
INFORMATION NOTE

The youth drug abuse problem in Hong Kong

1. Introduction

1.1 At the meeting of the Panel on Education on 9 March 2009, members expressed concern about drug abuse in schools. Members noted that the Panel on Security had scheduled to discuss the recommendations made by the Task Force on Youth Drug Abuse (Task Force) on measures to tackle the drug problems among youths in May 2009. The Task Force, led by the Secretary for Justice, was set up in October 2007 to deal with the youth drug abuse problem. After a year of research and consultation of various parties in combating drug abuse, the Task Force published its research findings and made about 80 recommendations in November 2008. The recommendations can be categorized into various aspects, including the school sector, drug testing, preventive education and publicity, treatment and rehabilitation, probation system, legislation and enforcement, cross boundary drug abuse and external co-operation.

1.2 In this connection, the Research and Library Services Division has prepared this information note to facilitate the deliberations of the Panel on issues relating to drug abuse in schools and the Task Force's recommendations relating to the school sector. Specifically, this note covers the following four aspects:

- (a) common types of drugs abused among the youth¹;
- (b) statistics on reported youth drug abuse²;
- (c) major findings of selected studies on youth drug abuse conducted by the Government and non-governmental organizations (NGOs); and
- (d) recommendations relating to the school sector made by the Task Force and their implementation.

¹ They are referred to persons aged under 21.

² Drug abuse refers to the taking of drugs without following medical advice or prescription, or the indiscreet use of dangerous drugs for non-treatment purposes.

2. Common types of drugs abused by the youth

2.1 According to the Narcotics Division (ND) of the Security Bureau, the most commonly abused drugs by youngsters in Hong Kong are heroin and psychotropic substances. Psychotropic substances refer to ketamine, methylenedioxymethamphetamine (MDMA), triazolam/midazolam/zopiclone, cocaine, cannabis, nimetazepam, cough medicine and methylamphetamine. The street names of these commonly abused drugs and their effects of abuse are given in the **Appendix**.

3. Statistics on reported youth drug abuse

3.1 The Central Registry of Drug Abuse (CRDA), which is a database on drug abuse statistics maintained by ND, aims at monitoring changes in drug abuse trends and characteristics of drug abusers with a view to facilitating the planning of anti-drug strategies and drug abuse programmes in Hong Kong. It collates information regularly on drug abuse cases reported by law enforcement departments, treatment and welfare agencies, hospitals and clinics, and tertiary institutions. Information on individual drug abuse cases is provided to CRDA by these reporting agencies on a voluntary basis.³

3.2 Table 1 shows that the total number of reported drug abusers increased steadily during the past three years, which rose from 13 252 in 2006 to 14 175 in 2008, or a 7% increase. In particular, the total number of reported young drug abusers increased more notably from 2 578 in 2006 to 3 430 in 2008, representing a higher percentage increase during the time period (33%).

³ Legislators and social workers have cast doubt as to whether the existing reporting mechanism of CRDA can reflect accurately the problem of drug abuse. They have urged the Government to review and improve the reporting mechanism. The Government has responded that CRDA collates statistical information regarding drug abuse and tracks the changing trend. Although CRDA figures may not represent the actual number of drug abusers, they do reflect the general trend of drug abuse.

Table 1 – Reported young drug abusers by age

Age	2006		2007		2008	
	Number	%	Number	%	Number	%
<21	2 578	19.4%	2 999	22.1%	3 430	24.2%
21-25	1 584	12.0%	1 638	12.1%	1 883	13.3%
26-30	1 900	14.3%	1 846	13.6%	1 716	12.1%
31-35	1 664	12.6%	1 703	12.5%	1 746	12.3%
36-40	1 283	9.7%	1 308	9.6%	1 265	8.9%
≥41	4 243	32.0%	4 097	30.1%	4 135	29.2%
Total	13 252	100.0%	13 591	100.0%	14 175	100.0%

Source: Central Registry of Drug Abuse, Narcotics Division.

3.3 Drug abuse is more common among males than females. In 2008, the number of male and female reported young drug abusers was 2 372 and 1 058 respectively (Table 2).

Table 2 – Reported young drug abusers by sex

	2006		2007		2008	
	Number	%	Number	%	Number	%
Male	1 765	68.5%	2 134	71.2%	2 372	69.2%
Female	813	31.5%	865	28.8%	1 058	30.8%
Total	2 578	100.0%	2 999	100.0%	3 430	100.0%

Source: Central Registry of Drug Abuse, Narcotics Division.

3.4 Among reported young drug abusers, in 2008, 31.4% of them (i.e. 1 052 persons) were classified as full-time workers, 28.5% (954 persons) were unemployed and 26.3% (880 persons) were students (Table 3). Their proportions remained relatively stable between 2006 and 2008.

Table 3 – Reported young drug abusers by activity status

	2006		2007		2008	
	Number	%	Number	%	Number	%
Full-time workers	754	30.3%	887	30.8%	1 052	31.4%
Unemployed	809	32.5%	806	28.0%	954	28.5%
Students	590	23.7%	763	26.5%	880	26.3%
Casual/part-time workers	243	9.8%	282	9.8%	336	10.0%
Others	91	3.7%	142	4.9%	127	3.8%
Total⁽¹⁾	2 487	100.0%	2 880	100.0%	3 349	100.0%

Note: (1) Some reported drug abusers had not provided information on activity status.

Source: Central Registry of Drug Abuse, Narcotics Division.

3.5 In 2008, nearly all reported young drug abusers abused psychotropic substances (99%), while only 2% of them took heroin (Table 4). Among psychotropic substances abused, ketamine, MDMA and triazolam/midazolam/zopiclone were the three most commonly abused drugs among the youth.

Table 4 – Reported young drug abusers⁽¹⁾ by types of drugs abused

	2006		2007		2008	
	Number	% ⁽²⁾	Number	% ⁽²⁾	Number	% ⁽²⁾
Heroin	51	2.0%	62	2.1%	62	1.8%
Psychotropic substances	2 525	99.0%	2 948	99.0%	3 380	98.8%
- Ketamine	1 876	73.5%	2 392	80.3%	2 921	85.4%
- MDMA	1 088	42.6%	631	21.2%	532	15.6%
- Triazolam/ midazolam/ zopiclone	264	10.3%	407	13.7%	510	14.9%
- Cocaine	170	6.7%	356	12.0%	317	9.3%
- Cannabis	475	18.6%	363	12.2%	309	9.0%
- Nimetazepam	343	13.4%	273	9.2%	223	6.5%
- Cough medicine	178	7.0%	132	4.4%	104	3.0%
- Methylamphetamine	67	2.6%	52	1.7%	36	1.1%

Notes: (1) More than one type of drugs may be reported for each individual reported drug abuser.

(2) It refers to the proportion of all reported drug abusers.

Source: Central Registry of Drug Abuse, Narcotics Division.

3.6 The major reasons for reported youth drug abuse included peer influence/to identify with peers (63.8% in 2008), curiosity (45.2%) and relief of boredom/depression/anxiety (43.9%) (Table 5).

Table 5 – Reported young drug abusers⁽¹⁾ by reason for current drug use

	2006		2007		2008	
	Number	% ⁽²⁾	Number	% ⁽²⁾	Number	% ⁽²⁾
Peer influence/to identify with peers	1 574	64.9%	1 692	58.8%	2 138	63.8%
Curiosity	997	41.1%	1 229	42.7%	1 515	45.2%
Relief of boredom/depression/anxiety	1 002	41.3%	1 188	41.3%	1 472	43.9%
To seek euphoria or sensory satisfaction	1 027	42.4%	1 075	37.4%	1 135	33.9%
Avoid discomfort of its absence	215	8.9%	365	12.7%	545	16.3%

Notes: (1) More than one reason for current drug use may be reported for each individual reported drug abuser.

(2) It refers to the proportion of all reported drug abusers.

Source: Central Registry of Drug Abuse, Narcotics Division.

3.7 In 2008, about 98% of young drug abusers took their drugs in Hong Kong whereas about 13% of them took their drugs in the Mainland (mainly in Shenzhen) (Table 6).

Table 6 – Reported young drug abusers⁽¹⁾ by place of abusing drugs

	2006		2007		2008	
	Number	% ⁽²⁾	Number	% ⁽²⁾	Number	% ⁽²⁾
Hong Kong	1 957	90.8%	2 709	95.2%	3 294	97.3%
Mainland (mainly in Shenzhen)	545	25.3%	505	17.8%	431	12.7%
Other countries	26	1.2%	23	0.8%	29	0.9%

Notes: (1) More than one place of abusing drugs may be reported for each individual reported drug abuser.

(2) It refers to the proportion of all reported drug abusers.

Source: Central Registry of Drug Abuse, Narcotics Division.

3.8 By district of residence, in 2008, most reported young drug abusers resided in Yuen Long (11.8%), North District (11.4%), Kwai Tsing (8.5%), Kwun Tong (7.9%), Tuen Mun (7.2%) and Sham Shui Po (7.1%) (Table 7).

Table 7 – Reported young drug abusers by district of residence

	2006		2007		2008	
	Number	%	Number	%	Number	%
Yuen Long	211	8.3%	379	13.0%	399	11.8%
North District	288	11.4%	296	10.1%	388	11.4%
Kwai Tsing	204	8.1%	203	6.9%	289	8.5%
Kwun Tong	180	7.1%	239	8.2%	267	7.9%
Tuen Mun	232	9.2%	204	7.0%	244	7.2%
Sham Shui Po	111	4.4%	107	3.7%	240	7.1%
Wong Tai Sin	101	4.0%	216	7.4%	228	6.7%
Tai Po	176	6.9%	146	5.0%	220	6.5%
Sha Tin	242	9.6%	201	6.9%	183	5.4%
Southern	199	7.9%	225	7.7%	180	5.3%
Eastern	128	5.1%	145	5.0%	178	5.2%
Islands	96	3.8%	155	5.3%	156	4.6%
Yau Tsim Mong	121	4.8%	127	4.3%	137	4.0%
Sai Kung	83	3.3%	99	3.4%	90	2.7%
Tsuen Wan	56	2.2%	69	2.4%	75	2.2%
Kowloon City	54	2.1%	50	1.7%	73	2.2%
Central and Western	34	1.3%	40	1.4%	33	1.0%
Wan Chai	17	0.7%	23	0.8%	15	0.4%
Total	2 533	100.0%	2 924	100.0%	3 395	100.0%

Source: Central Registry of Drug Abuse, Narcotics Division.

3.9 In 2008, about 42% of young drug abusers took their drugs at home/friend's home and other localities. The two most frequently used localities for drug abuse by youngsters were recreation area/public garden/public toilet, and disco/karaoke (Table 8).

Table 8 – Reported young drug abusers⁽¹⁾ by locality of abusing drugs

	2006		2007		2008	
	Number	% ⁽²⁾	Number	% ⁽²⁾	Number	% ⁽²⁾
Home/friend's home and other localities	691	32.1%	1 088	38.6%	1 391	42.1%
Other localities only	1 177	54.7%	1 133	40.2%	1 068	32.3%
Home/friend's home only	285	13.2%	598	21.2%	846	25.6%
Other localities:						
Recreation area/ public garden/ public toilet	570	26.5%	1 094	38.8%	1 360	41.1%
Disco/karaoke	1 374	63.8%	1 149	40.8%	1 106	33.5%
Electronic game centre	198	9.2%	256	9.1%	265	8.0%
Party gathering in club house/ building/hotel/bar	129	6.0%	209	7.4%	230	7.0%
Non-party gathering in club house/building/ hotel/bar	125	5.8%	174	6.2%	216	6.5%
Apartment/ bungalow/ rental area	51	2.4%	108	3.8%	81	2.5%
School (including school hostel)	24	1.1%	58	2.1%	46	1.4%

Notes: (1) More than one locality of abusing drugs may be reported for each individual reported drug abuser.

(2) It refers to the proportion of all reported drug abusers.

Source: Central Registry of Drug Abuse, Narcotics Division.

3.10 Between 2006 and 2008, the proportion of reported young drug abusers who had previously convicted was relatively stable at about 40% (Table 9).

Table 9 – Reported young drug abusers by whether previously convicted

	2006		2007		2008	
	Number	%	Number	%	Number	%
Previously convicted	936	39.4%	1 158	41.4%	1 286	39.9%
Not previously convicted	1 441	60.6%	1 638	58.6%	1 939	60.1%
Total	2 377	100.0%	2 796	100.0%	3 225	100.0%

Source: Central Registry of Drug Abuse, Narcotics Division.

4. Major findings of selected studies on youth drug abuse conducted by the Government and non-governmental organizations

Study conducted by the Government

2004 survey of drug use among students

4.1 ND conducts regular surveys of drug use among students of ordinary secondary day schools, international schools and the Hong Kong Institute of Vocational Education. The last three surveys were conducted in 2000, 2004 and 2008⁴. Before 2008, school surveys were conducted once every four years. At the requests of legislators and the public, ND has reviewed and increased the survey frequency in the light of the increasing trend of drug abuse among youths in recent years. As a result, from 2008 onwards, the survey frequency is revised to once every three years.⁵

⁴ As at the publication of this information note, ND has not published the findings of the 2008 survey.

⁵ According to ND, the conduct of more frequent surveys has taken into consideration the fact that more frequent data collection will inevitably increase the burden of responding schools and students, which may affect the response rate and data quality. In any event, some Members consider that it will be difficult to obtain latest information in respect of youth drug abuse if the survey is conducted once every four years. They suggest that the survey should be conducted at shorter intervals (say once every two years), with a smaller-scale survey to be conducted annually.

4.2 Since the findings of the 2008 survey have not been published, this note will report the major findings of the 2004 survey. In the 2004 survey, a total of about 95 500 students completed the questionnaires for analysis. Major survey findings are summarized below.

Prevalence of substance use

4.2.1 The proportion of lifetime users of heroin and psychotropic substances in 2004 was 1.6% and 2.7% respectively, as against the corresponding figures of 2.6% and 4.1% in 2000. The 30-day rate⁶ for using heroin and psychotropic substances in 2004 was 0.3% and 0.7% respectively. These two figures also decreased as compared with results of the 2000 Survey.

Characteristics of lifetime drug users

4.2.2 Based on the survey, the groups of heroin users and psychotropic substance users actually overlapped to a certain extent. In fact, 57.3% of heroin users and 32.9% of psychotropic substance users ever used both types of drugs in their lifetime.

4.2.3 For psychotropic substance users, a larger proportion first used psychotropic substances at the age between 13 and 14 (28.3%), followed by between 15 and 16 (24.0%).

Frequency of taking drugs

4.2.4 A notable proportion of lifetime psychotropic substance users took psychotropic substances very frequently (or 7.0%), and they used the drugs everyday within the 30 days prior to the survey date.

Types of drugs abused

4.2.5 Ketamine, cannabis and MDMA were the three most popular substances used by psychotropic substance users.

⁶ The 30-day rate for using a substance refers to the proportion of 30-day substance users among the surveyed students.

Sources of income for drugs

4.2.6 Major sources of money for drugs were "pocket money", "illegal source" (e.g. stole or robbed from others) and part-time jobs.

Locality of taking drugs

4.2.7 Schools, their own homes and karaoke/discos in Hong Kong, were reported as the most common venues of taking heroin. As for psychotropic substances, the most common venues for taking them were karaoke/discos in Hong Kong, close friends' homes and their own homes.

4.2.8 More than half of psychotropic substance users usually used psychotropic substances with their friends.

Suppliers of drugs

4.2.9 Among heroin users, drug pushers, close friends/some other friends and parents were stated as the usual suppliers of heroin. Comparatively, for psychotropic substance users, close friends/some other friends and drug pushers were their major suppliers.

Reasons for drug use

4.2.10 "Curiosity", "peer influence/pressure", "to seek euphoria/sensory satisfaction" and "relief of boredom/depression/anxiety" were the four most commonly cited reasons for first use of drugs.

Help-seeking behaviour

4.2.11 The majority of the drug-taking students never sought help from others regarding their drug use problems. Among those who had sought help, heroin users opined that their close friends, parents and the police gave them the greatest help. Psychotropic substance users who had sought help considered that their close friends, parents and social workers gave them the greatest help.

Anti-drug messages and activities

4.2.12 Students mostly preferred ex-drug abusers, television/movie stars or pop singers and medical professionals to deliver anti-drug information. Most students preferred anti-drug activities to be in the form of variety shows or concerts, followed by carnivals and movie shows, and outdoor activities.

Studies conducted by non-governmental organizations

Study undertaken by the Caritas Hong Kong Youth and Community Service

4.3 The Caritas Hong Kong Youth and Community Service conducted a survey on youth drug abuse in the New Territories West in mid-2008. 92 psychotropic substance users aged between 12 and 29 were interviewed. The survey showed that:

- (a) Ketamine, cannabis and MDMA remained the most popular substances used by psychotropic substance users. About 80% of the interviewees took more than one type of drugs and 64% of the interviewees took more than three types of drugs.
- (b) 74% of the interviewees first used psychotropic substances at the age 16 or below.
- (c) About 80% of drug abusers took their drugs at a friend's home. The two most frequently used localities for drug abuse by youngsters were recreation area/public garden/public toilet, and disco/karaoke.
- (d) About 50% of drug abusers took their drugs at least once a week and 20% took their drugs daily.
- (e) 45% of drug abusers spent between HK\$50 and HK\$149 each time for drugs and 26% of drug abusers got the drugs from their friends free.
- (f) The most commonly cited reasons for taking drugs were "to seek euphoria/sensory satisfaction" and "relief of boredom/depression/anxiety".

- (g) About 82% of the surveyed drug abusers relapsed into abusing drugs. The major reasons for the relapse included peer influence, addicted to drugs, and relief of depression and anxiety.

Survey jointly undertaken by the New Being Fellowship and the Christian Zheng Sheng College

4.4 Two drugs rehabilitation centres (i.e. the New Being Fellowship and the Christian Zheng Sheng College) jointly conducted a survey in December 2008 to collect information on students' use of drugs. There were 217 students from 116 schools participating in this survey.

4.5 The survey revealed that 177 out of 217 students (82% of the total) took psychotropic substances. Among them, 91 students (42%) had the experience of taking psychotropic substances at schools. The mean age of first-time drug abuser was 14, with the youngest one being eight years old. The most commonly abused drugs included ketamine, MDMA and cannabis.

Survey jointly conducted by counselling centres for psychotropic substance abusers

4.6 In March 2009, three counselling centres for drug abusers⁷ published results of a joint survey conducted earlier this year. The survey found that a total of 394 students admitted that they had drug abuse problems during the survey period of January 2008 to March 2009. They tended to take drugs at their homes and at schools. The survey also revealed that the youth drug abuse problem, once largely confined to the northern districts of the territory, had spread to schools in all areas, particularly to those top band schools located on the Hong Kong Island.

4.7 The counselling centres were afraid that these reported cases might only be the tip of the iceberg. They estimated that there were probably five other students involved for every one student admitted to have the drug abuse problem in the survey. If they were to make a projection on the number of students having the drug abuse problem, it would be nearly 2 000 students in Hong Kong.

⁷ The three counselling centres were the Evergreen Lutheran Centre, the Hong Kong Christian Service PS33 Centre and the Christian Zheng Sheng College.

4.8 The survey also revealed that students in wealthier areas took cocaine, while those from poorer districts preferred ketamine. Some young drug abusers might even spend thousands of dollars on cocaine.

5. Recommendations relating to the school sector made by the Task Force and their implementation

5.1 In the report on youth drug abuse, the Task Force made about 80 recommendations covering a variety of aspects as stated above in paragraph 1.1. The recommendations which relate to the school sector are summarized below.

- (a) All schools should devise a healthy school policy to build up positive values and attitudes among students from an early stage, thereby enhancing their ability to resist taking drugs. A school may, having regard to its own circumstances, devise a school-based policy to address its students' specific needs.
- (b) The Government should commission a research project to devise possible school-based testing schemes for voluntary adoption by schools, having regard to the current practices in some international schools in Hong Kong. The existing arrangement is that parents of students may be asked to sign a consent form pursuant to which students will be randomly selected, or with reasonable cause, to undergo drug tests as administered by the school itself or by other professionals as appropriate. Students may then be requested to attend follow-up counselling or treatment.

The Task force has stated that in reality, however, maintaining a reasonable level of compliance among parents and students will be far more complex and difficult in the local school setting. The administration of the tests by schools may lead to a number of complex social, ethical and technical issues as well as adding to the heavy workload of schools. In addition, strong resistance from schools and parents may be encountered. It may also be difficult to obtain parental consent especially from at-risk families.

In view of the above, the Task Force has considered that making drug testing a mandatory requirement for all schools across the board may not be practicable. In line with the principle of school-based management, it may be better for the school authority itself to consider whether drug testing is a feasible and appropriate tool which it would like to adopt. However, given the host of issues of concern identified, it is unlikely that the majority of schools would, on their own initiative, consider arranging school-based drug tests. In order to assist the schools to consider the feasibility of introducing drug tests on campus, the different means available, and to facilitate its adoption where appropriate, the Government should undertake a more in-depth study into the relevant issues and suggest model schemes for reference.

- (c) The Education Bureau (EDB) should:
 - (i) review and strengthen the anti-drug elements in the school subjects, notably in the new senior secondary curriculum to be implemented in 2009-2010; and
 - (ii) encourage and provide more opportunities for students to engage meaningfully in Other Learning Experiences⁸ for positive peer influence and life values cultivation.
- (d) The Government should further enhance and co-ordinate the various programmes, to extend the coverage to all primary and secondary schools as far as possible in three years' time.
- (e) A set of resource kits should be developed for:
 - (i) the school management to help them formulate a school-based healthy school policy with an anti-drug element;
 - (ii) guidance and discipline teachers and school social workers to help them handle cases involving at-risk and drug-abusing students, providing useful guidelines and checklists as well as case studies and pointers; and
 - (iii) class and subject teachers to help them deliver drug education and identify at-risk students.

⁸ Other Learning Experiences cover the subjects of moral and civic education, aesthetic development, physical development, community service and career-related experiences.

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- (f) Structured professional training for teachers should be enhanced to reinforce their competence and knowledge in delivering drug education and handling at-risk students who may have drug abuse problem. Teaching relief grant should be provided to enable teachers to take part in the training.
 - (g) Seminars by senior officials, medical experts and prominent figures from the anti-drug field should be organized for school heads to appeal for their support and to facilitate exchange of practical experiences in implementing anti-drug initiatives in schools.
 - (h) More anti-drug talks and programmes should be co-organized with parent-teacher associations and their federations so as to outreach to more parents for enhanced home-school co-operation in the anti-drug cause.

5.2 EDB, ND and government departments concerned have been working together to implement recommendations of the Task Force. According to the Government⁹, the progress of the implementation of the recommendations is listed as follows:

- (a) On the proposal for voluntary school-based drug testing, ND plans to commission experts to conduct a research study this year, covering the following four areas:
 - (i) conducting in-depth research on the experiences and details regarding the implementation of voluntary school-based drug testing in schools overseas and international schools in Hong Kong;
 - (ii) studying pertinent issues requiring attention and ways to address such issues if voluntary school-based drug testing is to be implemented in local schools, including privacy, possible stigmatisation, costs of the scheme, and support and referral services required;
 - (iii) consulting local schools, the education sector, the social welfare sector, and other stakeholders with a view to gauging their concerns and requests; and

⁹ The Government of the Hong Kong Special Administrative Region (2009a, 2009b).

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- (iv) recommending one or more concrete, feasible schemes, covering relevant aspects such as arrangements, procedures, resources and support measures.

The Government plans to work with a number of representative schools in Hong Kong to run a pilot project in 2010 following the recommended scheme(s).

- (b) ND is working with NGOs and the departments concerned to develop two anti-drug resource kits to assist schools and parent-teacher associations in planning and implementing anti-drug programmes, and to improve parents' communication skills with children and their skills in taking care of children with drug abuse problems respectively. The production of the resource kits is underway and they are scheduled for completion by April 2009.
- (c) Starting from the 2008-2009 school year, ND, EDB and NGOs concerned have been co-working to run training programmes for teachers to reinforce their competence and knowledge in delivering drug education and handling at-risk students. The training programmes aim to cover all local schools within five years.
- (d) The police have strengthened their co-operation with schools. 27 new posts of police school liaison officers have been added to enhance co-ordination among the police, schools, social workers and the community, assist in drug preventive education, provide early support for high-risk students, and follow up on drug abuse cases.
- (e) ND and the police is working with the District Fight Crime Committees and various associations to further publicize the serious consequences of drug trafficking and encourage the youth to stay away from drugs.

Prepared by Jackie WU
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Tel: 2869 9644

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Appendix

Street names of commonly abused drugs and their effects of abuse

Substance	Street names	Effects of abuse
Heroin	"White powder", "No. 4", "American money" and "Hong Kong money".	Dependence, drowsiness, respiratory depression and nausea.
Psychotropic substances		
Ketamine	"Special K", "K", "kit kat" and "vitamin K".	Slurred speech, impaired long-term memory and cognitive difficulties, and respiratory and heart problems.
Triazolam/midazolam Zopiclone	"Blue gremlin". None.	Dependence, drowsiness, dizziness, sedation, depression, hostility, ataxia, loss of memory, and impaired cognitive and neuromotor functioning.
Methylenedioxymethamphetamine (MDMA)	"Ecstasy", "E", "XTC" and "Adam".	Dehydration, exhaustion, muscle breakdown, overheating, convulsion and collapse.
Cocaine	"Coke", "crack", "flake", "snow" and "stardust".	Agitation, feelings of persecution, extra sensibility, mood swings, affected memory, damage to sensory tissues of nose, impotence, delirium and death.
Cannabis	"Marijuana", "pot", "grass", "hash" and "joint".	Disoriented behaviour, impaired judgement, bronchitis, conjunctivitis and endocrine disorders.
Nimetazepam	"Give me five" and "Ng Chai".	Same as triazolam/midazolam/ zopiclone.
<u>Cough medicine:</u> Codeine Dextromethorphan	"Robo" and "DXM". None.	Dependence, respiratory depression, constipation, loss of appetite and dizziness.
Methylamphetamine	"Ice".	Insomnia, depression, toxic psychosis, loss of appetite, and heart and kidney failure.

Source: Central Registry of Drug Abuse, Narcotics Division.

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