面已經起兩飛，原來後尾先知果六個係“雞”，上到去我見到佢除清自己的衫，d 雞都係除清自己的衫。佢都有兩個 friend 上左黎睇，但係我就驚啦，因為我唔知果兩個會點對我，我地係度企住黎睇。睇完之後，佢地訓左。我見到一個好似係屋主，因為佢無食咁多，要睇住屋企的野，我叫佢不如車我走啦，... 佢都食左少少，佢話等佢散左先算，佢就坐係度散，我地係度傾計，差

唔多都天光先走，我覺得係 sex party，即係淫亂大派對，d 男子女仔都唔著衫唔著褲係度走...” (Case 30)

26. As the above two cases highlight, such a setting provides a convenient place for psychotropic drug users to try opiates and thus become more entangled in drug abuse. It is dangerous to take different kinds of drugs at the same time, but because these activities were set up as private parties and the locations were often deliberately chosen to be on outlying islands or remote areas, medical treatment would be hard to get if someone were to have an overdose. Moreover, since such parties are privately organized and the location can change from party to party, it is difficult for the police to detect and control them. Also, given the close relationship between drugs and sex at these private parties, the safety of female participants is an important concern.

Cyber cafés (after the normal opening hours):

27. The respondents mentioned that cyber cafés were another place where they would take drugs such as Ketamine. Some of the staff of cyber cafés would even sell Ketamine to customers. One interviewee claimed that if there were not many customers in a cyber café by 2 or 3 am, the staff would switch off the lights, lock the door, and up the music, thus turning the café into a disco where the handful of remaining customers could dance and take drugs. As described by one respondent:

“最近都係網吧... 識到班男仔... 出到去，原來成班都係壞的，有個男仔係網吧賣野，知道我地都係壞架啦，佢就自己拿包 K，係度索，有個男仔見到佢地索，就

話你唔好咁孤寒啦，一個係度索，跟住佢係個袋拿出幾包 K，跟著每一晚係度索 K，索完之後，都唔係打機架啦，教暗 d 燈，反鎖度門，裏面就好似間 disco 咁，覺到 d 音樂好大，大家好開心係度玩... 果間網吧係乾淨的，唔係色情的。但係請埋古惑仔係度，間網吧都唔係好大... 直情放埋音樂，好似一個小型 disco，係裏面索 K 多，來來去去都係十幾個人（朋友），零晨兩三點度開始，果時差不多係晚晚，隔晚啦都唔係晚晚的。通常第二日會訓的，但係訓夠就會落去... 試過差人入黎，我地咪扮到好精神...” (Case 30)

28. This kind of activity indicates that young people do not only dance and take drugs at proper discos, as they can create a similar atmosphere at any place such as a cyber café. This is an alarming issue that the government needs to pay attention to.

Shopping Mall (after the normal opening hours):

29. One of the respondents said that he had taken drugs at a shopping mall in Mongkok where most of the shops sold fake CDs. He said that all of the shops closed at 10 pm, and then the main gate of the shopping mall was locked and music came on, creating an atmosphere similar to that of a disco or a party. In this setting, they would take cannabis, which was sold on an upper storey of the shopping mall.

“好景(旺角好景商場) 個度.... 即係一個商場十點鐘關門，落晒閘，鎖好晒門，開大 d 音響呀，跟住成班係度食大麻... 即係有晒喇叭 (amplifier)，即係好似 disco 咁，即係好似成班係度玩既... 係上面好似開 party... 係個 d 商業鋪頭，係上面慢慢分開 d 野呀，傾下計呀，食下大麻咁啦...” (Case 14)

Drug Dealer's Warehouse:

30. One respondent revealed that she and her friends (around five people) would take drugs in a factory in an industrial building. The factory was apparently a drug dealer's

warehouse, thus a whole range of drugs, including cannabis, cocaine, heroin, MDMA (Ecstasy), and Ketamine, was available. The respondent and her friends would abuse different kinds of drugs at the same time. She admitted that sometimes they would have an overdose. When drugs were readily available, young people would obviously not be able to control their usage. The following case demonstrates this phenomenon:

“係街裏面識左一班比較大點的男仔，原來佢係工廠裏面名義上係做裝修，但其實係賣毒品的，我地三個女仔咪去公司度 high 野，多數 take 大麻呀，可卡因呀，白粉呀，丸仔呀，但係擺左係度。佢地會叫我地去玩，當係傾計啦，佢話你要幾多自己拿啦，任我拿，佢地果度只有二個人，二個男人，夾埋我，就三個女仔，high 完野，就一齊打麻雀，聽音樂。其實係打唔到的，得個笑字，如果同一時間 high 咁多，直情唔知自己做緊什麼，同一時間 high 三樣野，已經 O.D.，都唔知發生什麼事，個感覺唔知呀，一次過 high 得太多，就 O.D. 啦，好眼訓啦...” (Case 30)

Conclusion: URC

31. In fact, we have found from our research that URC has developed from the “old” rave culture and emerged as a life style of some young people in Hong Kong. Raves act as a ritual site for young people where they can gather together in order to socialize, take drugs, and have fun. Furthermore, such rave parties and discos also help participants build networks that facilitate their future drug use. In this network, they share the same culture, the common beliefs and a common language.
32. The popularity of drug abuse is greatly exacerbated by the easy availability of drugs in the context of URC. Also, the great variety of illicit drugs in such places as rented

resort houses or drug dealer's warehouse makes it easier for young people to abuse different substances at the same time.

33. It was alarming to discover in this study that when drugs were abused by the respondents, they were often arranged in the form of a **"drug buffet"** or a **"drug cocktail party,"** with all kinds of drugs provided for free use at a party in rented resort house or drug dealer's warehouse. Moreover, as heroin was often provided along with psychotropic drugs in a drug buffet or cocktail, drug abusers would have plenty of opportunities to try this opiate.

Other related settings

34. Although the pattern of drug-taking behavior among young people has been changing, our study found that the respondents abused drugs constantly at different places. During our period of study for nearly one and a half year, however, research team also found that URC has been changing rapidly and developed into different forms of activities. As we observed, **the URC was only transitional and temporary.** As revealed by the respondents, **the places they had such activities were diversified.** The research team observed that **the scope of URC has been transformed and not only restricted to those organized and illegal parties.** The activities in in the context of URC are multifarious and take place in other settings as well.

35. It was observed that, in the context of URC, the types of drug behavior of the respondents in a broader way can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in **organized, structural, and commercialized settings**, such as small-scale discos/ dance club in Hong Kong and Shenzhen. The most common types of substances that respondents abused in organized, structural and commercial settings are Ketamine, MDMA (Ecstasy) and cannabis. They can easily obtain the substances in those settings. The accessibility and availability of drugs is high. The variety of substances is also great that young people can easily get different types of drugs at the same time in those settings.
36. Second, they might take drugs in **spontaneous and self-initiated ways**. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖). Ketamine, cannabis, cough medicine are the most common substances that young people abuse in such settings. Loud music and sound are needed when the young people abuse drugs.
37. Third, some young people would treat drug abuse as **an entertainment program of other activities**; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches; in country parks; in cinemas; and at podiums

of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents and they would abuse drugs in many places.

(A) Organized, Structural, and Commercialized Settings

Small-scale discos and dance clubs:

38. Large-scale rave parties and warehouse dances were popular in Hong Kong when URC first came to Hong Kong in the late 1990s from the West. However, in the past two years, they have declined in popularity. This study found evidence that small-scale discos and dance clubs have largely taken their place. Such discos and clubs can be found in Tsim Sha Tsui, Jordan, Yaumatei, Mongkok, Central, and Causeway Bay. They have also spread to districts where many young people live, such as Tsuen Wan, Tai Woo Hau, Shamshuipo, Shatin, and Tuen Mun.
 39. All the respondents stated that they had abused drugs at small-scale discos and dance clubs. They even claimed that taking drugs in such places was a necessity. They seldom went to a disco without taking drugs, since they believed that they would enjoy themselves more and be able to dance freely, especially if they took MDMA (Ecstasy).
- “悶囉，最主要落到 D，十個有九個都喺度食糖，跟住個個都好開心，你會發覺你自己一個好悶，驅使你去食。” (Case 3)
- “其實我諗大部份，或者佔八成以上嘅都係為食野 (drugs)，其餘兩成都係落去界女。” (Case 4)
- “但落親去一定要食囉。落親去就好大癮要食。” (Case 5)
- “基本上落去就一定會 high 嘢架。好自然會食 (藥) 囉。” (Case 12)

40. MDMA (Ecstasy) and Ketamine were the two most common illicit drugs that they abused at discos. Some would also take cannabis and “Five 仔.” Poly-drug abuse was common at discos. Some would take MDMA (Ecstasy) first and then inhale Ketamine in order to maintain the feeling from MDMA (Ecstasy). They claimed that they would seldom abuse MDMA (Ecstasy) in other places, such as their own homes or friends’ homes, since they needed to listen to loud music and dance when they abused this drug. The majority of them would go to a disco once or twice a week, while some claimed that they would go to a disco nearly every night. The amount of drugs they took per night was described above. Most of them said that their dosage was increasing because they had started developing a tolerance. They also believed that the purity of these substances was decreasing, so they needed to take a bigger dosage to obtain the “high” feeling. These findings indicate that the risk of young people abusing substances at discos is increasing. Their health would also be negatively affected because of their increased tolerance to drugs and because of the drugs’ impurity. They might become addicted without realizing it.

“disco 多數食 K 同搖頭..... 同埋會有人食大麻囉” (Case 15)

“我唔會喺 disco 食冰呢樣嘢, 我喺 disco 食 (Fing 頭、K 仔), 有音樂聽, 我又可以跳舞, 唔同囉, 同埋啲燈打落嚟, 大咗會有幻覺囉。” (Case 17)

“Fing 頭, 索 K 仔, Five 仔.....多數 disco, karaoke.....撞埋 (同時食幾種藥), 就激 d 個 feel, 好似上太空” (Case 18)

41. The majority of the respondents said that they or their friends would buy drugs at

discos because they were freely available there. Some female interviewees even claimed that they could get drugs without paying for them, since boys would buy the drugs for them in order to get to know them. These findings suggest that if young people cannot get drugs at discos, then they might not go to discos in order to abuse drugs. The police and the Customs Services Department, therefore, should try to clamp down on the availability of illicit drugs at discos.

“應該係佢地自己個 d 人(disco 既經營者) 係度 (disco)賣囉” (Case 15)

“我個 friend 喺下便 (disco) 喺個度做，佢拎俾我，咁我就好容易攞到喇。” (Case 17)

“通常我都係向我班 friend 度拎既，間 disco 個度有人放埋既，通常都係我班 friend 幫我拎囉” (Case 23)

42. The respondents mentioned that they needed to pay an admission fee to enter a disco, which for a small-scale disco is about HK\$100 and might include two drinks. On ladies' nights, girls do not need to pay an admission fee, which means that more girls would go, and more guys would go in order to meet girls. This was a tactic used by disco organizers to attract more people, especially young people. They could dance all night (from 10 pm to 8 am), flirting with the opposite sex, which might lead to sexual encounters. Clearly, there is a close association between drugs and sex among young people. It seems as if drugs are used as a medium for flirting at discos.

“唔使錢買 fing 頭架，只要有女人落去就得啦，你係女人，只要落 D (disco)，你食乜都得架” (Case 30)

“d 人會覺得這條女都好似幾得架，過去同佢傾計，睇佢受唔受啦，一個男仔過黎，好自然會問你有冇煙呀，無煙就無野啦，有冇煙呀？有呀，咁有冇糖呀？即係有冇 **fung** 頭，咁佢實俾你啦，佢想溝你，佢乜都俾你啦，有就繼續玩啦” (Case 30)

43. The environment and atmosphere at a disco also lead young people to abuse drugs. They believe that it would be a “waste” of such loud music and such an atmosphere if they do not take drugs. Thus, there is a strong association among music, dancing, and drug abuse. Most of the respondents claimed that listening to music and dancing after taking MDMA (Ecstasy) was unavoidable. Even if they did not know how to dance, they would feel compelled to move their body after taking MDMA (Ecstasy). They would also consume alcohol when taking MDMA (Ecstasy).

“同埋當你食完既時候，你自己真係好不其言咁跟住的音樂跳架..... 我覺得剛剛入到場既時候，個陣時 **keep** 住玩時，就覺得試左食完之後就好似跳得放 **d** 呀，跳得激 **d** 呀，同埋就算你食左，跳到咁上下，你覺得開始已經倦啦，但係同埋果陣時我會覺得食完係會跳得耐 **d** 架” (Case 2)

“食左 (濫藥) 之後開心，入到 **bit**! 更加入到 **bit**，跳得特別耐！可以長時間嘛，唔食好快就會倦！咁你就想走。” (Case 22)

“我喺 disco 食，有音樂聽，我又可以跳舞，唔同囉，同埋啲燈打落嚟，大咗會有幻覺囉。” (Case 17)

44. The interviewees revealed that they took illicit drugs in toilets, on dance floors, or in “private rooms” at discos. Some respondents pointed out that discos were regarded as a “public place” in which people could openly abuse drugs. As individuals could easily see other people abusing drugs at discos, they would be more likely to abuse drugs themselves. Their fears about drug taking would be decreased in such an environment.

“咁係 3x8 (a disco) 呢就，我見到咁多次同埋我自己 d friend，咁佢地係 d 好當眼地方，係係 d bar 枱度都會擺出黎囉，好似無咩野咁” (Case 15)

“好公然地就食，唔係話躲埋黎食，有房就咩，如果卡位就好少咁樣食，少少位，有房就直接咁樣，有時去廁所食，有時就咁樣就得架啦！” (Case 20)

45. Young people go to discos and abuse drugs as a kind of social event. All of the interviewees went to discos with their friends, rather than alone. Some pointed out that discos provided an environment in which they could find comfort and communal fun and excitement. The majority of them had taken illicit drugs for the first time at a disco after being persuaded to go there by their friends. Peer influence was a significant element of people's drug-taking behavior at discos. They would mainly take psychotropic substances such as MDMA (Ecstasy) and Ketamine in order to get rid of their social inhibitions and try to make new friends.

“幾十個，二十個朋友一齊去啦 (disco).....成班朋友一齊，大家一齊食就食，無咩所謂，即係成大班朋友。” (Case 14)

“落去 (disco) 有得玩啦，同一大班人玩啦，都係玩的” (Case 30)

46. Some young people abused drugs at discos simply out of curiosity, while others just wanted to feel happy when they danced. They did not think that they were addicted to the drugs, since they could control their drug-taking behavior. Such a belief is dangerous.

“想試下 la，未試過，覺得好好奇，點解人人食左會咁樣？” (Case 15)

“(藥物) 用來助興，想爆囉。” (Case 17)

“有時會唔開心時候食，總之開心會食，唔開心又會食。總之想食的時候，就食啦，玩得仲開心，就食，有時候唔開心，食左，就唔想諗野” (Case 18)

47. While it was true, as some of the respondents claimed, that a lot of discos had been closed down in the past two years, because the government and law enforcement agents had used a wide range of legislature, operations, and strict measures to curb their growth, it is unlikely that discos will disappear altogether in the near future.

“我覺得唔會，因為我覺得 disco 唔會俾佢地執晒，一定唔會，佢執得一間，又有另外一間開，佢執得一間，實有人開家... 同埋 disco 個氣氛會好好多... discos 仍然有個吸引力係度” (Case 15)

“D (disco)係最開心。啲音樂夠大 ... Disco 仍然有生存嘅空間... 咁我哋唔玩，仲有啲細過我哋嗰啲... 執咗都有第二間開番” (Case 17)

Shenzhen discos:

48. There has been a recent trend of young people going to Shenzhen to abuse drugs. According to the respondents, nearly 80% of the people at Shenzhen discos are from Hong Kong, mostly from the northern districts such as Sheung Shui, Fanling, Tuen Mun, and Tin Shui Wai. There are a number of reasons for this increasing trend. First, some of the respondents said that they could get to Shenzhen more quickly than they could get to Tsim Sha Tsui or Mongkok. Second, there are many discos in Shenzhen, so if someone does not like one disco, he or she can go to another one just a few minutes' walk away. Third, Shenzhen is much cheaper than Hong Kong. Not only do disco admission fees and illicit drugs cost less, but so too do goods sold in shops, and other services that attract young people such as massages and prostitution. Fourth, according to the respondents, the police in Shenzhen would not carry out regular

check ups of discos, and even if check ups did take place, their friends would know about them in advance, thus it was safe to take illicit drugs at Shenzhen discos. Finally, because the opening hours of Shenzhen discos were longer than those of discos in Hong Kong, young people could dance and take drugs throughout the night, even continuing until 2 pm the following afternoon.

“上面多場 (disco), 你落到場, 覺得唔好, 行五分鐘, 搭的士又好, 可以去過第二間。場 (disco) 好密, 十至二十間到。喺 D 場, 仲可以打機呀, 桌球呀。去到上面行街買野, 行街, 搵骨。涉及性交易嘅……” (Case 3)

“好多間 (disco), 條街有一間, 兜過條街又有一間” (Case 20)

“上面 (Shenzhen) 掃場嘅情況, 睇下上面有啲咩搞囉, 政府有野搞嘅話就掃得好密, 無端百事就唔會掃。(公安) 查牌, (Shenzhen) D Friend 會叫你走。通常都唔會拉, 你唔係 High 嘅話。一定知, 無問過, 佢地話收到風囉。但佢哋收嘅風好準囉。今晚一點會查牌, 就真係會查。” (Case 3)

“其實公安 check 得少, 大陸, 就算 check 都唔驚? 因為佢地會開咪叫一係出一出去, 或者唔好毓, 我地兜一兜, 扮晒鎮定咁, 咁坐係度, 佢地就唔理我地, 一係出去個場出面, 或者唔好毓, 或者停音樂, 大家都知乜野事! 大家扮晒有事, 扮晒飲酒咁! 大陸有咁嚴!” (Case 20)

“同埋香港有乜早場, 六點多七點已經走晒, 好冇癮家嘛! 但係大陸好多早場家嘛, 玩到下晝兩點, 通常我地都唔會玩到下晝兩點, 玩到十一點已經好盡, 但係已經好開心! 但係如果玩得到十一點, 個晚通常都好開心!” (Case 22)

49. The interviewees pointed out that, like at Hong Kong discos, they would abuse MDMA (Ecstasy), Ketamine, and cannabis in Shenzhen. Furthermore, people could easily buy illicit drugs at Shenzhen discos.

“大陸貨源...好容易擺到貨, 想要就有, 因為佢地有錢賺!” (Case 20)

“深圳羅湖區 (disco), 一星期一次, 最多咪一星期三次! 係班 friend 叫, 主力都係 fing 頭, 索 K, 係去到問個場個度放野個 d 人攞。” (Case 22)

50. However, some of the respondents said that they did not like to go to Shenzhen discos, because they found the environment complicated and strange. They did not have a sense of security there, and they were afraid of the harsh punishment meted out in China for possessing illicit drugs.

(B) Drug Abuse as a Self-initiated, Peer-related, and In-group Activity

Karaoke bars:

51. Most of the respondents said that they had taken drugs in karaoke bars – especially Ketamine, but also MDMA (Ecstasy) and cannabis. Though most would take the drugs in karaoke rooms, some said they would take them in the toilet. They indicated that they would plan to take drugs in karaoke bars beforehand and so would bring the drugs along. One of the respondents said that some karaoke bars in Tuen Mun would even sell illicit drugs to their customers. Other respondents stated that staff would not request them not to take drugs when they came into the room, even though they knew about the drugs. Sometimes, as many as 10 people would go to a karaoke bar together, and the staff would arrange a “party room” for them, which would be like a mini-disco with a spot light, artificial smoke and music. They abused drugs, sang, listened to music and even dance in the karaoke bars.

“同 d friend 一齊去唱卡拉 ok，佢地都會 high 囉…… 通常都會係索 K，但係就，同埋大麻囉，就唔會食冰同搖頭囉，因為冰要好多架生呀，可能方便掛 K，咁 K 就快 d，即係快 d 上快 d 落囉。” (Case 9)

“屯門卡拉 ok 都有人賣野，喺個 counter，你行去 counter 嗰個位度，識晒架嘛啲人，你話俾佢知要 K，咁佢就有條鎖匙，去倉到擺。間卡拉 ok 個老闆經營。元朗有啲卡拉 ok 都好似係咁。同埋啲 bar。” (Case 1)

52. The respondents pointed out that as the police seldom check up on karaoke bars, they felt more secure taking drugs there. The fact that they knew everyone in the karaoke room also increased their sense of security.

“卡拉 OK，啲 friend 有好多喺個身度，咁人哋玩七八九就飲酒，我哋玩七八九就索 K。去卡拉 OK 時，已經預先諗咗去 high 嘢，咁嗰度啲職員基本上唔知我哋 high 嘢，知都無嘢。有試過有警察嚟。” (Case 17)

53. However, some of them claimed that there were disadvantages in taking drugs in karaoke bars, such as the fact that the music was not as good as at a disco, and that there was little room in which to dance. Others said that they could not sing in karaoke bars when they took drugs there. Thus, karaoke bars were often only an alternative to discos where they could take drugs.

Friends' homes or one's own home:

54. Most of the respondents revealed that they had taken drugs at their home or at friends' homes. It was especially common to take Methylamphetamine (ICE) at their own or friends' homes, because they would not take it at discos since it required a lot of

equipment as well as certain procedures and rituals. Cannabis, organic solvents, Ketamine, and tranquillizers were also commonly taken at home. Some of them would have loud music at their homes or their friends' homes when abusing drugs. Some of them even danced in their home when they listen to music and took illicit drugs.

“點樣食 (冰) 呀？咁你要擺 d 飲品個 d 啦，跟住之後，咁佢好似紙包飲品咁啦，咁你就要係上面平個度開 2 個洞，跟住插 2 支喉，跟住之後要 d 錫紙，跟住擺 d 冰落去俾火燒，之後有煙出，咁就擺係其中一條飲管度，之後係另外一條飲管到囉.....要好多工具囉，都要好多程序囉... 所以多數都係係朋友個度食多，呢 d 唔會係 disco 度食。” (Case 15)

“係同學屋企 high 天呀，大家一齊坐係度，拎 d 紙巾出黎，大家一齊索。” (Case 30)
 “係同學屋企，食冰囉，溝呢個十字架食，擺埋野 (藥物) 去食。” (Case 17)

55. The respondents claimed that they or their friends would buy the drugs before they went to their homes from friends or dealers who were part of their network. Even at a young age, they had already built a strong network that included drug dealers.
56. What is especially noteworthy about their abuse of drugs at residential locations is the respondents' very casual manner: they would abuse drugs any time they felt like it. One respondent told us that he once cooked Ketamine in a 'hot pot' for a group of friends in a dinner.
57. The respondents stated that taking drugs at home was much safer since the police would not regularly go to their homes. However, the respondents would only abuse drugs at their own home or at friends' homes when their families were not at home. This highlighted a hidden risk of taking drugs at home: no helping professionals

would be aware of their situations and approach them, even if they were strongly addicted to the substances.

Video game centers (機舖):

58. Video game centers are another place where young people abuse drugs, especially cough medicine. The respondents revealed that after taking cough medicine, they would play video games. Loud music is provided in the video game centers because of the sound from the video game machines. They could easily buy cough medicine from a pharmacist for a low price. This behavior was most common on the outlying islands such as Cheung Chau. One social worker pointed out that young people on the outlying islands tended to have less money, so they could only afford to buy cough medicine, and that it was common to find empty bottles in video game centers. In fact, young people are easily influenced by their peers to abuse cough medicine at these locations if most of their friends are doing it. The following case demonstrates this phenomenon:

“... d friend 之前飲開(咳水)既，跟住之後咪試下，跟住咪一齊飲，到現在。係個陣時無野做咁呢，咁飲完之後，你會好專注咁打機咁打機，有好強的音響，幾個鐘咁樣，跟住消磨到幾個鐘... 去機舖打機，都係各自各打機，唔想人偈呀，係羅，靜 d，一路打機一路飲。其實即是等於我食煙咁樣，你想唔食，但係你側邊 d friends 話，一齊出去玩，一齊飲呀，你就會跟住佢飲。兩三個朋友一齊出黎飲...”
(Case 6)

59. The fact that cough medicine can easily be bought from pharmacists without needing a doctor's prescription for a cheap price and in bulk is cause for concern. This legislative loophole in the control of drug sales in pharmacies makes drug abuse more common among young people.

(C) Drug abuse as an entertainment program of other activities

At the beach:

60. Some respondents said that they would take Ketamine and cannabis at the beach. This shows that drug abuse is such a casual, even habitual activity. Young people will abuse drugs in many places. Some of them will listen to music when they abuse drugs in the beach. It also indicates that they will take drugs in an open area without fear.

“海灘囉，試過夜晚三點幾駛架車入赤柱，咁咪踏係個度咪索下 K。” (Case14)

“到沙灘食草，或者索 K，開大喇叭，然後又繼續返黎燒野食...” (Case 29)

Public parks and country parks (郊野公園):

61. Some interviewees told us that they would take drugs in a variety places. For instance, some had taken cannabis in a country park when they were having a barbecue and listening to music. As with smoking, their substance abuse behavior was so habitual that they would abuse drugs whenever and wherever they wanted in order to feel “high.” One respondent recalled such an incident with pleasure:

“有時... 夜晚黑去燒野食，郊野公園，又係果度 high，乜都有架... 無 la la 就話去燒野食，果次就拿大麻去食，一路燒野，一路食草，一路聽歌，一路係咁笑啦，乜野都係咁笑，你生的野，熟的野，都放入口，都唔知自己食緊乜野，不停係咁肚餓，係咁食係咁食，跟著俾火燒親，都唔痛呀，撞親又唔痛呀，跟著燒完野食啦，返到屋企先知損手爛腳... 直情唔知發生乜事，high 草的感覺係好開心，不停咁笑，但係唔知笑乜野 我可以望住支白花油係咁笑，第一笑啦，好開心啦，仲有唔痛啦，整親都唔痛啦。” (Case 30)

At the cinema:

62. One of the interviewees said that she took an illicit drug called “根,” which is imported from the Netherlands, at the cinema. She said that the feeling was similar to cannabis and caused her to laugh for no reason when watching the movie. Loud music, sound and animation were provided at the cinema when the respondents abused drugs. Again, this shows that young people will take illicit drugs in many places. As one respondent described:

“試過一次係戲院，我睇 ‘X 墓迷城 2’，咁果個係我的舊同事，佢去荷蘭旅行郵寄左一隻毒品俾自己，果隻野係我從來未見過，佢同我講當地的人叫佢做 ‘根’，係一朵紅色的花，但都要吹乾佢，剪碎，跟著當係大麻咁卷起佢。果隻係比大麻犀利好多，我食果次係戲院，個感覺好似自己身在 ‘X 墓迷城’一樣，個心跳得好犀利，個人係咁震，係咁笑，同大麻差不多，個眼好似 3d 咁。” (Case 30)

In stairwells, in gardens, or at podiums of public housing estates:

63. It is also common for young people to abuse illicit drugs on public housing estates. The respondents said that they would gather in groups to take drugs such as Ketamine, cannabis, and organic solvents in the parks, in the stairwells, or at the podiums of public housing estates. These were convenient places for them to take drugs in, since most of them lived on these estates. Sometimes, they would bring along the Hi-Fi with them to the garden and podiums so as to listen to music when they abuse drugs. “袋住就唔會去公園，我食完就去（屋村）公園。我係黑社會背景，咁佢地係我啲老表，兄弟，所以咪係呢度一齊玩囉。” (Case 19)

Conclusion

64. As a whole, URC is part of drug culture, characterized by the consumption of psychotropic drugs and associated activities such as dancing and listening to loud music. Participants in URC place more emphasis on communicating with friends and regard taking drugs as a ritual, a form of recreation, and as an enhancer of activities (e.g. dancing, listening to music). Drug consumption is often a means to an end rather than an end itself.
65. Although the pattern of drug-taking behavior among young people has been changing, our study found that they abused drugs constantly at different places. The respondents abused drugs with groups of friends, but seldom by themselves. It was a kind of social activity. Their drug-taking behavior was greatly influenced by peer pressure and was used as a means to gain social recognition and inclusion from friends. Most of their drug-taking behavior was planned.
66. There is a clear trend of habitual substance abuse. Like smoking or drinking, they take drugs whenever and wherever they like, as if it is a kind of hobby. They often compared taking drugs with smoking – though harmful, it is enjoyable. More importantly, they did not think that the harmful effects were imminent.
67. Young people do not have the ability to control their drug-taking behavior. It is easy for them to overdose. Also, it is difficult for doctors to prescribe the proper medication for poly-drug users. Furthermore, there is clearly a close relationship between drugs and sex, thus young female drug abusers are especially at risk.
68. Young people do not have the ability to control their drug-taking behavior. It is easy

for them to overdose. Also, it is difficult for doctors to prescribe the proper medication for poly-drug users. Furthermore, there is clearly a close relationship between drugs and sex, thus young female drug abusers are especially at risk.

Respondents' Drug Beliefs and Values

69. *Casual and recreational users*: The majority of the respondents held the belief that they were not addicted to any drugs. They claimed they were casual and recreational users, since they only took illicit drugs on special occasions, such as friends' birthdays or certain festivals like Christmas. They also believed that they could control their drug dosage. They just wanted to experience the "happy" feeling that drugs gave them. Some claimed that they took MDMA (Ecstasy) and Ketamine at discos only. Most of them held a strong belief that they were totally different from heroin addicts. They were confident in their ability to control their drug usage. They would not acknowledge that they had already become addicted to certain substances.
70. However, a closer examination of their drug-taking behavior reveals that some of them really could not control their substance abuse. The fact that they could take drugs at any time and in any place, and the variety and easy availability of drugs are all areas of concern. Measures must be taken to rid young people of their mistaken beliefs about the illicit drugs they abuse. The most common answers about drug beliefs and values that the respondents gave were:

“我覺得自己係偶然服用.... 我本身自制到。” (Case 3)

“成日都聽到話上癮，其實唔係，你唔食就唔食。” (Case 13)

“覺得自己唔係上癮.....如果去 disco 咪食囉，唔去就唔食。” (Case 15)

“我係控制 *ting* 頭，唔係 *ting* 頭控制我。(藥物) 用來助興，想爆囉。” (Case 17)

71. The respondents claimed that they would be better able to concentrate on certain things, such as playing mahjong or cleaning the house, after taking ICE.

“冰就係人地屋企囉...完之後個腦好似實左咁呀，跟住之後呆呆滯滯呀，跟住就好專心做一樣野囉，之後又食唔到野，訓唔到覺囉。” (Case 15)

72. Some female drug users revealed that they lost weight after taking ICE, which was a particularly attractive side effect for girls concerned about their appearance.

“咁我地成日 pop 冰，總之成日啦. 一得閒去佢個 friend 屋企 pop 冰, pop 左一段時間，個人都好瘦，瘦到去九十磅，以我身高都只得九十，好開心啦。” (Case 30)

73. All the above misconceptions should be corrected so as to reduce drug abuse among youngsters.

Respondents' Future Drug-taking Behavior

74. When the respondents were asked about their future drug-taking behavior and whether they would stop taking drugs, they gave a variety of answers. Some of them claimed that they had not taken any drugs in the past few weeks because they had felt some bad effects from drugs. Others had experienced personal incidents that had made them stop taking drugs.

75. However, some of them claimed that they did not plan to stop taking illicit drugs.

Some even said that their dosage or the frequency with which they took drugs was increasing, though others revealed that their drug-taking behavior had not changed.

One group said that whenever they wanted to take drugs, they would.

“唔會話真係戒，想 high 就 high！冇諗過戒或者唔食。” (Case 20)

“譬如你番大陸玩嘅，你會喺大陸落到去 D，你先想用。” (Case 3)

76. Some of the respondents, however, stated that they planned to reduce the frequency with which they took drugs and their dosage, as they had been taking some drugs, such as MDMA (Ecstasy), for a long time and had lost interest in them. Instead, they considered switching to other drugs. Other respondents claimed that because they were often not allowed to take drugs at discos, their drug-taking behavior was reduced.

“可能對 fing 頭呀果啲都係三分鐘熱度呀咁，可能搵到啲第二樣仲好玩嘅嘢就唔會玩呢啲嘢。” (Case 19)

“再少啲，厭咗喇。厭咗(係 disco 濫藥)好耐喇，如果唔係以前點會一星期三次，而家一個月先兩、三次。” (Case 3)

The Respondents' Expectations of Services

Police action

77. Most of the respondents pointed out that disco organizers would know when the police were going to check up on a disco. The disco organizers and staff would inform

the participants that the police were coming, so those who were under age or had illicit drugs would have time to leave. Respondents told us:

“佢哋呢啲好有系統架，即係呢個負責睇水。咁有人查牌，有“龜車”(police car)，就一定要收埋啲嘢呀，咁咪要即刻 call 上去收埋啲嘢。係呀，通常都知架喇，有內鬼架嘛。總之有人睇水架喇。總之差佬未到，上高一早就知有人嚟踢。我指有內鬼係因為次次差佬未到，佢哋就知，我覺得有內鬼。” (Case 5)

“佢地會係下面如果見到，就會通知上面，咁上面就會同 d 人講未夠 18 歲既走，咁我就走佬囉... 後門走囉... 無效 (警方呢一 d 查牌)，有效就宜家就唔會仲有咁多啦。” (Case 15)

78. Another respondent pointed out that some discos did not get a license to operate from the police, but they were still able to operate for a long time. He suspected that the disco organizers would come to some arrangement with the police beforehand.

“無牌都照開得，即係場嘅人同差佬傾偈囉，咁咪對策囉。同差佬傾偈一定要咁做。如果你唔傾偈都開唔到門啦。” (Case 5)

79. Most of the interviewees claimed that the strict measures and operations carried out by the government and the police were not effective at tackling the problem of substance abuse among young people at discos. Some of them claimed that disco organizers would reopen their disco after the police had left; others said that people would simply go to another disco or another place altogether to take drugs. In any event, it was impossible for the police to completely stamp out discos in Hong Kong.

“警察打擊啲毒販，查得密啲有咩用。查完都係咁，你係查果時停止，查完之後又返晒來。捉人易囉，但捉晒啲毒販就好難。” (Case 19)

“只係一般人覺得人地落去 (disco) 係為左 high 野，現在即使無左 disco，係其他地方都得啦。” (Case 30)

“佢地 (police) 都 “kum” 唔晒啦，無呢間場都第二間場啦。” (Case 23)

80. The interviewees said that they seldom saw police capture those who sell illicit drugs.

Instead, they were only able to arrest those at discos who were under 18. This was ineffective at curbing the supply of illicit drugs.

“咁佢上黎都係，一係掃毒呀，一係捉 d 唔夠 18 歲，我無見幾多次真係捉到 d 人，即毒販個 d 囉，即係賣個 d 囉，無幾次... 即係反而 d 毒販呀，個 d 就捉唔到。” (Case 15)

81. However, some of the respondents claimed that there was still a need for the police to

regularly check Hong Kong discos. People might lose interest to play and take drugs in discos when the police always checked up on them. It was because it would take a few hours to carry out the check. Also, according to the interviewees, the conditions of discos in Mongkok were not good, thus there was a need for the police to check up on them more frequently.

“你成日搵警察落去掃，一晚掃幾次，我啲 Friend 都話日日掃都無癮啦，個場實會少咗人架。” (Case 3)

“都應該，旺角個 d 地方真係好雜，入到個 d 廁所，成地都係 d “K”，好惡劣，好難頂，好得人驚！成個地下都係，旺角個 d 地方應該掃下。” (Case 22)

82. Some of the respondents themselves claimed that the most effective way of tackling

the problem of substance abuse among youngsters was to stop the supply of illicit drugs. They thought that the ease with which illicit drugs could be obtained increased the chances of young people abusing drugs. The government and the police should put

more effort towards reducing the supply of drugs by targeting the traffickers, sellers, and producers of illicit drugs.

“我覺得最好就禁絕個 d 來源囉。真係好容易拎到。” (Case 23)

The government's drug preventive education TV advertisements

83. The majority of the respondents claimed that preventive education such as TV advertisements and posters would not be very effective, especially for those who had already used illicit drugs. They did think, however, that TV anti-drug advertisements could have some effect on young people who had not tried drugs before. The interviewees believed that the government exaggerated the bad effects of taking drugs. Some of them claimed that it was a waste of money for the government to produce such anti-drug advertisements, as they were not put off by this tactic. While one respondent asked what the government could provide as an alternative to drug taking, another just took the advertisement as a joke:

“政府嘅宣傳短片真係噉氣，噉錢，你宣傳嚟有咩用啫。無意思架，我聽你講又點呀，你有冇其他嘢代替番俾我？” (Case 4)

“我覺得(政府嘅宣傳)冇用囉，可能你對啲未食嘅人有啲用。” (Case 19)

“有睇過政府 d 宣傳短片，總之好搞笑，得啖笑！” (Case 20)

84. One of the respondents said that it was good for the government to use the harm reduction approach to help heroin addicts by substituting heroin with methadone. He said that the government could also use this kind of approach with psychotropic

substances. This way, the government would not force substance abusers to stop taking drugs suddenly, but instead gradually. Such an approach would be more acceptable to most substance abusers.

“即係你好似宣傳白粉個 d，唔用針筒，食美沙酮，食 fing 頭丸，唔好食一粒，最好半粒半粒咁食，咁咪諗囉。” (Case 22)

85. The government should produce some anti-drug advertisements or programs that are tailor-made for substance abusers. To a certain extent, such efforts can effectively get their message across to those young people who have not yet taken drugs, since they provide basic information and describe the bad consequences of drug-taking behavior.
86. Most of the respondents who had abused drugs believed that TV programs (such as 毒海浮生、鏗鏘集) that dramatized real cases to illustrate the bad effects of drug abuse were more effective at reaching them.

School preventive education programs

87. Most of the interviewees claimed that they could not remember whether there were any preventive education talks or lessons when they were at school. This showed that preventive education in schools was not very effective at reaching young people who had already started abusing drugs.
88. Some of the respondents stated that there were some programs or talks at their schools. But they claimed that they only received basic information about illicit drugs from

such programs and talks, and that it did not stop them taking drugs. One of the respondents thought it would be more effective if talks were given by those who had abused drugs in the past. Having such a role model to share his or her experiences would be a good way of delivering the anti-drug message to students.

“我間學校係有時都有 d 講座，或者有 d 警察黎講講座，巡例講下有 d 咩後果呀，嚴唔嚴重呀，要承擔 d 咩責任呀，對自己身體有咩害呀，即係都會有基本既講座呀，個 d 知識都會教你既... 講座我覺得其實無咩用，因為親身經歷你聽落，因為可能佢親身試過，講出黎比較真實 d 呀，你自己聽落，譬如你自己有 keep 住食，你同佢個一刻係有共鳴架...真係會影響得多 d。” (Case 2)

Social services

89. Almost all the interviewees who had social workers claimed that their social workers helped them a lot with their drug problem, providing counseling, emotional support, and social programs.

“曾經有一段時間我覺得佢 (social worker) 比我 d 屋企人更加重要，你只要同得佢講，佢幫到你，佢都會幫你，可能無實際幫到你，但係起碼你同佢傾完，你自己會舒服 d。” (Case 2)

“有用啦，如果個社工講反而會聽佢講，唔同老豆老母或者政府。反而社工有啲用。真係唔知點解。可能社工俾我嘅印象好好人，會聽佢講多啲。細個已經係架喇，即係小學時都有接觸過社工，成日喺球場傾計。覺得佢哋好好囉，有似天使。同佢傾偈會好舒服囉。” (Case 3)

90. Social workers also provided tangible services to drug abusers, such as helping them to find jobs and arranging hospital check ups.

“來到呢啲中心，社工都好好，最好就搞多啲活動，佔據左你嘅時間你就唔會掂或長期沉迷呢類野呀咁，都係當(社工)一個朋友，有時可以幫到我。實際上嘅野，冇書讀可以幫到我，想搵下工又可以幫到我咁。” (Case 19)

91. Most of the drug abusers treated their social workers as friends. They would share their thoughts with them, while the social workers would provide the youngsters with information about drugs. They would not force them to stop taking drugs but would try to persuade them not to take so many.

“我會同社工傾囉，我都會 keep 住同個社工好 friend...” (Case 2)

“佢只會叫你唔好去咁多啦，去少啲啦。咁你就會聽佢講囉。係呀佢有考慮你嘅感受，就係嗰下先好，佢唔會格硬叫你唔好去，政府就叫你唔好去。社工就唔同，社工會站喺你嘅立場。幫你諗。” (Case 3)

“社工都可能會話俾我聽，可能對健康會有 d 影響咁樣既，即係都會多番一 d 既知識俾我知道，即係自己個個都會記得食得多會有 d 影響㗎。” (Case 23)

92. Some of the respondents said that youth centers provided them with a place to hang out, so they would not have time to go to discos and take drugs. They could also talk with social workers at youth centers.

93. Social workers would also talk with the respondents about their personal matters such as family problems, problems at school, or problems with their peers. Thus, social workers clearly play an important role in the lives of drug abusers, so the government should put more resources into social services to help drug abusers.

“社工同我地傾呢 d (濫藥)問題我覺得會有幫助，勸下我地，呢度 d 社工係百分之一百好，各方面都好，真係好，健康教育，叫我唔好戒手，講左好多道理比我聽，話左好多野比我聽，好好，全程跟足你，例如有乜野問題，有乜野心事想同你傾，就即係同你傾，佢又會勸你戒，點樣去戒，專係同你傾偈，我覺得呢個係對我戒藥物係有幫助，社工有某程度既幫助。” (Case 28)

94. One of the respondents suggested that more youth centers should be established so that young people would have some place to go. They could hang out and make friends at youth centers, and thereby the numbers of young people frequenting discos would decrease. Also, they felt that youth centers should open at night, which is when they have free time and like to go to discos.

“你（政府）如果真係要搵錢去做呢啲嘢，你不如撥多錢錢俾中心喺夜晚搵啲有意義嘅活動，有意義嘅地方俾人落去聚下腳丫。係呀，例如一啲中心，等啲中心去處理番呢個。社區中心日頭開嚟係無意思，日頭要番工番學。夜晚你整個咁地方俾佢哋搞呀，飲杯嘢，玩下，咁佢哋咪唔駛落去 D。” (Case 4)

95. In addition, one respondent suggested that youth centers should organize more social activities such as football matches, basketball matches, and adventure programs. This would keep youngsters busy, so they would not have time to abuse drugs.

“青少年中心搞下活動囉，搞多啲活動，我地又有心機參加，我地就會食少好多，因我地都係悶先食，係條村度成日坐，咁如果佢哋搞多啲活動，咁我地又有可能一路食一路參加，咁個次數都會減少。雖然呢度都成日有活動，但唔夠，唔係成日有，一兩個月可能得一兩次。” (Case 19)

Overall suggestions

96. Some of the respondents suggested that it would be a good measure to close all discos in Hong Kong. If there were no such places, fewer people would take illicit drugs.

“咁如果唔俾人開 disco，一定少好多人掂呢樣嘢。” (Case 19)

“唔好開 disco 咪得，唔好開 disco，咪唔會咁多人落去！” (Case 28)

97. Some respondents stated that different parties in society, such as families, teachers, and the government, should join hands to combat the problem of substance abuse. Teachers should learn how to deliver the anti-drug message in schools through creative programs. Parents should learn how to teach their children. The government should not only use hard-hitting advertisements but should also produce tailor-made anti-drug advertisements to discourage people from abusing drugs.

“意見係淨係掃係冇用，最緊要係教育，要 d 教師點樣宣傳，自己父母點樣教導，電視個方面既廣告，唔係一黎就話食死人，心諗，嚇鬼，我食緊，又唔見我死，唔係咁樣，咪又係食完，邊個會想到自己個女係咁，人地係度笑緊佢，食緊個 d，傻！人地都唔知幾開心，咁唔啱嘛。” (Case 22)

Drug abuse in different areas as observed by social workers

98. In order to learn what social workers think of young drug users, as well as their opinion of what the authorities and the public could do to help drug users, focus group interviews and individual in-depth interviews with social workers were conducted from July to November 2003. A total of 23 social workers from different settings – such as youth outreach teams, integrated teams, psychotropic substance abuse counseling centers, and special projects on psychotropic substance abuse – participated in the study (see Table 2.3). They had all handled cases of substance abuse, thus their views and recommendations were worth noting.

The recent trend of drug-taking behavior among young people in different districts

99. It was evident from the interviews with the social workers that the pattern of drug-taking behavior was different in different districts. Overall, as they perceived, the problem of substance abuse among young people in the context of URC was serious. The age at which they start taking drugs has been getting lower, and most of them are poly-drug users. The social workers believed that the easy availability of drugs and peer pressure were the main factors affecting what kinds of substances young people abuse.

100. The social workers were aware that young people abuse different kinds of substances, including MDMA (Ecstasy), Ketamine, cannabis, ICE, cough medicine, tranquillizers, cocaine, organic solvents, heroin, and other substances such as Five and Stamp. The trends of drug-taking behavior among young people have been changing rapidly. For instance, a few years ago, the popular drugs were organic solvents and heroin, but because of the popularity of discos in the 1990s as a result of the growth of rave culture, young people started to abuse MDMA (Ecstasy) and then Ketamine, as well as newer drugs in recent years. Such fast-changing trends threaten social workers' ability to handle substance abuse cases. One social worker described the pressure he felt:

“五六年嘅時候，我都睇到個變化好大。由我做第一個 project 嘅時候，我睇緊第一份資料呢，仲係睇緊忽得呀，睇緊天拿水呀，白粉嘅 information 之外呢，其實係無 K 仔同 fing 頭嘅 information。咁係跟住好快，突然之間好多 disco 蒲咗出嚟，跟住就開始有 fing 頭丸。跟住 study 完嘅 fing 頭丸之後呢，跟住好快半年之間，又出咗 k 仔出嚟。跟住 K 仔之後，好似停咗一停，其實跟住都有好多新興嘅藥物出現啦。可能 “five 仔” 呀，有好多種唔同食法嘅 K 仔啦。” (3)

101. Social workers in Northern District claimed that most of their clients would abuse illicit drugs at discos in Shenzhen rather than Hong Kong. They pointed out that the admission fee for Shenzhen discos was cheaper than that for discos in Hong Kong, as was the actual price of illicit drugs. Then, too, for some people, the traveling time to Shenzhen was shorter and the fare was cheaper. We also saw above that other services,

including prostitution, were cheaper in Shenzhen. Finally, there were fewer fights at Shenzhen discos. For all these reasons, so many young people have recently been going to discos in Shenzhen.

“其實去香港會少 D，始終去深圳近 D，過關又方便，消費又平啦，其實我係做沙頭角的，亦都果 d 細路都係去果間 disco，叫做 838。平啦，價錢 Fing 頭，K 都係五十蚊左右，大麻間唔中都有 d 的，可能廿蚊一裁，咁就一支咁去用，但係因為依家皇崗開左啦，即係廿四小時，如果佢地玩得悶，佢地就返黎，始終都係多 d 其他活動，係上面溝女，依家”手泵”骨呀，其他 d 色情活動，係香港比較簡單，同埋有 d 靚仔覺得有多 d 架打，香港 d 場複雜 d，上面的場，比較少嚴重的衝突，即個場由某個人睇，其實情況都幾穩定，去大陸佢地去開果場，咁就覺得無乜問題。” (1)

102. The social workers claimed that the seriousness of the problem of drug abuse differs from district to district. In Tsing Yi, it was not so serious, but in Northern District, even though there was no entertainment place where young people could take illicit drugs, there was a private den (私竇) where they would abuse cannabis. In fact, this absence of venues is a further reason why youngsters have been going to Shenzhen discos recently. A similar situation can be found in Tuen Mun.

103. The social workers stated that MDMA (Ecstasy) and Ketamine, especially the latter, were the most common substances that young people currently abused at discos, both in Hong Kong and in Shenzhen. However, they pointed out that during the past year, it was becoming more common for young people to abuse cough medicine and organic solvents.

“而家主要都係 k 仔啦，大麻，fing 頭就比起前幾年相對地少咗。咁一嚟係可能

disco 執得多啦。其實我哋容易理解，食 **fung** 頭都要有一個音樂環境，無理由自己嘅屋企 **fung**，唔會嘅。” (9)

104. In the past few years, there was a high prevalence of organic solvent (天拿水) abuse among young people in private dens in Northern District. This phenomenon has also recently spread to Kowloon and Hong Kong Island. The social workers also stated that young people would abuse cough medicine and cannabis at video games centers and in public gardens. They could easily buy cough medicine from pharmacies for a very cheap price. Some adolescents even took cannabis whilst they were playing football.

“但係我地(Kowloon East) 都有好多咳水，近呢幾個月就天拿水，因為認識到一d 年青人，佢地十幾人廿幾人一齊 **high** 天，所以係我地中心，係 **fung** 頭，**K**，咳水，天拿水，呢d 比較多！” (7)

“但係有啲比較傳統例如 **MB** 呀都會有... 如果舊區的話，**MB** 可能 **common** 啲，喺長洲都有啲細路仔係街食，隔離公園呀，機竇都會有。” (2)

“踢住波咁食 (**cannabis**)，有時係機舖都會見到。” (1)

105. All the social workers confirmed that young people would abuse drugs in different places, such as in their homes, at friends' homes, in public gardens, in the stairwells of public housing estates, or even on buses and in the street. They also confirmed that young people would abuse different kinds of substances at different places: MDMA (Ecstasy) and Ketamine at discos, cough medicine at video game centers, tranquilizers and ICE at home, and so forth.

“我見到啲細路，真係係巴士都食。屋企固然有，個成數都好高。...係街啦，公園呀，講講下嘢，跟住就有幾個走埋一邊，索幾嘢，跟住又返嚟同你傾偈，都會有。我同事嘅親戚，係長洲都見到有人就係機鋪門口 high。真係好明目張膽。但係有啲真係食慣，就會係公園附近擺咗就返屋企呀，朋友屋企食呀。機鋪呀。咁呢啲藥物會係機鋪食呀，例如 MB 呀。成個長洲都係 MB 樽。” (2)

“一路都有私竇，有時佢地有個 friend 有空置地方，有 d 可以聚地方，天台呀，譬如大角咀天台呀，好方便，我知佢地會落卡拉 OK” (6)

“而且呢班人會係特定嘅地方食，如咳水，係機鋪食。另外，咳水會有時係啲商場，有時係屋企呀。安眠藥呢，大部分都會係自己食嘅。話說回來，安眠藥係會比較 individual，可以自己睇埋食，唔需要同朋友食，唔需要特定地方食。” (8)

106. Some of the social workers said that their clients told them that there would be some privately run discos and parties in Hong Kong. Someone would host a party and call all their friends to their flat, where illicit drugs would be sold. Some of the privately run discos and parties were organized by triad societies. Not many people would know about such events.

“明義上個運作梗係咁樣，街外人都可以入去消費，佢都係想賺錢，但係有一 d 頭先講既爛場，其實某程度一個正常人都唔會入去，因為你已經知道個場係某一範黑社會字頭，咁入到去撞口撞面都係個 d 人，但你都唔係個個世界，個個圈子既人，所以街外人係唔會有興趣入去個 d 爛場到玩，整整下形成入親去都係個一範既人，或者佢 d friend，或者係個既燈頭帶客入去，個 d 場係唔係好人好姐識得摸上去玩！或者 through 個 d 燈頭，through 個 d friend，先至會上去” (5)

107. The social workers also said that young people would take drugs in karaoke bars. Since they would all know each other in the karaoke room, they would feel more secure while abusing drugs. In fact, it was widely recognized among social workers that drug abuse among young people is a group culture: they would take drugs in a group and seldom on their own. Although a lot of discos have been closed down

recently, the social workers believed that the culture of taking illicit drugs at discos remains unchanged, since drug abuse for some young people had already become a habit.

“個 wave 係過咗，但我睇到仍然有一班人呢，係好鐘意呢個文化。或者呢種文化已經成為佢生活嘅一個方式。佢哋唔會戒呢個玩意。幸好而家嘅 disco 唔係太多，但大型嘅有某幾間，其實都仍然有機會接觸到囉。” (3)

108. The social workers believed that the closing down of some discos really had reduced youth problems related to substance abuse. But they also thought that the closure of discos would not reduce substance abuse among young people, since they would just take illicit drugs elsewhere.

“但係呢三間 disco 執左之後，到 2003 年今年，就成個情況就淡淨左，咁始乎 disco 既文化，disco 既存在都幾影響區裡面青少年濫藥既問題，自從 disco 唔再存在之後，我地的確係睇到青少年牽涉到濫藥而係荃灣或葵涌區發生問題就少左，但係咪代表青少年唔再濫藥，我會有保留既，佢地只不過唔再係因為 disco 係呢兩個區裡存在而濫藥，唔等於佢地唔再係出面濫藥...” (5)

109. The social workers also stated that young people could easily buy illicit drugs at discos, as the organizers themselves would sell them. Clearly, the easy availability of illicit drugs was a very important factor in the substance abuse behavior of young people.

Drug abuse behavior of young people in the context of URC

110. Some of the social workers believed that the trend of young people abusing substances in the context of URC and other related settings would continue unchanged. In other words, adolescents would continue to abuse illicit drugs at discos, both in Shenzhen and Hong Kong. The social workers thought that a lot of young people would abuse drugs only when they were at discos, and that not many would take them in private areas such as their homes or friends' homes.

“我諗其實 Rave Party (rave culture) 呢個潮流都會繼續，只不過我地睇到依家係兩邊走，睇到個主流一係北上，一係本地香港的 Rave Party/ Disco，落去先至濫藥... 但係我地估計果 d 人都係 addicted 左，可能係濫藥方面 addicted. 所以當佢有藥的時候，係自己屋企或者人地屋企 high 野，但係都未去到一個新趨勢。” (1)

111. Some social workers stated that some young people would take substances such as heroin and organic solvents at home. This could be categorized as “underground” drug abuse because the social workers could not easily identify drug abusers, approach them, and provide services to them if the substance abuse was occurring in a private area.

“但係如果有些藥，好似以前話白粉，high 天呀，可以自己呢埋拍針啦，果 d 其實都係 underground，以前 high 天都係呢埋係屋企，係屋企個竇你點可以捉佢地，因為你上到佢都做唔到野，就算你拍門都好，個個都可能係度索緊，都唔清醒，咁你根本都做唔到任何野，同埋果 d frequency 好高，差唔多不停重複，都是做同一樣野” (1)

“咁係間屋自己搞，果 d 唔係公開，唔係羅正牌場所，你自己用作娛樂用途，咁

叫做地下，反而我覺得地下依 d 情況係果 d 有錢有面果 d，果 d 明星呀，有錢果 d，果班年青既後代，佢地又要玩 d，又唔想俾人知，所以成班圍內，果 d 自己開個 rave party 或者私人派對” (6)

“我地知道，同容易 spot 得到，呢個係我地所謂既地上，我地容易接觸得到，地下係我地接觸唔到！佢地外展隊都夠地下嘞，但係都仍然會接觸唔到，有 d 係屋企就更加難，如果佢地係卡拉 OK 或網吧，我地分分鐘都知得到，佢地係條街，都分分鐘知得到，所以我諗地下既意思係一 d 更加隱蔽既地方，都可以咁樣定既！佢地唔係公開場合，係一 d 私人既場合食藥！” (10)

112. The social workers thought that substance abuse behavior among youngsters was diversified in terms of type of drugs, place of abuse, and number of people taking drugs. Young people would abuse drugs anywhere.

“濫用藥物已經公開化咗。所以極其量只能夠講濫用藥物嘅形態多元化咗。” (2)

“Underground rave culture，可能係 illegal，一 d 自己既地方，唔公開，可能係呢 d 特質嘞！但係你要我定義 exactly 要指 d 乜野地方係最主要既，我估屋企係最主要既，或者佢地一齊有個地方，有個私鬥，可能某個人既屋企，長年累月冇屋企人係度既，於是佢地成班就去左佢既地方，做一個“鬥”，我諗係咁樣運作嘞！同埋有個人數限制，我一個又得，十幾個又得...” (5)

113. Some of the social workers believed that underground substance abuse culture had existed for a long time, even before the rise of large-scale rave parties and discos. The demise of such events, they felt, would lead young people to abuse substances in other places in order to satisfy their needs, though some of them continued to describe this kind of activity as “underground.”

“我會覺得不撈都係地下化，一向都唔係咁公開咁 open 嘅。就算係次文化入面主流，始終都係次文化嘅主流。始終佢哋都會知濫用藥物呢個唔係一個好嘅行為

嚟嘅。咁你話會唔會好公開呀，我覺得不會成為一個好主流嘅方向，一路都好地下化。但我又同意，disco/ rave party 呢個比較顯眼嘅地方，又警方打擊，但有時有個潮流實會轉，有啲場賺唔到錢，所以咪啲人咪擁晒去囉。而家過咗個潮流，賺不到錢，撈偏門嘅人咪去第二度搵錢囉。而家咪好似少咗囉。而家可能會真係分散咗，因為唔係咁容易搵到 disco，我諗啲細路自然會有其他方法去，如果佢仍然有呢個需要，佢可以有好多方法去滿足佢嘅需要。” (8)

“我第一次聽係用地下黎形容，我地都有傾下乜野叫地下？都未搵到個共識點去演繹地下，你之前都問過一 d worker，根本冇地上，點會有地下呢？因為呢樣野佢地唔會光明正大去進行家嘛，咁所以我個人黎睇，定義唔到乜叫地下！” (10)

Annexes to Chapter 2

Table 2.1: The respondents of the qualitative study

Respondents		Information	Goal	Actual
Young drug users		First contact with drug; reasons and experience of drug taking at initial contact; continual drug taking in relation to the URC and related activities; attempts to quit drug; and reasons of relapse.	30	30
Social Workers		Their understanding of young drug users in the context of the URC; their opinions on what the government and the public can do to help the drug users.	20	23
Other stake holders		Disco organizers: Their knowledge about Underground Rave Culture, their acquaintance of young drug users in the context of URC, their opinions on what the authority and youth workers can do to regulate the discos and rave parties.	2	2
		Government officials & councilors: Their viewpoints on how to help the young drug users, their opinions about the present and future direction of drug control policy for young people in Hong Kong.	20	6
		Students: Their views were used for us to compare the differences between the URC and the “normal” youth culture.	20	60

Table 2.2: Demographic information of respondents (drug users)

	Age	Sex	Occupation	Age of first drug taking behavior
Case 1	17	F	Student	15
Case 2	16	F	Student	14
Case 3	19	M	Unemployed	14
Case 4	23	M	Unemployed	16
Case 5	22	M	Unemployed	19
Case 6	19	M	Student	17
Case 7	20	M	Shop man in convenient shop	15
Case 8	18	M	Construction worker	14
Case 9	16	M	Student	13
Case 10	17	M	Student	12
Case 11	19	F	Assistant in hair salon	12
Case 12	20	M	Driver	16
Case 13	17	M	Unemployed	15
Case 14	18	M	Sell fake disc	14
Case 15	17	F	Unemployed	15
Case 16	18	M	Unemployed	16
Case 17	20	F	Unemployed	14
Case 18	22	F	Unemployed	18
Case 19	16	M	Student	14
Case 20	18	M	Unemployed	14

Case 21	15	F	Student	11
Case 22	22	M	Driver	18
Case 23	15	M	Student	13
Case 24	16	M	Deliver goods	13
Case 25	20	F	“PR lady” in night club	19
Case 26	28	M	Shop man	19
Case 27	19	F	Waitress	15
Case 28	30	F	Unemployed	21
Case 29	30	F	Unemployed	22
Case 30	18	F	Youth ambassador in social services center	11

Table 2.3: Characteristics of social workers

Agency	Worker	Types of service	Area
1. 基督教香港信義會 北區青少年外展社工隊	2	北區青少年外展社會工作	North District
2. 香港基督教女青年會	5	觀塘區, 中西區及離島青年外展社會工作; 屯門; 龍翔; 青衣綜合社會服務	Hong Kong Island, Outlying Islands, Tuen Mun, Tsing Yi, Kowloon (East).
3. 香港青年協會	1	預防濫用藥物輔導及教育計劃 (V Can Dance – VCD 計劃)	Hong Kong Island (Tseun Wan, Tai Woo Hau, Kwai Tsing)
4. On personal capacity	1	青少年濫用藥物輔導服務	Hong Kong
5. 香港青年協會	1	荃灣及葵涌外展社會工作隊	Tsuen Wan, Kwai Chung
6. 香港遊樂場協會	2	油尖旺區青少年外展社會工作隊, 上葵涌青少年綜合服務, 「非常體驗」青少年驗身服務計劃	Kowloon (Yaumatei, Mongkok, Tsimshatsui)
7. 香港路德會社會服務處 路德會青怡中心	3	青少年濫用藥物輔導中心 (九龍東)	East Kowloon
8. 香港基督教服務處 PS33	2	藥物濫用者中心	Kowloon
9. 明愛容園中心	3	青少年濫用藥物輔導服務	Tuen Mun
10. 香港明愛青少年 及社區服務	2	Work Hard Play Safe Drug Free Promotion Team; 南區青少年外展社會工作隊	Tsim Sha Tsui, Mongkok, Hong Kong Island (South)
11. 基督教香港信義會 天水圍青少年外展社工隊	1	青少年外展社工隊	Yuen Long

Table 2.4: Types of substances that respondents abused

	Ketamine 氯胺酮 (K 仔)	MDMA (Ecstasy) 亞甲二氧基 甲基安非他 明 (搖頭丸)	Cannabis 大麻 (草)	Methylamphetamine 甲基安非他明 (冰)	Cough Medicine 咳藥 (止咳水)	Tranquillizers 鎮靜劑 (十字架, 藍精 靈, 白瓜子)	Cocaine 可卡因 (可卡因)	Organic Solvents 有機溶劑 (天拿水)	Heroin 海洛英 (白粉)	Others: (Five 仔, 郵票)
Case 1	√	√								
Case 2	√	√								√
Case 3	√	√	√							
Case 4	√	√		√						
Case 5	√	√								
Case 6	√	√			√					
Case 7	√	√		√						
Case 8	√	√	√	√						
Case 9	√		√		√					
Case 10	√	√	√							
Case 11	√	√				√				
Case 12	√	√	√							
Case 13	√	√	√				√			
Case 14	√	√								√
Case 15	√	√	√	√						
Case 16	√	√	√							

	Ketamine 氯胺酮 (K 仔)	MDMA (Ecstasy) 亞甲二氧基 甲基安非他 明 (搖頭丸)	Cannabis 大麻 (草)	Methylamphetamine 甲基安非他明 (冰)	Cough Medicine 咳藥 (止咳水)	Tranquillizers 鎮靜劑 (十字架, 藍精 靈, 白瓜子)	Cocaine 可卡因 (可卡因)	Organic Solvents 有機溶劑 (天拿水)	Heroin 海洛英 (白粉)	Others: (Five 仔, 郵票)
Case 17	√	√		√		√				
Case 18	√	√	√	√						√
Case 19	√	√	√	√						
Case 20	√	√	√							
Case 21	√	√	√							
Case 22	√	√		√				√		
Case 23	√	√	√							
Case 24	√	√	√						√	√
Case 25	√		√							
Case 26		√	√	√	√	√				
Case 27	√	√	√	√		√				
Case 28	√	√				√				
Case 29	√	√	√	√		√			√	
Case 30	√	√	√	√	√	√	√	√		

√ Types of substances that respondents abused

CHAPTER 3

FINDINGS OF THE QUANTITATIVE STUDY

Methodology

1. *Scale measurements:* In this quantitative study, we aimed at studying the drug abusers' pattern of taking drugs, and their psychological states as identified by the *Chinese Drug Involvement Scale* (CDIS) and the *Chinese Purpose in Life Questionnaire* (CPIL).
2. The CDIS (refer to Appendix 1) is a 22-item scale, it has been constructed and validated by the investigators of this research (Lam, Ng, & Boey, 2002). It is a global assessment scale, measuring the respondents' involvement in drugs through assessing such indicators as actual drug experiences, beliefs with regard to the consequences of drug taking, the degree of manifest commitment to abstinence from drugs, and the extent to which friends have drug related habits. The total scale score ranges from 22 to 132, with a higher score indicating a more extensive degree of drug involvement.
3. The CPIL is a 20-item scale and assesses the meaning in life as perceived by an individual. It has been translated and found valid and reliable in the local context (Shek, 1988). The total scale score ranges from 20 to 140, with a higher score indicating a more positive purpose in life.

4. Snowball sampling was used in this survey to recruit respondents who had drug abuse experiences in the context of Underground Rave Culture (URC). Snowball sampling was appropriate when it was difficult to locate the members of a special population (Rubin and Babbie, 1997). In this study, we first collected data from the respondents referred by social service agencies, and also other young people identified by researchers in disco and rave parties. These respondents were then requested to provide information to the research team to contact other young drug abusers.
5. *Comparison:* The CDIS and CPIL was also administered to students from a purposively selected secondary school located in Tsuen Wan, which had students of academic standards relatively lower than average. The results were compared with the young drug abusers group.
6. Finally, there were three groupings of respondents: (a) drug abusers identified in discos and rave parties, (b) drug abusers referred by outreaching social workers, these two groups constituted of the drug abusers group (N= 201) and had taken drugs in the context of URC (refer to Chapter 1 for definitions); and (c) students from one secondary school (non-drug users, N= 233).
7. *A longitudinal research design* was also adopted to evaluate the changes of drug abusers towards drugs throughout the investigation period. In order to assess the changes of the

respondents within the period, the dug users were asked to complete the same set of questionnaire three months after they were first interviewed.

8. *Procedures:* Questionnaires were administered in November 2002 to March 2003, a total of 201 respondents were interviewed by the research team in discos and referred by social workers. Second interview of these respondents were held from April to July 2003, sixty respondents were interviewed successfully. On the other hand, 233 students at F.4 and F.3 were administered with questionnaires in May and October, 2003.

Findings

Demographic characteristics

Table 1: Demographic characteristics of respondents

Subject groups		
	Drug users (disco and social worker referrals) (N = 201)	Non-drug users (school sample) (N = 233)
Age		
Range	13 - 24	13 – 18
Mean	17.6	15.3
Median	18.0	15.0
Gender		
Male	61.7 %	47.6%
Female	38.3 %	52.4%
Education		
Primary	1.5 %	0 %
Lower secondary (F1 – F3)	48.0 %	42.1 %
Upper secondary (F4 – F5)	44.4 %	57.9 %
Post-secondary	6.1 %	0 %
Occupation		
Student	24.4 %	100%
Unemployed	44.8 %	-
Employed	30.8 %	-
Living with		
No parent	6.5%	3.4 %
single parent	23.4%	7.3 %
Visited disco/rave party in previous 6 months	96.5%	6.4%

9. It was found that male drug abusers (61.7%) were of a higher proportion in our sample, much more than the female (38.3%). This is concurrent with our observation.
10. The unemployment rate among the drug abusers (44.8%) was relatively high and belonged to the group of “non-engaged youth”.
11. Since a major portion of the respondents were interviewed by the research team in discos, it was no wonder that 96.5% drug abusers had visited disco and rave parties, and all had abused drugs there. It may be due to the exciting atmosphere and the availability of drugs in discos, that discos and rave parties was a favorite location for drug abusers.
12. It was also found that the drug user group had higher single parent rate (23.4%) than the school comparison group (7.3%), chi-square=22.2, df=1, p< 0.0001 (Annex 1). It implied that drug abuse behavior is related to the status of being in a single parent family. This confirms that parenting has an important role in reducing the participants’ risk of substance abuse, though its effect on children’s risk of substance abuse requires further investigation.

Behaviors of visiting disco among the drug abusers

13. Regarding the frequency of visiting disco, nearly half of them (45.9%) visited disco twice a month or more (Table 2).

Table 2: Frequency of visiting discos of the respondents

Frequency	Drug abusers (<u>n</u> = 201)	Non-drug users (<u>n</u> = 233)*
Once in previous six months	9.8 %	3.0 %
Once in previous three months	14.2 %	1.7 %
Once a month	14.8 %	0.9 %
Twice a month	15.3 %	0.0 %
Once a week	26.8 %	0.4 %
More than once a week	19.1 %	0.0 %
Total	100 %	6.0 %

* There were 14 non-drug users claimed to have visited disco/rave in last six months.

14. Social gathering (including “meeting friends” and “being invited by friends”) accounted for 58.4% among the major reasons of visiting disco or rave party, and confirmed the observation that peer influence was the greatest ‘pull factor’ for the disco goers (Table 3).

The implication for this finding is that, it would be desirable if there are some places where the young people can have social gathering without drugs, especially at night time.
15. The gender differences regarding the reason of visiting disco were found as follows,
 - i. While some of the boys (8.6%) visited disco for making new friends as the major reason, none of the girls took it as the major reason.
 - ii. More girls (32.9%) than boys (17.2%) stated that their most important reason of visiting disco was for dancing.
 - iii. Getting drugs accounted for 13.0% among the major reasons of visiting disco.

Table 3: Reasons of visiting discos of the drug abusers

	Male	Female	Both
Invited by friends	37.1 %	35.5 %	36.5 %
Dancing	17.2 %	32.9 %	23.4 %
Meeting friends	25.9 %	15.8 %	21.9 %
Get drugs	11.2 %	15.8 %	13.0 %
Make new friends	8.6 %	0 %	5.2 %

(N=201)

Chinese Drug Involvement Scale (CDIS)

16. The internal reliability of the CDIS was tested for both drug user and non-drug user groups (school sample). The Cronbach Alpha values are found to be 0.72 and 0.87 respectively. When both groups are pooled together, the alpha value was 0.94. It indicated that the CDIS had relatively high internal consistency in this study.
17. For non-drug users, the CDIS scores ranged from 22 to 72 (M= 32.0, SD= 11.4). For the drug abusers, the CDIS scores ranged from 45 to 107 (M= 70.5, SD= 11.5) (Annex 8).
18. The CDIS between drug abusers and non-drug users were significantly different as expected (Annex 6A). It was consistent with the purpose of CDIS being a measure of one's involvement in substance abuse ($t = -35.0$, $df = 432$, $p < 0.0001$). (Note: See Annex 14 for the content analysis on the items of CDIS of the non-drug users, and Annex 10 for the T-tests conducted on CDIS items of drug abusers and non-drug users.)

19. Discriminant analysis showed that the use of CDIS was able to correctly classify 93.5% of the subjects as drug user or non-drug user, and the cut-off point derived in this study was 51.3 (Annex 6B).
20. Content analysis on the items of CDIS (Annex 15) revealed that:
- i. The social circle of the drug abusers showed general acceptance towards substance abuse (e.g. CDIS02, see Table 4).
 - ii. The motive for drug abuse was mostly out of fun (e.g. CDIS06).
 - iii. Only a few drug abusers disagreed that they used more drugs than their friends. It implied that most of the drug abusers tended to deny their problems (e.g. CDIS12).
 - iv. The drug abusers, in fact, realized the adverse effects of drug abuse on their health and work (e.g. CDIS20, CDIS22).

Table 4: Selected items of CDIS

<u>Selected items of CDIS</u>	<u>Agree (%)</u>
CDIS02: My good friends would regard using drugs as very common.	76.6
CDIS06: I believe that I will have a good time after taking drugs.	85.1
CDIS12: When I use drugs together with my friends, I always use more than they do.	14.0
CDIS20: If I abuse drugs often, I will have trouble in my work or study.	65.2
CDIS22: My health will be worse than the health of others if I abuse drugs.	88.1

21. Potential factors affecting CDIS for the drug abusers were explored by including all of the corresponding variables in General Linear Model (GLM) analysis. It was found that the CPIL score and the number of kinds of drugs abused have outweighed the effect of other variables. It highlighted that both the number of kinds of drugs they had abused and their psychological well-being of having a meaningful purpose in life played an important role towards their involvement in substance abuse (Table 5).

Table 5: GLM analysis for the Chinese Drug Involvement Scale on different factors

r^2	0.119				
Adjusted r^2	0.082				
Factors in the model					
Factor	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig F</i>
Corrected Model	3073.757	8	384.220	3.204	0.002
Intercept	6191.729	1	6191.729	51.628	0.000
Age	248.410	1	248.410	2.071	0.152
Gender	109.527	1	109.527	0.913	0.340
Education level	209.356	1	209.356	1.746	0.188
Employment level	31.151	2	15.575	0.130	0.878
Drug abuse location type	295.216	1	295.216	2.462	0.118
counts					
Drug abuse types counts	580.244	1	580.244	4.838	0.029
CPIL	483.225	1	483.225	4.029	0.046
Error	22666.834	189	119.930		
Total	1015781.000	198			
Corrected total	25740.591	197			

Chinese Purpose in Life Scale (CPIL)

22. The internal reliability of the CPIL was tested for both the drug user group and the non-drug user group. The Cronbach Alpha values were found to be 0.84 and 0.89 respectively. When both groups are pooled together, the alpha value was 0.88. It indicated that the CPIL had relatively high internal consistency in this study.
23. For the school sample of the non-drug users, the CPIL scores ranged from 29 to 136 (M=97.6, SD= 19.8). For the drug abusers, the CPIL scores ranged from 31 to 140, (M= 88.0, SD= 18.1) (Annex 7A).
24. The CPIL difference between drug abusers and non-drug users was statistically significant ($t = 5.234$, $df=432$, $p<0.0001$). It was found that drug abusers had their CPIL (M=88.0) lower than the non-drug users (M=97.6). It meant that drug abusers had less purpose in life than that of the non-drug users (Annex 9). (Note: Annex 11 for the T-tests conducted on CPIL items of drug abusers and non-drug users.)
25. Among the drug abusers, it was found that the CPIL was significantly different among the students, the employed and the unemployed ($F=10.9$, $df=2$, $p<0.0001$). The CPIL scores arranged in descending order were: employed (M=92.5), students (M=88.7) and unemployed (M=85.0). It was noted that all of them had their average CPIL scores less

than that of the non-drug user group of students (Annex 7B).

26. Among the drug abusers, those who were unemployed had their CPIL scores even lower than other two groups. Their lacking of purpose in life might make them getting involved in a variety of problematic activities such as drug addiction, though we need further study to understand the relationship.
27. It was found that there were statistical differences between drug abusers and non-drug users on a variety of items in the CPIL (See Annexes 12 and 13 for the content analysis on the items of CPIL of the two groups of users).
28. It was also found that drug abusers differed from non-drug users in their beliefs and attitudes, implying that we need to have different approaches of drug prevention programs for drug abusers and non-drug users.

Relationship between CPIL and CDIS

29. For drug abusers, the CPIL and CDIS are negatively correlated with mild strength ($r = -0.189$, $p < 0.01$). The correlation between CPIL and CDIS for non-drug users was higher and of a moderate strength ($r = -0.314$, $p < 0.01$) (Table 6).
30. It suggested that those with higher involvement in substance abuse tended to have a more negative purpose in life. This might have important implication for the orientation of drug prevention programs, though it requires further study to reveal the causal relationship between the perceived meaning of life and the readiness of drug abuse.

Table 6: Pearson Correlation between the Chinese Drug Involvement Scale and the Chinese Purpose in Life Scale

	Chinese Purpose in Life Scale	
	Drug users	Non-drug users
Chinese Drug Involvement Scale	-0.189	-0.314
N	201	233
Sig. (2-tailed)	$p < 0.01$	$p < 0.001$

Patterns of drug abuse –kinds of drugs, frequency and locations

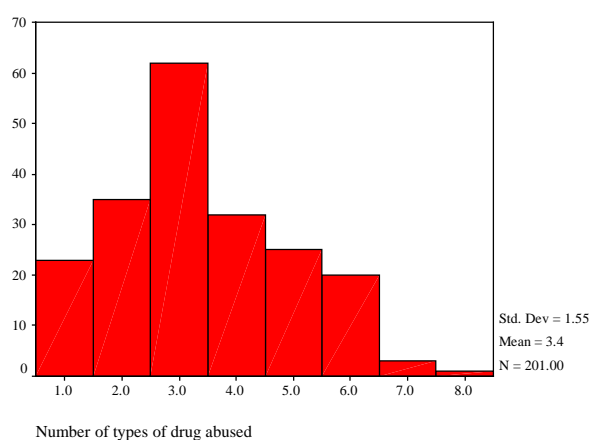
31. Most of the drug abusers (88.6%) were poly-drug users (Annex 2) and abused more than three kinds of drugs on average, $\bar{M}=3.39$ (Table 7 and Diagram 1).

Table 7: Number of kinds of drug abused

<u>Kinds of drugs</u>	<u>%</u>
1	11.4
2	17.4
3	30.8
4	15.9
5	12.4
6 or more	12.1
<i>Mean</i>	3.39
<i>Median</i>	3

(N=201)

Diagram 1: Histogram for the distribution of number of types of drug abused



32. It was found that the three most popular drugs for our respondents were Ketamine (89%), Ecstasy (84%), and Cannabis (79%). The least popular one was ICE. Among the drug abusers, the individual drug prevalence was shown in Table 8. The effect of these three drugs on the users is therefore worth more intensive studies.

Table 8: The prevalence of different types of drugs among drug abusers

<u>Drugs</u>	<u>% of users</u>
Ketamine	89%
MDMA(Ecstasy)	84%
Cannabis	79%
Methylamphetamine (ICE)	33%
Methaqualone(Mandrax) (忽得)	16%
Cough medicine (咳水)	13%
Diazepam(Valium) (五仔)	8%
Flunitrazepam (Rohypnol) (十字架)	7%
Cocaine	1%
Others	7%

33. In the last month, each subject on average had abused drugs for more than five times ($\underline{M}=5.35$, $\underline{S.D.}=7.1$). Most of the subjects (73.1%) abused drugs in more than one location. On average, they abused drugs in more than two places $\underline{M}=2.41$ (Annex 3).
34. Apart from disco/rave parties, it should be noted that 53% of our respondents abused drugs at their own homes or at their friends' homes. Moreover, it was common that the

respondents had substance abuse in Karaoke and other entertainment venues such as ‘Cyber cafes’ and TV game centers (45%). Finally many of the participants had the experience of substance abuse in public areas (34%), such as parks. It was noteworthy that the participants had many convenient locations to abuse drugs (Table 9).

Table 9: Locations of drug abuse apart from disco / rave party

<u>Locations</u>	<u>Percentage of users</u>
Home	53%
Karaoke and other entertainment facilities	45%
Outdoor areas	35%
Shops (e.g. convenient shops, pharmacy)	9%
Others	3%

Note: Respondents could choose more than one locations.

35. It was found that the use of the three commonest drugs, Ketamine, MDMA (Ecstasy) and Cannabis had positive correlation among each other (Table 10). It implies that
- i. Those who used one of these drugs also used the other two.
 - ii. These three types of drugs were equally accessible to the respondents who had abused these drugs.
36. Apart from disco and rave party, the commonest locations for drug abuse were: homes, entertainment venues and outdoor environment. Statistical correlations were found between these three locations (Annex 4).

Table 10: Pearson Correlation between locations and number of kinds of drugs abused

<i>Pearson r</i>	Karaoke etc.	Home	ICE	Ecstasy	Ketamine	Cannabis
Outdoor	.258**	.357**	.281**	-.139*	.000	.254**
Karaoke etc.		.220**	.141*	.150*	.170*	.255**
Home			.352**	.024	.223*	.235**
ICE				.135	.122	.292**
Ecstasy					.228**	.138
Ketamine						.270**

(N=201)

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

37. It was found that cannabis was evenly welcomed by the drug abusers in various locations apart from discos and rave party, including homes and outdoor environment. It might be due to the easy way it could be carried for use. Compared with Cannabis, ICE was found to be more readily abused at home and outdoor environments. MDMA (Ecstasy) was particularly favorable for drug abusers in entertainment venues, but not in homes or in outdoor environments.

38. It was found that “the number of kinds of drugs” and “the number of locations” had positive correlation ($r=0.456$, $p<0.01$). With the variable of CDIS being controlled, the correlation was still high and relatively strong ($r=0.425$, $p<0.001$) (Annex 5). That means, regardless of the subjects’ drug involvement, the accessibility and choices of drugs

increased with the number of locations. It also suggested that in different locations, different drugs were more favored by drug abusers.

39. It was found that the CDIS had positive correlation with both the number of types of drugs abused ($r=0.265$, $p<0.01$) and the number of locations ($r=0.206$, $p<0.01$). This confirms our observation that the respondents' involvement in drugs was positively correlated with the number of types of drugs and the number of locations they had abused drugs.
40. It was also found that there was gender difference on the number of types of drugs abused ($t=2.09$, $d.f.=199$, $p<0.05$). Among the drug abusers, the female ($M=3.7$) had tried more drug than male ($M=3.2$). However, the relationship of gender to the number of locations for drug abuse was not statistically significant. It suggested that female drug abusers had different ways of obtaining drugs from the male, even if they were in the same environment (this difference was also found in the qualitative study).

Analysis of the Longitudinal Study by Comparing the CDIS and CPIL

41. Since the respondents identified by the research team in the disco and rave party settings could not be contacted, there were 56 drug abusers who were clients of the outreaching group entered into the longitudinal study (Table 11).

Table 11. Demographic characteristics in the longitudinal study

Age		
	Range	13 – 24
	Mean	17.0
	Median	17.0
Gender		
	Male	76.8 %
	Female	23.2 %
Education		
	Lower secondary (F1 – F3)	61.8 %
	Upper secondary (F4 – F5)	32.1 %
	Post-secondary	6.1 %
Occupation		
	Student	39.3 %
	Unemployed	44.3 %
	Employed	16.4 %

42. Paired sample t-test was used to compare the CPIL scores across the 3-months period.

The result was not statistically significant and there was no evidence that they had important changes in the purpose of life purpose in the period (Annex 16).

43. Paired sample t-test was used to compare the CDIS scores across the 3-months period.

It was found that the subject had less involvement in drug abuse (Annex 16). It seemed that the follow-up of social worker has helped the respondents to have reduced their drug involvement. The intervention process that has acquired positive changes within this period requires further study for the development of effective invention programs.

44. In order to generate more significant findings in future research, the research team suggests that there should be more resources invested in the longitudinal study and a longer time span of time between the tests is more desirable.

ANNEXES

- Annex 1: Parenting and drug abuse: Cross-tabulation and Chi-square test
- Annex 2: Pattern of using drug – Descriptive statistics for number of types of drugs and the t-test on gender difference
- Annex 3: Pattern of using drugs – Descriptive statistics of drug abuse frequency and locations
- Annex 4: Pattern of using drugs - Correlation table for drugs and locations
- Annex 5: Pattern of using drugs – Correlations and relationship between number of types of drugs used, location of abusing drugs and CDIS
- Annex 6A: CDIS Descriptive statistics, discriminant analysis and comparison between drug users and non-drug users
- Annex 6B: Calculation for the cut-off point of CDIS
- Annex 7A: Comparison for CPIL scores between drug users and non-drug users
- Annex 7B: Relationship between CPIL and employment status for the drug abusers
- Annex 8: CDIS group means for drug users and non-drug users
- Annex 9: CPIL group mean for drug users and non-drug users
- Annex 10: T-test for comparing CDIS items of drug user group and non-drug user group
- Annex 11: T-test for comparing CPIL items of drug user group and non-drug user group
- Annex 12: Item scores of CPIL for non-drug users
- Annex 13: Item scores of CPIL for drug abusers
- Annex 14: Item scores of CDIS for the non-drug user group of students
- Annex 15: Item scores of CDIS for drug abusers
- Annex 16: Analysis of the longitudinal study (t-test on CDIS and CPIL)

Annex 1: Parenting and drug abuse: Cross-tabulation and Chi-square test**藥物濫用者 * 單親家庭 Crosstabulation**

		單親家庭		Total
		否	是	
藥物濫用者	否	Count 216	17	233
		% within 藥物濫用者 92.7%	7.3%	100.0%
	是	Count 154	47	201
		% within 藥物濫用者 76.6%	23.4%	100.0%
Total		Count 370	64	434
		% within 藥物濫用者 85.3%	14.7%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	22.213 ^b	1	.000		
Continuity Correction ^a	20.952	1	.000		
Likelihood Ratio	22.706	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	22.162	1	.000		
N of Valid Cases	434				

^a. Computed only for a 2x2 table^b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 29.64.**藥物濫用者 * 沒有父母同住 Crosstabulation**

		沒有父母同住		Total
		否	是	
藥物濫用者	否	Count 225	8	233
		% within 藥物濫用者 96.6%	3.4%	100.0%
	是	Count 188	13	201
		% within 藥物濫用者 93.5%	6.5%	100.0%
Total		Count 413	21	434
		% within 藥物濫用者 95.2%	4.8%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.158 ^b	1	.142		
Continuity Correction ^a	1.549	1	.213		
Likelihood Ratio	2.160	1	.142		
Fisher's Exact Test				.179	.107
Linear-by-Linear Association	2.153	1	.142		
N of Valid Cases	434				

^a. Computed only for a 2x2 table^b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.73.

Annex 2: Pattern of using drug – Descriptive statistics for number of types of drugs and the t-test on gender difference

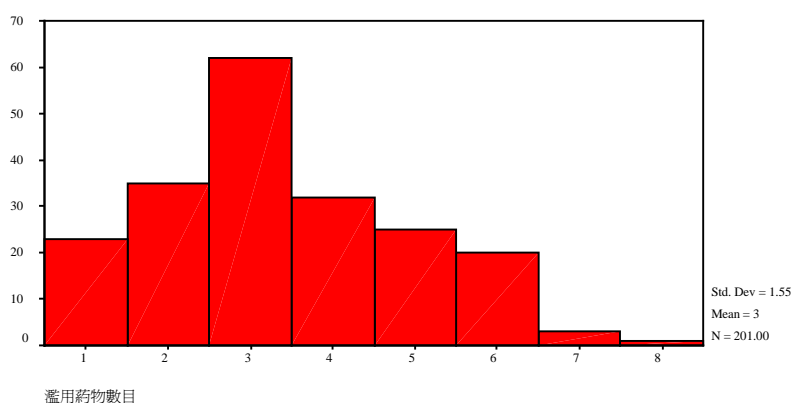
濫用藥物數目

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	23	11.4	11.4	11.4
2	35	17.4	17.4	28.9
3	62	30.8	30.8	59.7
4	32	15.9	15.9	75.6
5	25	12.4	12.4	88.1
6	20	10.0	10.0	98.0
7	3	1.5	1.5	99.5
8	1	.5	.5	100.0
Total	201	100.0	100.0	

Statistics

濫用藥物數目

N	Valid	201
	Missing	0
Mean		3.39
Median		3.00
Minimum		1
Maximum		8



T-test of number of types of drugs on gender

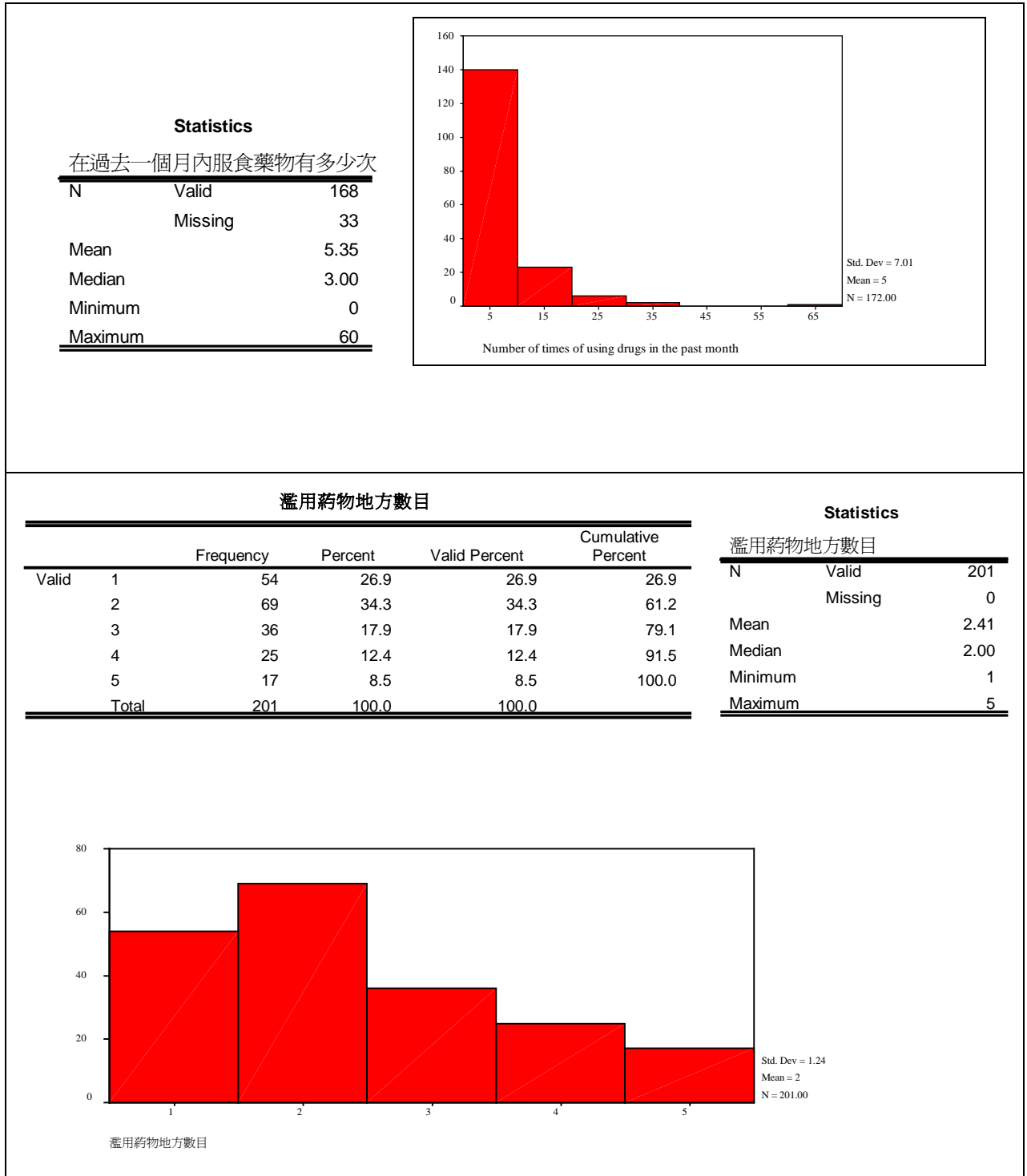
Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
濫用藥物數目	Equal variances assumed	.333	.564	2.085	199	.038	.47	.223	.025 .906
	Equal variances not assumed			2.138	174.207	.034	.47	.218	.036 .895

Group Statistics

	性別	N	Mean	Std. Deviation	Std. Error Mean
濫用藥物數目	女	77	3.68	1.437	.164
	男	124	3.21	1.599	.144

Annex 3: Pattern of using drug – Descriptive statistics of drug abuse frequency and locations



Annex 4: Pattern of using drugs - Correlation table for drugs and locations

Correlations								
		露天公共場所	消閒場所	自己或朋友家中	冰	E仔/搖頭丸	K/茄	大麻/草
露天公共場所	Pearson Correlation	1	.258**	.357**	.281**	-.139*	.000	.254**
	Sig. (2-tailed)	.	.000	.000	.000	.050	.996	.000
	N	201	201	201	201	201	201	201
消閒場所	Pearson Correlation	.258**	1	.220**	.141*	.150*	.170*	.255**
	Sig. (2-tailed)	.000	.	.002	.045	.034	.016	.000
	N	201	201	201	201	201	201	201
自己或朋友家中	Pearson Correlation	.357**	.220**	1	.352**	.024	.223**	.235**
	Sig. (2-tailed)	.000	.002	.	.000	.737	.001	.001
	N	201	201	201	201	201	201	201
冰	Pearson Correlation	.281**	.141*	.352**	1	.135	.122	.292**
	Sig. (2-tailed)	.000	.045	.000	.	.057	.086	.000
	N	201	201	201	201	201	201	201
E仔/搖頭丸	Pearson Correlation	-.139*	.150*	.024	.135	1	.228**	.138
	Sig. (2-tailed)	.050	.034	.737	.057	.	.001	.051
	N	201	201	201	201	201	201	201
K/茄	Pearson Correlation	.000	.170*	.223**	.122	.228**	1	.270**
	Sig. (2-tailed)	.996	.016	.001	.086	.001	.	.000
	N	201	201	201	201	201	201	201
大麻/草	Pearson Correlation	.254**	.255**	.235**	.292**	.138	.270**	1
	Sig. (2-tailed)	.000	.000	.001	.000	.051	.000	.
	N	201	201	201	201	201	201	201

**. Correlation is significant at the 0.01 level (2-tailed).
 *. Correlation is significant at the 0.05 level (2-tailed).

Annex 5: Pattern of using drugs – Correlations and relationship between no of types of drugs used, location of abusing drugs and CDIS.

Correlations				
		濫用藥物 地方數目	濫用藥物 數目	Chinese Drug Involvement Scale
濫用藥物地方數目	Pearson Correlation	1	.456**	.206**
	Sig. (2-tailed)	.	.000	.003
	N	201	201	201
濫用藥物數目	Pearson Correlation	.456**	1	.265**
	Sig. (2-tailed)	.000	.	.000
	N	201	201	201
Chinese Drug Involvement Scale	Pearson Correlation	.206**	.265**	1
	Sig. (2-tailed)	.003	.000	.
	N	201	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

P A R T I A L C O R R E L A T I O N C O E F F I C I E N T S			
Controlling for..		CDIS	
	DGLOCCNT	DGTYPCNT	
DGLOCCNT	1.0000	.4253	
	(0)	(198)	
	P= .	P= .000	
DGTYPCNT	.4253	1.0000	
	(198)	(0)	
	P= .000	P= .	

(Coefficient / (D.F.) / 2-tailed Significance)

" . " is printed if a coefficient cannot be computed

DGLOCCNT: Number of locations abusing drugs

DGTYPCNT: Number of types of drugs abused

Annex 6A: CDIS Descriptive statistics, discriminant analysis and comparison between drug user and non-drug user

Group Statistics					
	藥物濫用者	N	Mean	Std. Deviation	Std. Error Mean
Chinese Drug Involvement Scale	否	233	32.00	11.375	.745
	是	201	70.53	11.480	.810

Non-drug user group			Drug user group		
Statistics			Statistics		
Chinese Drug Involvement Scale			Chinese Drug Involvement Scale		
N	Valid	233	N	Valid	201
	Missing	0		Missing	0
Mean		32.00	Mean		70.53
Median		27.00	Median		70.00
Std. Deviation		11.375	Std. Deviation		11.480
Minimum		22	Minimum		45
Maximum		72	Maximum		107

Independent Samples Test										
Levene's Test for Equality of Variances					t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Chinese Drug Involvement Scale	Equal variances assumed	.015	.904	-35.031	432	.000	-38.52	1.100	-40.684	-36.362
	Equal variances not assumed			-35.007	421.556	.000	-38.52	1.100	-40.686	-36.360

Classification Function Coefficients			
藥物濫用者			
	否	是	
Chinese Drug Involvement Scale	.245	.540	
(Constant)	-4.618	-19.751	

Classification Results ^a					
		Predicted Group Membership		Total	
		藥物濫用者	否		是
Original	Count	否	214	19	233
		是	9	192	201
	%	否	91.8	8.2	100.0
		是	4.5	95.5	100.0

a. 93.5% of original grouped cases correctly classified.

Fisher's linear discriminant functions

Annex 6B: Calculation for the cut-off point of CDIS

Refer to Annex 6A, by running the Fisher's linear discriminant functions, it was found that:

Suppose x is score of CDIS.

The probability of that subject with score x is NOT a drug user = $0.245x - 4.618$

The probability of that subject with score x is a drug user = $0.540x - 19.751$

If x_1 is the cut-off point, then

$$0.5 = 0.245 x_1 - 4.618 = 0.540 x_1 - 19.751$$

It follows that

$$x_1 = (19.751 - 4.618)/(0.540 - 0.245) = 51.3$$

Therefore, CDIS score of 51.3 is the cut-off point to estimate the subjects as either drug-users or non-drug users in the classification.

Annex 7A: Comparison for CPIL scores between drug user and non-drug user

Group Statistics										
藥物濫用者		N	Mean	Std. Deviation	Std. Error Mean					
Chinese Purpose in Life Scale	否	233	97.55	19.734	1.293					
	是	201	87.98	18.116	1.278					

Independent Samples Test										
Levene's Test for Equality of Variances					t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Chinese Purpose in Life Scale	Equal variance: assumed	1.581	.209	5.234	432	.000	9.57	1.829	5.978	13.169
	Equal variance: not assumed			5.267	430.315	.000	9.57	1.818	6.001	13.146

Non-Drug User Group				Drug User Group			
Statistics				Statistics			
Chinese Purpose in Life Scale				Chinese Purpose in Life Scale			
N	Valid	233		N	Valid	201	
	Missing	0			Missing	0	
Mean		97.55		Mean		87.98	
Std. Deviation		19.734		Std. Deviation		18.116	
Minimum		29		Minimum		31	
Maximum		136		Maximum		140	

Annex 7B: Relationship between CPIL and employment status for the drug abusers**Descriptives**

Chinese Purpose in Life Scale

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
unemployed	90	85.04	18.147	1.913	81.24	88.85	31	124
student	49	87.71	16.797	2.400	82.89	92.54	48	126
employed	62	92.45	18.452	2.343	87.77	97.14	56	140
Total	201	87.98	18.116	1.278	85.46	90.50	31	140

Multiple Comparisons

Dependent Variable: Chinese Purpose in Life Scale
Bonferroni

(I) Employment Status	(J) Employment Status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
unemployed	student	-2.67	3.182	1.000	-10.35	5.01
	employed	-7.41*	2.959	.039	-14.55	-.26
student	unemployed	2.67	3.182	1.000	-5.01	10.35
	employed	-4.74	3.426	.505	-13.01	3.54
employed	unemployed	7.41*	2.959	.039	.26	14.55
	student	4.74	3.426	.505	-3.54	13.01

*. The mean difference is significant at the .05 level.

ANOVA

Chinese Purpose in Life Scale

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2018.743	2	1009.372	3.141	.045
Within Groups	63621.18	198	321.319		
Total	65639.92	200			

Annex 8: CDIS group means for drug user and non-drug user (higher scores mean greater drug involvement)

Group Statistics					
	藥物濫用者	N	Mean	Std. Deviation	Std. Error Mean
CDIS01 我試過服用藥物後，與他人無故發生爭執	否	233	1.03	.206	.013
	是	200	1.92	1.077	.076
CDIS02 我的好朋友會覺得服用藥物是很平常的事情	否	233	1.84	1.258	.082
	是	201	4.24	1.238	.087
CDIS03 服用藥物可以令我更有自信	否	233	1.34	.756	.050
	是	201	2.40	1.368	.097
CDIS04 我相信服用藥物後，我的煩惱會盡消	否	233	1.50	1.001	.066
	是	201	3.27	1.519	.107
CDIS05 我相信服用藥物後可以和朋友更容易相處	否	233	1.32	.704	.046
	是	201	3.39	1.487	.105
CDIS06 我相信服用藥物可以令我玩得更開心	否	233	1.65	1.209	.079
	是	201	4.54	1.245	.088
CDIS07 我每星期均有幾次服用藥物	否	233	1.06	.426	.028
	是	201	2.75	1.277	.090
CDIS08 我試過服用過量藥物以致暈倒	否	233	1.03	.184	.012
	是	201	1.49	.855	.060
CDIS09 服用藥物令我和家人產生越來越多磨擦	否	232	1.13	.622	.041
	是	201	1.86	1.051	.074
CDIS10 遇到不如意的事情，我會服用藥物	否	233	1.29	.759	.050
	是	201	3.22	1.641	.116
CDIS11 我試過服用過量的藥物	否	232	1.04	.194	.013
	是	201	2.48	1.300	.092
CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多	否	232	1.01	.147	.010
	是	200	2.53	1.102	.078
CDIS13 我向自己承諾，不會濫用藥物	否	233	1.64	1.351	.089
	是	201	3.62	1.475	.104
CDIS14 我會因為濫用藥物而感到內疚	否	233	1.99	1.491	.098
	是	201	4.02	1.385	.098
CDIS15 我不會濫用藥物	否	233	1.48	1.145	.075
	是	201	4.07	1.480	.104
CDIS16 我在過去三十天內有濫用藥物	否	233	1.01	.146	.010
	是	201	2.78	1.439	.102
CDIS17 我許多好朋友都濫用藥物	否	233	1.40	.737	.048
	是	201	4.26	1.387	.098
CDIS18 我的好朋友在過去一個月內曾經濫用藥物	否	233	1.67	1.276	.084
	是	201	4.70	1.324	.093
CDIS19 我的好朋友認為濫用藥物是愚蠢的	否	233	2.33	1.668	.109
	是	201	4.40	1.364	.096
CDIS20 如果經常濫用藥物，我的工作或學業會有麻煩	否	233	1.73	1.349	.088
	是	201	3.12	1.652	.117
CDIS21 讓人知道我不會濫用藥物是重要的	否	233	1.98	1.449	.095
	是	201	3.37	1.570	.111
CDIS22 如果濫用藥物，我的健康會比人差	否	233	1.55	1.235	.081
	是	201	2.11	1.324	.093

Annex 9: CPIL group mean for drug user and non-drug user

Group Statistics					
	藥物濫用者	N	Mean	Std. Deviation	Std. Error Mean
CPIL01 我通常	否	233	5.33	1.522	.100
	是	201	4.55	1.643	.116
CPIL02 生命對我來說，似乎	否	233	5.02	1.688	.111
	是	201	4.27	1.849	.130
CPIL03 在我的生命裡，我	否	233	5.16	1.531	.100
	是	201	4.68	1.777	.125
CPIL04 我個人的存在是	否	232	5.27	1.522	.100
	是	201	4.88	1.605	.113
CPIL05 每一天對我來說都	否	233	4.51	1.963	.129
	是	201	3.56	2.054	.145
CPIL06 如果我可以選擇，我會	否	233	5.24	1.799	.118
	是	201	4.74	2.009	.142
CPIL07 當我退休之後，我會	否	233	4.95	2.150	.141
	是	201	4.39	2.285	.161
CPIL08 在達致我生命目標過程中，我	否	233	4.41	1.486	.097
	是	201	4.05	1.564	.110
CPIL09 我的生命	否	233	5.13	1.523	.100
	是	201	4.65	1.643	.116
CPIL10 如果我今天死了，我會覺得我已經過了的生命是	否	233	4.21	1.979	.130
	是	201	3.18	1.970	.139
CPIL11 當我思想我的生命的時候，我	否	233	3.97	1.873	.123
	是	201	4.10	1.823	.129
CPIL12 當我看這個世界與我生命的關係時，這個世界	否	233	4.42	1.623	.106
	是	201	3.60	1.689	.119
CPIL13 我是一個	否	233	5.25	1.307	.086
	是	201	4.70	1.588	.112
CPIL14 關於人可以自由抉擇的問題，我相信人是	否	233	5.10	1.771	.116
	是	201	4.84	1.862	.131
CPIL15 對於死亡，我是	否	233	4.48	1.937	.127
	是	201	4.24	1.991	.140
CPIL16 對於自殺，我	否	233	5.06	2.185	.143
	是	201	5.29	2.183	.154
CPIL17 我認為我對於尋找生命的意義、目標或任務的能力是	否	233	4.86	1.463	.096
	是	201	4.51	1.575	.111
CPIL18 我的生命是	否	233	5.06	1.722	.113
	是	201	4.71	1.813	.128
CPIL19 面對我日常的任務是	否	233	5.09	1.559	.102
	是	201	4.30	1.733	.122
CPIL20 在我的生命裡，我已經發現	否	233	5.03	1.503	.098
	是	201	4.72	1.543	.109

Annex 10: T-test for comparing CDIS items on drug user group and non-drug user group

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CDIS01 我試過服用藥物後，與他人無故發生爭執	Equal variances assumed	191.156	.000	-12.417	431	.000	-.89	.072	-1.036	-.753
	Equal variances not assumed			-11.565	211.522	.000	-.89	.077	-1.047	-.742
CDIS02 我的好朋友會覺得服用藥物是很平常的事情	Equal variances assumed	.007	.932	-19.945	432	.000	-2.40	.120	-2.634	-2.161
	Equal variances not assumed			-19.968	424.572	.000	-2.40	.120	-2.634	-2.162
CDIS03 服用藥物可以令我更有自信	Equal variances assumed	148.270	.000	-10.162	432	.000	-1.06	.104	-1.265	-.855
	Equal variances not assumed			-9.770	301.178	.000	-1.06	.108	-1.273	-.846
CDIS04 我相信服用藥物後，我的煩惱會盡消	Equal variances assumed	62.606	.000	-14.481	432	.000	-1.77	.122	-2.006	-1.527
	Equal variances not assumed			-14.064	337.022	.000	-1.77	.126	-2.014	-1.519
CDIS05 我相信服用藥物後可以和朋友更容易相處	Equal variances assumed	145.488	.000	-18.951	432	.000	-2.07	.109	-2.286	-1.856
	Equal variances not assumed			-18.083	275.896	.000	-2.07	.115	-2.297	-1.846
CDIS06 我相信服用藥物可以令我玩得更開心	Equal variances assumed	1.178	.278	-24.498	432	.000	-2.89	.118	-3.122	-2.658
	Equal variances not assumed			-24.444	418.788	.000	-2.89	.118	-3.122	-2.658
CDIS07 我每星期均有幾次服用藥物	Equal variances assumed	184.942	.000	-18.927	432	.000	-1.68	.089	-1.857	-1.507
	Equal variances not assumed			-17.839	238.299	.000	-1.68	.094	-1.868	-1.496
CDIS08 我試過服用過量藥物以致暈倒	Equal variances assumed	265.859	.000	-8.119	432	.000	-.47	.057	-.580	-.354
	Equal variances not assumed			-7.589	215.981	.000	-.47	.062	-.588	-.346
CDIS09 服用藥物令我和家人產生越來越多磨擦	Equal variances assumed	140.221	.000	-8.939	431	.000	-.73	.082	-.891	-.570
	Equal variances not assumed			-8.635	314.758	.000	-.73	.085	-.897	-.564
CDIS10 遇到不如意的事情，我會服用藥物	Equal variances assumed	187.884	.000	-16.085	432	.000	-1.93	.120	-2.167	-1.695
	Equal variances not assumed			-15.333	272.696	.000	-1.93	.126	-2.179	-1.683
CDIS11 我試過服用過量的藥物	Equal variances assumed	348.582	.000	-16.702	431	.000	-1.44	.086	-1.614	-1.274
	Equal variances not assumed			-15.592	207.683	.000	-1.44	.093	-1.626	-1.261

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多	Equal variances assumed	360.940	.000	-20.754	430	.000	-1.52	.073	-1.661	-1.373
	Equal variances not assumed			-19.316	205.069	.000	-1.52	.079	-1.672	-1.362
CDIS13 我向自己承諾，不會濫用藥物	Equal variances assumed	9.659	.002	-14.575	432	.000	-1.98	.136	-2.245	-1.711
	Equal variances not assumed			-14.481	409.359	.000	-1.98	.137	-2.247	-1.710
CDIS14 我會因為濫用藥物而感到內疚	Equal variances assumed	.014	.905	-14.600	432	.000	-2.03	.139	-2.302	-1.755
	Equal variances not assumed			-14.679	429.613	.000	-2.03	.138	-2.300	-1.757
CDIS15 我不會濫用藥物	Equal variances assumed	27.507	.000	-20.594	432	.000	-2.60	.126	-2.846	-2.350
	Equal variances not assumed			-20.216	373.954	.000	-2.60	.129	-2.851	-2.346
CDIS16 我在過去三十天內有濫用藥物	Equal variances assumed	336.958	.000	-18.644	432	.000	-1.77	.095	-1.955	-1.582
	Equal variances not assumed			-17.339	203.564	.000	-1.77	.102	-1.969	-1.567
CDIS17 我許多好朋友都濫用藥物	Equal variances assumed	122.862	.000	-27.282	432	.000	-2.86	.105	-3.061	-2.650
	Equal variances not assumed			-26.176	294.333	.000	-2.86	.109	-3.070	-2.641
CDIS18 我的好朋友在過去一個月內曾經濫用藥物	Equal variances assumed	1.922	.166	-24.251	432	.000	-3.03	.125	-3.277	-2.786
	Equal variances not assumed			-24.185	417.768	.000	-3.03	.125	-3.278	-2.785
CDIS19 我的好朋友認為濫用藥物是愚蠢的	Equal variances assumed	10.639	.001	-14.025	432	.000	-2.07	.148	-2.362	-1.781
	Equal variances not assumed			-14.232	430.815	.000	-2.07	.146	-2.358	-1.786
CDIS20 如果經常濫用藥物，我的工作或學業會有麻煩	Equal variances assumed	16.671	.000	-9.680	432	.000	-1.39	.144	-1.678	-1.112
	Equal variances not assumed			-9.538	386.054	.000	-1.39	.146	-1.682	-1.107
CDIS21 讓人知道我不會濫用藥物是重要的	Equal variances assumed	6.294	.012	-9.586	432	.000	-1.39	.145	-1.675	-1.105
	Equal variances not assumed			-9.529	410.732	.000	-1.39	.146	-1.676	-1.103
CDIS22 如果濫用藥物，我的健康會比人差	Equal variances assumed	7.799	.005	-4.598	432	.000	-.57	.123	-.807	-.324
	Equal variances not assumed			-4.575	412.561	.000	-.57	.124	-.808	-.322

Annex 11: T-test for comparing CPIL items on drug user group and non-drug user group

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CPIL01 我通常	Equal variances assumed	2.277	.132	5.092	432	.000	.77	.152	.475	1.073
	Equal variances not assumed			5.063	411.367	.000	.77	.153	.473	1.074
CPIL02 生命對我來說，似乎	Equal variances assumed	8.975	.003	4.403	432	.000	.75	.170	.414	1.082
	Equal variances not assumed			4.373	408.756	.000	.75	.171	.412	1.084
CPIL03 在我的生命裡，我	Equal variances assumed	9.813	.002	3.032	432	.003	.48	.159	.169	.794
	Equal variances not assumed			2.999	397.589	.003	.48	.161	.166	.797
CPIL04 我個人的存在是	Equal variances assumed	.360	.549	2.570	431	.011	.39	.150	.091	.682
	Equal variances not assumed			2.560	415.018	.011	.39	.151	.090	.683
CPIL05 每一天對我來說都	Equal variances assumed	.958	.328	4.913	432	.000	.95	.193	.569	1.328
	Equal variances not assumed			4.897	416.500	.000	.95	.194	.568	1.329
CPIL06 如果我可以選擇，我會	Equal variances assumed	4.854	.028	2.780	432	.006	.51	.183	.149	.868
	Equal variances not assumed			2.758	405.285	.006	.51	.184	.146	.871
CPIL07 當我退休之後，我會	Equal variances assumed	4.557	.033	2.627	432	.009	.56	.213	.141	.979
	Equal variances not assumed			2.615	414.013	.009	.56	.214	.139	.980
CPIL08 在達致我生命目標過程 中，我	Equal variances assumed	.519	.472	2.471	432	.014	.36	.147	.074	.650
	Equal variances not assumed			2.462	415.521	.014	.36	.147	.073	.652
CPIL09 我的生命	Equal variances assumed	4.187	.041	3.169	432	.002	.48	.152	.183	.781
	Equal variances not assumed			3.152	411.481	.002	.48	.153	.181	.783
CPIL10 如果我今天死了，我會 覺得我已經過了的生命是	Equal variances assumed	.090	.765	5.398	432	.000	1.03	.190	.653	1.400
	Equal variances not assumed			5.400	423.268	.000	1.03	.190	.653	1.400

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
CPIL11 當我思想我的生命的時候，我	Equal variances assumed	.370	.543	-.731	432	.465	-.13	.178	-.480	.220
	Equal variances not assumed			-.733	425.735	.464	-.13	.178	-.480	.219
CPIL12 當我看這個世界與我生命的關係時，這個世界	Equal variances assumed	1.256	.263	5.174	432	.000	.82	.159	.511	1.136
	Equal variances not assumed			5.159	417.262	.000	.82	.160	.510	1.137
CPIL13 我是一個	Equal variances assumed	9.535	.002	3.970	432	.000	.55	.139	.279	.825
	Equal variances not assumed			3.914	387.851	.000	.55	.141	.275	.829
CPIL14 關於人可以自由抉擇的問題，我相信人是	Equal variances assumed	2.709	.101	1.530	432	.127	.27	.175	-.076	.610
	Equal variances not assumed			1.525	415.676	.128	.27	.175	-.077	.612
CPIL15 對於死亡，我是	Equal variances assumed	.036	.850	1.254	432	.210	.24	.189	-.134	.608
	Equal variances not assumed			1.252	419.036	.211	.24	.189	-.135	.609
CPIL16 對於自殺，我	Equal variances assumed	.047	.828	-1.066	432	.287	-.22	.210	-.637	.189
	Equal variances not assumed			-1.066	422.838	.287	-.22	.210	-.637	.189
CPIL17 我認為我對於尋找生命的意義、目標或任務的能力是	Equal variances assumed	5.441	.020	2.371	432	.018	.35	.146	.059	.633
	Equal variances not assumed			2.358	411.782	.019	.35	.147	.058	.634
CPIL18 我的生命是	Equal variances assumed	.864	.353	2.078	432	.038	.35	.170	.019	.687
	Equal variances not assumed			2.070	415.517	.039	.35	.171	.018	.688
CPIL19 面對我日常的任務是	Equal variances assumed	10.56	.001	5.005	432	.000	.79	.158	.480	1.102
	Equal variances not assumed			4.966	406.136	.000	.79	.159	.478	1.104
CPIL20 在我的生命裡，我已經發現	Equal variances assumed	.255	.613	2.078	432	.038	.30	.146	.016	.592
	Equal variances not assumed			2.074	419.189	.039	.30	.147	.016	.593

Annex 12: Item scores of CPIL for non-drug users

CPIL01 我通常					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分煩厭生活	5	2.1	2.1	2.1
	2	6	2.6	2.6	4.7
	3	27	11.6	11.6	16.3
	無意見	19	8.2	8.2	24.5
	5	46	19.7	19.7	44.2
	6	73	31.3	31.3	75.5
	熱愛生活，活力充沛	57	24.5	24.5	100.0
	Total	233	100.0	100.0	

CPIL02 生命對我來說，似乎					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分刻板	8	3.4	3.4	3.4
	2	16	6.9	6.9	10.3
	3	27	11.6	11.6	21.9
	無意見	19	8.2	8.2	30.0
	5	57	24.5	24.5	54.5
	6	54	23.2	23.2	77.7
	總是令人興奮和鼓舞	52	22.3	22.3	100.0
	Total	233	100.0	100.0	

CPIL03 在我的生命裡，我					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	完全沒有目標	10	4.3	4.3	4.3
	2	5	2.1	2.1	6.4
	3	18	7.7	7.7	14.2
	無意見	20	8.6	8.6	22.7
	5	83	35.6	35.6	58.4
	6	45	19.3	19.3	77.7
	有很清楚的目標	52	22.3	22.3	100.0
	Total	233	100.0	100.0	

CPIL04 我個人的存在是					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	完全沒有意義和目的	9	3.9	3.9	3.9
	2	6	2.6	2.6	6.5
	3	13	5.6	5.6	12.1
	無意見	25	10.7	10.8	22.8
	5	67	28.8	28.9	51.7
	6	57	24.5	24.6	76.3
	十分有意義和目的	55	23.6	23.7	100.0
	Total	232	99.6	100.0	
Missing	System	1	.4		
	Total	233	100.0		

CPIL05 每一天對我來說都					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對都是一樣	27	11.6	11.6	11.6
	2	14	6.0	6.0	17.6
	3	40	17.2	17.2	34.8
	無意見	16	6.9	6.9	41.6
	5	46	19.7	19.7	61.4
	6	48	20.6	20.6	82.0
	經常都是新的	42	18.0	18.0	100.0
	Total	233	100.0	100.0	

CPIL06 如果我可以選擇，我會					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	選擇從來沒有在這個世界出現	17	7.3	7.3	7.3
	2	6	2.6	2.6	9.9
	3	19	8.2	8.2	18.0
	無意見	18	7.7	7.7	25.8
	5	47	20.2	20.2	45.9
	6	53	22.7	22.7	68.7
	十分希望擁有我現在的生命	73	31.3	31.3	100.0
	Total	233	100.0	100.0	

CPIL07 當我退休之後，我會					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	空閒地渡過我的生命	29	12.4	12.4	12.4
	2	18	7.7	7.7	20.2
	3	16	6.9	6.9	27.0
	無意見	16	6.9	6.9	33.9
	5	27	11.6	11.6	45.5
	6	47	20.2	20.2	65.7
	做一些我經常想做而令我興奮的事情	80	34.3	34.3	100.0
	Total	233	100.0	100.0	

CPIL08 在達致我生命目標過程中，我					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	從來沒有任何進展	10	4.3	4.3	4.3
	2	15	6.4	6.4	10.7
	3	43	18.5	18.5	29.2
	無意見	32	13.7	13.7	42.9
	5	81	34.8	34.8	77.7
	6	38	16.3	16.3	94.0
	已經完全達成我的理想	14	6.0	6.0	100.0
	Total	233	100.0	100.0	

CPIL09 我的生命					CPIL10 如果我今天死了，我會覺得我已經過了的生命是				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 空虛和充滿著沮喪	7	3.0	3.0	3.0	Valid 十分沒有價值	33	14.2	14.2	14.2
2	7	3.0	3.0	6.0	2	16	6.9	6.9	21.0
3	28	12.0	12.0	18.0	3	41	17.6	17.6	38.6
無意見	11	4.7	4.7	22.7	無意見	32	13.7	13.7	52.4
5	83	35.6	35.6	58.4	5	39	16.7	16.7	69.1
6	48	20.6	20.6	79.0	6	34	14.6	14.6	83.7
充滿著十分多姿多采的事情	49	21.0	21.0	100.0	十分有價值	38	16.3	16.3	100.0
Total	233	100.0	100.0		Total	233	100.0	100.0	
CPIL11 當我思想我的生命的時候，我					CPIL12 當我看這個世界與我生命的關係時，這個世界				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 經常想知道我為什麼存在	37	15.9	15.9	15.9	Valid 令我感到十分混亂	15	6.4	6.4	6.4
2	19	8.2	8.2	24.0	2	15	6.4	6.4	12.9
3	38	16.3	16.3	40.3	3	40	17.2	17.2	30.0
無意見	31	13.3	13.3	53.6	無意見	30	12.9	12.9	42.9
5	55	23.6	23.6	77.3	5	75	32.2	32.2	75.1
6	33	14.2	14.2	91.4	6	36	15.5	15.5	90.6
經常領會到我為何存在的原因	20	8.6	8.6	100.0	很有意義地與我的生命吻合	22	9.4	9.4	100.0
Total	233	100.0	100.0		Total	233	100.0	100.0	
CPIL13 我是一個					CPIL14 關於人可以自由抉擇的問題，我相信人是				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 十分不負責任的人	3	1.3	1.3	1.3	Valid 完全被遺傳和環境因素所限制	13	5.6	5.6	5.6
2	4	1.7	1.7	3.0	2	12	5.2	5.2	10.7
3	18	7.7	7.7	10.7	3	20	8.6	8.6	19.3
無意見	27	11.6	11.6	22.3	無意見	25	10.7	10.7	30.0
5	76	32.6	32.6	54.9	5	52	22.3	22.3	52.4
6	64	27.5	27.5	82.4	6	45	19.3	19.3	71.7
十分負責的人	41	17.6	17.6	100.0	完全有自由去做任何有關生命的抉擇	66	28.3	28.3	100.0
Total	233	100.0	100.0		Total	233	100.0	100.0	
CPIL15 對於死亡，我是					CPIL16 對於自殺，我				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 沒有準備而懼怕	26	11.2	11.2	11.2	Valid 曾經很嚴肅和認真地認為它是解決問題的一個方法	24	10.3	10.3	10.3
2	15	6.4	6.4	17.6	2	15	6.4	6.4	16.7
3	35	15.0	15.0	32.6	3	31	13.3	13.3	30.0
無意見	28	12.0	12.0	44.6	無意見	17	7.3	7.3	37.3
5	47	20.2	20.2	64.8	5	18	7.7	7.7	45.1
6	38	16.3	16.3	81.1	6	21	9.0	9.0	54.1
有準備和不懼怕	44	18.9	18.9	100.0	完全沒有考慮過	107	45.9	45.9	100.0
Total	233	100.0	100.0		Total	233	100.0	100.0	
CPIL17 我認為我對於尋找生命的意義、目標或任務的能力是					CPIL18 我的生命是				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 完全沒有	6	2.6	2.6	2.6	Valid 我不可以掌握和被外在因素所控制的	11	4.7	4.7	4.7
2	7	3.0	3.0	5.6	2	8	3.4	3.4	8.2
3	36	15.5	15.5	21.0	3	35	15.0	15.0	23.2
無意見	27	11.6	11.6	32.6	無意見	17	7.3	7.3	30.5
5	76	32.6	32.6	65.2	5	49	21.0	21.0	51.5
6	51	21.9	21.9	87.1	6	56	24.0	24.0	75.5
十分強	30	12.9	12.9	100.0	我可以掌握和控制的	57	24.5	24.5	100.0
Total	233	100.0	100.0		Total	233	100.0	100.0	

CPIL19 面對我日常的任務是					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分痛苦和沉悶	10	4.3	4.3	4.3
	2	7	3.0	3.0	7.3
	3	23	9.9	9.9	17.2
	無意見	19	8.2	8.2	25.3
	5	68	29.2	29.2	54.5
	6	64	27.5	27.5	82.0
	快樂和滿足感的來源	42	18.0	18.0	100.0
	Total	233	100.0	100.0	

CPIL20 在我的生命裡，我已經發現					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	完全沒有目標和任務	6	2.6	2.6	2.6
	2	10	4.3	4.3	6.9
	3	23	9.9	9.9	16.7
	無意見	29	12.4	12.4	29.2
	5	71	30.5	30.5	59.7
	6	53	22.7	22.7	82.4
	有十分鮮明的目標和令我滿足的生命目的	41	17.6	17.6	100.0
	Total	233	100.0	100.0	

Annex 13 Item scores of CPIL for drug abusers

CPIL01 我通常					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分煩厭生活	8	4.0	4.0	4.0
2		14	7.0	7.0	10.9
3		36	17.9	17.9	28.9
	無意見	32	15.9	15.9	44.8
5		54	26.9	26.9	71.6
6		26	12.9	12.9	84.6
	熱愛生活，活力充沛	31	15.4	15.4	100.0
Total		201	100.0	100.0	

CPIL02 生命對我來說，似乎					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分刻板	14	7.0	7.0	7.0
2		28	13.9	13.9	20.9
3		37	18.4	18.4	39.3
	無意見	21	10.4	10.4	49.8
5		40	19.9	19.9	69.7
6		33	16.4	16.4	86.1
	總是令人興奮和鼓舞	28	13.9	13.9	100.0
Total		201	100.0	100.0	

CPIL03 在我的生命裡，我					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	完全沒有目標	14	7.0	7.0	7.0
2		12	6.0	6.0	12.9
3		30	14.9	14.9	27.9
	無意見	17	8.5	8.5	36.3
5		62	30.8	30.8	67.2
6		27	13.4	13.4	80.6
	有很清楚的目標	39	19.4	19.4	100.0
Total		201	100.0	100.0	

CPIL04 我個人的存在是					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	完全沒有意義和目的	10	5.0	5.0	5.0
2		6	3.0	3.0	8.0
3		27	13.4	13.4	21.4
	無意見	20	10.0	10.0	31.3
5		64	31.8	31.8	63.2
6		40	19.9	19.9	83.1
	十分有意義和目的	34	16.9	16.9	100.0
Total		201	100.0	100.0	

CPIL05 每一天對我來說都					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對都是一樣	40	19.9	19.9	19.9
2		37	18.4	18.4	38.3
3		36	17.9	17.9	56.2
	無意見	18	9.0	9.0	65.2
5		24	11.9	11.9	77.1
6		20	10.0	10.0	87.1
	經常都是新的	26	12.9	12.9	100.0
Total		201	100.0	100.0	

CPIL06 如果我可以選擇，我會					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	選擇從來沒有在 這個世界出現	25	12.4	12.4	12.4
2		12	6.0	6.0	18.4
3		14	7.0	7.0	25.4
	無意見	24	11.9	11.9	37.3
5		40	19.9	19.9	57.2
6		37	18.4	18.4	75.6
	十分希望擁有我 現在的生命	49	24.4	24.4	100.0
Total		201	100.0	100.0	

CPIL07 當我退休之後，我會					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	空閒地渡過我的生命	38	18.9	18.9	18.9
2		20	10.0	10.0	28.9
3		18	9.0	9.0	37.8
	無意見	12	6.0	6.0	43.8
5		29	14.4	14.4	58.2
6		30	14.9	14.9	73.1
	做一些我經常想做而 令我興奮的事情	54	26.9	26.9	100.0
Total		201	100.0	100.0	

CPIL08 在達成我生命目標過程中，我					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	從來沒有任何進展	13	6.5	6.5	6.5
2		22	10.9	10.9	17.4
3		42	20.9	20.9	38.3
	無意見	29	14.4	14.4	52.7
5		69	34.3	34.3	87.1
6		12	6.0	6.0	93.0
	已經完全達成我的 理想	14	7.0	7.0	100.0
Total		201	100.0	100.0	

CPIL09 我的生命					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	空虛和充滿著沮喪	9	4.5	4.5	4.5
2		15	7.5	7.5	11.9
3		29	14.4	14.4	26.4
	無意見	22	10.9	10.9	37.3
5		65	32.3	32.3	69.7
6		32	15.9	15.9	85.6
	充滿著十分多姿多 采的事情	29	14.4	14.4	100.0
Total		201	100.0	100.0	

CPIL10 如果我今天死了，我會覺得我已經過了的生命是					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分沒有價值	65	32.3	32.3	32.3
2		22	10.9	10.9	43.3
3		29	14.4	14.4	57.7
	無意見	19	9.5	9.5	67.2
5		42	20.9	20.9	88.1
6		10	5.0	5.0	93.0
	十分有價值	14	7.0	7.0	100.0
Total		201	100.0	100.0	

CPIL11 當我思想我的生命的時候，我					CPIL12 當我看這個世界與我生命的關係時，這個世界				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 經常想知道我為什麼存在	22	10.9	10.9	10.9	Valid 令我感到十分混亂	29	14.4	14.4	14.4
2	19	9.5	9.5	20.4	2	25	12.4	12.4	26.9
3	38	18.9	18.9	39.3	3	50	24.9	24.9	51.7
無意見	30	14.9	14.9	54.2	無意見	24	11.9	11.9	63.7
5	46	22.9	22.9	77.1	5	50	24.9	24.9	88.6
6	21	10.4	10.4	87.6	6	13	6.5	6.5	95.0
經常領會到我為何存在的原因	25	12.4	12.4	100.0	很有意義地與我的生命吻合	10	5.0	5.0	100.0
Total	201	100.0	100.0		Total	201	100.0	100.0	
CPIL13 我是一個					CPIL14 關於人可以自由抉擇的問題，我相信人是				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 十分不負責任的人	9	4.5	4.5	4.5	Valid 完全被遺傳和環境因素所限制	9	4.5	4.5	4.5
2	11	5.5	5.5	10.0	2	16	8.0	8.0	12.4
3	28	13.9	13.9	23.9	3	34	16.9	16.9	29.4
無意見	26	12.9	12.9	36.8	無意見	20	10.0	10.0	39.3
5	61	30.3	30.3	67.2	5	41	20.4	20.4	59.7
6	41	20.4	20.4	87.6	6	23	11.4	11.4	71.1
十分負責的人	25	12.4	12.4	100.0	完全有自由去做任何有關生命的抉擇	58	28.9	28.9	100.0
Total	201	100.0	100.0		Total	201	100.0	100.0	
CPIL15 對於死亡，我是					CPIL16 對於自殺，我				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 沒有準備而懼怕	31	15.4	15.4	15.4	Valid 曾經很嚴肅和認真地認為它是解決問題的一個方法	20	10.0	10.0	10.0
2	13	6.5	6.5	21.9	2	12	6.0	6.0	15.9
3	25	12.4	12.4	34.3	3	23	11.4	11.4	27.4
無意見	31	15.4	15.4	49.8	無意見	9	4.5	4.5	31.8
5	45	22.4	22.4	72.1	5	14	7.0	7.0	38.8
6	20	10.0	10.0	82.1	6	17	8.5	8.5	47.3
有準備和不懼怕	36	17.9	17.9	100.0	完全沒有考慮過	106	52.7	52.7	100.0
Total	201	100.0	100.0		Total	201	100.0	100.0	
CPIL17 我認為我對於尋找生命的意義、目標或任務的能力是					CPIL18 我的生命是				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 完全沒有	6	3.0	3.0	3.0	Valid 我不可以掌握和被外在因素所控制的	15	7.5	7.5	7.5
2	13	6.5	6.5	9.5	2	13	6.5	6.5	13.9
3	46	22.9	22.9	32.3	3	28	13.9	13.9	27.9
無意見	22	10.9	10.9	43.3	無意見	15	7.5	7.5	35.3
5	58	28.9	28.9	72.1	5	57	28.4	28.4	63.7
6	33	16.4	16.4	88.6	6	34	16.9	16.9	80.6
十分強	23	11.4	11.4	100.0	我可以掌握和控制的	39	19.4	19.4	100.0
Total	201	100.0	100.0		Total	201	100.0	100.0	
CPIL19 面對我日常的任務是					CPIL20 在我的生命裡，我已經發現				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid 十分痛苦和沉悶	15	7.5	7.5	7.5	Valid 完全沒有目標和任務	10	5.0	5.0	5.0
2	22	10.9	10.9	18.4	2	11	5.5	5.5	10.4
3	34	16.9	16.9	35.3	3	21	10.4	10.4	20.9
無意見	15	7.5	7.5	42.8	無意見	22	10.9	10.9	31.8
5	66	32.8	32.8	75.6	5	79	39.3	39.3	71.1
6	29	14.4	14.4	90.0	6	35	17.4	17.4	88.6
快樂和滿足感的來源	20	10.0	10.0	100.0	有十分鮮明的目標和令我滿足的生命目的	23	11.4	11.4	100.0
Total	201	100.0	100.0		Total	201	100.0	100.0	

Annex 14 Item scores of CDIS for the non-drug users group of students

CDIS01 我試過服用藥物後，與他人無故發生爭執						CDIS02 我的好朋友會覺得服用藥物是很平常的事情					
Frequency Percent Valid Percent Cumulative Percent						Frequency Percent Valid Percent Cumulative Percent					
Valid	絕對沒有	229	98.3	98.3	98.3	Valid	十分不同意	137	58.8	58.8	58.8
	甚少	2	.9	.9	99.1		頗為不同意	43	18.5	18.5	77.3
	間中有	2	.9	.9	100.0		少許不同意	22	9.4	9.4	86.7
							少許同意	20	8.6	8.6	95.3
	Total	233	100.0	100.0			頗為同意	6	2.6	2.6	97.9
							十分同意	5	2.1	2.1	100.0
							Total	233	100.0	100.0	
CDIS03 服用藥物可以令我更有自信						CDIS04 我相信服用藥物後，我的煩惱會盡消					
Frequency Percent Valid Percent Cumulative Percent						Frequency Percent Valid Percent Cumulative Percent					
Valid	十分不同意	182	78.1	78.1	78.1	Valid	十分不同意	173	74.2	74.2	74.2
	頗為不同意	30	12.9	12.9	91.0		頗為不同意	27	11.6	11.6	85.8
	少許不同意	15	6.4	6.4	97.4		少許不同意	15	6.4	6.4	92.3
	少許同意	5	2.1	2.1	99.6		少許同意	12	5.2	5.2	97.4
	十分同意	1	.4	.4	100.0		頗為同意	6	2.6	2.6	100.0
	Total	233	100.0	100.0			Total	233	100.0	100.0	
CDIS05 我相信服用藥物後可以和朋友更容易相處						CDIS06 我相信服用藥物可以令我玩得更開心					
Frequency Percent Valid Percent Cumulative Percent						Frequency Percent Valid Percent Cumulative Percent					
Valid	十分不同意	185	79.4	79.4	79.4	Valid	十分不同意	165	70.8	70.8	70.8
	頗為不同意	26	11.2	11.2	90.6		頗為不同意	27	11.6	11.6	82.4
	少許不同意	17	7.3	7.3	97.9		少許不同意	11	4.7	4.7	87.1
	少許同意	5	2.1	2.1	100.0		少許同意	20	8.6	8.6	95.7
	Total	233	100.0	100.0			頗為同意	7	3.0	3.0	98.7
							十分同意	3	1.3	1.3	100.0
							Total	233	100.0	100.0	
CDIS07 我每星期均有幾次服用藥物						CDIS08 我試過服用過量藥物以致暈倒					
Frequency Percent Valid Percent Cumulative Percent						Frequency Percent Valid Percent Cumulative Percent					
Valid	絕對沒有	225	96.6	96.6	96.6	Valid	絕對沒有	228	97.9	97.9	97.9
	甚少	5	2.1	2.1	98.7		甚少	4	1.7	1.7	99.6
	間中有	1	.4	.4	99.1		間中有	1	.4	.4	100.0
	很多時候有	1	.4	.4	99.6		Total	233	100.0	100.0	
	經常有	1	.4	.4	100.0						
	Total	233	100.0	100.0							
CDIS09 服用藥物令我和家人產生越來越多磨擦						CDIS10 遇到不如意的事情，我會服用藥物					
Frequency Percent Valid Percent Cumulative Percent						Frequency Percent Valid Percent Cumulative Percent					
Valid	絕對沒有	219	94.0	94.4	94.4	Valid	十分不同意	196	84.1	84.1	84.1
	甚少	6	2.6	2.6	97.0		頗為不同意	18	7.7	7.7	91.8
	間中有	3	1.3	1.3	98.3		少許不同意	10	4.3	4.3	96.1
	很多時候有	1	.4	.4	98.7		少許同意	7	3.0	3.0	99.1
	大部份時間有	1	.4	.4	99.1		頗為同意	2	.9	.9	100.0
	經常有	2	.9	.9	100.0		Total	233	100.0	100.0	
	Total	232	99.6	100.0							
Missing	99	1	.4								
	Total	233	100.0								

CDIS11 我試過服用過量的藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	223	95.7	96.1	96.1
	甚少有	9	3.9	3.9	100.0
	Total	232	99.6	100.0	
Missing	99	1	.4		
Total		233	100.0		

CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	230	98.7	99.1	99.1
	甚少有	1	.4	.4	99.6
	間中有	1	.4	.4	100.0
	Total	232	99.6	100.0	
Missing	99	1	.4		
Total		233	100.0		

CDIS13 我向自己承諾，不會濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	173	74.2	74.2	74.2
	頗為同意	24	10.3	10.3	84.5
	少許同意	12	5.2	5.2	89.7
	少許不同意	5	2.1	2.1	91.8
	頗為不同意	8	3.4	3.4	95.3
	十分不同意	11	4.7	4.7	100.0
Total		233	100.0	100.0	

CDIS14 我會因為濫用藥物而感到內疚					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	135	57.9	57.9	57.9
	頗為同意	38	16.3	16.3	74.2
	少許同意	24	10.3	10.3	84.5
	少許不同意	13	5.6	5.6	90.1
	頗為不同意	9	3.9	3.9	94.0
	十分不同意	14	6.0	6.0	100.0
Total		233	100.0	100.0	

CDIS15 我不會濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	185	79.4	79.4	79.4
	頗為同意	21	9.0	9.0	88.4
	少許同意	9	3.9	3.9	92.3
	少許不同意	6	2.6	2.6	94.8
	頗為不同意	6	2.6	2.6	97.4
	十分不同意	6	2.6	2.6	100.0
Total		233	100.0	100.0	

CDIS16 我在過去三十天內有濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	231	99.1	99.1	99.1
	甚少有	1	.4	.4	99.6
	間中有	1	.4	.4	100.0
	Total	233	100.0	100.0	

CDIS17 我許多好朋友都濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	163	70.0	70.0	70.0
	甚少有	53	22.7	22.7	92.7
	間中有	13	5.6	5.6	98.3
	很多時候有	2	.9	.9	99.1
	大部份時間有	1	.4	.4	99.6
	經常有	1	.4	.4	100.0
	Total	233	100.0	100.0	

CDIS18 我的好朋友在過去一個月內曾經濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	166	71.2	71.2	71.2
	頗為不同意	27	11.6	11.6	82.8
	少許不同意	12	5.2	5.2	88.0
	少許同意	15	6.4	6.4	94.4
	頗為同意	6	2.6	2.6	97.0
	十分同意	7	3.0	3.0	100.0
Total		233	100.0	100.0	

CDIS19 我的好朋友認為濫用藥物是愚蠢的					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	117	50.2	50.2	50.2
	頗為同意	36	15.5	15.5	65.7
	少許同意	18	7.7	7.7	73.4
	少許不同意	27	11.6	11.6	85.0
	頗為不同意	19	8.2	8.2	93.1
	十分不同意	16	6.9	6.9	100.0
Total		233	100.0	100.0	

CDIS20 如果經常濫用藥物，我的工作或學業會有麻煩					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	156	67.0	67.0	67.0
	頗為同意	37	15.9	15.9	82.8
	少許同意	16	6.9	6.9	89.7
	少許不同意	8	3.4	3.4	93.1
	頗為不同意	3	1.3	1.3	94.4
	十分不同意	13	5.6	5.6	100.0
Total		233	100.0	100.0	

CDIS21 讓人知道我沒有濫用藥物是重要的					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	133	57.1	57.1	57.1
	頗為同意	38	16.3	16.3	73.4
	少許同意	29	12.4	12.4	85.8
	少許不同意	14	6.0	6.0	91.8
	頗為不同意	5	2.1	2.1	94.0
	十分不同意	14	6.0	6.0	100.0
Total		233	100.0	100.0	

CDIS22 如果濫用藥物，我的健康會比人差					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	175	75.1	75.1	75.1
	頗為同意	31	13.3	13.3	88.4
	少許同意	9	3.9	3.9	92.3
	少許不同意	3	1.3	1.3	93.6
	頗為不同意	5	2.1	2.1	95.7
	十分不同意	10	4.3	4.3	100.0
Total		233	100.0	100.0	

Annex 15: Item scores of CDIS for drug abusers

CDIS01 我試過服用藥物後，與他人無故發生爭執				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	83	41.3	41.5
	甚少有	75	37.3	79.0
	間中有	28	13.9	93.0
	很多時候有	8	4.0	97.0
	大部份時間有	1	.5	97.5
	經常有	5	2.5	100.0
	Total	200	99.5	100.0
Missing	99	1	.5	
Total	201	100.0		

CDIS02 我的好朋友會覺得服用藥物是很平常的事情				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	8	4.0	4.0
	頗為不同意	10	5.0	9.0
	少許不同意	29	14.4	23.4
	少許同意	61	30.3	53.7
	頗為同意	65	32.3	86.1
	十分同意	28	13.9	100.0
	Total	201	100.0	100.0

CDIS03 服用藥物可以令我更有自信				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	78	38.8	38.8
	頗為不同意	31	15.4	54.2
	少許不同意	41	20.4	74.6
	少許同意	37	18.4	93.0
	頗為同意	12	6.0	99.0
	十分同意	2	1.0	100.0
	Total	201	100.0	100.0

CDIS04 我相信服用藥物後，我的煩惱會盡消				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	38	18.9	18.9
	頗為不同意	28	13.9	32.8
	少許不同意	32	15.9	48.8
	少許同意	62	30.8	79.6
	頗為同意	27	13.4	93.0
	十分同意	14	7.0	100.0
	Total	201	100.0	100.0

CDIS05 我相信服用藥物後可以和朋友更容易相處				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	34	16.9	16.9
	頗為不同意	21	10.4	27.4
	少許不同意	40	19.9	47.3
	少許同意	56	27.9	75.1
	頗為同意	38	18.9	94.0
	十分同意	12	6.0	100.0
	Total	201	100.0	100.0

CDIS06 我相信服用藥物可以令我玩得更開心				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	6	3.0	3.0
	頗為不同意	10	5.0	8.0
	少許不同意	14	7.0	14.9
	少許同意	60	29.9	44.8
	頗為同意	61	30.3	75.1
	十分同意	50	24.9	100.0
	Total	201	100.0	100.0

CDIS07 我每星期均有幾次服用藥物				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	23	11.4	11.4
	甚少有	76	37.8	49.3
	間中有	67	33.3	82.6
	很多時候有	13	6.5	89.1
	大部份時間有	8	4.0	93.0
	經常有	14	7.0	100.0
	Total	201	100.0	100.0

CDIS08 我試過服用過量藥物以致暈倒				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	135	67.2	67.2
	甚少有	42	20.9	88.1
	間中有	19	9.5	97.5
	很多時候有	3	1.5	99.0
	經常有	2	1.0	100.0
	Total	201	100.0	100.0

CDIS09 服用藥物令我和家人產生越來越多磨擦				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	104	51.7	51.7
	甚少有	42	20.9	72.6
	間中有	37	18.4	91.0
	很多時候有	17	8.5	99.5
	經常有	1	.5	100.0
	Total	201	100.0	100.0

CDIS10 遇到不如意的事情，我會服用藥物				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	46	22.9	22.9
	頗為不同意	27	13.4	36.3
	少許不同意	33	16.4	52.7
	少許同意	46	22.9	75.6
	頗為同意	30	14.9	90.5
	十分同意	19	9.5	100.0
	Total	201	100.0	100.0

CDIS11 我試過服用過量的藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	53	26.4	26.4	26.4
	甚少有	55	27.4	27.4	53.7
	間中有	61	30.3	30.3	84.1
	很多時候有	16	8.0	8.0	92.0
	大部份時間有	7	3.5	3.5	95.5
	經常有	9	4.5	4.5	100.0
	Total	201	100.0	100.0	

CDIS12 當我和朋友一起服用藥物時，我會比他們用得更多					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	31	15.4	15.5	15.5
	甚少有	76	37.8	38.0	53.5
	間中有	65	32.3	32.5	86.0
	很多時候有	17	8.5	8.5	94.5
	大部份時間有	6	3.0	3.0	97.5
	經常有	5	2.5	2.5	100.0
	Total	200	99.5	100.0	
Missing	99	1	.5		
Total	201	100.0			

CDIS13 我向自己承諾，不會濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	23	11.4	11.4	11.4
	頗為同意	16	8.0	8.0	19.4
	少許同意	59	29.4	29.4	48.8
	少許不同意	44	21.9	21.9	70.6
	頗為不同意	34	16.9	16.9	87.6
	十分不同意	25	12.4	12.4	100.0
	Total	201	100.0	100.0	

CDIS14 我會因為濫用藥物而感到內疚					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	8	4.0	4.0	4.0
	頗為同意	16	8.0	8.0	11.9
	少許同意	56	27.9	27.9	39.8
	少許不同意	43	21.4	21.4	61.2
	頗為不同意	40	19.9	19.9	81.1
	十分不同意	38	18.9	18.9	100.0
	Total	201	100.0	100.0	

CDIS15 我不會濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	15	7.5	7.5	7.5
	頗為同意	12	6.0	6.0	13.4
	少許同意	42	20.9	20.9	34.3
	少許不同意	50	24.9	24.9	59.2
	頗為不同意	38	18.9	18.9	78.1
	十分不同意	44	21.9	21.9	100.0
	Total	201	100.0	100.0	

CDIS16 我在過去三十天內有濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	44	21.9	21.9	21.9
	甚少有	44	21.9	21.9	43.8
	間中有	67	33.3	33.3	77.1
	很多時候有	20	10.0	10.0	87.1
	大部份時間有	10	5.0	5.0	92.0
	經常有	16	8.0	8.0	100.0
	Total	201	100.0	100.0	

CDIS17 我許多好朋友都濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	絕對沒有	3	1.5	1.5	1.5
	甚少有	21	10.4	10.4	11.9
	間中有	41	20.4	20.4	32.3
	很多時候有	43	21.4	21.4	53.7
	大部份時間有	42	20.9	20.9	74.6
	經常有	51	25.4	25.4	100.0
	Total	201	100.0	100.0	

CDIS18 我的好朋友在過去一個月內曾經濫用藥物					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分不同意	9	4.5	4.5	4.5
	頗為不同意	6	3.0	3.0	7.5
	少許不同意	13	6.5	6.5	13.9
	少許同意	50	24.9	24.9	38.8
	頗為同意	54	26.9	26.9	65.7
	十分同意	69	34.3	34.3	100.0
	Total	201	100.0	100.0	

CDIS19 我的好朋友認為濫用藥物是愚蠢的					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	5	2.5	2.5	2.5
	頗為同意	9	4.5	4.5	7.0
	少許同意	49	24.4	24.4	31.3
	少許不同意	32	15.9	15.9	47.3
	頗為不同意	50	24.9	24.9	72.1
	十分不同意	56	27.9	27.9	100.0
	Total	201	100.0	100.0	

CDIS20 如果經常濫用藥物，我的工作或學業會有麻煩					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	45	22.4	22.4	22.4
	頗為同意	29	14.4	14.4	36.8
	少許同意	57	28.4	28.4	65.2
	少許不同意	20	10.0	10.0	75.1
	頗為不同意	26	12.9	12.9	88.1
	十分不同意	24	11.9	11.9	100.0
	Total	201	100.0	100.0	

CDIS21 讓人知道我不會濫用藥物是重要的					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	31	15.4	15.4	15.4
	頗為同意	30	14.9	14.9	30.3
	少許同意	52	25.9	25.9	56.2
	少許不同意	32	15.9	15.9	72.1
	頗為不同意	34	16.9	16.9	89.1
	十分不同意	22	10.9	10.9	100.0
	Total	201	100.0	100.0	

CDIS22 如果濫用藥物，我的健康會比人差					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	十分同意	91	45.3	45.3	45.3
	頗為同意	42	20.9	20.9	66.2
	少許同意	44	21.9	21.9	88.1
	少許不同意	8	4.0	4.0	92.0
	頗為不同意	10	5.0	5.0	97.0
	十分不同意	6	3.0	3.0	100.0
	Total	201	100.0	100.0	

Annex 16: Longitudinal analysis (t-test on CDIS and CPIL)

Paired Samples Test									
		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Chinese Drug Involvement Scale (1) - Chinese Drug Involvement Scale (2)	2.68	9.892	1.322	.03	5.33	2.026	55	.048
Pair 2	Chinese Purpose in Life Scale (1) - Chinese Purpose in Life Scale (2)	-1.05	13.697	1.830	-4.72	2.61	-.576	55	.567

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Chinese Drug Involvement Scale (1)	68.64	56	11.868	1.586
	Chinese Drug Involvement Scale (2)	65.96	56	10.634	1.421
Pair 2	Chinese Purpose in Life Scale (1)	90.32	56	20.620	2.755
	Chinese Purpose in Life Scale (2)	91.38	56	19.172	2.562

Remark: (1) first investigation (2) second investigation

Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

1. This chapter will present our analysis and recommendations based on the main findings of the qualitative study and the quantitative survey. Our focus will be on assessing the development, trend and extent of the drug abuse problem in the context of URC. Second, we will compare URC with normal party culture and youth culture. Third, we will recommend strategies to combat psychotropic substance abuse within the context of URC in Hong Kong.
2. For the sake of brevity, instead of presenting their ideas separately in this report, we have assimilated the ideas and suggestions of the stakeholders (social workers, government officials, students, disco organizers and politicians) whom we had interviewed in this research into this chapter. In what follows, we will present our analyses of the problem and the recommendations for strategies, which are the integration and development of the ideas of our interviewees, to combat psychotropic substance abuse within the context of URC in Hong Kong.

The development, trend and extent of the drug abuse problem in the context of URC

3. In our research study, URC is first defined as the culture that prevails in organized and illegal parties where people took psychotropic drugs. Organizers did not get the license from the government to hold such activities. Young people not only danced and listened to the music, they also abused substances in such organized and illegal rave parties. These places include the privately run discos and parties (私賣), resort houses (渡假屋), drug dealer's warehouses in industrial building, cyber cafés (網吧) and shopping malls (after the normal opening hours).
4. During our period of study for nearly one and a half year, however, the research team also found that URC has been changing rapidly and developed into different forms of activities. As we observed, **the URC was only transitional and temporary. The places of having such activities were diversified either.** The activities that go on within URC are multifarious.
5. It was observed that, in the context of URC, the types of drug behavior of the respondents can be divided into three categories, each of which involved taking drugs in specific settings. First, the respondents might abuse drugs in **organized, structural, and commercialized settings**, such as small-scale discos or dance club in Hong Kong and Shenzhen.

6. Second, they might take drugs in *spontaneous and self-initiated ways*. That is, drug abuse is often a peer-related and in-group activity among youngsters. Some would take drugs in their friends' homes or in their own homes, at karaoke bars, at video game centers (機舖), in public parks or country parks.
7. Third, some young people would treat drug abuse as *an entertainment program of other activities*; that is, they would abuse drugs in a variety places. For instance, the respondents had taken drugs at beaches; in cinemas; and at podiums of public housing estates. There was an obvious tendency of habitual substance abuse for some of our respondents and they would abuse drugs at many places.
8. Based on the findings of this research, we anticipate that the problem of substance abuse in the context of URC will continue to exist and transform. It is noteworthy that in the current social and economic environment, young people with low academic motivation and achievement will not be in a position where they will be able to gain a sense of success and self-fulfillment. The high youth unemployment rate will further intensify the problem. Substance abuse will remain an easy way for young people to gain peer recognition and avoid unhappiness and boredom, especially those who can build a network at discos or rave parties.
9. The claims mentioned above concur with those of many of the social workers who we interviewed. They claimed that substance abuse behavior in the context of URC is still

serious; that the age at which young people start taking drugs and going to discos is getting lower, with some being as young as 12. These young teenagers will very likely take the place of older discos-goers and substance abusers in the future.

10. “Drug buffet” or “drug cocktail party”, with all kinds of drugs (including heroin) provided for free use at a party, were apparently a common underground cultural practice among drug abusers. We consider them very dangerous and the drug abusers are at a greater danger of becoming addicted to heroin.
11. One key point is that drug users who have abused drugs in the context of URC will act as a “transmitter” of this social illness and propagate drug abuse among their friends and the wider community. More importantly, there is already a trend of drug-taking activities being organized in small, unstructured groups, making police detection or social worker interventions more difficult.
12. Some social workers also warned that because of the tightening police control, there was a growing trend of young drug users spreading out to different locations to abuse drugs. Furthermore, according to the social workers and some drug users we had interviewed, it was likely that more young people would occasionally involve in drug dealing activities in a greater number of districts. This extension of drug use to different areas poses a greater threat to the community because the drug users would be more likely to spread their behavior to other teenagers who had not previously come into contact with

drug-taking behavior. One social worker worried that children might end up seeing drug users abuse drugs in the playground and learning more about drugs from their friends.

Compare URC with Normal Party Culture and Youth Culture

13. Our study found that there are differences between the URC and normal party culture/youth culture. In the context of URC, loud music is required in drug taking behavior of young people. Dancing is another important element for those parties and discos within the context of URC. Drug consumption plays an important and essential role in the context of URC. “Drug buffet” or “drug cocktail party”, with all kinds of drugs (including heroin) provides for free use at a party, is apparently a common underground cultural practice among drug abusers. A variety of drugs are provided for the drug abusers in the context of URC, and the availability and accessibility of drugs in this culture are very high. The drug abusers also act as transmitter of social illness and propagate drug abuse among their friends and the teenagers in community. For the URC helps participants build networks that facilitate their future drug use.
14. It has to be noted that drug abusers in URC also act as transmitters of social illness and propagate drug abuse among their friends and community. For the URC helps participants build networks that facilitate their future drug use. Drug consumption is often a means to an end rather than an end itself in the context of URC. Drug-taking

behavior acts as a ritual, a form of recreation and enhancer for other activities, such as dancing and listening to music. They can obtain a feeling of “escape” when they abuse drugs. Most importantly, some parties and discos are run secretly, unofficially and illegally in the context of URC.

15. When compare URC with normal party culture and youth culture, the research team observed that loud music and dancing are not necessarily needed in the context of normal party and youth culture. Drug consumption is seldom found. Through the discussion with the normal youth at school, students revealed that they will not use drugs as enhancer for the party or gathering. They believe that drugs taking will not help them to solve their daily problems. Rather, they will use other methods, such as talking with friends in those parties or gatherings, for the problems that they face.
16. Although there are differences when compare URC with normal party culture and youth culture, we found that there are similarities among these cultures. We found that it is common for a group of young people to have dancing parties for gatherings. It is a kind of social gathering and entertainment for relaxation and socialization among themselves, and the networks are easily built and expanded. This attitudes and needs for parties are similar to our findings in the quantitative study, that many of our respondents (58.4%) claimed that social gathering (including “meeting friends” and “being invited by friends”) was their major reason of visiting disco or rave party.

Strategies to combat drug abuse within the context of rave culture

Controlling drug abuse in entertainment venues

17. Our study found that young people mostly congregate at entertainment venues such as discos and parties to consume drugs. It is not an exaggeration to say that these venues are hotbeds of drug abuse. The police have responded rapidly to the rising trend of drug abuse in these venues and have come down particularly hard on the most notorious. Moreover, uniformed officers are deployed in discos as a deterrent while undercover officers try to identify drug traffickers and abusers.
18. We support a stringent approach to stop the supply of illicit drugs by using strict measures and legislation to control discos so that young people cannot get drugs easily. It would be more preferable if the police in Shenzhen and Hong Kong could coordinate their efforts to control drug abuse at discos. As the above chapters have demonstrated, drug users tend to use particular types of drugs in particular locations, such as MDMA (Ecstasy) and Ketamine at discos. Hence, if the police were to regularly check up on discos, which may take several hours each time, the participants would come to regard attending discos as a waste of time and money and so would be less likely to go to them. Police raids of discos will help to prevent the formation of networks of drug abusing young people. They would be especially effective at deterring those new to drugs from joining such a network.

19. However, our social worker respondents identified three problems with police raids. First, according to some of the social workers' clients, the disco organizers or staff would sometimes know in advance that the police were about to carry out a "surprise" check up. Also, if the police checked up on one disco in a district, other discos in the same district would probably be notified of the police presence and so could prepare for the raid.
20. Second, one social worker told us that the heavy-handed police tactic of storming discos actually increases drug users' dosages. Some of his clients would consume drugs as soon as they obtained them from dealers, regardless of the quantity. This means they can avoid being prosecuted by the police for possession of drugs, but it increases their chances of having an overdose.
21. Third, some social workers observed that even if the police did use heavy-handed measures to check up on discos, the disco organizers could open a new disco within a short period of time. It is difficult for the police to heavily engage themselves in this kind of "cat and mouse" game. Moreover, it was also pointed out that young people could still abuse drugs at other venues (see Chapter 1). It would then be more difficult for social workers to identify and provide services to these drug abusers.
22. Nevertheless, we are convinced that the curbing of discos by the police has helped to stop some young people from taking illicit drugs, especially those who have never tried drugs before. This is because they can no longer get drugs from discos, which were the

most convenient source of illicit substances.

23. Throughout our research process, despite our repeated attempts to elicit their views, we were only able to talk to two organizers of discos and rave parties. Not surprisingly, they tended to suggest that there should be some government control of such events. But the police themselves recognize that some discos are influenced by triads.

Recommendations on controlling drug abuse in entertainment venues

24. We believe that the current vigorous control of entertainment venues by the police will be more effective if it can be supported by other measures. These measures should aim at formalizing the management of these businesses so that it will be less likely that they are exploited by unsavory elements and used as hotbeds of drug trafficking and abuse.
25. The respondents revealed that discos have close connections with triads. Triad members sometimes work as security guards or bar attendants at discos. The respondents also claimed that they can easily obtain illicit drugs from discos. To curb the availability of drugs at discos, we suggest that a personal licensing system for disco staff be set up to ensure that no personnel have a criminal record so as to reduce the possibility of drug trafficking at discos.
26. We also suggest that body searches and tests for psychotropic drugs be carried out at the entrances of discos and rave parties to ensure that customers do not carry or use drugs at

these events. These measures can be formalized as requirements that disco organizers have to comply with to obtain licenses for their venues.

27. More attention needs to be paid to drug use at entertainment venues such as karaoke bars and games centers.
28. In tackling the problem of drug taking behavior in the context of URC, we suggest that police should deploy more undercover officers to investigate and identify drug traffickers and abusers in the privately run discos and parties.

Drug education in schools

29. Drug prevention education begins at primary school, which is fortunate as it means the anti-drug message is communicated to children. Also, the resource education kits on drug prevention are user-friendly, making it easier for social workers and teachers to reach young people in secondary school.
30. In the focus groups that we set up for students of lower academic standing, we found that most of the students could list the most common types of drugs that were abused in Hong Kong, such as MDMA (Ecstasy), Ketamine, cannabis, tranquillizers, and cough medicine. They were also aware that drug abusers took illicit drugs in many places, such as at discos, at cyber cafés, or in the open, such as at podiums of public housing estates.

Although they were aware of the dangers of drug use, their knowledge of drugs was inadequate and some were not even clear about the difference between heroin and psychotropic drugs.

31. Some of the students claimed that they obtained knowledge about drugs through talks or games at a fun fair that had a drug prevention theme. However, since they believed that the problem of drug abuse was quite remote from them, they admitted that they did not have much interest in the topic and were not motivated to join drug prevention programs organized by social service agencies. In fact, they would only join these activities if they were held through their schools, either as part of the curriculum or as extracurricular activities. Although some teachers would not find it easy to provide such information, the students said that it would still be worthwhile for teachers to give basic information about illicit drugs, particularly for students in lower forms.
32. In our focus groups, the students gave many reasons explaining why young people abused drugs, such as peer influence, curiosity, stress in their daily lives, and a way of expressing their anger or unhappiness. Some students claimed that they faced the same problems as young drug abusers, but that they took part in certain healthy activities to help them cope with their problems instead of abusing illicit drugs. Furthermore, if they were tempted to abuse drugs, the students were able to think of a lot of methods to resist the temptation. In spite of the self-confidence that they exhibited, we saw that the

students needed training in rejection skills and assertiveness. This was especially true for those students of a lower social and economic status who had a higher possibility of becoming associated with drug abusers.

33. The students believed that, unlike themselves who were “good” students, young drug abusers were “naughty” students. The students would not make friends or even try to get along with drug abusers even if they had been friends before. But some of them claimed that we should not “label” drug abusers but should give them a chance to rehabilitate and help them to stop their drug-taking behavior.

Recommendations on drug education in school

34. As was said above, the age at which youngsters start taking drugs has dropped in the past few years. Now, they sometimes begin in their early teens. We believe that drug prevention education should continue in primary school. There is a need for schools to organize interesting drug prevention programs so that the anti-drug message can be delivered effectively to students. Teachers and social workers should cooperate more so as to fashion tailor-made program for different schools.
35. We suggest that students be helped to acquire a deeper understanding of the effects of drugs. Schools should provide more in-depth (not superficial) programs about substance abuse for students, and the emphasis should be on quality, not just quantity.

36. We believe that drug education should be an integral part of schools' health and social studies curricular. Drug education programs should also be provided as extracurricular activities of secondary schools. In addition to social workers, schools should enlist the help of law enforcement officers who have been specially trained to conduct short classes for students.

Anti-drug programs and publicity functions in the community

37. Most of our interviewees (drug users, social workers, and politicians) pointed out that the anti-drug advertisements on TV were effective at getting their message across to those who did not have any experience of taking drugs. They could also arouse the concern of parents. Also, such TV advertisements in recent years are a significant improvement on those of the past. Students in our focus groups could remember some of the slogans from the adverts (e.g., “咁丸等於玩命,” “生命無 take two”). Some said that the government needs to run regular anti-drug advertisements to increase public awareness of the drug problem. In order to reach a wide audience, not only should these adverts be shown on TV and read out on the radio, but they should also be displayed in different locations (such as on the TV screens of public transport vehicles) and in different forms (such as posters).

38. Most of the interviewees (especially the students and the young drug users) told us that having celebrities such as pop stars appear at publicity functions was not effective since most of the young people who joined these functions only did so because they wanted to see their idols in person and so would not pay attention to the anti-drug message. These functions could only be useful if celebrities who had themselves abused drugs in the past were invited to share their experiences with the audience. Most of the interviewees also stated that TV programs in which the real life experiences of drug users were dramatized (e.g., 毒海浮生、鏗鏘集) were most attractive. Some students suggested that these TV programs should be shown more frequently during the peak period of TV viewing.
39. However, for those who had already abused illicit drugs, these TV programs were not effective. According to some of the social workers, young drug abusers accused TV programs which had a drug education theme of exaggerating the effects of drugs. They also felt they were portrayed as unruly, unwise, and irresponsible youngsters in anti-drug TV programs. Thus, such TV programs, which create a negative image of these young people, make them more likely to become socially excluded from the community and alienate them from public authorities. Young drug abusers regard such TV programs as ineffective, and if they watch them, they end up laughing.

Recommendations on anti-drug programs and publicity functions in the community

40. In order to enhance the effectiveness of drug prevention programs, including TV programs and planned activities, we suggest that the government make them more target-specific. Target groups should include young drug abusers, at-risk youths, normal youths, and – equally important – parents.
41. As young drug abusers are more convinced by the stories of ex-drug users, we suggest that the government put more emphasis on this kind of program. We also suggest that such programs, which make use of the stories of former drug users, be circulated more widely through the Internet or in the form of teaching kits for teachers and social workers.
42. We suggest that resources be allocated to NGOs to design and carry out drug prevention education programs, especially for actual drug abusers, that are more innovative and better able to identify with youngsters. The government could make it a requirement for NGOs to involve ex-drug users so that the programs will be more acceptable to young drug users.
43. Our research also found that some drug users were ignorant about the harmful effects of psychotropic drugs. We need to compile and translate more scientific information about the effects of drugs and help the public better understand drug abuse and addiction. A

comprehensive program of instruction should be designed that covers the harmful effects of alcohol, tobacco, and other drugs that are commonly abused. The program should incorporate sections appropriate for each education grade, from kindergarten through to secondary school. Ideally, this instruction should be offered as an integral part of a school's comprehensive health curriculum.

44. In view of the fluid drug situation which changes rapidly, the government needs to commission academic institutes to manage and run web-sites to educate the public about drugs. Moreover, we suggest that the government commission some short-term, small-scale research projects aimed at amassing up-to-date information about drug abuse trends.
45. "Drug cocktail parties" are apparently a common underground cultural practice among drug users. We consider them very dangerous and believe we need to educate drug users about the dangers of mixing drugs. We should also alert them to the greater danger of becoming addicted to heroin, which, according to the interviewees, is often one of the drugs in a drug "cocktail party".
46. It is true that young people who abuse drugs tend to have a weaker sense of purpose in life than do "normal" youths. Strengthening young people's sense of purpose in life, particularly those at risk, is a significant challenge that the government faces.

Towards social services

47. A large number of the respondents, especially girls, alleged that they went to discos to meet friends and dance. According to some of the social workers, drug users believe that if they did not go to discos, they could stop abusing illicit drugs. Hence, we need to consider whether we can provide a better and more secure place in which they can meet up with their friends and dance.
48. The respondents also strongly believed that they could control their drug usage and that they were not, and would not become, addicted to drugs. This kind of false belief should be countered with more drug education provided through different channels.
49. Some of the social worker respondents suggested that drug abuse counseling services overlapped with the integrated services for young people. Moreover, a better division of labor among social welfare sectors in regard to substance abuse counseling services to young people should be established so as to fully utilize resources. For instance, social workers who work in outreaching teams might not have enough counseling skills to handle substance abuse clients and so will need the expert support of a substance abuse counseling center. The idea that there should be special teams devoted to drug abuse counseling, rather than a general youth service team, was well received by our social worker respondents.
50. It is commonly accepted by our social worker respondents that having some kind of

employment is the most important positive factor that can help young drug abusers stop their drug-taking behavior. Therefore, there are many training courses run by social workers that help drug abusers to find jobs. However, due to a shortage of resources, youth centers cannot usually afford to provide substantial occupational training to many young drug users, thus they are often referred to other re-training agencies located far away from their homes. Their motivation to attend the courses is therefore often extinguished because of the time and expenses the courses take up.

51. Most of the social workers pointed out that a lack of resources (both in terms of funding and manpower) was one of the most serious problems affecting the provision of services to young drug abusers. Social workers in the Integrated Team thus do not have the time to concentrate on one particular area such as substance abuse.
52. Some social workers suggested that the current government practice of using “project-based” services is ineffective as they are a great waste of time and resources when the projects are discontinued because the funding stops. Moreover, most of the clients whom such projects serve would have difficulty finding substitute services when a project comes to an end.

Recommendations for social services

53. Two suggestions made by the social workers are worthy of particular attention. First, more resources should be allocated to help young female drug abusers because girls can easily get free drugs from their friends.
54. Second, more substance abuse counseling service should be provided in the outlying islands so that drug abusers in these areas would not lose their motivation to seek help as a result of having to travel a long distance for the service.
55. From our observation, it was apparent that some young drug users used discos as a venue for social gatherings. Those attending a disco would tend to know each other quite well and have a common language as well as a similar lifestyle. Given that this is the lifestyle of some young people in our society, we need to ensure that they have appropriate places to go where they are not exposed to drugs. Hence, we suggest that more “over-night” centers be set up where young people can meet friends at night instead of going to a disco. The opening hours of youth centers should also be extended so that young people can have a greater choice of places where they can gather with their friends. The risk of their getting involved in illicit drugs will thus be lowered and such places will also provide a favorable environment for social worker interventions.
56. It was observed from our research that drug abusers do not like to seek help for their difficulties from professionals. This behavior pattern is particularly worrying given that

the health of youngsters deteriorates after they start abusing drugs. In order to help drug users more, we suggest that the government set up “youth substance abuse clinics” at different youth centers. These clinics could provide basic health care services, such as body check ups, to young drug users. A team of “health link workers” attached to a clinic could also be established to reach out to youngsters at discos and in the wider community. This service can make them more aware of their health problems and, simultaneously, provide drug prevention programs and counseling services to drug users.

57. Some of the social workers also opined that, in view of the popularity of football, the government should organize more activities related to football for youngsters.
58. Our research indicates that there is an association between unemployment and substance abuse. Quite a large number of the respondents who took drugs were also unemployed. This means they have much free time and will tend to loaf about with their friends and take drugs. We suggest that more services be provided to help unemployed youths find jobs. Even those who cannot initially find a suitable job can participate in vocational training courses to equip themselves with job skills and occupy their time. It is further recommended that more research on psychotropic drugs be conducted so that social workers, teachers, and parents will know better how to handle this problem. More resources should also be provided to social service agencies so that they can employ more people to organize anti-drug programs for youngsters.

59. Harm reduction (HR) programs have been found to be difficult to implement because of the difficulty involved in assessing safe drug dosages. However, since so many young people already engage in drug abuse, the health awareness strategy is useful as a way of establishing contact with them. It can also act as an initial intervention during which drug users can be “anchored” allowing more interventions to be made.
60. Since young drug abusers are more convinced by the experiences of ex-drug users, we suggest that the government consider how to help NGOs expand peer counseling programs for drug users so that young people who have been rehabilitated can help current drug users.
61. Different patterns of drug abuse were observed in different places. For instance, the abuse of cough medicine is especially common in outlying islands (e.g. Cheung Chau), while young people from Northern District tend to attend discos in Shenzhen more frequently than do those from other districts. Hence, we suggest that drug prevention programs be “fine tuned” for different districts so as to address the particularities in different places.
62. It is also the case that drug abuse among ethnic minorities is increasing, but the social services tailored for them are insufficient. Moreover, as far as we know, there are no drug prevention programs or publications targeting ethnic groups. We recommend that this service void be filled in quickly and that pamphlets in the native languages of ethnic

groups be published as soon as possible.

63. We found from our study that drug users had a much weaker sense of purpose in life than did non-drug users. Although this goes beyond the scope of drug control policy, it reflects the fact that if drug control is to succeed, the education system in Hong Kong will have to be reformed.
64. We suggest that more programs be provided to foster the development of resilience in young drug abusers and other young people at risk. Such programs should aim to equip them with rejection skills to help them resist the temptation to take drugs offered by their friends, and also to increase their self-confidence, self-esteem, and problem-solving skills, and provide them with strategies to enhance their bonding to their family, to their school, and to the community.

Politicians and drug prevention

65. The drug problem in particular and the problems of youths in general have not been important issues for politicians. Some of the politicians we interviewed claimed that unless certain incidents made the news headlines, sufficient attention would not be paid to the problems of young people. Moreover, they tended to see the drug problem from a macro perspective, believing that if the unemployment problem of young people was resolved and the economy prospered, fewer young people would abuse drugs.

66. The politicians also stressed that the education system of Hong Kong should be reformed so as to act as a “shield” against the influence of bad elements. In addition, the education system should incorporate more vocational and practical elements alongside the traditional cultural elements. This is in line with our observations because most of the young people we contacted in the study were alienated from the current school system. While the question of how to reform the education system is out of the scope of this report, it is important to suggest here that at the present stage, we need to strengthen the extracurricular elements of education so that the teaching of knowledge about drugs and training in rejection skills can be incorporated into the school system.
67. The politicians also suggested that young people be given the chance to develop their career on the mainland, particularly in the Pearl Delta area. They strongly emphasized the types of youth employment support that the government could give them, such as an apprentice scheme. Hence, we anticipate that there will be support from the politicians if the government starts employment programs for the rehabilitation of drug users. As our research revealed, there is a strong correlation between drug use and unemployment.
68. Further, the politicians suggested that drug education programs be organized by the private sector or even by NGOs as such organizations can be more innovative and identify more with youngsters.

Recommendations on working with politicians

69. We need to think how political parties can be made to consider the drug issue as important since their involvement and cooperation will be an impetus to the development of drug control policy in Hong Kong.
70. We suggest that the government furnish political parties with more information and materials so that they can be informed about the drug problem and the strategies of drug control. Briefings and seminars would also be useful for this purpose.

Limitations of the study

71. During our period of study, the research team found that URC has been changing rapidly, and its forms and activities are multifarious and transitional. Hence, the information about URC will need updating from time to time.
72. The convenience sampling approach was adopted in this study because the young drug users in the context of the underground rave culture are very evasive to researchers and more difficult to contact. Since it was not a representative random sample. Conclusions drawn from this research thus need to be interpreted with caution and are in need of further studies for substantiation.

APPENDIX 1

Questionnaire

問卷編號：_____ 訪問員：_____

香港大學社會工作及社會行政學系

的士高文化研究

問卷內容絕對保密，只作學術研究之用

第一部分：基本資料

年齡：_____

性別：男 / 女

婚姻狀況：已婚 / 未婚

職業：_____

學歷：小學 / 中一至中三 / 中四至中五 / 預科 / 大專或以上 / 專科課程

共同居住的家庭成員：父 ☐ 母 ☐ 兄弟 ☐ 姊妹 ☐ 祖父母 ☐其他 ☐ 請註明：_____**第二部分：問題**1. 我半年內 有 ☐ 沒有 ☐ 去過的士高 (Disco) / 狂野派對(Rave Party) ?

2. 我去的士高 (Disco) / 狂野派對 (Rave Party) 的頻率大概是(最近半年):

1	2	3	4	5	6
半年內只一次	3 個月一次	每個月一次	半個月一次	一星期一次	一星期超過一次

3. 我去的士高 (Disco) / 狂野派對 (Rave Party) 的最主要原因是(只填寫一項)

1	2	3	4	5	6
朋友交際	認識新朋友	順應朋友邀請	可以跳舞	可以得到藥物	販賣藥物

4. 有沒有試過在的士高 (Disco) / 狂野派對 (Rave Party) 內服食藥物 (最近半年) ?

1	2
有	無

5. 我在的士高 (Disco) / 狂野派對 (Rave Party) 內服食藥物的次數大概是 (過去一個月內):

1	2	3	4
很少	間中	很多時候	不計其數

5.a 在過去一個月內服食藥物有多少次? _____次

6. 除了的士高 (Disco) / 狂野派對 (Rave Party) 外, 我曾在這些地方服食藥物 (可選多項):

1	2	3	4	5	6
露天公共場所 (如公園、街上)	店舖 (如便利店)	消閒場所 (如卡拉 OK)	自己或朋友家 中	無	其他, 請註明: _____

7. 從甚麼途徑得到上述藥物? _____

8. 我曾經服用的藥物是 (可選多項):

1	2	3	4	5	6	7	8
E 仔/ 搖頭丸	K / 茄	十字架	MB / 咳藥水	大麻 / 草	弗得	冰	其他, 請註明: _____

指示: 以下問題是要了解你對於服用藥物 (包括違禁或合法的藥物) 的意見, 這些問題並非一個測試, 因此並沒有對或錯的答案。請先細心閱讀各題, 決定那一項選擇最能夠反映你的意見, 然後圈上適當的數目字。請你回答所有問題。

9. 我試過服用藥物後, 與他人無故發生爭執。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

9a. 在過去三個月內大約有多少次? _____次

10. 我的好朋友會覺得服用藥物是很平常的事情。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

11. 服用藥物可以令我更有自信。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

12. 我相信服用藥物後，我的煩惱會盡消。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

13. 我相信服用藥物後可以和朋友更容易相處。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

14. 我相信服用藥物可以令我玩得更開心。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

15. 我每星期均有幾次服用藥物。

1	2	3	4	5	6
絕對沒有	甚少	間中有	很多時候有	大部份時間有	經常有

16. 我試過服用過量藥物以致暈倒。

1	2	3	4	5	6
絕對沒有	甚少	間中有	很多時候有	大部份時間有	經常有

16a. 在過去三個月內大約有多少次？_____次

17. 服用藥物令我和家人產生越來越多磨擦。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

18. 遇到不如意的事情，我會服用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

19. 我試過服用過量的藥物。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

19a. 在過去三個月內大約有多少次？_____次

20. 當我和朋友一起服用藥物時，我會比他們用得更多。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

香港有些人有濫用藥物的行為，即服用違禁藥物（例如俗稱的 "high 天"、"high □"、"啪丸"、吸毒），或過量服食某些合法的藥物（例如咳藥水等）。基於這種理解，請你回答 21 至 40 題。

21. 我向自己承諾，不會濫用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

22. 我會因為濫用藥物而感到內疚。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

23. 我不會濫用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

24. 我在過去三十天內有濫用藥物。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

25. 我許多好朋友都濫用藥物。

1	2	3	4	5	6
絕對沒有	甚少有	間中有	很多時候有	大部份時間有	經常有

26. 我的好朋友在過去一個月內曾經濫用藥物。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

27. 我的好朋友認為濫用藥物是愚蠢的。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

28. 如果經常濫用藥物，我的工作或學業會有麻煩。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

29. 讓人知道我沒有濫用藥物是重要的。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

30. 如果濫用藥物，我的健康會比人差。

1	2	3	4	5	6
十分不同意	頗為不同意	少許不同意	少許同意	頗為同意	十分同意

以下第 31 至 50 題指示

在下列的句子中，請你圈上你認為最能夠代表你的現況的數字答案。請留意這些數字是一極端（例如 1）到另外一個相反的極端（例如 7），而它們是代表著不同程度的感受。"4" 是代表沒有意見（或不能作出任何判斷），請盡量避免使用這個答案。

31. 我通常是

1	2	3	4	5	6	7
十分煩厭生活			(無意見)			熱愛生活 活力充沛

32. 生命對我來說，似乎

1	2	3	4	5	6	7
總是令人興奮 和鼓舞			(無意見)			十分刻板

33. 在我的生命裡，我

1	2	3	4	5	6	7
完全沒有目標			(無意見)			有很清楚的目標

34. 我個人的存在是

1	2	3	4	5	6	7
完全沒有意義 和目的			(無意見)			十分有意義和目的

35. 每一天對我來說都

1	2	3	4	5	6	7
經常都是新的			(無意見)			絕對都是一樣

36. 如果我可以選擇，我會

1	2	3	4	5	6	7
選擇從來沒有 在這個世界出 現			(無意見)			十分希望擁有我 現在的生命

37. 當我退休之後，我會

1	2	3	4	5	6	7
做一些我經常 想做而令我興 奮的事情			(無意見)			空閒地渡過我的 生命

38. 在達致我生命目標過程中，我

1	2	3	4	5	6	7
從來沒有任何 進展			(無意見)			已經完全達成我 的理想

39. 我的生命

1	2	3	4	5	6	7
空虛和充滿著 沮喪			(無意見)			充滿著十分多姿 多采的事情

40. 如果我今天死了，我會覺得我已經過了的生命是

1	2	3	4	5	6	7
十分有價值			(無意見)			十分沒有價值

41. 當我思想我的生命的時候，我

1	2	3	4	5	6	7
經常想知道我 為什麼存在			(無意見)			經常領會到我為 何存在的原因

42. 當我看這個世界與我生命的關係時，這個世界

1	2	3	4	5	6	7
令我感到十分 混亂			(無意見)			很有意義地與我 的生命吻合

43. 我是一個

1	2	3	4	5	6	7
十分不負責任 的人			(無意見)			十分負責的人

44. 關於人可以自由抉擇的問題，我相信人是

1	2	3	4	5	6	7
完全有自由去 做任何有關生 命的抉擇			(無意見)			完全被遺傳和環 境因素所限制

45. 對於死亡，我是

1	2	3	4	5	6	7
有準備和不懼 怕			(無意見)			沒有準備而懼 怕

46. 對於自殺，我

1	2	3	4	5	6	7
曾經很嚴肅和 認真地認為它 是解決問題的 一個方法			(無意見)			完全沒有考慮 過

47. 我認爲我對於尋找生命的意義、目標或任務的能力是

1	2	3	4	5	6	7
十分強			(無意見)			完全沒有

48. 我的生命是

1	2	3	4	5	6	7
我可以掌握和控制的			(無意見)			我不可以掌握和被外在因素所控制的

49. 面對我日常的任務是

1	2	3	4	5	6	7
快樂和滿足感的來源			(無意見)			十分痛苦和沉悶

50. 在我的生命裡，我已經發現

1	2	3	4	5	6	7
完全沒有目標和任務			(無意見)			有十分鮮明的目標和令我滿足的生命目的

請問閣下三個月後是否願意再接受問卷訪問？ 願意 ☐ 不願意 ☐

請問閣下是否願意接受深入的訪談？ 願意 ☐ 不願意 ☐

-謝謝-

APPENDIX 2

Interview schedule for drug abusers

香港大學社會工作及社會行政學系

禁毒處禁毒常務委員會

地下狂野及的士高文化下濫用藥物問題研究

藥物濫用者深入訪談 (*In-depth interview with drug abusers*)

研究目的:

形式: 研究將以個人訪談形式進行。如有需要，負責社工也可在場進行訪談。訪談時間約一小時，討論過程將被錄音，參加者的個人資料，將絕對保密。

訪談研究對象: 三十歲或以下，有濫用藥物經驗，濫藥者除了在的士高濫藥外，也曾其他地下地方，例如私竇、卡拉OK、私人派對、朋友或自己家中等地方濫用藥物，濫藥者的濫藥經驗比較深及豐富，也願意接受訪談及分享經驗

進行訪談日期: 二零零三年三月至十一月

進行訪談地點: 所屬機構或中心 (或其他適合地方)

訪談津貼: 每個深入訪談會有港幣 150 元作津貼 (各機構可與研究小組成員商議津貼運用的方法)

訪談研究人數: 每機構大概 2 至 4 位研究對象

聯絡人: 黃安安小姐 - 研究協調員 (電話: 9020 9571) 或 林昭寰博士 - 首席研究員 (電話: 2859 2087)

**** 請各機構同事於十一月三日或之前聯絡黃安安小姐 (電話: 9020 9571) 以便商討有關訪談安排及細節**

Interview Guidelines

香港大學社會工作及社會行政學系

禁毒處禁毒常務委員會

地下狂野及的士高文化下濫用藥物問題研究

濫藥者深入訪談問題範圍及大綱

濫藥行爲、習慣性、歷史及個人經歷：

1. 簡述以下數項有關個人生活的過往經歷：
 - 學歷
 - 家庭
 - 朋友
 - 工作 (如曾有工作經驗)
 - 愛情
2. 年齡
3. 第一次濫用藥物年齡、藥物類型、藥物份量、濫用藥物原因、濫用藥物地方及環境、濫藥形式 [人數及方法等一般形態] 等等
4. 第一次濫用藥物之後，濫藥經歷 (藥物類型、藥物份量、濫用藥物頻率、濫用藥物原因、濫用藥物地方及環境、濫藥形式 [人數及方法等一般形態] 等等)
5. 如何購買藥物及買藥錢的來源？
6. 生活費從何而來？家人會否知道其濫藥行爲？
7. 可否簡介自己平日一天生活中會做的事情？
8. 濫藥後對自己的健康有沒有影響及憂慮？除了健康受影響外，有沒有其他方面受影響？
9. 為何明知有害仍服用藥物？你怎樣看自己濫藥問題？你覺得藥物可以帶給你什麼？你能否控制藥物？
10. 為什麼特別要選擇在的士高(Disco)服用藥物？於該處濫藥之原因、次數及人數，濫藥之類型，服用藥物期間有甚麼附帶行爲 (如跳舞、聽音樂等)，是否有人蓄意策劃該次聚會等？
11. 除了的士高(Disco) 外，還曾到什麼地方濫藥？於該處濫藥之原因、次數及人數，濫藥之類型，服用藥物期間有甚麼附帶行爲 (如跳舞、聽音樂等)，是否有人蓄意策劃該次聚會等？

12. 覺得自己是否「偶然服用者」？還是不能自制的濫用者？
13. 有關其服藥習慣的前景（用量上升、保持、減少、已戒）？
14. 自己跟其他藥物濫用者有沒有不同？
15. 有沒有想過戒用藥物？
16. 評論政府預防濫用藥物的工作效用：
 - 教育宣傳
 - 警方工作
 - 政府政策
 - 社會工作（對非說教式、切身關注式的社會服務新方式的看法）

人生目標：

17. 展望未來最想做的事是甚麼？
18. 生活中最令受訪者感到沮喪的事？
19. 最希望發展的事業(或最理想的工作)是甚麼？
20. 任意說對人生的看法(樂觀、悲觀、命運、生存意義為何)。
21. 自問長處為何？
22. 有沒有想過如何發揮自己最大的長處？

APPENDIX 3

Discussion guidelines for social workers**社會工作者深入訪談 - 個別訪問/ 聚焦小組**

形式：研究將以個別訪問/小組討論形式進行。個別訪問/小組討論時間約兩至三個小時，討論過程將被錄音，參加者的個人資料，將絕對保密。

每個聚焦小組人數：兩至五人

聚焦小組對象：有處理藥物濫用經驗的社會工作者

社會工作者深入訪談問題範圍**簡介工作現況**

- △ 現在提供服務的性質、具體工作範圍、服務對象。
(現在工作的機構/部門是否專門服務濫用藥物者？還是混合了其他類型之服務對象？)
- △ 有關濫用藥物者的普遍情況。

有關藥物濫用大環境的回顧(過去)、簡述(現在)、展望(將來)

- △ 簡述有關藥物買賣的普遍運作情況。
- △ 對於警方現行打擊藥物濫用情況的意見。
- △ 對於政府現行針對藥物濫用情況的政策及宣傳之意見。
- △ 對於政府政策/工作環境對受訪社工工作上的影響及限制。
- △ 現在濫用藥物文化有沒有轉型的趨勢？趨勢為何？

有關藥物濫用地下化的問題

- △ 如何定義「地下」(Underground)？
- △ 現在有沒有「地下」藥物使用者？
- △ 濫用藥物「地下」化發展的可能性，及形式的轉變。
- △ 預計濫用藥物「地下」化對受訪社工工作上的影響。

有關受訪社工對自身工作的意見

- △ 作為一個社會工作者的角色、立場及對待取向。
(如 Prohibition, Harm-Reduction 等)。
- △ 為濫用藥物者的定位。對未來工作的展望。

APPENDIX 4

Discussion guidelines for politicians

香港大學社會工作及社會行政學系

地下狂野及的士高文化下濫用藥物問題研究

政黨議員訪談

形式: 研究將以傾談形式進行。訪談時間約一小時，參加者的個人資料，將絕對保密。

對象: 政黨議員

日期: 二零零三年或二零零四年

聯絡人: 黃安安小姐 - 研究協調員 (電話: 9020 9571) 或 林昭寰博士 - 首席研究員 (電話: 2859 2087)

政黨議員訪談問題範圍及大綱

- I. 對現時狂野文化下青少年濫用藥物情況的看法
- II. 對政府、警察、學校及社會福利界等針對青少年濫用藥物問題的措施的看法及意見
- III. 個人認為怎樣能有效解決或減少青少年濫用藥物情況？怎樣幫助這班青少年人？
- IV. 對青少年藥物濫用現象的前瞻

APPENDIX 5

Discussion guidelines for young students focus groups

香港大學社會工作及社會行政學系

地下狂野及的士高文化下濫用藥物問題研究

在學青少年深入訪談 - 班別課堂討論

形式: 研究將以班別課堂討論形式進行。每班討論時間約半小時，討論過程將被錄音、錄影或筆錄（得到校方準許才進行），參加者的個人資料，將絕對保密。

聚焦小組對象: 中三或中四在學青少年

地點: 學校

訪談問題範圍及大綱

1. 何謂濫用藥物?
2. 濫用藥物原因及有何用處?
3. 對現時青少年在的士高、狂野派對或其他地方濫用藥物有何看法?
4. 當遇到困難、不快或誘惑時，怎樣尋求協助或拒絕?
5. 有什麼原因令你沒有濫用藥物?
6. 對學校或其他機構有關濫用藥物教育有何看法?
7. 對政府宣傳有關濫用藥物的廣告或其他活動有何看法?
8. 整體上有什麼方法及建議能減少青少年濫用藥物情況?

APPENDIX 6

References

- Atkinson, R. F., & Hammersley, M. (1994). Ethnography and participant observation. In N. K. Denzin, & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp, 248-261). Thousand Oaks: Sage.
- Faidley, A. J., & Leitner, L. M. (1993). Assessing experience in psychotherapy – Personal construct alternatives. Westport, Connecticut: Praeger.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood. Psychological Bulletin, 112 (1), 64-105
- Hong Kong Council of Social Service, & Hong Kong Playground Association (HKCSS & HKPA) (1995) A study on the utility theory and adolescent drug abuse. Hong Kong: Authors.
- Lam, C. W., H. Y. Ng & Boey, K. W. (2002) “Measuring Drug Abuse: The Development of the Chinese Drug Involvement Scale (CDIS) in Hong Kong”. In Research on Social Work Practice, 12 (4), 525-533.
- Lai, B. (1997) A retrospective study and a prospective study of psychoactive substance abusers of PS33. HKSAR: Narcotics Division
- Narcotics Division (1997). Three-year plan on drug treatment and rehabilitation services in Hong Kong (1997-1999). Hong Kong: Author.
- Narcotics Division (2001) Central Registry of Drug Abuse Forty-eighth Report (Jan 1992- Jun 2001). Hong Kong: Hong Kong Government Printer
- Ng, H. Y. (1998) Social work with the addiction – can the profession deliver? Hong Kong Journal of Social Work, 32 (1), 21-32

- Peele, S., & Brodsky, A. (1991). The truth about addiction and recovery. New York: Simon & Schuster.
- Redhead, S. (1993) Rave off: Politics and deviance in contemporary youth culture. England: Avebury
- Rubin, A., and Babbie, E. (1997). Research Methods for Social Work. U.S.A.: Wadsworth / Thomson Learning.
- Shek, D. T. L. (1988). Reliability and factorial structure of the Chinese version of the Purpose in Life Questionnaire. Journal of Clinical Psychology, 44(3), 384-392.
- Sung, E. (2001) A Focus Group on Psychotropic Substance Abuse (for the Task Force on Psychotropic Substance Abuse, Narcotics Division). Hong Kong: Hong Kong Government Printer
- Task Force on Psychotropic Substance Abuse (2001) Report on an in-depth study of psychotropic substance abuse in Hong Kong. Hong Kong: Hong Kong Government Printer
- Wong, C. S. Y., Tang, C. S. K. & Schwarzer, R. (1997). Psychosocial correlates of substance use: Comparing high school students with incarcerated offenders in Hong Kong . Journal of Drug Education, 27 (2), 147-172.