

**Research Outline Qualitative Information on
Drug Abuse Situation in Hong Kong**

Research Report No. 1

**Research Design and
Overview of Drug Abuse Situations in Hong Kong**

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Executive Summary of Report 1

1 Introduction

This study examines the complex issue of drug abuse, addressing rising trends and multifaceted impacts. With a significant increase in global drug abusers, the study aims to provide a comprehensive understanding of drug abuse patterns, characteristics, and consequences within the Hong Kong context.

Due to the extensive length of the generated report, the research team presents the findings in six different reports, allowing readers to access individual themes of interest. This report outlines the research design and provides an overview of drug abuse situations in Hong Kong.

2 Research Objectives

The study aims to develop a framework for qualitative data collection on drug abuse, implement this data collection, and integrate the findings with existing quantitative data. By adopting a five-stage framework of drug abuse as an evolving cycle, the research focuses on various stages of drug use, including onset, persistence, treatment, relapse, and desistance.

In addition to examining patterns, characteristics, and consequences of drug abuse, the research team specifically investigates hidden drug abuse, cannabis use, drug dealing, and online drug dealing and subcultures, as presented in Research Report No.5.

3 Methodology

The study employed a triangulation of methods, including a systematic literature review, individual and group interviews, and online ethnographic research. This approach ensured a comprehensive understanding of the drug abuse landscape. The systematic review involved 334 records, while interviews (127 interviews) and online engagements (484 online engagements) provided in-depth qualitative data.

4 Participants' Demography

The study included 127 participants: 20 frontline practitioners and law enforcers (11 males, 9 females) and 107 drug abusers and dealers, predominantly male (62.6%) and aged 20-29 (57%). A significant portion (69%) of drug-using participants began drug use before at age 19 or under. 55.4% and 44.6% of drug-using participants had an education level of secondary and post-secondary education respectively, with varied employment statuses, including blue-collar, white-collar, and drug dealers.

Key observations from the demographic information included:

4.1 Background information:

- Drug use was predominantly male-dominated.
- Early onset of drug use was common, typically starting in adolescence.
- Participants generally had a higher education level than previously reported.

4.2 Drug-Using Patterns:

- Poly-drug use was prevalent, with cannabis, ecstasy, and cocaine being the most frequently used substances.
- Peer influence and social networking were the primary reasons for drug use.
- Accessibility to drugs was facilitated by friends, dealers, clubs, and online platforms.

4.3 Treatment and Relapses:

- Nearly half of the participants had received treatment, yet relapse rates remained high.
- A significant portion of participants continued to use drugs occasionally or frequently despite treatment.

4.4 Hidden Drug Abuse and Pandemic Impact:

- Hidden drug abuse was a notable issue, with many participants engaging in concealed drug use.
- The COVID-19 pandemic led to increased drug use and drug-related activities due to social restrictions.

4.5 Triads and Cross-Boundary Drug Use:

- Triads played a substantial role in drug-related activities, controlling significant portions of the drug supply.
- Cross-boundary drug abuse was a concern, with participants using drugs in other countries and planning future use abroad.

4.6 Generational Differences:

- Younger users preferred new-generation drugs like cannabis, LSD, and MDMA, while older users stuck to traditional drugs like cocaine and ice.
- The social and cultural contexts heavily influenced drug use patterns across different age groups.

5 Overview of Drug Situations in Hong Kong

Hong Kong, a bustling metropolis with vibrant nightlife, stood at a unique crossroads in the global drug landscape, where social, legal, and health-related facets of drug use intertwined. This chapter explored the multi-dimensional aspects of drug use, including prevalent substances, health implications, generational patterns, drug accessibility, changing attitudes, and law enforcement

challenges. Grounded in responses from drug abusers, dealers, and practitioners, the analysis examined the intricate relationship between drug use and Hong Kong's socio-economic and cultural fabric to provide valuable insights.

5.1 Overall Trends:

- Drug prices escalated with degrading quality.
- The drug abuser population continued to rise, especially among the youth.
- Early exposure to drugs among youth in social and entertainment settings was observed.

5.2 Young People's Early Exposure to Drug Use:

- Drug use among adolescents increased, starting as young as 11-12 years old.
- Drug use was normalised in club settings and among peers.
- Victimisation and exploitation of young people were observed, including manipulation into prostitution or illegal activities.

5.3 Drugs Used by Different Generations and Groups:

- Generational differences were evident: older adults used traditional drugs (cocaine, Ice), while youth preferred new-generation drugs (cannabis, LSD, MDMA).
- Young people who engaged in nightclubs and initiated drug use often used cocaine and ketamine instead of new-generation drugs.
- Notable drug use among older adults was reported, challenging the stereotype of drug abuse as a youth issue.

5.4 Accessibility to Drugs and Blind Spots:

- Drugs were easily accessed through social media and communication apps.
- Drug use venues were displaced to hidden locations to evade law enforcement.
- Private and hidden entertainment venues, university residential halls, walled villages, and construction sites were reported as blind spots for law enforcement.

5.5 Attitudes and Perceptions Towards Drug Use:

- Traditional negative perceptions of drugs persisted among participants, but attitudes towards cannabis were changing.
- The influence of global trends, legalisation abroad, and information technology changed the local perceptions of drugs.
- The normalisation of cannabis use among young people and the impact of media portrayals were reported.

5.6 Law Enforcement and User Adaptation:

- Drug abusers adapted to evade detection by understanding drug residue periods.
- Predictable law enforcement tactics allowed users to anticipate and avoid apprehension.

- Drug abusers made use of law enforcement priorities and exploited legal loopholes.

6 Conclusion

This chapter examines the multifaceted dynamics of drug use in Hong Kong, revealing how cultural, social, and economic factors shape drug use patterns across different demographics. It highlights significant trends, such as the troubling increase in early exposure among youth and the persistent drug subculture among older adults, facilitated by technological advancements and social media platforms that ease drug accessibility. Despite rigorous law enforcement, drug abusers' adaptability and changing perceptions towards substances like cannabis underscore the need for continued research and policy efforts to address these evolving challenges and support affected individuals.

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Chapter 1. Introduction

Substance use disorders have emerged as a pressing global public health issue since the early 21st century, requiring a global effort to combat them as countries worldwide witness rising drug abuse figures. The United Nations estimated 296 million illicit drug abusers aged 15-64 globally in 2021 (United Nations Office on Drugs and Crime, 2023). The 2023 World Drug Report highlighted a 23% increase in drug abusers since 2011, which has been partially obscured by the concurrent population growth (United Nations Office on Drugs and Crime, 2023). In addition to a staggering 500,000 fatalities associated with drug use in 2019, the reports of the emergence of new cases of life-threatening illnesses, such as liver cancers, cirrhosis and self-harm associated with drug abuse, have been on the stable rise since 1990 (United Nations Office on Drugs and Crime, 2023).

In most developed societies, drug abuse continues to incur vast social, health and economic costs (Singer, 2008). Substance addiction is commonly described as a “chronic relapsing disease” (Cheung, 2009), Yip (2017) estimated that in 2014, the total cost attributable to drug abuse in Hong Kong reached nearly HK\$10.33 billion, with a per capita cost of approximately HK\$460,000. This cost was distributed across various categories, with loss of productivity accounting for the largest portion, followed by crime and law enforcement expenses, and healthcare costs. Hence, its intervention and treatment play a key role in alleviating the suffering of patients with addiction and in relieving the burden of the wider society. A large number of research funded by the Beat Drugs Fund Association (BDFA) or performed by other organisations has been conducted to understand the problems and develop more effective treatment strategies and service delivery mechanisms.

The study of drug abuse is complex and demanding. Some research topics, such as hidden drug abuse, cannabis use and drug dealing, are still under-researched in Hong Kong. For hidden drug abuse, research in the context of Hong Kong sparks interest in investigating the existence of this phenomenon (Tam et al., 2018; Chan et al., 2020). As for cannabis use, changes in legislation across different countries on its usage and regulation arouse questions on whether there have been changes in the patterns of drug use and behaviour after the implementation of the new laws. Finally, different forms of drug dealing have evolved and have been adopted as a response to law enforcement crackdown efforts and the rise of new technology, which calls for more in-depth research.

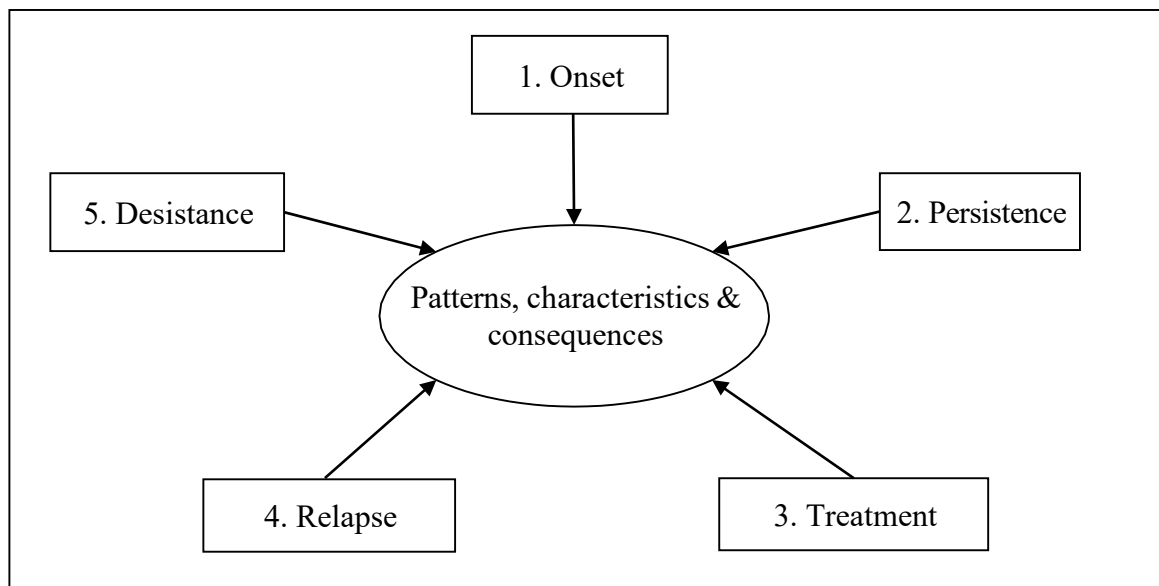
Chapter 2. Research Objectives

In this research project, the research team aims to achieve the following research objectives:

- a) to develop a framework for collecting qualitative information on the pattern, characteristics, and consequences of drug abuse;
- b) to implement the collection of qualitative information on the pattern, characteristics, and consequences of drug abuse and demonstrate its usefulness; and
- c) to integrate and analyse the information collected from the qualitative module with currently available quantitative data.

To achieve the above research objectives, the research team views the process of drug abuse as an evolving cycle of drug use: (1) onset (including social and psychological reasons), (2) persistence (related to the accessibility to drugs), (3) treatment, (4) relapse, and (5) desistance (Figure 2.1). This framework represented the entire journey of a drug abuser, outlining the patterns, characteristics and consequences of drug use (see Research Report No. 3). During our interviews with drug abusers, the research team asked participants questions related to the factors related to the five stages in the cycle. In addition, to address the research gaps identified above, the research team has placed specific focus on the research topics outlined in Section 2.1 below:

Figure 2.1. Research Framework: The Cycle of Drug Abuse



2.1. Specific Research Topics

Hidden drug abuse

- To study the patterns and process of becoming hidden drug abusers (or how to quit hidden drug abuse)
- To study the characteristics of hidden drug abusers
- To study the social and psychological consequences of hidden drug abuse (e.g., the changes in social interactions, impact regarding family and social relationships, impact on their employment, etc.).

Cannabis use

- To study the patterns and process of becoming cannabis abusers (e.g., whether they mix cannabis with other drugs at the same time, the venues for taking cannabis, any hidden phenomenon, etc.)
- To study the characteristics of cannabis abusers (e.g., their level of knowledge of cannabis)
- To study the social and psychological consequences of getting addicted to cannabis

Drug dealing

- To study the drug dealing patterns (e.g., the way the drug user-dealers start drug dealing, advertise their drugs, and sell their drugs)
- To study the characteristics of drug dealing (e.g., risk, trust, etc.)
- To study the social and psychological consequences (e.g., the consequences of dealing drugs, as well as drug abuse)

Online drug dealing and subculture

- To study the patterns of drug dealing on online platforms (e.g., Facebook group, Telegram group)
- To study the characteristics of online drug abusers (e.g., believing that

cannabis/marijuana is merely Chinese herbal medicine, and this group of drug abusers have a higher education level)

- To study the social and psychological consequences of online platform drug dealing and consumption (e.g., online drug abusers' changes in social networks, the consequences of buying drugs online and consuming drugs, online community interactions, and consumer subculture).

2.2. Structure of Research Reports

The study has collected an enormous amount of research data that will form an over lengthy research report. To provide readers with more convenience so that they can review individual themes of their own interest, the research team decided to present the rich findings through six different research reports, as follows:

Research Report No. 1	Research Design and Overview of Drug Abuse Situations in Hong Kong
Research Report No. 2	Literature Review on Drug Abuse Research
Research Report No. 3	The Five-stage Framework of Drug Abuse
Research Report No. 4	Drug Dealing and Trafficking
Research Report No. 5	Specific Drug-related Topics
Research Report No. 6	Semi-structured Interviews with Substance Abusers in Hong Kong: An Operations Manual

Chapter 3. Research Methods

The research has been approved by the Human Subjects Ethics Sub-Committee of City University of Hong Kong (Reference No.: 1-2021-34-F). To enhance data reliability, the research team emphasises the triangulation of research methods and research participants.

3.1. A Systematic Review of BDF-Funded Research and International Literature

Since one of the research objectives is to integrate and analyse the information collected from the qualitative module with currently available quantitative data, the first research method is to collect statistics and relevant documents as background materials for analysis by the research team. Through the database of the Narcotics Division of the Security Bureau of Hong Kong, BDF-funded research projects and studies have been identified.

Besides, to keep track of international trends and academic studies, research published elsewhere has been reviewed through extensive library and online searches. The keywords used in the search included cannabis (cannabis frequency, cannabis use, legalisation and cannabis, COVID-19 and cannabis, cannabis attitudes, medical marijuana), drug trafficking (online drug trafficking, street-level drug trafficking, police interference and drug trafficking, drug demand and supply, drug sales, drug market), and hidden drug abuse (drug crime displacement, undocumented drug use, hidden drug use, drug displacement, private drug use).

The literature search was primarily carried out on Scopus and specific databases for statistical data, such as Statistics Canada, the Australian Institute of Criminology, and the Bureau of Justice Statistics. Using the search network of City University of Hong Kong, only fully accessible articles were included for analysis. Some literature was retrieved through the snowballing technique by reviewing the literature cited by published research articles in order to capture the articles possibly missed through the initial keyword search. To keep the literature up-to-date, studies published mainly from 2000 to 2020 were included in this systematic review.

Regarding the screening of the literature, a two-step process was employed. Firstly, the abstracts and keywords of published papers were scrutinised to determine whether the scope of the studies aligned with the focus, objectives, and framework of this study. Secondly, the full methodology and findings of studies were examined to assess their relevance to the topics of hidden drug abuse, drug dealing and cannabis use, as well as their alignment with this study's framework.

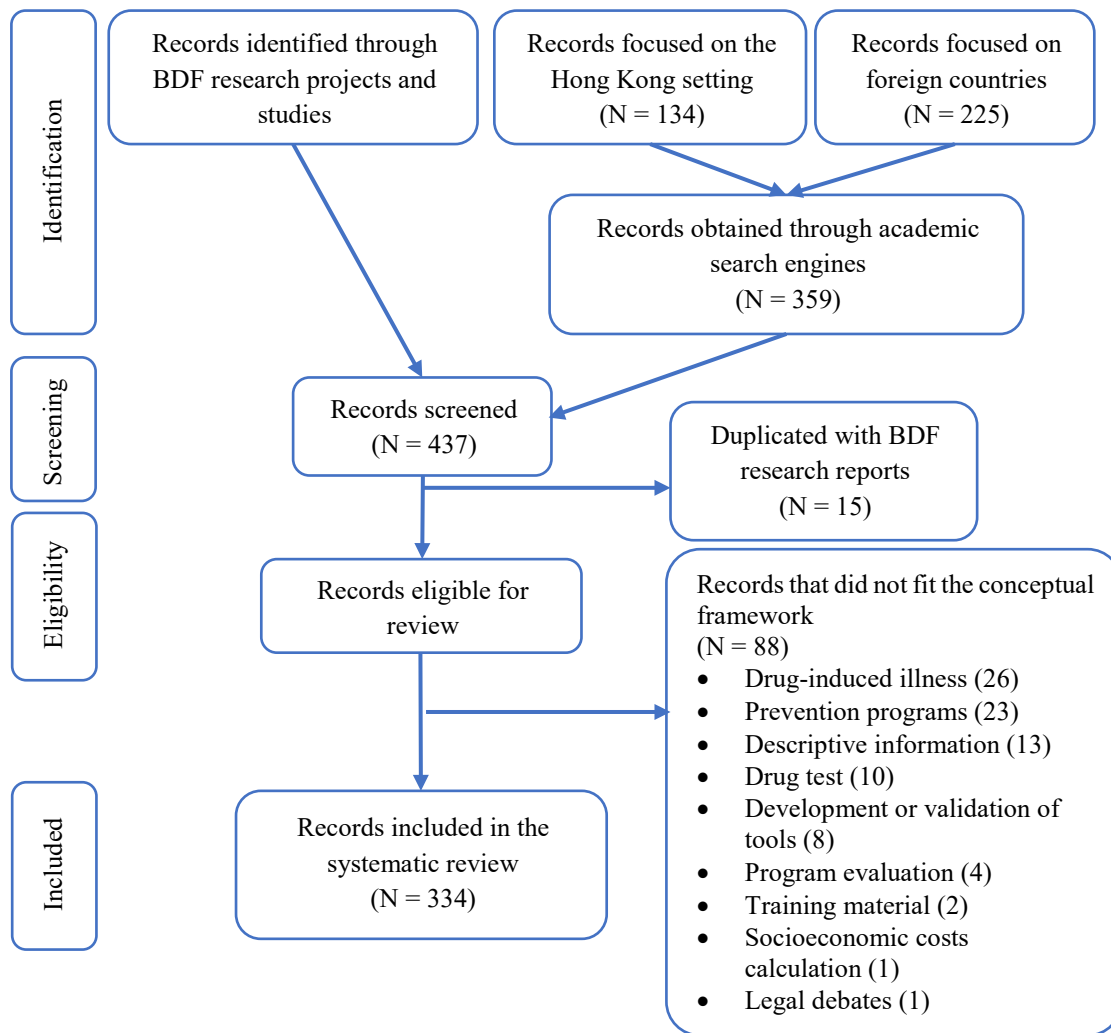
Studies that did not meet these criteria were excluded from further consideration.

To ensure that the screening process was consistent and precise, we excluded certain types of research from our review. Specifically, we excluded meta-analyses that evaluated the quality of research methods or research designs, animal experiments, research tool validation, book chapters, model or program evaluations, and studies with inconclusive claims. Additionally, articles that failed to clearly distinguish between substance abuse involving alcohol and tobacco versus illicit drugs (including cannabis) were also excluded unless they presented distinct and meaningful findings and insights. These screening criteria were established to maintain the focus and relevance of the review's findings. By doing so, we focused our review on studies that were directly relevant to our research objectives and had a high level of evidence to support their conclusions.

Based on the screening process stated above, a total of 437 records of drug issues were identified, including 78 BDF research projects, 134 academic publications on the Hong Kong drug abuse situation and 225 pieces of literature on drug abuse in places outside Hong Kong. Among the 134 Hong Kong studies, the data of 15 studies coincided with the BDF research projects, so they were excluded, and thus, the total number of records eligible for review was 422. Furthermore, 88 records were further excluded because they did not fit our research framework. Finally, 334 literature or research records were included in the review (see Figure 3.1).

The result of the systematic literature review is presented in Research Report No. 2.

Figure 3.1. Records of Systematic Literature Review



3.2. Individual and Group Interviews

The research team adopted individual interviews as much as possible to maintain the anonymity of the interviewees' identities, as the interviews might involve sensitive information. Informed consent was obtained from all participants before the interview. The researchers assured the participants that all data collected could only be accessed by the research team so as to encourage them to speak freely.

However, although most of the interviews were conducted in an individual setting, some participants felt more comfortable being interviewed with their intimate partners or friends by means of group interviews, which were conducted with a maximum of 4 persons to give sufficient opportunities for them to share their experiences and observations.

The semi-structured interview was adopted, and each interview ranged from 1 hour to 4 hours

depending on the depth of sharing, experiences in substance use, number of participants, and the mental or physical condition of the participants. Interview topics varied for different kinds of research participants.

Each participant was given a HKD500 shopping coupon as an incentive for each completed interview. The interviews took place at City University of Hong Kong or a venue preferred by the participants. If the interviewees felt comfortable, the interviews would be conducted by two interviewers, especially in those venues suggested by the interviewees.

The interview findings are reported in Research Report No. 3, 4 and 5.

3.3. Online Ethnographic Research

Online ethnography is a research method that investigates communities and cultures through computer-mediated interactions. This method was adopted to study drug abusers and their communities on online platforms in Hong Kong. It requires the researchers' immersion into these communities to observe the activities there for a sustained period of time (Hart, 2017). Adopting this research method in the present study, our researchers immersed into the online communities and groups as ordinary abusers, observed the activities there, located the drug-related posts via hashtags and emojis as informed by the literature review, and captured the drug-related conversations and interactions there. The research team has engaged with various online platforms, such as Facebook groups, Instagram pages, and telegram groups (see Table 3.1), which were selected based on the literature review about their possible linkages with drug dealing.

Table 3.1. No. of Online Engagements

Online platforms	No. of groups and pages engaged
Instagram	361
Telegram	70
Facebook	42
WhatsApp	4
Website (e.g., forums and chatrooms)	4
Mobile applications (e.g., dating app)	3

The findings of the online ethnography research are reported in Research Report No. 5.

3.4. Data Management

All interviews, if permitted by the interviewees, were audio-recorded. When permission was not sought, field notes were jotted down. The anonymity of the interviewees' identities was maintained at all times. Every interviewee was given a code, and their names were removed from any recordings. After each interview, two researchers verified the interview content and the interviewees' responses to cross-check their consistency before transcription. Qualitative data were transcribed into Chinese by research assistants, and the transcriptions were validated by the interviewer. All data were stored in computer files with access by password.

Readers can find the interview guideline in Appendix I of this research report. Moreover, a user manual with the title "*Semi-structured Interviews with Substance Abusers in Hong Kong: An Operations Manual*" can be found in Research Report No. 6, for the reference of those who want to conduct qualitative research on their own.

Chapter 4. Participants' Demography

Two kinds of sampling methods were adopted in the samples mentioned below. The first one was the purposive sampling method, which was used to identify the right targets for interviews on specific topics (e.g., policemen about law enforcement, drug dealers about drug dealing, etc.). The second sampling method was theoretical sampling, which was commonly used in grounded theory. That is, the research team continued to find participants in each of the target groups for interviews until data saturation was achieved and no new information could be revealed.

A total of 127 interviewees were recruited to share their experiences related to drug issues. All participants were assigned codes ranging from 001 to 127. Participants with codes from 001 to 059 used cocaine, ketamine, meth, ecstasy, and other traditional drugs. Those with codes from 060 to 107 mainly consumed cannabis. The final group, with codes from 108 to 127, consisted of frontline practitioners and law enforcers.

The research team reached 20 practitioners in the drug field to talk about their observations, including 17 social workers/counsellors from NGOs with drug rehabilitation services and 3 law enforcers from the Police Force and Correctional Services Department with direct experience in drug-related enforcement. They are 11 male and 9 female participants. In addition to frontline practitioners, there were 107 drug abusers and dealers who took part in the qualitative interviews. Among the drug abusers and dealers, 28 interviewees were recruited through NGOs, and 79 were recruited through the online outreach method. They were of various social backgrounds and adopted various drug-using patterns. Documenting their demographic characteristics will help provide useful statistics on the features of drug abusers and the nature of the drug-related activities, which will generate valuable insights into how drug intervention and rehabilitation can be conducted.

In this chapter, the demographic background and drug-using patterns of the drug-using participants are presented. This information is summarised in Table 4.1, followed by corresponding illustrations. Demographic background refers to the participants' social backgrounds and personal attributes (e.g., gender, age, employment, sexual orientation, relationship status), while drug-using patterns are referred to as their various drug-related aspects, such as the nature of drug-taking behaviour (e.g., types of drugs used, reasons for drug taking) and their treatment history. The data are also used to compare with previous reports funded by the Beat Drug Fund to see if there are any changes in the characteristics of drug abusers and drug-using patterns. Such descriptions of the participants' profiles will help generate a picture of what the current drug abusers are like.

Table 4.1. Demographic Background of Drug-Using Participants (N=107)

Variables (N=107)	%	N
Gender		
Male	62.6	67
Female	37.4	40
Age (N=100)		
Age 19 or under	3	3
Age 20-29	57	57
Age 30-39	31	31
Age 40 or above	9	9
Age of first intake (N=100)		
Age 19 or under	69	69
Age 20-29	29	29
Age 30 or above	2	2
Education (N=92)		
Secondary	55.4	51
Post-secondary	44.6	41
Employment status and occupation (N=96)		
Blue collar	28.1	27
White collar	21.9	21
Club and private venues	13.5	13
Student	10.4	10
Unemployed	10.4	10
Part-time/freelance	8.3	8
Drug dealer	7.3	7
Sexual orientation other than heterosexuality (N=16)		
Gay	87.5	14
Lesbian	12.5	2
Relationship status (N=73)		
In a relationship	45.2	33
Married	23.3	17
Single	21.9	16
Divorced	9.6	7
Have children	/	24
Religion (N=107)		
Did not mention	92.5	99
Yes (e.g., Buddhism, Christianity, Daoism)	7.5	8
Drug-using identity (N=107)		
Drug abusers	55.1	59
Drug user-dealers	44.9	48
Substance used* (N=107)		
Cannabis	76.6	82
Ecstasy	45.8	49
Cocaine (Coke)	43.9	47
Ketamine	43.0	46
Methamphetamine (“ice”)	39.3	42
Lysergic acid diethylamide (LSD)	26.2	28
“Happy water”	15.0	16
Nimetazepam	15.0	16
GHB (“G water”)	11.2	12
Psilocybin – magic mushrooms	8.4	9
MDMA	8.4	9
Codeine (Cough syrup)	7.5	8
Zopiclone	7.5	8
Rush poppers	5.6	6

laughing gas – nitrous oxide	4.7	5
Midazolam	4.7	5
Viagra	4.7	5
Ayahuasca	2.8	3
“Smile”	1.9	2
Magu	1.9	2
Heroin	0.9	1
Poly-drug use (N=107)		
Yes	82.2	88
No	17.8	19
Reasons for drug use* (N=107)		
Peer influence and social networking	79.4	85
Pressure relief	52.3	56
Positive feeling from drug taking	37.4	40
Influence by partner	21.5	23
Medical reasons	20.6	22
Curiosity	20.6	22
Spirituality (e.g., meditation, bizarre experience)	20.6	22
Sexual activities	15.9	17
Thinking (e.g., triggering alternative perspectives and in-depth intellectual discussions)	15.0	16
Familial reasons	11.2	12
Hip-hop culture	3.7	4
Access to drugs* (N=107)		
Friends	75.7	81
Dealer	29.0	31
Club	21.5	23
Online	21.5	23
Partner	7.5	8
Workplace	7.5	8
Drug store/pharmacy	6.5	7
Self (i.e., user-dealer)	4.7	5
Family member	2.8	3
Received treatment (including social and correctional services) (N=107)		
Yes	48.6	52
No	44.9	48
Unknown	6.5	7
Types of treatment received* (N=107)		
Services provided by NGOs	29.0	31
Received services from social workers	26.2	28
DATC of Correctional Services Department	23.4	25
Received treatment from hospitals	17.8	19
Relapse (N=89)		
Relapse after self-cessation	52.8	47
Relapse after treatment	47.2	42
Desistance (N=101)		
Complete desistance	24.8	25
Mild relapse despite the intention to quit drugs	17.8	18
Occasionally taking drugs	43.6	44
Had desistance but relapsed to regular use	13.9	14
Hidden drug abuse experience (N=89)		
No	57.3	51
Yes	42.7	38
Changes in drug use during the pandemic (N=60)		
Increase in drug use	40.0	24
No change	28.3	17
Decrease in drug use	13.3	8

Others (e.g. started using during the pandemic, experienced an initial increase followed by a decrease, increased the frequency but not the quantity of use, or did not keep track of their usage)	18.3	11
Changes in the drug market during the pandemic (N=29)		
No change	37.9	11
Decrease in drug-dealing activities	37.9	11
Increase in drug-dealing activities	24.1	7
Relationship with triads* (N=107)		
Have friends who have triad background	14.0	15
Have triad background	12.2	13
Have family who have triad background	8.4	9
Have partners who have triad background	8.4	9
Perceived triad controls over drug supply (N=73)		
Yes	83.6	61
No	16.4	12
Cross-boundary/cross-country drug use (N=27)		
Use/have used drugs in other countries	55.6	15
Plan to use drugs in other countries	44.4	12

* Multiple answers allowed

4.1. Demographic Background of the Participants

Gender, Age, Education Level, and Employment Status

Among the 107 participants interviewed, more than 60% of them were male (62.6%, N=67). This finding is consistent with previous reports that drug abuse is a male-dominated phenomenon (e.g., Laidler et al., 2001; Lam et al., 2004; Lau, 2003; Tsui et al., 2011), with more male drug abusers than female counterparts.

Among the 100 participants who reported their age, more than half of them (57%, N=57) were in the age range of 20-29, while 40% (N=40) of them were aged 30 or above. For their age of first intake, it was mainly at age 19 or under (69%, N=69); only 31% (N=31) of the participants took drugs in their 20s or 30s. These two figures reflect that: 1) the drug abusers started using drugs at a young age, usually at adolescence, which is consistent with the findings of previous reports (e.g., Cheung et al., 2003; Sung, 2001); 2) the participants generally had a fairly long drug-taking history, which might be around 10 years or more.

Among the 92 participants who reported their education level, most of them had an education level of secondary (55.4%, N=51), whilst 44.6% (N=41) had a post-secondary education level. None of them had merely a primary education level. This shows that drug abusers do not necessarily have a lower educational level; rather, the drug abusers are of a fairly high education level, which was slightly different from some of the previous findings that, for example, a higher proportion of the

participants (>60%) completed secondary education than those who attained tertiary level of education (<15%) (Zhong et al., 2008). Such a finding reflects that education has become universal, and drug taking might have been normalised by the drug abusers with higher educational background.

For their employment status, only 20 participants (20.8%) reported that they were students or unemployed, meaning that most of the participants earned income through work. For their types of occupation, half of them (50%, N=48) were either white-collar or blue-collar workers, with slightly more of them working in blue-collar jobs (28.1%, N=27) than white-collar jobs (21.9%, N=21). Slightly more blue-collar drug abusers than white-collar ones were found, probably because the nature of the blue-collar occupations (e.g., construction) exposed workers to more danger than their white-collar counterparts. For the others, some of them worked as drug dealers (7.3%, N=7), and some of them worked in clubs and private venues (13.5%, N=13). Moreover, 8 participants (8.3%) reported working part-time or as a freelance worker. Besides, two participants (1.9%) mentioned that they were social workers, implying that the helping professionals can also take drugs despite their knowledge of the drug harms and the consequences of drug abuse.

Sexual Orientation and Relationship Status

Regarding sexual orientation, 16 out of 107 participants (15.0%) reported being gay or lesbian. Notably, the gay population (N=14) outweighs the lesbian population (N=2) in this study. Due to the small number of lesbian participants, the subsequent discussions on sexual minorities focus more on the gay population, specifically Men Who Have Sex with Men (MSM). The sexual minority groups of drug abusers were seldom studied in the previous reports funded by Beat Drug Fund — only one report entitled “Situations and associated factors of psychoactive substance use among men who have sex with men in Hong Kong” (Wang et al., 2019) studied the drug-taking behaviours among gay MSM. Wang et al. (2019) outlined some drug use patterns of sexual minorities that: 1) these individuals engaged in the combination of popper, Methamphetamine, and G water, which were rarely reported in ordinary drug abusers (combining the use of cannabis, ice, ketamine, ecstasy, or cocaine) (e.g., Sung, 2001; Zhong et al., 2008); 2) these individuals used drugs for enhancing experience of sex (Wang et al., 2019); and 3) they had low utilisation of drug treatment and rehabilitation services due to issues of stigmatisation and privacy (Wang et al., 2019). The drug use among gender minorities is likely to be distinctive from other ordinary drug abusers.

Regarding their relationship status, the participants were in different statuses, including “single”, “in a relationship”, “married”, and “divorced”. Those who were “in a relationship” (45.2%,

N=33) and "married" (23.3%, N=17) were of a majority of the cases, compared to those who reported themselves as "single" (21.9%, N=16) or "divorced" (9.6%, N=7). And 24 of them had children. This showed contrasting results from some of the reports (e.g., Tam & Tang, 2010; Tang et al., 2006; Zhong et al., 2008) that more than half (>50%) of the drug abusers were single or not married. This might imply that drug-taking might occur due to being alone or lonely but can take place among individuals under the influence of other people, such as family and spouses.

Religion

With regard to their religion, 8 participants (7.5%) mentioned their religion, such as Buddhism, Christianity, and Daoism, while the remaining majority did not mention their religion. This finding did not show any significance of religion among the drug abusers.

Identities

More than half of the participants (55.1%, N=59) only used drugs, while the others were drug abusers who had taken part in drug dealing (44.9%, N=48). This shows that drug dealing is common among drug abusers, in which they can get access to drugs and earn income from selling drugs. Engaging in drug dealing themselves might reinforce their drug-taking behaviours because it can help them get access to drugs and earn money to buy drugs. Among the 48 user-dealers, 9 of them (18.8%) reported that they had engaged in online drug dealing.

4.2. Drug-Using Patterns of Participants

Types of Drugs Consumed and Reason for Drug Abuse

Among the 107 participants, 88 of them (82.2%) engaged in poly-drug use, showing that poly-drug use is common. This finding is consistent with previous reports that drug abusers mostly engaged in poly-drug use (Lam, 2023; Zhong et al., 2008). As shown in Table 1, participants took a variety of drugs. 21 types of drugs taken were reported, such as Methamphetamine, LSD, cocaine, ketamine, cannabis, GHB, codeine, and MDMA. Among all the kinds of drugs reported, cannabis (76.6%, N=82), ecstasy (45.8%, N=49), and cocaine (43.9%, N=47) were the three most frequently reported drugs, followed by ketamine (43%, N=46) and methamphetamine ("ice") (39.3%, N=42). Only 1 case (0.9%) reported using heroin. This finding shows that the drug trend has changed. Different from previous reports, which noted that heroin use, followed by psychoactive substances (ice, ecstasy, ketamine), was the drug trend at the turn of the century (e.g., Laidler et al., 2001), cannabis has now become the prevalent drug. Moreover, 5 out of 8 participants (62.5%) reported

using cannabis/weed during foreign study/exchange, implying that the normalisation of cannabis use in other countries might encourage the drug-taking behaviours of some participants.

Among the various reasons for drug abuse, peer influence and social networking were dominant (79.4%, N=85), followed by pressure relief (52.3%, N=56) and the positive feeling from drug taking (37.4%, N=40). This finding is consistent with previous reports that peer influence, as well as coping with daily life stress and adversities, are the main reasons for drug abuse (Laidler et al., 2004; Wong & Youth Crime Prevention Centre of the Hong Kong Federation of Youth Groups, 2023).

Regarding their access to drugs, friends served as a dominant source (75.7%, N=81), followed by dealers (29%, N=31), clubs (21.5%, N=23), and the internet (21.5%, N=23). This finding supports the significance of peer influence and social networks in drug abuse and drug-related activities, as stated in previous reports: Drug abuse was instigated by the drugs available among friends (Sung, 2001). Also, the prevalence of the internet and technological advancement appears to have facilitated drug-related activities and transactions.

4.3. Treatment and Relapses

Almost half of the participants (48.6%, N=52) expressed that they had received treatment from various institutions such as DATC of the Correctional Services Department (23.4%, N=25), NGOs (29.0%, N=31), and hospitals (17.8%, N=19). Despite this, relapses during treatment were quite common (47.2%, N=42). Among the 101 participants who reported their frequency of drug abuse, only 25 of them (24.8%) reported having completely desisted from drugs; more than half of them (57.5%, N=58) still took drugs occasionally or frequently. This finding is consistent with previous reports that relapse was commonly found among drug abusers/drug rehabilitants (Cheung et al., 2003; Zhong et al., 2008).

4.4. Hidden Drug Abuse Experience

Among the 89 participants who had responded to questions related to hidden drug abuse, 38 of them (42.7%) reported to have engaged in hidden drug abuse. These findings are consistent with the previous reports that hidden drug abuse was noted as an issue and had been a drug trend since the 2010s (Leung & Fan, 2018). With the internet becoming a platform for drug transactions, it is predicted that hidden drug abuse will continue to be a drug trend.

4.5. Drug Abuse and Drug-Related Activities during the Pandemic

The pandemic of COVID-19 appeared to bring about changes in drug abuse and drug-related activities. 24 out of 60 participants (40%) expressed an increase in drug abuse during COVID-19. Also, 7 participants out of 29 (24.1%) observed an increase in drug-related activities during COVID-19, such as more drug supply, more drug-related venues, and more drug transactions. For example, participants expressed that during COVID-19, “people were stuck at home; they could not travel or take part in social gatherings, thus engaging in cannabis use”, and “more people took drugs as buying drugs became easier”. Such findings are consistent with a previous report that “closure of social and recreational venues had a limited impact on acute drug toxicities” (Lam, 2023, p. 6). While the pandemic and the corresponding closure of drug-related venues might bring about changes in drug abuse and drug transactions, it does not necessarily lead to a cease in drug abuse.

4.6. Triads and Drug-Related Activities

Among the 107 participants, some of them had connections with triad society. As reported by the participants, 12.2% of them (N=13) had a triad background; 14% (N=15) had friends with a triad background; 8.4% (N=9) had family members and partners with a triad background, respectively. Moreover, 61 out of 73 of the participants (83.6%) reported that triads controlled drug-related activities. These findings echo a previous report that triads were related to the supply of drugs (Sung, 2001), suggesting that anti-drug intervention may need to consider the combat of triads.

4.7. Cross-Boundary/Cross-Country Drug Abuse

Furthermore, 15 out of 27 participants (55.6%) reported that they had used drugs in other countries, while 12 out of 27 participants (44.4%) even planned to use drugs in other countries in the future. This finding is consistent with the previous reports about cross-boundary drug abuse (e.g., Lau, 2003), showing that cross-boundary drug use continues to be a concern.

4.8. Conclusion

To conclude, the participants’ profiles in this study showed both similar and different patterns compared to the previous reports of Beat Drug Fund. Regarding similar patterns, the participants in this study: 1) are mostly male; 2) are poly-drug abusers; 3) start using drugs in their adolescence; and 4) experience relapses despite having received treatment. Also, hidden drug abuse and cross-boundary drug abuse continue to exist.

Regarding the different patterns, the participants in this study 1) have a higher level of education and 2) largely use cannabis. Besides, there are some issues which have not been noted or

documented in detail in the previous reports funded by Beat Drug Fund: 1) helping professionals take drugs too; 2) the drug-taking behaviours and patterns among the sexual minorities (LGBTQ+); and 3) the effect of the internet on drug-related activities. In the following chapters, these areas will be explored to enrich the knowledge base of drug-related research and enhance the understanding of different groups of drug abusers.

Chapter 5. Overview of Drug Situations in Hong Kong

5.1. Introduction

Hong Kong stands at a unique crossroads in the global drug landscape. As a bustling metropolis known for its vibrant nightlife and as a nexus of cultural exchange, it presents a complex environment where the social, legal, and health-related facets of drug use intertwine intricately. This chapter delves into the multi-dimensional aspects of drug use in Hong Kong, exploring not only the prevalent substances and their health implications but also the broader societal frameworks that explain such a situation.

This chapter will provide a comprehensive overview of issues, including early exposure, different patterns among generations in drug use, drug accessibility, recent changes in attitudes and perceptions of drug use, and issues in current law enforcement practices. The discussion will be grounded in the responses from drug abusers, dealers, and practitioners. By examining the intricate relationship between drug use and Hong Kong's dynamic socio-economic and cultural fabric, this analysis seeks to contribute valuable insights.

5.2. Overall Trends

Higher Drug Price

In general, there is a discernible trend where the prices of drugs are escalating while their quality is concurrently degrading. This deterioration in drug quality, regardless of the type, presents a significant shift from previous drug effects, where higher prices typically correlate with superior quality. This disjunction is particularly noted in substances like Ice, where abusers report a stark decline in drug effects. Past experiences described drugs inducing a strong effect almost immediately upon consumption, a stark contrast to current experiences where even minimal use can result in severe psychosis symptoms.

總之就是沒有以前那麼精神。以前不是這樣的，到後期的「冰」吸食的時候不會專注在地上幾個小時的，不會的。(013)

貴，當然是越來越貴。(020)

「茄」，對的，現在那些吃得笨笨的，以前那些是飄的，現在那些不是那些東西來了。(028)

Continued Rise of Drug Abuser Population

However, under such trends, the drug use population did not go down, especially the young people. The number of desisted drug abusers can never override the number of people engaged in drug use. This raises substantial concern about the drug situation in Hong Kong.

販毒其實每天都嚴重的。舊那一批人不吸食，又有新一堆人吸食的。(027)

越來越多人玩。因為說真的，你一直有吸食的你沒有甚麼特別事情，你都不會戒的。說真的，十個可能有一個戒了，你有一、兩個戒了，但是六、七個開始吸食，那麼數目都還在的。只會越來越多人吸食。(048)

Young People's Early Exposure to Drug Use

The increasing prevalence of drug use in Hong Kong is significantly influenced by cultural norms and settings, particularly within the youth and nightlife sectors. In contrast to older adult abusers, current younger generations are exposed to a wider variety of drugs at an earlier age.

Participants responded that young drug abusers appeared in certain social circles and entertainment settings, like clubs and parties. For example, many drug abusers and dealers mentioned instances of young people, as young as 14 and 15, addicted to drug use predominantly in club settings, where substances like Ice (methamphetamine) and cocaine are commonly distributed.

基本上你去那種場所見到 14, 15 歲的基本上全部都是食「可樂」的。你一旦拿煙出來，她們就會問可不可以吸一口。(055)

Particularly alarming are reports highlighting the presence of adolescents as young as 11 and 12 years old who are not only exposed to these substances but are becoming addicted.

我最小的契妹，她玩的時候才 11-12 歲。但原來她識我之前已經有玩的了。(025)

小到甚麼年紀？十二歲，十一歲半也有的。(053)

The normalisation of drug use in these settings is often facilitated by peer dynamics and the club culture itself, which collectively diminish the perceived risks associated with drug consumption. Such an environment also becomes fertile ground for more sinister activities, such as the

manipulation of young individuals into prostitution or escort services under the influence of drugs, as noted in reports of criminals using drugs to control young girls for financial gain.

當然有啦，很多啊。夜總會也有那些十三歲出來做坐枱、援交也有的。以現金派發薪金，沒有牌照那些酒吧有很多的。(053)

我們大家中學都是沒有吸食過的。但是，反而這幾年我們都見到是越來越年輕化的，已經入了去中學的了。以前沒有。(070)

Besides, participants even reported their witnessed secondary students being employed by drug traffickers to transport substances, highlighting a grave trend of involving in illegal activities. The implication here is not only the early onset of drug use but also the potential for significant disruption in the developmental trajectory of these youths, encompassing both their social and academic growth.

我試過有一次在酒店，我叫東西 (毒品)，那個伙計送東西來，他裡面那個真的好像…在駕車那個好像十五、六歲，後面一班好像就中一、二那樣，很年輕的。(014)

多了很多年輕的人「撈嘢」。現在被抓的那些全部都是十幾歲。……因為我們知道後果會是怎樣，但他們不知道，沒有試過。而且很多人會哄他們「第一次初犯沒有事的」或者怎樣，騙他而已。只有一千多，幾百元也可能覺得很多會去做。即是千五元就做「衝關豬」了，很好笑的。(021)

The phenomenon is not confined to any particular educational or socioeconomic background, indicating a widespread cultural acceptance of drug use among various youth groups, including university students. Such trends are reinforced by social perceptions of drug use as something trendy and part of social interactions, particularly among teenagers who are increasingly viewed as integrating drug use into their social activities.

通常這些吸毒一定是受朋友影響的，我想有八、九成年輕人都是受朋友影響的。可能這個朋友認識人，譬如可能去一些酒吧，去那些 disco。那麼你通常是今次帶了一個朋友上去，那個朋友下次又不知道帶了哪個朋友上去，這個是蔓延得很快。好像一些壞的細胞那樣，擴散得很快的。(014)

中學這個時代就最容易獲得資訊，我小時候智能手機還未那麼廣泛，都未有那麼多資訊可以讓你知知道出來玩甚麼。現在你在學校，隨便便接觸到。(104)

The responses also touch on specific subgroups within the youth, such as men who have sex with men (MSM), where drug use is reported to be particularly prevalent and initiated at young ages, facilitated by social platforms and gatherings specifically targeting these groups.

有些十幾歲都出來 chem fun 了。不是我叫的，是那些場主叫的。因為免費，有時候不收他錢，他是「0仔」，還年輕。他主要是為了毒品，其次就性。(020)

Peer pressure, the influence of social media, and potentially lax attitudes towards drugs within certain groups are influential factors. There's an underlying theme that the environment in which youths grow up, and the behaviours they observe can significantly influence their attitudes towards drugs. Moreover, dating apps and the prevalence of online discussions on drug use boost the chances for early exposure to drugs as well, especially among the MSM population and youth (discussion in another report).

Victimisation of Young People

Participants have reported several cases of victimisation. Although these cases may not fully represent the broader situation of drug use in Hong Kong, they serve as an important alert, drawing public attention to potential risks.

1) School Bullying

A troubling dynamic within some school environments was revealed where drug use is intertwined with bullying and coercion faced by adolescents. Two participants reported that a school bully forced the victim to take cocaine. This behaviour indicates teenagers gained access to drugs when they were very young and also an immature attitude towards drug use.

欺凌他然後強迫他吸食，應該不只一次。雖然沒有上癮，但有不好的影響，例如可能反應會變慢了。(061)

我小時候比較自卑，在學校被欺凌。五年級就被一些欺凌我的朋友在球場裡被迫吸毒。(115)

Forcing someone to consume cocaine as a form of bullying demonstrates a severe manipulation of power and control. This not only physically abuses the victim by introducing them to potentially

harmful substances but also exploits their vulnerability, potentially leading to significant emotional distress. The coerced use of cocaine can result in immediate and long-term health consequences, and the victims may need to undergo drug treatment.

The vulnerability of youth to drug use, exacerbated by many factors, such as family pressure, economic hardships, and early maturity etc., was highlighted.

很多原因，有些就家庭壓力，有些就可能自小家庭就窮困，早熟，被男朋友拋棄。甚至我見過最傻的小妹妹就是差一分合格，從此墮落。她不停吃「可樂」，吃「可樂」可以忘記這樣那樣。真的傻。(104)

This suggests a tragic cycle where pressures from the storming period of adolescence, compounded by the availability of and exposure to drugs, lead to substance use as a misguided attempt to escape from or cope with life's challenges, suggesting that school measures aiming at mitigating these risk factors and helping the adolescents are crucial.

2) Nightclub Deception and Coercion

In the context of the nightclub environment, a scenario has been emerging that involves the manipulation and exploitation of young girls as well as deceptive and coercive methods.

我們年少時也不會出賣自己來吸毒，但現在 12、13 歲的女孩就會為吸食可樂出賣自己的身體。第二樣不同的是以前我們出面玩的女仔是會很講義氣，現在出面玩的女仔都是很奸狡的，會想盡辦法欺騙你。偷呃拐騙又有，出賣自己又有，總之十分不正常。(039)

被捉的話是他們(未成年人)被捉的。如果被捉的話，被判進去坐監很久的。所以騙這些未成年人，說安家費有多少錢，但其實到他們被拘捕的時候，有些人是沒有安家費的。(053)

Drugs are used as tools for coercion into sexual activities, where individuals, often female, are lured into situations under the influence of substances. This can lead to sexual assault and exploitation, with drugs being used to incapacitate victims and manipulate them into compliance.

現在真的變了，有很多女生是為這東西而出來做這種上床的事。你見到的在場所中 14、15 歲的根本沒能力食這東西，但可能有些男生被告知，「你有『可樂』就可以叫到少女出來了」。令到那些食「可樂」的少女越來越年輕。(056)

我下面的人也試過用「可樂」哄女孩入局。首先喝酒，她喝醉了酒，很多時都會想試毒品。你給她一支煙都會想食，主要是她都已經醉了，一個人落單最可憐。所謂「可樂雞」就是這些。(104)

The term "coke hooker" is a derogatory term used to describe individuals who fall victim to this pattern of exploitation, wherein they are initially lured with free drugs and alcohol but later find themselves in compromising or dangerous situations due to their impaired ability to make consensual decisions.

Shakely, girls (as young as 11-12 years old) were reported to be sexually exploited because the males have a virgin complex (053 & 104). Unfortunately, given the illicit nature of their activities, the victims can never be able to access proper support, pushing them to further exploitation. The transactional nature of these interactions, where drugs are exchanged not just for money but also for sexual favours, adds a layer of complexity to the issue, blurring the lines between consensual and non-consensual encounters.

即是有時有免費妓女。食到不願走，被人強姦。因為你不給錢，不給錢就是這樣。但有些想追求你，一開始就會用毒品引誘你。就讓你試一些。其實很多被人騙的女生，沒有人會報警的。因為知道他們有背景。你自己上去也是吸毒，為何還會報警？(008)

Financial incentives play a crucial role in this dynamic, with significant sums of money being exchanged for the company of young ladies. This money exchange is couched within the broader allure of the nightlife, where young ladies are drawn to the glamour and the promise of easy money.

很多時候夜總會或無牌酒吧，都用毒品去控制女生。這是一個很慣常的伎倆，只付數百元。有些女生追求名牌都不會要你幾百元吧。她們出來玩，可能有些人會付她們更多錢來陪坐，可能千五、二千元，甚至三千也有。(053)

我不會去這些毒場，但有些貪玩的小妹妹為了賺錢一定會去。很高價，你想想她一晚賺八千元。有些一晚三、四千，八千都有。八千就一定包括性交、包「出桌」，給你房間，或者帶女生走。(104)

Such financial incentives are not only indicative of the commodification of young ladies but also highlight a disturbing normalisation of these immoral practices within the culture of the entertainment establishments. This substantial earning potential can lead to a situation where young

ladies, some of whom might be under financial duress, are lured into a cycle of dependency and exploitation, often without clear avenues for escape.

只要有心戒，一定戒到。她自己認識多了人，懂得變通，慢慢晉升上去，一定有人找她合作。她有女，她可以做媽媽桑。但都是繼續在這個行頭，脫離不出去，但她覺得無所謂。你去做一份 OL，也是錢的問題。(104)

Even if participants witnessed such a problematic situation, they reported that they did not have a proper role to intervene in such social settings.

不關我們事，我又不是你媽又不是什麼，即是不能管教你的。你自己必須經過「出來玩就要預了發生這樣的事」。我們去就是玩，但是自己不去理別人的事，當然我會望見、我會知道，但根本不會是我們去出聲的。(056)

The discourse reveals a general *laissez-faire* attitude among participants in these environments, where the general attitude is that intervention in such matters is neither required nor welcomed. This lack of intervention is rationalised by a cultural stance that what happens within the club is part of a tacitly accepted social contract — a dangerous perspective that allows such exploitative practices to persist unchallenged, further entrenching the exploitation of vulnerable individuals in these settings.

5.3. Drugs Used by Different Generations and Groups

In examining the dynamics of drug use across generations, there is a notable distinction in the types and patterns of drug consumption between younger and older abusers in Hong Kong. This distinction not only reflects a generational shift in the choice of substances but also highlights the evolving social and cultural contexts influencing drug use behaviours.

Drug use is not merely a deviation among young people. The aged population also reported being actively engaged in nightlife and drug use, which contradicts common perceptions that drug use is predominantly a youth activity. Participants reported, “Those uncles and aunties took Cocaine too” having witnessed groups of 50-60 years old people going clubbing and taking drugs. Interestingly, this group includes a diverse socioeconomic spectrum—from affluent individuals who can easily afford these drugs to less fortunate ones who might rely on others' generosity to obtain substances. This implies that drug use among older adults spans various social strata, challenging

the idea that drug abuse is more prevalent among adolescents, compared to other age groups (e.g. Nawi et al., 2021; Luikinga et al., 2019).

那當然有些是有錢的阿嫂、阿什麼，沒錢就在旁邊求施捨 (055)

年輕人也算多的，但有些樓層真的是專門給比較大年齡的客人 (056)

The drugs of choice among this group tend to be those with a long history of use, such as cocaine and Ice, suggesting a continuity in the drug culture that has persisted through decades. Their drug use at clubs points to a continued desire for socialisation and participation in leisure activities that defy typical age expectations.

In stark contrast, it has been observed that younger individuals are increasingly gravitating towards what is referred to as 'new generation drugs' such as cannabis, LSD, mushrooms (蘑菇), Ayahuasca (死藤水), and MDMA in this research. The allure of these substances among the youth can be attributed to their perceived less severe effects and how they are glamorised through cultural trends and globalisation influences.

While cannabis remains a staple among these new generation drugs, other substances like LSD and MDMA are not typically used as primary drugs within this group. Participants in the study expressed that the effects of these substances diminish with frequent use, necessitating a period for the body to metabolise the residue of drugs. This phenomenon prevents these drugs from regular use, as achieving the desired effects requires a significant resting period. For example, participants noted that a gap of at least three weeks is necessary for LSD to regain its full potency. Consequently, this leads to intermittent use patterns among young abusers.

If young individuals are engaged in night clubs and initiate drug use, they are likely to use cocaine and ketamine instead of those new generation drugs, as observed by participants. This preference can be attributed to several factors, including the drugs' availability, the immediate and intense highs they produce, and their cultural association with nightlife and party environment.

年輕人的市場超多人食「可樂」，太容易得到這東西了，十多歲已經食「可樂」。(011)

因為你持續都有去這些地方的。對年輕人來說，那些地方是好玩的，難道你去圖書館會覺得很 high 嗎？這些就是為甚麼我覺得會越來越擴散得這麼快的原因，就是有這些地方，這些地方太方便了。(014)

十二歲已經吸食「可樂」。我身邊主要都是可卡因(co)和「冰」，或者其他東西。(027)

The availability of drugs is significantly enhanced by the social acceptability of drug use in certain circles, which also perpetuates their use. This social acceptability is further complicated by the peer influence prevalent among young people. Young individuals are often introduced to these drugs during social gatherings or in settings where their peers already normalise drug use. The influence of friends and the desire to fit in can make drugs like cocaine and ketamine more appealing. Young people are observed to engage initially as bystanders and may later participate actively due to peer influence and the desire for social conformity.

年輕人想合群一點，即是朋友的影響還是大一點。正常反叛期你不會長期在家的，長期都和朋友在一起。如果朋友食，第一二次你就只望着他們食，之後朋友問你，你就會食啦。(026)

These youth are more at risk of being exploited and victimised by criminals because of their intense cravings for cocaine and ketamine. Criminals utilise their addiction to these drugs to engage them in illegal activities, such as prostitution, drug trafficking, carrying out tasks for triad members, taking the blame for crimes, and transporting goods. This exploitation is deeply rooted in the vulnerability of the addicted individuals, who may see no other choice but to comply with criminal demands to sustain their drug needs.

很多的年輕人吸食「可樂」、K。食到上癮要出來做坐枱、援交。(053)

Conversely, older adults tend to use what can be termed as 'traditional drugs', including ketamine, cocaine, ice, and "happy water" (a concoction typically mixed with dissolved ecstasy, ice, diazepam, and ketamine), reflecting a continuity of older drug use patterns that have been entrenched over decades. Cocaine, ketamine, and ice are all ranked as the most prevalent in use by different participants, implying that these substances all have a significant number of abusers in the current Hong Kong drug population.

「K仔」還很流行的，我見出面那些十五、六歲，十六、七歲。一包「B」那樣五、六、七個人分。(014)

現在最多是冰、大麻。可能因為冰是自己在房間裡也可以吸。(021)

香港的人最主要都是吸食「可樂」，現在的人最喜歡就是吸食「可樂」。(048)

Adult abusers typically select their primary drugs based on the cost, ease of consumption, and the immediate pleasurable effects they experience. They may switch to different drugs if they perceive significant negative consequences (e.g., health and financial) from their current choices.

之前那些就吸白粉多，現在那些多了吸可卡因，K 也有。但可能有些「嘍仔」說「你這麼落伍」，即是吸「茄」老套。但是可卡因那些年輕化，而且很容易會上癮。其實是心癮，即是它很強烈地回味那種感覺。(002)

很多食冰因為便宜，很多食可卡因食到沒錢就食冰毒，食了冰毒就不食可卡因。(012)

「冰」(ice)。因為最簡單，最方便，亦都不會有些甚麼等級(level)。譬如我要先吸食那樣東西，你處理好了才可以吸食這樣東西，沒有的，沒有掣肘的。隨時好像吸煙那樣，太簡單。還有吸「冰」的工具，那個壺和咀在廟街滿街都是，不犯法的。(029)

Ecstasy and MDMA are perceived differently by the two generations. The younger generation views MDMA as a purer form, whereas they consider ecstasy to be a mix of various unknown substances. Adult abusers are likely to take ecstasy accompanied by other drugs, such as cocaine and ketamine, rather than use it alone.

風險是減少一點的，因為有一些真的頗危險的。譬如 MDMA，人們會誤解它可能是「搖頭丸」。它們的分別就是「搖頭丸」入面混合了很多不同的成份，而可能是有「冰」、可能是有 EMA。和 MDMA 有一些相似的份子結構，但是又不完全相同，但是就會很少的用量就會致命，就會很危險的。(087)

可能 MD 我自己覺得是年輕男女下去玩，又或者去一些戶外派對(outdoor party)，有一些不就在荒山野嶺打碟那些的。我有一個同事是有去過那些 Party 的，見過有很多人在使用搖頭丸(pop 嘢)，或者吸食大麻(smoke)。我是覺得因為現在的歌才流行起來。現在有些人是能夠從歌裡看到使用搖頭丸(pop 嘢)，還是怎樣的。我覺得還是有可能從這些途徑才再次流行起來。(107)

Despite these differences, both generations prefer environments with heavy-beat music because it enhances the effects of MDMA and ecstasy use. Additionally, these settings provide communal and sonic auditory experiences that foster peer influence, significantly contributing to the initiation and continuation of drug use.

Notably, heroin and codeine (咳水) use is very limited. While heroin may still be prevalent among foreigners, it is seldom used in the Hong Kong population. For codeine, abusers often consume it in concealed settings like the back staircases of buildings.

真是有二十多歲的人食白粉，不過多數都是那些尼泊爾人。(011)

我以前去藥房買咳水的時候，反而見到大部份都是中年，而且他們也不是做髮型行業的，應該都是做駕車運輸行業的。(050)

都是一些老一輩才會喝咳水的，其他那些通常都會吸食大麻多一點，或者大麻花。(054)

Due to concealed consumption, the downward trend in codeine consumption is questioned, especially when considering its discreet usage and assessment through traditional channels. Moreover, abusers typically consume it quickly after purchase, sometimes transferring it to another bottle and discarding the original container to avoid detection. 107 believed that codeine use was subtly increasing among young populations, particularly considering the prevalence of using "Lean" in foreign countries.

Some participants even reported their association with secondary and primary teachers who use mushrooms, cannabis, and LSD, posing a remarkable threat to the school setting.

你可知道最誇張的是什麼？一位中學老師和一位小學老師，他們上來時拿出兩粒「菇」，「我上次不知從哪裡拿回來的。要一 joint，加一張 LSD」。一位是中學老師，一位是小學老師，就在那邊吸起來了。(072)

我甚至知道很多 Sir，Miss 他們自己有吃大麻....。因為他們有些外國回來，留學回來，他們都覺得沒事。(104)

The risks associated with drug use, particularly when done irresponsibly as highlighted by the anecdote of an individual driving under the influence, remain a concern.

他是 Uber 司機，有次向我分享：「我邊吸食 LSD 邊載客。」嚇得我，我直接罵他是不是瘋了，不害怕嗎？「沒有，之前開車我也用了。」有些人的價值觀可以這樣。(072)

The MSM population often combines the use of poppers with erectile dysfunction drugs (e.g., Viagra) and stimulants (e.g., Ice). MSM participants reported that cannabis would also occasionally

be presented at Chemfun parties, which use drugs to facilitate sexual activities with multiple partners. This combination is frequently used in high-risk sexual settings, reflecting both the unique socio-cultural dynamics and the heightened vulnerabilities within this group. Their drug use is inseparable from their sexual activities, creating a significant barrier to desistance (further discussion in another report).

Other reported substances include nitrogen oxide (笑氣), mephedrone (麻古), diazepam, synthetic cannabinoids (合成大麻), betel nuts (白瓜子), and GHB, indicating a diverse drug landscape. Nitrogen oxide and synthetic cannabinoids are specifically introduced by individuals who have drug use experiences in places outside Hong Kong. However, these substances are typically not the main drugs of choice but are used occasionally to enhance the effects of primary drugs or for specific events such as birthday parties or music festivals.

5.4. Accessibility to Drugs and Blind Spots

In general, participants have reported overall easier access to drugs, regardless of the new generation drugs or traditional drugs.

19、20 年開始越來越多，不只我這個年紀，再年輕點，大專，18、9 歲也有。我覺得因為容易買了，渠道多了。(085)

Social Media

If an individual is interested in drug use, he/she can simply search on the Internet and join some private groups or pages to buy drugs. Many participants even reported a practice of sharing drug prices through communication apps.

其實這麼多年以來，現在的賣家算得上百花齊放。現在時下年青人也是用 Instagram 賣，反而 Facebook 較少。(071)

整件事都普遍了。以前主要是白粉和「K 仔」那一些，比較難到手一點，現在反而容易接觸到這樣東西。現在容易了。通訊、資訊發達了，其實你打電話，甚至 WhatsApp，已經可以網上接觸到資訊，反而以前網絡沒有那麼普及的時候，不是每一個人都買得到，所以就很難接觸到，朋友的各種圈子比較細。(076)

Participants with a long history of drug use have still been shocked by this new practice. In the old days, drug dealing could only be conducted with those people who could be trusted because of their

illicit nature. However, the anonymity in some communication apps reinforces drug dealers to reach strangers, which also means people interested in drug use gain more access to drugs.

我自己試過電話收到訊息，我真的不知道他是誰。但是他可以把價目表傳送給我……。
我知道我電話簿沒有這個人，我覺得這樣也是很猖狂的一件事。我不知道他是會亂發送還是怎樣。(021)

Particularly when communication became easier with strangers along with technological development, drug dealers can reach out to clients anonymously. This promotes accessibility to people interested or uninterested in drugs.

Entertainment Venues

According to the participants, discos, nightclubs, and private clubs are still the main venues for them to initiate drug use and access to drugs. The crackdown on discos in Hong Kong led to a displacement of the clubbing to the Mainland rather than curtailing it. Many participants reported travelling from Hong Kong's discos and nightclubs to Shenzhen to continue their involvement in drug use and nightlife activities. Despite the severe penalties for drug use in the Mainland, which deterred some from continuing their drug habits, the entrenched clubbing culture still posed a high risk for drug use whenever substances were accessible.

以前在我那個年代很流行回大陸玩。那些場地裡也多香港人。那時有 12、13 歲，但大陸不會查身份證，香港才會查。那些場地也是有持牌的，好像香港那些一樣。但香港那些是酒吧，大陸那些不是酒吧，是 disco。(007)

Most participants merely suppressed their addiction rather than quitting entirely. Consequently, the demand for drug-related activities fostered the growth of private clubs, hidden discos, and private parties. This shift not only drew people back to Hong Kong but also shaped the hidden trends in contemporary drug use.

When these drug-using venues were re-established in Hong Kong, they were mainly located in industrial buildings, which signifies a major shift in the landscape of drug consumption and distribution. This change is primarily driven by the necessity to evade law enforcement, which has become increasingly vigilant in its crackdown on drug activities within licensed establishments. As a result, drug distributors and abusers have migrated to less conspicuous locations, which often lack formal surveillance and make it difficult for police detection.

我想其實一幢工業大廈大概有三四間也不出奇。(004)

又很難好像 Disco 那樣全部都禁止。不知道政府有什麼政策可以做到這樣。Disco 那些要申請牌照，不批牌照才全部禁止，但是現在全部都轉到了樓上 party room。工廠大廈那些 Party room 都有人吸毒的，或者樓上 Bar 那些，全部都是吸毒的。(095)

The entertainment venues in industrial buildings, spreading across various regions of Hong Kong, have become notorious for sustaining drug habits among drug abusers. Participants pointed out that every region had these kinds of venues, implying the significant demand for drugs in Hong Kong.

不只是元朗，元朗屯門都很厲害，接著紅磡、土瓜灣那些也有的。土瓜灣那裡一整棟也是的。越來越多場所，全部都是靠毒品這些而已，有哪間場所不是靠毒品的？毒品才賺到錢的。如果只靠酒水的話，是虧本的。(053)

The strategic locations in industrial buildings and proactive measures to avoid detection, such as the absence of clear signage or regulated entry points, render these venues nearly invisible to the public. Although the scattered locations and small scales make the detection harder to law enforcers, those locations are easily spread among the drug abusers.

總之說我認識誰這樣就可以進來了。(004)

我會知道這麼多，因為我有出去「蒲」。還有我在夜場上班，知道哪裡有哪些場。大場、有牌的就不會給那些不夠歲數的，是沒有牌照那些才會。無牌的很多啊。(053)

Certain clubs operate late into the night, specifically catering to a clientele that participates in these activities. The clubs, often referred to as "early places" (早場), start their operations around 8 or 9 pm and continue until early morning, serving as prime venues for substance distribution among the operators.

那班老細為了賺錢真的甚麼都不理會。旁邊那些公司都全部上班了，還繼續在這裏營業。視乎那些客有沒有再消費，繼續消費就繼續開。聽說一天工作整整十八、九小時。(004)

The operators even spread information about these places through the drug abusers' social networks and offer commissions to those who bring new customers. They have cultivated an

environment where drug use and dealing are not only possible but are facilitated by the privacy and security of the locations, making it difficult for the police to detect the venues.

Apart from those illegal or hidden venues, some bars and nightclubs with legal operation licences sell drugs in private rooms as well. These venues may only sell drugs to their acquaintances.

夜總會就大部分都靠供應毒品維生。風氣不同了，以前是跳舞泡女，但現在就是食毒品。你有毒品，女孩就會主動過來。就算沒人逼你食，但遲早也是走上這條路，除非你很堅定。(042)

中環那些「藥房」沒有那麼明顯，尖沙咀那些就是「我想拿甚麼、甚麼毒品」、「去找『藥房』吧」那樣，之後就有人在場內賣毒品。你在桌上這樣吸也沒有人說你。現在尖沙咀那些有牌的全部也是這樣的。(047)

University students particularly prefer locations like Lan Kwai Fong, a popular nightlife area. Moreover, participants highlighted the casual nature of drug transactions and usage among young people, with reference to how drugs are seen as a part of the partying experience and not necessarily frowned upon by peers. This environment facilitates an ecosystem where drug use is not only normalised but is somewhat expected as part of the nightlife experience.

即是如果你有心，想知道，你想認識的話，就算酒吧都有。在酒吧裡面「隊草」、「Take E」、「索茄」，其實甚麼都有的。你望到你可能會知道，這麼古靈精怪？拿著一枝飲管在做些甚麼呢？或者無故大家一起那麼 high、那麼開心在那裡笑的？或者突然之間有一陣很香的「草」味。(024)

蘭桂坊一帶的酒吧其實是服務那些熟客、在房間裡才有毒品供應，你認識人或者是熟客的，基本上一定有，他們打電話叫過來而已。(053)

University Student Residential Halls

Among universities, drug use has emerged as a significant area of concern, reflecting broader social changes and cultural shifts towards more open attitudes and acceptance regarding drug use. This phenomenon is especially pronounced in residential halls, where proximity and communal living contribute to both the spread and normalisation of drug consumption among students.

The residential halls in universities serve as pivotal spaces for interaction, which extends beyond academic collaboration to include various forms of socialisation. As noted, the increase in drug use within these settings over recent years points to a changing campus culture where activities such as drug use have become more visible and accepted.

因為大學生都食。我們年小就出來玩時，跟老一輩吸毒的，自然就學到。但是現在不是，現在學生上學，住在宿舍也會。有朋友跟我說，他弟弟拿了一個壺(Bong)回去宿舍。宿舍整層都食大麻，越來越年輕。(045)

The density and closed nature of residential halls, combined with the peer influence typical of young adults living away from parental supervision, creates a potent mix that can encourage deviance. For instance, a student who uses drugs might influence their peers, potentially leading to a network of abusers within the residence.

有些讀書好，又有跟人的，就會找他做這些 (毒品)。還有大學 O Camp 是一個好好的發展機會，組爸組媽有些已經畢業，出來做事，接觸了很多這些東西，回去哄組仔組女幫忙。一個傳承來的。(104)

These events not only serve as initiation points for students to get into the social life of the university but also, for some of them, as critical points for drug dissemination and initiation. It is during these gatherings that the traditions and behaviours around drug use are passed down from different cohorts of students, illustrating a cyclical nature of cultural transmission that perpetuates the drug subculture among some university students.

是我另一位朋友，他是大學生，唸 X 大的，X 大出了名吸毒。他們甚至有專門一間房讓學生抽大麻，一整層的學生都在那裏抽大麻。(073)

This suggests that the social networks and peer influences within residential halls significantly accelerate the normalisation and perpetuation of drug abuse.

Furthermore, the residential halls act as both a physical and social space that facilitates the ease of access to drugs and the discreetness required for such transactions. These environmental advantages nurture the opportunities for conducting drug business in these residential halls. The drug supply chains directed at student populations can make drug use more accessible. Some students might even engage in selling drugs as a means to finance their drug use, further embedding the drug culture within the campus.

我知道住 6 號宿舍的朋友那裏的貨源也是很穩定的，在那裡供貨應該很賺錢的。(097)

有幾個賣家的，都不是一個。大學那麼大，那麼多分校。通常都是幾個賣家的，不會一個，一個做不完。O Camp 最賺錢，一個 O Camp，少則也有百多人，這麼多間大學加起來至少幾千人。這條財路有多麼大，不要說幾千人，我當一半，或者一千人，都賺到笑。不要說我一個賺，幾十家一起分。(104)

Participants further highlighted that once a few individuals in a hall expressed interest in drugs, they could quickly establish a stable customer base for drug dealers.

你一住宿舍，整班都是差不多年紀的年輕人，只要有一個、兩個有興趣，他們已經可以成為你的穩定客源了。(070)

Given that law enforcers will not enter the university campus unless someone reports a crime, the control measures imposed by universities play a crucial role in either deterring or inadvertently facilitating drug use. For instance, actively enforcing strict supervisory and disciplinary measures might see a lower prevalence of drug use. In contrast, less vigilant monitors create an environment where drug use can thrive more openly. This variance underscores the impact of institutional policies and the enforcement thereof on student behaviour concerning drug use.

我覺得是取決於不同大學的嚴謹程度。我知道好像 XX 大學，是會「打蛇」和巡視的，那些可能會害怕一點。但是例如 XX 大學的舍監都不會理會，還有這麼偏遠的地方，沒有甚麼人會管的。(070)

Walled Villages

The phenomenon of drug use in walled villages presents a unique case of how isolated communities adapt and integrate such practices into their daily lives, often with little to no interference from law enforcement. These villages, characterised by their distinct geographical and social isolation, exhibit a form of self-governance that extends to managing drug cultivation, production, and consumption within their boundaries.

In these communities, drug use appears to be an open secret—a subculture that is tacitly accepted and widely practised among some residents. The acceptance and normalisation of drug use in walled villages are facilitated by a strong sense of community identity, which can also act as a barrier to external intervention. 072 reported that residents often see each other as "kin", fostering

internal cohesion and collective discretion about their practices. 072 and 073, who are both walled villagers, confirmed the significant presence of Triad affiliations within these villages. This background facilitated drug accessibility. This internal solidarity makes it difficult for outsiders, including new residents, to challenge these practices without fear of ostracisation or other adverse consequences.

Drugs had been integrated into the social fabric of village life. It is common for some residents to openly engage in drug use within areas designated for both social and recreational purposes. For instance, 098 pointed out the village office might become a place where residents gather to socialise and consume marijuana. The communal aspect of drug use is further reflected in casual social interactions, such as playing pool, where offering drugs is part of normal socialisation.

The entrenched drug culture within these villages is also evidenced by the lack of serious legal repercussions for those involved.

我認識的那個人就是自己煮。他自己做「可樂」，自己煮再拿出去賣，他到現在都沒有甚麼事。做了很久，沒有事，就是靠他住在圍村裡。(058)

This scenario suggests a kind of isolated community where law enforcement could not reach the drug abusers easily.

Moreover, the discussion about drug use being something "everyone does, but no one talks about" highlights a complex dynamic of open secrecy. This dynamic allows them to maintain a semblance of normalcy and social order while engaging in underground illegal practices. The acknowledgement of drug use as a part of life, so much so that the scent of marijuana is common in communal spaces (098), underlining the extent to which drug use is woven into the everyday experiences and interactions of the villagers.

Construction Sites

The consumption of drugs at construction sites is an intriguing issue that ties in with the unique occupational hazards and the cultural diversity of the workforce in such an environment. In construction sites, the presence of drugs appears to be a commonplace and accepted part of daily operations among workers.

你有嗅過那陣味道，你就會知道。你沒有嗅過，你未必知道，覺得很臭而已。那我知道，常常去哪個地盤也嗅到。(057)

The workforce in construction sites often includes a diverse array of individuals from different nationalities, including Nepalese and Pakistani workers, who may bring their cultural practices, including drug use, into the workplace. The consumption of marijuana is noted to be particularly prevalent among these groups (057). The familiarity with and tolerance for such practices within these sites can influence the broader workplace culture, normalising drug use among the wider group of workers.

Moreover, the use of stronger drugs, like cocaine, is specifically highlighted among workers involved in more physically demanding and hazardous tasks, such as scaffolding. Scaffolding work, which requires setting up and dismantling temporary platforms for construction, is particularly difficult. Workers may use cocaine to heighten alertness and energy to bolster their courage and concentration during these high-risk activities. This practice is rationalised by the intense demands of the job and the immediate need for heightened physical and mental functioning amidst dangerous conditions.

搭棚的工人大部分都食可卡因，因為高危和工作速度快，拆棚的時候尤其會吸食，他們「索兩行」就拆棚了。因為拆棚是很恐怖的，已經放了長時間，整個棚都鬆了。你要先拆了那些短的，借力來固定棚架的那些，然後整個棚會搖動。如果不吸食，哪有勇氣去拆。吸食完是可以很集中，但真的很危險。(042)

This points to an occupational culture where the use of stimulants is associated with job performance, especially under dangerous work conditions.

Unfortunately, construction sites create a unique shelter for drug use due to the specific entry requirements, such as the need for a Construction Industry Safety Training Certificate and appropriate safety equipment. These requirements, while intended to ensure safety, inadvertently provide a temporal buffer that allows drug abusers sufficient time to hide their activities from occasional police raids. This system of checks indirectly facilitates drug use by making it difficult for law enforcement to conduct surprise inspections.

5.5. Attitudes and Perceptions Towards Drug Use

Traditionally, drugs have been universally seen as harmful, a view deeply embedded across generations. Traditional drug abusers, while aware of these harms, often prioritise immediate gratification associated with social settings like friends gathering and clubbing with music and dancing. This perception remains relatively unchanged among hardcore adherents who view drug

use as a personal choice, focusing more on the pleasure derived than its long-term negative consequences. There were no reported significant changes in the attitudes and perceptions among traditional drug abusers.

我會覺得都是一些生活方式，你怎樣去選擇你自己的生活方式，就是你自己的身份 (identity)，你是甚麼人，你願意成為甚麼人你就想如何去過一些怎樣的生活，自由意志 (free will)。(087)

In contrast, the majority of participants mentioned that there is a notable change in their attitude to cannabis use in their surrounding environment. The discussion around cannabis use, particularly among young and educated participants, reveals a significant transformation. This shift is greatly influenced by the legalisation movements abroad and the return of educated young people from countries where drug use, especially cannabis, is normalised. These returnees bring with them not just the drug but also new attitudes, which are rapidly assimilated into the local culture. They discuss drug use openly, challenging traditional boundaries and social tolerance.

我覺得可能會不會是多人在外國讀完書，接著回流香港，然後帶了這些知識給香港人？始終政府不會提供這些知識給外界，這些知識的來源都是一些去完外國回來的人。(066)

有個朋友澳洲回來，在那邊接觸了大麻，都會跟朋友、同學一起吸食。其實某程度上外國合法化都將大麻引入香港，會介紹朋友：「喂，我吸食了很棒的，一起試一下」這樣。(076)

The role of information technology in reshaping drug perception cannot be understated. Platforms like Facebook, Twitter, Instagram and Telegram have not only facilitated easier access to information but also created a space where cannabis use is discussed openly and without any social stigma. This has particularly impacted younger abusers, who are introduced to these discussions even before reaching maturity, influencing their perceptions prematurely.

現在就不同，現在有很多渠道，可能 IG (Instagram)，TG (Telegram)，甚麼渠道也有。如果你說很多年輕人容易接觸了，其實我看見現在很多中學生已經開始吃了，但是我覺得太早了。即是還沒有發育，思想也沒有成熟就開始接觸這些。我看見很多中學生，就覺得吃大麻很型，就好像有些扭曲了件事。(021)

他們 IG 的 Story 有時會見到有些 Filter 是會，比較夢幻點的。那還有我也會，特別是四月二十日 (國際大麻日) 的時候，會特別見得多的。(086)

Globalisation has further complicated the local drug narrative. With cannabis becoming less stigmatised globally, local perceptions are influenced by global trends. The discourse within universities and among young adults increasingly reflects a more relaxed attitude toward cannabis, seeing it not as a dangerous drug but as part of a global subculture that is slowly gaining mainstream acceptance.

可能我覺得有少許關全球趨勢的事，我覺得好像見到越來越多國家或者地區大麻合法化，其實「大麻」這個名字已經沒有那麼臭的了。所以你想一下如果大學生出去交流的時候，都可能會見到一些接受程度高一點的地區，或者是人，那麼心理影響心理都會可能影響到你對大麻的看法。就好像你以前讀大學，人們會覺得吸食大麻是一樣很壞的事情，會收藏不敢跟別人說，到現在的人們已經不避諱，會拿出來說，就覺得沒有甚麼大不了。其實是一個趨勢和有影響的。(070)

現在抽大麻這件事被吹捧得很「型」。現在不再單純是背後由社團操作，當全世界、美國、加拿大政府也告訴你這是合法的時候，他們便覺得很可信。(072)

其實真的這兩年而已，像是一個增長，增長是因為美國的大麻合法化，造就了這個浪潮的餘波出來。你見到 Netflix 有一系列是討論這事，其實已經變了一個主題，因為他們那一套是社區概念，有一種精神出來了，有一個運動出來了。(087)

This discussion suggests that even if cannabis use has yet to become a youth subculture, it is more neutral among the youth and has gradually removed the association with negative labels.

The educational backgrounds of many individuals who discuss cannabis lend them credibility and enhance their ability to influence others effectively. Their views are often respected, amplifying the impact of the acceptance of cannabis within their social circles. This acceptance plays a critical role as it helps shift perceptions from viewing cannabis as a demonised substance to seeing it as neutral or even beneficial to one social life.

我認識的朋友都是很開放，對大麻的影響，或者知道它是一個 stigma (污名) 這樣。那年齡方面就好廣，也不是很廣，即大約二十歲至五十歲都有。但是背景全部都是受過教育的。(068)

哪一行也會有，任何方面也會有。甚至可能做社工，做會計師，工程師，做地盤。或者「撈偏」。(077)

The line between acceptance and stigma has become increasingly blurred, partly due to reports of foreign celebrities using cannabis. The normalisation process is reflected in the media's portrayal of cannabis, which now features more positive representations in films and music, further neutralising its social stigma. This portrayal, combined with changes in legal frameworks, strengthens the perception among young people that cannabis use is acceptable and safe, leading to greater experimentation.

時下多了年青人吸食大麻，加上越來越多地方大麻合法化，那個危害意識沒那麼強。以前沒那麼多地方合法化的時候，你會比較抗拒一點，會把它放在一個較高危的位置；現在越來越多地方合法化，那條線會漸漸模糊，覺得試試無妨，所以越來越多人嘗試，現在比較多明星也支持大麻合法化。(071)

我的朋友是 X 大學生，他說他有賣 LSD，問我要不要，我便試試；我也聽說 Steve Jobs 設計出 iPhone 也是因為用了 LSD。例如 David Bowie 也有用 LSD，我看 Netflix 紀錄片中有提及到很多有關 LSD 的東西，於是便想試試看。感覺就像「開腦」。(073)

但現在觀察到娛樂文化、音樂電影的影響，令到人們沒有那麼認為這東西是禁忌。因為在舊時代，那一定是「這個東西是吸毒」。但經過這麼多年，現在 Hip Hop 有很多大麻。甚至電影是大麻喜劇，電影有整班主角吸食大麻，很開心，令到大家認知多了。也隨著不同的國家，美國、加拿大，大麻合法化了，我覺得純粹是風氣上沒有那麼保守。(091)

One participant mentioned that his friends had not changed their attitude toward drug use since their primary school days.

我從身邊不吸食大麻的朋友就知道，他們對於大麻是毒品的固有印象是沒有改變。在他們面前我會試試跟他們討論這話題，或在他們面前吸食大麻，看看他們有什麼反應，或探討這些話題，看看他們的態度是怎樣，結果他們不是很喜歡。他們根本上不是很喜歡這回事的時候，那變相你就會知道，你在他們面前應該有一個怎樣的形象，和應該做些什麼。(067)

Despite these changing perceptions, traditional values remain. There are still significant portions of the population, including some older individuals and those less exposed to global influences, that maintain a traditional view of drug use.

5.6. Law Enforcement and User Adaptation

The persistence of drug issues in Hong Kong, despite rigorous law enforcement tactics, underscores the adaptability of drug abusers and reveals some limitations in the current legal system.

Drug abusers modify their drug consumption based on an understanding of residual periods. Some participants noted that sporadic use can lead to residues clearing from their bodies within one or two weeks, thus reducing their detection risk. This knowledge informs a strategic approach to drug consumption aimed at navigating the legal and social repercussions associated with drug tests.

你抓我去驗，但你要排期，起碼要排兩個月。但它通常掉得很快，因為我不是經常抽那些，所以它可能一星期就沒有了那些殘餘物。我真的是自己做過資料搜集，大麻的殘餘物，如果你少吸的話，一星期可能抽一次或者兩次的話，殘餘物是會停留一星期或兩星期。但如果你是長年抽，由早上抽到夜晚的話，那殘餘物會停留兩年。所以我就「少食多餐」。(060)

Inevitably, some professionals have also engaged in drug abuse and disseminated their misconceived knowledge to inform other abusers about strategies for evading detention and techniques for clearing drug residues from the body.

很多人教你怎樣去毒，即是煲甚麼喝，喝甚麼，洗澡時要怎樣搓，做些甚麼可以令到狗嗅不到你有毒，怎樣驗你皮膚也驗不到有毒。找條厚的毛巾，不斷搓。搓完之後你整條毛巾都是深深黃黃的。下體搓出來全部都是有粉末的，整條毛巾都是黃色的，好像很多泥一樣，這樣洗澡可以洗一個小時。開頭我也不懂的，有些在醫院做工作，這個世界警察都吸毒何況是醫院護士，醫護也吸，還會教你怎樣做的。(020)

Participants also highlighted their exploitation of the predictability of police patrols and searches to evade detection. They reported being able to anticipate police actions and used this knowledge to avoid apprehension, thereby reducing the deterrent effect. For instance, the police's stop-and-search tactics are perceived to have a clear bias, influenced by societal stereotypes about what a drug abuser typically looks like. This bias means that individuals who do not match these

"drug addict" profiles are less likely to be searched. Some participants noted that maintaining a non-suspicious appearance and not avoiding eye contact with the police often spared them from checks.

裝作傻一點。如果出去做事，接到大批毒品，最好穿得比較老套一點。著波褲的，穿人字拖的，好像街坊一樣。裝作上街買食物，裝作打機，減少被警察截查。(048)

Furthermore, gender dynamics can affect the accuracy of drug detection. Female participants mentioned that they often conceal drugs in sensitive areas, which male police officers are unable to search, further capturing the predictability of enforcement actions. The drug abusers take advantage of the protection of females, reinforcing a sense of safety among drug abusers rather than deterrence.

The discussion also touches on the interactional process between law enforcers and drug abusers. Many participants misperceive that law enforcement primarily targets dealers, not abusers. This perception leads them to believe that by providing information about dealers to law enforcement, they can avoid severe penalties or prosecution altogether. This dynamic has diminished the widespread efficacy of the deterrence intended by drug law enforcement.

他們是警察，問我在幹甚麼，我說我在吃薯片和喝酒，我們在這聊天。他們都知道我們當日取毒品，他們看到因此跟着來，又搜身等等。後來他們說這一次就放過我們，然後就要我們交人名，問我們向誰取貨。(007)

然後就「你在抽什麼」，「沒，抽煙」，差不多就是這樣。然後就搜身，他搜不到，但他們又聞到味道，就會說「知道你在做什麼，可不可以不要那麼猖狂，要不然你就給賣家(dealer)電話我，我只找賣家(dealer)不找你」。(060)

These perceptions consolidated the idea that “If a person doesn't carry substantial amounts of drugs, they can avoid criminal charges”. The deterrent effect has been mitigated in various ways. Additionally, abusers often resort to hiding drugs in sealed containers and using drugs in private to avoid detection, highlighting persistent gaps in law enforcement coverage.

These perceptions have consolidated the belief that carrying only small amounts of drugs can help individuals avoid criminal charges. As a result, the deterrent effect has been mitigated in various ways. However, under the Dangerous Drugs Ordinance (DDO) (Cap. 134), any quantity of a dangerous drug, regardless of its source, is considered a dangerous drug, even if the amount is too small to be measured or used. Therefore, no matter how small the quantity, it remains punishable

under the DDO, Cap. 134. Additionally, abusers often resort to concealing drugs in sealed containers and using them in private settings to evade detection.

5.7. Complementation with the Central Registry of Drug Abuse

The Central Registry of Drug Abuse (CRDA, 2022) Seventy-second Report provides a quantitative backbone for understanding drug abuse trends in Hong Kong from 2013 to 2022, illustrating a steady decline in the overall number of reported drug abusers. This data is crucial for discerning broad trends such as the general decrease in drug use and the shifting demographics of drug abusers. However, to fully grasp the nuances of these patterns, qualitative insights from this study are indispensable, especially through a deeper exploration into the personal experiences, emotional triggers, and social contexts through the five-stage framework of drug abuse. The six reports complement the CRDA's findings by adding depth and narrative to the raw numbers, providing a more comprehensive view of the drug abuse landscape. This study extends the conversation from mere usage statistics to the motivations and socio-economic conditions that drive individuals towards drug use and dealing.

Complementing Statistical Data with Human Stories

The CRDA recorded a decrease in cannabis use in 2022, but the cannabis use trend was still worry due to its prevalence among young drug abusers. While this statistic is crucial, it tells us little about the reasons behind this prevalence. This study delves into these reasons, exploring how changes in legislation in other countries, cultural perceptions, and increased online availability have influenced drug use patterns. Interviews with users might reveal that many young adults perceive cannabis as less harmful due to its legal status in other regions, or they are influenced by social media portrayals of cannabis use as a lifestyle choice.

Exploring Demographic Variations

While the CRDA provides demographic breakdowns of drug abuse, qualitative data add nuance to these figures. For example, the average age among drug abusers in CRDA is 39 in 2022, which may merely describe the changes in the age trends. This study (Report No.1) also explores the continued desire for socialisation for older drug abusers, further explaining the generational impacts on the current drug populations. Additionally, CRDA indicates that young adults contribute to a significant portion of CRDA reported drug abusers, the qualitative insights on peer pressure and the normalisation of drug use in clubbing scenes can inform more effective youth-targeted drug

prevention programs (Report No. 3). These might include education campaigns that specifically address the social dynamics of drug use, or community engagement initiatives that provide alternative social activities.

In-depth Analysis of Drug Use Journey

This qualitative study provides a detailed analysis of the onset of drug use, exploring the roles of peer influences, clubbing culture, and curiosity among other factors (Report No. 3). This complements the CRDA data by giving substance to the reasons behind the initiation figures presented. For instance, the CRDA shows a significant number of new drug abusers in specific demographic backgrounds, including those aged 21-30, full time workers, and individuals who have never been married. This study can provide insights into why these individuals are turning to drugs, such as increased exposure in social settings or specific peer groups.

For instance, the treatment and recovery stages in Report No. 3 offer in-depth perspectives on the challenges and barriers faced by individuals seeking to overcome addiction. This can complement the CRDA data on the number of previously reported persons among the reporting agencies by providing a deeper understanding of why some users may not seek help or fail in recovery efforts, such as stigma or lack of accessible services.

In addition, while the CRDA reported the most common reasons for previously reported abusers as avoiding the discomfort of drug absences, boredom/depression and peer influences, this qualitative study explores the emotional and social triggers that lead to relapses, such as financial stress or social influences (Report No. 3). This insight helps to contextualise the numbers and suggests targeted interventions that could reduce relapse rates, such as improved financial support or community-based recovery programmes.

Enhancing Understanding of Drug Dealing

The CRDA does not provide data on drug trafficking trends, arrest statistics, or the personal motivations behind why individuals become drug dealers. This study fills this gap by detailing economic hardships, influence from social circles, and various logistical aspects of drug dealing (Report No. 4). For example, the report discusses how individuals are pushed into drug dealing due to economic necessity, peer pressure, and the perceived safety and profitability of this illegal activity (Report No. 4). Such detailed motivations help policymakers and law enforcement understand the root causes behind the statistics, leading to more targeted interventions.

While the CRDA might provide the types of drugs prevalent in the market, Report No. 4

complements this by explaining the operational modes of drug dealing within Hong Kong. It explores the organisational structures, from private single-dealer operations to complex triad-organised systems and details the distribution mechanisms within various settings like nightclubs and private venues. This insight can assist law enforcement in strategising more effective crackdowns and understanding the adaptability of drug networks.

Report No. 4 also provides a detailed look at how drug dealers manage their supply chains and customer relationships. It discusses strategies for gaining and retaining customers, the importance of trust and reputation in the drug market, and the use of modern technology for drug distribution. This complements the CRDA's findings by adding a layer of how dealers operate within the market dynamics, which can be crucial for developing more effective drug prevention and intervention strategies.

Online Drug Environment

The CRDA report presents data on the general trends in the type of drug abused. Report No. 5 enhances this by detailing how the online environment acts as a facilitator for drug distribution and consumption. It describes how anonymity and decentralised digital platforms enable users to engage in drug transactions discreetly and form community networks without geographical constraints. For instance, the online platforms facilitate a shift in cannabis culture among youth, making it more accessible and normalised through international comparisons and shared online content.

Cannabis Use Normalisation

While the CRDA report might quantify instances of cannabis use, Report 5 explores the normalisation and social acceptance of cannabis, especially among the youth. It details user characteristics, the cultural dynamics that drive the normalisation of cannabis, and how social media platforms play a pivotal role in shaping perceptions about cannabis. This qualitative depth offers a sociocultural context to the statistics likely presented in the CRDA report, highlighting the societal implications of such normalisation trends.

Hidden Drug Abuse

While the CRDA provides essential data on documented instances of drug abuse, for hidden drug abuse phenomena that are less likely to appear in formal statistics, we may rely on qualitative studies to uncover these patterns through in-depth interviews, revealing scenarios where individuals use drugs in private to avoid stigma and legal consequences. Such insights can lead to discussions on the efficacy of current drug abuse prevention strategies and the need for services that cater to

these hidden users.

Another area where qualitative insights complement the CRDA data is in the understanding of the impact of law enforcement on drug use. However, qualitative interviews and ethnographic research illustrate how drug abusers and dealers adapt to these changes. For instance, when a crackdown on physical drug markets is observed, the qualitative data shows a shift towards more discreet online platforms, changing the landscape of drug dealing and requiring different law enforcement strategies.

Addressing the Needs of Specific Groups

This study also plays a crucial role in identifying and understanding the needs of specific groups that may be underrepresented or misunderstood in statistical data. For instance, the section on drug abuse among sexual minorities in Report 5 addresses a specific demographic that might not be detailed extensively in the CRDA report. It explores how drug use patterns within this group are influenced by social stigma and identity, providing personal accounts and social implications of drug use in these communities. This focus adds a layer of understanding to the intersection of drug abuse with issues of sexual identity and community dynamics.

Enhancing Policy Development

Both sets of data are crucial for policy development. The CRDA offers broad data that help identify general trends and enable the efficient allocation of resources. In contrast, this study provides deeper insights, allowing for the design of targeted interventions that are both empathetic and effective, grounded in the lived experiences of users and the tactics employed by dealers. By understanding the complex interplay of psychological, social, and environmental factors influencing drug use, policymakers can develop comprehensive strategies that address not only the symptoms of drug abuse but also its root causes.

In summary, while the CRDA provides essential data on the patterns and prevalence of drug abuse, this study enriches its data by adding context and depth. Together, both findings offer a fuller, more nuanced picture of drug abuse in Hong Kong, guiding more informed and effective policy decisions. This integrated approach is vital for addressing complex social issues such as drug abuse in a holistic and responsive manner.

5.8. Conclusion

This chapter has examined the multifaceted dynamics of drug use in Hong Kong, shedding light on various aspects that contribute to the current drug situation. The findings reveal a complex interplay between cultural, social, and economic factors that shape drug use patterns across different demographics.

The study highlights significant trends in drug consumption among young people, noting a troubling increase in early exposure and normalisation of drug use within social and entertainment settings. Younger generations are increasingly introduced to a variety of substances at earlier ages, facilitated by peer dynamics and a nightlife culture that diminishes the perceived risks associated with drug use. This normalisation extends into the fabric of youth culture, where drug use is often seen as a part of social interactions and leisure activities.

Conversely, older adults continue to engage in drug use, often within club settings, indicating a persistent drug culture that spans across generations. This group includes a diverse socioeconomic spectrum, challenging the idea that drug abuse is more prevalent among youth population. The study underscores that both younger and older generations have distinct preferences for substances, reflecting broader generational shifts in drug use behaviours.

Accessibility to drugs has become markedly easier due to advancements in technology and communication. The proliferation of social media platforms and messaging apps has facilitated drug transactions and distribution, making it simpler for individuals to obtain drugs. This ease of access is compounded by the anonymity provided by digital communication, which enables drug dealers to reach a broader audience with less risk of detection.

Law enforcement efforts, while rigorous, face significant challenges due to the adaptability of drug abusers and the changing landscape of drug distribution. Drug abusers have developed strategies to evade detection, such as sporadic use and concealing drugs in sealed containers. Moreover, certain areas, such as university residential halls, walled villages, and construction sites, present unique challenges for law enforcement, often serving as sheltered environments for drug use.

The chapter also explores the shifting attitudes and perceptions towards cannabis, particularly among the young and educated demographics. Influenced by global trends and legal changes abroad, these groups increasingly view cannabis use as acceptable and less stigmatised. This shift is further supported by the portrayal of cannabis in media and the normalisation of its use in various social contexts.

However, despite these evolving perceptions, the chapter acknowledges the persistent risks and adverse effects associated with drug use. The potential for exploitation and victimisation, particularly among young women in nightlife settings, remains a critical concern. The study highlights instances of coercion and manipulation, where drugs are used to control and exploit vulnerable individuals, emphasising the need for targeted interventions and support mechanisms.

In conclusion, this chapter provides a comprehensive overview of the drug situation in Hong Kong, illustrating the intricate relationship between drug use and the city's dynamic socio-economic and cultural landscape. The insights gained underscore the necessity for continued research and policy efforts to address the evolving challenges of drug use, ensuring a balanced approach that considers both prevention and support for affected individuals.

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Appendix I: Interview Guide (Chinese Only)

- * 半結構性訪談：研究員可跟據受訪者的回答作出追問並更改發問問題的次序。
- * 如受訪者沒有相關經驗(如販毒或戒毒)，則改為詢問有沒有認識的人有相關經驗或以他的角度有沒有相關觀察。

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1. 向受訪者介紹及解釋是次研究的安排及目的
2. 請受訪者簽署接受訪談同意書
3. 受訪者的背景資料

1. Drug use (social and psychological reasons)

1. 你何時開始第一次吸食毒品？
2. 當時吸食的原因是甚麼？
 - a. 好奇想試、想high、「想唔諗野」等原因，這些因素影響你開始吸毒的程度有多大？
3. 當時吸食的情境是怎樣的？
4. 你吸食毒品多少年？你最常 / 曾經吸食何種毒品？
 - a. 如曾有進入院所（例如：懲教署推行的強迫戒毒計劃、由非政府機構營辦的自願住院戒毒治療計劃），在進入院所前，吸食的份量及頻密程度是怎樣？你吸毒的模式是怎樣？（例如：「一班朋友一起吸食」還是「一個人在家、在工作地點等等吸食」？）
5. 你有沒有犯罪紀錄？家人有沒有吸毒背景或犯罪紀錄？
 - a. 如有，這些對你吸毒有沒有影響？
6. 第一次吸食之後是甚麼原因令你持續吸食？
7. 你吸食的頻率是怎樣？
8. 在甚麼情況下，最容易令你有吸食的想法 / 慾望？
9. 當你有強烈吸食慾望的時候，你會怎樣處理？
 - a. 如情況不許可，一般你能怎樣阻止 / 控制自己吸食毒品？
10. 你能否辨識「心癮」及「身癮」？

- a. 他們對你持續吸食毒品分別造成甚麼的影響？
11. 你能否控制自己不吸毒？
 - a. 有沒有曾有一段時間停止吸食或最長沒有吸食的紀錄是多久？
 - b. 當時是甚麼原因令你停止，又是甚麼原因令你復吸？
12. 對你來說，不能控制自己時的感覺是怎麼？
 - a. 不能控制的原因是甚麼？
 - b. 最能夠幫你控制自己的方法是甚麼？
13. 你用藥後會進行甚麼活動？或甚麼活動會促使你吸食？
14. 會否因應不同的需要，而選擇不同種類的毒品？
15. 如果要你講述一次吸毒中最痛苦的經歷，哪會是甚麼？
16. 吸食毒品對你有甚麼影響，你失去了甚麼？
17. 父母、夫 / 妻、孩子對你吸毒是否知情？他們有何反應？
18. 原生家庭的關係、父母管教方式，對你吸毒有沒有影響？
19. 個人的滿足感、成功感、成就感，對你吸毒有沒有影響？
20. 曾否覺得自己的人生很混亂 / 失敗？
21. 工作 / 生活壓力，對你吸毒有沒有影響？
22. Disco/ rave party 等娛樂場所的消失，對你吸毒有沒有影響？影響了甚麼？
23. 受朋友、男朋友 / 女朋友 / 契哥 / 契妹影響你吸毒的程度有多大？
24. 因為性需要、性能力的因素，影響你吸毒的程度有多大？
25. 因為習慣左吸毒帶來的感覺，只是習慣驅使，身體不能控制等因素，影響你吸毒的程度有多大？

2. Accessibility to drugs

1. 你從哪些途徑獲得毒品？
 - a. 為甚麼會從這途徑獲得毒品？
2. 有沒有在網上買 / 賣毒品？在哪些網站 / 手機應用程式上買 / 賣？
3. 怎樣取得這些賣家資訊？
4. 為何你會信任這個賣家？
5. 交易的過程是怎樣的？
6. 哪類服務最方便？包括：樓上、樓下擺貨，送貨上門、記帳、借錢買。

7. 這些服務的便利性有沒有對你造成影響？

3. Drug treatment

1. 有沒有想過戒毒？

a. 如果想，你曾否嘗試戒毒？用甚麼方法？

2. 過去，你曾否參加戒毒機構的服務？（例如：懲教署的戒毒所、美沙酮診所治療、自願性戒毒服務、福音戒毒、戒毒村、正生書院、濫用精神藥物者輔導中心、醫管局物質誤用診所等等。）

a. 如果沒有，原因是甚麼？（例如：自己從來沒有戒毒的念頭、覺得服務沒有用、幫唔到等）

b. 如果有，你參加過甚麼服務？效果如何？但最終未能協助你戒除毒癮的原因是甚麼？

3. 你在這些服務中的經驗是怎樣？有沒有效？

4. 戒毒服務的內容是怎樣的？有甚麼活動？

5. 你對哪些活動印象最深刻？

6. 最長一次戒毒，能夠維持多久？

7. 對你來說，最能幫助你戒毒的原因和方法是甚麼？

8. 要協助吸毒人士戒除毒癮，你認為自願戒毒與「法庭判入戒毒院所」哪種形式較為有效？原因是甚麼？

9. 比對「在社區戒毒」與「住院戒毒」，你覺得哪種形式較為有效？原因又是甚麼？

4. Drug treatment – relapse - treatment cycle

1. 有沒有試過一段時間沒有吸食，最終卻沒有成功戒毒？是甚麼原因令你再次吸食？

2. 嘗試過哪些方法戒毒，但最終不成功？

3. 當你離開戒毒治療中心或懲教署戒毒所後，維持多久，再次吸毒？

a. 再次吸毒的原因是甚麼？

4. 如曾吸食海洛英，多久出現上癮徵狀？

5. 如曾吸食精神科毒品，對身體的負面影響可能較長時間才出現。當負面影響出現時，你會否已經不能抗拒對毒品的依賴？

5. Desistance

1. 是甚麼原因使你能成功戒除吸毒習慣？
2. 對你來說，最能阻止自己吸毒的原因是甚麼？
3. 是甚麼戒毒服務或方法讓你成功戒毒？如有嘗試過其他服務，為何它們都不能協助你成功戒毒？
4. 有沒有甚麼方法抵抗想復吸的衝動？
5. 戒毒後對吸毒的看法/感受有甚麼不一樣？
6. 在社區內抗拒復吸，最困難的問題是甚麼？哪方面的協助最能幫助你抗拒復吸？

I. Overview of Hong Kong Drug Situation

1. 以你所知，香港現時的吸毒情況如何？吸毒潮流有沒有改變？
2. 你有沒有觀察到吸毒年輕化的趨勢？你認為為什麼會有這趨勢出現？
3. 哪類毒品最受歡迎？價格大概是多少？
4. 現時政府在宣傳教育上，運用了不同的廣告、警告、口號等（如：「不可一、不可再」、「Say No to drugs（向毒品說不）」）。你有否接收過這些訊息？
 - a. 如果有，你看到時的感受及反應是甚麼？
 - b. 對未曾吸毒的人是否有有效？
 - c. 對已多年吸毒的人，是否有效？
 - d. 如果沒有，你建議有甚麼其他的教育宣傳方法？
6. 執法部門不時突擊巡查Parties、樓上吧等等可能出現群眾聚集吸毒的場所，你曾否遇過這些情況？
 - a. 如有，你有感到害怕嗎？這有否令你決心開始戒毒？
 - b. 如沒有，你認為怎樣打擊較為有效？
5. 你有沒有曾經被警察截察？你的感受如何？
7. 在疫情下，你認為對吸毒圈有甚麼影響？用量、格價、使用頻率、吸食模式有沒有改變？
8. 在疫情下，你的吸毒習慣或模式有沒有受到影響？

II. Drug Trafficking (Online drug trafficking)

1. 你有沒有參與販賣毒品？

- a. 如有，他們使用甚麼途徑販賣？
 - b. 你何時開始參與販賣毒品？
 - c. 你如何參與販毒？
 - d. 你是哪個階層的毒販（例如腳、車手、電台、莊仔或大莊）？
2. 你有沒有參與或看到有人網上販賣毒品？
 - a. 你認為為甚麼會利用網上平台？當中涉及甚麼風險？
 - b. 網上平台販賣毒品與傳統販賣毒品的方式有甚麼不同？
 - c. 如你有使用網上平台販賣毒品，販毒過程是否還有細分階層？
 3. 你參與販賣毒品的原因是甚麼？（例如：補貼吸食的费用，賺取的盈利可觀等）
 4. 你一般從哪裡獲得貨源？你或你認識的人如何取得與供貨者（supplier）的關係和信任？
 5. 你如何獲取客源？
 6. 你與客人的關係如何？
 7. 你有沒有加入販毒集團 / 群組？或有沒有認識同區的賣家？
 - a. 如有，和他們的關係如何？
 - b. 與販毒集團 / 群組或同區的賣家合作，合作的情況如何？
 8. 你是否有黑社會背景？在黑社會中屬於哪個階層？
 9. 黑社會因素，這对你參與販毒的程度有多大影響？怎樣影響？
 10. 以你所知，黑社會在毒品買賣中扮演著甚麼角色？
 11. 參與販毒对你或你認識的人吸毒的行為有多大影響？怎樣影響？

III. Cannabis use

1. 你有沒有吸食大麻？
 - a. 如有，為甚麼你會吸食大麻？
 - b. 你從哪裡獲得大麻？
2. 大麻在你身邊的朋友圈子是否流行？哪類人比較傾向吸食大麻？
3. 使用大麻的圈子中是否有海外回流的人？
4. 你最常使用的是CBD，THC還是Hybride？
5. 你會傾向使用Indica還是Sativa？
 - a. 為甚麼有這傾向？对你而言，它們分別有甚麼不同？

6. 你會如何吸食大麻？（例如捲煙、Bong、Pipe、Vape、Edible、tincture?）
7. 你會否把大麻與其他毒品、酒類或煙一齊使用？
8. 你會否「看不起」吸食傳統毒品的人？
9. 你認為大麻對身體有害嗎？為甚麼會有這樣的想法？
10. 吸食大麻對你的身心、社交及生活有甚麼影響？
11. 你曾否有試過戒大麻？
 - a. 如有，是甚麼原因令你想戒？
 - b. 如沒有，是甚麼原因令你不願戒？
12. 外國對大麻合法化有沒有影響你使用大麻或對大麻的觀感？
13. 你認為香港應否把大麻合法化？為甚麼？
14. 你從何得知大麻的資訊，包括使用的效果、對身體的影響、販賣渠道等？

IV. Hidden Drug Abuse

1. 你覺得香港現時的吸毒者是否更傾向隱蔽吸毒？
 - a. 如果是，你認為隱蔽吸毒的趨勢成因為何？
 - b. 如果不是，那吸毒者最常吸毒的地方是哪裡？
2. 在家或私人地方吸毒是否會增加吸食的份量？
3. 你認為在公眾地方吸毒的人士與隱蔽吸毒者對毒品的看法/感受有沒有差異？
4. 要及早為發現隱蔽吸毒者並為他們提供戒毒支援服務，你覺得有甚麼方法？

V. Chemfun - Sexual Minority (LGBT+)

1. 你有沒有參與過 Chemsex/Chemfun？參與這類活動對你使用毒品有甚麼影響？
2. 你參與的頻率是怎樣？使星期有平均有多少次？
3. Chemfun 的價錢是多少？你去過最貴及最平是多少？
4. 一般會在甚麼地方舉辦 Chemfun？
5. 有甚麼要求才能成為 Host？
6. 為甚麼毒品在 Chemfun 中是必要的？
7. 你認為 Chem 還是 Fun/Sex 比較重要？
8. 除了性行為之外，你會在 Chemfun 中做甚麼？
9. 能否在 Chemfun 中找到穩定伴侶？伴侶對使用毒品或參與 Chemfun 有多大影響？

10. 有沒有在 Chemfun 之外的時間獨自使用毒品？如會，是甚麼情況下會獨自使用？

Optional questions

1. 不同毒品之間有沒有階級之分，或是有一個進程？
 2. 你會怎樣形容毒品和你的關係？
 3. 你會否認為吸毒者是被毒品控制？
 4. 你覺得宗教信仰（任何宗教信仰）對戒毒有沒有幫助？
 5. 你有沒有宗教信仰？
 - a. 如有，你的宗教價值觀有沒有造成你戒毒的動機？
 6. 你有沒有想過透過宗教信仰（任何宗教信仰）戒毒？
- * 如果有，原因是甚麼？ 如果沒有，原因又是甚麼？