

第五章 建議

本章內所列之建議是根據調查結果而擬訂。這些建議有助訂定日後以青少年(特別是本港中學生)為對象的各項禁毒策略所應採取的方針及措施。

5.1 濫藥行爲

調查得出的一項重要結果，是大部分學生都不是濫用藥物者。這為推行規範教育⁸提供了強而有力的依據，從而推翻“人皆濫藥”這個常見的錯誤想法，以及培養青少年的堅定意志和拒絕技巧，拒絕別人提供藥物，並不為此感到丟臉。

以零用錢購買藥物的曾濫用海洛英者及曾濫用精神藥物者，分別有26.3%及37.3%。這是他們購買藥物的最主要金錢來源。父母應倍加留意子女是否正確運用零用錢。(表 2.2)

雖然從不法途徑取得金錢購買藥物的濫用精神藥物者所佔比例，較濫用海洛英者為低，但濫用藥物與罪案的關係仍不容忽視。(表 2.2)

逾半數的濫用海洛英者(57.4%)和超過四分之三的濫用精神藥物者(76.5%)沒有就其濫藥問題向他人求助。日後的宣傳計劃大可加強向濫用

Chapter 5 Recommendations

Based on the survey findings, the following recommendations were drawn up. They help shed light on directions and measures for future anti-drug strategies targeted on youth, in particular secondary level students in Hong Kong.

5.1 Drug-taking behaviours

One important finding is that majority of students are not drug users. This provides a strong basis for normative education⁸ to refute the common misconception that “everyone takes drugs” and to equip young people with the skills and strong will to refuse drug offers without feeling they are losing face.

26.3% of lifetime heroin users and 37.3% of lifetime psychotropic substance users financed drugs by pocket money, the number one source of money for buying drugs. Parents should be more aware of the proper use of pocket money. (Table 2.2)

While the proportion of psychotropic substance users obtaining money from illegal sources for buying drugs was lower than that of heroin users, the relationship between drug abuse and crime should not be overlooked. (Table 2.2)

More than half of the heroin users (57.4%) and three quarters of psychotropic substance users (76.5%) did not seek help from others about their drug problem. There is room for

⁸ 歐美國家推行的防止濫藥計劃，已廣泛採用規範教育和拒絕技巧訓練。詳細資料可參閱以下網站：

Normative education and resistance training have been widely adopted in the US and European countries in drug prevention programmes. See the following websites for further information:

<http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=10143&sLanguageISO=EN>
http://www.drugabuse.gov/NIDA_notes/NNVol16N6/DirRepVol16N6.html

藥物的學生傳達主動求助和及早停止濫藥的信息。(表 2.8)

逾半數的濫用精神藥物者(52.3%)在 13 至 16 歲間首次濫用藥物。家長應特別注意與青少年培養良好關係，留意他們是否有濫藥問題，並為他們提供必要的支援及指導。(表 2.6)

就曾向他人求助的濫用藥物的學生而言，他們主要的求助對象是好友及父母。我們應協助青少年及家長，讓他們掌握有關藥物的知識和技巧，方便他們取得本港提供輔導及康復服務機構的資料。(表 2.9)

約有 7.8% 曾濫用海洛英者從父母取得藥物。他們大多在 10 歲或以下便開始濫用海洛英。如何遏止跨代濫藥問題，尤其值得禁毒工作者更深入地瞭解和關注。(表 2.4)

由於不同組別的學生的濫藥模式各異，禁毒教育活動及宣傳的信息可針對個別群組的風險和防禦因素，加以調整，切合所需。

5.2 不會濫用藥物的學生：風險和防禦因素

不會濫用藥物的學生拒絕別人提供藥物的最普遍方法，是直接拒絕。意志堅定亦是他們成功拒絕接受藥物的最重要因素。禁毒教育應繼續著眼於拒絕技巧和確立堅定的意志。(表 3.3 及 3.4)

strengthening the messages of help seeking and quitting drugs early among drug-taking students in future publicity programmes. (Table 2.8)

More than half (52.3%) of psychotropic substance users first took drug at the age of 13-16. Parents should be particularly conscious about nurturing close relationship with adolescents and young people. If their children have drug problem, they should provide necessary support and advice to them. (Table 2.6)

For drug-taking students who ever sought help, they mainly turned to close friends and parents. Drug knowledge for young people and parents should be strengthened. Information of the various kinds of counselling and treatment services available in Hong Kong should be readily accessible. (Table 2.9)

About 7.8% of the lifetime heroin users obtained drugs from their parents. Most of them started using heroin at the age of 10 or below. How to stop inter-generational drug abuse problem is worth further study and more attention from anti-drug workers. (Table 2.4)

Since the drug-taking patterns of students in different groups are different, preventive education programmes and messages could be fine-tuned to target at their respective risk and protective factors to tie in with their needs.

5.2 Non-drug-taking students: risk and protective factors

Direct refusal by young people themselves is the most common way adopted by non-drug-taking students to decline drug offers. Strong will was also the most important factor leading to their successful refusals. Refusal skills and assertiveness should continue to be emphasized in drug education. (Tables 3.3 and 3.4)

當被問到得知好友濫用精神藥物後會怎辦時，21.1%的學生表示會裝作不知道或疏遠他們。我們可多鼓勵年青人以積極、正面的態度面對，善用正面的朋輩影響力。(表 3.5)

對於那些表示會直接與朋友傾談以了解情況，或勸朋友向其他人求助的學生(67.6%)，可考慮給予他們更多指導，使他們具備必要的知識，認識基本的開導方法，和掌握尋求專業協助的知識。(表 3.5)

瀏覽互聯網／ICQ 是學生最常進行的消閒活動之一，但卻只有 1%的學生表示互聯網是主要的禁毒資訊來源。我們不妨進一步考慮如何利用互聯網作推行禁毒措施的新平台。(表 4.7)

禁毒活動應繼續邀請戒毒康復者和醫療專業人員等不同種類的人士參與傳揚禁毒信息。

5.3 對濫用藥物的態度

濫藥學生及不曾濫藥學生對濫用藥物的態度和對濫藥禍害的看法有很大差異。預防教育及宣傳工作應以針對青少年對藥物和濫用藥物的一般看法為依歸⁹。

When asked what to do when they realized close friends were using psychotropic substances, 21.1% of the students replied they would pretend they know nothing or stay away from friends. Young people should be encouraged to undertake a proactive attitude and exercise greater positive peer influence in such situation. (Table 3.5)

As for those who expressed that they would talk to their friends directly to understand the situation or would persuade their friends to seek help from others (67.6%), education on basic counselling skills and information on the means to seek help can be strengthened so that young people are better equipped to help others. (Table 3.5)

Surfing the Internet / ICQ is quoted one of the most popular leisure activities. In comparison, only 1% of students quoted the Internet as the main source of anti-drug messages. Further thoughts could be given to how to make use of the Internet as a new platform for anti-drug initiatives. (Table 4.7)

Anti-drug activities should continue to engage different kinds of persons to deliver anti-drug messages, e.g. ex-drug abusers and medical professionals.

5.3 Attitudes towards drug abuse

There is significant difference in attitude towards drug abuse and perception about effects of drug abuse between drug-taking students and non-drug-taking students. Preventive education and publicity should be able to address the common views held by some young people towards drugs and drug abuse⁹.

⁹ 這是二零零一年三月聯合國麻醉藥品委員會第四十四屆會議，建議預防計劃應包含的其中一個基本元素，見《秘書處的說明：藥物濫用特別是兒童和青少年中藥物濫用的世界趨勢》(維也納，二零零一年三月二十至二十九日)。

It is one of the recommended general elements for preventive programmes proposed by the United Nations Commission on Narcotic Drugs at the Forty-fourth Session in March 2001. See "World situation with regard to drug abuse, with particular reference to children and youth – Note by Secretariat", 20-29 March 2001, Vienna.

總的來說，與濫用藥物的學生相比，不曾濫用藥物的學生的自我形象較正面，這現象與自我效能理論 (Bandura and Adams, 1977) 及自我形象理論 (Bem, 1978) 一致。因此，在籌劃介入活動時，可特別重視協助濫用藥物的學生建立正面的自我形象和自我效能。

家庭是在多方面影響藥物濫用的一個重要因素。本調查發現，在與家人的關係和適當家庭約束方面(從使用零用錢購買藥物、午夜在街上流連的比例，以及學生遇到濫藥問題時會否視父母為取得支援的來源等方面反映)，濫用藥物的學生與不曾濫用藥物的學生兩者情況大相逕庭。除了推行以學校為本的預防計劃之外，應還可進一步探討如何利用家庭作為防止濫用藥物的基本單位。

In general, non-drug-taking students have more positive self-perception than their drug-taking counterparts, in line with self-efficacy theory (Bandura and Adams, 1977) and self-perception theory (Bem, 1978). In devising intervention programmes, more attention could be given to assisting drug-taking students in building up positive self-image and self-efficacy.

Family is an important factor in influencing drug use in many ways. The Survey finds that there is significant difference between drug-taking and non-drug-taking students in terms of their relationship with family members, and appropriate family supervision (as reflected in the use of pocket money to buy drugs, proportion of roaming around at night, and whether students perceive parents as a source of support when they encounter drug problems). Apart from school based preventive programmes, how to utilize families as basic units in drug prevention, could be further explored.