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**From Ketamine to Ice: Neutralisation Techniques and Risk  
Perception of Adolescent Drug Abusers**

《從 K 仔到冰毒：青少年濫藥者的中性化技術與風險認知》

**Final Report**

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## Abstract

From the early 2000s until recently, ketamine was the most popular psychoactive drug among young drug users in Hong Kong, however, methamphetamine has become increasingly popular in the recent years. This research examines the latest changes in the drug scene, particularly the upsurge of methamphetamine consumption among young drug users. Researchers in Hong Kong have conducted studies on adolescent drug use since the 1990s. However, there is an urgent need to examine emerging drug use patterns and to understand recent changes in adolescent drug use behaviour.

The objectives of this study are as follows: (1) decipher the reasons for the increased popularity of methamphetamine among young drug users according to their own perspective using a qualitative research design; (2) identify the techniques used by young drug users to neutralise their feelings of guilt and the stigma associated with their drug use identity at a time when the drug use culture is in transition from a ketamine-dominated culture to a methamphetamine-dominated culture; and (3) probe the risk perceptions of young drug users and to discern the differences in perception, if any, of ketamine use and methamphetamine use among the young drug users in Hong Kong. The methods of data collection include: (1) qualitative interviews with drug users; and (2) qualitative interviews with frontline workers and focus group interviews with representatives from treatment and rehabilitation agencies and drug counselling centres in Hong Kong. The second source of data is primarily used to assess the reliability and validity of the data obtained from the drug users

Overall, this study shows how young drug users employ their own perspective to make decisions about drug use. Through analyzing their use of neutralisation techniques and their perceptions of risks, we have deciphered the reasons why young drug users have lost their interests in ketamine but choose to use other psychoactive drugs, methamphetamine in particular, as the “cooler” or “safer” alternative. The social construction of the drug hierarchy has rendered ice consumption as more acceptable or trendy than other drug use behavior and thus partially neutralized drug users’ sense of guilt. Also, when the young drug users perceived they were able to control or manage the side effects of ice, they continued using it for pleasure and functions even when they might be fully aware of the potential health risks. Moreover, some possible new changes in the drug scene were identified such as the emerging conception of drug use as “lifestyle” or “identity” and the rising popularity of cannabis and

cocaine. Lastly, the data collected from the interviews with frontline workers and focus group interviews with the representatives of drug counselling centres and rehabilitation organisations substantiated the data collected from the young drug users.

## **Summary of Policy Implications and Recommendations**

Based on the qualitative data analysis, the following policy recommendations have been put forward: (1) Build upon the success in the case of ketamine, the government's prevention efforts should continue to keep abreast of changing drug trends and to disseminate the most updated medical knowledge on the increasingly popular drugs, including not only methamphetamine but also cocaine and cannabis; (2) Views of young people (users and non-users) should be incorporated into drug use prevention and intervention strategies to a much larger degree in the future; (3) Adolescent drug abuse is not just a health problem, the concept of Quality of Life could be adopted in designing a more comprehensive substance abuse prevention and treatment programme; and (4) Apart from the existing periodic survey on drug use among students in Hong Kong, qualitative studies on recreational drug users could be another useful channel to investigate the changing adolescent drug culture.

## 研究摘要

自 2000 年起，氯胺酮（俗稱 K 仔）乃青少年吸毒者最常吸食的危害精神毒品，然而研究團隊觀察到近年青少年吸食甲基安非他明（俗稱冰毒）的數字開始出現上升趨勢。本研究旨在探討本港最新的精神科毒品使用趨勢，尤其是青少年對冰毒需求急遽上升的情況。本地對精神科毒品的研究始於九十年代，惟現時實有急切需要針對現時冒起的新趨勢，疏理當今青少年吸毒者之行為。

本研究目標有三：（一）從青少年吸毒者角度了解冰毒流行的原因；（二）找出他們如何利用中性化技術以疏解從 K 仔主導文化轉為冰毒主導文化的過程中社會加諸於他們身上的污名；（三）探討他們如何在濫藥過程中協調使用毒品的風險與快感。蒐集資料的方法如下：（一）青少年吸毒者的質性訪談；（二）前線工作者的質性訪談及戒毒治療和康復服務機構與戒毒輔導服務中心代表的焦點小組訪談。第二種研究資料主要用於評估從青少年吸毒者身上獲得的質性資料的信度與效度。

總括而言，本研究透過分析青少年吸毒者的中性化技術及其對協調使用毒品的風險認知，研究團隊剖析他們對 K 仔失去興趣但選擇吸食其他精神科毒品，尤其是冰毒的原因。通過把吸食冰毒建構成較吸食其他毒品更易接納及更潮流的象徵，青少年吸毒者紓解了因為吸食毒品的部份罪疚感。儘管青少年吸毒者理解吸食冰毒的潛在健康風險，他們仍視自身有能力駕馭冰毒帶來的副作用，而繼續服食，務求獲得快感及功效。此外，本研究亦發現了濫藥趨勢之可能變化。本研究的資料顯示有部份青少年吸毒者是以「生活方式」或「身份」去理解他們的濫藥行為。另外，吸食大麻和可卡因的青少年亦有上升的趨勢。最後，前線工作者的質性訪談及戒毒治療和康復服務機構與戒毒輔導服務中心代表的焦點小組訪談的分析結果，亦支持上述的發現。

## 政策建議概要

以下為本研究報告的政策建議：（一）借鑑於防範 **K** 仔的成功經驗，政府應繼續廣傳不同精神科毒品（包括冰毒、可卡因及大麻）的最新醫學研究結果及資訊；（二）政府於制定精神科毒品的預防及介入策略時，應增加採納青少年（包括吸毒者及非吸毒者）的意見；（三）青少年濫藥不獨是健康上的問題，政府於籌劃未來濫用精神科藥物的預防及復康服務時，可考慮納入「生活質素」此概念作為制定基礎；（四）除了現時進行的定期學生服用藥物情況調查之外，政府可考慮進行針對消閒式濫藥者的質性研究，以助政府對青少年濫藥文化轉變有更全面的掌握。

# 1. Introduction

## 1.1 Beyond Ketamine: A New Emerging Drug Use Pattern in Hong Kong

The sudden and rapid increase in illicit drug use among young people in Hong Kong since the early 1990s is a matter of great public concern. Standing in stark contrast to the previous decades, which were dominated by heroin use (Traver, 1992), this “New Drug Era” (Cheung & Zhong, 2014) is characterised by the popularity of psychoactive drugs among young people. The rapid rise in the use of cannabis and cough medicine in the mid-1990s marked the beginning of this era (Cheung & Ch’ien, 1996, p.1585). Ecstasy and ketamine appeared on the drug scene concomitant with the rise in the dance culture in Hong Kong (Joe Laidler, 2005). During the early 2000s, ketamine surpassed other psychoactive drugs in popularity and became the dominant drug for young drug users in Hong Kong. In 2001, 36.9% of reported individuals aged under 21 had already taken ketamine; by 2002, the percentage of ketamine users in this age group had doubled (70.4%). The proportion of young people using ketamine remained over 80% in most years until 2011, when it decreased to below 70% (Cheung, 2015a).

Table 1 documents the drug use of young people in the 2011-2016 period (Narcotics Division, 2018). The percentage of reported drug users under 21 who had used ketamine has declined since 2011, a positive sign that is probably associated with effective drug use prevention and education programmes. However, in 2010, the percentage of young drug users using methamphetamine (commonly known as ‘ice’) increased to over 20% for the first time since its appearance on the drug scene in 1990 (not shown in the table). Methamphetamine has gradually gained in popularity among young drug users, and in 2015, the percentage of people under 21 using methamphetamine (41.4%) exceeded the percentage using ketamine (38.1%). The latest figures for 2016 (43.8% for methamphetamine; 23.6% for ketamine) indicate this trend is continuing. As well as this surge in popularity of methamphetamine among young drug users, cocaine has also surpassed ketamine and became the second most popular drug in 2016.

Available data reveals a declining trend in total drug consumption among young people in Hong Kong. However, the puzzling surge in methamphetamine use in the midst of seemingly effective prevention and education programmes needs to be explained. Why has the pattern of adolescent drug use changed? What is the drug scene among the young users in

Hong Kong like? How different are ketamine and methamphetamine in the eyes of the young drug abusers? All of these questions deserve systematic examination.

Table 1. Reported (new and previous) drug users under 21 by type of drug abuse (2011-2016)

Type of drug (all figures in %)	2011	2012	2013	2014	2015	2016
<i>Under 21</i>						
Heroin	3.7	4.8	4.2	5.2	6.0	4.0
Ketamine	70.6	61.1	52.6	46.5	38.1	23.6
Methamphetamine	26.7	30.1	31.5	38.4	41.4	43.8
Cocaine	20.1	23.7	30.1	24.5	27.4	35.2
Cannabis	7.2	8.7	6.9	10.8	11.3	18.4
Ecstasy	2.9	1.8	0.8	<0.5	0.9	1.6
Cough medicine	4.0	4.0	3.6	2.9	2.8	2.6
No. of individuals under 21 years reported using drugs	1,999	1,592	1195	807	683	495
% of individuals under 21 among total number of drug users	17.5	14.6	11.9	9.1	7.9	6.2

Source: Central Registry of Drug Abuse (CRDA), Narcotics Division

Note: An individual may report using more than one type of drug in a given year.

## 1.2 A Quick Overview of Methamphetamine

The growing popularity in methamphetamine among drug abusers is not only a local Hong Kong phenomenon, it is also a global trend. According to the 2008 drug report by the United Nations Office on Drugs and Crime (UNODC) there were approximately 25 million abusers of methamphetamine worldwide in 2008, exceeding the number of cocaine users (14 million) and heroin users (11 million) (UNODC, 2008). The latest world drug report states that methamphetamine seizures account for the largest share of seizures of global amphetamine-type substances annually, and that it is particularly dominant in East and South-East Asia and North American (UNODC, 2016).

In contrast to other recreational club drugs, the changes in the use of methamphetamine appear to be independent of the changes in the dance drug scene (Krebs & Steffey, 2005). In the United States, for instance, the upsurge in methamphetamine use was concomitant with changes in the trafficking patterns of the drug (Sloboda, 2002; Rawson, Gonzales, & Brethen, 2002; Anglin, Burke, Perrochet, Stamper, & Dawed-Noursi, 2000).

Methamphetamine use may cause short-term increases in heart rate, blood pressure, body temperature, and rate of breathing; constriction of blood vessels; and cardiac arrhythmia. Long-term health consequences include stroke, cardiac valve thickening, decreases in lung function, pulmonary hypertension, changes to the brain, poor cognitive functioning, and poorer mental health (Greenwell & Brecht, 2003; Maxwell, 2005, 2014).

A local study conducted by the Youth Urological Treatment Clinic of The Chinese University of Hong Kong (Tam, 2014) found that methamphetamine misuse, like ketamine misuse, also has adverse effects on urinary bladder function. Moreover, poly-drug users of both ketamine and methamphetamine had the highest risk for developing lower urinary tract symptoms (LUTS).

### **1.3 Research on Young Psychoactive Drug Users**

#### ***(i) Normalisation Thesis of Recreational Drug Use***

In the past 20 years, researchers have used a “normalisation” thesis to explain the popularity and changing image of adolescent drug use in the context of the “post-modern and risk-laden society” (Measham, Newcombe, & Parker, 1994; Parker, Aldridge, & Measham, 1995, 1998; Duff, 2003a; Cheung & Cheung, 2006).

In a frequently cited publication *Illegal Leisure: The Normalization of Adolescent Recreational Drug Use* (1998), Parker and colleagues tracked drug attitudes and consumption patterns of about 800 British adolescents over five years and proposed that illegal drug use had moved from the margins of youth culture toward the centre. The authors offered six criteria for identifying normalisation: (1) greater availability of drugs; (2) increased drug experimentation rates; (3) increased regular use of illicit drugs; (4) cultural accommodation of illicit drug use among adolescents; (5) experimentation and use extending to adult populations; and (6) intertwining of legal and illegal drug use (Parker et al., 1998, pp. 152-157; Parker, 2005).

The core argument of the normalisation thesis can be boiled down to two major components: (1) growth in drug demand and supply; and (2) increasing social and cultural acceptability of illicit drug use. When these two processes coincide, rates of experimentation and regular use will increase until illicit drug use is regarded as normal (Parker et al., 1998).

In short, “recreational” and “sensible” use of drugs becomes a regular and accepted part of people’s leisure and lifestyle (Parker, Willaims, & Aldrigde, 2002).

### (ii) Assessment of the Normalisation Thesis in Hong Kong

By means of secondary data analysis, Cheung and Cheung (2006) showed that there has been a rapid increase in the prevalence of drug use among young people in Hong Kong since the 1990s. For instance, according to the CRDA data, the number of drug users under 21 who came into contact with the Registry’s network increased by two or three times between the 1980s and the 1990s. According to another large-scale survey of secondary school students, the percentage of students who reported using psychoactive drugs in the previous 30 days increased by a factor of five between 1990 and 2000. However, in comparison to the results of Parker’s longitudinal study of young Britons, the increase in the prevalence of drug use among adolescents in Hong Kong was small.

The cultural accommodation of recreational drug use suggested by the normalisation thesis has also occurred among marginalised youth in Hong Kong, as seen in the authors’ own survey data collected for a comparative study of marginalised youths and secondary school students. However, the authors found that permissive attitudes toward drug use among secondary school students in general was still rather low. The authors concluded that normalisation is less advanced in Hong Kong than in the United Kingdom, although most major aspects of the normalisation phenomenon are present in Hong Kong.

### (iii) Differentiated Normalisation Perspective

Some researchers have criticised the normalisation thesis for oversimplifying drug use among young people and for not reflecting the dynamic nature of drug use. Shiner and Newburn (1997) have been key critics of the normalisation thesis, arguing that the thesis has exaggerated the prevalence of drug consumption and the degree of its acceptability. They suggested that normalisation should be understood as something that occurs in a particular normative context among specific groups of young people. Extending this argument, Shildrick (2002) proposed that differentiated normalisation is a more appropriate tool for understanding how different types of drug use are normalised among different groups of young people.

A study by Wilson and colleagues (2010) supported the differentiated normalisation

perspective in the context of Australia. By scrutinizing cross-sectional data collected during national music festivals in the period from 2006 to 2009, Wilson and colleagues demonstrated that the normalisation of illicit drug use was concentrated among groups of festival patrons who had a lot of contact with other drug users. This finding not only supports the differentiated normalisation perspective, it also suggests that the social and leisure contexts of drug use may influence the degree of normalisation within a particular group of young people.

To understand why a differentiated process of normalisation has occurred in specific groups of young people, recent studies have examined how illicit drug use is normalised within the adolescent drug culture. Two new lines of research are of particular importance to the current study. The first is concerned with how drug users neutralise their feelings of guilt and the stigma attached to their drug use identity; the second probes the risk perception of drug users. These two lines of research complement each other, as they both try to explain normalised drug use from the drug users' perspectives.

#### *(iv) Neutralisation Techniques among Young Drug Users*

In the original normalisation thesis, Parker and colleagues assumed that drug use was no longer stigmatised and had gradually moved from youth subcultures into the mainstream youth lifestyles. This assumption has been criticised by other researchers, as it overlooks the process that young drug users might engage in when striving to manage their stigmatised identity associated with illicit drug use in mainstream society (Shiner & Newburn, 1997; Rodner Sznitman, 2008; Hathaway, Comeau, & Erickson, 2011).

Drawing on the idea of “techniques of neutralisation” from research on juvenile delinquent behaviour (Matza, 1964; Sykles & Matza, 1957), Shiner and Newburn (1997) argued that the use of such techniques enables adolescents to consume drugs without feeling ashamed while simultaneously subscribing to a normative discourse that views drug consumption as “bad” (p.523).

In a study of young Swedish drug users, Rodner Sznitman (2008) identified two broad types of neutralisation techniques, namely assimilative normalisation and transformational normalisation. Assimilative normalisation refers to the process through which drug users strive to reconcile their drug use identity with mainstream values. For example, Rodner

Sznitman showed that young Swedish drug users could articulate “a sophisticated system of drug related risk management techniques which were based on dominant acceptable social values of conscientiousness” (Rodner Snitman, 2008, p. 469). In contrast, transformational normalisation attempts to challenge the social norms and to redefine what is considered “normal” with respect to illicit drug users. This mode was rare and the author pointed out that only some of her informants were at an early stage of “coming out” or trying hard to push an image of drug use as “desirable and morally acceptable” (Rodner Snitman, 2008, p. 470).

Pennay and Moore’s ethnographic study (2010) of young Australians also provided insights into how identity and stigma are managed by drug consumers. Although some of the drug users in their study chose to emphasise unrestrained bodily pleasure as their drug use identity, other drug users adopted the mainstream notion of “self-control” and claimed that as they regulated their drug use, they continued to be members of “normal” society. These two types of drug users were largely mirrored in Rodner Sznitman’s classification system.

A longitudinal study conducted by Cheung (2012, 2015b) found that a comparison of heroin and ketamine use provided a basis for the neutralisation of ketamine use among young drug users in Hong Kong. Young drug users usually dichotomised heroin and ketamine as “hard” and “soft” drugs, respectively. Many of them miscategorised ketamine, as a “soft” drug that is not as addictive as heroin. They believed that as long as they refrained from doing heroin, their normal life and health would not be affected. Joe Laidler (2005) uncovered similar contrasting attitudes towards heroin and ketamine use among young drug users in Hong Kong.

The reduction of “drug misuse” to a “bad habit” is another way to neutralise the behaviour of psychoactive drug misuse. According to Cheung, adolescent drug abusers in Hong Kong considered ketamine use a bad habit, on a par with smoking and gambling (Cheung 2012, 2015b). The “bad habitisation” of drug misuse rendered psychoactive drug consumption into something without many adverse effects in these young drug users’ perceptions (Cheung & Zhong 2014). This mentality lowered the awareness of the danger of psychoactive drug misuse and also undermined the motivation of drug abusers to seek help.

#### (iv) Negotiation of Risk among Young Drug Users

Another related line of research has focused on examining users’ own perceptions of the

risk associated with illicit drug consumption, which are usually different from those portrayed by public health experts (Duff, 2003b; Hunt, Evans, & Kares, 2007; Hunt, Moloney, & Evans, 2009; Fazio, Hunt, & Moloney, 2011; Singer & Schensul, 2011).

Following the arguments made by theorists of risk, for example Beck (1992) and Giddens (1991, 2000), researchers working in this new area have argued that experts' perspectives usually portray adolescent drug use as problematic and risk-taking as inherently negative, and thus fail to consider the possibility that using drugs may be seen by young people as normal, positive, and pleasurable (see Duff, 2003b; Hunt et al., 2009). In essence, there is always a gap between experts' discourses of the risks associated with drug use and the ways in which risk is negotiated by young drug users. Deciphering the context and the meaning of young drug users' perceptions of drug use, therefore, is important to the development of effective prevention and harm reduction interventions (Duff, 2003b).

By examining the experience and perception of ecstasy use among dance event attendees in the San Francisco, Hunt and colleagues (2007) revealed that ecstasy users, despite the risks, value the pleasure and benefits gained from it. The majority of ecstasy users implemented numerous strategies to maximise pleasure while minimising risk. Hunt and colleagues argued that the process of negotiation – balancing the risk and the pleasure – is socially embedded and socially determined. Drug users rarely view individual drugs as inherently risky or pleasurable; they conceptualise and experience the risky and pleasurable nature of a particular substance within the parameters of certain social events (Hunt et al., 2007, p.87).

Optimising the social configuration of drug use – using drugs with friends they trust in specific settings where they feel secured – was the most common strategy for maximising pleasure and minimising risk among ecstasy users. Hunt and colleagues' findings, however, did not indicate that young drug users lacked an understanding of the pharmacological properties of particular substances; rather, they highlighted the fact that drug users' assessments of risk and pleasure take place within particular social contexts (Hunt et al., 2007, p.93).

Fazio and colleagues (2011) examined the drug scene among gay and bisexual men in San Francisco from a rather specific angle. The authors noticed a significant change over time in the drug users' perceptions of the acceptability of cocaine. The increased popularity

of cocaine among gay and bisexual men was particularly interesting relative to the drug users' very negative views of methamphetamine. Methamphetamine was a normative drug in the gay drug scene during the 1990s. However, partly because of campaigns emphasising the dangers of methamphetamine use, cocaine has now become the "alternative" to methamphetamine and became more popular in the gay drug scene in the 2000s.

Fazio and colleagues maintained that this change was the result of the social construction of cocaine, relative to methamphetamine, as safe, fashionable, and acceptable within the gay club and bar scene over the past several years. Although there are substantial differences in the pharmacological effects of cocaine and methamphetamine, the authors argued that the dissimilar contexts of use of these two drugs determined the respective perceptions of risk and pleasure. Cocaine is regarded as safe within the gay community because it is only used in social settings, whereas methamphetamine is perceived as a dangerous drug because it is widely used in sexual encounters (Fazio et al. 2011, p.635). Owing to the prevention campaigns of the past decade, methamphetamine use has become almost a synonym for unsafe sex and HIV transmission in the gay community. A surge in the popularity of cocaine use was, therefore, the unintended consequence of the successful methamphetamine prevention efforts (Fazio et al., 2011 p.636).

## **2. Objectives of the Study**

The main purpose of the current study is to understand the surging popularity in methamphetamine among young drug users in Hong Kong. We adopt the differentiated normalisation perspective (Shildrick, 2002; Williams, 2006), which assumes that only a subset of the youth in particular social settings views illicit drug use as normalised. The normalisation perspective could help us to understand why there is an increasingly receptive attitude towards drug use as a normal part of leisure. However, it has overlooked the process that young drug users might still engage in when striving to manage a stigmatized identity as well as their risk perception associated with illicit drug use in mainstream society. This study builds on the recent studies on young drug users' techniques of neutralization (Shiner & Newburn, 1997; Cheung, 2012, 2015b) and their risk perception (Hunt et al., 2009; Singer & Schensul, 2011). Previous research in Hong Kong has rarely addressed the issue of adolescent drug abuse from the drug user's own perspectives. The proposed study aims to fill this research gap and provide an empirical foundation for the development of targeted and effective education and prevention programmes.

Against the backdrop of the changing drug use culture in Hong Kong, the objectives of the proposed study are as follows:

- 1) Decipher the reasons for the increased popularity of methamphetamine among young drug users according to their own perspective using a qualitative research design.
  
- 2) Identify the techniques used by young drug users to neutralise their feelings of guilt and the stigma associated with their drug use identity at a time when the drug use culture is in transition from a ketamine-dominated culture to a methamphetamine-dominated culture.
  
- 3) Probe the risk perceptions of young drug users and to discern the differences in perception, if any, of ketamine use and methamphetamine use among the young drug users in Hong Kong.

### **3. Research Methodology**

#### **3.1 Research Design**

Qualitative interviews were conducted with drug users to acquire an in-depth understanding of their own ideas and perspectives on the stigma and risks associated with drug use. At the beginning of the in-depth interviews, we first used a questionnaire to collect drug-use and sociodemographic data from the young drug users. For the remainder of the interview, a semi-structured guide was used to collect open-ended qualitative data on the participants' histories of substance use, perceptions of various psychoactive drugs, benefits and harms of drug use, perceptions of the existing anti-drug misuse campaign, and so on. The interview guide (in Chinese) is attached in Appendix 1.

To assess the reliability and validity of the data obtained from the drug users and to gain a more holistic view of the current drug scene, we also conducted in-depth interviews with frontline workers and focus group interviews with representatives from drug counselling centres and drug treatment and rehabilitation programmes in Hong Kong. The interview guides (in Chinese) for frontline workers' in-depth interviews and focus group interviews are attached in Appendix 2 and Appendix 3 respectively.

#### **3.2 Recruitment of Participants and Data Collection**

Owing to the hidden nature of the drug using population, this study relied on referrals from both treatment and rehabilitation agencies and drug counselling centres. The eligibility criteria for inclusion in the study were based on age, types of drug used, and length of use. We contacted all the treatment and rehabilitation agencies and drug counselling centres in Hong Kong at the beginning of the project to solicit their help in identifying suitable respondents. Following the above criteria, we successfully recruited 45 respondents from different drug treatment and rehabilitation centers and drug counselling centres. Forty-three of the respondents were in drug treatment and rehabilitation centres at the time of the interview, while the remaining two were receiving counselling services at drug counselling centres in the community. The in-depth interviews were conducted between September and December 2017. The duration of each interview ranged from 30 minutes to about 60 minutes. All the interviews were conducted at the drug treatment and rehabilitation centers or the drug counselling centres.

We began the recruitment of frontline workers at the same time as inviting treatment and rehabilitation agencies and drug counselling centres to refer drug users as research subjects to our study. We conducted interviews with 20 colleagues during the period between September 2017 and February 2018. All the interviews were conducted at their offices, and the duration of each interview was about 30 minutes. Fifteen of the interviewees were social workers at drug treatment and rehabilitation centres or drug counselling centres, while the others were an assistant center-in-charge, peer counselors, a registered nurse, and a volunteer.

Invitations to focus group participants were sent to all treatment and rehabilitation agencies and drug counselling centres in February 2018. Eight organisations sent nine representatives to participate in the two focus groups held at the Hong Kong Shue Yan University (one of the organisations has sent two representatives). The first focus group was held on 11<sup>th</sup> April 2018 with five participants. The second focus group was held on 13<sup>th</sup> April 2018 with four participants. Both focus groups lasted for about two hours and were moderated by the principal investigator and the co-investigator.

### **3.3 Data Analysis**

The qualitative data analysis involved three overlapping stages (Strauss & Corbin, 1998). First, after the interviews were transcribed, the qualitative data was read and reread line by line by the members of the research team to develop abstract and refined categories for analysis (Goetz & LeCompte, 1984; Miles & Huberman, 1994). Second, all of the interview transcripts were then reread and recoded using the established categories. Third, after data was all coded, the research team then returned to the coded qualitative data to establish patterns for analysis (Lofland & Lofland, 1995).

The results from the questionnaire collected during the drug users' interviews were entered into SPSS for analysis. The research team triangulated the content of the interviews and the data collected from the questionnaires. For instance, we have verified the drug history and habits provided by the participants in the questionnaire against the interview data. This method of validation is commonly used in drug use research to ensure the veracity of the participants' answers (Hunt et al., 2007; Joe Laidler, 2005; Shildrick, 2002).

## **4. Findings from In-depth Interviews with Drug Users**

### **4.1 Introduction**

In this chapter, we report on the research findings from the in-depth interviews with young drug users conducted between September and December 2017. As described in Chapter 3, we successfully recruited 45 drug users from different drug treatment and rehabilitation centers and drug counselling centres in Hong Kong as the research subjects. All the in-depth interviews were conducted at the drug treatment and rehabilitation centres or the drug counselling centres. The primary objective of in-depth interviews was to unearth the drug users' own perceptions and views towards the stigma and risks associated with psychoactive drug use.

The following qualitative data analysis is based on two major theoretical underpinnings. Earlier research on young people's drug use in the West has identified various neutralisation techniques and the ways young drug users manage the stigma associated with their drug use identity (Shiner & Newburn, 1997; Peretti-Watel, 2003; Rodner Sznitman, 2008; Pennay & Moore, 2010; Jarvinen & Demant, 2011). What is meant by neutralisation techniques? According to Shiner and Newburn (1997), young drug users may view drug use as problematic in the same way as everybody else, while they still justify their illicit drug use behaviour by employing a certain rhetoric that helps to temporarily render social controls irrelevant. Arguing along the same lines, Rodner Sznitman (2008) says that some drug users always engage in the management of stigma as an attempt to "pass as normal" (p. 458). One typical example of a neutralisation technique is that some drug users usually distinguish heroin users' "problematic" drug use behaviour from their own "unproblematic" drug habits (McElrath & McEvoy, 2001; Cheung & Zhong, 2014). One of the main objectives of the following analysis is to scrutinize what kinds of neutralisation techniques have been employed by current young drug users in Hong Kong.

The second stream of analysis begins with the assumption that young drug users might perceive the pleasure and risk of drug use differently from the expert's perspective (Beck, 1992; Lupton, 1999). Following studies on the social construction of risk, the central question in this area of research usually concerns the extent to which discrepancies exist between the risk assessment postulated in the scientific discourse, and those "lay assessments" discernible within the drug users community. To scientists and policy makers, illicit drugs are inherently

risky and harmful. To drug users, however, drugs themselves may not be intrinsically harmful, “rather it is the way in which the drug is used, the context in which it is used, and the way it is used in combination with other substances” (Duff, 2003b: p. 293). In short, what is more important to drug users is thus the “actual” experience of pleasure and risk during drug consumption, but not the scientific assessment of risk associated with illicit drug consumption. Young drug users, thus, concern themselves more with the way to reduce harm through safer drug use rather than completely abstaining. Do such discrepancies between the expert’s discourse of risk and the young drug users’ own perception of risk exist in the case of Hong Kong? If yes, how do young drug users view the risk and pleasure associated with different types of psychoactive drugs? By outlining the contours of young drug users’ perceptions of risk, we aim to demonstrate that the drug users’ framing of risk taking is usually more subtle and complex. Although their perception of risk may be different from the scientific discourse, it does not necessarily stand on the opposite side of the official account of risk.

In the following section, we will first provide a glimpse of our respondents’ background and drug use history based on their responses to the structured questionnaire. The analysis will then describe the variation of drug use patterns among our respondents based on their qualitative narratives. It is followed by an analysis that aims to answer the two main research questions of the current study. We will first scrutinize the ways in which young psychoactive drug users employ various techniques of neutralisation during their drug use careers. We will then analyze their risk perception of psychoactive drugs. At the end of this chapter, we shall also report on our observations on a newly emerging trend based on the qualitative data.

## **4.2 Background of Respondents**

Of the forty-five respondents interviewed, 32 (71.1 percent) were male and 13 (28.9 percent) were female (see Table 2). The mean age of our sample was 26.4, and the majority of the respondents (80 percent) were between the ages of 18 and 30. More than half of the respondents (55.6 percent) had received a formal education up to junior secondary school, while about one-third (33.3 percent) had been educated up to senior secondary school. Two respondents had been through a prevocational and secondary technical education. Two other respondents were degree holders. One respondent had received only primary education.

**Table 2 Socio-demographic Profile of Respondents**

	Frequency	Percentage
<b>Sex (N=45)</b>		
Male	32	71.1
Female	13	28.9
<b>Place of birth (N=39)</b>		
Hong Kong	33	84.6
Not Hong Kong	6	15.4
<b>Education level (N=45)</b>		
Primary education	1	2.2
Junior secondary education (S.1 to S.3)	25	55.6
Senior secondary education (S.4 to S.6)	15	33.3
Prevocational and Secondary Technical education	2	4.4
Tertiary or above	2	4.4
<b>Employment status (N=44)</b>		
Employed	35	79.5
Unemployed	8	18.2
Full-time student	1	2.3
<b>Job Types (N=35)</b>		
Transportation	11	31.4
Catering	7	20
Construction	3	8.6
Retail	3	8.6
Flexible work	3	8.6
Hairdressing	2	5.7
Runing own business	1	2.9
Triad activities	1	2.9
Others	4	11.4

About 80 percent of the respondents were employed before they were admitted to the drug treatment and rehabilitation centers or at the time of interview, while 18 percent of them were unemployed. Only one respondent was a full-time student at the time of interview. Among those who were employed, about one-third worked in the logistics industry, and

another one-fifth worked in the catering industry. Other respondents worked in the construction industry (8.6 percent), retail industry (8.6 percent), and hair salons (5.7 percent). One respondent claimed that he was mainly engaged in triad activities. Another respondent ran his own business before he entered the treatment and rehabilitation centre.

The mean age of first use was 15 years old, although the ages ranged from the youngest of 9 years old to the oldest of 22 years old. One-third of the respondents tried ketamine during their first attempt, while slightly more than one-fifth tried ice (See Table 3). Other respondents began with cannabis (13.3 percent), cough medicine (8.9 percent), ecstasy (6.7 percent), or cocaine (2.2 percent). A substantial minority of the respondents (11.1 percent) tried more than one drug at the same time during their first attempt. Almost the entire sample (90.7 percent) received their first illicit drug from their peers.

**Table 3. Types of Drugs and Their Source for First Illicit Drug Use**

	Frequency	Percentage
<b>Drug used during first attempt (N=45)</b>		
Ketamine	15	33.3
Ice	10	22.2
Cannabis	6	13.3
Cough Medicine	4	8.9
Ecstasy	3	6.7
Cocaine	1	2.2
Tranquillizers	1	2.2
Mixed drug use	5	11.1
<b>Source of drug during first attempt (N=43)</b>		
Peers	39	90.7
Colleagues	1	2.3
Triads	1	2.3
Others	2	4.7

Given the aim of the present study, it is therefore not surprising that almost the entire sample had used methamphetamine (93.3 percent) (see Table 4). The lifetime prevalence for cocaine ranked second (60 percent), while ketamine and cannabis both ranked third (57.8 percent). Slightly more than one-third of the respondents (35.6 percent) had used ecstasy.

Cough medicine and tranquillizers were also on the list with slightly more than a quarter of the respondents reporting having tried them at least once. A minority of the respondents (11.1 percent) had also tried heroin.

**Table 4. Drug Use in Lifetime and Past Six Months**

	<u>Lifetime prevalence</u>		<u>Past-6-months prevalence</u>	
	<u>(N=45)</u>		<u>(N=45)</u>	
	Frequency	Percentage	Frequency	Percentage
Ice	42	93.3	37	84.1
Cocaine	27	60	16	36.4
Ketamine	26	57.8	7	15.9
Cannabis	26	57.8	7	15.9
Ecstasy	16	35.6	0	0
Cough medicine	13	28.9	4	9.1
Tranquillizers	13	28.9	3	6.8
Heroin	3	6.7	1	2.3
Others (Heroin, LSD, <i>happy water</i> )	5	11.1	2	4.5

\* Past six month prevalence for respondents staying at the drug treatment and rehabilitation centers refers to their drug taking behavior six months before they were admitted to the centers. One respondent claimed that he/she has been clean during the past six months before entering the centre.

The most consumed psychoactive drug among our respondents over the past six months was still ice (84.1 percent). It was then followed by cocaine (36.4 percent), ketamine (15.9 percent), and cannabis (15.9 percent). Ecstasy was no longer consumed by our respondents, at least in the past six months prior to the interview. Cough medicine was used by only four respondents. A poly-drug user of ice and cocaine also reported using heroin in the past six months.

Although the structured questionnaire did not probe the respondent’s sexual orientation, we identified two of our respondents as men who have sex with men (MSM) during the in-depth interviews. As will be noted in the following analysis, ice is the most popular drug within the MSM community in Hong Kong.

### 4.3 Variations in Drug Use Patterns

In the previous section, we showed that methamphetamine was the most commonly used psychoactive drug among our respondents. However, after we scrutinized their drug use behavior based on the qualitative data case by case, our respondents actually varied a lot in terms of their drug use patterns and types of drug used. First of all, among the current ice users, a substantial number of them were heavy users who had to take ice almost every hour. For example, this 21 year old male respondent, who dropped out of secondary school in S.1, was a typical heavy user of ice:

*It was just once a week at the beginning, then I gradually changed to using the drug every single day. It was as frequent as having regular meals...and eventually, I had to take ice for every hour. (103)*

Another 24 year old female respondent was also a typical heavy user of ice. She first tried ice at her friend's home at age thirteen. She then used ice continuously and also tried ketamine, ecstasy, and cannabis occasionally. She knew very clearly that she was a heavy user of ice as she claims that she could not live without the "bottle" (for burning methamphetamine) before she admitted herself to the rehabilitation and treatment centre:

*(How did you notice the change in the frequency of your drug use?) As I had to keep the bottle with me all the time...my dosage also increased...at the beginning, I used to consume just a bit, then I changed to taking 1.75 gram when I was eighteen. (132)*

While a minority of our respondents had only actually tried ice a few times in the past six months. The following 25 year old male respondent was an example. He did his bachelor's degree in the United States and had tried cannabis there as it was a very common recreational drug among his peers. After he was back in Hong Kong, he met some Filipino friends at Lan Kwai Fong who introduced him to ice. After his first few tries with his friends, he brought some ice back home but was then discovered by his mother. As his mother had called the police, he was finally sent to the drug rehabilitation centre:

*I felt under a lot of pressure as I had just started my new job at that time...some of my Filipino friends at Lan Kwai Fong introduced me to ice and showed me how to*

*use it. I used it just a few times...and then I was caught by my mom as I'd kept some ice and cannabis in my room...she called the police. (102)*

Apart from the variation in the frequency of ice usage, ice was also not the core drug for some of our respondents, despite the fact that most of them had reported using ice in the past six months. A 29 year old male respondent used to be an abuser of cough medicine, he began to take ice in recent years because he thought ice could sober him up. He used ice before work, then took cough medicine in the evening. He perceived ice as an “antidote” to the side effects of the cough medicine:

*Cough medicine used to be my main drug. But sometimes I would also use ice to alleviate the side effects of the cough medicine like diarrhea and back pain...I also use ice because I think ice is powerful enough to heal my lisp and tremors, which are the long term side effects of taking cough medicine...so in the end, I was taking cough medicine and ice alternately throughout the week, week in, week out...(135)*

There were also a number of poly-drug users in our sample. A 21 year old female respondent, for instance, was a poly-drug user of ice, ketamine, cocaine, ecstasy, “Ng Chai,” and “happy water.” She used these drugs mainly with her boyfriend at a disco in Tsim Sha Tsui. Another 25 year old female poly-drug user shared a similar story with us. She began her drug using career with ice, cocaine, and many others, then later heroin. Her boyfriend was also the major reason that led her to a path of illicit drug use:

*Why did I take heroin? My boyfriend was a heroin user and he just could not quit it... I thought heroin was not that difficult to quit at that time, so I just took heroin with him and wished to quit it together...I finally realized that it was just a trap I'd set for myself. (129)*

Although ketamine was no longer popular among young drug users, the following 23 year old male respondent was still a poly-drug user of ketamine and cocaine. He used to take ketamine during the weekend and used cocaine two to three times a week. He had also tried ice a few times but he did not like the “high” of ice. He claims that he was a heavy user of ketamine as he notes, “I always brought some ketamine with me in my pocket even when I was dining out

with my relatives” (139). Another 21 year old male respondent was a poly-drug user of ketamine and ice, but then he also had to take them with cough medicine to kill the pain caused by the urethritis – a common side effect of ketamine:

*I learnt that cough medicine could kill the pain of urethritis and it could make me go to the toilet more easily too...it really worked, so then I began the journey with cough medicine...once I'd recovered from the urethritis, I had to keep using cough medicine because there were just too many withdrawal symptoms. (141)*

A number of our respondents also used ice as a cheaper alternative to cocaine. For example, a 21 year old male respondent, who used to be a heavy cocaine users, switched to ice more recently because ice is much more “affordable” than cocaine to him as he recalls, “I had spent a few hundred thousand dollars on cocaine when I worked as a real estate agent, but I had to take ice after I burned all my money” (104).

In short, despite the fact that most of our respondents had consumed ice, the actual consumption patterns were actually quite diverse within our sample. More than half of our respondents used ice as their core drug, but there were also some other respondents who mainly used cocaine, cannabis, cough medicine, or ketamine. Some of the respondents were heavy users of ice, while there were also other respondents who just consumed ice occasionally.

#### **4.4 Neutralisation Techniques**

As defined in section 4.1, neutralisation techniques refer to the ways young drug users employ various rhetoric to justify their illicit drug use behavior so as to render social controls temporarily irrelevant, even though they still believe that illicit drug use is not completely unproblematic. The use of neutralisation techniques in justifying their illicit drug use behavior is ubiquitous among our respondents. As noted in the international and local drug abuse literature, the distinction between “hard” drug use (e.g., heroin) and “soft” drug use (e.g., party drug) has been employed by young drug users to neutralise their guilt and the stigma of illicit drug use (McElrath and McEvoy, 2001; Cheung, 2012, 2015b). In the next section, we first examine the construction of symbolic boundaries and a hierarchy of drugs among our respondents as their major techniques of neutralisation. We then provide an overview of some

other common neutralisation techniques discerned from our respondents' qualitative narratives.

Most of our respondents had employed mainly the so-called techniques of “assimilative neutralisation” (Rodner Sznitman 2008) and tried very hard to reconcile their drug use identity with the mainstream values. However, there was one MSM respondent who actually attempted to redefine and transform his drug use identity and challenge the social norms with respect to the stigma associated with illicit drug use. According to Rodner Sznitman, such “transformative neutralisation” is rare and only a very small part of the whole drug using community was at this stage. However, as we shall discuss in the analysis of frontline workers' in-depth interviews, the number of MSM drug users and cannabis users in the community is slowly increasing, and the use of “transformative neutralisation” is particularly common among these types of drug users. The views of that MSM drug user will thus be briefly summarized before the end of this section.

#### *(i) Construction of a Drug Hierarchy*

The perceived image of different drugs were important in the construction of a drug hierarchy. While certain types of drugs may be perceived as “bad taste,” “old-fashioned,” or “cheap” by some drug users, other types of drugs may be more acceptable because the drug users perceived them as “stylish,” “trendy,” or “affordable.”

Certainly, the symbolic boundary was drawn by the drug users based on their own drug use experience, for instance, if a drug users did not enjoy the particular effects of a psychoactive drug during their first attempt, they might completely refrain from taking it again. For example, a 28 year old male respondent disliked his first experience with ketamine very much as he felt nauseous and sleepless after taking it. His second try of ketamine was even worse, but because of the ice his friend gave him he soon recovered from the bad effects. He then became a frequent ice user:

*I disliked the first experience of using ketamine very much. It made me nauseous and sleepless. After this first try, I used ecstasy for a short period of time, but as ecstasy did not make me “high” enough, I then turned back to ketamine. However, I am not so sure whether it was because of the quality or my dosage, it was really*

*a bad trip...fortunately, a friend of mine gave me some ice at that time, I felt much better and started to be obsessed with ice after that. (144)*

This bad experience with ketamine is shared by other ice users. For example, a current ice user, who was also a disco-goer and had used ketamine there ten years ago, commented that ice is better than ketamine to him because the effect of ketamine was not ‘enjoyable’ and taking ketamine even made him feel “disgusting”:

*Ice tastes much better than ketamine...I love it very much...Taking ketamine makes me feel very bad, it leads to unconsciousness and I hated being like a fool. (123)*

The bad image of ketamine was quite pervasive among our respondents, even for those who were non-users of ketamine. They usually depicted ketamine as something “unhealthy,” “uncool,” and “outdated:”

*Ketamine has just too many side effects ... stomach ache, cystitis, and they can't even go to the toilet...some users also need to go to hospital for stomach pumping...The disgusting image of ketamine is the main reason for me not to take it, ketamine users always have runny noses...(127)*

*Ketamine was just popular among those post-80s and it is already out of date now. It only fits when people are clubbing with electronic music. It was mainly used by the office ladies and white-collar workers, who went clubbing after work, drinking alcohol, and dancing after taking ketamine. (105)*

Some other respondents have even drawn a symbolic boundary between ketamine use as “not acceptable” and their own drug use (mainly ice) as “acceptable,” albeit in a relative sense. The following 28 year old female respondent acknowledged that she might not be in the best position to stop her boyfriend from taking ketamine. However, she just could not help but argue with her boyfriend because she simply hated ketamine even though she herself was a drug “abuser:”

*I don't like people using ketamine...as ketamine users are usually not in a clear*

*state. Even my boyfriend, I had argued with him just because he liked to take ketamine...although I was also a drug user, I just couldn't stand ketamine...I also didn't like my other female friends to taking ketamine on the street, they were just disgusting...runny noses, wandering...I simply hated ketamine as I think it is dangerous. (107)*

This negative sentiment toward ketamine can be best summarized with a comment by the following 29 year old female respondent who is a current ice user and had used ketamine about ten years ago at discos. When asked how she feels about ketamine, she replied: “ketamine users look drunk and can be easily identified as *drug addicts* (吸毒者) by others, while nobody can tell who is an ice addict” (120). Despite there being a number of easily discernible physiological reactions after taking ice, there are some other respondents, similar to the one above, who subjectively think that they can conceal their drug using identity better than the ketamine users and thus prefer ice to ketamine.

While we have already discussed the symbolic distinction between ice and ketamine above, the “classic” symbolic boundary between “hard” and “soft” drugs is still frequently mentioned by our respondents. The following respondent’s view toward heroin was shared by many other respondents, “drug abuse in general is totally different from heroin...taking psychoactive drugs is just *drug abuse* (濫藥), while heroin is a truly *poisonous substance* (毒品)” (121). Many respondents were told not to take any heroin because it could ruin their whole life, as one respondent notes, “heroin can completely ruin one’s life, break their family, destroy their dignity...I told myself no matter what drugs I use and how bad I am, I will never touch heroin in my life” (111). The image of heroin as a drug only for the deprived lower-class men was also quite common among our respondents, as this 18 year old male respondent says:

*I can only associate heroin with street-sleepers and poor old guys. Heroin users might have been well-off in the past but they simply couldn't quit...so they always ended up unemployed and poor. They couldn't even receive the CSSA (Comprehensive Social Security Assistance), so they could only steal from others to get the money to buy heroin...(105)*

Among all the distinctions between heroin and psychoactive drugs made by our

respondents, almost the entire sample shared the perceived seriousness of health risks as the major reason making them stand firm against heroin. Most respondents, like the one below, perceived the health risk of taking heroin as very serious while the respective risk of taking psychoactive drugs is much less serious and even *controllable*:

*I think there are other drugs that are more enjoyable than heroin...The life of an heroin user is just too miserable, some of them even had to have their legs chopped off...but, you see, ice or ketamine don't have such problems...even for ketamine, I am fully aware of the side effects, but one needs to take tons of it to reach the threshold...Com'on, I know the problems of heroin, but I am taking pork (ice) and ketamine...they are different, they only make me slimmer at best. (109)*

While we are certain that heroin is at the bottom of the the drug hierarchy, there is some initial evidence showing that the perceived status of ice among young drug users is changing. The 18 year old male respondent we mentioned previously was a poly-drug user of cocaine, ice, ketamine, and cannabis. He had been engaged in triad activities. In their circle, he notes that cocaine is becoming a more popular drug than other psychoactive drugs. He explained, “taking cocaine is a status symbol, it’s just like *Louis Vuitton* and *Gucci* in the drug circle...even though we are both drug addicts, I am richer than you and I can show off by taking cocaine. I liked the feeling of squandering, it was super cool” (105). When asked what is the difference between cocaine and ice, the price difference between cocaine and ice simply translates into the distinction between higher and lower social status:

*I can show off if I take coke (cocaine)...like if I'm drinking at a bar, and treat my friends with coke, I can say “just take it,” very loudly and proudly...but if I ask them to take pork (ice), I'd rather keep it low profile as pork is just something cheap...to my understanding, coke is very common, even celebrities, police, and lawyers use it. (105)*

Other cocaine users also shared this negative sentiment towards ice but more from a health risk perspective. For example, the following 28 year old male cocaine user notes that many stories about “short circuit” (「跳撃」, a state of confusion and hallucination) scared him and his friends out of taking ice, “many friends of mine do keep themselves away from ice, and so do I...it’s common to see ice users to commit suicide or suffer from hallucinations. All

these incidents deterred me from taking ice” (136). The perceived health risk of ice was also shared by a marijuana user. An 18 year old male respondent shared that he was able to consume marijuana but not ice at home because his family perceived ice as something that would make the user “crazy,” as he notes “although I had no experience of “short circuit”, I dared not take ice at home as my family perceived ice as dangerous...yet, I use cannabis and LSD at home.” (140). We have a more detailed discussion of health risk perceptions in section 4.5.

### (ii) Other Ways to Neutralise Stigma

Apart from the above techniques of neutralisation through drawing a symbolic boundary between “acceptable” and “unacceptable” drug use behavior, psychoactive drug users also employ other forms of rhetoric to justify their illicit drug use identity. According to earlier research conducted by Cheung (2012, 2015b), one such specific technique was “bad habitisation” of drug misuse. In Cheung’s studies, adolescent drug abusers considered psychoactive drug use, ketamine use in particular, a “bad habit” like smoking and gambling. This belief justified their own drug use behavior as acceptable, at least from their own perspective. They also emphasized that such a “bad habit” caused no serious and immediate harm to them, their family, or the community.

From the analysis of our respondents’ qualitative narratives, we have identified some similar techniques. When asked which analogy they would use to describe their drug use behaviour, most of our respondents talk about *smoking*. The main reason they used to justify why they draw an association between drug use and smoking is that both are “unhealthy” but, still, many people do it. The following quotes captured this point made by many of our respondents:

*I’m just an ordinary person...I’m just taking drugs...I don’t see any huge difference between you and me. It’s not even a matter of health, just like smoking...taking drugs is just the same as smoking, it’s not a big deal. (103)*

*As you know, so many people know clearly the health impacts of cigarette smoking such as cancer, but they still smoke...I think life’s short, you should follow your heart to do something you like. If you don’t take drugs in your twenties, I don’t think you can afford the health risk in your thirties or forties. (104)*

*I think there is no problem with drug use, I used to perceive it as just a leisure activity...other people just perceive drug use stereotypically as bad...I think there are just too many things that may harm you, like alcohol and cigarettes. I think I can use drugs in a controlled way. (135)*

Other respondents made an analogy between their drug use behavior and other daily or leisure activities. For instance, the 25 year old male respondent, who used ice for a few times with his Filipino friends at Lan Kwai Fong, notes that “after the first try...it was just like you’ve bought a new *cell phone*...you will think of it and want to play with it the next day” (102). The 28 year old female poly-drug user and also an ex-disco-goer also shared that “drugs were just like *candies* at the disco, no one actually cared what it was in that context” (107). Another 30 year old respondent talking about why drug taking became the favourite pastime among his friends mentioned it can *kill time*:

*I made more friends by using ice...we were less bored, we played mahjong or poker with ice for hours...we also hung out after taking ice...it was less boring with it, and every time we got together it was because of ice...we only decided where to go after taking ice...it seemed very ordinary to us...(123)*

The commonality of all the above analogies (*smoking, using a cell phone, treating it like candy, and killing time*) is that all these respondents perceived drug use as something *normal* and *ordinary*. Some other respondents not only perceived drug use as such, they also believed that illicit drug use is indeed very common both within their circle and in the wider society. The 28 year old female poly-drug user claimed that 90 percent of her friends were drug users, and some of them still had full-time jobs and led normal lives like most people:

*I think drug abuse is very common nowadays. Many friends of mine take either ice or K, cocaine, cannabis...Like, if I have thirty friends, I think nearly twenty-eight of them were using drugs. Some of them may even have a normal job, but they still take drugs...and I know cocaine and ketamine are also very common among those who work in, say, the financial industry...even I know that nearly all the customers in a bar are drug users...It’s just very common. (107)*

Another 18 year old male respondent believed that one-third of the Hong Kong population is using drug:

*There are at least one-third of the population using drugs...say if you meet some ordinary guys on the street, and you could never associate them with drug abuse, but just one day, you may meet them again doing the same thing (drug abuse) with you...People in game centres, karaokes, and clubs at Lan Kwai Fong, I think more than half of those people were using drugs. (106)*

The reduction of illicit drug use to a bad habit and a common leisure activity has indeed neutralised the stigma and the feelings of guilt among most of our respondents. Certainly, our respondents employed neutralisation techniques when they were taking drugs without many negative consequences. Neutralisation techniques become ineffective when some dramatic changes happened in their lives (Hunt et al. 2007: 91). For example, the 28 year old male cocaine user that we have mentioned above had an extramarital affairs with a female cocaine user and left his wife and young daughter for three months. He wanted his family to forgive him after he spent all his money on cocaine. He regrets it now and thinks he has lost everything because of drugs. He used to perceive drug taking as very normal but not now:

*(Do you consider drug use as a leisure activity or an ordinary habit?) In the past, yes, but not now. I have lost everything now, I don't see it as a hobby or habit anymore. (136)*

### (iii) Transformative Neutralisation – The Case of MSM Drug Users

The neutralisation techniques that we have analyzed above involve mainly techniques of “assimilative neutralisation” (Rodner Sznitman, 2008) which refers to the process through which drug users strive to reconcile their drug use identity with the mainstream values. In contrast, “transformative neutralisation” aims at challenging the mainstream values through actively redefining their drug use identity as morally acceptable. In our sample, only one respondent indicated some initial intentions to “transform” mainstream values and attempted to articulate his drug use behavior as an acceptable lifestyle. This male respondent is a man who have sex with men (MSM). He had studied aviation management at a local university but failed to complete it. He is now doing another degree in translation. He has been using ice for the past five years. According to this respondent, ice and some other drugs like “G water”

are functional for sex, especially among gay men, and thus are very popular in their circle (this information is corroborated by another MSM respondent). However, the meaning of ice to him is more than this, rather he enjoys the “private space” during the consumption of ice. By “private space”, he not only refers to the “physical” environment for consuming ice but also means a “social” environment that allows diversity and accommodates individualized interests:

**Interviewer:** *You’ve kept doing drugs, so were you just curious, or did you use them for doing homework, or for the other purposes?*

**Respondent:** *I use drugs because I want to have a “private space” ...society is full of judgements, and many precepts that I really hate...I don’t like the lifestyle in Hong Kong that only focuses on making a living, it makes you to lose yourself. Especially when I look at my mother, she works because she has to pay for the mortgage and the insurance...she doesn’t really have time for herself, she couldn’t meet her friends, or have time for leisure...I don’t want to lead such a life. (133)*

This respondent highlights drug use as a lifestyle, and he thinks drugs should be used in a controlled way. More importantly, he acknowledges that only financially independent individuals could lead such a lifestyle. When asked whether he would quit using drugs in the long term, he said he won’t quit but he will only do it again after he gains financial autonomy in the future. He also expects bias against drug users will not be eliminated without effort. He plans to develop his own profile and network in the future. He also have a dream of writing a book. He thinks it is easier to make his dream lifestyle come true through the above efforts instead of waiting for changes in the minstream culture:

**Respondent:** *I will count more on my own. We should change the culture but not wait for the culture to change. That’s why I want to write a book to talk about how judgmental and prejudicial our society is...If we could eliminate them (judgement and prejudice), there would be less confrontation but more communication.*

**Interviewer:** *So, you think you have to rely on yourself, say to write a book, so that change is possible?*

**Respondent:** *I think...in order to make my ideal lifestyle come true, I must first strengthen my ability and skills...through building networks with people from diverse backgrounds, then it will be easier for me to do what I want. (133)*

In short, this respondent perceives drug use very differently from the rest of our respondents. He not only sees drug use as a lifestyle that he longs for but also wants to actively negotiate with the mainstream so that such a lifestyle would become morally acceptable. We should note that although this case of “transformative normalisation” is a minority in our sample, this mentality may be quite common in the hidden drug use population. The hidden drug users may use drugs in a more controlled way and thus health risk is largely minimized. If there is no imminent health risk, it makes the official data even harder to reflect the seriousness of the hidden drug use problem. Apart from the MSM community who see drug use as part of their lifestyle, the qualitative data collected from frontline workers’ interviews show that cannabis users may also share this view. This viewpoint is discussed in the next chapter.

#### **4.5 Risk Perceptions**

As discussed in section 4.1, risk perception among young drug users is derived more from their actual experience of drug use and their own assessment of risk and pleasure in drug consumption than from the official agenda on risk. In the qualitative narratives from our respondents, we can also discern discrepancies between the “lay” assessment and the expert assessment of risk. Drug users usually view risk in relative terms; they may not see all drugs as intrinsically harmful but will assess the risks relative to other drugs or even other risky life events. Moreover, young drug users are not completely unaware of the negative consequences of drug use and they are not denying the scientific discourse, they rather make decisions based on a series of social factors such as their perceived pleasure and risks associated with a particular substance, the perceived potential of addiction, and the ways of managing risks, and so on. In the following section, we shall first delineate the ways our respondents perceive and assess the risks of using drugs. In particular, we pay more attention to their perception of ketamine and compare their perspective with the official prevention campaign. Based on the respondents’ narratives relating to the consumption of ice, we then examine how they perceive the pleasure and how they manage (or fail to manage) the risks during their drug use.

##### *(i) Perceptions and Assessment of Risk*

Most respondents did not perceive drug use as absolutely harmful. While all prevention

messages talk about long-term health risks of drug abuse, the respondents in contrast perceived that they would be the exception because they had subjectively evaluated their drug use behavior as “safe”. They further argued that the negative side effects of drug use are not “predetermined” and every moves in everybody’s life course involves some degree of risk. The following 24 year old female respondent, when asked how she felt about the government’s prevention message, captured a point shared by many of our respondents:

*Everyone knows ice brings illusions and erodes our brain...but these drawbacks are just superficial...you don't take it seriously. You doubt it, just like you doubt the possibility of having a baby after sex...I can always be the exceptional. Also, the prevention message is only to scare you, that's what I used to think...so I keep receiving those messages but I still use it (drug). (132)*

Based on their own subjective evaluation, some respondents also believe that more experienced use allows drug users to have a higher degree of tolerance to the risk of addiction and the side effects of heavy use. For example, the 25 year old male respondent, who used ice for a few times with his Filipino friends at Lan Kwai Fong, observed that his friends were not suffering from any side effects with daily consumption of ice, and he explains:

*Maybe the level of my friends was higher...by “higher level” I mean their ability to tolerate the side effects is higher...I couldn't see they were suffering from any side effects, I could rather see the benefits they gained from drug use...according to my friends, they can use drugs daily, and with no negative consequences. (102)*

The subjective evaluations of the risks associated with drug use and with particular drugs play an important role in the decision-making process of drug users. They do not receive information passively, rather, they usually interpret various information actively in conjunction with their “actual” experience. Many information and prevention campaigns on ketamine emphasize the adverse effects on bladder function as one of the most serious health risks. In the period before and during our study, this point was publicized in the media, and the majority of the respondents in our sample were aware of it. For those respondents who were already suffering badly from the side effects of ketamine, their descriptions of health consequences associated with ketamine consumption were largely aligned with the official discourse:

*It was just insane...at the later stages, most ketamine users have to go to the toilet every ten or fifteen minutes. The worst part of ketamine is its damage to the stomach, we all suffer from stomach ache, even when you recover from it...there's still a high possibility of relapse, not to mention you have to go to the toilet all day long...It definitely hurts your bladder too...so much inconvenience...and also, my memory is getting worse too. (129)*

*I could only manage one to two drops of pee every time I went to the toilet...as I had just taken too much ketamine...I also suffered from urethritis and stomach ache...sometimes, I had to go to the emergency room to get an injection of pain killers...all the damages and side effects just came to me very soon. (136)*

However, some of our respondents were skeptical or unsure about whether the side effects can be attributed solely to the pharmacological properties of a particular drug; they also evaluated the negative consequences of drug consumption based on their own actual experience or sharing from the experience of friends. For instance, some of our respondents believe that the risks of taking ketamine are related more to the adulterants that it might be mixed with, but less to its inherent properties (cf. Hunt et al., 2007: p. 85). As this 18 year old male respondent notes, “the newer ketamine has been mixed with a number of adulterants. It not only stops your breathing but also contracts your bladder” (105).

Some other respondents were fully aware of the long-term health consequences of ketamine, but they argued that their particular way of consumption set them apart from other drug users who had their bladders damaged by ketamine. The following 29 year old male respondent has been using ketamine for the past ten years. While he acknowledges the adverse effects on the bladder of taking ketamine, he claims that he has avoided this symptom by drinking alcohol and water regularly over the years:

*Well, I don't really go to the toilet so often. Maybe it's because I also drink alcohol on top of ketamine. Other ketamine users suffer from urethritis because they just drink too little water. But for me, I used to drink either alcohol or tea...so perhaps that's the reason why my bladder was not affected. Some of my friends had to stop their trucks on the roadside to pee, I think I am fortunate as I used to drink a lot of*

*water...I just can't help those who don't drink water. (143)*

The aim of the above analysis is not to show that most of our respondents tend to ignore or even reject the messages of the official prevention campaign, but rather to demonstrate that their drug use knowledge has developed more from their subjective evaluation of risks and their everyday's drug use experience. As Hunt and his colleagues (2007) noted, "whether the information came from official sources, books, friends, the internet or their own experience, the knowledge they acquired had an impact on what the [drug users] perceived the risks of drugs to be" (p. 83). In other words, the messages of the official campaign constitutes only part of their overall knowledge, while their decisions to use or not use a particular drug must be a function of a series of social factors. For instance, we discussed in section 4.5 that the perceived drug hierarchy has been changing in the last decade within the drug using circle in which ketamine is now considered as "unhealthy" and "uncool." Moreover, most of our respondents also add that the surging price of ketamine is another reason that stops them from using it. More importantly, the *actual* experience and the *perceived* risk of consuming different psychoactive drugs should play the most critical role in influencing the drug users' decision. If their actual experience of pleasure outweighs the perceived risks, this must become the major ground for them to justify their continuing use. Similarly, if the perceived risk, such as the perceived potential of addiction, is low, then it also heightens the belief that heavier use will not be detrimental to health.

#### *(ii) When Pleasure (or Function) Outweighs Risks*

In the previous section, we have demonstrated that the perception and assessment of risk of our respondents were derived from multiple sources, including the scientific assessment of health risks but mainly their own subjective evaluation of risks and everyday drug use experience. In particular, the majority of our respondents evaluated ketamine as "risky" either based on their own experience or subjective perception. In the following discussion, we shift our focus to the question of how they perceive the pleasure and risk associated with the consumption of ice. We have argued that drug users usually do not perceive drug use as absolutely harmful. Similarly, drug users do not see drug use from the perspective that it is entirely pleasurable with no risks. Rather, the majority of the respondents have engaged in a process of "risk management," so that they can gain the most benefits from drug use while minimizing the potential harm.

On the whole, most of the ice users in our sample perceive ice as a drug with a number of positive functions. The energy induced by ice was consistently mentioned by our respondents as the most important function of ice. A common phrase used to describe the reaction after taking ice is “thundering” in which the users can have a very high degree of concentration to focus on a single task over many hours or even days after consuming ice. Some respondents report that they could keep awake for more than a week. After gaining a higher level of concentration, some of them will do housework, watch Youtube, or go fishing with friends. Other used ice for killing time, as one respondent claims, he could play with a remote control for half a day without feeling bored. Here is another example of how they spend the time after taking ice:

*My best record is I only needed to sleep for one hour to recharge myself...I just slept for six hours in total for a week, and kept awake for four consecutive days. I could keep the same posture and keep clicking the mouse in the cybercafé, except for the few minutes I had to take drugs...I could manage to maintain the same posture for over thirty to forty hours. Ice can enhance your concentration to such a high level, you could just focus on the monitor and forget about drinking and eating. (114)*

While most of the respondents were just taking ice for leisure, some respondents used it for instrumental purposes. As some of our respondents worked in the service industry, they used ice to enhance their energy so that they could maintain motivation to complete repetitive and boring tasks, like the following respondent claims, “I can be more focused and then time can fly by much faster. As you know, our work is just so repetitive in the kitchen, so ice can motivate me to keep working” (135). Some other respondents tried ice to boost their ability in learning and they managed to get good results at least once, as a respondent recalls, “I used ice for revision. I could concentrate on the textbook and memorize all the contents. It worked, and I got full marks for the first time, but of course I couldn’t do it for every test” (129).

When reflecting on their experiences with ice, our respondents not only spoke of the above functions of ice, but many also felt that they had become more sociable and outgoing after using ice. For example, a respondent claims that ice could enhance communication between people, “it was easier for me to gain others’ attention. Everybody became more easy-going, I was also more sociable, so I also used it to get girlfriends...that’s why I keep

using ice” (105). In some cases, respondents may not only rely on ice to make them more sociable, they even need to take ice everytime before they hang out. Some female respondents note that it almost became their habit to take ice before they leave their home, for example, “I had to take it before I going out, just to calm me down. It’s just a habbit, I really don’t know why” (108) and “I didn’t want to go out of my home without taking ice. No motivation and no energy to do anything. But I get the motivation to go out once I take it” (130).

### (iii) Perceived Ability to Control

Having used ice for a period of time, most of our respondents should have acquired a better understanding of the benefits and risks associated with it. In order to negotiate between benefits and risks, most respondents have developed their own strategies in managing the potential risks associated with drug use. In general, most respondents acknowledge that only controlled use of ice is acceptable. Managing the quantity or frequency of use were seen as ways to mitigate some of the short-term and long-term consequences. They were all aware of the negative consequences of taking ice. They employed the mentioned strategies to keep the negative effects at a “manageable” level, so that they would not become too “short circuit:”

*Ice just keeps me awake, so it’s mainly for refreshing me. I didn’t use much, as there are just too many cases of “short circuit”. (141)*

*I won’t take ice relentlessly, I know how to control it, I won’t let myself be “short circuited”. I stop taking more once I feel a little faint, then I play a game for a while, then take ice again...or I would write a letter or listen to music. I write letters if I’m bored, I also take ice if I’m bored. (108)*

Through controlled use, most of the respondents believe that they can maximize the benefits and minimize the potential risks and side effects. Another common way to control the side effects of ice is to use other drugs as “antidote”. Some poly-drug users believe that the practice of combining different drugs can allay some of the negative physiological effects of ice. For example, ice users may take ketamine to avoid becoming over-energetic, as a respondent notes, “I speak with a stammer after taking ice, and I also speak at an unusually fast pace. No one can get what I say. Therefore, every time I visit my girlfriend’s family, I just take some ketamine to make sure nothing goes wrong” (105).

Apart from the above strategy of controlled use, some respondents just did not believe they would lose control. Many users talked about how they can avoid hallucinations after taking ice by not allowing themselves to “think.” They believe that hallucinations are not entirely from the pharmacological effects of ice, they are only a side effect suffered by those who are “mentally weak”. If one is mentally strong enough, then the paranoid delusions are not inevitable, as one respondent puts it:

*I believe if one is rational enough and there're other things for you to concentrate on...I mean if you don't let your imagination run wild, I don't see ice use would lead to "short circuit"...One can distinguish the feelings that ice brings you from hallucinations, just like if you get drunk, you can still be in control. (135)*

While non-users may cast doubt on this claim, it is actually more important to note that this perceived ability to control the side effects of drugs is quite common in our sample. In a similar vein, most respondents subjectively evaluate their level of addiction to ice as low because they claim that their craving for ice is just “psychological” but not “physical”. If it is just a psychological desire for the drug, they think that it will be entirely the user’s decision to use or not to use it. This perception was shared among our respondents irrespective of their years of experience of ice consumption. For example, the following female respondent who had used ice for over ten years commented on her “psychological” desire for ice in this way:

*I think it's just "psychological" dependence for the case of ice. I mean ice is not like heroin...the craving for heroin is more physical, but ice is only psychological...I don't know how to say it, I just want to take ice occasionally, but there isn't any bodily desire or physical symptoms. I simply want to take it. (107)*

Not all respondents were so confident in telling us that they were not addicted to ice though. However, the way they assess the risks of addiction is again based on their actual experience and their subjective comparison with other drugs. For example, the following two respondents had tried a number of other drugs such as ketamine but they both agreed that the craving for ice was the most serious:

*You don't expect addiction at the very beginning but you must realise it at the end.*

*Your whole life depends on it, you have to take it every morning, day after day. There was no addiction when I took ketamine, ice is much more powerful and uncontrollable than I had imagined. (104)*

*The craving for ice is the biggest among all...compared to those I've tried. I was still taking ice until the last moment before I entered this rehab centre. I had tried to quit but failed...but it was easier for me to quit other drugs. (130)*

(iv) Delayed Acknowledgement of Risks

We have demonstrated that the drug use behavior of our respondents was largely dependent on their actual drug use experience and their subjective assessment of risk. When they subjectively perceive more pleasure than risk or when they still can accept the risks as manageable, drug users continue using drugs. However, it is also important to note that there were some instances when their subjective assessment of risks failed. For example, some of the respondents acknowledge that they had once lost their ability to control the quantity and frequency of use, but they only realized after the negative effects of using ice had become so prominent. Some respondents used the phrase “stripped gears” as an analogy for their uncontrollable use. When the “gears” that used to balance risk and pleasure became “stripped,” the drug users could no longer gain any pleasure and benefit from using drugs but could only rely on drugs to keep their lives going, as one of the respondents describes:

*I had to keep using ice to maintain the energy level. I had to take it once every hour to get one hour of energy....Otherwise, I collapsed. I really had to keep taking it, like I had to take two bites of ice at every stop when I was a truck driver...I'm not kidding, I would just fall asleep without ice. Once I just fell asleep on the road, and I almost crashed. (103)*

Moreover, for those respondents who have admitted their overuse and the negative health consequences of ice, they also noted that such awareness and acknowledgement of risk were usually delayed. They were mostly unaware of the health consequences and the side effects of drug use until a third person approached them and discussed it with them or even after they had entered the drug treatment and rehabilitation centre, as the following two respondents recall:

*I was so defensive when strangers approached my baby girl on the street at that time...they may simply have thought she's cute but I perceived everyone as dangerous and they would just grab my daughter...Until I stopped using ice for a month, and after my social worker reviewed things with me, I found that it was so fortunate that I didn't get into any trouble before, otherwise I know I would be in the Castle Peak Hospital (a psychiatric hospital in Hong Kong) but not here in the rehab centre. (112)*

*Staying in the rehab centre now, my consciousness is beginning to come back and I start to realize the seriousness of my problem. It's really erosive to my brain and it also reduces my reaction times, it's just like a lagging PC. I can feel my brain is really slow, my reaction is always lagged...even if I want to say something, I am stuck sometimes. (127)*

#### **4.6 Newly Emerging Trends**

As we reviewed in Chapter 1, ketamine has been the most popular drug among young drug users in Hong Kong since the early 2000s. However, the percentage of young drug users using ice exceeded the percentage using ketamine and has been the most popular drug since 2015. The popularity of ketamine continues to decline, and in 2016 it fell to be the third most popular type of substance abused. Meanwhile, the percentages of cocaine users and cannabis users increased steadily between 2011 and 2016 (see Table 1). These changes in the drug scene are also corroborated by our respondents' narratives. First, ketamine is no longer enjoyed and used by most of our respondents. Second, most of the respondents also agreed that ice is the most popular drug in the current drug scene. Third, some of the respondents were poly-drug users who mainly used cocaine or cannabis but consumed ice only occasionally. Although cocaine users and cannabis users were still the minority in our sample, we feel that a short summary of representative cases will provide a glimpse of a possible emerging trend in Hong Kong.

The first case was a 28 year old male respondent who mainly used cocaine in recent years. The first drug he tried was cannabis when he was ten years old. As the experience of cannabis was not good for him, he did not start using drugs until he was 14 years old when he first tried ketamine and ecstasy at a disco with his friends. He studied up to S.5 and then worked at a pharmacy on a part-time basis, which provided him with easy access to cough

medicine. He then used ketamine, ecstasy, cough medicine, and ice until he was 22 years old when he switched to using mainly cocaine. He began his own business when he was 25 years old, which allowed him to continue using the luxury drug. Cocaine is not only expensive but also addictive, so, he could only stop using cocaine after he had spent all his money on it. We interviewed this respondent at a drug treatment and rehabilitation centre, and he was expecting to lead a drug-free life after he returns home. While this respondent could afford to buy cocaine on his own, other cocaine users in our sample had to rely on other channels to obtain this expensive drug, such as from their boyfriends (for female respondents) or through engaging in cocaine trafficking themselves.

The second case was an 18 year old male cannabis user who also occasionally used ice and LSD. He first tried cannabis during high school when his schoolmates gave him some after school. The positive experience with cannabis led him to use cannabis everyday for two years, until now. According to this respondent, cannabis users tend to use cannabis together and they also enjoy treating friends to cannabis. So, for the first few times, this respondent could easily get cannabis when he was with his friends, but later he became the one who treated others. He spent an average of eight thousand Hong Kong dollars per month on cannabis in the last two years. This respondent was also a fan of underground music in Hong Kong and he started working as a part-time stage assistant after he had dropped out of school in S.5. To this respondent, using cannabis is a sub-culture. Most of his friends and colleagues use cannabis. Cannabis has a symbolic status in his circle: it not only enhances their experience in enjoying music, it also symbolizes their subcultural identity. Other respondents in our sample who had tried cannabis largely shared this view that cannabis is more than a drug, it is also considered as a marker of social distinction.

## **5. Findings from Interviews with Frontline Workers from Drug Counselling Centres and Treatment and Rehabilitation Organisations**

### **5.1 Introduction**

To triangulate the findings from the in-depth interviews with drug users, we have also conducted in-depth interviews with frontline workers and focus group interviews with representatives from drug counseling centres and drug treatment and rehabilitation organisations in Hong Kong. As described in Chapter 3, we conducted in-depth interviews with 20 colleagues from different treatment and rehabilitation agencies and drug counselling centres from September 2017 to February 2018. While most of the interviewees were social workers, we also interviewed two peer counselors, an assistant center-in-charge, a registered nurse, and a volunteer from the participating organisations. The two focus groups were held during April 2018. In total, nine representatives from eight organisations participated in the two focus groups.

In the following section, we summarize the findings according to: (1) general profiles of young psychoactive drug users; (2) changes in popularity of different psychoactive drugs over the last decade; and (3) adolescent attitudes towards psychoactive drugs. The data presented in this chapter is juxtaposed with the data collected from the drug users' in-depth interviews, so that we gain a more holistic view of the current adolescent drug scene in Hong Kong.

### **5.2 General Profile of Young Psychoactive Drug Users**

Data collected from both the in-depth interviews with frontline workers and the focus group interviews confirms that the socio-demographic characteristics of the drug users of our sample are similar to most of the clients at the drug counselling or rehabilitation centres. Young drug users in general are low achievers in Hong Kong's education system. They were mostly dropouts from junior secondary schools and were employed mainly in industries which require manual labour such as logistics or the service industry. The nature of such jobs is also one of the reasons why they need to consume ice:

*Ice users come mainly from the lower class...people with higher qualifications and who are relatively better educated are less likely to use ice. From my point of view...many ice users have to rely on the CSSA to support their spending on ice,*

*and most of them are drop-outs from junior secondary school...they are a deprived group and usually work as manual laborers, so they use ice to refresh. (207B)*

*There's no big difference in their occupation types, most work at the lower-middle level. They are usually drop-outs from S.3. For those who are employed, their salary is usually within ten to twenty thousands (Hong Kong dollars). They are skilled which also means they are not working as unskilled labour. Some of them are drivers, some others are foremen on the construction sites...it's the lower-middle level, and not really the lowest. (202)*

*They mainly work as...salespeople. For female drug users, they also work as beauticians while males are physical laborers in general, like warehouse assistants, delivery assistants and cooks...some of them are also responsible for mechanical operations in the warehouses. (FG1A)*

*I have many ice cases working in the Kwai Chung Container Terminals and many are grassroots. Most of the ice users have to work overnight...and they are mostly aged between mid-twenties to thirty. (FG1B)*

Apart from the low achievers in the education system and the manual labourers, young drug using mothers and MSM drug users were the other “at-risk” groups in the community:

*Drug using mothers aged between twenty something and thirty are very common...there was also one older drug using mother who was aged fifty...According to my observations, these mothers use ice because of pressure...from the family or their husbands...like there's a drug using mother who had to take ice because of the poor relationship with her husband. (204)*

*Drug use in the MSM community is also common. I also have two cases of MSM, they like to join in with chem fun...they used ketamine in the past, but now they use ice more in chem fun because they find it beneficial for sex. So, they don't use ketamine now but mostly ice. (FG2B)*

Although marginalised youths may still constitute the largest part of the young drug user population, some frontline workers note that there were indeed more cases of well-educated or semi-professional young drug users in the community. These groups of young drug users usually had a higher diploma or even a bachelor's degree, and their families were also relatively better-off than a typical young drug user:

*Generally speaking, young drug users are relatively poorly educated, S.5 or below. However, there's still some...about 10 percent of the young drug users population with higher qualifications. I also had some cases of degree holders or masters.*  
(206B)

*You can see some of them have finished university education, some had higher diplomas or were doing their higher diploma programmes...even though some were not degree holders, their family background was also better off...it doesn't really mean that they were really rich, but at least they were not as poor as those like the new immigrants...I had cases of a sommelier, pharmacy student, and also a play-group tutor.* (208)

The changes in socio-economic status of the young psychoactive drug users over the years was also noted by the focus group participants. Some focus group participants compared the earlier cohort of drug users with the current young drug users and found that it is now harder to conceive adolescent drug abuse as a phenomenon only confined to marginalised youths. While lower-class and members of triad gangs characterized the young drug users decades ago, young drug users nowadays come from a very diversified socio-economic backgrounds, as the focus group participants note:

*Twenty years ago, ...those young drug users were mostly triad gang members...but young drug users now come from more diverse backgrounds. In the past, they were from single-parent families and CSSA families, and now, we have sons of doctors, lawyers, nurses, civil servants, even missionaries, and social workers. Of course, these are not the majority but we did not see these cases in the past. Now, backgrounds are more diversified.* (FG1C)

*The older cohort of drug users were low achievers in school, then met their "big*

*brothers” when they were wandering the streets, then later became drug users as well...it was really typical in the past. But now’s different, young drug users aren’t less educated or from poor family backgrounds. Their families can be well-off. They usually try drugs because of the fun at the beginning. (FG2D)*

The above observation is largely compatible with the normalisation thesis (Parker et al., 1998; Parker, 2005), which asserts that deviant activity such as illicit drug use has moved from the margins toward the centre of youth culture. Having said that, the degree of normalisation among marginalised youth is still higher than among young people in general (Cheung & Cheung, 2006).

### **5.3 Changes in Popularity of Different Psychoactive Drugs over the Last Decade**

The data collected from the in-depth interviews with frontline workers and the focus group participants also provides more evidence for us to assess the changes in popularity of different psychoactive drugs in Hong Kong over the last decades. In the following section, we report on their observations with respect to different psychoactive drugs.

#### (i) Ketamine

Frontline workers and focus group participants all agreed that ketamine – the once most popular drug on the drug scene – is no longer enjoyed and used by young drug users. Most frontline workers point to the fact that low supplies of ketamine in the drug market in the last decade forced a change in the drug consumption pattern of young drug users, from using ketamine to using other relatively cheap and more easily obtainable alternatives such as methamphetamine:

*I have two cases of ketamine users but they both have started to quit. Owing to “typhoon” (「打風」, stringent control of drug trafficking), the price of ketamine increased drastically and it has become really hard to buy, so they can only quit using ketamine. There are of course some cases shifting from using ketamine to ice because of this. (206A)*

*Ketamine is now really expensive, and you can hardly get it in the market. Even for those who are obsessed with ketamine and could pay a high price, they also*

*have to quit. (FG1B)*

*Ketamine is way more costly than before. I just asked my clients about the price of ketamine, as they may still be notified through Whatsapp by the dealers...Ketamine is really expensive right now, about HK\$600 for a gram...compared to a few years ago, you could get 10 grams for about HK\$1000, so the price is much higher now. (FG2D)*

The changing perception of ketamine among young drug users was also the result of the successful anti-ketamine campaign by the Hong Kong government, as the following social worker from a drug counselling centre argues:

*You could see the efforts of the government...the prevention messages keep talking about the risks of ketamine, how ketamine causes problems in your bladder...I think it has a great impact on young people...when our colleagues went to schools and gave talks, the students could easily get our message, and it just shows that the whole prevention campaign is effective. (208)*

Furthermore, the popularity of ketamine during the last decade was regarded as an exceptional phenomenon in Hong Kong by some of the focus group participants. If ketamine was excluded from the drug scene, the overall trend actually did not fluctuate much over the years. As one focus group participant noted, the total number of young drug users in Hong Kong peaked in 2009 and the increase in number was mainly driven by the upsurge in ketamine consumption. As ketamine has almost disappeared from the current drug scene, the figures have now returned to a “normal” state:

*I have been paying close attention to the drug trend for young people aged under sixteen...the figure fluctuates sometimes but just from two hundred to about four hundred in four or five years time...but in 2009, the figure suddenly surged and reached nine hundred...that was really unique in the past two decades, I think it wasn't representative...and now, the figure goes back to three to four hundred, so I would say it is just back to normal. (FG1C)*

(ii) Methamphetamine

As discussed in the case of ketamine, both frontline workers and focus group participants see changes in the supply of psychoactive drugs as a crucial driver to changes in adolescent drug use patterns. When talking about the rise of methamphetamine in the current drug scene, a number of frontline workers and focus group participants also attempt to explain it by this “supply-driven” thesis:

*The “typhoon” reduced the supply of ketamine. My clients told me that it was hard to get ketamine...and drug dealers just sold them methamphetamine instead. This was what happened at that moment...and it was “high” to them, it brought them power, so I witnessed many clients shifting from using ketamine to using ice at that time. (FG2A)*

*There is just too much ice in the market, so the price keeps going down. Ice is cheaper but the duration of enjoyment can be longer than ketamine or cocaine...with ketamine and cocaine, you can be “high” for just an hour, but with ice, you can get the same high for a few more hours...so the price of ice is more “reasonable,” or you could say, it has a higher cost-performance ratio. (201B)*

Other frontline workers and focus group participants attempt to explain the increased popularity of ice by the positive effects that ice brings to the young drug users. Some of their clients used ice to maintain a high energy level to work or to play. The findings from the in-depth interviews with drug users also corroborated this observation (see 4.5 (ii) When Pleasure (or Function) Outweighs Risks). The following quotes demonstrate some of the positive effects of ice that attract the young ice users, as observed by the frontline workers and the focus group participants:

*I have a group of working youths, around 10 of them...as they need to go to work, they usually take ice before work. It refreshes them and gives them extra energy to work...but if they try to quit, the “melting” experience (or “comedown”) makes them collapsed and they simply cannot go to work...To earn a living, they have to take ice at work, take a rest after work, and take ice again the next working day. (FG1A)*

*I guess some of the ice users were particularly obsessed with the effects of ice...which makes them very hyperactive and energetic for a long period...some of my past clients said they could just hang out with their “big brother” for days and nights. (203)*

Apart from the above explanations, a frontline social worker offered another possible explanation to the growing number of young methamphetamine users by arguing that many “hidden” ice users began to seek help only recently after a very long period of hidden use and the increased number of reported ice users is only reflecting this fact. In other words, a group of hidden ice users has been here in Hong Kong for many years already, as the frontline social worker puts it:

*When ketamine was very popular in Hong Kong, we were just not aware of the problems of ice...and now, when many ice users begin to suffer from mental health problems, so it finally reflects in the figures...Indeed, I know many of them who have taken ice for more than ten years. (207A)*

### (iii) Cocaine

From the CRDA statistics and the in-depth interviews with young drug users, we have already noted that the popularity of cocaine has been increasing steadily in the drug using community. The frontline workers and focus group participants also concurred with this observation. More young drug users shift to use cocaine for a number of reasons. While the recent price drop of cocaine may be the major cause, the perceived milder side effects of cocaine and the ease of use of cocaine are also other factors that attract more drug users to shift to use cocaine:

*If you ask me, cocaine is really convenient, as you need to have some equipment to take ice, but the way of taking cocaine is easier...Moreover, the price for cocaine is now comparable to that of ice. Then why don't I choose cocaine that is more convenient, and sometimes even you can get a better “high” from it than ice? As a consumer, this is the way they make decisions...and that's why the trend changes. (205)*

More importantly, as also addressed in the earlier drug users' analysis, cocaine is perceived as

a “status symbol” among young drug users and it gives a sense of pride to its users (see 4.4 (i) Construction of Drug Hierarchy):

*Cocaine is also leading the market and has even become more popular than my imagination. My clients explain that all other drugs are also becoming more expensive...so if I have to pay a high price for drugs, why not buy cocaine? They also believe that the side effects of cocaine are milder, so they are very willing to pay a slightly higher price for cocaine. Also, the image of cocaine is more prestigious to them...let's say, if I am cocaine user, I am higher class than ketamine or ice users...so even if someone takes both cocaine and ice, they would prefer to claim they are a cocaine user. (FG1A)*

#### (iv) Cannabis

Cannabis has been in the drug scene of Hong Kong for many years. The frontline workers and focus group participants have been keeping their eye on the changing trend of cannabis consumption among young people in Hong Kong. According to the focus group participants, recreational use of cannabis is very common in some educational settings such as international schools and youth colleges:

*Cannabis has always been a problem, especially in the international school. It's very common, like smoking...They would just take it occasionally, so they don't take it very seriously or perceive it as problematic. (FG1C)*

*The drug is very common in youth colleges, it is very attractive to them...There's always some of your friends who are using the drug...and I've talked to more than ten schoolboys...they said cannabis is a social drug and can reduce the social distance between people. They even showed me a video in which they were rolling a marijuana joint on the rooftop. (FG1B)*

Recently, some cannabis users have also taken to social media to promote cannabis and demand for the legalization of cannabis in Hong Kong:

*There's some online forums and Facebook pages promoting the legalization of cannabis. It provides some information, that seems to be true, to promote the*

*benefits of cannabis. Young people love to visit these pages and they even share the information through their network...(FG1A)*

In short, the popularity of cannabis and cocaine has been increasing among young drug users in Hong Kong as indicated by both the qualitative data from young drug users and frontline workers (see also section 4.6).

#### **5.4 Adolescent Attitudes toward Psychoactive Drugs**

In Chapter 4, we have analyzed how young drug users perceive the risks associated with psychoactive drug use and demonstrated that their risk perception is derived more from their own assessment of risk and pleasure in drug consumption than from the official agenda on risk. For example, our data shows that young drug users usually assess the risks of one drug relative to other drugs; their drug use behavior is also influenced by their perceived ability to control the side effects of drugs. The above findings are substantiated by the data collected from in-depth interviews and focus group discussions with frontline workers too.

##### *(i) Health Risk Perceptions*

According to the frontline workers and focus group participants, health risk perceptions have played a significant role in determining the drug use behavior of young drug users. Most of the clients chose to stop using ketamine because they acknowledged the adverse effects of ketamine as real. Such acknowledgement was grounded on either their own experience or their friends' stories. However, as some drug users had yet to experience any unpleasant side effects from ice, they thus perceived ice as a “relatively” safer drug than ketamine. We have already discussed how young drug users perceive risks of different drugs from such a “relativity” perspective in section 4.5 (i), the following quotes from our frontline workers' interviews substantiate the above claim:

*Some of my clients were aware of the side effects of ketamine...like influences on their bladder, problems in going to the toilet...they could somehow feel the physical impacts of ketamine...but with ice, they think that the physical impact of ice is not that imminent...at least there is no problem in going to the toilet. (209)*

*The price of ketamine and ice are similar...but the problems of ketamine are now*

*very prominent, while there seems to be no great health risk with taking ice...so the decision is very easy to make, one at a reasonable price but also with more excitement...drug users usually make decisions based on this information. (201A)*

*The impacts of ketamine on health is very obvious, you can see there's blood in your pee...and urethritis...the impacts is just easily observable...so some of the drug users perceived the health risks of ketamine as great, while when you look at ice, there is no comparable physical damage...there are only mental health problems, and you can never see your mental disorder...(207C)*

However, the perception of ice as a “safer” drug is also changing now. Similar to ketamine, the awareness of the negative health consequences of ice also takes years to develop. Only after the negative effects of using ice became prominent did young drug users begin to reevaluate whether taking ice was worth the benefits or not:

*The negative health impact of ice is becoming more and more prominent, as there are just too many cases of “short circuit” in heavy use, so the light users also begin to be afraid of ice...there are usually one to two cases of mental problems in a peer group of young drug users....the lighter users are all perplexed by their paranoid friends, so they are now trying to stay away from ice. (FG1A)*

The “relative” perspective is also applied by other social workers to explain the recent shift from using ice to using cocaine among young drug users. Many social workers observe that cocaine is becoming more popular because young drug users perceive cocaine as more “value-for-money” than ice. By “value-for-money,” they mean drug users would prefer a drug that is slightly more expensive but with less side effects. As most young drug users are still not aware of any negative health consequences of cocaine, at least for the time being, cocaine is thus perceived as less “risky” than ice by some of the cocaine users:

*Some of our young clients have already turned away from ice because they are scared by the cases of “short circuit”...They have now shifted to using cocaine, as they truly believe that there are far fewer side effects with cocaine. (FG1A)*

### (ii) Perceived ability to control

Based on the analysis of drug users' interviews, we have already demonstrated that some drug users have employed their own strategies to control the side effects of ice. Most young drug users also perceive their own way of drug use as "controlled" use. Some drug users even assert that they have the ability to "manage" the side effects of ice. A number of frontline social workers have raised this similar point, as some young drug users had told them that only "mentally weak" users are susceptible to the side effects of paranoid delusion:

*They're confident in mastering the effects of ice and say, "I can stop whenever I want to." They think they're capable of controlling the drug...they perceive that they can handle it, so nobody should stop them...They always claim that they are not yet mad...those mad ice users are just stupid and mentally not strong enough...so some of them are actually quite proud of themselves for being able to control the side effects of ice. (205)*

*My clients told me that the key is to control their thoughts...If they start to feel the illusion, they would tell themselves it's fake...so they won't become "short circuit" ...They think that their brains are in their control, they can't be conquered by the illusion...when you hear something strange, you have to deal with it first by telling yourself it is not real...(206B)*

### (iii) Recreational Use of Psychoactive Drugs

We noted in Chapter 4 (section 4.4 (iii) and section 4.6) that the concepts of drug use as "lifestyle" and "identity" are emerging in the drug scene in Hong Kong. A small number of young drug users now perceive drug use as part of their lifestyle; they not only use drugs for their positive effects, they also see drugs as a marker of social distinction. As pointed out by the frontline workers, the most distinctive feature of this group of young drug users is their recreational way of use. This type of young drug user may take drugs only once a week or even only during holidays. As the following social workers note, the concept of drug use for this group of drug users is totally different from the older cohort:

*The younger cohort of drug users perceive drug use differently from their older counterparts. They don't classify drug use as abuse, they don't think it's serious...especially for those who take cannabis or cough medicine...They claim*

*that they're alright with controlled use...they would set a limit for themselves...say they only use drugs on special occasions like parties or on birthdays...they perceive their use as controlled use or recreational use...so they won't consider themselves as drug addicts. (203)*

*Some of them have used drug in a controlled way for so many years...they use drugs on consecutive days off...for example, they use drugs on the first day off and then take a rest on the second day off...this is their way of controlled use...Their attitudes toward drugs are very different...they have learnt how to protect themselves, and they will still go to work or school...they are more conscious of the health consequences of drug use. (FG1B)*

Recreational ways of drug use have also created new difficulties and challenges for the frontline workers. Social workers often faced a dilemma about whether to ask the recreational drug users to go “clean” or not because recreational drug users usually do not experience imminent health risks, as shown by the following example:

*There are actually some unresolved cases of recreational drug users in my hand, but new cases are also coming in...so what should I do? Should I close the files for those recreational drug users who use drugs in a controlled way, but they are not yet clean? Or should I focus on the more thorny cases instead? The dilemma here is whether clean should be the ultimate goal or if we can also accept “controlled” use. (FG1B)*

## 6. Conclusions and Policy Recommendations

### 6.1 Summary

The primary objective of the current study is to decipher the reasons for the increased popularity of methamphetamine among young drug users in Hong Kong. Following the literature on techniques of neutralization (Shiner & Newburn, 1997; Cheung, 2012, 2015b) and risk perceptions associated with drug misuse (Hunt et al., 2009; Singer & Schensul, 2011), the current study aims to identify the techniques used by the young drug users to neutralise their feelings of guilt and stigma associated with their drug use identity, and to examine the differences in risk perceptions between ketamine use and methamphetamine use.

We conducted in-depth interviews with 45 young drug users in Hong Kong. The differentiated normalisation perspective was adopted in our analysis which assumes that only a sub group of the population might view illicit drug use as normal. Through documenting the socio-demographic characteristics of our sample, some common features of this sub-group have been highlighted. Most of our respondents were low achievers in the Hong Kong's education system. The majority of them did not have a stable career, mostly working in the logistics and service industries, and some were part-timers or flexible workers. However, we should also note that a minority of our sample were relatively well-educated. Methamphetamine (ice) was the most commonly used psychoactive drug in our sample, but the frequency of use and habit of use varied among the respondents. The majority of the sample were heavy users of ice, while there were also other respondents who only used ice occasionally. Ketamine was no longer consumed as a main drug by most of our respondents.

Based on the qualitative narratives from the in-depth interviews, we found that the use of neutralisation techniques was very common in our sample. Through constructing a drug hierarchy, our respondents attempted to differentiate their own drug use habits from other “unacceptable” drug use behavior. For example, ketamine is now considered as “unhealthy” and “uncool” among most of the respondents. Some respondents also think that their illicit drug use identity can be better concealed by using ice than ketamine because ketamine use is usually associated with the image of “snorting” and ‘unconsciousness’ – behaviours of a typical “drug addict” in their eyes. Moreover, the “classic” symbolic boundary between heroin and psychoactive drug is also drawn by our respondents. Through reducing their own drug use behaviour to just a “had habit” or “common leisure activity,” our respondents also

largely minimized their sense of guilt.

We have also outlined the contours of young drug users' perceptions of risk and demonstrated that the drug users' framing of risk taking is indeed more subtle and complex than is often portrayed. Many respondents were aware of and acknowledged the effects and potential consequences of their use. However, they did not perceive drug use as inherently risky, rather they evaluated the risks associated with different drugs based on their everyday experience. To a very large extent, the actual drug use experience and their perception and assessment of risks influence their drug using decisions. Owing to the successful campaign against ketamine, most of our respondents were well aware of the adverse effects of taking ketamine, but their decision to stop using ketamine was also grounded on, for instance, their "unpleasant" experience of ketamine use. Meanwhile, most ice users in our sample articulated ice consumption as largely pleasurable and the associated health risks as somehow "controllable" or "manageable." Nevertheless, we have also found variation in the perceived potential of addiction to ice and instances when some respondents failed to "control" the side effects of taking ice. The acknowledgement of risk and side effects was sometimes delayed too.

In-depth interviews with frontline workers and focus group interviews with representatives from drug counselling centres and drug treatment and rehabilitation organisations in Hong Kong were conducted to triangulate the above findings. Based on the qualitative descriptions provided by frontline workers and focus group participants, we have a more thorough understanding of the current adolescent drug scene in Hong Kong. First, while marginalized youths may still constitute the largest part of the young drug users population, the socio-economic backgrounds of young drug users have become more diverse in the latest decade. Second, the changing perception of ketamine among young people did play a significant role in explaining the decline in demand of ketamine, but the changes in supply may also influence their drug use behavior to some extent. Third, although methamphetamine is now the most popular drug, cocaine has the potential to surpass the status of methamphetamine if the price of cocaine continues to drop in the future. Fourth, risk perceptions of young drug users do change. While the side effects of methamphetamine had been perceived as "controllable" or "manageable" before, some young drug users are now beginning to realize and acknowledge the negative health consequences of ice. Meanwhile, as young drug users are still not aware of any negative side effects of cocaine, cocaine is

perceived as less “risky” than ice. Fifth, there are growing concerns about recreational drug use and the emerging conception of drug use as “identity” and “lifestyle.”

Overall, we have shown how our respondents make decisions about drug use from their own perspective. Through analyzing their use of neutralisation techniques and their perceptions of risk, we have deciphered the reasons why young drug users have lost interest in ketamine but choose to use other psychoactive drugs, methamphetamine in particular, as the “cooler” or “safer” alternative. The social construction of drug hierarchy has rendered ice consumption as more acceptable or trendy than other drug use behavior and thus partially neutralised drug users’ sense of guilt. Also, when the young drug users perceive that they are able to control or manage the side effects of ice, they would continue using it for its pleasure and functions despite being fully aware of the potential health risks. Moreover, we have identified some possible new changes in the drug scene such as the emerging concept of drug use as “lifestyle” or “identity” and the rising popularity of cannabis and cocaine. Lastly, the data collected from the interviews with frontline workers and focus group interviews with the representatives of drug counselling centres and rehabilitation organisations have substantiated the above findings.

## **6.2 Discussion and Policy Implications**

### ***(i) Beyond Ketamine: Changing Trend of Psychoactive Drug Use***

The surge in popularity of psychoactive drugs among young people in Hong Kong since the late 1990s has attracted much investment by the Hong Kong Government to gear up drug user treatment and rehabilitation services, and related efforts in prevention and education. After more than a decade of input from the government, we see signs of effective drug use prevention efforts as the numbers of ecstasy users and ketamine users have both dropped significantly. Our qualitative data can also serve to demonstrate the success of the prevention campaign in the last decade as most of our respondents began to acknowledge the side effects of ketamine and some even abstained from using ketamine. Although the percentage of ice users exceeded the percentage of ketamine users in the latest CRDA data, the overall trend in the total number of young drug users is indeed declining. Therefore, the system on the whole is effective. Nevertheless, no system is foolproof. To deal with the changing trend of psychoactive drug use in Hong Kong, we have highlighted the importance of studying the meanings and experiences of drug use from the young drug users’ perspective. For example,

some of our respondents take multiple drugs, not because they want to multiply the pleasure of drug use, rather they are using other drugs as a “cure” for the side effects of another drug. Focusing on promoting the negative health consequences of one particular drug may thus be futile for this type of poly-drug users as they have already ‘solved’ their health problems by their own means – taking more, but alternative, psychoactive drugs. In short, if we are to devise a more effective system, we must engage young people (users and non-users) as important players and incorporate their views on drug use prevention and intervention strategies (Cheung, 2015a: p. 1049).

### (ii) Degree of Normalisation

As shown in Chapter 4, most of our drug user respondents are low achievers in the Hong Kong education system. Their occupations also cluster around a number of industries such as logistics and catering. However, the impression of adolescent drug use as a phenomenon only confined to marginalized youths is only partially substantiated by the data collected from the frontline worker’s interviews. While the frontline workers still agree that most of their clients do come from marginal groups, the socio-economic backgrounds of young drug users are indeed becoming more diverse. When comparing the current young drug users with their older counterparts, the frontline workers and focus group participants all claim that the number of young drug users with relatively better socio-economic backgrounds is steadily increasing over the years. Owing to the limitations of our recruitment strategy, our sample of drug users does not reflect this changing trend. As most of our respondents were recruited mainly through the channels of treatment and rehabilitation organisations, the sample was possibly limited to respondents with longer drug use histories. However, as we also noted in Chapter 5, many drug users may use drugs only recreationally. If we are to unearth the drug use behaviour and related attitudes of those recreational drug users, we have to conduct a territory-wide survey so that we have a better understanding of the degree of normalisation in the adolescent drug scene.

### (iii) Neutralisation Techniques and Normalisation

The use of neutralisation techniques in justifying their illicit drug use behaviours is ubiquitous among our respondents. The major neutralisation techniques include the construction of symbolic boundaries and a hierarchy of drugs. Apart from these “assimilative” techniques, our findings also reveal that a minority of our sample actively pursue their own “transformative” agenda by attempting to redefine their drug use status as

“normal.” From these findings, a wide spectrum of responses and reactions by young drug users was revealed, but we also have to reiterate here that young drug users employing “assimilative” types of neutralisation techniques were still the majority in the adolescent drug using population. In the normalisation literature, there is an on-going debate arguing whether neutralisation techniques among drug users are necessarily associated with normalisation or not (Shiner & Newburn, 1997; Jarvinent & Demant, 2011). For those who support the normalisation perspective, they claim that the employment of neutralisation techniques would indicate a “normalised” mentality among drug users. While for those who oppose it, they would argue that drug users’ reliance on neutralisation techniques may also be the outcome of their submission to the current social norms that conceive illicit drug use as “deviant” behavior. Our findings could not provide full support for either of these positions. While there were some respondents who perceived drug use as a very prevalent phenomenon and normal behaviour among their peers, there was also a substantial number of respondents who actually felt that they were “deviants” and used neutralisation techniques to ease their sense of guilt. These mixed findings actually also demonstrate that the degree of normalisation among the young population and even among the drug using population is not very high.

*(iv) “Lay” Risk Perceptions of Psychoactive Drugs*

Our findings suggest that young drug users are not completely unaware of the negative consequences of drug use, neither are they denying the scientific discourse. Rather, young drug users usually make decisions based on a series of social factors such as their perceived pleasure and risks associated with a particular substance. In the literature on risk perception, it is assumed that the discrepancy between “lay” knowledge and expert knowledge would usually lead to young people’s indifference, or even skepticism, toward all prevention messages and government sponsored campaigns (Duff, 2003b). Some young people in the West, especially young recreational drug users, feel that prevention campaigns usually exaggerate the extent of the harm and sometimes disseminate information that is not in line with their everyday experiences. From our findings, we do not find this general mistrust of government among our respondents. Moreover, although there were some differences between the scientific discourse of risk and the drug users’ knowledge of risk, the gap between them is still far from unbridgeable. One possible explanation to this “anomalous” status of the Hong Kong case may lie in the considerably smaller population of recreational young drug users than in the West. Nevertheless, regardless of which mode of drug use (heavy use or recreational use) is more predominant in Hong Kong, we must forge a better

relationships between the scientific community and the drug using community, so that a more “realistic” presentation of risk can be built (Duff, 2003b: 296, quoting Beck, 1992: 59).

#### (v) Recreational Drug Use

Based on the qualitative findings, we have some initial evidence showing that a substantial minority of young people are now using drugs recreationally and occasionally. The emerging concept of drug use as a form of “lifestyle” and “subcultural identity” has also been discerned. However, this current study has mainly focused on habitual long-term drug users, the situation of recreational drug users remains still largely unknown. Although local drug use studies have documented the situation of recreational drug use in the disco setting during the ecstasy era (e.g., Joe Laidler, 2005), more research on recreational drug use in the “post-disco” era is actually imperative. Recreational drug use may not interfere with the daily functioning of the users, as they can still manage to go to work or school. Do they use drugs as part of their lifestyle? How does this type of drug users perceive the risks and pleasure associated with recreational drug use? Are there any differences in risk perception between habitual drug users and recreational drug users? There are more questions than answers now, and we must enhance our understanding of the recreational drug user population by collecting more empirical evidence in the future.

### **6.3 Policy Recommendations**

#### Recommendation 1:

As shown by our qualitative data, accurate information about the physical and social harms of drug misuse has played a significant role in enhancing an effective drug prevention campaign. Building on the success of ketamine, the government’s prevention efforts should continue to keep abreast of changing drug trends by disseminating the most up-to-date medical knowledge of other increasingly popular drugs, including not only methamphetamine but also cocaine and cannabis.

#### Recommendation 2:

Our study reveals a gap between the scientific discourse of drug use and the health risk perceptions of young drug users. Arguing along with Duff (2003b), future prevention programmes should provide information on the health and social consequences of drug use that are of immediate and practical relevance to young drug users. To achieve this, policy

makers should acquire a better understanding of the changing drug culture and the meanings of drug use from young drug users' perspectives. Views of young people (users and non-users) should be incorporated into drug use prevention and intervention strategies to a much larger degree in the future (Cheung, 2015a).

*Recommendation 3:*

Traditional approaches to drug prevention and rehabilitation focuses squarely on socially desirable outcomes of change (Maeyer, 2009). In addition, these socially desirable outcomes usually only include health outcomes such as becoming drug free or adopting harm reduction. However, as revealed by the qualitative data of this study, health risks from psychoactive drug consumption is just one of the many concerns of young drug users. The decision-making processes of young drug users are actually based on both health-related and non-health related social factors. It is suggested that a multi-faceted approach to drug prevention and rehabilitation should be put in place. In particular, the concept of “Quality of Life” could be a useful tool in designing effective substance abuse prevention and treatment programmes (Maeyer, 2009; Cheung & Cheung, 2018). Apart from health-related outcomes, a more comprehensive approach to drug prevention and rehabilitation should focus also on other aspects of quality of life such as opportunity for personal development and social inclusion.

*Recommendation 4:*

As revealed by the qualitative data collected from frontline workers' interviews, the socio-economic backgrounds of young drug users are becoming more diverse. In other words, adolescent drug use is no longer a marginalized group phenomenon. Moreover, the emergence of drug users who perceive drug use as a “lifestyle” and a “subcultural identity” has created additional challenges for drug abuse prevention and education. To be better prepared for possible changes in the adolescent drug scene, we must enhance our understanding of the recreational drug user population by collecting more empirical evidence in the future. Apart from the existing large-scale survey on drug use among students in Hong Kong, qualitative studies on recreational drug users could be another useful channel to probe into the changing adolescent drug culture.

## **6.4 Limitations**

To discern the neutralization techniques and risk perceptions of young drug users, the

current study conducted in-depth interviews with 45 informants who were referred by treatment and rehabilitation agencies and drug counselling centres throughout Hong Kong. It should be acknowledged that, however, the neutralization techniques and risk perceptions analyzed in this report may not be exhaustive. The analysis is based on a limited sample recruited through referral which cannot be treated as representative for drug using population in general. Moreover, our informants could only describe their neutralization techniques and risk perceptions retrospectively during the in-depth interview. Indeed, it is possible that there are still other aspects of neutralization techniques and risk perceptions which can only be revealed in drug users' daily life. The current project has already used the method of triangulation, so that the data collected from in-depth interview with drug users was corroborated by the data collected from interviews with frontline workers and representatives from drug counseling centres and drug treatment and rehabilitation organisations in Hong Kong. Nevertheless, to fully comprehend drug users' perceptions on the ground, an ethnographic research design is needed.

It should further be noted that as our respondents were recruited mainly through the channels of treatment and rehabilitation organisations, the sample was possibly limited to respondents with longer drug use histories. As also discussed in section 6.2, this recruitment strategy is inept at capturing some possible and subtle changes in the drug scene, such as the steadily rising trend of recreational drug use and the emerging concept of drug use as a form of subcultural identity. In our analysis above, we discern some initial evidence showing that a substantial minority of young people are now using drugs recreationally and occasionally. We have also summarized a case of an MSM drug user who perceives drug use as part of his lifestyle. To systematically study the hidden drug use population, however, we suggest that future study should conduct a territory-wide survey so as to fully understand the drug use behaviour and related attitudes of those recreational drug users and other hidden at-risk groups.

## **6.5 Dissemination of Findings**

The findings of the study were presented at two international conferences (see Appendix 5 for details).

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## Appendix 1 Interview Guide for In-depth Interviews with Drug Users

### 1. 吸食毒品的經歷和使用習慣

- 1.1. 你能否分享第一次至現時吸食毒品的經歷嗎？
- 1.2. 你最常吸食的毒品是哪一種？當時的使用習慣是怎樣的？
- 1.3. 為甚麼你會經常吸食剛才提及的毒品呢？
- 1.4. 你有否試過同時吸食多過一種毒品，例如同時吸食 K 仔和冰？為甚麼？
- 1.5. 如沒有，那你為什麼會從使用 K 仔（或其他毒品）轉為使用冰？
- 1.6. 通常你吸食的毒品是從甚麼渠道獲得？

### 2. 對精神科毒品的觀感

- 2.1. 吸食不同的精神科毒品（如 K 仔／冰）有為你生活／身體／精神上帶來什麼「好處」嗎？
- 2.2. 吸食不同的精神科毒品（如 K 仔／冰）有為你生活／身體／精神上帶來什麼「壞影響」？
- 2.3. 整體來說，你覺得吸食不同的精神科毒品（如 K 仔／冰）是「好處」多於「壞處」還是「壞處」多於「好處」？
- 2.4. 對你來說，不同的精神科毒品（K 仔、冰、可卡因等）有甚麼分別？
- 2.5. 對你來說，精神科毒品與白粉有沒有不同？
- 2.6. 你會如何比喻服用精神科毒品這種行為？（純粹是一種嗜好／用來解悶的方法／用來解決煩惱的方法／尋求刺激／舒緩壓力／其他）為甚麼你會這樣形容？

### 3. K 仔與冰的「上癮」經歷

- 3.1. 你在使用 K 仔／冰的初期，有沒有刻意食很少分量？
- 3.2. 直到什麼時候你開始越食越多 K 仔／冰，甚至覺得自己變得依賴？最頻密是怎樣的？
- 3.3. 你長期使用 K 仔／冰之後，有沒有很刻意控制進食分量嗎？你是用了什麼方法控制？
- 3.4. 你認為為什麼剛才提過的 control 方法有用／沒有用？
- 3.5. 整體來說，你覺得 K 仔還是冰較難「上癮」？

### 4. 對未來毒品趨勢的看法

- 4.1. 你認為為什麼 K 仔／冰分別在過去流行起來？
- 4.2. 你認為近年除了 K 仔／冰外，現在有哪一種毒品正在冒起？為什麼？
- 4.3. 你認為你剛才提及的毒品在將來會否成為主流？

### 5. K 仔與冰對健康影響的認知

- 5.1. 在吸食 K 仔／冰之前，你對使用 K 仔／冰對健康的負面影響有什麼認識？

5.2. 如有，是從什麼渠道認識的？

5.3. 在吸食 K 仔／冰後，你又有沒有從什麼渠道去認識 K 仔／冰對健康的壞影響？

**6. 對禁毒工作的認知**

6.1. 你過去對政府或其他機構的禁毒宣傳／教育工作有什麼觀感？

6.2. 這些禁毒宣傳／教育工作對你有沒有什麼影響？如有（或沒有），為什麼？

## Appendix 2 Interview Guide for In-depth Interviews with Frontline Workers

### 1. 背景資料

- 1.1. 你從事有關戒毒的工作多久？
- 1.2. 你有沒有在其他戒毒機構的工作經驗？如有，服務使用者的特徵有甚麼不同？

### 2. 一般工作經歷

- 2.1. 你認為青少年第一次接觸／嘗試濫藥的原因是甚麼？
- 2.2. 你認為青少年持續濫藥的主因是甚麼？
- 2.3. 一般接觸的青少年多吸食哪種毒品？
- 2.4. 針對不同背景的青少年，你的輔導工作有甚麼分別？

### 3. 對青少年濫藥的看法

- 3.1. 你認為過去十年青少年濫藥的趨勢有甚麼變化？為甚麼會出現你所講的變化？
- 3.2. 你認為青少年在看待 K 仔（或其他毒品）及冰的態度有沒有甚麼分別？
- 3.3. 你認為青少年在看待 K 仔（或其他毒品）及冰與白粉的態度有沒有甚麼分別？

## **Appendix 3 Interview Guide for Focus Group Interviews with Representatives from Drug Counselling Centres and Treatment and Rehabilitation Organisations**

### **1. 個人介紹**

- 1.1. 你來自哪所戒毒機構？
- 1.2. 你從事有關戒毒的工作有多久？

### **2. 機構資料**

- 2.1. 可否介紹一下你的戒毒機構？
- 2.2. 可否簡單談談在你的戒毒機構接受服務的青少年的特徵（如性別、社會階層及濫藥種類等）？

### **3. 對青少年濫藥趨勢的看法**

- 3.1. 你認為過去十年青少年濫藥的趨勢有甚麼變化？
- 3.2. 你認為為何會出現你以上談及的變化？
- 3.3. 你認為青少年在看待 K 仔（或其他毒品）及冰（或其他毒品）的態度有沒有甚麼分別？
- 3.4. 你認為青少年在看待精神科毒品與白粉的態度有沒有甚麼分別？
- 3.5. 就你的觀察，近一兩年青少年濫藥有甚麼新趨勢？

### **4. 對青少年濫藥成因的看法**

- 4.1. 你認為近年青少年濫藥的原因與上一代的青少年有沒有分別？
- 4.2. 就你所接觸的個案而言，濫藥的青少年有沒有一些普遍的特徵（如家庭背景、學業或就業經歷、對濫藥的看法等）？

#### Appendix 4 Street names of Common Psychoactive Drugs

<b>Substance</b>	<b>Street names (English)</b>	<b>Street names (Chinese)</b>
Cannabis	Weed / hash	草／大麻
Cocaine	Coke	可樂
Gamma-hydroxybutyric acid	G water / GHB	G 水
Heroin	Smack / H	白粉
Ketamine	K	茄／K
MDMA	Ecstasy	Fing 頭
Methamphetamine	Ice / pork	冰／豬肉
Nimetazepam	Ng Chai	5 仔
<i>Mixture of drugs</i>	Happy water	Happy 水

## **Appendix 5 Dissemination of Findings**

The findings of the study were presented at two international conferences:

1. “Exploring the Meaning of Quality of Life among Young Psychoactive Drug Users in Hong Kong,” Presented at the 16th Annual Meeting, International Society for Quality-of-life Studies, Hong Kong Polytechnic University, Hong Kong. (14 – 16 June 2018)
2. “Negotiating the Boundary between Risk and Pleasure of Psychoactive Drug Consumption: A Qualitative Study on Young Drug Users in Hong Kong,” Presented at the XIX International Sociological Association, World Congress of Sociology, Toronto. (15 – 21 July 2018)