



青少年吸毒個案研究

對政策和服務帶來的啓示

Case Studies of Drug Abuse Among Young People

Implications for the Formulation of Policies and Services

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Summary Report

1. INTRODUCTION

In the mid-eighties, the rapidly increasing abuse of psychotropic drugs by young people began to arouse a great deal of public concern. In line with this phenomenon, the Narcotics Division recorded a steady increase of juvenile abusers under 20 in the decade from 1981 to 1990. However, the situation of drug abuse by young people has further deteriorated in the past two years. In 1992, the Central Registry of Drug Abuse recorded an unprecedented increase of 51% of new abusers under 21. In fact, some primary school students as young as 11 or 12 have begun to take drugs, especially heroin, according to observations of the outreaching social workers. Furthermore, more juveniles were arrested for possession of dangerous drugs for trafficking in 1993, many of whom were just 13 or 14 years old. An even worse aspect is that No. 4 Heroin has become the most popular drug among young people.

In the past few years, the Narcotics Division and some non-government organizations have conducted several large-scale surveys to keep track of the prevalence, trends and causes of drug abuse among young people. However, no study has been conducted of the recent proliferation of No. 4 heroin abusers among very young adolescents in Hong Kong. With this in mind, our Federation has researched the cases of young abusers of 17 or below with the following objectives :

- i. To study the process by which these abusers became addicted.
- ii. To study in detail the background of these young abusers.
- iii. To study the responses, perceptions, rehabilitation experience, expectations, and needs of the young abusers.

2. METHODOLOGY

A case-study approach was adopted so that researchers could have an in-depth interview with the respondents. With the consent of the parents and the respondents, 35 boys and 5 girls from the Tai Tam Gap Correctional Institution and the Hei Ling Chau Addiction Treatment Centre of the Correctional Services Department, and, the O Pui Shan Boys' Home and the Begonia Road Boys' Home of the Social Welfare Department, participated in the study in August and September, 1994. The two interviewers, one male and one female university-trained social workers, visited the respondents in the institutions with a list of open-ended questions. The interviews were conducted in a locked room in the absence of any institution

staff. As the respondents showed no hesitation in answering the questions, we are confident that their replies were quite genuine and reliable.

3. RESPONDENTS' PROFILE

- 3.1 The average age of the respondents in the Boys' Homes was 14.6 and those in CSD (Correctional Services Department) institutions was 16.2.
- 3.2 The average educational level of respondents in the Boys' Homes was between Primary 6 and Form 1 and those in CSD institutions was Form 1 and Form 2. Their educational attainment was one or two years lower than of the adolescents of similar age.
- 3.3 Before their admission to these institutions, 12 of them had been students, 16 had been gainfully employed, 10 had been unemployed, 1 had worked as a drug trafficker and 1 had been a karaoke hostess.
- 3.4 Around 30% of the respondents (11 persons) came from single-parent or broken families. Three of these 11 respondents had moved away from their parents to live with friends. If we define parents "living together but in adverse relationship", "separated", "divorced" and "deceased" as deficient, then 35% of respondents (14 persons) had had insufficient guidance and supervision from parents.
- 3.5 Most of the fathers worked as semi-skilled technicians, drivers and menial workers; 40% of the mothers were housewives while the rest were mostly manufacturing workers, cleaners, cashiers and menial workers.
- 3.6 5 respondents had no siblings, 19 respondents had two siblings.
- 3.7 Before taking drugs, for the first time, 20 respondents had a criminal record. 5 had committed burglary, 4 had committed robbery, 4 had committed stealing, 1 was convicted of being a member of a triad society and 1 of being in possession of dangerous drug.
- 3.8 Only 3 respondents had once participated in compulsory institutionalized drug treatment before their admission to the present institutions. For 37 respondents, their present institutionalized detoxification was a new experience for them.

4. INITIATION TO DRUGS

- 4.1 The widespread availability of drugs has become more and more evident as 31 respondents became aware of the existence of drugs near their place of residence, schools and among peers in the past three years.

- 4.2 90% of the respondents (36 persons) understood the addictive quality of the drugs while 4 respondents were ignorant of this fact.
- 4.3 Before taking the drug for the first time, only 5 respondents firmly rejected the drugs. 14 respondents considered that drug-taking had nothing to do with them. 10 maintained a neutral standpoint. 7 were curious and keen to try drugs and 1 appreciated the effects of the drugs.
- 4.4 2 respondents had begun to take psychotropic substances or cough medicine at the age of 10. 2 out of 4 respondents had taken heroin at 11, and 4 out of 7 took heroin at 13. The average age of taking drugs for the first time ranged from 11.7 (O Pui Shan Boys' Home) to 14.8 (Tai Tam Gap Correctional Institution).
- 4.5 As regards the types of first drugs, 6 had taken psychotropic substances, 8 had taken cough medicine, 9 cannabis and 17 heroin.
- 4.6 After taking the first drug, 26 respondents had switched to other types of drugs. For those who had started with psychotropic substances, cough medicine and cannabis and touched heroin in the process, their chances of becoming addicted to heroin ranged from 33.3% to 87.5%. Those who had started with heroin, whether or not they had switched to other drugs, were all hooked on heroin.
- 4.7 23 respondents switched to drugs introduced by their friends or to any drugs which were available. Yet, 4 respondents deliberately switched drugs frequently to avoid getting hooked.
- 4.8 35 respondents agreed that they were addicted, 1 was addicted to cough medicine, 2 to psychotropic substances and 32 to heroin.
- 4.9 23 respondents were initiated or advised by peers to take drugs for the first time. 9 asked their peers for the drugs and 4 were coerced into taking drugs.
- 4.10 19 respondents took drugs for the first time on staircases and in parks near their place of residence. 12 took drugs in the apartments of their peers. 3 took drugs in video game centres.
- 4.11 11 respondents had developed psychological dependence on the drugs and therefore took them again. 12 respondents did not take the addictive quality of drugs seriously and continued to take them. 9 were counselled by peers to continue taking drugs.
- 4.12 Retrospectively, 24 respondents attributed their first drug taking to curiosity, to feeling unhappy and to a desire for excitement. 15 put the blame on the direct influence of their peers.
- 4.13 Retrospectively, 23 continued taking drugs for reasons similar to those leading to their taking drugs for the first time. 5 continued drug taking because of psychological dependence, 5 because of physical dependence and 4 because they felt high after taking drugs.

5. AVAILABILITY OF DRUGS AND IMPACTS OF ADDICTION

- 5.1 20 respondents spent \$100 or less on drugs every day while 15 respondents spent \$150 to \$200 per day. 23 respondents used pocket money or other allowance from parents to maintain their drug habit. 10 respondents sustained their habit by means of income from their full-time or part-time jobs.
- 5.2 It is easy for respondents to buy drugs. 25 bought drugs in parks, on staircases and markets nearby. 11 respondents had to act cautiously to buy drugs. 19 respondents claimed that they were not anxious at all about it whereas 3 claimed that they did it as openly as if they were shopping.
- 5.3 As regards the impacts of addiction on schooling. 7 respondents had had an average performance and 28 a weak performance before taking drugs. Having become addicted, all 35 respondents performed poorly in school and 9 of them had dropped out during the school term.
- 5.4 Out of 18 who were gainfully employed, 10 respondents felt a significant impact of addiction. Yet, 5 respondents did not feel any impact. 4 of these 5 respondents either tried to take as little as possible or to switch rapidly between different types of drug to avoid getting hooked.
- 5.5 29 respondents had tense relationships with and grudges against family members after becoming addicted. 24 respondents were not aware of any impact of their addiction on their relationship with peers because 21 of them were mixing with peers with similar habits.
- 5.6 All 40 respondents committed offenses which resulted in their admission to institutions. 20 of them were involved in drug offenses, 19 in possession of drugs, 1 for taking drugs, 3 in possession of drugs for trafficking and 1 in possession of equipment for taking drugs. 35 respondents committed other kinds of offenses which include 5 cases of shoplifting, 5 cases of stealing, 7 cases of robbery, 4 cases of blackmail, 3 cases of burglary, 6 cases of breaching probation orders, 3 cases of common assault, 3 cases of handling stolen goods and 1 case of selling copycat CD.

6. ROLES OF PARENTS AND PEERS

- 6.1 37 respondents had an acceptable or good relationship with their parents who also showed concern about their day-to-day-lives. Yet, only parents of 16 respondents were aware of their children taking drugs at an early stage. 7 became aware when their children switched from psychotropic substances, cough medicine or cannabis to heroin. 6 became aware when their children were arrested by Police. 10 only knew the fact when their children were put on trial in court.
- 6.2 Parents of 28 respondents smoked cigarettes. 19 drank alcohol. The father, elder sister and elder brother of 3 respondents were drug addicts.

- 6.3 Only 3 respondents had peers who were all against taking drugs. 9 had peers disapproving and approving drug taking. 11 had peers disapproving or taking a neutral position. 6 had peers taking a neutral position. 7 had peers approving or taking a neutral position. 3 had peers approving taking drugs.
- 6.4 10 respondents had discussed drug detoxification with their parents. 26 respondents discussed drug detoxification with their peers.

7. RESPONDENTS' ATTITUDES TOWARDS SMOKING, DRINKING, TAKING DRUGS, DELIVERING AND SELLING DRUGS

- 7.1 32 respondents smoked at least a packet of cigarettes per day. 7 respondents regularly drank alcohol.
- 7.2 13 respondents felt remorseful about their addiction. 3 did not care and 7 took a "wait and see" attitude. 6 were not worried because they were going to try to take as little as possible or find other ways to get money to sustain their habit.
- 7.3 Only 4 respondents felt that they had any self-control. 14 had self-control occasionally. As regards the internal locus of control, only 7 respondents did not commit crime because they thought it was wrong to do so. 29 did not commit crimes because they thought they might be arrested by the Police. 4 were not afraid of committing crimes and only afraid of being arrested.
- 7.4 Before taking drugs for the first time, 14 respondents had disapproved of their classmates, friends and family members taking drugs. 13 had taken a neutral position. Having become addicted, 27 respondents disapproved of using drugs but 10 respondents still found it all right for their classmates and friends to take drugs.
- 7.5 20 respondents were once approached by drug vendors to deliver or sell drugs. 12 accepted the offer and 7 had no negative feeling toward their involvement. For those 28 respondents who had never been involved, 6 claimed that they might take the offer if approached by drug vendors again.

8. EXPECTATIONS OF DRUG REHABILITATION AND FUTURE PLANS

- 8.1 26 respondents had intention in joining a detoxification scheme. 6 of them were confident of successful rehabilitation while 15 had limited confidence.
- 8.2 35 respondents had once stopped taking drugs to try to put a stop to the habit, 5 managed to avoid drugs for one month to 6 months before taking drugs again. In other words, all 35 respondents failed to end their habit in this way.

- 8.3 8 respondents had received compulsory or non-compulsory institutionalized detoxification programme but had taken drugs again when discharged.
- 8.4 15 respondents had relatively strong motives to attend detoxification while 19 lacked motivation and were committed to the institutions involuntarily by judges.
- 8.5 As regards the difficulties in the process of detoxification, 17 respondents were worried about their psychological dependence and 10 were afraid of the bad influences of peers.
- 8.6 20 respondents were quite sure they would be able to avoid drugs when discharged. Yet, 16 respondents were not quite sure and 4 were quite sure they would take drugs again.
- 8.7 During the period of detoxification, 24 respondents found support from family members essential.
- 8.8 As regards their future plans, 9 would like to resume school but 7 of them were afraid of the rejection by the schools. 20 respondents wanted to try to find a job and 4 wanted to learn a trade. When they leave the institutions and go back to their own communities, 19 respondents hoped that their families would continue to support them. 18 respondents hoped the public would treat them as ordinary people and not discriminate against them.

9. DISCUSSION

9.1 More and More Young Adolescents are becoming Drug Addicts

Regardless of the family, academic and employment backgrounds, most of the 40 respondents had begun to take drug at a very tender age. 17 respondents started their habit by taking heroin, 2 of them were just 11 and 4 of them were 13. According to the statistics of the Central Registry of Drug Abuse, among 261 newly reported abusers aged 21 or below in 1988, 21.1% of them took heroin. Among 799 newly reported abusers aged 21 or below in the first 6 months of 1993, 66.7 % of them took heroin. In addition, the total number of newly reported abusers below 21 increased by 51% in 1993. All these figures indicate that more and more young adolescents are becoming heroin addicts.

9.2 Lack of Awareness among Young People of the Dangers of Drug Abuse

In this study, it is found that young people with a poor academic performance, very weak internal locus of control, previous criminal records, in association with drug-taking peers and a habit of smoking cigarette would be more prone to becoming drug addicts. We are particularly concerned that many young people lack the awareness of the dangers of drug abuse as 10 out 13 respondents still accepted their classmates and friends taking drugs even though they personally had experienced the pain of addiction. Young people have an excessive acceptance of the bad behaviour of their peers. They do not have good judgment or sufficient

courage to tell their peers that they are wrong. They believe that even though they mix with these peers, they will still not be affected. Yet, 37 respondents were initiated into drug-taking by their peers.

Televised publicity warns young audiences that the smallest experience of drugs will destroy their lives. Yet even after taking drugs several times, they do not experience much ill effect. Hence, if they consider that the publicity exaggerates or is unreliable, they may well disregard other messages about drug abuse as well. We should assess the responses of young people towards the current publicity and develop an appropriate means of getting the message across.

9.3 Significant Influence of Peers

37 respondents were initiated, and persuaded to take drugs by their peers. Young people in Hong Kong are keen to identify with their peers. In fact, the significant influence of their peers on young people have been confirmed in some recent research in Hong Kong. When young people enjoy their peers' company, they are not too concerned about the latter's perceptions and behaviour as they do not believe that they will be affected. In one of our surveys in April 1993, 25% of the respondents who knew their peers were members of triad societies, said that they would continue to associate with them. In disseminating drug abuse publicity, we should strengthen our young people's awareness of the dangers of drugs and the possible influence of their peers.

9.4 Drug-taking as a Hobby for some Young People

Many youth in Hong Kong enjoy good job opportunities and remuneration. In this study, it was found that 10 respondents sustained their drug habit by means of their income from full-time or part-time employment. 5 out these 10 respondents avoided getting hooked by switching between different kinds of drugs. 4 out these 5 respondents claimed that their drug habit did not affect their work. Hence, some youth may consider taking drugs as a hobby.

9.5 Psychology of Conquering Drugs

Before taking drugs for the first time, 7 respondents were curious and keen to try them out and 1 appreciated the effects of taking drugs. Though 36 of the respondents knew the addictive nature of drugs well in advance, 12 respondents paid little attention to this fact and continued to take drugs for the second and third times. Furthermore, 7 respondents were either curious about the effects of different kinds of drugs or were avoiding becoming addicted by switching drugs. It signifies the fact that some young people may consider drug taking as a challenge to be overcome.

9.6 Parents Lack Awareness of the Risk of Drugs for Young People

In spite of their good relationship with their children and their concern toward their day-to-day lives, parents of 16 respondents were not aware that their children had become drug addicts. In fact, 7 of these 16 respondents had criminal records before they took drugs. 10 of them were heroin addicts who displayed some traits in their appearance, manner and habits. 37 respondents were initiated by peers to take drugs. All these important clues escaped the attention of the caring parents. We should therefore help sharpen their powers of observation and heighten the awareness of the parents.

9.7 Proliferation of drugs

According to the statistics released by the Royal Hong Kong Police on 17.10.1994, the Force found 388 kilograms of No. 4 heroin in the first eight months of 1994, three times of the total volume confiscated in 1993. The huge supply of drugs will lower the market price of heroin and make it affordable for most of the young people. In this study, it is found that many respondents can make use of their pocket money or allowance from their parents to sustain their drug habit.

In addition, the previous subculture of drug vendors which kept heroin as an "adult's drug" is disappearing. Drug vendors are now keen to sell heroin to young adolescents.

9.8 Involvement of Young People in Delivering and Selling Drugs

In order to expand the network of drug selling, the vendors are keen to recruit young adolescents to deliver or sell drugs. In this study, 20 out of the 40 respondents were approached by drug vendors. 12 accepted the offer and 7 of them did not have any negative feelings about delivering or selling drugs. The involvement of young adolescents in these activities will further proliferate drugs and more young people will become addicts.

9.9 Easy Relapse after Drug Detoxification

Around 40% of the respondents lacked the motivation and the confidence to complete a drug detoxification programme. 20 respondents are not sure if they will take drugs after being discharged and 4 respondents say they are sure to take drugs again. When a young addict leaves the institution and goes back to his own community, he will encounter a group of drug-taking peers, numerous small vendors and parents without skills to supervise and guide them. They will easily relapse. We should provide more facilities or halfway houses so that they can rebuild the good habit of going to school or working before they can stand on their own feet and lead a drug-free life.

10. RECOMMENDATIONS

10.1 Preventive Education

10.1.1 To Increase the Awareness of Drug Abuse by Young People

As more and more children and young people will be exposed to the dangers of abusing drugs, we should start preventive education as early as possible in both primary and secondary schools and secondly, increase the awareness of children and young people of the dangers of abusing drugs. The authority should assess the reactions of children and young people toward the present televised publicity. If the young audience find that it exaggerates, it may have a negative effect on the original purpose of the publicity. In disseminating the drug abuse messages, we should stress the risk and consequences of abusing drugs, rectify the confused value system of children and young people and educate them as to how to resist the influences and pressures from their peers.

10.1.2 To Strengthen the Publicity for Parents

In this study, it is pointed out that the parents lack sufficient awareness of the dangers of abusing drugs and are not very observant of their children. At present, parents cannot get much comprehensive knowledge on drug abuse from the media. The Government should produce more pamphlets for parents or include the messages in the pamphlets on parenting skills released by the Education Department and the Social Welfare Department. More publicity is needed on the existing hotline service so that more parents will make use of it. On the other hand, the Government should encourage and subsidize the non-government organizations to organize more talks or training activities for parents on drug abuse. If these activities are not well received by some parents who are not interested in this theme, then the government should encourage the organizations to include drug abuse education in other training activities for parenting skills.

10.2 To Strengthen the Aftercare Service

We understand from the findings of this study that the young drug abusers are weak in their motives and confidence for drug detoxification, with limited awareness of the dangerous consequences of taking drugs, a confused value system, significant impacts from peers and incapable parents who may not be able to help them. Their process of reintegrating with the community is much more difficult than those adult abusers. The existing detoxification programmes are often conducted in institutions in rural area. When the detoxified young addicts return to their own communities, they would face the same conditions conducive to their previous addictions. This explains why 20 respondents in this study are not sure if they would take drugs again when discharged.

Some voluntary organizations in Hong Kong operate hostels or half-way houses which provide temporary residential service to discharges of different age from the detoxification centres. Through living in a sheltered environment for a transition period, they are helped to build a firmer foundation for re-integration into the community. However, the authority allocates relatively less resources to the aftercare services than the detoxification programmes at present. We recommend the government to provide more halfway houses in urban areas so that under the close guidance of social workers or counsellors, these young addicts can get away from the bad influence of their peers, rebuild good habit of schooling or working and develop a drug-free life style. The counsellors and social workers can also help to organize some training activities for parents so that they know how to supervise and assist their rehabilitated children. As more and more young people will become drug addicts, the government should plan ahead to develop more facilities and services for the young addicts.

10.3 To Confine the Proliferation of Drugs

10.3.1 To Consolidate the Joint Efforts in Combating Drugs

The government departments should consolidate their cooperation in arresting drug vendors and confiscating the drugs. Cooperation at the international level with neighbouring countries should also be strengthened.

10.3.2 To Curb the Involvement of Young People in Delivering and Selling Drugs

To prevent the drug vendors from expanding the selling network, the authorities concerned should review or revise the ordinances to see if the vendors can be charged with more serious offenses such as conspiracy. This might discourage them from using young people for delivering and selling drugs.

10.3.3 Closer Inspection of Drugs stores and Clinics

Under the existing ordinance, all manufacturers, wholesalers and drug are required to submit to the Department of Health monthly reports of the amounts of all dangerous drugs purchased, supplied and the balance held in stock. The Director of Health can also suspend a doctor who has violated the public interests, to supply dangerous drugs to his patients. However, some doctors and drug stores have recently been found selling the psychotropic substance illegally to their customers. In view of this circumstances, we recommend the Department of Health to increase the manpower to inspect the drug stores and clinics more frequently and to encourage the general public to make complaints about these cases. The Medical Council should exercise tighter control of the professional integrity of their members and work closely with the Department of Health to protect the public from doctors committing malpractice.