

**A Supplementary Drug Abuse Monitoring System**

***DrugIntelligence***

**Dominic TS Lee**

MBChB(Hons), MD, MRCPsych, FHKAM

Department of Psychiatry

The Chinese University of Hong Kong

26 May 2006

## **Executive Summary:**

### **Background**

Effective surveillance of drug abuse trend and pattern commonly employs several monitoring systems of different properties. Although the Central Registry of Drug Abuse (CRDA) in Hong Kong has proved to be useful in monitoring the trends of drug abuse, addition of other drug abuse monitoring systems can broaden the scope and sensitivity of drug abuse surveillance.

### **Objective**

To establish a monitoring system that complements the CRDA in monitoring the trend and pattern of drug abuse among local population.

### **Design and Progress**

The project team had established a surveillance system that consists of three components. The first module drew together drug related statistics that are compiled by different departments and agencies in Hong Kong. A software system (eDrugStats) was constructed to capture the data for regular analysis. The second module used qualitative method to collect data on the pattern, characteristics, and consequences of drug abuse. Data collected from the two modules were triangulated to provide a more comprehensive and accurate representation of the local drug scene. The data analysis and interpretation were guided by an expert panel.

### **Results**

The surveillance system was found to be useful in helping policy makers to conduct swift assessment of reported new trends. It has also been shown to be useful in tapping data that are not captured by the CRDA system (e.g. for data privacy reason or complex behaviour/phenomenon).

### **Potential Impact**

The supplementary system broadens and deepens the scope of drug abuse surveillance in Hong Kong. The system will be of profound use to policy makers, front line drug workers, and researchers.

## **1. Background:**

1.1 Drug abuse, like many social and public health problems, is in constant evolution. The trend and pattern of drug abuse in a population change perpetually. Compound with the fact that drug abuse is inherently a secretive business, monitoring the epidemiology of drug abuse is undoubtedly a challenging task.

1.2 Hong Kong is equipped with one of the best drug abuse monitoring systems in the world. The Central Registry of Drug Abuse (CRDA), since its establishment in 1972, has played a pivotal role in monitoring the scope and distribution of drug abuse in the local population. Over the years, the CRDA has proved to be useful in detecting shifts in pattern of drug abuse (e.g. emergence of ecstasy and ketamine) as well as changes in demographics of drug abuse population (continual increase in female drug abusers).

1.3 Like all surveillance systems, the CRDA is not without limitations. As the government-commissioned CRDA Review pointed out, even though the CRDA reporting network had been quite comprehensive, the system could only capture those who had come into contact with and been reported by the reporting agencies, which was inevitably incomplete. Coupled with the voluntary nature of the CRDA reporting, it is inevitable that the statistics can only capture part of the drug users population. In this regard, the CRDA statistics are good reflection of the overall trend of drug abuse, rather than the absolute sizes of the drug using populations. As the CRDA reporting agents are mostly service providers, the CRDA statistics serve well as an indicator of drug abuse service needs in Hong Kong.

1.4 In many parts of the world, drug abuse epidemiology is monitored by more than one surveillance systems. For instance, in the United States, drug abuse trends have been monitored by the DAWN, PULSE, as well as annual household surveys. By employing systems of different characteristics, a more comprehensive picture of drug abuse epidemiology can be obtained. Given that Hong Kong thus far has only one longitudinal drug abuse epidemiology monitoring system, it is worthwhile to consider if supplementary systems should be established to better drug abuse surveillance.

1.5 The World Health Organization (WHO) has highlighted the importance of qualitative methods in drug abuse surveillance. Qualitative methods are particularly sensitive to variations in the circumstances of use, routes of administration, the sub-groups using drugs, and for discovering information that would be ignored in routinely formatted (and potentially out-of-date) data collection methods. The

populations that are best reached or studied through qualitative methods include hidden populations (groups engaged in illegal or socially unacceptable activities), groups usually not detected through the traditional household or students surveys (small cultural groups or individuals engaged in infrequent or rare behaviour), and those who do not commonly participate in health, welfare, or justice institutions (including elite populations or protected classes).

1.6 Apart from introducing a qualitative monitoring of drug abuse trend, the drug surveillance system in Hong Kong can also be strengthened by consolidating a variety of drug related statistics. Until recently, these statistics, like drug related deaths and drugs purities, are not regularly available to policy makers, drug abuse researchers and frontline workers. Even when they are available, there may not be the expertise to interpret the data in the context of other drug abuse trends. A system that regularly collects these statistics for interpretation, however, can be a very cost-effective way to augment the existing CRDA surveillance. For instance, sharp fluctuations in drug purity may explain a sudden upward shift of drug related deaths. These statistics, when put side by side, may shed light on appropriate measures to reduce morbidity and mortality.

1.7 Furthermore, the CRDA Monitoring Group had considered that the introduction of a supplementary system would also be a way to partly address agencies' concerns about data privacy. Apart from drug abuse trend, more salient characteristics on the drug scene, such as emerging new drugs, new drug abusing pattern and sector-specific analyses of drug abuse population, would also be available for reference by the Government and ACAN. This would enhance public knowledge about the drug problems in Hong Kong and help build better rapport.

1.8 In pursuant to recommendations of the CRDA Review Report, the project team proposed to establish a supplementary drug abuse monitoring system for Hong Kong.

## **2. Objective & Proposed System:**

2.1 The proposed project aimed to establish a monitoring system that complements the CRDA in monitoring the trend and pattern of drug abuse among local population. By centralizing drug statistics and incorporating qualitative research methodology, the system will broaden the scope of drug surveillance in Hong Kong.

2.2 The system was originally designed to make up of three components. The first module would draw together drug related statistics that were previously compiled by independent departments and agencies in Hong Kong. The drug related statistics/data might encompass, but not limited to, drug seizure/arrest, drug price, drug purity fluctuation, emergence of new adulterant, abuse-able prescription drugs consumption, drug-related medical attendance, pregnancy/newborn affected by drugs, psychiatric attendance/admission, drug related general hospital admission, treatment demand, drug related AIDS statistics, hepatitis C infection, drug related death and relevant statistics of neighboring countries. The data/statistics would be obtained from the Police Force, Customs Department, Correctional Services Department, Coroner's Court, Government Laboratory, Department of Health, Hospital Authority, primary care physicians and the United Nations.

2.3 The second module would collect qualitative data pertaining to the pattern, characteristics, and consequences of drug abuse. This component was designed to collect insider knowledge of the latest drug abuse trends. Besides, the qualitative module would complement the statistics module by incorporating data that could not be represented quantitatively by drug statistics (e.g. new method and context of drug use). The qualitative data were to be collected by key informant interviews and focus group interviews. The informants would include drug abusers, drug workers, and possibly law enforcement agencies. Information published in the public arena (e.g. pop culture magazines) would also be collected for analysis.

2.4 The third component of the monitoring system was originally designed to examine the CRDA reports that fall short of the minimal data set requirement. For technical reasons, these incomplete reports are generally not included in the CRDA analysis. This module aimed to make the best use of these incomplete reports. Possible analyses would include examination of how these incomplete reports are different from the complete reports. Special attention would also be paid to reports of new drugs, which could otherwise be missed because of incomplete reporting.

2.5 As the data and findings of the three modules would require interpretation and triangulation, the project would form an expert panel to advise on the analysis. This panel would meet regularly to help interpret the findings and to guide directions of further research (e.g. setting up new questions for the focus group interview).

### **3. Project Implementation:**

3.1 As a first step, an expert panel was formed to advise on the design of the supplementary system. The panel consisted of representatives from different governmental departments, experienced drug researcher, as well as supervisors of drug treatment services. The panel provided invaluable opinions on the collection of drug statistics as well as the design of the qualitative interviews.

3.2 In addition, the expert panel provided a venue for the project team to establish trustful working relationship with the various governmental officers, many of whom were justly concerned about confidentiality issue. The staffs of the Narcotics Division had also offered tremendous help in clarifying the issue with the relevant governmental departments.

3.3 Hence, the project team was able to establish data transfer mechanism with the concerned departments (for instance, Police Force, Government Chemist, Department of Health, Coroner's Court) swiftly. The statistics/data collected from these departments are listed in Appendix I. The drug statistics/data are listed under six of the thematic areas, a scheme established by the European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.eu.int/>).

3.5 A software system, named e-DrugStats, was constructed to store the statistics collected. The project team also worked with the ND to establish a list of analyses and outputs that would be generated by the DrugStats automatically and regularly upon implementation. A list of the analyses and outputs can be found in Appendix II.

3.6 There were difficulties in obtaining some of the proposed statistics. For instance, after in-depth discussion with the Hospital Authority (HA) and analysis of pre-existing data set, the project team came to the conclusion that the treatment data collected by the HA were not suitable for the purpose of drug surveillance. Likewise, after discussion with the Department of Health, it was concluded that the general practitioner network for flu surveillance could not be repurposed for drug surveillance. A list of the statistics/data that were found to be unobtainable or unsuitable for drug surveillance purpose is provided (with explanation) in Appendix III.

3.7 For the second module, qualitative data were collected to complement the quantitative module. To supplement the drug statistics, we systematically reviewed data about drug abuse from diverse sources. For instance, we reviewed professional

literature and international study reports to monitor the global changes of drug abuse pattern (please refer to Appendix IV for the websites of the organizations and academic journals reviewed). In order to gain better understanding of the local drug culture, we also regularly reviewed newspapers, magazines, internet web sites, internet interest/discussion groups, and other mode of communications in the public space at both local and national levels (please refer to Appendix V for the searching keywords and publications reviewed). Furthermore, the project team had actively participated in a number of seminars held by different service providers to keep abreast of the latest knowledge of drug abuse (please refer to Appendix VI for the details of the seminars). These seminars also cast light on the issues that were at stake among the key players in the field.

3.8 For the qualitative interviews, the project team originally proposed to identify purposively informants for the key informant interviews and focus group interviews. The informants could include, but not limited to, drug abusers, drug workers, outreach/integrated team social workers, police officers, customs officers, and drug dealers/pushers.

3.9 However, in attempting to recruit participants for focus group interviews, the team realized that the social workers were reluctant to refer drug users for the group interviews. They were concerned that the drug users, especially the early users, would acquire new knowledge on drug use from the group interviews. In view of this concern, the project team, after deliberation with the ND, converted the focus group interviews to key informant interviews.

3.10 Key informant interviews are one to one, face-to-face in-depth interviews of 1 to 2 hours duration. The interviews are open-ended, and guided by a list of regular questions [Appendix VII], as well as questions that are of interests to the researcher (e.g. why a new drug pattern emerged).

3.11 Between Oct 04 and Dec 05, the project team interviewed 8-12 drug abusers per month, among whom 8 constituted a longitudinal cohort. Altogether 44 individual drug abusers were interviewed. Among the participants, 39 of them were male, and their age ranged from 13 to 29 years. All the participants were drug users, while about a half of them were pushers at the same time. The general characteristics of the participants (e.g. age, recruitment source, drug use pattern) were listed in Appendix VIII. In addition, there were 2 dark side informants, a drug dealer and a frontline law enforcing agent, who provided us with the insider information about the trend of drug



abuse.

3.12 Apart from individual in-depth interviews, a focus group interview with front line social workers had been conducted. The purpose of the focus group interview was to capture more insights and knowledge about the drug abuse trends from the service-providers' point of view. The focus group consisted of 8 participants, among whom 6 of them were social workers from several non-governmental organizations, 1 school social worker from education setting and 1 probation officer from the Social Welfare Department (please refer to the respective affiliations of the focus group participants in Appendix VIII.)

3.13 During the project period, two thematic investigations were added to the key informant interviews. The first investigations concerned about an alleged rise of ketamine abuse in school campuses. The project team interviewed front line social workers, school social workers, teachers, drug users, and drug pushers and came to the conclusion that the alleged phenomenon was likely to be sporadic and small scale.

3.14 The second thematic investigation concerned an alleged trend of heroin drug abusers obtaining drug injection across the border (*Zhuhai*). There was also concern that the alleged phenomenon led to increase of HIV/AIDS infection among local drug user population. In response, the project team interviewed experienced drug workers and supervisor, drug pushers, as well as heroin drug users. The team also attempted to clarify with the source who reported the alleged phenomenon. The investigation revealed that the phenomenon was sporadic and unlikely to become a major trend because of the additional cost involved in getting injection in *Zhuhai*. Subsequently, the HIV/AIDS surveillance office also confirmed that the rise of HIV/AIDS among drug users during that period was likely to be caused by the HIV/AIDS screening program conducted at the methadone clinics.

3.15 In the third module, the project team and ND attempted to analyze the incomplete CRDA reports to assess the feasibility and utility of the approach. The pilot showed that not much could be gleaned from the analysis. In view of the finding, the third module was dropped.

3.16 The researcher also explored the feasibility of obtaining regular updates of drug scene from neighboring cities/countries. It was hoped that the collected data could be analyzed alongside with the local drug statistics, ethnographic data, and CRDA reports. The project team explored the possibilities with the respective department in

Macau. The project team also obtained, via the ND, a list of Hong Kong citizens (with personal identifiers removed) convicted of drug crime in Guangdong.

3.17 The exploration confirmed that Hong Kong had been comparatively advanced in drug surveillance work. For instance, most neighboring countries did not even have a CRDA-like surveillance system. In addition, the exchange of drug intelligence with the collaborating partners also involved security issues that are beyond the scope of the present project. Hence, it was eventually decided that regional drug data would not be included in the surveillance system.

3.18 A manual was compiled to guide the coding and usage of the software system. During the project, the project team also worked closely with the ND to ensure that the surveillance system would be sustainable upon completion of the project. Different models of implementation had been explored. It is likely that the ND will take up the module one (quantitative component) upon the completion of the project. Consideration can be given to contract out the qualitative data collection module (such as interviews and focus groups) to researchers who have the experience and connection. The RAG can continue to advise on the analysis of the data collected by the surveillance system.

3.19 With the assistance of the ND and expert panel, more catching names were given to the surveillance system, the software, as well as the report. The surveillance system is renamed as *DrugIntelligence* and module one as *eDrugStats* (The page layouts of the entry face and report list of *eDrugStats* were shown at Appendix IX and X respectively, database structure was shown at Appendix XIII, an operation manual was at Appendix XIV.). To help disseminate the information, a briefing report, named *iDrug*, will be regularly prepared (please refer to Appendix XI for the sample of *iDrug* report).

#### **4. Evaluation:**

4.1 The *DrugIntelligence* surveillance system was commissioned in pursuant to the CRDA Review to supplement the CRDA. In this connection, it is legitimate to ask if the new surveillance system fulfills the intended mission (please refer to Appendix XII).

4.2 The CRDA review proposed to collect data from the incomplete CRDA report, police force, government laboratory, private medical practitioners, social workers, drug workers using epidemiological methods and key informant interviews. The report also called for varying the data sources and topic of questions to ascertain drug abuse characteristics, consequences of drug abuse, new drug information, and data pertaining to new efforts to prevent and manage drug abuse. A database should be formed and integration of the drug indicators should be undertaken with internal consistency checked.

4.3 The present project has achieved most of the objectives proposed in original proposal. A few of the proposed ideas were dropped after failed pilot testing. For instance, the incomplete CRDA report analysis was dropped after pilot analysis showed that it was not worthwhile. Likewise, the ideas of capturing the HA operation database and the flu surveillance network into the system were dropped. Apart from these deliberate omissions, most of the proposed data sources were incorporated into the *DrugIntelligence*.

4.4. The CRDA Review also considered that the supplementary system would be a way to address concerns about data privacy. The *DrugIntelligence* has certainly overcome the limitations of data privacy, as its operation does not rely on voluntary reporting. In contrast, the system proactively identifies issues that are at stake for policy makers, and seeks to study these issues using epidemiology and ethnography combined. The project team, with the assistance of the ND, actively seeks information and data from drug users, drug workers, dark-side informants, and other key players related to the issues at stake. The proactive and purposive approach overcomes the “voluntary reporting” limitation raised by the CRDA Monitoring Group.

4.5 The CRDA Review also hoped that, apart from drug abuse trend, more salient characteristics on the drug scene, such as emerging new drugs, new drug abusing pattern, and sector specific analyses could be conducted. The project team had conducted sector specific analyses (school and *Zhuhai* injection). Unfortunately,

during the project period, the drug abuse situation had been unexpectedly stable. No major change in drug abuse trends was evident during the project period.

4.6 Overall, the project team has achieved the objectives stated in the original proposal. Besides, the *DrugIntelligence* has succeeded in addressing the major limitations of the CRDA system, as pointed out in the CRDA Review. Hence, the project team is of the opinion that the *DrugIntelligence* system should be transferred to the ND and be continued, as originally envisioned. The ND has the necessary manpower and expertise to maintain the operation of the quantitative component of the surveillance system. When necessary, advice can be sought from the RAG concerning system operation and data interpretation.

4.7 In the ongoing discussion between the ND and project team, it was apparent that external expertise would be needed in order to continue the qualitative module of the surveillance system. This was partly because some key informants were rather reluctant to provide information to government officials. The external expertise should preferably have experience in the application of the qualitative research method in drug research as well as good connections with the key players in the local drug scene. The ability to collect information from dark side informants is also important.

4.8 Toward the completion of the project, it was observed that there might be a return of MDMA to the drug scene. The CRDA statistics showed that there had been slow but progressive rise of MDMA reports among existing users. The qualitative enquiry also showed that the technomusic and clubbing scenes are reviving. The number of parties advertised in the public space has been on the rise, not only for Hong Kong, but also for many neighboring cities (e.g. Singapore, Bangkok, Tokyo). Secretive underground parties had also been mentioned in some communications assessed by the project team. Since the misuse of MDMA is tightly connected with technomusic and the rave culture, it is important to monitor if the observed “signals” may eventually turn into a revival of the rave phenomenon, like the one witnessed in Hong Kong during 1998 – 2000.

4.9 In this connection, the project team would like to propose an extension of the study (with no additional funding request) for 8 months. This will permit the team to make the best use of the allocated funding. If indeed, the early signals turned to a shift in drug trend, it will provide the much-needed opportunity to test-drive the system. The project team wants to emphasize that there had been no slippage of timetable, all proposed objectives of the project had already been achieved, and the system is ready

to be transferred to the ND. The extension is sought for the sole purpose of extending the evaluation.

## **5. Conclusions:**

5.1 The *DrugIntelligence* is the first of its kind in the region. Although the system was originally conceptualized as a supplement to the CRDA system, it has developed into a product with far greater potential. By triangulating quantitative statistics with qualitative data, the surveillance system provides a more comprehensive picture of the drug abuse scene to the policy makers and service providers. This is thus far only possible in very high income countries.

5.2 The system also permits the policy makers to swiftly respond to the ever-changing drug scene by fine-tuning the qualitative investigations and data analysis. The application of thematic studies provides means to conduct rapid assessment of alleged changes in drug abuse pattern. In the past, such might require the policy makers to commission independent research studies.

5.3 More test-drives are needed for the surveillance system as the project was conducted during a period when drug trend was comparatively stable. The deficiency of statistics from the health care sector, albeit beyond the control of the project team, is also a major limitation that hopefully can be addressed in due course.

5.4 All in all, the project has achieved the objective laid down in the original proposal. The *DrugIntelligence* shall provide a broader and deeper assessment of drug abuse situation in Hong Kong.

END

## Appendices:

Appendix I.	Statistics/data collected from governmental departments categorized into the thematic areas established by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	16
Appendix II.	List of analyses/ outputs of drug statistics generated by the software system	18
Appendix III.	Statistics/data not available for drug surveillance system	21
Appendix IV.	List of organizations and academic journals for regular updates	22
Appendix V.	Searching keywords and publication list for updates of drug-related news	24
Appendix VI.	Themes and details of seminars and meetings attended by the project team	36
Appendix VII.	Guiding Questions for In-depth Interviews	37
Appendix VIII.	General characteristics of participants for in-depth and focus group interviews	39
Appendix IX.	Page layout of the entry face of the software system ( <i>DrugIntelligence</i> )	41
Appendix X.	Page layout of the report list of the software system ( <i>DrugIntelligence</i> )	42
Appendix XI.	A sample of <i>iDrug</i> report	43
Appendix XII.	Recommendation proposed in the review report for the Central Registry of Drug Abuse (section 7.3.2)	45
Appendix XIII.	Data Specification for “e-Drug Stats”	48
Appendix XIV.	User’s Manual for “e-Drug Stats”	81

**Appendix I. Statistics/data collected from governmental departments categorized into the thematic areas established by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**

Thematic Area	Statistics/ Data	Data Source
Prevalence and patterns of problem drug use (Statistical prevalence/incidence estimates and surveys among drug users)	Distribution of abused drugs in reported cases	Government Laboratory
	Urine toxicology test for non-opiate drugs in reported cases	Government Laboratory
	Type, quantity and compositions of abused drugs in reported cases	Government Laboratory
Drug-related infectious diseases (Prevalence and incidence rates of HIV, hepatitis B and C in injecting drug users)	No. of HIV/ AIDS cases transmitted via injecting drug use	Quarterly Updates of Hong Kong STD/ AIDS Statistics from Centre for Health Protection, Department of Health
Drug-related deaths and mortality of drug users (General population mortality special registers statistics, and mortality cohort studies among drug users)	No. of death cases with fatal dosage of drug(s) detected	Government Laboratory
	No. of death cases with non-fatal dosage of drug(s) detected	Government Laboratory
	Type of drug(s) detected in death cases	Government Laboratory
	No. of occurrence of morphine and 19 types of psychotropic substances in death cases by sex and by age group	Government Laboratory
	Cause of death in drug-related death cases	Death Reports from Coroner's Court



Thematic Area	Statistics/ Data	Data Source
Demand for drug treatment (Statistics from drug treatment centres on clients starting treatment)	Admission, termination and transfer rate of drug abusers at the Methadone Clinics in Hong Kong	Monthly Statistics for Methadone Clinics from Department of Health
	No. of new admission and re-admission of counselling centres for psychotropic substance abusers by sex and by age group	Narcotics Division
	No. of new admission and re-admission of residential drug treatment institutes by sex and by age group	Narcotics Division
Drug related crime	No. of persons arrested for drug offences (data stratified by type of drug)	Hong Kong Police Force and Customs & Excise
	No. of Hong Kong citizens caught in Guangdong for consuming drugs	Narcotics Division
Availability of illicit drugs	Type and quantity of drug supplies	Supplies statistics of selected dangerous drug from Department of Health
	Compositions of “Ecstasy” tablets	Government Laboratory
	Type and quantity of drug(s) seized in durg seizures	Drug seizure figures from Hong Kong Police Force and Customs & Excise
	Average price of illicit drugs in Hong Kong	Government Laboratory
	Average retail price of heroin	Government Laboratory
	Average percentage purity of illicit drugs (Heroin, MDMA, Ice, Ketamine)	Government Laboratory
	Breakdown of packaging size for routine heroin seizures	Government Laboratory

## **Appendix II. List of analyses/ outputs of drug statistics generated by the software system**

### **1 AIDS/HIV Statistics (DH)**

- Yearly reported number of AIDS and HIV by sex in chart
- Yearly reported number of AIDS and HIV by age (adult) in chart
- Yearly reported number of AIDS and HIV by age (13 or less) in chart
- Yearly reported number of AIDS and HIV by ethnicity in chart
- Yearly reported number of AIDS and HIV infected by injecting drug use in chart

### **2 Supplies Statistics of Dangerous Drugs (DH)**

- Quarterly no. of tablets/capsules by drug type in chart
- Yearly no. of tablets/capsules by drug type in chart

### **3 Drug Price Statistics (Police)**

- Monthly wholesale and retail price of heroin (per kg) in chart
- Monthly wholesale and retail price of ketamine (per g) in chart
- Monthly wholesale and retail price of cocaine (per g) in chart
- Monthly wholesale and retail price of ecstasy (per g) in chart
- Monthly wholesale and retail price of cannabis herbal (per g) in chart
- Monthly wholesale and retail price of cannabis resin (per g) in chart
- Monthly wholesale and retail price of ecstasy-type tablets (per g)

### **4 Drug Purity Statistics (Government Laboratory)**

- Monthly average percentage purity of heroin hydrochloride in chart
- Monthly average percentage purity of ketamine in chart
- Monthly average MDMA content in MDMA in chart
- Monthly average percentage purity of methamphetamine hydrochloride('ICE') in chart
- Yearly statistics of heroin mixture by drug combination and unit of measurement
- Yearly statistics of ketamine mixture by drug combination and unit of measurement
- Yearly statistics of MDMA mixture by drug combination and unit of measurement
- Yearly statistics of ICE mixture by drug combination and unit of measurement
- Quarterly drug seizure statistics by Police and C & E

### **5 Drugs Detected in Death Cases (Government Laboratory)**

- Quarterly no. of death cases by major drug type (fatal dosage) in table
- Quarterly no. of death cases by major drug type (non-fatal dosage) in table
- Yearly no. of occurrence of drugs in death cases in table

### **6 Drug-Related Death Reports (Government Laboratory)**

Yearly no. of drug-deaths reported by sex in chart

Yearly no. of drug-deaths reported by age in chart

Yearly no. of drug-deaths reported by major drug type

#### 7 Drug-Related Diagnosis of Hospital Patients (HA)

Quarterly no. of discharged cases with drug psychosis (292) in chart

Quarterly no. of discharged cases with drug dependence (304) in table

Quarterly no. of discharged cases with non-dependence abuse of drugs (305) in table

Quarterly no. of discharged cases with noxious influences affecting fetus via placenta or breast milk (760.7) in chart

Quarterly no. of discharged cases with drug withdrawal syndrome in newborn (779.5) in chart

#### 8 HK Citizens Caught in Guangdong for Consuming Drugs

Yearly no. of HK citizens caught in Guangdong for consuming drugs by sex in chart

Yearly no. of HK citizens caught in Guangdong for consuming drugs by drug type in chart

Yearly no. of HK citizens caught in Guangdong for consuming drugs by age in chart

#### 9 Drug Offences Arrest Statistics (Police)

Yearly No. of persons arrested for major/minor drug offences by age in chart

Yearly No. of persons arrested for major/minor drug offences by sex in chart

Yearly No. of persons arrested for minor/major drug offences by drug type in table

#### 10 Drug Seizure Statistics (Police)

Quarterly drug seizure quantity by drug type in table

#### 11 Clients' Statistics for Methadone Clinics (DH)

Quarterly no. of new admissions and readmissions for methadone clinics by sex in chart

Yearly no. of new admissions and readmissions for methadone clinics in chart

Quarterly no. of dropouts detoxified and termination for methadone clinics by sex in chart

Yearly no. of dropouts detoxified and termination for methadone clinics by sex in chart

#### 12 Admission/Discharge Data From Treatment Agencies Other Than Methadone Clinics

Yearly no. of persons newly admitted to CCPSA in chart

Yearly no. of persons re-admitted to CCPSA in chart

Yearly no. of persons newly admitted to treatment agencies in chart

Yearly no. of persons re-admitted to treatment agencies in chart

Yearly no. of persons under treatment of treatment agencies in chart

Yearly no. of persons on aftercare at treatment agencies in chart

Yearly no. of persons admitted to CCPSA by sex in chart

Yearly no. of persons admitted to CCPSA by age in chart

Yearly no. of persons admitted to treatment agencies by sex in chart

Yearly no. of persons admitted to treatment agencies by age in chart

Yearly no. of persons under treatment to treatment agencies by sex in chart

Yearly no. of persons under treatment to treatment agencies by age in chart

Yearly no. of persons on aftercare at treatment agencies by sex in chart

Yearly no. of persons on aftercare at treatment agencies by age in chart

### 13 Urine Toxicology Screening Statistics (Government Laboratory)

Yearly no. of positive tests for urinalysis by drug type by agencies in table

Yearly no. of negative tests for urinalysis by drug type by agencies in table

### 14 Worldwide Drug Seizure Statistics (UN)

Yearly amount of Heroin by region

Yearly amount of Methaqualone by region

Yearly amount of Heroin by country of east and south-east asia

Yearly amount of Methaqualone by country of east and south-east asia

**Appendix III. Statistics/data not available for drug surveillance system**

Statistics/ data	Reasons for Unavailability
i. Emergence of new adulterant ii. Drug-related medical attendance iii. Pregnancy/newborns affected by drugs iv. Psychiatric attendance/admission v. Admission to general hospital for drug-related causes	Under the existing HA practice, these treatment data were established on diagnosis-counting basis, neither on head nor episode counts. Given that there was a problem of repeated counting in the statistics, we considered that these data might be inappropriate to serve as reliable indicators of the drug scene in Hong Kong.
Statistics on hepatitis C infection	Since the concerned statistics was not compiled by the respective department, the data was not available for the drug surveillance system.
Drug surveillance data collected from the general practitioner network	After discussion with the Department of Health, it was concluded that the general practitioner network for flu surveillance could not be repurposed for drug surveillance.

## Appendix IV. List of organizations and academic journals for regular updates

### *International/ local organizations:*

1	PULSE CHECK (USA) <a href="http://www.whitehousedrugpolicy.gov/drugfact/pulsecheck.html">http://www.whitehousedrugpolicy.gov/drugfact/pulsecheck.html</a>
2	DAWN (The Drug Abuse Warning Network, USA) <a href="http://dawninfo.samhsa.gov/">http://dawninfo.samhsa.gov/</a> <a href="http://www.oas.samhsa.gov/mail/emailst.cfm">http://www.oas.samhsa.gov/mail/emailst.cfm</a>
3	Tackling Drugs Changing Lives (UK) <a href="http://www.drugs.gov.uk/myprofile?view=Register">http://www.drugs.gov.uk/myprofile?view=Register</a>
4	National Treatment Agency for Substance Misuse (NHS, UK) <a href="http://www.nta.nhs.uk/">http://www.nta.nhs.uk/</a>
5	European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) <a href="http://www.emcdda.eu.int/index.cfm?fuseaction=public.html&amp;sTemplate=register&amp;sLanguageISO=EN">http://www.emcdda.eu.int/index.cfm?fuseaction=public.html&amp;sTemplate=register&amp;sLanguageISO=EN</a>
6	United Nations Office on Drugs and Crime <a href="http://www.unodc.org/unodc/index.html">http://www.unodc.org/unodc/index.html</a>
7	VAO e-news (Virtual Aids Office of Hong Kong)
8	ACA Newsfile (Advisory Council on AIDS, Hong Kong) <a href="http://www.info.gov.hk/aids/english/subscribe/index.htm">http://www.info.gov.hk/aids/english/subscribe/index.htm</a>

### *Academic journals:*

1	Addictive Behavior <a href="http://www.sciencedirect.com/science/journal/03064603">http://www.sciencedirect.com/science/journal/03064603</a>
2	Addiction <a href="http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&amp;code=add">http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&amp;code=add</a>
3	Alcohol: An International Biomedical Journal <a href="http://www.sciencedirect.com/science/journal/07418329">http://www.sciencedirect.com/science/journal/07418329</a>
4	Alcohol and Alcoholism <a href="http://alcalc.oupjournals.org/">http://alcalc.oupjournals.org/</a>
5	Alcoholism: Clinical and Experimental Research <a href="http://www.alcoholism-cer.com/">http://www.alcoholism-cer.com/</a>
6	The American Journal of Drug and Alcohol Abuse <a href="http://www.dekker.com/servlet/product/productid/ADA">http://www.dekker.com/servlet/product/productid/ADA</a>
7	American Journal of Psychiatry <a href="http://ajp.psychiatryonline.org/">http://ajp.psychiatryonline.org/</a>

8	Archives of General Psychiatry <a href="http://archpsyc.ama-assn.org/">http://archpsyc.ama-assn.org/</a>
9	British Journal of Psychiatry <a href="http://bjp.rcpsych.org/">http://bjp.rcpsych.org/</a>
10	Drug and Alcohol Dependence <a href="http://www.sciencedirect.com/science/journal/03768716">http://www.sciencedirect.com/science/journal/03768716</a>
11	Journal of Addictive Disease <a href="http://www.haworthpress.com/web/JAD/">http://www.haworthpress.com/web/JAD/</a>
12	Journal of Clinical Psychiatry <a href="http://www.psychiatrist.com/">http://www.psychiatrist.com/</a> (No Free TOC alert service provided.)
13	Journal of Substance Abuse <a href="http://www.sciencedirect.com/science/journal/08993289">http://www.sciencedirect.com/science/journal/08993289</a>
14	Journal of Substance Abuse Treatment <a href="http://www.sciencedirect.com/science/journal/07405472">http://www.sciencedirect.com/science/journal/07405472</a>
15	Lancet <a href="http://www.thelancet.com">www.thelancet.com</a>
16	New England Journal of Medicine <a href="http://content.nejm.org/">http://content.nejm.org/</a>

Note: To facilitate efficient updates of information, online subscription for table of content alert service is recommended for respective journals.

## Appendix V. Searching keywords and publication list for updates of drug-related news

### A. Keywords for WiseNews search:

- |                    |         |
|--------------------|---------|
| 1. Substance abuse | 14. 索 K |
| 2. Drug abuse      | 15. K 仔 |
| 3. 藥物濫用            | 16. 白粉  |
| 4. 濫藥              | 17. 忘我  |
| 5. 青少年濫用           | 18. 搖頭丸 |
| 6. 禁毒              | 19. 冰毒  |
| 7. 吸毒              | 20. 可卡因 |
| 8. 運毒              | 21. 天拿水 |
| 9. 藏毒              | 22. 咳藥水 |
| 10. 軟性毒品           | 23. 大麻  |
| 11. 毒品             | 24. 5 仔 |
| 12. 搜獲             |         |
| 13. 破獲             |         |

### B. B. Publication list at both local and national level (regions included: Hong Kong, Mainland China, Macau and Taiwan)

A wide range of publications are retrieved from a database service, *WiseNews*, provided by Wisers Information Ltd for regular updating of drug-related news. *WiseNews* provides a comprehensive variety of publications, including newspapers, magazines, journals and newswires, which encompass different press sources from Mainland China, Hong Kong, Macau and Taiwan.

The search engine (*WiseSearch*) allows users to retrieve a specific scope of information in accordance with the searching strategies defined by the user, e.g. keywords, publication dates, types of press, regional sources, etc. To keep abreast of the most current trend of drug use, daily update and information retrieval is recommended.

The operating system requirement for installation of *WiseNews* is traditional Chinese Window 95/98/2000/NT/XP with IE 5.0/Netscape 7.0 or above for browser support.

For subscription of *WiseNews* service, please refer to the website of Wisers: <http://wiseneews.wisers.net/wiseneews/index.do>.



**Content Partners of Wisers**
**慧科資訊伙伴名單**

Region	地區	No. Of Content Providers 資訊伙伴數目
Hong Kong	香港	57
Macau	澳門	10
National	全國性報刊	66
Mainland China -- South	中國 - 華南	25
Mainland China -- Central	中國 - 華東	25
Mainland China -- North	中國 - 華北	66
Mainland China -- Southwest	中國 - 西南	11
Mainland China -- Northwest	中國 - 西北	16
Mainland China -- Northeast	中國 - 東北	14
Taiwan	台灣	54
Total:		<b>344</b>

**Hong Kong & Macau 香港及澳門**

Hong Kong - Newspaper		香港 - 報紙			
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Apple Daily News	蘋果日報	Chinese	Daily	Oct-1998	Current Date
Hong Kong Commercial Daily	香港商報	Chinese	Daily	Aug-1998	Current Date
Hong Kong Daily News	新報	Chinese	Daily	Feb-1999	Current Date
Hong Kong Economic Journal	信報財經新聞	Chinese	Daily	Apr-2001	Current Date
Hong Kong Economic Times	香港經濟日報	Chinese	Daily	Oct-1998	Current Date
Metropolis Daily	都市日報	Bilingual		Sep-2002	Current Date
Ming Pao Daily News	明報	Chinese	Daily	Sep-1998	Current Date
Oriental Daily News (Internet Version)	東方日報 (網上版)	Chinese	Daily	Sep-2000	Current Date
Sing Pao Daily News	成報	Chinese	Daily	Sep-1998	Current Date
Sing Tao Daily	星島日報	Chinese	Daily	Jan-1998	Current Date
South China Morning Post (Internet Version)	南華早報 (網上版)	English	Mon - Sat	Aug-2000	Current Date
Ta Kung Pao	大公報	Chinese	Daily	Jan-1998	Current Date
The Standard (previously entitled HK iMail)	英文虎報	English	Mon - Sat	Sep-2000	Current Date
The Sun (Internet Version)	太陽報 (網上版)	Chinese	Daily	Sep-2000	Current Date
Wen Wei Po	文匯報	Chinese	Daily	Apr-1998	Current Date

A Daily	A 報	Chinese		Oct-2000	Mar-2001
Hong Kong Globe	公正報	Chinese		Sep-2000	Feb-2001
Tin Tin Daily News	天天日報	Chinese		Sep-1998	Sep-2000
<b>Hong Kong - Magazine 香港 - 雜誌</b>					
Cup	茶杯	Chinese	Weekly	Sep-2001	Current Date
Eat & Travel Weekly	飲食男女	Chinese	Weekly(Tue)	Jun-2000	Current Date
Easy Finder	壹本便利	Chinese	Weekly(Tue)	Jun-2000	Current Date
Economic Digest	經濟一週	Chinese	Weekly	Jun-2001	Current Date
Hi Tech Weekly	電腦科技	Chinese	Weekly	Oct-2001	Current Date
IT Times	資訊科技周刊	Chinese	Weekly	Dec-1999	Current Date
Money Times	投資理財	Chinese	Weekly	Oct-2001	Current Date
New Monday	新 Monday	Chinese	Weekly	Sep-2001	Current Date
Next Magazine	壹週刊	Chinese	Weekly/Wed	Jun-2000	Current Date
Open Magazine	開放雜誌	Chinese	Monthly	Jul-2000	Current Date
Oriental Sunday	東方新地	Chinese	Weekly	Feb-2002	Current Date
Property Times	置業家居	Chinese	Weekly	Dec-1999	Current Date
Sudden Weekly	忽然一週	Chinese	Weekly (Sat)	Jun-2000	Current Date
The Mirror Monthly (Hong Kong)	鏡報月刊 (香港)	Chinese	Monthly	Sep-2000	Nov-2002
Vitality	生命力	Chinese	Monthly	Oct-2000	Current Date
Weekend Weekly	新假期	Chinese	Weekly	Oct-2001	Current Date
My Money	My Money	Chinese		Aug-2001	Sep-2001
China Telecommunicatios Construction	中國電訊建設	Chinese		Jun-2000	Aug-2001
China Wireless Communications	中國無線通訊	Chinese		May-2000	Jul-2001
Solicitor Online	法週刊	Chinese		Nov-2000	Jun-2001
ATA Journal	紡織及成衣(亞洲版)	Chinese		Oct-1998	Dec-2000
China Plastic & Rubber Journal	中國塑膠橡膠	Chinese		Dec-1998	Dec-2000
China Textile & Apparel	中國紡織及成衣	Chinese		Aug-1998	Dec-2000
China Automative Journal	現代汽車	Chinese		Oct-1998	Oct-2000
Packaging Pro	包裝縱橫	Chinese		Mar-1999	Sep-2000
Chinamac Journal	機械製造	Chinese		Nov-1998	Jun-2000
Hong Kong Property	香港地產	Chinese		Feb-1999	Feb-1999
<b>Hong Kong - Others 香港 - 其他</b>					
Agence France Express (AFX), Agence France-Presse	AFX 法新社財經	Chinese		Sep-2002	Current Date
ATV Internet News	亞洲電視網上新聞	Chinese	Daily	Jul-2000	Current Date

Hong Kong Government News (Chinese)	香港政府新聞(中)	Chinese	Daily	Sep-2000	Current Date
Hong Kong Government News (English)	香港政府新聞(英)	English	Daily	Sep-2000	Current Date
Hospital Authority News	醫院管理局	Chinese	Irregular	Feb-2001	Current Date
Interfax	Interfax	English		Jul-2003	Current Date
lrasia.com	亞洲投資專訊	Chinese / English	Daily	Nov-2000	Current Date
PRN Chinese Content	美國企業新聞社 - 中文版	Chinese	Daily	Dec-2001	Current Date
PRN Hong Kong	美國企業新聞社香港分社	English	Daily	Feb-2001	Current Date
PRN US Content	美國企業新聞社 (英)	English	Daily	Apr-2001	Current Date
U. S. Government News	美國政府新聞	Chinese / English	Daily	Jan-2000	Current Date
AsiaWise	亞慧資訊有限公司	English		Feb-2001	Aug-2001
<b>Macau Newspaper 澳門報紙</b>					
Chinese Macau Daily	新華澳報	Chinese	Daily	May-2000	Current Date
Jornal Cheng Pou	正報	Chinese		May-2002	Current Date
Jornal Do Cidadao	市民日報	Chinese	Daily	Apr-2002	Current Date
Jornal Estrela (Sing Pao)	星報	Chinese		Jun-2002	Current Date
Macau Daily	澳門日報	Chinese	Daily	Sep-2000	Current Date
Macau Government News (Chinese)	澳門政府新聞(中)	Chinese	Daily	May-2000	Current Date
Macau Government News (English)	澳門政府新聞 (英)	English	Daily	Jun-2000	Current Date
Son Pou	訊報	Chinese		Jun-2002	Current Date
Tai Chung Pou	大眾報	Chinese		Jul-2002	Current Date
VaKio Daily	華僑報	Chinese	Daily	Jan-2000	Current Date

### National 全國性報刊

National 全國性報刊					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Business Post	財經時報	Chinese	Daily	Jul-2001	Current Date
China Archives News	中國檔案報	Chinese	Daily	Jul-2001	Current Date
China Aviation Post	中國航天報	Chinese	Weekly	Dec-1999	Current Date
China Building Materials Daily	中國建材報	Chinese	Daily	Oct-1999	Current Date
China Business	中國經營報	Chinese	Daily	Jan-2001	Current Date
China Business Herald	中國商報	Chinese	Daily	Oct-1999	Current Date
China Business Times	中華工商時報	Chinese	Daily	Mar-2000	Current Date
China Chemical Industry News	中國化工報	Chinese	Daily	Jan-2000	Current Date

China Communications News	中國交通報	Chinese	Daily	Jul-2001	Current Date
China Computer World	計算機世界	Chinese	Weekly	Mar-2000	Current Date
China Construction News	中國建設報	Chinese	Daily	Oct-1999	Current Date
China Consumers News	中國消費者報	Chinese	Daily	Oct-1999	Current Date
China Daily	中國日報	Chinese	Daily	May-2000	Current Date
China Economic Herald	中國經濟導報	Chinese	Weekly	Nov-1999	Current Date
China Economic Times	中國經濟時報	Chinese	Daily	Dec-1999	Current Date
China Electronic Post	中國電子報	Chinese	Daily	Oct-2000	Current Date
China Enterprises News	中國企業報	Chinese	Daily	Oct-1999	Current Date
China Inspection and Quarantine Times	中國國門時報	Chinese	Daily	Nov-1999	Current Date
China Gold News	中國黃金報	Chinese	Daily	Nov-1999	Current Date
China Computer World	中國計算機報	Chinese	Weekly	Aug-2000	Current Date
China Labour Protection Post	中國勞動保障報	Chinese	Daily	Oct-1999	Current Date
China Light Industries Post	消費日報	Chinese	Daily	Oct-1999	Current Date
China Machinery And Electronics Daily	中國機電日報	Chinese	Daily	Oct-1999	Current Date
China Medicine Post	中國醫藥報	Chinese	Daily	Nov-1999	Current Date
China Urban and Rural Financial News	中國城鄉金融報	Chinese	Daily	Oct-1999	Current Date
China Mining Post	中國礦業報	Chinese	Daily	Oct-1999	Current Date
China News Service	中國新聞社	Chinese	Daily	Feb-2000	Current Date
China Ocean News	中國海洋報	Chinese	Daily	Oct-1999	Current Date
China Packaging News	中國包裝報	Chinese	Daily	Jan-2000	Current Date
China PetroChemical news	中國石化報	Chinese	Daily	Oct-1999	Current Date
China Nonferrous Metals News	中國有色金屬報	Chinese	Daily	Oct-1999	Current Date
China Property Post	中國房地產報	Chinese	Mon & Wed	Jul-2000	Current Date
China Railway Construction Post	中國鐵道建築報	Chinese	Daily	Nov-1999	Current Date
China Securities Journal	中國證券報	Chinese	Weekly	Dec-1999	Current Date
China Ship News	中國船舶報	Chinese	Daily	Dec-1999	Current Date
China Society Post	中國社會報	Chinese	Daily	Nov-1999	Current Date
China Taxation News	中國稅務報	Chinese	Daily	Dec-1999	Current Date
China Textile News	中國紡織報	Chinese	Daily	Oct-1999	Current Date
China Trade Journal	中國貿易報	Chinese	Daily	Oct-1999	Current Date
China Water Resources News	中國水利報	Chinese	Daily	Dec-1999	Current Date
China Women's News	中國婦女報	Chinese	Mon - Sat	Dec-1999	Current Date

## Mainland China - South 中國 - 華南

廣東省					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Flowers & Birds Weekly	花鳥世界報	Chinese	Weekly	Nov-2000	Mar-2002
GD-HK Information Daily	粵港信息日報	Chinese		Mar-2003	Current Date
Guang Dong Jian She Bao	廣東建設報	Chinese		Mar-2003	Current Date
Nan Fang Daily	南方日報	Chinese	Daily	Dec-1999	Current Date
Nan Fang Du Shi Bao	南方都市報	Chinese	Daily	Jan-2000	Current Date
Nan Fang Nong Cun Bao	南方農村報	Chinese	Weekly	Mar-2000	Nov-2002
Nan Fang Weekend	南方周末	Chinese	Weekly	Jun-2000	Current Date
21st Century Business Herald	21 世紀經濟報道	Chinese		Aug-2003	Current Date
New Express Daily	新快報	Chinese	Daily	Dec-1999	Current Date
News Weekly	新周刊	Chinese	Weekly	Sep-2001	Apr-2002
Securities Times	證券時報	Chinese		Mar-2003	Current Date
Shan Tou DushiBao	汕頭都市報	Chinese	Daily	Sep-2000	Current Date
Shan Tou Te Qu Wan Bao	汕頭特區晚報	Chinese	Daily	Sep-2000	Current Date
Shantou Daily	汕頭日報	Chinese	Daily	Sep-2000	Current Date
Xin Wen Zhou Kan	新聞周刊	Chinese		Mar-2003	Current Date
Yang Cheng Sport	羊城體育	Chinese		Mar-2003	Current Date
Yeng Cheng Evening News	羊城晚報	Chinese	Daily	Dec-1999	Current Date
福建省					
Fujian Ribao	福建日報	Chinese	Daily	Apr-2000	Current Date
Hai Xia Du Shi Bao	海峽都市報	Chinese	Daily	Apr-2000	Current Date
Weekly Digest	每周文摘	Chinese	Weekly	Apr-2000	Current Date
海南省					
Hai Nan Daily	海南日報	Chinese	Daily	Sep-2000	Current Date
湖南省					
Changsha Evening News	長沙晚報	Chinese	Daily	Dec-2000	Current Date
廣西省					
Guo Xi Daily	廣西日報	Chinese	Daily	Apr-2001	Current Date
Modern Life Daily	當代生活報	Chinese	Daily	Apr-2001	Current Date
Nan Guo Zao Bao	南國早報	Chinese	Daily	Apr-2001	Current Date

## Mainland China - North 中國 - 華北

山西省					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End

Shazxi	山西日報	Chinese	Daily	Nov-2000	Current Date
Shi Dai Guang Chang	時代廣場	Chinese	Weekly Wed	Oct-2000	Current Date
<b>安徽省</b>					
Anhui Commercial News	安徽商報	Chinese	Daily	Oct-2000	Current Date
Anhui Ribao	安徽日報	Chinese	Daily	Aug-2000	Current Date
Wen Zhai Zhou Kan	文摘周刊	Chinese	Weekly	Aug-2000	Current Date
He Fei Evening News	合肥晚報	Chinese	Daily	Sep-2000	Current Date
Jiang Huai Morning News	江淮晨報	Chinese	Daily	Aug-2000	Current Date
News World	新聞世界	Chinese	Monthly	May-2002	Current Date
Xin An Evening News	新安晚報	Chinese	Daily	Aug-2000	Current Date
<b>北京</b>					
Beijing Daily	北京日報	Chinese	Daily	Dec-1999	Current Date
Beijing Evening News	北京晚報	Chinese	Daily	Dec-1999	Current Date
Beijing Legal News	北京法制報	Chinese	Weekly	Dec-1999	Current Date
Beijing Morning Post	北京晨報	Chinese	Daily	Dec-2000	Current Date
Beijing Times	京華時報	Chinese		Nov-2002	Current Date
Beijing Youth Newspaper	北京青年報	Chinese	Daily	Jan-2000	Current Date
Ceo&Cio in Information times	IT 經理人世界	Chinese	Weekly	Feb-2002	Current Date
China Central Television (website)	中央電視台	Chinese		Mar-2000	Current Date
China Clippings	中國剪報	Chinese		Jan-2002	Current Date
China Coal News	中國煤炭報	Chinese	Daily	Oct-1999	Current Date
China Computer Commercial World	電腦商報	Chinese	Daily	Aug-2001	Oct-2001
China Computer Users	中國計算機用戶	Chinese		Aug-2000	Current Date
China Fashion Post	中國服飾報	Chinese	Daily	Dec-1999	Current Date
China Food Newspaper	中國食品報	Chinese		Nov-1999	Mar-2001
China Industry & Commercial News	中國工商報	Chinese		Feb-2002	Current Date
China Intellectual Property News	中國知識產權報	Chinese	Daily	Aug-2001	Current Date
China Internet Weekly	E 周刊	Chinese		Dec-2000	Current Date
China Net World	網絡世界	Chinese	Daily	Aug-2001	Current Date
Zhongguo Zhiliang Bao	中國質量報	Chinese	Daily	Aug-2001	Current Date
<b>天津</b>					
Cai Feng Bao	采風報	Chinese	Daily	Apr-2000	Current Date
Daily Update	每日新報	Chinese	Daily	Nov-1999	Current Date
Evening Today	今晚報	Chinese	Daily	Aug-2000	Current Date

Soccer Fan	球迷	Chinese	Daily	Dec-1999	Current Date
Tian Jin Daily	天津日報	Chinese	Daily	Nov-1999	Current Date
Tian Jin Nong Min Bao	天津農民日報	Chinese	Daily	Nov-1999	Jun-2002
<b>河北省</b>					
Shang Mao Zhou Kan	商貿周刊	Chinese	Weekly	Mar-2001	Apr-2002
<b>河南省</b>					
Da He Bao	大河報	Chinese	Daily	Oct-2000	Current Date
Henan Daily	河南日報	Chinese	Daily	Oct-2000	Current Date
Henan Village Post	河南農村報	Chinese	Mon - Fri	Oct-2000	Current Date
Cheng Shi Zao Bao	城市早報	Chinese	Daily	Oct-2000	Jun-2002
Dang De Sheng Huo	黨的生活	Chinese	Monthly	Jun-2001	Jun-2001
<b>山東省</b>					
Ban Dao Du Shi Bao	半島都市報	Chinese	Daily	Feb-2000	Current Date
Dazhong Daily	大眾日報	Chinese	Daily	Feb-2000	Current Date
Lu Zhong Shen Huo Bao	魯中生活報	Chinese	Daily	Feb-2000	Current Date
Nong Cun Da Zhong	農村大眾	Chinese	Daily	Feb-2000	Current Date
Qilu Evening News	齊魯晚報	Chinese	Daily	Feb-2000	Current Date
Shen Huo Ri Bao	生活日報	Chinese	Daily	Feb-2000	Current Date

### Mainland China - Central 中國 - 華東

<b>上海市</b>					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Bao Kan Wen Zhai	報刊文摘	Chinese	Mon & Thur	Apr-2000	Current Date
International Finance News	國際金融報	Chinese		Mar-2003	Current Date
Jie Fang Daily	解放日報	Chinese	Daily	Aug-2000	Current Date
Shanghai Daily	上海日報	English		Oct-2002	Current Date
Shanghai Morning Post	新聞報(晚報)	Chinese	Evening Post	Jul-2001	Current Date
Shanghai Morning Post	新聞報(晨報)	Chinese		Jul-2001	Current Date
Shanghai Securities News	上海證券報	Chinese	Mon - Fri	Dec-2000	Current Date
Shanghai Youth Daily	上海青年報	Chinese	Daily	Jan-2000	Current Date
Shen Jiang Fu Wu Dao Bao	申江服務導報	Chinese	Weekly	Apr-2000	Current Date
Wen Hui Bao	文匯報	Chinese		Aug-2002	Current Date
Xin Min Evening News	新民晚報	Chinese		Aug-2002	Current Date
<b>浙江省</b>					

China Art Weekly	美術報	Chinese	Weekly	Mar-2000	Current Date
Family Education Guide	家庭教育導報	Chinese	Weekly	Apr-2000	Current Date
Pian Jiang Wan Bao	錢江晚報	Chinese	Daily	Apr-2000	Current Date
Zhejiang Ribao	浙江日報	Chinese	Daily	Apr-2000	Current Date
Today Morning Express	今日早報	Chinese	Daily	Apr-2000	Current Date
<b>江蘇省</b>					
Jin Ling Evening News	金陵晚報	Chinese	Daily	Nov-2000	Current Date
Nanjing Ribao	南京日報	Chinese	Daily	Apr-2000	Current Date
Wjiang Nan Evening News	江南晚報	Chinese	Daily	Apr-2000	Current Date
WuXi Ribao	無錫日報	Chinese	Daily	Apr-2000	Current Date
Yangzi Evening News	揚子晚報	Chinese	Daily	May-2000	Current Date
<b>湖北省</b>					
Chang Jiang Daily	長江日報	Chinese	Daily	Apr-2002	Current Date
<b>江西省</b>					
Jiang Nan City News	江南都市報	Chinese	Daily	Sep-2000	Current Date
Jiangxi Daily	江西日報	Chinese	Daily	Sep-2000	Current Date
Xin Xi Ri Bao	信息日報	Chinese	Daily	Sep-2000	Current Date

### Mainland China - Southwest 中國 -西南

<b>四川省</b>					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Chengdu Daily	成都商報	Chinese	Daily	Jun-2000	Current Date
Cheng Du Wan Bo	成都晚報	Chinese	Daily	Jun-2000	Current Date
Hua Xi Du Shi Bao	華西都市報	Chinese	Daily	Apr-2002	Current Date
Sichuan Economic Daily	四川經濟日報	Chinese	Daily	Apr-2002	Current Date
SiChuan Ribao	四川日報	Chinese	Daily	Aug-2000	Current Date
Sichuan Youth Daily	四川青年報	Chinese	Daily	Aug-2000	Jul-2001
<b>雲南省</b>					
Chun chen Evening News	春城晚報	Chinese	Daily	Sep-2000	Current Date
Dian Chi Morning News	滇池晨報	Chinese	Daily	Sep-2000	Current Date
Yun Nan Daily	雲南日報	Chinese	Daily	Sep-2000	Current Date
<b>重慶市</b>					
Chongqing Morning News	重慶晨報	Chinese	Daily	Apr-2001	Current Date
Chongqing Evening News	重慶晚報	Chinese	Daily	Jul-2001	Current Date



## Mainland China – Northwest 中國 - 西北

新疆自治區					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Xin Jiang Ke Ji Bao	新疆科技報	Chinese	Weekly (Fri)	Oct-2000	Sep-2002
陝西省					
San Qin Du Shi Bao	三秦都市報	Chinese	Daily	Oct-2000	Current Date
Xi An Daily	西安日報	Chinese	Daily	Oct-2000	Current Date
Xian Wanbao	西安晚報	Chinese	Daily	Oct-2000	Current Date
甘肅省					
Gan Su Daily	甘肅日報	Chinese	Daily	Jun-2000	Current Date
Gan Su Nong Min Bao	甘肅農民報	Chinese	Daily	Sep-2000	Current Date
Lan Zhou Chen Bao	蘭州晨報	Chinese	Daily	Aug-2000	Current Date
LanZhou Daily	蘭州日報	Chinese	Daily	Sep-2000	Current Date
Lanzhou Evening News	蘭州晚報	Chinese	Daily	Aug-2000	Current Date
Xi Bo Shang Bao	西部商報	Chinese	Daily	Jul-2001	Current Date
Zhi Liang Fu Wu Bao	質量服務報	Chinese	Daily	Aug-2000	Sep-2001
Shao Nian Wen Zhai Bao	少年文摘報	Chinese	Daily	Sep-2000	Jun-2001
寧夏自治區					
JinDun ZhouKan	金盾周刊	Chinese	Weekly	Aug-2000	Jun-2002
Xin ZhouKan	新周刊	Chinese	Daily	Sep-2001	Feb-2002
青海省					
Qinghai Technology Post	青海科技報	Chinese	Weekly (Sat)	Jul-2000	May-2002
Xi Ning Wan Bao	西寧晚報	Chinese	Daily	Sep-2000	Current Date

## Mainland China – Northeast 中國 - 東北

遼寧省					
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
Ban Dao Morning News	半島晨報	Chinese	Daily	Apr-2000	Current Date
Liao Shen Evening News	遼沈晚報	Chinese		Mar-2000	Current Date
Liao Ning Nong Min Bao	遼寧農民報	Chinese	Wed & Sat	Apr-2000	Current Date
Liaoning Ribao	遼寧日報	Chinese	Daily	Apr-2000	Current Date
Qiu Bao	球報	Chinese	Weekly	Mar-2000	Current Date
Shen Yang Daily	瀋陽日報	Chinese	Daily	Apr-2000	Current Date
Shen Yang Evening News	瀋陽晚報	Chinese	Daily	Apr-2000	Mar-2002
Liaoning Ribao Overseas Edition	遼寧日報海外版	Chinese	Daily	Mar-2000	Nov-2001

Dou Shi Jia Ting Bao	都市家庭報	Chinese	Daily	Sep-2000	Jan-2001
<b>黑龍江省</b>					
Cheng Xiang News	城鄉新聞	Chinese	Weekly	Sep-2000	Current Date
Family Report	家報	Chinese	Weekly	Sep-2000	Current Date
Harbin Ribao	哈爾濱日報	Chinese	Daily	Sep-2000	Current Date
Xin Wan Bao	新晚報	Chinese	Daily	Sep-2000	Current Date
Metro Info Times	都市資訊報	Chinese	Weekly	Sep-2000	Jun-2001

## Taiwan 台灣

Taiwan		台灣			
Publication Name (Eng)	Publication Name (Chi)	Language	Frequency	Start	End
APEC newsletter	APEC 通訊	Chinese	Monthly	Oct-2000	Current Date
Awakening Magazine	婦女新知通訊	Chinese	Monthly	Oct-2000	Current Date
Business Weekly	商業週刊	Chinese	Weekly	Jul-2000	Current Date
Central Daily News	中央日報	Chinese	Daily	Jan-2000	Current Date
China Times	中國時報	Chinese	Daily	May-2000	Current Date
CnYES	鉅亨網	Chinese	Daily	Jun-2000	Current Date
Commercial Times	工商時報	Chinese	Daily	Feb-2000	Current Date
Economic Daily (Taiwan)	台灣經濟日報	Chinese	Daily	Mar-2000	Current Date
First hand Report Magazine	第一手報導	Chinese	Bi-weekly	Jun-2000	Current Date
Fortune China Monthly	投資中國雜誌	Chinese	Monthly	Sep-2000	Current Date
Health for All	大家健康雜誌	Chinese	Monthly	Oct-2000	Current Date
IT home	IT Home 電腦報	Chinese	Daily	Jul-2000	Current Date
Learning & Development	能力雜誌	Chinese	Monthly	Nov-2000	Current Date
Lih Pao Daily	台灣立報	Chinese	Weekly	Feb-2000	Current Date
Marbo Weekly	萬寶週刊	Chinese	Weekly	Jul-2000	Current Date
Min Sheung Daily	民生報	Chinese	Daily	Dec-2000	Current Date
Pacific Daily	太平洋日報	Chinese	Daily	Dec-2000	Current Date
POTS	破週報	Chinese	Weekly (Thur)	Jul-2000	Current Date
Scoop Weekly	獨家報導周刊	Chinese	Weekly	Sep-2000	Current Date
Taiwan Daily	台灣日報	Chinese	Daily	Jan-2000	Current Date
Taiwan Next Magazine	台灣壹週刊	Chinese	Weekly	Oct-2001	Current Date
Taiwan Shin Sheng Daily News	台灣新生報	Chinese	Daily	Oct-2000	Current Date
The Central News Agency	中央通訊社	Chinese	Daily	Feb-2000	Current Date

The Commons Daily	民眾日報	Chinese	Daily	Jun-2001	Current Date
United Daily News	聯合報	Chinese	Daily	Dec-2000	Current Date
Win Win Weekly	今週刊 (財經報系)	Chinese	Weekly	Sep-2000	Current Date
World Travel Weekly	旅遊界周刊	Chinese	Weekly	Jun-2000	Current Date
The Journalist	新新聞	Chinese	Weekly	Jul-2000	Nov-2002
Smartnet	智富網	Chinese		Jun-2000	Feb-2002
Taiwan Power	勁報	Chinese		Mar-2000	Feb-2002
IT Media	ithome 媒體報	Chinese		Oct-2001	Nov-2001
Independent Evening News	自立晚報	Chinese		Jun-2000	Oct-2001
Taiwan Express	台北捷運報	Chinese		Sep-2001	Sep-2001
City Guide	台北情報	Chinese		Jul-2000	Aug-2001
Excellence Magazine	卓越雜誌	Chinese		Feb-2000	Aug-2001
Money Times	金錢時報	Chinese		Jun-2000	Aug-2001
PC DIY	PC DIY	Chinese		Jul-2000	Jun-2001
RUN PC	RUN PC	Chinese		Jul-2000	Jun-2001
Money Star	財星證券週刊	Chinese		Jul-2000	Apr-2001
taiwan.internet.com	台灣互聯網	Chinese		Sep-2000	Mar-2001
Tomorrow Times	明日報	Chinese		Jul-2000	Feb-2001
Taiwan Shin Sheng E-Paper	新生電子報	Chinese		Feb-2000	Jan-2001
Winner Magazine	贏家	Chinese		Jan-2000	Jan-2000

**Appendix VI. Themes and details of seminars and meetings attended by the project team**

<b>Date</b>	<b>Activity Name</b>	<b>Themes</b>
25 Jun 2004	“Cough Medicine Abuse among Young People in Hong Kong” Luncheon Seminar of Tung Wah Group of Hospitals CROSS Centre	To understand the latest trend in cough medicine abuse and to elicit support from drug abuse social workers
30 Jun 2004	Task Group of Substance Abuse of Hong Kong Council of Social Service (HKCSS) meeting	To explain the objective of the project and to elicit support from social workers
16 Jul 2004	Drug Abuse seminar in Macau	To share the drug related experiences
18 Dec 2004	Ketamine seminar held by Caritas Lok Heep Club	To understand the latest trend and research on Ketamine
23 Apr 2005	BDF project of drug abuse seminar	To understand the latest trend and research on drug abuse

## Appendix VII. Guiding Questions for In-depth Interviews

### A. Interview Questions for Drug Abusers:

1. 點樣玩？
2. 係邊玩開？
3. 最勁一次點食法？
4. 有冇試過有乜唔舒服？
5. 有冇試過 OD 咗？
6. 食開的嘢價錢有冇好大改變？之前幾多錢？最近幾多錢？
7. 知唔知啲貨來自邊度？
8. 純度有冇特別轉變？
9. 有冇留意到有乜嘢新嘢或者新食/玩法？
10. 朋友/玩開的場食啲乜嘢多？
11. 朋友/玩開的場男定女 take 嘢多？
12. 長假期或者公眾假你會點樣玩？
13. 有冇返大陸玩？
14. (如果有的話)，幾耐玩一次？上去通常點樣玩？  
點解選擇返大陸玩？係上面邊度玩開？  
幾點上去？  
搭什麼車上去玩？

### B. Interview Questions for Drug Dealers:

1. 啲貨的來貨價如何？
2. 你會加咗什麼雜質入去？你知唔佑人哋又會加啲乜嘢入去？
3. 售價又如何？
4. 你會點樣擺貨？知唔知來自邊度？
5. 你知唔知大拆家係點樣運貨入嚟？
6. 你會點樣小心掩人耳目擺貨？
7. 你又會點樣小心掩人取目賣貨？
8. 最近有冇聽過有冇乜嘢新藥或者新玩法？
9. 啲人向你買啲乜嘢多？
10. 向你買的人男定女多？
11. 向你買的一次過份量多唔多？
12. 你一晚大概可以賣出幾多？大約幾多錢？
13. 你自己會唔會食？如果會的話，你會唔會手頭上的貨唔夠食？
14. 會唔會因為自己有貨而令自己食多咗？

15. 你 take 嘢會去邊度多？
16. 有冇返大陸玩？
17. (如果有的話)，幾耐玩一次？上去通常點樣玩？  
點解選擇返大陸玩？係上面邊度玩開？  
幾點上去？搭什麼車上去玩？

*C. Interview Questions for Key Informants:*

1. 最近有冇發覺啲人濫藥方法或者食法有冇唔同？
2. 係最近濫藥人數同你一向以往熟悉有冇好大出入？
3. 係最近你做嘢有冇一啲特別轉變？
4. 近來有冇遇到一啲特別困難或者麻煩？
5. 近排差人冚檔有冇密咗？知唔知點解？
6. 最近有冇一啲特別任務？(適用於警務人員)/ 近排有冇一啲可以避過差人做到生意的計？(適用於從事毒品人士)
7. 有冇發覺係呢一個月 take 嘢的人其他方面有冇唔同？ 例如係過量濫用藥物情況、身體健康狀況、濫用行爲等等？
8. 就你所知，近排啲人所吸食的毒品有冇一啲唔同？例如：價錢、純度、擺貨容易度等等。
9. 係最近，你知唔知新的濫藥情況，或者係新毒品一族係我頭先無提及過？
10. 你最近有冇覺得佢哋北上情況有改變？例如次數多咗？人數多咗？或者係一啲北上出現的問題？

**Appendix VIII. General characteristics of participants for in-depth and focus group interviews**

*A. Target groups for in-depth interviews:*

<b>Target group</b>	<b>District /Affiliations</b>
Secondary School Student	Three school boys were interviewed in Wong Tai Shin.
Young male opiate users	Three users and the centre supervisor were interviewed about the multi-drug trend at Au Tau Youth Centre.
Young female drug users	Three girls were interviewed about the female drug use trend at Sister Aquinas Memorial Women’s Treatment Centre
Nepalese	The centre supervisor was interviewed about the Nepalese drug abuse situation at Yuen Long Children & Youth Integrated Service Centre
Cross boundary drug users	One social worker was interviewed about the cross boundary drug abuse service program at Yung Shing Lutheran Integrated Service Centre.

*B. Type distribution among participants*

<b>Type of Participants</b>	<b>No. of Participants</b>
Sub-dealers (小拆家)	0
Users (用家)	23
Sub-dealers & Users	21
Total	44

*C. Age distribution among participants*

<b>Age group</b>	<b>No. of Participants</b>
15 or below	4 (9.1%)
16 – 20	29 (65.9%)
21- 25	7 (15.9%)
26 – 30	4 (9.1%)
Total	44 (100%)

*D. Drug use distribution among participants*

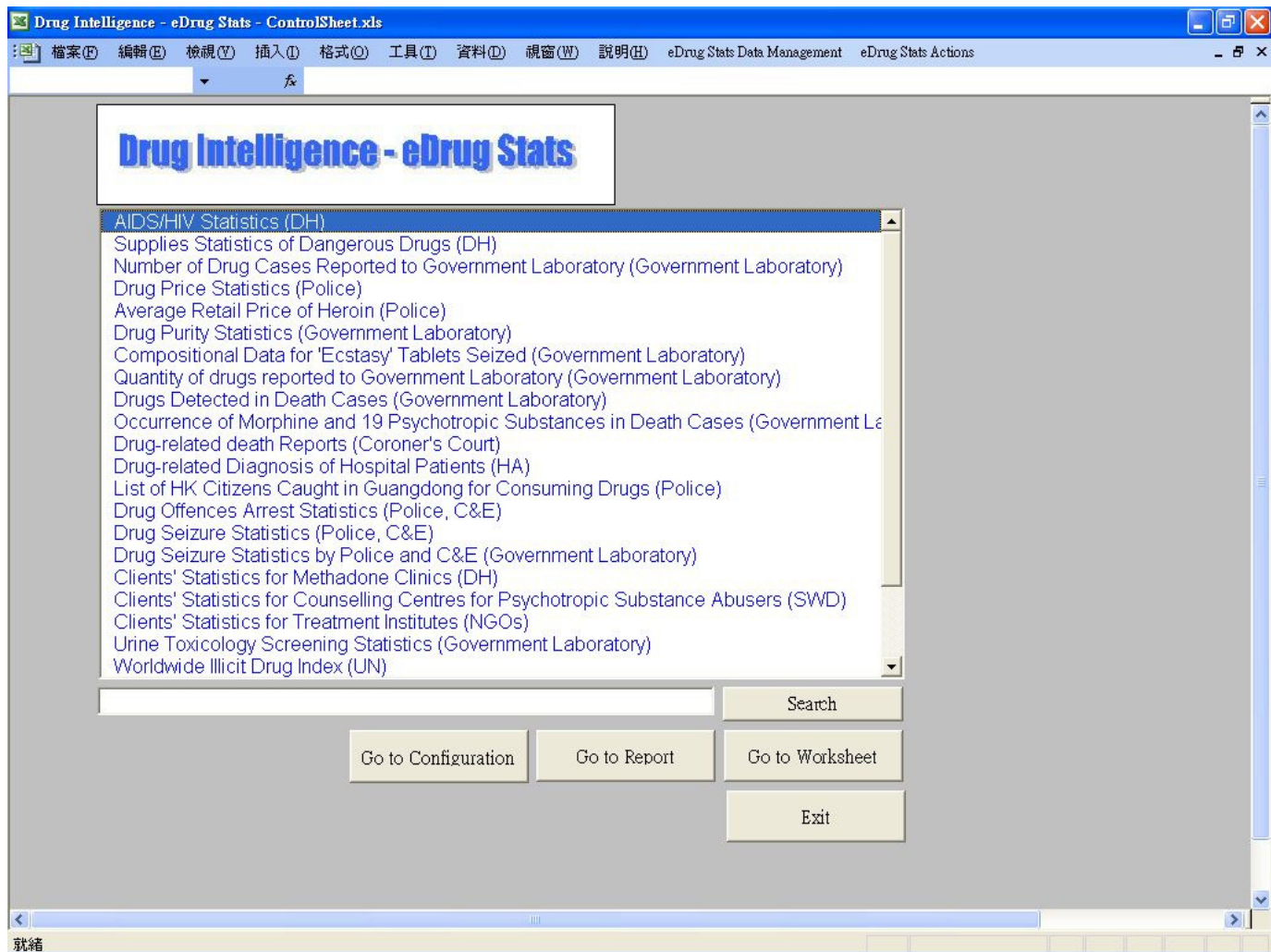
<b>Drug Type</b>	<b>No. of Participants</b>
Ketamine	15 (34.1%)
Multi-drug	13 (29.5%)
Cough Medicine	8 (18.2%)
Cannabis	4 (9.1%)
ICE	2 (4.5%)
MDMA	1 (2.3%)
Heroin	1 (2.3%)
Total	44 (100%)

*E. Position and affiliations of focus group participants*

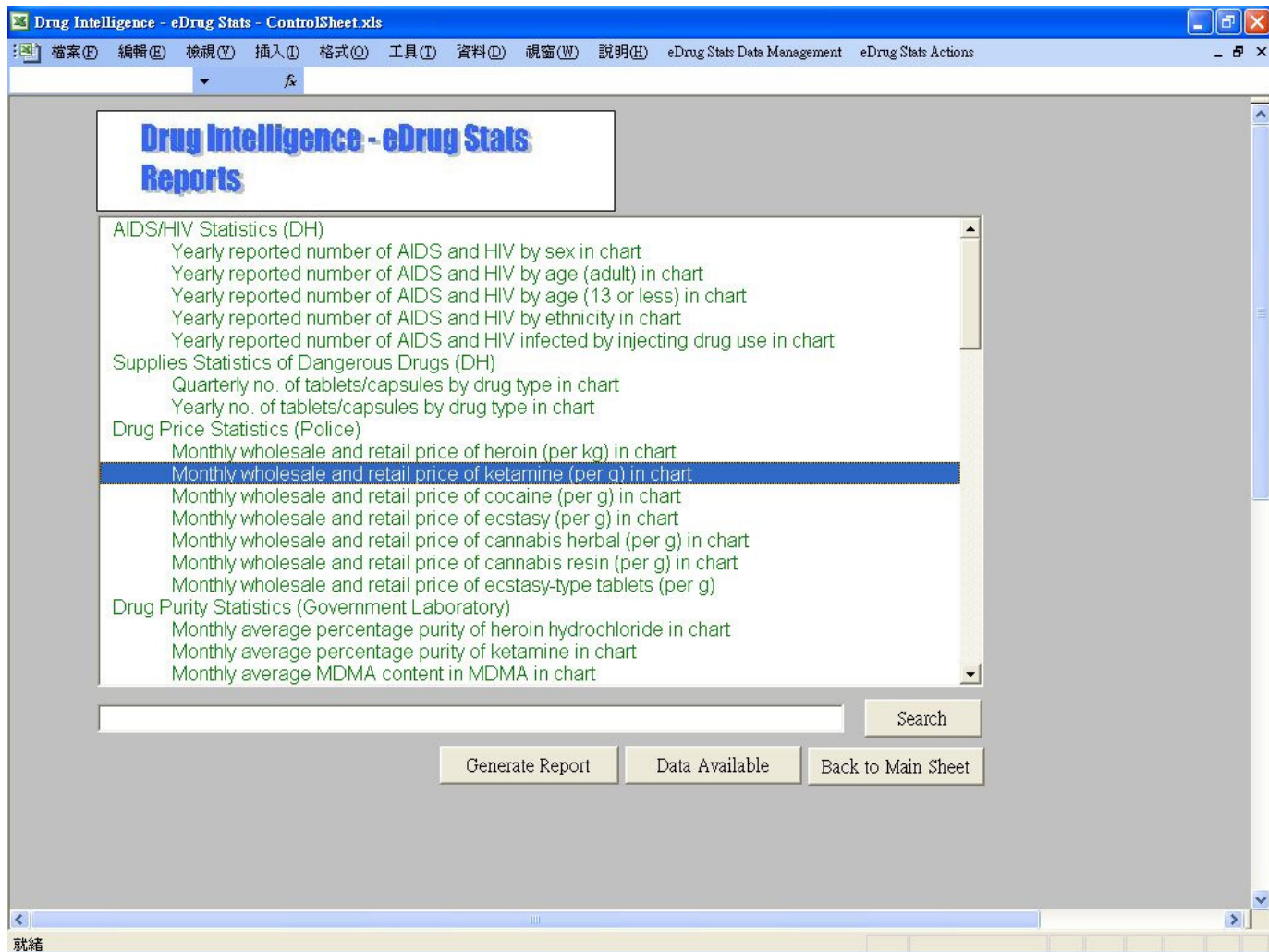
<b>Participants</b>	<b>District/ Affiliations</b>
Social worker	Evergreen Lutheran Centre
Social worker	Caritas Wong Yiu Nam Centre
Probation Officer	Probation Officer in Tuen Mun
Supervisor	Deputy Superintendent for Social Service, SARDA
Drug abuse worker	Outreach worker, SARDA
Supervisor	Centre Supervisor, The Neighbourhood Advice-Action Council
Social worker	The Neighbourhood Advice Action Council
School social worker	Tai Po school social worker



**Appendix IX. Page layout of the entry face of the software system (*DrugIntelligence*)**



## Appendix X. Page layout of the report list of the software system (*DrugIntelligence*)



## Appendix XI. A sample of *iDrug* report

### i-Drugs

SDAMS Trial Report  
January 2005

January 05

SDAMS

1

### Cocaine

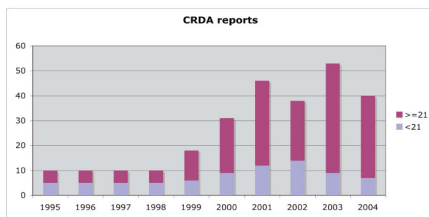
- Increase coverage in newspapers and pop magazines
- Increased seizures by law enforcing agents
- Informants reported growing prevalence, including curiosity-driven teens and young adults
- Global reduction of cocaine retail price because of new production method

January 05

SDAMS

2

### Cocaine



January 05

SDAMS

3

### Zopiclone

- Drug related deaths
  - 4/62 reports [6.5%] (Dec 03 - Jul 04)
  - Zopiclone alone (n=2), Z + heroin (n=1), Z + midazolam + alcohol (n=1)
- Drug detected deaths
  - 11 reports (Jul 04 - Sep 04)
  - Z (n=3), Z + heroin (n=5), Z + methadone (n=2), Z + codeine (n=1)

January 05

SDAMS

4

### Zopiclone

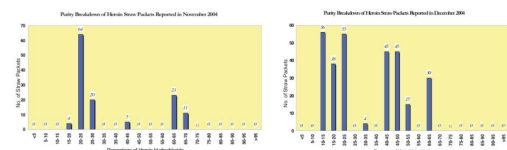
- Seizures
  - 1938205 (2002), 16169 (2003), 31993 (2004)
- Supply statistics
- Mis-reported to CRDA as triazolam?
- Obtainable from drug stores without prescriptions
- Affordable (generic form available)

January 05

SDAMS

5

### Street Heroin Purity



Significant reduction in purity

January 05

SDAMS

6

## Ketamine



- Falling purity. (Reducing supply?)

January 05

SDAMS

7

## School Ketamine Abuse



- Conflicting reports from informants
- Drug workers expressed concerns about drug abuse in schools
- Drug traffickers held opposite views: schools are insignificant markets (high risk and low return)

January 05

SDAMS

8

## Cough Tablets



- Drug worker informants reported increased encounters with cough tablets (dextromethorphan) in some areas
- Seizure statistics
  - 8953 tab (2002), 559695 tab (2003), 6573 tab (2004)

January 05

SDAMS

9

## Summary



- Multi-level evidence of increase cocaine demand and supply
- Significant number of drug related deaths involved zopiclone
- Contradictory informant reports on school drug abuse situation
- Increased cough tablet abuse in some areas
- Heroin purity at street level deserves further monitoring

January 05

SDAMS

10

## **Appendix XII. Recommendation proposed in the review report for the Central Registry of Drug Abuse (section 7.3.2)**

### **7.3.2 Proposal**

7.3.2.1 As mentioned in paragraph 3.3.5 of this Report, the proposed supplementary system should include those people who have direct or indirect contacts with abusers belonging to certain sub-cultural groups. Taking into account the diversified and heterogeneous nature of the subjects concerned and their capabilities, degree of motivation and cooperation the following three types of different data collection methods are proposed.

- (a) Data reported to the CRDA which are not accompanied with complete personal data sufficient for data matching should be put to good use in the supplementary system.
- (b) Data from police officers, private medical practitioners and the Government Laboratory could be collected by some epidemiological methods, such as case/event reporting systems, which could make reference to the surveillance system currently used by the Department of Health to monitor flu infection and AIDS.
- (c) As regards school social workers, frontline treatment staff, youth and social workers including outreaching staff as well as certain high-risk groups and hidden populations, e.g. night drifters, school drop-outs and homeless persons, etc, two qualitative methods, namely, (i) key informant studies and (ii) focus group discussions, could be used to obtain first-hand and most updated information on changing patterns of drug abuse. Because these two methods are usually open-ended, it is important to draw up a guide or a questionnaire to facilitate the collection of information.

7.3.2.2 Regarding (i) above, key informants may be interviewed informally or with specially developed interview guides or questionnaires. Key informants could be identified from different geographical areas where the prevalence of drug use was high. These persons should be those who work with or in the drug abuse field and also drug users themselves. This may involve key informants recommending other key informants through the “snow ball” sampling method. As for (ii), it is an excellent method to ascertain more qualitative information about a topic, particularly on a topic for which there is very little available information. For instance, focus groups are helpful in providing information on such things as street names of drugs and in reviewing the content or format of a standardized data

collection instrument.

7.3.2.3 The information to be collected should vary according to the data sources and the topic of questions concerned. However, it is considered that in addition to the socio-economic and demographic characteristics of the drug abusers concerned, the following core data items, among others, should be collected in the supplementary system.

- (a) drug abuse characteristics : drug abuse habits, drug abuse history and their change of patterns over time;
- (b) possible consequences of drug abuse : psychological and social effect of drug abuse;
- (c) new drug information : new drugs, new patterns of drug abuse and new groups at high risk; and
- (d) data pertaining to new efforts to prevent and manage drug abuse.

7.3.2.4 Given that drug abuse is due to a multiplicity of interlocking factors, it is considered that multiple indicators should be developed to gauge additional information on the groups of subjects under study. As a first step, all drug-related indicators currently compiled from different sources, such as drug seizures, purity of heroin, and drug-related arrests figures, could be put together in a database which would form a basis for further development. However, data from indicators cannot be taken at face value, but must be interpreted in the light of a range of other factors. Since there would be inconsistencies among the multiple indicators used, there must be ways to minimize the problem of data validity when used singly or in comparison with each other. Data reliability can be checked in various ways. Depending on circumstances, checks can be conducted for internal consistency; they can be conducted against samples and more extensive information; there could be expert panel reviews of samples of cases to assess diagnostic consistency and cross-validation of the data obtained from different sources, etc. Given the complexity of the proposed supplementary system, the Monitoring Group considered that more research on this subject should be conducted and a detailed work plan on its development should be worked out before implementation.

7.3.2.5 The Monitoring Group considered that the introduction of a supplementary system would also be a way to partly address agencies' concerns about data privacy. Apart from drug abuse trend, more salient characteristics on the drug scene, such as emerging new drugs, new drugs abusing patterns and sector-specific analyses of

drug abuse population, etc, would also be available for reference by the Government and ACAN. This would enhance public knowledge about the drug problem in Hong Kong and help build better rapport. Although data collected from both the CRDA and supplementary system would provide a more complete picture on the drug abuse situation in Hong Kong, to avoid mis-understanding, emphasis should be made to explain how the proposed supplementary system differs from the existing CRDA and how it works to complement the information currently provided by the CRDA.

Appendix XIII. Data specification for “eDrug Stat”

**‘eDrug Stats’  
Data Specification**



## Content

Preface.....	51
A_Offences .....	52
CO_Ecstasy .....	53
CR_Death .....	54
D_List.....	54
D_Supply.....	55
DC_Cases.....	55
DC_Occur .....	56
DS_Dist.....	56
DS_H_All.....	57
DS_H_Pure.....	57
DS_H_Straw.....	59
DS_H_Packet.....	60
DS_H_Avg_All.....	61
DS_H_Avg_Mix.....	61
DS_K_Packet.....	62
DS_K_Avg.....	63
DS_H_S_Straw .....	64
DS_H_S_P01.....	64
DS_H_S_P04.....	64
DS_H_S_P05.....	65
DS_H_S_P10.....	65
DS_H_S_P20.....	65
DS_H_S_P30.....	65
DS_H_S_P35.....	65
DS_H_S_Phials .....	66
DS_M_Avg .....	66
DS_I_Avg .....	67
DS_Seizure.....	67
GD_Arrest .....	68
I_ICD.....	68
I_Impurity .....	69
M_Clinic .....	69
M_Position .....	70
M_Term .....	71
O_TxInstitute.....	71

O_TxStat .....	72
P_Heroin .....	74
P_Price.....	75
S_Country .....	75
S_Seizure.....	76
S_SubRegion .....	76
U_Agency.....	77
U_UOM .....	77
U_Urine .....	78
UN_Dseizure .....	78
UN_IDI .....	79
UN_Prevalence .....	79
V_AIDS .....	80

## Preface

This document contains the information of the fields of each table being used in the 'eDrug Stat' system.

The information is arranged as: -

- 1) Show the table information, i.e. name of table, purpose of the table, and the source of information it comes from.
- 2) Show the field name and corresponding description in a table format.

A template of such arrangement is shown as below: -

Table Name :  
Description :  
Source :

TableName	FieldName	Description

Table Name : A\_Offences

Description : [A\_Offences] table is used to store the number of persons arrested for drug offences by the Police and Customs & Excise.

Source : Monthly Report on Number of Persons arrested for Drug Offences.

TableName	FieldName	Description
A_Offences	A_Year	Year of Data
A_Offences	A_Month	Month of Data
A_Offences	A_CCode	Category Code of drugs
A_Offences	A_DCode	Code of drugs
A_Offences	A_M_15_F	Major Offences -> Female -> 7-15
A_Offences	A_M_15_M	Major Offences -> Male -> 7-15
A_Offences	A_M_20_F	Major Offences -> Female -> 16-20
A_Offences	A_M_20_M	Major Offences -> Male -> 16-20
A_Offences	A_M_21_F	Major Offences -> Female -> 21 & Over
A_Offences	A_M_21_M	Major Offences -> Male -> 21 & Over
A_Offences	A_N_15_F	Minor Offences -> Female -> 7-15
A_Offences	A_N_15_M	Minor Offences -> Male -> 7-15
A_Offences	A_N_20_F	Minor Offences -> Female -> 16-20
A_Offences	A_N_20_M	Minor Offences -> Male -> 16-20
A_Offences	A_N_21_F	Minor Offences -> Female -> 21 & Over
A_Offences	A_N_21_M	Minor Offences -> Male -> 21 & Over
A_Offences	A_T_15_F	Total Offences -> Female -> 7-15
A_Offences	A_T_15_M	Total Offences -> Male -> 7-15
A_Offences	A_T_20_F	Total Offences -> Female -> 16-20
A_Offences	A_T_20_M	Total Offences -> Male -> 16-20
A_Offences	A_T_21_F	Total Offences -> Female -> 21 & Over
A_Offences	A_T_21_M	Total Offences -> Male -> 21 & Over

Table Name : CO\_Ecstasy

Description : [CO\_Ecstasy] table is used to store the compositional data for 'Ecstasy' tablets.

Source : Monthly Drug Bulletin – Section III

TableName	FieldName	Description
CO_Ecstasy	CO_Year	Year of Data
CO_Ecstasy	CO_Month	Month of Data
CO_Ecstasy	CO_No	Record No.
CO_Ecstasy	CO_Type	No. of Types of Composition of Ecstasy
CO_Ecstasy	CO_Major	Major Component of Ecstasy Tablet
CO_Ecstasy	CO_01	Other Component 1
CO_Ecstasy	CO_02	Other Component 2
CO_Ecstasy	CO_03	Other Component 3
CO_Ecstasy	CO_04	Other Component 4
CO_Ecstasy	CO_05	Other Component 5
CO_Ecstasy	CO_06	Other Component 6
CO_Ecstasy	CO_07	Other Component 7
CO_Ecstasy	CO_08	Other Component 8
CO_Ecstasy	CO_09	Other Component 9
CO_Ecstasy	CO_10	Other Component 10

Table Name : CR\_Death

Description : [CR\_Death] table is used to store Coroner's death report.

Source : Coroner's Death Report

TableName	FieldName	Description
CR_Death	CR_Ref	Coroner Reference No.
CR_Death	CR_Sex	Gender of Subject
CR_Death	CR_DOB	Date of Birth
CR_Death	CR_Age	Age of Subject
CR_Death	CR_DOD	Date of Death
CR_Death	CR_Code	Death Code
CR_Death	CR_Cause	Cause of Death
CR_Death	CR_Category	Major Drug Category Causing the Death

Table Name : D\_List

Description : [D\_List] table is used to store the master drug list of the system.

Source : System.

TableName	FieldName	Description
D_List	D_Code	Code of the Drug
D_List	D_Name	Name of the Drug
D_List	D_CCode	Category Code of the Drug
D_List	D_CName	Category Name of the Drug

Table Name : D\_Supply

Description : [D\_Supply] table is used to store overall supplies of illicit drugs.

Source : Overall Supplies Statistics

TableName	FieldName	Description
D_Supply	D_Year	Year of the Data
D_Supply	D_Qtr	Quarter of the Data
D_Supply	D_Code	Code of the Drug
D_Supply	D_CCode	Category Code of the Drug
D_Supply	D_DSupply	Number of Supply
D_Supply	D_UOM	Unit of Measure

Table Name : DC\_Cases

Description : [DC\_Cases] table is used to store data of drugs detected death cases.

Source : Drugs Detected Death Cases

TableName	FieldName	Description
DC_Cases	DC_Year	Year of Data
DC_Cases	DC_Qtr	Quarter of Data
DC_Cases	DC_Code	Code of Data
DC_Cases	DC_CCode	Category Code of Data
DC_Cases	DC_NFatal	No. of Non-Fatal Case
DC_Cases	DC_NFatalR	Remark of Non-Fatal Case
DC_Cases	DC_Fatal	No. of Fatal Case
DC_Cases	DC_FatalR	Remark of Fatal Case
DC_Cases	DC_File	Location of Corresponding Remark Files

Table Name : DC\_Occur

Description : [DC\_Occur] table is used to store the total number of occurrence of Morphine and 19 Psychotropic substances in Death cases.

Source : Drugs Detected Death Cases

TableName	FieldName	Description
DC_Occur	O_Year	Year of Data
DC_Occur	O_Qtr	Quarter of Data
DC_Occur	O_Code	Code of Drug
DC_Occur	O_CCode	Category Code of Drug
DC_Occur	O_F_L21	No. of Occurrence of Female with Age >= 21
DC_Occur	O_F_S21	No. of Occurrence of Female with Age < 21
DC_Occur	O_M_L21	No. of Occurrence of Male with Age >= 21
DC_Occur	O_M_S21	No. of Occurrence of Male with Age < 21
DC_Occur	O_Unknown	No. of Occurrence with Sex/Age Unknown
DC_Occur	O_Total	Total no. of Occurrence

Table Name : DS\_Dist

Description : [DS\_Dist] table is used to store the distribution of cases of abused drugs.

Source : Monthly Drug Bulletin – Section I.1

TableName	FieldName	Description
DS_Dist	DS_Year	Year of Data
DS_Dist	DS_Month	Month of Data
DS_Dist	DS_Code	Code of Drug
DS_Dist	DS_CCode	Category Code of Drug
DS_Dist	DS_No	Number of Occurrence



Table Name : DS\_H\_All, DS\_H\_Pure

Description : [DS\_H\_All] and [DS\_H\_Pure] tables are used to store the purity breakdown of Heroin items.

Source : Monthly Drug Bulletin – Section I.2  
Heroin Statistics in Cases Reported

### Purity Breakdown of Heroin Items

TableName	FieldName	Description
DS_H_All	DS_Year	Year of Data
DS_H_All	DS_Month	Month of Data
DS_H_All	DS_05	0-5%
DS_H_All	DS_10	5-10%
DS_H_All	DS_15	10-15%
DS_H_All	DS_20	15-20%
DS_H_All	DS_25	20-25%
DS_H_All	DS_30	25-30%
DS_H_All	DS_35	30-35%
DS_H_All	DS_40	35-40%
DS_H_All	DS_45	40-45%
DS_H_All	DS_50	45-50%
DS_H_All	DS_55	50-55%
DS_H_All	DS_60	55-60%
DS_H_All	DS_65	60-65%
DS_H_All	DS_70	65-70%
DS_H_All	DS_75	70-75%
DS_H_All	DS_80	75-80%
DS_H_All	DS_85	80-85%
DS_H_All	DS_90	85-90%
DS_H_All	DS_95	90-95%
DS_H_All	DS_100	95-100%

TableName	FieldName	Description
DS_H_Pure	DS_Year	Year of Data
DS_H_Pure	DS_Month	Month of Data

<b>TableName</b>	<b>FieldName</b>	<b>Description</b>
DS_H_Pure	DS_05	0-5%
DS_H_Pure	DS_10	5-10%
DS_H_Pure	DS_15	10-15%
DS_H_Pure	DS_20	15-20%
DS_H_Pure	DS_25	20-25%
DS_H_Pure	DS_30	25-30%
DS_H_Pure	DS_35	30-35%
DS_H_Pure	DS_40	35-40%
DS_H_Pure	DS_45	40-45%
DS_H_Pure	DS_50	45-50%
DS_H_Pure	DS_55	50-55%
DS_H_Pure	DS_60	55-60%
DS_H_Pure	DS_65	60-65%
DS_H_Pure	DS_70	65-70%
DS_H_Pure	DS_75	70-75%
DS_H_Pure	DS_80	75-80%
DS_H_Pure	DS_85	80-85%
DS_H_Pure	DS_90	85-90%
DS_H_Pure	DS_95	90-95%
DS_H_Pure	DS_100	95-100%

Table Name : DS\_H\_Straw

Description : [DS\_H\_Straw] table is used to store the purity breakdown of Heroin Straw Packets.

Source : Monthly Drug Bulletin – Section I.2  
Heroin Statistics in Cases Reported

### **Purity Breakdown of Heroin Straw Packets**

<b>TableName</b>	<b>FieldName</b>	<b>Description</b>
DS_H_Straw	DS_Year	Year of Data
DS_H_Straw	DS_Month	Month of Data
DS_H_Straw	DS_05	0-5%
DS_H_Straw	DS_10	5-10%
DS_H_Straw	DS_15	10-15%
DS_H_Straw	DS_20	15-20%
DS_H_Straw	DS_25	20-25%
DS_H_Straw	DS_30	25-30%
DS_H_Straw	DS_35	30-35%
DS_H_Straw	DS_40	35-40%
DS_H_Straw	DS_45	40-45%
DS_H_Straw	DS_50	45-50%
DS_H_Straw	DS_55	50-55%
DS_H_Straw	DS_60	55-60%
DS_H_Straw	DS_65	60-65%
DS_H_Straw	DS_70	65-70%
DS_H_Straw	DS_75	70-75%
DS_H_Straw	DS_80	75-80%
DS_H_Straw	DS_85	80-85%
DS_H_Straw	DS_90	85-90%
DS_H_Straw	DS_95	90-95%
DS_H_Straw	DS_100	95-100%

Table Name : DS\_H\_Packet

Description : [DS\_H\_Packet] table is used to store the purity breakdown of Packets each < 0.4g.

Source : Monthly Drug Bulletin – Section I.2  
Heroin Statistics in Cases Reported

**Purity Breakdown of Packets \* each < 0.4 grammes.**

TableName	FieldName	Description
DS_H_Packet	DS_Year	Year of Data
DS_H_Packet	DS_Month	Month of Data
DS_H_Packet	DS_05	0-5%
DS_H_Packet	DS_10	5-10%
DS_H_Packet	DS_15	10-15%
DS_H_Packet	DS_20	15-20%
DS_H_Packet	DS_25	20-25%
DS_H_Packet	DS_30	25-30%
DS_H_Packet	DS_35	30-35%
DS_H_Packet	DS_40	35-40%
DS_H_Packet	DS_45	40-45%
DS_H_Packet	DS_50	45-50%
DS_H_Packet	DS_55	50-55%
DS_H_Packet	DS_60	55-60%
DS_H_Packet	DS_65	60-65%
DS_H_Packet	DS_70	65-70%
DS_H_Packet	DS_75	70-75%
DS_H_Packet	DS_80	75-80%
DS_H_Packet	DS_85	80-85%
DS_H_Packet	DS_90	85-90%
DS_H_Packet	DS_95	90-95%
DS_H_Packet	DS_100	95-100%

Table Name : DS\_H\_Avg\_All, DS\_H\_Avg\_Mix

Description : [DS\_H\_Avg\_All] and [DS\_H\_Avg\_Mix] tables are used to store the average percentage purity of Heroin Hydrochloride.

Source : Monthly Drug Bulletin – Section I.2  
Heroin Statistics in Cases Reported

### **Average Percentage Purity of Heroin Hydrochloride.**

<b>TableName</b>	<b>FieldName</b>	<b>Description</b>
DS_H_Avg_All	DS_Year	Year of Data
DS_H_Avg_All	DS_Month	Month of Data
DS_H_Avg_All	DS_Purity	Average Percentage Purity of Heroin Hydrochloride

<b>TableName</b>	<b>FieldName</b>	<b>Description</b>
DS_H_Avg_Mix	DS_Year	Year of Data
DS_H_Avg_Mix	DS_Month	Month of Data
DS_H_Avg_Mix	DS_Purity	Average Percentage Purity of Heroin Hydrochloride

Table Name : DS\_K\_Packet

Description : [DS\_K\_Packet] table is used to store the purity breakdown of Ketamine packet.

Source : Monthly Drug Bulletin – Section I.3  
Heroin Statistics in Cases Reported

### **Purity Breakdown of Ketamine Packet.**

<b>TableName</b>	<b>FieldName</b>	<b>Description</b>
DS_K_Packet	DS_Year	Year of Data
DS_K_Packet	DS_Month	Month of Data
DS_K_Packet	DS_05	0-5%
DS_K_Packet	DS_10	5-10%
DS_K_Packet	DS_15	10-15%
DS_K_Packet	DS_20	15-20%
DS_K_Packet	DS_25	20-25%
DS_K_Packet	DS_30	25-30%
DS_K_Packet	DS_35	30-35%
DS_K_Packet	DS_40	35-40%
DS_K_Packet	DS_45	40-45%
DS_K_Packet	DS_50	45-50%
DS_K_Packet	DS_55	50-55%
DS_K_Packet	DS_60	55-60%
DS_K_Packet	DS_65	60-65%
DS_K_Packet	DS_70	65-70%
DS_K_Packet	DS_75	70-75%
DS_K_Packet	DS_80	75-80%
DS_K_Packet	DS_85	80-85%
DS_K_Packet	DS_90	85-90%
DS_K_Packet	DS_95	90-95%
DS_K_Packet	DS_100	95-100%

Table Name : DS\_K\_Avg

Description : [DS\_K\_Avg] table is used to store the average percentage purity of Ketamine.

Source : Monthly Drug Bulletin – Section I.3  
Heroin Statistics in Cases Reported

**Average Percentage Purity of Ketamine.**

TableName	FieldName	Description
DS_K_Avg	DS_Year	Year of Data
DS_K_Avg	DS_Month	Month of Data
DS_K_Avg	DS_No	Data in numeric term

Table Name : DS\_H\_S\_Straw, DS\_H\_S\_P01, DS\_H\_S\_P04, DS\_H\_S\_P05,  
DS\_H\_S\_P10, DS\_H\_S\_P20, DS\_H\_S\_P30, DS\_H\_S\_P35,  
DS\_H\_S\_Phials

Description : [DS\_H\_S\_Straw], [DS\_H\_S\_P01], [DS\_H\_S\_P04], [DS\_H\_S\_P05],  
[DS\_H\_S\_P10], [DS\_H\_S\_P20], [DS\_H\_S\_P30], [DS\_H\_S\_P35],  
[DS\_H\_S\_Phials] tables are used to store the breakdown of packaging size  
for routine Heroin seizures.

Source : Monthly Drug Bulletin – Section I.3

**Breakdown of Packaging Size for Routine Heroin Seizures.**

TableName	FieldName	Description
DS_H_S_Straw	DS_Year	Year of Data
DS_H_S_Straw	DS_Month	Month of Data
DS_H_S_Straw	DS_No	No. of Items
DS_H_S_Straw	DS_Occ	Occurrence (%)
DS_H_S_Straw	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_P01	DS_Year	Year of Data
DS_H_S_P01	DS_Month	Month of Data
DS_H_S_P01	DS_No	No. of Items
DS_H_S_P01	DS_Occ	Occurrence (%)
DS_H_S_P01	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_P04	DS_Year	Year of Data
DS_H_S_P04	DS_Month	Month of Data
DS_H_S_P04	DS_No	No. of Items
DS_H_S_P04	DS_Occ	Occurrence (%)
DS_H_S_P04	DS_AvgWt	Average Mixture Weight per Item (g)



TableName	FieldName	Description
DS_H_S_P05	DS_Year	Year of Data
DS_H_S_P05	DS_Month	Month of Data
DS_H_S_P05	DS_No	No. of Items
DS_H_S_P05	DS_Occ	Occurrence (%)
DS_H_S_P05	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_P10	DS_Year	Year of Data
DS_H_S_P10	DS_Month	Month of Data
DS_H_S_P10	DS_No	No. of Items
DS_H_S_P10	DS_Occ	Occurrence (%)
DS_H_S_P10	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_P20	DS_Year	Year of Data
DS_H_S_P20	DS_Month	Month of Data
DS_H_S_P20	DS_No	No. of Items
DS_H_S_P20	DS_Occ	Occurrence (%)
DS_H_S_P20	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_P30	DS_Year	Year of Data
DS_H_S_P30	DS_Month	Month of Data
DS_H_S_P30	DS_No	No. of Items
DS_H_S_P30	DS_Occ	Occurrence (%)
DS_H_S_P30	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_P35	DS_Year	Year of Data
DS_H_S_P35	DS_Month	Month of Data
DS_H_S_P35	DS_No	No. of Items
DS_H_S_P35	DS_Occ	Occurrence (%)
DS_H_S_P35	DS_AvgWt	Average Mixture Weight per Item (g)

TableName	FieldName	Description
DS_H_S_Phials	DS_Year	Year of Data
DS_H_S_Phials	DS_Month	Month of Data
DS_H_S_Phials	DS_No	No. of Items
DS_H_S_Phials	DS_Occ	Occurrence (%)
DS_H_S_Phials	DS_AvgWt	Average Mixture Weight per Item (g)

Table Name : DS\_M\_Avg

Description : [DS\_M\_Avg] table is used to store the average MDMA content in MDMA tablets.

Source : Monthly Drug Bulletin – Section I.4

**Average MDMA content in MDMA tablets.**

TableName	FieldName	Description
DS_M_Avg	DS_Year	Year of Data
DS_M_Avg	DS_Month	Month of Data
DS_M_Avg	DS_No	Data in numeric term

Table Name : DS\_I\_Avg

Description : [DS\_I\_Avg] table is used to store the average purity of Methamphetamine Hydrochloride (“ICE”)

Source : Monthly Drug Bulletin – Section I.5

**Average Purity of Methamphetamine Hydrochloride (“ICE”).**

TableName	FieldName	Description
DS_I_Avg	DS_Year	Year of Data
DS_I_Avg	DS_Month	Month of Data
DS_I_Avg	DS_No	Data in numeric term

Table Name : DS\_Seizure

Description : [DS\_Seizure] table is used to store the drug seizure figures provided in Monthly Drug Bulletin.

Source : Monthly Drug Bulletin – Section III.2

**Drug Seizure Figures from Police and Custom & Excise.**

TableName	FieldName	Description
DZ_Seizure	DZ_Year	Year of Data
DZ_Seizure	DZ_Qtr	Quarter of Data
DZ_Seizure	DZ_Code	Code of the Drugs
DZ_Seizure	DZ_CCode	Category Code of the Drugs
DZ_Seizure	DZ_UOM	Unit of Measure
DZ_Seizure	DZ_Police	Seizured by Police
DZ_Seizure	DZ_Custom	Seizured by Custom
DZ_Seizure	DZ_Total	Total No. of Seizure

Table Name : GD\_Arrest

Description : [GD\_Arrest] table is used to store the information of HK citizens caught in Guangdong for consuming drugs.

Source : *Special report.*

TableName	FieldName	Description
GD_Arrest	GD_DOA	Date of Arrest
GD_Arrest	GD_Year	Year of Arrest
GD_Arrest	GD_DOB	Date of Birth of Offender
GD_Arrest	GD_Sex	Gender of Offender
GD_Arrest	GD_CCode	Category Code of the related drug
GD_Arrest	GD_Code	Code of the related drug

Table Name : I\_ICD

Description : [I\_ICD] table is used to store the no. of diagnosis codes among those discharged from HA hospitals.

Source : *Special report from HA.*

TableName	FieldName	Description
I_ICD	I_Year	Year of Data
I_ICD	I_Qtr	Quarter of Data
I_ICD	I_Code	ICD 9 Code
I_ICD	I_No	No. of Case

Table Name : I\_Impurity

Description : [I\_Impurity] table is used to store the drug combination and the quantity return of abused drugs.

Source : **Monthly Drug Bulletin – Section I. 7**  
**Quantity Return of Abused Drugs.**

TableName	FieldName	Description
I_Impurity	I_Year	Year of Data
I_Impurity	I_DN	Drug Nature
I_Impurity	I_DCN	Drug Nature in Category
I_Impurity	I_DC	Drug Combination
I_Impurity	I_Cases	No. of Cases
I_Impurity	I_Items	No. of Items
I_Impurity	I_Bulk	Bulk Quantity
I_Impurity	I_UOM	Unit of Measurement

Table Name : M\_Clinic

Description : [M\_Clinic] table is used to store the information of Methadone clinics.

Source : *System*

TableName	FieldName	Description
M_Clinic	C_No	Clinic No.
M_Clinic	C_Name	Clinic Name

Table Name : M\_Position

Description : [M\_Position] table is used to store the monthly operation data of each methadone clinic.

Source : *Monthly Statistics for Methadone Clinics, Department of Health.*

TableName	FieldName	Description
M_Position	S_Year	Year of Data
M_Position	S_Month	Month of Data
M_Position	C_No	Clinic No
M_Position	Adm_M	Admission of Male Patient
M_Position	Adm_F	Admission of Female Patient
M_Position	Readm_M	Readmission of Male Patient
M_Position	Readm_F	Readmission of Female Patient
M_Position	Term_M	Termination of Male Patient
M_Position	Term_F	Termination of Female Patient
M_Position	Trans_M	Transfer of Male Patient
M_Position	Trans_F	Transfer of Female Patient
M_Position	Attend_M	Attendance of Male Patient
M_Position	Attend_F	Attendance of Female Patient
M_Position	Reg_M	Registration of Male Patient
M_Position	Reg_F	Registration of Female Patient

Table Name : M\_Term

Description : [M\_Term] table is used to store the monthly operation data of each methadone clinic (Drop out, Dextoified...).

Source : *Monthly Statistics for Methadone Clinics, Department of Health.*

TableName	FieldName	Description
M_Term	S_Year	Year of Data
M_Term	S_Month	Month of Data
M_Term	Drop_M	Drop out of male patient
M_Term	Drop_F	Drop out of female patient
M_Term	Detox_M	Detoxification of male patient
M_Term	Detox_F	Detoxification of female patient
M_Term	Other_M	Others - Male patient
M_Term	Other_F	Others - Female patient
M_Term	Other_M_R	Others - Male patient - Remarks
M_Term	Other_F_R	Others - Female patient - Remarks

Table Name : O\_TxInstitute

Description : [O\_TxInstitute] table is used to store the information of Counselling Centers and Treatment Institutes.

Source : *System.*

TableName	FieldName	Description
O_TxInstitute	O_Tx_Code	Code of Other Treatment Institutions
O_TxInstitute	O_Tx_Name	Name of Other Treatment Institutions
O_TxInstitute	O_Tx_Type	Center or Institute

Table Name : O\_TxStat

Description : [O\_TxStat] table is used to store the data of Counselling Centers for psychotropic substance abusers and number of persons receiving services from other treatment institutions.

Source : *Counselling Centers for Psychotropic Substance Abusers.*  
Number of Persons Newly Admitted... to Other Treatment Institutes.

TableName	FieldName	Description
O_TxStat	O_Year	Year of Data
O_TxStat	O_Qtr	Quarter of Data
O_TxStat	O_Tx_Code	Code of Other Treatment Institutions
O_TxStat	O_Tx_Type	Center or Institute
O_TxStat	O_Adm_M_B21	No. of Persons < 21 Admitted to Other Treatment Institutions (Male)
O_TxStat	O_Adm_F_B21	No. of Persons < 21 Admitted to Other Treatment Institutions (Female)
O_TxStat	O_Adm_M_A21	No. of Persons >= 21 Admitted to Other Treatment Institutions (Male)
O_TxStat	O_Adm_F_A21	No. of Persons >= 21 Admitted to Other Treatment Institutions (Female)
O_TxStat	O_NAdm_M_B21	No. of Persons < 21 Newly Admitted to Other Treatment Institutions (Male)
O_TxStat	O_NAdm_F_B21	No. of Persons < 21 Newly Admitted to Other Treatment Institutions (Female)
O_TxStat	O_NAdm_M_A21	No. of Persons >= 21 Newly Admitted to Other Treatment Institutions (Male)
O_TxStat	O_NAdm_F_A21	No. of Persons >= 21 Newly Admitted to Other Treatment Institutions (Female)
O_TxStat	O_RAdm_M_B21	No. of Persons < 21 Re-admitted to Other Treatment Institutions (Male)
O_TxStat	O_RAdm_F_B21	No. of Persons < 21 Re- Admitted to Other Treatment Institutions (Female)
O_TxStat	O_RAdm_M_A21	No. of Persons >= 21 Re-Admitted to Other Treatment Institutions (Male)
O_TxStat	O_RAdm_F_A21	No. of Persons >= 21 Re- Admitted to Other Treatment Institutions (Female)



O_TxStat	O_Tx_M_B21	No. of Persons < 21 under Treatment in Other Treatment Institutions (Male)
O_TxStat	O_Tx_F_B21	No. of Persons < 21 under Treatment in Other Treatment Institutions (Female)
O_TxStat	O_Tx_M_A21	No. of Persons >= 21 under Treatment in Other Treatment Institutions (Male)
O_TxStat	O_Tx_F_A21	No. of Persons >= 21 under Treatment in Other Treatment Institutions (Female)
O_TxStat	O_AC_M_B21	No. of Persons < 21 on Aftercare by Other Treatment Institutions (Male)
O_TxStat	O_AC_F_B21	No. of Persons < 21 on Aftercare by Other Treatment Institutions (Female)
O_TxStat	O_AC_M_A21	No. of Persons >= 21 on Aftercare by Other Treatment Institutions (Male)
O_TxStat	O_AC_F_A21	No. of Persons >= 21 on Aftercare by Other Treatment Institutions (Female)

Table Name : P\_Heroin

Description : [P\_Heroin] table is used to store the average retail price of Heroin.

Source : *Average Price of Illicit Drugs in Hong Kong.*

<b>TableName</b>	<b>FieldName</b>	<b>Description</b>
P_Heroin	P_Year	Year of Data
P_Heroin	P_Month	Month of Data
P_Heroin	P_Purity	Purity of Heroin Hydrochloride
P_Heroin	P_AvgPrice	Average Retail Value Per gram (HKD)
P_Heroin	P_AvgPurity	Average Purity in Percentage
P_Heroin	P_Sample	No. of Samples Involved (%)
P_Heroin	P_RPurityH	Retail Purity of Heroin
P_Heroin	P_RPurityM	Retail Purity of Methamphetamine

Table Name : P\_Price

Description : [P\_Price] table is used to store the average retail price of illicit drugs in Hong Kong.

Source : *Average Price of Illicit Drugs in Hong Kong.*

TableName	FieldName	Description
P_Price	P_Year	Year of Data
P_Price	P_Month	Month of Data
P_Price	P_Code	Code of the Drug
P_Price	P_Type	Type of Price, Wholesale or Retail
P_Price	P_UOM	Unit of Measure
P_Price	P_CCode	Category Code of the Drug
P_Price	P_High	High range of price
P_Price	P_Low	Low range of price
P_Price	P_Avg	Average price of drug

Table Name : S\_Country

Description : [S\_Country] table is used to store the information of countries.

Source : *System.*

TableName	FieldName	Description
S_Country	Name	Name of Country/Territory
S_Country	Code	Code of Country/Territory
S_Country	Region	Code of Corresponding Region

Table Name : S\_Seizure

Description : [S\_Seizure] table is used to store the data of illicit drugs seizure.

Source : *Seizure of Illicit Drugs.*

TableName	FieldName	Description
S_Seizure	S_Year	Year of Data
S_Seizure	S_Month	Month of Data
S_Seizure	S_Code	Code of Data
S_Seizure	S_UOM	Unit of Measurement
S_Seizure	S_CCode	Category Code of Data
S_Seizure	S_Police	Seizure by Police
S_Seizure	S_Custom	Seizure by Custom

Table Name : S\_SubRegion

Description : [S\_SubRegion] table is used to store the information of sub-region.

Source : *System.*

TableName	FieldName	Description
S_SubRegion	Name	Sub-region Name
S_SubRegion	Code	Sub-Region Code

Table Name : U\_Agency

Description : [U\_Agency] table is used to store the information of agency doing urinalysis.

Source : *System.*

TableName	FieldName	Description
U_Agency	UA_Name	Name of the Agency
U_Agency	UA_CODE	Code for the Agency

Table Name : U\_UOM

Description : [U\_UOM] table is used to store the information of unit of measurement.

Source : *System.*

TableName	FieldName	Description
U_UOM	UOM_Code	UOM Code as key
U_UOM	UOM	Unit of Measurement

Table Name : U\_Urine

Description : [U\_Urine] table is used to store the data of urinalysis.

Source : *Urinalysis Results for Non-Opiate Drugs of Abuse.*

TableName	FieldName	Description
U_Urine	U_Year	Year of Data
U_Urine	U_Month	Month of Data
U_Urine	U_Agency	Agency Name
U_Urine	U_Code	Code of Drug
U_Urine	U_CCode	Category Code of Drug
U_Urine	U_Test	No. of Tests Performed
U_Urine	U_Positive	No. of Positive Tests

Table Name : UN\_Dseizure

Description : [UN\_DSeizure] table is used to store the data of drug seizure in different regions.

Source : *World Drug Report.*

TableName	FieldName	Description
UN_DSeizure	UN_year	Year of the data
UN_DSeizure	UN_Region	Subregion Code
UN_DSeizure	UN_Country	Country Code
UN_DSeizure	UN_Drug	Drug Code
UN_DSeizure	UN_CCode	Drug Category Code
UN_DSeizure	UN_Amount	Amount of Drug Seizure
UN_DSeizure	UN_UOM	UOM

Table Name : UN\_IDI

Description : [UN\_IDI] table is used to store the data of Illicit Drug Index of different regions.

Source : *World Drug Report.*

TableName	FieldName	Description
UN_IDI	UN_year	Year of the data
UN_IDI	UN_Region	Code of the region
UN_IDI	UN_Production	Production
UN_IDI	UN_Trafficking	Trafficking
UN_IDI	UN_Abuse	Abuse
UN_IDI	UN_IDI	IDI
UN_IDI	UN_mean_production	Mean (Production)
UN_IDI	UN_mean_trafficking	Mean (Trafficking)
UN_IDI	UN_mean_abuse	Mean (Abuse)
UN_IDI	UN_mean_idi	Mean (IDI)

Table Name : UN\_Prevalence

Description : [UN\_Prevalence] table is used to store annual prevalence data of different regions.

Source : *World Drug Report.*

TableName	FieldName	Description
UN_Prevalence	UN_Year	Year of the data
UN_Prevalence	UN_Region	Subregion Code
UN_Prevalence	UN_Country	Country Code
UN_Prevalence	UN_Drug	Drug Code
UN_Prevalence	UN_CCode	Drug Category Code
UN_Prevalence	UN_Prevalence	Prevalence Percentage

Table Name : V\_AIDS

Description : [V\_AIDS] table is used to store the number of HIV/AIDS.

Source : *Hong Kong STD/AIDS Update.*

TableName	FieldName	Description
V_AIDS	V_Year	Year of the data
V_AIDS	V_Qtr	Quarter of the data
V_AIDS	V_Type	Type of data, HIV or AIDS
V_AIDS	V_Male	Data for Male
V_AIDS	V_Female	Data for Female
V_AIDS	V_Chin	Data for Chinese
V_AIDS	V_NonChin	Data for Non-Chinese
V_AIDS	V_Asian	Data for Asian
V_AIDS	V_White	Data for White
V_AIDS	V_Black	Data for Black
V_AIDS	V_Others	Data for Other Ethnicity
V_AIDS	V_Adult	Data for Adult
V_AIDS	V_Child	Data for Child (Age 13 or less)
V_AIDS	V_Heter	Data for Heterosexual Contacts
V_AIDS	V_Homo	Data for Homosexual Contacts
V_AIDS	V_Bisex	Data for Bisexual Contacts
V_AIDS	V_Inj	Data for Injecting Drug Use
V_AIDS	V_Blood	Data for Blood/Blood Product Recipients
V_AIDS	V_Perinatal	Data for Perinatal
V_AIDS	V_Undet	Data for Undetermined
V_AIDS	V_S_Public	Public Hospital/Clinics/Laboratories
V_AIDS	V_S_Private	Private Hospital/Clinics/Laboratories
V_AIDS	V_S_Social	Social Hygiene Clinics
V_AIDS	V_S_NGO	AIDS Service Organizations (AIDS Units + NGOs)
V_AIDS	V_S_Red	Hong Kong Red Cross Blood Transfusion Service
V_AIDS	V_S_Drug	Drug Rehabilitation Services
V_AIDS	V_Total	Total No. of Case per Quarter



Appendix XIV. User manual for “eDrug Stat”

**‘eDrug Stat’  
Users’ Manual**

## Content

Chapter 1 – Introduction .....	83
Introduction.....	83
System Architecture and Specification .....	83
System Setup.....	85
Chapter 2 – Running ‘eDrug Stats’ system.....	86
Starting up.....	86
Main sheet.....	88
Configuration sheet.....	90
Report sheet .....	92
Basic Navigation and Operation .....	93
Menu Options.....	94
Chapter 3 – Maintenance of Predefined List .....	95
Drug List .....	95
UOM List.....	98
Other Lists.....	99
Chapter 4 – Working with Different Worksheets.....	100
Load data from database to worksheet.....	102
Save New data or Edit data.....	104
Delete data .....	105
Reset a worksheet .....	106
Chapter 5 – Report Generation .....	108

# Chapter 1 - Introduction

## Introduction

Narcotic Division receives different kinds of statistical reports from different resources in different formats at different time intervals, i.e. monthly, quarterly, etc. It requires extensive human involvement in managing such scattered information, i.e. storage, retrieval, and analysis. There is a need to look for a solution to improve the management of such reports and information.

Electronic Drug Intelligence System (eDrug Intelligence – eDrug Stats) is computer-based system designed to facilitate the data management of these highly diversified statistical reports. It consolidates statistical data from different resources into one single computer database. It not only provides efficient data management to users, but also could generate regular management reports according to user’s specification. Furthermore, it establishes the base for possible data mining in future with appropriate tools.

## System Architecture and Specification

“eDrug Stats” is computerized solution developed using Microsoft Excel and Microsoft Access. Microsoft Access is the backend database system to store the data from different statistical reports. Microsoft Excel provides the front-end interface to user to interact with the backend database system. Users would only need to, most of the time, use the customized Excel program to manage the data.

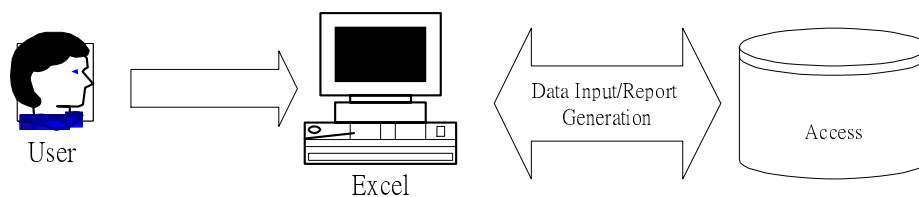


Figure 1.1 System Design of eDrug Stats

Since “eDrug Stats” is developed using Microsoft Excel and Microsoft Access, it is necessary to have Microsoft Office Professional version (version 2000 or later) installed in the computer to be used. In order to run Microsoft Office smoothly, it is recommended to have Intel Pentium 4 grade computer system with 512M RAM and Windows XP Operating System. The screen resolution needs to be set to 1024 x 768.

“eDrug Stats” is composed of three main parts, they are data entry menu, report menu and configuration menu. In data entry menu, it consists a list of different worksheets which is used to enter or retrieve data from different sources. Usually one single worksheet handles one source of data, but sometimes it is necessary to use multiple worksheets to handle data from one single source.

In report menu, it consists of a list of different reports available in the system. These reports are predefined according to user’s specification. User needs to select the report to be generated and input the specified time range, then either a chart or a data table will be generated.

In configuration menu, user can manage those predefined selection lists, i.e. drug list, clinic list... which are used in the data entry part. In most of the data entry process in “eDrug Intelligence” system, user is required to select one option from different selection lists. When user cannot find the corresponding option from the selection list, for example there is no “Ketamine” from the drug list, user is required to go to the configuration menu and add “Ketamine” to the drug list first. Then user could go back to the original worksheet and continue the data input process.

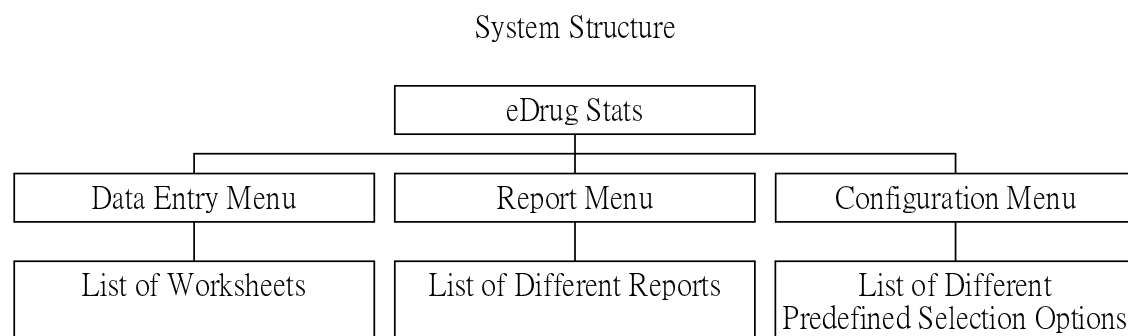


Figure 1.2 System Structure of eDrug Stats.

## System Setup

“eDrug Stats” system uses special directories (folders) to store different components, i.e. the main database file is stored in the database folder, all reports will be stored in reports folder...etc. Therefore the following directories (folders) should be ready in place when installing the “eDrug Stats” system (server version) onto the computer.

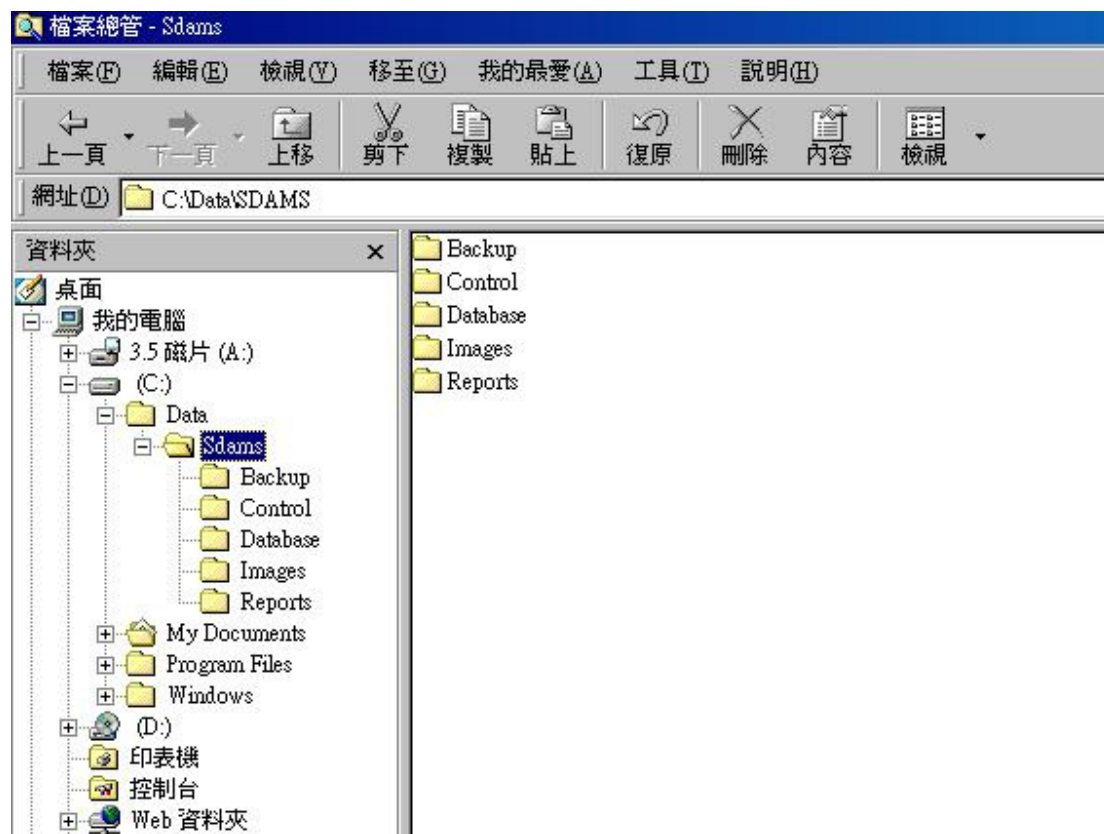


Figure 1.3 Directories require for eDrug Intelligence system.

### The usage of corresponding folders in eDrug Stats system

Folder Name	Usage
Backup	⇒ Use to store the database backup file.
Control	⇒ Use to store the control file (ControlSheet.xls) of eDrug Stats system.
Database	⇒ Use to store the master database file (MasterDB.mdb) of eDrug Stats system.
Images	⇒ Use to store the PDF files of eDrug Stats system.
Reports	⇒ Use to store the corresponding report files generated by eDrug Stats system.

## Chapter 2 – Running “eDrug Stats” system

You can start the “eDrug Stats” in two ways:-

- ⇒ Double-click the “eDrug Stats” shortcuts from the desktop of the windows (user needs to create a shortcuts pointing to the “ControlSheet.xls” file located in control folder beforehand).
- ⇒ Open the “ControlSheet.xls” file directly from Microsoft Excel.

### Starting up of “eDrug Stats” system

While “eDrug Stats” system is starting up, a system dialogue box will be displayed to ask for user’s option on how to handle the macros in the system (as shown in Figure 2.1). Since the system is developed using Excel’s Visual Basic for Application, user needs to select “Enable Macro” option from the dialogue. Otherwise the system would not run at all.

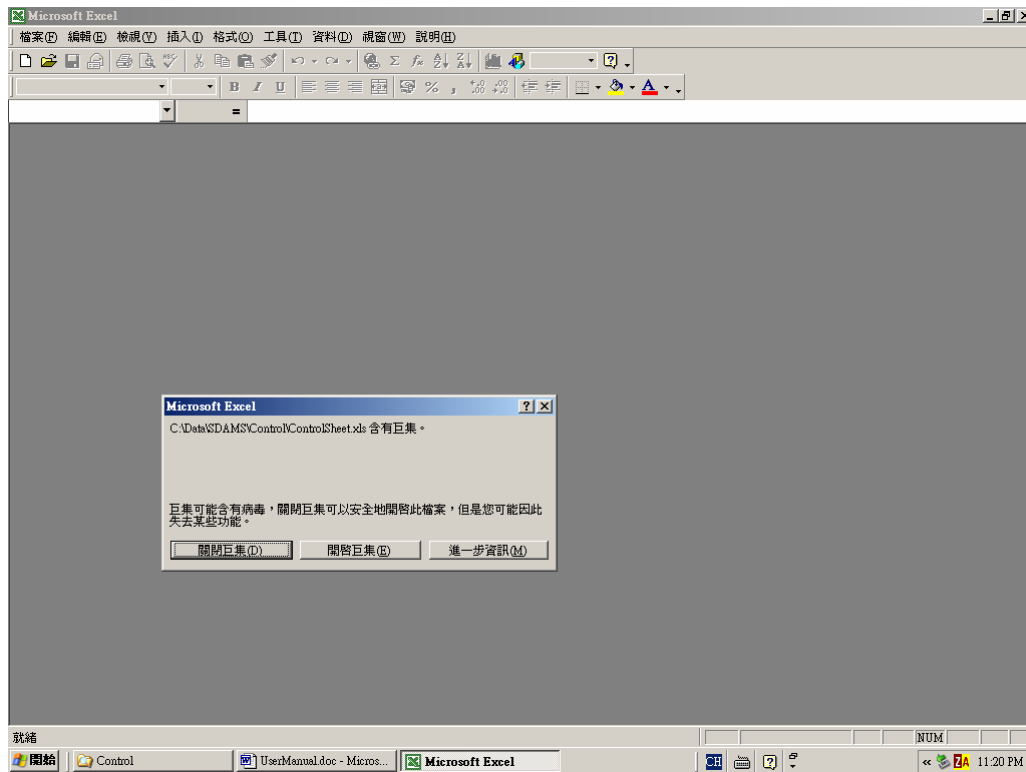


Figure 2.1 Selection Option Dialogue.

If the system dialogue box does not pop up while starting the system, user needs to check the security level of macro of Excel. It should be set to medium level in order to allow Excel to display the system dialogue box.

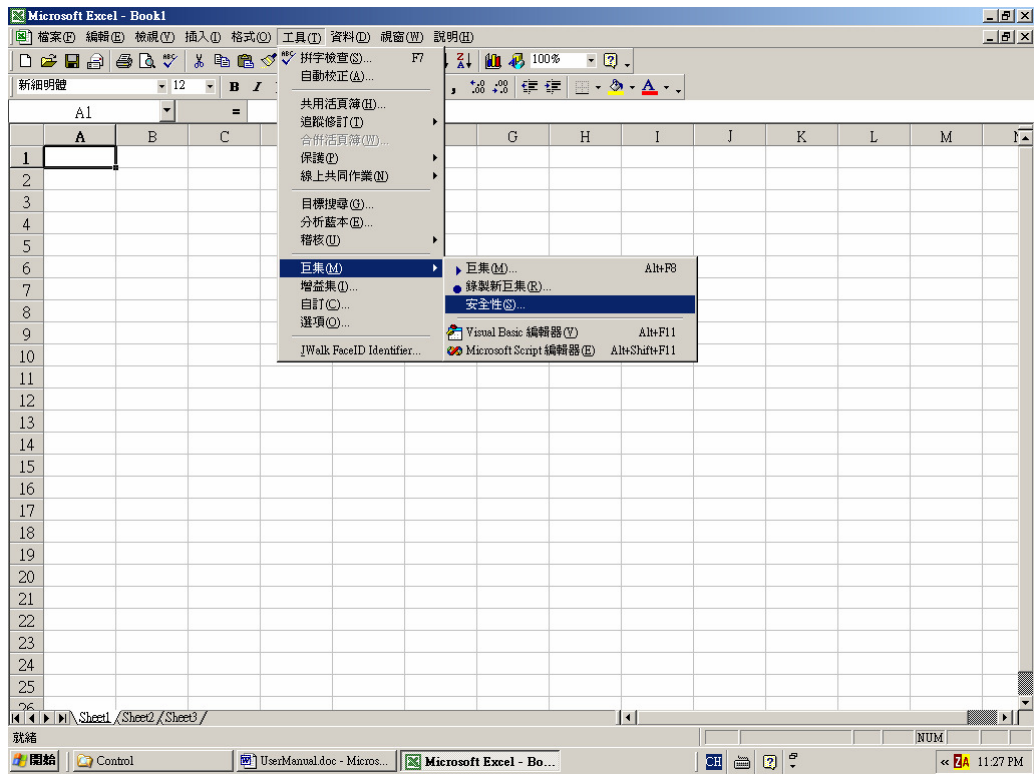


Figure 2.2 Security option of Macro.

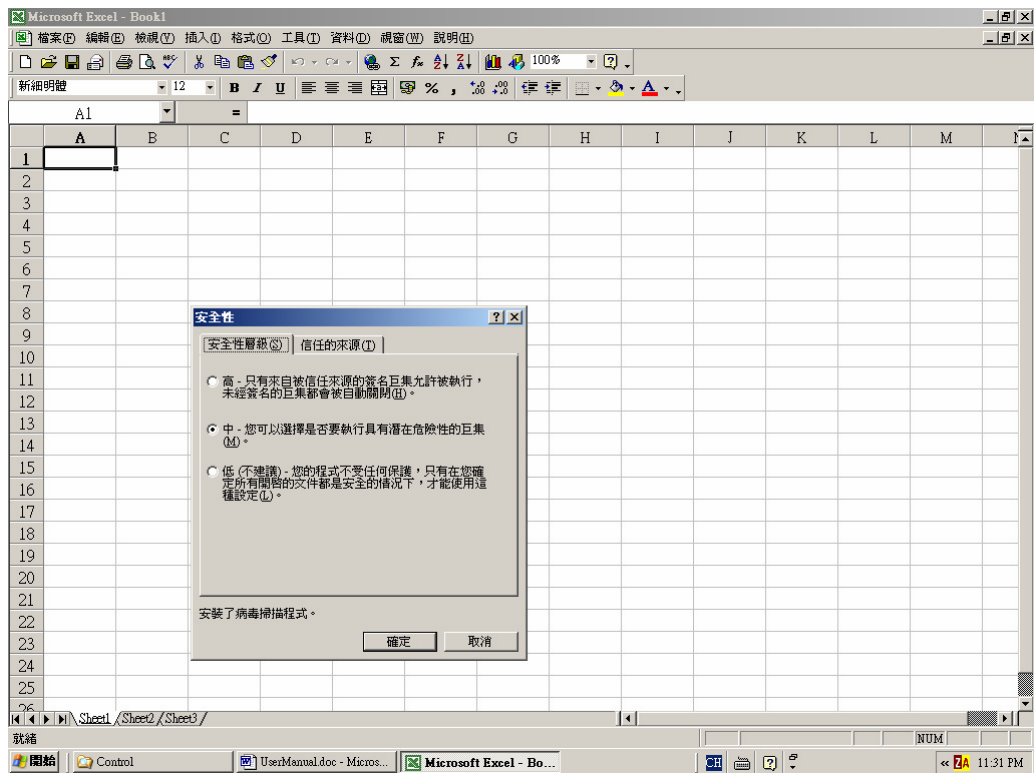


Figure 2.3. Select Medium Security Level.

## Main sheet

The entry point of “eDrug Stats” system is the main sheet which consists of a list of different worksheets which represents different sources of information.

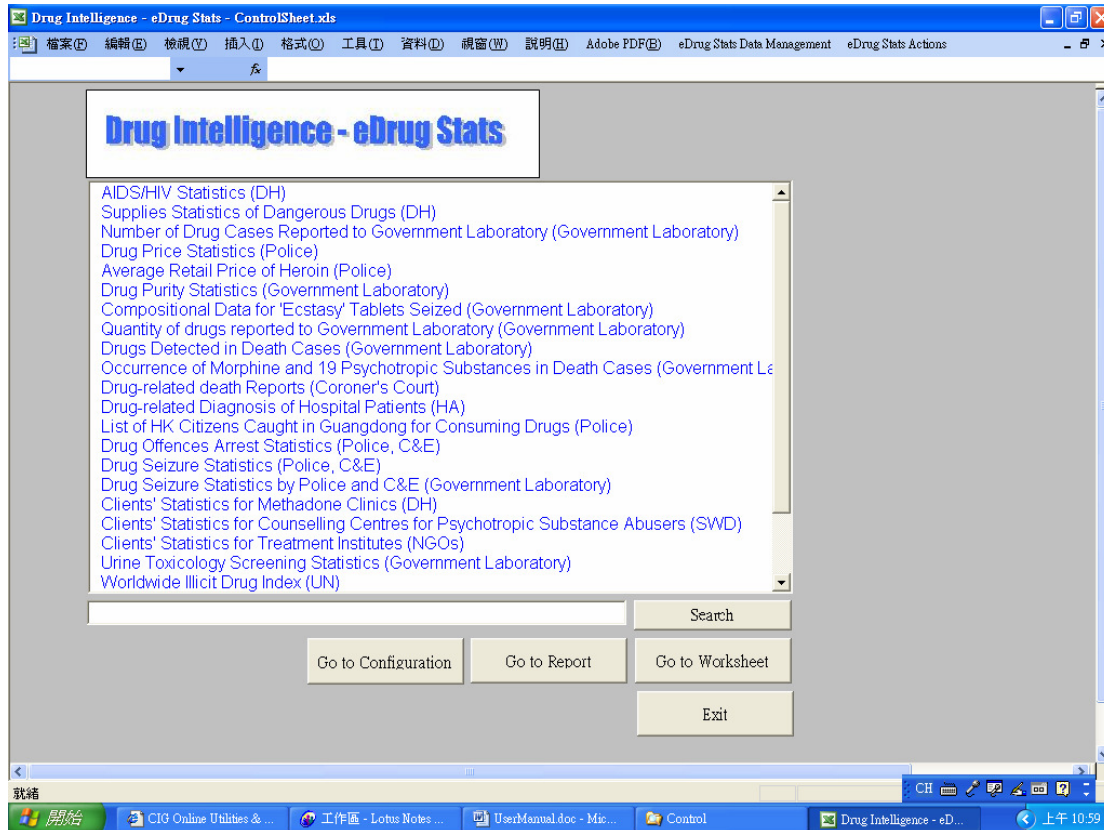


Figure 2.4 Main sheet of eDrug Stats.

On the main sheet, user could find the [Go to Worksheet], [Go to Report], [Go to Configuration], and [Search] button. Select one option from the list and click the [Go to Worksheet] button would bring user to the corresponding worksheet for data entry and retrieval. Click the [Go to Report] button would bring user to the report sheet which contains a list of different reports (Figure 2.5). Click the [Go to Configuration] button would bring user to the configuration sheet where user could manage different pre-defined option lists of the system (Figure 2.6).



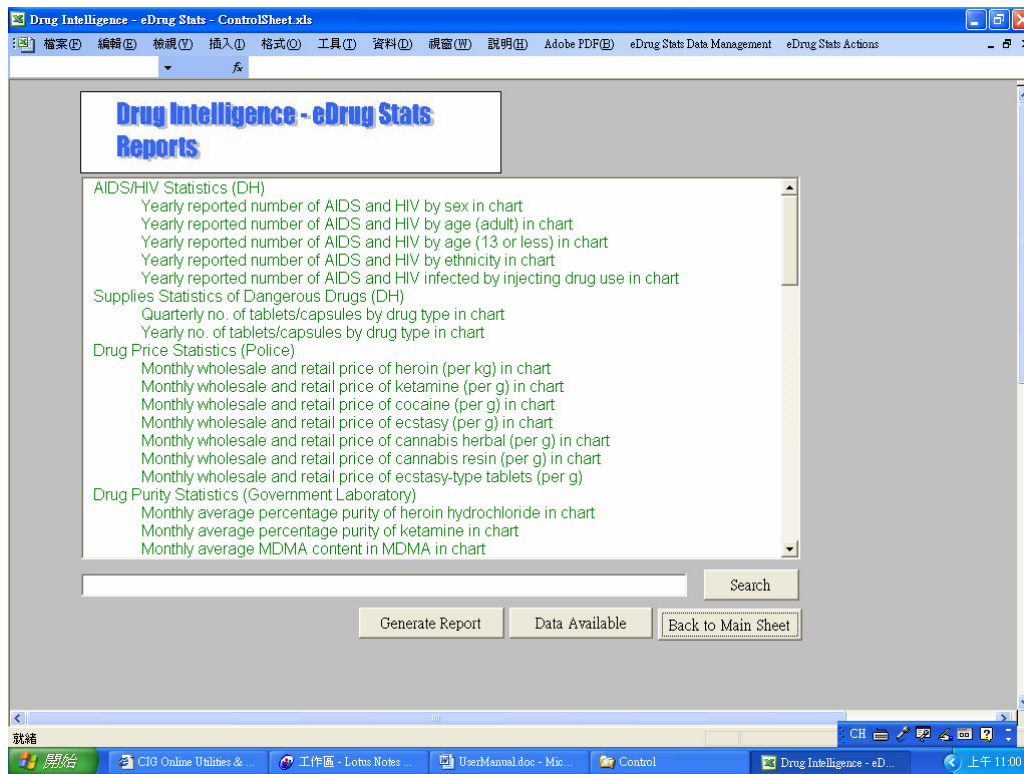


Figure 2.5 Report sheet.

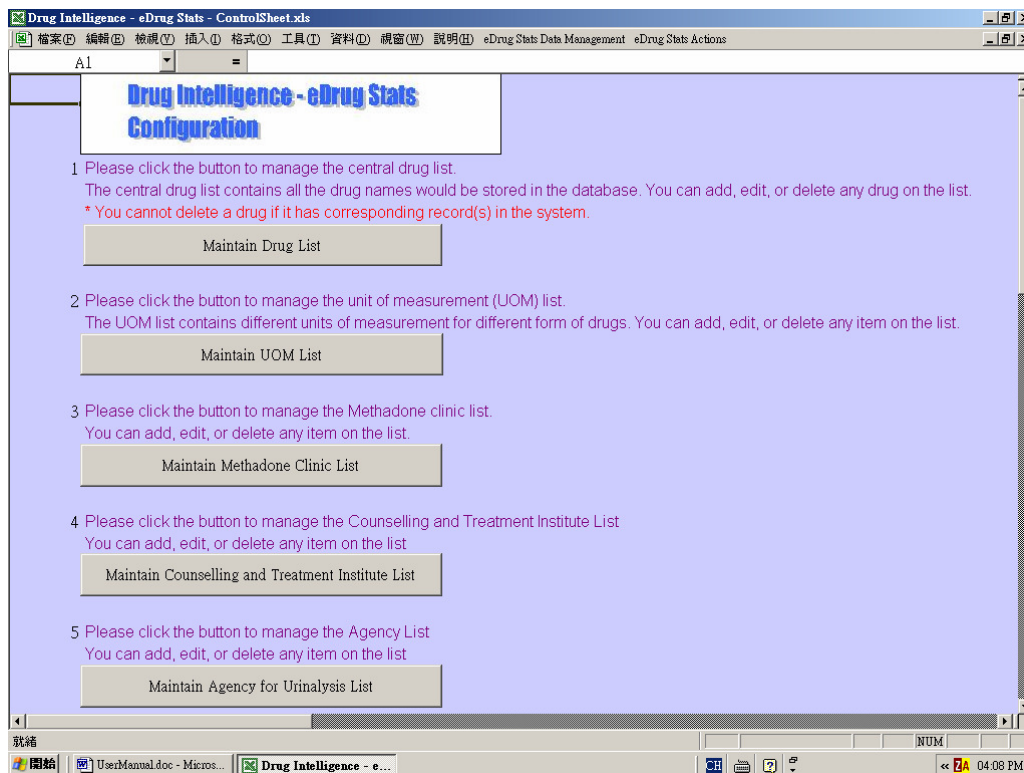


Figure 2.6 Configuration sheet.

On the “Main Sheet” and “Configuration Sheet”, there is a text box and a [Search] button available. User needs to type in the text user wants to search in the textbox and click the

[Search] button (Figure 2.7). If the system could find the corresponding option from which matches with the searching text, it will scroll to and highlight the corresponding option (Figure 2.8). If user wants to search for the next matching option, just simply click the [Search] button again.



Figure 2.7 Search text box.

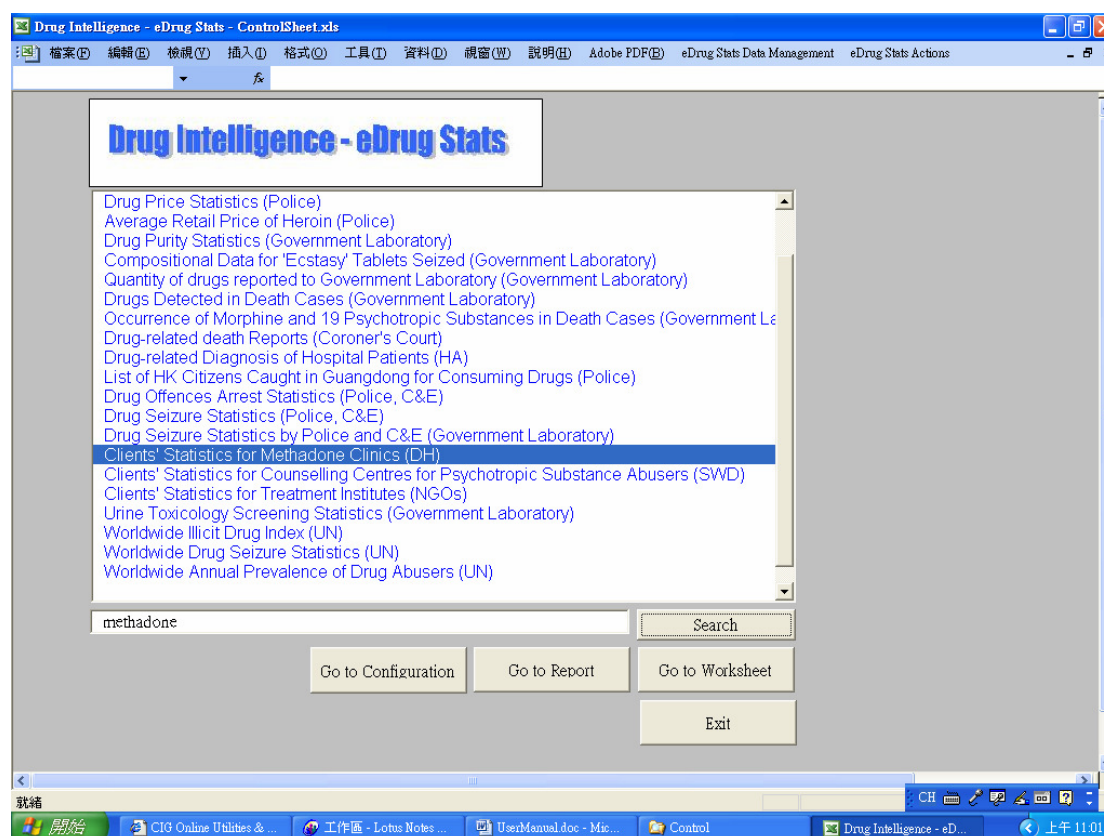


Figure 2.8 Search Result.

## Configuration Sheet

During the data entry process, user is required to make selection from pre-defined list from time to time at different occasions, i.e. selecting drug name from pre-defined drug list, selecting unit of measure from pre-defined UOM list, selecting methadone clinic name from pre-defined clinic list (Figure 2.9 to Figure 2.11)...etc. User is advised to select the available option from list during the data entry process rather than type it in. The reason for that is to maintain the data consistency of the system and user could also take the benefit to save some typing.



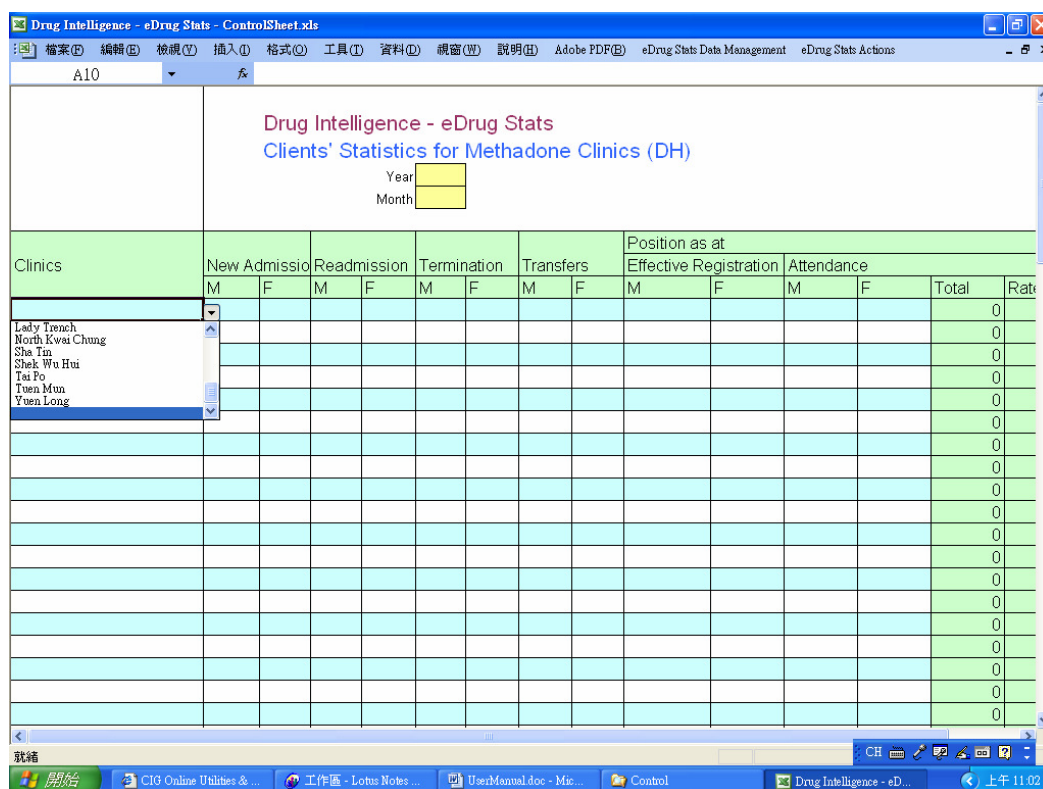


Figure 2.11 Selecting Methadone clinic from pre-defined clinic list.

If user could not find the corresponding drug name, clinic name, UOM from those pre-defined list, it is necessary for user to go to the configuration sheet and add the item in corresponding pre-defined list before the data entry process could be continued. Click on [Go to Configuration] button on the main sheet would bring up the configuration sheet as shown in Figure 2.6. On the configuration sheet, user could click on the corresponding pre-defined list button to manage the list. Details of performing maintenance of these predefined list would be discussed later.

## Report sheet

Similar to the main sheet, report sheet provides an interface to user to manage the reports he/she wants to generate. Click on the [Go to Report] button on main sheet would bring up the report sheet as shown in Figure 2.5. The reports are grouped under different categories according to the source of the information. Select one of the report from the list and click [Generate Report] button would generate the corresponding report in table format or in chart respectively. Detail operations for generating report will be discussed later.

## Basic Navigation and Operation of Menu Options

Besides the basic menu options provided by Microsoft Excel, there are two new menu options available in “eDrug Stats” as shown in figure 2.12



Figure 2.12 Custom Menu Options of eDrug Intelligence.

The two new menu options are 1) eDrug Stats Data Management, and 2) eDrug Stats Actions. The eDrug Stats Data Management menu option provides functions to manage the data upload, import, or reset at worksheet level. It also provides a way to return to the main sheet of the system (Figure 2.13). The eDrug Stats Actions menu option provides functions to save or delete data of the active worksheet (Figure 2.14).



Figure 2.13 eDrug Stats Data Management Menu Options



Figure 2.14 eDrug Stats Actions Menu Options

## EDrug Stats Data Management Menu Options

- Load Data From Database ⇒ Load data from the database according to the type of active worksheet and the date specified.
- Import Data From Other Worksheet ⇒ Import data from other worksheet according to the type of active worksheet (\*not all worksheets allow import)
- Data available ⇒ Show the data already saved in the database for respective worksheet.
- Reset Worksheet ⇒ Reset the active worksheet to allow next input/upload.
- Return to Main Sheet ⇒ Return to Main Sheet from any other worksheet.

## EDrug Stats Actions Menu Options

- Save New Data ⇒ Save the data in the active worksheet into the database as new data.
- Save Edit Data ⇒ Save the data in the active worksheet into the database as updated data.
- Delete Data ⇒ Delete the data from the database according to the type of the active worksheet and the date specified.

## Chapter 3 – Maintenance of Predefined List

There are 5 predefined lists in the list :-

1. Drug List  
Enlist all the drugs to be tracked in the system.
2. UOM List  
Enlist all possible unit of measurement for the drugs.
3. Methadone Clinic List  
Enlist the name of all methadone clinic available in Hong Kong.
4. Counselling and Treatment Institute List  
Enlist the name of the counseling centers and treatment institutes providing counseling or detoxification service to substance abusers.
5. Agency for Urinalysis  
Enlist the name of agencies, which would perform urinalysis for drug screening.

### Drug List

Click [Maintain Drug List] button to display the central drug list as in Figure 3.1

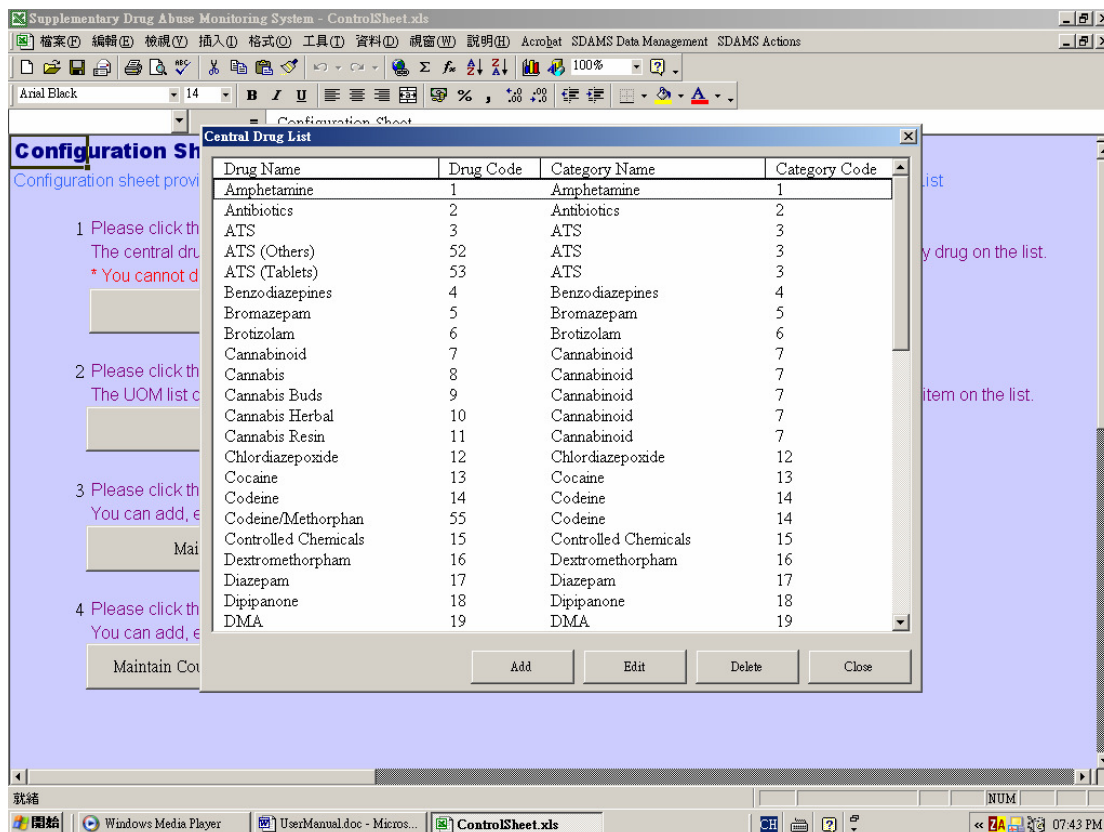


Figure 3.1 Central Drug List

The drug list contains “Drug Name”, “Drug Code”, “Category Name”, and “Category Code”. Each drug has a unique drug code and each category name has its unique category code either. Each drug belongs to one category, and thus one category may contain several drug name, i.e. Cannabinoid, Cannabis, Cannabis Bud, Cannabis Herbal, and Cannabis Resin are all belonged to Cannabinoid category. All the reports generated from eDrug Stats are based on drug category instead of drug name. The structure of how drugs are categorized is as shown below.

### Structure of Drug Categorization

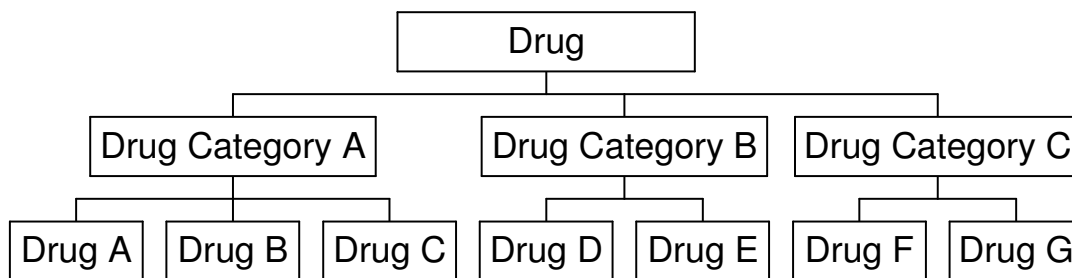


Figure 3.2 Structure of Drug Categorization.

User can perform “Add”, “Edit”, and “Delete” operation on the list. Click on [Add] button will bring up the drug detail dialogue as shown in Figure 3.3. Next available drug code will be generated automatically, user needs to put in the new drug name and press [TAB] key. The system will fill up the category name and category code automatically but user can still select existing category from the pull down list of category name as in Figure 9. Click [Save] button to save the new drug information.

Drug Name	<input type="text"/>
Drug Code	<input type="text" value="56"/>
Category Name	<input type="text"/>
Category Code	<input type="text"/>

Save Close

Figure 3.3 Drug Detail Dialogue



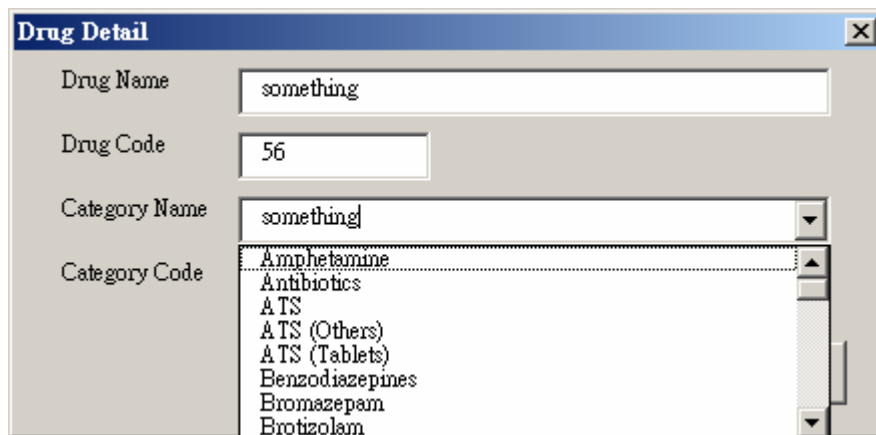


Figure 9. Selecting Category from Category Name pull down list.

To edit an existing drug information, simply select the target drug from the central drug list and click [Edit] button. Corresponding drug and category information will be retrieved and displayed on the drug detail dialogue. User could then update the drug or category information and click [Save] button to save the change to the database.

To delete a drug, just select the target drug from the central drug list and click [Delete] button. A confirmation dialogue will be displayed to ask for user's confirmation for such action (Figure 10). User can click the [No] button to cancel the action. Click on [Yes] button will remove the drug from the central list. *If the drug user want to delete has corresponding records in the database, i.e. Amphetamine has records saved in different tables, user will not be allowed to delete the drug in order to maintain the integrity of the system. An error dialogue will be displayed to inform user (Figure 11).*

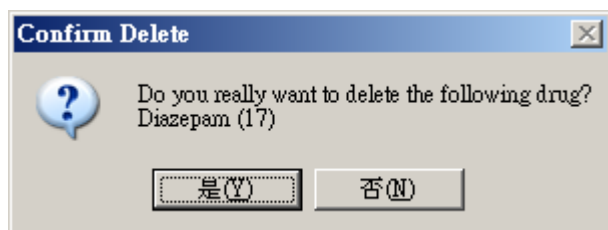


Figure 10. Confirmation Dialogue for Delete action.



Figure 11. Cannot delete drug with records saved in the database.

## UOM List

UOM list contains different unit of measurements to measure the quantity of drugs, i.e. tablets, g, kg...etc. To maintain the UOM list, simply click [Maintain UOM List] on the configuration sheet to bring up the “UOM List” box (Figure 12).

On the “UOM List” box, all available UOM units are listed in the box. User can “Add”, “Edit”, and “Delete” item from/to the list as he/she does in central drug list. The action is simple and self-explanatory, user just needs to follow the prompt step by step and should be able to complete the procedure without problem. Unlike the central drug list, user needs to click [Refresh] to update the list manually after every “Add”, “Edit”, or “Delete” action.

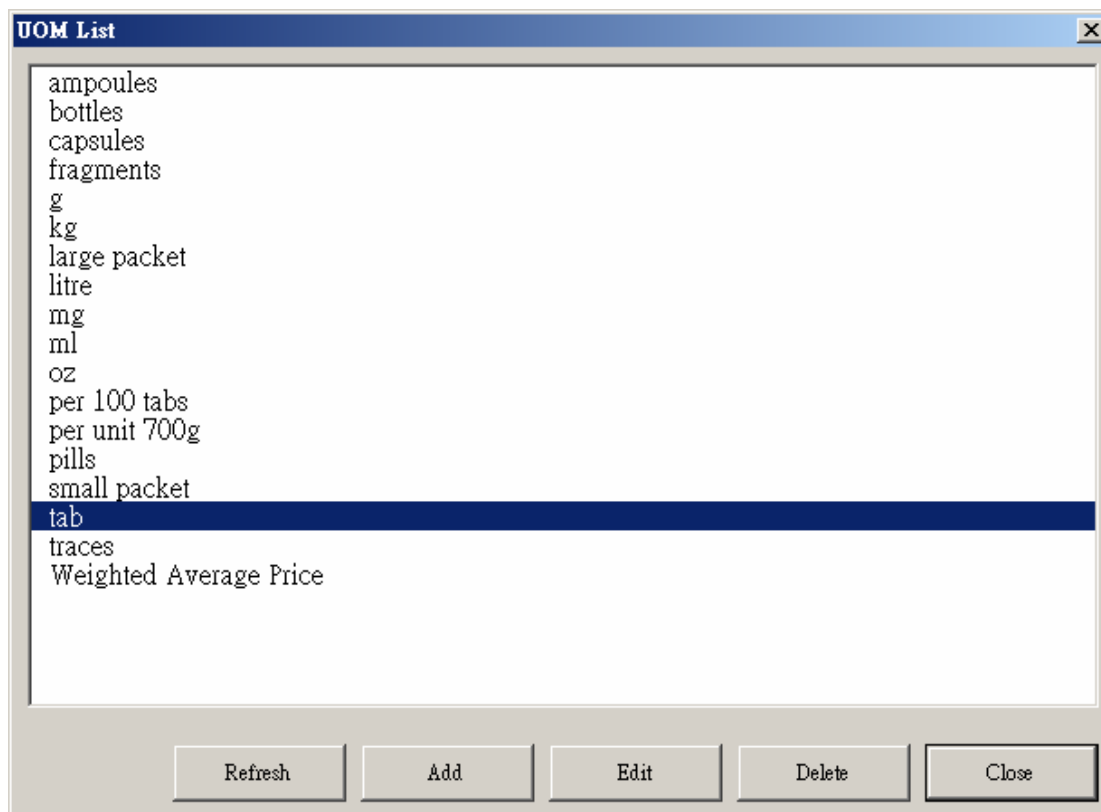


Figure 12. UOM list.

### **Methadone Clinic List**

Methadone clinic list contains name of methadone clinics available in Hong Kong. User can perform “Add”, “Edit”, and “Delete” functions as in UOM list.

### **Counselling and Treatment Institute List**

Counselling and Treatment Institute list contains names of counseling centers and treatment institutes providing counseling or detoxification services to clients. User can perform “Add”, “Edit”, and “Delete” functions as in UOM list.

### **Agencies for Urinalysis List**

Agencies for Urinalysis list contains names of agencies that provide urinalysis service to clients. User can perform “Add”, “Edit”, and “Delete” functions as in UOM list.

*The operations of configuring the UOM list, Methadone clinic list, Counselling and Treatment Institute list, and Agencies for Urinalysis list are the same.*

## Chapter 4 – Working with Different Worksheets

As mentioned in the system architecture section, eDrug Stats uses Microsoft Excel as the front-end to manage the data stored in Microsoft Access (as shown in Figure 4.1).

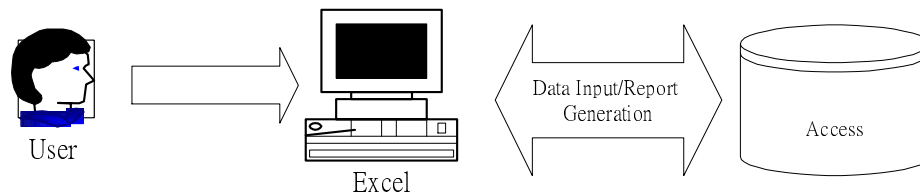


Figure 4.1 System Structure of eDrug Stats.

Data entry and retrieval for different statistical reports is performed via different Excel worksheets. Normally one Excel worksheet is used to manage the data from one statistical report. For some specific reports, it is necessary to break it down into different worksheets to facilitate the data entry process.

There are two main types of worksheets available in the system, one has preset format and the other is free-form format. Preset format type worksheet has predefined data item and specific format; users need to enter the data in the specific cells on the worksheet correlating to the specific data item (Figure 4.2).

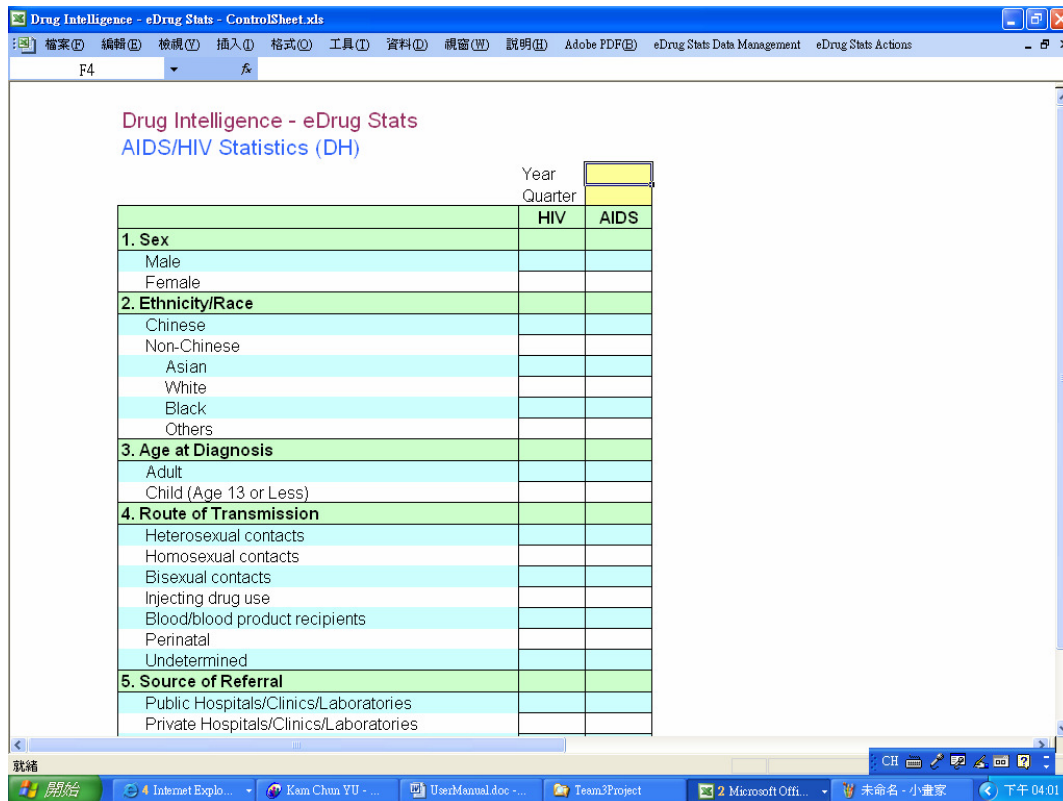


Figure 4.2 Preset Worksheet

Free-form type worksheet provides flexibility to user to enter various numbers of data items depending on the statistical report (Figure 4.3).

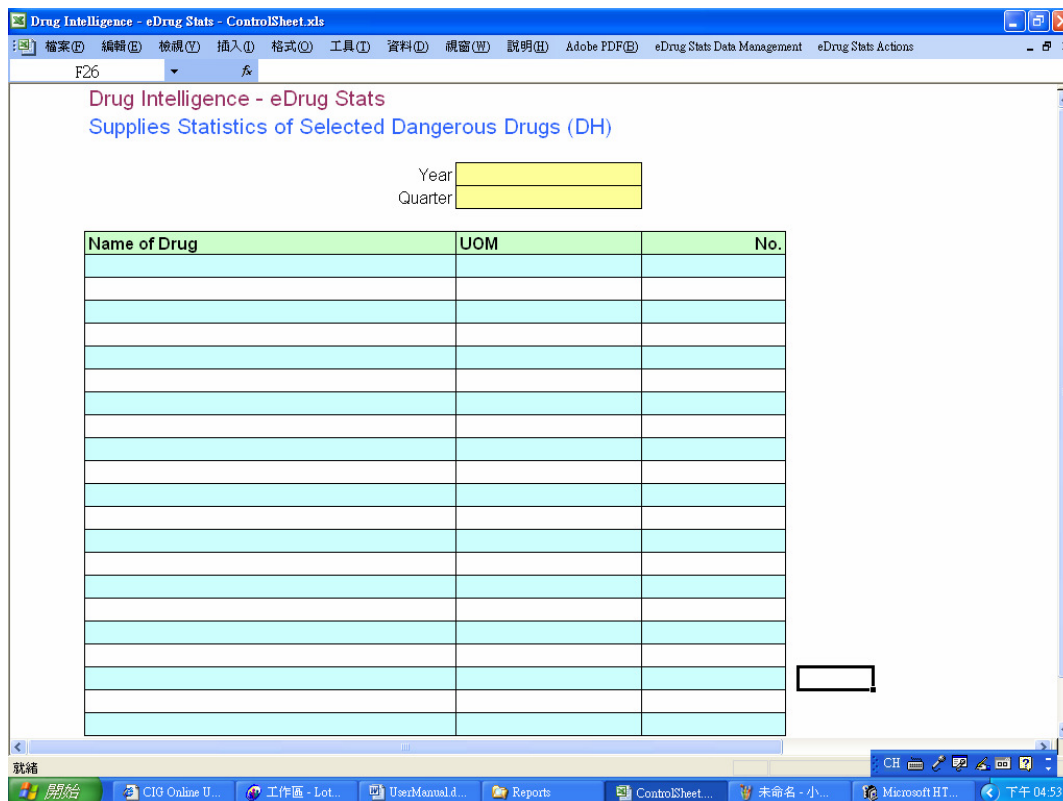


Figure 4.3 Free-form Worksheet.

### Load Data from Database to Worksheet

Each worksheet in eDrug Stats is time specific. Depending on the data source, the specified time could be “Year” and “Quarter”, or “Year” and “Month”. In order to load corresponding data from the database onto the worksheet, user needs to put in the specified time information he/she wants to retrieve and select [Load Data from Database] option from the menu (Figure 4.4). If user does not put in sufficient information, an error message will be displayed (Figure 4.5). In some occasions, i.e. to retrieve urinalysis data, user is required to put in extra information, which is the name of agency, in order to retrieve the data for corresponding agency.

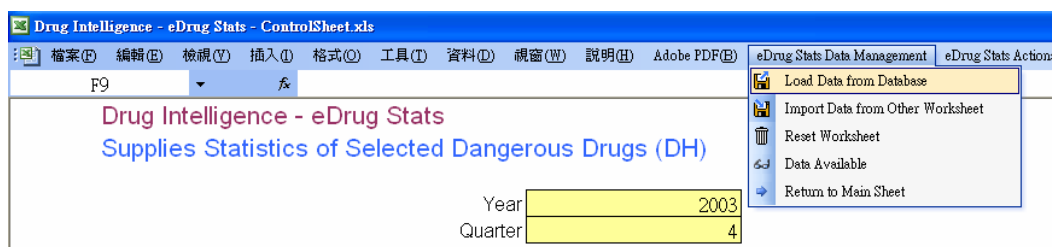


Figure 4.4 Select [Load Data from Database] option from menu.

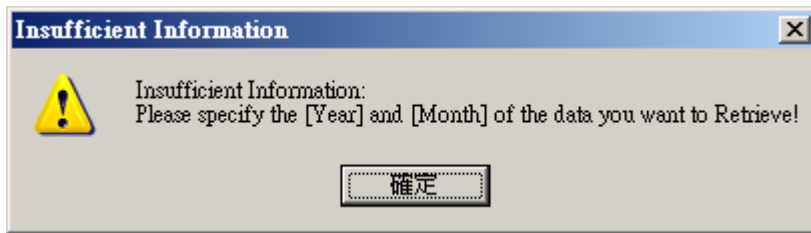


Figure 4.5 Error Message shows insufficient information to retrieve data.

If the database does not have the data that user has specified to retrieve, an information box will be displayed to inform user that no such data could be found in the database (Figure 4.6).

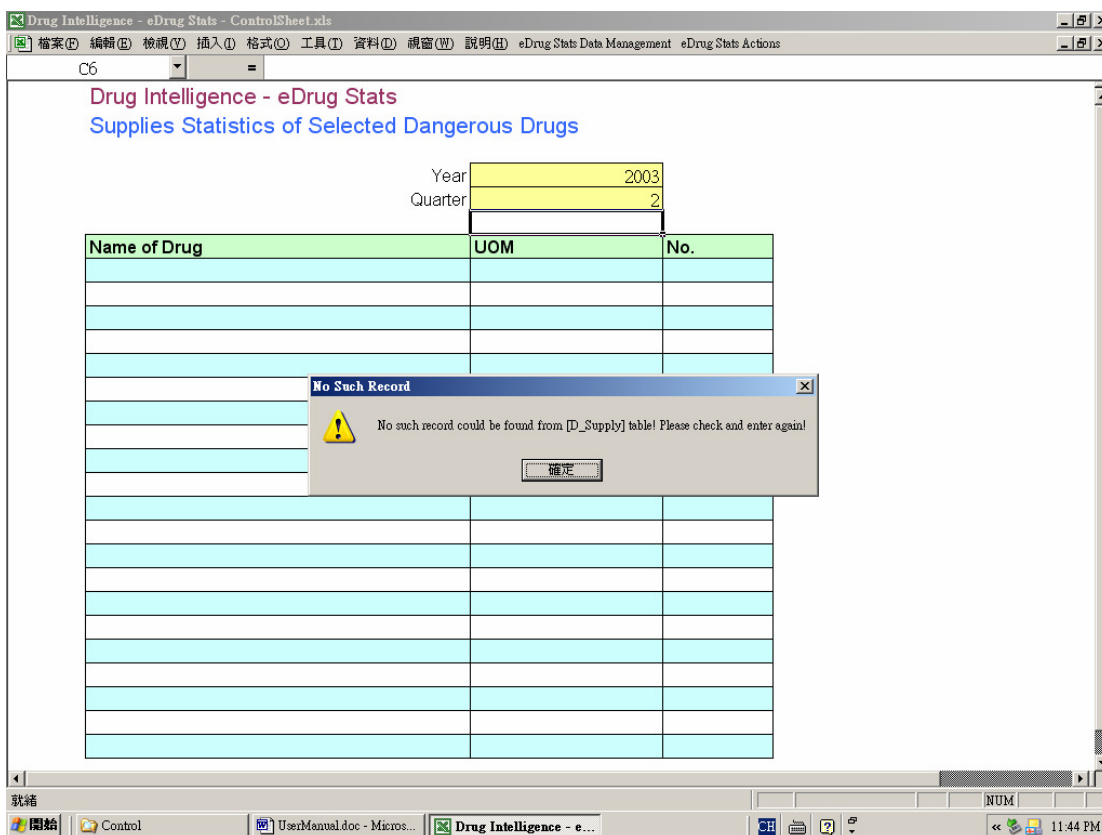


Figure 4.6 No corresponding data in the database.

If there is corresponding data stored in the database, it will be retrieved and displayed in the appropriate cells of the corresponding worksheets (Figure 4.7).

Drug Intelligence - eDrug Stats  
AIDS/HIV Statistics (DH)

	Year	1997
	Quarter	1
	HIV	AIDS
<b>1. Sex</b>		
Male	38	16
Female	7	2
<b>2. Ethnicity/Race</b>		
Chinese	34	15
Non-Chinese	10	3
Asian	5	3
White	2	0
Black	1	0
Others	2	0
<b>3. Age at Diagnosis</b>		
Adult	45	18
Child (Age 13 or Less)	0	0
<b>4. Route of Transmission</b>		
Heterosexual contacts	25	12
Homosexual contacts	7	1
Bisexual contacts	4	2
Injecting drug use	2	1
Blood/blood product recipients	0	0
Perinatal	0	0
Undetermined	7	2
<b>5. Source of Referral</b>		
Public Hospitals/Clinics/Laboratories	0	0
Private Hospitals/Clinics/Laboratories	0	0

Figure 4.7 Retrieve data is displayed on corresponding worksheet.

### Save New Data or Edit Data

After user has put in new data or has made changes to existing data, he/she can perform the “save” action by selecting the “Save New Data” or “Save Edit Data” option from eDrug Stats custom menu (Figure 4.8).



Figure 4.8 Save menu option of eDrug Stats.

Once the new data is saved properly in the database, a message box will be displayed to indicate that the operation is completed without problem (Figure 4.9).



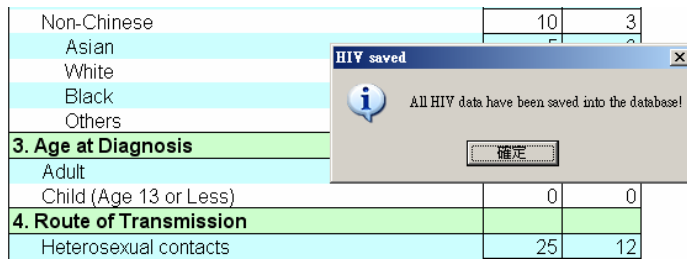


Figure 4.9 Save new data operation is completed.

If the user selects the “Save New Data” option from the custom menu and the data to be saved is already existed in the database, an error message will be displayed to inform user that there is duplicate record in the database (Figure 4.10).

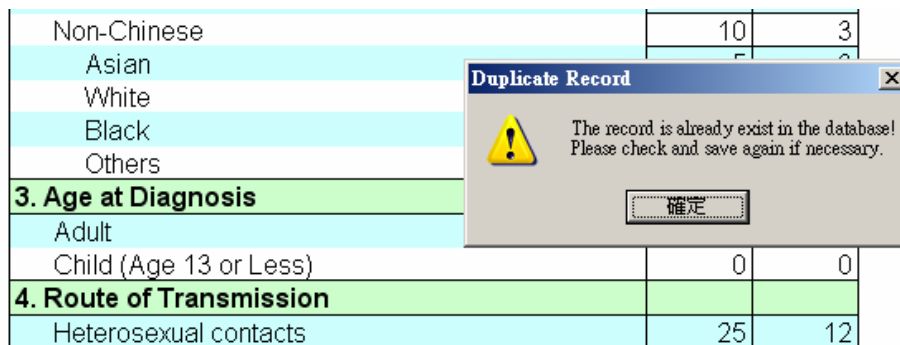


Figure 4.10 Duplicate record error.

### Delete Data from Database

In some occasions, user may need to delete data from the database, i.e. user has saved incorrect data...etc. User needs to load the data he/she wants to delete from the database onto the corresponding worksheet first. Then user needs to select the “Delete Data” option from the eDrug Stats custom menu (Figure 4.11).

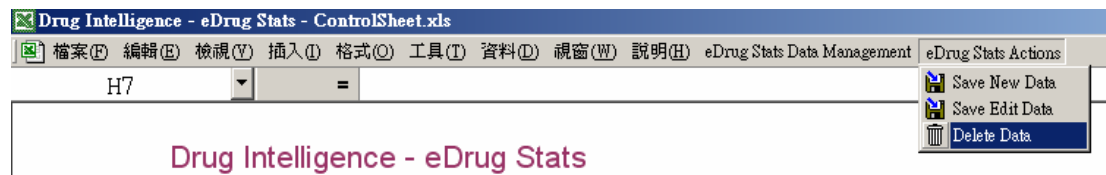


Figure 4.11 Delete option of eDrug Stats custom menu.

A confirmation dialogue box will be displayed (Figure 4.12) to ask for the confirmation from user. If user clicks on the “Yes” button, it will proceed the delete operation and the data will be removed from the database. Another information dialogue box will be displayed after the delete operation has been successfully executed and the data has been removed from the database (Figure 4.13). If user clicks on the “Cancel” button of the confirmation dialogue box, the “Delete” operation will be cancelled and the data will be preserved in the database (Figure 4.14).



Figure 4.12 Confirmation dialogue for delete operation.

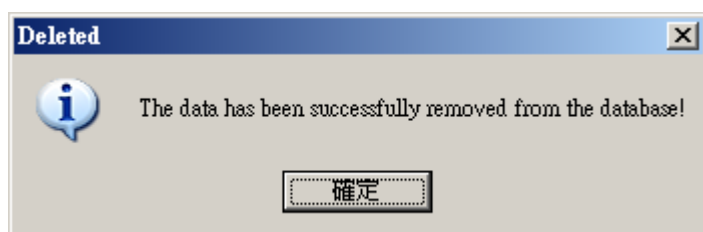


Figure 4.13 Delete operation dialogue box.



Figure 4.14 Cancel of Delete operation.

### Reset a Worksheet

User will need to reset a worksheet in certain occasions, i.e. prepare the worksheet for new data entry, or prepare the worksheet to load data from the database. User simply needs to select the “Reset Worksheet” option from the eDrug Stats custom menu (Figure 4.15).

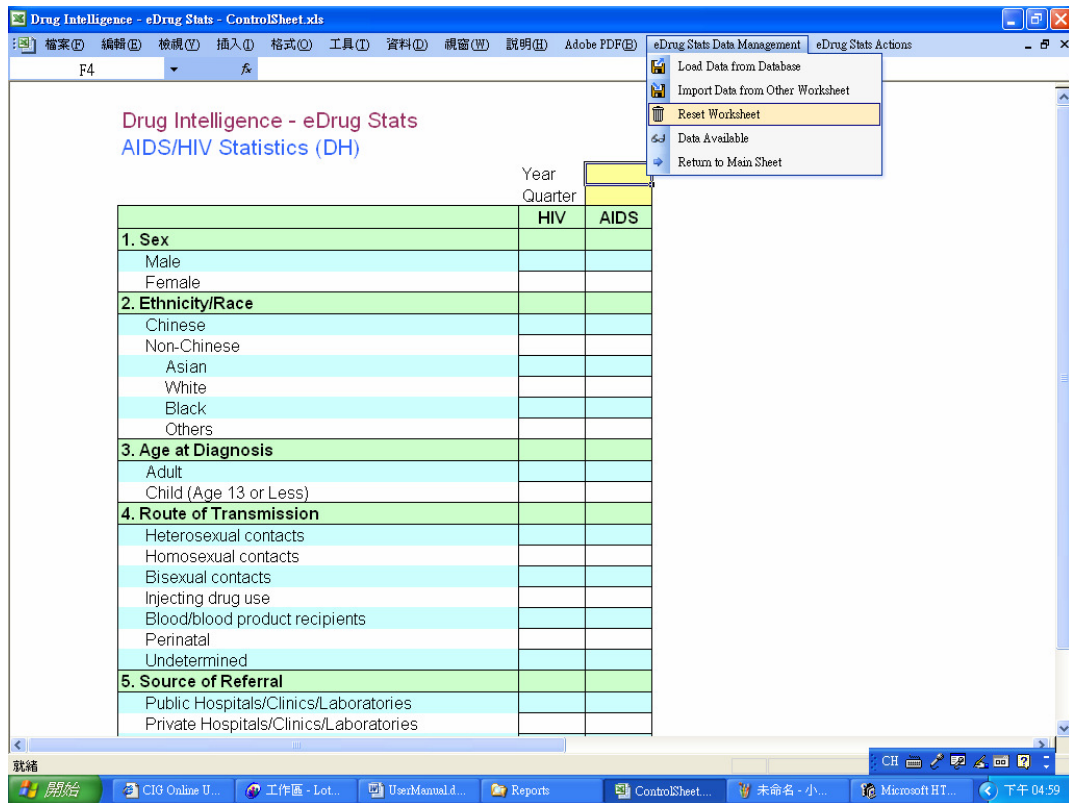


Figure 4.15 Reset worksheet menu option.

## Chapter 5 – Reports Generation

There are different predefined reports available in eDrug Stats, user needs to click on the “Go to Report” button from the main sheet to display the report main sheet (Figure 5.1).

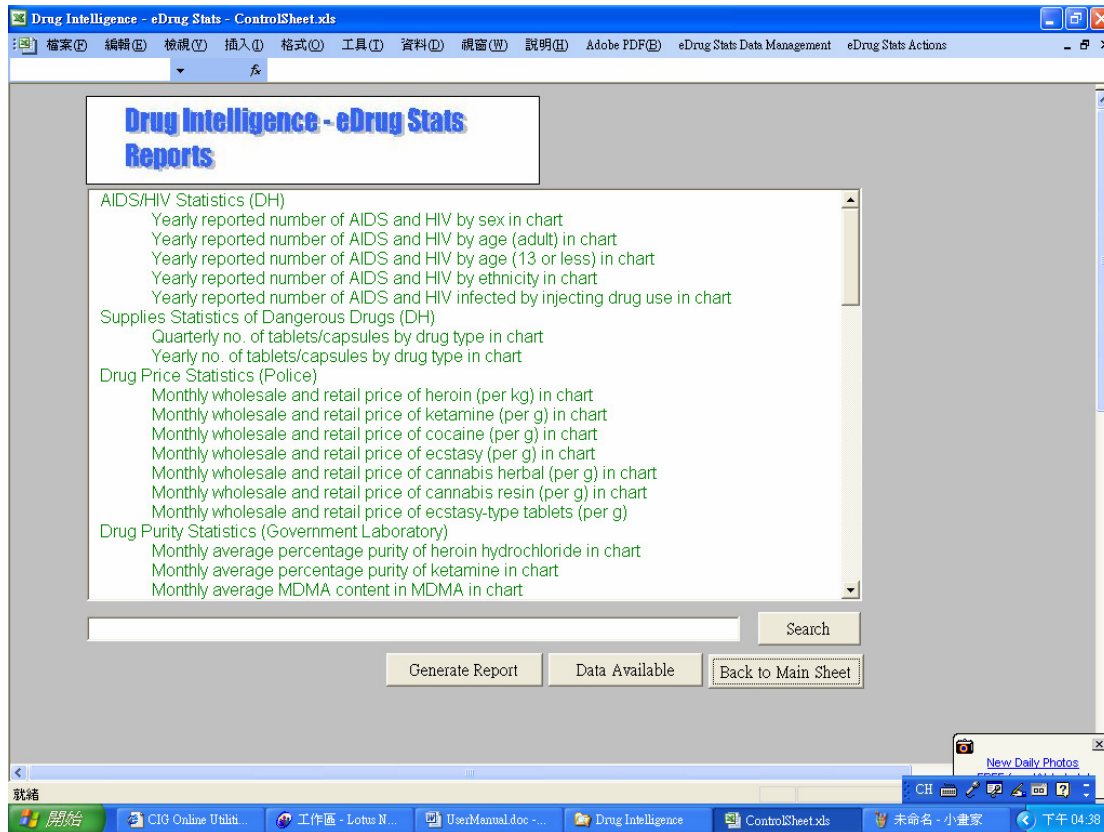


Figure 5.1 Report Main Sheet

There are two main type of reports available in the system, one is a chart type report and the other is a table format report. For a chart type report, the report will be presented in different kinds of charts (Figure 5.2), i.e. bar charts, or line charts...etc. For a table format report, the report will be presented in a tabular format (Figure 5.3).

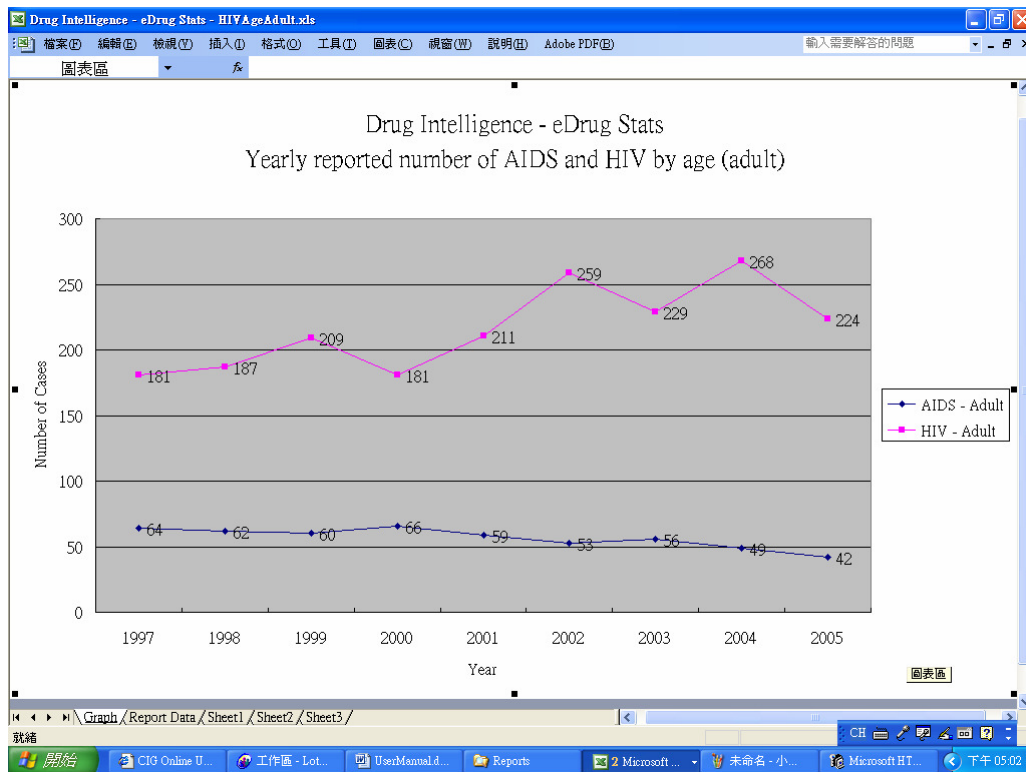


Figure 5.2 Report displayed in chart type.

Drug Intelligence - eDrug Stats						
Quarterly No. of New Admissions and Readmissions by Sex						
		Male	Male	Female	Female	
		New Admi	Readmissic	New Admi	Readmission	
1994	1	273	1807	52	126	
1994	2	387	1909	48	134	
1994	3	460	2496	80	191	
1994	4	466	2639	116	207	
1995	1	302	1906	59	157	
1995	2	377	2036	80	186	
1995	3	323	2003	68	192	
1995	4	355	1945	105	186	
1996	1	393	1977	89	203	
1996	2	356	2221	92	247	
1996	3	346	2145	80	216	
1996	4	284	1998	80	197	
1997	1	256	1790	69	225	
1997	2	277	1913	77	242	
1997	3	283	1956	72	243	
1997	4	248	1763	68	210	
1998	1	265	1860	66	210	
1998	2	274	1794	70	227	
1998	3	243	1906	68	229	
1998	4	237	1678	57	223	
1999	1	215	1758	56	212	
1999	2	218	1816	47	254	

Figure 5.3 Report displayed in table format.

To generate a report, user needs to select one report from the report list and then click on the “Generate Report” button. After clicking the “Generate Report” button, a “Time Series”

dialogue box will be displayed to ask user to put in the time interval that the report should be included. There are three types of time series dialogues which allow user to put in different kinds of time interval for the report to be generated (Figure 5.4 to Figure 5.6).

The screenshot shows a dialog box titled "Time Series" with a close button in the top right corner. The main text reads "Please specify the time series value for the report you want to generate". Below this, there are two columns: "From" and "To". Each column contains a "Year" label and a text input field. At the bottom of the dialog, there are two buttons: "Generate" and "Cancel".

Figure 5.4 Time series – Year only.

The screenshot shows a dialog box titled "Specify Year, Quarter or Month" with a close button in the top right corner. The main text reads "Please specify the time series value for the report you want to generate". Below this, there are two columns: "From" and "To". Each column contains a "Year" label with a text input field and a "Month" label with a dropdown menu. At the bottom of the dialog, there are two buttons: "Generate" and "Cancel".

Figure 5.5 Time series – Year & Month

The screenshot shows a dialog box titled "Specify Year, Quarter or Month" with a close button in the top right corner. The main text reads "Please specify the time series value for the report you want to generate". Below this, there are two columns: "From" and "To". Each column contains a "Year" label with a text input field and a "Quarter" label with a dropdown menu. At the bottom of the dialog, there are two buttons: "Generate" and "Cancel".

Figure 5.6 Time series – Year & Quarter

After putting in the necessary time series information, user can click on the “Generate” button to proceed. Then corresponding report will be generated and saved in a new excel file. The report files will be saved in the “Reports” directory of eDrug Stats automatically.

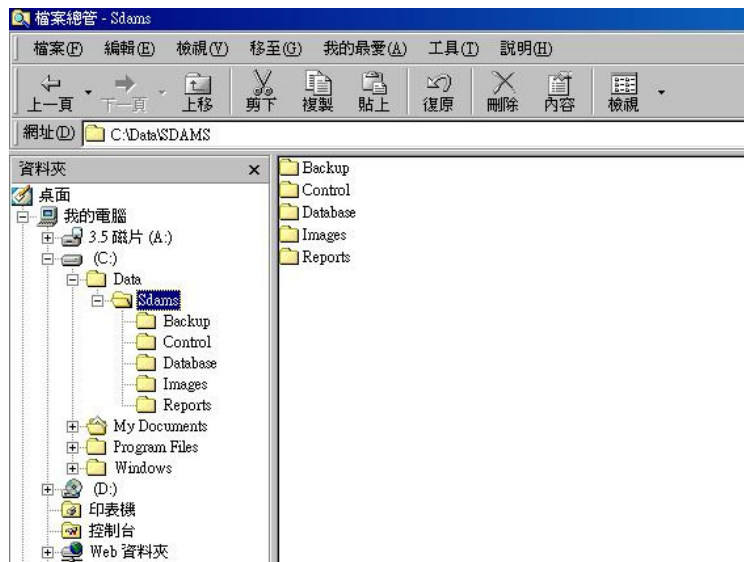


Figure 5.7 Report directory.