For discussion on 3 May 2016

Legislative Council Panel on Security

Drug Situation in Hong Kong in 2015

Purpose

This paper provides information to Members on the drug situation in 2015 and the Government’s anti-drug efforts in response to the latest drug situation.

Background

2. The Central Registry of Drug Abuse (CRDA) is set up to provide relevant drug abuse statistics for monitoring changes in drug abuse trends and characteristics of drug abusers to facilitate the planning of anti-drug strategies and programmes in Hong Kong. It is a voluntary reporting system recording the details of drug abusers who have come into contact with and have been reported by the reporting agencies, including law enforcement agencies (LEAs), treatment and welfare agencies, tertiary institutions, hospitals and clinics.

3. Compiled statistics of the CRDA are reported to the Action Committee Against Narcotics (ACAN) and released on a quarterly basis. By its nature, the CRDA cannot measure the exact size of the drug abusing population in Hong Kong at any particular time. Statistics derived therefrom are indicators of the trends of drug abuse over time.

4. Other relevant sources also provide reference on the drug situation, including the triennial student surveys for obtaining information on the latest drug abuse trends among students.

5. The above data and findings provide useful information on the latest drug situation in Hong Kong, and support an evidence-based approach to the formulation of anti-drug policy and measures. The key
The Figures

The 2015 CRDA Statistics

6. The key statistics on drug abusers reported to the CRDA in 2015 are at Annex A. There was a continued decline in the total number of reported drug abusers in 2015 (at 8,598), which was 5% lower than that in 2014 (at 9,059). Their average age and average age of first abuse remained at 38 and 18 years old. For reported young drug abusers aged under 21, the number also continued to record a substantial decline of 19% (from 825 in 2014 to 665 in 2015). Their average age and their average age of first abuse remained at 18 and 15 years old.

7. The number of newly reported drug abusers in 2015 (at 2,103) was 1% higher than that in 2014 (at 2,078). Those aged under 21 had decreased by 18% (from 493 in 2014 to 405 in 2015). Meanwhile, an increased proportion of young adults aged 21-35 was identified (from 1,143 (55%) in 2014 to 1,195 (57%) in 2015).

8. Despite the continual decline in the total number of reported drug abusers, the drug history of newly reported cases had continued to rise. Half of the newly reported abusers had a drug history of at least 5.8 years (5.2 years in 2014).

9. For drug types, the total number of reported psychotropic substance abusers (PSAs) (at 5,360) continued to be higher than that of narcotics analgesics abusers (at 4,401). The higher rate was more evident among the newly reported (number of PSAs and narcotics analgesics abusers at 1,817 and 294 respectively). Methamphetamine (commonly known as “Ice”) surpassed ketamine to become the most popular psychotropic substance abused. The total number of reported “Ice” abusers increased by 7% (from 2,061 in 2014 to 2,195 in 2015), with 12% of whom aged under 21.

10. Regarding the reasons for taking drugs, the most common ones for all reported drug abusers were “to avoid discomfort of its absence”,
“to relieve boredom/depression/stress” and “to identify with peers”. On the localities of taking drugs, 56% of the drug abusers took drugs at home or friend’s home only.

The 2014/15 Student Survey

11. The 2014/15 Student Survey sampled some 146 000 full-time students at upper primary to post-secondary levels from 273 schools/institutions, representing about 20% of the student population of 725 000 from 1 140 schools/institutions. The key findings are at Annex B

12. There was a downward trend in student drug abuse, in line with the CRDA statistics. As compared with the last 2011/12 Student Survey, the number of drug-taking students decreased significantly by 17% (from 17 500 to 14 500), and the prevalence rate decreased from 2.2% to 2%. The percentage of drug-taking at young age also decreased, with the proportion of lifetime drug takers among students aged 10 or below dropping from 1.3% to 0.9%.

13. The drug-taking students predominantly took psychotropic substances, with cough medicine and “Ice” as the most common types for upper primary students, and cannabis and ketamine as the most common types for students at secondary level or above. Except for the increase by 8% in the number of cannabis abusers, there was a drop in the number of abusers of other psychotropic substances.

14. 51% of the drug-taking students took drugs at home and friend’s home (same in the last survey). 17% of the drug-taking students at secondary level or above took drugs alone (21% in the last survey). 81% of the drug-taking students never sought help (78% in the last survey).

15. “Friends” continued to be the most common drug suppliers and drug abuse companions. Similar to the findings in the last survey, the most popular ways of obtaining drugs for drug-taking students at secondary level or above were “free of charge”, “pocket money” and “other illegal means”.

16. Regarding the reasons for taking drugs, “curiosity” was a major one for drug-taking upper primary students and students at secondary level or above to take drugs for the first time. For students at secondary level or above who took drugs in the last 30 days, “to get away from stress”, “to relieve boredom” and “to seek excitement” were the major reasons for drug-taking.

Others

17. Drug-related arrest figures also provide information on the drug situation. The total number of drug-related arrests in 2015 (at 4 717) was 4% lower than that in 2014 (at 4 915). The total number of persons prosecuted for all drug offences was 15% lower (from 4 099 in 2014 to 3 466 in 2015), and 31 persons aged under 16 were convicted of trafficking in dangerous drugs (45 in 2014). Analysed by drug types, the highest proportion of arrests in 2015 was methamphetamine-related cases (33%), followed by ketamine-related cases (25%).

Observations

18. Based on the above latest figures, we have the following observations -

(a) **continued decline in the number of drug abusers** - This is revealed by the CRDA and 2014/15 Student Survey (see paragraphs 6 and 12 above);

(b) **hidden drug abuse still a concern** - This is shown by the rise of the drug history of newly reported cases of the CRDA (see paragraph 8 above). The CRDA and 2014/15 Student Survey revealing that most drug abusers took drugs at home or friend’s home also underline this concern (see paragraphs 10 and 14 above);

(c) **demographic changes in the drug abusing population** - The CRDA shows that an increased proportion of newly reported drug abusers was identified in their young adulthood (aged 21-35) (see paragraph 7 above); and
(d) continued prevalence of psychotropic substance abuse, with growing prevalence of “Ice” - This is revealed by the CRDA and 2014/15 Student Survey (see paragraphs 9 and 13 above).

Anti-drug Efforts

19. Our anti-drug policy and measures have been underpinned by a five-pronged approach, comprising preventive education and publicity (PE&P), treatment and rehabilitation (T&R), legislation and law enforcement, external cooperation and research. While the declining drug trend has reflected the effectiveness of the anti-drug strategy and the concerted efforts of various sectors in the community, there is a need for continuing with the five-pronged approach to respond to the latest drug situation. Specifically, major initiatives would be taken forward along the directions outlined below.

PE&P

20. PE&P is the mainstay of drug prevention efforts. The campaign in the coming year will continue to enhance community awareness of the drug problem, promote early identification of hidden drug abusers, and encourage early help-seeking. The Beat Drugs Fund (BDF) will continue to support initiatives at the district level to promote awareness of the hidden drug problem (see paragraph 26 below). We will also promote anti-drug messages through different media platforms so as to maximize the access to different target groups, especially the youth. Additional efforts will be made to reach young adults. We will explore the use of more electronic platforms such as popular websites and discussion fora to disseminate anti-drug messages to this group. We will also look into possible collaboration with organisations concerned to organise suitable programmes at workplaces or venues frequented by this group. Help-seeking through the 24-hour helpline “186 186” and the instant messaging service “98 186 186” will be further promoted.

21. Consistent with the continuous work, we will publicise the harmful effects of psychotropic substances, including “Ice” and cannabis. The Drug InfoCentre as a hub of anti-drug PE&P programmes will organise different programmes for individual target groups, covering
activities promoting healthy lifestyles among young people, performances or talks for students, seminars for parents, etc.

22. Schools provide an important platform for drug prevention. We will continue to arrange suitable anti-drug training for teachers and students. We will also encourage more secondary schools to implement the Healthy School Programme with a Drug Testing Component (HSP(DT))².

T&R

23. T&R services are available to drug abusers with different needs. They include the compulsory treatment programme operated by the Correctional Services Department, voluntary residential programmes implemented by non-governmental organisations (NGOs) in 38 drug treatment and rehabilitation centres, voluntary outpatient methadone treatment programme administered by the Department of Health, substance abuse clinics in all seven hospital clusters of the Hospital Authority, and more than 10 community-based counselling centres for PSAs and drug abusers run by NGOs.

24. We issued in July 2015 the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong for 2015-2017 (the Three-year Plan), setting out the priorities and strategies of T&R services, and providing directions for anti-drug service providers to review and develop their action plans in light of the latest drug abuse trends. We will work closely with parties concerned to implement the recommendations in the Three-year Plan.

BDF

25. We have been making substantive efforts to support worthwhile anti-drug projects through the BDF. In the past three years from 2013/14 to 2015/16, the BDF has supported over 165 projects in the

---

² The HSP(DT) comprises two parts, namely preventive anti-drug activities and voluntary drug testing. Activities may be tailored to meet the needs of different target groups. The voluntary drug testing is intended to provide an appropriate context for commitment to refrain from drugs by students. In the 2015/16 school year, 92 schools, together with their partnering non-government organisations are implementing the HSP(DT). We have commissioned an independent evaluation research in the 2015/16 school year to assess the overall effectiveness of the HSP(DT) and identify areas for improvement.
areas of PE&P, T&R and research, with a total funding of over $350 million. The Governing Committee of the BDF Association will, taking into account the latest drug trends and in consultation with the ACAN, draw up specific priority areas in its annual funding exercises to guide applicants in planning suitable anti-drug projects responding to the latest drug problems. The prevalent drug trends will be considered in devising the priority areas in the 2016 Regular Funding Exercise.

26. With favourable feedback received from the first round of the Anti-drug Community Awareness Building Programme (ACAB), and to sustain efforts in tackling hidden drug abuse, the BDF has launched a new round of the ACAB for April 2015 to March 2018. A total funding of $6.21 million has been provided to the 18 Districts for conducting anti-drug activities to raise community awareness of the drug problems. Stakeholders such as parents and frontline workers would be empowered to play a more active role in drug prevention, early identification and intervention.

27. The BDF has also been supporting research projects. We will continue to encourage researches on the characteristics of psychotropic substance abuse to better understand relevant drug harms and identify suitable treatment methods. We also welcome researches on the social return of various anti-drug services and programmes as well as the social costs of drug abuse.

Legislation, Law Enforcement and External Cooperation

28. Effective law enforcement action is an important anti-drug element. The LEAs will continue with the strategy of targeting drug supply at source through stemming the illegal import of dangerous drugs, strengthening the patrol of drug abuse black spots, and adopting control measures to combat drug trafficking. The LEAs will reinforce their liaison and intelligence exchange with the Mainland, Macao and international counterparts, and conduct joint operations as appropriate.

29. The growing psychotropic substance abuse and continuous emergence of new synthetic drugs pose new challenges to legislative control and law enforcement globally. We will remain vigilant in monitoring overseas and local drug trends, and will take timely action to bring new drugs under legislative control.
Advice Sought

30. Members are invited to note this paper.

Narcotics Division
Security Bureau
April 2016
Summary of Central Registry of Drug Abuse Statistics for 2015

Profile of Drug Abusers

(a) the total number of reported drug abusers had continued to fall in 2015. At 8,598, it was 5% lower than 9,059 in 2014;

(b) the number of reported young drug abusers aged under 21 had continued to record a substantial decline by 19%, from 825 in 2014 to 665 in 2015;

(c) the number of newly reported drug abusers in 2015 (at 2,103) was slightly higher (1%) than that of 2014 (at 2,078). Among them, while those aged under 21 had decreased by 18% (from 493 in 2014 to 405 in 2015), an increasingly large proportion was identified in their young adulthood (aged 21 – 35) (1,195 (57%) and 1,143 (55%) in 2015 and 2014 respectively);

(d) the drug history of newly reported cases had continued to rise. Half of the newly reported abusers had abused drugs for at least 5.8 years, compared with 5.2 years in 2014. Among the newly reported young drug abusers (aged under 21), half had abused drugs for at least 1.5 years, compared with 1.6 years in 2014;

(e) the number of male abusers had fallen by 7% (declined from 7,379 in 2014 to 6,827 in 2015), while the number of female abusers had risen by 5% (from 1,680 in 2014 to 1,771 in 2015);

(f) compared with 2014, the average age of young drug abusers (aged under 21) and their average age of first abuse remained at 18 and 15 years old. As for all drug abusers, the average age and average age of first abuse remained at 38 and 18 years old;

Type of Drugs Abused

(g) in 2015, the number of reported narcotics analgesics abusers (at 4,401) continued to be lower than the number of psychotropic substance abusers (PSAs) (at 5,360). Among
those newly reported, the number of PSAs (at 1 817) was much higher than the number of narcotics analgesics abusers (at 294);

(h) comparing 2015 with 2014, the number of PSAs had lowered by 3% (from 5 537 to 5 360), and those taking narcotics analgesics (mainly heroin) decreased by 4% (from 4 606 to 4 401);

(i) heroin remained to be the single most popular type of drug abused among the reported abusers. However, the total number of reported heroin abusers in 2015 (at 4 398) was 4% lower than that in 2014 (at 4 604);

(j) methamphetamine (commonly known as “Ice”) surpassed ketamine and became the most popular type of psychotropic substances abused. The number of reported “Ice” abusers had risen for 7% (from 2 061 to 2 195), with 12% of whom aged under 21. Ketamine was the second most popular type of psychotropic substances abused. The number of reported ketamine abusers was 11% lower comparing to that of 2014 (from 2 216 to 1 974), of which 13% of them were aged under 21;

(k) compared with 2014, the number of abusers of most other types of psychotropic substances had seen a reduction - cough medicine (dropped by 13% from 386 to 335), cocaine (dropped by 8% from 657 to 606), nimetazepam (dropped by 6% from 34 to 32), triazolam/midazolam/zopiclone (dropped by 5% from 1 020 to 973), and cannabis (dropped by 3% from 353 to 343), with the exception of MDMA (increased by 42% from 38 to 54);

(l) the number of drug abusers taking more than one type of drugs in 2015 was 3% lower than that of 2014 (decreased from 2 030 to 1 979)\(^1\);

Others

(m) the most common reasons for all drug abusers reported for taking drugs were “to avoid discomfort of its absence” (46%),

\(^1\) For an abuser taking more than one type of drugs, he/she would be counted more than once in analysing individual types of drugs and “multiple counts” of the same person would occur.
“to relieve boredom/depression/stress” (45%), and “to identify with peers” (41%). For drug abusers aged under 21, “to relieve boredom/depression/stress” (48%) was the most common reason for taking drugs, followed by “to identify with peers” (45%) and “out of curiosity” (37%);

(n) 56% of the drug abusers were reported to have taken drugs at home/friend’s home only, another 24% at both home/friend’s home and other localities, and the remaining 19% at other localities only. Among those young drug abusers aged under 21, the three most popular localities for taking drugs were home/friend’s home (80%), public areas like recreation area/public park/public toilet (24%), and party gathering in club house/building/hotel/bar (9%);

(o) abusers of heroin and triazolam/midazolam/zopiclone had a relatively higher frequency of abusing drugs in general, with a median monthly frequency of abusing drugs at 60 times and 50 times respectively. The corresponding figures for other types of PSAs were much lower, e.g. 30 times for cough medicine abusers, 24 times for MDMA abusers, 21 times for nimetazepam abusers and 13 times for both “Ice” and ketamine abusers; and

(p) 73% of the reported drug abusers had previously been convicted. Among them, most had previous conviction of either drug-related offences only (35%) or both drug-related and other offences (27%), while 10% had previous conviction of other offences only.
Chapter 5
Summary of key findings

The 2014/15 Survey provides very useful data about the drug-taking situation among students from upper primary to post-secondary level. Several key observations are highlighted in this chapter. They generally refer to all covered students as illustration and comparisons with the previous survey (the 2011/12 Survey), unless otherwise stated or the context otherwise requires.

5.1 Downward trend of drug-taking among students

Among all covered students, a drop in the prevalence of lifetime drug-taking students, in particular the taking of psychotropic drugs, was noted in the 2014/15 Survey.

The percentage of lifetime drug-taking students dropped from 2.2% in 2011/12 to 2.0% in 2014/15; while that of 1-year and 30-day drug-taking maintained at 0.7% and 0.5% respectively.

The estimated number of lifetime drug-taking students was 14 500, a 17.1% drop from the last survey in 2011/12. The estimated number of 1-year drug-takers was 5 200, a 10.3% drop from the last survey. The number of those who took drugs within 30-day prior to the survey was 3 400, a 17.1% drop from the last survey.

5.1 學生吸食毒品比例有下跌的趨勢

2014/15 年的調查發現，在所有涵蓋的學生中，曾吸食毒品（尤以危害精神毒品）的學生比例有下降的跡象。

曾吸食毒品的學生比例由 2011/12 年的 2.2% 回落至 2014/15 年的 2.0%；一年內及 30 天內曾吸食毒品的比例則分別保持在 0.7% 及 0.5% 的水平。

估計 2014/15 年曾吸食毒品的學生數目 14 500，較 2011/12 下跌 17.1%；一年內曾吸食毒品學生 5 200 人，下跌 10.3%；而 30 天內曾吸食毒品學生 3 400 人，下跌 17.1%。

"健康校園計劃" 於 2011/12 學年開始推行。
Please note that “Healthy School Programme with a drug testing component (HSP(DT))” has been implemented in schools since 2011/12 school year.
調查顯示的回落趨勢與藥物濫用資料中央檔案室的數據一致。檔案室的數據指出，21歲以下的吸毒青年數字由2012年的1624回落至2015年的665（圖2.3及表1.1，1.4，1.5）。

2014/15年的調查顯示，曾表示在調查前30天內曾吸食毒品的學生中，44.9%在調查前30天內曾每天吸食毒品；另外，22.8%只曾吸食毒品一次（圖2.1）。

### 5.2 吸食危害精神毒品為主

吸食毒品的學生大部分吸食危害精神毒品，而曾吸食各個危害精神毒品類別的學生數目（除吸食「大麻」的學生數目外）均有下跌。與此同時，曾吸食「海洛英」的比例亦由2011/12年的0.2%下降至2014/15年的0.1%（圖2.2）。

曾吸食毒品的高小學生最常吸食的毒品首三類為「咳水／咳丸」（34.3%）、「冰毒」（18.4%）和「天拿水」（14.8%）（表2.3）。

藥物濫用資料中央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 abusers who have come into contact with and been reported by reporting agencies, including law enforcement departments, treatment and welfare agencies and hospitals.

表5.1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（2.3%）遠較美國（34.3%）及英國（15.0%）的低。

As background reference, a table of comparison with similar surveys in several overseas jurisdictions is at Table 5.1. The lifetime prevalence rate of drug-taking among secondary students in Hong Kong (2.3%) is far less than that in the United States (34.3%) and the United Kingdom (15.0%).
While the number of secondary or above students taking “cannabis” has recorded an increase, there was a general decrease in the number of drug-takers across all other types of drugs. Two of the most common types of drugs among the secondary or above students in the 2014/15 Survey were “cannabis” (57.9% for secondary and 73.1% for post-secondary) and “ketamine” (15.1% for secondary and 20.2% for post-secondary). Other common types of drugs taken by drug-taking secondary and post-secondary students were “cough medicines” (15.6%) and “ecstasy” (18.2%) respectively (Table 2.3).

5.3 Less drug-taking at young age

In the 2014/15 Survey, lifetime drug prevalence among covered students of age 10 or below was 0.9%, lower than the corresponding rate of 1.3% in the 2011/12 Survey (Table 1.1).

Proportion of lifetime drug-taking students at secondary or above levels whose first age of drug-taking was 10 years old or below remained at around 11% (10.5% for 2014/15 and 10.7% for 2011/12) whereas the proportion for those with first age of drug-taking was between 11 and 14 years old dropped from 16.6% in 2011/12 Survey to 11.1% in the 2014/15 Survey. The median age of first drug-taking also rose to 15.2 years old from 14.4 years old in 2011/12 for drug-taking students at secondary or above levels (Table 2.10).
The 2014/15 Survey reveals that the prevalence of drug-taking has continued to spread across various education levels from upper primary to post-secondary (though in a lesser extent as compared to the 2011/12 Survey), affecting different schools/ institutions (Section 1.4), districts (Table 2.12) and families (Table 4.10). Further analyses of the prevalence, demographic characteristics and other features may help identify risk factors for more focused anti-drug efforts.

For example, out of the 116 primary schools surveyed, lifetime drug abusers were reported in 90 schools. Out of 122 secondary schools surveyed, lifetime drug abusers were reported in 120 schools. Of the 36 post-secondary institutions enumerated, 32 had lifetime drug-taking students reported (Section 1.4).

As another example, a larger proportion of drug-taking secondary or above students had a family income of less than $10,000 (12.4%) when compared with their non-drug-taking counterparts (6.6%). A similar pattern was also observed in 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 22.5% and 8.9% respectively (Table 4.11).

As another illustration, a larger proportion of drug-taking students were not living with both of their parents (14.3%) when compared with their non-drug-taking counterparts (4.4%) (Table 4.10).
在曾吸食毒品的學生中，曾吸煙者的比例（48.4%），尤其是曾吸煙及飲酒者的比例（45.4%），遠高於不曾吸食毒品的學生的相應比例（曾吸煙者6.6%、曾吸煙及飲酒者6.1%）（表4.9）。

「好奇」是高小學生的吸食毒品的主因（26.8%），亦是曾吸食毒品的中學或以上的學生第一次吸食毒品的一個明顯誘因（中學學生58.6%及專上學生66.8%）。

中學或以上程度學生在調查前30天內吸食毒品的主要原因則有所不同，皆為「減輕壓力」（中學學生30.0%及專上學生37.0%）、「解悶」（中學學生26.9%及專上學生25.6%）及「尋求刺激」（中學學生26.6%及專上學生25.5%）。（表2.11）。

調查亦探求了其他與吸毒相關的因素，包括自我形象（表4.4），與家人、校方及同輩的關係（表4.5），消閒活動（表4.6-4.7），以及行為與學業問題（表4.8）。

青少年吸食毒品問題是一個牽涉成長、家庭、學校及其他因素的複雜問題。

5.5 對吸食毒品的禍害的看法

大部分（超過90%）不曾吸食毒品的中學或以上的學生同意，吸食毒品會損害健康，令他們的外表變得難看及影響學業。即使在曾吸食毒品的中學或以上學生中，亦有超過60%持相同意見（表4.2）。

The proportions of drug-taking students who were smokers (48.4%), and in particular those who were both smokers and alcohol users (45.4%), were much higher than those of their non-drug-taking counterparts (6.6% of smokers, and 6.1% of both smokers and alcohol users) (Table 4.9).

“Curiosity” was a major reason for drug-taking upper primary students (26.8%) and for drug-taking students at secondary or above levels to take drugs for the first time (58.6% for secondary and 66.8% for post-secondary).

However, the 30-day secondary or above drug-takers took drugs mainly to “to get away from stress” (30.0% for secondary and 37.0% for post-secondary), “to relieve boredom” (26.9% for secondary and 25.6% for post-secondary) and “to seek excitement” (26.6% for secondary and 25.5% for post-secondary) (Table 2.11).

Other factors relating to drug-taking surveyed included self-perception (Table 4.4), relationship with family, school and peers (Table 4.5), pastimes (Table 4.6-4.7) and behavioural and school problems (Table 4.8).

The youth drug problem seems complex relating to growth, family, school and other aspects.

5.5 Perceived harmfulness of taking drugs

The majority (over 90%) of non-drug-taking students at secondary level or above agreed that taking drugs will affect their health, appearance and study. Even for drug-taking students at secondary or above, such proportions were more than 60% (Table 4.2).
81.5%不曾吸食毒品的中學或以上的學生表示，不沾染毒品的原因是「他們害怕吸食毒品會帶來的後果」，特別是「吸食毒品會損害健康」（70.8%）（表 3.3）。另一方面，64.4%曾吸食毒品或 56.8%在調查前30天內曾吸食毒品的中學或以上的學生表示，從未嘗試停止吸食毒品或戒毒的原因是「不覺得自己已經上癮」（表 2.15）。

調查結果或反映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。日後亦需要繼續加強這方面的工作。

5.6 青年吸毒的隱蔽性

青年吸毒的隱蔽性在2014/15年的調查中再一次得到印證。

最普遍吸食毒品的兩個地點其中包括「朋友／同學／鄰居家中」（36.0%）及學生「自己家中」（25.1%）（表 2.6）。

17.2%曾吸食毒品的學生「自己一個人」吸食毒品，較2011/12年調查錄得的相應數字為低（2011/12年佔20.7%）（表 2.9）。

81.5% of non-drug-taking students at secondary level or above reported that they did not take drugs because “they were afraid of the consequences of taking drugs”, specifically they knew that “drugs were harmful to health” (70.8%) (Table 3.3). On the other hand, 64.4% of lifetime or 56.8% of 30-day drug-taking students at secondary or above reported that they had not attempted to stop taking drugs or give up drugs because “they do not think they are addicted” (Table 2.15).

The results may reflect that the publicity and preventive education efforts of the Government have imparted anti-drug messages upon most students. Such efforts should be sustained in future.

5.6 Hidden nature of drug-taking among the youth

The hidden nature of drug-taking among the youth has further been substantiated in the 2014/15 Survey.

“Friends’/ schoolmates’/ neighbours’ homes” (36.0%) and students’ own “homes” (25.1%) were amongst the top two usual localities for taking drugs (Table 2.6).

17.2% of the drug-taking students took drugs “alone”, which was slightly lower than the corresponding figure recorded in the 2011/12 Survey (20.7%) (Table 2.9).
80.9% of drug-taking students reported that they had never sought help from others, which was slightly higher than the corresponding figure recorded in the 2011/12 Survey (77.6%). For those who reported having sought help from others, “parents” (38.8% for upper primary and 13.0% for secondary) and “friends” (17.9% for upper primary and 27.7% for secondary) were the persons who gave the greatest help to drug-taking students of upper primary and secondary levels; and the top-rated persons who gave the greatest help to drug-taking students of post-secondary level were “friends” (31.4%) and “social workers” (17.9%) (Table 2.14).

5.7 Drug-taking outside Hong Kong

While 32.9% of lifetime drug-takers had taken drugs outside Hong Kong in the 2014/15 Survey, 67.0% of those 30-day drug-takers did so. Among the latter, 63.8% had taken drugs in Mainland China/ Macao, with “Shenzhen” (30.8%) and “Dongguan” (27.6%) being the most common places of drug-taking outside Hong Kong; whereas 44.7% had taken drugs overseas (Table 2.13).

5.8 Access to drugs

47.8% of drug-taking students in secondary or above levels claimed that the drugs they took were “free of charge”. “Pocket money” (33.9%) and “illegal sources (e.g. stealing and drug-selling)” (17.2%) were the other two commonly reported sources of money for buying drugs (Table 2.5).

1.8% of non-drug-taking students of all education levels had been offered drugs (Table 3.1).
最常見的毒品供應者是「朋友」（首次吸毒的中學學生 54.4%，首次吸毒的專上學生 61.2% 及不曾吸食毒品的各教育程度的學生 50.2%）、「同學」（首次吸毒的中學學生 22.8%，首次吸毒的專上學生 25.3% 及不曾吸食毒品的各教育程度的學生 27.5%）及「朋友的朋友」（首次吸毒的中學學生 16.4%，首次吸毒的專上學生 11.4% 及不曾吸食毒品的各教育程度的學生 25.4%）。值得留意的是，最常供應毒品給曾吸食毒品的高小學生為「陌生人／其他人」（43.3%）；而「毒販」對提供毒品給在調查前 30 天內吸食毒品的中學或以上的學生，有較重要的作用（中學學生 20.2% 及專上學生 20.8%）(表 2.8 及 3.1)。

The most common drug suppliers were “friends” (54.4% for secondary students’ first drug-taking, 61.2% for post-secondary students’ first drug-taking and 50.2% for non-drug-taking students of all education levels), followed by “schoolmates” (22.8% for secondary students’ first drug-taking, 25.3% for post-secondary students’ first drug-taking and 27.5% for non-drug-taking students of all education levels) and “friends of friends” (16.4% for secondary students’ first drug-taking, 11.4% for post-secondary students’ first drug-taking and 25.4% for non-drug-taking students of all education levels). It is noteworthy that a relatively high proportion of drug-taking upper primary students claimed that “strangers and others” (43.3%) had supplied them with drugs, and “drug dealers” played a more important role in supplying drugs to 30-day drug-takers at secondary or above levels (20.2% for secondary and 20.8% for post-secondary) (Tables 2.8 & 3.1).