Chapter 5 Substance abuse

According to Narcotics Division, drug abuse is defined as taking any drugs except under proper medical guidance. The proposed examples of indicators of substance abuse attempt to examine the prevalence of substance abuse among youth and its related problems, as well as to assess the factors that may increase or decrease the likelihood of substance abuse. These indicators include indicators those on the nature and extent of substance abuse, as well as their related consequences (i.e. items concerning substance use, drug-related health problems and drug-related legal/crime problems). In addition, indicators also include risk and protective factors for the youth. Those will be discussed in details in the following paragraphs.

5.1 Nature and extent of substance abuse, and their related consequences

The World Health Organization (WHO) provides a ready-to-use framework in its publication *Guide to Drug Abuse Epidemiology* for identifying existing data pertaining to trends of substance abuse. The list of indicators and methods are identified to measure the prevalence of substance abuse and its related consequences, such as health problems and crime. These indicators are summarized in table 5.1.

5.2 Risk[15] and protective factors for adolescent substance abuse

5.2.1 Simple model of substance abuse

According to Hawkins, Catalano and Miller (1992), a simple model of adolescent substance abuse is drawn incorporating social, contextual, interpersonal and individual factors. These factors can be categorized into 5 domain areas, namely family, school, peer, community and individual. Empirical study proves that there are links between these 5 domains and substance abuse. Protective factors may decrease the likelihood of substance abuse (Delaronde, 1999). Figure 5.1 illustrates the inter-relationships between these 5 domains and substance abuse.

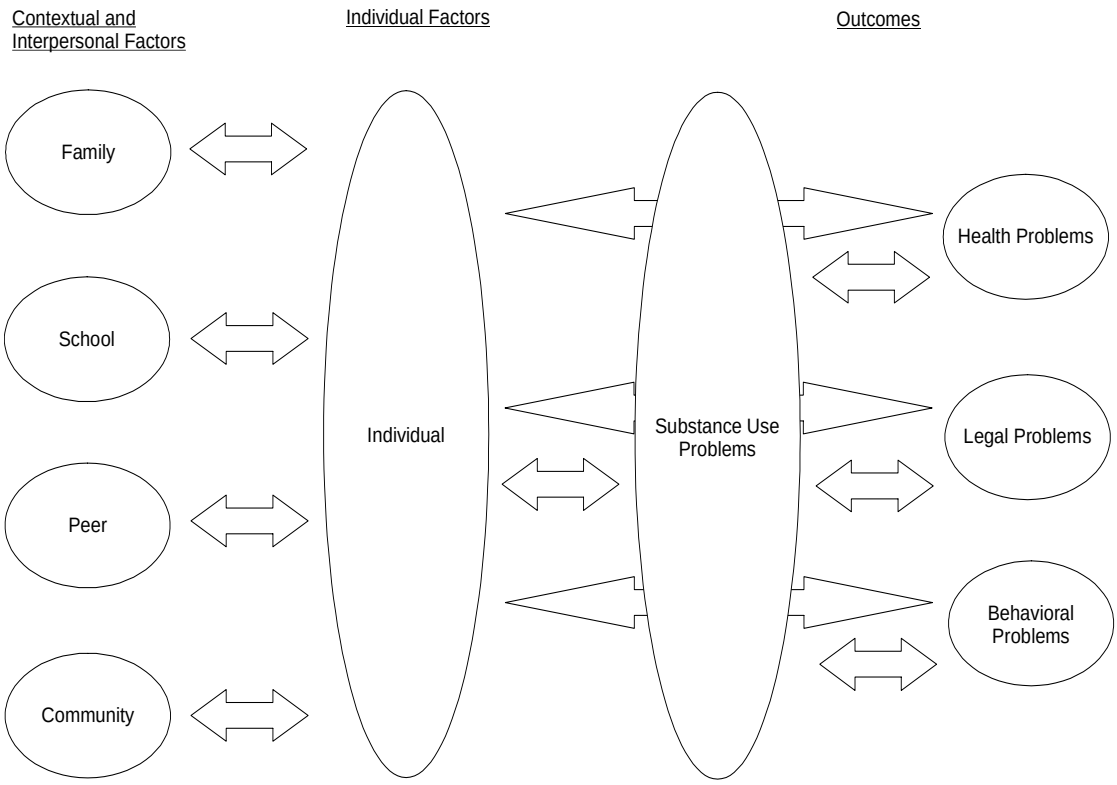
[15] All factors which may increase the likelihood of substance abuse are regarded as risk factors (Delaronde, 1999)

Table 5.1: Indicators of the nature, extent of substance abuse and its related consequences

Dimensions	Examples of Indicators
CONSUMPTION PATTERN OF SUBSTANCE USE	
Consumption of drugs, alcohol and tobacco	■ Prevalence and incidence pattern of use; users' socio-demographic characteristics
Drug treatment demand	■ Applications and admissions to in-patient and outpatient treatment programs
DRUG-RELATED HEALTH PROBLEMS	
Drug-related hospital admission or discharge diagnoses	■ Trends in psychiatric hospital admission with a primary diagnosis of drug or alcohol dependence or abuse
Drug-related emergencies	■ Demands on emergency services arising from certain consequences of substance use
Drug-related infectious diseases	■ Drug-related Hepatitis B & C, HIV infection amongst injecting drug users (IDUs) and drug-related AIDS cases
DRUG-RELATED LEGAL/CRIME PROBLEMS	
Police arrests for Drug Use/Possession	■ Police arrest records for use or possession of illegal drugs, and supply or trafficking of illegal drugs
Convictions for Drug Use/ Possession	■ Convictions for offences against the drug laws
Imprisonment	■ Drug law offences and addicts in prison population

Source: World Health Organization (1997)

Figure 5.1: A simple model of substance abuse



Referring to the simple model of adolescent substance abuse, the 1997 National Household Survey on Drug Abuse (NHSDA) undertaken by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides a useful guidance to estimate the factors for substance abuse. The findings of the NHSDA reflected that there were associations between reduction in substance use and well-planned prevention programs. Risk and protective factors for adolescent substance abuse were classified into five domains, including community, family, peer/individual, school and general domains. These indicators are summarized in table 5.2.

Table 5.2: Indicators of risk and protective factors for the youth

Dimensions	Examples of Indicators
COMMUNITY DOMAIN	
Drug availability	■ Difficulty to obtain drugs
FAMILY DOMAIN	
Family management (Parenting)	■ Parental disciplinary approach on children
Family conflict	■ Frequency of arguing with parents
Parental attitudes toward substance abuse	■ Youth perception of parental feeling about substance use
Prevention measure	■ Anti-drug prevention activities that seeks to increase the youth's perception of the risk or harm of substance use
PEER/INDIVIDUAL DOMAIN	
Friends' use of drugs	■ Attitudes of close friends toward substance use
Friends' attitudes toward substance abuse	■ Attitudes of close friends regarding substance use
Delinquent behaviour	■ Involvement in the delinquent activities
Perceived risk of drug use	■ Perceived risks of drug use from close friends, according to racial, gender and age differences
SCHOOL DOMAIN	
Commitment to school	■ Current enrolment status
Academic failure	■ Academic performance level
Prevention measure	■ Anti-drug prevention activities that seeks to increase the youth's perception of the risk or harm of substance use
GENERAL DOMAIN	
Social support	■ Accessibility of socio-emotional support
Participation in social / recreational activities	■ Involvement and participation of activities
Religious beliefs and practices	■ Frequency of attendance at religious services, perceptions of importance of religious beliefs, etc.
Prevention measure	■ Anti-drug prevention activities that seeks to increase the youth's perception of the risk or harm of substance use

Source: National Household Survey on Drug Abuse (1997)

5.3 Data availability

The Narcotics Division established the Central Registry of Drug Abuse (CRDA) to collect, collate and analyze information of drug abusers provided by 34 reporting agencies, including law enforcement and treatment agencies, welfare organizations, hospitals and clinics. Moreover, several large-scale surveys were conducted to identify the trends of substance use among students in 1987, 1990, 1992, 1996 and 2000. These surveys include most of the secondary students aged 12 to 19 studying at the ordinary day schools, international schools and Hong Kong Institute of Vocational Education (IVE). Such information is useful to identify the consumption pattern of youth substance abuse.

Nonetheless, the treatment demand data are not available during the period of data collection. The obtained data on drug-related problems are not comprehensive enough to identify significant trends. Furthermore, only community and peer domain indicators were able to be collected during data collection period to identify risk and protective factors to the youth. With the data available, the following two dimensions will be discussed in the sections that follow, including (i) consumption pattern of substance abuse, and (ii) risk and protective factors to the youth. The obtained indicators are listed in table 5.3.

Table 5.3: Obtained indicators on substance abuse of the youth

Dimensions	Obtained Indicators	Sources
CONSUMPTION PATTERN OF SUBSTANCE USE		
Consumption of drugs, alcohol and tobacco	■ Drug abusers reported to the CRDA by age and sex, types of drug abused, age of first abuse, educational attainment, and whether previously convicted	Statistics Unit, Security Bureau
	■ Percentage of alcohol, tobacco, heroin and psychotropic substance users	Lau (2002)
	■ Daily smokers by age and sex ■ Daily smokers by daily consumption of cigarettes ■ Daily smokers by age started smoking weekly	Census and Statistics Department
	■ Smoking trends from below 12 to above 16 years of age by sex ■ Smoking trends of ever-smoking and current smoking	Lam, Ho, and Kui (1999)

Table 5.3 (Continued….)

Dimensions	Obtained Indicators	Sources
DRUG-RELATED LEGAL/CRIME PROBLEMS		
Police arrests for Drug Use/Possession	■ Persons arrested for Narcotics Crime ■ Juvenile offenders arrested for serious narcotics offences	Hong Kong Police Force
Convictions for Drug Use/ Possession	■ Offenders under the Custody/Supervision of Social Welfare Department	Social Welfare Department
Imprisonment	■ Receptions of sentenced persons for Narcotics offences ■ Number of sentenced persons convicted of Narcotic offence ■ Number of sentenced persons by age and whether drug depending	Correctional Services Department
RISK AND PROTECTIVE FACTORS		
Community domain	■ Venue for consumption of heroin/psychotropic substances	Lau(2002)
Peer/individual domain	■ Relationship of heroin/psychotropic substance abusers to students ■ Acquaintances who often took heroin/psychotropic substances	Lau(2002)
	■ Daily smokers by reason for starting to smoke	Census and Statistics Department
	■ Drug abusers reported to the CRDA by reason for current drug use	Statistics Unit, Security Bureau

5.4 Discussion

5.4.1 Consumption pattern of substance abuse

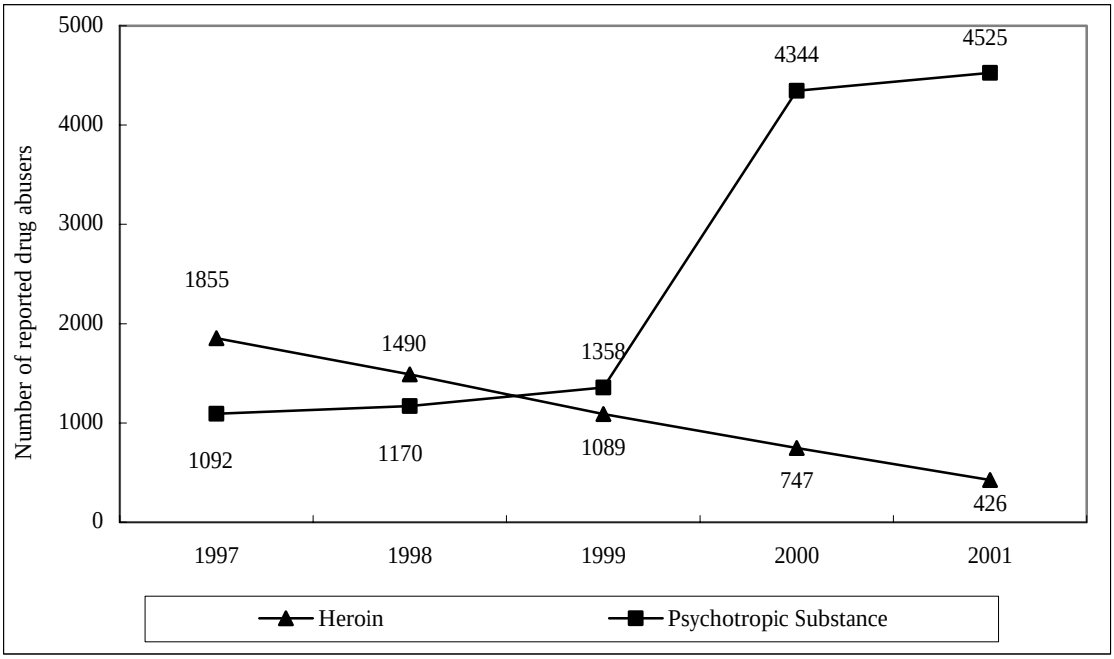
According to the CRDA, the numbers of young drug abusers aged under 21 increased slightly from 3,150 in 1997 to 3,901 in 2001 for all types of drug abuse. The number of young substance abusers was relatively stable.

However, the figures from the CRDA also indicated the risks on types of drug. As shown in figure 5.2, the number of heroin abusers dropped 77% from 1997 to 2001. On the other hand, the number of psychotropic substance abusers in 2001 increased more than 4 times in 1997.

There were significant increases on the number of psychotropic substance abusers between 1999 and 2000 (Figure 5.2). According to the CRDA, Ketamine and MDMA (Ecstasy) were the two main types of psychotropic drug abused. In 1997, there

were zero Ketamine abuser and 49 MDMA (Ecstasy) abusers. In 2001, the numbers of Ketamine abusers and MDMA (Ecstasy) abusers increased to 1,919 and 1,701 respectively. Ketamine and MDMA (Ecstasy) had become the most common drug abused by the youth.

Figure 5.2: Statistics on drug abusers aged under 21 reported to the CRDA by types of drug abused (1997-2001)

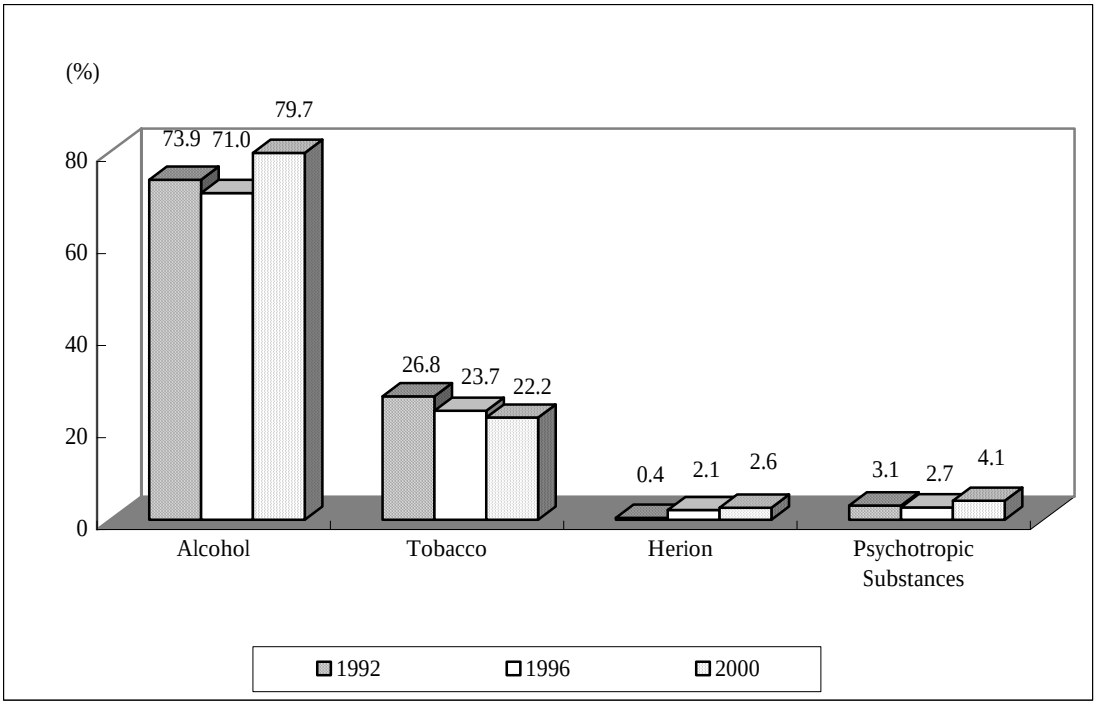


Note: Psychotropic Substances include Ketamine, MDMA (Ecstasy), Cannabis and Methyl amphetamine.
Source: Statistics Unit, Security Bureau, Government Secretariat (1997-2001)

Figure 5.3 shows the percentage of ever users[16] of alcohol, heroin and psychotropic substances among secondary students between 1992 and 2000. The findings indicated that psychotropic substance abuse among the youth increased from 2.7 in 1996, to 4.1% in 2000. Young ever users of heroin increased slightly from 2.1% to 2.6% respectively. The changes in the types of drug abused by the youth had aroused public concern about the harmful effects of taking psychotropic substances to the youngsters.

[16] Ever users of a substance refer to students who had used the substance at least once before the survey.

Figure 5.3: Percentage of ever users of alcohol, tobacco, heroin and psychotropic substances among students (1992, 1996 and 2000)



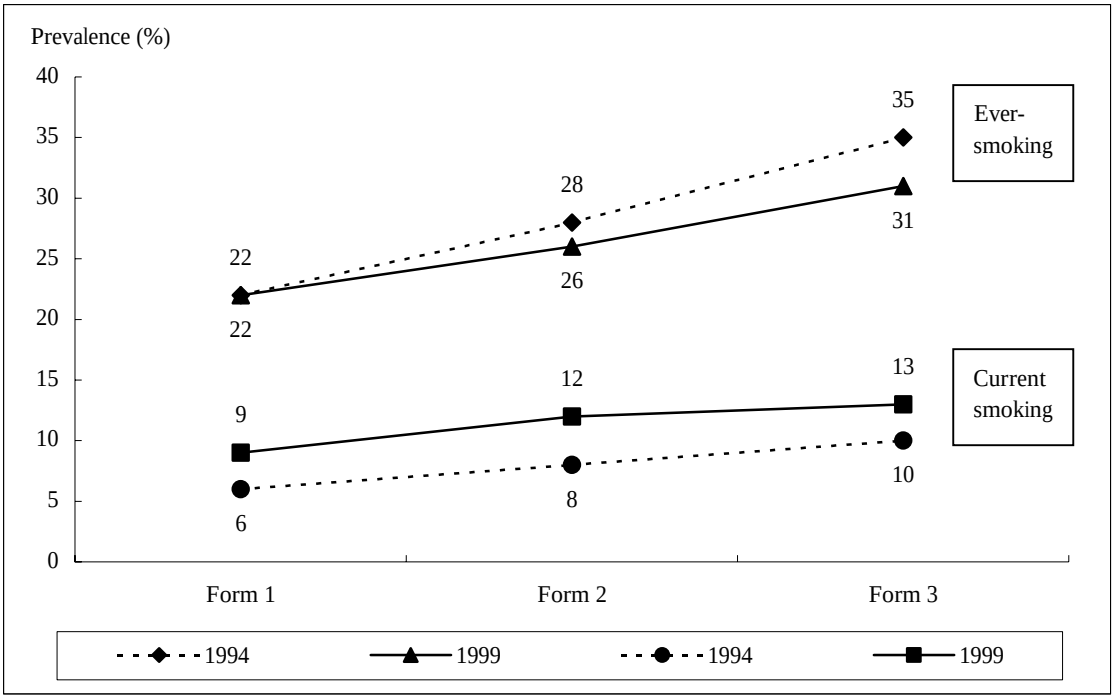
Note: (1) Percentages are calculated based on 95,788 students covered by the survey.
(2) Psychotropic substances include MDMA (Ecstasy), Cannabis, Ketamine, Cough medicines, Solvents and Methyl amphetamine.
Source: Lau (2002)

As shown in figure 5.3, consuming alcohol is the most prevalent substance use among the students. The proportion of ever users of alcohol was the highest among all other types of substances.

According to *the 2000 Survey of Drug Use among Students (Lau, 2002)*, the percentage of ever users of tobacco among students has decreased since 1992 (Figure 5.3). The findings were consistent to the studies[17] conducted by the Hong Kong Council on Smoking and Health. It indicated that the percentage of the ever-smoking[18] among form 1 to 3 students decreased in 1999. However, the current smoking prevalence[19] in all forms increased 3-4% in 1999 (Figure 5.4). Again the health-related problems of the current smoking among the students had aroused public concerns.

[17] The Hong Kong Council on Smoking and Health conducted the first Youth Smoking and Health Survey in 1994 and the second one in 1999. The surveys interviewed 6,304 Form 1 to 3 students in 1994 and 21,004 students in 1999.
[18] Ever-smoking refers to those who have ever tried.
[19] Current smoking refers to those who had smoked in the past 30 days.

Figure 5.4: Smoking trends in Form 1 to 3 students (1994 and 1999)



Source: Lam, Ho, and Kui (2000)

5.4.2 Risk and protective factors for the youth

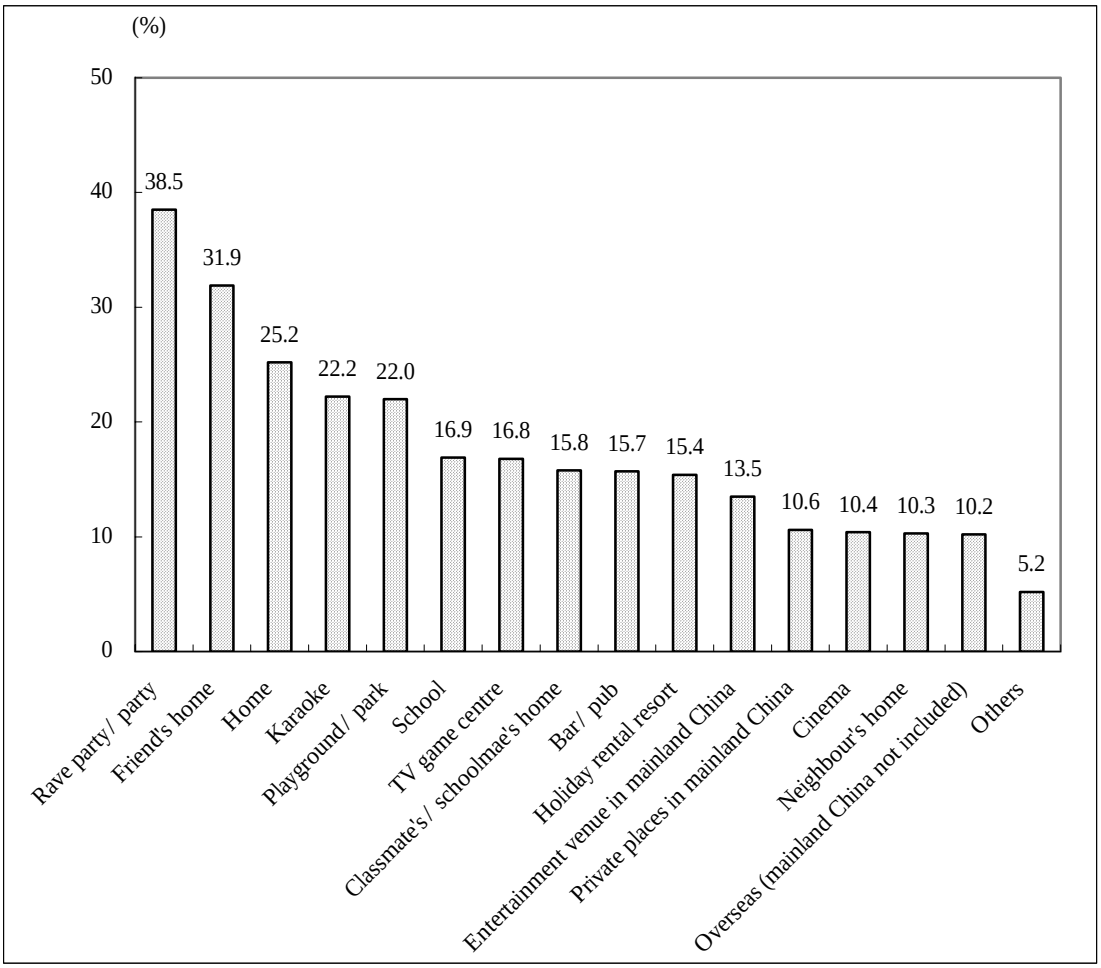
Substance abuse was found highly related to leisure and entertainment activities of the youth. According to *the 2000 Survey of Drug Use among Students*, Rave party/party was the most common venue for both consumption of heroin (38.5%) and psychotropic substances (49.6%). Rave party/party, Karaoke, TV game centers and Bar/pub were common venues for consumption of heroin and psychotropic substances (Figures 5.5 & 5.6).

Some small-scale studies[20] were conducted by the front line social workers concerning the young drug abusers in Disco and Rave Party. It was found that a high proportion of young respondents claimed to have experience of taking drugs in Disco, Rave Party or Bar/pub. The major types of drug abused were Ketamine, MDMA (Ecstasy) and Cannabis. In other words, taking psychotropic substances in Disco, Rave Party or Bat/pub is more popular than taking heroin. Such phenomenon should be noted in planning prevention schemes.

[20] The Studies include (1) Survey on Youth Substance Abuse in Disco/Rave Party (Hong Kong Playground Association, 2000), (2) Survey on Behaviour of Youth Substance Abuse in Disco and Rave Party (Caritas Outreaching Social Work Team – Aberdeen, 2000), and (3) Survey of Youth Substance Abuse (Caritas Integrated Service for Young People-Tuen Mun**,** Caritas District Youth Outreaching Team - Tuen Mun District, and Caritas Hugs Centre, 2001).

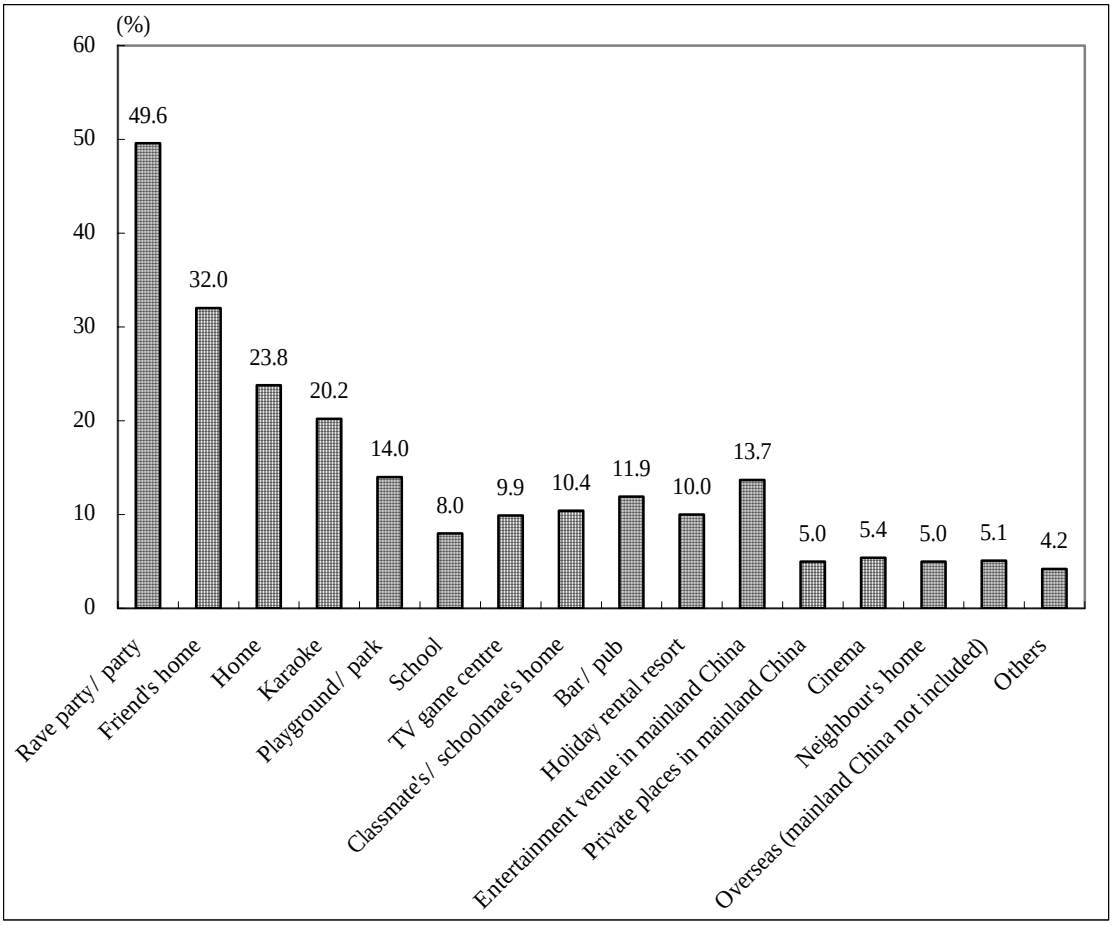
Furthermore, 13.5% of heroin abusers and 13.7% of psychotropic substance abusers claimed that they could get access to drug from entertainment venues in the mainland China (Figure 5.5 & 5.6). The figures did not only indicate the relationship of entertainment venues and substance abuse. They also confirmed that leisure and entertainment facilities in the mainland were popular spots for Hong Kong youngsters.

Figure 5.5: Venue for consumption of heroin (2000)



Note: (1) Students were allowed to choose more than one answer
(2) Percentages are calculated based on all heroin abusers.
Source: Lau (2002)

Figure 5.6: Venue for consumption of psychotropic substances (2000)

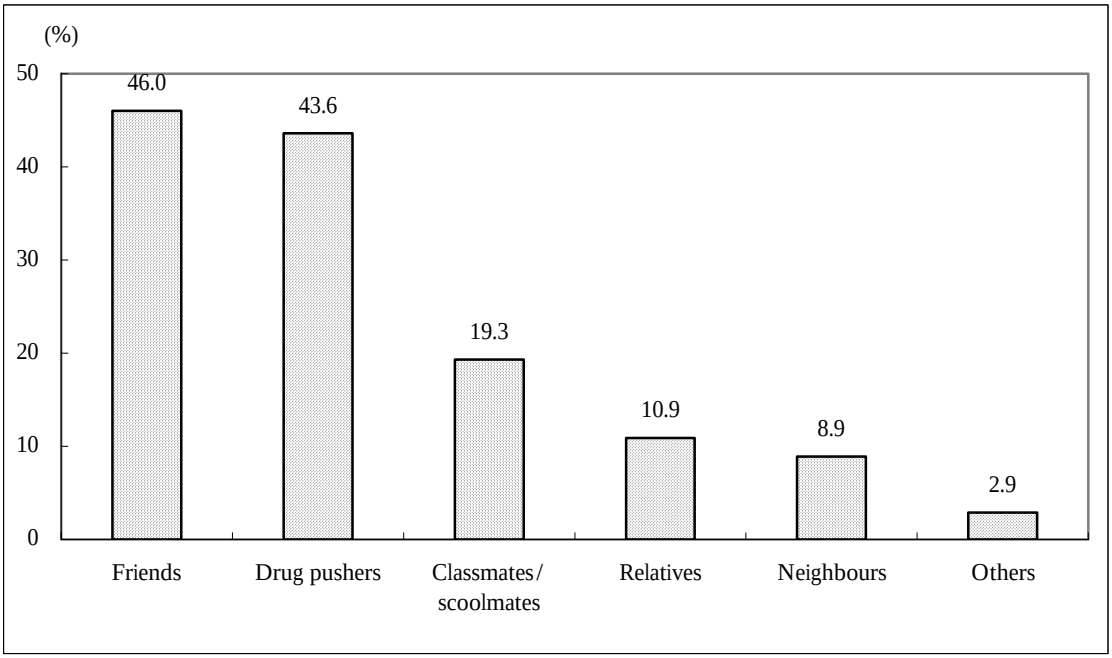


Note: (1) Students were allowed to choose more than one answer.
(2) Percentages are calculated based on all psychotropic substance abusers.
Source: Lau (2002)

The findings of *the 2000 Survey of Drug Use among Student* also indicated that peer influence was one of main risk and protective factors on youth substance abuse. The main source of heroin and psychotropic substances is peer group. As shown in figure 5.7, respondents claimed that heroin was mainly provided by friends (46.0%) and classmates/schoolmates (19.3%). While psychotropic substances were also provided by friends (64.7%) and classmates/schoolmates (19.7%) (Figure 5.8).

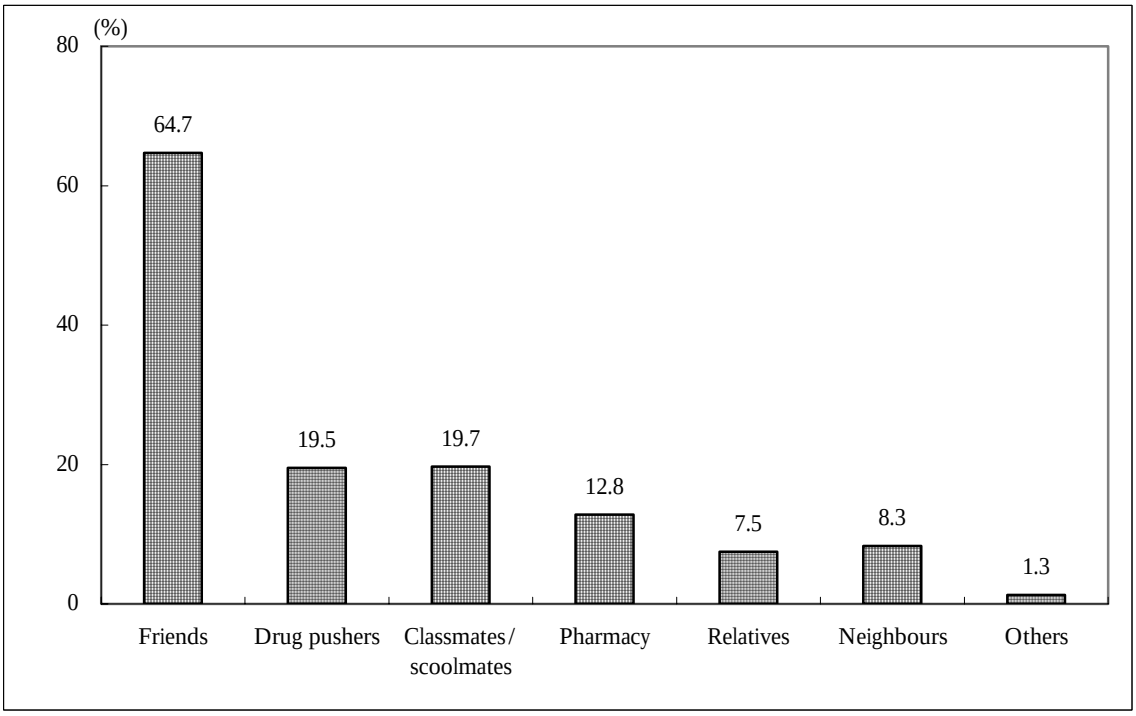
Comparing with drug pushers, peer group is the main drugs providers, especially for psychotropic substances. Only 19.5% of respondents claimed that psychotropic substances provided by drug pushers, while friends (64.7%) and classmates/ schoolmates (19.7%) were main sources of psychotropic substances.

Figure 5.7: Source of heroin (2000)



Note: (1) Students were allowed to choose more than one answer.
(2) Percentages are calculated based on all heroin abusers.
Source: Lau (2002)

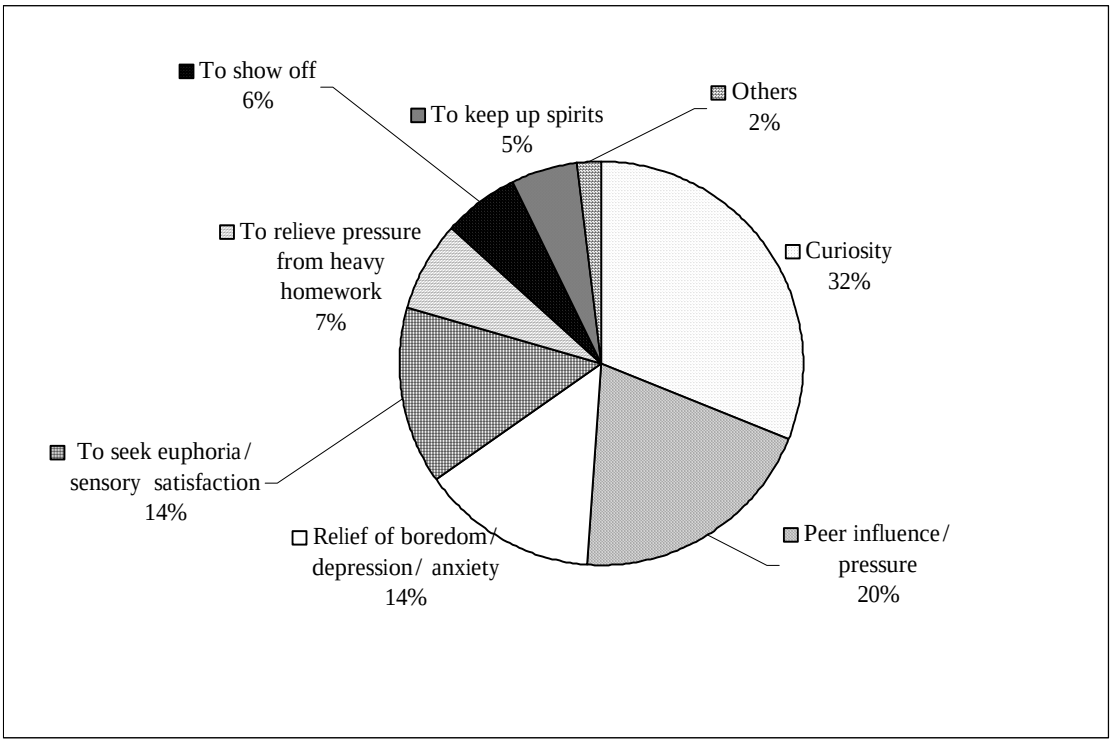
Figure 5.8: Source of psychotropic substances (2000)



Notes: (1) Students were allowed to choose more than one answer.
(2) Percentages are calculated based on all psychotropic substance abusers.
Source: Lau (2002)

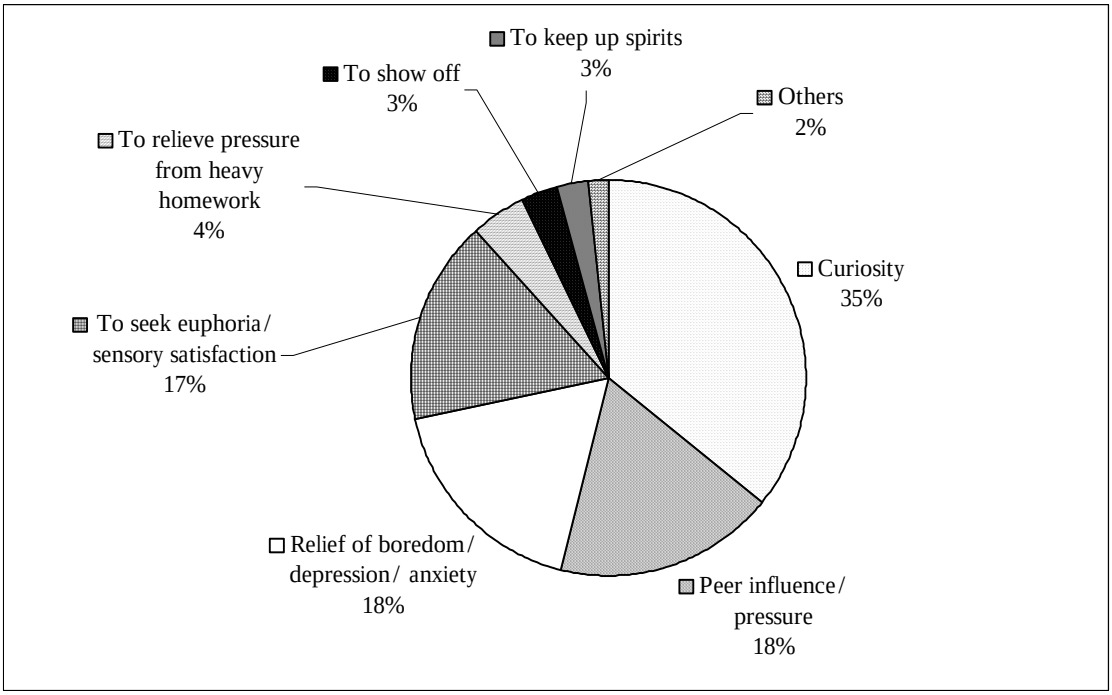
According to *the 2000 Survey of Drug Use among Students*, curiosity and peer influence were key factors for the young to take drug. The findings also reflected peer domain as a risk and protective factor to the youth. As shown in figure 5.9, major reasons for the first heroin abuse among students were curiosity (32%) and peer influence/pressure (20%). While major reasons for the first psychotropic substance abuse among students were also curiosity (35%) and peer influence/pressure (18%) (Figure 5.10).

Figure 5.9: Reason for first heroin abuse (2000)



Note: Percentages are calculated based on all heroin abusers.
Source: Lau (2002)

Figure 5.10: Reason for first psychotropic substance abuse (2000)



Note: Percentages are calculated based on all psychotropic substance abusers.
Source: Lau (2002)

5.5 Summary

Analyzing the collected data on youth substance abuse, several trends can be observed as follows:

- The number of young heroin abusers decreased from 1,855 in 1997 to 426 in 2001.
- There were increasing trends in young psychotropic substance abusers. The number of psychotropic substance abusers increased from 1,092 in 1997 to 4,525 in 2001.
- Ketamine and MDMA (Ecstasy) had become the most common types of drug abused by the youth in 2001.
- Rave party/party, Karaoke, TV game centers and bar/pub are common venues for consumption of heroin and psychotropic substances.
- Peer influence was found to be a major reason for abusing drugs.

The foregoing discussions reflect that the common type of drug has changed from heroin to psychotropic substances, such as Ketamine and MDMA (Ecstasy). Since such psychotropic substances produce less physical withdrawal symptoms than heroin, the potential dangers of taking psychotropic substances may be under-estimated by the

youth.

The findings showed the changes in drug types abused by the youngsters. It is useful to collect further information in these areas so as to provide a comprehensive portrait of youth substance abuse and for planning prevention schemes. The obtained data did not contain the proposed indicators in the dimensions on treatment demand data, drug-related health problems and risk and protective factors to the youth. Thus, it is suggested to collect data on these dimensions in future studies.

Data on treatment demand, such as the number and profile of young abusers demanding drug treatment, can offer the government and service providers insight into what sorts of services and helps the young abusers needed.

For the dimensions of drug-related health problems, the obtained data from the Hospital Authority does not contain the number and profile of young patients with drug-related health problems. In other words, no data was provided for measuring the situation of drug-related health problems.

For the dimension of risk and protective factors, the discussion only focused on community and peer domain indicators, which is not sufficient to reflect to identify the whole picture of the risk and protective risk.