

Study on the Drug Abuse Situation among Ethnic Minorities in Hong Kong

Executive Summary

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(A) Methodology

The study employs survey data obtained from three sources: 100 ethnic-minority drug abusers; and 7 focus groups and personal interviews with rehabilitation and allied professionals concerned with ethnic-minority drug abuse; and service users and nonusers among ethnic-minority drug abusers in Hong Kong.

Objectives of the study are:

- (1) To identify profiles, trends, behaviors, and characteristics of drug abusers who are ethnic minorities in Hong Kong, with special emphasis on high-risk behaviors such as needle sharing;
- (2) To identify the social consequences associated with their drug abuse, including its relationship with family problems and involvement in criminal activities;
- (3) To examine the barriers, such as language, discrimination, and stigma, hindering them from receiving services; and
- (4) To assess the service needs of these abusers.

The survey data came from 68 Nepalese, 17 Vietnamese, and 15 of other ethnicities (Indian, Pakistanis, Filipino and Thai). They were recruited from various sources, including methadone clinics and other drug service centers. The data collection period was June 2005 to March 2006.

(B) Key Findings

(a) Socio-demographic characteristics of ethnic minority drug abusers

The average age of the responded ethnic-minority abusers was 28.2, with 63% aged over 25 or above, 98% were males. 46% of them were born in Hong Kong. On average, they had stayed in Hong Kong for 18.9 years. Half of them had attained primary or junior secondary education, while 49% had attained senior secondary education level or above.

About two-thirds of the responded abusers could speak English and 28% could speak Chinese. The proportion of non-South Asian ethnic minority abusers (i.e. Vietnamese, Filipino, Thai, Indonesian etc.) who spoke Chinese was even as high as 83%.

The median family income of the responded abusers was at \$7,000 per month. About half (52%) of them were unemployed and 61% were unmarried.

(b) Drug abuse behaviours

- Heroin was the most common drug ever abused (85%), abused initially (35%) and currently abusing (50%) by ethnic-minority drug abusers:
- Marijuana was the second most commonly abused drug in ethnic minority drug abusers' lifetime (57.0%) and abused the most initially (35.0%).
- Cough syrup was the third most commonly abused drug in ethnic minority drug abusers' lifetime (51.0%) and abused the most initially (25.0%).
- Disproportionately more South Asian drug abusers had abused cough syrup in their lifetimes (65.8%) and at their initial abuse (32.9%).
- Disproportionately more South Asian drug abusers had also abused marijuana in their lifetimes (64.5%) and at their initial abuse (39.5%).
- Disproportionately more drug abusers below 25 years of age had abused marijuana in their lifetimes (73.0%) and at their initial abuse (48.6%).
- Disproportionately more drug abusers below 25 years of age had abused cough syrup in their lifetimes (64.9%).
- The average history of drug abuse was 12.7 years. Drug abusers below 25 years of age had an average history of 8.9 years.
- Responded abusers used drugs 19.2 times per week on average currently, which was less frequent than that six months before (23.9 times per week).
- Needle sharing in drug abuse occurred among 14% of the ethnic-minority drug abusers, and on average, needle sharing happened 2.2 times per week.
- The majority of the ethnic-minority drug abusers were using services of the methadone clinic currently (72%). This was followed by NGO rehabilitation services (19%) and NGO counselling services (17%). Other services such as training (9%) and social activities (11%) provided by NGOs were less popular.

(c) Situation of drug abuse

The study affirmed the deleterious impacts of drug abuse among ethnic-minority drug abusers in causing social problems, including family trouble and criminal behavior. Such impacts stemmed from frequent drug abuse, deviant peers, and drug dealers.

Trouble with the family was more frequent among ethnic-minority drug abusers with more frequent drug abuse six months before. One who had abused 40 times more per week before was 1.7 times more per week having trouble with the family on average.

Health and family risks stemmed from needle sharing in drug abuse, increase in drug abuse, separation from the family, and not taking care of family members. It was higher among those ethnic-minority drug abusers who had a longer duration of abstinence from drug abuse, had not abused heroin the most initially, and experienced approaches by drug dealers at the park.

Criminal offenses were more frequent among ethnic-minority drug abusers who were encountered approaches by drug dealers at home or entertainment venues.

(d) Barriers to desire and access to services

Statistically, social integration¹, racial discrimination² and language problems were not found to be barriers for ethnic minority drug abusers' desire and access to services.

On the other hand, based on results of the focus groups, it was found that social integration might diminish one's desire for various services, probably showing that social integration can substitute for these services partially. Racial discrimination might also impede abusers' desire for services. Furthermore, language might pose a barrier to their access to services. However, these observations could not be generalized and should be interpreted with caution.

Ethnic minority abusers in Hong Kong were only experiencing a rather low level of racial discrimination (with an average score of 30.4), and a moderate level of social integration (with an average score of 46.7). Although both factors have no significant association with the abusers' desire and access to services, social integration actually showed positive associations with reducing needle sharing, having trouble with families, and health and family risk. Moreover, racial discrimination was not found to be a risk factor of starting and

¹ Social integration referred to integration with the mainstream society of Hong Kong. It was indicated by access to the mass media, social services, and jobs.

² Racial discrimination referred to not receiving fair and equal treatment by Chinese neighbours, and being discriminated by Chinese employers or superiors and by Chinese in public places.

continuing drug abuse among ethnic minority respondents.

(e) Service Needs

Language training was the most desired service among ethnic-minority drug abusers, followed closely by peer support, outpatient, community integration, and employment services. Desires for residential, aftercare, and referral services were lower. Ethnicity and age had made no significant differences in desires of almost all services.

Apart from meeting the needs of ethnic-minority drug abusers, effectiveness of the services in reducing drug abuse and its concomitant risks is also important consideration of whether they should be provided. The following findings justified the effectiveness of some existing services:

- Rehabilitation services of NGOs in the recent month reduced drug abuse frequency by 3.4 times per week.
- Health Authority services in the recent month reduced drug abuse frequency by 6.5 times per week. Nevertheless, because only 5 abusers had used the services in the recent month and 3 had used them six months before, the help from the services is far from conclusive.
- Training services of NGOs in the recent month reduced drug abuse frequency by 3.8 times per week.

(C) Recommended service model

Based on the study findings, the following service model for tackling the drug abuse problem among ethnic minorities is recommended. The model included implementation of the prevention of drug abuse at primary, secondary, and tertiary levels, that is, deterring initial abuse, repeated abuse, and relapse.

(a) Primary prevention

The primary prevention of drug abuse among ethnic minorities functions to prevent them from the early abuse of illicit drugs.

- **School-based drug prevention and education project**

Launching primary prevention and education projects for Primary 5 to Secondary 3 students at both non-Chinese Schools (NCS) and those schools using Chinese as a medium for instruction (CMI) but enrolling a significant

number of ethnic-minority students.

Its strategies are:

- Preventing drug abuse in secondary and primary schools where ethnic-minority children attend.
- Discouraging and preventing by other means the initial trial of cough syrup and marijuana as a way of drug abuse, especially among South Asians.
- Facilitating the collaborative efforts of teachers and social workers to prevent drug abuse among ethnic-minority students.

(b) Secondary prevention

Secondary prevention targets ethnic-minority drug abusers to prevent their further drug abuse and facilitate their rehabilitation.

- **One-stop Outreaching and Rehabilitation Services for ethnic-minority drug abusers**

Organizing an integrated service team for providing outreaching services to identify ethnic-minority drug abusers, providing case management to assign suitable rehabilitation services and aftercare services, and closely liaising with parents and schools after the discharge to maintain ethnic-minority drug abusers' trust in the services.

Its strategies are:

- Deploying social workers, notably those providing outreaching services, to engage ethnic-minority drug abusers in rehabilitation services and prevent their risky behaviors.
- Obtaining the cooperation of the parents of ethnic-minority abusers to place the abusers into rehabilitation services, notably those of NGOs and the Hospital Authority.
- Combating ethnic-minority drug dealers.
- Decreasing or stopping the influence of deviant peers and replacing them with social networks composed of prosocial or non-deviant peers.
- Preventing needle sharing among ethnic-minority drug abusers.
- Targeting Nepalese and Vietnamese drug abusers in particular.

(c) Tertiary prevention

Tertiary prevention serves (a) to prevent the relapse of the ethnic-minority drug abusers who used services to decrease their drug abuse and (b) to enhance the effectiveness of the services.

- **Community-based Centers for Ethnic-minority Youth**

Setting up community-based centers for ethnic-minority youth in areas where the youth concentrate (e.g., Yau Mau Tei, Yuen Long) to foster healthy and socially desirable lifestyles and new social networks that can prevent relapse among ethnic-minority drug abusers who have received rehabilitation services.

Its strategies are:

- Providing Chinese-language training to younger ethnic-minority drug abusers.
- Using peer or co-ethnic interventions, including counseling, role modeling, experience sharing, and group activities.
- Engaging older ethnic-minority drug users in residential services, employment services, referral services, and after-care services.
- Establishing community-based services to engage ethnic-minority abusers in interesting and healthy activities, such as sports and music.

(d) Desired or Effective Rehabilitation Practices

For the implementation of the above strategies at the practical level, consideration may be given to the following practices which are either desirable or have proven to be effective:

- Discipline: imposing strict rules and putting close surveillance on service users.
- Chinese-Language Training: providing Chinese-language training to facilitate integration with local Chinese.
- Services along with Chinese: Facilitating integration with local Chinese without giving ethnic-minority drug abusers special or privileged treatment.
- Vocational Training: Enhancing employability and sustainability for a living in Hong Kong.
- Physical Education: Building physical health to facilitate capability for work and other activities.
- Teaching by Co-ethnics, at least initially: Facilitating involvement in the service and its success by removing language and cultural barriers.
- Social-Worker Contact: Facilitating engagement in the rehabilitation service because of the lack of information and confidence in the rehabilitation service and the untrustworthiness of other sources, such as peers and family members.