CENTRAL POLICY UNIT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

A STUDY ON DRUG ABUSE AMONG YOUTHS
AND FAMILY RELATIONSHIP

THE UNIVERSITY OF HONG KONG

FEBRUARY 2011
EXECUTIVE SUMMARY

(1) Based on the extensive literature review on family role in helping teen drug abusers with a family perspective and the comparisons with the results and evidence of the local and overseas studies and Eastern and Western practices dealing with teen drug addictions, this final report makes policy recommendations with regard to the key findings from the secondary data analysis, the focus groups and the case studies.

(2) Some previous studies show that the overall trend of lifetime drug-taking secondary students rose from 3.3% in 2004/05 to 4.3% in 2008/09. The age of students starting to take drugs has become younger: for those aged 12 or below, there was a close to double increase in drug prevalence of 2.4% in 2004/05 to 4.6% in 2008/09. Among this group of students, 7.7% did not live with either of the parents, compared to 2.5% for their non-drug-using counterparts. From the experiences of front-line social workers and research studies, Hong Kong experiences the process of “normalization” of drug use, especially among marginal youth. The major problem is that they do not consider themselves as having problems or in need of help.

(3) Chapter 2 summarizes overseas experiences, including Western countries such as Australia, Canada, the U.K., and the U.S. and Asian countries such as Taiwan, Mainland China and Singapore. In those Western countries, there are several initiatives to deal with drug taking and prevention: (i) identifying and reducing the risk factors related to youth substance use; (ii) enhancing protective factors and strengthening the family functioning and attached bonding, maintaining effective communications and harmonized relationships with adults through family-based intervention like parental or family training, provision of nation-wide meaningful youth engagement; (iii) addressing the needs of not only the adolescent themselves, but also the young adults, their families and the broader community; (iv) acknowledging the importance of supporting parents and the families to build healthy families at an early stage so that children and youth can benefit from growing up in a positive environment, thereby naturally
building resistance against delinquent behaviors; (v) collaborating with different stakeholders (e.g. NGOs and government) to assist at-risk families, so as to minimize drug and other social problems being spread inter-generationally (especially in the U.K. and Australia); (vi) mobilizing different sectors of the community to address the drug issue (especially in the U.S.); and (vii) emphasizing youth-focused community prevention initiatives involving different partners (especially in Canada). However, in Asian countries, such as Taiwan, Mainland China and Singapore: more emphasis on information dissemination, school drug education and law enforcement are placed. Little is to do with risk and protective factors or the ecological framework of drug use.

(4) Chapter 3 shows that use of psychotropic substance has become more prevalent among boys in older adolescents (Form 3-7) than for younger adolescents (Form 1-2), and exceed the prevalence of using inhalant. There is about 5% prevalence of drug abuse among our youth of aged 15-24. The drug prevalence for working young adults soars up to 14% for males and 9% for females. The drug abusers have similar risk profiles with other deviant behaviors, e.g. deliberate self-harm, smoking and drinking. From the study of odds ratios of logistic regression models, there is a significant association between family structure and drug abuse among boys. The adjusted odds ratios showed that, compared to those who have married parents, boys whose either or both parents has passed away were more likely to be drug users (OR=4.633, CI=2.294, 9.355), whereas girls whose parents were divorced or separated were more likely to be drug users (OR=2.367, CI=1.178, 4.759). Parents’ divorce, separation or passing away has a high influence on substance abuse among adolescents. Feeling happy about family life, good relationship with parents and acceptance to parenting are significant protective factors to substance abuse.

(5) In Chapter 4, the results of focus groups show that there are four themes. First, young people’s initial drug use must be understood in the context and primacy of their peers. Second, both young people and their children recognize the lack of communication in the family as one of the risk factors, and want to develop the ability to have meaningful interactions. Third, youth and their family relationships are heavily shaped by parents’
work and other commitments in a culture which is perceived to place heavy emphasis on materialism. This can add further pressure on parents and their children. Fourth, at the community and education levels, young people tend to thrive in an environment of creativity.

(6) Based on the four in-depth case studies as presented in Chapter 5, a number of risk and protective factors around five themes have been identified: including 1) family crisis; 2) attachment to family members; 3) factors attributable to drug use; 4) factors conducive to drug withdrawal; and 5) issues in tacking drug use. Youths seem to share a very similar pattern of taking drug and other deviant behaviors. These youths started to experiment with drugs after the occurrence of a family crisis (i.e., presence of parent’s physical illness, parents’ relationship problems) which strongly weakens the parental monitoring and family system. The results reveal a common pathway of marginal youths taking drug when they possessed less family and school social capital, suffered from more educational disadvantages and failures, and had involvement with drug-taking peers. However, with the help of the attached parent(s) or significant others and efforts from professionals, the four cases demonstrated that they were able to stop using drugs. More importantly, the non-psychiatric medical services have helped the drug-taking youths have a better understanding of the physical harmfulness of drug use on them. They have also provided a platform for multi-disciplinary effort in dealing with recreational drug-taking youths who have yet to develop substance-use disorders that require psychiatric service.

(7) In short, a common trajectory of the youths taking drug is ascertained in this study. Drug use like other adolescent behavioral issues involves a number of factors, some of which interact or operate jointly. Firstly, most of them are heavily affected by dysfunction families due to unstable family condition (e.g. poor marital relationship, family crisis, divorce, single-parent family), low income and long working hours of family members (e.g. limited family time, little attention to young people, poor attachment with parents/significant others), poor/ineffective communication between youth and his/her family (e.g. inadequate/poor parenting and bad relationship with
parents). Secondly, easy access to drugs within immediate neighborhood (e.g. convenient supply and relatively cheap cost) increases the exposure of risk to drug. Thirdly, failure of school achievement, feeling boredom and affected by undesirable peer influence and intergenerational addiction are also the major risk factors.

(8) Given the evidence and findings from this study, a public health approach with a multi-layered intervention is therefore recommended to empower family. Efforts on preventions and interventions should be made to enhance protective factors through family-based intervention like parental or family training, provision of community-wide meaningful youth engagement, and reduce risk factors, instead of focusing on the drug issue per se and individual. The target would not only cover among the school youths, but also drop-out, unemployed or working youngsters. FOUR themes should be included youth-centered (for, with, and by the youth); family-focused (equal-finality proposition); neighborhood and community-sensitive (ecological, public health, social development, broken window (early intervention); cultural/contextual); and government-led (top-down directives especially for cross-departmental collaborations) approach focusing on transitional periods and developmental stages. Specific recommendations should be included: (i) to identify and support high risk families: single-parent, inter-generational addictions (drug/gambling/drinking), poorer social economic status (e.g. receiving CSSA), having frequent family crises involving school-age children, out of school youths and working youths through the cooperation of different sectors of the community (i.e. outreach social workers, non-clinical & clinical professionals, teachers and schools, police, etc.) and link with referral of family services (e.g. in-home family support); (ii) to nurture positive family relationship: a family-friendly working environment should be promoted and reinforced in Hong Kong; (iii) to enhance community involvement: especially for poorer household income and at-risk districts.; (iv) to curb drug sources covering a wider range: such as random drug tests at the border between Mainland and Hong Kong to handle cross-border drug and liaison with the Mainland authority in making it more difficult for young people to get hold of the drug rather than just imposing drug tests at school; (v) to extend more
professional trainings: which include to develop a manual to work with children and parents in dysfunctional families, provide more trainings, seminars and workshops for identifying at-risk families and suggesting measures to strengthen family protective factors that can be held at the district level and school-based with the support of the parent association in the school; family and school social workers as trusted professionals in the neighborhood and in the workplace to provide family parenting education and early identification and to help family recover the resiliency of family function; (vi) to provide more efficient anti-drug programs: it is necessary to examine how different existing programs modify the youth’s drug-related attitude and behavior in the long run; (vii) to reform the mindset in the educational system: such as making school curriculum more attractive and developing interactive joint parental activities and to reinforce the importance of family values which can help the youths become a full competent, self-regulated and caring person. Incentives such as scholarships can be awarded to the students who might not perform well in academic, but in other domains such as sports and arts; (viii) to disseminate credible anti-drug and family-harmonized environment messages/slogans: youth-respite and drug-free and family-harmonized ambassadors should be appointed through public events to establish a positive idol to the youngsters and enhance parental relationship.