

# **Guidelines for the completion of the Central Registry of Drug Abuse (CRDA) record sheet**

## **Points to Note in Completing CRDA Record Sheet**

### 1. Definition of drug abuse adopted by CRDA

- For the purpose of CRDA reporting, a drug abuser refers to a person who is known or suspected to have taken drugs/substances during the four weeks before the date of contact\*, and the drugs/substances taken harms or threatens to harm the physical or mental health or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic.
- \* Please note that if the person is referred to drug rehabilitation treatments from Probation order (or Police Superintendents' Discretion Scheme, hospital, Methadone clinic, etc), he/she should be reported to CRDA as an abuser given that drug abusing occurred during the four weeks before the date of arrested or entering hospital.
- The drugs/substances of abuse cover Psychotropic substances and Opiates. Psychotropic substances include hallucinogens, depressants, stimulants, tranquillizers and other substances such as ketamine, cough medicine and organic solvents. Opiates include mainly heroin, and also opium, morphine, physeptone/methadone. Some common drugs/substances liable to abuse are listed at Annex B. Alcohol and tobacco are, however, not regarded as drugs abused.

### 2. When to complete a record sheet

Reporting agencies of different categories, when coming into contact with a person who was confirmed or suspected to have abused drugs during the last four weeks in the following situation, are requested to complete a Chinese version (or an English version if the drug abuser has English name only) of CRDA record sheet making reference to the notes given in Annex A. Only one record sheet needs to be completed for each individual drug abuser each quarter, regardless of the number of contacts with the same abusers during the same period.

<b>Category of reporting agencies</b>	<b>When to complete a record sheet</b>
<b>Police and Customs</b>	Encounter confirmed drug abusers under arrest.
<b>Correctional Services Department</b>	Encounter drug abusers on their admission to prisons or drug addiction treatment centres, and also relapsed prisoners.
<b>Drug Addiction Treatment Agencies</b>	Encounter drug abusers on both first admission and readmission to treatment programmes.

<b>Welfare Agencies</b>	Confirmed or suspected drug abusers approach the agency for assistance. Outreaching social workers report on their clients who are suspected or claim to be drug abusers.
<b>Hospitals and Clinics</b>	Encounter patients who show withdrawal symptoms of drug addiction or who claim to be drug abusers.
<b>Academic Institutes</b>	Suspected student abuser or students who claim to be drug abusers approach the staff/student counsellors for assistance or consultation.

### 3. Privacy issues related to collecting and reporting of personal data

Agencies should comply with Personal Data (Privacy) Ordinance (PDPO) (Cap.486) during data collection and reporting, in order to protect privacy of abusers. A relevant guideline and suggested measures are given at Annex C.

### 4. Delivery of completed record sheets

Wherever possible, agencies should arrange a personnel to deliver the completed record sheets for each month within the first two weeks of the following month to the CRDA office by hand (*Address : Statistics Unit, Security Bureau, Government Secretariat, 30/F, High Block, Queensway Government Offices, 66 Queensway, Hong Kong*). If by hand delivery cannot be arranged, agencies should send the record sheets by post in sealed envelopes and under “confidential” cover. Upon receipt of the record sheets, the CRDA office will acknowledge the receipt by sending either an e-mail or a fax to the respective agency within two working days so as to confirm if the number of record sheets received tally with that sent out.

### 5. The new CRDA e-submission system

The new CRDA e-submission system has been in use since 1 May 2005. After registration with the CRDA to become a user, reporting agencies can access the system via the Internet to perform electronic data submission by using an e-form. The system also allows registered users to enquire the history of e-records submitted and download aggregated statistics for management purpose. More detailed information on the e-submission system can be viewed at the URL [www.nd.gov.hk/en/crda\\_ess.htm](http://www.nd.gov.hk/en/crda_ess.htm).

## **Data Confidentiality**

Statutory protection to data confidentiality is assured. The Dangerous Drugs Ordinance stipulates that any person who discloses any record of confidential information which is kept by the Registry or a reporting agency, or supplies to any person information obtained from any such record, or permits access to any such record, commits an offence. Hence, all information supplied in the CRDA record sheets is handled in strict confidence and is accessible only to those who are directly involved in the operation of the CRDA, workers of reporting agencies and who are required to observe the rule of confidentiality.

## Contact the CRDA Office

If there is any further enquiries about this guideline or interest in applying for using the CRDA e-submission system, please contact staff of the CRDA office by phone (*phone no.* 2867 1071) or by fax (*fax no.* 2537 2575) or by e-mail (*e-mail address* : [sb\\_stat@sb.gov.hk](mailto:sb_stat@sb.gov.hk)).

Revised by Statistics Unit, Narcotics Division, Security Bureau in September 2010

# Points to note in completing CRDA record sheet

The name of the office/branch of the reporting agency completing the record sheet must be filled.

- (i) Refers to the Chinese name of the drug abuser as shown on his/her identity card.
- (ii) If the abuser has English name only, then fill in the English name as shown on his/her passport or other identity document.

Please see note (A1) for examples.

Refers to the status of employment or other activity of the abuser during the seven days prior to report. Please see note (A2) for detailed definition.

- (i) Refers to the formal name or nickname / street name of the abused drug/ substance.
- (ii) If more than one type of drugs/substances is mixed when abused, the name of each individual drug/ substance in the mixture should be specified, irrespective of the frequency of taking each drug/ substance.

(iii) If an abuser has taken methadone/physeptone to alleviate withdrawal symptoms of an addiction which began with the use of heroin, record heroin here.

(iv) If it is impossible to know the type of drug/ substances abused by the abuser, write down "unknown" and leave all other respective columns in Q.16 blank.

- (i) If more than one type of drugs/substances is abused, specify the kind of method of taking for each respective drug/substance.
- (ii) In general, there are five different methods of taking, including :
  - (1) Injection
  - (2) Smoking
  - (3) Fume inhaling
  - (4) Oral ingestion
  - (5) Sniffing. If the methods are different from the above, please specify them accordingly.

Please state the location of a divan according to classification of locality.

- (i) Refer to average expenditure spending for individual type of drug/substance for each taking.
- (ii) If more than one type of drug/ substance abused each time, please provide the proportion of expenditure spent on each drug/substance in the additional information at the bottom of record sheet.

**CENTRAL REGISTRY OF DRUG ABUSE**  
**RECORD SHEET**

**CONFIDENTIAL**  
 when entered with data

Please circle appropriate answer for multiple choice questions

1. Reporting Agency Office/Branch Leave shaded boxes in blank ABC Organisation Tai Po	2. Date of Contact 9 12 2004 day month year																									
3. Name (in Chinese characters; if non-Chinese, in English) 李小明 Last name given name	4. HKID Card No. (for non-Hong Kong resident, please quote other document number) A-123456-7 Other document number																									
5. Sex: (1) Male 2 Female 6. Ethnicity: (11) Chinese 12 Other (please specify)	7. Date of Birth 15 3 1980 day month year																									
8. Marital Status (1) Never married 2 Married/Cohabiting 3 Widowed 4 Divorced/Separated 9 Unknown	12. District of Residence 11 Central & Western 21 Yau Tsim Mong (25) Kwun Tong 34 Yuen Long 38 Sai Kung 12 Wan Chai 22 Sham Shui Po 31 Kwai Tsing 33 North 39 Islands 13 Eastern 23 Kowloon City 32 Tsuen Wan 36 Tai Po 99 Unknown 14 Southern 24 Wong Tai Sin 33 Tuen Mun 37 Sha Tin																									
9. Did your partner take drugs in the last four weeks? 1 Yes 2 No 3 Not applicable 9 Unknown	13. Years of Residence in Hong Kong (in complete years) 20																									
10. Educational Attainment (the highest level attained, regardless if the course was completed or not) 1 No schooling/Kindergarten 2 Primary 3 Lower secondary (S1-S3) 4 Upper secondary (S4-S7) 5 Tertiary 9 Unknown	14. Type of Quarters 1 Public rental flats 2 Subsidized sale flats 3 Private residential flats 4 Temporary housing 5 Other (please specify) 9 Unknown																									
11. Activity Status 1 Full-time worker 2 Casual/Part-time worker 3 Worker in illicit trade 4 Unemployed 5 Home-maker 6 Student 7 Retired 8 Other (please specify) 9 Unknown	15. Whether previously convicted? 1 Yes, drug-related offences 2 Yes, other offences 3 Yes, both drug-related and other offences 4 Yes, offences unknown 5 No 9 Unknown																									
16. Type of substances abused in the last four weeks <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Type of substances</th> <th>Usual method of taking</th> <th>Usual expenditure for each taking (HK\$)</th> <th>Frequency of taking (* Please circle as appropriate)</th> <th>Age of first abuse</th> </tr> </thead> <tbody> <tr> <td>1 Heroin</td> <td>Injection</td> <td>\$200</td> <td>2 times per day/week/month*</td> <td>18</td> </tr> <tr> <td>2 Ketamine</td> <td>sniffing</td> <td>\$150</td> <td>3 times per day/week/month*</td> <td>20</td> </tr> <tr> <td>3</td> <td></td> <td></td> <td>times per day/week/month*</td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td>times per day/week/month*</td> <td></td> </tr> </tbody> </table>		Type of substances	Usual method of taking	Usual expenditure for each taking (HK\$)	Frequency of taking (* Please circle as appropriate)	Age of first abuse	1 Heroin	Injection	\$200	2 times per day/week/month*	18	2 Ketamine	sniffing	\$150	3 times per day/week/month*	20	3			times per day/week/month*		4			times per day/week/month*	
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17. Place of abusing drugs in the last four weeks (one or more answers) (1) Hong Kong SAR 12 Macau SAR (13) Mainland of China - Shenzhen 14 Mainland of China - Guangdong Province (other than Shenzhen) 15 Mainland of China - other province 21 Asian countries (please specify) 31 Other countries (please specify) 99 Unknown	18. Locality of abusing drugs in the last four weeks (one or more answers) (1) Home/Friend's home 12 Apartment/Bungalow/Rental area 13 School/Hostel 14 Party gathering in club house/building/hotel/bar 15 Non-party gathering in club house/building/hotel/bar 16 Disco/Karaoke 17 Night club/Internet Café 18 Electronic game centre 19 Cinema/Theatre 20 Recreation area/Public garden/Public toilet 21 Others (please specify)																									
19. Reason(s) for current drug use (one or more answers) 1 Curiosity 2 Peer influence/To identify with peers 3 Relief of boredom/depression/stress 4 For self-medication 5 Avoid discomfort of its absence 6 To seek euphoria or sensory satisfaction 7 Under influence of the partner 8 Other reason (please specify) 9 Unknown																										
Additional information: Case reference number: _____ Reported by: _____ Contact telephone: _____ GS/ND6 (1/05) _____ Leave blank _____ Register No. _____																										

**Police/Customs:** date of arrest  
**Correctional Services Department:** date of admission to prison or DATC  
**Treatment agencies:** date of admission or consultation  
**Welfare agencies / Hospitals / Academic institutes:** date of noticing that the client is a suspected drug abuser or who claims to be a drug abuser.

Refers to Certificate of Identity, travel document or other identity document number.

- (i) Date of birth calculated by Western reckoning.
- (ii) If the exact date of birth of the drug abuser is not known, please fill in his/her approximate age here or in the space provided for additional information at the bottom of record sheet.

Please see note (A3) for detailed definition..

Refers to if the abuser has been convicted of a criminal offence in Hong Kong or elsewhere.

- (i) Age at which the drug abuser used the drug for the first time. Please do not report the number of years that the drug abuser has used the drug.
- (ii) If more than one type of drug/substance abused, the age of first abuse for each type of drug reported by the abuser may be different.

## Notes

### (1) Other ethnicity :

Filipino, Indian, Pakistani, Bangladeshi, Sri Lankan, Indonesian, Japanese, Korean, Thai, Vietnamese, Nepalese, Other Asian, British, Portuguese, Other European, US American, Canadian, Other American, Australian, New Zealander, African.

### (2) Activity status : A person can be classified into various different activity status including :

*full-time worker* refers to an employee, employer or a self-employed who had formal job attachment (i.e. had continued receipt of wage, or had an assurance or an agreed date of return to job or business, or was in receipt of compensation without obligation to accept another job) and was working under a regular pattern with fixed number of usual days of work per month or fixed number of usual hours of work per week / month during the seven days prior to the time of report;

*casual/part-time worker* refers to a person who was working on a day-to-day basis or for whom the number of usual days of work per week or usual hours of work per working day / week was either not fixed or irregular during the seven days prior to the time of report;

*unemployed* refers to a person who had been available for work but had not performed any work for pay during the seven days prior to the time of report;

*home-maker* refers to a person who looks after the home without pay;

*student* refers to a person who is studying and were not working during the seven days prior to the time of report. Student worker should be classified as an employed person and is not included in this category;

*retired person* refers to a person who has worked previously but is not currently working due to old age;

*others* includes persons who do not have to work for a living and who cannot work due to permanent sickness or disablement.

(3) Type of quarters :

*public rental flats* refer to Hong Kong Housing Authority and Hong Kong Housing Society rental flats.

*subsidized sales flats* refer to flats built under the Home Ownership Scheme, Middle Income Housing Scheme and Private Sector Participation Scheme, flats sold under the Tenants Purchase Scheme of the Hong Kong Housing Authority, Flat for Sale Scheme and Sandwich Class Housing Scheme of the Hong Kong Housing Society.

*private residential flats* refer to private housing blocks, flats built under the Urban Improvement Scheme of the Hong Kong Housing Society, villas/bungalows/modern village houses, simple stone structures and other permanent housing.

**Common Drugs/Substances of Abuse**

Name of Drug/Substance	Street Name
<b>Narcotics 麻醉鎮痛劑</b> <b>Analgesics</b>	
Dipipanone 地匹哌酮 (Wellconal)	紅色菲仕通
Heroin® 海洛英	White powder, No.4, HK money, 白粉、粉、灰、四號粉、 American money, mack, H, 四哥、四仔、港紙、美金 horse, HK rock, jink, scag
Methadone 美沙酮 Physeptone 菲仕通	蜜瓜汁 帆船仔、白色菲仕通
Morphine Ampoules 嗎啡針劑	嗎啡針
Opium 鴉片	熟膏、福壽膏
<b>Hallucinogens 迷幻劑</b>	
Cannabis® 大麻	Marijuana, pot, bush, weed, hash, 草 ganja, grass, joint, charas, dope, reefer, boo
Cannabis resin 大麻樹脂	大麻精
Lysergide (LSD) 麥角副酸二乙基酰胺	Acid, sugar, cubes, big D, blue 黑芝麻, Fing 霸 cheer, chief, hawk, instant zen, sunshine yellow, purple haze, strawberry fields, Haak Ji Ma, Black Sesame, Fing Ba
<b>Depressants 鎮抑劑</b>	
Barbiturates 巴比土酸鹽  Amylobarbitone 異戊巴比妥 (Amytal) Butobarbitone 正丁巴比妥 (Soneryl) Quinalbarbitone 速可巴比妥 (速可眠) (Secobarbital)	Barbs, sleepers, red devils, yellow 巴比通、紅魔鬼、紫心丸 jackets, downers, reds and blues, rainbow     莉莉四十
Methaqualone 甲喹酮 (Mandrax)	Mandies, MX, mandrake, ludes, 忽得、糖仔 love drug, quads, wallbanger, pillow, Quaaludes
Gamma Hydroxybutyric Acid (GHB) $\gamma$ - 羥丁酸	G 水

Name of Drug/Substance		Street Name	
<b>Stimulants</b> <b>興奮劑</b>			
Amphetamines	安非他明	Bennies, speed, uppers, pep pills, dexies, minstrels, blues, sweet, black bombers, dominoes dick, ya ba, ya ma	大力丸、泰馬
Methylamphetamine <sup>®</sup> (Methedrine)	甲基安非他明	Ice	冰
MDMA <sup>®</sup> (Ecstasy)	亞甲二氧基甲基安非他明	E, XTC, Adam	FING 頭丸、狂喜、忘我、搖頭丸、E 仔、阿當
Phentermine (Duromine, Redusa, Mirapront)	二甲基苯乙基胺		
Cocaine <sup>®</sup>	可卡因	C, coke, flake, snow, stardust, charlie, crack, gold dust, coco, base wash	可可精
<b>Tranquillizers</b> <b>鎮靜劑</b>			
Benzodiazepines	苯二氮草類		
Alprazolam	阿普唑侖		
Bromazepam (Lexotan)	溴吡二氮 (寧神定)		
Brotizolam (Lendormin)	溴噻二氮		屋仔、二拾蚊、13A
Chlordiazepoxide (Librium, Librax)	氯氮草 (利眠寧)		綠豆仔
Diazepam (Valium)	安定		羅氏五號、羅氏十號
Estazolam	舒樂安定		
Flunitrazepam (Rohypnol)	氟硝西洋 (氟硝安定)		十字架
Flurazepam (Dalmadorm)	氟西洋 (氟胺安定)		



Name of Drug/Substance		Street Name	
<b>Tranquillizers 鎮靜劑</b>			
Lorazepam (Ativan)	氯羰二氮		
Midazolam (Dormicum)	咪達唑侖(速眠安)		藍精靈 (舊稱:羅氏藍精靈)
Nimetazepam	硝甲西洋		五仔
Nitrazepam (Mogadon)	硝基安定		睡覺幫、笑哈哈
Triazolam <sup>®</sup> (Halcion)	三唑侖		白瓜子 (舊稱:藍精靈)
Zopiclone	佐匹克隆		
<b>Others 其他</b>			
Ketamine <sup>®</sup>	氯胺酮	'K', Ket, Kit-Kat, Special K, Vitamin K	K 仔、茄
Cough Medicine	咳藥	MB	咳藥水
Dextromethorphan	右甲嗎南	Romilar	0 仔、DM 丸、黃豆仔
Codeine	可待因		高甸、止咳水、囉囉攀
Organic Solvents <sup>®</sup>	有機溶劑	Glue, thinner	膠水、強力膠、天拿水、 打火機油、飛機膠

@ Additional information is also provided in the following pages.

# HEROIN

Opium, morphine and heroin are all derived from the opium poppy (*Papaver somniferum*) and are therefore often called OPIATES. Opiates belong to a group of drugs called narcotic analgesic. They slow down or depress the actions of the brain.

## What It Looks Like

Pure heroin is a white crystalline powder. Street varieties can be any colour from white to light grey. For the local illicit market it may be “cut” (diluted) with such materials as caffeine (a stimulant), paracetamol (an analgesic/antipyretic), chlorpheniramine (an antihistamine), theophylline (a bronchodilator), antipyrine (an antipyretic), carbetapentane (an antitussive), phenobarbitone (a sedative), midazolam (a tranquillizer) and estazolam (a tranquillizer) in various combinations.

## Street Names

White powder, No. 4, American money, HK money, smack, H, horse, HK rock, jink, scag

## Effects and Dangers

Heroin acts as a powerful narcotic analgesic, relieves pain and has a sedative effect. At times it gives a feeling of happiness and well-being. Heroin, after injection, rapidly reaches the brain, thus having an immediate effect. Because of its pain relief and “happiness” effect, heroin is potentially the most addictive drug of the narcotic/analgesic type. If the body is not supplied with the drug, withdrawal symptoms occur within 8 to 12 hours of the last dose. These take the form of sweating, nervousness, inability to sleep, stomach and intestinal problems, plus severe pains and spasms in the limbs. Tolerance develops rapidly, and increasingly high doses are required to produce the same effects. A point is reached when no amount of extra drug will produce the desired effect. At this point the user carries on taking heroin solely to prevent withdrawal symptoms.

Other adverse effects may be:	Overdose of heroin can produce:
<ul style="list-style-type: none"> <li>- unstable moods</li> <li>- reduced sexual drive</li> <li>- constipation</li> <li>- menstrual problems</li> <li>- breathing problems</li> </ul>	<ul style="list-style-type: none"> <li>- deep sleep which may lead to coma</li> <li>- low blood pressure</li> <li>- slow irregular heart rate</li> <li>- lack of oxygen in the blood</li> <li>- slow and shallow breathing</li> <li>- cold and clammy skin</li> </ul>

## Special Dangers

Injecting oneself calls for high levels of personal hygiene. Failure to maintain this may result in serious infections such as hepatitis B and acquired immune deficiency syndrome (AIDS). Furthermore, less soluble impurities such as caffeine may clot the blood vessels around the injection site, causing death of the neighbouring tissues.

## MDMA

MDMA is the proper name of “ecstasy” and the short name for methylenedioxymethamphetamine. Like other amphetamines, MDMA is a central nervous system stimulant and also hallucinogenic. It produces a feeling of boundless energy and is commonly taken to help abusers to dance for lengthy periods.

### What It Looks Like

MDMA is usually sold as round tablets of various colours (pink, white, green, etc) impressed with a multitude of logos, mostly 8mm in diameter. Many MDMA tablets are adulterated with ketamine, amphetamine or methamphetamine and some are also adulterated with caffeine, phenobarbitone or methaqualone.

### Street Names

Ecstasy, E, XTC, Adam

### Effects and Dangers:

- Relate to over-exercise, which leads to dehydration, exhaustion, muscle breakdown, over-heating of the body and eventually convulsion or collapse.
- Insomnia
- Lead to unpleasant and frightening experiences
- Cause sudden death from respiratory failure
- Cause renal and liver failure
- Cause depression and psychosis
- Neural cell damage

### Special Dangers

“Ecstasy” is popular in rave parties because the stimulant effect of the drug enables the user to dance for extended periods. However, there are serious adverse consequences. These include psychological disorders, such as confusion, depression, sleep problem, anxiety and paranoia during, and sometimes weeks after taking the drug; and physical effects including muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, chills and sweating. Increase in heart rate and blood pressure poses a special risk, especially for people with circulatory or heart disease. A combination of the above mentioned harmful effects together with the hot crowded condition commonly found in rave parties can lead to dehydration, and heart or kidney failure.

“Ecstasy” also causes damage to the neurons. Recent research findings link MDMA use to long-term damage to those parts of the brain critical to thought and memory, producing chronic disorders that range from memory loss to motor disturbances.

Since the drug is only available illicitly, its strength may vary considerably and it may contain harmful impurities. These variants and mixtures obviously pose serious risks for the uninformed user.

## KETAMINE

Ketamine has gained popularity only in recent years. It is a central nervous system depressant. It can generate a “dissociate” effect, which means that the person taking it feels as if the mind is “separated” from the body. Normally the duration will be no more than a few hours. It also blocks normal thinking and most sensory input and brings on temporary memory loss.

### Street Names

Special K, K, Ket, Kit Kat, Vitamin K

### What It Looks Like

While ketamine is most often manufactured as a liquid, it is commonly abused by snorting ketamine powder, or by taking tablets containing ketamine. The white crystalline powder is similar in appearance to cocaine and is produced from heating and evaporating ketamine liquid in an open container. It is usually wrapped in coloured paper packets.

### Effects and Dangers

- Delirium
- Sedative-hypnosis
- Analgesic effect
- Hallucination
- Drowsiness
- Nausea
- Depression
- Impaired long-term memory and cognitive difficulties
- Impaired motor function
- Respiratory/heart problems
- Tolerance/dependence

### Special Dangers

Having hallucinations and the feeling of invulnerability, abusers may unknowingly injure themselves due to anaesthetic and analgesic effects of the drug. It also lowers the heart rate and so with larger doses it can lead to oxygen starvation to the brain and muscles. Since there is no quality control in the clandestine manufacture of the drug, its content is often adulterated by various substances such as caffeine, paracetamol or methamphetamine. These substances may induce overdose and have dependence properties. Overdose of ketamine can result in unconsciousness and depressed circulatory and respiratory systems, sometimes causing death.

## ICE

The proper name for “ice” is methylamphetamine, also known as methamphetamine, which is a kind of amphetamine. “Ice” is a potent central nervous system stimulant. It increases the activity of the brain and nerve impulses which travel to other parts of the body. It is chemically similar to adrenaline, our body’s own stimulant.

### What It Looks Like

“Ice” appears as a semi-transparent, colourless, grain-sized crystals with bitter taste. It is usually carried in plastic bags or aluminum foil packets. It can cause great impact to the central nervous system within a short period of time.

### Street Name

Ice

### Effects and Dangers

- Restlessness
- Inability to sleep
- Dizziness
- An increase or decrease in sexual desire
- Reduced appetite
- Talkativeness
- Agitation
- Sweating
- Chest pains
- Fever
- Panic and confusion
- Permanent inability to sleep
- Anxiety and tension
- Nutritional disorders owing to depressed appetite
- High blood pressure
- Rapid and irregular heart beat
- Skin rash
- Hallucination and feeling of persecution which lead to violent behaviour
- Tolerance/dependence

### Special Dangers

Long-term use of “ice” will lead to tolerance as well as physical and psychological dependence. At very high doses, toxic psychosis, convulsions, coma, brain hemorrhage and death can occur.

## TRIAZOLAM

Triazolam belongs to a group of drugs called benzodiazepines. Benzodiazepines have a central nervous system depressing effect and are used medically to reduce anxiety, to help people sleep and to relax the body.

Triazolam is a short-acting drug and is used as a sedative-hypnotic for the symptomatic relief of short-term insomnia in patients who have difficulty falling asleep.

Some drug abusers take triazolam to bring them down after using stimulants such as “Ecstasy” or Cocaine. Others take it to get high or to enhance the effect of alcohol.

### What it Looks Like

Triazolam is usually sold in the form of a tablet of strength 0.125mg or 0.25mg. It may be white, blue or violet in colour.

### Street Names

白瓜子(舊稱:藍精靈)

### Effects and Dangers

- |              |   |
|--------------|---|
| - Dependence | - Hostility                                     |
| - Drowsiness | - Incoordination                                |
| - Dizziness  | - Foetal abnormalities                          |
| - Sedation   | - Loss of memory                                |
| - Depression | - Impaired cognitive and neuromotor functioning |

### Special Dangers

Like all other benzodiazepines, triazolam can cause dependence (addiction), especially when used regularly for more than a few weeks or at higher doses. Drug users develop a need to continue taking the drug at increasing doses.

Using triazolam in combination with alcohol, heroin or other depressant drugs is very dangerous because the effect of triazolam can be magnified by two or threefold. Such a combination can cause unconsciousness, respiratory depression (stop breathing), coma and death.

Injecting dissolved triazolam tablet can also cause severe damage to veins, leading to loss of limbs from poor circulation, organ damage or stroke.

## CANNABIS

Cannabis is a hallucinogen and comes from a plant named *Cannabis sativa*. Its active ingredient is THC (tetrahydrocannabinol). It is mostly found in the leaves and flowers of the plant.

### What it Looks Like

Commonly encountered as dried plant material (herbal cannabis) or as resinous pellet (cannabis resin). Either can be mixed with tobacco in ordinary cigarettes and smoked. Herbal cannabis is also commonly placed in hand-rolled cigarettes, each of which is called a joint.

### Street Names

Marijuana, pot, bush, weed, hash, ganja, grass, joint, charas, dope, reefer, boo

### Effects and Dangers

When cannabis is smoked, the active ingredient (THC) rapidly enters the blood stream and is quickly carried to the brain. The effect is generally more intense and shorter (2-3 hours) than when cannabis is taken orally. After taking the drug, the gloomy depressed mood may be worsened rather than be removed.

After the first few puffs, people:

- become more relaxed and physically inactive; sometimes become more inward looking
- become talkative, laugh easily and feel less inhibited
- experience changes
  - the perception of time goes slower; the senses become sharper
  - the perception of space, perspectives and distances becomes distorted
- have reduced concentration and impaired memory and judgement
- show reduced ability to process information or perform complicated activities like driving a car or using machinery
- show inability to balance, especially when standing; feeling of confusion and anxiety
- have a more rapid heart rate, increased appetite, dryness of mouth and throat, reddening of the eyes and drowsiness

More severe symptoms sometimes arise with regular heavy use. These might be:

- depression and extreme suspicion of others; nervousness, irritability and short temper
- bronchitis; conjunctivitis; endocrine disorder

### Sexual Behaviour

Research shows that users behave in different ways. Some show removal of inhibitions and a freer expression of sexual urges. Others show the reverse and lose interest in sex.

### Other Systems Affected

**Immune System:** While animal studies show that cannabis can affect the immune system, there is no evidence of this in humans.

**Brain:** Concentration and memory are affected. It is not known if long-term use of cannabis damages the brain.

**Hormones:** Some research has shown changes in sex hormones of otherwise healthy adults. In male heavy users of cannabis, lowered testosterone (male hormone) levels and sperm counts have been shown. For women, cannabis may interfere with the menstrual cycle.

### Special Dangers

Those who regularly use cannabis are more likely to:

- take alcohol and tobacco
- take or at least try other illegal drugs.

# COCAINE

Cocaine and its variations are stimulants derived from the leaves of the coca tree. It was first introduced as a tonic.

## What It Looks Like

Cocaine is an odourless, white flaky, crystalline powder with bitter taste. It is highly soluble in water or alcohol.

## Street Names

C, coke, flake, snow, stardust, charlie, crack, gold dust, coco, base wash

## Effects and Dangers

Cocaine is a powerful central nervous system stimulant and can cause:

- changes in behaviour; feeling of well-being; reduction in appetite
- delays of physical and mental fatigue, thus holding sleep needs at bay
- talkativeness or meditative mood; a feeling of extreme pleasure
- strong feelings of self-confidence and mastery; anxiety and even panic
- quick completion of some simple task. However, if the user is over-anxious or over-confident, performance can be impaired
- narrowing of the blood vessels; increased heart rate and blood pressure

The effects of the drug generally begin to diminish within 30-40 minutes. At higher doses these additional effects may occur:

- tremors; vertigo; muscle twitches; severe agitation; feeling of persecution; headaches
- cold sweats; pallor; a weak, rapid pulse; nausea and vomiting; convulsions; coma
- rapid, irregular and shallow breathing

There is a long list of adverse effects associated with long-term use, although many remain to be learned. These include:

- nervousness; excitability; agitation; feelings of persecution; mood swings;
- extra sensitivity, especially to noise; affected memory
- sleeplessness; impotence; exaggerated reflexes; loss appetite; confusion; exhaustion

In some chronic cocaine sniffers the sensory tissues of the nose are destroyed.

Extremely high doses of cocaine severely depress the breathing centres of the brain causing delirium; rapid, irregular and shallow breathing; convulsions; and unconsciousness which could lead to death. The effects of the drug is unpredictable, there have been reports of susceptible persons died from doses as small as 30mg.

Both physical and psychological dependence occur when cocaine is taken. The potential for dependence is very high because the feelings of well-being produced are very intense.



## ORGANIC SOLVENTS

Solvents act as depressants and are in liquid or aerosol form. They are usually sniffed or inhaled by abusers.

### What It Looks Like

Compressed gases or clear liquids in a variety of containers.

### Street Names

Glue, thinner

### Effects and Dangers

The main short-term dangers arise from:

- tipsy and light-headed (a similar effect to alcohol)
- injury or death from accident
- suffocation as a result of inhaling vomit or not being able to breathe properly
- sudden sniffing death – occurs as a result of heart failure

Solvents are absorbed through the lungs, rapidly enter the blood stream and are quickly carried to the brain. The effects can start within minutes if not seconds. If inhalation continues:

- dizziness increases
- hallucinations may occur
- judgement and self-control are lost
- awareness of pain is reduced
- drowsiness occurs and unconsciousness may result

Other effects are:

- |   |   |
|---|---|
| - increased and irregular heart rate            | - chest pains                             |
| - headaches, sometimes severe                   | - general aches in the muscles and joints |
| - depressed breathing                           | - sleep disorders                         |
| - nausea, vomiting and diarrhoea                | - fatigue                                 |
| - irritation of the eyes and lining of the nose | - persistent thirst                       |
| - nose bleeds in some users                     | - loss of appetite                        |

Psychological dependence is fairly common. Solvent abusers are often amongst the most difficult to help and show high rates of relapse.

### Special Dangers

Several volatile abuse substances, especially aerosols, have been linked with sudden sniffing deaths. In these cases, severely irregular heartbeats bring about heart failure, followed by death. The risk of death is increased if one is very active after inhaling or if one is severely startled. Some solvents greatly increase the sensitivity of the heart muscles to adrenaline, and thus the heart races uncontrollably and a heart attack may follow.

## **Guidelines on Reporting of Data to Central Registry of Drug Abuse**

### **Purpose**

The following sets out the measures that staff of reporting agencies should comply with when reporting data to the Central Registry of Drug Abuse (CRDA) under Part VIIA of the Dangerous Drugs Ordinance (DDO) (Cap.134) in view of the Personal Data (Privacy) Ordinance (PDPO) (Cap.486).

### **The Work of CRDA and the Personal Data (Privacy) Ordinance (PDPO) : Implications for Reporting Agencies**

2. The objective of the PDPO is to protect the privacy of individuals in relation to personal data. It applies to all data users in the government, treatment and welfare agencies, hospitals and clinics and other organisations or individual in the private sector, which control the collection, holding, processing or use of personal data. Section 4 of the PDPO provides that “a data user shall not do any act, or engage in practice, that contravenes a data protection principle unless the act or practice, as the case may be, is required or permitted under this Ordinance”.

3. The use or disclosure of personal data is subject to the provisions of data protection principle 3 of the PDPO which provides that

“Personal data shall not, without the prescribed consent of the data subject, be used for any purpose other than

- (a) The purpose for which the data were to be used at the time of collection of the data; or
- (b) A purpose directly related to the purpose referred to in paragraph (a).’

4. Notwithstanding the above, pursuant to section 62 of the PDPO, “personal data” are exempt from the provisions of data protection principle 3 where

- (a) The data are to be used for preparing statistics or carrying out research;
- (b) The data are not to be used for any other purpose; and
- (c) The resulting statistics or results of the research are not made available in a form which identifies the data subjects or any of them.

5. Section 49B of DDO provides that the purposes of the CRDA include the collection, collating and analysis of confidential information supplied by reporting agencies and the publication of statistical information on drug abuse and on various forms of treatment of drug abuse. Statutory protection to the confidentiality of all records maintained by the CRDA and reporting agencies are

provided by the DDO. All the reports published by the CRDA are statistical in nature and contain no information that could lead to any individual drug abuser being identified. Therefore, the data supplied by the reporting agencies could be exempt from data protection principle 3 in accordance with section 62 of the PDPO.

6. The reporting agencies are reminded to comply with all the other data protection principles. Specifically, under data protection principle 1, reporting agencies should on or before collecting the data inform their clients whether it is obligatory or voluntary for them to supply the data, the purpose for which the data are to be used, the classes of persons to whom the data may be transferred (in this case the staff of CRDA), their rights to request access to and correction of the personal data, and the contact person (name and address) for seeking access and correction. Besides, Principle 1 requires that the personal data shall be collected by means which are lawful and fair in the circumstances.

7. In accordance with Section 35 of the PDPO, a data user is not required to comply with the requirement of data protection principle 1 subsection (3) to inform the same data subject for subsequent collections of personal data in the same circumstances within 12 months if compliance with those provisions in subsequent collection would be to repeat, without any material difference, what had been done to comply with that requirement during the first collection.

#### **Measures to be taken to comply with the PDPO**

8. The following measures should be taken by reporting agencies in the collection of data from their clients :

- (a) To display a “Notice to Data Subject Regarding Collection of Personal Data Disclosed to the Central Registry of Drug Abuse” at the location where the information is collected, e.g., reception counter or interview room; and to deliver a copy of the statement to their clients. The statement should contain the information to be provided to the data subject as mentioned in para. 6 above. A sample notice is attached.
- (b) If personal data are collected from their clients through interviews in places other than offices of reporting agencies or where their clients appear to be illiterate, they should be informed verbally as far as practicable matters mentioned in para. 6 above. This requirement can be dispensed with if it is not practicable to do so, e.g. where data subjects who are too young or mentally incapable of understanding. However, in that situation, the data subject’s parent/guardian or otherwise the person responsible for the data subject’s affairs might be informed to ensure that the data are collected by fair means.

**SAMPLE****Notice to Data Subject Regarding Collection of Personal Data  
Disclosed to the Central Registry of Drug Abuse**

Please read this notice before you provide any personal data to the \_\_\_\_\_  
\_\_\_\_\_ (name of unit of organization).

**Purpose of Collection**

The personal data provided by you will be supplied to the Central Registry of Drug Abuse (CRDA) maintained by the Narcotics Division of the Security Bureau of the Government for the purpose of compilation of statistics, conducting of researches, and publication of statistical information on drug abuse which are crucial to the development of anti-drug abuse policies and programmes in Hong Kong. The provision of personal data by you will therefore be very valuable in assisting the Government to map out an effective and a balanced programme to help people and drug abusers stay away from drugs. Please ensure that the data you provide are accurate. If there are changes in the data you provide, please notify us.

**Data Confidentiality and Classes of Transferees**

The personal data you provide will be accessible only to those persons who are directly involved in the operation of the CRDA. Staff of the CRDA and the organization are required to observe the rule of confidentiality under the Dangerous Drugs Ordinance in handling such personal data. In other words, statutory protection to data confidentiality is provided by the Ordinance. Personal data may only be disclosed where such disclosure is authorized by the Dangerous Drugs Ordinance and the Personal Data (Privacy) Ordinance. Moreover, the published reports of the CRDA are statistical in nature and contain no information that could lead to any individual being identified.

**Access to and Correction of Personal Data**

Subject to exemptions provided under the Personal Data (Privacy) Ordinance, you have right of access to and correction of personal data held on you. Your right of access includes the right to obtain a copy of your personal data subject to payment of a fee.

**Enquiries**

Enquiries concerning the personal data collected in this event, including the marking of access and correction, should be addressed to :

Responsible staff of Service Unit/Organization : \_\_\_\_\_

Address : \_\_\_\_\_

Tel. No : \_\_\_\_\_

Note : This notice may be modified to suit different circumstances.