

Research Report

**Transnationalism and Drug Abuse:
A Study on Nepalese Drug Abusers in Hong Kong
跨國主義與吸毒：香港尼泊爾吸毒人士的研究**

Submitted to

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Executive Summary

1. Objectives and Methodology

The objectives of this study are:

- (a) to find out the individual drug abuse history of Hong Kong Nepalese drug abusers in both Hong Kong and Nepal;
- (b) to understand their socio-cultural experience and their perceived functional reasons for drug abuse; and
- (c) to identify their pattern of use of drug-related services in both Hong Kong and Nepal.

The research period was from September 2009 to June 2010. Data was collected using both qualitative and quantitative methods: 1) survey; and 2) participant observation and individual interviews. For the survey, a total of 89 Hong Kong Nepalese drug abusers and 21 Hong Kong Nepalese non-drug abusers were invited to respond to the survey questionnaire. Drug-abuser respondents were recruited from among participants of drug-related services, which include methadone program and drug rehabilitation centers in Hong Kong and Nepal. Participant observation was carried out in a drug rehabilitation center in Hong Kong. Interviews were conducted with 10 Hong Kong Nepalese drug abusers and 10 professionals from academic and non-governmental organizations in Nepal.

2. Key Findings

2.1. Sociodemographic Characteristics

The sample of drug abusers consists of 85.4% males and 14.6% females. The average age was 27.2. Of the sample, 34.8% were born in Hong Kong, and 92.1% were descendants of Gurkha soldiers in the British Army.

The average age of their coming to Hong Kong for long term stay was 18. After coming to Hong Kong, the average duration of residence in Hong Kong and Nepal was 7.3 years and 2.4 years respectively. The average frequency of visiting Nepal was 1.4 times and in each time the average duration was 1.5 years.

About two-thirds (66.3%) of them lived in Kowloon West and nearly half (49.4%) came from the Western District in Nepal. A majority (82.0%) of them attained a lower secondary level of education and about one third (39.3%) worked in the wholesale/retail industry. More than (65.5%) of them were unmarried.

2.2. Socio-cultural Factors Conducive to Drug Abuse

After analysis of the data sets, it is found that the drug abusers have the following commonalities:

- (a) They have had negative familial experience, including lack of parental care;

- (b) They were receptive towards hippie culture and western drug culture, as well as Nepalese ganja culture, drinking culture, and the drug culture of overseas Nepalese;
- (c) In their perception, they met a low degree of discrimination in Hong Kong; but structural discrimination in schooling, health care, and employment had actually hindered them from having equal opportunities to participate in Hong Kong society.

2.3. Drug Abuse Pattern

- (a) A majority abused heroin no.4 (97.8%), cough syrup (96.6%), marijuana (94.4%), heroin no.3 (82.0%), and ice (82.0%).
- (b) On average, they abused 6.3 types of drugs in their drug career.
- (c) A majority (79.8%) abused marijuana in the first time of drug taking.
- (d) The average age of first drug-taking was 15.8. A large majority (90.9%) started taking drugs between 10 and 19 years old and in their home country Nepal (85.4%).
- (e) On average they abused drugs for 9.6 years excluding period of abstinence.
- (f) Marijuana was abused for a longer period of time (7.8 years) and Tidigesic for a shorter period of time (1.4 years).
- (g) Heroin no.3, heroin no.4, Tidigesic, and cough syrup were abused almost daily, but ice and ecstasy were abused weekly.
- (h) Half of the sample (51.7%) used injection. The average age for first drug injection was 22.9 and the average duration was 2.4 years.
- (i) A majority (89.9%) abused drugs in both Hong Kong and Nepal. Heroin, marijuana, Nitrosun and cough syrup were abused in both places.

2.4. Perceived Reasons for Drug Abuse

- (a) Among the different reasons perceived by respondents, the main reason for them to abuse drugs was for mood changing. Enjoy the company of friends was secondary. There were however differences between the genders.
- (b) Respondents claimed they abused heroin, Tidigesic, and ice for changing mood, while marijuana, Nitrosun, and cough syrup were abused for social purposes.

2.5. Drug-related Services

- (a) In Nepal the most common service used by Hong Kong Nepalese drug abusers was residential rehabilitation program (69.7%), whereas in Hong Kong the most common service used was methadone clinic (74.2%).

- (b) On average, they spent 0.8 years in residential rehabilitation services. In Nepal, the average use frequency was 2.1 times and in each time the average duration was 0.4 years. Comparatively, in Hong Kong, the average use frequency was 1.3 times and in each time the average duration was 0.8 years.

3. Recommendations

3.1. Primary prevention: prevent Hong Kong Nepalese from early abuse of illicit drugs

- (a) Drug prevention and education program should be targeted at specific age groups. Among the Hong Kong Nepalese, it would be especially efficacious to focus on the high risk group (10 to 19 age group) and to aim at rectifying their misconception about drugs and the consequences of drug abuse. It is also important to educate the family and parents of Nepalese youth about the problems related to drug abuse and engage them actively in primary prevention.
- (b) Preventive programs should be carried out at venues where Nepalese adolescents congregate, for example primary and secondary schools, game centers, cyber cafés, bars and discos, and public parks.
- (c) Pop music, TV trailers, and movies that convey anti-drug messages are effective means and will attract the Hong Kong Nepalese community.
- (d) Promotional materials such as pamphlets and posters written in Nepalese languages should be made readily available, not only in government offices and community centers, but more importantly in schools, cyber cafes, retail businesses, churches, and Nepalese organizations. There should be different versions for different age groups.

3.2. Secondary Prevention: prevent Hong Kong Nepalese drug abusers from further drug abuse and facilitate their rehabilitation

- (a) There should be more Nepalese social workers and outreach workers.
- (b) Other than the Christian approach, a variety of approaches e.g. Narcotics Anonymous, should be made available in rehabilitation centers so that individual needs of drug abusers and appropriate measures can be well-matched.
- (c) Culture-specific approaches should be practiced in residential rehabilitation programs. Nepalese clients should be allowed to practice their culture, particularly their language, food, and religion. Furthermore, there should be Nepalese staff members in the centers.

- (d) For cultural reasons, female Nepalese drug abusers are much more stigmatized than their male counterparts and they are hesitant to seek for drug-related services. Rehabilitation programs specially designed for them should be provided.
- (e) During, and following the rehabilitation, the drug abuser's family should be actively engaged as part of the rehabilitation program, as the Nepalese family serves as a critical motivation for quitting and as a strong support in abstinence.

3.3. Tertiary Prevention: prevent relapse among Hong Kong Nepalese drug abusers

- (a) Follow-up service for ex-drug abusers such as Narcotics Anonymous meetings should be installed and promoted.
- (b) A more comprehensive system of services for ex-drug abusers needs to be planned, offering different approaches and programs for specific needs. In particular these should be managed by frontline social/medical workers with culture awareness, and ethnic minority cases should be followed up by these trained personnel.
- (c) It is important to help ex-drug abusers to reintegrate into society. Vocational training leading to employment for ex-drug abusers of different genders should be complemented by supportive programs such as Cantonese language courses, English language courses, and interest groups.
- (d) Drug abusers could be encouraged to build new social networks and be assisted in finding alternative housing. Information and access to critical social services should be made available through user-friendly means. These will develop empowerment not only of the drug abusers but also of their immediate social circle which provides critical support.
- (e) Training in culture awareness and equal opportunity for social workers as well as staff in drug-related programs must be enhanced through formal education, including undergraduate or postgraduate programs and on-the-job staff development programs.
- (f) In the long run, structural discriminatory practices against ethnic minorities should be seriously dealt with, particularly through the enforcement of the Racial Discrimination Ordinance. Ethnic minorities should be facilitated to take part in mainstream society and not confine themselves to certain areas of residence or types of job. A sense of citizenship rights and responsibilities should be encouraged.