

Quality of Life in Asia 11

Yuet Wah Cheung
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Psychoactive Drug Abuse in Hong Kong

Life Satisfaction and Drug Use

 Springer

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Volume 11

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Preface

This book is an in-depth analysis of the data of the “Longitudinal Survey of Psychoactive Drug Abusers in Hong Kong” (LSPDA). Conducted during 2009–2012 and funded by the Beat Drugs Fund established by the government, the 3-year longitudinal study was the first of its kind in Hong Kong, tackling the alleged social problem of soaring prevalence of psychoactive drug use in young people since the mid-1990s (for the report of the study, see Cheung Y.W. (2012). *A longitudinal survey of psychoactive drug abusers in Hong Kong*. Report submitted to Narcotics Division, Government of the Hong Kong SAR.). Ketamine stood out as the most popular psychoactive drug since 2000. This had caught youth drug workers, medical and legal professionals, teachers, parents, community leaders, and government officials by surprise, as ketamine was not a widely used drug worldwide and at that time little was known about the drug’s pharmacological properties other than its use as an anaesthesia in animal surgical operations.

Medical research on the physical and mental harm of ketamine abuse had to quickly begin in the early 2000s in order to acquire more knowledge of the properties of ketamine, badly needed for the design of appropriate treatment and prevention strategies. However, large-scale social scientific studies of the characteristics of ketamine users and factors influencing their ketamine use were seriously lacking. LSPDA filled this research gap by studying a sample of ketamine users recruited from youth outreach agencies and treatment programmes. This book offers a comprehensive analysis of the data of LSPDA, focusing on the socio-demographic and psychosocial correlates of ketamine use in young psychoactive drug users. Practical implications for treatment and prevention efforts are also discussed.

Incidentally, the senior author had conducted a longitudinal study of drug abusers in Hong Kong some 10 years before LSPDA. That study was entitled “Longitudinal Study of Chronic Drug Abusers in Hong Kong” (LSCDA), conducted from 2000 to 2003 and also funded by the Beat Drugs Fund (for the report, see Cheung Y.W. (2003). *A longitudinal study of chronic drug abusers in Hong Kong*. Report submitted to Narcotics Division, Government of the Hong Kong SAR; for the subsequent book, see Cheung Y.W. (2009). *A brighter side: Protective and risk factors in the rehabilitation of chronic drug abusers in Hong Kong*. Hong Kong:

Chinese University Press.). At that time, although young people's psychoactive drug use had begun to pop up, the majority of drug abusers were still adults addicted to heroin, the conventional drug of choice in Hong Kong for many decades. A large number of socio-demographic and psychosocial variables were introduced in the study to gauge the protective and risk factors of post-treatment drug use among chronic heroin abusers. This earlier longitudinal study (LSCDA) addressed an older generation of users of heroin; 10 years later, LSPDA examined the younger generation of users of ketamine and other psychoactive drugs. These two landmark studies echoed each other, and together they captured the major changes in drug abuse patterns and their psychosocial correlates across the two generations.

Among the psychosocial variables used in the two longitudinal studies to explain continuation/discontinuation of drug use, one of them—life satisfaction—was included in both studies. Life satisfaction was found to be significantly related to drug use in both studies, after controlling for other psychosocial variables. This is perhaps the first evidence showing the importance of life satisfaction in affecting drug use among drug abusers of both generations in Hong Kong. It is a tempting invitation to a more elaborate exploration of the role of quality of life in the prevalence of young people's psychoactive drug use, as well as the design of relevant treatment strategies. This has become the major objective of this book, which is based on LSPDA. In the multivariate analysis, the effect of life satisfaction on the continuation/discontinuation of drug use of psychoactive drug users is compared with those of other important psychosocial variables, such as permissiveness to drug use (derived from the normalization of recreational drug use perspective), self-esteem, depression, stressful life events, experience of discrimination, and sense of uncertainty about the future. Gender differences in how life satisfaction and other psychosocial variables had influenced drug use are also examined. In addition, a chapter is devoted to the discussion of the role of subjective well-being in the treatment and rehabilitation of psychoactive drug addiction. It is hoped that this unique analysis will serve as a springboard for more fruitful research on this topic in the future.

We owe the idea of publishing this book to Professor Daniel T.L. Shek of Hong Kong Polytechnic University, who saw the potential of an in-depth analysis of the data of LSPDA in contributing to the scanty literature of life satisfaction and drug use/drug treatment in Hong Kong. Without his encouragement and patience, we would not have finished the manuscript. Dr. Celia X. Chen and Ms. Cherry Y.T. Choi had provided us with valuable assistance in data analysis. The Narcotics Division kindly gave us the permission to use the data of LSPDA. We would also like to express our great appreciation to those treatment and rehabilitation agencies that had actively participated in the survey for 3 years, without which this study would not have been successfully conducted.

Hong Kong, China

Yuet Wah Cheung
Nicole Wai-ting Cheung

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The original version of the Index was revised. The version supplied here includes final author corrections.

Chapter 1

Changes of the Drug Scene in Hong Kong

From Heroin to Psychoactive Drugs

Heroin has been on the centre stage of the drug scene in Hong Kong for many decades, due mainly to the legacy of opium in Hong Kong. Opium was used by Britain as its major item of trade with China during the Qing Dynasty in the nineteenth century. Confronted with Western gunboats, the feeble China suffered numerous losses and setbacks in its conflicts with Western powers forcing trade to this “Middle Kingdom”. After losing two Opium Wars to the British (1839–1842, 1856–1860), and in another Sino-British conflict in 1898, parts of Hong Kong were either ceded or leased for 99 years to the British (Hsü 1995). The sovereignty of the whole of Hong Kong was reverted to the present Chinese regime in 1997.

After Hong Kong became a British colony in the mid-nineteenth century, the British Hong Kong government maintained a monopoly in the sale and distribution of opium, thereby generating large tax revenues (Traver 1992). Since the early twentieth century, there had been escalating international pressures on Britain to stop the sale of opium in its colonies. In 1945, opium was finally listed in the Dangerous Drugs Ordinance and became an illicit drug in Hong Kong. The drug policy of Hong Kong then changed from “monopoly” to “prohibition” (Cheung and Ch’ien 1996). Heroin, a derivative of opium, had then become increasingly popular since the early twentieth century. Compared with opium, heroin had a relative advantage because it was in powder form and was more convenient to carry, more profitable, and easier to administer use. Since the 1950s, heroin had dominated the illicit drug scene in Hong Kong for decades.

The dominance of heroin in Hong Kong’s drug scene can be reflected by the data of Central Registry of Drug Abuse (CRDA¹), a database maintained by the Narcotics

¹The Central Registry of Drug Abuse (CRDA) is a database established in 1972 by the Narcotics Division for the collection of drug abuse statistics that are useful for monitoring drug abuse trends and understanding the characteristics of drug abusers. Through a voluntary reporting system, CRDA collates information of drug abusers submitted by reporting organizations in drug treat-

Table 1.1 All reported individuals reported to CRDA by primary drug of abuse

September 1976 – December 1981						
Selected type of drugs (%)	1976	1977	1978	1979	1980	1981
Heroin	82.4	85.7	89.5	93.9	93.8	95.3
Opium	11.1	11.5	5.9	4.0	3.2	2.5
Other narcotics	5.9	2.6	4.4	1.9	2.7	1.7
Non-narcotics	0.6	0.2	0.2	0.2	0.3	0.5
No. of individuals	6755	10154	6280	3862	2507	1650

Source: *CRDA Ninth Report* (Narcotics Division 1982)

Division of the government, to which drug treatment, health care, law enforcement, and social service organizations voluntarily submit information of their clients found to be drug users. An example is found in the ninth report of CRDA (Narcotics Division 1982), which shows the percentages of reported individuals whose primary drugs of abuse were heroin, opium, other narcotics, or non-narcotics for the period from September 1976 to December 1981 (Table 1.1).

In Table 1.1, it can be seen that over 99% of reported individuals for the years concerned were narcotics users. The percentages of non-narcotics users ranged from 0.2 to 1.6% only. Among narcotics users, heroin was their primary drug of abuse. As CRDA only contains data pertaining to users reported to drug, health, law enforcement, and social service agencies, it does not include users who do not fall into the locus of these agencies. Despite this limitation, the overwhelming choice of heroin before the 1980s was obvious.

While heroin has been the most dominant drug, psychoactive drugs have never been absent from the drug scene of Hong Kong. Psychoactive drugs often refer to mood-altering drugs (Cheung 2000:1697). In Hong Kong, a similar term – “psychotropic substances” – is traditionally used by the government to describe drugs that affect a person’s mental activity and perception. In the classification of illicit drugs by the Narcotics Division, substances of abuse are broadly divided into two categories (Narcotics Division 2014). The first category is “narcotics analgesics”, including heroin, opium, morphine, and physeptone/methadone. The second category is “psychotropic substances”, which include hallucinogens (e.g. cannabis, LSD), depressants (barbiturates, methaqualone, GSB), stimulants (e.g. amphetamines, cocaine, MDMA), tranquillizers (e.g. benzodiazepines), and other substances (e.g. ketamine, mephedrone, cough medicine, alcohol, tobacco, organic solvents). Such

ment, medical and health service, law enforcement, and social welfare services (Narcotics Division 2014). The confidentiality of information of CRDA is legally protected and is not accessible without a court order. There are two major weaknesses of this database. First, the information obtained cannot include drug users who are not in contact with reporting organizations and thus not reported. Second, there is a tendency for some organizations to be more willing than others to report cases. For example, law enforcement agencies would be more willing to report cases than social service organizations whose social workers would have the concern that if their drug-using clients know that they are reported, then the rapport with their clients might be undermined (Cheung and Ch’ien 1996).

a classification scheme is so broad that it practically includes all those drugs that do not belong to the narcotics category.

Multiple drug use is a very common practice among drug users worldwide, and so even though heroin was the most popular drug in Hong Kong, non-narcotic drugs such as cannabis, amphetamine, and cocaine, currently placed under the category of psychotropic drugs in Narcotics Division's classification scheme, must have also been simultaneously used. However, there had not been any particular psychotropic drug that could challenge the dominance of heroin, until the late 1990s, when young drug users started to break away from heroin and turn to psychoactive drugs, especially new ones. Table 1.2 captures this new phenomenon.

Table 1.2 gives information on the use of heroin and selected psychoactive drugs by CRDA reported individuals who were under the age of 21, as well as the use of heroin and ketamine, one of the most recent psychoactive drugs, among individuals aged 21 or over, during the period from 1980 to 2013. The first thing to note is the percentage of reported individuals aged under 21 who had used heroin (first row of Table 1.2). In the early 1980s, this group of users was still overwhelmingly using heroin. Their percentage of having used heroin was 97.7% in 1980, 94.4% in 1982, 94.3% in 1984, and 80.9% in 1986. This percentage began to drop since the late 1980s, as only 59.1% of this group of reported individuals had used heroin in 1988. In the following decade, the percentage of heroin users fluctuated but did not rebound to over 80%. An even sharper decline occurred in 2000, when the percentage dropped to only 21.6%, followed by continuous decrease to less than 6% from 2006 onwards.

At the same time, the rapid rise in psychoactive drug use among reported individuals aged under 21 since the late 1990s has been noteworthy (see Table 1.2). The percentage of reported individuals of this age group having used methamphetamine (ice) rose from 7.6% in 1996 to 41% in 2015. The percentage having used cannabis increased sharply from 4.1% in 1986 to 24.7% in 1988 and remained mostly over 20% from 1990 to 2004, before dropping to around 10% until 2015. Cocaine registered its presence in this age group in 2002 and rose quickly from 0.6% in that year to 9.4% in 2008 and 27.5% in 2015. Abuse of cough medicine also experienced a sharp increase from 2.9% in 1988 to 25.3% in 1992, before dropping to less than 10% in the following years, due to the implementation of the requirement of purchase with a doctor's prescription in mid-1990s. Ecstasy (MDMA), a newly popular drug among young people consumed especially in discos and large-scale rave parties since the late 1990s, had attracted 56.2% of reported individuals under 21 in 2000. As rave parties began to decline since the mid-2000s, the percentage of this age group of users having used ecstasy quickly dropped to 15.6% in 2008 and then to only 1.8% in 2012.

But the most staggering phenomenon is the sharp landing of ketamine on the drug scene in the late 1990s. Primarily used as a horse tranquillizer since decades ago, ketamine use did not appear in CRDA data until 2000, when suddenly more than one-third (36.9%) of reported individuals aged under 21 had used it. This percentage continued to rise very quickly, almost doubling itself in 2002 (70.5%), and