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The Rise of Club Drugs in a Heroin Society: The Case of Hong Kong

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Although the contemporary dance drug scene is a global phenomenon, with many countries and cultures reporting similar developments with ecstasy and other club drug use, the scene, in many respects, is a reflection and expression of local culture. This article examines the rise of the dance drug scene in a society long associated with opiate use. After briefly describing Hong Kong's drug history, this article describes the diversification of its drug market to include ecstasy and ketamine in the context of a distinctive dance setting. The paper examines the trends in club drug use, particularly with the emergence of the dance scene, motivations to use, types of users, and the problems they experience with club drugs. The paper discusses the reasons for the rise and popularity of club drugs in the context of other locally available drugs, in particular, heroin. This discussion draws from three studies that tracked drug use trends from 1995 to 2002 through a variety of data sources, including official statistics, field observations, individual interviews with 20 law enforcement officials, 16 focus groups with outreach and drug treatment workers, teachers, and representatives from different communities, and in-depth interviews with 27 club drug users.

Keywords "club drugs;" ecstasy; heroin; ketamine; discos

Introduction

Hong Kong has long been associated with opium. In fact, its founding as a British colony in 1842 was intimately connected with the opium trade, with some observers going so far as to argue that, "*without opium, Hong Kong would not have evolved*" (Booth, 1996). The British empire viewed opium as both a source of immediate and legitimate revenue and a vehicle for expansion in Asia. Within the colony itself, the government in 1844, seized the opportunity to develop a legal monopoly over domestic consumption such that, each year, only one "opium farm" would be selected from a competitive bidding process and licensed to manufacture and deal in opium (Miners, 1983; Traver, 1992). By 1847, however, the colonial government could do little to enforce the monopoly and introduced a licensing system for opium sales. The colonial government reintroduced the farm monopoly in 1858 so that government revenues could be generated from the farm as well as from licensed dens. This system, which continued until the Japanese occupation, represented the government's attempt to control and protect its growing revenues from opium and to restrict smuggling

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and illegal distribution, especially in light of the growing number of refugees fleeing China's political and economic turmoil, many of whom were opium users (Booth, 1996; Traver, 1992). During the latter part of the 1800s, the revenue derived from opium represented between 10% and 25% of the colonial government's total revenue, and by 1918, accounted for more than 46% of its total revenue (Traver, 1992). Opium held an attraction to the wealthy as well as the poor, demonstrating that this was a drug with few social class boundaries (Booth, 1996). During the latter part of the 1800s and up until World War II, the British faced growing pressures from within and internationally to end its taxation of opium and to prohibit its use. After the British resumed control of the colony from the Japanese in 1945, the colonial government legislated opium as a dangerous drug (Miners, 1983).

Heroin was legally classified as a dangerous drug in the 1920s and was popular in the late 1930s in the form of heroin pills that were smoked in pipes similar to opium. It was not until the postwar period with opium's prohibition, that Hong Kong witnessed a shift from opium to heroin use in Hong Kong. Aside from the legal prohibition of opium, heroin's advantage over opium was also connected to the former's lack of odor, compactness, ease of transporting, and convenience in using with less equipment and space (Traver, 1992). From the 1960s until recently, Hong Kong's drug problem has been largely related to heroin use and largely associated with lower and working class adult males (Hess, 1965). In many respects, this population has not presented any immediate threats to the local community given the sedating experience associated with heroin use. In Hong Kong, heroin users' strategies to generate income to purchase heroin are generally nonviolent property-related crimes. The potential for heroin addiction "spreading" to and attracting other populations in the community, especially the young, has been hampered by the social stigma associated with heroin use. Although social workers, police, health care workers, policymakers, and even drug users hold differing views on the causes of heroin use, they generally hold the local cultural belief that heroin is reserved for the truly "hardcore addict," those who have reached the "end of the line." Similar views have been reported in other countries, with young people negatively describing heroin as a "dangerous" drug with a bad reputation (see review in Measham, Aldridge, and Parker, 2001).

Over the last 8 years, there has been a significant diversification in the Hong Kong drug scene with club drugs like ecstasy and ketamine gaining popularity among young people. The current popularity of club drugs in Hong Kong are, in some ways, not surprising given the patterns and experiences reported across the world from Europe to the Americas and Asia. In certain locales in the U.K. and the U.S., the rave dance scene began in the 1980s with Acid House parties, transitioned into a second phase in the early 1990s with organized large-scale warehouse rave parties, and from about 1993 to the present, has transformed into its third phase, as dancing, socializing, drinking, and using drugs occurs in a variety of settings (Collin and Godfrey, 1997; Reynolds, 1998; Measham, Aldridge, and Parker, 2001).

Although club drugs came onto the dance drug scene in Hong Kong comparatively later than in many other countries, it did so with a rapidness that took observers by surprise (Joe Laidler, 2002). Media and police reports of the use of ecstasy surfaced in 1993, but were largely associated with British and other expatriates living in Hong Kong and organized rave parties (South China Morning Post, 1993). It was not until 1996 that street outreach workers, treatment workers, and the police began reporting ecstasy use among local residents at organized rave parties (South China Morning Post, 1996). Since then, Hong Kong has witnessed not only the introduction of ecstasy and then ketamine into a distinctive local club scene, but a transition to a "post-rave" culture or, what Measham, Aldridge, and

Parker (2001) describe as the third wave—dance culture—similar to that reported in other countries. As I have described elsewhere (Joe Laidler, Hodson, and Day, 2001), the trends in other countries suggest that ecstasy users, looking for their original or an improved high, have resorted to new cocktails of drugs. While some English club scenes, for example, have shifted towards increasing use of cocaine and cannabis, ecstasy users in Scotland are reportedly taking five or more tablets in a single session and combining it with sleeping pills, including Temazepam (Reynolds, 1998; Morris, 1998; Corkery, 2000). This transition to a post-rave culture also reflects a diversification in dance music and venues, with the effects of particular combinations of drugs being conducive to particular music moods. According to U.K. observers, permanent nightclubs, converted pubs and bars, discos, and semi-private and private parties have taken over from the warehouse style parties of the prior decade (Morris, 1998; Malbon, 1999).

As this article reports, Hong Kong appears to be witnessing this transition to a post rave or dance culture. Official reports indicate a rise in the numbers of psychotropic drug users and polydrug users. The large-scale organized rave parties of the mid-to-late 1990s have gradually reduced in number with the main attraction for psychotropic drugs and music at the growing number of permanent dance and disco clubs, and more recently in karaoke bars, in both the longstanding entertainment districts and outlying areas.

How do these global trends in dance and drug use manifest themselves at the local level in Hong Kong? The main objective of this paper is to address this question, by examining trends in club drug use in Hong Kong, particularly with the emergence of club drugs, motivations to use, and the types of users and problems they experience with club drugs in Hong Kong. The paper then explores the reasons for the rise and popularity of club drugs in a society long associated with heroin.

Research Methods

This article draws from three studies focusing on the Hong Kong drug market from the late 1990s to the present. The first study, The Hong Kong Drug Market, was conducted in 2000 for the United Nations Interregional Crime and Justice Research Institute's (UNICRI) study on the global drug market, and looked specifically at the social, political, and cultural factors related to the development of illegal drug markets and the dynamics operating in illegal drug markets. In this worldwide assessment, Hong Kong represented one of 19 cities with all sites using a standard protocol to examine the local supply, demand, and marketing mechanisms for drugs over the 5-year period from 1995–2000. Primary and secondary sources were collected for this study (see study details in Joe Laidler, Hodson, and Traver, 2001). The primary data for this study included focus groups with youth outreach and drug user treatment workers, secondary school teachers, and members of district fight crime committees (e.g., community council comprising different sectors and members of a neighborhood). These focus groups are described in fuller detail below. Twenty individual interviews were also conducted with police working in the drug units at three levels, the government chemist, customs officers, and overseas law enforcement officers attached to their consulates in Hong Kong. A standardized open-ended questionnaire was used, and included questions related to perceptions of drug availability, types and problems associated with different drug user groups, drug related crime, pricing, seizures, and organization of drug distribution. I along with one of the principal investigators conducted these interviews, which lasted between 60 and 90 minutes, and were conducted principally in English, although one interview was

conducted in Chinglish, the popularly spoken hybrid of Cantonese and English. One of the research assistants also conducted field observations in two popular discos, and I conducted field observations of three discos and five public areas (e.g., parks and street corners near methadone clinics) known for heroin transactions. We also conducted in-depth interviews with users of the major drugs on the Hong Kong market in 2000.

Secondary data collected for this study included all known reports, statistics, and other documents related to drug use and trafficking in Hong Kong from government agencies such as the police, customs, government chemist, and narcotics division, and from nongovernmental organizations providing drug use prevention education and treatment. News reports on drug use, trafficking, and policy were also collected from the three most widely read Chinese language newspapers and magazines and one English language newspaper.

This article is also informed by our work the following year which examined psychotropic drug use in Hong Kong (Joe Laidler, Day, and Hodson, 2001). This study was conducted for the Hong Kong Government's Narcotics Division which, in 2000, started several initiatives—research, education, and policy review—to examine and address the increase in psychotropic drugs. The research aimed to provide a comprehensive look at the trends, patterns, and consequences of psychotropic drug use, and an analysis of the experiences of other countries in dealing with stimulant drugs. The study employed several methods to uncover, verify, and analyze consumer trends and problems associated with psychotropic drugs, particularly ice (e.g., the smokeable form of methamphetamine), ecstasy, ketamine, and cannabis (see study details in Joe Laidler, Day, and Hodson, 2001). User trends were analyzed through two data sets, including a detailed examination of the government's Central Registry on Drug Abuse (CRDA) and a health and lifestyle survey completed by 6000 adolescents aged between 15 and 17 years from over 30 secondary schools during a 6-week period in early 2001. Two qualitative data sets were also collected for this study, including 40 in-depth interviews with psychotropic drug users and focus groups with outreach workers and drug treatment workers from four nongovernmental organizations providing outpatient and inpatient services. They are described more fully below.

The third study, conducted in 2002, followed the developments of the first two studies, and was principally concerned with tracking the market place of dance drugs in Hong Kong. This study, although much smaller in scale, involved field observations in discos and raves, interviews with police, outreach workers and drug users, and updating media coverage of user trends, arrests, and policy discussions.

This analysis draws from these three studies to examine the overall changes in Hong Kong's drug use scene. The second part of the paper draws from 16 focus groups conducted in the first two studies and from 27 in-depth interviews conducted in the 2001 study. A standardized schedule with open-ended questions was designed for the focus groups in the first two studies. For the drug market study, the questions focused on perceptions of both supply and demand such as drug availability, changes in types of drug users and problems experienced, available and needed treatment, visibility of drug transactions, pricing, sales, and drug-related crime. For the psychotropic drug study, the questions focused on observations and perceptions of initiation, motivations, and health and social consequences associated with psychotropic drugs, especially ice, ecstasy, ketamine, and cannabis, and strategies and obstacles in engaging and treating psychotropic drug users. Two female research assistants, who were native residents and recent university graduates, conducted the focus groups in Cantonese. These focus groups lasted on average, 1 hour, were audiotaped, and translated for analysis.

For the in-depth interviews in the 2001 study, one female senior research assistant in her mid-20s, who had completed a qualitative study on juvenile delinquency for her master's research degree and who had worked on the earlier study, was trained to conduct the interviews. She was knowledgeable about the dance drug scene through her nonuniversity friendship networks and through contacts established in the first study. The eligibility criteria for inclusion in the study were based on age (16 years or above), type of drugs used (ecstasy, ketamine, ice, heroin), and length of use (must have used at least three times with the latest time being in the last 6 months).

At the beginning of the interviews, the research assistant first discussed with the respondents the purpose of the study (e.g., to improve the public's understanding of the use of particular drugs like ecstasy and to assess what types of services and policies may be useful to them or others using drugs). Respondents' were also informed of the voluntary nature and confidentiality of the interview. The respondent was identified by a numerical code only, and no names appeared in the interviews. In the analysis that follows, all names are fictitious. While we would like to have offered our respondents an honorarium to express our appreciation for their time and honesty in talking about their experiences, this was beyond the scope of our financial budget. One-half of the interviews were based on referrals from the research assistant's personal networks and outreach workers. A variety of settings were used to conduct these interviews, including parks, coffee shops, and apartments. The other half of the respondents were recruited from treatment worker referrals, and were primarily interviewed in private rooms at the residential centers.

Upon the respondents' consent, the interviews were conducted in two stages. The first stage involved responding to close-ended self-report questions about different drugs used, onset of use of different drugs, drug use methods, and quantities and price. These data were cross validated during the second stage of the interview as the research assistant asked a series of semi-structured questions. The questions focused on biography (childhood, family relations, friendships, school); initiation into and continuation of use; settings and methods of use; health, social, legal problems with use; obtaining and selling drugs; and knowledge of drugs and health in Hong Kong. During the interview, the research assistant rephrased and asked questions related to use patterns covered earlier in the self-report section. This process is a standard method used in qualitative studies to ensure the veracity of respondents' answers (Kirk and Miller, 1986).

The interviews were conducted in Cantonese, tape recorded, and lasted, on average, 90 minutes. After the interviews, the research assistant checked and verified the drug history report against the interview to assess the respondent's consistency and veracity on drug usage, and was required to review the process and content of the interview and assess the honesty of the respondent's interview.

The interviews were analyzed with a search for key themes through the process of initial and focused coding and memoing of the transcripts. This analytic method is well established in qualitative social science research (Lofland and Lofland, 1995). The analysis of these interviews, including a demographic profile of the respondents, is provided in a later section of this article.

The observations gathered from the individual interviews with law enforcement and other government agencies, and the focus groups with outreach and drug treatment workers served as a way of assessing the reliability and validity of users' accounts of their experiences. We found a high level of agreement between law enforcement and drug workers' observations, and users' accounts of their experiences in relation to use patterns, motivations and rationales, consequences, pricing, styles of selling, quality, availability, knowledge about health and legal risks, and dance drug venues.

The Rise of Club Drugs in Hong Kong

According to media reports, interviews with users and the police, focus group discussions with outreach and drug user treatment workers, and users, ecstasy first appeared in Hong Kong in 1993, and until 1996, was principally associated with the infrequent organized rave party, attended by expatriates. The first large-scale policing of an organized rave occurred in 1996, when more than 70 police joined forces with private security staff and medical teams to manage a "pilot" all night dance party (South China Morning Post, 1996). During this early period, small amounts of ecstasy were brought in usually by expatriates. A small but growing number of local residents started frequenting raves in 1997, but a year later, the popularity of organized raves was surpassed by the emergence of alternative and permanent dance venues. Water has been available at both organized rave parties as well as at permanent dance venues, although the cost at US$6.50 is the same as that of beer and other popular fruit flavored alcohol drinks like Diamond Black. Special beer and alcohol promotions at some venues make these drinks cheaper than the cost of water.

In 1998, a number of Hong Kong entrepreneurs recognized the potential profits associated with this newly emerging entertainment scene, and converted existing karaoke bars and restaurants into permanent locales for dancing. With the growth of dance venues, ecstasy use among local residents began to rise, and ecstasy acquired the colloquial name of *fing tao yuen* (i.e., literal translation of "the head shaking pill"). As Table 1 indicates, the price of ecstasy dropped significantly from 1997 to 2003, making it accessible to a wider population. These permanent venues ranged in size with some discos accommodating several hundred patrons with guest appearances of local celebrities and an entrance fee of about US$45 to other discos designed for smaller crowds with entrance fees at the lower end, of about US$19. Most larger discos contain private rooms for rent so that groups can enjoy the club

Table 1
Retail prices of different drugs from 1995 to 2003 in US$[a]

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Heroin									
Per gm	46	52	54	55	49	48	48	54	55
Herbal Cannabis									
Per gm	—	—	6	6	6	7	8	9	7
Cocaine									
Per gm	135	154	173	173	173	147	143	162	148
Ice									
Per gm	—	38	43	65	56	45	38	48	48
MDMA									
Per tablet	—	—	32	32	29	27	23	11	11
Ketamine									
Per gm	—	—	—	—	—	23	51	33	25

[a]HK$ to US$ conversion based on current exchange rate of 7.79. This conversion has remained steady over the reported period. Rounded to the nearest dollar.

Note: The police were unable to supply price figures for some drugs in 1995 and 1996. It was deemed not suitable to include users' prices for these years. Also, prices for ketamine appear in 2000, when the drug was known to appear on the market.

Source: Hong Kong Police, Narcotics Bureau, 2004.

in a semi-private setting, and allow patrons to both consume drugs as well as "chill out." In medium to large discos, tables and areas within the public dance arena can also be "rented." Given the proliferation of these dance sites, special features are meant to cut the competition including discounts, "freebies" on drinks and entrance fees, hosting of particular jockeys, and sophisticated interior designs. Some lower end discos, unable to obtain a liquor license from authorities, and subjected to stepped-up police liquor license and health and safety checks, tend to disappear, and reappear at another locale with a different name.

In 1999, the police took on a more aggressive stance toward these permanent dance sites, conducting license checks on some establishments on a weekly, sometimes bi-weekly basis. This practice continues through the present. During these checks, the police switch on the lights, search the location, and question patrons and staff, who must produce their identification cards and can be subjected to a search. This process can disrupt an evening's business for several hours, depending on, among other things, the size of the club, and number and demeanor of patrons. Partly in response to police pressures as well as a growing diversity of dancegoers, a number of alternative venues have appeared, including semi-private, invitation only or "word of mouth," pay parties. These types of parties have been organized to attract particular social groups, and occur in different locations, depending on where the organizer can rent a space on a particular weekend and avoid police scrutiny.

Importantly, it is noted here that shortly after ecstasy's popularity soared, ketamine emerged onto the dance scene in about 2000, and was used principally as a "top up" to enhance and alter the ecstasy high. By 2002 until the present, ketamine has become the drug of choice with some users reporting a preference for it instead of ecstasy (South China Morning Post, 2002).

During 1999–2000, dancegoers found other alternatives across the border in Shenzhen, Mainland China where discos offered cheaper entrance fees, drinks, and drugs. According to our discussions with social workers and interviews with users, the popularity of cross-border partying appeared to wane in 2001. Lau's (2002b) survey found about 20% of 6420 cross-border travelers, between the ages of 18 to 30, had used drugs on the mainland. The main reasons for crossing the border to use drugs, particularly ecstasy, ketamine, and cannabis, were lower price and better availability, thus making this form of leisure more affordable for the younger party-goer with limited or no steady income (Lau, 2002b). In late 2003, the police reported that about one-third of party drug users arrested across the border were Hong Kong residents (South China Morning Post, 2003). In spring 2004, a survey found over 40% of teenagers reporting drug use across the border (South China Morning Post, 2004). It is unclear whether this is a pattern that has continued since 1999 or is evidence of a second wave of dancegoers crossing the border to party.

From 1999 onward then, the dance party scene became an established form of leisure, with dancegoers having a number of choices and options of discos and parties for consumers to "*waan*" or "play" in Hong Kong and across the border. These venues became increasingly more sophisticated, designed for a variety of customers ranging from the middle to working class, from the single to the married, from those in their late teens to those in their late twenties, and for gays and straights. By 2003, more upscale venues had appeared, offering middle-income consumers more diversity in music and dance environments. These establishments distinguish themselves as "clubs" and "lounges," hosting local and international DJs who play hybrid mixes of House, Techno, Electro, Tribal, Progressive and Breakbeat music. One club, designed with three floors, offers consumers different music on each level, and requires entrance fees for each floor, regardless of whether you've patronized any of the other floors.

Officially Reported Drug Use Trends

Official data support the general trends noted above. The primary means for estimating the number of club drug users in Hong Kong has been from the Central Registry of Drug Abuse database (CRDA) which, since 1972, has recorded basic demographic characteristics of individual users who come into contact with frontline workers. Reports are completed by law enforcement, hospitals and clinics, social welfare agencies, and treatment centers and are routinely sent to the registry. With a unique identifier, the system can track individual users over time. The CRDA has been viewed as a relatively consistent indicator of heroin use patterns, and although it has been able to demonstrate the rise in club drug use, it may underestimate the extent of use as some individuals do not come to the attention of those working directly with users. Outreach workers have been able to set up tables or booths offering health check-ups and information to engage dancegoers at a few of the popular clubs and at some of the occasional organized rave parties, but it is not clear whether individuals who attend these events get documented in the official registry.

Table 2 provides an overview of drug use trends from 1995 until 2002 by age and drug type. During this period, the most salient change has been the decline in heroin use among reported younger users, dropping from 73% in 1995 to 11% by 2002. At this time, there was also a dramatic and rapid rise in ecstasy and ketamine use. While there were no documented cases in 1995, a small number of users were reported from 1996 until 1998. By 2000, the percentage of reported young persons using ecstasy grew to 56% but tapered off to 37% by 2002. While the proportion of ecstasy users has slightly fallen, the percentage of ketamine users has grown very fast, particularly in the last 2 years. The first few reported cases appeared in 1999, but by 2002, the percentage of ketamine users reached 70%, a figure comparable to heroin use in the mid-1990s. The percentage of reported young polydrug users also steadily rose from 13% in 1995 to 43% by 2002. Among all reported older users, there also has been an increase in MDMA and ketamine use, but the increase over the last few years has been much more modest compared to their younger counterparts.

This shift in the drug preferences among younger persons is even more pronounced if we consider only those young persons who are newly reported to the registry over the past 8 years (data not shown). The percentage of newly reported young heroin users dropped from 63% in 1995 to 7% in 2002. A reversal has occurred in drug preferences as the percentage of newly reported young ecstasy and ketamine users grew quickly from 1996 onward and in 2002, with the latter accounting for nearly three-fourths of all newly reported young users. Available CRDA analyses do not provide a breakdown of the demographic characteristics of ecstasy and ketamine users; however, very likely there is significant overlap in the two groups as 41% of all newly reported young users are polydrug users.

The CRDA data have been a primary means for estimating the extent of ecstasy and ketamine use. In addition, the government has a monitoring system, in which agencies such as the police and government laboratories report on the latest trends including the chemist's analysis of the varieties and purities of seized drugs. This information is used to update and inform those working within government agencies on street drugs in developing internal policies. Another recent estimate of the extent of club drugs is derived from a school survey (Lau, 2002a) that found that 4% of 95,788 students between the ages of 12 and 19 had used psychotropic drugs at least once. Among those who reported having used psychotropic drugs, 46% reported using ecstasy and 36% reported using ketamine (Lau, 2002a).

Table 2
Reported individuals by age and type of drug abused

	1995 %	1996 %	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %
Under 21								
Heroin	72.5	66.6	64.3	58.4	49.1	21.6	13.3	10.7
Opium	*	—	—	—	—	—	—	*
Morphine	*	—	—	—	—	*	*	—
Physeptone/methadone	0.4	0.5	0.5	0.2	0.3	0.2	0.1	—
Amphetamines	1.8	8.0	15.8	19.4	29.2	61.9	59.3	41.6
MDMA	—	*	1.7	2.0	13.1	56.2	53.0	37.2
Ice	1.5	7.6	14.4	17.3	17.3	11.0	10.8	8.1
Cocaine	*	0.1	0.1	0.1	0.3	0.3	0.4	0.6
Methaqualone	0.1	0.5	0.2	*	0.1	0.3	*	0.4
Cannabis	20.2	21.0	21.8	26.6	30.2	21.2	17.4	25.9
Ketamine	—	—	—	—	0.6	36.9	59.8	70.4
Diazepam	0.1	—	0.2	0.2	2.0	2.3	0.6	1.4
Flunitrazepam	4.8	4.1	1.6	0.7	0.8	0.3	0.1	0.1
Triazolam/midazolam	2.0	1.9	2.5	2.0	1.5	1.2	0.9	1.2
Cough medicine	9.7	7.8	7.4	5.2	4.5	2.6	1.3	3.1
organic solvents	1.5	4.7	4.8	4.3	4.5	1.8	1.5	2.6
# of Persons with type of drug reported	3,581	3,363	2,887	2,551	2,219	3,466	3,210	2,490
% polydrug use	12.8	13.4	15.8	15.5	21.1	41.4	45.7	43.2
21 & Over								
Heroin	93.0	90.8	91.4	91.7	91.8	88.3	85.0	86.0
Opium	0.4	0.4	0.3	0.2	0.4	0.4	0.2	0.1
Morphine	0.1	*	*	*	—	0.1	*	*
Physeptone/methadone	1.3	1.2	1.1	0.7	0.7	0.5	0.6	0.5
Amphetamines	0.7	1.9	3.3	4.0	5.4	7.3	8.6	6.0
MDMA	—	*	0.1	0.1	0.4	3.0	4.4	3.3
Ice	0.7	1.8	3.1	3.8	4.9	4.5	4.6	3.0
Cocaine	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.2
Methaqualone	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Cannabis	4.8	5.8	5.1	5.5	4.8	5.4	5.1	4.8
Ketamine	—	—	—	—	0.1	2.5	6.3	6.9
Diazepam	*	*	0.2	0.1	0.2	0.2	0.3	0.3
Flunitrazepam	0.9	1.0	0.6	0.2	0.3	0.3	0.2	0.2
Triazolam/midazolam	2.6	3.5	6.7	6.4	6.9	6.7	6.5	8.7
Cough medicine	1.2	2.0	1.8	1.1	1.4	1.7	1.9	2.2
organic solvents	*	*	*	0.1	0.1	0.2	0.1	0.1
# of persons with type of drug reported	14,425	15,265	13,60	13,195	12,984	12,957	13,121	13,436
% polydrug use	5.0	6.5	10.0	9.9	11.6	12.6	13.6	15.2

*Multiple answers are possible, therefore totals may not equal 100%.
Source: Central Registry of Drug Abuse 2003.

Table 3
Selected demographic characteristics of 27 ecstasy and ketamine users

	Male (n = 17)	Female (n = 10)
Chinese ethnicity	100.0%	100.0%
Mean age	21.5 yrs old (range 16 to 30)	21 yrs old (range 16 to 31)
Last yr. education completed[a]		
Form 2 or less (8 yrs or less)	29.4%	30.0%
Form 3 (9 yrs)[a]	11.8%	10.0%
Form 4 (10 yrs)	0.0%	20.0%
Form 5 (11 yrs)	35.3%	20.0%
Form 6 (12 yrs)	0.0%	0.0%
Form 7 (13 yrs)	5.9%	0.0%
University or above	17.6%	20.0%
% Still in school	11.7%	10.0%
% Employed	35.3%	40.0%
% In treatment	33.3%	30.0%
% Using only ecstasy	58.8%	30.0%
% Using only ketamine	5.9%	0.0%
% Using ecstasy and ketamine	35.3%	70.0%
Mean length of time using ecstasy	18 months (range 3 to 60 months)	15 months (range 2 to 36 months)
Mean length of time using ketamine	20 months (range 3 to 42 months)	10 months (range 3 to 12 months)

[a]Hong Kong operates according to British educational model, with secondary school beginning at Form 1. This is roughly equivalent to 7th grade, at 12 years old, in the U.S. system. In Hong Kong, the government mandates 9 years of compulsory education.

Initiation and Motivations to Use

From our in-depth interviews and focus group discussions with outreach and drug user treatment workers, we were able to qualitatively examine the rise and drug experiences in the dance setting. Table 3 provides demographic information on the 27 respondents included in this analysis. All of the respondents were locally born Chinese.

Sixty three percent of the 27 respondents were males, with an average age of 21.5 years. Among the males, their educational level varied with about 40% having completed the 9 years of compulsory education or less and another 35% having finished 11 years of schooling. About 18% of them had a university education, with only one having not completed an undergraduate degree. Approximately 35% of the males were working in the areas of business, information technology, sports, and security. A similar percentage were in treatment.

The average age of our female respondents was also 21 years. Like their male counterparts, they also varied in their educational level, with 40% having completed 9 years and at the other end, another 20% of them having completed a university education. Forty percent of them worked as office clerks, secretaries, and sales clerks and another 30% were in treatment.

In terms of ecstasy and ketamine use, about 59% of males and 30% of females reported using only ecstasy. By contrast, 70% of females reported using both ecstasy and ketamine as compared to 35% of males. The average length of time using ecstasy was 18 and 15 months for males and females, respectively. The average length of time using ketamine was 20 months for males, higher than for their reported usage period for ecstasy. The average length of time using ecstasy and ketamine among females was lower than their male counterparts at 15 months and 10 months, respectively. It is also noted that four of the 10 respondents who were in treatment used, in addition to ecstasy, heroin and ice, although they did not use ecstasy at the same time as the other drugs. There were also two respondents in treatment who used ecstasy and ketamine together, and ice on other occasions.

During their first encounter, most users report curiosity as an important motivation. This curiosity stemmed partly from "stories" told by peers and by reading popular magazines and newspapers. Boredom and peer pressure are also described as important incentives to party, as "everyone else is doing it." The main expectation of using ecstasy is to feel liberated. Angel recalled her introduction to ecstasy was through an older friend, who hadn't had any problems with using ecstasy, and who socialized with a lot of local celebrities [T20]. Her first experience was unforgettably feverish as she described being at one with the flashing and gleaming environment with her body naturally moving and swaying rhythmically with the music.

This first time with ecstasy and the dance scene is unmatched with any other experience. Aside from users reporting the desire to experience this high again, they are motivated by other reasons. Users believe ecstasy has limited short-term side effects, although most report feelings of tiredness, sleeplessness, and teeth grinding. They also do not believe ecstasy will have any long-term effects, despite knowing that they are not consuming pure ecstasy. All of the users reported that they were fully aware of the varieties of ecstasy on the market, and sometimes have had a "bad" tablet that made them edgy and speedy. All of our respondents believed that ecstasy was not addictive. Importantly, from their perspective then, ecstasy not only enhances their "play" and happiness, it is not associated with any harmful effects. Users are also motivated by ecstasy as it provides a source of energy for dancing, and enables them to be more confident in their interactions with others. Some users reported that, they no longer felt shy and isolated after using ecstasy.

Another motivation lies in the social location of users as young persons in Hong Kong society and attests to the paradox of adolescence apparent in many countries (Joe Laidler, Day, and Hodson, 2001). Although young people are in a dependence status today, they are also perceived as an investment and symbol of hope for the future and consequently, face pressures to excel and achieve. At the same time, they are also situated in a distinctive youth culture that emphasizes self-exploration, freedom, and independence. In the midst of this, there has been a prolongation of adolescence such that the age of adulthood now extends later into the twenties (Heywood, 2001). Many users interviewed for this research perceived their involvement in the dance drug scene as part of this contemporary youth culture and wanted to prolong their shift into becoming an adult. The strain to do well—to get a good education and job—has led some users to a point of ambivalence about tomorrow as this 17-year-old female [T18] explained, "*I think I'll play in the discos in the future. I am still very young. God knows what will happen in the future*" (Joe Laidler, Day, and Hodson, 2001).

Female users also are motivated by the inexpensive nature of this form of leisure. All of them indicate that they rarely pay for the drugs they use in discos and clubs as the males in their group usually pay for the drugs, entrance fees, and drinks. Ecstasy tablets are usually shared among friends. Many clubs offer free entrance as part of "ladies night" or "two for

one" specials on certain weekday evenings. Outreach workers confirm this trend among young women, and have found that, unlike heroin, which requires a steady flow of money, going to "play" in clubs requires very little money and yields a great deal of leisure and entertainment.

Ketamine's entry into the Hong Kong dance scene has been as a "top up" to ecstasy. The initial reasons for trying it are similar to what users describe about ecstasy. They have also heard about ketamine from the messages generated within the dance music culture itself. One popular local song played in discos is "Don't Sniff K Daddy" (see Joe, Day, and Hodson, 2001 for lyrics). Details are vivid of the dance scene, from the physical surroundings (cheap sound systems and decorations) to the ketamine sensation (through hallucinations an ugly girl becomes beautiful), its contemporary trendiness (compared to some older generation's kinship with cocaine), and the mode of use (frequently used method of cutting the powder with a credit card). Although we did not ask users specifically about this song, it is likely that it has affected some users' perceptions about ketamine, as a few of our respondents describe ketamine as the "poor man's" version of cocaine; it comes in powder form and is snorted.

Initiation into using ketamine occurs typically, like ecstasy, in discos and clubs. Our respondents reported using ecstasy only in these social settings, with only one female user stating she used ketamine alone at home, although in our recent study (Joe Laidler, Hodson, and Day, 2004), some female users report consuming it in karaoke bars and school. But in general, in the local leisure context, ecstasy and ketamine are part of the dance drug scene and are understood as being social drugs. The initial reason to try ketamine is to elevate the high. Boosting with ketamine is driven not just by the desire to lengther the high, but to redirect the high. Users explain that there is a qualitative transition in the high. While ecstasy stimulates and energizes users to move and physically and emotionally wave with the musical rhythms, ketamine allows them to shift from waving to flying with the music. The hallucinogenic effects of ketamine further enhance the flying sensations. Wong [N14] describes the qualitative difference: "... after five minutes, you get the feeling that you are flying. And everything you see becomes distorted. For example, you see all the people in the disco are in a round shape. And they keep turning around all the time" (Joe Laidler, Day, and Hodson, 2001).

Users also report drinking alcoholic beverages, particularly Diamond Black or beer, as a way to quench their thirst but also to sustain their high. The ketamine users in this study had no knowledge of the risks of using it with alcohol. Middle class and educated users, who had acquired a little knowledge about the effects of ecstasy and ketamine from friends and the internet, reported reluctance to use ketamine other than on an experimental basis. A few of the interviewed ecstasy users, who had tried ketamine once, reported staying away from it since they disliked its' hallucinogenic effects. But as described in the prior section, there are signs that some ketamine users are showing a preference for it, above and beyond ecstasy.

Types of Users and Problems Encountered

From the interviews and focus groups, most users can be described as "weekend regulars" and do not feel physically or psychologically addicted to the drugs (Joe Laidler, Day, and Hodson, 2001). These users regularly go to discos and clubs, and use ecstasy and ketamine on weekends and public holidays. Weekenders use about one to two tablets of ecstasy during the course of an evening, drink several beers or Diamond Blacks, and for some, boost their high with a small amount of ketamine, usually one to two fingernail's worth. A small ketamine packet of about 0.2 grams is normally shared among friends.

Most weekenders report using cannabis to rest and sleep at the end of the evening. The typical night out starts literally at the last hour of the day, with using, dancing, chilling out, and socializing until the early morning of the next day when groups of friends move on for an early morning meal and rest until late afternoon or early evening. Weekenders may sometimes experience "*bau tau*" (Joe Laidler, Day, and Hodson, 2001). *Bau tau* or "exploding head" refers to users' reaching the highest possible level of a drug high such that their head feels as if it is exploding. These users also report controlling and regulating their use so that they don't pass out. This is done by limiting intake (e.g., restricting to one to two tablets) to a level sufficient only to produce feelings of happiness and energy for waving and head shaking. In addition they also report watching over each other's intake.

These users, who believe themselves as typical dancegoers, adamantly believe that these drugs are not addictive. However, they do report a number of health problems related to their use of ecstasy and ketamine. Users report dehydration and dry mouths from using these drugs and from sweating in clubs. Some users address this problem by drinking water and chilling, although the majority of them report drinking beer as a way to hydrate. From their standpoint, beer has a number of advantages over water. As noted earlier, it's usually less expensive to purchase than water. Special club promotions appear to encourage the purchase and consumption of beer. Also, beer sustains the high from ecstasy and ketamine.

Weekend regulars report that their jaws and teeth often hurt after a night out dancing and using ecstasy, and have chewed gum as a way to lessen the teeth grinding. Ketamine users complain that their nose and throats are raw and sore from snorting, and suffer runny noses. According to respondents, they have not found a way to deal with this bothersome aspect of using ketamine. Some ketamine users indicate occasional vomiting, but it is unclear whether this is a reaction to ketamine or the adulterants in the ketamine packets. According to government analysis of seized ketamine, adulterants typically include paracetamol, caffeine, and aspirin, although some samples have evidenced drugs like methamphetamine, diazepam, barbitone, and midazolam (Hong Kong Government Laboratory, 2003).

Male and female users also report gradual weight loss as these users confine their nights out to the weekends. Generally, they saw weight loss as a benefit. From their descriptions, however, they are not clear as to whether this weight loss is directly attributable to the drugs themselves or is related to the exercise expended from dancing and head shaking. Irrespective of whether this was an effect of the drug or from the physical activity of the night out, female users tended to express an appreciation for the weight loss.

The majority of male weekenders report a dulling of their sexual virility, although given their use of both ecstasy and ketamine, it was impossible to disentangle the effects of one over the other. Although some males stated that they felt stimulated to have sex, they were not able to perform, while others found that they simply had no sexual desire to have intercourse or masturbate after a night out consuming ecstasy and ketamine. While a few females thought their sexual performance improved, most female users found their sexual desire decreasing. This effect on their sexual performance and needs was not perceived as a reason to stop using ecstasy and ketamine.

Our respondents also report headaches after a night out, but this is hardly surprising given the physical energy expended in one evening with long hours of dancing into the late hours of the night, the intensity of the dancing, and the dehydration from head-shaking, sweating, drinking alcohol, and consuming ecstasy and ketamine. Weekenders however, view these headaches as a minor issue that pales in comparison to the happiness and euphoria engendered by the overall experience. Cannabis, which induces relaxation, and sleep are cures for dealing with the minor nuisance of headaches. A common problem among users is physical exhaustion, but is dealt with by sleep. Most users make it home to bed, but some

collapse before then and wind up sleeping it off at the disco or club until morning, with one user describing the club floor as looking like a "*corpse storeroom of the hospital . . . full of 'dead men' in the morning*" (Joe Laidler, Day, and Hodson, 2001).

In dealing with the exhaustion from dancing and consuming drugs, some weekend regulars described cooling out over the remainder of the weekend, resting on Sundays before work. Although a few indicated that they felt dull with a hangover when they went to work after an evening out, most weekend regulars did not experience any negative effects on their work performance. There were no reports of job termination.

Among weekend regulars who have been consuming these drugs for 6 months or longer, some report feeling forgetful, losing their memory, and becoming inattentive. Some users, like Ben [N05], found himself forgetting small minor matters and details, like which television programs he wanted to view, not listening to others during meetings, feeling in a daze, with decreased sensitivity to his surroundings (Joe Laidler, Day, and Hodson, 2001).

With controls on their intake, they perceive their consumption of ecstasy and ketamine and dancing on a weekend basis to be generally unproblematic. Immediate physical discomfort like dehydration, teeth grinding, exhaustion, and headaches are alleviated with readily available cures like water, beer, gum, cannabis, and panadol. There are however, a small but important group of users who believe that their use has gotten out of control. This group warrants examination, given the recent reports of ketamine's popularity surpassing ecstasy in Hong Kong. For a small group of ketamine users, whom we refer to as "head exploders," their weekend lifestyle of dance and drugs has expanded to the point whereby they are seeking the ketamine high every evening at dance clubs and every day at home (Joe Laidler, Day, and Hodson, 2001). They can no longer regulate their intake, and feel controlled by the drug and the lifestyle, as with Lindy [N17], a 31-year-old public relations hostess who first tried ecstasy when she went to a disco after work. She soon found herself frequenting discos and using ecstasy on a nightly basis to unwind from the stress of her work. She continued this nightly pattern for 3 years, and during the third year, tried ketamine, enjoying the sensations of flying and walking on clouds. Over the past year, she feels that she has become psychologically addicted to ketamine, using it every night at discos; a setting, she describes, as the only place she can go and where she "loses control." Her highest intake was seven packets in one evening. She has also started using at home on a regular basis, although she reports having lost the ability to walk on clouds and suffers severe hallucinations. While recognizing she needs treatment, she has dealt with her addiction with taking diazepam. Given the extent of her polydrug use, it is difficult to disentangle the effects of one from another. However, her heavy use of these drugs in the context of her lifestyle has resulted in a number of physical and psychological health problems including significant weight loss, hallucinations, depression, and attempts at suicide (Joe Laidler, Day, and Hodson, 2001).

Understanding the Rise of Club Drugs in a Heroin Society

As observed from a variety of sources described above, it is clear that there has been a significant diversification in the drugs consumed in Hong Kong. While heroin remains a drug associated with older lower and working-class males, ecstasy and ketamine have gained, in a relatively short period of time, popularity among a more diverse and younger crowd, crossing social class and gender boundaries. Although club drugs' popularity surfaced later than in other places, Hong Kong's experience appears to be similar to those reported elsewhere in Asia and many Western countries. As elsewhere, young people in Hong Kong are situated in a distinctive adolescent stage of life—a period marked by self exploration, freedom, and

independence—which is prolonged later into their 20s. Thus, as has been observed in the U.K., the Netherlands, Estonia, and Europe, "going out," "circuit drinking," and "clubbing" are part of the youth cultural response to this transitional period (McRobbie, 1994; Calafat, 1998; Measham, Aldridge, and Parker, 2001; Ter Bogt et al., 2002; Allaste and Lagerspetz, 2002). The substances of choice may vary in different cultures, as alcohol is preferred in many European countries (Calafat, 1998), and ecstasy, cannabis, and amphetamines dominate in the U.K. (Measham, Aldridge, and Parker, 2002), and, as we have seen, ecstasy and ketamine have risen in popularity in Hong Kong. But the main reasons for "going out," or as in Hong Kong, "playing," are related to this delayed movement into adulthood with young people living at home longer, fleeing the home, however temporarily, to engage in a form of leisure—to socialize, listen to music, search for euphoria, and transcend the mundane realities of everyday life, exert their energy through dance, and use alcohol or drugs.

Embedded in this youth dance drug culture in Hong Kong is the belief that ecstasy and ketamine are unlike heroin with the latter's association with the marginalized lower and working male class. Heroin use is culturally understood to be part of an older male generation of addicts who have hit the bottom. By comparison, ecstasy, ketamine, and the dance scene present an experiential sensation with limited minor problems that can be alleviated through controlling and regulating intake and physical activity. As noted earlier, users believe that ecstasy and ketamine report few physical and mental health consequences, even with the knowledge that they are not consuming pure ecstasy. Moreover, they perceive their use as controlled and not addictive, as most are weekend regulars. This local dance drug culture stands at the other end to that of heroin. According to Measham, Aldridge, and Parker,'s (2001) review of several U.K. studies, British youth hold similar views towards heroin. These British youth established boundaries and rules about using certain drugs. For example, they perceived cannabis as being safe and considered heroin as high risk and dangerous. Measham, Aldridge, and Parker (2002) refer to this process as a "rational cost benefit assessment."

The scene is unlike the world of heroin in other ways as well. The dance club drug scene is a reflection of a youthful and trendy culture. The scene attracts a variety of user groups from diverse class and family backgrounds and with different jobs and aspirations ranging from hair stylists, retail shopping assistants, housewives, university students, and young professionals.

While in other countries, mainstream media campaigns have focused on the "demons" of club drugs, the Hong Kong media has played a central role in promoting the scene as a hip and fashionable one. The majority of users reported that they had read about ecstasy, ketamine, and discos in popular magazines and newspapers. Although they report having read "something" about the harmful effects in some of the articles, they were more impressed by the features that celebrate and glamorize the dance and club drug scene. The press has featured full-page stories on the opening of new clubs with photographs of local film stars and pop stars. The arrests of celebrities for drug possession at high profile clubs appear to be an attraction rather than a deterrent for the curious. In the last few years, a broad range of English and Chinese magazines have appeared, and provide updates on the hottest clubs and lounges, special pay parties, and local and international DJ appearances. HKClubbing.com and other websites feature upcoming events. These more recent developments are comparable to the established magazines and websites for dancegoers in the U.K. and the U.S.

The latest trends and styles of drug paraphernalia are also provided in local popular magazines. In 2001, some local magazines updated readers on the new, colored plastic bottles invented for selling and using ketamine. For US$25, dealers provide a package

complete with the plastic container (filled with K powder), a stopper (to control the amount of K powder released from the container), and a burette (release the K powder to the front part for the user to sniff the powder) (Joe Laidler, Hodson, and Traver, 2000). According to a dealer interviewed by the magazine, he estimated his monthly earnings from the sales of these bottles at US$2567 and another US$2267 from ketamine sales. His average monthly income was US$5135, a wage far higher than Hong Kong's average income of US$1412. Local newspapers also report on the latest fashion styles and accessories for "playing," including the creation of specially designed three-dimensional glasses so that dancegoers can experience the effects of the disco lights through these glasses. Apparently the creator hoped that these glasses would produce a nondrug alternative by producing a visual high.

Local outreach workers argue that the media has portrayed the dance scene and club drugs in a glamorous and fashionable manner and consequently, has captivated young people. Outreach workers worry about the "high profile" effects of the media on young people, observing that their clients focus on local celebrities featured at the latest parties, spotlights on the newest discos and clubs, and the photographs of the latest fashion and rarely take the time to read the fine print on the negative effects of ecstasy and ketamine. From their standpoint, it is the glamorous media images that young people associate with leisure and relaxation.

The world of dance and club drugs also differs from heroin in the sense that ecstasy and ketamine users perceive few legal consequences from their use and possession of drugs. Again, this is similar to the cost benefits assessment described by Measham, Aldridge, and Parker (2002) and Parker, Aldridge, and Measham (1998). Compared to heroin and methamphetamines, the risk of arrests, conviction, and a court sentence ordering treatment is perceived as being low. While possession of heroin for up to 10 grams is 2 to 5 years in prison, methamphetamine also carries a high penalty with a 3 to 7 year prison sentence for possession of up to 12 grams. For ecstasy and ketamine, less than 25 grams or 200 tablets is at the court's discretion, and may involve a probation or community order. Most users report that while the police conduct routine license checks of discos, clubs, and organized raves and parties, few people are arrested. In the event of unannounced license checks, consumers simply dump their supply on the floor, and if it is not in their possession, there is little the police can do, except confiscate the dumped drugs. Some users report buying and using before entering discos to lessen the potential for police intervention. Our field observations, confirmed by users, indicate that ecstasy and ketamine are openly bought and consumed in some clubs or taken in bathrooms. In either case, users who have either been arrested or have had friends arrested are well aware of the fact that sentences are relatively lenient. Users pass stories among each other about recent sentences usually involving a fine or probation order. As a result, users feel the risks associated with using are relatively minimal.

Outreach and treatment workers observe that with the availability of ecstasy and ketamine, young people continue to view heroin as a drug associated with health and legal risks. At the same time, they have adopted an open mind toward consuming ecstasy, as young people know that the penalties are not likely to be serious and can be reduced through simple discretionary steps like storing and consuming in hotel rooms adjacent to the disco.

Finally, ecstasy and ketamine's popularity differs from heroin in at least one other respect. While heroin is perceived as a personal addiction, the use of club drugs is very much associated with a social and public scene, in particular, permanent discos, clubs, and lounges for local residents. As mentioned above, there has been a significant rise in the number of venues for dance and club drug use, catering to different "crowds," and has resulted in an extremely lucrative entertainment industry. The scene itself has diversified, accommodating to and attracting different youth groups and is very similar to Malbon's (1999) and Measham,

Aldridge, and Parker's (2001) description of the evolving and expanding dance industry in London and other U.K. locales, respectively.

The industry in Hong Kong is an extremely lucrative one, and involves local organized crime groups (see extensive discussion in Joe Laidler, Hodson, and Traver, 2000). Although Hong Kong's dance clubs normally have one free ladies night, there is an entrance fee on most nights, especially during the busy weekends of anywhere between US$25 at the "cheaper" discos to US$64 at the "up-scale" dance clubs. As noted earlier, some clubgoers rent a private room or reserve a table, and this entails a cost of US$128 or more depending on the type of club. Users also have to consider the price of drinks. The price of bottled water ranges from US$6 to US$19 while beer typically costs US$6. Comparatively speaking, the cost of a bottle of Heineken beer at the supermarket is about US$1.50; a take-out box lunch is about US$4, and a dinner for two at a middle income Chinese restaurant is about US$20. It is not surprising, then, that users report drinking beer and alcoholic soda rather than water when using ecstasy and ketamine. The price of the "experience" combined with personal income has a direct influence on the frequency with which our respondents use ecstasy and ketamine and the venues they choose to attend. Because these users vary in social demographic characteristics, their personal income to purchase ecstasy and ketamine and to frequent dance clubs vary. Some users rely on the income derived from their jobs, students tend to rely on "pocket money" from their families, and others use part of the money obtained through selling. Few users report engaging in other types of crime to buy MDMA and ketamine.

Users also note that while the price of ecstasy has remained relatively stable over the last 3 years at about US$10 to US$13, the purity has varied substantially depending on the supplier. According to a government laboratory analysis, ecstasy tablets contain about 0.10–0.15 grams of MDMA.HCI per pill, but range from 0.05–0.27 grams. Adulterants have included amphetamine, methamphetamine, methaqualone, ketamine, phenobarbitone, and caffeine. At present, the Government Laboratory has identified 325 types of ecstasy tablets (Hong Kong Government Laboratories, 2003). The cost of ketamine is also relatively inexpensive with one packet of k-powder costing between approximately US$13 to US$26. The relative price is reduced for users who share one tablet with another person or share the powder with others in their group. Users caution that more people are selling and consequently, the dependability of the product is sometimes uncertain. To avoid being "duped," users try to rely on dealers who have sold them "good" ecstasy in the past.

Clearly the ecstasy and ketamine market and the venues in which they are used are important dimensions to fully understanding the popularity and problems associated with use, as there is a relatively large margin of profit. For example, one dealer notes that while the wholesale price for "quality" ketamine is between US$179 to US$193 per bag, after cutting it into 28 packets, it can be sold for US$26 to US$39, but if further adulterated with panadol or other drugs, can be cut into 84 packets at a retail price of about US$10 to US$13 (Joe Laidler, Hodson, and Traver, 2000).

From a slightly different perspective, front-line workers and long-time observers of the drug scene indicate that the growing popularity is, in fact, linked to the importation of Western culture into Hong Kong, as many youth and/or their families live abroad in the U.S., Canada, the U.K., and Australia, and then return to Hong Kong. Part of the youth culture acquired abroad includes an "openness" to experiment with drugs.

It is clear that the drug scene in Hong Kong has been diversifying over the last 8 years. Clearly, the "Western influence" of the ecstasy and dance scene has moved into Hong Kong. But locally, it has taken on a life of its own, reflective of its own youth culture and the entrepreneurial spirit of those in the emerging and responsive entertainment industry and drug market.

Conclusion

This paper examined the rise of the use of ecstasy and ketamine in a society long associated with heroin. The diversification of drugs available and the emergence of a youth entertainment industry occurred relatively rapidly in the late 1990s and the beginnings of the new century. In a number of ways, users initiation, experiences, motivations, and problems with using club drugs are similar to those reported in other countries. Although this diversification reflects larger global trends, Hong Kong's scene is a local one. The use of ketamine, for example, has attained a level of popularity not reported elsewhere, and has taken many local observers by surprise. Beyond this, most local users compare their own use as something far more different, in fact, incomparable to the alternative drug available on the Hong Kong market, namely, heroin. As shown in the discussion, ecstasy and ketamine are perceived by users as part of dancing and pleasure, demonstrating one's association with a hip youth culture with relatively few consequences. Prior to the arrival of ecstasy and ketamine on the drug market, however, young people's images of drugs were typically associated with the "hard core" male heroin addict, and is similar to the cost benefit assessment reported by users in other cultural locales.

The government responded to these developing drug use trends on a number of fronts. In monitoring the CRDA trends, the government formed a psychotropic task force in April 2002, to develop a comprehensive plan to address the potential problems associated with psychotropic drug use in Hong Kong (Hong Kong Narcotics Division, 2002). In doing so, the task force supported several research efforts, including a comprehensive examination of local trends, characteristics, and consequences of psychotropic users, and a review of international use trends and strategies adopted to address psychotropic drug use (Joe Laidler, Day, and Hodson, 2001); a school survey (Lau, 2002a); an ethnographic study on the relationship between raves and drug use (Lee, 2001); a review of the treatment and rehabilitation services for psychotropic drug users (Cheung et al., 2001); and focus groups with social workers and their clients (Ng, Cheung, and Ng, 2001). The government has also undertaken a number of education and media campaigns, and introduced a code of practice and more recently, a licensing scheme for organized dance events. It has also supported the development of nonopiate strategies for intervention. At the law enforcement level, as noted earlier, the police continue with license checks at different locales, but as venues diversify and move from one locale to another, they face the challenge of keeping pace. It is difficult to say whether this trend will change, as there are no signs of an immediate decline.

This research has a number of limitations. First, given the nature of the data available, we were not able to provide truly reflective estimates of the prevalence and incidence of ecstasy and ketamine use. While we were able to draw upon the government's drug user registry data, this information provides an overview of only those who come to the attention of social workers, drug user treatment and hospital staff, and law enforcement. School surveys, although useful, also reflect only those who are in attendance and cannot capture the population who are no longer going to school and are working or unemployed. Importantly, as we noted earlier, compulsory education is completed by the age of 14 to 15 years. Future research is needed to estimate use with this population to monitor use trends.

While this research provides a more intimate look at the experiences of users, it is limited by its small sample size, and future research should continue to focus on these qualitative experiences, perhaps with larger sample sizes, in order to keep pace with changes in the local youth dance drug user culture as well as to examine the use effects on different types of users, including those who have been using since the "dance-drug scene" emerged as well as new initiates. This type of research monitoring can be instructive for developing engagement and intervention strategies.

Also, this research, given its scope, was able to only describe users' perceived health problems, and was not able to examine those incidents requiring medical attention. For health policy planning, future research needs to monitor these problems in health care settings, particularly accident and emergency rooms and to assess health care workers' knowledge and needs in dealing with cases involving ecstasy and ketamine.

Finally, as this article has tried to show, the contemporary dance drug scene is both a local and global phenomenon. Calafat's (1998) study of the cultural similarities and differences in several European countries is instructive on the need for more comparative cross-cultural research.

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RÉSUMÉ

L'usage contemporain des drogues dans le contexte des boîtes de nuit et des clubs est un phénomène global, on observe en effet dans beaucoup de pays un développement important de l'usage de l'extasy ou de drogues assimilées. Toutefois, à beaucoup d'égards, ces pratiques reflètent ou sont aussi un élément d'expression des cultures locales. Cet article examine l'usage croissant des drogues de la danse au sein d'une société qui a été longuement associée à l'usage des opiacés. Après une brève introduction historique sur la consommation des drogues à Hong Kong, nous décrirons la diversification qu'on observe aujourd'hui, notamment dans le milieu spécifique des clubs de danse, avec l'introduction de drogues comme l'extasy et la kétamine,. Nous analyserons les tendances marquantes, les motivations des usagers, les types d'usagers, ainsi que les problèmes dont ils font l'expérience. Nous discuterons aussi dans cet article les raisons qui poussent les usagers à se tourner vers des drogues de clubs plutôt que vers l'héroïne en particulier, également disponible sur le marché. Cette étude est fondée sur les résultats de trois enquêtes portant sur la consommation des drogues entre 1995 et 2002 et compilées d'après de nombreuses sources: statistiques officielles, observations sur le terrain, entretiens individuels avec 20 agents de la brigade anti-drogues et le personnel de 16 associations de solidarité, comprenant travailleurs sociaux, enseignants et représentants de diverses communautés, ainsi que des interviews approfondis avec 27 usagers de drogues.

RESUMEN

Aunque la escena de drogas de baile contemporánea es un fenómeno global, con muchos países y culturas reportando desarrollos parecidos en el consumo del éxtasis y otras drogas de club, la escena, en muchos respectos, es una reflexión y expresión de culturas locales. El

presente artículo examina la ascendencia de la escena de drogas de baile en una sociedad que por largo tiempo ha sido asociada con el uso de opiácos. Tras una breve descripción de la historia de la droga en Hong Kong, este artículo describe la diversificación de su mercado de droga para incluir el éxtasis y la ketamina dentro del contexto de una escena de baile distintiva. El artículo examina las tendencias en el consumo de drogas de club, en particular con la aparición de la escena de baile, motivos para el consumo, tipos de consumidores, y los problemas causados por las drogas de club. El artículo explora los motivos para el desarrollo y la popularidad de las drogas de club dentro del contexto de otras drogas disponibles, en particular, la heroína. La discusión esta basada en tres investigaciones que analizan las tendencias de consumo de drogas desde 1985 a 2002 a través de una variedad de fuentes de datos, incluyendo estadísticas oficiales, observaciones en el campo, entrevistas individuales con 20 oficiales de la ley, 16 grupos de enfoque con trabajadores de alcance y de tratamiento, maestros, y representantes de diferentes comunidades, y entrevistas en fondo con 27 consumidores de drogas de club.

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Glossary

Breakbeat. A rave music form, characterized by a mix of hip-hop rhythm, back-spinning, techno-rave keyboards, sampling, and choppiness.

Diamond Black. A blackcurrent cider, which contains blackcurrent and fermented apple juice in a 275 mL bottle. The alcohol content is 4.7% and is the equivalent of a 1.3 standard drink.

Electro. A rave music form combining early hip-hop with syncopated rhythm and techno sounds.

Fing tao yuen. The Cantonese colloquial term used in Hong Kong for ecstasy tablet. Literal translation is the “head shaking” pill.

House. This form of music is associated with the beginnings of rave parties, and is a spin-off from disco music. It maintains about 120 beats per minute, a 4/4 time sequence, and an 8-bar repeating cycle. See http://www.ravelinks.com/raveradio for details on varieties of rave music.

K-jai. The Cantonese colloquial term used in Hong Kong for ketamine.

Progressive. A house music form mixing trance, house music, and electronic sounds. It is noted for its fast beat and waves.

Techno. An electronic spin-off from house music.

Tribal. A house music form characterized by third-world music and tribal beats.

Waan. Cantonese expression referring to "play." Used as a general reference for leisure and entertainment regardless of age.

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