

Research Outline Qualitative Information on Drug Abuse Situation in Hong Kong

Research Report No. 3

The Five-stage Framework of Drug Abuse

Professor Tit Wing LO, City University of Hong Kong

Dr Gloria CHAN, City University of Hong Kong

Dr Gabriel LEE, City University of Hong Kong

Dr Eric SO, City University of Hong Kong

Dr Cherry TAM, City University of Hong Kong

Funded by Beat Drug Fund

30 June 2024

Executive Summary of Report 3

1. Introduction

The report presents a comprehensive five-stage framework for understanding drug use in Hong Kong, capturing the complex dynamics and patterns of drug consumption. This model breaks down the journey into five stages: onset, persistence, treatment, relapse, and desistance, offering detailed insights into the motivations, patterns, and consequences at each phase. The framework serves as a critical tool for an in-depth analysis of the factors influencing drug users' behaviours and the effectiveness of various interventions. By examining each stage, the framework provides valuable insights for policymakers and service providers, facilitating the development of targeted strategies for prevention, treatment, and support.

2. Stage 1: Onset

- Drug initiation in Hong Kong was often influenced by multiple factors rather than a single dominant reason. Peer influence was significant, often intertwined with other factors, such as a pre-existing interest in drugs and social settings like clubbing.
- Notably, some users began drug consumption without full awareness of the substances involved, with the onset typically occurring earlier in traditional drug users compared to new generation drug users like cannabis and LSD.
- The report identified various triggers, such as peer influences, clubbing culture, curiosity, triad influences, drug-using family members, coping mechanisms for life transitions/stress, and concessions to drug use.
- Cannabis-specific onset among young people involved subcultures such as hip-hop, skateboarding, and sports, often normalising cannabis use as common and acceptable.
- The legalisation of cannabis in foreign countries, media portrayals, and foreign research altered perceptions regarding its harmfulness and sparked curiosity and interest among young people, challenging Hong Kong's zero-tolerance policies.
- Onset for Men Who Have Sex with Men (MSM) typically occurred later than traditional drug users, often linked to sexual activities after puberty.
- Initial encounters with drugs in sexual contexts among MSM often led to the association between drug use and sexual pleasure, which was reinforced over time.
- In rare and special cases, some ordinary industries normalised and encouraged cannabis use through open discussions among colleagues. Female participants reported that free drugs were offered, leading to habitual use and increased dependency due to the absence of financial barriers.

3. Stage 2: Persistence

- Persistent drug use varied among individuals. Some became addicted immediately, while others developed a progressive dependency.
- Participants often rationalised their continued use and admitted to addiction, especially psychological cravings.
- Craving, both psychological and physical, was a major driver, often starting at low levels and escalating.
- Social circles, peer influences, intimate partners, and working in nightclubs increased vulnerability due to normalising and reinforcing the persistence of drug use.
- Drugs were used for functional purposes like productivity, alertness, and coping with stress, further entrenching dependency.
- Cannabis-specific persistence was integrated into daily routines and social activities, altered thoughts and enhanced perceptions made cannabis use compelling and habitual, and perceived as less harmful and more controllable.
- MSM participants used drugs to enhance sexual experiences and social connectivity, especially in chemfun parties.
- For rare and special cases, a professional drug user justified drug use through self-monitoring and awareness by emphasising a balanced lifestyle and integrating drug use into a fulfilling life. However, this perspective risked normalising drug use and overlooked broader physical, mental, and social harms.

4. Stage 3: Treatment

- Most participants had experienced repeated treatment loops through various referral procedures, which involved various rehabilitation programmes.
- The effectiveness of these programmes was rated low, with doubts about their ability to achieve complete rehabilitation. Despite general dissatisfaction, participants identified beneficial elements in some treatments.
- Cannabis users seldom received treatment, often perceiving it as unnecessary due to the perceived less harmful nature of cannabis.
- Participants lacked awareness and knowledge about accessible rehabilitation services and had misconceptions about them, often learning them through hearsay and unreliable sources.
- The ineffectiveness of treatment programmes included a lack of proactive outreach by some social workers, ineffective initial encounters with rehabilitation services,

and inadequate collaboration among service providers.

- Personal determination was believed to be the primary driver for cessation, along with scepticism towards professional services, which hindered positive treatment outcomes.
- Substantial considerations, such as family responsibilities and financial obligations, made it difficult for individuals to commit to long-term treatment programmes.

5. Stage 4: Relapse

- Relapse was common among participants, influenced by various factors and seen as a normal part of the quitting process despite completing treatment programmes.
- Cannabis users viewed their behaviour as less harmful and often integrated drug use into their daily routines, making traditional relapse prevention strategies less effective.
- Participants used drugs as a coping mechanism for stress, creating a vicious cycle of drug use and increased stress.
- Memories of past drug use experiences triggered relapse, with emotional and sensory stimuli leading to a strong desire to reuse drugs.
- Participants often relapsed due to defeated positive intentions and thoughts about quitting, influenced by discouragement, lack of support, and external challenges.
- A common regret loop involved initial relief followed by intense regret, guilt, and self-reproach, reinforcing the compulsion to use drugs.
- MSM-specific relapse was often linked to sexual activities, creating a strong reinforcement loop. The dependency on drugs for enhanced sexual performance and pleasure made it difficult to maintain sobriety.

6. Stage 5: Desistance

- Participants using traditional drugs were more likely to expect cessation compared to cannabis users.
- Barriers to desistance included ambivalence and indecision, stemming from a lack of confidence or ingrained habits. Immediate gratification often overshadowed long-term benefits. Overconfidence in the users' ability to quit at any time defeated desistance.
- Participants switched from more harmful substances to perceived less harmful ones as a solution to their dependency. However, this practice often led to new

dependencies or polysubstance use, and the underlying causes of addiction remained unaddressed.

- Motives and confidence for desistance were triggered by cognitive and emotional toll, physical health deterioration, social influences, fear of legal consequences, an awakening or realisation about the negative impact of drugs, financial concerns, and responsibilities related to work and study.
- Various strategies applied to desistance included removing contacts to cut subcultural influences and accessibility to drugs, restricting drug use to specific settings or occasions, engaging in alternative activities to replace drug use, dispersing concentration to shift focus from drugs, and adapting alcohol or other legal substances as an intermediate step.
- Altering social environments, building supportive peer networks, engaging in positive activities, having stable employment and structured activities, and engaging in community service and helping others were meaningful changes to maintain sobriety.
- For the MSM population, a stable relationship reduced the need for drugs and encouraged healthier lifestyles.

7. Conclusion

The understanding of drug issues provided by the five-stage framework assists in identifying critical areas for intervention. Tailored approaches are needed at each stage of the drug use journey to address the specific challenges and leverage the opportunities for preventing initiation, supporting treatment, and maintaining desistance. This comprehensive analysis is vital for developing more effective drug policies and interventions that are responsive to the unique context of Hong Kong's drug situation.

This research underscores the importance of a nuanced approach to drug abuse prevention and treatment, advocating for policies that are informed by the realities of drug users' experiences across different stages of drug use. By focusing on both individual and societal factors, Hong Kong can enhance its strategies to combat the complex issue of drug abuse effectively.

Table of Contents

Introduction.....	3
Stage 1: Onset.....	4
1. Peer Influences	4
2. Clubbing Culture.....	9
3. Curiosity.....	11
4. Triad Influences	12
5. Drug-Using Family Members	14
6. Coping Mechanism to Life Transition/ Stress	16
7. Concession to Drug Use.....	17
8. Cannabis-Specific Onset	19
9. Onset for Men Who Have Sex with Men (MSM).....	24
10. Rare and Special Cases	26
Stage 2: Persistence	28
1. Craving.....	28
2. Social Circle and Continued Peer Influences.....	31
3. Coping Mechanism to Life Transition/ Stress	36
4. Functional Use	39
5. Cannabis-Specific Persistence	41
6. MSM-Specific Persistence	46
7. Rare and Special Cases	48
Stage 3: Treatment.....	51
1. Lack of Awareness and Knowledge about Rehabilitation Services.....	52
2. Lack of Reachable Drug Rehabilitation Services	53
3. Barriers to Successful Treatment and Services.....	55
4. Social Work Interventions.....	63
5. Hospital Referrals.....	71
6. Drug Rehabilitation Centre (戒毒村).....	72
7. Probation and Aftercare Order	75
8. Compulsory Placement Scheme.....	77
9. Difficulties and Challenges of Hong Kong Drug Rehabilitation Services	82
Stage 4: Relapse.....	88
1. Social Influences	90

2. Past Pleasures Experiences	98
3. Financial Stability	100
4. Being Defeated.....	101
5. Thoughts during the Relapse.....	102
6. MSM-Specific Relapse	106
Stage 5: Desistance	108
1. Barriers to Desistance	109
2. Motive and Confidence to Desistance.....	116
3. Reinforcement from Family Members and Significant Others.....	126
4. Strategies Applied to Desist.....	135
5. Necessity to Change Behaviours and Social Influences	141
6. Insights and Experiences during Desistance	145
7. <i>MSM-Specific Desistance</i>	147
Implications and Recommendations for Future Services	錯誤! 尚未定義書籤。
1. Accessibility and Visibility of Treatment Services.....	150
2. Expansion of Supportive Network	151
3. Public Education and Drug Awareness.....	152
4. Law Enforcement Practices and Correctional Services	153
5. Ongoing Training for Helping Professionals	155
6. Specialised Education Programs	156
7. Integration of Technology in Service Delivery.....	157
Conclusion.....	158
Reference.....	161

Introduction

The five-stage framework for understanding drug use is a comprehensive model that captures the complex dynamics and patterns of drug consumption. This framework divides the journey of drug use into five stages: onset, persistence, treatment, relapse, and desistance. Each stage highlights specific characteristics, patterns and consequences of drug use, particularly in the context of Hong Kong's drug situation. This approach allows for an in-depth analysis of the factors influencing drug abusers' behaviours and the effectiveness of various interventions.

The onset stage delves into the initial triggers and motivations behind drug use, identifying the multifaceted influences such as peer pressure, curiosity, and environmental factors. The persistence stage explores the reasons for continued drug use, including psychological cravings, social influences, and coping mechanisms. Treatment and relapse stages focus on the challenges and effectiveness of interventions, revealing the cyclical nature of addiction and the factors contributing to relapses. Finally, the desistance stage provides insights into the processes and experiences of individuals who have successfully stopped using drugs, highlighting the support systems and personal transformations involved.

This framework not only offers a detailed understanding of drug use from the perspective of users but also provides valuable insights for policymakers and service providers. By comprehensively examining each stage, the framework facilitates the development of targeted strategies for prevention, treatment, and support, ultimately contributing to more effective policies and interventions in addressing drug use.

Stage 1: Onset

The initiation of drug use is often driven by multiple factors rather than a single dominant reason. Peers are undeniably a primary source for individuals to access drugs, but this influence is typically intertwined with other factors. For example, triad peers may introduce drugs during clubbing, while the individual may have had a pre-existing interest in using drugs. The complexity of drug onset cannot be simply deconstructed into a single driving reason. Some participants might not be able to distinguish the key forces among the intertwined factors.

好奇、貪玩、朋輩影響。(054)

那時候，我就是不會分我究竟是對那男人著迷，還是對大麻著迷。(062)

Furthermore, some participants started using drugs without knowing what substances they were consuming. For instance, 080 recalled that when he was having a barbecue with friends, someone offered him a couple of puffs. He didn't know what it was. Some participants even reported disliking the reactions. For example, participant 074 confessed that the adverse drug reactions during his first experience made him suffer to the point where he wanted to die. Other reactions included being unable to move, dizziness, loss of consciousness, and vomiting (e.g. 006, 018, 065, and 071).

In general, the onset of drug use among traditional drug abusers typically occurs earlier than among new generation drug abusers (e.g., cannabis and LSD users). Traditional drug abusers are likely to start their drug use in their early teens, while new generation drug abusers are more likely to have their first experience in their late teens or early twenties.

Although the following discussion is divided into various factors, it is important to note that these factors do not operate in isolation. Instead, they interplay to contribute to the emergence of drug use in an individual's life.

8. *Peer Influences*

Peer influences are a significant factor in the onset of drug use among individuals, particularly adolescents and young adults. This phenomenon can be attributed to several key mechanisms, such as socialisation and peer pressure, regardless of the types of drugs used.

Socialisation while hanging out with peers plays a crucial role in introducing individuals to drug use. Often, drug use begins in social settings where peers are already engaged in such activities. Many individuals report their first experience with drugs occurring during casual social gatherings or parties (N=85). It is common for young people to encounter drugs through friends or acquaintances during social interactions.

第一次我沒有想著去「索」，不過另外一個朋友也是沒有「索」過，但是他「索」了，就慫恿我一起。(005)

我是「索 K」的。十六歲時，一些朋友教我去吸食。那時候當然是不知道是甚麼來的。(013)

當初交友軟體上認識的人叫我抽水煙時，我真的以為是水煙，是一大個壺。那人真的把它做得很相似，裏面是提子汁口味，你不會留意到裏面原來是毒品，後來我才知道那是冰毒。(022)

第一次是在交友軟件中認識的人，經常在 IG 上看到他出貼文，說他經常抽大麻。我問了一下，後來出來見面，便一起抽大麻。(064)

The advent of advanced technology has facilitated youth in meeting friends online, further increasing the chances of encountering drug-using individuals. The vulnerability to exposure to drug use is much higher than before, contributing to the growth of the drug-use population in Hong Kong.

Most participants reported that drug use is not preplanned but rather happens spontaneously. In such unplanned situations, participants anticipated a normal social gathering and ordinary interactions.

我以為是陪她去逛街，接著就不知怎樣她把我帶到一個廁所，我就看住她吸食「K仔」。之後我就試了一點點。(015)

和一班朋友去玩，無端端有人說想吸食，我就試了第一次。那時是吸食「可樂」。(048)

那時可能純粹是想說，吸一兩口敷衍一下他算了，但吸了後就覺得，感覺有點不一樣，(061)

我朋友的一個朋友想試，就上去我朋友那裏試。我本身只是看着他食，後來那些二手煙就開始令我也想食了。(086)

Additionally, experienced drug-using peers provide confidence to new users, particularly when immediate negative consequences are not observed, and a promise of care is given. This psychological support easily breaks down initial defences against drug use.

之前我都不吸食可卡因，我都不知道為何在那一刻會食。他們不停叫我試，然後我就試了一下，後來感受到嘴有點麻痺，覺得感覺不錯。(007)

有同事間中喝「咳水」，說好過喝「紅牛」。我們有空無聊沒事做就打機，就抽煙。無無聊聊那樣見到別人喝，那麼自己便試一下。(050)

The witness of no immediate negative consequences is particularly convincing to those cannabis users, which further consolidates the discourses of cannabis, such as Chinese medication, natural plants, less harm, and no aftereffects.

試過之後覺得沒有甚麼，覺得我處理到，或我負擔到的那個處境，即不是很誇張，又不會突然間變怪獸，或者傻了。(024)

第一次看見我朋友吸食，他好像沒有甚麼事，我看見沒有甚麼事我便想試。(076)

我親眼見到他吸食大麻之後，沒有甚麼事，吸食完大麻之後就照樣踩單車，照樣跟我們聊天、吹水，沒有問題的。(083)

Even if they experienced some adverse reactions to using drugs, other experienced drug abusers might suggest how to deal with it and help participants stay calm.

有這麼多朋友在這裏，即使我暈了，他們也會照顧我，就覺得不要緊了。(046)

他已經是老練的了，但我就很少索，因為我很怕。他說他會照顧我，沒甚麼的。那我便索。(065)

065 further reported adverse reactions after using ketamine but was convinced by peers to try ecstasy, which was perceived to have fewer adverse effects. Coherently, 067 mentioned that experienced users would automatically be in their positions to handle possible reactions in new

users due to their familiarity. Experienced users help alleviate the perceived consequences of drug use, keeping individuals within drug-using circles. As a result, participants learned how to handle adverse reactions and achieve the desired effects of drug use. For example, 085 conducted preparations for the best drug-using experiences after gaining experience.

Group spirit is a powerful motivator among young people who feel the need to be accepted. The desire to fit in with peers can lead individuals to engage in drug use even when they are initially hesitant.

第一次玩都是索 K，因為朋友失戀。我一開始很討厭別人吸毒，但見他玩，然後我便說「一起吧，我們是朋友來的」。和那些廣告，真的一模一樣。(045)

光聽他們說，也不知道他們在說什麼，便一起抽了。通常你要試過，才明白他們的語言。(074)

This highlights how peer interactions can override personal reservations, leading to the initiation of drug use. In some cases, group spirit is reinforced by a competitive attitude and the desire to gain social status within a peer group. This can manifest as a form of bravado, where individuals engage in drug use to appear more daring or "in" among their peers.

大麻、搖頭丸、「茄」、可卡因、「five 仔」，什麼都吸過，全部都試過。就像那個廣告「你不夠薑？你夠不夠 in？」那樣。(002)

某天剛好朋友身上有一張 LSD，我們猜包剪掙，五個人分，一張剪成四小張。猜贏了，便試了 LSD。(072)

Five participants simultaneously reported feeling psychological pressure to use drugs when observing that everyone in their social circles was doing so. Even though 018 had allergic rhinitis, making it difficult to inhale ketamine, he insisted on doing it under group pressure. This group dynamics underscores the importance of avoiding the stigma of "not fitting in with friends."

Peer influences are particularly potent when other informal social controls, such as family surveillance, education systems, and positive peer relationships, are absent or ineffective. In these circumstances, young people become more susceptible to peer pressure and curiosity-driven experimentation with drugs.

我的朋友說去遊車河，接著他吸煙，但正常的煙不是這種味道的。後來某一天我很無聊，我就吸食。(015)

不讀書，又想認識多一些朋友。之後 14 歲就開始接觸冰。那時的朋友說，帶我去試一下吃「豬肉」。(057)

When family surveillance is lacking, young people tend to spend more time outside their home, often with friends who may already be involved in drug use. For example, 041 ran away from home at the age of 15 years old, exposing themselves to drug-using peers. 010 frequently stayed at friends' houses instead of going home, leading to his first encounter with ketamine after observing friends using it and being encouraged to try it.

Additionally, as mentioned in Research Report No. 1, residential halls in universities were a blind spot for law enforcers. Peer influence on drug use is a side effect of communal living, spreading and normalising drug use, particularly cannabis.

朋友介紹，就是宿舍那些。(068)

認識到朋友，他也是住宿舍的，然後一起試。(076)

第一次嘗試到有感覺時，是在學生宿舍裡面。(100)

In these scenarios, the absence of positive peers and the presence of drug-using peers further exacerbate the situation, steering young people towards experimenting with substances. The combination of weak informal social controls and the strong influence of peers creates an environment where young people are particularly vulnerable to initiating drug use.

In many cases, initial involvement with drugs does not stem from a straightforward interest in the substances themselves but rather from a desire to connect and bond with peers. Individuals often find themselves participating in drug-related activities as a way of maintaining social relationships within their communities.

因為身邊有太多人食了。出去玩時，去遊戲機中心玩遊戲，去玩勁舞團時，就和他們「爆糖」了。(011)

我第一次吸食冰毒時，純粹上他的家找個人陪我。(038)

因為有另外的朋友吸毒，我才會吸毒。有時我放學，會跟朋友上去他住的那條邨，在那裏食煙、「hea」、吹水。(065)

The shared experiences and encouragement from peers significantly contribute to individuals' decisions to experiment with and ultimately use drugs. This emphasises the role of social aspects in facilitating drug use, where the presence of drugs is just one element of broader social interactions.

Such insights highlight the importance of addressing social factors and peer influences in efforts to prevent drug initiation and addiction among youth. Understanding these dynamics is crucial for developing effective prevention and intervention strategies aimed at reducing drug use among vulnerable populations.

9. *Clubbing Culture*

Clubbing subculture profoundly influences drug use, acting as both a catalyst and a context for initial experimentation and continued use. These environments often serve as initial exposure points where drug use is introduced and normalised within peer groups. Although clubbing subculture is linked with peer influences, it facilitates drug use in an environmental dimension. Frequent visits to discos, bars, and nightclubs create settings where drug use intertwines with social activities. For many participants, their first experiences with drugs occur in these environments.

第一次就是吸食「可樂」。那時是和一些朋友去酒吧喝酒，見到他拿了一枝「可樂」出來吸食，聞到好像頗香的便試一下。(014)

第一次吸食的時候，是朋友誘導的。那時候是跟一個朋友去蘭桂芳玩，喝酒的時候都，他原來有一枝大麻在身上，接著就在後樓梯一起吸食。(107)

Historically, parties within the clubbing scene have been hotspots for drug use. Many individuals recount their first encounters with drugs at such events, where the environment is conducive to initiation. For instance, 030 noted the popularity of parties centred around drug use, particularly involving substances like nimetazepam, ecstasy, and ketamine.

Social events, such as birthdays and other celebrations, often serve as catalysts for drug use initiation. These occasions provide opportunities for individuals to encounter drugs in a seemingly casual and festive context.

大時大節一定約出來，就有一些朋友帶大麻出來。我十四歲開始工作的時候就開始吸煙了，當然不覺得吸食大麻是一個很大的問題。(099)

因為不知道誰生日，我去玩，接著他們又叫了有毒品。因為我是沒有試過的，然後我就試了。(107)

In one instance, 100 reported that his friend passed him drugs when he had a disrupted mind after drinking, highlighting how social events can lower inhibitions and promote drug use. Attending parties and social gatherings where alcohol is consumed often leads to drug use, laying the groundwork for subsequent drug use.

Considering the crackdown on discos in Hong Kong, these parties are now often held in rented spaces within commercial buildings, illustrating the hidden nature of these gatherings. Apart from those hidden discos, nightclubs, and private venues in Hong Kong, participants also reported a displacement to the discos in Shenzhen.

別人叫我試就試。我當時是回大陸玩的。別人叫「拿些糖來試試吧」，即是搖頭丸。(007)

那時候年齡夠了，就去了大陸的 XXX Disco，開始試搖頭丸。(008)

第一次是返大陸 disco，碰過搖頭丸，「索過 K」。(050)

大約十五、六歲就跟一些同學、朋友去大陸 disco「索 K」、搖頭丸、five 仔那些。在深圳「XXX」、「XX」那些 disco。(054)

The prevalence of drug use at these parties normalises the behaviour, making it seem like an integral part of the clubbing experience.

每個人去那些派對都會吸食。我起初到那些派對的時候，我是沒有吸食的，我是不敢的。但是漸漸去得多了，每個人都吸食的時候，「我站在那裡幹甚麼？」那就試一下吧。(029)

Group dynamics in clubbing and social settings further reinforce the desire to fit in and normalise drug use among peers, driving individuals to partake. Initial hesitations often fade as the pervasive subculture around them makes drug use seem to be routine.

Employment in clubs and bars also increases exposure to drug-using clubbing subculture. Participants (N=5) reported their onset induced by their work in these entertainment venues.

在夜總會工作之後就接觸了冰和「可樂」。(010)

試過去做酒吧，認識了一些人，接觸到「可樂」這東西。那個私人會所叫做「私竇」，發現大家來這裡主要是為了吸毒，所以會接觸到一些東西。接觸越多，我發現我有點上癮了，然後就開始自己花錢去買。(046)

夜總會那些全部都是吸毒的，基本上九成都是。十六歲那一次吸了兩口「可樂」。(049)

Furthermore, the triad association with these venues also indicates the risk of socialisation in deviant subculture, as pointed out by 028 and 049, which expanded their social circles with deviant peers, leading to deeper involvement in drugs.

Preferences for certain drugs within the clubbing scene have evolved. One notable trend is the use of ecstasy, which is rarely consumed alone or at home but is prevalent at parties and discos. Ecstasy often combines use with other substances, further fostering the possibility of harmful consequences. Over time, substances like cocaine have also become prevalent, often introduced by peers or through environments related to the nightlife industry. For instance, 105 described transitioning from ketamine to cocaine after a friend recommended it as a way to sober up from alcohol.

The pervasive influence of clubbing subculture on drug use highlights the social and environmental factors contributing to drug initiation and normalisation. Understanding these dynamics can help in designing effective prevention programs that reduce drug use by focusing on the peer and social contexts where it often begins.

10. Curiosity

Curiosity (N=22) is a significant factor driving individuals to experiment with drugs, often spurred by the behaviours and encouragement of peers. Adolescents, in particular, are

prone to experimenting due to their natural curiosity and the desire to explore new experiences. This curiosity is often amplified by social interactions where drug use is present, leading to a strong temptation to try drugs.

A common scenario involves individuals trying drugs out of curiosity after observing their friends or being directly offered drugs by them.

那時去了長洲，是因為整班朋友去長洲開派對。在玩的時候，有人拿了一枝大麻，和拿了一包「K」出來，之後就在玩了。我好奇所以吸食，因為年輕人一定是會對毒品覺得好奇的。(016)

14歲，第一次接觸是因為我的朋友有吸食，我因為好奇，想試一下，所以就去了她家，試了第一口冰。那次之後，我三天沒有睡覺了。(047)

朋友生日的時候就拿出來玩，是搖頭丸。純粹好奇，大家一起玩便試試。(058)

This pattern suggests that the social context in which drugs are presented plays a crucial role in initiating drug use. A closer peer relationship is undoubtedly more influential to curiosity. For instance, 012 and 084 both highlighted that their curiosity about drugs was amplified due to their close friends using drugs. The presence of friends and the allure of being part of the group often outweigh the perceived risks, leading individuals to succumb to their curiosity.

11. Triad Influences

Triad influence on the onset of drug use is a significant factor in the spread of drug subculture within communities. Triads have a pervasive presence in nightlife and recreational environments where drug use is prevalent. This relationship between triad influences and drug use initiation is multifaceted, involving social, economic, and cultural dimensions.

Triads influence drug use through their control over nightlife venues. Many youths are introduced to drugs in environments controlled or frequented by triads, such as discos and bars. People associated with triads can easily start using drugs when they visit these venues.

我十六歲時，一些朋友跟了一個黑社會大佬，那些「茄」是那個黑社會大佬給我們試的。(005)

有些同學的家人是 disco 的「睇場」。我去是免費的，有玩、有跳舞、有酒喝之類，那當然會去。有食物，喜歡就出去跳舞，你想毒品就會有人給你。(020)

他哥哥是黑社會，但他是大學生。他沒食其他毒品，只用搖頭丸。他陪大哥來蒲，就認識了他。不是那圈子，認識不到那些去蒲的地方。(055)

In the triad subculture, frequenting entertainment venues is common. Bringing friends along gives them more followers, creating a show of force and giving them a sense of pride (face).

Personal relationships and emotional ties within triad networks further reinforce drug use. Meeting friends involved in drug dealing exacerbates the onset of drug use. Similar to peer influences, a significant other or close friend who is part of the triad subculture can compel individuals to experiment with and continue using drugs to maintain the relationships.

是外面認識的古惑仔，在樓梯一齊食。第一次接觸的是 K，之後就冰，再之後就可卡因。(008)

我初戀的男朋友跟了古惑仔，開始做這些東西。他那時派一些細貨，然後他慢慢自己又試一下、又接觸一下。我見到他做，有時都會覺得很好奇，那時他黑社會的兄弟有吸食，但只是食一點點。初期沒上癮，都是玩而已。(044)

The situation can be worsened when the association with triads is established with drug manufacturers and dealers. Participants reported having an unlimited free supply of drugs when they met triad members.

因為我的朋友認識了一個大莊家，我們向他拿是不用錢的。跟我的朋友在一起，我便陪他一起吸食了。(015)

當時跟著男朋友，他是賣毒品的莊家，我有無限量供應一樣，即開始沉迷食「K仔」。(018)

他們是自己煮毒品的，我連可卡因都學識怎樣煮了。後來大家就拍拖，然後我就很久沒有回家和上學，一直留在男朋友的家裏，吸食得很瘋狂。(043)

These associations are poisoning because they lead young people to deepen their drug habits more quickly, causing them to become addicted faster and making it harder for them to quit.

From the perspective of the drug manufacturers and dealers, the strategy of offering free drugs not only expands their customer base but also strengthens their control over the individuals who become dependent on their substances.

Therefore, bringing youths to the entertainment venues can be an attempt to lure them into the clubbing subculture and solicit them to help in selling drugs. Youths who work in nightlife venues where triads are active are more likely to encounter and engage in drug use. For example, 002 started using drugs in these venues and ended up selling drugs for Dai Lo's triad brothers. This exposure can be both direct, through the provision of drugs by triad members, and indirect, through the normalisation of drug use in these settings.

The relationship between triad influences and the onset of drug use is complex and deeply rooted in the social structures and environments. By addressing the social and economic factors that facilitate triad influences, it is possible to mitigate their impact on drug use.

12. *Drug-Using Family Members*

The influence of drug-using family members on the onset of drug use among youth is a critical factor in understanding how substance abuse patterns develop within families. This relationship is characterised by several key dynamics: reduced resistance to drug use, earlier onset of drug experimentation, and the normalisation of drug use within the family environment.

When family members, especially parents and siblings, are involved in drug use, it often leads to a normalisation of drug use. In such environments, young individuals perceive drug use as an acceptable or inevitable part of life. This perception significantly lowers their resistance to trying drugs themselves.

那時候其實我不會將它列為毒品，只是覺得如果我哥哥會做這樣事情，應該都是好事來的，那時候的感覺就是這樣。(009)

我第一啖「可樂」是我表哥給我食，我去了我表哥那裡，他之後拿了兩滴「可樂」給我食，接著我說「不好食的」。(011)

我在十六歲的時候接觸到冰毒，那時候我才知道我媽是吸冰的，便問媽媽的朋友。他們有跟我說是甚麼來的，我跟他們說我也有吸食。他們跟我媽說我已經長大了，阻止不了，然後就變成我跟我媽媽的朋友一起食。(038)

我中四和哥哥去聽一位饒舌歌手的演唱會，聽到中途哥哥忽然對我說，我們一起出去「抽點什麼」。我本身也有抽煙的，當時不知道那是大麻。(073)

Witnessing drug use within a family can alter young people's perception of drugs, making them view it as a normal or even admirable behaviour. These experiences lower psychological barriers to drug experimentation, particularly when youth are exposed to drugs alongside their peers.

The data suggest that individuals exposed to drug-using family members tend to start using drugs at an earlier age. Early exposure, especially when facilitated by family members, leads to early initiation and prolonged substance abuse.

那時候十三歲，一個同學的爸爸說帶我們喝酒，我們叫他「契爺」。喝了幾杯啤酒後，他就說「我給些粉你吸吧，吸後你跳舞開心一點」，然後就給了些「茄」我吸。那時候我也不知道是什麼，只覺得吸完之後就很暈，覺得那些人很科幻。(003)

其實我十三、四歲就開始濫藥了，開始是見到我哥哥「索 K」。有一次進我哥哥的房間，他的朋友說：「你的妹妹早晚也會認識這些東西的，你便讓她看看，讓她試試，不會死的。」於是我就踏出第一步。(009)

我只有十一歲，我是和父親一起去的。他對我說「你遲早會嘗試，就算我不給你，你將來和朋友出去玩，也會接觸到。」我第一次食煙，第一次吸毒，全部認知都是來由我父親的世界。(056)

These early experiences shape their perceptions and behaviours regarding drugs, further normalising drug use.

In some cases, the family context not only accepts but also encourages drug use. This encouragement significantly reduces the stigma associated with drug use, making it more likely for younger family members to experiment and continue drug use. The acceptance within the family often translates into weak resistance and higher propensity for continued drug use, establishing a pattern that can be difficult to break.

13. *Coping Mechanism to Life Transition/ Stress*

The relationships between life adversities/stress and the onset of drug use are deeply intertwined with emotional and psychological factors. Various forms of stress, including relationship issues, academic pressure, and general life transitions, can significantly contribute to the initiation of drug use as individuals seek a coping mechanism to alleviate their distress.

One significant factor is the emotional turmoil caused by relationship issues, such as breakups. In such situations, drugs may be regarded as a means to alleviate sadness, highlighting how emotional vulnerability can lead individuals to seek immediate relief through drug use. This phenomenon is particularly prevalent among female participants in this study.

因為失戀，沒有人管，又不想回家。那時我知道朋友可以幫我拿到，就「撩」他們夾錢買「可樂」。(026)

那時候我失戀，他沒有說是冰，純粹說食完會放鬆，再不會不開心，不會胡思亂想。那我便試，試完後又沒有不開心，得到排解的感覺。(038)

那時剛巧是失戀後不久，朋友說會開心，我便食了。(071)

那時候因為分了手，我不開心，有一個朋友介紹我試一下。其實他是知道我不開心，所以讓我尋一點開心。(101)

Academic pressure is another prevalent form of stress that can lead to drug use among youth. The immense pressure of preparing for examinations often drives students to seek escape or temporary relief through drugs. For instance, 0092 mentioned that her brother's girlfriend started using drugs primarily because she was unhappy and under significant academic pressure while preparing for crucial examinations. The stress made her see drugs as a way to escape from her problems. Similarly, 099 highlighted how the pressure of studying for a higher diploma caused him to use cannabis.

The stress of daily life and personal issues can often lead individuals to use drugs as a quick and effective solution. This pattern is evident in various accounts where individuals turn to drugs to cope with their stressors. For example, 067 explained that he did not even smoke but began using drugs as a temporary escape from his difficulties.

第一次是「索 K」，差不多十三歲，和那時的同學吸毒。第一次吸毒的原因，是因為我覺得我媽媽很煩。最主要和媽媽的關係，造成的不開心情緒，之後就一直有玩了。(027)

那時候的心情比較浮動一點，想試下能否排解到壓力。(076)

Stress and adversity can make individuals more susceptible to drug use due to the perceived immediate relief it offers. Therefore, drugs often become a "quick and effective solution" once individuals encounter stressors.

20 歲開始吸食冰毒，因為壓力過大，而且也想不到有什麼方法可以解決。你可以說是逃避的藉口，總之成了一個習慣。在家裏無所事事，更會視之為唯一的抒發途徑。(022)

因為我嫻嫻離去時，我也抒發不到自己的情緒，只依靠冰來讓我的情緒釋放。我食冰之後可以狂哭，或者可以想很多事來悼念。(033)

By recognising the interplay between stress and drug use, it is possible to create targeted interventions that reduce the reliance on drugs as a coping mechanism, fostering healthier and more sustainable ways to manage stress.

14. Concession to Drug Use

It is surprising that many participants possess a certain level of knowledge and awareness before they start using drugs, which influences their initial decisions and attitudes towards drug use. Public campaigns and educational programs play a significant role in shaping awareness of the detrimental effects. Several participants mentioned learning about the harmful effects of drugs from school programs and television advertisements. 084 further described the harmful message of drug use as common sense, which could be the same as “apples are red.”

This preexisting knowledge about the harms and risks of illicit drugs acted as a deterrent. The awareness of the severe consequences of drugs can initially discourage experimentation.

我有看以前很流行「向毒品 say no」的廣告。我是會看這些資訊的人，所以我也大概知道毒品是甚麼來的，我不會傻的。(015)

那時候，我就已經接觸到很多毒品背後禍害的資訊。我自己都會做資料搜集，看看那些是什麼。那些毒品真的傷害太大，我不想出門兩秒就要上廁所。(060)

小學也有說毒品禍害，會上癮那些，我也會怕上癮。(065)

你會有一些很深刻的印象，你從小看到大，會腎虧、膀胱縮小、陽痿、會有鼻咽癌、或者會有癌症那樣的。(076)

我很好奇毒品的影響是甚麼，但我不想傷害到自己的身體，所以我都沒有特別去試的想法。(089)

In some cases, witnessing the adverse effects of drug use on others serves as a powerful deterrent. For instance, 060 described being frightened when he saw a girl turning completely pale after using meth. Similarly, 076 observed people's eyes rolling back and swaying around after using ecstasy. Such experiences can reinforce the perceived dangers of drug use and deter individuals from trying drugs.

However, even though individuals with such solid and firm knowledge of drug use, interpersonal, social and environmental factors can still lead to a departure from personal convictions. Initial resistance was overridden as reflected from the narratives of the participants.

那天我臨出發前，我就說「我一定有我的底線，我一定不會吸毒」。但之後已經沒有了這樣東西。後來「唉，試吧。試吧」。每個人也遞給我，每個人也一起慫恿我。(004)

電視機都有說過，所以知道那些是毒品。你剛剛去到時，大家都很興奮，就只有自己像企鵝般傻傻地站著。而且大家都試，那我也試吧，食完又真的是比較興奮。(092)

當時我覺得「大麻，不要」，非常不喜歡。但是他就說「先吸食一口，再說吧」。那已經逼近我的嘴邊，已經按著我的嘴巴，之後吸了一口。隨後心想：「不太對，好像真的不同。」好像可以試那樣。(097)

其實我知道是毒品來的，但那時候，年輕人真的甚麼都試一下，我就嘗試了。因為我見到身邊的每一個朋友都在吸食，那就試一下。(107)

Participants reported a sense of excitement and thrill in breaking societal norms when using drugs. A desire to rebel and appear cool often underpinned the misconceptions about drug use. Meanwhile, they described their first experience as a mix of fear and exhilaration, marking a step into the adult world and a newfound sense of freedom. Eventually, they gave in to the temptation, quickly developing habitual use. The excitement of trying something new and unknown resonated deeply inside their mind.

很怕，但是又好像很刺激。即是成年人的世界，我終於也大個了這樣。是自由。
(004)

很久我已經打算學壞了，所以就「索 K」，感覺學壞會很型。那時候我很乖，第一次的感覺也挺爽。從未試過那樣自由，我還馬上跟我朋友說我要買。(042)

Trust in peers significantly reduces apprehension and encourages drug use. The trust in their peers alleviates fears and promotes experimentation despite the unknown consequences of their first use. Being with trusted peers created a sense of safety, countering the fear of uncertainty. Observing the seemingly unaffected lives of drug-using peers further weakened their resistance to drug use.

那時候沒有想到那樣是毒品，但是會緊張的，我不知道那是甚麼來的。由於我信任的朋輩帶著我，照顧著我，所以會放輕一份擔心。其實看見朋友都用了這麼久又沒有甚麼事，加了很大的信心，絕對會令我放心試。他們都可以沒有事，照樣渡過他們的人生。即是更會剔除了「毒品」這個概念。(084)

沒有想太多，就是好開心，在一個好安全地方的環境入面。(098)

Overall, while knowledge about the risks and harms of drug use is prevalent among potential users, the influence of social factors and the curiosity to fit in can significantly impact their decisions. This interplay between awareness and social influence highlights the complexity of drug use initiation.

15. Cannabis-Specific Onset

Subcultures

Subcultures such as hip-hop, skateboarding, and sports play a significant role in influencing the onset of cannabis use among young people. These subcultures often come with their own sets of norms, values, and behaviours, which can include the use of cannabis as a common and accepted practice.

Many young individuals are introduced to cannabis through their engagement with hip-hop, which includes elements like rap, graffiti, and street dance. 077 attributed his first use of cannabis to seeing his bandmates use it. The subcultural context of music and rap, which often glamorises cannabis use, can make the drug seem appealing and integrated into the lifestyle of young people.

他是玩音樂、玩 rap、接著他會播一段樂器聲來自己 freestyle，那時候我就聽著他即興。他無故地點了起來，問我試不試，接著我就試。那一刻點完覺得「嘩！整件事很有感覺」。(021)

我對藝術很感興趣，接觸大麻是因為我首先接觸了 hip-hop 文化，無論是滑板、塗鴉、街舞、或者是 rap 等等。(060)

那時自己會聽一些外國嘻哈的音樂，他們的歌曲和整個黑人文化，都是跟大麻這個文化很有關係。可能那時聽得多，慢慢接觸得多，自己會好奇想了解大麻是怎樣的東西。(091)

These cultural contexts associated with cannabis use can spark curiosity and a desire to experiment among listeners. Combining American street culture and its portrayal in media with these subcultural activities reshapes and normalises attitudes and behaviours towards cannabis use in these groups.

The skateboarding subculture is another significant influence. Many skateboarders are exposed to cannabis through their involvement in the skating community, which often celebrates rebellious and alternative lifestyles. 072 and 090 noted that their introduction to cannabis came through skateboarding and listening to rap music, which frequently references cannabis. The intertwining of skateboarding subculture with hip-hop music normalises cannabis use.

In some cases, cannabis use exists in mainstream and extreme sports. The team spirit is twisted to become a reason for accepting a teammate's drug use. 083 stated that his whole bike team acknowledged a teammate who used cannabis even during training, but none of them stopped or criticised the drug-using teammate. 096 also mentioned that his friend used cannabis based on referrals from other X-game athletes. The use of cannabis in these extreme sports helped alleviate their stress and anxiety.

Impacts of Cannabis Legalisation

The legalisation of cannabis in foreign countries has significantly impacted the onset of cannabis use in Hong Kong in various ways. Firstly, it has altered perceptions regarding the harmfulness of cannabis. The legalisation directly challenges Hong Kong's zero-tolerance cannabis policies, sparking curiosity and doubts about the validity of classifying cannabis as an illicit drug. Consequently, some youth no longer perceive cannabis as an illegal substance, which lowers their resistance to using it and increases their acceptance of its potential medicinal benefits.

開始資料搜集，其實原來都不是毒啊，而且很多國家都開始普及，都不是犯法。
(021)

吸食的原因是因為很多國家合法化。(082)

可能在另一個國家是合法的東西，來到香港是不合法，那即是可能未必是一種很傷害性的東西。(085)

Alongside legalisation, media portrayals and foreign research often depict cannabis use in a manner that sparks curiosity and interest among viewers, especially when suggesting its effects are not as harmful as commonly believed. The disparity between foreign discourse and Hong Kong's policy creates a sense of curiosity among participants.

因為一直都對大麻有好奇，然後就看過它那些影響或者健康研究，發覺它的副作用沒有政府宣傳的誇張。看完那些資料後，發覺自己可以接受，那就一直想試，之後有機會便開始試了。令我好奇的反而是登了上期刊的研究，而不是外國合法化。(068)

是透過電視、電影或音樂而得知的。很多時候看歐美劇，都會提到一些毒品的消息。例如以前看過 *Trainspotting* 或者其他的電影，就覺得這是一件有趣的議題。所以就會上網搜索，究竟它是怎樣？是甚麼來的？(092)

This cultural portrayal often glamorises or normalises cannabis use, making it appear intriguing or acceptable. Information from external sources shapes perceptions and fuels curiosity, thereby motivating individuals to seek out the substance.

Following legalisation, media portrayals and foreign research, the onset of cannabis use is often influenced by individuals' rejection of demonising discourses surrounding cannabis. The discourses presented by the government were scrutinised and questioned by participants.

我就是看過「傷害較煙低」、「天然」，其實不是政府說到那樣差，所以我才會下定決心試一下。(066)

大麻這東西完全天然，它對身體的傷害比煙草低，為什麼卻不合法？煙裏有令人上癮的成分如尼古丁，這樣他們便收到更多稅，賺更多錢。不然為什麼他們要禁止走私煙？因為無利可圖。這些事可以說是很有力的證據，令我更加想去嘗試大麻。(071)

The participants often used tobacco as a comparison in the demonisation of cannabis. They believed the dangers of cannabis seemed to be exaggerated, which emboldened some people to experiment it. Moreover, other discourses, like cannabis being a tool for personal growth and enlightenment and traditional Chinese herbal medicine, were also spreading among the cannabis community (e.g., 071). This further consolidated the notion that the dangers of cannabis were exaggerated. Scepticism towards the demonisation of cannabis was linked to economic motivations behind its criminalisation and the taxation of tobacco, suggesting that financial interests rather than public health concerns drive these policies. This critical view of government motives can diminish the perceived risks associated with cannabis use.

Another discourse on the demonisation of cannabis comes from historical and socio-political contexts. Participants believed the criminalisation of cannabis was originally rooted in racial discrimination and social control. Their beliefs about the historical injustices associated with cannabis laws can lead individuals to reject the demonisation of cannabis and be more willing to try it.

原來它被列為禁藥是根據美國的法律。它是當時美國獨立戰爭中，與爵士圈的黑人被打壓的文化有關，有涉及種族歧視，所以我便願意去試了。(081)

覺得它是很神聖、很有象徵性的地位，當它是反抗精神的象徵，或者總會有一段時間會令你要與眾不同，覺得嘗試它就是一段青春反叛期的象徵，吸食完之後就是「我很反叛」的。(100)

Along with foreign legalisation, the influence of friends returning from abroad on the onset of drug use is a notable factor in the spread of drug subculture among youth in Hong Kong. These individuals often bring back not only the substances but also the cultural normalisation of cannabis use from countries where it is more common. The dynamics significantly impacts their local peers, who may be introduced to cannabis use through the returning friends. Their attitude towards drugs can lead to direct peer pressure or curiosity-driven experimentation among local youth.

因為他有朋友從外國讀書回來，在外國就比較常見。(061)

我有一個中學同學，他初中的時候去了外國讀書，之後就回來香港。我便問他有沒有吃，他說有，問他回來香港後有沒有，他都說有，之後我就找他一起試。(078)

大概四年前，有一些朋友在外國回來。大麻在外國就很流行，很普遍。回來了香港，他們也有渠道繼續可以得到大麻。(084)

Even after returning to Hong Kong, these individuals often maintain access to cannabis through established channels. This continued availability reinforces drug-using behaviours and spreads them among local peers. One participant noted that friends who returned from abroad brought back not only cannabis but also the means to procure them, ensuring the continuation of drug use.

The perceived enjoyment of drug use and the social bonding it fosters can further embed drug use within peer groups. For example, 045 described how a friend who had studied in the UK introduced him to cannabis. The experience was framed as fun and humorous, which can make cannabis use more appealing and socially acceptable within their circle. The

normalisation of cannabis use in foreign cultures can lower the barriers to trying drugs for the first time.

In addition to hearing the experiences of friends abroad, some participants had direct personal cannabis use experiences in foreign countries. The experiences can significantly alter their perceptions and lead to initial experimentation. Particularly, the Netherlands, United Kingdom, and Canada were reported as the main countries where participants used cannabis during their trips and exchanges. These countries provide a unique opportunity for individuals to explore their curiosity about the substance.

我初次接觸其實是在外國，在英國交流。當時很多同學，當地一起玩的朋友都有，覺得是很小的事情。剛剛接觸大麻，我都有自己做研究，覺得不是很大傷害性的東西，它的傷害性低於煙和酒。(081)

當時我和男朋友分手，很不開心，就飛了去加拿大，到親戚那裡住了大概兩個月。我在那段時間就每天都吸食大麻。(084)

我在荷蘭第一次吃大麻，因為很好奇大麻是一些甚麼來的。我也會想為甚麼其他人會喜歡？還有我真心覺得大麻跟其他毒品是有分別的，由始至終對它都沒有反感。(102)

Similarly, studying or living abroad can expose individuals to different social norms regarding cannabis use. This environment of legal acceptance and cultural integration of cannabis made it easier for them to try it without the stigma associated with illegal drugs (e.g., 028). The simplicity of access and the positive social experience reinforced their use of cannabis.

16. Onset for Men Who Have Sex with Men (MSM)

The onset of drug use among gay members often occurs later than traditional drug abusers, typically in their late teens to early twenties, and is frequently triggered by sexual activities after puberty. For MSM, their first drug use experience typically occurs with potential partners, often intertwined with intimate encounters. The experimentation is typically linked to curiosity and the influence of their partner's behaviour. The motivation to please or connect with a partner can override initial resistance to drug use.

第一次想試，是因為那人是一個我可以發展感情的對象。他在性行為途中，無緣無故取出藥物。當時我又不抗拒，眼見對方嗅完沒甚麼事，所以我就嗅了。(019)

因為我覺得沒有甚麼所謂，和那個男孩試一下吧。因為我是男同志，對那個男孩是有點意思，所以就沒有拒絕他。(024)

有些年輕人只有 18-19 歲，他們不知道，可能被約去 normal-fun，只是認為普通的 casual sex，去到現場遇到那個主辦人，那主辦人本身也是做 chem-fun 買賣的，覺得某個年輕人很合適，就引導他去吸毒。(033)

Drugs are regarded as essential for many MSM, highlighting the high vulnerability of this population. Drug use is often tied to sexual activities to enhance experiences, and some participants confessed that they could not perform sexually without the presence of drugs. This dependency explains the emergence of "Chem Fun" parties, where drug use is prevalent but not always openly discussed. Many individuals enter these settings without full knowledge of the drugs involved, leading to experimentation driven by the atmosphere and peer influence.

我最初完全沒有認知，可能會知道白粉那些，但是沒有很大認識，即是你不會那麼容易接觸到這樣東西，或者沒人跟你說原來 Chem Fun 會遇到這些東西。最初我以為是一些食了會有性快感的藥而已，或者放鬆點的藥而已。(023)

我只是被告知是 Group Sex 及有數名人士在場，所以沒有為意，他們也沒有提及任何關於 Chem Fun 的內容，到場後才知道 Chem Fun 是這樣東西。到場後，看到很多人手拿著冰壺，煙霧迷漫，音樂強勁很有節奏感的。(032)

Despite some individuals having knowledge about the harmfulness of drugs, sexual motives often outweigh rational thoughts. Participants acknowledged knowing about the risks, but the desire for enhanced sexual pleasure or the influence of peers led them to disregard these concerns.

沒特別說這是搖頭丸，只是說我食了就可以放鬆點去玩久點，那我就沒有特別去想那樣東西。不過也不會死，不會死便食吧。(023)

電視有很多廣告，即是會知道這是甚麼藥物。那時大家有些意思(感情)，想著「試一下都沒有壞」的。(024)

第一次用完是害怕的，就會上網找剛剛吸了甚麼，就知道吸久了會產生冰瘡，膀胱會變小。我知道這些是很危險的後遺症。但之後我覺得不重要。因為慾望比良心大。(032)

The need for better sexual experiences often drives MSM to initiate drug use, which becomes a significant factor in their vulnerability to physical and mental health. The initial encounters with drugs in sexual contexts can lead to continued use and dependence, as the association between drug use and sexual pleasure becomes reinforced over time. Ultimately, drugs are inseparable from their sexual activities.

17. *Rare and Special Cases*

Drug Use Work Culture

Three participants reported their onset of cannabis use was triggered while working in ordinary industries. The workplaces allowed open discussions about cannabis use among colleagues, contributing to the normalisation and initiation of cannabis use among employees. This casual attitude towards cannabis use lowered their perceived barriers and encouraged the individuals to try it, equating it to smoking cigarettes due to the similar method of consumption.

其實初初並不知道身邊有同事有玩大麻，所以初初也是自己吸。朋友也會有吸的，但就不是一起上班那些。然後做久了也知道有些同事吸，就會一齊吸。(021)

因為知道他一直有吸食大麻，上班的時候，他會在 WhatsApp 說「我現在很 stone，暫時不能夠答問題」。因為我也是有食煙的習慣，它手捲的大麻，和食煙的分別不太大。那時他遞過來，我就試。(086)

In another instance, 093 described how his boss at a company openly used cannabis and offered it to employees during work hours. The boss's encouragement and casual use of cannabis at work led 093 to try it for the first time. Cannabis use becomes a work culture in these companies and encourages staff to comply, particularly when authority figures partake in and promote it.

Free Drugs for Females

Although free drugs were common during the initial experiments, individuals typically had to pay for subsequent use. Thus, free drugs were seen as a lure to drag individuals into

addiction. However, unlike this strategy, female participants reported that free drugs were offered even after they became regular users (e.g., 002). The absence of financial barriers removes one of the major obstacles that often limit drug consumption. This consistent supply can lead to habitual use and increased dependency, as individuals are less likely to experience scarcity that might otherwise force them to reduce consumption or seek help.

Stage 2: Persistence

Variations in the persistent use of drugs are observed, with different factors contributing to sustained drug use among individuals. The reasons for continued use are multifaceted. Some individuals become addicted almost immediately, while others develop a progressive dependency on drugs. Persistence in drug use is commonly linked to peers and social activities, where the social environment plays a crucial role in maintaining drug habits. Participants often rationalise their continued drug use, with some directly admitting to their addiction, especially highlighting psychological cravings.

人生好像沒有目標，不知道自己想怎樣。所以就選擇了繼續這樣下去。(010)

我還沒找到自己真正的興趣。可能目前是大麻，未必是，但現在暫時是。現在我個人是有點沒方向的，但是吸完大麻就覺得沒有方向未必是壞事，但是如果是錯了方向才是壞事。(062)

While the adverse reactions after drug use, mentioned in the onset stage, deterred some participants from continuing, persistent exposure to peer influences, social circles, entertainment venues, and unhealthy activities often outweighs these deterrents. The social dynamics and environments where drug use is normalised play a significant role in the persistence of drug habits. Understanding these variations and the underlying reasons for persistent use are crucial for addressing the broader issue of drug addiction. The following will explore these factors in detail, shedding light on the complexities of sustained drug use and the interplay of social and psychological elements that contribute to it.

1. *Craving*

One of the major reasons for the persistent use of drugs, as highlighted in many studies, is craving. The craving for drug use is a complex interplay of psychological and physical dependencies that develop over time. Participants consistently described craving in terms of unstoppable thoughts about drugs and feeling powerless without using them. After addiction sets in, some participants cannot even articulate their actual motives for using drugs, demonstrating the uncontrollable nature of their cravings.

用不到那種感覺，不知為何。那個心癮，好像吸煙一樣，你總是沒有東西吸一下，你整個人好像差一點的樣子。又要刺激一下鼻子，刺激一下喉嚨，記掛著那種感覺。(006)

依賴了它，那段時候覺得日常裡沒有它就不行了。根本一起床沒有的話就要找，找不到就不肯走去上班的那種心態。就算回到公司也要繼續找，找到別人說送過來了，才好像能工作一樣。(021)

心癮是你會很想去吸食一口，就是在心底發出來的，不食就不知道自己可以做甚麼。好像對很多東西都失去了興趣，例如社交方面失去了興趣，引致到去了另外一些社交圈子。(031)

有了心癮，你會很想吸食，不能停下來，每天都很想吸食，睡醒又是吸食，沖涼時可能也是吸食。(043)

This psychological dependence often starts at a low level but can escalate, becoming a dominant force in the user's life. Unfortunately, this dependence does not end even when drug tolerance has developed to the point where the drugs have lost their effects. In such cases, participants continue to consume more drugs to fulfil their psychological cravings, even if they can no longer achieve the desired effects.

吸食到失去效用了（滑晒牙），還要吸食！是精神食糧來的。(009)

覺得自己是垃圾但完全戒不了。每日都在想戒。每次食完會跟自己說「夠了，要戒了」。我在房裡食，也說不要再拿了，但一到時間又會拿三「下」。不停地拿三「下」。(042)

之後已經開始食到沒有感覺。那時真的不知道為甚麼會不停地食，可能已經上了癮，自己覺得是上癮，可能是一個習慣。總之就是食完後好像甚麼都不用想。(092)

Emotions are typically the triggers for drug use. Many participants describe a mental craving that arises from various emotional states, such as boredom or unhappiness. By continuing to use drugs as a coping mechanism to alleviate their distress, many participants

consistently pair their emotional states with drug use. This association eventually becomes a deeply ingrained habit that dominates daily life.

多數「心思思」，又不想睡覺，又沒有東西做，之後不知做甚麼就會想去食毒品了。(026)

不開心就去想這個東西，開心時就更加「吃多兩顆」，以前真的。那就久而久之，變成好像它在控制我那樣，甚麼也不管，天天只在玩。(028)

天天百無聊賴，沒事可做，就會覺得整天很想服食。而且用完之後會 high，我又很喜歡那感覺。我很喜歡追求那興奮或 high 的感覺，就常常很想服食，不停想服食。(030)

042 provided a clear conclusion on this persistence. He noted that dependence is no longer related to emotions because he felt upset and depressed after using drugs. The only reason for continuous drug use is a habitual escape from thinking. This habitual use indicates a shift from seeking pleasure to maintaining a semblance of normalcy.

Unlike the mainstream experience among participants, where cravings are more psychological than physical, 047 and 052 reported physical withdrawal symptoms, including being unable to breathe, hand tremors, tiredness, and numbness. Over time, the body begins to crave the drug to function normally. The combination of psychological and physical dependencies creates a powerful compulsion to continue using drugs. Participants often described a relentless desire to chase the high or maintain the feeling of normalcy that the drug provides. This relentless craving can make it extremely difficult for participants to break free from the cycle of addiction.

Another aspect of persistent use is the role of environmental cues and routines. Participants often find themselves craving drugs in specific contexts, such as social gatherings or after consuming alcohol. The use of alcohol can be regarded as a strong trigger to cocaine use. There is an explanation from participants that cocaine can be used to alleviate the consequences of being drunk.

尤其是喝完酒就一定要吸食的了。(014)

我現在發現為什麼有時候喝多兩杯就會想起毒品。我之前從來都不相信喝完酒，會想吸食「可樂」來解酒的。(049)

因為喝了很多，醉倒的時候吸食「可樂」就會清醒一點，有一點解酒的作用。(058)

Cocaine use is intertwined with their social activities, making it a regular part of their routine. The cues of alcohol are present everywhere, making it difficult to break the cycle of use.

Most cannabis use participants believe that there is no craving for cannabis use. However, some participants reported cravings. The cravings they described might not be as severe as those for traditional drugs, but they did mention the uncontrollable nature of their desire to use cannabis. The verbatim accounts underscore the potential for addiction to cannabis.

其實怎樣說都會有一些癮，就是怎樣都會想吸食，就是可能你心裡面有少許七上八落的意思。(066)

中間有段時間我停不了，很辛苦，完全明白「毒蟲」是什麼感覺。心裏真的很想食，就像戒煙一樣，你很想食煙那樣。(071)

我不否認，因為我有一陣子有心癮。(077)

2. *Social Circle and Continued Peer Influences*

The social circle and peer influences play a crucial role in the persistent use of drugs, creating an environment where substance use becomes a normalised and shared activity. The dynamics is evident across various settings and stages of life, significantly impacting the behaviours and choices of individuals involved.

Many participants (N=18) reported that the reasons for their persistent drug use were identical to those at the onset, including peer influences, clubbing subculture, and triad influences. Consistent with the peer influences observed at the onset, these influences continued to reinforce drug-taking behaviours, aligning with group spirit and expectations. Additionally, associations with triad members consistently exposed individuals to clubbing subculture and provided easy access to drug dealing and drug supply. For example, 061 attributed his persistent use to a stable drug supply, noting that if the supply was disrupted, he

would likely use less or even stop due to the difficulty of finding new dealers. Moreover, frequent exposure to clubbing subculture increases the risk of continued drug use. 055 highlighted the phenomenon of aged drug abusers still active in clubbing, maintaining their habits within specific social circles.

我是十二三歲開始就天天去 disco，去到現在都好多年了，最主要是食「茄」跟搖頭丸。(004)

那一刻覺得，他們吸食就一起吸食。不會想後果。(010)

The sense of normalcy in using drugs among persistent users often occurs through gradual exposure and social acceptance within their peer groups. Persistent immersion evolves into a routine influenced by the behaviours and attitudes of those around them.

一起吸一起玩這樣又不覺得是很大問題，那就順理成章認為這樣東西是沒有問題的。(003)

可能吸食完第一次覺得沒有甚麼，所以第二次就算沒有反應都沒有所謂了。反正整班一起的。(005)

用完第一次，滿足了好奇，然後就變了其實一件好像很平常的事情，之後便會「他吸食，那就跟住吸食了」。(014)

These sentiments reflect how repeated exposure can desensitise individuals to the perceived risks and consequences of drug use. The presence of peers engaging in drug use can diminish the stigma and make it seem like a normal part of social interactions.

During this process of normalisation, the gradual increase in usage can lead to addiction without the user fully realising the progression. Particularly, the pervasive subculture of drug use within certain social groups further entrenches this normalisation and increases the dosage.

初初知道是毒品，所以小口一點，怕有什麼反應，因為沒有安全感。後來吸一啖沒有事，第二啖也沒有事，第三啖感覺不錯，第四啖感到舒服。慢慢地增加份量，不知不覺間就開始對它上癮了。(046)

我是到坐完牢出來，我就開始去蒲，去甚麼的，開始吸食得多了。(048)

The normalisation of drug use within certain social circles can significantly loosen mental precautions against using drugs. As individuals become more accustomed to the presence and use of drugs in their environment, their perceptions of what constitutes an illicit or dangerous substance can shift. This shift is particularly evident among participants who persistently use other drugs; they no longer perceive substances like cannabis and ecstasy as illicit or harmful. For instance, 049 explained that they view ecstasy as something mild and non-addictive, typically consuming only half or one pill each time. This perception downplays the potential risks and dangers associated with ecstasy use. By considering it a 'mild' drug, individuals may underestimate its impact on their health and well-being, leading to more frequent and casual use.

Influences from Intimate Partner

Undoubtedly, intimate partners play a significant role in influencing the persistent use of drugs. For instance, 013 shared that her second use of drugs came from her boyfriend, who taught her to use meth for gaming and it contributed to her subsequent use. The dynamics shows how intimate partners can be a primary source of drug exposure and access.

Additionally, some participants were in relationships with drug dealers, which facilitated their access to drugs and supported the expenses of persistent use. Relationships with drug dealers can significantly increase the frequency and ease of drug use.

我十六歲時認識了男朋友，他比我大十三年，是販毒的，本身沒有正職，他是靠這件事維持他自己的生計。所以我接觸毒品比我整群朋友更早。(003)

那時那男生是自己製造「冰」給其他人食。跟他在一起時，因為他製造，所以便整天可以食了。(004)

上網認識了這個男朋友，就開始在他那裡住，原來他和他爸爸都吸食冰的。然後他還叫我一起試，「真的沒事的，吸煙而已」。就是這樣出事了。(013)

當時去 disco 有搖頭丸或者「K 仔」。那些藥是我男朋友提供的，就不用錢了。(052)

Some participants further described how their partners used drugs as a means of emotional manipulation or compensation. This manipulation can reinforce drug use and serve as a coping

mechanism for dealing with relational stress and a means of seeking temporary relief or pleasure

有時和她吵完架，她也沒有說想食，但我都覺得煩。之後我就會去拿毒品，然後一起食。食了之後，兩個會顧着打機，這就反而不吵了。但個問題仍是解決不了。(026)

他一旦激怒了我，他就說「我給錢讓你出去吸毒吧，你出去吃。」他給錢我出去吸毒，想著彌補我，因為他知道我想吸毒。那時候有一、兩次我覺得很興奮，很開心。(049)

因為那時拍拖，和男朋友一起，之後覺得悶，拍拖拍到覺得很悶。和他拍拖不開心，我便提議不如食大麻，叫他試試食，當是找回點點樂趣。或者有一點我自己覺得是逃離現實。(071)

The encouragement and approval from intimate partners can further lower psychological barriers to drug use. As 062 added, the support from her boyfriend definitely made her feel justified and less inhibited in her drug. This kind of relationship not only tolerated but encouraged drug use, driving to substantial risk and removal of psychological barriers.

Working in Nightclubs

Individuals working in nightclubs are significantly more vulnerable to persistent drug use due to the immersion and exposure to drug use subculture prevalent in these venues. The environment in nightclubs often includes designated areas or tables specifically assigned for consuming drugs, which fosters the chances of use. Working in such settings lowers resistance to drug use, making it a normalised part of the workplace culture.

開始「坐枱」時坐了一兩張「毒枱」。那時候坐這些枱我是沒有所謂的，因為我本身不太抗拒這回事。「毒枱」除了不用喝以外沒有什麼好處，可以免費食吧。(038)

在 A 夜總會的時候有碰過毒品，而且很多。有些不懂得食的客人，還強迫我食。「坐枱」的時候會吸食，但放工之後就不想用錢買。後來我便控制不了自己，看到客人吸食毒品自己就很想食。(042)

我也嘗試過在一些小型夜總會工作，不過我在那些地方只做了一段時間，因為那時候我已經上癮了，就變了去所講的毒枱工作。(046)

Some participants noted that their mamasan (媽媽桑/大班) roles in nightclubs demanded less effort while offering high commissions, creating a conducive environment for drug use. They could also obtain drugs from dealers in these venues at lower prices.

我開始在夜總會做「媽咪」那時用多了，但也不是很多，一百元 K 仔可以食一天。吸食 K 仔的原因主要是悶，因為我做「媽咪」不用做，但又貪玩。21、22 歲開始用「可樂」，食到 23 歲左右。(039)

Working in nightclubs significantly increases the vulnerability to persistent drug use due to the normalisation of drug subculture, the availability of designated drug use areas, and the reduced resistance to drug use within these settings. The combination of high commissions, low-effort work, and easy access to drugs creates an environment where drug use becomes a routine part of life, further entrenching addiction.

Extension of Drug Use Circles

Immersing in the aforesaid social circles, participants extended their networks, which intensified the degree of influence on their drug use. As they met more people within the circles, the frequency and normalisation of drug use increased. 038 explained the extension of social circles through the mutual introduction of friends and clubbing in various districts. Under the drug effect, 004 added that using meth made her enjoy talking and sharing personal stories, creating a false sense of deep connection and intimacy. Along with the continuous movement and meeting of new people, this false sense further embedded individuals in the drug-using subculture.

我也不明白是我人緣好還是什麼原因，我認識很多那些人。我透過我朋友認識另一群人，再從他們認識更多人，數量多到我不知誰認識我，周圍都有人識我。(012)

我們在慣常去的那一間酒吧，識了一些酒保，那些酒保會問我們「OK? Go?」我們便會一齊去後巷吸食。(098)

These expanding social networks not only increased access to drugs but also reinforced the drug subculture. The growing number of drug-using friends created an environment where drug use became a regular part of social interactions. This social reinforcement made it challenging for individuals to resist or quit using drugs, after it was deeply integrated into their social lives and routines.

Multiple Substance Use

Many participants tended to use multiple substances, which can be explained by the dynamics of their social circles and peer influences. Social interactions and peer recommendations reinforced the experimentation with various drugs. Furthermore, the enjoyment and social connectedness in these groups can make the trying of new drugs appealing and normal.

「落 D」的時候吃搖頭丸、「索茄」，「five 仔」也有。因為那些朋友，可能你拿這種毒品、我拿那種毒品，然後可能中間「喂，給我一口」或者「給我半粒」，大家這樣交換，所以就會接觸比較多種類。(003)

因為有些人食厭倦了，就想食一下其他東西。認識朋友都會想食其他東西。人家說「可卡因很棒，試一下」，那就試一下。(008)

Under these influences, drug use preferences often change with shifting social groups. For example, 004 turned from ketamine to meth when she stopped clubbing and stayed with street youth gangs. Later, when she returned to discos and clubs, she took ecstasy and ketamine instead of meth. The habit of experimenting with different drugs, exchanging substances within groups, and the enjoyment of group drug use create a dynamic environment where drug preferences can shift frequently.

3. *Coping Mechanism to Life Transition/ Stress*

Participants often continued using drugs as a coping mechanism to navigate life transitions and stress, continuing from the onset stage. When this approach was perceived as effective, participants consistently applied it to manage their emotions and stress, developing habitual use.

情緒悲觀時，「索茄」反而會忘記了所有事情，即是你自己不會刻意去想太多。現在已經成為一個習慣。開心、不開心其實都會吸食。(005)

因為我覺得它可以幫助我舒緩壓力。那時候功課壓力太大了，真的很大，很辛苦。我找到的方法，就只有吸食大麻，於是我就開始喜歡上這種幫我減壓的感覺了。(099)

For instance, 042 described ketamine as a saviour to her social isolation and loneliness. Such perceptions further consolidated and justified the participants' continuous use of drugs.

Particularly for cannabis users, participants demonstrated a higher vulnerability to habitual use when stressors were perceived as beyond their control, such as interpersonal, familial, and societal issues. Persistent cannabis use served as a form of escape, especially when compounding stressors were present.

總之就是放鬆了不必要的不開心，好像自己將腦袋拆了下來，就先不用想那些事情，然後我整個人充滿電，我再戴返這個東西就可以，即是好像倒垃圾那樣，倒光全部垃圾出去，挺開心的。(024)

因為有一段時間是我人生超級抑鬱的時候，我變成了日常使用者。即是早上一口，晚上一口。那時候很多的事情，家庭、社會，加上家裡剛好媽媽有一些情緒問題。我控制不到，接著很無力的情況，所以就選擇逃避一下。(100)

Some cannabis users (e.g. 074) further linked their cannabis use to broader considerations of the social atmosphere. Given the broader societal and environmental pressures in Hong Kong, participants perceived a depressing and suppressive society. These participants used cannabis to seek ways to relax or escape for a while.

The appeal for restoring their mood from depressive or anxious states to feelings of normalcy or even hyper-euphoria led many participants to persistent drug use. For example, 061 and 093 stated that the immediate feelings of relief, happiness, and excitement after taking drugs encouraged continued use. The immediate emotional restoration and upliftment can overshadow consideration of potential negative consequences.

原來吸食完「可樂」是那麼 free 的。但吸食完之後又手腳抖顫，整個人又很慌，很緊張，吸食完樣子又醜。但是又總是想追住那種感覺和那陣味道。(006)

因為用完之後會感覺很良好，或者 high。當然你喜歡那個感覺的話，你就自然會繼續使用。那時也不會害怕甚麼副作用，會傷害身體，那一刻沒有想到那麼長遠。(030)

However, the temporary relief provided by drugs does not address the underlying issues, leading individuals to continue using drugs to maintain that emotional state. 041 described the relentless craving for the fleeting comfort and relaxation that drug use brings. A desire to escape from the clarity of sobriety was common among participants, allowing them to avoid the burden of thinking and stress.

「K 仔」，我就不喜歡吸食到很爆的，都是吸食少許，整個人放鬆了，心情也愉快少許了。又不會想那麼多事情，我就是喜歡有少許呆的那種感覺。(006)

因為我喜歡迷幻的感覺，即是我不喜歡做人太清醒，因為清醒會想很多事情。(040)

我喜歡的是自由一點的感覺，因為舒服。就是為了追求另一個屬於自己的空間。不用煩什麼，要什麼就有什麼。(093)

Similarly, cannabis users often find solace in the drug's ability to enhance their focus on the present moment and self. As described by 098 and 107, using cannabis alone allows them to engage in activities like eating, listening to music, and appreciating their surroundings. This helps them relax and temporarily escape from their problems and external annoyances. The ability to find pleasure and distraction in simple activities contributes significantly to their continued use of cannabis.

Persistent drug use as a coping mechanism is driven by the perceived effectiveness of drugs in managing stress and emotions. Whether dealing with academic pressures, social isolation, familial problems, or broader societal issues, participants found solace in drug use, leading to habitual and persistent use.

4. *Functional Use*

Apart from the emotional upliftment that drugs provide, many participants outlined the functional purposes of drug use to maintain productivity and extend their working hours. Particularly, the stimulating effects of meth and cough syrup were highlighted for their ability to enhance alertness and productivity.

一到考試要溫習那些時間，睡了就沒有了時間，所以我吸這種東西，其實是幫自己已有精神去應付溫習和考試。那兩年真的是考試那個月會吸三、四晚，其餘時間也不會吸，因為我不喜歡那個感覺。(003)

做事情的時候，喝了咳水，起碼你多服務幾個客人，都沒有覺得之前那麼累。收工都不會累，你還有很多精力去打機。(050)

繼續食是因為它的功能，食完很精神。我是怕溶雪那一刻，不能上班，做不了事，所以就繼續食下去。比如我想收拾房間，但是沒有動力。吃兩口冰，就可以有動力去收拾好所有東西。(095)

如果要上班，可以混合適合的毒品劑量，或是加另外一種毒品，好令自己第二天能夠上班。基本上，都有點像自我開藥給自己了。(112)

The purposeful use contributed to addiction and reliance on meth to stay alert and functional. In the long run, participants needed to take it immediately when they felt tired (e.g. 013 and 021). When the drugs were perceived as providing the necessary energy for human functioning, participants found it hard to stop drug taking once dependence developed.

Additionally, meth was frequently used to improve concentration and performance in gaming. 026 reported that the drugs not only enhanced gaming performance but also provided an escape from problems by immersing intensively in the gaming experience. This dual effect of improving focus and alleviating stress made meth particularly appealing.

去網吧裡「索 K」。去網吧或是機舖，多數都和朋友打機，那便索了。(011)

那時我索完「K」去打機，看到我朋友經常去廁所，他每次出來都很精神，後來就問他，他就帶我進去，看到一個樽和錫紙，問他甚麼來的，他說「你試試，食完你就會很專心打機」。後來就試了一口「冰」。(012)

However, the negative consequences of using meth and cough syrup are significant. The stimulating effects come from over-drafting the person's physical and psychological capacities, leading to excessive tiredness and exhaustion after the effects wear off. Participants experienced severe fatigue and depletion, highlighting the unsustainable nature of relying on these substances for productivity and alertness.

當然有副作用，沒有那麼容易睡得著，弄到睡眠狀態越來越差，越來越難好像以前那樣自然入睡，所以後來有一段時間都要安眠藥來睡覺。所以就藥配搭藥，接著就更大副作用了。(050)

Other than meth and cough syrup, cannabis use participants attributed their use to specific purposes. Due to the different functions of CBD and THC, cannabis users demonstrated two distinct strategies for using it purposefully. Unlike meth and cough syrup, cannabis users particularly used CBD to aid their sleep. This approach is at the other end of the spectrum, allowing individuals to rest as a way to restore their productivity.

工作壓力開始越來越大。開始睡不到，失眠。有些焦慮徵狀出來，接着便越錯越多東西。然後那時就開始，經常「點嘢」。「點完嘢」後，便即刻睡到。然後第二日，我又精神神那樣，感覺沒事。(077)

它裡面 CBD 的成份比較高，所以真的睡得很好。這是我試過很多次的，特別是一睡覺就到天光，第二天就會有很充足的精神。(082)

In contrast, high-THC cannabis is used to stimulate creativity and generate new ideas in creative processes, particularly for designers, music composers, and video creators. Participants in these fields reported that THC helped them think outside the box, offering new perspectives and enhancing their creative output.

我做設計這行，其實需要很多靈感，我很多圖都是在吸完之後想出來的。自己開始吸，看看能不能畫一些奇奇怪怪的東西出來。都可以畫到的。(060)

比如說你當編劇，你真的一整天在房間裏十多小時完全不做其他，只是不斷在白板上寫下點子。可能他們作為創作者，需要試這東西，然後得到新的想法。(073)

Participants' purposeful use of drugs extended beyond emotional upliftment to include enhancing alertness, productivity, focus, and creativity. These functional uses illustrate the complex roles that drugs play in their daily lives and underscore the challenges in addressing drug dependency, as the perceived benefits often overshadow the potential harms.

5. *Cannabis-Specific Persistence*

Incorporation into Daily Activities

Due to the similar method of smoking cigarettes, detecting cannabis use in public areas is difficult unless the smell is specifically identified. Hence, cannabis use has been deeply integrated into the daily activities and social routines of many participants, contributing significantly to its persistence. This integration is driven by various factors, including social bonding, lifestyle habits, and the enhancement of leisure activities. According to 067, cannabis has become a seamless part of his lifestyle, perceived as neither time-consuming nor disruptive. The ease and efficiency with which cannabis can be incorporated into daily routines make it a persistent habit.

Considering the social nature of cannabis, participants believed that social interactions and bonding were enhanced through cannabis use. They perceived that using cannabis within tight-knit social circles leads to more open and honest interactions, which help to maintain and strengthen friendships, especially when the social circle consists predominantly of cannabis users.

可能一大群朋友出來玩，有人拿出一支捲煙，便會大家一起傳。只是當作和朋友一起出來玩時，玩得更加開心而已。(064)

自己的社交圈子沒有太多不吸食大麻的朋友。一班會吸食大麻的人會比較深入一點，對住大家都坦承一點，放下戒心。主要是找到朋友的關係，比較親密一點，緊密一點的。(076)

Cannabis use has become normalised in social activities, similar to how others consume alcohol. 082 explained that attending music festivals or social gatherings often involved cannabis use. This cultural acceptance within social contexts reinforces its persistent use.

Leisure activities, such as watching movies, listening to music, and attending gatherings, are also closely linked to cannabis use. Participants shared that they enjoyed these activities more when using cannabis. The association with enjoyable activities enhances the appeal and habitual nature of cannabis use.

我認識一班差不多年紀、一班不同興趣的人。就一起去聊天、看電影，聽歌，一邊吸食大麻。(082)

吸食大麻就當作是一個定期聚會、吃飯、聊天這樣。(085)

取決於有沒有一些朋友出去玩。有，那我們就吸食。通常都是一些飯局，在晚上去吸食大麻。(097)

這一刻我覺得有它也行、沒有它也行。它會令我在放假的時候，有一個錦上添花的感覺，它會令我開心的時候更加開心。(099)

The incorporation of cannabis into various life activities significantly contributes to its persistence among participants. Whether through enhancing social interactions, becoming a part of leisure activities, or being a staple at social gatherings, cannabis use is normalised and reinforced within these contexts. This integration not only makes cannabis use a routine part of life but also strengthens the social bonds and enjoyable experiences associated with it, making cessation challenging.

Alternative Thoughts

Another popular reason mentioned by participants was the altered thoughts and enhanced perceptions. Participants have articulated various cognitive and sensory experiences that make cannabis use compelling and habitual. These insights reveal how cannabis becomes intertwined with their mental, emotional, and social lives, contributing to its enduring appeal.

它好像開通了你另一個世界，即是所有感官，很多感覺全部放大了很多。接著就會覺得很神奇，好像打遊戲機那樣，突然之間吃了一些很厲害的東西，突然之間你整個人的力量會很強。(021)

它幫我跳出了自己一直這麼多年的框框，所以才是上癮的另外一個原因。(062)

This heightened sensory awareness makes ordinary activities feel extraordinary, akin to experiencing a different, more vibrant world. The enhanced perceptions create a fascination with the altered state, encouraging repeated use to recapture these intensified sensations.

Additionally, mental relaxation and meditation were also mentioned as the attraction for continuous use of cannabis. 083 and 088 both highlighted the benefits of cannabis use in the spiritual aspect, which allowed them to rest, explore, and cultivate themselves. This purposeful use of cannabis to achieve mental calmness and clarity underscores its role in managing stress and facilitating cognitive rest. By creating an environment conducive to meditation, cannabis helps participants achieve a state of mental peace and relaxation.

Cannabis enables participants to explore different aspects of spirituality and intellectual growth, providing motivation to continue using it as a tool for personal development and exploration. From the perspective of participants, this spiritual and intellectual enhancement adds a layer of depth to the cannabis experience, making it more than just a recreational activity.

The alternative thoughts also helped participants to alleviate negative emotions and improve mood. 091 reported feeling significantly more relaxed and positive after using cannabis because his destructive and depressive thoughts had been altered to positive and constructive thoughts.

自己有時會有抑鬱，不是說抑鬱症，而是突然間情緒有點不好，抽完大麻後真的會開心很多，算是逃避吧。「其實也不是那麼糟糕吧！」、「明天一定會更好！」我們借助它維持心態。(073)

每次都開心，你抽的時候整個人會很放鬆，便會想今天是否真的那麼糟糕？「明天一定會是晴天！」到了第二天便如常生活。(091)

This emotional upliftment and quick mental relief make cannabis an attractive option for coping with stress and maintaining a positive outlook. The immediate relief from negative emotions and the temporary escape from life's challenges contribute to the persistent use of cannabis as an emotional crutch.

Cannabis stimulates thought processes, making users feel more mentally active and engaged. This mental stimulation and increased self-awareness make cannabis use particularly

appealing. The ability to enhance cognitive function and thought processes encourages users to continue using cannabis to maintain the heightened mental state.

其實我吸食完是會加快了我想事情的速度，亦都會令我不停想很多事情，很多有關自己的事情。我覺得是激發了我的腦去做更多其他的事情。不是說沒有了它不行，但是我會覺得有種又電的感覺。我開心一點，我投入我自己多一點。我更加可以感覺到了解我自己。或者有少許 I don't give a fuck (我才不在乎呢!) 的態度。(084)

The attraction to altered thoughts and enhanced perceptions significantly drives the persistent use of cannabis. Whether through enhanced sensory experiences, cognitive relaxation, spiritual exploration, emotional upliftment, mental relief, breaking mental barriers, mood enhancement, or stimulating thought processes, cannabis offers a range of desirable effects that users find difficult to relinquish.

Perceived Less Harmful and Controllable Use

Specifically, the frequency of cannabis use among participants varies widely, from daily use to occasional, even yearly use. This variability contrasts with the more frequent and higher consumption patterns observed in traditional drug abusers. For instance, participant 086 reported using cannabis only four to five times in the past three years, and 090 used less than 1 gram per week. These patterns create a perception that their cannabis use is insignificant and less harmful. As a result, participants are less likely to view their consumption as problematic or dangerous.

The perception that cannabis use is less harmful and more controllable compared to other substances significantly contributes to its persistent use. Participants describe various patterns and beliefs that reinforce this perception, leading to continued and often habitual consumption of cannabis. For example, 076 highlighted that cannabis use is perceived as primarily addressing emotional needs to differentiate between emotional and physical dependency.

其實是心癮，沒有物理上的。你沒有打白粉針的話你會焦慮的，吸食「K 仔」會流鼻水，「冰」會生瘡的那些物理作用。我覺得心癮其實是容易一點解決，只要解決到背後的問題就可以。(076)

我不害怕大麻，人只有這一輩子，什麼也應該試試，但危害身體的我不會試。
(079)

不是那些甚麼身體、流鼻水、不吸食不行，不是那些戒斷症狀。我知道身體成癮其實是一件很小的事情，最重要的是你的內心。所以我想訓練自己的內心變得強大，不能夠每一次有這一個念頭就吸食。(099)

Participants often listed the physical consequences of traditional drugs as examples to prove the low risk of using cannabis.

自那次後我便知道要適可而止，上網看了很多它的後遺症，知道原來吸入過量是會這樣，下次便不要過量。(080)

其實我這種用量很高，我整個人簡直癲癩一般，整個身體的肌肉也自行收縮，因為那些神經已經錯了，感到所有地方也受到刺激，也是一個 trip。我癱了差不多一個多小時，我的肌肉不斷收縮但不會痛的。之後還是可以再回復放鬆的狀態。
(090)

The harms of cigarettes and alcohol were also frequently compared with cannabis to illustrate the safety of using cannabis.

我一開始沒有打算長期吸食大麻，和會去看一關於大麻方面的東西，或者一些朋友說大麻的知識，覺得都不是一件很嚴重的事情。就覺得很小事而已，就是像吸食香煙一樣。那麼就變成沒所謂了。(096)

This mindset reinforces the idea that cannabis is relatively safe to experiment with, contributing to its ongoing use. This perception of a less severe dependency lowers the perceived risk and increases the likelihood of persistent use. The comparisons minimise the perceived risks of cannabis use and normalise its consumption. The overall perception among participants is that cannabis use is a minor issue. This perception of low severity diminishes the urgency to reduce or cease use.

Overall, the perception of cannabis significantly contributes to its persistent use. The variability in use patterns, the differentiation between emotional and physical dependency, proactive self-education, favourable comparisons to other substances, social normalisation, and

its role as a coping mechanism all reinforce the belief that cannabis is a manageable and relatively safe option.

6. *MSM-Specific Persistence*

MSM participants have outlined several reasons for their continuous use of drugs, including stable employment, access to supply, and concerns about appearance (020 and 022). However, the primary motivation for persistent drug use among MSM is the enhancement of sexual experiences, driven by the physiological effects of drugs that heighten arousal and pleasure.

慢慢可能接收較多同志資訊，變成了小事或者沒有所謂。我自己也是把同志用藥和性行為掛鉤。(019)

因為第一次的經歷，覺得可以滿足到對性的一種渴求。之後便一路持續下去。(023)

因為它會引起性慾，用完冰之後，你會想做愛。(030)

The association between sex and drug use is significantly amplified by Chemfun parties. The gatherings involve groups of MSM who meet in private venues to use drugs and engage in sexual activities. Immersing in the activities exposes individuals to a drug-use subculture and likely results in a shift in attitudes that normalise drug use in sexual contexts among MSM.

就是因為習慣了 Chemfun，也是心癮。即是想儘量找人玩，上網找吧，找附近那些人。(020)

030 further explained that the immediate gratification from these experiences makes it difficult to find alternative methods that provide the same level of satisfaction, leading to persistent drug use. The fulfilment of sexual desires through drug use creates a feedback loop where immediate gratification leads to continued consumption. The absence of viable alternatives to achieve similar sexual satisfaction further entrenches drug use among MSM, reinforcing their reliance on drugs to meet sexual needs and making cessation challenging.

While drugs are closely tied to sex in communal settings, some MSM continue to use drugs at home. Even though they reported persistent involvement in Chemfun, part of their drug use pattern has shifted from group use to personal and hidden use. 054 reported using

drugs at home to prolong masturbation sessions. Similar to Chemfun, the physical and mental stimulation provided by drugs like methamphetamine can intensify sexual experiences alone, indicating a complex and persistent relationship between drug use and sexual satisfaction.

Regarding non-sexual reasons for drug use, MSM exhibit overlapping motivations with ordinary drug abusers. However, social connections and improved communication among friends could be more significant for this group due to their socially marginalised status in Hong Kong. Participants report that drugs lower inhibitions and make it easier to share personal thoughts and feelings, fostering a sense of closeness and camaraderie. This social enhancement reinforces drug use as a positive, communal activity that strengthens friendships and provides emotional support.

那個壞朋友和我沒有性關係，純粹是一起吸食，chill 一下。他不會對我說太多話，逼著我要什麼回應。他又會坐在那兒聽我訴苦，而他又會給我一些我能接受的回應。我不是要他支持我什麼，我純粹希望有人聽我說話。我說出來是因為需要宣泄。(022)

不知道為甚麼好像立即開了開關，然後和朋友多一點心底話去聊，或者願意多說自己一點。就算本身認識那個朋友，也突然之間好像友好一點，而且會知道他另一面，或者多一點事情。所以因為這樣而繼續碰毒品。(024)

The persistent use of drugs among MSM is driven by a combination of recreational, sexual, social, and emotional factors. The normalisation of drug use in sexual contexts and the broad acceptance within the MSM community reduce the perceived risks, further entrenching these behaviours. The persistent use of drugs for sexual purposes highlights the need for targeted interventions that address the unique motivations and behaviours within the MSM community.

Further research is necessary to investigate the specific dynamics that influence drug use among MSM. Understanding these dynamics will be crucial for developing interventions that resonate with the community and effectively reduce the reliance on drugs for sexual enhancement. This comprehensive approach should consider the intertwined factors of sexual satisfaction, social connectivity, and emotional support to create meaningful and sustainable changes.

7. *Rare and Special Cases*

Professional Users

There is a drug use participant involved in drug campaigns in his career. Considering these contradictory roles, he provided a nuanced justification for drug use, emphasising self-monitoring, awareness, and maintaining a balanced lifestyle.

His perspective advocated a more individualised approach to drug use based on medical, psychological, and social factors instead of following the zero-tolerance policy in Hong Kong. This participant criticised the zero-tolerance policy on drug use, arguing that such strict stances do not consider the nuances of individual circumstances.

香港政策是零容忍的。那這個是你的問題，你政策的問題而已。但根據醫學、心理學或者病理學來說，我不跌落這個精神病。我用 DSM-V 就可以知道。(023)

To justify himself, he highlighted the importance of self-monitoring and awareness in managing drug use. He suggested that if drug use does not lead to severe medical or psychological issues as outlined in the DSM-V, it should not be deemed inherently problematic. Therefore, he actively tracked his mental health symptoms using the DSM-V criteria, stopping drug use if he noticed concerning signs.

我也頗留意自己的 psychotic issues，其實我知道原來用藥是會帶來這些東西，原來我到這些位置，便會停了。我會拿 DSM-V 對比自己有多少徵狀，當我符合就會知道自己有多嚴重。(023)

He believed that this approach allowed him to maintain control over his drug use, preventing it from escalating into problematic behaviours. By recognising potential issues early, he could adjust his actions accordingly to avoid falling into harmful patterns.

Furthermore, during the working period, he avoided the one-size-fits-all approach; rather, he emphasised assessing drug use based on its impact on one's sociopsychological and biopsychological functioning. He argued that if drug use does not disrupt one's life significantly, there was no compelling reason to enforce complete abstinence. This viewpoint suggests that

occasional drug use, when managed well and not interfering with daily responsibilities and goals, can be acceptable.

戒毒的時候，也不是叫你完全不用的，是看對自己的影響有多大，知不知道自己的目標和你所做的是否一致。如果一致，就要在這處境找這樣東西。而這樣我可能三個月才用藥一次，而不影響我生活，不影響我其他事。其實沒有甚麼理由要你完全不做這件事。(023)

A crucial aspect of his justification lies in the balance and integration of drug use within a fulfilling life. He emphasised that as long as drug use is just one part of a broader, active lifestyle, it should not be a cause for concern.

用藥不是你生命的全部，只要在你的生活裏有其他事，例如你會想去露營，唱 K；不會抽離社會；不是隱蔽吸毒、不上班、自己藏在家裏天天玩的；你又知道自己要讀書進修，接着又有上班，又有拓展到自己想做的事，用藥只不過是你生命的其中一樣東西時，其實我覺得沒特別需要去戒或斷了它。(023)

While his approach to drug use emphasised self-monitoring, awareness, and maintaining a balanced lifestyle, several concerns challenged the viability and broader applicability of this perspective.

First, the self-monitoring and awareness to manage drug use assumed a high level of rationality, self-discipline and accurate self-assessment. However, the ability to recognise and respond to early signs of problematic behaviour can be subjective and inaccurate. In the previous discussion, participants demonstrated how personal emotions can affect the decisions on drug use, even if they recognised the harmful consequences and had adverse responses. Overconfidence in one's ability to self-regulate can lead to overlooked symptoms, delayed responses, and a gradual escalation of use that becomes difficult to control.

By downplaying the risks associated with drug use and framing it as manageable through self-awareness, there is a risk of normalising drug use within society. His critique of zero-tolerance policy and the suggestion that drug use can be a part of a balanced life could inadvertently send a message that drug use is acceptable as long as it is controlled. This can exacerbate public health issues, increase the prevalence of drug-related harm, and shift the general perception of drug harm.

Furthermore, his approach tended to minimise the potentially harmful effects of drugs by focusing on the absence of severe psychological symptoms as defined by the DSM-V. This narrow view overlooks the broader spectrum of physical, mental, and social harms that can arise from drug use, even if severe psychiatric symptoms are not present. By focusing solely on severe psychiatric symptoms, the approach may ignore these significant and often cumulative harms.

Even if initial drug use is infrequent and seemingly controlled, there is always a risk of escalation and dependency. The nature of addiction is such that what starts as occasional use can develop into a more frequent and intense habit. His emphasis on controlled use does not fully account for the insidious progression of substance dependence. Once dependency develops, it becomes increasingly difficult to maintain balance and control. This risk underscores the importance of preventive measures and early intervention rather than a reactive approach based on self-monitoring.

Stage 3: Treatment

Most participants are likely to experience a repeated treatment loop due to the referral procedures and systems in Hong Kong. These participants have a high possibility of encountering different forms of drug rehabilitation programs, including custodial, hospital, drug rehabilitation centres (戒毒村), and community-based programs. The repeated entry into these services can be unexpectedly high and frequent.

9 次醫院、1 次喜靈洲、1 次黃耀南、1 次新生園。[受訪者現在在日出山莊戒毒]
(012)

進了大埔醫院和沙田醫院總共四十二次了。去過醫院、新念坊、日出山莊和浪茄。
(054)

應該全港醫院差不多我都有入過。(093)

Unfortunately, many participants rated the effectiveness of these programs below four out of ten. 085 reported that one of the staff in these drug rehabilitation organisations had no confidence in their service capability to achieve complete drug rehabilitation, suggesting that the current services might be merely capable of reducing the frequency of drug use.

各種服務都沒有效果。(004)

印象中沒有朋友接受了某一些服務，如見過社工，去完戒毒所，然後就真的沒再食了。(010)

Particularly, participants who used cannabis only have scarcely received any form of treatment during their drug journey, while some have had certain contact with outreach social workers. This group of drug abusers generally perceived themselves as not needing intervention, regarding the perceived “less harmful” nature of cannabis, manageable use, and non-interrupted daily functions.

Despite the prevalence of dissatisfaction with current drug rehabilitation, some participants outlined beneficial elements in their received treatment from their perspective. The following content covers their general understandings and particular experiences in various forms of drug rehabilitation programs.

1. Lack of Awareness and Knowledge about Rehabilitation Services

In many instances, drug abusers demonstrate a general lack of knowledge regarding accessible drug rehabilitation services. This lack of awareness is evident in participants' responses, where many confessed that they had never heard of specific treatment options. Just like 021 mentioned, he had no ideas about drug rehabilitation apart from custodial sentences. 070 and 076 mentioned that they merely noted the existence of counselling services, but they have not used the services.

福音戒毒不是要被捉了才可以進去的嗎？我以為是監犯那樣。社區戒毒那些我真的不知道，沒有人說過。(020)

我對戒毒村那些了解很少，戒毒服務我都沒有接觸過。(031)

沒有聽過戒毒服務。(079)

020 further attributed the lack of relevant knowledge to the limited educational pathways and the narrow perspective of governmental agencies, which tend to link addiction either to physiological symptoms or to mental illness. The responses illustrated a significant gap in the dissemination of information about rehabilitation options, leading to widespread unawareness among drug abusers.

Another crucial factor is the lack of motivation among drug abusers to seek rehabilitation services. Many participants indicated that they had no interest in quitting drugs and, thus, never sought out information about available treatments (e.g. 067, 068 & 021). Many participants did not understand what rehabilitation services involved or held misconceptions about them. This lack of personal drive significantly contributes to the persistent ignorance regarding rehabilitation services.

本身是知道一些戒毒途徑的，但是我覺得沒有甚麼用，沒有想過去戒毒。試都沒有想過去試。(005)

我沒有試過那些戒毒服務，所以我不知道有沒有用。其實戒毒動力都不是太高。(066)

喜靈洲沒有成功的例子，戒毒村出來的有些也是重吸的。(095)

那些戒毒村我不知道他們怎樣治療，每天過什麼生活，我不知道。(095)

Most participants did not hear about drug rehabilitation services from reliable sources. Instead, their limited knowledge often came from friends, who might not have accurate or comprehensive information. Reliable and accessible information on rehabilitation services, though exists, is scarce.

那時有一個成功戒了毒的朋友，我見到他就像戒，自己想戒，之後他就介紹了我戒毒。(014)

Even among those who have some knowledge of rehabilitation services, the exchange of such information is limited. Social circles of drug abusers typically focus on substance use rather than discussing ways to quit. 047 explained that her drug peers either drank alcohol or took drugs, and no one would like to talk about rehabilitation services. The lack of conversation about rehabilitation services among peers further perpetuates the ignorance.

2. Lack of Reachable Drug Rehabilitation Services

A significant issue that drug abusers face is the lack of accessible and effective drug rehabilitation services. This problem is compounded by several factors, including the ineffectiveness of proactive outreach by social workers, the inappropriateness of available services, and the lack of collaborative support networks.

One major problem is the ineffectiveness of proactive outreach by social workers and rehabilitation services to those in need. Many participants expressed that they had never been approached by social workers or received any information about rehabilitation.

整個過程裏，我也沒有接受過任何的戒毒服務。連我哥哥那些幫別人戒毒，也沒有跟我說過任何一句。我又沒有被捕過，我連社工也沒有見過。(065)

真的沒有社工找過我，我也不是想見社工，只是不明白我的朋友全都見過社工。社工還會探訪監獄，但都沒有我的份。(073)

The recent trend of hidden drug use may explain the ineffectiveness of proactive outreach by social workers. Previous strategies to reach at-risk youth may need to be adjusted to reflect

these changes in drug use patterns. Research Report No. 5 highlights drug use blind spots and hidden drug use trends, offering valuable insights for outreach social workers or other service providers to reconsider their target areas and approaches.

Additionally, some individuals who sought help found their initial encounters with rehabilitation services ineffective or unhelpful. This mismatch in expectations led them to abandon their search for assistance. For example, 023 described being refused by an NGO because he was seeking traditional Chinese medicine to improve his health, not drug rehabilitation services. This misalignment caused him to give up on seeking further help.

Furthermore, 023, an educated person with a master's degree in counselling, highlighted the difficulties in accessing suitable and therapeutic services. Despite his background, he did not achieve substantial treatment outcomes during counselling sessions with social workers. This issue of unmet needs among educated clients is common across various fields. It remains crucial to address the specific needs and expectations of more educated clients to provide meaningful and effective services.

Moreover, there is a noticeable lack of collaboration among different service providers, which further complicates access to effective rehabilitation. For instance, 020 was stably attending MSM services in an agency that provided drug rehabilitation programs, too. However, even though his responding social worker realised his drug use issues, and 020 also requested referrals to those drug rehabilitation programs, he was still unable to access those programs because those programs were not under the same social worker.

好像你賣橙的，我精神有問題，我找賣橙的社工是不合適的。經常說我去錯門檻，我常說「那你安排我去另一個門檻」，他說不是他負責。那不是他負責就閒事莫理。(020)

Such a situation would be more profound if those programs were held in other organisations. 013 had stayed in various dormitories operated by different organisations. Her drug use problem had been noted by those dormitories, and the referrals and interventions were insufficient for effective rehabilitation.

這麼多間宿舍，沒有任何一間有提供過任何關於戒毒的服務給我，或者是鼓勵過我去參與。純粹從社工的口中提過「不要吸食那麼多了，要戒毒了」。(013)

The lack of reachable and effective drug rehabilitation services presents a significant barrier to the desistance of many users. Proactive engagement, tailored services for diverse client needs, and better collaboration among service providers are crucial for improving access to rehabilitation and supporting those struggling with substance abuse.

3. *Barriers to Successful Treatment and Services*

Personal Determination as the Primary Driver

A significant barrier to accessing and effectively utilising drug rehabilitation services is the belief that personal determination is the primary driver for cessation, with external support or treatment seen as secondary. This discourse is prevalent among participants, many of whom believe that successful rehabilitation depends largely on their own mindset and will. Consequently, this perception diminishes the perceived value of seeking professional help, allowing drugs to gradually erode their determination and resistance.

我覺得戒毒成功的人，最主要是看他自己個人意願。(002)

和他說戒，他還是不會聽進去，他還是戒不掉，要靠自己。(061)

我覺得和那些戒毒服務應該沒有關係。他是那些本身條件強，心態強大，自身條件好，即是心態好才會戒毒成功。(065)

其實不在於社工有沒有用，別人幫你戒毒，最終也是看自己的心態。(071)

Another barrier is scepticism towards the professional services. Some participants expressed doubts about the usefulness of social workers, therapy and rehabilitation centres (e.g. 072). They want to address the root causes of their problem, which is often the individual's lack of motivation or strong will to quit drugs.

有找社工，但也知道問題在自己身上，別人幫不了忙。雖然會嘗試找人談談，但是自己想不明就想不明，我當時找了很多談，也處理不了。(077)

Many participants believe that the available rehabilitation services are ineffective. This perception is based on personal experiences and observations of others who have failed to quit

despite using the services. The belief that services do not make a significant difference can discourage individuals from seeking help.

無論是更生中心，或者是其他社工都沒有用，不玩就不玩了，沒有人勸得到你。
(057)

真的沒有甚麼服務是有用的，其實純粹都是靠自己。我哥哥的教會也見過很多失敗的例子。有些可能戒了4、5年，也再吸食。(065)

現時香港那些服務作用不大，就算你用甚麼輔導形式也好，只要他自己動力不大，他也不行。即使CBT（認知行為治療）也好，也是行不通的。(085)

The belief in personal determination as the key to quitting drugs, scepticism towards professional services, the influence of social circles, and the perceived ineffectiveness of available rehabilitation services all contribute to the barriers that prevent individuals from accessing and benefiting from treatment. Addressing these barriers requires a multifaceted approach that includes changing perceptions, enhancing the effectiveness of services, and providing supportive environments that reinforce recovery efforts.

Impact of Social Circle

The influence of social circles plays a significant role in undermining rehabilitation efforts. Even when individuals attempt to quit drugs, their peers often exert pressure to continue using, eliminating the treatment outcomes and motivation to engage in the services.

One primary issue is the discouragement from peers who continue to use drugs. Even when individuals express a desire to seek treatment, their social circles often exert pressure to maintain the status quo. This indicates that without a change in social environment, the drive to seek and sustain treatment is significantly weakened.

譬如說進喜靈洲、強迫性戒毒也沒有用的，如果你出去也接觸同一班人。(085)

維持那班朋友，你再會食的機會很大。所以我覺得現在的戒毒服務，作用不可以說很大，我會那樣理解。(086)

Specifically, social gatherings with drug-using friends can also undermine the decision to seek treatment. The normalisation of drug use within these social circles can make the idea of

seeking treatment seem unnecessary or even undesirable. Regular interactions with drug-using peers, who may casually dismiss the need for treatment or downplay its benefits, create an environment where pursuing help is not prioritised. Participants described how social events often involve drug use, making it difficult to distance themselves from the behaviour. The need to maintain social bonds and friendships can further deter individuals from accessing treatment. Some participants emphasised that continuing relationships with drug-using friends decreased their likelihood of seeking help. The social dynamics creates a barrier to pursuing treatment.

那時男朋友入了喜靈州，出來後一頭半個月又再吸毒了，他的朋友一旦引誘他，他就吸食了。(008)

那時剛剛放監出來，當然說不吸食。但是，說不吸食兩天。接著別人見我出來，又說帶我去蒲，那一天就甚麼都吸了。(048)

接受了「新念坊」服務一段時間，我真的可停半個月至一個月，都保持不喝[咳水]。但是後來朋友們找我，接著約出來，接著又沉淪了下去。(054)

試過進女童院，試過入懲教所，坐完出來就要守行為。那段時間，年齡還很細，入了那種地方就算出來了也不會怎樣。那時候很喜歡大家一起玩，你和那圈子的人一起就會做一樣的事。(056)

After release from institutions like prisons or rehabilitation centres, individuals often find it challenging to stay abstained from drugs due to the immediate influence of their social circles. This underscores how social connections can conflict with the commitment to pursue treatment.

Social circles significantly influence the decision and ability to access drug treatment services. Peer pressure, the desire to maintain social bonds, and the normalisation of drug use create substantial barriers. For an effective program, 085, being a social worker, highlighted the need to re-establish constructive and long-term social networks that encourage seeking and maintaining treatment and focus on mutual encouragement to stay drug-free. The potential positive impact of such networks indicates that having a group dedicated to supporting each other's sobriety could significantly improve treatment outcomes.

Misconception of Manageable Use

The misconception that drug use is manageable without professional help serves as a significant barrier to accessing treatment services. Many participants believe they can control their drug use on their own without external assistance, especially cannabis users, which leads them to avoid seeking the necessary support and treatment resources.

Several participants expressed confidence in their ability to handle their addiction on their own. This mindset can delay or prevent them from seeking timely professional help. Another aspect of this misconception is the perception that professional services are unnecessary.

現在決心要戒了，也沒有想過去找任何的服務。不用的，我打電動，讓自己玩，我不去想它，就不會覺得怎麼了。我以前也不吸食，我都可以。(057)

如果去到最後，真的發覺自己清不了這個癮的話，那我會嘗試找一些機構去幫助自己。可是，如果我自己可以處理的話，我就不需要去找機構。(066)

完全沒有想過尋找一些機構。你食煙也不會找戒煙機構吧，同一個道理，好好的戒什麼？(071)

Some individuals feel that simply deciding to stop is sufficient, negating the need for structured support. A strong belief in their autonomy and ability to control their drug use at will constructs strategies to self-manage their use. This self-imposed moderation is seen as a sufficient strategy to manage their drug use without professional assistance. This belief can minimise the perceived value of professional intervention, reducing the likelihood of seeking treatment.

以前我不開心，我就會很想吸食。但是現在發現當我喝了很多酒的時候，就會想解酒，那麼我現在就不會喝這麼多酒了，就可以沒事了。(015)

因為我自己覺得沒有戒的必要。應該這樣說，我沒有需要別人去幫我禁，或者戒這樣東西。只需要我自己說：「我停了」，「我不吸食了」，那就可以了。(070)

也不會想去使用那些機構服務。因為我覺得如果不使用的話，我自己也會有方法去戒的。(103)

The misconception on manageable use would be particularly influential when the participants have experienced a long cessation of drug use. For example, 030 tried to stop using meth for

many years, significantly reinforcing his belief in the manageable use of drugs. These individuals would hardly seek assistance from structured drug rehabilitation programs.

我常常覺得你要戒，或者要用少一點，其實你自己是可以做到的，不一定需要進戒毒村。好像我以前那樣，我用過冰(ice)幾年，然後我是足足十年沒有再用，我也做得到。(030)

The ability to maintain a seemingly normal life while using drugs also reinforces the misconception of manageable use. Some users manage to balance work and other responsibilities while occasionally using drugs, leading them to believe that their use is under control. This dual life can create a false sense of control over their addiction.

我自問已經停了一大段時間，就算之前那一、兩次「偷跳」都是間中的。所以基本上已經叫脫了毒，而且自己又集中精神工作，上班，都頗正經的生活，所以覺得自己沒有必要接觸社工。(050)

很多時是自己那一刻想戒就戒。也不是早、午、晚全戒的。可能出去有人說要食一顆搖頭丸，我覺得沒所謂，不要常常食就可以了。(057)

Occasional or controlled use, such as using drugs only in specific or rare situations, further supports the belief that professional help is unnecessary. This controlled usage pattern can mask the underlying addiction and delay help-seeking.

The lack of perceived addiction is another critical barrier. Some users do not recognise their behaviour as an addiction and, therefore, do not see the need for intervention. For example, 090 emphasised that he did not seek help because he did not believe he was addicted and saw no purpose in contacting social workers. This denial or lack of recognition of addiction status is a significant barrier to accessing treatment.

Perceived No Severe Consequences

The perception that drug use leads to minimal or manageable consequences can be a significant barrier to accessing treatment services. One major factor contributing to this barrier is the perceived lenient legal consequences associated with drugs, particularly cannabis. This perception diminishes the urgency to seek treatment, as the legal response is perceived as inconsequential.

我朋友被警察搜到他身上有少少冰，之後就要去荔枝角還押。他是初犯，不用坐牢，只判了兩年緩刑。(033)

我身邊有朋友因為大麻被捕了，但是無需要入戒毒村。都是罰款又或者守行為，做社會服務令，清理垃圾這樣。(067)

其實香港大麻罰款這麼少，刑期這麼低，都知不是很想捉大麻。有些甚至在街上見到你，看都不看，讓你走。可能隨時他們自己也有食大麻。(104)

The occasional or recreational drug use further diminishes the perceived need for treatment. Some participants viewed occasional drug use as harmless and manageable, believing that as long as they do not use drugs frequently, there is no need for professional intervention. This mindset can further prevent individuals from recognising the potential risks and cumulative impact of their drug use.

Unauthenticity to Service Providers

The lack of authenticity in interactions between drug abusers and service providers can significantly hinder the effectiveness of interventions for substance abuse. When individuals do not feel comfortable being honest about their drug use, it creates barriers to receiving appropriate and effective professional support.

One of the primary issues is the reluctance of individuals to disclose their drug use to healthcare professionals and social workers. This reluctance stems from fear of judgment, legal repercussions, or simply not wanting to confront their own addiction openly. Participants tended to deny their use of drugs, which hindered the accurate assessment of the individual's needs and the development of an effective treatment plan.

叫你戒而已，戒甚麼鬼，有錢就去買了。難道你跟醫生說我有吸嗎？怎麼樣都說沒有吸，對不對？(020)

我不會走去跟人說我吸食毒品。(038)

社工也有問我有沒有食大麻，我說沒有。(071)

This dishonesty undermines the potential benefits of social work interventions, as the support provided is based on inaccurate information. Consequently, the social worker's ability to offer relevant advice and resources is compromised.

Avoidance behaviour is also common. Participants would intentionally miss scheduled appointments with mental health professionals or reschedule them to avoid confrontation about their drug use because they were using drugs (e.g. 029). This avoidance further delays the opportunity for receiving timely help and addressing the underlying issues contributing to substance abuse.

Superficial compliance, where individuals pretend to comply with treatment or advice without genuine intent to change, is another manifestation of unauthenticity. For example, 047 described that she would tell her social worker she had stopped using drugs while she continued using it in secret. This behaviour was regarded as a common tactic by 047, creating a facade of progress, masking the ongoing issue and preventing real progress in treatment. This unauthenticity during the process of treatment discourages individuals from being open and honest, further hindering positive treatment outcomes. Addressing these issues requires building trust, ensuring confidentiality, and fostering a non-judgmental environment where individuals feel safe and are honest about their struggles.

Refusal to Treatment

Refusal to engage in substance abuse services is a multifaceted issue influenced by various personal, social, and systemic factors. Insights from several verbatim accounts reveal the complexities behind why individuals may resist seeking help from drug rehabilitation or mental health services.

The structure and regulations of treatment programs can also deter individuals from seeking help. For example, 029 expressed discomfort with the idea of staying in a centre for an extended period without access to their phone, likening it to imprisonment. He felt the programs were overly punitive and unappealing.

絕對不會選擇這類的戒毒村，除非我想死，因為不喜歡被困住。(025)

石鼓洲最快也要 3 個月。如果單身就沒所謂，進去就當作度假。但好像我那樣有家有太太和兒子，那就不太可行，即家庭負擔也要考慮。不可能不見兒子那麼久。所以就選擇一些門診，會比較適合。(028)

This discomfort with the program's structure leads to a preference for outpatient services or shorter, less restrictive programs. Also, these shorter programs make it easier for participants to fulfil practical considerations, such as family responsibilities and financial obligations. For individuals with families, the thought of being away for an extended period can be daunting and impractical. Similarly, the impracticality of long-term programs due to their living situation and financial commitments is common, too. The barriers make it challenging for participants to commit to in-patient or long-term rehabilitation programs.

現在沒有想立即去巴拿巴，現在我想賺錢。就是疫情不久的時候，去到沒有錢的時候、沒有地方住的時候，我就真的是想進去戒，只是未開口。但是不捨得女兒。(013)

沒有去過戒毒所或戒毒村，因為我覺得它時間太長，要八、九個月，或者一整年。我現在有自己的家當，或者租金等等，我又不能工作，那怎麼辦？而且我不覺得自己是需要進去戒毒村那麼嚴重。因為我不是想戒，我只是想用少一點而已。(030)

Mistrust of the intentions and effectiveness of treatment services is another significant barrier. Some participants felt that these services operated based on mainstream ideologies and values that did not align with their own. These individuals were less likely to have an intention to desist and treated the drug use as normal and controllable. This misalignment of values can create a sense of alienation and reluctance to engage.

我沒有參與過任何機構的戒毒療程，或者輔導療程，因為它們覺得我吸毒，我覺得自己不是吸毒。(091)

當你不覺得是一個影響很大的問題時，你不會覺得需要尋求協助。我覺得大麻在幫我釋放壓力，精神上又更新我人生：「你不要做一個齒輪」那些。戒毒機構本身有主流意識形態，即是香港的價值觀。對我來說，我不同意它們的價值觀，我不會覺得跟那些人談得來。(092)

4. *Social Work Interventions*

Failure in Social Work Interventions

According to the participants, the effectiveness of social work services in supporting drug abusers often falls short due to several key reasons, including inadequate engagement, lack of follow-up, ineffective communication skills, and the perception that these services do not address the core issues of addiction.

One significant issue is the perceived inadequacy of social workers' engagement and follow-up with clients. Participants described that social workers merely engage in superficial conversations without providing meaningful support or interventions, such as only inquiring about the frequency of drug use without offering substantial help. This lack of deeper engagement leads clients to feel that the services are ineffective and unhelpful.

完全沒用，廢的。他只是跟我聊天，沒有了。他說：「你最近吸多少」。你知道我吸多少我會戒到嗎？他會說：「你少吸一點」這樣。其實這些也很廢。(060)

我有找社工，但回應來來去去也是「你有什麼感覺？」、「你覺得怎樣？」等，「你會怎樣形容當時的抑鬱？」、「看來你真的很不開心。」(071)

The approach of simply talking without providing concrete solutions or strategies for quitting drugs is seen as ineffective. Those conversations without translating the discussions into actionable steps for recovery leave clients feeling unsupported and sceptical of the utility of these services.

Another common criticism is the lack of consistent and meaningful follow-up. Participants reported that social workers often fail to maintain regular contact or provide ongoing support. This sporadic engagement fails to build a supportive relationship necessary for effective intervention and recovery.

社工的部分只是當你十分空虛時，你跟他傾訴是有點力量的，但實際上並不能幫助你去戒毒。完全沒有。(042)

自我十五歲開始在街上遊蕩做街童，已經有很多社工接觸過我。頭兩位社工對我食大麻沒什麼興趣，只是說：「不要再食了」。比較要好的社工會對我說少食一

點。到最後跟進我那位社工，他沒有給我開個案。純粹是閒聊，有空便問我最近怎樣，沒有了。(071)

Ineffective communication skills also contribute to the failure of social work services. Drug abusers frequently feel that social workers do not truly understand their experiences or emotions, leading to feelings of frustration and disengagement. Effective communication is crucial for establishing trust and understanding, which are essential for successful intervention.

有一個社工不太會說話，所以我不想跟他說話。有時社工說話都很需要技巧的，例如，那個東華三院的社工知道我曾經有吸毒，有技巧地說：「他們都不會不容許吸毒，只有你有些分寸就行了。」他都知道你懂得思考，你不要太過火就行。(049)

Moreover, the professional distance maintained by some social workers can be a barrier to effective support. While maintaining professional boundaries is important, excessive distance can lead clients to perceive social workers as detached or uninterested. If the distance cannot be kept properly, the interactions can be perceived as too casual and lacking depth, likening them to mere acquaintances rather than supportive professionals.

我吸完毒，寫很多文字給他，我文字上跟他說很多，他說：「都不知道你在寫甚麼」。他也不聽留言不聽電話。(020)

兩個社工是和我聊天的，不是真的幫助我。他們那些聊天只是看看我過得怎樣，我們現在都變成了朋友。(049)

While social workers would engage their clients in counselling, different clients' perceptions on counselling may undermine the potential impact of the intervention.

有見社工，也是聊天而已，現在也沒有再找他了。(041)

要看那個人想不想戒，或者他不想自暴自棄下去。我有一個朋友，他覺得社工完全沒用，他覺得：「聊一下天有甚麼用？我學不到些甚麼的」。(029)

Furthermore, the timing and readiness of clients to engage with social work services also play a crucial role. Some clients are not yet ready to commit to quitting drugs when they first engage with social workers.

一開始我很迴避和社工面談，完成第一次諮詢面談後，我過了很久才再找他。他有約我，但我經常失約，我有參加過一兩次活動，但也不是很積極，很快便離開了。(022)

當時感化官叫我去「PS33」。去「PS33」的時候，只是人們在分享，就這樣聽一下而已。聽完別人分享，感受都頗差的。(041)

我家姐讀社工，帶了我去PS33。那時我都未正式有決心要戒，十次有九次都是缺席的，後來更不去了，最後應該是終止了跟進。(095)

When participants were forced to attend those group sessions and therapies, the interventions were normally perceived as unhelpful or even discouraging, ultimately feeling worse after the sessions. This underscores the importance of aligning services with the users' readiness and motivation for change.

Distrust in Social Work Intervention

The perception of social work services among drug abusers is often negative, creating a significant barrier to accessing these vital support systems. This unfavourable view stems from various experiences and beliefs.

One primary reason for the distrust of social work intervention was lots of rumours spreading around the participants, such as the connections with the law enforcement. Many drug abusers misconceived that seeking help from social workers will lead to their arrest. The fear of legal consequences creates a significant barrier to accessing the support they need.

我知道多數吸毒的人都不會找社工。很多人說社工會報警，所以都不敢找社工。如果一個人遇到社工，向他說要幫自己，社工一轉身把個案交給警察，怎麼辦？我的朋友告訴我「社工很囂張的」，。(072)

Additionally, there were alleged instances of negative experiences with social workers that further tarnished their rapport. Some users have experienced being misled by social workers about the nature of the help they would receive.

我小時候不喜歡被人困住，但我媽媽就聽社工說，把我送進去培立中心，所以我就很不喜歡社工。(025)

我那時因為「僕冰」睡不了覺，社工就說去醫院看一下，處方一些藥物給我。我就覺得可以試一下。然後他帶我去了葵涌醫院，我一看到那些門，我就知道大事不妙。我說我不進院，我現在要離開，他說不行，我被社工騙了。(028)

我有聽過相關服務，有些機構會在手機程式設立戶口幫忙吸毒人士戒毒，但也有假的戶口，說「我們是戒毒的」、「我們會幫你」之類。(032)

Such experiences led to the construction of a mistrust of social workers, leaving lasting negative impressions and discouraging others from seeking similar help. These experiences further developed scepticism regarding the authenticity of services. Distrust in delivering bits of help on their promises erodes trust in genuine services, making users wary of seeking help from other social work services.

The effectiveness of social work services is often questioned due to perceived high relapse rates among service users. Some individuals believe that the support provided by social workers is inadequate in preventing relapse. For instance, 032 stated had never heard of any successful cases. 057 claimed that at least half of the service recipients relapsed, casting doubt on the effectiveness of social work interventions. This perception of ineffectiveness can deter individuals from engaging with these services, as they do not view them as a viable solution to their problems.

Effective Engagement in Social Work Intervention

Despite the above drawbacks requiring improvement, social work interventions are still crucial for the successful rehabilitation and support of individuals struggling with substance abuse. Personalised support tailored to the individual's needs is a significant aspect of effective social work intervention. Participants pointed out the effectiveness of social work intervention over other forms of treatments (e.g. 053 and 072). Particularly, social workers play a crucial role in helping individuals understand their addiction, identify the underlying causes, and develop strategies to manage cravings. This personalised approach is key to help individuals make meaningful changes in their behaviours.

都找了社工聊天，輔導為主，所以都差不多有半年沒有碰過藥物。社工的介入是真的可以幫助我停止的，都是跟我說為甚麼要吸食，分析一些背後的原因。其實我覺得吸毒背後總是有一些原因的，可能用來解決一些問題。(076)

社工的作用是在於告訴你怎樣戒，即是你想食的時候，有沒有甚麼方法可以抽走你的注意力。還有社工的角色是分析給你聽，現在經歷甚麼狀態，幫你釐清一些非理性想法。(085)

Community-based interventions have been described as highly effective in supporting individuals through their recovery journey. Counselling services for psychotropic substance abusers, such as PS33 and New Horizon (新念坊), provide long-term follow-up and create a sense of community, which is essential for sustained recovery. Participants noted that these community-based services helped them reduce drug use, emphasising the importance of having a supportive network during difficult times. The nature of these services, including community-based, voluntary, long-term, and personalised, attracts many participants to remain in regular attendance. The community services not only offer practical support but also foster a sense of belonging and mutual encouragement.

「新念坊」這類服務可以讓我出一出街，又可以有一個社工和我聊天。好像認識了一個朋友的樣子。因為疫情期間社工也會關心我的，了解一下我的近況。總之就是向好的發展。(014)

「PS33」的社工問我有多想戒斷，還有幫我處理一下我的情緒，如何可以不再吸食可卡因。即是吸食其他也不要緊的，但是不要再吸食可卡因了，因為吸食完可卡因之後我真的整個人很混亂。(015)

來了 PS33 戒毒輔導中心，我是真的吸少了毒。在認識了社工的這段時間，因為我有不開心時我都會找她，我經常都找到她的。中間有試過停下來不吸幾個月吧。(025)

Regular engagement and consistent support from social workers in community-based interventions are vital components of successful recovery. Ongoing interactions with social workers help individuals maintain their commitment to sobriety. The regular meetings provide participants with goals and motivation to stay drug-free, while the consistent presence of a social worker offers necessary support and encouragement.

每星期定時來這裡，會有個目標：「要在下星期來到時，也沒有重吸」。有推動力，有些同路人一齊行。(095)

Effective social work intervention often requires a significant time investment. Building trust and understanding over time allows social workers to provide more impactful support. For instance, 006 A described his 9-year relationship with a social worker as instrumental in his ongoing support and recovery. Over years of follow-up, participants demonstrated a more receptive attitude and willingness to accept advice from social workers.

These long-term relationships enable social workers to better understand the individual's history and provide more personalised and effective support. This time investment is essential to foster meaningful change and support sustained recovery. It allows social workers to develop a deep understanding of the client's needs and challenges, creating a foundation for tailored interventions that address specific issues and promote long-term sobriety.

有外展社工逼我要找工作。有哄我，也是需要的。他跟了我很久了。(004)

因為我有一個東華三院的社工，由我十二、三歲開始變壞的時候，就已經認識他了，就一直在跟進我的事。(049)

Moreover, social workers play a critical role in facilitating access to other supportive services and activities that contribute to clients' overall well-being. For instance, some participants mentioned how their social workers introduced them to various programs and activities that provided emotional and spiritual support. These additional services help individuals develop new interests and coping mechanisms, which are crucial for long-term recovery.

在網上認識到明愛的社工。有活動、小組是專門給一些在夜場工作的女孩子。現在於明愛跟社工聊天，暫時沒有參加一些活動，之後我有時間就會參加。(015)

後來社工介紹我去了基督教青少年服務處 HERO 那裡。起初我也不太積極，直到最近一兩年才比較多。我也會追求心靈上的慰藉，這些活動其實能給我陶冶性情。(022)

我也看到我身邊的社工很努力，他們三個很努力用很多不同的方法來安慰我，又陪我吃飯，又陪我去逛街，陪我一起喊。(033)

Triggers for engaging in social work interventions can often be unexpected and unrelated directly to drug rehabilitation services. These triggers can initiate a self-reflection process,

leading individuals to seek help or consider cutting down on drug use. The impact of these activities, while indirect, can be profound and transformative.

那時候是街上認識的外展社工。他之後跟我說很多話，而且他有很多活動，可能叫我上一些瑜伽課、做蛋糕課等。我便貪小便宜地去聽。所以在耳濡目染下就想去戒毒了。(008)

後來我開始意識到要吸食少一點，因為有一次我參加了一個有關骨質疏鬆的講座，感受到老化。我也發覺如果繼續下去，真的吃不消。我最怕的是自己記憶力衰退，好像被人販賣了恐懼。認識到社工是因為我參加過一次 CHOICE 的活動，那時害怕「中招」，所以去想驗一下 HIV。認識了那社工後，他便提議找個時間上來，我也告訴他我有這些問題。(022)

我本身也懂得結他的。社工問我有甚麼東西想學，我就說學結他，她真的幫我找人來教。(042)

Although not directly related to drug use, these social activities can still trigger a crucial moment of self-reflection and concern for their health. Over time, the exposure to these positive environments and interactions influenced their desire to seek rehabilitation and develop positive relationships with social workers. These elements can gradually inspire individuals to seek change. For instance, 093 noted that the activities organised by social workers were not about highlighting the harms of drugs but about promoting ordinary values, enhancing self-understanding, and improving interpersonal relationships. These interventions, though not directly focused on drug use, can help individuals develop the insight and motivation needed for rehabilitation and recovery.

Direct and forceful approaches to intervention are often ineffective and can even be counterproductive. Social workers who use a more indirect and supportive approach tend to achieve better outcomes. Participants with positive relationships with social workers noted that their social workers did not force them to quit drugs but instead provided practical advice on reducing harm and managing drug use responsibly.

我那時有問過她：「為什麼你不叫我戒毒」，跟着她說：「叫是沒有用的」。但反而她不叫我就行了！(002)

我覺得最好的是社工不會強迫我戒毒，一個人不會因為被你迫而去戒毒，反而社工知道怎樣透過傾談可令我食少一些，或者食完之後要怎樣。譬如我生完小孩也有吸食，她叫我記得食完要換衣服和洗手，否則被嬰孩吸到毒品的味道。強逼是沒有效的。她當然不會支持我吸毒。(039)

This non-confrontational and non-judgmental approach helps build trust and encourages individuals to open up and consider change. By promoting self-reflection rather than imposing strict directives, individuals feel more in control and supported in their journey towards recovery.

Furthermore, 002 suggested that explaining the benefits of quitting drugs, including how one might feel during the process and what could be learned from it, is more effective. Instead of pressuring others to quit drugs, 002 advocated for encouragement and positive reinforcement to trigger reflections on the potential benefits of a drug-free life. This approach emphasises on discussing the improvements in the quality of life and the positive outcomes that can be achieved through quitting drugs. Similarly, the social worker of 013 encouraged her to consider the impacts of her drug use on her daughter. This method of using positive influence to highlight the tangible benefits of quitting drugs helps individuals see the broader implications of their actions and fosters a willingness to change.

When individuals do not feel judged or pressured, they are more likely to engage in meaningful conversations about their drug use and consider the advice given by social workers. This supportive environment allows individuals to reflect on their situation, explore their motivations for using drugs, and consider the benefits of making healthier choices.

Building a genuine and authentic relationship between social workers and clients is crucial for effective engagement. Trust and a sense of safety are essential components of this relationship.

我是沒有家人的，最主要的是其實我社工已經是我的家人了，可以說是我的監管人，路德會的社工就等如我的監管人一樣，我不能拒絕他。(013)

在 PS 33 有個社工可以聊，因為很難找到一個這樣的人，因為他不會認識我身邊的人，有甚麼事我可以說出來，感覺很安全。在外面那些混亂的社會，有很多話不可以說出來，因為每個人也是為自己利益着想。(028)

他們有幫到我，會陪我去看醫生，看中醫等等，總之就是幫到我服食少一點。還有他們會跟我聊天，讓我整個人好一點，是有幫助的。(030)

The physical and emotional support provided by social workers can fill gaps that friends and other informal support networks cannot, highlighting the unique role of professional social work services (e.g. 002).

Effective engagement with drug abusers in social work interventions involves personalised support, consistent and regular interaction, long-term relationships, and access to additional supportive services. Additional, indirect and supportive approaches and authenticity help individuals feel understood and supported, making it more likely that they will engage in and benefit from the services provided. Altogether, social work interventions can create a comprehensive support system that can significantly improve the outcomes for individuals struggling with substance abuse.

5. *Hospital Referrals*

Hospital interventions for individuals struggling with substance abuse can play a crucial role in identifying and addressing drug use issues. These interventions often involve direct communication with medical professionals, diagnostic tests, and referrals to specialised support services. However, the effectiveness of these interventions can be influenced by factors such as consistency in medical care and the availability of empathetic and understanding healthcare providers.

Considering the opportunity to openly discuss their drug use with doctors, this transparency can lead to essential diagnostic tests and appropriate referrals. The conversation not only helped in identifying the harms of using drugs but also provided an opportunity for the doctor to offer support and refer the patient to a proper drug rehabilitation service.

我去了公立醫院，我便直接說我有吸毒，反正我都要見醫生，那麼倒不如我直接面對吧。之後就好像聊天一樣，醫生害怕我吸了不是很純正的可卡因，可能混和其他雜物，那就叫我驗血。驗完之後，其實裡面只有很少可卡因。然後醫生就和我聊一下是甚麼原因、吸食的情況。聊完之後，我舒服了。之後他也有給我很多支持，例如找了一個戒毒服務機構「PS33」，我就聯絡他們。(015)

我跟醫生說我之前有吸毒，我怕影響小朋友。然後他就推介了路德會，幫助一些以前有吸毒的媽媽。(047)

The accessibility of empathetic and understanding doctors is a critical factor in successful hospital interventions. When patients feel that their concerns are genuinely heard and addressed, they are more likely to engage in the recommended treatment plans. Conversely, if the supportive doctors are not consistently available for follow-up appointments, it can negatively impact the patient's willingness to continue seeking help. This issue was also noted by 015 who expressed frustration about not being able to see the same supportive doctor in subsequent visits. The relationship with doctors was broken by the system, resulting in the silence of 015 towards the newly assigned doctor. Such disruptions can hinder the establishment of a trusting relationship, which is crucial for effective drug treatment.

In some cases, hospital interventions can also help identify underlying mental health issues that contribute to substance abuse. For instance, 022 initially sought help for difficulties in social interactions and was later diagnosed with bipolar disorder by a private psychiatrist. This diagnosis provided a better understanding of his condition and highlighted the importance of addressing co-existing mental health issues in the context of substance abuse treatment.

6. *Drug Treatment and Rehabilitation Centre (戒毒村)*

Drug rehabilitation centre has been an intervention model for substance abusers over the past decades. Their effectiveness can vary significantly due to the variations in the environment, the approach to discipline, the quality of interpersonal relationships, and the overall treatment atmosphere.

A harsh lifestyle and strict disciplinary measures are often cited as challenging or even counterproductive for rehabilitation. For instance, 002 mentioned that her experiences at two drug rehabilitation centres were marked by a generally harsh lifestyle rather than any substantial benefits for drug rehabilitation. She found these environments to be a struggle rather than supportive for recovery, commenting that her time at the rehabilitation centre felt like merely passing the time and did not contribute to her recovery. Despite this, some participants found that the harsh lifestyle could be helpful for certain individuals, suggesting that the effectiveness of such measures may vary from person to person.

Conversely, a supportive and understanding environment can significantly enhance the rehabilitation process. 054 recalled a positive experience at a centre where they were treated kindly and without discrimination, which made them feel normal and supported. This highlights the importance of creating a non-judgmental and empathetic atmosphere in rehabilitation centres. Similarly, 018 noted that the social workers at their centre provided genuine care and concern, creating a space where they could openly discuss their experiences and receive meaningful support.

我在這裡找到自己的方向，我覺得都是社工的原因。(045)

當時是去區貴雅，戒了一年吧。但也算很好的，可以學到很多東西。(018)

The balance between structure and flexibility in a rehabilitation program is crucial. Some participants found overly strict environment unhelpful, while others felt that leniency made the programs ineffective.

區貴雅嚴格很多，一旦你做錯事，會在早會圍著圈的時候，交代你做錯了甚麼事、交代為甚麼犯錯。那些輔導會找你說話，當眾罵你，其實都是反感的。我覺得互愛真是太寬鬆了，它是鬆到要睡覺而不去上堂都可以的。食飯完全沒有規限，寬鬆到這地步。我覺得根本就沒有甚麼用，都不知在做甚麼。(011)

On the other hand, a structured environment can help individuals develop routines and order without being overly restrictive, allowing them to focus on recovery. 024 believes the group life in the rehabilitation centres could be sufficient to keep away from drugs because the influencers had been removed. In such an environment, participants have the space and time to figure out their personal direction and purpose. This sense of purpose and direction can provide a critical anchor, helping individuals stay committed to their recovery journey even after leaving the centre.

如果你純粹是進去戒毒，你就不會想到自己的路怎麼走。我第一次進來這裡的時候，找到自己的精神寄託。還有我這次回來，社工都很好，都很幫我，給我方向，但不會限制我只有一條路可以走。我聽到後想要怎樣做，有甚麼想問，就可以問他，這很能幫到我。至少可以糾正我的思想。(045)

自己自願參與那些戒毒服務，就是希望會有些改變出現，也不想扼殺了這些改變，所以就提醒自己要這樣食，其實也是靠自己。(085)

The transition from a rehabilitation centre back to everyday life is a critical phase that requires continued support. Some participants (e.g. 035 and 045) noted the difficulty of maintaining their recovery once they returned to their previous environments.

進了區貴雅一年多，之後由區貴雅出到外面，好像還有三個月要守的，接着我守完，我守到。那時我回到家裏找到一包K，我竟然可以望着包K不索。成功戒毒的人其實也有的，跟我同一批區貴雅姊妹其實很多也戒了。可是，我現在還繼續食而已。(004)

Effective rehabilitation programs should include plans for ongoing support and resources to help individuals navigate this transition successfully.

Peer Counsellor

Peer counsellors play a particularly valuable role in helping participants cease their drug use, as noted by participants like 007 and 014. One of the key strengths of peer counsellors who have a background in drug use is their ability to connect with clients on a personal level. Their shared experiences create a unique bond and understanding that significantly enhances the treatment process.

就算有些人是社工，但是他不完全明白戒毒者在想甚麼，只是用一些可能他認為在幫戒毒者的方式，但是那方式未必最適合的。朋輩輔導員的「過來人」身份，有少許幫助，因為他明白我們在想甚麼。(014)

朋輩輔導員可以解開很多關於自己的事。出來之後我都是乖的，沒有再碰。(018)

這裡的朋輩輔導員說的話，我會聽的。他很厲害，他經常說：「不睡在棺材，都不要當自己已成功戒毒。」(045)

我覺得朋輩輔導員重要，始終過來人的身份會知道那種辛苦，他們會明白我們的經歷。我家人其實都不明白我為何不能全部停了。就等於你吃飯，也不是可以立即每天都不吃飯的。(093)

Peer counsellors often serve as a source of encouragement and support. Their success stories provide hope and inspire clients to strive for similar outcomes. Their presence and continued support can be crucial during the difficult initial phases of recovery. For instance, peer counsellors who return to help as volunteers offer a living testament to the possibility of recovery, providing clients with a tangible example of success and resilience.

Besides, they can offer practical advice and set realistic expectations for recovery based on their own experiences. They can provide insights into what to expect and how to handle specific challenges, which can be incredibly reassuring for those in recovery. This practical advice, grounded in real-life experiences, helps bridge the gap between theoretical knowledge and practical application, making the journey to sobriety more navigable.

區貴雅裡面有一些姑娘是義工，即是戒了再回去幫手的人。那我認識幾個這些姑娘在裡面都會關心我，我離開後都會有見面，有時會談天，鼓勵我，所以剛出來那一年我便乖，去了做美容，想行一條正路，所以那一期就真得沒有玩。(018)

如果繼續有朋輩同事或者社工同事跟進，是會好一點。(093)

The impact of peer counsellors extends beyond immediate treatment settings. Continued follow-up and support from peer counsellors can provide a safety net for individuals as they reintegrate back into their daily lives. This ongoing support helps maintain the progress made during initial treatment and reduces the likelihood of relapse. Peer counsellors, through their continued engagement, help former users build a sustainable lifestyle free from drugs, reinforcing their commitment to sobriety.

In conclusion, the role of peer counsellors is indispensable in the journey of drug cessation. Their unique role of connecting with a client on a personal level, combined with their practical advice and ongoing support, makes them a critical component of effective drug rehabilitation programs. Their involvement not only enhances the immediate treatment process but also provides long-term support, significantly improving the chances of sustained recovery for participants.

7. *Probation and Aftercare Order*

Probation and aftercare orders are forms of legal supervision intended to monitor and support individuals. While these measures can positively impact drug use and provide

treatment structure, they also face significant challenges, such as a lack of genuine deterrence and insufficient support for rehabilitation.

Probation orders can lead to a temporary reduction in drug use due to mandatory monitoring and drug tests. Many participants confessed to reducing their drug consumption during the probation period rather than stopping entirely. The requirement to undergo regular urine tests can act as a deterrent and encourage individuals to reduce or stop their usage to avoid legal repercussions. However, this reduction is often not sustained once the probation period ends or if the individual finds ways to circumvent the system.

其實那時乖了一段時間，那時都沒有怎樣出街了，很乖的。但是臨畢業那時又吸食返「可樂」而已。(013)

守一年行為，我在家裡沒有出過來。去到 360 日那天，我去了「僕冰」。第 360 日，我也沒去工作，去了吸毒。(057)

吸食量變少了，但還是有吸的。(061)

對於減少份量和頻率也有用。因為你始終也要驗尿，是強制的，被迫的。(103)

A genuine deterrent for drug use was not profound among participants. Some individuals did not take the conditions of probation seriously and continued their drug use without significant fear of consequences. This lack of deterrence undermines the intended purpose of probation and highlights the need for more effective enforcement and engagement strategies.

出去蒲的時候，是我正在要守行為的時候。消禁令已經沒有守了，已經出去玩了，還違反法院保釋。那時覺得好玩，怎麼會怕呢？那時都不覺得是一些甚麼東西來的。(011)

守行為一年，這一年我要準時回家報到，要去上班，要去驗尿，會有姑娘跟進。但我本身有持續使用毒品，驗尿一定會中，那我就不能回去，所以我直接走掉，即是沒有回去。(056)

Another critical shortcoming of probation and aftercare orders is the lack of adequate rehabilitation support. Probation officers often focus on monitoring compliance rather than providing holistic support for rehabilitation. As noted by 010, the probation officer primarily

checks if the probationers are working and not using drugs, with little attention to their overall well-being or recovery process. This narrow focus can lead to missed opportunities for meaningful intervention and support.

Identically, 103 reported that he had to seek additional support on his own, as the probation officer did not provide information about available rehabilitation services. He had to go to a social worker at a separate organisation for counselling and additional support. This highlights the gap in services provided under probation orders and the need for more integrated and supportive approaches.

The relationship with probation officers can significantly influence the effectiveness of the probation order. Some participants reported positive experiences, noting that their probation officers provided support and concern reminiscent of parental care. For example, 041 described their probation officer as caring and supportive, akin to a mother's care. Such positive relationships can encourage compliance and promote a sense of accountability.

8. *Compulsory Placement Scheme*

Benefits

The Compulsory Placement Scheme (CPS) in Hong Kong provides a structured environment aimed at aiding individuals struggling with substance abuse. Through forced rehabilitation, the scheme offers several benefits, including reduced access to drugs, continuous monitoring, structured routines, and opportunities for reflection and behavioural change.

One of the primary benefits of the CPS is the restriction of access to drugs. Being confined in a controlled environment, individuals are unable to obtain and use drugs, which helps reduce their dependency over time. This enforced sobriety creates a physical barrier to drug use, which can be crucial for individuals who struggle to resist temptation in an unstructured environment.

石鼓洲就是好在可以困住你，不讓你碰到毒品，但通常從戒毒所出來的時候是最難受的。很多個月都沒機會跟外面的世界接觸，我覺得癮會少了。可能因為我本來很想戒毒，而且還有人看管著，不會走錯路，就像有師父教弟子般教導你去做好。(093)

Continuous monitoring and support within the scheme provide a safety net for individuals attempting to quit drugs, ensuring the smooth transition from a rehabilitation centre back to everyday life in halfway houses. The presence of supervisors and the structured environment help prevent relapse by offering constant oversight. Additionally, having someone to guide and supervise, similar to a mentorship, helps individuals adhere to their recovery goals and avoid falling back into old habits.

困住你，不能出去，看不到兄弟，而且還有驗尿服務，你知道要驗尿就不會食。還有不讓你出去過夜也是幫助。你在外面沒有地方住，你一定要留在這裡。如果陽性你就一定要離開，你就會很擔心。(012)

如果不能進入中途宿舍，我覺得未必守得到這四個月。出了戒毒所之後，開始上班時，有些人管著我會好一點，會和我說吸毒不是吸一世的，我也會正面一點。但因為月頭剛好又要上班，就再吸毒。驗尿中了就被人趕走。(093)

Structured routines and the disciplinary nature of the scheme can instil a sense of order and purpose in the lives of participants. Although some find the strict rules and routines harsh, others benefit from the stability and discipline provided. This structure helps individuals develop healthier habits and routines that can support their long-term recovery.

如果不是沒自由的話，其實裏面開心過外面。因為裏面顧慮的東西不用那麼多。每個人也是沒有得食，那當然就不會想了。(004)

那時出來後，我都覺得：「唉，回去監倉吧。又不用洗錢，又不用生活」，即是甚麼都不用煩，又不是說真的好辛苦。只是沒有了自由，不能去玩而已。整體上也算是開心的。(010)

The scheme provides opportunities for reflection and behavioural change by isolating individuals from their usual environments and influences. This isolation can lead to significant personal insights and realisations about their abuse habit and its impact on their lives.

坐監時變了會去想，其實女兒這麼近，你又摸不到又接觸不到她。加上每一次女兒離開時也不捨得，令我會去想原來真的不單止影響到自己。所以我那時真是正面一點去看坐監這件事。(003)

因為女童院的姑娘會跟我談話，我會思考到的，我也會知道自己不能這樣下去。我不少的改變也是因為她。如果當時沒有她，我想可能沒那麼快覺醒。(043)

The compulsory nature of CPS serves as a deterrent against future drug use. The fear of returning to a restrictive environment can discourage individuals from relapsing. Participants expressed fear of re-entering the correctional institutions due to the loss of freedom and regrets, which motivated them to avoid drug use. This deterrence is reinforced by the awareness of the strict consequences and monitoring involved in the scheme.

去到女童院，知道自己錯了，當時十分後悔，都不知道究竟自己是在幹甚麼。那時被困在女童院裡，雖然只是一個月，感覺上是世界末日。(018)

坐牢對戒毒來說應該有幫助的。可能我就不會再吸食了，因為坐牢真的沒有自由的。(054)

我很怕再進去更生中心，裡面沒有了自由。我現在也不喜歡被人困着。(057)

Challenges

A primary criticism of the compulsory placement scheme is its inability to ensure long-term sobriety. While forced isolation may temporarily keep individuals away from drugs, it does not necessarily equip them with the tools or motivation needed to maintain sobriety once they leave. This underscores the scheme's failure to address the underlying issues that contribute to addiction, making it difficult for individuals to sustain recovery.

喜靈洲、石鼓洲、回大陸戒毒，很多這些的。但沒有成功的，很成功那些就看電影才有。(002)

可能剛剛出來狀態會好一點，但是後來幾天又會繼續吸食。被迫入去喜靈洲或者是坐監，很多出到來都是會繼續吸食。(007)

石鼓洲其實幫不到很多，只是把你困住，讓你碰不到毒品。如果長遠來說，我覺得還是要靠自己。我和過來人同事及社工的關係都一般，不是很幫得到我。(093)

The scheme also falls short of providing the necessary emotional support to its participants. The lack of family visits and emotional neglect can lead to feelings of

abandonment and isolation, which are counterproductive to the recovery process. 093 expressed a sense of being abandoned by his family, which compounded his feelings of hopelessness and despair. This emotional neglect can undermine the individual's motivation to engage in the rehabilitation process and reduce the overall effectiveness of the program.

The programs offered within the scheme are often perceived as superficial and ineffective. Participants described the services at Hei Ling Chau and Shek Kwu Chau as perfunctory and lacking genuine engagement. This superficial approach fails to provide the comprehensive support needed for meaningful rehabilitation.

我在喜靈洲沒怎麼參加活動或輔導小組，有參加再培訓計劃，我就讀化妝班，拿化妝證書。但現在不是這麼多人看證書。況且 ERB 又不是什麼國際證書，我不覺得實質上有很大的用途。(003)

因為喜靈洲的服務，都是裝樣子的，學那些東西也不深入。好像也有上過那些不記得什麼堂了，也是想去第二個課室坐坐，其實也是為了有些新鮮感。還有我覺得那些人不是那麼有心去教化我們的。開那些小組，完全不知道學了些甚麼。(004)

Many participants felt that the activities and lessons provided did not address the underlying issues of addiction or offer practical tools for recovery. This superficiality reduces the overall effectiveness of the scheme in fostering long-term recovery.

One of the unintended consequences of the scheme is the facilitation of drug-related networks within the facilities. Participants often meet and bond with other individuals involved in drug use and trafficking, which can exacerbate their problems upon release. This networking undermines the primary goal of the scheme by perpetuating drug-related behaviours.

那些人是在喜靈洲認識的，每個人都說進去了識得更多人。進去了比你不進去還壞，裡面又不會有人教好你的，感覺上只是令到你更加壞而已。也沒有任何課程或輔導令你戒到毒的，反而多一個門路去拿毒品，或者便宜一點。(006)

以前坐牢認識的，就不需要信譽了，他一定是給你品質好的貨。大家一起受刑就是兄弟，識做的。(037)

去喜靈洲、去戒毒所出來吸食得更厲害。因為在裡面認識的全部都是這些人，出來之後就聯絡了很多人。(053)

Some participants even expected to commit more serious crimes to compensate for their loss of time and suffering in prison, implying the possibility of radicalisation after the CPS treatment.

你進去坐牢之後會認識到一班新的壞朋友。出來之後也是會吸食的，反而他們可能是做得更加大、更加小心、更加難以被人捉到。(009)

我在喜靈洲認識更多的人。有幾個朋友現在持續有交收，在喜靈洲認識的，那個還是棚仔的老闆。我一開始只有一區，進去反而認識十八區，因為始終賣家熟絡很快的。進去坐牢也好，喜靈也好，反而令到我有時間思考怎樣賣才能賣得聰明一點，第二就是認識的人更多。(017)

進去少年監獄認識到很多人，像雪球那樣越滾越多，出來還有和「撈嘢」那些人聯絡。那時決心要「撈嘢」，因為覺得浪費了一些時間坐監，想賺多點錢。(048)

The lack of adequate emotional and psychological support in the scheme is another significant drawback. Participants often reported not receiving the necessary counselling or psychological services to address the root causes of their addiction.

完全沒有見過輔導和心理學家，只是福利官，可能我未嚴重到去使用這些服務。我也不知整個喜靈洲過程有甚麼得著，只是感受到坐監其實都不是好辛苦，出面生活更辛苦。(010)

The absence of comprehensive post-release support further undermines the effectiveness of the scheme. Many participants reported that once they left the institution, there was little to no follow-up support to help them reintegrate into society and maintain their sobriety. This lack of continuity in care makes it difficult for individuals to sustain the gains made during their time inside the institution, if any.

其實喜靈洲不是幫，是你自己的心態，它不會有什麼的。你出來之後除了強制要驗尿之外，不會有一些很具體的東西支援你，根本就沒有社工跟進你或輔導你，看你有沒有重吸。(003)

坐監那刻當然有反思，幾乎說放出去後要做慈善家。出來就不是了。出來立即已經想食了，我怎會知道那個 madam 要我驗尿。但是我已經食了。(004)

Additionally, it is noteworthy that the more times the participants engaged in the compulsory placement scheme, the less deterrent effect they reported. Participants became accustomed to the prison and institutional environment. The diminishing deterrent effect with repeated engagements underscores the importance of early intervention and alternative strategies for better treatment outcomes.

六合院更加好玩，我進出了七次，那三年的守行為幾乎沒有守過。那裏都不像監獄，根本只是等於入去玩。入面那些社工都是福利官，總之好像去營會那樣。(011)

The CPS offers significant benefits for individuals struggling with substance abuse. While the experience can be challenging, the structured environment and enforced discipline provide a critical foundation for overcoming addiction. Meanwhile, the CPS faces several significant drawbacks that limit its effectiveness. Addressing these issues is crucial for improving the outcomes of the scheme and providing more efficient support for released drug abusers in the community.

9. Difficulties and Challenges of Hong Kong Drug Rehabilitation Services

Hong Kong's existing drug rehabilitation and treatment services are diverse and can be broadly categorised into mandatory and voluntary programs. These services are either operated or funded by the government, while others are managed by non-governmental organisations (NGOs) without government subsidies. The spectrum of services includes correctional institution-based detoxification centres, NGO-operated detoxification centres, counselling centres for psychotropic substance abusers, substance abuse clinics, methadone centres, district youth outreach social work teams, overnight outreach services for youth, and projects funded by the Beat Drugs Fund under the Narcotics Division of the Security Bureau (Narcotics Division, Security Bureau, 2024). In recent years, due to shifts in drug trends and subculture, resource shortages, and amendments to relevant legislation, organisations and staff providing drug rehabilitation and treatment services have encountered various difficulties and challenges.

Resource Constraints Faced by Non-Government Funded Detoxification Centres

Hong Kong currently has 37 detoxification centres and halfway houses, of which 19 are funded by the Department of Health and the Social Welfare Department. These voluntary inpatient detoxification and rehabilitation programs are provided by Caritas Hong Kong, the Hong Kong Society for the Rehabilitation of Drug Abusers, the Hong Kong Christian Service, and several evangelical detoxification organisations. Among the evangelical detoxification organisations, only four—Christian New Life Association Limited, Barnabas Charitable Service Association Limited, the Evangelical Lutheran Church Social Service-Hong Kong, and Christian Zion Church—receive government funding. Other evangelical detoxification centres operate without government subsidies, facing significant resource constraints and a lack of medical support.

數月前我們召開了一個戒毒院舍交流平台的分享會，原來戒毒院舍在資源配套上真的沒有足夠人手，又沒有醫療支援，處境十分艱辛。我們有很多不同的院舍，有些院舍如果是有正式政府資助，情況會好一些，但若無政府資助的院舍，很多資源都嚴重不足。(116)

Difficulty in Retaining Experienced Staff in Beat Drugs Fund-Supported Projects

The Beat Drugs Fund supports various projects by providing financial assistance, but retaining experienced staff within these projects has been challenging. The current funding mechanism allows for hiring staff at entry-level salaries, with the possibility of offering salaries only up to two pay points above the starting level. Consequently, as projects progress into their second or third phases, the inability to increase pay points makes it difficult to retain seasoned staff, resulting in a lack of accumulated service experiences (Hong Kong Council of Social Service, 2023).

A significant insight from this situation is that although the Beat Drugs Fund has become more flexible, allowing successful projects to continue without the need for entirely new concepts each time, there is still a substantial challenge. Discussions have been ongoing about the potential to transit successful multi-phase projects into more regular services. The need for continuity is emphasised, especially since each renewal cycle often needs the hiring of new staff due to the salary cap and the resultant staff turnover. This turnover hinders the accumulation of experience and consistency within the team.

我們一直在商討如果延續了多期的計劃，已經做得這麼好的時候，這些計劃有沒有機會變成一種比較常規的服務呢？而且延續 Beat Drugs Fund 資助的計劃時，我們每數年又要換一批計劃的同事，因為同事的年資增加了。Beat Drugs Fund 資助的計劃，聘請同事的支薪點又有上限的，轉換同事又累積不到經驗。很多東西可能有一些介入手法或者有一些特別目標，團隊真的需要常規一點的服務資源去支持，而不是不斷在申請 project，兩三年就要續期，這個真的是金錢的考慮。(117)

Challenges of Outreach Services for Psychotropic Substance Abusers

One significant challenge facing the counselling centres for psychotropic substance abusers is fulfilling the outreach service requirement stipulated in their Funding and Service Agreements (FSA). These centres are mandated to provide 72 outreach sessions annually, conducted outside of office hours in the evenings, with the objective of early identification and intervention for substance abusers. However, the increasing hidden tendency of substance abusers, coupled with limited hours available for outreach work, makes it difficult for centre staff to reach these individuals within their districts. Currently, there are 19 outreach teams and 18 night outreach teams across Hong Kong, which actively seek out and engage with drug-using youth, providing counselling and rehabilitation services and referring cases to appropriate service units for follow-up. Consequently, staff at the counselling centres often collaborate with these outreach teams to receive relevant case referrals.

在區內走來走去的外展方式，我覺得是沒有用的，現在不多年輕人在街上玩或流連了，真是少了很多，可能是打完波幾個人在公園聊天那些，但就不一定是我們想接觸的目標。所以我們現在經一些外展隊轉介，反而外展隊知道他們是一些很高風險或有吸食的年輕人，就會有意思一點。(124)

Difficulties in Intervention and Counselling for Cannabis Users

Hong Kong adopts a zero-tolerance policy towards drugs, and since 1 February 2023, cannabidiol (CBD) has also been classified as a dangerous drug under the Dangerous Drugs Ordinance. However, the decriminalisation or legalisation of recreational cannabis in several overseas jurisdictions has indirectly reinforced the perception among some individuals that cannabis is harmless. This perception poses a challenge to Hong Kong's anti-drug efforts, particularly as local youth may be tempted to try cannabis while travelling. Recent data from

the Central Registry of Drug Abuse (CRDA) shows that cannabis use is prevalent among young drug abusers, with nearly half of the reported drug abusers aged under 21 using cannabis (49.4% in 2023). Cannabis has been the most commonly used drug in this age group from 2019 to 2022 (Narcotics Division, Security Bureau, 2024). The Hong Kong Council of Social Service's three-year plan (2024-2026) on drug treatment and rehabilitation also highlights that anti-cannabis messaging has failed to deter young users and has, in fact, made them more resistant to seeking treatment (Hong Kong Council of Social Service, 2023).

年輕人都是吸食大麻的，為何會出現這個流行的現象呢？我覺得有一個原因就是我們的資訊真的很發達，大家上網就能夠知道全世界所發生的事情，他們還未真正深入地了解他們的合法化是甚麼合法化，其實他們有很多的研究沒有看到，但是他們表達出來就是很多地方都合法化，或者是很多地方都放寬大麻這樣東西了，他們就會覺得比較起來香港很保守，所以變相他們都會有「其實大麻不是毒品」或「大麻沒有甚麼大不了」的感覺，令到很多人會想吸食。有時候外國都變成一個參考例子，「零容忍」在大麻上有一個反彈，就是他們會更覺得你越是禁止便越是保守，你不與時並進，你不去看這個世界的趨勢是怎樣的。(118)

我覺得越禁止的話，人們就會越去接觸，當大家都知道譬如泰國合法化了，大家都會很容易地坐飛機去一轉，接觸到、看見到，很多人的心態就是我去到便試一試，但我覺得就算政府這樣說，不是太影響到，不會令到大家很警剔、不去接觸，我覺得市場是存在的。(119)

Future Challenges Brought by the Mandatory Reporting of Child Abuse Bill

In July 2021, the government established an inter-departmental working group that recommended mandatory reporting requirements for specified professionals who frequently interact with children. These professionals must report suspected cases where children have "suffered and continue to suffer serious harm" or are "at risk of serious harm" as soon as practicable. The bill was submitted to the Legislative Council on 23 May 2023, with subsequent amendments proposed on 29 April 2024 to clarify criminal liability and specify what constitutes serious harm. This includes adding a schedule to the bill, which can be amended through subsidiary legislation to maintain flexibility and introducing two new defences to protect professionals from legal repercussions for not reporting under certain conditions

(Legislative Council, 2024). The bill is expected to be gazetted on 2 June 2024, with its first reading on 14 June 2024.

Since the proposal in 2021, frontline workers in drug rehabilitation services have been concerned about the content and implementation of the bill. They are particularly worried about how the legislation will affect the behaviour of drug abusers, potentially making them more secretive and less trusting of frontline workers.

很多同工都不知怎麼好！是困難的，我覺得法例嚇人。大家會覺得「我是否一聽到服務使用者有小朋友的時候，我就要打醒精神，或者看一下隨時舉報？這樣服務如何做下去呢？會不會更加隱蔽呢？或者不求助，或者不會告訴你他們有小朋友？」很多這些疑問。或者同事會覺得什麼是很危險，要舉報會破壞關係。他相信你才告訴你，你一轉頭去舉報，我想我們暫時仍然是一個怎麼辦的階段，真的同工們有很多反應。雖然現在我們見到一些高風險家庭，或者真的見到小朋友可能受到一些傷害，都會有所行動，但會婉轉地讓醫生或者社署姑娘去知道這些事。將來的說，就只能明確地。我會覺得對於大家是否舉報的情況，可能會混亂幾年。(116)

Challenges in Retaining Peer Counsellors

Peer counsellors play a crucial role in Hong Kong's drug rehabilitation services, both in detoxification centres and counselling centres for substance abusers. The peer support model is considered a vital strategy for treatment. However, the funding available is insufficient to offer reasonable salaries for peer counsellors. With rising wages in other sectors, many peer counsellors leave for better-paying jobs, leading to a loss of experienced personnel (Hong Kong Council of Social Service, 2023).

其實很多院舍都是靠朋輩輔導員、過來人、學兄去維持運作。因為他們接受過幫助，他們是最能掌握這個服務的精髓，他們最有能力去做。他們的傳統都很重要，但是我想業內沒有一起去為他們的福利和薪酬發聲。他們人生已經慢了這麼多，學歷有多高呢？他們的生活基礎有多好呢？例如朋輩輔導員會不會有分資深的朋輩輔導員，讓他們可以有個向上晉升的機會，或是開展專門做戒毒服務的輔導員職位。他們那個崗位的職級可以闊一點。(113)

To conclude, there are many issues that need the government to address and consider, including but not limited to the increase of government funding and support to NGOs, the flexibility in the project funding structure, improvement of the remuneration and career prospects for peer counsellors, transitional phase for funded projects, and capacity building and training of NGO staff.

Stage 4: Relapse

Relapse among drug abusers is a very common issue, influenced by various factors. Many individuals experience cycles of quitting and resuming drug use. Relapse is not surprising among participants, implying its prevalence and normalcy.

停是很容易的，但食也是很易的。真是可能很小事我又會重食。通常我停了一段時間，當可以再食，我會忍不住一直食。(025)

大多數人都會再玩，之後又不玩。像我戒了，現在又再玩。(057)

While stopping drug use was easy, staying off drugs was challenging, and even small triggers could lead to relapse. Participants highlighted an extremely high relapse rate among their friends, even those who had completed treatment programs. This high relapse rate underscores the difficulty of maintaining long-term sobriety.

復吸的機會是十分高。除了我，進過自願戒毒、戒毒所、坐牢、自己躲起來去戒毒的朋友，全部都是會復吸的。(009)

被捕後或坐監後，百分之八十五都有繼續吸食。餘下的成數是出了事再不能釋放出來。(072)

很普遍的，只要那一刻的心癮出來了，他們就按不住，就馬上吸食了，食得一次，一定會再有第二次的。(120)

060 attributed the ineffectiveness of those treatments to alleviate drug dependency and a lack of motivation for change. This explanation particularly highlighted the hardship of breaking the drug taking routines even after receiving interventions.

Additionally, relapse can be triggered by unresolved underlying causes and negative influences, as stated in the stages of onset and persistence. For example, 041 simply stated that the reasons for her relapse were identical to those at her initial onset at the age of fifteen. Similarly, 071 expressed that her multiple relapses occurred while meeting a drug-using boyfriend and peers.

Likewise, life stressors and emotional triggers are significant factors contributing to relapse. Participants frequently cited work pressure, family issues, and personal dissatisfaction as reasons for resuming drug use.

工作又有壓力，覺得家裡太太好像各方面做得又不好。之後「一爆出來」就連續玩了幾年。即本來一年可能一、兩次。突然「橡皮筋一斷開」，一開始復吸，就玩了幾年。(028)

Normalisation of drug use during previous stages of addiction contributes to a diminished perception of its seriousness. Participants often viewed drug use as a manageable and trivial part of their lives, leading to an underestimation of the risk of relapse. For instance, 016 used cocaine by the bottle, regarded it as an advanced technique, and lowered her drug use to smoking cigarettes, which she perceived as trivial and not even counting as drug use.

重吸後，越吸食越厲害，直情可以兩天一個「嘍仔」[7克K]。(006)

那時我都不理份量，反正我都預計了我持守不到一年。那時出來後反而是沒事做，又沒有牽掛。(010)

我其實過程中有停用過的，就是停了不吸食大麻的。但是我之後就連續四年都在吸食。(098)

Specifically, 011 and 020 exhibited a pattern of binge relapse or rebound escalation after their periods of abstinence. They both harboured the irrational belief that they could indulge in drug use because they had stayed sober for a significant time. This normalisation and minimisation of the dangers can make relapse seem less concerning. Over time, a lack of vigilance leads to cycles of intense drug use following periods of abstinence.

On the other hand, cannabis users are less likely to experience the typical relapse cycle because they often do not fully stop using the drug. Instead, they integrate cannabis use into their daily routines, viewing it as a less harmful substance and beneficial in certain manners of their life. For example, they used cannabis as a reward at the end of the day, which helped them relax and sleep without feeling it impacted others negatively. Cannabis users may not see their behaviour as problematic, making traditional relapse prevention strategies less effective.

他是因為在外國長大、生活，可能覺得這種事在外國很平常，沒什麼特別的，以及他也想追求那感覺，所以就再吸食了。(061)

我就會自己設定時間，或者當每天忙碌完給自己獎勵。我吸食完大麻，笑一會就睡覺。那樣頗好，我又影響不到別人。(098)

Some cannabis-use participants justified their relapse by attributing it to medical benefits, particularly for managing mental health issues. Participants reported using drugs to self-medicate for conditions, including depression and insomnia, preferring it over some perceived addictive prescription medications. This medical justification can mask the underlying addiction and complicate efforts to achieve sobriety.

醫生說我抑鬱症，然後開藥給我，我不覺得那些藥是有用的，它讓你整個人很累，但你不會變得開心。所以我就嘗試從其他的方法去找開心。(015)

前一陣子有輕微抑鬱症狀，所以又想食了，主要是可以更易入睡。不吃安眠藥，因為安眠藥會令人上癮。(071)

Data from several verbatim accounts provide a deeper understanding of these trends and the reasons behind the frequent relapses. Understanding these factors is crucial for developing more effective intervention and support strategies to help individuals maintain long-term sobriety.

1. Social Influences

Social circles play a pivotal role throughout the drug-using process, even when relapse is a complex phenomenon influenced by various factors. Peer pressure, social gatherings, and interactions within one's social circle contribute significantly to the persistence and recurrence of drug use. These influences are often compounded by other life adversities, such as stress and interpersonal conflicts, creating a challenging environment for individuals attempting to maintain sobriety.

Peers play a crucial role in the initial decision to use drugs and in maintaining ongoing drug use. For instance, 029 was introduced to meth during his cessation period of ecstasy, highlighting how peer pressure can reignite drug use. Social gatherings and parties, where friends encouraged drug use, also led individuals back into the habit. This initial peer influence

often sets the stage for persistent drug use, creating a cycle that is hard to break. The immediate social circle can heavily influence one's ability to maintain sobriety.

出來後一旦你找回朋友，聚在一起玩你就會吸食了，除非你斷了這些朋友才會不食。(008)

姊妹帶我出去玩，她吸食我也跟著她一起吸食。一開始也忍耐得住，但是之後我身邊沒有一個朋友是不吸食的，都是吸食得很厲害。(053)

我自己的生活圈子很窄，一直都是那些朋友。除了我份工作，我工作要接觸很多客人。但是我的生活圈子就只是那幾個朋友。(105)

我之前試過自己忍耐，過了戒斷期之後就沒有喝了，但是朋友撩我去喝咳水，我又再喝了。(107)

Drug use was often treated as a booster for social gatherings and celebrations among drug peers, further normalising and even encouraging use. Participants, like 008, mentioned that during celebrations, such as birthdays, friends would suggest using drugs like cocaine as part of the festivity. These social situations not only provide opportunities for drug use but also create a social expectation to participate, making it challenging for individuals to resist.

Peers also trigger relapse by introducing individuals to new substances, often out of curiosity or as part of social bonding. 054 recounted how a friend's regular purchase of cough syrup piqued their curiosity, leading them to try it and eventually relapse into using this new substance.

那群人吃甚麼，你自然就會吃甚麼。不會是他們「僕冰」，你就吸食可卡因的。(043)

Similarly, 022 met new friends during his cessation, who introduced various dealers to him, increasing the accessibility to drugs and eventually leading to his relapse.

Re-Engagement in Drug-Using Social Circles and Entertainment Venues

Re-engagement with drug-using social circles, such as social gatherings and specific environments, is a critical trigger for relapse. Many participants found themselves reintroduced to drugs during social activities where their peers were using. As per the previous discussion,

immersing in these environments increases the likelihood of associating with drug-using subculture and deviant groups, fostering the chances of relapse. These environments make it challenging for individuals to abstain, as drug use becomes normalised as part of social interactions.

出去有聚會，去玩的時候就有重新接觸。因為我比較容易受人影響，別人說一起玩便玩。當刻我沒有不舒服，所以便覺得吸食一點是沒有問題的。(038)

近兩年再接觸了一些出去蒲的朋友。他們跟了那一邊的「大佬」，就想叫我一起出去發展，叫我也一起跟那「大佬」，所以我跟了他們那邊之後就多了出去吸食。(058)

在蘭桂坊蒲時，認識了些古惑仔，他們有喝酒，又有喝 happy 水。他們叫我喝，我就喝了。接着就甚麼毒品都玩了。(065)

In contrast, while engaging with ordinary and healthy social circles, participants demonstrated solid cessation and the ability to stay sobriety. However, as 002 and 042 stated, once they returned to the previous social circles, they recalled the cravings, lost their resistance to use drug, and relapsed immediately.

出來之後就認識了一個很好的男仔，很正經的，也開始有正經的圈子。沒有玩五、六年了。但分手之後又開始回到那班壞朋友。(018)

我有一段時間很乖，我連正常煙都不吸食。完了感化令後，其實也有出去玩，有喝酒、去夜店、去 disco 那些，那時去那些場就再吸食了。(041)

沒有那些人，我就不會聯想到「可樂」。(042)

Sometimes, the re-engagement can be unintentional. For example, 014 explained that he stayed clean while hanging out in drug-free venues with friends. Unfortunately, due to the pandemic, these venues were closed, driving him to re-engage with underground drug venues. The relapse can be attributed to residual subcultural influences, such as frequenting entertainment venues, which place individuals at a higher risk of accessing drugs. Similarly, 011 demonstrated a vulnerability in those entertainment venues when she got drunk. At that moment, friends passed a cigarette to her, which triggered the motivation to take cocaine same

as her past experiences. These cases illustrate that the potential risk of re-engagement consistently presents itself around individuals if they continue to be exposed to entertainment venues and substances, even legal ones like alcohol and cigarettes.

Even if participants did not actively seek out those social circles, it is inevitable that previous peers and dealers would contact them, triggering old memories and cravings. The familiarity and ease of access makes it difficult to sever ties completely. These moments are critical to examine whether individuals can truly resist the temptations.

我的圈子認識的來來去去都是那些人，自己也知道買的渠道，那些人。即使我不找他，他也會上網的，或 WhatsApp 通知「我回來了」，也不用多問我也知道是怎麼回事。(020)

那個「拆家」間中會跟你說甚麼復活節快樂，借故跟你聊天，撩撥一下你，看你怎樣的。想一想隔了兩個月很寂寞，因為我自己住的，自己住最不好的就是太方便了，你不需要理會別人的，不需要理會家人。(029)

This casual re-engagement can quickly lead to relapse, especially when individuals feel isolated or lonely. The lack of a supportive network further exacerbates the risk, as there is no immediate accountability or deterrent to falling back into old habits. The ease with which former contacts can reignite drug use highlights the need for robust, long-term support systems that can provide both emotional and practical assistance in maintaining sobriety.

Specifically for drug dealers, the financial benefits associated with drug-related activities can also draw individuals back into the drug-using circles. As 027 mentioned, the lucrative earnings from drug dealing activities compared to regular employment make it hard for ex-drug dealers to stay clean. The disparity in income between legitimate jobs and the high profits of drug dealing presents a significant challenge for those trying to maintain sobriety. This financial allure is compounded by the immediate gratification that comes with earning substantial sums of money quickly. For many former dealers, the stark contrast between the low wages and slow upward mobility in legitimate jobs and the fast, high earnings in drug dealing can be discouraging. The sense of financial inadequacy in regular employment can lead to feelings of frustration and a perception that the effort required to succeed legally is not worth it.

Identically, the high incomes also attracted female participants to re-engage in employment in nightclubs. The nightclub environment, characterised by high incomes and easy access to drugs, presents substantial challenges for those female participants attempting to maintain sobriety. Financial pressures, combined with the high earning potentials in nightclubs, make it difficult for individuals to avoid this line of work, even when they know it poses risks to their recovery. This accessibility creates a setting where the temptation to use drugs is constant and overwhelming.

後來去夜總會上班，基本上夜總會上班不用給錢買毒品，那些毒品免費給你一起吸。在那個環境，最方便是「索茄」，吸「可樂」。我工作的時候吸得更多，吸足一晚上。其實「茄」就沒有少過，還同時間再加「可樂」，真的很多不用錢的。(003)

我原本有間美容院，因疫情問題結業了，自己因食「可樂」導至用盡所有積蓄。於是便再回夜總會做小姐，跟著就越食越多，越食越多了。(039)

之後就再回去夜總會工作，整個人開始「放負」。不知為何傻傻的，甚麼也玩一下。那時候有玩「豬肉」，又玩「可樂」。(047)

Besides, the nightclub environment not only facilitates access to drugs but also encourages increased consumption. Even when the ladies initially resist using drugs upon reemployment in nightclubs, continuous exposure to the environment gradually breaks down their resistance. Despite their initial refusal to use drugs, the persistent pressure from colleagues and clients in the nightclub eventually led them to relapse. This gradual erosion of resolve underscores the insidious nature of the nightclub environment in triggering relapse.

後來返了一些不適合的工作，在工作地方食。由 21、22 歲返到 26 歲，返了六年，食了六年，不停地食可卡因。(008)

再出來「撈返女」，即是幫人找陪坐的女孩。變了經常需要應酬，就開始再食了。(011)

我九月至現在都是在會所工作。因為上個月有人「飛樽」，我說了我不食，然後那些人逼我食。現在偶爾有食，總而言之，人家給便食。(038)

Intimate Partner

Intimate partners can directly influence drug relapse by encouraging or introducing their partners to drug use. The dynamics within these relationships often influence drug use behaviours, leading to increased vulnerability to relapse, especially when the partner has a drug use habit or is involved in drug dealing activity.

識了個男朋友，原來他會偶爾食的，就和他偶爾食，可能一個月食幾滴。他很喜歡 staycation，我們兩個去酒店，接著飲酒的時候會食幾滴。(011)

我吸食「可樂」很久了，是男性朋友教我吸食的。之前我去 club 的時候也不吸食，但我很容易被男朋友影響。(013)

和男朋友一起，我們就一起用多了，就養成了一個壞習慣，因為可以差不多每天一起用。(024)

大概半年左右完全沒有食大麻，然後認識了現在的男朋友。因為他的用量不多，那時候才真正有人教我正確使用的劑量。(046)

Having an intimate partner who uses drugs can lead to the development of shared habits and increased consumption. The constant exposure and shared lifestyle make it difficult to maintain sobriety. 003 and 008 both pointed out that they can only attract those who use drugs, making them unable to establish relationships with normal and ordinary people.

Coherent with the other stages, emotional distress and conflict within intimate relationships are significant triggers for relapse. Drugs were regarded as a strategy to handle disputes and conflicts with partners. Therefore, the previous drug use history can easily be triggered to arouse the craving or memories, leading to the re-adoption of this problematic coping strategy.

守完行為之後幾天，跟他吵架，就再索了。那陣子出來脾氣很躁，比之前還躁，因為回到我自己的舒適區，那當然又放縱了。(004)

之前由我大兒子出生那時，即是八年前，已經是戒了。最近他經常趕我走之類，我覺得好煩，所以就重吸了。(010)

我與我前夫關係不好，我離家出走。然後常外出玩，同朋友一齊開始食「可樂」。
(039)

In some cases, relapse occurs as a result of coercion or influence from a partner who continues to use drugs. Participants highlighted how partners who use drugs can pressurize or manipulate their significant others. For instance, 003 was induced by her ex-boyfriend to use drugs so she wouldn't judge him; eventually, 003 relapsed in a fit of pique. Similarly, 095 mentioned his wife brought ketamine home despite his pleas for her to stop, resulting in his own relapse out of frustration. These cases underscore the significant impact that partners' drug use behaviours can have, often compelling them to relapse even against their initial intentions. The dynamics illustrates the complex interplay between partner relationships and drug use, where the actions and habits of a partner can influence one's own substance use patterns.

In contrast to the persistent influences in relationships, breakup also brings a substantial risk of relapse because it often leads to emotional distress, a sense of abandonment, and a lack of social support. Emotional distress often leads individuals back into substance abuse. Females and MSM participants in this study particularly demonstrated their high vulnerability to drug use when breaking up with their partners.

開始上班後不久分手的，我也沒什麼焦點。工作又被人辭退了，所以又再次沉迷於這玩意上。(022)

分手那兩個星期很不開心，然後走去吸食 K 仔。(038)

20 歲之後，就完全戒掉了。到了跟男朋友分手，就再玩了。(047)

分手後，一天喝五枝咳水。整個人已經是極度不開心、很絕望的，每日只望着四幅牆，做甚麼都不願意動。那段時間很恐怖，真的嘗試過自殺，但不成功。(052)

The emotional turmoil following a breakup can drive individuals back to drug use as a coping mechanism. A sense of purposelessness, self-degradation and self-abandonment can probably develop in the breakup event. Their drug use may even intensify after a breakup, leading them to use multiple substances simultaneously, resulting in severe consequences.

和男朋友分手之後，那時開始就食到要穿尿片了，那時就當然是沉淪了。總之是有什麼食什麼，不理的了。搖頭一晚也有兩、三粒，還要和「Five」仔一起用。
(004)

那時候見到男朋友被人捉了，覺得不可以再這樣，就開始戒毒。但和他分手之後，我又開始吸食了，自我墮落。(008)

直至我和那男仔分手，就想玩了。因為我對感情事很投入，我會很累，不很開心。我變了就不想要找愛情，全部找 Chemfun。(023)

分手後，因為沒有人在身邊，沒人管了，那我做任何事情都可以，所以就可以玩一些最興奮、對自己身體有傷害、選擇做一些會令自己後悔的事情。(032)

In such situations, participants experienced a lack of psychological barriers to drug use when the person who cared for them or held them accountable disappeared after a breakup. This lack of direction and increased loneliness make it challenging for individuals to resist the temptation to relapse as they seek ways to fill the void left by their relationship and job.

Stress

Stress often exacerbates existing vulnerabilities and drives individuals back to substance use as a coping mechanism, akin to the persistence stage. The pressure to perform and achieve results can become overwhelming, leading individuals to seek escape through drug use. This underscores how work-related stress can erode one's ability to maintain sobriety over time.

For example, 018 recounted how the immense pressure to meet sales targets in the beauty industry caused her to relapse. Despite initial intentions to stay clean, the overwhelming stress and presence of drug-using peers made it difficult to resist. Similarly, 024 described how initial work problems led to drug use as a coping mechanism. What started as a way to handle minor setbacks quickly escalated as stress compounded, leading to more frequent and severe drug use.

Academic pressures can also trigger relapse. 098 highlighted that the immense stress during his associate degree program led him back to cannabis use, a habit that persisted since. This illustrates how academic pressures can act as a significant stressor, pushing individuals towards substance use as a form of relief.

Emotional stressors, such as feelings of isolation and lack of communication with other people, also play a crucial role. 024 noted that the accumulation of negative emotions, lack of social interaction, and the inability to express feelings contributed to his relapse. Drug use became a way to release pent-up negative energy, providing temporary relief from emotional distress.

Furthermore, the cyclical nature of stress and drug use creates a challenging environment for maintaining sobriety. As stress levels increase, the likelihood of relapse grows, creating a vicious cycle where drug use leads to more stress and, consequently, more drug use. The relapse triggered by stress can often lead to more severe and frequent substance use, exacerbating the individual's overall situation.

The normalisation of drug use as a coping mechanism for stress further complicates the recovery process. When individuals frequently turn to drugs to manage stress, it becomes ingrained as a habitual response. This habitual use reinforces the cycle of stress and substance abuse, making it increasingly difficult to break free and achieve long-term sobriety.

2. *Past Pleasures Experiences*

Past experiences play a significant role in triggering drug relapse, with various factors influencing individuals' susceptibility to returning to substance use. These memories, often associated with intense feelings of euphoria, relaxation, or escapism, can resurface in response to various stimuli, leading to a strong desire to reuse drugs.

因為毒品有記憶性。他曾經試過，他回味那種感覺，所以說為什麼會再吸，就是這樣。(002)

尤其是對那種舒服的感覺，有心思思的感覺，那一刻的心癮是最痛苦的。(046)

Previous experiences with drugs can create lasting impressions, easily triggered by emotional or sensory stimuli. This response constructs barriers for individuals to resist the urge to reuse when faced with triggers, highlighting how the recollection of the enjoyable feelings from past drug use can prompt a relapse.

如果路過深水埗的話，其實腦裡面會馬上回想哪裡有賣，多少錢，哪裏可以找誰。(020)

會讓我看見那些關於「漁檔」、關於冰毒的人，跟它有關聯的，我就會看見那些畫面了，我的「筋」也會立刻被撩動。(028)

那時說了很多遍要戒的，一直也戒不了。一有人吸，一去到那些地方，一嗅到別人吸就想起，就受不了。(047)

Emotional states such as boredom and loneliness also act as significant triggers. The absence of engaging activities and social support can lead to boredom, which in turn triggers the recap of past pleasures and memories of using drugs.

因為個人悶，喝酒也解決不到。想起以前和同事們返大陸玩，甚麼按摩的好開心，那又開始吸食了。(006)

我有兩年因為身體不好，所以沒有吸食。但復康的那段期間真的很悶，你又會想著做那些開心事情，所以又吸食了。(029)

Similarly, negative emotions like sadness and depression can drive individuals toward relapse. For example, 015 and 093 both explained that memories of pleasurable experiences and hyper emotions after drug use came up in their minds every time when they felt sad and unhappy. 050 always recalled his recollections of excitement, vigour, and a sense of heart-pounding after drinking cough syrup as a way to handle the most tiring moments.

Some participants further analogised, or connected drug uses memories with other daily events, demonstrating how normal the thoughts of using drugs emerged in their minds.

譬如人們召妓，有時可能你兩、三個星期沒有召妓，但是經過色情場所樓下的時候，你有時真的自自然然地走了上去，都沒辦法的。(029)

有時看 Twitter 或其他成人網頁，看到別人手拿冰壺或 rush [Popper]，自己心中也想再拿起來。我會記得那感覺，那感覺是忘不了的。(032)

好像太久沒有吃那一頓飯，那一頓飯你很喜歡吃，你不吃沒有問題的，但是你有時會心思那頓飯的。(089)

The data highlight the complexity of relapse, where both emotional states and sensory cues play significant roles. The constant bombardment of reminders from their social

environment, coupled with unresolved emotional distress, creates a cycle that makes it challenging for individuals to maintain long-term sobriety.

3. *Financial Stability*

Financial stability, while generally seen as a positive human development, can paradoxically trigger drug relapse among individuals recovering from substance abuse. Increased financial resources provide the means to indulge in drug use. Having more disposable income can lead to increased temptation and the resources to relapse.

那時因為薪金多了，縱容慣了，都不覺食了那麼多。(011)

最近賺多了一點。那有錢一定是身癢的，個個都是這樣的。然後加上悶和朋友誘惑，有錢自然多了想法。(017)

平常錢是很少會沒有其他用途的。我當時又有一點閒錢，加上突然有興致，所以又吸。(090)

For some participants, financial stability comes from the support of their partners. Without the burden of financial concerns, they have more spare time, which can be a double-edged sword for those in recovery. Lacking a structured and purposeful way to spend their time, individuals may revert to drug use as a way to fill the void. This lack of structure and purpose in their lives can lead to increased vulnerability to relapse.

只是和他相處起上來，要花心機便花心機，他又不會要我煩吃甚麼，又不會煩我找工作。我只是想著玩(吸食)，不知道怎樣打算。(024)

那時候的男朋友不讓我去工作。他是夜總會的「爹地」，他常常給我零用錢，我也拿去買「豬肉」(ice)。(047)

In these cases, financial stability removes one of the significant barriers to drug use, making it easier for individuals to access and use drugs without the immediate worry of financial burden. This highlights the importance of addressing not only the financial aspects but also providing meaningful engagement and purpose for individuals in recovery to prevent their relapse.

4. *Being Defeated*

Relapse particularly results from the defeat of positive intentions and thoughts about quitting. Despite having the initial motivation and plans to stop using drugs, various negative influences and setbacks can undermine these efforts, leading individuals back to substance use.

Discouragement from others can significantly impact an individual's resolve to quit drugs. Although participants initially had the intention to quit, constant remarks from others about their inability to do so weakened their resolve. This external negativity can erode self-confidence and lead to a sense of futility in efforts to quit, making relapse more likely.

本來剛剛出來時，我是想著全部戒掉的。不過那時我買一些牛奶回家喝，然後我爸爸就跟我說一句：「喝牛奶，解不到你的毒的。」接著就變了，「唉！算了。」那麼你都覺得我是吸食的，我便吸食給你看。(005)

原本甚麼都沒吸食，但是太太卻兌現不到承諾。她仍然出去打牌，都沒有陪過我。接著便算了，放棄了。(006)

之前是有戒掉的想法，不過常常有人和我說：「你都是做不到這件事的。」所以我就不想戒了。(025)

A lack of support and feelings of abandonment often defeat an individual's efforts to quit drugs. The absence of supportive relationships can leave individuals feeling isolated and demotivated. Without a strong support system, the challenges of overcoming addiction become significantly harder to manage, leading many to return to substance use as a coping mechanism.

External challenges and emotional reactions to these challenges can trigger relapse by defeating an individual's positive thoughts and plans. 035 recounted how a frustrating experience with a social worker led to anger, quitting the rehabilitation program and subsequently relapsed. This incident highlights how external stressors and emotional responses can disrupt recovery efforts.

Sometimes, participants would also defeat their own determination when they realised their inability to cease drug use completely. This shift in mindset reflects how the defeat of initial thoughts, perhaps overly idealistic, can lead to a rationalisation of continued drug use.

感化完結後，或者被捕過後，那時真的有想過戒的，想和以前的人全部割捨斷聯。但後來我認為這是不合理的。我不想欺騙自己，「不吸食」對我來說是不成立的。我反而希望就算我吸食毒品也好，我仍然活得比你好。(022)

All these defeated thoughts induced the erosion of confidence in one's ability to quit drugs. Although they had initial motivations, constant setbacks and the resulting discouragement led them to relapse. The repeated failure to stay clean can create a cycle of hopelessness, which underscores the need for consistent, positive reinforcement and robust support systems to help individuals sustain their recovery efforts.

5. *Thoughts during the Relapse*

The thoughts and rationalisations that occur during relapse provide insight into the psychological processes and justifications that individuals use to cope with their relapse. These thoughts often reflect a complex interplay of denial, rationalisation, and attempts to balance perceived benefits against the known risks.

One common thought during relapse is the belief that they can avoid getting caught. This approach of harbouring a sense of luck can lead individuals to underestimate the risks associated with drug use. For example, 022 mentioned being cautious and reminding himself not to get caught, rationalising that his previous arrest was a one-time event. This sense of invincibility and meticulous planning can create a false sense of security, encouraging relapse.

Some individuals relapse because they believe that drug use does not preclude them from leading successful lives. They see themselves as exceptions to the stereotype of drug abusers, using this belief to justify their continued use. This belief contributed to rationalising that drug use is manageable and not necessarily detrimental.

不碰毒品還是有很多人窮死、餓死，那為什麼要歧視吸食的人？吸食的人很多都是專業人士和成功人士。我正在做的是去證明「那怕我有吸毒，但不等於我是淪落街頭的露宿者，或者情緒失控，會打爆鏡子」。(022)

人總會有方法解決，有些人喝酒，不過我們吃冰而已。我接觸到這種東西，我覺得是可以幫助到我。(027)

Additionally, participants often perceived relapse and occasional use as acceptable after a period of cessation. This mindset reflects a sense of entitlement to drug use after demonstrating self-control, which undermines long-term abstinence. This rationalisation can weaken the commitment to complete sobriety, leading to a cycle of relapse and temporary cessation.

我完全沒有想過要堅持，想著第一天出返來就吸食。那時想著「在裡面困了那麼久，出返來吸食一口，很正常的，忍了那麼久」。(005)

「羅馬都不是一天建成的」，即是說你不是立即可以戒到的，亦即是說你是可以吸食一下，不一定要戒得那麼清。我那一天就是這樣：「我都忍了兩個月，甚麼都夠了，不是很過份」，那就吸食了。(029)

在醫院裡十多天停了吸食，然後一出來，立刻再用了。根本好像被監獄釋放那樣。因為那一天是我的生日，我要慶祝一下，所以就再用了。(030)

In some cases, individuals rationalise that occasional use will not lead to full-blown addiction again, believing they can control their usage. This belief creates a false sense of security, making it difficult to recognise the slippery slope back into addiction.

可能吸食一、兩口，就不叫作正式的吸食。(013)

停半年左右，曾經聖誕節的時候吸食，不過不是吸食「可樂」，只是索過一口 K。(014)

戒了之後，也食過幾遍。算是戒了，因為是兩三個月才食一次。(042)

停了一、兩年，中間可以說是都有喝過一、兩口的，叫作回味一下。但是都知道是用來回一回味而已，都是不接觸了。那一口也不算是重吸。(050)

This rationalisation is particularly evident in how participants viewed their relapse as a deserved break or a reward for having stayed clean for a certain period. This mindset perpetuates the cycle of use and cessation. They perceive these moments of relapse as minor deviations rather than significant setbacks. This occasional indulgence can gradually escalate, leading back to regular use. This cyclical pattern of rationalising relapse as a harmless or

deserved response creates a dangerous precedent, making it harder for individuals to break free from the grip of addiction permanently.

Regret Loop

Another common thought among participants is a regret loop, characterised by a cycle of initial relief or pleasure followed by intense feelings of regret, guilt, and self-reproach. This cyclical pattern often exacerbates the challenges of overcoming addiction, as the emotional turmoil reinforces the compulsion to use drugs as a temporary escape.

Many individuals experience immediate regret after relapse, questioning the purpose and consequences of their actions. Participants described the emptiness and futility they felt at the moment of relapse. This regret often manifests as a questioning of one's ability and esteem.

我吸食完之後我整個人很內疚:「為甚麼會這樣?你幹甚麼啊?」接著罵我自己。我不敢上街,不想見人,躲在家裡。工作也做不了。吸食到令我整個生活亂成一團,所以很內疚,覺得人生已經是失敗的。(029)

其實我一直都會這樣想(不吸食),只不過吸毒的時候不會這樣想而已,不开心時你不會想太多。但你吸食完會慢慢散,然後又抱著後悔的心去睡覺,但睡醒的時候又要面對。(043)

每一次玩完一定後悔,有哪一次玩完不後悔?很空虛的,錢又沒有,坐在那兒發呆。吸那麼多做甚麼呢?吸來有甚麼意思呀?沒有用的,又十分害怕,不知道在做甚麼。第二天早上醒來,又累、又肚子餓、又頭暈身熱。(047)

The regret loop significantly impacts daily life and self-perception. This psychological confusion and the accompanying guilt create a vicious cycle that makes it difficult to break free from addiction.

如果今天你問我想不想食,我還會的。但我不會主動的食,因為我不斷的想戒掉,但沒有人能幫助我,戒不了。甚至乎想自殺,回到家是會想從天台跳下的感覺。(042)

每一次吸完毒都會很後悔,明明這些錢可以拿來做很多其他事,即拿去吃美食都好。(043)

Despite the recurring regrets, many participants still expressed a strong desire to quit. This internal battle often leads to feelings of hopelessness and even suicidal ideation, as the individual feels trapped in a cycle they cannot escape.

Over time, the regret loop can lead to reflective regret, where individuals look back on their drug use and wish they had never started. Participants often reflect on how their lives might have been different if they had made different choices. For instance, 005 and 024 expressed regret over the long-term impacts of their drug use, realising the meaningless and wasted time during periods of drug use. Similarly, 084 and 098 both reported that if they had not taken the first puff, they might never have used cannabis. This occasional onset leads to long-term use even if the individuals do not genuinely desire it, echoing the "Not Now, Not Ever" slogan of the Narcotics Division.

Reflective regret, in particular, underscores the deep-seated longing for a different path and the realisation of the profound impact of drug use on one's life. It highlights the importance of early intervention and continuous support to help individuals break free from the cycle of regret and relapse.

For Better Experiences

Unlike the regret, some participants took the relapse as certain because they viewed the cessation as a strategic break rather than a genuine attempt to quit. This approach was primarily motivated by the desire to achieve a higher state of pleasure or euphoria upon their return to drug use. The phenomenon of diminishing effects with continuous use made it necessary for some individuals to take intermittent breaks to restore the drug's potency and enhance their overall experience.

我之前聽別人說，其實你的身體要清的。因為你吃得多藥物，藥物會開始有些失效，你要吃得更多更多，才會去回以前那個感覺。那你就要停一陣子，清一陣子。
(021)

中間去了日出山莊，因為我沒有地方住，然後又不想回家，接著有人建議我去戒毒，所以我就去參加這個戒毒計劃，去了一個多月左右。我當放一下假，休息一下，為了之後繼續吸食可以有反應，為了之後可以繼續玩而停一停，休一休息。(024)

我那四天的戒斷期，只是為了以後吸食藥物有更大感覺，所以並不是真的想要停，只是想昇華而已。(071)

但你抽得越多，會越來越沒有感覺，這時你便會想暫停一下，比如說一星期，一星期之後你再抽感覺會更好。(073)

Taking a temporary break allowed their bodies to reset, making the subsequent drug experience more potent and enjoyable. This cycle of usage and cessation highlights a calculated approach to drug consumption aimed at maximising pleasure rather than striving for sobriety.

6. *MSM-Specific Relapse*

The relapse of drug use among MSM participants often involves unique factors, particularly the strong connection between drug use and sexual activities. For many MSM, drug use is intricately linked with sexual activities, making it difficult to separate the two. This connection suggests that the emotional and physical release associated with sex can serve as a powerful driver for drug use, particularly after periods of abstinence or confinement.

釋放出來一、兩日左右，很想要。一來「餓」了很久，很想要、很想做愛、很想玩，又碰巧約到一個鬼佬，那就去了。還有你入去的生活也不好受，那時積下的情緒，一次過在那次發放出來。(023)

已經跟性行為掛鉤了，所以就很難戒。除非我不做愛，所以我現在常常也很忐忑的，「是不是真的一定要用？」，但是不用的感覺，真的差太遠了。(030)

The heightened pleasure and intimacy facilitated by drugs create a strong reinforcement loop, where the absence of drugs during sex feels markedly inferior, thus perpetuating the cycle of sex and relapse. The dependency on drugs for enhanced sexual performance and experience is both psychological and physical. Psychological dependency arises from the association of drug use with increased confidence, reduced inhibitions, and heightened pleasure during sexual activities.

我覺得那段時間已經比較放鬆，自然就不用吸食太多，我覺得夠就 OK。為了之後更加有需要才用，可能不知自己之後是否會更加有需要。(091)

Physically, the body's response to the combined stimuli of drugs and sex can create a powerful craving that is difficult to resist. This dual dependency exacerbates the challenge of achieving and maintaining sobriety, as it requires addressing both the psychological triggers and the physical cravings associated with sexual activities.

Rehabilitation efforts for MSM often need to address the specific link between drug use and sexual behaviour. Traditional rehabilitation programs that do not consider this connection may fail to provide the necessary support for MSM trying to quit drugs. Specialised programs that focus on breaking the association between drug use and sexual pleasure while offering alternative coping mechanisms for sexual satisfaction and emotional release are crucial for effective intervention.

Stage 5: Desistance

This chapter seeks to explore the moments of participants' drug journey to outline the possible triggers for their desistance, including their cessations before relapse, which might have implications for true desistance. Desistance, often misunderstood as mere cessation, entails a more demanding definition that calls for the permanent cessation of drug use. Unfortunately, the trend among drug abusers shows that permanent desistance is rare. Most participants view quitting drugs as a temporary phase rather than a realistic, permanent change.

在認識這麼多的朋友裡面，我想只有一、兩個是完全戒斷的。(015)

其實我沒見到身邊有人真是戒過，戒掉了。(062)

沒有人戒掉，少吸了反而有。(063)

The data highlight a prevalent sense of scepticism about the feasibility of permanent cessation, which can profoundly influence individuals' expectations and efforts toward recovery. Despite that, their motive and desire to stop, including temporary cessation, can still offer some insights for us to dig into the possibility of true desistance.

你是不是有意識地去做這件事。大麻、酒、煙，全都放在你的面前，但是你怎樣去選擇是你的選擇，沒有人影響到你的。你有多大程度知道自己是否應該這樣做，這些都是看自己那個自我管束的能力。(089)

In general, cravings, while a significant barrier to desistance, are not universally insurmountable. Some participants noted that cravings diminish over time with reduced use. This gradual reduction often spans extended periods and requires a step-by-step approach. This process was described as slow and incremental, reflecting the substantial effort and patience needed to overcome addiction.

不「飛樽」，變回吸煙。然後慢慢、慢慢地就改變到少一點吸，那段時間用了一年。(041)

說實話，你食了這麼多年，你每天差不多也要食。你叫我一時三刻戒，沒有可能。我也用了差不多兩年。(065)

我「飛針」也試過了。其實所謂「癮」，是那段時候你有吸毒，你便會有癮。假如一段時間不吸食，慢慢便會沒什麼。(074)

While some participants still reported cravings during their progress to desistance, uncontrollable strong cravings were less frequent. This indicates that while cravings can be intense, they do not necessarily persist indefinitely, providing a glimmer of hope for long-term desistance.

Participants who use traditional drugs were comparatively more likely to expect cessation or less usage because cannabis users tend to maintain their use until negative consequences emerge. This dichotomy in attitudes reflects differing perceptions of risk and harm associated with various substance abusers.

有想停止服食可待因(codeine)，但沒有想過停止吸食大麻。(107)

However, both types of users reported a common period of cessation or controlled use when anticipating the arrival of a baby in the family. The health of the baby was a significant concern and a powerful motivator for participants to quit, at least temporarily.

Understanding desistance from the perspective of drug abusers themselves provides valuable insights into how they perceive quitting. Not trying to define what desistance is, but figuring out the subjective understanding of how participants view desistance. This approach can shed light on the personal experiences and challenges faced by drug abusers, helping to identify the factors that could support or hinder their journey towards permanent cessation. By focusing on subjective experiences and personal motivations, we can better understand the complexities of desistance and develop more effective support strategies tailored to individual needs.

1. Barriers to Desistance

Ambivalence and Indecision

A significant barrier to desistance from drug use is the ambivalence and indecision that many individuals face. This indecisiveness often stems from a lack of confidence in their ability to quit or from the deeply ingrained nature of their habits. Participants frequently oscillate between wanting to quit and feeling incapable of doing so, highlighting their internal struggle.

自己都一直是想戒毒，一直都有想，但是就習慣了。也沒有想嘗試找一些社會上的戒毒服務。(005)

我徘徊在想戒與不戒之間。一方面覺得自己身體已經受到影響，因為我無法進食，瘦削得很誇張。我開始有厭食症的情況。(022)

想有想過，但未試過真的戒得掉。(026)

想停，但未必能夠停。我有這個想要停的計劃，但翌日便忘了這計劃。(073)

Many individuals express a desire to quit but lack the immediate motivation or concrete plans to follow through. They often postpone their efforts, waiting for a future date or significant life event to prompt their desistance. This procrastination indicates a deep-seated ambivalence, as they recognise the need to quit but are not fully committed to taking action.

我曾經有考慮三十三歲至三十五歲，希望可以完全停了。有家庭那些，我想應該都不會亂來。(054)

我都頗肯定會有一段時間不吸食。我會覺得可能將來真的人生多了一個目標，會有一個憧憬去做這件事。我現在星期六、日是休息的，如果我想星期六、日都要很有效率的時候，我自自然然就不會想吸食了。(089)

The perceived enjoyment and pleasure derived from drug use pose a substantial barrier to desistance. For many, the immediate gratification and sensory pleasure provided by drugs overshadow the long-term benefits of quitting. This immediate reward system makes it difficult for individuals to prioritise the more abstract, long-term benefits of sobriety.

因為我覺得它有利而無害。正如剛才我也說尼古丁，酒精那些會更加害人。(021)

我覺得吸食那些東西好像吸煙、喝酒，雖然是傷身，但是我覺得是一種享受。(054)

Some individuals believe they can quit anytime they choose, leading to a lack of urgency in addressing their drug use. This overconfidence can delay serious attempts of desistance and result in continued use. They often underestimate the hold that addiction has over them, assuming that they have more control than they actually do.

沒有想戒的念頭，自己想不再吸食就可以不吸食。(039)

對我來說，我覺得食不食都可以。但對「戒不了、戒不了」那些人說，我認為是只得個講字。你沒嘗試就說戒不到，那我之前也有食，那為何我戒了？即是說是看個人。(056)

隨時可以停止，不吸食冰毒。因為我停過，很清楚停用的感覺。那時候為期十八個月的感化令，我是在第 14 個月才再次吸食。有的時候會開心一點，但沒有時也是如此過活。(078)

Specifically, cannabis users demonstrated higher confidence in controlling their drug use. Many believe they can stop whenever they choose, which diminishes the perceived need for a structured cessation process. Therefore, many cannabis users do not see the necessity to quit, especially when their usage is viewed as non-problematic and easily manageable.

我沒有想過戒，說停就可以停，最長試過停了三個月。(068)

其實對於我來說，我是不需要戒的。因為我以前有試過一年不在香港，要在第二個地方工作。那段時間我沒有說沒有了它不行。對於我來說，我根本沒有戒這個概念，因為對於我來說要斷就斷。(070)

我很少抽大麻。這個問題就像你喝酒喝得太多，便不會喝了。已經開始討厭它了。你想抽便會去抽，不想便不會。沒有想要停止與否，沒有逼迫自己，都是隨心的。(075)

去內地工作三個月，內地管得很嚴，根本完全沒有，變成那三個月是完全零接觸。對於我來說亦沒有問題，我不是用戒來去處理這件事，因為根本就沒有任何反應，「只是我想不想」。(083)

Cannabis users often report minimal cravings and physical dependence, which further reduces the urgency to quit. This perception that cannabis does not lead to significant addiction challenges the need for a cessation effort.

因為我自己或身邊的朋友，其實都沒有聽過會上癮，不吸食便不吸食。說要戒的那些，都是很初期開始吸食。沒有說戒與不戒，一來沒有需要去戒，二來沒有那個癮，怎去戒？(078)

科學研究是它沒有生理上的上癮。如果真的有，現在的年輕人是心理上癮。你對任何事情都會有的，購物成癮、咖啡，或者吸煙，都是心癮來的。(082)

Cannabis users often exhibit flexibility in their usage patterns, stopping and starting based on personal preference and situational context rather than a structured cessation plan.

我心裏不想戒，但有一日覺得自己需要停的時候，我認為自己隨時都可以停。我可以食可以不食，但我不會說死一輩子也不食。(071)

我是暫時停吸，我覺得這一排沒甚麼需要，可能會等之後有需要再吸食。原來我發現我不是每天都很需要。我學到如何收放自如。(091)

Cannabis users often display a sense of overconfidence in their ability to control their drug use, which diminishes the urgency and perceived need for structured cessation efforts.

The journey to desistance is fraught with ambivalence and indecision. This internal struggle is fuelled by a combination of deeply ingrained habits, perceived enjoyment from drug use, and overconfidence in one's ability to quit at will.

Perceived Controlled Use as Desistance

Many participants perceived controlled drug use as a form of desistance, believing they could manage their consumption to avoid severe negative effects. They consciously limited their intake to prevent losing control or experiencing extreme discomfort, maintaining a sense of normalcy and avoiding the pitfalls they observed in others.

我不想吸食到好像其他人一樣，不知道自己在做什麼。而且我知道那種感覺其實頗辛苦，所以算是懂得控制。每天睡醒那刻感覺自己沒有事，那便覺得要食也沒有所謂。(038)

除非吸食到讓我很頭痛、很暈、很不舒服，我才不會再吸食。試過一兩次，之後就知道大概自己的份量去到哪裡。即和你喝酒差不多，是你感覺到可以的話就繼續飲。(061)

Some participants aimed for a gradual reduction in their use, believing that slowly decreasing their intake would make it easier to control and eventually quit. This incremental approach allowed them to manage their usage without the shock of abrupt cessation, which they believed could lead to failure.

其實我天天也在反省，天天也想着戒。但是我可能由天天食，變成一個星期食一次那樣。我覺得已經很好了。(004)

一直都大概一個月一次，三個月前停了沒有再吸食。因為我發覺我吸食完後不能工作，即頭腦不清醒。然後工作開始忙便停了吸食。(068)

一開始減，食少點，越來越少。減到可能一個星期食兩三天。睡不着，不開心才吸食。(077)

Others aimed to maintain a minimum dosage, believing that this limited use was enough to avoid addiction while still benefiting from the drug's effects.

我覺得這個份量是最少的，可能已經與不食之距離差不多。總之食了這麼久，也沒有想過要戒，沒行動過。可能由天天食，變成一個星期食一次。我覺得已經很好了。(004)

其實我可以戒，可以停，只不過我是選擇所需要最低的份量，而又滿足到那個效果。以及我覺得大麻不是毒，所以我也不會刻意去戒。(021)

我喝咳水的份量又不是很多，應該都算是半個癮君子，癮君子之中的最小份量。(050)

In order to justify the claim of no addiction, participants often tried to strike a balance between using drugs and maintaining their daily responsibilities and overall well-being. They adjusted their usage based on their social needs, lifestyle, and current life pressures.

你叫我完全戒掉了，做人好像沒有甚麼寄託似的。但是你說不戒掉，我又覺得很影響到我的生活。現在來到這裡，或者我自己的心態調整了之後，至少會有六成的時間我不想再吸食了。(029)

我又不會說 100%全部停用，就是至少會少吸食，可能到周末才會吸食一次，或去朋友那裡才一起吸食一下那樣。(066)

主要都視乎生活上容不容許我去吸食，如果那時候忙得不可開交，買了也是放在那裡，算吧。主要是心理上的調整，盡量要組織好生活，很多東西要處理的時候都不會吃。(078)

Despite recognising the benefits of reduced use, some participants were reluctant to commit to full cessation, feeling that drugs still played an important role in their lives. They often rationalised their continued use by maintaining a mindset of controlled consumption, believing that their ability to manage their intake demonstrated that they were not addicted.

我覺得戒毒是一生的，戒到一陣子已經算不錯，看那個人到底找不找到本身吸食之原因。我以前知道為甚麼吸食，我覺得現在我是特意選擇吸食下去，但是我已經不知道為甚麼要戒了。(024)

大量或者過量使用大麻會死。之後長期吸食可能會對腦部造成傷害，所以我自己也會減少，但是不會完全斷絕它。它是我一個好朋友，但不是常常聯絡的朋友。(060)

Some participants practised periodic abstinence, stopping their use for certain periods to mitigate the effects and potentially reduce their dependency. This approach allowed them to believe they were managing their addiction effectively, even if it wasn't complete cessation.

在戒的層面，我自己覺得完全戒掉很困難，始終有些心癮，想去玩，但我盡量可以維持長一點時期才服食。(023)

我覺得戒得不算成功。但是，我都覺得可以接受，過程穩定。因為我再上一次是上兩個星期，再之前吸食就是隔了兩個月。其實我中間覺得是完全戒掉了。(029)

其實我不覺得自己可以完全戒掉，因為我自己還有心癮。但是我盡量好像現在這樣，一個月用一、兩次，當作放鬆一下，就少了很多很多。(030)

These participants rationalised their continued use by maintaining a mindset of controlled consumption. They believed their ability to manage their intake demonstrated that they were not addicted, even if they continued to use drugs on their own pace. This perspective allowed them to justify their behaviour and avoid facing the full implications of their addiction.

Changed to “Less Harmful” Drugs as a Solution

Many participants in drug rehabilitation have attempted to switch from what they perceive as more harmful substances to those they consider as less harmful. This change is often driven by the belief that the new substance will pose fewer risks to their physical and mental health and reduce their level of cravings.

我戒「K 仔」也叫半戒斷了，現在有時候也會囉囉攣（忐忑不安），當時吸毒的快感走了出來。但是現在除了有時候吸食一下大麻，就沒有食「K 仔」。(037)

因為後來越食越沒有感覺，食了和沒有食一樣。像他們一樣只是「鼻癮」，但我覺得長時間吸食 K，鼻子會穿的。之後就戒了 K，轉了可卡因。(042)

玩了一年多就識了我老公，就沒吸食冰毒了，因為吸食冰毒會瘋掉，就轉食「可樂」。(055)

Switching from meth or K to cocaine might be perceived as reducing harm because cocaine is seen as less likely to cause extreme physical and mental health issues, like insomnia, urinary problems, and psychosis. However, cocaine carries its own significant risks, including severe physical health issues and high addiction potential, leading to paranoia, anxiety, and panic attacks.

While some participants report initial success in reducing harm by switching substances, this strategy often does not lead to sustained desistance. Instead, it can result in a new form of dependency or simultaneous use of multiple substances, complicating the path to full desistance.

因為有人教我食冰來戒 K，接着我變了兩樣都一起沉淪了。但是，我現在變了兩樣也平衡，兩樣也食少了。(004)

聽人說，嘗試索 K 會好一點，那麼我又試了索 K 幾個月。後來別人又說喝咳水會比較好一點，可以減少糖尿病，不會死亡的。然後又把咳水送過來，那麼我就上癮了。(093)

Participants often fall into the trap of believing that a different substance will mitigate their issues, but without addressing the underlying causes of their addiction, this strategy rarely leads to long-term recovery. For example, switching from one drug to another might initially seem like a less harmful option, but it often results in a new dependency. This approach can also lead to polysubstance use, where individuals consume multiple drugs simultaneously, further complicating their recovery journey.

Additionally, the perceived reduction in harm is often short-lived. While a participant might temporarily feel better after switching substances, the new drug can bring its own set of problems. For instance, someone might switch from methamphetamine to cocaine, thinking it is less damaging, only to find that cocaine brings severe cardiovascular issues and high addiction potential.

Moreover, the social and psychological factors driving drug use remain unaddressed. Without comprehensive support, including counselling and social interventions, the underlying issues that led to drug use in the first place continue to exert influence. This lack of holistic treatment often results in a relapse or continued substance abuse in different forms.

2. Motive and Confidence to Desistance

The negative consequences of drug use often bring about hesitation and eventual desistance among users. These consequences span cognitive and emotional tolls, physical health deterioration, impacts on daily life, social perception and isolation, and fear of legal repercussions.

The Cognitive and Emotional Toll

Participants frequently cited the cognitive and emotional toll of drug use as a significant factor in their decision to desist. They observed that drugs negatively impacted their mental clarity and emotional stability, leading them to reconsider their habits. Many participants reported a decline in their cognitive functions as a direct result of drug use. They noted that their ability to respond quickly and think clearly was impaired. This slow response time and

foggy mind made them realise the detrimental effects of drug use on their daily functioning and interactions.

對答變得很慢，比如你和我說話，我會隔了好一會兒才回答你。頗肯定是因為大麻這東西。(071)

發現我食這東西時，心情便會放大，不開心就會更加不開心。後來我就不食了，決定了不食。(077)

如果我有一天有精神問題，我絕對會停止吸食的，因為它始終是一些引起幻覺的物質。(082)

Some participants experienced extreme mental health crises that acted as a wake-up call. For example, 041 shared that she decided to stop using drugs when she began to see ghosts. 007 recounted a terrifying incident in which he had a mental breakdown and even attempted to jump from a building. After being discharged from hospital, he decided to stop using. These severe episodes often resulted in a strong determination to quit to avoid further mental deterioration.

他們跟我說很害怕，整天說有便衣警員，即開始有幻覺，然後我被嚇怕了就不敢再食了。因為每次食完都食慾不振，無法入睡，那種感覺是很深刻的。(038)

使用毒品後，我產生了幻覺和幻聽。我擔心這會不會對我的大腦造成傷害。後來我開始慢慢減少使用量。(046)

The presence of hallucinations and paranoia also played a significant role in their desistance. The fear of lasting brain damage made them reconsider and ultimately reduce their drug intake. 035 also described the fear and anxiety induced by drug use, especially with substances like meth. This constant state of fear and paranoia was a significant deterrent.

The cognitive and emotional disturbances caused by drug use were critical factors in participants' decisions to desist. The decline in mental clarity, amplification of negative emotions, and severe mental health crises underscored the need to stop using drugs to regain a sense of normalcy and stability in their lives.

Physical Health Deterioration

Physical health problems have been a significant factor in prompting individuals to cease drug use. The realisation of the adverse health effects often leads to a strong motivation to quit, driven by the desire to avoid further physical deterioration and potentially fatal outcomes.

Participants reported a range of health issues, from minor ailments to severe, life-threatening conditions directly related to their substance use. Persistent drug use often results in noticeable physical decline, such as significant weight loss, chronic fatigue, and deterioration of vital organs. These health problems served as a stark reminder of the damaging effects of drugs on their bodies, prompting a re-evaluation of their habits.

我身體食到超差，行幾步也暈一暈，像林黛玉那樣弱。之後我連跑都做不到，可能純粹原地跳兩下也開始暈，要朋友抱着我。(025)

我在濕疹最差的時候，就有試過停了半年左右。因為我覺得好像吸煙那樣，煙燒了之後始終會有一些不好的化學物質進了肺裡，會影響或會發炎。所以我就沒有吸食了。(082)

Chronic health issues resulting from prolonged drug use serve as deterrents. This persistent physical decline drove them to cease drug use to avoid further deterioration. Eventually, the negative physical consequences outweighed any temporary pleasure from drug use, prompting them to stop.

Experiencing an overdose or severe adverse reactions can be a significant turning point. The overdose or severe reactions construct a frightening experience where they fainted after using drugs, leading to a moment of intense fear and realisation. The physical collapse and the subsequent fear for their life motivated them to make a determined effort to quit. The physical debilitation and fear of potential death were powerful motivators.

覺得自己不想再承受副作用，那就不得不戒了。我在聖誕節時「索」了一口「K」，真的太久沒有玩了，就倒下了。我就更加堅決要戒。(006)

我試過一個人上去「私竇」，去了別人的房間玩，玩到不知怎樣。我是有段時間失去了記憶，所以我就開始害怕了。(015)

有一次我服食過量，回到家洗完澡，之後回到房間時整個人暈倒了，嬌嬌他們把我拍醒。我心裡開始害怕，那一刻覺得自己心裡有點不舒服，還有冒冷汗。撞到整張臉和嘴都腫了。那一刻就決心戒了，一戒就戒到了。(058)

The collapses after using drugs reinforced their resolve to stop. The physical debilitation and fear of potential death were powerful motivators.

Chronic health conditions resulting from prolonged drug use established the deterrence effect. This persistent physical decline drove them to cease drug use to avoid further deterioration. 030 and 099 highlighted that repeated hospital visits due to drug-related health scares instilled a lasting fear of severe health consequences, reinforcing their decision to quit. These severe and irreversible physical consequences made participants establish a fear of death, triggering the desistance.

玩到後來，越玩越怕，手也震到玩不到了。根本玩不了，生理上的反應越來越嚴重，太恐怖了。(057)

食到尿頻，已經知道傷害性大。看醫生要很長時間，都害怕死亡。這些全部戒了。(105)

Social Rejection and Isolation

Social perception and the fear of social isolation play a significant role in motivating individuals to desist from drug use. The negative judgment from peers and the broader community often leads individuals to reconsider their behaviour.

The way individuals perceive themselves and how they believe others view them can significantly influence their decision to stop using drugs. Many participants indicated that their awareness of the negative social perception and the resulting isolation played a crucial role in their journey towards desistance. Physical changes caused by drug use, such as an unpleasant appearance and noticeable health issues, led to social rejection. The unattractive or unsatisfied appearance constantly reminded them how drug use negatively affected themselves.

口裡有很大味道，氣管不舒服，還有樣子是醜醜的，除非你不照鏡，照鏡就總是覺得樣子很慌張，吸食完之後的樣子。(006)

因為身體出現問題，加上外表也變得不好看。很多人都不喜歡我。(017)

The physical effects of drug use, such as poor appearance and bad breath, contribute to a negative self-image, which is exacerbated by the reactions of non-users. This external disapproval often makes users self-conscious about their drug habits.

我回看以前 Facebook 和別人聊天的對話，是牛頭不搭馬咀，連自己說什麼也不知道。會忍不住刪除所有，都不知道自己在說什麼。都不是太接受那個自己。那就襯自己還算年輕，要快點戒掉，不要讓自己的名聲壞下去。(038)

因為可能我自己都介意其他人對我的看法，害怕被別人知道了我使用毒品。(050)

Beyond appearance, the desire to maintain a positive social image and avoid the embarrassment of their past behaviour can be a powerful motivator for individuals to quit drugs. Reviewing past interactions and realising the incoherence and shame associated with drug use can lead to a strong resolve to change.

Fear of Legal Consequences

The fear of legal repercussions is another significant factor driving desistance. The potential for long-term imprisonment and the resulting loss of freedom is a strong deterrent for many individuals.

要是在任何一次做買賣的途中，我衰一次便坐監 10 多年，浪費了 10 多年時間，沒有了 10 多年的自由。我有朋友真的敵不過嫉妒身邊的人，而想自己去重新做，所以他多年的日子都在監獄渡過。(056)

The realisation that drug use is not safe and the potential for being caught and punished severely weighs heavily on individuals. This fear is compounded by the increased law enforcement activities during certain periods, such as the strike hard and the COVID-19 pandemic.

沒有人會告訴你，做這種事是百份百安全的，是一定不安全。就算我說是百份百安全，你也不會信。(056)

最普遍會停都是守行為，特別這一、兩年，因為疫情上面捉得緊了，身邊很多人都中了，我身邊很多朋友都正在守行為。(078)

Mandatory supervision, such as probation, forces individuals to stay clean to avoid further legal trouble. The constant fear of being caught and the consequences that follow can lead to a decision to stop using drugs altogether.

趁現在還是二十多歲的時候和它斷絕。我都不是適合這類工作的人。我那麼重情重義，很容易被人出賣的。(045)

Awakening

Desistance from drug use is often triggered by a profound awakening or realisation about the negative impact of drugs on one's life. This process can be gradual or sudden and often involves deep introspection and recognition of the futility and harm of continued drug use. This awakening is marked by a heightened awareness of the destructive consequences of drug use and a compelling desire to change.

Many participants describe a gradual awakening where the repetitive nature and negative consequences of drug use become overwhelming, leading to a decision to quit. They often reach a point of saturation, where the initial allure of drug use fades, leaving behind feelings of exhaustion and dissatisfaction.

覺得自己年紀大了，不可以再玩，以及拍拖後也想收心養性，這是最大原因。有時也會很自責，覺得自己很折墮、厭倦，以及食到沒有反應。想改變，不想再這樣下去。為何要令到自己那麼墮落，自己樣子又不是很差，應該人生是很開心的，好好的。雖然我不是花很多錢，但「我不想再這樣生活落去，我想轉一個生活」。(008)

我自己覺得我已經厭倦了使用毒品。我覺得我已經完成了整個過程，或者是我覺得我已經用盡了毒品，我不可以在毒品裡面拿到更加多的東西。(087)

This sense of fatigue and dissatisfaction with the drug lifestyle often acts as a catalyst for individuals to seek a different path. They realise that the temporary highs are not worth the long-term damage and instability.

A personal reflection on the impact of drugs on one's temperament and future aspirations can also drive the decision to stop using drugs. Recognising how drug use affects their behaviour and social relationships can be a powerful motivator for change. These reflections

often highlight a desire for a more stable and fulfilling future, free from the chaos and unpredictability of drug use. They envision a life where they can achieve their life goals and maintain healthy relationships without the interference of drugs.

對人生有一個美好的將來，有一個目標的時候，他們對自己的人生可控一點，他們就不一定再需要用毒品這樣東西，自然就不會再吸毒。(024)

我會有個幻想，未來會和老公結婚生子、去旅行、養狗。這會比自己躲着食毒品更開心。你會去想用其他東西代替，可能有男生瘋狂追求你，或者可能那些名牌袋也換不盡。(044)

當你戒過一次毒，你吃了就感覺到自己的脾氣，因為吸毒變得有幾暴躁，有幾蠻不講理，視野有幾狹窄。(045)

For some participants, the awakening is sudden and without a clear reason, marked by an abrupt decision to stop using drugs. These moments of clarity can occur unexpectedly, leading to a strong and immediate commitment to change. This recognition often leads to a more determined and committed effort to quit drugs and find healthier ways to cope with life's challenges.

我又不想回家，不知道去哪裡，然後就想去醫院戒了它。我不想回家，煩到家人，我 WhatsApp 我媽說我在醫院。到醫院就被觀察，第二天護士長就問我想自願還是強制，那就自願，但忘記了自己有醫院令，就入了這裡。(012)

我在灣仔走去會展的那條橋，突然想到「很累，不想玩了」。人就是需要「叮」那一下。接着就真的一年多沒有玩。(023)

我以前也常玩「冰」，那時候有一次發脾氣：「不玩了！」。然後真的到現在也很怕冰那陣味道。(057)

那刻是想通了，那是我食毒品，食極也只不過是逃避中。(077)

This awakening is characterised by a deep sense of fatigue, a reflection on personal changes and future goals, sudden moments of clarity, and a recognition of drug use as escapism.

These insights collectively drive individuals to pursue a drug-free life, seeking more meaningful and fulfilling experiences.

Financial Concerns

Financial hardship often plays a crucial role in prompting individuals to stop or reduce their drug use. The financial burden of sustaining a drug habit can lead to a significant drain on personal resources, prompting a reassessment of priorities. The high cost of drugs, coupled with the financial instability that often accompanies addiction, can push individuals to reconsider their habits and seek change.

吸食冰毒到了真的很厭倦的地步。我說不吸食就是不吸食了，一口都沒有吸食過。因為不想自己沒有錢生活。(013)

那時候我 20 多歲，覺得可以賺回來。怎料愈食愈沒錢，沒辦法了就問人借錢。(042)

那時候有戒的，因為吸食得太誇張，又不能上班。當時好像自己沒了它不行。錢用得太多，根本薪水已經不夠支付。(093)

我有朋友因為貴，吸不起就戒掉了，好像吸「可樂」那麼貴，所以直接不吸直接自己戒了。(021)

The realisation that drug use depletes financial resources can be a powerful motivator. Participants often reflected on how their addiction led to financial ruin, compelling them to seek a way out. The financial strain becomes even more apparent when individuals recognise the long-term economic damage caused by their addiction.

The cumulative effect of constant borrowing and financial mismanagement often leads to a breaking point. For many, the unsustainable nature of funding a drug habit becomes evident as they find themselves trapped in a cycle of debt and dependency. The urge to break free from this cycle can lead to a serious commitment to quitting drugs.

Many participants realised that the financial costs of maintaining a drug habit outweigh the short-term benefits. This realisation often triggers a desire to cut back or completely stop

using drugs. The economic strain of addiction can become unbearable, forcing individuals to confront the unsustainable nature of their habits.

其實賒的數目是可以還清的。但是始終是 21 歲，一萬多你也會覺得是大數目，即使你有。你會覺得為甚麼自己會搞成這樣？因為那時候有上班，做一些正常的工作，就會覺得整份薪金都沒有了。(044)

你吸食得多了，會開始覺得沒有意思，還要花數十萬元去吸食，會破產。以前見過有人本來有自己的店，已經發了達的，最後因為吸毒要到處借錢；有些甚至因為吸毒要跳樓。(074)

The financial pressures extend beyond the direct cost of drugs to other associated expenses, such as paraphernalia, food cravings after use, and renting spaces for consumption. These additional costs can accumulate, further straining an individual's financial situation.

吸食它是花錢的，還有額外的消費。就是吸食完會想多吃一些東西，或者租一個地方，甚至會買不同的器具。有一些都是消耗品，好像壺（Bong）那樣，或者捲煙紙也好。其實花費也是多的。(096)

The cyclical nature of addiction often exacerbates financial instability, with individuals spending their salary almost immediately and struggling to make ends meet by the end of the month (e.g. 006 and 020). These financial pressures, combined with the desire for a stable and secure life, often catalyse the decision to pursue desistance.

Such a passive cessation highlights the importance of financial factors in the context of drug use. When individuals are financially unable, it forces a break in their drug consumption. However, this form of cessation is often temporary and does not address the underlying issues that led to drug use in the first place. Once financial resources are available again, there is a high risk of relapse. Therefore, while passive cessation can provide a temporary reprieve, it is not a sustainable long-term solution without additional support and intervention.

In addition, having stable employment does not imply having sufficient financial resources to purchase drugs but provides a structured routine and financial stability, which can support desistance from drug use (e.g. 025 & 027). Regular work schedules and responsibilities reduce opportunities and the desire to use drugs. Employment not only occupies time that might

otherwise be spent in drug-taking, but also instils a sense of purpose and accountability, which are crucial for long-term recovery.

我真的不吸食。我上班真的一口都不吸食的。(013)

Additionally, having a job imposes a routine and a set of responsibilities that can distract from the desire to use drugs. 006 noted that being occupied with work, especially in demanding roles such as full-time driving or delivery, left him too exhausted to engage in drug use. This exhaustion, coupled with the potential consequences of drug use on job performance and safety, further discouraged them from using drugs.

這陣子工作忙，沒有假可以放，沒有辦法，社會要你上班，你沒有時間去享受。可能你晚上凌晨四點下班，第二天八點又開工，只有四小時睡覺。那就不會吸食大麻，寧可去睡一會。(092)

For many, full-time work serves as a form of rehabilitation, offering a pathway to reintegrate into society and regain a sense of normalcy and purpose. Employment can also provide a support network, as colleagues and the work environment offer social interactions that are drug-free.

While financial hardship can force a passive form of cessation, stable employment provides a more proactive and sustainable pathway to desistance. Employment not only addresses the financial aspects but also instils discipline, purpose, and a supportive environment, which is essential for long-term recovery and reducing the risk of relapse.

Responsibility for Work and Study

Responsibility for work and study can significantly help in drug cessation. Enrolling in a course and having employment demands time, attention, and a sense of accountability, leaving less room for drug-related activities. The sense of duty and the need to be present and capable of one's job can act as a strong deterrent against relapse. Besides, a new study and career created a new direction and focus on their lives. Driving efforts and time into these life aspects can absorb an individual's time and energy, making drug use seem less important and more detrimental.

沒有碰毒品的那三年，就是做正職、日間工作。所以就沒有接觸任何毒品了。
(015)

開完公司之後就沒有玩了，沉醉在這種工作裡面。以前工作會覺得整個人很不清醒，經常每天都下午三、四時才回到公司。(016)

然後我又有上班，專注了在其他事情，所以我就沒有用毒品了。(030)

Engaging in education or intensive training programs can also be highly effective. Participants mentioned that the busy schedules and the mental focus required for their studies left them with no time to think about drugs. Additionally, during the study, participants were also more likely to develop normal peer circles and leave the drug peer circles. The pursuit of academic goals provided a structured routine and a clear path forward, making it easier to stay away from drugs.

因為想變好、想讀書。會認識到不同的人。(008)

開始讀書時已經沒有吸食了，現在停了兩個月左右。我每天都在做事，上學很忙碌的。早上又要上學，晚上又要上學。你怎會有空去做其他事？有時飯都沒有空去吃。(027)

上學以後就沒去了。現在上學也上了三個月，我想差不多半年連去也不去了。
(047)

Emphasising personal and professional growth can be a powerful motivator. A structured routine and a clear path forward make it easier to stay away from drugs. Pursuing education, career advancement, or volunteering can provide a sense of achievement and reduce the likelihood of returning to drug use. Taking on new challenges and setting goals can shift the focus from substance use to personal development and success.

3. Reinforcement from Family Members and Significant Others

Support from Family Members

Family members often take direct and sometimes harsh actions to intervene in a loved one's drug use. While these actions may seem severe, they can be pivotal in helping individuals realise the gravity of their situation and the need for change. The tough love approach can be a wake-up call that prompts reflection and a desire for recovery.

媽媽算是一個支持，但支持的方式不一樣而已。我也覺得她幫了我，我也跟她說，如果你那時候沒有丟我進去，我也沒有戒掉「可樂」。(002)

被我哥罵醒。從來這些，你玩是沒有意思的。他說「你不適合做這些，你不適合玩，不適合浪費時間在這些東西上面，沒有意思的」。(105)

Emotional support from family and significant others can be instrumental in maintaining desistance. Knowing that family members care can motivate individuals to stay clean. This emotional bond often serves as a reminder of what is at stake.

弟妹見我不再那麼不適，也開心了許多，起碼他們的樣子不再那樣不開心，憂愁地看着我。(025)

當時我哥哥出了事，令到我就算不開心都不回去吸食。都是因為家人的原因影響到我。(043)

The influence of family during critical moments can be profound. Knowing that their actions are causing distress to loved ones often serves as a significant motivator for individuals to cease drug use. This emotional connection and the desire to stop hurting their family can lead to meaningful change.

有一次我媽跌傷了腳進了醫院，到她出院打電話給我，我還在「Dee」著。她叫我去接她，我謊稱我待會會來，結果她等了一天。這件是我最後悔的事，我覺得很無人性，那一刻覺得自己很過份，已經控制不了自己。(044)

我想為了爸爸而不去吸食。為了家人那就放棄一下自己的想法。(076)

The sense of responsibility towards family and the guilt of causing them distress can drive individuals to desist from drug use. Feeling accountable to their loved ones and wanting to alleviate their worries can be powerful motivators. The realisation that their drug use is causing their family financial and emotional strain can be a strong incentive to change.

協青出來那時是已經轉變了，沒有吸毒、沒有甚麼的了。就自己在找書讀，去職業訓練局讀美容。那時很對不起家人，有一下會醒悟的，不想家人不開心。(041)

主要都是因為家人，你會看見媽媽工作很辛苦的時候，自己沒錢就算了，你會覺得為甚麼自己要拿她的錢。(044)

The role of the family in the process of desistance cannot be understated. Whether through direct intervention, emotional support, or the burden of guilt and responsibility, family members are often key players in motivating individuals to seek and maintain sobriety. Their influence can provide the necessary support and accountability to help individuals overcome addiction and rebuild their lives.

Influences from Intimate Partner

Many participants reported making substantial efforts to quit drugs to maintain their relationships with or meet the expectations of their partners. Strong resistance from intimate partners often serves as a powerful motivator for desistance. The desire to preserve a meaningful relationship and the influence of a partner's firm stance against drug use significantly contributed to participants' motivation to quit.

如果和你相處 48 小時，我可以 48 小時不食的，因為你不食。(040)

如果我女朋友因為大麻說要分手，我就會立心放下大麻，就永遠不會再吸，因為對於我來說大麻真的不是一個必然的存在。(060)

如果女朋友真的很堅決的話，我都可以不再食大麻。我朋友的女友就知道他有吸食，他答應了她下年戒。即給他一個期限戒掉。所以他就慢慢少吸一點。(061)

那時候是不想喝，然後前女友叫我不會喝那麼多，之後過了戒斷期就開始慢慢停了。(107)

The persistent encouragement and ultimatums from partners often pushed individuals to make significant changes. The threat of losing a valued relationship provided the impetus for many to reassess their behaviour and take steps toward sobriety.

漸漸因為男朋友而斷絕了「可樂」(046)

認識一個男朋友，一起五年。開始的那一年我都有吸食，他就不讓我吸食，我跟他一起之後第二年開始就沒有再吸食了。(053)

The desire to maintain a valued relationship often led to deep reflection and behavioural changes. Participants reconsidered their actions and made efforts to change, not out of fear but out of genuine concern for the relationship and their partner's well-being.

當你真的有一個很在意的人，你都不會想失去這段關係，再加上有人跟你說了一些話，你就會再多反省一下，你都會收斂一下。不是說你真的很害怕他/她，而是你都要收斂一下，因為你在意這個人。(049)

現在吸少了，或者是不吸了，很大原因都是因為男朋友。(058)

The support and positive reinforcement from partners who are invested in their well-being and willing to support their journey towards desistance can be highly motivating. For example, the prospect of building a future with their partner, including having children, motivated them to quit drugs. Seeing their partner's commitment to a better future reinforced their resolve to change.

我不再認識食「可樂」的男朋友，就吸食少了很多。接著之後選擇的那些男朋友，全部都不食的。(011)

我男朋友很想我生小朋友，然後他去搵了正當行業做。見到他真的很想有小朋友，也想和我一齊戒毒，後來就一起不再食了。因為見到他真的努力，我才決定回家。現在兩個人都停了，很正常。(039)

In some cases, the desire to gain the approval and pride of a significant other drove participants to strive for personal improvement and drug desistance. The need to prove themselves and earn their partner's respect became a powerful catalyst for change.

我女朋友以前常常笑我垃圾，沒有大志、垃圾、廢柴，很傷人的說話都說得出來。我做那麼多都是想重新追求她，怎樣可以令她因為我驕傲一次。(045)

Whether through encouragement, ultimatums, or the desire to build a future together, these relationships often provide the necessary motivation for individuals to pursue sobriety and make lasting changes in their lives.

Cannabis Users' Situations

Unlike the general trend among drug abusers, cannabis users particularly present a lower prevalence of desistance due to disapproval or involvement from family or loved ones. They often emphasise the importance of being understood and accepted by their family members and significant others. This underscores a crucial aspect of their mindset: a lack of genuine understanding of their reasons for cannabis use diminishes the impact of others' efforts to influence their behaviour. The need for mutual respect and acceptance often becomes a barrier to desistance when unmet.

首先你一定要理解反對的原因。對於我來說，那樣東西可能你不喜歡，但你可以嘗試一下去理解、接納、尊重和包容我的理據。當你面前這個人是有缺憾、有缺點而你接受不到的時候，而那個缺點是不是足已令你跟她不能在一起呢？那如果你不可以包容她這個缺點的時候，又或者當她願意為你去做一些妥協或者做一些調整的時候，但你都仍然覺得不接受，那我會想是不是值得我這樣做。(067)

我會嘗試去先理解。因為我覺得雙方先暫停批判，然後弄清楚事實是怎樣，即是我們理解的世界的基本事實是否一樣。基本事實一樣，那應該我們的判斷都會一樣。因為我不信我們兩個人對世界的理解方式會這麼不同。(068)

Such resistance to external influence, especially when it comes from individuals who do not share or fully understand their experiences, can lead to a dismissal of concerns or advice from family and significant others, particularly if the user feels these individuals are imposing their views without adequate understanding.

就算你邀請我對著那些人分享說：「當時我真的食大麻食到記憶損壞」，那又如何？「你活該的，關我什麼事」；又或者會很傷春悲秋地說「我不需要記得那麼多」。沒用的。(071)

Moreover, if the intimate partner is not using cannabis, users may introduce them to start using. This shared behaviour can create a sense of normalcy and reduce the perceived conflict, as the behaviour is not being challenged within the relationship.

那麼另一半也吸食不就行了，另一半也用藥便可以了。或父母、家人真的有一個很強烈的反對，我覺得他們要理解我。(103)

When family members are open-minded or permissive about cannabis use, their influence can be further weakened. In some cases, users may avoid discussing their use to prevent unnecessary concerns, which can lead to a lack of proactive support for desistance.

我會解釋給他們聽，因為剛好我爸爸媽媽比較開通，但因為我不想他煩所以才不讓他們知道。但是如果是大麻，我想就需要多一點時間去告訴他們。(062)

Having Children

Having a child often serves as a powerful motivator for individuals to cease drug use. The responsibilities and emotional connections associated with parenthood can significantly enhance desistance. Parenthood introduces new priorities and a strong desire to create a healthy and stable environment for the child, which often leads to a commitment to quitting drugs.

結婚後就生小朋友，後來連酒吧都沒有再去，因為責任大了。要儲錢，因為小朋友需要奶粉、尿片等東西，不能沒有錢。我可以不吃，但他都要吃。放了所有的心機和心血在小朋友那裡。(007)

我對家庭的責任多了，可能生了孩子，結了婚。照顧孩子你都沒有空，你怎會有空去吸食呢？(089)

The arrival of a child often instils a sense of responsibility and the need to provide a better environment, which acts as a strong motivational factor for quitting drugs. The presence of a child encourages parents to rethink their priorities, often leading to a significant reduction or complete cessation of drug use. The bond with their child and the desire to be a good role model become powerful motivators for sustained desistance.

我後來就自己跟自己說，首先不要影響到女兒。原來吸毒是一個幾自私的行為，須則我自己沒怎麼覺得會影響到別人。(003)

有了小朋友當然不會吸食，免得麻煩。擔心會影響小朋友，之後一直就沒有再接觸，亦都沒有再想了。(010)

跟小朋友在一起，帶著個小朋友就不可以再吸了。(021)

有了小朋友，都是其中一個有動機戒藥的原因。(027)

你有小朋友，其實你也不會吸毒了。(047)

Pregnancy often acts as a direct trigger for immediate cessation due to concerns about the health and development of the unborn child. Many participants (N=16) expressed their cessation during pregnancy, driven by the paramount concern for their child's health and well-being. This period of abstinence often extends beyond childbirth, promoting long-term behavioural changes. Participants reported sustained periods of abstinence driven by the ongoing responsibilities of caring for a young child.

我懷孕的時候，我是什麼都沒有碰的。(003)

見到他都生小朋友，有了一個家之類。其實他們都是有小朋友之後就沒吸食的。
(010)

我見到很多女孩子，當她們有了寶寶之後，戒毒的動機是特別強的。還有很多可以成功戒得到。(027)

後來已經懷孕了，全部朋友都沒想到我會生，也沒想到我會戒煙，戒酒，戒毒品。
(049)

懷孕了就即刻沒有食了。(105)

The responsibilities of parenthood often extend beyond the immediate period surrounding childbirth, promoting long-term behavioural changes. Participants report sustained periods of abstinence driven by the ongoing responsibilities of caring for a young child.

其實 22 歲之後的那兩年、照顧寶寶的那兩年是完全沒有吸食的，連煙都沒有吸食。因為要餵人奶嘛。(009)

24 歲時生了個女兒，後來有十年我也沒有出來夜場玩。(039)

如果有小朋友，你一定會停止的，你有 BB，你想生 BB 的話，你懷孕直到餵母乳，你都不可以吸食大麻。(084)

The presence of a child provides a stable foundation that encourages and sustains the journey towards desistance. Having a child often leads to heightened awareness of social perception and the desire to set a positive example, further motivating desistance. Participants

are motivated to maintain a drug-free lifestyle to avoid negatively impacting their child's perception of them and to fulfil their role as responsible parents.

我為了女兒。因為始終有時和她出街，我都要用錢的，我吸食了，她想買玩具我都買不起，那就失禮了。還有她現在都長大了，我不要讓她看到我吸毒的樣子，所以吸食少一些。不過，其實都預計到她之後會知道，不過起碼她現在見不到。(006)

處理心癮的方法就是看看自己的兒子。你會想兒子也那麼大了，你再這樣下去真的不是辦法。小朋友其實都懂分辨，在他的世界只有好人和壞人，但是以他爸爸以前做的事情，一定是壞人。(028)

可以說是靠女兒，我之後就完全回到正行，沒有再接觸毒品，也就是不再在那圈子內。(056)

我不想女兒知道我吸毒。她現在還小，還未知道。我不想她長大後知道原來爸爸是吸毒的，不想損害作為一位爸爸在女兒心目中的形象。還有想在家人心目中是一個正常人：不吸毒、不喝酒、正常上班下班、照顧家人、考順父母、和朋友在空閒時候聊天。(093)

Participants also observed that having a child is an indicator for starting a new life, offering an opportunity for the re-establishment of a new social life and peer group. The shift to new social circles, often composed of other parents, helps reinforce desistance and create a supportive environment for maintaining a drug-free lifestyle.

很多朋友也是那樣結了婚生了孩子，所以已經是沒找我了。(004)

現在的朋友不會再食，一定要遠離吸毒的人才可戒毒。我現在都建立一個新的交友圈，都是媽媽群的。你不想和那些人交往，你就會封鎖那些吸毒的人，我也封了不少。只要遠離了，就沒有問題。(008)

有些人出來後真的有再吸，但可能之後嫁了一個好丈夫，或者是新的圈子，就沒有再吸食了。她們都是想修心養性嫁人、養小朋友、重新過生活。這些人我就有聯絡。雖然不是說很多，都是四、五個。有些人就沒有聯絡了。(018)

Engaging with new social circles that are free from drug use creates a positive feedback loop, reinforcing the individual's decision to remain drug-free. These new relationships often involve other parents who share similar priorities and lifestyles, providing a strong network of support and understanding.

The journey towards desistance, although initially strongly motivated by parenthood, requires sustained effort and support to overcome the challenges of relapse and to maintain a drug-free lifestyle in the long term. The presence of a child can catalyse significant positive change, but ongoing commitment and support are essential to ensure lasting desistance.

While many participants report significant periods of cessation driven by the responsibilities of parenthood, some acknowledge the possibility of relapse once the immediate pressures subside. This highlights the challenge of maintaining permanent desistance and the ongoing risk of relapse despite the strong initial motivation provided by having a child.

我兒子兩歲半時就開始戒了人奶，我的朋友就開始撩起了，我又開始再吸食了。身邊的全部都是損友。(009)

如果有小朋友的話，我在那個階段應該會停的。而後期照顧小朋友的期間，我覺得有需要的話就會使用。(046)

懷孕了就真的不會食，你也不想生個畸形出來。生完了我就不知道，生了後不敢保證。如果他長大了，可能 18 歲，我自己食甚麼也可以。(085)

如果第一次懷孕的話，可能一發現懷孕就會自己停止，生了之後都能夠持守得到。我見到學員們對於這個身份轉變感到很期待，知道不想影響到小朋友，反而一些已經生過幾個小朋友，就未必有這麼大的動機。(119)

The responsibilities and stress associated with taking care of a child can be overwhelming and may lead to relapse as a coping mechanism. Postpartum depression and the pressures of caring for a newborn can significantly increase the risk of relapse as individuals seek ways to manage their emotional and physical stress.

女兒出了世，很多照顧的事和男朋友吵交，很大壓力。我女兒又長氣，可以由這餐奶哭到下一餐奶。她又不讓我抱，令到我又哭了，她哭我又哭。那時有產後抑鬱，接著就走了出去吸毒。(011)

他結了婚便沒再抽，可能是有了孩子。但他會偷偷地自己躲起來抽，但少抽了很多。可能一個月才一次。(073)

Even with the motivation to quit, the habitual nature of drug use and easy access to substances can make desistance difficult. There are numerous cases where individuals continue to use drugs despite having children, often rationalising their behaviour or hiding it from others. The persistence of drug use habits and the influence of a partner who also uses drugs can undermine efforts to maintain sobriety.

可能本身一直有吸食的習慣，或者很容易接觸到毒品的人就更加難戒。我其中一個朋友，她跟他老公是會待小朋友睡著之後才吸食的。老公也是「拆家」之一。(015)

一個女人說她之前懷孕了，她問人拿錢去墮胎。給了她錢，但她拿了這筆錢去吸毒，但都沒有墮胎。(049)

其實有小朋友的時候都會吸，就不會在小朋友面前吸食而已。(097)

Particularly, 104 stopped using drugs but remained involving in drug dealing due to the considerable financial incentives, which can pose a constant risk of relapse. The financial benefits of drug dealing can make it challenging to completely sever ties with drug subculture, thus maintaining a high risk of relapse.

While the birth of a child can act as a significant motivator for drug desistance, various factors such as stress, accessibility to drugs, pre-existing habits, and financial incentives can still lead to relapse. The journey to permanent desistance is complex and requires ongoing support and intervention beyond the initial motivation provided by parenthood.

4. *Strategies Applied to Desist*

Participants who intended to desist often employed a variety of strategies to cease or reduce their drug use. Despite challenges, these strategies provide valuable insights into how

individuals can achieve desistance. The following sections explore the methods participants used, along with recommendations for strengthening these approaches.

Removed Contacts

A common strategy among participants is to sever ties with individuals who use drugs. By deleting contacts from their phones and distancing themselves from their social circles, they attempt to remove the influence and temptation of drugs.

一個更好的方法，我將那些食冰毒的人的電話刪除了。(012)

已經離開這個圈子了。Facebook 那些全部沒有用了。電話沒有轉，但我以前和那些人全部都是用太空卡聯絡的。沒有甚麼人有我現在的電話。(014)

我曾經戒過很多次，都是刪除了那些人的電話號碼，或者斷了所有的聯絡方法。(029)

This strategy is indeed effective for most participants, helping them to cut the subcultural influences and accessibility to drugs. However, this strategy often requires a further step to consolidate the desistance status. As 023 and 029 both highlighted, removing contacts could be a superficial and ineffective strategy because they were still vulnerable to relapse once the connection was restored. 074 observed that some people would ask for contacts to buy drugs even if they deleted those contacts, implying the failures on subsequent cessation. These responses underscore the need for stronger resistance to re-establish connections as an advance beyond simply removing contacts.

跟他們關係斷了。他們有打電話給我，但我沒有理會。樓下遇到他們都是跟他們打個招呼，我真是不會理他們。很多人都對我說我決心很大。他們找我，我都是說我沒有空，因為他們每日都會吸毒，很頹廢。(007)

Given that the persistence of these drug connections would undermine the effectiveness of this strategy, it is crucial for individuals to stay a clear distance from these influences and create new, drug-free social networks. Joining support groups or engaging in community activities can help fill the social void left by cutting off old ties. This proactive approach can provide a stronger foundation for desistance by surrounding oneself with positive influences and support.

Reduced Accessibility

Another effective strategy is to avoid environments and situations where drugs are readily available. For example, 093 was used to obtain cough syrups in Mong Kok while he was still using drugs. To prevent the memory from being triggered by the environment, he would not stay in or bypass Mong Kok. He also further lowered the chance by holding a small amount of money, which could not be sufficient to buy drugs.

在家裏不斷睡覺，以及買些麵、飯放在家中。再不然，逛街的時候遇到有東西覺得有趣，那就買了，令自己不會去買毒品。(026)

現在我在夜總會上班，但是我不會去毒品場上班。我的心態是，即使我那時候吸「可樂」也好，我也是不想吸的。所以這是我給自己最小小的堅持，就是不想去做那些毒品枱。因為即使我那時吸，我現在還是很後悔的。(047)

Additionally, some participants established specific rules and strategies to maintain their cessation, effectively creating barriers to immediate consumption and access to drugs. These self-imposed regulations serve as a means of delaying or deterring the urge to use, providing critical moments of reflection that can prevent relapse. The momentary pause allows individuals to reconsider their decision and think about the consequences, and sometimes, the urge passes by the time they have the means to use it again.

我想戒的。無論壺是多麼新，用過一次也好，那個壺、咀、波，每一次我都會丟掉全部所有東西，打火機也丟的。這樣令到我沒有用具去吸食，可以延遲不吸食。(029)

其實是自己可以控制的，因為我有試過很想食，我叫自己忍、忍、忍，忍了一次，回到家，第二天就沒事了。(044)

By ensuring their living spaces are free of any drug-related items and not engaging in activities or visiting places that could trigger drug use, they build a protective barrier against drugs. This environmental control is a proactive step in maintaining their recovery.

To strengthen this approach, individuals can make lifestyle changes that minimise exposure to high-risk environments. This might include changing jobs, relocating, or developing new routines that do not involve past drug-using habits or venues. By creating a

daily structure that avoids known triggers, participants can significantly reduce their risk of relapse.

Restricted Use

As desistance is described as a gradual process, some participants were still working on the progress to cessation. These participants tried restricting drug use to specific settings or occasions. Participants might limit their drug use to parties or social gatherings, avoiding bringing drugs home. Setting these goals to only use in certain situations can help gradually reduce their use over time.

我們到場玩和買，玩完就回家，但不會拿回家。因為我們不是日日玩，只是過過癮，玩樂及放鬆，當娛樂。但他們那種是一個癮，所以他們是自備的，出去玩也是自備好放在身上。(056)

我開始食少了，一直越來越少。接着就定立一個目標給自己，可能派對，開心的時候，有朋友去踩單車的時候，才食大麻。接着後期就戒，就愈來愈少、愈來愈少這樣。(065)

To enhance this method, individuals can set clear targets and gradually decrease the frequency of use even in those restricted settings. Seeking professional help, such as counselling or therapy, can aid in understanding the triggers and developing stronger self-control. Establishing a support network that encourages sobriety during social events can also be beneficial.

Replaced Interests

Another effective strategy that the participants used is engaging in alternative activities to replace the time and energy spent on drug use. This strategy aims to divert their focus from drug use to healthier and more productive activities. Engaging in sports and developing interests were reported to be effective in suppressing the desire to use drugs. 012, 096, and 103 consistently reported sports were effective in handling the craving for drug use. While observing a healthier body after committing to sports, participants reported being reminded that their efforts paid off on their desistance, which motivated them to continue.

我現在常常跟自己說，我越練越大隻的時候，越來越需要的東西就不同了。(002)

我選擇健身是分散注意力最好的方法。你就會這樣不停提醒自己:「不要食，這個身體是你自己一手一腳建立出來的。你給甚麼這個身體，這個身體就會給回你甚麼。」(045)

Other interests also served similar functions to control the desires. Participants who developed hobbies found that these activities provided a mental and emotional escape from the temptations of drug. Engaging in hobbies that require focus and dedication can create a positive feedback loop of engagement and fulfilment.

我見到有一個女生就駕電單車，變了整天去兜風。即是寄託了在電單車，在電單車上面找到刺激、興趣，就投入了下去，就可以戒了。(004)

我覺得那個魚缸放得不好看，那些花花草草，山頭，石頭，水草放得不好。我很挑剔的，寧願死了幾條魚。這些興趣令自己投入進去的時候，在家可以吸少一點。我常常看著那些魚，那些花花草草過了半天，一天也不覺。(020)

看書，那段時間在看卡繆那些法國的存在主義。慢慢看些西方哲學，讀多點知識後，你就可以知道自己的定位在哪裡。(077)

Also, 011 pointed out that once her hobbies changed, the whole social circle changed correspondingly. This extended the benefits of replacing drugs with healthier hobbies from personal to social contexts.

Participants can enhance this approach by exploring various activities that align with their interests and passions, such as sports, arts, or learning new skills. For instance, 086 mentioned that NGO services provide various activities, helping individuals to develop interests, expand their horizons, and build positive social supports. These activities not only provide a distraction but also help in building a sense of accomplishment and self-worth, contributing to long-term desistance

Furthermore, participants should consider setting specific, achievable goals related to their new interests and hobbies. Whether it is training for a marathon, completing a complex art project, or mastering a new skill, having clear objectives can provide direction and a sense of purpose. Achieving these goals can boost self-esteem and reinforce the desire to stay away from drugs.

Dispersed Concentration

Dispersing the focus to other activities is another common strategy employed by participants to divert their attention from drugs. By engaging in various interests or responsibilities, individuals can effectively shift their focus away from substance use. This strategy helps create a mental and physical distraction, thereby reducing the urge to relapse.

我會靜一靜，可能會上網瀏覽一些東西，聽聽歌、拉拉筋，令我的人正常一點。令自己分一分神。(015)

很多時候，說戒毒是沒有意思的，可以找第二件事情做，轉移視線才可以有方法戒得到。(024)

早期都有時在夢中，自己拿著 pipe，仍然有一些心癮。用工作、一悶便出街、或回媽媽屋企找她吃飯來處理心癮。現在在家裡看劇集或與朋友傾電話都可以，這樣就成功對抗心癮。我也會長期去跑步、畫畫，一定要找一些方法分散注意力。(039)

Incorporating structured routines and setting personal goals can further solidify this strategy. Regularly scheduled activities and hobbies provide a sense of purpose and reduce idle time that might otherwise lead to relapse. This structured approach ensures that participants are constantly engaged in meaningful activities, leaving little room for drug-related thoughts. By setting personal goals, individuals can focus on achieving milestones that reinforce their commitment to staying drug-free.

By combining various activities that cater to physical, mental, and emotional health, individuals can create a comprehensive approach to recovery. This holistic strategy not only helps divert attention from drugs but also builds a fulfilling and balanced lifestyle that supports long-term sobriety.

Shifted to Other Legal Substances

Many participants replaced their drug use with alcohol, finding that focusing on drinking helped them cease drug use. This substitution, while potentially problematic and possibly leading to relapse, helped them distance themselves from the drug environment. The initial

shift to alcohol as a coping mechanism highlights a common trend among individuals seeking to manage their addiction.

沒有碰兩個月，因為去了酒吧的世界裡，就去了喝酒，即是變了酒鬼。(024)

我後來是專注在喝酒，即做了另一種東西。(030)

就開始到酒吧玩，只是喝酒而已。那時十五、六歲就去 disco 吸毒。十七、八歲就去酒吧喝酒算了。(054)

之後時間完全沒有再食藥，只喝酒。(095)

有一些人可以用飲酒代替食藥的，都是看他自己心態。(105)

On the other hand, some participants found alternative legal substances to manage their cravings. For instance, 050 specifically reported that cough syrups could be replaced by energy drinks, like Red Bull and coffee. This highlights the creative ways individuals seek to manage their addiction and reduce harm.

那段時間喝「紅牛」、喝咖啡來頂住心癮，都一天喝兩罐「紅牛」，一天喝三、四枝咖啡。(050)

To enhance this approach, it is essential for individuals to monitor their alcohol consumption and seek healthier alternatives. Engaging in activities such as sports, arts, or hobbies can provide similar social and stress-relief benefits without the risks associated with alcohol abuse.

Therefore, this substitution could be regarded as an intermediate stage to step out of the drug use cycle but requires further development for a solid ground of desistance. While shifting to legal substances may provide a temporary reprieve from drug addiction, it should not be the endpoint. Continuous support and encouragement to find healthier, more sustainable coping mechanisms are crucial.

5. *Necessity to Change Behaviours and Social Influences*

As demonstrated, social influences from peers and social circles are dominant across different stages; the process of desistance from drug use is not solely about individual

willpower. It often necessitates a significant restructuring of social environments and behaviours. Social influences from peers and social circles play a dominant role in drug use behaviours. Therefore, altering these influences is crucial for individuals seeking to quit drugs.

Participants highlighted the need to distance themselves from drug-using peers and build support networks with non-users to foster a new identity and reinforce positive behaviours. Complete disconnection from negative influences is often necessary to prevent relapse.

我覺得至少現在身邊的人是健康，是實在的。雖然不要說對我有很大的幫助，但是至少可以建立自己的圈子。(014)

那時還有一些朋友仍有用大麻，我覺得食大麻是因為身邊有朋友食我才一起食，身邊沒有人食我便不會食。(071)

因為我有了新的生活，所以我就戒掉了可卡因，戒掉了吸毒，大概有接近四年的時間，完全沒有玩任何東西，什麼都沒有。最主要的原因是結婚了，搬離了那個圈子。(031)

完全斷掉那些朋友及娛樂地方，重新投入自己的工作及生活圈子。(085)

Engaging in stable employment and structured activities provides routine and purpose, reducing contact with drug-using peers. Avoiding places where drug use is prevalent minimises exposure to triggers. Changing social circles to align with non-using friends who support healthy behaviours is crucial for sustained recovery.

Developed a Supportive Peer Network

Building a supportive peer network can greatly aid in drug cessation. Participants found solace in talking to friends instead of turning to drugs, and friends organising non-drug-related activities provided a positive social outlet. These connections can serve as a buffer against drugs by providing emotional support and practical advice on staying sober.

守行為守一年，那一年裡我完全沒有吸毒，而且我回來之後，其實我很多朋友都沒有再聯絡，我的圈子就真的是完全疏遠，能避就避開，開始會選擇較為正常的的朋友。(003)

以前有不如意，就會不如食可卡因放鬆一下，解決這些問題。現在就變了跟朋友談電話，都可以的。我還有不停讀書。(008)

或者立即打給一些朋友，看看他們誰有空才 WhatsApp，之後出來吃飯。(015)

我覺得首先要靠自己，第二做朋友不是不可以，但要少接觸，健康活動才參與。(043)

他的朋友很厲害，例如說想舉辦一個船上派對，不是播 DJ 和吸毒那類的船上派對，是真的純粹玩樂的，就是釣墨魚還有燒烤。他們還一起租了一個地方，讓大家上去玩遊戲機，玩啤牌，打麻雀，但不是吸毒的。(049)

Fostering relationships with individuals who support sobriety and engage in healthy activities can provide a strong foundation for maintaining desistance. Support groups and community activities can also offer encouragement and positive life values. They can help fill the social void left by cutting off old ties. This proactive approach can provide a stronger foundation for desistance by surrounding oneself with positive influences and support.

Incorporating healthy activities into social interactions fosters a sense of community and belonging. By replacing drug-related activities with healthier alternatives, individuals can gradually reshape their social environment to support their recovery. This approach helps build resilience against triggers and strengthens the commitment to a drug-free life.

Engaged in Positive Activities and Responsibilities

By focusing on constructive and meaningful activities, individuals create a supportive environment that fosters long-term recovery. Participants' experiences highlight the significance of such engagement in their journeys towards sobriety.

Many participants observed that having a structured routine, such as a stable ordinary job, significantly contributed to their ability to abstain from drug use. Regular employment often occupies individuals with responsibilities, leaving little time for drug-related activities. This shift not only reduces exposure to drug-using environments but also instils a sense of purpose and accountability, which are essential for maintaining desistance.

沒有「蒲 D」了，因為正常上班了。還是那群「落 D」的朋友，但可能是大家各有各拍拖，各有各上班，變得少見了很多。所以沒怎麼出去吸食了。(003)

其實有心癮的，不過不是太誇張。因為後來已經跳出來沒有繼續在夜場工作，我去了做早上上班的工作，見的人不同了，沒有那些東西。(038)

做了正行之後，整個人清醒了，我不會再吸食了。(048)

他說賣大麻的時候，一個月可花費三萬多四萬元去吸食「可樂」；但一不賣大麻後，反而沒有吸食。(072)

Engaging in community service and helping others have proven to be effective strategies for maintaining sobriety. 020 shared a story of an acquaintance who had desisted from drug use and was sponsoring children in remote areas. Driven by a belief in accumulating good deeds, this individual, a former dealer, found that this belief served as a major force for his desistance, acting as a means of compensating for his past "sins." This sense of altruism and responsibility towards others can provide powerful motivation to remain drug-free.

我在少年監獄出來後，協青社有一個姑娘介紹了我去協青社工作。歷奇助教，說不上導師，之後我就在協青社做了一段時間，那段時間是我人生最充實的幾個月。那段時間我也接觸很多邊青，我也會以自己的經歷去感化他們。(009)

有些人剛剛成功戒毒，教會就會請他回去分享吸毒和戒斷的經歷。有時聽聽這些成功的例子，也是人生一個鼓勵。還有我也能看到，我哥哥已經是一個例子，我哥哥也能戒到，為甚麼我戒不到？他也沒有任何輔助。這算是為我打了一支強心針。(065)

The environments and social settings where drug use is prevalent can serve as powerful triggers for relapse, making it essential for individuals to distance themselves from these high-risk areas. Exposure to places like bars, discos, and other social venues where drugs are commonly used can significantly increase the temptation to relapse. By avoiding these places, individuals reduce their exposure to these triggers, making it easier to maintain their sobriety.

如果我不脫離那個圈子，我就算要戒，我出到去酒吧、disco，聞到那陣味道或者見到有人吸食，我都會心動的。現在我脫離了那個圈子，那麼我就開始接觸不到、見不到、聞不到，其實也可以的。(014)

可能以前出去「蒲」，現在就不「蒲」了，不「蒲」就變成不會玩。還有沒做「漁場」就沒有「僕冰」了。(028)

我可以戒掉是因為我告訴自己不可以再去那些地方。(042)

Avoiding risky environments associated with drug use and engaging in positive activities and responsibilities also means avoiding old habits and social practices that facilitate drug use. By not returning to these old haunts, individuals are able to break the cycle of relapse that often accompanies social and environmental triggers. This proactive avoidance strategy, coupled with engagement in structured and meaningful activities, lays a robust foundation for sustained recovery.

6. *Insights and Experiences during Desistance*

One significant insight participants gained during their desistance was the importance of managing emotions and coping with low moments without relying on drugs. Recognising that using drugs did not really bring substantial changes to their problems and hardships led some individuals to develop healthier coping mechanisms.

其實平淡不一定要有錢生活才開心，可能你做正行，你做的事，你出街行下，約朋友出街食飯，也可以很開心，即有時候不一定要高消費活動才開心。我的心態是和朋友出街食飯也可以很開心，那就完了一天。(056)

當你發覺其實沒有[大麻]的時候都可以渡過的，只不過是當你低潮的時候，你心情真的很低落的時候，你要懂得去處理那個情緒。你是能夠學懂去處理自己的情緒。(067)

Finding joy in simple, everyday activities was key to sustaining their desistance. This shift in mindset from seeking high-intensity pleasures to appreciating life's quieter moments was pivotal in their recovery journey. They discovered that emotional fulfilment and happiness could be derived from normal, healthy interactions rather than substance use.

Many participants acknowledged that the journey to desistance is a solitary one, relying heavily on personal determination and self-motivation. This realisation often came after recognising that external help alone would not suffice.

都是自己，沒有人幫到你的，戒毒的路上是孤單的，這樣是真的。(015)

可能有一些位置，我感覺到自己不知道正在做甚麼，很迷惘的。但我就不再吸食下去了。(107)

Participants illustrated that while support systems and external interventions can provide valuable assistance, the core of their success in desistance lies within their own resolve and commitment. This self-reliance was often forged through moments of introspection and personal struggle, where they realised that they needed to take ownership of their recovery.

The process of desistance also led participants to reflect deeply on their relationships and responsibilities, particularly towards loved ones. This reflection often became a motivating factor in their commitment to stay sober.

原來我喜歡、愛錫的人，在這一個矛盾的時候，給了我很多反思。我就會想自己的行為是怎樣的，會不會令到他變得很擔心，開始有這些反思出了來。(023)

我戒了毒才慢慢再接觸我媽媽和妹妹、其他家人。亦慢慢再次接觸我由年少時一齊長大的正常朋友。很多東西像回復以前，原來吸毒時只困在自己的空間裏。到我再見到家人及朋友時是開心的，因為他們不會責怪我，知道原來很多人等候我。有些朋友知我戒了毒及懷孕，主動來找我的也有。好像尋回一些失去的東西。(039)

始終自己吃到這樣。我女朋友走了，只有我媽媽還理我，還有這裡的社工理我。那麼就令到我更加珍惜那些還願意留在我身邊的人，尤其是我媽，真是很不離不棄。(045)

The reflections on their actions and the impact on their loved ones provided a strong impetus for many participants to stay clean. Recognising the worry and stress they caused their family and friends, they began to see their drug use in a different light and understood the broader implications of their behaviour.

Participants also realised that overcoming the urge to use drugs involved avoiding environments and people associated with their past drug use. The insight that removing oneself from tempting situations could facilitate long-term desistance was a common theme. They understood that while it was challenging to resist the allure of drug use when surrounded by familiar triggers, it was essential for their recovery to make significant lifestyle changes.

總有一件事讓你靜下來，你不會一生都這樣。當然你看到別人做會嫉妒（眼紅），但有時你要想「他有時間去搏，有時間去坐牢而你沒有」。(056)

後來慢慢不食就發現，有時開心不需要靠它。我覺得我食完大麻可以去到高點的開心，但之後我又跌回去，即是更加差。那麼我又不可以再食大麻回去正常水平。我寧願永遠留在正常水平。(065)

Over time, participants realised that true happiness and emotional stability did not depend on drug use but on healthy, fulfilling activities and lifestyle changes. This shift in perspective was crucial for sustaining long-term recovery and building a life free from addiction.

By consciously avoiding high-risk environments and relationships tied to their drug use, participants found that they could better manage their cravings and maintain sobriety. This approach often required creating new routines and finding healthier social networks that supported their goals of desistance.

7. *MSM-Specific Desistance*

For many MSM participants, entering into a stable relationship often serves as a significant turning point in their journey toward desistance from drug use. The emotional support and intimacy found in a committed relationship can reduce the need for drugs as a coping mechanism for loneliness and stress.

我和固定對象沒有使用藥物。第一，陽具尺寸大小不用食藥。二來，年紀開始大，都想減少接觸這類藥物。雖然不是太傷身，但是都不否定還是有少許影響的。(019)

Chem Fun 片面一點是可以解悶和刺激，但深層一點的話是要解決寂寞的感覺，補償自己心中的不足或是發洩。但拍拖後，我就發覺不需要這些活動，因為自己有

了寄託。還有參加 Chem Fun 對伴侶不公平和不安全，因為要保障自己的伴侶。
(032)

我需要的是一段親密的關係，要人和人的親密關係，那麼這七個月我不吃 Chem 也是沒有問題的。(033)

The emotional stability provided by a relationship not only helps reduce drug use but also encourages healthier lifestyles. Participants often find a sense of purpose and fulfilment in their relationships, which replaces the temporary highs sought through drug use. This shift in focus from seeking immediate gratification to investing in long-term well-being and relationship satisfaction plays a crucial role in their journey towards desistance.

Moreover, the protective instinct towards their partners also motivates MSM participants to avoid risky behaviours, including drug use, to ensure their partner's safety and well-being. This added layer of responsibility and care significantly strengthens their resolve to maintain sobriety.

As the participants grow older and their priorities shift, they naturally distance themselves from drug-using behaviours. The physical and emotional changes that come with age make the harmful effects of drugs more pronounced, reinforcing the decision to quit. They begin to prioritise their health and the quality of their relationships over the temporary escape provided by drugs.

年紀大了，性需求就降低。之前我用的場合都是對方好大或多人，但是現在正在談戀愛一定不會多人，而固定對象又不大的時候，就不用，所以應該和性掛鉤。如果固定對象是大的話，我就可能會維持著使用。(019)

因為對身體有傷害，常常聞 popper 會令鼻腔內變薄和乾。有時可能有殘留物留在鼻腔內，會覺得常常聞到天拿水的味道，覺得不要再聞好了。都是身體健康的問題，所以就停止了。(032)

Increasing work commitments and responsibilities often lead MSM individuals to prioritise their careers over drug use. The recovery period needed after drug use can interfere significantly with professional responsibilities, prompting individuals to reduce or eliminate

their drug use to maintain productivity and job performance. This shift in focus underscores the growing importance of stability and reliability in their professional lives.

因為真的很累。這興奮的狀態，是要歸還的。那種累是令人任何事情都做不到的。如參加一次，要休息三天，這三天休息就是「還債」。也因為工作愈來愈忙所以就沒去。因為參加 ChemFun 後要休息三天，那三天就不能工作只能休息。當工作忙碌，我也不想影響工作，便沒有時間 Fun 了。(032)

The physical and mental toll of drug use becomes a significant deterrent. As participants noted, the need to rest and recover for several days after engaging in ChemFun can severely impact their ability to perform at work. This realisation often motivates individuals to prioritise their job responsibilities and reduce their involvement in high-risk drug use activities.

In an effort to reduce harm while still engaging in sexual activities, some MSM choose safer alternatives to high-risk drug use environments. For instance, switching to venues like saunas, where drug use is less prevalent, can help mitigate the risk of relapse while still allowing social and sexual interactions. This strategic shift demonstrates a commitment to maintaining social connections and fulfilling sexual needs in a safer context.

後來就自己去了「桑拿」[沒有使用毒品的男同志場所]，還是有那感覺的，還可以去桑拿那裡玩。我又不能完全戒掉，我唯有就是斷了 slam (inject meth intravenously)，我覺得危險性比較高的東西。(023)

This approach not only helps in reducing the chances of relapse but also fosters a more balanced and sustainable lifestyle. The conscious decision to avoid high-risk environments while still engaging in desired activities highlights the importance of harm reduction strategies in supporting long-term desistance from drug use.

Implications and Recommendations for Future Services

Considering the intricate and shifting situation of drug abuse in Hong Kong, as extensively documented in our series of research reports, it is imperative to consider strategic recommendations that address the multifaceted challenges highlighted by our studies. The insights from our research underscored urgent areas that require targeted interventions and improvements, such as enhancing the accessibility and visibility of treatment services, harnessing technology to improve service delivery, expanding support networks, and implementing precise preventative and rehabilitative strategies.

The substantial impact of drug abuse on individuals, families, and communities across Hong Kong is undeniable. As the dynamics of drug abuse continue to develop, our strategies and methodologies to combat this crisis must also progress. The recommendations presented in this section are designed not only to address the current needs identified through our research but also to anticipate future challenges in this ongoing battle against drug abuse. These proposals are grounded in a comprehensive analysis of data collated across our research reports 1 - 6, ensuring that the following implications and recommendations are informed by a robust empirical foundation.

1. Accessibility and Visibility of Treatment Services

One of the most salient findings from our comprehensive research was the critical need for enhanced accessibility and visibility of drug rehabilitation and treatment services. Many drug abusers often find themselves isolated, unaware of the available support systems, or reluctant to seek help due to the stigma associated with drug use and fear of legal repercussions. By enhancing the visibility of these services and making them more accessible, we can bridge the gap between need and help.

Furthermore, our research also revealed that a significant portion of drug activity takes place within hidden realms, such as private parties and online platforms, where drug abuse often goes unnoticed by mainstream healthcare services. Addressing this concealed drug use requires innovative outreach strategies that respect individuals' privacy while ensuring that these hidden populations are reached. Traditional outreach methods may not fully penetrate these groups due to their unique characteristics and clandestine activities.

To bridge this gap, we recommend enhancing the visibility of treatment services through targeted social media campaigns and partnerships with online platforms where potential service users are likely to be active. This approach can help demystify the process of seeking help and clarify the confidentiality and support available, thus reducing the stigma and fear associated with accessing treatment services.

Additionally, it is essential to address the current invisibility of certain areas to outreach teams, especially where drug activity is prevalent but underreported. By adjusting patrolling patterns and routines, outreach teams could identify more hidden drug users. Offering on-the-spot counselling, preliminary risk assessments, and direct links to ongoing support and care may help curb hidden drug abuse in Hong Kong. Bringing services directly to the community enables these teams to play a crucial role in reconnecting drug users with the health system and mitigate the public health impact of drug abuse.

Additional resources should be allocated to develop specialised counselling and treatment services for particularly vulnerable groups within the drug-using population, such as pregnant women using drugs and MSM involved in Chemfun. These services should include tailored detoxification and rehabilitation programs, mental health support, and comprehensive medical care. Addressing the needs of these vulnerable groups with dedicated services ensures that interventions are both appropriate and effective, thereby enhancing outcomes for these individuals and the broader community.

2. Expansion of Supportive Network

Our research has demonstrated that peer influences significantly impact the dynamics of drug abuse. Therefore, the expansion of support networks can harness these influences positively, providing support and cultivating an environment where recovery is viewed as achievable and embraced by community norms.

The youth of Hong Kong are particularly susceptible to the onset of drug use, often initiated in social and recreational settings, as reported in Stage 1. Therefore, targeted interventions within educational institutions and community centres are imperative. These interventions should aim to educate young people about the risks associated with drug use and equip them with effective skills to resist peer pressure. It is essential that these programs are engaging and relevant, using interactive approaches such as workshops, role-playing scenarios, and digital campaigns that resonate with young audiences.

To reinforce the message delivered through these interventions, involving individuals who have recovered from drug addiction is highly beneficial. These individuals can offer a realistic portrayal of the dangers associated with drug use. Their firsthand accounts serve as powerful testimonials that can effectively counteract the often glamorised portrayal of drug use in media and popular culture. Featuring recovery stories in educational materials and public speaking engagements can humanise the issue of drug dependency, demonstrating both the challenges and the possibilities of life after addiction. By echoing the difficulties mentioned in Stage 4, the efforts of frontline peer counsellors should be recognised and allocate more resources to support their work in drug treatment and rehabilitation centres. Their role as role models and motivators is crucial in encouraging others to persist on the journey to recovery.

Collaboration with professional healthcare providers is crucial to ensure that these networks offer a holistic approach to drug rehabilitation. This collaboration should include not just psychological counselling but also social reintegration activities and vocational training to aid recovered individuals in regaining their place in society as productive members. Healthcare professionals can provide training for peer support leaders, ensuring they are equipped with up-to-date knowledge and skills to effectively support their peers.

Moreover, peer support networks should be structured to not only support recovery but also promote ongoing wellness and prevent relapse. This involves regular meetings and check-ins that offer emotional support and practical advice for maintaining sobriety. Networks could also organise social events and activities that provide healthy, drug-free entertainment, fostering a sense of community and belonging among members. Such networks can become robust platforms for sharing experiences and strategies for overcoming addiction, offering vital peer-to-peer support that can make a substantial difference in recovery outcomes.

3. Public Education and Drug Awareness

Our research highlighted that public education campaigns need to be specifically tailored to counteract increasing misperceptions about the safety of cannabis, particularly among the youth. As revealed in the findings, the onset of cannabis use is often precipitated by peer perceptions and the normalisation of cannabis within certain social circles and media portrayals. These campaigns could utilise insights from qualitative data drawn from our reports, which indicated that early exposure and normalisation of drug use in familial and social settings are significant contributors to drug initiation.

To effectively address these challenges, integrating drug education into school curriculums from a young age is essential. This early intervention can establish a foundational understanding of the real impacts of drug use, laying the groundwork for more informed decision-making among young people. On the other hand, it is also necessary to strengthen drug prevention programs in schools by incorporating interactive and evidence-based curricula that focus specifically on the harms of cannabis, aiming to debunk myths regarding its safety. Utilising engaging formats such as peer-led discussions, digital simulations, and guest lectures from recovering addicts and medical professionals can enhance the effectiveness of these educational initiatives.

Moreover, launching community-wide awareness campaigns that target both youth and adults is imperative to broaden the educational reach. These campaigns should educate the community about the specific dangers of cannabis use, including its impact on mental health, cognitive functions, and potential for addiction. Such campaigns can be vital in altering the community's perception and understanding of cannabis use.

Creating an environment that encourages open discussions about drug addiction, recovery, and the challenges involved is essential for reducing the stigma associated with seeking help. Public awareness campaigns can play a significant role in this area, highlighting the success stories of individuals who have overcome addiction and the supportive role played by the community. These stories not only provide hope but also show practical examples of successful recovery and the importance of community support.

These campaigns should be widespread, appearing across various media platforms, including social media feeds, local newspapers, and community bulletins, to reach the broadest audience possible. The use of modern digital marketing strategies can help ensure that these messages are seen by those who are most at risk, while traditional media can reach a broader demographic, including adults who may influence younger generations.

4. Law Enforcement Practices and Correctional Services

Strengthening the enforcement against unauthorised drug dens involves not only regular inspections by authorities but also active community engagement. Our research suggests that drug use often initiates in less monitored environments such as nightclubs and private parties. Implementing regular, unannounced checks, coupled with community watch programs, could significantly deter the operation of these venues. Introducing anonymous community reporting

tools would empower residents to report suspicious activities anonymously, fostering a collaborative effort towards a drug-free community. By gathering intelligence through community tips and surveillance and conducting regular raids to shut down these illegal operations, the physical infrastructure supporting local drug distribution can be significantly disrupted.

Given the escalating role of digital platforms in drug distribution, as indicated in our findings, enhancing police surveillance of these networks is essential. Deploying more undercover officers to monitor and infiltrate online forums, social media, and the dark web is critical for identifying and disrupting drug trafficking networks. This approach not only helps in apprehending traffickers but also in gathering intelligence that can lead to larger network disruptions.

Addressing the complex psychosocial dynamics involved in drug addiction, such as family influence and coping mechanisms for stress, is equally important. Integrating more professionally trained social workers (Registered Social Workers, not CSD officers with general degrees trained through short social work courses at SPACE, HKU) into Drug Addiction Treatment Centre (DATC) programs and Aftercare and Rehabilitation Units (RU) as either frontline or supervising officers, or even leaders in service development, would ensure that these aspects are adequately addressed. This may involve the deployment of the Registered Social Workers currently positioned in the Division of Correctional Centres to Aftercare Services (RU). Professional social workers are trained to handle the psychosocial complexities of addiction, which can significantly enhance the effectiveness of rehabilitation programs. Their expertise in case management and therapeutic interventions provides support that extends beyond the immediate medical treatment of addiction, addressing underlying issues and supporting holistic recovery.

While the integration of social workers is crucial, enhancing the capacity of non-social work staff through targeted training programs is equally important. Training should focus on developing a deeper understanding of addiction as a multifaceted issue and essential counselling skills, including narrative skills, empathy and patient communication. Such training ensures a supportive environment that facilitates recovery, resonating with our report's discussions on the challenges faced during treatment stages, including the lack of understanding and support perceived by those undergoing rehabilitation.

These comprehensive measures, encompassing enforcement, community engagement, and improved treatment and rehabilitation services, form the cornerstone of an effective strategy to combat drug abuse. By addressing both the supply and demand sides of drug abuse within the community, these initiatives promise a more sustainable impact on reducing drug-related harm across Hong Kong.

5. *Ongoing Training for Helping Professionals*

To keep up with the evolving drug situation, our research findings highlighted the necessity for continuous updates and training for healthcare professionals, social workers, law enforcement officers, and educators. This training is essential to equip them with the latest knowledge of drug trends, treatment methodologies, and innovative rehabilitation strategies. Such education should encompass information on new drugs, emerging consumption methods, and state-of-the-art rehabilitation techniques as discussed in our research.

Continuous professional development ensures that those on the frontline in combating drug abuse are well-informed and equipped to handle new challenges as they arise. Additionally, it ensures that intervention strategies are based on the latest research and best practices, maximising their impact. These training programs should not only impart knowledge but also build practical skills, such as empathy, effective communication, and crisis management, which are vital for engaging individuals affected by drug use.

Organising interdisciplinary training workshops and seminars that bring together professionals from various fields can also facilitate the sharing of knowledge and foster a holistic understanding of the complexities of drug addiction and rehabilitation, as illustrated by the diverse factors contributing to drug use identified in our reports. These sessions allow for a multidisciplinary dialogue, enhancing the capability of professionals to address drug issues from multiple perspectives, thereby improving the overall effectiveness of interventions and collaborative strategies to combat drug abuse. The focus should be on integrating approaches from various sectors to form a unified response to the drug problem. By fostering an environment of cooperation among different sectors, these seminars can lead to more cohesive and coordinated efforts in the fight against drug abuse.

Through ongoing education and collaborative practices, professionals can stay ahead of the evolving drug situation, better supporting individuals and communities in the process of recovery and rehabilitation. This approach not only enhances individual treatment outcomes

but also contributes significantly to the broader public health efforts aimed at reducing the prevalence and impact of drug abuse.

6. *Specialised Education Programs*

Our research has illuminated the necessity for specialised education programs in tackling drug abuse and trafficking. Integrating drug abuse and trafficking awareness into the Continuing Professional Development (CPD) programs as mandatory modules is essential for registrations and renewals of social workers and healthcare professionals. These modules should include the latest research findings, case study reviews, and updates on legal frameworks to ensure that these professionals are well-informed and equipped to handle drug-related issues. This integration ensures that practitioners remain updated on the evolving dynamics of drug abuse, enhancing their capacity to respond effectively in their professional roles.

We also encourage CPD programs to include interdisciplinary learning where social workers, doctors, nurses, and psychologists can learn from each other's experiences and insights related to drug addiction and rehabilitation strategies. This approach enhances holistic care by fostering a broader understanding of the multi-faceted nature of drug addiction and the integrated care required for effective treatment.

Universities should be encouraged to develop and offer courses specifically designed for professionals in various industries, such as law enforcement, education, social work, and healthcare. These courses can focus on drug abuse prevention, treatment modalities, legal aspects, and community engagement strategies. Developing certification programs in drug abuse prevention and treatment can provide additional qualifications for industry professionals, raising their proficiency and credibility in managing drug-related cases.

Furthermore, there is a pressing need to provide specialised training for more addiction counsellors, social workers, and healthcare providers. This training should equip them to meet the unique needs of diverse groups, particularly those engaged in hidden drug use, Chemfun and drug dealing. The training programmes should cover specific interventions tailored to address these demographics' psychological, physiological, and social complexities. Emphasis should be placed on developing skills in cultural competence, understanding the specific challenges and barriers faced by drug abusers, and employing non-judgemental, supportive counselling techniques that foster trust and encourage engagement with treatment services.

7. *Integration of Technology in Service Delivery*

The integration of technology in service delivery is another critical area of focus. As observed globally, the digital advancement in Hong Kong has transformed many aspects of daily life, including how people seek and receive help for drug abuse. Integrating technology through online support groups, virtual counselling, and dedicated apps is essential to making support services more accessible. This approach is particularly effective for engaging younger demographics, who are more accustomed to and comfortable with online environments.

Partnerships between the government and private sector, including technology companies, are encouraged for harnessing innovative solutions to combat drug trafficking. These collaborations can develop tools and strategies that utilise artificial intelligence (AI) and other technologies for monitoring and intervention, which could significantly enhance the effectiveness of these efforts.

Implementing AI systems to analyse vast amounts of data from social media and internet traffic is another powerful tool in the fight against drug trafficking. AI can assist in real-time monitoring of online communications and transactions to quickly identify potential illegal activities. This capability is invaluable given the complex networks involved in drug trafficking, as described in our reports. Moreover, the development of AI tools that can automatically flag suspicious activities and profiles can significantly reduce the workload on human officers and enhance the efficiency of investigations.

Additionally, technology can play a transformative role in treatment and rehabilitation services. Telemedicine platforms can facilitate remote consultations and therapy sessions, making these services more accessible to individuals who are afraid of being identified. Furthermore, mobile applications can provide users with tools to manage their drug abuse patterns and recovery process, including dosage tracking, mood tracking, and access to emergency support, which are crucial for monitoring their behaviours and encouraging engagement with treatment programs.

The strategic use of technology in both law enforcement and healthcare services represents a forward-thinking approach to addressing the challenges of drug abuse in Hong Kong. By leveraging the latest technological advancements, stakeholders can enhance their capabilities in the prevention, detection, treatment, and monitoring of drug-related activities, leading to more effective outcomes in combating this pervasive issue.

Conclusion

The five-stage framework of drug use in this study enriches and aligns with the cyclical process described by Anglin, Hser and Grella (1997), encompassing the stages of onset, persistence, treatment, relapse, and desistance. This framework has provided significant insights into the patterns, characteristics, and consequences of drug use, offering a comprehensive understanding of the factors influencing each stage.

The onset of drug use among participants was driven by a combination of peer influences, curiosity, and exposure to drug-friendly environments. The complexity of drug onset cannot be attributed to a single dominant reason but rather an interplay of various factors. Peers, especially those involved in clubbing and nightlife activities, played a critical role in introducing individuals to drugs. Participants often encountered drugs in social settings where the behaviour was normalised, leading to spontaneous and unplanned experimentation. The advent of technology has further facilitated the exposure to drug use, with social media and online platforms acting as gateways for meeting drug-using individuals.

Persistent drug use was influenced by psychological cravings, peer pressures, and social circles that normalised drug consumption. Participants reported experiencing strong cravings, both psychological and physical, that made cessation difficult. The presence of peers who continued to use drugs reinforced these behaviours, creating an environment where drug use became a routine part of life. The role of intimate partners and working in drug-prevalent environments, such as nightclubs, also contributed to the persistence of drug use. The normalisation of drug use within these social contexts reduced the stigma and made it an accepted behaviour.

The effectiveness of treatment varied among participants, with many finding compulsory treatment schemes to be increasingly ineffective over multiple trials. The repetitive nature of these treatments diminished their effect, leading to a cycle of ineffective interventions and repeated relapses. Participants reported that more sentences to compulsory treatment schemes lowered their deterrence, making it less likely for them to stay drug-free. The decline in treatment effectiveness highlights the need for more personalised and adaptive treatment approaches that address the underlying causes of drug use.

Relapses were frequently triggered by persistent risk factors in participants' social lives, often the same factors that contributed to the onset and persistence of drug use. The social environments, emotional barriers, and life adversities faced by participants made sustained recovery challenging. Participants often fell back into drug use when confronted with stressful situations, highlighting the need for continuous support and intervention. The cyclical nature of relapse underscores the importance of addressing the broader social and emotional contexts that contribute to drug use.

True desistance was rare among participants, with only a few achieving and maintaining a drug-free lifestyle. Unhealthy replacements and continued immersion in drug-friendly social circles often led to temporary cessations rather than genuine desistance. The influence of subcultural environments, such as the clubbing subculture and drug-using peer groups, posed significant barriers to achieving long-term recovery. Although Pryooz and Decker (2011) suggested that desistance can be achieved through a combination of events, de-identification, and disengagement processes, participants demonstrated a high possibility of relapse when encountering life adversities and emotional barriers. True desistance, as defined by Lee (2022), requires addressing the broader subcultural influences, a condition met by only a limited number of participants. The strategies applied to maintain desistance need to be multifaceted, addressing various aspects of life rather than relying on a single approach to generate a holistic effect.

Specific subgroups, such as cannabis users and the MSM (men who have sex with men) population, exhibited unique patterns in their drug use journeys. Cannabis users were influenced by subcultural norms and evolving perceptions of cannabis legality. The normalisation of cannabis use in certain subcultures, such as hip-hop and skateboarding, and the perception of its relative harmlessness compared to other drugs contributed to its persistent use. Legalisation in foreign countries also played a role in altering perceptions and increasing curiosity among local users.

The MSM population often associated drug use with sexual activities and social interactions within their community. Drugs were frequently used to enhance sexual experiences, and many MSM participants reported that they could not perform sexually without the presence of drugs. The concept of "Chem Fun" parties, where drug use is prevalent, highlights the high vulnerability of this population to persistent drug use. The association between drug use and sexual pleasure created a significant barrier to achieving desistance.

The study's findings underscore the complexity of drug addiction and recovery, highlighting the need for comprehensive, culturally sensitive approaches that consider the diverse experiences and needs of drug abusers. Effective interventions must address the multifaceted risk factors and social influences at each stage of the drug use cycle.

Prevention strategies should focus on reducing peer influences and exposure to drug-friendly environments, particularly among adolescents and young adults. Treatment approaches need to be adaptive and personalised, addressing the underlying psychological and social factors that contribute to persistent drug use. Continuous support and intervention are crucial for preventing relapse, with a focus on building resilience and coping mechanisms to handle life adversities.

For achieving true desistance, it is essential to consider the broader subcultural influences and provide multifaceted support that encompasses various aspects of life. This includes fostering healthy social circles, providing access to education and employment opportunities, and offering psychological support to address emotional barriers.

In conclusion, the cyclical nature of drug use among participants reveals the intricate interplay of social, psychological, and environmental factors at each stage. Addressing these factors through comprehensive, multifaceted strategies is crucial for developing effective interventions and support systems that promote long-term recovery and desistance.

Reference

- Anglin, M. D., Hser, Y. I., & Grella, C. E. (1997). Drug addiction and treatment careers among clients in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors, 11*(4), 308.
- Lee, G. K. W. (2022). De-triadization: examining the definition of desistance from ex-triad members. *Trends in Organized Crime, 1*-26.
- Legislative Council. (2024). *Bills Committee on Mandatory Reporting of Child Abuse Bill*. <https://www.legco.gov.hk/en/legco-business/committees/bills-committee.html?2023&bc54#papers-and-reports>
- Narcotics Division, Security Bureau. (2024). *Three-year plan on drug treatment and rehabilitation services in Hong Kong (2024-2026)*. https://www.nd.gov.hk/en/three_year_plan_2024_2026.html
- Pyrooz, D. C., & Decker, S. H. (2011). Motives and methods for leaving the gang: Understanding the process of gang desistance. *Journal of Criminal Justice, 39*(5), 417-425.
- 香港社會服務聯會. (2023). 《香港戒毒治療和康復服務三年計劃 (2024 至 2026 年) 意見書》. 香港: 香港社會服務聯會.
[https://www.hkcss.org.hk/upload/Position%20Paper/%E3%80%8A%E9%A6%99%E6%B8%AF%E6%88%92%E6%AF%92%E6%B2%BB%E7%99%82%E5%92%8C%E5%BA%B7%E5%BE%A9%E6%9C%8D%E5%8B%99%E4%B8%89%E5%B9%B4%E8%A8%88%E5%8A%83\(2024%E8%87%B32026%E5%B9%B4\)%20%E3%80%8B%E6%84%8F%E8%A6%8B%E6%9B%B8.pdf](https://www.hkcss.org.hk/upload/Position%20Paper/%E3%80%8A%E9%A6%99%E6%B8%AF%E6%88%92%E6%AF%92%E6%B2%BB%E7%99%82%E5%92%8C%E5%BA%B7%E5%BE%A9%E6%9C%8D%E5%8B%99%E4%B8%89%E5%B9%B4%E8%A8%88%E5%8A%83(2024%E8%87%B32026%E5%B9%B4)%20%E3%80%8B%E6%84%8F%E8%A6%8B%E6%9B%B8.pdf)