Research Report

Transnationalism and Drug Abuse:
A Study on Nepalese Drug Abusers in Hong Kong
跨國主義與吸毒：香港尼泊爾吸毒人士的研究

Submitted to

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Executive Summary

1. Objectives and Methodology

The objectives of this study are:

(a) to find out the individual drug abuse history of Hong Kong Nepalese drug abusers in both Hong Kong and Nepal;

(b) to understand their socio-cultural experience and their perceived functional reasons for drug abuse; and

(c) to identify their pattern of use of drug-related services in both Hong Kong and Nepal.

The research period was from September 2009 to June 2010. Data was collected using both qualitative and quantitative methods: 1) survey; and 2) participant observation and individual interviews. For the survey, a total of 89 Hong Kong Nepalese drug abusers and 21 Hong Kong Nepalese non-drug abusers were invited to respond to the survey questionnaire. Drug-abuser respondents were recruited from among participants of drug-related services, which include methadone program and drug rehabilitation centers in Hong Kong and Nepal. Participant observation was carried out in a drug rehabilitation center in Hong Kong. Interviews were conducted with 10 Hong Kong Nepalese drug abusers and 10 professionals from academic and non-governmental organizations in Nepal.

2. Key Findings

2.1. Sociodemographic Characteristics

The sample of drug abusers consists of 85.4% males and 14.6% females. The average age was 27.2. Of the sample, 34.8% were born in Hong Kong, and 92.1% were descendants of Gurkha soldiers in the British Army.

The average age of their coming to Hong Kong for long term stay was 18. After coming to Hong Kong, the average duration of residence in Hong Kong and Nepal was 7.3 years and 2.4 years respectively. The average frequency of visiting Nepal was 1.4 times and in each time the average duration was 1.5 years.

About two-thirds (66.3%) of them lived in Kowloon West and nearly half (49.4%) came from the Western District in Nepal. A majority (82.0%) of them attained a lower secondary level of education and about one third (39.3%) worked in the wholesale/retail industry. More than (65.5%) of them were unmarried.

2.2. Socio-cultural Factors Conducive to Drug Abuse

After analysis of the data sets, it is found that the drug abusers have the following commonalities:

(a) They have had negative familial experience, including lack of parental care;

(b) They were receptive towards hippie culture and western drug culture, as well as Nepalese ganja culture, drinking culture, and the drug culture of overseas Nepalese;
(c) In their perception, they met a low degree of discrimination in Hong Kong; but structural discrimination in schooling, health care, and employment had actually hindered them from having equal opportunities to participate in Hong Kong society.

2.3. Drug Abuse Pattern

(a) A majority abused heroin no.4 (97.8%), cough syrup (96.6%), marijuana (94.4%), heroin no.3 (82.0%), and ice (82.0%).
(b) On average, they abused 6.3 types of drugs in their drug career.
(c) A majority (79.8%) abused marijuana in the first time of drug taking.
(d) The average age of first drug-taking was 15.8. A large majority (90.9%) started taking drugs between 10 and 19 years old and in their home country Nepal (85.4%).
(e) On average they abused drugs for 9.6 years excluding period of abstinence.
(f) Marijuana was abused for a longer period of time (7.8 years) and Tidigesic for a shorter period of time (1.4 years).
(g) Heroin no.3, heroin no.4, Tidigesic, and cough syrup were abused almost daily, but ice and ecstasy were abused weekly.
(h) Half of the sample (51.7%) used injection. The average age for first drug injection was 22.9 and the average duration was 2.4 years.
(i) A majority (89.9%) abused drugs in both Hong Kong and Nepal. Heroin, marijuana, Nitrosun and cough syrup were abused in both places.

2.4. Perceived Reasons for Drug Abuse

(a) Among the different reasons perceived by respondents, the main reason for them to abuse drugs was for mood changing. Enjoy the company of friends was secondary. There were however differences between the genders.
(b) Respondents claimed they abused heroin, Tidigesic, and ice for changing mood, while marijuana, Nitrosun, and cough syrup were abused for social purposes.

2.5. Drug-related Services

(a) In Nepal the most common service used by Hong Kong Nepalese drug abusers was residential rehabilitation program (69.7%), whereas in Hong Kong the most common service used was methadone clinic (74.2%).

(b) On average, they spent 0.8 years in residential rehabilitation services. In Nepal, the average use frequency was 2.1 times and in each time the average duration was 0.4 years. Comparatively, in Hong Kong, the average use frequency was 1.3 times and in each time the average duration was 0.8 years.

3. Recommendations

3.1. Primary prevention: prevent Hong Kong Nepalese from early abuse of illicit drugs

(a) Drug prevention and education program should be targeted at specific age groups. Among the Hong Kong Nepalese, it would be especially efficacious to focus on the high risk group (10 to 19 age group) and to aim at rectifying their misconception about drugs and the consequences of drug abuse. It is also important to educate the family and parents of Nepalese youth about the problems related to drug abuse and engage them actively in primary prevention.

(b) Preventive programs should be carried out at venues where Nepalese adolescents congregate, for example primary and secondary schools, game centers, cyber cafés, bars and discos, and public parks.

(c) Pop music, TV trailers, and movies that convey anti-drug messages are effective means and will attract the Hong Kong Nepalese community.

(d) Promotional materials such as pamphlets and posters written in Nepalese languages should be made readily available, not only in government offices and community centers, but more importantly in schools, cyber cafes, retail businesses, churches, and Nepalese organizations. There should be different versions for different age groups.

3.2. Secondary Prevention: prevent Hong Kong Nepalese drug abusers from further drug abuse and facilitate their rehabilitation

(a) There should be more Nepalese social workers and outreach workers.

(b) Other than the Christian approach, a variety of approaches e.g. Narcotics Anonymous, should be made available in rehabilitation centers so that individual needs of drug abusers and appropriate measures can be well-matched.

(c) Culture-specific approaches should be practiced in residential rehabilitation programs. Nepalese clients should be allowed to practice their culture, particularly their language, food, and religion. Furthermore, there should be Nepalese staff members in the centers.

(d) For cultural reasons, female Nepalese drug abusers are much more stigmatized than their male counterparts and they are hesitant to seek for drug-related services. Rehabilitation programs specially designed for them should be provided.

(e) During, and following the rehabilitation, the drug abuser's family should be actively engaged as part of the rehabilitation program, as the Nepalese family serves as a critical motivation for quitting and as a strong support in abstinence.

3.3. Tertiary Prevention: prevent relapse among Hong Kong Nepalese drug abusers

(a) Follow-up service for ex-drug abusers such as Narcotics Anonymous meetings should be installed and promoted.

(b) A more comprehensive system of services for ex-drug abusers needs to be planned, offering different approaches and programs for specific needs. In particular these should be managed by frontline social/medical workers with culture awareness, and ethnic minority cases should be followed up by these trained personnel.

(c) It is important to help ex-drug abusers to reintegrate into society. Vocational training leading to employment for ex-drug abusers of different genders should be complemented by supportive programs such as Cantonese language courses, English language courses, and interest groups.

(d) Drug abusers could be encouraged to build new social networks and be assisted in finding alternative housing. Information and access to critical social services should be made available through user-friendly means. These will develop empowerment not only of the drug abusers but also of their immediate social circle which provides critical support.

(e) Training in culture awareness and equal opportunity for social workers as well as staff in drug-related programs must be enhanced through formal education, including undergraduate or postgraduate programs and on-the-job staff development programs.

(f) In the long run, structural discriminatory practices against ethnic minorities should be seriously dealt with, particularly through the enforcement of the Racial Discrimination Ordinance. Ethnic minorities should be facilitated to take part in mainstream society and not confine themselves to certain areas of residence or types of job. A sense of citizenship rights and responsibilities should be encouraged.

報告摘要

1. 目的和方法

本研究的目的如下：

(甲) 找出香港尼泊爾濫藥者在香港和尼泊爾的個人濫藥歷史；

(乙) 了解他們的社會文化經歷和自覺的濫藥功能；及

(丙) 了解他們在香港和尼泊爾尋求與濫藥有關的服務形態。

研究於 2009 年 9 月至 2010 年 6 月期間進行，透過定性和定量的方法獲得資料，包括：1) 問卷調查，及 2) 參與觀察和個人訪問。是項問卷調查，共有 89 位香港尼泊爾濫藥者和 21 位香港尼泊爾非濫藥者獲邀參與；香港尼泊爾濫藥受訪者是從有關濫藥服務機構中招募，當中包括香港和尼泊爾的美沙酮診所和戒毒中心。另外，參與觀察是在香港的一間戒毒中心進行；而個人訪問方面，共訪問了 10 位香港尼泊爾濫藥者和 10 位來自尼泊爾學術界和非政府機構的專業人士。

2. 主要發現

2.1. 社會人口特徵

問卷調查中，受訪人 85.4%是男性，14.6%是女性，平均年齡爲 27.2 歲。受訪人中，34.8%在香港出生，92.1%是英軍啀喀兵的後裔。他們來香港定居的平均年齡是 18 歲。來到香港後，他們平均在香港和尼泊爾的居住時間分別爲 7.3 年和 2.4 年，平均回去尼泊爾 1.4 次，每次逗留 1.5 年。

約三份之二的受訪人(66.3%)居住於九龍西，差不多一半的人(49.4%)來自尼泊爾的西部。大部份(82.0%)是初中畢業，約三份之一(39.3%)從事零售和批發的行業。約三分之二的受訪人 (65.5%)是未婚。

2.2. 引致濫藥的社會文化因素

研究資料經過分析後，發現濫藥的受訪者有以下共通點：

(甲) 他們擁有負面的家庭經歷，如缺乏父母照顧；

(乙) 他們認同以下文化觀念：嬉皮士和西方濫藥文化、尼泊爾使用大麻的文化和飲酒文化，以及海外尼泊爾人的濫藥文化。

(丙) 於他們的觀念中，他們在香港只遇到低程度的社會歧視，但其實社會中的結構性歧視，包括教育、醫療、及就業，都使他們未能擁有平等機會參與社會。

2.3. 濫藥的形態

(甲) 大部份受訪者濫用海洛英四號(97.8%)、咳藥水(96.6%)、大麻(94.4%)、海洛英三號(82.0%)和冰毒(82.0%)。

(乙) 於他們個人的濫藥歷史中，平均每人濫用 6.3 種毒品。

(丙) 大部份(79.8%)第一次濫用的藥物是大麻。

(丁) 他們平均 15.8 歲開始濫藥，大部份都是在尼泊爾(85.4%)和 10 至 19 歲間(90.9%)開始濫藥。

(戊) 不計算停止濫藥期間的時間，他們平均濫藥 9.6 年。

(己) 經常濫用藥物中，他們平均濫用大麻較長時間(7.8 年)，而 Tidigesic 則較短時間(1.4 年)。

(庚) 海洛英三號、海洛英四號和 Tidigesic 是平均每天濫用，而冰毒和搖頭丸則是平均每週濫用。

(辛) 約一半人(51.7%)曾注射毒品。他們平均 22.9 歲開始注射，注射經驗平均爲 2.4 年。

(壬) 大部份人(89.9%)曾經在尼泊爾和香港兩地濫藥，當中海洛英、大麻、Nitrosun 和咳藥水在兩地都有濫用。

2.4. 濫藥的自覺成因

(甲) 於各種濫藥的自覺成因中，他們主要濫藥的原因是爲了改變情緒，社交目的是其次。但男女的濫藥原因有著差異。

(乙) 受訪者認爲濫用海洛英、Tidigesic 和冰毒是爲了改變情緒，而濫用大麻、Nitrosun 和咳藥水是爲了社交目的。

2.5. 有關濫藥的服務

(甲) 於尼泊爾，香港尼泊爾濫藥者最常使用的服務是戒毒中心(69.7%)。在香港，他們最常使用的服務是美沙酮服務(74.2%)。

(乙) 他們居住在戒毒中心的總平均時間爲 0.8 年。於尼泊爾，平均使用戒毒中心的次數爲 2.1 次，每次平均居住時期爲 0.4 年；於香港，平均使用戒毒中心的次數爲 1.3 次，每次平均居住時期爲 0.8 年。

3. 建議

3.1. 初級預防：預防香港尼泊爾人初次濫藥

(甲) 預防濫藥及濫藥教育活動該針對特定年齡層。在香港尼泊爾人當中，針對高危群組(10 至 19 歲)的青少年會最爲有效，而活動的目的該爲矯正他們對藥物及濫藥後果的一些錯誤觀念。教育他們的家庭和家長有關濫藥的問題和讓他們參與初級預防最爲重要。

(乙) 預防活動該在尼泊爾青少年經常聚集的地方進行，例如中小學、遊戲機中心、網吧、酒吧、的士高，和公園等。

(丙) 透過電影、電視片段和流行音樂來傳達禁毒訊息會是有效的方法，並能夠吸引香港尼泊爾群體。

(丁) 該有一些印有尼泊爾文的禁毒宣傳印刷品，如單張和海報，這些印刷品不單該放在政府部門和社區中心，更需要放在學校、網吧、商舖、教會、和尼泊爾機構等。這些印刷品該有不同版本針對不同年齡層。

3.2. 次級預防：預防香港尼泊爾濫藥者繼續濫藥及幫助他們戒毒

(甲) 該有更多尼泊爾裔的社工和前線人員。

(乙) 於香港的戒毒中心，除了有基督教的戒毒方法，該有其他種類的方法，如「麻醉藥品濫用者互助協會」的方法，這可令到濫藥者可按著個人需要找到合適的服務。

(丙) 於香港的住院戒毒服務，該注意住院者的文化需要，容許尼泊爾住院者保持他們的文化，包括語言、食物和宗教，並且，戒毒中心內該有尼泊爾裔的員工。

(丁) 就著文化原因，女性尼泊爾濫藥者會比起男性更被污名化，她們會較猶豫尋求有關濫藥的服務，故此，社會該有專爲女性尼泊爾濫藥者設計的服務。

(戊) 家人是一個令戒毒者戒毒和獲得支持的重要因素，所以，在戒毒和康服期間，該讓戒毒者的家人參與其中。

3.3. 進級預防：預防香港尼泊爾濫藥者復發

(甲) 該提供住院後的服務給戒毒者，如「麻醉藥品濫用者互助協會」的聚會。

(乙) 該設計一個更全面的服務系統給戒毒者，按他們的需要，提供所需服務，並且這些個案該由受過文化訓練的社工及醫護工作人員去跟進。

(丙) 給不同性別的戒毒者提供適當的職業訓練，讓他們透過工作，加上其他支援服務和活動，如廣東話語言班、英語語言班及興趣小組，重新投入社會。

(丁) 鼓勵戒毒者建立新社會網絡，及協助他們尋找另類的居住環境，透過容易使用的渠道，給他們提供重要社會服務的資訊，這不單能幫助戒毒者，更能幫助戒毒者身邊的社交圈子，因爲他們擔當著協助戒毒者重投社會的重要角色。

(戊) 需要給社工和從事有關禁藥活動的員工提供足夠的訓練，提高他們的文化和平等機會意識，這可透過大學本科生或研究生課程、以及員工在職訓練。

(己) 長遠來說，需要認真處理社會針對少數族裔的結構性歧視，尤其需要執行《種族歧視條例》，保證少數族裔能夠參與主流社會，居住環境及工種不受限制，並鼓勵他們擁有公民意識，了解自己的公民權利和義務。

Part I Introduction

1. Background

According to the Central Registry of Drug Abuse (CRDA) in 2009, there were 239 officially registered Hong Kong Nepalese drug abusers in 2009 (Narcotics Division 2010)[1]. Despite sharing similar socio-economic status with other South Asian communities, i.e. Indians, Pakistani, Bangladeshis, and Sri Lankans in Hong Kong, the rate of drug abuse among the Nepalese is much higher.

Many Nepalese drug abusers are transnational migrants who often travel between Nepal and Hong Kong and have drug abuse experience in both places. In order to understand their drug abuse pattern in Hong Kong, it is important to understand their socio-cultural background, transnational experience as well as their drug abuse pattern in their home country Nepal. This project was commissioned by Beat Drugs Fund and was carried out from September 2009 to June 2010. Participant observation, individual interviews, and survey in both Hong Kong and Nepal were utilized to collect information about Hong Kong Nepalese drug abusers.

2. Objectives

The aim of this research is to find out how the transnational experience of Nepalese drug abusers has influenced their individual drug abuse history in Hong Kong. The main objectives of the study are as follows:

(a) to find out the individual drug abuse history of Hong Kong Nepalese drug abusers in both Hong Kong and Nepal;
(b) to understand their socio-cultural experience and their perceived functional reasons for drug abuse; and
(c) to identify their pattern of use of drug-related services in both Hong Kong and Nepal.

3. Methodology

3.1. Participant Observation and Interviews

Participant observation and interviews were carried out from September to December 2009. In September and October, a total of 10 professionals who were familiar with the drug scene in Nepal were interviewed. They were from academic and non-governmental organizations, e.g. service providers of harm reduction programs and residential rehabilitation programs. The interview was semi-structured and the purpose was to find out the social and cultural background of the drug scene in Nepal, which included the pattern of drug abuse, the drug rehabilitation service,

[1] There were more drug abusers than official figures. Some of them did not use any drug-related services in Hong Kong, or they were transnational migrants who often traveled between Hong Kong and Nepal. They were not registered in CRDA.

and measures and programs of drug prevention.

In November and December, participant observation was carried out in one drug rehabilitation center in Hong Kong and a total of 10 Nepalese drug abusers who had drug abuse experience in Hong Kong were interviewed. The sample included drug abusers from different age groups, genders, occupations, castes, and with different migration history and experience in use of drug-related service. The interview was semi-structured and the purpose was to find out the drug abuse history and perceptions of drug abusers.

3.2. Survey

3.2.1. Coverage and Sampling

The survey covered any Nepalese who have come to Hong Kong for long term stay and have abused drugs in Hong Kong before. To distinguish them from short term visitors, in this report the target group is called Hong Kong Nepalese drug abusers.

A total of 89 Hong Kong Nepalese drug abusers and 21 Hong Kong Nepalese non-drug abusers participated in this survey. The Hong Kong Nepalese drug abusers were recruited by purposive sampling and snowball sampling. We identified organizations that provided drug-related services for Hong Kong Nepal drug abusers and invited them to make referrals. After completing a questionnaire with the respondents, we invited them to introduce their friends to us to obtain a greater sample.

Similarly, for Hong Kong Nepalese non-drug abusers, we also used purposive sampling and snowball sampling. We identified institutions such as community service agencies that provide service to Hong Kong Nepalese. Then we invited them to make referrals. After that, we invited these respondents to introduce their friends to us.

In Hong Kong, respondents who were drug abusers were recruited through the methadone clinics in Yaumatei and Yuen Long, as well as two drug rehabilitation centers and two social organizations that provide service for Nepalese drug abusers.

In Nepal, respondents who were drug abusers were recruited through drug rehabilitation centers and social organizations in Kathmandu, Nepalgunj, Pokhara, Chitwan, and Butwal.

For respondents who were non-drug abusers, they were recruited through one secondary school and two Nepalese churches in Hong Kong.

3.2.2. Questionnaire Design

Based on the data collected in participant observation and interviews as well as

relevant literature, we designed a questionnaire that covers the following areas:

(a) Individual drug abuse history

We attempted to map out the drug career of Hong Kong Nepalese drug abusers from their first drug-taking to their current situation. We modified the Lifetime Drug Use (LDU) Questionnaire (Czermak et al. 2005) and Drug History Questionnaire (Sobell, Kwan, and Sobell 1995) to assess the location, duration, amount, route of administration, and frequency of drug consumption. Information about their use of drug-related services was also assessed. Important life events were included in order to help respondents to recall their drug abuse history.

Furthermore, based on previous fieldwork and relevant literature (see for example FHI and CREHPA 2002; FHI, Era, and SACTS 2007; Tang, Wong, and Cheung 2006), we identified 14 types of drugs commonly abused by Hong Kong Nepalese drug abusers and 11 types of drug-related services used by them.

(b) Perceived functional reasons for drug abuse

Based on the work of Annabel et al. (2001), we selected 14 perceived reasons for drug abuse from the perspective of functions of drugs. Respondents were asked to match the drugs that they regularly abused to at least one type to at most four types of drugs by using a five-point Likert scale (0 = never… 4 = always). The internal reliability of the scale of each drug was then checked by Chronbach's α.

(c) Socio-cultural experience

Based on previous fieldwork and relevant literature (see for example Dhital et al. 2001; Jutkowitz et al. 1997; Reid and Costigan 2002; Shrestha 1992), we identified 15 perceptions that may be correlated to drug abuse. A five-point Likert-type scale (1 = strongly disagree… 5 = strongly agree) was used to access respondents' familial, social and cultural experience. The experience of non-drug abusers was also assessed in this section. The internal reliability of the scale of drug abusers and non-drug abusers was then checked by Chronbach's α.

(d) Socio-demographic characteristics

Information on the socio-demographic characteristics of respondents was collected in this survey. But unlike other drug abuse surveys, this survey included the transnational aspect of Nepalese drug abusers, for example, data related to their migration. The socio-demographic characteristics of non-drug abusers were also collected in this section.

3.2.3. Data Collection

The survey was carried out from January 2010 to June 2010 in Hong Kong and Nepal. An experienced researcher each in Hong Kong and Nepal were trained in the procedures and concepts of the survey. In Hong Kong, the survey was carried out by a Hong Kong Chinese researcher using English as the primary language and supplemented by Nepali. In Nepal, the survey was carried out by a local Nepalese researcher, and both Nepali and English languages were used in the survey.

The survey was researcher-administered. Before doing the questionnaire, researchers briefed the respondent about the aim of the survey and ensured that all the information given would be kept confidential. A consent form would be given upon request. In Hong Kong, with the completion of the questionnaire, a $50 supermarket coupon was given out as a token of thanks. Each interview lasted for about an hour.

3.2.4. Survey Limitations

In this survey, we met the following difficulties:

(a) Since the total population of drug abusers was unknown, it was impossible to obtain a representative sample.

(b) Due to the sensitive nature of the study, open recruitment of respondents was impossible. As respondents were recruited mainly through organizations which provide drug-related services, those drug abusers who did not use any social service may not be represented in this survey.

(c) Most of the respondents recruited through the methadone program and drug rehabilitation centers in Hong Kong and Nepal were heroin abusers. This may result in a bias in the types of drugs covered by the study.

(d) In Nepali culture, female Nepalese drug abusers were much more stigmatized than their male counterparts. It was extremely difficult to recruit them and hence female drug abusers were under-represented in this survey.

(e) Drug abusers who suffered from mental problems and/or memory loss because of drug abuse might not be able to recount fully their drug abuse history.

(f) The questionnaire was designed to be conducted individually with one respondent at a time. A few respondents chose to complete the questionnaire in the presence of their friends. In such situation, the reliability of the answers might be affected.

(g) Although most respondents could speak fluent English and that further explanations in Nepali were provided when necessary, ideally in future studies the questionnaire should be translated into the respondents' native language.

4. Acknowledgements

We are grateful to all the respondents who participated in this research by sharing their story and information with us, and to the various organizations that assisted us in this survey. In Hong Kong, these organizations include: Operation Dawn, Zheng Sheng College, St. Stephen's Society, Yang Memorial Methodist Social Service, The Society of Rehabilitation and Crime Prevention (SRACP), and The Society for the Aid and Rehabilitation of Drug Abusers (SARDA). In Nepal, these organizations include: Richmond Fellowship Nepal, Richmond Female Center, Recovering Nepal, Aavash Samuha, Youth Vision, Saarathi Nepal, First Step Rehab, Manish Care Foundation, Narco-nun Rehab Center, and Maya Nepal. Without their selfless help, this research would not have been completed.

Part II Major Findings

A. Survey

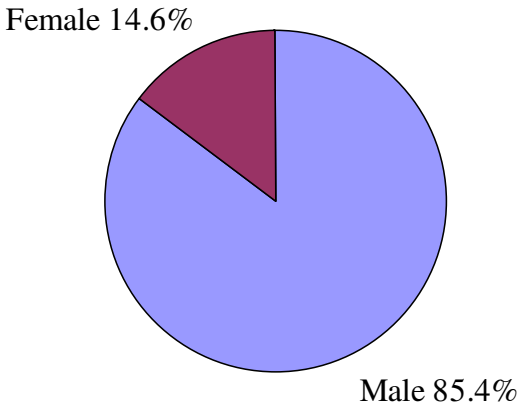
1. Sociodemographic Characteristics

A total of 110 Nepalese were interviewed in this survey, including 89 drug abusers and 21 non-drug abusers. The sociodemographic traits of the drug abusers are summarized below.

1.1 Age and Sex

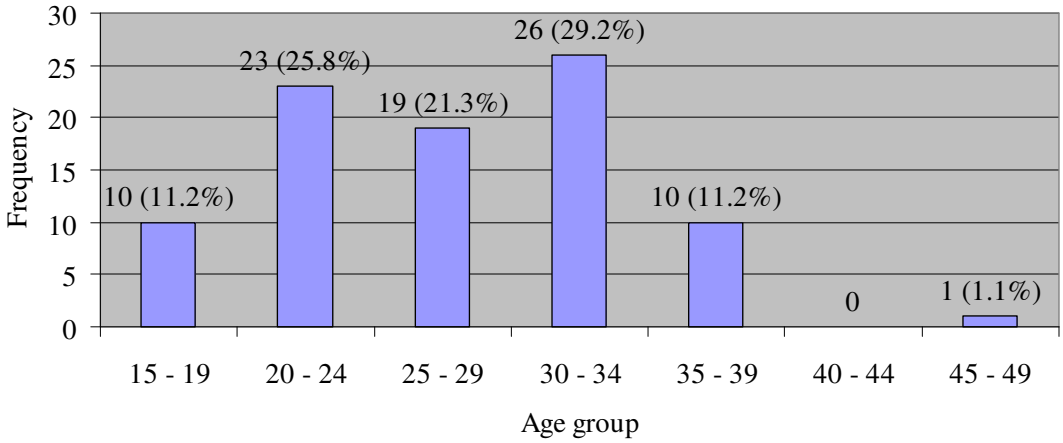
In the sample, 85.4% were male and 14.6% were female (see Chart 1.1).

Chart 1.1 Distribution of Nepalese drug abusers by sex



In the sample, the youngest respondent was 17 years old and the oldest was 45. The average age was 27.2. The largest age group was 30 – 34, which comprised 29.2% (see Chart 1.2). The next largest group was 20 – 24, which comprised 25.8%. Overall, 62.9% of the respondents were aged 25 or above. There was only one person who was above the age of 39. One of the reasons may be that the sample in the survey was recruited by snowball sampling and respondents were from the same cluster, that is, people who were about the same age. Another possible reason is that drug abuse was a more common activity among younger people. People who were older had either abstained from drugs or were no longer active in the drug-related community.

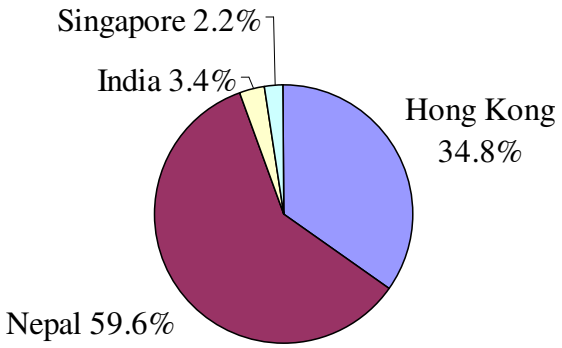
Chart 1.2 Age group of Nepalese drug abusers



1.2 Place of Birth and Father's Occupation

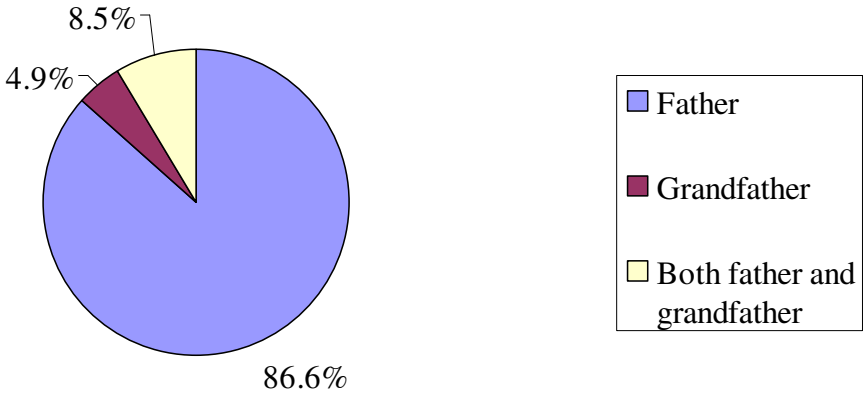
In terms of place of birth, 34.8% of the respondents were born in Hong Kong while the rest were born in Nepal (59.6%) (see Chart 1.3).

Chart 1.3 Distribution of Nepalese drug abusers by place of birth



A large majority (92.1%) of the respondents were descendants of Gurkha soldiers in the British Army. Among them, those whose father had served in the army comprised 86.6%, while those whose grandfather did comprised 4.9%. The remaining 8.5% were those whose father and grandfather both served in the army (see Chart 1.4).

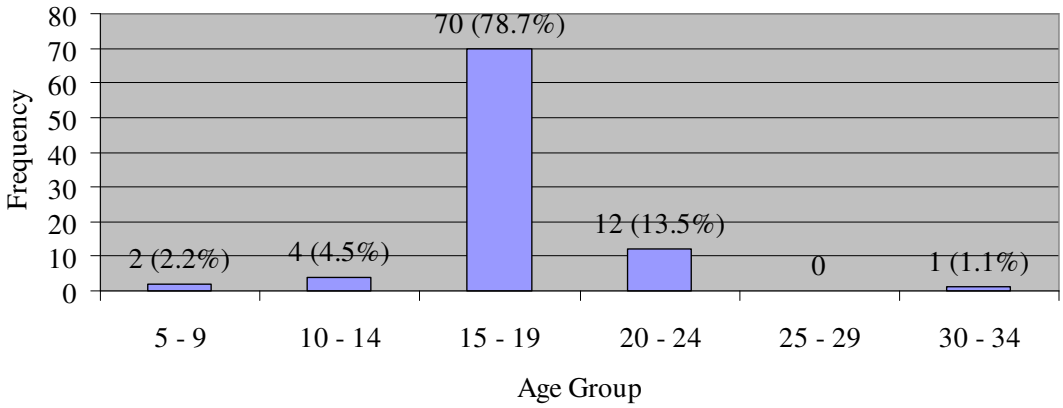
Chart 1.4 Distribution of Nepalese drug abusers whose father/grandfather served in the British Army



1.3 Migration Pattern

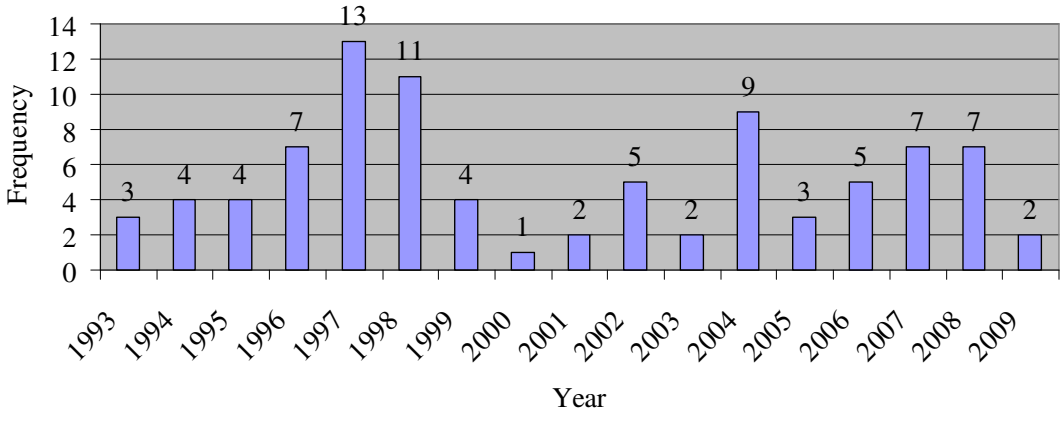
As chart 1.5 shows, the average age of coming to Hong Kong for long term stay was 18 years old. The youngest age to come to Hong Kong for long term stay was 8, and the oldest age was 32. A majority of the respondents came to Hong Kong as teenagers, especially when they were between the age of 15 and 19 (78.7%).

Chart 1.5 Age group of Nepalese drug abusers coming to Hong Kong for long term stay



The biggest group of the respondents (14.6%) came to Hong Kong in 1997, with 1998 being a close second (12.4%). The earliest year to come to Hong Kong was 1993 and the latest year was 2009 (see Chart 1.6).

Chart 1.6 Year of Nepalese drug abusers coming to Hong Kong for long term stay



After coming to Hong Kong, a majority (79.8%) of them have returned to Nepal at least once to stay for more than three months. The average duration of residence in Hong Kong and Nepal was 7.3 years (see Chart 1.7) and 2.4 years (see Chart 1.8) respectively. On average, they spent 74.6% of their time in Hong Kong. The average frequency of visiting Nepal was 1.4 times and in each time the average duration was 1.5 years. Less than half of the respondents (39.3%) were currently living in Hong

Kong.

Chart 1.7 Duration of residence in Hong Kong of Nepalese drug abusers

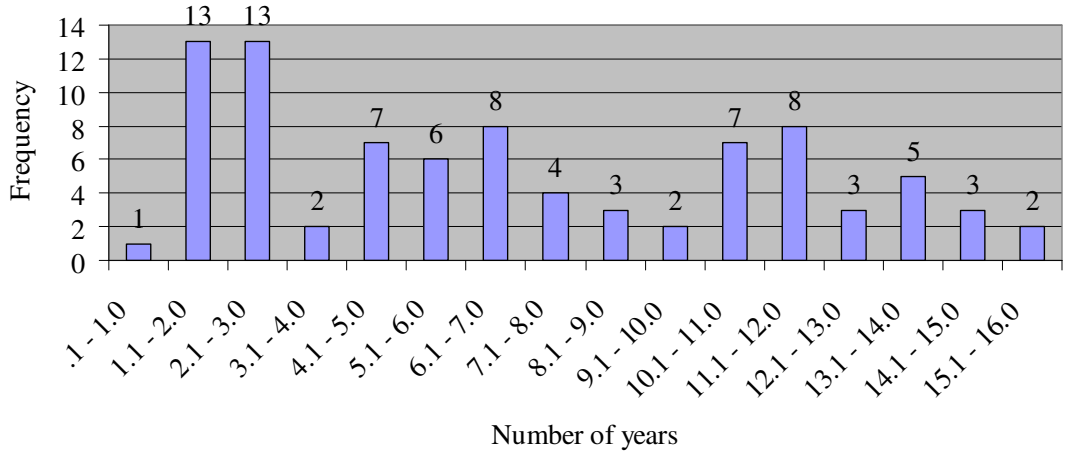
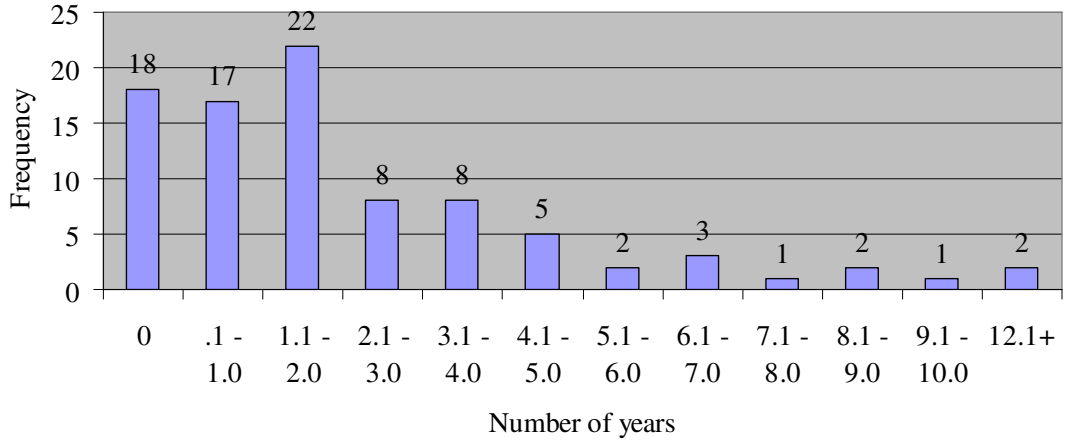


Chart 1.8 Duration of residence in Nepal of Nepalese drug abusers



Comparison

Comparing Nepalese drug abusers with non-drug abusers, drug abusers were significantly more likely to be born in Hong Kong ($\chi^2_{[1]} = 5.18$, $p < .05$) (see Table 1.1).

Table 1.1 Distribution of drug abusers and non-drug abusers by place of birth (%)

Variable	Drug abusers (n=89)	Non-drug abusers (n=21)	Total (n=110)	χ^2	*df*	*p*
Born in Hong Kong	34.8	9.5	30.0			
Not born in Hong Kong	65.2	90.5	70.0			
				5.18	1	.023

1.4 Ethnic Groups and Castes

In general, people belong to different ethnic groups in Nepal[2]. The Gurung, Rai, Limbu, Magar, Tamang, Thakali, and Sherpa belong to the Mongolian group, whereas Brahman, Chettri and dalit belong to the Indo-Aryan group. In this survey, a majority (96.6%) of Nepalese drug abusers were from the Mongolian group (see Chart 1.9).

Chart 1.9 Distribution of Nepalese drug abusers by ethnic group

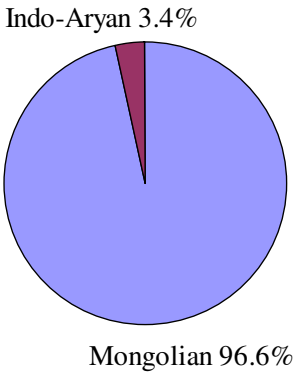
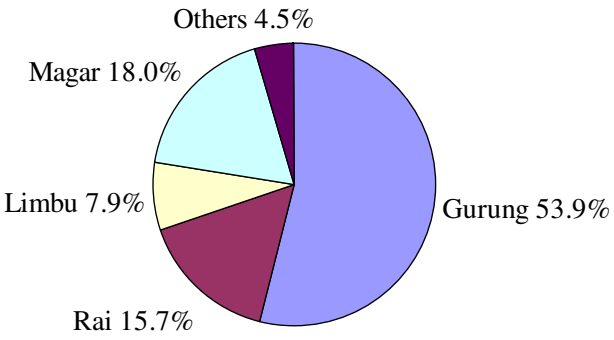


Chart 1.10 Distribution of Nepalese drug abusers by caste



Furthermore, more than half (53.9%) of the drug abusers belong to the Gurung group (see Chart 1.10). Despite this, Gurung drug abusers were not significantly more than other groups ($\chi^2_{[2]} = 1.83$, $p > .05$). This would be more related to the historical fact that more Gurungs served in the British Army, and hence could not be concluded that Gurungs were more likely to be drug abusers (see Table 1.2).

[2] Nepal used to be a Hindu kingdom ruled by the Indo-Aryan people who adopted the classical Hindu caste system of four tiers: *Brahmin* (priest), *Chhetri* (warrior), *Vaishya* (merchant), and *Shudra* (laborer). The castes are based on occupation, and those who do not belong to these four castes are categorized as untouchables (*dalit*). In Nepal the Mongolian groups are made up of people with similar place of origin, language, and customs, and have never been fully integrated into the Hindu caste system. They are less bound by the caste restrictions (Bista 1991:29-60).

Table 1.2 Distribution of all respondents by ethnic group (%)

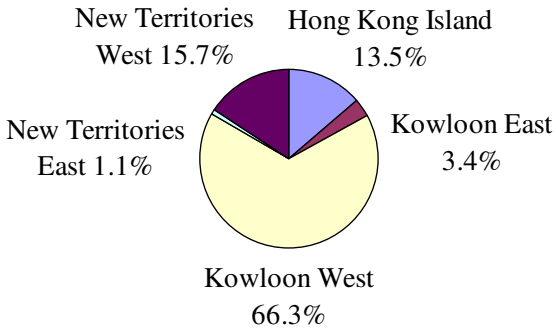
Variable	Drug abusers (n=89)	Non-drug abusers (n=21)	Total (n=110)	χ^2	*df*	*p*
Gurung	53.9	38.1	50.9			
Rai and Limbu	23.6	28.6	24.5			
Others*	22.5	33.3	24.5			
				1.83	2	.401

*Others include Magar, Tamang, Thakali, Sherpa, Brahmin, Chettri, and Dalit.

1.5 Residence

In terms of residence in Hong Kong, about two-thirds (66.3%) of the Nepalese drug abusers in the sample lived in Kowloon West, including Jordan, Yaumatei, Hung Hom and To Kwa Wan. Very few lived in Kowloon East (e.g. Kwun Tong and Kowloon Bay), or New Territories East (e.g. Shatin and Taipo) (see Chart 1.11).

Chart 1.11 Distribution of Nepalese drug abusers by district of residence in Hong Kong



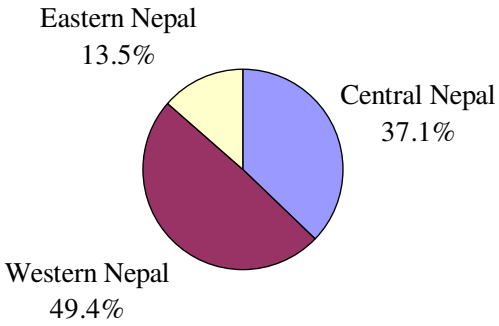
Comparing Nepalese drug abusers with non-drug abusers, drug abusers were significantly more likely to live in Kowloon and less likely in Hong Kong Island and New Territories ($\chi^2_{[2]} = 18.2$, $p < .001$) (see Table 1.3).

Table 1.3 Distribution of all respondents by district of residence in Hong Kong (%)

Variable	Drug abusers (n=89)	Non-drug abusers (n=21)	Total (n=110)	χ^2	*df*	*p*
Hong Kong Island	13.5	4.8	11.8			
Kowloon	69.7	33.3	62.7			
New Territories	16.9	61.9	25.5			
				18.2	2	.000

In terms of residence in Nepal, nearly half (49.4%) of the drug abusers lived in the western district in Nepal (e.g. Pokhara and Butwal), about one-third of them (37.1%) lived in the central district (e.g. Kathmandu), and a few of them (13.5%) lived in the Eastern district (e.g. Dharan) (see Chart 1.12).

Chart 1.12 Distribution of Nepalese drug abusers by district of residence in Nepal



However, there was no significant difference between Nepalese drug abusers and non-drug abusers regarding their districts of residence in Nepal. It could not be concluded that people from the western district of Nepal were more likely to be drug abusers ($\chi^2_{[2]} = 3.01$, $p > .05$) (see Table 1.4).

Table 1.4 Distribution of drug abusers and non-drug abusers by district of residence in Nepal (%)

Variable	Drug abusers (n=89)	Non-drug abusers (n=21)	Total (n=110)	χ^2	*df*	*p*
Central Nepal	37.1	19.0	33.6			
Western Nepal	49.4	57.1	50.9			
Eastern Nepal	13.5	23.8	15.5			
				3.01	2	.222

1.6 Education

In terms of education, a majority of Nepalese drug abusers received their primary education (84.3%) and secondary education (83.1%) in Nepal (see Chart 1.13 and Chart 1.14).

Chart 1.13 Distribution of Nepalese drug abusers by place of primary education

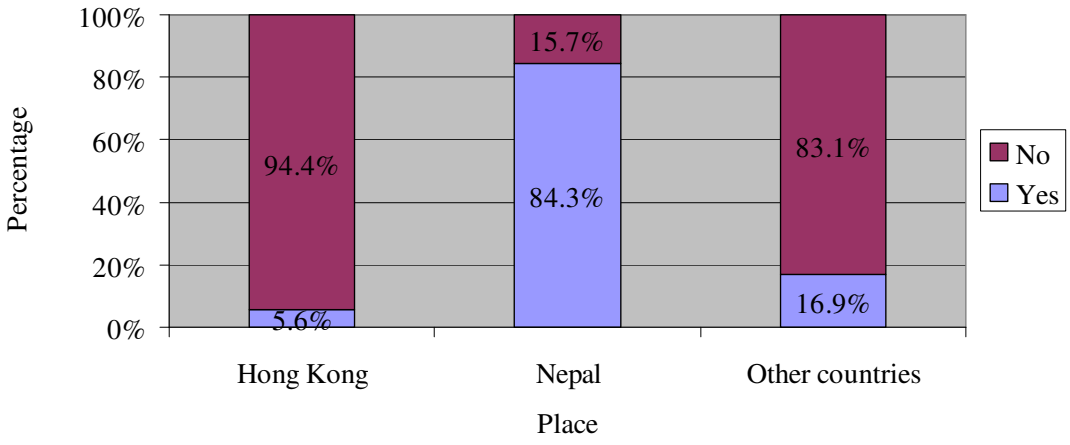
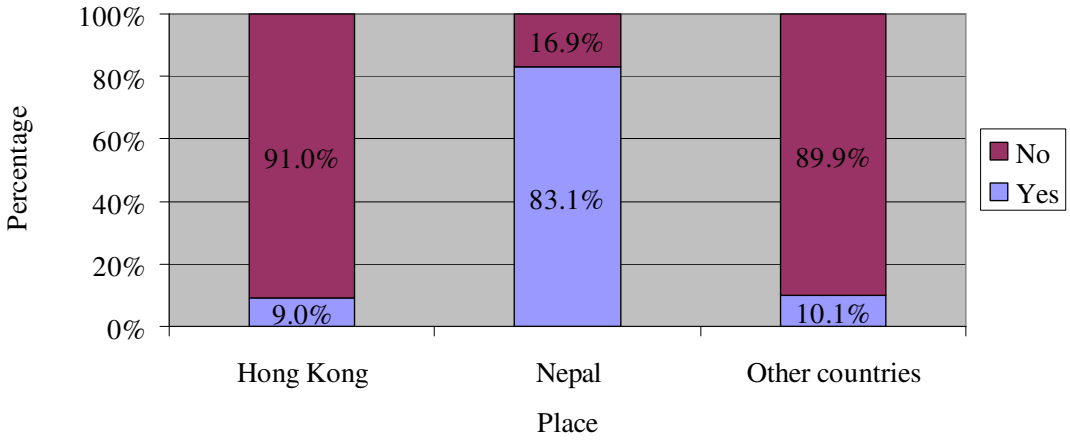
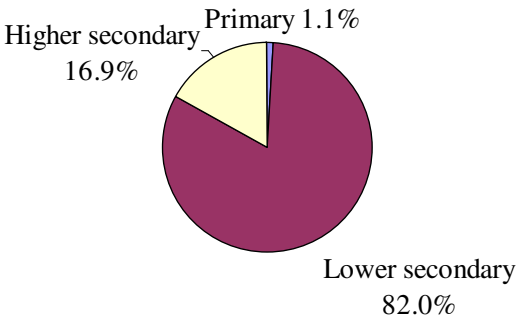


Chart 1.14 Distribution of Nepalese drug abusers by place of secondary education



Furthermore, a majority (82.0%) of Nepalese drug abusers attained a lower secondary level of education, a few of them (16.9%) attained a higher secondary level of education, and none of them attained a tertiary level of education (see Chart 1.15).

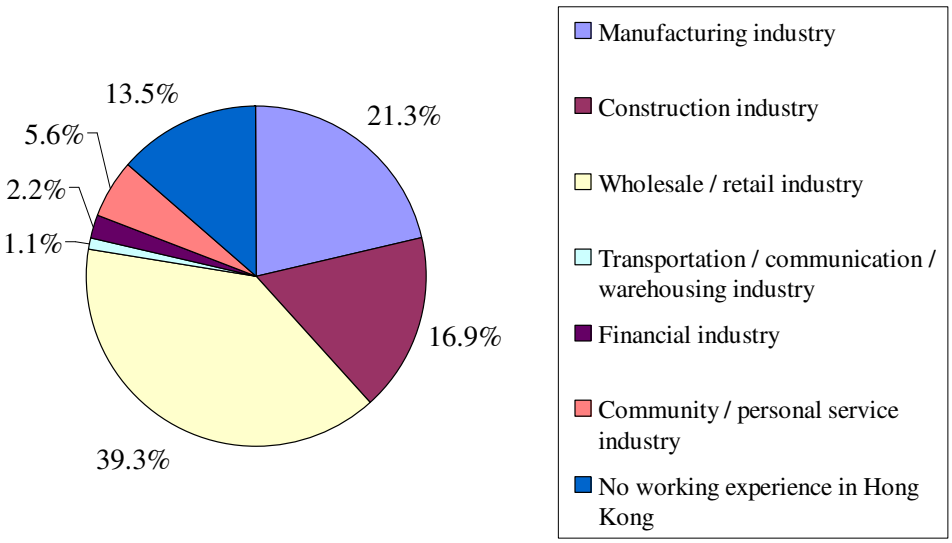
Chart 1.15 Distribution of Nepalese drug abusers by education level



1.7 Occupation

Overall, drug abusers found employment most commonly (39.3%) in the wholesale and retail industries, and second most commonly (16.9%) in the manufacturing industry (see Chart 1.16).

Chart 1.16 Distribution of Nepalese drug abusers by employment



Although drug abusers found employment most commonly (39.3%) in the wholesale and retail industries, it was not much more than non-drug abusers (28.6%) (see Table 1.5).

Table 1.5 Distribution of drug abusers and non-drug abusers by industry (%)

Variable	Drug abusers (n=89)	Non-drug abusers (n=21)	Total (n=110)
Manufacturing industry	21.3	0.0	17.3
Construction industry	16.9	0.0	13.6
Wholesale/retail industry	39.3	28.6	37.3
Transportation/communication/warehousing industry	1.1	0.0	0.9
Financial industry	2.2	4.8	2.7
Community/personal service industry	5.6	28.6	10.0
No working experience in Hong Kong	13.5	38.1	18.2

1.8 Marital Status

Overall, most (65.5%) respondents were unmarried (see Chart 1.17), but the number of respondents who were unmarried, divorced, or separated were not significantly more than non-drug abusers ($\chi^2_{[1]} = .137$, $p > .05$) (see Table 1.6).

Chart 1.17 Distribution of Nepalese drug abusers by marital status

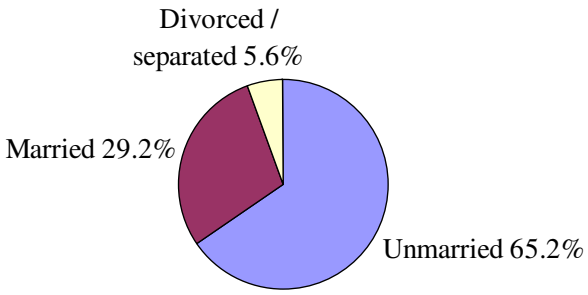


Table 1.6 Distribution of drug abusers and non-drug abusers by marital status (%)

Variable	Drug abusers (n=89)	Non-drug abusers (n=21)	Total (n=110)	χ^2	*df*	*p*
Unmarried/divorced/ separated	70.8	66.7	70.0			
Married	29.2	33.3	30.0			
				.137	1	.711

2. Factors Conducive to Drug Abuse

Based on past literature about Nepalese drug abusers (see for example Dhital et al. 2001; Jutkowitz et al. 1997; Reid and Costigan 2002; Shrestha 1992) and interviews in this research, we identified 15 perceptions that may be correlated to drug abuse. These can be divided into three domains: familial, social, and cultural (see Table 2.1).

Table 2.1 Structure of perceptions scales

Domain	Item
Familial	I am lack of parental care. (LACK PARENTAL CARE)[a]
	My family allowed me to have more than enough pocket money to spend on leisure stuff. (POCKET MONEY)
	I was spoiled by my family. (BEING SPOILED)
	Members in my family were busy with their work. (FAMILY BUSY WITH WORK)
	My family had very high expectation of me. (HIGH EXPECTATION)
Social	I felt homesick after moving to HK. (FELT HOMESICK)
	I felt discriminated as ethnic minority in HK. (FELT DISCRIMINATED)
	Living environment in HK is too bad. (BAD ENVIRONMENT)
	My job or my study in HK was too hard. (HARD LIFE)
	It is very difficult for me to adapt to HK society. (DIFFICULT TO ADAPT)
Cultural	I liked hippie culture. (HIPPIE CULTURE)
	I was inspired by western drug culture. (WESTERN DRUG CULTURE)
	Using drugs such as ganja is socially acceptable in Nepali culture. (GANJA CULTURE)
	Drinking alcohol is socially acceptable in Matwali culture. (MATWALI CULTURE)
	Using drugs is common amongst children of soldier of the British Army. (LAHURE CULTURE)

[a.] Abbreviations for these items shown in brackets are used in this paper

A five-point Likert-type scale (1 = strongly disagree… 5 = strongly agree) of 15 items was used to access respondents' familial, social and cultural experience. All items had relatively high internal consistency (α coefficient ≥ 0.7). Results of this study show that the five most common perceptions that Hong Kong Nepalese drug abusers either agreed or strongly agreed to were cultural factors such as "MATWALI CULTURE" (85.1%), "LAHURE CULTURE" (77.9%), and "GANJA CULTURE" (73.6%), and familial factors such as "HIGH EXPECTATION" (70.5%) and

"FAMILY BUSY WITH WORK" (65.9%). Comparatively, few respondents either agreed or strongly agreed to social factors such as "BAD ENVIORNMENT" (11.5%), "HARD LIFE" (11.4%), and "FELT DISCRIMINATED" (9.1%) (see Table 2.2).

Table 2.2 Perception of familial, social and culture life by drug abusers (%)

Variable	Disagree/ Strongly disagree	Neutral	Agree/ Strongly agree
Familial			
I am lack of parental care. (n=88)	26.1	19.3	54.5
My family allowed me to have more than enough pocket money to spend on leisure stuff. (n=88)	31.8	11.4	56.8
I was spoiled by my family. (n=88)	42.0	21.6	36.4
Members in my family were busy with their work. (n=88)	22.7	11.4	65.9
My family had very high expectation of me. (n=88)	17.0	12.5	70.5
Social			
I felt homesick after moving to HK. (n=88)	42.0	40.9	17.0
I felt discriminated as ethnic minority in HK. (n=88)	53.4	37.5	9.1
Living environment in HK is too bad. (n=87)	55.2	33.3	11.5
My job or my study in HK was too hard. (n=88)	45.4	43.2	11.4
It is very difficult for me to adapt to HK society. (n=88)	40.9	43.2	15.9
Cultural			
I liked hippie culture. (n=87)	19.5	16.1	64.4
I was inspired by western drug culture. (n=88)	25.0	10.2	64.8
Using drugs such as ganja is socially acceptable in Nepali culture. (n=87)	13.8	12.6	73.6
Drinking alcohol is socially acceptable in Matwali culture. (n=87)	3.4	11.5	85.1
Using drugs is common amongst children of soldier of the British Army. (n=86)	10.5	11.6	77.9

Comparing Nepalese drug abusers with non-drug abusers, drug abusers were significantly different from non-drug abusers regarding their perceptions of cultural factors such as "HIPPIE CULTURE" ($\chi^2_{[2]} = 9.68$, $p < .01$), "WESTERN DRUG CULTURE" ($\chi^2_{[2]} = 27.1$, $p < .001$), "GANJA CULTURE" ($\chi^2_{[2]} = 35.1$, $p < .001$), "MATWALI CULTURE" ($\chi^2_{[2]} = 26.7$, $p < .001$), and "LAHURE CULTURE" ($\chi^2_{[2]} = 20.8$, $p < .001$), as well as familial factors such as "LACK PARENTAL CARE" ($\chi^2_{[2]} = 18.8$, $p < .001$), "POCKET MONEY" ($\chi^2_{[2]} = 21.1$, $p < .001$), and "BEING

SPOILED" ($\chi^2_{[2]}$ = 8.22, p < .05). However, there was no significant difference between them for social factors except "FELT DISCRIMINATED" ($\chi^2_{[2]}$ = 8.52, p < .05) (see Table 2.2).

Table 2.2 Perception of familial, social and culture life by drug abusers and non-drug abusers who agreed or strongly agreed (%)

Variable	Drug abusers	Non-drug abusers	Total	χ^2	*df*	*p*
Familial						
I am lack of parental care.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	26.1	76.2	35.8			
Neutral	19.3	9.5	17.4			
Agree or strongly agree	54.5	14.3	46.8			
				18.8	2	.000
My family allowed me to have more than enough pocket money to spend on leisure stuff.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	31.8	33.3	32.1			
Neutral	11.4	52.4	19.3			
Agree or strongly agree	56.8	14.4	48.6			
				21.1	2	.000
I was spoiled by my family.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	42.0	76.2	48.6			
Neutral	21.6	4.8	18.3			
Agree or strongly agree	36.4	19.0	33.0			
				8.22	2	.016
Members in my family were busy with their work.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	22.7	38.1	25.7			
Neutral	11.4	14.3	11.9			
Agree or strongly agree	65.9	47.6	62.4			
				2.59	2	.274
My family had very high expectation of me.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	17.0	23.8	18.3			
Neutral	12.5	23.8	14.7			
Agree or strongly agree	70.5	52.4	67.0			
				2.73[a]	2	.256
Social						
I felt homesick after moving to HK.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	42.0	61.9	45.9			
Neutral	40.9	19.0	36.7			
Agree or strongly agree	17.0	19.0	17.4			
				3.71	2	.157
I felt discriminated as ethnic minority in HK.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	53.4	42.9	51.4			
Neutral	37.5	23.8	34.9			
Agree or strongly agree	9.1	33.3	13.8			
				8.52	2	.014

Variable	Drug abusers	Non-drug abusers	Total	χ^2	*df*	*p*
Living environment in HK is too bad.	(n=87)	(n=21)	(n=108)			
Disagree or strongly disagree	55.2	71.4	58.3			
Neutral	33.3	19.0	30.6			
Agree or strongly agree	11.5	9.5	11.1			
				1.96	2	.376
My job or my study in HK was too hard.	(n=88)	(n=19)	(n=107)			
Disagree or strongly disagree	45.5	31.6	43.0			
Neutral	43.2	42.1	43.0			
Agree or strongly agree	11.4	26.3	14.0			
				3.20	2	.202
It is very difficult for me to adapt to HK society.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	40.9	57.1	44.0			
Neutral	43.2	23.8	39.4			
Agree or strongly agree	15.9	19.0	16.5			
				2.73	2	.256
Cultural						
I liked hippie culture.	(n=87)	(n=21)	(n=108)			
Disagree or strongly disagree	19.5	47.6	25.0			
Neutral	16.1	23.8	17.6			
Agree or strongly agree	64.4	28.6	57.4			
				9.68	2	.008
I was inspired by western drug culture.	(n=88)	(n=21)	(n=109)			
Disagree or strongly disagree	25.0	85.7	36.7			
Neutral	10.2	4.8	9.2			
Agree or strongly agree	64.8	9.5	54.1			
				27.1	2	.000
Using drugs such as ganja is socially acceptable in Nepali culture.	(n=87)	(n=21)	(n=108)			
Disagree or strongly disagree	13.8	76.2	25.9			
Neutral	12.6	9.5	12.0			
Agree or strongly agree	73.6	14.3	62.0			
				35.1	2	.000
Drinking alcohol is socially acceptable in Matwali culture.	(n=87)	(n=21)	(n=108)			
Disagree or strongly disagree	3.4	38.1	10.2			
Neutral	11.5	23.8	13.9			
Agree or strongly agree	85.1	38.1	75.9			
				26.7[a]	2	.000
Using drugs is common amongst children of soldier of the British Army.	(n=86)	(n=21)	(n=107)			
Disagree or strongly disagree	10.5	52.4	18.7			
Neutral	11.6	14.3	12.1			
Agree or strongly agree	77.9	33.3	69.2			
				20.8[a]	2	.000
Chronbach's α for scale items	.89	.87	.90			

[a.] 2 cells (33.3%) have expected count less than 5.

3. Discussion I

By comparing the sociodemographic characteristics of Nepalese drug abusers and non-drug users and their perceptions of their familial, social and cultural experience, we attempted to identify factors correlated to drug abuse.

3.1 Sociodemographic Factors

In this survey, about two-thirds (66.3%) of the Nepalese drug abusers sample lived in Kowloon West, which was much more than non-drug abusers (33.3%). Among Nepalese who lived in Kowloon West, they were significantly more likely to work in wholesale and retail industry ($\chi^2_{[1]} = 4.72$, $p < .05$). Regarding education, they were significantly more likely to receive secondary education in Nepal ($\chi^2_{[1]} = 6.48$, $p < .05$) and less likely to receive primary education ($\chi^2_{[1]} = 6.60$, $p < .05$) and secondary education ($\chi^2_{[1]} = 4.00$, $p < .05$) in Hong Kong. Furthermore, they were significantly more likely to agree or strongly agree to "DIFFICULT TO ADAPT" ($\chi^2_{[2]} = 7.91$, $p < .05$) (see Table 3.1). Other than these factors, they have no significant difference in other factors such as age and sex, place of birth, migration pattern, caste, residence in Nepal, education level, marital status, and other perceptions.

Table 3.1 Sociodemographic characteristics of Kowloon West residents and non-Kowloon West residents (%)

Variable	Kowloon West residents (n=66)	Non-Kowloon West residents (n=44)	Total (n=110)	χ^2	*df*	*p*
Wholesale/retail Industry						
Yes	45.5	25.0	62.7			
No	54.5	75.0	37.3			
				4.72	1	.030
Primary education in HK						
Yes	6.1	22.7	12.7			
No	93.9	77.3	87.3			
				6.60	1	.010
Secondary education in HK						
Yes	10.6	25.0	16.4			
No	89.4	75.0	83.6			
				4.00	1	.046
Secondary education in Nepal						
Yes	86.4	65.9	78.2			
No	13.6	34.1	21.8			
				6.48	1	.011
It is very difficult for me to adapt to HK society.						
Disagree or strongly disagree	41.5	47.7	44.0			
Neutral	33.8	47.7	39.4			
Agree or strongly agree	24.6	4.5	16.5			
				7.91	2	.019

For those respondents who did not receive primary and secondary education in Hong Kong, it implies that they grew up in split households, for example being taken care of by grandparents in Nepal while their parents worked in Hong Kong. The lack of parental supervision seemed to be an important factor in the social environment that was conducive to drug abuse. Results of this study show that a majority (86.4%) of them started taking drugs in Nepal on average at the age of 15.9 years old. Then, they came to Hong Kong for long term stay and working on average at the age of 18.2. They chose to live in Kowloon West, especially Yaumatei and Jordan, because the rent was cheaper, it was closer to the city, and there were fellow Nepalese in the vicinity. But at the same time, drug dealers could be easily found in the district and thus teenage Nepalese migrants were more likely to be exposed to negative influence and they continued their drug abuse habit. In contrast, when Nepalese children stayed in Hong Kong to have primary and secondary education, they most likely lived with their parents and received immediate attention from members of their nuclear family, which could act as a deterring factor to initiation of drug abuse.

3.2 Cultural Perceptions

The three most common cultural perceptions that Nepalese drug abusers agreed or strongly agreed to were "MATWALI CULTURE" (85.1%), "LAHURE CULTURE" (77.9%), and "GANJA CULTURE" (73.6%). They were significantly more likely than non-drug abusers to either agree or strongly agree to them: "MATAWALI CULTURE" ($\chi^2_{[2]} = 26.7$, $p < .000$), "LAHURE CULTURE" ($\chi^2_{[2]} = 20.8$, $p < .000$), and "GANJA CULTURE" ($\chi^2_{[2]} = 35.1$, $p < .000$).

GANJA CULTURE: "Using drugs such as ganja is socially acceptable in Nepali culture."

In different ancient cultures and religions, extracts of cannabis or marijuana have been used for medical or ritual purposes; these included some Christian churches, Hebrew, Muslim and Hindu followers. In Hindu religion, ganja (marijuana) is holy "prashad" (blessed food) of Lord Shiva, which helps "sadhu" and "jogi" (saints and hermits) to "get spiritual knowledge and attainment of "moshya" (going to heaven after death)" (Shrestha 1992:1242). In the interviews of this research, even though no informants suggested that they used marijuana for spiritual attainment, they agreed that it was part of Nepali culture and it was socially and culturally approved. This may be a kind of self-justification, but at the same time it shows that traditions still play a part in individual decision-making.

LAHURE CULTURE: "Using drugs is common amongst children of soldier of the British Army."

In the sample of drug abusers, most of them (92.1%) were the children or grandchildren of soldiers in the British Army. Locally, they were known as *Lahureko chorrachorri.* They constituted a social group that shared many similarities, for example, they were Mongolians, their father worked in the army, they were not living with their parents, they received better education, and they were relatively rich. They agreed that drug abuse was part of their subculture. Thus among this group one important factor of drug abuse was peer influence.

MATWALI CULTURE: "Drinking alcohol is socially acceptable in Matwali culture."

Respondents often used cultural tradition or customs to explain or justify their drug abuse behavior. In Nepalese culture, the upper caste is called *Tagadhari* (thread-wearing) whereas the lower caste is known as *Matwali* (alcohol-drinking). The latter includes ethnic groups such as Gurung, Rai, Limbu, and Magar. Unlike the Tagadhari who abstain from alcohol due to its mind-altering characteristic, the Matwali are allowed to drink alcoholic beverages since birth. Since an altered state of mind is socially and culturally approved, for this group there are no strong negative sanctions to taking drugs. As explained by an informant, "Since I was small, I always saw my father getting drunk. Then I thought, what was the problem for me to take drugs?"

3.3 Social Perceptions

DISCRIMINATION: "I felt discriminated as an ethnic minority in Hong Kong."

Compared to the non-drug abusers (33.3%), drug abusers (9.1%) in this sample were significantly less likely to agree or strongly agreed to the statement "I FELT DISCRIMINATED" ($\chi^2_{[2]} = 8.52$, $p < .05$). On the surface, drug abusers faced less discrimination than non-drug abusers. However, this deserves further probing. It should not be simply taken to mean that drug abusers faced less discrimination. During fieldwork, it was found that drug abusers were isolated from mainstream society. They tended to conduct their daily life within their own ethnic community within which they had a very small circle of friends. They seldom interacted with non-members of their own groups, and they were not interested in public participation. Thus isolation from mainstream society could well be a self-defense mechanism to avoid discrimination, and therefore the two could constitute a vicious circle. In other words, being socially isolated ironically protected the drug abusers from social discrimination.

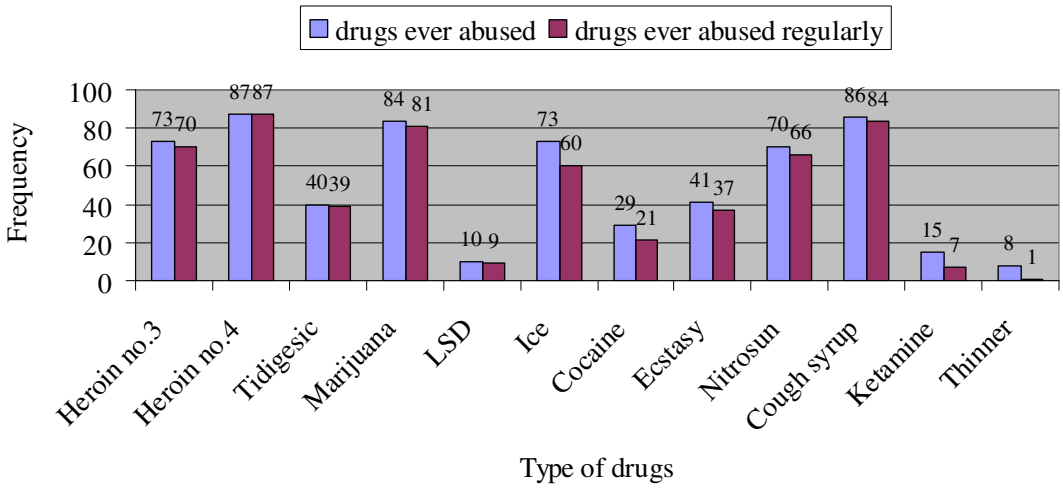
4. Drug Abuse Pattern

In this section, the drug abuse pattern of respondents will be discussed.

4.1 Drugs Ever Abused and Ever Abused Regularly[3]

In the sample of drug abusers, a majority of them abused heroin no.4 (97.8%), cough syrup (96.6%), marijuana (94.4%), heroin no.3 (82.0%) and ice (82.0%). Few of them abused thinner (9.0%), LSD (11.2%) and ketamine (16.9%). Most kinds of drugs were abused regularly, except for thinner and ketamine (see Chart 4.1).

Chart 4.1 Type of drugs ever abused and ever abused regularly



Among those who abused drugs regularly, older adults (55.4%) were significantly more likely to abuse Tidigesic than younger adults (24.2%) ($\chi^2_{[1]} = 8.17$, $p < .01$) (see Table 4.1)

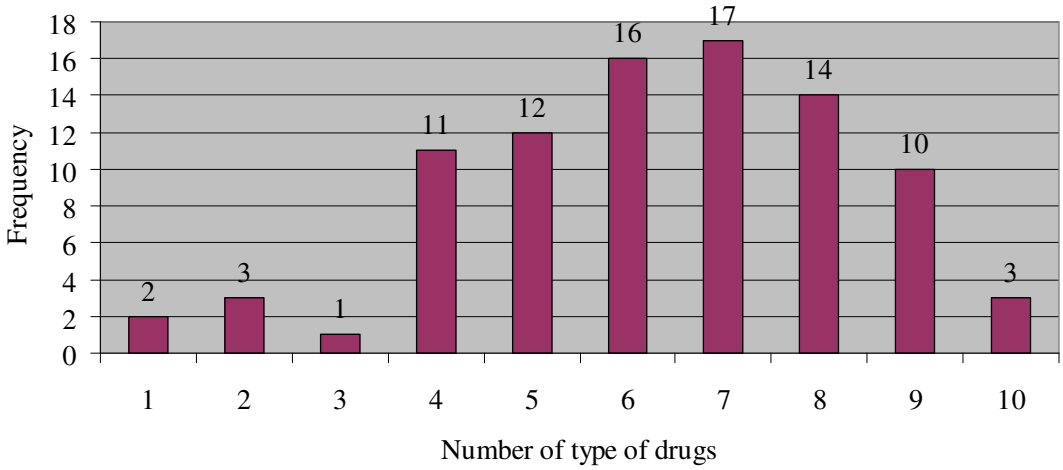
Table 4.1 Distribution of drug abusers by Tidigesic abuse (%)

Variable	Aged below 25 (n=33)	Aged 25 or above (n=56)	Total (n=89)	χ^2	*df*	*p*
Tidigesic abuse	24.2	55.4	43.8			
Non-Tidigesic abuse	75.8	44.6	56.2			
				8.17	1	.004

[3] In most studies of drug abuse, 'regular abusers' were defined as those who take any drug once a week or more (Atha and Blanchard 1997), but the duration was not indicated. In this study, drugs ever abused regularly was defined as those who has taken the drug once a week or more for over one month. If the respondent has taken the drug for several times only or less than one month, it was not regarded as regular abuse.

Regarding the number of drugs ever abused, on average the respondents abused 6.3 types (out of a possible 12) (see Chart 4.2).

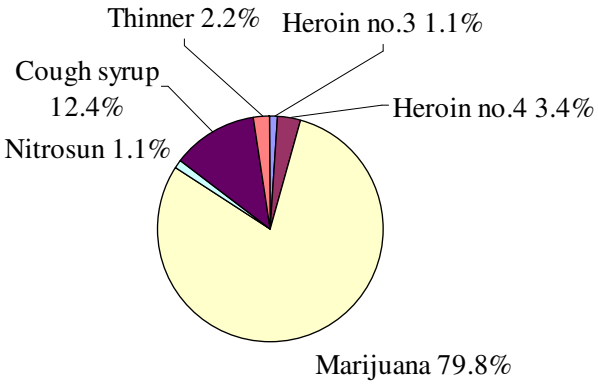
Chart 4.2 Number of type of drugs ever abused regularly



4.2 First Drug-taking

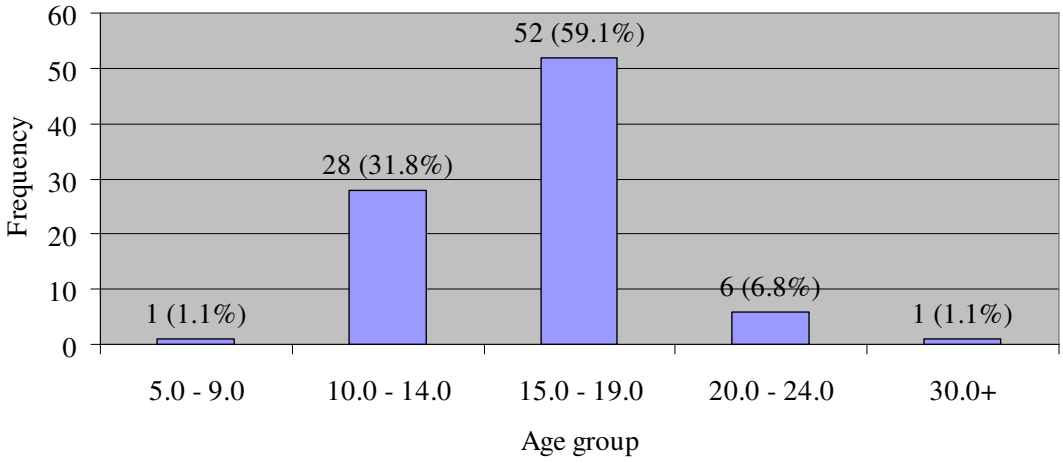
In the sample of drug abusers, a majority (79.8%) of them abused marijuana the first time they took drugs (see Chart 4.3).

Chart 4.3 Distribution of Nepalese drug abusers by type of drugs in the first drug-taking



In terms of age, the average age of first drug-taking was 15.8. More than half of the respondents (59.1%) abused drug for the first time when they were between the age of 15 and 19 (see Chart 4.4).

Chart 4.4 Age of Nepalese drug abusers for first drug-taking



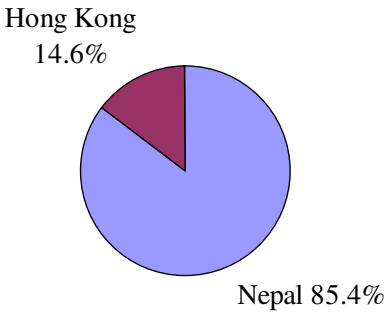
Furthermore, males were significantly younger at first drug-taking compared to females (15.5 versus 17.5; $t[86] = 2.19$, $p < .05$) (see Table 4.2).

Table 4.2 Age of drug abusers by first drug-taking (mean)

Variable	Male (n=75)	Female (n=13)	Total (n=88)	*t*	*df*	*p*
Age	15.5	17.5	15.8	2.19	86	.031

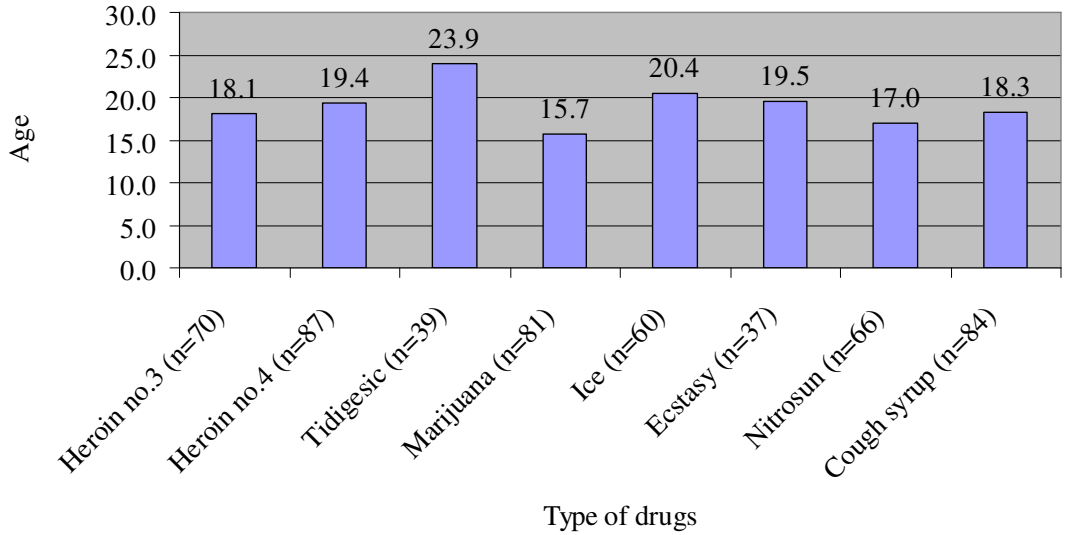
In terms of place, a majority (85.4%) of them abused drugs for the first time in Nepal (see Chart 4.5).

Chart 4.5 Distribution of Nepalese drug abusers by place in first drug taking



Furthermore, it was found that drug abusers abused different types of drugs for the first time at different ages. For example, drug abusers abused Tidigesic for the first time at a relatively older age (23.9 years old). They abused marijuana (15.7 years old) and Nitrosun (17.0 years old) for the first time at a relatively younger age (see Chart 4.6).

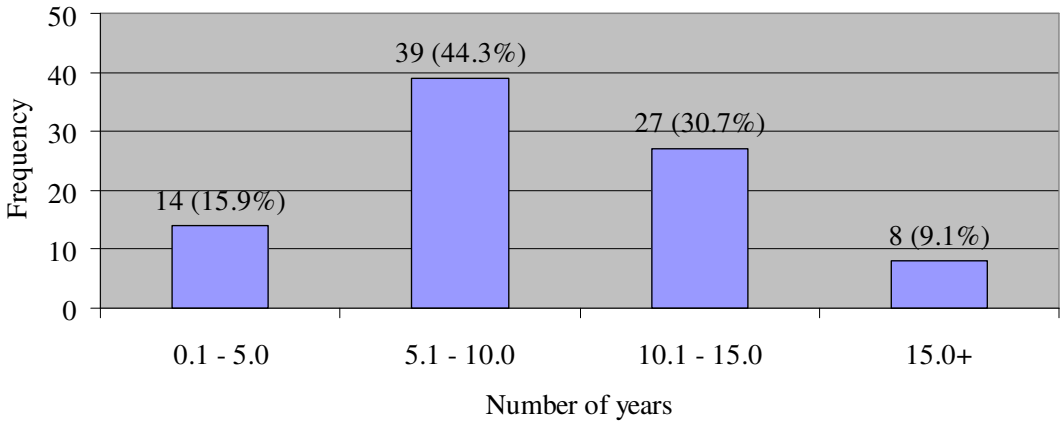
Chart 4.6 Average age of drug abusers of first drug taking by type of drugs



4.3 Drug-taking Behavior

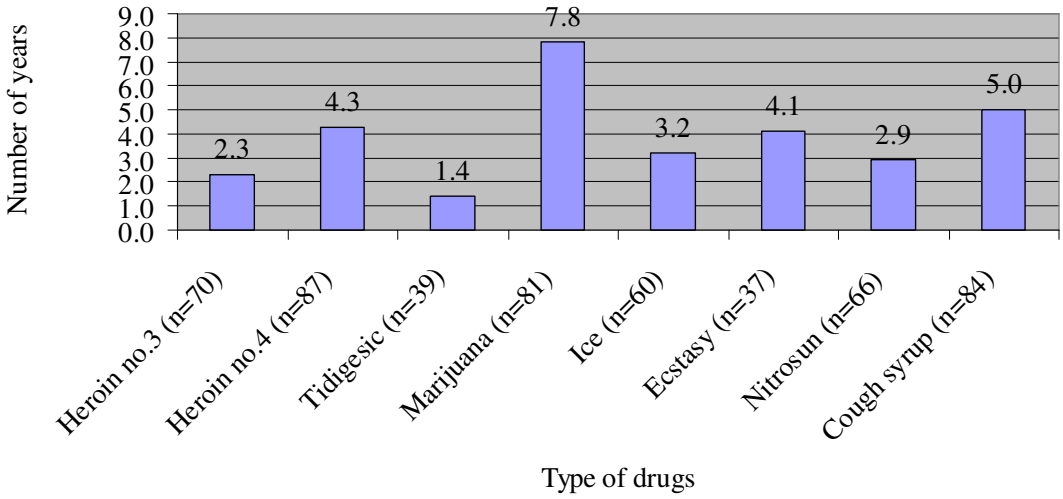
In the sample of drug abusers, on average they abused drugs for 9.6 years excluding periods of abstinence. The shortest period was two years and the longest period was 20 years. Nearly half of them (44.3%) have abused drugs for 5.1 to 10.0 years, and about one-third of them (30.7%) for 10.1 to 15.0 years (see Chart 4.7).

Chart 4.7 Abstinence-corrected total duration of regular abuse of drug abusers



In terms of type of drugs, it was found that they regularly abused marijuana for a relatively longer period of time (7.8 years). Also, Tidigesic was abused for a relatively shorter period of time (1.4 years) (see Chart 4.8).

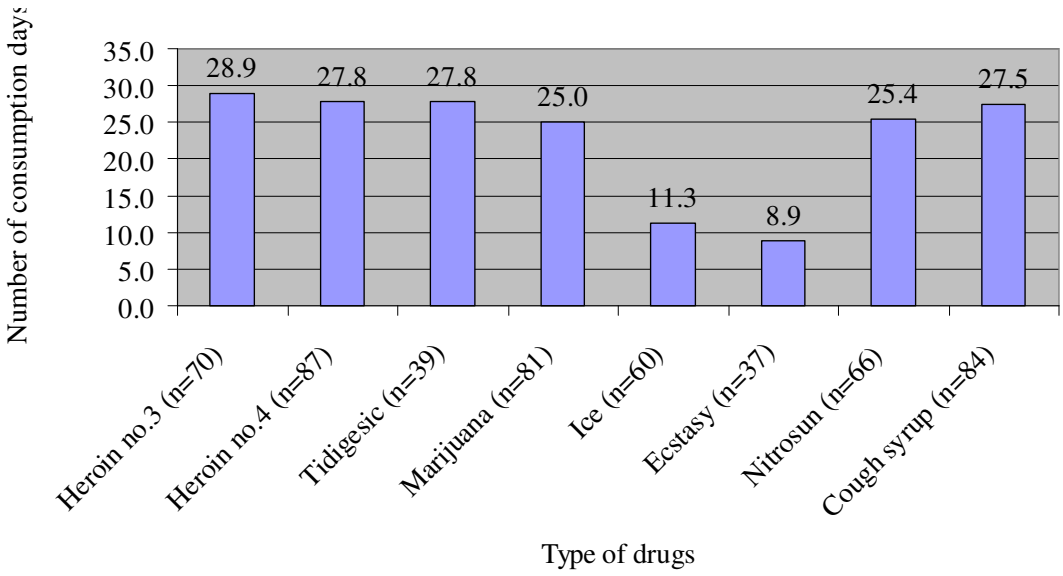
Chart 4.8 Average abstinence-corrected total years of regular abuse by type of drugs



Regarding the frequency of drug abuse, respondents reported that they abused heroin no.3, heroin no.4, Tidigesic, and cough syrup almost daily. Ice and ecstasy were abused less frequently; they were abused weekly (about 2 to 3 days per week)

(see Chart 4.9).

Chart 4.9 Average number of consumption days per month of regular abuse



In terms of the amount of drugs abused daily, male drug abusers on the average abused a significantly greater amount of marijuana than females (9.8 versus 3.6; $t[79] = 2.79$, $p < .01$) (see Table 4.3).

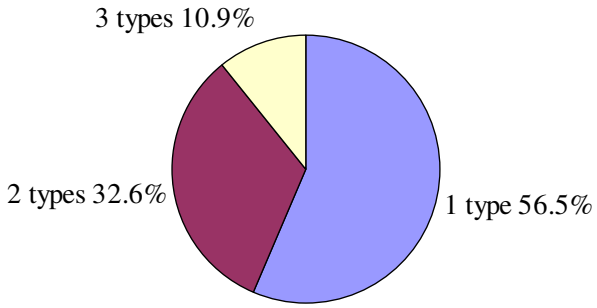
Table 4.3 Mean daily amount

Variable	Male	Female	Total	*t*	*df*	*p*
Heroin no.3 (grams)	2.2 (n=59)	1.9 (n=11)	2.1 (n=70)	.699	68	.487
Heroin no.4 (grams)	1.9 (n=74)	2.1 (n=13)	1.9 (n=87)	-.616	85	.539
Tidigesic (ampoules)	6.7 (n=34)	4.4 (n=5)	6.4 (n=39)	.746	37	.460
Marijuana (sticks)	9.8 (n=69)	3.6 (n=12)	8.9 (n=81)	2.79	79	.007
Ice (grams)	0.8 (n=51)	0.8 (n=9)	0.8 (n=60)	-.043	58	.966
Ecstasy (tablets)	3.8 (n=30)	2.7 (n=7)	3.6 (n=37)	1.77	35	.085
Nitrosun (tablets)	8.5 (n=56)	6.3 (n=10)	8.2 (n=66)	1.12	64	.265
Cough Syrup (bottles)	1.7 (n=73)	1.8 (n=11)	1.7 (n=84)	-.344	82	.732

In terms of drug injection, heroin no.3, heroin no.4, and Tidigesic are injectable. In the sample of drug abusers, half of them (51.7%) used injection. Among this group

of injection users, half of them (56.5%) injected one type of drug, while 10.9% injected three types of drugs (see Chart 4.10).

Chart 4.10 Distribution of injecting drug abusers by number of type of drugs injected



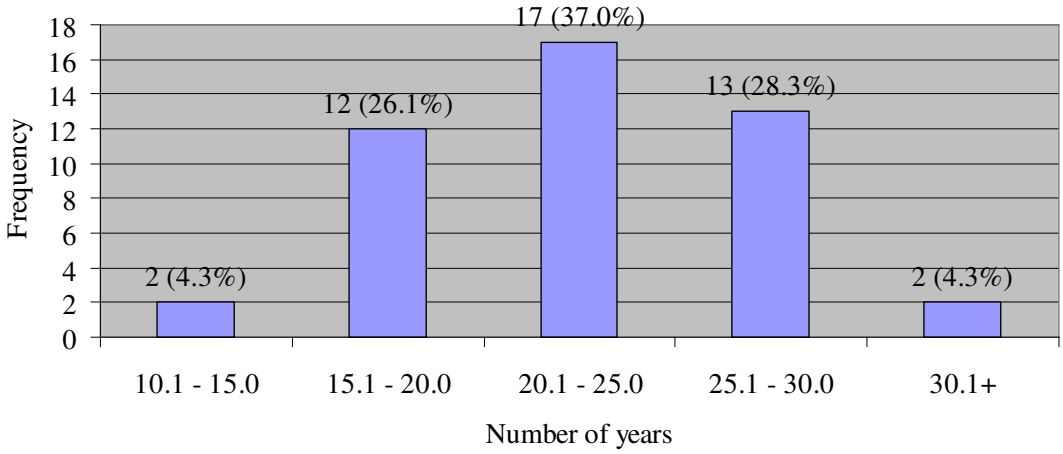
Furthermore, older adults (64.3%) were more significantly than were younger adults (30.3%) to become injecting drug abusers ($\chi^2_{[1]} = 9.60$, $p < .01$) (see Table 4.4).

Table 4.4 Distribution of drug abusers by injection (%)

Variable	Aged below 25 (n=33)	Aged 25 or above (n=56)	Total (n=89)	χ^2	*df*	*p*
Injecting drug users	30.3	64.3	51.7			
Non-injecting drug users	69.7	35.7	48.3			
				9.60	1	.002

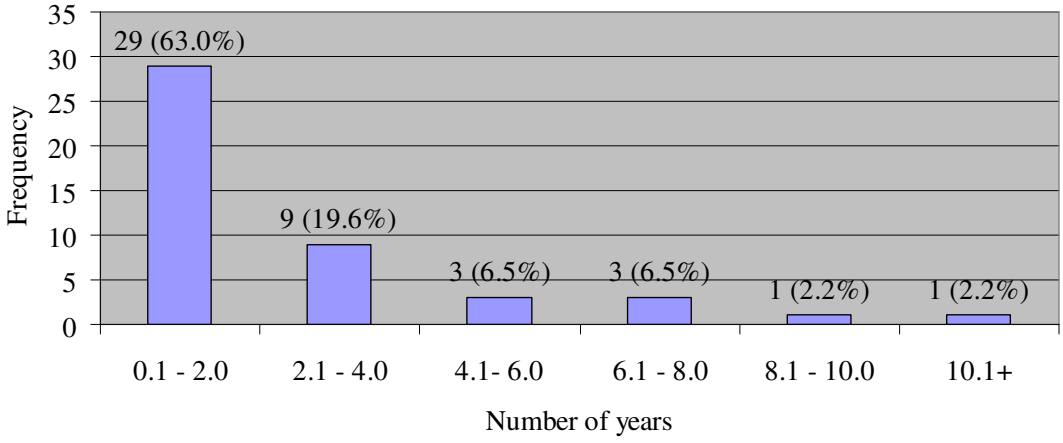
In terms of age of first drug injection, the average age was 22.9. More than one-third of the respondents (37.0%) had their first drug injection when they were between the age of 20.1 and 25.0 (see Chart 4.11).

Chart 4.11 Age of first drug injection of injecting drug abusers



In terms of duration of drug injection, on average they had had drug injection for 2.4 years. The shortest period was six months and the longest period was 12 years. About two-thirds of them (63.0%) had drug injection for 0.1 – 2.0 years (see Chart 4.12).

Chart 4.12 Total years of drug injection of injecting drug abusers



Among heroin no.3 abusers, 15.7% injected the drug. On average they had their first drug-taking at age 15.1, first heroin no.3 taking at age 18.2, and first heroin injection at age 20.8 (see Table 4.5).

Among heroin no.4 abusers, about a quarter of them (24.1%) injected the drug. On average they had their first drug-taking at age 15.9, first heroin no.4 taking at age 20.5, and first heroin injection at age 23.3 (see Table 4.5).

Tidigesic was usually taken by injection. Among its abusers, on average they had their first drug-taking at age 15.3, and first Tidigesic injection at age 23.9 (see Table 4.5).

In short, drug abusers seldom started their drug abuse history with injection. Thus injection was added to the drug abuse pattern later in their drug career.

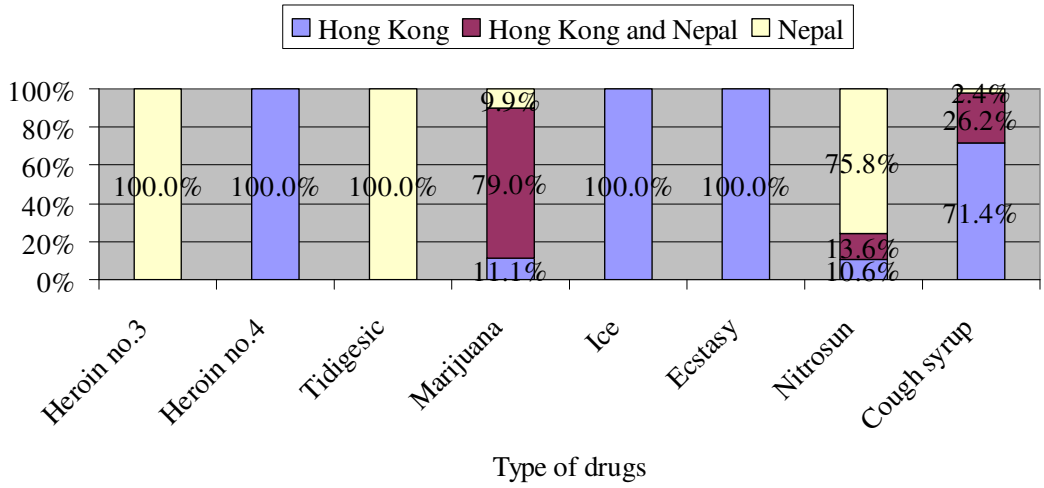
Table 4.5 Age of first drug-taking of injecting drug abusers by type of drugs and methods (mean)

Variable	Age of first drug-taking	Age of first taking heroin no.3/no.4	Age of first injection of heroin no.3/ no.4/Tidigesic
Heroin no.3 (n=11)	15.1	18.2	20.8
Heroin no.4 (n=21)	15.9	20.5	23.3
Tidigesic (n=39)	15.3	NA	23.9

4.4 Drug-taking Behavior in Hong Kong and Nepal

A large majority (89.9%) of Hong Kong Nepalese drug abusers abused drugs in both Hong Kong and Nepal. By type of drugs, heroin no.3 and Tidigesic were only abused in Nepal, whereas heroin no.4, ice, and ecstasy were only abused in Hong Kong. Nitrosun (75.8%) and cough syrup (71.4%) were mostly abused in Nepal and Hong Kong respectively, and marijuana was commonly abused (79.0%) in both places (see Chart 4.13).

Chart 4.13 Distribution of drug abusers by type of drugs and place



In our sample of drug abusers, many of them abused the same type of drugs in both Hong Kong and Nepal. For those who abused heroin and cough syrup in both Hong Kong and Nepal, the duration of heroin and cough syrup abuse in Hong Kong was significantly longer than that in Nepal (heroin: 4.2 versus 2.3; $t[69] = -4.46$, $p < .001$; cough syrup: 5.2 vs. 2.1; $t[21] = -4.25$, $p < .001$) (see Table 4.6). But in terms of daily amount, heroin abusers abused a significantly greater daily amount of heroin in Nepal than in Hong Kong (2.1 vs. 1.8; $t[69] = 2.48$, $p < .05$) (see Table 4.7).

Table 4.6 Abstinence-corrected total years of regular abuse by type of drugs and place

Variable	Nepal	Hong Kong	*t*	*df*	*p*
Heroin (n=70)	2.3	4.2	-4.46	69	.000
Cough syrup (n=22)	2.1	5.2	-4.25	21	.000

Table 4.7 Mean daily amount by type of drugs and place

Variable	Nepal	Hong Kong	*t*	*df*	*p*
Heroin (n=70, g)	2.1	1.8	2.48	69	.016

4.5 Perceived Reasons for Drug Abuse

From the perspective of drug abusers, different types of drugs served different functions. By using the scale developed by Annabel et al. (2001), 14 perceived reasons for drug abuse have been identified and they can be divided into five domains: "changing mood", "physical effects", "social purposes", "facilitate activity" and "manage effects from other substances" (see Table 4.8). Respondents were asked to evaluate these items for the drugs that they regularly abused from at least one type of drug to at most four types of drugs by using a five-point Likert scale (0 = never… 4 = always). The internal reliability of the scale of each drug was then checked by Chronbach's α. Results show that all of them had relatively high internal consistency (α coefficient ≥ 0.7). The proportion of respondents who reported the perceived function of a certain drug as "always" was also calculated.

Table 4.8 Structure of perceived functions for drug abuse scales

Domain	Item
Changing mood	Make yourself feel better when down or depressed. (FEEL BETTER)[a]
	Help you stop worry about a problem. (STOP WORRY)
	Help you to relax. (RELAX)
	Help you feel high. (FEEL HIGH)
Physical effects	Help you to sleep. (SLEEP)
	Help you to stay awake. (STAY AWAKE)
Social purposes	Help you enjoy the company of your friends. (ENJOY COMPANY)
	Help you feel more confident or more able to talk to people in a social situation. (INCREASE CONFIDENCE)
	Help you to look cool in front of your friends. (LOOK COOL)
Facilitate activity	Help you to concentrate to work or study. (WORK)
	Enhance an activity such as listening to music or playing a game or sport. (ENHANCE ACTIVITY)
	Help make something you were doing less boring. (DECREASE BOREDOM)
Manage effects from other substances	Enhance the effects of using other drugs. (ENHANCE EFFECTS)
	Help ease the after-effects of using other drugs. (AFTER EFFECTS)

[a.] Abbreviations for these items shown in brackets are used in this paper

Heroin no.3

Overall, the three most popular functions for the abuse of heroin no.3 were perceived to be, namely, “RELAX” (identified by 81.8%of the respondents as “always”), to “FEEL HIGH” (68.2%), and to ‘SLEEP’ (68.2%) (see Table 4.9).

Heroin no.4

The common functions for heroin no.4 abuse were to “FEEL HIGH” (79.0%), to “RELAX” (76.5%), and to “SLEEP” (72.8%). It was also commonly abused to “STOP WORRY” (60.5%) (see Table 4.9).

Tidigesic

In common with heroin no.3 and heroin no.4, the most popular functions for Tidigesic abuse were to “FEEL HIGH” (76.5%), to “SLEEP” (72.8%), and to “RELAX” (64.7%) (see Table 4.9).

Marijuana

Different from heroin and Tidigesic, the most common function for marijuana abuse was for social purpose —“ENJOY COMPANY” (50.9%) (see Table 4.9).

Ice

Same as heroin and Tidigesic, the most widely identified functions for ice abuse were to “RELAX” (85.7%) and to “FEEL HIGH” (85.7%). Ice was also commonly abused to “STOP WORRY” (76.2%) (see Table 4.9).

Nitrosun

Similar to marijuana, the most popular reason for Nitrosun abuse was to “ENJOY COMPANY” (88.9%). But it was also commonly abused to “STOP WORRY” (88.9%), to “INCREASE CONFIDENCE” (77.8%) and to “RELAX” (66.7%) (see Table 4.9).

Cough syrup

In common with marijuana and Nitrosun, the most popular function for cough syrup abuse was to “ENJOY COMPANY” (44.1%) (see Table 4.9).

In sum, heroin, Tidigesic, and ice were commonly abused for the purpose of “changing mood”, such as “RELAX” and “FEEL HIGH”, whereas marijuana and cough syrup were commonly abused for “social purpose” such as “ENJOY COMPANY”. For Nitrosun, it was commonly abused for both “changing mood”

(“STOP WORRY”) and “social purpose” (“ENJOY COMPANY”) (see Table 4.9).

Table 4.9 Perceived functions identified as "always" by type of drugs (%)

Variable	Heroin no.3 (n=22)	Heroin no.4 (n=81)	Tidigesic (n=17)	Marijuana (n=55)	Ice (n=21)	Nitrosun (n=9)	Cough Syrup (n=68)
Changing mood							
Make yourself feel better when down or depressed.	18.2[v]	43.2[v]	29.4[v]	16.4	38.1[iv]	44.4[v]	23.5[v]
Help you stop worry about a problem.	40.9[iv]	60.5[iv]	41.2[iv]	23.6[iv]	76.2[iii]	88.9[i]	13.2
Help you to relax.	81.8[i]	76.5[ii]	64.7[iii]	22.2[v]	85.7[i]	66.7[iv]	17.6
Help you feel high.	68.2[ii]	79.0[i]	76.5[i]	25.5[iii]	85.7[i]	44.4[v]	22.1
Physical effects							
Help you to sleep.	68.2[ii]	72.8[iii]	70.6[ii]	20.0	38.1[iv]	44.4[v]	20.6
Help you to stay awake.	0.0	7.4	0.0	9.1	19.0	22.2	8.8
Social purposes							
Help you enjoy the company of your friends	13.6	42.0	23.5	50.9[i]	28.6	88.9[i]	44.1[i]
Help you feel more confident or more able to talk to people in a social situation.	13.6	18.5	5.9	9.1	33.3	77.8[iii]	26.5[ii]
Help you to look cool in front of your friends.	13.6	4.9	0.0	20.0	14.3	44.4[v]	26.5[ii]
Facilitate activity							
Help you to concentrate to work or study.	0.0	4.9	5.9	9.1	14.3	44.4[v]	20.6
Enhance an activity such as listening to music or playing a game or sport.	4.5	32.1	0.0	29.1[ii]	33.3	44.4[v]	26.5[ii]
Help make something you were doing less boring.	13.6	21.0	23.5	20.0	4.8	33.3	17.6
Manage effects from other substances							
Enhance the effects of using other drugs.	9.1	8.8	0.0	18.2	9.5	22.2	4.5
Help ease the after-effects of using other drugs.	4.5	12.5	0.0	14.8	4.8	22.2	6.0
Chronbach's α for scale items	0.73	0.86	0.83	0.84	0.74	0.85	0.76

[i – v.] Indication of rank according to percentage

Overall perceived functions for drug abuse

In order to find out which functions were more important for abusers, functions which had been identified as "always" for any type of drugs was counted, and then the proportion was calculated.

Summarizing the perceived functions of different types of drugs, the top reason for Hong Kong Nepalese drug abusers to abuse drugs was to "FEEL HIGH". The next four main functions were "SLEEP", "RELAX", "ENJOY COMPANY", and "STOP WORRY" (see Table 4.10).

Comparing male and female drug abusers, male drug abusers mainly abused drugs to "FEEL HIGH", whereas female drug abusers mainly abused drugs to "SLEEP". Among the five most popular perceived functions, both male and female drug abusers chose to abuse drugs in order to "FEEL HIGH". However, female drug abusers were much more likely than men to abuse drugs to "SLEEP", to "RELAX", to "STOP WORRY", and to "INCREASE CONFIDENCE". Comparatively, male drug abusers were much more likely than women to abuse drugs to "ENJOY COMPANY". Findings from interviews show that male Nepalese drug abusers seldom abused drugs alone. They usually shared drugs or took drugs together in a group. It not only helped them to reduce the cost of drugs but also reinforced their friendship. This circle of friends was important because it was the source of information of drugs as well as other resources in the community. Comparatively, female drug abusers were less likely to abuse drugs to "ENJOY COMPANY". Nepal is a male-centered society and women's behaviors are strictly regulated. When a woman becomes a drug abuser, the stigma attached to her would be much stronger than that for their male counterparts.

Moreover, this study shows that women usually took drugs with their boyfriends or husbands. They seldom abused drugs to enjoy the company of their friends, but more to deal with emotional problems. The most frequently quoted reasons for drug abuse was "to avoid the pressure of the bad reputation as a female drug abuser", or "to avoid thinking about their dire relationship with their family".

Table 4.10 Overall perceived functions identified as "always" by sex (%)

Variable	Male (n=76)	Female (n=13)	Total (n=89)
Changing mood			
Make yourself feel better when down or depressed.	50.0	61.5	51.7
Help you stop worry about a problem.	68.4[v]	84.6[iii]	70.8[v]
Help you to relax.	78.9[iii]	92.3[ii]	80.9[iii]
Help you feel high.	84.2[i]	84.6[iii]	84.3[i]
Physical effects			
Help you to sleep.	80.3[ii]	100.0[i]	83.1[ii]
Help you to stay awake.	19.7	0.0	16.9
Social purposes			
Help you enjoy the company of your friends	73.7[iv]	61.5	71.9[iv]
Help you feel more confident or more able to talk to people in a social situation.	52.6	69.2[v]	55.1
Help you to look cool in front of your friends.	40.8	15.4	37.1
Facilitate activity			
Help you to concentrate to work or study.	30.3	7.7	27.0
Enhance an activity such as listening to music or playing a game or sport.	55.3	53.8	55.1
Help make something you were doing less boring.	36.8	23.1	34.8
Manage effects from other substances			
Enhance the effects of using other drugs.	21.1	7.7	19.1
Help ease the after-effects of using other drugs.	19.7	15.4	19.1

[i – v.] Indication of rank according to percentage

4.6 Use of Drug-related Services

In this survey, only a minority of the respondents (21.3%) were current drug abusers while the majority has abstained from drugs. The average length of abstinence from the last drug abuse to the present was for 1.8 years.

In Nepal the most common service used by Hong Kong Nepalese drug abusers was residential rehabilitation programs (69.7%), whereas in Hong Kong the most common service used by them was methadone clinic (74.2%). Other services were not commonly used. Comparing younger adults and older adults, older adults were much more likely to use the service of methadone clinics in Hong Kong. For other services, the pattern was very similar.

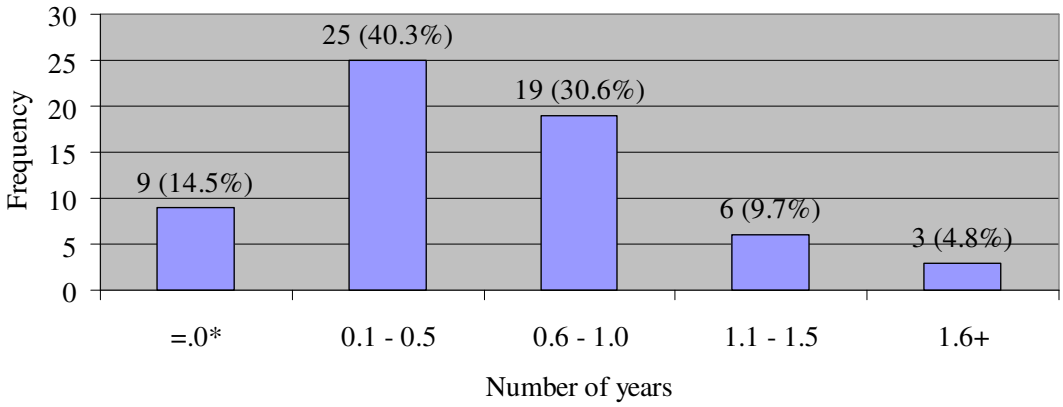
Comparing male and female drug abusers, male drug abusers were much more likely to use residential rehabilitation programs in Hong Kong. Most female drug abusers (92.3%) used residential rehabilitation programs in Nepal, but none of them used such service in Hong Kong (see Table 4.11).

Table 4.11 Distribution of drug abusers by use of drug-related services (%)

Variable	Aged below 25 (n=33)	Aged 25 or above (n=56)	Male (n=76)	Female (n=13)	Total (n=89)
Nepal					
Methadone program	3.0	1.8	2.6	0.0	2.2
Buprenorphine program	3.0	1.8	2.6	0.0	2.2
Residential rehabilitation program	63.6	73.2	65.8	92.3	69.7
Detoxification center	12.1	16.1	13.2	23.1	14.6
Hong Kong					
Methadone clinic	57.6	83.9	75.0	69.2	74.2
Substance abuse clinic	3.0	3.6	3.9	0.0	3.4
Residential rehabilitation program	27.3	26.8	31.6	0.0	27.0

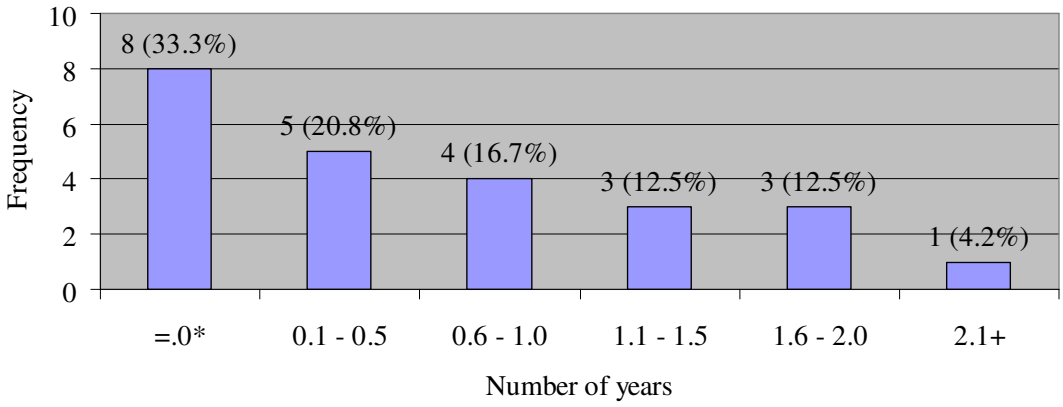
Regarding residential rehabilitation service, on average drug abusers spent 0.8 years in these programs both in Nepal and Hong Kong. Forty-percent used the service in Nepal between one and six months, whereas in Hong Kong one-third of them (33.3%) used the service for less than one month (see Chart 4.14 and Chart 4.15).

Chart 4.14 Total years of use of residential rehabilitation service in Nepal by drug abusers



*less than one month

Chart 4.15 Total years of use of residential rehabilitation service in Hong Kong by drug abusers



*less than one month

Furthermore, the respondents took part in these programs for more times in Nepal than in Hong Kong (2.1 times vs. 1.3 times), but in each time the duration was shorter (0.4 years vs. 0.8 years) compared to the length spent in Hong Kong.

5. Discussion II

By comparing the sociodemographic characteristics of Nepalese drug abusers, their perception of their familial, social and cultural experience, their drug abuse history, and their perceived functional reasons for drug abuse, we attempt to identify factors related to: 1) the duration of drug abuse, and 2) the duration of staying clean.

5.1 Duration of Drug Abuse

In the sample of drug abusers, on average they have abused drugs for 9.6 years excluding period of abstinence. We identified the following factors correlated to the duration of drug abuse.

5.1.1 Family expectations

Drug abusers who agreed or strongly agreed to the statement "my family had very high expectation of me" had a higher tendency to abuse drugs for a shorter duration ($r[85] = -.34$, $p < .01$). Among the drug abusers, data indicated that high family expectations tended to give them so much pressure as to cause them to turn to drugs; yet at the same time family expectation was also the motivation for them to stop abusing drugs or abstain for a longer period. Thus, family care and support are crucial in rehabilitation.

5.1.2 Abuse of Tidigesic

Tidigesic was usually taken in the later stages of one's drug career. On average it was taken for the first time at the age of 23.9. Tidigesic abusers tended to have a longer duration of drug abuse ($r[86] = .30$, $p < .01$). One reason may be that Tidigesic was highly addictive and so it was very difficult for drug abusers to stop using it. Furthermore, this drug was cheaper than heroin no.3 in the drug market in Nepal.[4] Drug abusers who used to inject heroin no.4 in Hong Kong or inject heroin no.3 in Nepal would use them interchangeably. This made their duration of drug injection even longer.

5.1.3 Use of rehabilitation programs and methadone service in Hong Kong

The frequency of using rehabilitation programs in Hong Kong ($r[86] = .47$, $p < .001$) and the duration of use of methadone service in Hong Kong ($r[86] = .25$, $p < .05$) are positively correlated to the duration of drug abuse. One reason may be that rehabilitation programs in Hong Kong were not effective for Nepalese drug abusers. Even though they participated in the programs many times, they still could not stop abusing drugs. One of the service

[4] Heroin no.3 cost NRs 600 per gram, whereas Tidigesic cost NRs 60 – 100 per one ampoule (Reid and Costigan 2002). According to our survey, on average drug abusers abused 6 ampoules of Tidigesic in one day, costing NRs 360 – 600, or they abused 2.1 grams of heroin no.3 which cost NRs 1,260 (HK$1 = NRs 9.69). Tidigesic was much cheaper.

providers of rehabilitation programs in Hong Kong opined that Nepalese drug abusers showed a low level of determination to quit drugs, instead they seemed to participate in the program to cure their physical sickness. They had not changed their attitudes towards drugs. Regarding methadone service, since the purpose of the service was for harm reduction and not total abstinence, the service may help Nepalese drug abusers not to abuse drugs continuously but it was not able to shorten the total duration of drug abuse.

5.2 Duration of Abstinence from Last Drug Abuse to Present

Regarding duration of abstinence from the last drug abuse to the present, we identified the following correlating factors:

5.2.1 Duration of residence in Nepal and residence in New Territories East in Hong Kong

Drug abusers who stayed in Nepal for a longer period of time after coming to Hong Kong for long-term stay had a higher tendency to stay clean for a longer duration ($r[87] = .62$, $p < .001$). There are several reasons: firstly, they usually returned to Nepal to receive rehabilitation treatment so this helped them to abstain from drugs; secondly, after returning to Hong Kong they maintained close relations with the network in Nepal which gave them support to keep clear of drugs. In addition, in Hong Kong drug abusers who stayed in New Territories East ($r[87] = .25$, $p < .05$) had a higher tendency to stay clean for a longer period. We do not have clear data explaining this but our hunch is that since there were very few Nepalese communities in New Territories East, ex-drug abusers were less likely to be exposed to negative peer influence causing them to relapse.

5.2.2 Total duration and average duration in each participation in rehabilitation program in Nepal

Drug abusers who spent a longer time in rehabilitation programs in Nepal in each time ($r[87] = .26$, $p < .05$) and in total ($r[87] = .33$, $p < .01$) had a higher tendency to stay clean longer. One reason could be the structure of rehabilitation programs in Nepal— programs are at least half a year long, with three months of residential program followed by three months of day care. In a familiar social environment, program workers not only helped the drug abusers to cure their physical sickness but also re-socialized them in developing attitudes and values towards their family, friends and career. Although rehabilitation programs in Hong Kong usually offered one-year or longer treatment, there were no strong correlations between duration of

abstinence and total duration ($r[87] = .10$, $p > .05$) and average duration ($r[87] = .10$, $p > .05$) of participating in rehabilitation programs in Hong Kong. It was because the rate of using the service was low. Many Nepalese came to Hong Kong for economic reasons. In their perception, they would lose opportunities to make money if they stayed in rehabilitation centers for too long. As a result, long treatment in Hong Kong had become a deterring factor for Nepalese drug abusers to seek for the service.

B. Participant Observation and Interviews

1. Participant Observation

In November and December 2009, participant observation was carried out in a drug rehabilitation center in Hong Kong. During the time of research, there were five South Asian clients. As participants, they spent every day in the same place with the same group of people. They could not leave the center or get any information from the outside world. They could only visit with family members once a month. The center resembled a "total institution" (Goffman 1971) in which participants' freedom and action were restricted, as they had to follow regular daily routines. Breaking the rules would lead to different forms of sanction or penalty.

There were two important features in the rehabilitation center being observed. Firstly, a Protestant Christian approach was adopted, the goal of which was to re-socialize the drug abusers so that they would develop a clear break with their deviant past and build up a deep allegiance to the Christian faith. It is believed that this would allow the service users to take part in work and family life and other conventional activities in future. Secondly, the center adopted an affirmative approach to Nepali culture. For example, the Nepalese participants could speak Nepali among themselves, watch Hindi movies in their leisure time, and read Nepali Christian books. They were not required to assimilate with other Chinese clients.

To these approaches and arrangements, different clients had different responses. Ram[5] told me that he did not believe in any religion. But after joining the program, he deeply believed in Christianity which had helped him "find the meaning of life" and "build correct moral values". On the other hand, another client Jeevan did not like Christianity and told me that the program was "brain-washing" because service users were required to follow Christian practice from day to night. He did not find the program helpful. Santosh had participated in rehabilitation programs in both Hong Kong and Nepal. Religion was situational to him. He said, "While I am in Hong Kong, I am a Christian. While I am in Nepal, I am a Buddhist." In other words, he would follow the requirements of the respective religious organizations, but he would not develop a deep allegiance to the theologies concerned.

Other than religion, the South Asian service users were also concerned about cultural and institutional arrangements. Even though they were allowed to practice Nepali culture in the rehab center, they could not cook nor eat Nepalese food due to the limited resources in the center. They had to eat the same Chinese food as everyone did. They found it difficult to get used to the taste of Chinese food. Furthermore, there was a language barrier. They had to communicate with the staff members in English, and found it difficult to have any deep sharing of feelings.

[5] Pseudonyms are used for drug abusers in this report to protect their identity.

Moreover, compared to other non-Christian rehabilitation centers in Hong Kong and Nepal, there were more restrictions. For example, they were not allowed to smoke throughout the program. During detoxification, they would not be given medicine but instead only receive massage and one-to-one caring by other clients to help them reduce the pain. In addition, they were expected to stay at the center for at least one year to complete the program. But many Nepalese migrants came to Hong Kong for economic reasons—they needed to make money for their family in Hong Kong as well as to remit money to their family in Nepal. When they regained their physical strength, they often wanted to go outside to work. Thus the institutional arrangements did not meet with their specific needs.

2. Interviews

Semi-structured interviews were conducted with 10 professionals who were familiar with the drug scene in Nepal. They were from academic and non-governmental organizations which provided drug-related services for drug abusers. Furthermore, we have conducted semi-structured interviews with 10 Nepalese drug abusers who had drug abuse experience in Hong Kong (see Table 6.1).

Table 6.1 Details of Informants

Interviews	Number of Participants
Nepal	
1. Service Providers	
Residential Rehabilitation Centers	3
Drop-in Center	1
Methadone Program	2
Buprenorphine Program	1
Drug Service Organization	1
2. Academic	
Sociologist from university	1
Researcher from NGO	1
Hong Kong	
Hong Kong Nepalese drug abusers	10
Residential Rehabilitation Program	5
Methadone Program	5

In Nepal, drug abuse was mostly a middle-class phenomenon and drug abusers were usually from well-to-do families. Mr. Bijay Pandey was in charge of a buprenorphine center. He believed that the parents in middle class families were too

busy with their work and had no time for their children. They gave their children pocket money but did not know that they spent it on drugs. Also, some parents worked overseas, and in Nepal, they were known as "*lahure*" ("people who go abroad in search of jobs, mainly in military, police and security-related ones") (Acharya 2002:52), and their children were known as "*lahureko chorra chorri*". According to Ashish Sinha, a Nepalese sociologist, society tended to blame these split households for spoiling their children so much that they abuse drugs and stigma was attached to them. Sinha challenges this idea and instead finds that some lahure parents were very strict with their children in order to avoid social stigmatization. Among the informants in this study, Bikash's case illustrates Sinha's point. Bikash's parents were very strict with him and had sent him to a boarding school which had very strict school regulations. He started taking marijuana when he was 13 years old because of peer influence. In the school, many of his classmates were *lahureko chorra chorri*, and they had introduced him to marijuana. Equating "*lahureko chorra chorri*" with drug abuser in society made it a self-fulfilling prophecy. Bikash recalled that when he took marijuana with his friends in school, it gave them a lot of pleasure. Ganesh, another drug abuser also had similar experience. He started taking marijuana when he was studying secondary school. He liked to take marijuana with his friends because of the pleasure. When they took marijuana, they would ride the bike to go to the countryside. They made jokes and played music. For Bikash and Ganesh, they took drugs not only for mood-changing but also for social purposes.

These *lahureko chorra chorri* usually spent their childhood and teenage period in Nepal. When they graduated from secondary school, they would come to Hong Kong to find work. Before they came to Hong Kong, some of them would go to a rehabilitation center in Nepal to quit drugs. They were afraid that they could not continue their drug habits in Hong Kong as they heard Hong Kong was different from Nepal. Furthermore, they also wanted to grasp this opportunity to start a new life in a new environment. But no sooner had they come to Hong Kong than they realized that they could find drugs easily in Hong Kong. Manoj was a good example. He started abusing drugs such as marijuana and heroin no.3 in Nepal, and before he came to Hong Kong, he had stayed clean for three months. After coming to Hong Kong, his cousin introduced him to heroin no.4. Then he relapsed, increased dosage, and even used injection. In Manoj's opinion, it was much easier to find drugs in Hong Kong than in Nepal. In Nepal, when drugs were not available in cities, drug abusers had to travel to the borderland to buy drugs. But in Hong Kong, drugs were always available in the market.

Furthermore, drugs were not only abused in the school, but also in the workplace. Santosh was a construction worker in Hong Kong. In summer, he had to work for long

hours under the sun and after work he would feel intense pain in his muscle. His colleagues introduced him to heroin. He took it in the morning before he went to work and also during the break. He said heroin not only helped him to pass the work time easily but also reduced his muscle pain. Similarly for Sachin who was a bar tender, drugs was used to enhance his work. His supervisor was very demanding which gave him a great deal of pressure. One of his Nepalese friends introduced him to cough syrup. After drinking it, he thought he could carry out his job nicely. He believed that he became more creative and was able to make better cocktail. These stories showed that there were instrumental reasons for abusing drugs.

Regarding drug-related services, many drug abusers in Hong Kong have used the methadone clinics. Some of them said the service was very helpful because it could help them cure the physical sickness from drugs. But some of them said it made their situation even worse. They became addicted to methadone and had to take it every day. In addition, it made them even sicker when they underwent detoxification programs. Sanjeev had the experience of going to a rehabilitation center both before and after taking methadone. Before he took methadone, the sickness during detoxification was intense but only lasted for no more than three to four days. But after taking methadone, the sickness was slightly less intense but lasted for more than one week. This belief was commonly held by many Hong Kong Nepalese drug abusers. For some of them who used methadone, this became a reason for them not to acquire rehabilitation service.

In Nepal, the methadone program was run from 1994 to 2002. Without proper supervision, there were cases of misuse of methadone at that time and the program closed down. In 2007, with the advice of UNODC, the government relaunched the methadone program. At the same time, the government launched the buprenorphine program. Both of them were “harm reduction programs”. Unlike Hong Kong, due to limited resources, it was a high-threshold program which targeted drug abusers who were poor, who had a long history of drug abuse, and who abused drugs by injection. This kind of harm reduction program was well received by drug abusers, but the public considered this program a means for drug abusers to get cheaper drugs which poisoned them. Mr. Sunil Adhikari who was in charge of a day care center for methadone patients, said his center met with strong opposition from the neighborhood when it was first established. Their neighbors were worried that the methadone patients would bring crime and drug problems to the community, which in fact did not happen. One of the respondents in this study, Surash, was a drug abuser who used methadone in Hong Kong. He said the concept of harm reduction was not well established in Nepal. When his family in Nepal knew that he was taking methadone, they thought he was just using another kind of drugs and asked him to quit the

program. Surash felt it would take a rather long time for the public, i.e. non-drug abusers, to accept this kind of program.

Comparatively, the concept of rehabilitation program was well established in Nepal. Many drug abusers and their family members preferred it. Most rehabilitation centers were run by ex-drug abusers. They adopted the Narcotics Anonymous (NA) approach[6] and many Nepalese drug abusers found it useful. Even after they were discharged from the rehabilitation center, they would still join the weekly meetings. In Hong Kong, although no rehabilitation center in Hong Kong adopted the NA approach, NA meetings could still be found. They were organized by Nepalese ex-drug abusers who had joined the NA program in Nepal before. Most participants were Nepalese drug abusers and the Nepali language was used. During the meeting, they shared the difficulties in their everyday life, encouraged each other, and made a commitment together to stay away from drugs. As they shared similar backgrounds, they could understand each other easily.

In addition, the rehabilitation program in Nepal only lasted for three to six months. There was no prohibition of smoking. In some of the centers, medicine was provided during detoxification. Many Hong Kong Nepalese drug abusers preferred going to rehabilitation centers in Nepal. From the perspective of the family of drug abusers, they too preferred rehabilitation programs in Nepal. One reason was because they could request the rehabilitation center to take the drug abuser to the center by force, but this coercive approach was impossible in Hong Kong. Mr. Bishnu Sharma, who was in charge of a drug rehabilitation center in Nepal, however, expressed that the quality of rehabilitation centers varies a lot in Nepal, and government supervision was not always adequate.

In contrast, Nepalese drug abusers in Hong Kong hesitated to use rehabilitation programs in Hong Kong. Firstly, there were few options. Even though there were 26 organizations providing drug-related services in Hong Kong, only four of them were providing services specifically for South Asians (see Table 6.2). Secondly, these organizations were usually run by Hong Kong Chinese for Hong Kong Chinese. Although there may be Nepalese staff members in some of these programs, they often only worked as middle people whose main responsibility was to act as a bridge between minority drug abusers and the Chinese staff. Thus, a lack of cultural awareness and understanding among the frontline staff became a barrier for the Nepalese drug abusers seeking rehabilitation.

In addition, as explained above, the Christian approach in rehabilitation programs

[6] The Narcotics Anonymous program is designed to help recovering drug addicts to help them to stay clean. It emphasizes that drug abusers are with disease—an attitudinal problem which can be cured. The program was developed in the 1940s in the USA and now it is widely practiced in many countries.

and the long duration of treatment were causes of concern for Nepalese drug abusers. Even though in Hong Kong some residential rehabilitation programs did not have a particular religious affiliation, or they provided a shorter duration of treatment, they were still not preferred by Nepalese drug abusers. One interviewee, Manoj, who was an ex-drug abuser, said these programs were in general lacking in structure, in contrast to Narcotics Anonymous programs. He also thought that, as these programs had no Nepalese staff members, no Nepalese companion, nor Nepalese food, these programs did not welcome Nepalese. Thus many Nepalese drug abusers would rather return to Nepal for rehabilitation. This feeds back to the reality that the Nepalese in Hong Kong remains a segregated ethnic minority which has little contact with mainstream society. They have to rely on their own ethnic community or their transnational family networks for help and support.

Table 6.2 List of drug-related services in Hong Kong

Name of Organization	Specified for South Asians	Religious Affiliation	Area of work
1. Tung Wah Group of Hospitals CROSS Centre	×	×	Counseling/ referral service/ care and support
2. Hong Kong Lutheran Social Service	×	✓	
3. Hong Kong Christian Service	×	×	
4. Hong Kong Children and Youth Services Sane Centre	×	×	
5. Caritas HUGS Centre	×	×	
6. Evangelical Lutheran Church Hong Kong, Enlighten Centre	×	✓	
7. Hong Kong Sheng Kung Hui Welfare Council, Neo-Horizon	×	×	
8. The Society of Rehabilitation and Crime Prevention, Hong Kong (Project ROSA)	✓*	×	
9. Yang Memorial Methodist Social Service	✓*	✓	
10. Narcotics Anonymous	×*	×	
11. Hospital Authority	×*	×	Substance abuse clinic
12. HKSAR Government Department of Health	×*	×	Methadone clinic

Name of Organization	Specified for South Asians	Religious Affiliation	Area of work
13. Caritas Wong Yiu Nam Centre	×*	✓	
14. Christian New Being Fellowship	×	✓	
15. Christian New Life Association	×	✓	
16. Christian Zheng Sheng Association	×*	✓	
17. Drug Addicts Counseling and Rehabilitation Services, Enchi Lodge	×	✓	
18. Finnish Evangelical Lutheran Mission	×	✓	
19. Glorious Praise Fellowship	×	✓	Residential rehabilitation program
20. Hong Kong Christian Service, Jockey Club Lodge of the Rising Sun	×*	×	
21. Operation Dawn	✓*	✓	
22. Perfect Fellowship	×	✓	
23. Remar Association	×*	✓	
24. St. Stephen's Society	✓*	✓	
25. Wu Oi Christian Centre	×	✓	
26. The Society for the Aid and Rehabilitation of Drug Abusers	×*	×	Residential rehabilitation program & counseling and referral service

*Services used by the respondents in this survey.

Part III Conclusion

In this section, we will discuss the overall pattern of Hong Kong Nepalese drug abusers: 1) their drug career, 2) their socio-cultural experience and drug abuse, and 3) their perceived functions of drug abuse, based on the findings in the survey, the semi-structured interviews, and participant observation conducted in both Hong Kong and Nepal.

1. Drug Career

A large majority of Hong Kong Nepalese drug abusers started taking drugs between 10 and 19 years old (90.9%) and in their home country Nepal (85.4%). On average, they came to Hong Kong at the age of 18 and most of them had their primary (84.3%) as well as secondary education (83.1%) in Nepal. The drug that they commonly abused for the first time was marijuana. In the interviews, informants expressed that they had their first drug-taking when they were studying in secondary school. They wanted to have fun and excitement with their friends, and they usually took drugs in a school, a park, or the countryside. It was not difficult to find marijuana in Nepal since it was widely grown.

After their first drug-taking, most of them (97.8%) would take other kinds of drugs. On average they abused six types of drugs in their drug abuse career. In the initial stage, they abused marijuana and Nitrosun. Nitrosun is a pill which was more common in Nepal than in Hong Kong. Respondents thought it was similar to marijuana and was less harmful, and it was taken in the initial stage.

Subsequently, if they were in Nepal, they would abuse heroin no. 3 or cough syrup. If they were in Hong Kong, they would abuse cough syrup, ecstasy, heroin no.4, or ice. For ecstasy and ice, they did not abuse them daily but 2 – 3 days per week. According to the informants, the effect of ice was so strong that it lasted for two to three days. Similarly they usually took ecstasy in parties in the weekend. Comparatively, they took heroin no.3, heroin no.4, and cough syrup almost daily. Informants said these drugs were addictive and had to be taken every day in order to cure the physical sickness. Without taking them, they could not maintain their daily activities.

In the later stage, they needed to take stronger drugs in order to get high, and often this led to the use of injection. They might inject heroin no.3 in Nepal and heroin no.4 in Hong Kong. Furthermore, they might take Tidigesic. Tidigesic was buprenorphine, which was available in Nepal but not in Hong Kong. It was usually taken by injection. Some drug abusers preferred Tidigesic to heroin no. 3 because it was cheaper.

A majority of the respondents in this study (74.2%) have used methadone service in Hong Kong. This high percentage may be caused by the bias of sampling since most of the respondents were recruited through the methadone center. On the other hand, many informants in the interviews did express that they had used this service

before, especially when they could not afford heroin. They would seldom use methadone service to abstain from drugs, though some of them had tried to do so. They reported that it was an unsustainable method because it was easy to relapse when one lived in the same social environment.

Furthermore, a majority of them (69.7%) had used residential rehabilitation programs in Nepal and a much smaller proportion (27.0%) had used such service in Hong Kong. On the one hand, it may be caused by a sampling bias since many respondents were recruited from the residential rehabilitation programs in Nepal. On the other hand, many informants in the interviews expressed that they preferred having the service in Nepal because they often met cultural and social problems in drug rehabilitation programs in Hong Kong. Their experiences are summarized below:

Table 7 Residential rehabilitation programs in Nepal and Hong Kong

	Residential rehabilitation programs	
	Nepal	Hong Kong
Religion	Most of the centers were run by local NGOs and had no religious affiliation. Clients could practice their own religion.	Most of the centers were run by Protestant organizations and most drug abusers were not Christians. They were not used to Christian practice.
Program	Most of the centers adopted the program of Narcotics Anonymous. Clients found the program well-structured and useful for solving their specific problems.	Most of the centers used Biblical approach. Some clients found its structure loose and irrelevant for them.
Staff members	All staff members were Nepalese. They could have good communication with their clients.	Most staff members were Chinese. They had language and cultural barrier. It was difficult for the staff to understand South Asians' situation.
Duration	Compulsory three-month in-residence program, followed by optional three-month out-residence program. Most clients preferred shorter treatment.	The treatment lasted for one year. Most clients found it too long and very few of them could complete the treatment.
Food	Nepalese food was provided.	Chinese food was provided. Most clients did not like it.

Although many Hong Kong Nepalese drug abusers did not prefer the residential rehabilitation programs in Hong Kong, those who have used the service and completed the program suggested that it was an important factor in abstinence from drugs. They suggested that if drug abusers could stay in the rehabilitation center for a required duration, they would be more likely to abstain for a longer period of time. They believed that in these programs they could learn Chinese culture and develop a deep allegiance to the Christian religion, which in turn helped them to reintegrate into society and stay away from drugs by religious faith. On the contrary, if they stayed for a shorter period of time in the center and joined the program many times, they would be more likely to relapse, as the treatment was no longer effective for them.

2. Socio-cultural Experience and Drug Abuse

All respondents in this survey were transnational migrants who had residence in both Hong Kong and Nepal. This transnational experience had affected their perception of familial, social, and cultural life, which might be conducive to their drug abuse.

In this survey, the majority of drug abusers (92.1%) had their father or grandfather having worked in the British Army. Thus they usually grew up in a split household. When they were small, they did not live with their parents but were taken care of by their relatives. Since their father or grandfather worked in the British Army, the family had good income and could satisfy the material needs of their children. The survey also showed that compared to non-drug abusers, drug abusers were more likely to feel that they lacked parental care and that they were spoiled by their family. It was even more obvious for younger adults and females. Younger adults and females in Nepalese society in general were less independent socially, and family support was more significant to them. Split households that offered less attention and support may bring about loose or negative familial relations. Similarly, as Nepal is a male-centered society and women play an inferior role in the family, female members may not receive as much care and support as their male siblings, which may also result in negative familial experience.

However, familial experience was not only crucial to their initiation of drug abuse but also crucial to their drug abuse behavior. For those whose family had high expectations of them, they were more likely to have a shorter duration of drug abuse. In other words, attachment to significant others and involvement in conventional institutions, i.e. the family, can help to prevent them from involving in deviant behavior (Hirschi 1969).

Regarding social perception, there were no significant difference between drug abusers and non-drug abusers. In many social studies, discrimination faced by drug

abusers was one of the important reasons that caused them to abuse drug (for example Bourgois 1995 and Singer 1999). In our interviews, several informants shared their difficulties in finding satisfactory accommodation and jobs in Hong Kong due to their minority status. However, this was not reflected in the survey. One of the reasons may be that the respondents were usually involved in marginal activities such as drug abuse and had little social interaction with mainstream society. Furthermore, they seldom experienced institutional discrimination—they could enjoy public facilities as other locals do and were protected by the law equally. This acted as a leveling mechanism to balance their negative social experience in Hong Kong.

Finally, their cultural perception about drugs was crucial to their drug abuse behavior. In the survey, compared to non-drug abusers, drug abusers were more likely to agree to the following ideas: hippie culture, western drug culture, ganja use in Nepali culture, drinking alcohol in Matwali culture, and drug use culture amongst children of migrant workers (*lahureko chorra chorri*).

In Hong Kong, young Chinese drug abusers seldom abused heroin but instead they usually abused club drugs. They had very negative impressions of heroin abusers, which were a result of representations in the mass media (Laidler 2005). Comparatively speaking, Nepalese drug abusers did not share the same kind of impression for heroin drug abusers. On the contrary, they were inspired by the hippie culture and the western drug culture. There were very few messages either in popular culture or in the schooling system that countered this rather positive image of western drug culture. Furthermore, they also ascribed their drug abuse behavior to Nepalese culture. In interviews, many informants admitted they took drugs especially marijuana because it was socially and culturally approved. But at the same time, some drugs abusers said they actually realized the danger and risk of drug abuse even before they started taking drugs. But because of the labeling effect of the identity of Nepali/*Matwali*/*lahureko chorra chorri*, they felt they were fulfilling their cultural roles by taking drugs.

3. Perceived Functions of Drug Abuse

Drug abusers had different perceived functions for different types of drugs. For example, marijuana, Nitrosun, and cough syrup were mainly for social purpose. These drugs were also abused in the initial stage of their drug career. Comparatively, heroin, Tidigesic, ice and Nitrosun were abused to help change mood, e.g. to relax and feel high. Heroin and Tidigesic were usually abused in the later stages of the drug career. However, they seldom abused drugs to manage effects from other substances. The reason may be that they seldom abused more than one kind of drugs at a time.

In the survey, although few respondents expressed that they relied on drugs to

facilitate activity, in the individual interviews many informants expressed that they abused drugs for instrumental reasons, for example to concentrate at work and to enhance the feelings of listening to music and watching movies. This was not reflected in the survey probably because this stage did not last very long in their drug career. Many of them were addicted to drugs and gradually abused a higher dosage. The drug could no longer help their work or help them to enjoy the activity. They have shifted the focus to the high feeling of the drug only.

With respect to gender, unlike male drug abusers, female drug abusers started taking drugs at an older age (15.5 years old vs. 17.5 years old among males). Although most of them (84.6%) took marijuana in their first drug-taking, they abused a lower dosage (female: 3.6 sticks; male: 9.8 sticks) and abused marijuana for a shorter time (female: 5.4 years; male: 8.2 years). Furthermore, male drug abusers started to take hard drugs only after three to nine years of first drug-taking (heroin no.3: age 18.2, heroin no.4: age 19.4, and Tidigesic: age 24.0). But it happened rather early for female drug abusers. They started to take heroin no.3 almost simultaneously as their first drug taking and heroin no.4 and Tidigesic after two to six years of first drug taking (heroin no.3: age 17.4, heroin no.4: age 19.7, and Tidigesic: age 23.0). The same pattern was also found for first drug injection. Female used injection at the age of 22.5 whereas male used it at the age of 25.0. One of the reasons for this difference may be that female drug abusers seldom abused drugs for social purposes and facilitation of activity as shown in the survey. In Nepalese culture, female activities were strictly restricted. While men were free to take part in many social activities, women were not allowed. The norm for women was to stay at home. As the survey has shown, female drug abusers abused drugs mainly for changing mood and physical effects, e.g. help them to sleep. The pattern shows that women tended to solve their problems such as social oppression and the stigma of drug abusers through drug-taking. In order to relieve these negative feelings, they were prone to abuse hard drugs, increase the dosage, and apply more risky methods of administration, i.e. injection.

Part IV Recommendations

The findings in this research show that the situation of Hong Kong Nepalese drug abusers is a cause for alarm. Although the sample is small, that 97.8% of them were heroin abusers, 51.7% were injection drug abusers, and on average they have abused drugs for 9.6 years, calls for timely action. In order to tackle the problem, preventive measures are recommended at three levels as follows:

1. Primary prevention: prevent Hong Kong Nepalese from early abuse of illicit drugs;
2. Secondary prevention: prevent Hong Kong Nepalese drug abusers from further drug abuse and facilitate their rehabilitation; and
3. Tertiary prevention: prevent relapse among Hong Kong Nepalese drug abusers.

1. Primary Prevention

Most Nepalese drug abusers started taking drugs between 10 and 19 years old (90.9%). Drug prevention and education program should be targeted at this high risk group. The program should focus on teenagers' misconceptions about drugs and drug abuse, and teach them the facts and myths about drugs, such as:

(a) Marijuana is an illicit drug and is harmful to health;
(b) Drug scenes depicted in the mass media are selective representations and can be misleading;
(c) Drugs have no instrumental use—it cannot help your study or work, or enhance you capability in your favorite activities;
(d) Drugs cannot enhance your enjoyment of the company of your friends, but instead will affect the quality of your friendship;
(e) Drug abuse is not a legitimate and appropriate way to pursue happiness or relieve negative feelings.

In order to make this kind of program and education effective, it should be carried out at places and events that young people often gather, for example, in primary and secondary schools, game centers, cyber cafés, bars and discos, and public parks. In schools, drug education programs should be incorporated in the formal and informal education curricula. In different places, promotional activities, and pamphlets and posters in Nepalese languages should be made readily available. It should be pointed out that instead of leaving these pamphlets in government offices and community centers, which is a passive approach, they should be proactively given out in schools, cyber cafes, retail businesses, churches, and Nepalese organizations. It is also suggested that different versions of these pamphlets should be developed for different age groups. In addition, young people are easily influenced by the mass media. Pop music, TV trailers, and movies that convey anti-drug messages are effective means

and will attract the Hong Kong Nepalese community. Finally, it is essential to educate the family and parents of Nepalese youth about the problems related to drug abuse, and in particular engage them actively in primary prevention.

2. Secondary Prevention

It is very important to provide suitable drug-related services for Hong Kong Nepalese drug abusers in order to prevent them from further drug abuse. In the survey, a majority of drug abusers (69.7%) have used the service of residential rehabilitation programs in Nepal, whereas only a small number of them (27.0%) have used such service in Hong Kong. To encourage them to use the service in Hong Kong, it is recommended that:

(a) there should be more Nepalese social workers and outreach workers. They have better understanding of Nepalese culture and can give better advice to clients. They can also break the stereotype that Hong Kong drug-related services are only for Chinese and are not for Nepalese.

(b) other than the Christian approach, a variety of approaches, e.g. Narcotics Anonymous (NA), should be made available in rehabilitation centers so that individual needs of abusers and appropriate measures can be well-matched. Furthermore, NA program has been proven effective in Nepal, and most Nepalese are familiar with this program. This could be the first step to a more needs-specific service.

(c) culture-specific approaches should be practiced in residential rehabilitation programs. Nepalese clients should be allowed to practice their culture, particularly their language, food, and religion. As the relationship between the client and the staff is often the key to the success of the rehabilitation process, the hiring of Nepalese staff in the centers is essential.

(d) rehabilitation programs specially designed for female drug abusers should be provided. This survey shows that no female drug abusers have received drug rehabilitation services in Hong Kong. For cultural reasons, female Nepalese drug abusers are much more stigmatized than their male counterparts and they are hesitant to seek for drug-related services. This is a high risk group that requires special attention.

(e) during, and following the rehabilitation, the drug abuser's family should be actively engaged as part of the program, as the Nepalese family serves as a critical motivation for quitting drugs and as a strong support in drugs abstinence.

3. Tertiary Prevention

After rehabilitation, it is important to prevent ex-drug abusers from relapse, and follow-up service is essential.

(a) In Hong Kong, many Nepalese ex-drug abusers are familiar with Narcotics Anonymous, and are receptive of attending NA meetings. If NA meetings can be made more available and accessible, i.e., offered at convenient locations and time slots, they are a very cost-effective form of mutual support group and/or supervised self-help network.

(b) A more comprehensive system of services for ex-drug abusers needs to be planned, offering different approaches and programs for specific needs. In particular, these should be managed by frontline social/medical workers with culture awareness, and ethnic minority cases should be followed up by these trained personnel.

(c) Furthermore, it is important to help ex-drug abusers to reintegrate into society. Vocational training leading to employment for ex-drug abusers of different genders should be complemented by supportive programs such as Cantonese language courses, English language courses, and interest groups.

(d) Drug abusers could be encouraged to build new social networks and be assisted in finding alternative housing. Information and access to critical social services should be made available through user-friendly means. These will develop empowerment not only of drug abusers but also of their immediate social circle which provides critical support.

(e) Training in culture awareness and equal opportunity for social workers as well as staff in drug-related programs must be enhanced through formal education, including undergraduate, postgraduate programs and on-the-job staff development programs.

(f) In the long run, structural discriminatory practices against ethnic minorities should be seriously dealt with, particularly in the enforcement of the Racial Discrimination Ordinance. Ethnic minorities should be facilitated to take part in mainstream society and not confine themselves to certain areas of residence or types of job. A sense of citizenship rights and responsibilities should be encouraged.

Part V Appendix 1

Survey Questionnaire

Respondent: ☐☐☐

Questionnaire for the Study of Hong Kong Nepalese Drug Abusers (2010 JAN – JUN)

Namaste! I'm from the Chinese University of Hong Kong. Now the University works with Narcotic Divisions of Hong Kong Government to conduct a study about Hong Kong Nepalese drug abusers. During this data collection, I will ask you some questions about your drug use history. The information given by you will be strictly treated as confidential. All the mentioned information will be used only for the study purpose. This survey will take about an hour.

Screening Questions:

A) Have you been interviewed by someone from the Chinese University in the last few weeks?
Yes No

B) Are you Nepalese?
Yes No

C) Have you used illicit drugs in Hong Kong before?
Yes No

1. DRUG USE

Q.N.	Questions	Coding Categories		Skip
101	Which of the following drugs have you used before? **(Read the list, multiple answer possible)**			
	Description	**YES**	**NO**	
	Brown Sugar	1	2	
	White Sugar	1	2	
	Tidigesic	1	2	
	Marijuana/Hash	1	2	
	LSD	1	2	
	Yaba	1	2	
	Ice	1	2	
	Cocaine	1	2	
	Ecstasy	1	2	
	Nitrosun	1	2	
	Diazepam	1	2	
	Cough Syrup	1	2	
	Ketamine	1	2	
	Thinner	1	2	
	Combination (Specify) _____	1	2	
	Others (Specify) _____	1	2	
102	Based on the information in Q.N. 101, fill in the Drug Career Form I.			
103	Which drug did you use for the first time?	_____		

2. SERVICES FOR DRUG USERS

Q.N.	Questions	Coding Categories			Skip
201	Have you ever used social services to deal with drug use in Nepal?	Yes..... 1 No ..... 2 → 203			
202	Which of the following services have you used to deal with drug use in Nepal? **(Read the list, multiple answers possible)**				
	Description		**YES**	**NO**	
	Methadone Program		1	2	
	Buprenorphine Program		1	2	
	Needle and syringe Program		1	2	
	Residential Drug Rehabilitation Program		1	2	
	Detoxification center		1	2	
	After-care services		1	2	
	Others (Specify) _____		1	2	
203	Have you ever used social services to deal with drug use in Hong Kong?	Yes..... 1 No ..... 2 → 205			
204	Which of the following services have you used to deal with drug use in Hong Kong? **(Read the list, multiple answers possible)**				
	Description		**YES**	**NO**	
	Methadone Clinics		1	2	
	Substance Abuse Clinic		1	2	
	Compulsory Placement Program		1	2	
	Residential Rehabilitation Program		1	2	
	After-care services		1	2	
	Others (Specify) _____		1	2	
205	Other than social services, have you used any other methods to deal with drug use?	Yes..... 1 No ..... 2 → 207			
206	If yes, what methods?	_____ _____ _____			
207	Based on the information in Q.N. 201 – 206, fill in the Drug Career Form II.				

3. REASONS FOR DRUG USE

Q.N.	Questions	Coding Categories				
301	How often have you used _____ to help you to…					
	Statements	Never.....Always				
301.1	Make yourself feel better when down or depressed	0	1	2	3	4
301.2	Help you enjoy the company of your friends	0	1	2	3	4
301.3	Help you to concentrate to work or study	0	1	2	3	4
301.4	Enhance the effects of using other drugs	0	1	2	3	4
301.5	Help you stop worrying about a problem	0	1	2	3	4
301.6	Help you feel more confident or more able to talk to people in a social situation	0	1	2	3	4
301.7	Help you to sleep.	0	1	2	3	4
301.8	Enhance an activity such as listening to music or playing a game or sport	0	1	2	3	4
301.9	Help ease the after effects of using other drugs	0	1	2	3	4
301.10	Help you to relax	0	1	2	3	4
301.11	Help you to look cool in front of your friends	0	1	2	3	4
301.12	Help make something you were doing less boring	0	1	2	3	4
301.13	Help you feel high	0	1	2	3	4
301.14	Help you to stay awake	0	1	2	3	4

Q.N.	Questions	Coding Categories				
302	How often have you used _____ to help you to…					
	Statements	Never.....Always				
302.1	Make yourself feel better when down or depressed	0	1	2	3	4
302.2	Help you enjoy the company of your friends	0	1	2	3	4
302.3	Help you to concentrate to work or study	0	1	2	3	4
302.4	Enhance the effects of using other drugs	0	1	2	3	4
302.5	Help you stop worrying about a problem	0	1	2	3	4
302.6	Help you feel more confident or more able to talk to people in a social situation	0	1	2	3	4
302.7	Help you to sleep.	0	1	2	3	4
302.8	Enhance an activity such as listening to music or playing a game or sport	0	1	2	3	4
302.9	Help ease the after effects of using other drugs	0	1	2	3	4
302.10	Help you to relax	0	1	2	3	4
302.11	Help you to look cool in front of your friends	0	1	2	3	4
302.12	Help make something you were doing less boring	0	1	2	3	4
302.13	Help you feel high	0	1	2	3	4
302.14	Help you to stay awake	0	1	2	3	4

REASONS FOR DRUG USE

Q.N.	Questions	Coding Categories				
303	How often have you used _____ to help you to…					
	Statements	Never.....Always				
303.1	Make yourself feel better when down or depressed	0	1	2	3	4
303.2	Help you enjoy the company of your friends	0	1	2	3	4
303.3	Help you to concentrate to work or study	0	1	2	3	4
303.4	Enhance the effects of using other drugs	0	1	2	3	4
303.5	Help you stop worrying about a problem	0	1	2	3	4
303.6	Help you feel more confident or more able to talk to people in a social situation	0	1	2	3	4
303.7	Help you to sleep.	0	1	2	3	4
303.8	Enhance an activity such as listening to music or playing a game or sport	0	1	2	3	4
303.9	Help ease the after effects of using other drugs	0	1	2	3	4
303.10	Help you to relax	0	1	2	3	4
303.11	Help you to look cool in front of your friends	0	1	2	3	4
303.12	Help make something you were doing less boring	0	1	2	3	4
303.13	Help you feel high	0	1	2	3	4
303.14	Help you to stay awake	0	1	2	3	4

Q.N.	Questions	Coding Categories				
304	How often have you used _____ to help you to…					
	Statements	Never.....Always				
304.1	Make yourself feel better when down or depressed	0	1	2	3	4
304.2	Help you enjoy the company of your friends	0	1	2	3	4
304.3	Help you to concentrate to work or study	0	1	2	3	4
304.4	Enhance the effects of using other drugs	0	1	2	3	4
304.5	Help you stop worrying about a problem	0	1	2	3	4
304.6	Help you feel more confident or more able to talk to people in a social situation	0	1	2	3	4
304.7	Help you to sleep.	0	1	2	3	4
304.8	Enhance an activity such as listening to music or playing a game or sport	0	1	2	3	4
304.9	Help ease the after effects of using other drugs	0	1	2	3	4
304.10	Help you to relax	0	1	2	3	4
304.11	Help you to look cool in front of your friends	0	1	2	3	4
304.12	Help make something you were doing less boring	0	1	2	3	4
304.13	Help you feel high	0	1	2	3	4
304.14	Help you to stay awake	0	1	2	3	4

REASONS FOR DRUG USE

Q.N.	Questions	Coding Categories				
305	In your opinion, how much do you agree with the following statements?					
	Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
305.1	I felt homesick after moving to Hong Kong.	1	2	3	4	5
305.2	I am lack of parental care.	1	2	3	4	5
305.3	I liked hippie culture.	1	2	3	4	5
305.4	I felt discriminated as ethnic minority in Hong Kong.	1	2	3	4	5
305.5	My family allowed me to have more than enough pocket money to spend on leisure stuff.	1	2	3	4	5
305.6	I was inspired by western drug culture.	1	2	3	4	5
305.7	Living environment in Hong Kong is too bad.	1	2	3	4	5
305.8	I was spoiled by my family.	1	2	3	4	5
305.9	Using drugs such as ganja is socially acceptable in Nepali culture.	1	2	3	4	5
305.10	My job or my study in Hong Kong was too hard.	1	2	3	4	5
305.11	Members in my family were busy with their work.	1	2	3	4	5
305.12	Drinking alcohol is socially acceptable in Matwali culture.	1	2	3	4	5
305.13	It is very difficult for me to adapt to Hong Kong society.	1	2	3	4	5
305.14	My family had very high expectation of me.	1	2	3	4	5
305.15	Using drug is common amongst *Lahureko chorrachorri* (children of soldier of the British Army).	1	2	3	4	5

4. BACKGROUND OF RESPONDENT

Q.N.	Questions	Coding Categories	Skip
401	Where do you live in Nepal?	City_____	
402	Where do you live in Hong Kong?	District_____	
403	When were you born?	Year..... ☐☐☐☐	
404	Where were you born?	Hong Kong ..... 1 Nepal..... 2 India..... 3 Others (Specify)_____..... 4	
405	What is your caste?	Ethnicity/Caste _____	
406	Was your father/grandfather in the British Army?	Yes ..... 1 No 2	
407	Have you ever come to HK for long-term stay?	Yes ..... 1 No 2	→ 409
408	When did you come to HK for long-term stay?	Year..... ☐☐☐☐	
409	What is your educational level?	Below Primary..... 1 Primary (P.1 – 6; Grade 1 – 6)..... 2 Secondary (F.1 – 7; Grade 7 – 12)..... 3 Tertiary 4	→ 410
409.1	Where did you get your primary education? (Fill in the grades in the bracket)	Hong Kong (_____)..... 1 Nepal (_____)..... 2 India (_____)..... 3 Others (Specify)_____ (_____)..... 4	
409.2	Where did you get your secondary education? (Fill in the grades in the bracket)	Hong Kong (_____)..... 1 Nepal (_____)..... 2 India (_____)..... 3 Others (Specify)_____ (_____)..... 4	
409.3	Where did you get your tertiary education? (Fill in the levels in the bracket)	Hong Kong (_____)..... 1 Nepal (_____)..... 2 India (_____)..... 3 Others (Specify)_____ (_____)..... 4	
410	What is your current marital status?	Unmarried..... 1 Married/cohabited..... 2 Divorced/separated ..... 3 Widowed..... 4	→ 412
411	When did you first get married/cohabited?	Year..... ☐☐☐☐	
412	Do you have any children? (Fill in the number of children in the bracket.)	No children ..... 1 Yes (_____)..... 2	→ 414

Q.N.	Questions	Coding Categories	Skip
413	How old are they?	1st child (M/F)..... ☐☐ 2nd child (M/F)..... ☐☐ 3rd child (M/F)..... ☐☐ 4th child (M/F)..... ☐☐ _____	
414	Have you ever employed in Hong Kong?	Yes ..... 1 No ..... 2 → Fin	
415	What is the nature of your current/last job in Hong Kong?	Part-time ..... 1 Full-time ..... 2 Temporary..... 1 Permanent..... 2 Manufacturing ..... 1 Construction ..... 2 Wholesale, retail and import/export trades, restaurants and hotels ..... 3 Transport, storage and communications ..... 4 Financing, insurance, real estate and business services..... 5 Community, social and personal services ..... 6 Others (Specify)_____..... 7	

Thank you for completing the interview!

Interviewer coding

1	Time of the interview	Ending time: _____ Date: _____	
2	Duration of the interview	_____minutes	
3	Respondent's sex	Male..... 1 Female 2	
4	Language used in the interview **(Multiple answers possible)**	Cantonese ..... 1 English..... 2 Nepali ..... 3 Others (Specify)_____..... 4	
5	District of the interview	_____	
6	Location of the interview	_____	
7	Interviewer	_____	

Drug Career Form I

Drug Name: ________________________ Respondent: ☐☐☐

Phase (Year/Month)	Frequency	Important life events and/or reasons for consumption of this drug and/or change the pattern	Amount consumed on a typical day*	Method of use: 1=oral, 2=sniffed, 3 = injected, 4 = smoked, 5 = inhaled, 6 = other (specify).	Place: 1 =, Hong Kong 2 = Nepal, 3 = India, 4 = other (specify)
From: ☐☐/☐☐ To: ☐☐/☐☐	☐ Sporadic: on _____ days per month ☐ Weekly: on _____ days per week ☐ Daily		Maximum: Average:		
From: ☐☐/☐☐ To: ☐☐/☐☐	☐ No consumption ☐ Sporadic: on _____ days per month ☐ Weekly: on _____ days per week ☐ Daily		Maximum: Average:		
From: ☐☐/☐☐ To: ☐☐/☐☐	☐ No consumption ☐ Sporadic: on _____ days per month ☐ Weekly: on _____ days per week ☐ Daily		Maximum: Average:		
From: ☐☐/☐☐ To: ☐☐/☐☐	☐ No consumption ☐ Sporadic: on _____ days per month ☐ Weekly: on _____ days per week ☐ Daily		Maximum: Average:		
From: ☐☐/☐☐ To: ☐☐/☐☐	☐ No consumption ☐ Sporadic: on _____ days per month ☐ Weekly: on _____ days per week ☐ Daily		Maximum: Average:		
From: ☐☐/☐☐ To: ☐☐/☐☐	☐ No consumption ☐ Sporadic: on _____ days per month ☐ Weekly: on _____ days per week ☐ Daily		Maximum: Average:		

* Substance units used in the study: brown sugar, white sugar, marijuana, hash, and cocaine: gram; tidigesic: ampoule; Yaba, ecstasy, Nitrosun and diazepam: number of tablets consumed; cough syrup: milliliter; ice, ketamine, LSD, thinner and combination: number of intake per day.

Drug Career Form II

Respondent: ☐☐☐

Phase (Year/Month)	Type of Method used to deal with drug use	Service Provider	Important life events and/or reasons for using this method	Important life events and/or reasons for stop using this method	Place: 1 = HK, 2 = Nepal 3 = India, 4 = other (specify)
From: ☐☐/☐☐ To: ☐☐/☐☐					
From: ☐☐/☐☐ To: ☐☐/☐☐					
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From: ☐☐/☐☐ To: ☐☐/☐☐					

Appendix 2

Questions for semi-structured interviews with Hong Kong Nepalese drug abusers

1. Personal information
   - 1.1 What is your name?
   - 1.2 When were you born?
   - 1.3 Where did you receive your education?
   - 1.4 What is your education level?
2. First drug taking
   - 2.1 When was your first time to take drugs?
   - 2.2 Where did you take it?
   - 2.3 Whom did you take with?
   - 2.4 How did you take it?
   - 2.5 What kind of drugs did you take?
   - 2.6 How did you feel?
   - 2.7 Before you took that drug, what did you know about it?
   - 2.8 Did you know that it's a kind of drug?
   - 2.9 Did you know that it's addictive?
3. Drug Abuse Pattern
   - 3.1 Did you continue to abuse that drug?
   - 3.2 How often?
   - 3.3 Did you take other drugs?
   - 3.4 Did you use injection? If yes, did you know the hazard of injection?
4. Use of drug-related service
   - 4.1 Have you ever received drug rehabilitation treatment?
   - 4.2 Why did you use the service?
   - 4.3 How did you feel about the service?
   - 4.4 How long did you receive the treatment?
   - 4.5 How many times have you ever been to rehabilitation center?
   - 4.6 Other than rehabilitation center, have you ever used any other drug-related service, for example methadone program?
5. Drug abuse experience in Hong Kong
   - 5.1 When was your first time to come to Hong Kong?
   - 5.2 Before coming to Hong Kong, how did you feel about Hong Kong?
   - 5.3 After coming to Hong Kong, how did you feel about Hong Kong?
   - 5.4 Have you ever abused drugs in Hong Kong?
   - 5.5 Comparing the drug scene in Hong Kong and Nepal, do you find any difference? What are the differences?

6. Reasons for drug abuse
    6.1 Do you think the drug abuse problem among Nepalese is serious?
    6.2 What are the reasons for you to take drugs?
    6.3 Do you think it is related to karma?
    6.4 Do you think it is related to the culture of *lahureko chorra chorri*?
    6.5 Do you think it is related to the Hindu culture of ganja use?
    6.6 In Hong Kong, many Nepalese abused drugs. Do you think it is related to discrimination?

Appendix 3

Questions for semi-structured interviews with academic professionals and drug-related service providers

1. What are the characteristics of the drug scene in Nepal?
2. What are the reasons for the drug abuse problem?
3. What kinds of drug-related services are available in Nepal?
4. What kinds of difficulties do these services face?
5. What do you foresee in the future about the drug scene and the drug-related services in Nepal?

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