

For discussion on
2 March 2010

Legislative Council Panel on Security

2008/2009 Survey of Drug Use among Students and Implementation Progress of the Trial Scheme on School Drug Testing in Tai Po District

PURPOSE

This paper briefs Members on the results of the 2008/09 Survey of Drug Use among Students (the 2008/09 survey), progress of Government's sustained anti-drug efforts, including the Trial Scheme on School Drug Testing in the Tai Po District (the Scheme), and the way forward. A summary is tabulated at Annex A.

THE 2008/09 SURVEY

2. The Narcotics Division (ND) of the Security Bureau regularly conducts surveys on drug abuse among secondary school students¹. Results of the surveys have provided useful information on the prevalence of drug use among students, students' knowledge of drugs, and their attitudes towards drug abuse. With increased concern about youth drug abuse in recent years, the 2008/09 survey was extended to include full-time students of upper primary schools, undergraduate programmes under the University Grants Committee-funded institutions, and other post-secondary programmes in order to paint a fuller picture.

3. The 2008/09 survey collected information from about 158 000 students, which is about 19% of the relevant student population of 817 000. Data collection was from October 2008 to October 2009. The sample size and sampling fraction compare favourably with similar student surveys overseas². The report of the 2008/09 survey was released on 25 February 2010 (www.nd.gov.hk). A summary of key findings (Chapter Six) can be found in Annex B.

¹ Before 2008/09, six surveys were conducted in 1987/88, 1990/91, 1992/93, 1996/97, 2000/01 and 2004/05.

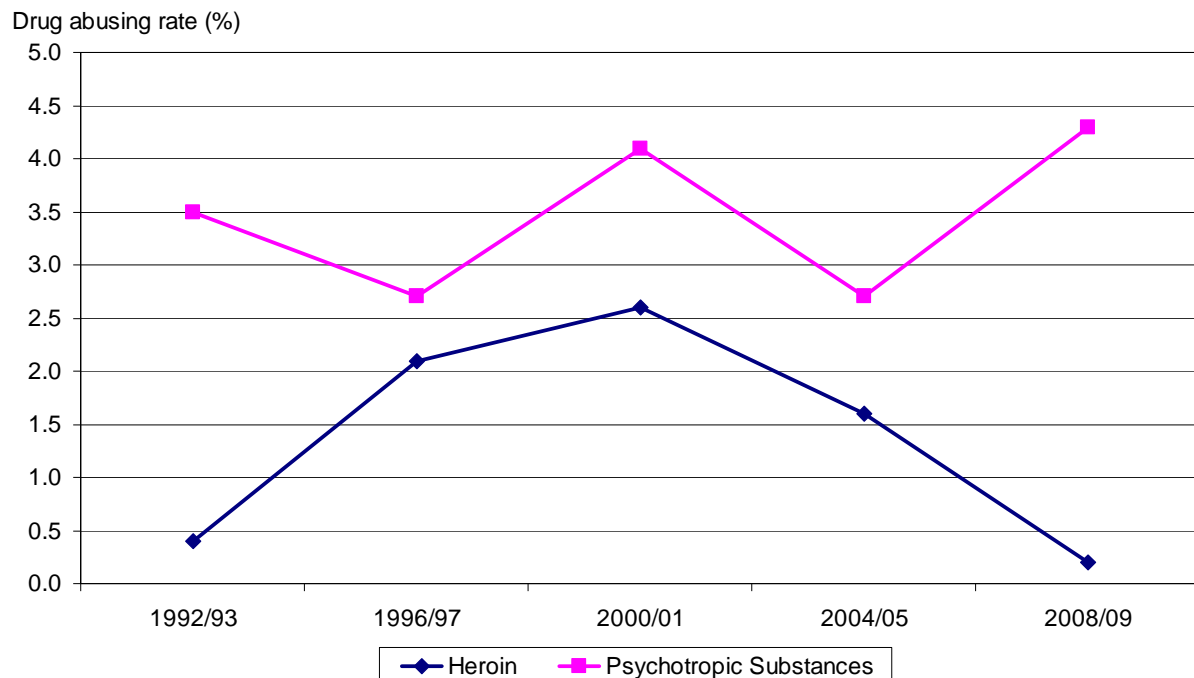
² A similar student survey conducted in the United States has a sample size of 50 000, representing 0.4% of 12 million students under study. In the United Kingdom, the sample size was 10 000, representing 0.3% of 3 million students under study.

4. The 2008/09 survey re-affirms general observations on the growing youth drug abuse problem as revealed by the Central Registry of Drug Abuse (CRDA), and corroborates many trends and features identified in our continuous monitoring system. It reveals a general trend of increase in psychotropic substance abuse among students since the last survey in 2004/05. Compared with findings of the 2004/05 survey, the age of drug abusers has lowered, and psychotropic substances such as ketamine have become the predominant substance of abuse among drug-taking students.³ Abuse of heroin has become insignificant. The problem of youth drug abuse tends to become much more "hidden" as many of them take drugs at homes of friends or schoolmates (36.2%), or at their own homes (25.0%).

5. The 2008/09 survey also lends weight to our previous concern and feedback from frontline anti-drug workers that drug abuse among students is prevalent in schools, districts and families of different backgrounds. Many of these drug-taking young people lack motivation to seek help.

6. The 2008/09 survey also reveals additional information on drug abuse patterns. Among drug-taking students, many seem to be experimental users. About 4.3% of secondary students had taken drugs in their lifetime, of which 2.6% had taken drugs within one year prior to the survey, and 1.5% within 30 days of the

³ The following chart shows the prevalence rate of lifetime drug abusers in secondary schools, 1992/93 – 2008/09-



survey⁴. Many drug-taking students are aware of the harms of drugs but abuse drugs for reasons which may be related to growth, education, family and other aspects. Over 60% of drug-taking students claimed to have obtained drugs free of charge, and more than one-third of them could afford or buy drugs with their pocket money. Other risk factors may also be further analysed.

ANTI-DRUG STRATEGY

7. Through our on-going monitoring system (notably the CRDA), we have observed a rising number of reported youth psychotropic substance abusers in recent years, which has now been corroborated by the 2008/09 survey. As early as in October 2007, the Chief Executive expressed his deep concern about the rising problem and appointed the Secretary for Justice to lead a high level Task Force to tackle the problem. The Task Force published a report in November 2008 with over 70 recommendations. Additional resources were allocated in 2008-09 and 2009-10 Financial Years to implement a host of new anti-drug measures.

8. Drug statistics in the early part of 2009 revealed a worsening situation, as corroborated by various surveys done by NGOs and a number of youth drug abuse incidents attracting widespread concern. With further light shed on the "hidden" nature of psychotropic substances abuse, the Government decided to escalate the fight against youth drug abuse problem into a social movement and make available new means to do so as early as possible. In July 2009 the Chief Executive announced that he would personally lead relevant Principal Officials to combat the problem and promulgated five-strategic directions, namely community mobilisation, community support, drug testing, treatment and rehabilitation, and law

⁴ The following chart shows the estimated numbers of drug users and their proportion in population –

	Lifetime		One-year		30-day	
	Number	Percentage	Number	Percentage	Number	Percentage
Total	30 180	3.7%	16 690	2.0%	9 500	1.2%
Upper primary	3 130	1.6%	1 580	0.8%	1 020	0.5%
Secondary	20 640 (15 410)	4.3% (3.3%)	12 480	2.6%	7 140 (3 840)	1.5% (0.8%)
Undergraduate programmes under UGC-funded Institutions	1 540	2.9%	720	1.3%	330	0.6%
Other post-secondary programmes	4 870	5.4%	1 920	2.1%	1 010	1.1%

Note: Figures may not add up to total because of rounding. Figures in brackets refer to the corresponding number and drug abuse prevalence rate for secondary students in the 2004/05 Survey.

enforcement. Among other initiatives, a trial scheme on school drug testing in Tai Po (the Scheme) was launched in December 2009. Members were last briefed on the progress of the overall anti-drug efforts and the trial scheme at the meeting on 25 November 2009⁵.

9. The vigorous implementation of various initiatives in 2008 and 2009 has helped substantially enhance community awareness of the youth drug abuse issue and the provision of various downstream support services. The heightened operations by the Police and Customs have continued in disrupting illicit drug supplies. While there are some encouraging signs⁶, we will not ease up.

10. The 2008/09 Survey vindicates the Government's escalated efforts in recent years to fight against youth drug abuse and to involve the whole community in taking concerted actions. While the trend since 2004/05 is worrying, the snapshot captured during the survey period in 2008/09 does not represent a situation that has run out of control, nor is it as bad as those of some other countries⁷. What we need is a collective resolve across society to confront the problem and sustain efforts under the comprehensive anti-drug strategy already in place. We should also make the most of the valuable information unearthed by the 2008/09 survey to examine the youth drug problem in depth, refine and further develop our anti-drug initiatives, accord priorities, and allocate resources accordingly. Notably, the hidden nature of youth drug abuse as now further revealed underlines the need for trying out new methods or ways such as drug

⁵ LC Paper No. CB(2)320/09-10(01).

⁶ The number of youngsters under the age of 21 arrested for all drug-related offences was 1 896 in 2009, a 21.9% drop from that in 2008, among which 1130 were arrested for serious drug-related offences representing a 3.8% decrease year on year only.

⁷ The following table compares the 2008/09 survey (secondary level) and similar studies overseas –

Region	Sample Size and Proportion	Lifetime Prevalence Rate
Hong Kong (2008/09)	About 83 000 secondary students (17.5% of target population)	4.3% (secondary)
United States (2008) ^a	About 46 000 (Grade 8, 10 & 12) students (0.4% of target population)	19.6% (Grade 8) 34.1% (Grade 10) 47.4% (Grade 12)
United Kingdom (2008) ^b	About 10 000 (Year 7 to 11) students (0.3% of target population)	22% (students aged 11-15)
35 European countries (2007) ^c	About 100 000 (Aged 15-16) students in total (sampling proportion not available)	23% (male students aged 15-16) 17% (female students aged 15-16)

^a "Monitoring the Future - National Results on Adolescent Drug Use", US Department of Health and Human Services

^b "Smoking, Drinking and Drug Use among Young People in England in 2008", NHS Information Centre

^c "The 2007 ESPAD (The European School Survey Project on Alcohol and Other Drugs) Report – Substance Use among Students in 35 European Countries". Prevalence rates of individual countries range from 7-48% for boys and 1-43% for girls.

testing for enhanced prevention and, as far up the course as possible, identification of those experimenting with drugs to motivate them to seek help.

PROGRESS OF THE SCHEME

11. Following intensive preparations and consultations since mid-2009, the 23 public sector secondary schools in the Tai Po district launched the Scheme in December. It has since been running smoothly. As at 11 February 2010, a total of 482 students had been randomly selected for the screening test, of which 399 students took it. No confirmed positive case was found.

12. Since the announcement of the participation rate in early December 2009, about 50 more students and their parents have joined the Scheme. As at 31 January 2010, a total of 12 439 students participated in the Scheme, representing 61% of all students in the 23 schools. The participating schools will continue to encourage other students and parents to join.

13. The Hong Kong Lutheran Social Service Cheer Lutheran Centre, which runs the drug testing and provides drug counselling services in Tai Po and the North District, has recorded a rise in the number of students voluntarily seeking help since mid-2009. This may be attributed to various impacts arising from the Scheme, such as publicity, enhanced drug awareness and promotion of a zero-tolerance culture.

14. On drug testing procedures, parties concerned have generally followed the requirements and guiding principles set out in the Scheme protocol and heeded advice on continuous improvement. Personal information has been kept strictly confidential. Professional testing and support services have been given to students.

15. Sixty-eight selected students were assessed as being not suitable for testing in view of their physical condition or having taken medications. Thirteen students could not provide a urine specimen for the test at the relevant time. Two students refused to take the test and the school contacted their parents according to the established Protocol. Since the trial scheme is voluntary, the two students and their parents chose to withdraw from the scheme. One false-positive case was found following confirmatory testing by the Government Laboratory. The student and parents concerned were informed immediately of the result.

16. Students are generally positive to the scheme and cooperative. So far, there is no complaint from students relating to the drug testing process. The school

social workers have not found any cases of emotional disturbance arising from the trial scheme either.

THE WAY FORWARD

17. The Government is firmly committed to taking the lead in combating youth drug abuse and working with the whole community hand in hand. We will continue the long-established five-pronged anti-drug approach along the five strategic directions set out by the Chief Executive. Further to the additional allocations in 2008-09 and 2009-10 Financial Years to take forward new initiatives, the 2010-11 Budget has set aside \$52 million new money to accelerate the drive. To demonstrate the Government's resolve and take the lead in mobilising the community in the anti-drug cause, we will seek the Legislative Council's support for a new non-recurrent commitment of \$3 billion to inject into the Beat Drugs Fund (BDF). More details about the injection are in paragraphs 30 – 31.

Community mobilisation and support

18. The 2008/09 survey confirms that the drug abuse problem is widespread among schools, districts and families of different backgrounds. We need to mobilise the entire community and drive home the message that different quarters must gear up and collaborate to beat drugs. We will enhance publicity and preventive education measures in 2010-11 through internet and other innovative means, focusing on changing young people's casual attitude towards drugs, mustering community support and gaining acceptance of troubled youngsters seeking to turn a new leaf. The Government will also exploit the *Path Builders* platform to foster positive youth development and support those in need.

19. Given the hidden nature of the latest trend and the lowering age of drug abusers⁸, schools and teachers play a very important role in early identification of students troubled by drugs. To help them, we will strengthen our support to schools through the Police School Liaison scheme. We will shortly launch an anti-drug resource kit for schools setting out guidelines for devising a Healthy School Policy (HSP) with anti-drug elements, effective methods for anti-drug education, and guidelines and principles for identification and handling of student drug abuse cases. We will in tandem organise training programmes and briefing sessions to help school management, teachers, and guidance personnel to familiarise themselves with the HSP and its implementation in schools.

⁸ This can be seen in the lifetime prevalence among secondary students for the age group of 12 or below (4.6%) compared with that in the last survey (2.4%) and the prevalence of drug abuse among upper primary students (lifetime 1.6%) as surveyed for the first time

20. Focusing on primary students, we will progressively extend the anti-drug education programme from upper primary (P4 - P6) to lower primary (P1 - P3). To target and help primary school students who are exposed to illicit drugs, we will enhance the capacity and expertise of the Student Health Service for the purpose, and heighten law enforcement over the illegal sale of controlled cough medicine.

Treatment and Rehabilitation

21. For early identification of at-risk and drug-taking students and youngsters, we plan to enhance the outreaching service, promote awareness of drug abuse in schools and primary healthcare settings, and provide training and guidelines for workers and professionals in such fields.

22. We have made available resources for opening four new Counselling Centres for Psychotropic Substance Abusers (CCPSAs), bringing the total number to 11 with a territory-wide and more accessible geographic coverage. They may enhance their community-based counselling services by strengthening family support and aftercare efforts, adopting a multi-disciplinary approach in the course of casework counselling, and enhancing collaboration and networking with other players especially in the health and education sectors for service continuum and effectiveness. The Hospital Authority will also provide adequate treatment capacity in Substance Abuse Clinics by working towards a median waiting time of around two weeks for first attendance.

23. In the residential treatment setting, we plan to increase the capacity in existing drug treatment and rehabilitation centres (DTRCs), help operators launch new programmes, enhance education (and vocational training elements), and provide better help for rehabilitated youngsters to return to schools and the community. We also plan to invite proposals for providing new and effective treatment and rehabilitation programmes with additional residential places.

24. In the longer term, we will, in consultation with the Action Committee Against Narcotics (ACAN) and stakeholders, articulate and further develop a structured, tiered framework with a continuum of treatment and rehabilitation services from identification to treatment, rehabilitation and reintegration, and enhance the role and contribution of healthcare, education, and aftercare services.

Law Enforcement

25. Combating supply of drugs through vigorous enforcement action is a key strategic direction. Various initiatives such as cyber patrol and enhanced intelligence exchange with law enforcement agencies outside Hong Kong have yielded results. In 2010-11 the Police plan to deploy 15 additional drug sniffing dogs to aid anti-drug operations. We will continue to work with District Fight Crime Committees and other stakeholders to strengthen publicity against drug abuse and drug offences and encourage the public to report suspected drug-related crimes and intelligence through the 186 186 enquiry line.

26. To combat cross-boundary drug abuse and trafficking, our law enforcement agencies will strengthen collaboration with their Mainland counterparts in exchanging intelligence and information and mounting joint or coordinated operations. We have also heightened anti-drug publicity at cross-boundary control points, in particular during festive periods.

Drug Testing

27. An experienced research organisation has been commissioned to undertake a comprehensive assessment of the design, implementation and effectiveness of the scheme, research into other local and overseas experiences in school drug testing and suggest appropriate refinements to the Scheme and a possible approach for the gradual rolling out to other schools in the territory. We currently have no definite plan or timetable to extend the Scheme to more schools. We will critically review the matter against the evaluation findings and decide on the way forward.

28. At the community level, we plan to engage stakeholders in discussion in 2010 for initiating a public consultation exercise on compulsory drug testing.

29. The Government Laboratory has completed the development of a hair testing method and obtained accreditation by the Hong Kong Accreditation Service. We plan to launch a pilot scheme in 2010 with a view to transferring the technology to the industry.

Capital Injection into the Beat Drugs Fund

30. The BDF has funded many worthwhile projects since 1996 using income generated from investment of its \$350 million capital base. The proposed capital injection may provide the BDF with a larger income to support effective

and innovative programmes which would help address the drug issue in both the short and long terms. The proposed \$3 billion capital injection demonstrates the Government's long-term commitment to working with the community to fight drugs along the strategic directions promulgated by the Chief Executive.

31. In the light of the latest drug scene and as illustration, we expect that the BDF may be used to support areas including -

- upgrading to meet licensing standards, relocation and/or expansion of drug treatment and rehabilitation centres;
- new measures and tools for prevention, early intervention and support for schools. These may include measures to help schools implement HSP with an anti-drug element, support services for student drug abusers in school, and tools such as a voluntary school-based drug testing scheme;
- new and innovative treatment and rehabilitation programmes targeting young drug abusers, such as short-term rehabilitation programmes or other community-based treatment initiatives. Programmes to help young drug abusers to reintegrate into society or mainstream schools may also be supported;
- preventive education and promotional efforts, including measures and programmes to help high-risk youth strengthen their resolve against drug abuse; and
- research projects to support anti-drug policy formulation for new areas of concern, such as study on drug abuse patterns of primary and post-secondary students and young working adults.

We will seek Members' views on details of the proposed injection before approaching the Finance Committee for approval.

ADVICE SOUGHT

32. Members are invited to note the 2008/09 survey results, progress of the Government's overall anti-drug efforts, and the way forward.

**Narcotics Division
Security Bureau
25 February 2010**

Annex A

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
1.	<p>There is a significant increase in drug abuse among secondary students since the last survey in 2004-05, in corroboration with the trend observed in CRDA.</p> <p>Among drug-taking students, many seem to be experimental users, and have remained out of reach of the help network.</p> <p>Drug-taking students predominantly take psychotropic substances.</p>	<p>We are pursuing comprehensive strategies and initiatives in the anti-drug cause recommended by the Task Force on Youth Drug Abuse and the CE's anti-drug campaign. Focusing on combating psychotropic substances is the premise of our renewed efforts in the anti-drug cause in recent years. New resources were provided in 2008-09 (\$53 million) and 2009-10 (\$5.6 million) to take forward new initiatives. The Beat Drugs Fund (BDF) approved a funding of \$33 million and \$23 million in 2008 and 2009 respectively to support 127 anti-drug projects.</p>	<p>We will continue vigorous implementation of the comprehensive strategies and initiatives. In 2010-11, we have set aside additional \$52 million for the anti-drug cause.</p> <p>On treatment and rehabilitation, we will implement new initiatives with new resources in 2010-11 (about \$ 40 million), including the following –</p> <ul style="list-style-type: none"> • open four new CCPSAs. The number of centres will increase to 11; • add one ASWO to each of the 16 Youth Outreaching Teams (YOTs) to enhance their

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
	<p>Key initiatives in treatment and rehabilitation implemented or underway include -</p> <p><i>In 2008-09 (\$26 million)</i></p> <ul style="list-style-type: none"> • two new Counselling Centres for Psychotropic Substance Abusers (CCPSAs) came into operation in December 2008. The total number of CCPSAs has increased from five to seven; • one Substance Abuse Clinic (SAC) was re-opened and a new one was set up in 2008. The total number of SACs has increased from five to seven; • dedicated medical social services in four SACs; • provision of 101 more subvented 	<p>outreaching capacity;</p> <ul style="list-style-type: none"> • additional places in drug treatment and rehabilitation centres (DTRCs) subvented by the Department of Health; • further increase in service capacity of Substance Abuse Clinics; and • invite proposals for providing new and effective treatment and rehabilitation programmes in a bid to provide additional residential places. <p>In the longer term, we will articulate and further develop a structured, tiered framework with a continuum of treatment and rehabilitation services for abusers, and enhance the role of</p>	

Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
	<p>places at residential drug treatment and rehabilitation centres (DTRCs);</p> <ul style="list-style-type: none"> • provision of more frontline social workers to the day and overnight outreaching social work services; • more support services were provided to juvenile drug offenders cautioned under the Police Superintendents' Discretion Scheme through the Community Support Services Scheme. <p><i>In 2009-10 (\$5.6 million)</i></p> <ul style="list-style-type: none"> • elementary on-site medical support including motivational counselling, basic body check and drug test has been provided at CCPSAs since October 2009; 	<p>healthcare, education, and aftercare service in treatment and rehabilitation.</p>

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
		<ul style="list-style-type: none"> • a two-year pilot project on enhanced probation service has been rolled out in two magistrates' courts since October 2009; and • the service capacity at SACs was enhanced through increase in doctor sessions. 	
2.	<p>The lowering of age of drug-taking is apparent, as can be seen in the lifetime prevalence among secondary students for the age group of 12 or below (4.6%) compared with that in the last survey (2.4%) and the prevalence of drug abuse among upper primary students (lifetime 1.6%) as surveyed for the first time.</p> <p>Upper primary students have a</p>	<p>The school sector is a strategic area on which we have focused efforts. Key initiatives implemented or underway include -</p> <ul style="list-style-type: none"> • promotion of a healthy school policy in all schools by EDB; • review on and strengthening of the anti-drug elements in various Key Learning Areas and subjects by EDB; • encouraging and providing more 	<p>To further our efforts in the school sector (notably targeting primary students), we plan –</p> <ul style="list-style-type: none"> • to enhance expertise and capacity of the Student Health Service to promote anti-drug education for primary and secondary school students; • to promote awareness of drug abuse among healthcare professionals in everyday

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<p>slightly different abuse pattern (cough medicine and inhalants, and internet cafes as popular venue).</p> <p>The younger the drug abusers, the more role our education system can play to contribute to a solution, and bring them back for reintegration into mainstream schooling and the community.</p>	<p>opportunities for students to engage meaningfully in Other Learning Experiences (OLE) for positive peer influence and life values cultivation;</p> <ul style="list-style-type: none"> • strengthening of drug education programmes for students by all bureaux, departments and NGOs concerned; • expanding the coverage of the various drug or life-skill education programmes to all primary (upper primary students) and secondary schools as far as possible in the medium term; • publication of anti-drug resource kits for schools to help them formulate a school-based healthy school policy with an anti-drug element; plan and implement 	<p>practice and develop and promulgate guidelines for early identification and referral;</p> <ul style="list-style-type: none"> • to progressively extend the anti-drug education programme from upper primary (P4 - P6) to lower primary (P1 - P3); • to develop further learning and teaching materials for primary school students; • to encourage and fund primary schools to educate small children on the harms of drug abuse; • to strengthen preventive education on the harmful effects of cough medicine and inhalants. Publication of leaflets; 	

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
		<p>anti-drug education for students;</p> <ul style="list-style-type: none"> • handle cases involving at-risk and drug-abusing students using a multi-disciplinary approach. • publication of an anti-drug resource kit for parents and provision of training to equip parents with knowledge and skills in the prevention, early identification and handling of youth drug abuse. • funding preventive education and publicity projects, including those targeting students, parents and/or teachers by the BDF; and • enhancing the Police School Liaison Scheme by adding 27 Police School Liaison Officers on top of the existing 58. 	<ul style="list-style-type: none"> • to examine the drug abuse behaviour of primary students and sponsor relevant research, making the best use of the survey findings; • to enhance law enforcement by the Department of Health over the illegal sale of controlled cough medicine and, as appropriate, examine ways to tackle abuse of thinners; and • to equip school management, teachers, and guidance personnel to prevent and tackle drug abuse through the anti-drug resource kits and associated training; and • to further enhance the Police School Liaison Scheme by adding 9 Police School Liaison

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
			Officers.
3.	<p>Drug-taking among undergraduate (lifetime 2.9%) and other post-secondary (lifetime 5.4%) students is not uncommon and varies in degree. This is a new area for focused attention.</p>	<ul style="list-style-type: none"> • The BDF sponsored projects initiated by some post-secondary institutions in the past. • Anti-drug leaflets and posters were sent to all post-secondary institutions. 	<p>We will –</p> <ul style="list-style-type: none"> • encourage and render appropriate support to student affairs or counselling offices of post-secondary institutions to organise anti-drug programmes for students. Such institutions may continue to apply for funding under the BDF; • extend anti-drug roving exhibition to post-secondary institutions; and • seek to embed anti-drug messages in magazines targeting post-secondary students.
4.	Prevalence of drug abuse among both male and female students	<ul style="list-style-type: none"> • Large-scale anti-drug campaign launched in June 2008 to raise 	<ul style="list-style-type: none"> • Further large-scale publicity and preventive measures will

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
<p>has spread across the various education programmes, from upper primary to post-secondary level in varying degrees, affecting different schools and institutions, districts and families of different backgrounds. Various features are surveyed and suggested for further analysis (e.g. years of living in Hong Kong, demographic and economic backgrounds of families.)</p> <p>The youth drug problem appears to be multifaceted relating to psychosocial development, family, school and other aspects. Its general prevalence in the community is a common concern for all and all stakeholders must work together</p>	<p>public awareness and to mobilise the community to help fight drugs.</p> <ul style="list-style-type: none"> • Key messages have been conveyed through massive, territory-wide campaign. The Chinese nomenclature for drug abuse has been changed to help correct common misconceptions. • Central publicity efforts have been augmented by district-based or community-initiated projects. • To foster a caring culture for the youth, the scheme <i>Path Builders</i> was launched in September 2008. 	<p>be implemented in 2010-11. Focus will be on changing the attitude of youth towards drugs through education and positive peer influence.</p> <ul style="list-style-type: none"> • ND will use and encourage others to make use of the Internet to outreach to young people. • We are working with the Family Council and other parent education units to embed anti-drug elements in their programmes. • The BDF will encourage and support effective anti-drug programmes initiated by different community stakeholders. • We will examine and identify 	

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
	to tackle the problem.		areas for carrying out further analysis and more research projects to understand the situations in an in-depth manner, e.g. profiling of student drug abusers, for focusing anti-drug initiatives.
5.	<p>Harm of drugs is acknowledged by a great majority of students (drug-taking or not), but many drug-taking students do not think they have become addicted.</p> <p>We are getting across our preventive messages generally but may think hard on what and how we should say better and more.</p>	<ul style="list-style-type: none"> Preventive education and publicity is a major prong of our anti-drug policy. A host of measures have been implemented or underway (see items 3 to 4 above). 	<p>We will continue to deepen and enhance prevention efforts. Measures include -</p> <ul style="list-style-type: none"> new APIs and publicity materials targeting young people to feature refusal skills and appeal to them to help others beat drugs; deepening of the territory-wide campaign and further mustering of community support along key themes (e.g. assisting drug rehabilitees);

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
			<ul style="list-style-type: none"> • launch of a website targeting young people to explain the harms of drugs and to correct common misconceptions in an engaging manner; and • development of interesting materials to educate young people about the harm of drugs.
6.	<p>Student drug abuse tends to be "hidden" as many of them take drugs at homes of friends or schoolmates (36.2%), or in their own homes (25.0%).</p> <p>They have low motivation to seek help. More than 75% of drug-taking students never sought help from others. For those who sought help, the</p>	<p>Early identification and intervention is a mainstay of our strategy in treatment and rehabilitation.</p> <p>Among other things, we seek to enhance preventive efforts to help youngsters stay away from drugs. We are pursuing drug testing proposals at different levels –</p> <ul style="list-style-type: none"> • voluntary drug testing to motivate and sustain drug abusers in the counselling programme is 	<p>Regarding drug testing, we will in 2010-11 –</p> <ul style="list-style-type: none"> • evaluate the Tai Po Trial Scheme and consider whether and how best to roll out drug testing to other schools; • launch a consultation on compulsory drug testing; and • introduce a pilot hair drug testing service as another

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<p>persons who gave them the greatest help were: drug treatment organisations (26.8%), social workers (14.3%) and friends (13.9%). Only a small proportion of them sought help from parents (4.7%) and teachers (0.4%)</p> <p>We need to explore innovative measures and untried areas to tackle the problem head on.</p>	<p>available in CCPSAs as part of the elementary on-site medical support services introduced in October 2009.</p> <ul style="list-style-type: none"> • a trial scheme on school drug testing is underway in Tai Po. It is accompanied by an evaluation research; and • work is underway to develop a detailed compulsory drug testing proposal for a formal consultation exercise <p>Measures implemented and underway to educate parents and train anti-drug workers for early identification include –</p> <ul style="list-style-type: none"> • Drug education for parents has been enhanced since 2008 with the launch of a resource kit and many seminars. 	<p>effective drug-testing tool.</p> <p>We will also –</p> <ul style="list-style-type: none"> • enhance the 16 YOTs each by one ASWO to strengthen outreaching work; • emphasise the importance of identification of experimental drug abusers in generic settings, brief interventions and motivating them to seek help; • make use of BDF to sponsor anti-drug agencies, professional bodies or tertiary institutions to provide more structured and sustainable drug education and training for stakeholders and anti-drug workers; • approach tertiary institutions 	

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
		<ul style="list-style-type: none"> • Systematic drug training for teachers has been launched since 2008. • A professional drug training programme was carried out in 2009 for over 100 family doctors. • New drug training for social workers was carried out by NGOs and SWD in 2009. 	<p>and professional bodies to encourage them to beef up anti-drug elements in undergraduate curriculum of relevant programmes and continuous professional development framework or requirements;</p> <ul style="list-style-type: none"> • fund NGOs to adopt pilot or innovative approaches to outreach to young people, including the use of the internet and other social media; and • support evidence-based programmes targeting high-risk youths to motivate them to seek help. Experience-sharing sessions may be organised for local NGOs to share effective

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
			practices.
7.	<p>One-third of drug-taking students have taken drugs outside Hong Kong, on the Mainland or in Macau.</p> <p>This reinforces consistent feedback from frontline workers, and shows a bigger problem than is apparent from CRDA statistics (some 10%).</p>	<p>Curbing cross-boundary drug abuse is a strategic area of our anti-drug work. Initiatives implemented or being implemented include –</p> <ul style="list-style-type: none"> • heightened anti-drug publicity at cross-boundary control points, in particular during festive periods; • enhanced intelligence exchange between law enforcement agencies of Hong Kong and their Mainland counterparts; • vigorous law enforcement actions to combat cross-boundary drug trafficking; • addition of 11 drug sniffing dogs by the Customs and Excise Department to enhance detection and deterrent effects at land 	<p>We will –</p> <ul style="list-style-type: none"> • enhance preventive education and publicity on refusal skills; • enhance publicity on the vigorous law enforcement actions at the boundary control points and the dire legal consequences for drug trafficking, including publicity along East Rail and at boundary control points; and • fund and work with NGOs to provide outreaching services and early intervention services at the boundary control points. <p>Law enforcement agencies of Hong Kong will continue their effective liaison with their</p>

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
		boundary control points; <ul style="list-style-type: none"> • liaison with the Shenzhen authorities on further collaboration to combat cross-boundary drug crimes; • informing parents and young people of the serious consequences of drug trafficking and drug abuse on the Mainland through publications, exhibitions and the Internet. 	Mainland (including Macau) counterparts and conduct joint and coordinated operations as appropriate.
8.	Over 60% of drug-taking students have obtained drugs free of charge; 37% can afford drugs with pocket money. They are supplied by friends, siblings, schoolmates etc. 3.3% of non-drug taking students have been offered drugs.	Combating supply of drugs through vigorous enforcement action is a key strategic direction. Initiatives implemented or underway include – <ul style="list-style-type: none"> • establishment of a cyber patrol team; • enhanced intelligence exchange between law enforcement agencies of Hong Kong and their 	We will – <ul style="list-style-type: none"> • continue to adopt zero tolerance in combating drug-related crimes; • deploy 15 additional drug sniffing dogs by the Police to aid operations against drug crimes; • continue to take vigorous

	Salient findings of 2008-09 survey (details in Chapter 6 of report in Annex B), and implications	Key strategies and initiatives already in place, and progress	Further efforts and resources, and way forward
	Accessibility to drugs contributes to the problem.	Mainland counterparts; <ul style="list-style-type: none"> • enhance intelligence collection and vigorous law enforcement actions at black spots of drug abuse; • make use of section 56A of the <i>Dangerous Drugs Ordinance</i> to enhance the sentence for drug crimes of adult drug pushers who involve young people. 	enforcement action in order to reduce the supply of drugs; <ul style="list-style-type: none"> • continue to work with District Fight Crime Committees and other stakeholders to strengthen publicity against drug abuse and drug offences as detailed in items 3 to 5 above; and • further publicise the 186 186 enquiry line and encourage the public to report suspected drug-related crimes and intelligence to the Police.

第六章 報告摘要

二零零八／零九年調查就學生吸食毒品的情況提供了非常有用的數據，範圍涵蓋高小至專上學生。有關的主要結果會在下文詳述。除非另有說明或內文所需，本章主要針對中學學生的數據，並與以往調查作對比。

6.1 學生吸食毒品的上升趨勢

自二零零四／零五年調查開始，中學學生吸食毒品的比例上升幅度顯著，曾吸食毒品的中學學生比例由二零零四／零五年的 3.3% 升至二零零八／零九年的 4.3%。而 30 天內曾吸食毒品的比例則由二零零四／零五年的 0.8% 升至二零零八／零九年的 1.5%。調查顯示的上升趨勢與藥物濫用資料中央檔案室(檔案室)¹² 數據一致。檔案室的數據指出，21 歲以下的吸毒青年數字由二零零四年的 2 186 人升至二零零八年的 3 430 人¹³ (表 1.3 及 1.7)。

Chapter 6 Summary of Key Findings

The 2008/09 Survey provides us with very useful data about the drug-taking situation among students from upper primary to post-secondary level. Several key findings are summarized below. They generally refer to secondary students as illustration and comparison with the previous Survey, unless otherwise stated or the context otherwise requires.

6.1 Rising trend of drug-taking among students

Since the 2004/05 Survey, there has been a significant increase in drug-taking among secondary students. The percentage of lifetime drug-taking secondary students increased from 3.3% in 2004/05 to 4.3% in 2008/09, and that of 30-day drug-taking secondary students increased from 0.8% in 2004/05 to 1.5% in 2008/09. The rising trend is in line with that shown in the Central Registry of Drug Abuse (CRDA)⁹, in which the number of reported youngsters taking drugs aged under 21 increased consistently from 2 186 in 2004 to 3 430 in 2008¹⁰ (Tables 1.3 & 1.7).

⁹ 檔案室是一個自願呈報系統。檔案室備有曾與呈報機構(包括執法部門、戒毒治療及福利機構及醫院等)接觸而又被這些機構呈報的吸毒者資料。

CRDA is a voluntary reporting system. It records information of drug users abusers who have come into contact with and been reported by reporting agencies, including law enforcement departments, treatment and welfare agencies, and hospitals.

¹⁰ 表 6.1 對比數個海外國家類似調查的結果，以供參考。在香港，曾吸毒的中學學生比例(4.3%)較美國及英國的低，其比例處於 20%與 47%之間。

As background reference, a table of comparison with similar surveys in several overseas jurisdictions is at Table 6.1. The lifetime prevalence rate of drug-taking among secondary students in Hong Kong (4.3%) is less than that in the United States and the United Kingdom which ranged from 20% to 47%.

在吸食毒品的學生中，很多看來在嘗試階段，也未有接觸援助網絡。中學學生曾吸食毒品、一年內曾吸食毒品及 30 天內曾吸食毒品的比例分別為 4.3%、2.6% 及 1.5%。30 天內曾吸食毒品的中學學生中，37.9%能憶起在過去 30 天內的吸毒次數，當中 14.8%在過去 30 天曾吸毒 1 至 3 次；另要留意，14.2%曾吸毒 30 次或以上（圖 2.1）。

雖然吸食毒品的數字普遍有上升的趨勢，但吸食海洛英的比例則顯著下跌，由二零零四／零五年的 1.5%下跌至二零零八／零九年的 0.2%。吸食危害精神毒品的中學學生佔多數（圖 2.2）。

6.2 吸毒學生的年齡下降

二零零八／零九年的調查指出，12 歲或以下的中學學生吸食毒品比例為 4.6%，相對二零零四／零五年的 2.4%。在二零零八／零九年的調查中，15.6%的曾吸食毒品的學生聲稱，首次吸毒的年齡是 10 歲或以下，相對二零零四／零五年的 13.4%。吸食毒品學生的年齡層有明顯下降的跡象（表 1.3 及 2.10）。

二零零八／零九年的調查範圍首次涵蓋高小學生。高小學生曾吸食毒品、一年內曾吸食毒品及 30 天內吸食毒品的比例為 1.6%、0.8%及 0.5%。曾吸食毒品的高小學生最常吸食的毒品首兩類為「咳水／咳丸」（37.5%）及「天拿水」（30.7%）；而曾吸食毒品的中學學生最常吸食的毒品首兩類則為「氯胺酮」（49.4%）及「大麻」（35.6%），兩者完全不同。除了學生自己家中（28.1%）及朋友家中（11.4%）外，網吧（20.8%）是曾吸食毒

Among drug-taking students, many seem to be experimental drug abusers, and remaining out of reach of the help network. The prevalence rate of lifetime, one-year and 30-day drug-taking secondary students is 4.3%, 2.6% and 1.5%. Among the 30-day drug-taking secondary students who can recall their drug-taking frequencies (37.9%), 14.8% took drugs for 1 to 3 times in the past 30 days. It should also be noted that 14.2% took drugs for 30 times or more (Chart 2.1).

Despite the general increase in drug-taking, the prevalence rate for taking heroin dropped significantly from 1.5% in 2004/05 to 0.2% in 2008/09. Drug-taking secondary students predominantly took psychotropic drugs (Chart 2.2).

6.2 Lowering age of drug-taking among students

In the 2008/09 Survey, drug prevalence among secondary students for the age group of 12 or below is 4.6%, compared with 2.4% in the 2004/05 Survey. In the 2008/09 Survey, 15.6% of drug-taking students claimed to have first taken drugs at the age of 10 or below, compared with 13.4% in the 2004/05 Survey. The lowering of age of taking drugs is apparent (Tables 1.3 and 2.10).

In the 2008/09 Survey, drug prevalence among upper primary students was estimated for the first time. The prevalence rate of lifetime, one-year and 30-day drug-taking upper primary students is 1.6%, 0.8% and 0.5%. The top two most common types of drugs taken by drug-taking upper primary students were “cough medicines” (37.5%) and “thinner” (30.7%), different from those taken by drug-taking secondary students: “ketamine” (49.4%) and “cannabis” (35.6%). Other than their “own home” (28.1%) or “friends’ home” (11.4%),

品的高小學生最常吸毒的地方。而曾吸食毒品的中學學生最常吸毒的地方是朋友的家中（36.2%）、卡拉 OK / 的士高（25.1%）及自己家中（25.0%）（表 5.1, 5.3 及 5.5）。

6.3 專上課程學生吸食毒品的情況

二零零八／零九年的調查範圍首次涵蓋學士學位及其他專上課程的學生。學士學位課程學生（2.9%）曾吸食毒品的比例較中學學生（4.3%）的低，而其他專上課程學生（5.4%）的比例則較中學學生的高（表 5.1）。

吸食毒品的中學學生最常吸食的毒品是「氯胺酮」，而吸食毒品的學士學位課程（70.8%）及其他專上課程（63.3%）學生最常吸食的毒品則是「大麻」（表 5.3）。

6.4 吸食毒品的普遍性、人口特徵及其他因素

二零零八／零九的調查顯示，吸食毒品的歪風已於高小至專上程度的學生中以不同的擴散速度蔓延，程度不一，涉及不同的學校（1.4 節），院校（5.1 節），地區（表 2.13）及背景不一的家庭（表 4.12）。深入地探討吸食毒品的普遍程度、人口特徵及其他特性，有助識別相關的風險因素，令禁毒工作更為聚焦。

例如，二零零八／零九的調查抽選了 112 所中學，其中 111 所中學有學生表示曾吸

Internet Café (20.8%) was the most popular place for drug-taking upper primary students to take drugs. In the case of drug-taking secondary students, the most popular places were “friends’ home” (36.2%), “karaoke/disco” (25.1%), and “own home” (25.0%) (Tables 5.1, 5.3 and 5.5).

6.3 Drug-taking among post-secondary students

The 2008/09 Survey included for the first time an estimate of drug prevalence of students of undergraduate programmes and other post-secondary programmes. The lifetime prevalence rate of students of undergraduate programmes (2.9%) was lower than that of secondary students (4.3%), whereas that of students of other post-secondary programmes was higher (5.4%) (Table 5.1).

Instead of ketamine in the case of drug-taking secondary students, cannabis was the most common type of drugs for drug-taking students of undergraduate programmes (70.8%) and other post-secondary programmes (63.3%) (Table 5.3).

6.4 General prevalence, demographic characteristics and other factors

The 2008/09 Survey reveals that the prevalence of drug-taking has spread across the various education programmes, from upper primary to post-secondary level in varying degrees, affecting different schools (section 1.4), institutions (section 5.1), districts (Table 2.13) and families of different backgrounds (Table 4.12). Further analysis of the prevalence, demographic characteristics and other features may help identify risk factors for more focused anti-drug efforts.

For example, out of the 112 secondary schools surveyed, lifetime drug-taking students were

食毒品。高小學生方面，調查抽選了 94 所小學，其中 84 所小學有學生表示曾吸食毒品。至於專上院校方面，本調查中所涵蓋的 17 間院校(當中包括 8 間受大學教育資助委員會資助的院校)，所有院校均有學生表示他們曾吸食毒品 (1.4 及 5.1 節)。

又例如，吸食毒品的中學學生中家庭收入少於\$5,000 的比例 (5.8%) 較不曾吸食毒品學生 (2.4%) 的高。在家庭收入高 (即家庭收入\$50,000 或以上) 的學生組別中亦發現相類似的比例分佈，分別佔吸食毒品學生及不曾吸食毒品學生的 13.4% 及 8.5% (表 4.13)。

另一發現是，吸食毒品學生中不與父母同住的比例 (7.7%) 較不曾吸食毒品學生 (2.5%) 為高 (表 4.12)。部分吸食毒品學生聲稱是與父母 (7.8%) 或兄弟姊妹 (7.8%) 一起吸毒 (表 2.8)。

吸食毒品的學生吸煙及飲酒的比例分別為 39.6% 及 66.8%，不曾吸食毒品的學生則佔 11.0% 及 64.9%。在吸食毒品的學生中，同時吸煙和飲酒的比例佔 37.1% (相對 10.5% 不曾吸食毒品的學生) (表 4.11)。

至於吸食毒品的原因，除了好奇外 (39.4%)，消愁解悶/逃避不開心或不妥的感覺 (29.7%)、受朋輩影響 (29.5%)、尋求刺激 (24.7%) 及減輕壓力 (24.5%) 皆是常見的原因。(表 2.11) 調查亦探究了其他與吸毒相關的因素，包括自我形象 (表 4.7)，與家人、校方及同輩的關係 (表 4.8)，消閒活動 (表

reported in 111 schools. Out of the 94 primary schools surveyed, lifetime drug-taking students were reported in 84 schools. Of the 17 post-secondary institutions (including 8 UGC-funded institutions) enumerated in the Survey, all had lifetime drug-taking students (sections 1.4 and 5.1).

As another example, a larger proportion of drug-taking secondary students had a family income of less than \$5,000 (5.8%) when compared with their non-drug-taking counterparts (2.4%). It should be noted that a similar pattern was observed for the high income group (i.e. family income of \$50,000 or above). The proportions of drug-taking and non-drug-taking students in this income group were 13.4% and 8.5% respectively (Table 4.13).

As another illustration, a larger proportion of drug-taking students were not living with their parents (7.7%) when compared with their non-drug-taking counterparts (2.5%) (Table 4.12). Some drug taking students reported taking drugs together with parents (7.8%) or siblings (7.8%) (Table 2.8).

It was observed that the proportions of drug-taking students who were smokers or alcohol users were 39.6% and 66.8%, compared to 11.0% and 64.9% among non-drug-taking students. The proportion being both smokers and alcohol users among drug-taking students were 37.1% (versus 10.5% of non-drug-taking students) (Table 4.11).

As regards the reasons for taking drugs, curiosity (39.4%), relief of boredom/depression/anxiety (29.7%), peer influence (29.5%), euphoria seeking/sensory satisfaction (24.7%) and stress relief (24.5%) were often quoted (Table 2.11). Other factors relating to drug-taking surveyed included self-perception (Table 4.7), relationship with family, school and peers

4.9)，以及行爲和學校問題（表 4.10）。

青少年吸食毒品問題牽涉多方面，包括心理及社交發展、家庭、學校及其他因素。

6.5 對吸食毒品的禍害和違法性的看法

大部分（超過 90%）不曾吸食毒品的中學學生同意，吸毒會令他們的外表變得難看、損害健康及影響學業。即使在吸毒的中學學生中亦有超過 70%持相同意見（表 4.2）。

88.1%不曾吸食毒品的中學學生表示，不沾染毒品的原因是因爲吸毒會損害健康（表 3.4）。另一方面，64.2%吸食毒品的中學學生表示，從未嘗試停止吸食毒品或戒毒的原因是因爲他們不認爲自己已經染上毒癮（表 2.19）。

超過 90%不曾吸食毒品的中學學生認爲吸毒是違法行爲。超過 80%吸食毒品的中學學生持相同意見（表 4.6）。

調查結果顯示，政府的禁毒宣傳及教育已成功向大部分學生灌輸禁毒信息，日後的工作亦需要加強這方面的宣傳和教育。

6.6 吸食毒品青年的隱蔽性

二零零八／零九年的調查中展現出吸食毒品青年的隱蔽性。

吸食毒品學生自己的家中（25.0%）及朋友／同學／鄰居家中（36.2%）是最普遍的吸食毒品的地方，與二零零四／零五年

(Table 4.8), pastimes (Table 4.9) and behavioural and school problems (Table 4.10).

The youth drug problem is multifaceted relating to psychosocial development, family, school and other aspects.

6.5 Perceived harmfulness and illegality of taking drugs

A majority (over 90%) of non-drug-taking students agreed that taking drugs will affect their appearance, health and study. Even for drug-taking secondary students, the proportion was more than 70% (Table 4.2).

88.1% of non-drug-taking secondary students did not take drugs because they thought that drugs were harmful to health (Table 3.4). On the other hand, 64.2% of drug-taking students had not attempted to stop taking drugs because they did not think they had been addicted (Table 2.19).

More than 90% of non-drug-taking students believed that taking drugs is against the law. For drug-taking students, the proportion was more than 80% (Table 4.6).

The result may reflect that the publicity and preventive education efforts of the Government have imparted anti-drug messages upon most students. Further efforts would be needed to enhance dissemination and education.

6.6 Hidden nature of drug-taking youths

The 2008/09 Survey has shed light on the hidden nature of youths taking drugs.

Drug-taking students' own homes (25.0%) and friend's/ schoolmate's/ neighbour's home (36.2%) were together the most common venues

調查的結果不同。於二零零四／零五年，最普遍的吸毒地方是卡拉 OK／的士高（19.1%）及朋友／同學／鄰居中（19.1%）（表 2.4）。

超過 75%吸食毒品學生從未向他人求助。曾尋求協助的學生表示，給予幫助最大的人包括戒毒機構（26.8%）、社工（14.3%）及朋友（13.9%）。只有少數學生向父母（4.7%）及老師（0.4%）求助（表 2.16 及 2.17）。

6.7 跨境吸毒

二零零八／零九年的調查首次探討跨境吸毒問題。約 33%吸食毒品的中學學生曾在中國內地吸食毒品，比例較藥物濫用資料中央檔案室的數據高（於二零零八年，12.7%年齡 21 歲以下的吸食毒品青年表示，在過去 30 天內曾在中國內地吸毒）（表 2.14）。

6.8 接觸毒品的途徑

61.6%吸食毒品的學生可免費獲得毒品，而 37.4%是用零用錢購買毒品的。吸食毒品的女學生（67.2%）免費獲得毒品的機會比男學生（59.2%）多（表 2.2 及 2.3）。

最常見的毒品供應者是朋友（39.5%）、兄弟姊妹（24.8%）及同學（19.4%），其次為毒販（13.0%）（表 2.6）。3.3%不曾吸食毒品的學生曾獲提供毒品（表 3.1）。

for taking drugs. This is different from the 2004/05 Survey in which Karaoke / Bar (19.1%) and friend's/ schoolmate's/ neighbour's home (19.1%) were reported as the most common venues (Table 2.4).

More than 75% of drug-taking students never sought help from others. For those who sought help, the persons who gave them the greatest help were: drug treatment organisations (26.8%), social workers (14.3%) and friends (13.9%). Only a small proportion of them sought help from parents (4.7%) and teachers (0.4%) (Tables 2.16 and 2.17).

6.7 Cross boundary of drug-taking

The problem of cross boundary drug-taking was first surveyed in the 2008/09 Survey. About 33% of drug-taking secondary students had taken drugs in Mainland China. This proportion is much higher than that derived from CRDA (12.7% of drug-taking youngsters aged under 21 reported to have taken drugs within 30 days in Mainland China in 2008) (Table 2.14).

6.8 Accessibility of drugs

61.6% of drug-taking students got drugs for free and 37.4% could afford drugs by using their pocket money. Drug-taking female students got drugs for free (67.2%) more easily than drug-taking male students (59.2%) (Tables 2.2 and 2.3).

The most common drug suppliers were friends (39.5%), siblings (24.8%) and schoolmates (19.4%), followed by drug dealers (13.0%) (Table 2.6). 3.3% of non-drug-taking students had been offered drugs (Table 3.1).