Annex C

Behavioural Analysis of Young Drug Offenders

The Task Force on Youths and Drugs commissioned a research team of psychologists from the Home Team to conduct an in-depth study on young abusers. This Annex gives the key findings from the study.

Methodology

- The study was conducted from December 2014 to April 2015 and used both quantitative and qualitative research methods. 700 participants aged 12 to 29 years old, comprising 237 abusers and 463 non-abusers, were surveyed. Participants completed a set of questionnaires that measured the risk and protective factors of drug abuse and their perceptions towards preventive education. The research team also conducted individual case history interviews with 28 drug abusers to obtain a richer understanding of the factors affecting drug abuse and prevention. The team arranged 18 Focus Group Discussions (FGDs) involving 109 non-abusers to understand their perceptions and thoughts on drug abuse and also their views on the current preventive education efforts.
- 3 The research team completed two literature reviews on local and international studies about the risk and protective factors for youth drug abusers, and the best practices on preventive education in other countries.

Main findings

4 The main findings from the study were:

Finding 1: Cannabis and "Ice" abusers have different profiles.

The research team identified that the profile of cannabis abusers differed from the other young abusers, who mainly abused methamphetamine or "Ice" ("Ice" abusers). The group of cannabis abusers was more ethnically diverse comprising 34% Chinese and 30% Malays, as compared to "Ice" abusers which comprised 24% Chinese and 66% Malays. In addition, the cannabis abusers came from either middle or high Socioeconomic Status (SES) households, while about half of the "Ice" abusers came from households with low SES.

Finding 2: Cannabis abusers are similar to non-abusers in that they have strong family support and perform well academically.

Both cannabis abusers and non-abusers cited that they had strong family support during their teenage years, as they indicated that they had closer parental supervision, as compared to "Ice" abusers. Similar to non-abusers, a low proportion of cannabis abusers had parents with drug use history. A high proportion of cannabis abusers and non-abusers did well academically at school.

Finding 3: Cannabis abusers and "Ice" abusers have peers who abuse drugs and exhibit poorer discipline in teenage years.

- The presence of drug peers was a key factor that differentiated drug abusers from non-abusers. While curiosity might have sparked the initial thought of drug use among some youths, it was the access to drugs that contributed to drug initiation. Hence, a youth who has easy access to drugs will have a higher chance of drug use as compared to a youth who does not, even though both may be curious about drugs. Based on the study, both groups of drug abusers (cannabis abusers and "Ice" abusers) had drug peers which provided access and opportunity for drug initiation. We also noted a difference in terms of the source of drugs peers. "Ice" abusers were usually introduced to "Ice" by their neighbourhood friends while cannabis abusers were usually introduced to cannabis by their school friends.
- 8 In terms of early problem behaviour, both groups of abusers had a high incidence of underage smoking. The study also showed that both groups of abusers were more likely to have disciplinary issues in schools, such as truancy, and prior arrest records, compared to non-abusers.

<u>Finding 4: Cannabis abusers were influenced by social media and perceived that</u> cannabis was less harmful and addictive.

- 9 Cannabis abusers attributed their cannabis use to the media's influence. A larger proportion of cannabis abusers cited media celebrities as a reason for drug initiation as compared to "Ice" abusers and non-abusers. The rise in the use of social media has also facilitated the dissemination of inaccurate information regarding cannabis use. Similarly, compared to "Ice" abusers and non-abusers, a larger proportion of cannabis abusers cited influence from what they read on the Internet as a reason for cannabis initiation.
- The study found that cannabis abusers tended to perceive that cannabis was less harmful and addictive than tobacco. Cannabis abusers also showed a lack of regard for the legal consequences of cannabis use. They were convinced by the media and Internet that cannabis was not harmful and that Singapore's laws are too strict. Cannabis use was also generally not frowned upon and this social acceptance of cannabis use was observed not only among cannabis abusers but also among "Ice" abusers and non-abusers.

<u>Finding 5: Non-abusers were deterred from abusing drugs by the legal and health</u> consequences, and the lack of access to drugs in the community.

The research team identified two factors that deter non-abusers from experimenting drugs. First, non-abusers considered the legal and health consequences of abusing drugs. They were deterred by their perceptions of the harsh regimes that abusers faced when they were arrested and potential health risks. Second, even if non-abusers had expressed curiosity regarding experimentation with drugs like cannabis, they generally felt that the lack of access to drugs in the community had prevented them from seeking drugs out. They felt that drug use was very uncommon as they were not exposed to such activity from the

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interactions with their peers. This was in contrast to abusers, where they perceived drug abuse to be widespread and common among youths, having access to drugs through their peers.

<u>Finding 6: More engaging and targeted preventive drug education programmes are</u> required to enhance the effectiveness of outreach efforts.

- Youths perceived that the current preventive education efforts, while useful, are repetitive and too generic. They suggested that the programmes be changed to better engage youths. For example, ex-abusers could share their life stories as personal narratives from ex-abusers could be a powerful and impactful way of delivering the anti-drug message.
- Other suggestions were to incorporate the preventive message as part of the school curriculum where students could discuss drug abuse issues during civics education classes. Youths also suggested involving them in the development of preventive education programmes so that they could provide feedback on how to reach out more effectively to their peers.
- Youths acknowledged that inculcating an anti-drug culture is not the effort of just one agency but is best accomplished through a joint approach by various stakeholders, such as parents, educators in schools and government agencies. They also felt that preventive education should be age-appropriate and tailored to the developmental needs of different age groups. For example, preventive education in primary school should focus on inculcating the harms of drug abuse and enhancing pro-social bonds within the family. For secondary school students who could be influenced by peers and the media, focus should be on helping them build skills to resist negative influences. At post-secondary levels, the development of the self becomes crucial and preventive education should focus on guiding youths to make sound and informed decisions for themselves and their future.

Case summaries of young cannabis abusers

- 15 The case summaries illustrate the changing profile of young drug abusers identified in this study.
- 16 Case 1 X, 17 year old Chinese male. He was arrested based on information received by CNB and was part of a drug cluster involving young persons.
 - a. <u>Family profile</u>. X grew up in a typical nuclear family, and cited that he had good family support, with parental supervision. His family members did not have any criminal or drug offending history. They also did not consume alcohol or smoke cigarettes.
 - b. <u>School</u>. Prior to drug use, X was an average student in school. He did not have any disciplinary issues in school, and had full attendance for classes.
 - c. <u>Risk factors</u>. X started smoking when he was in Secondary 1. He was introduced to take cannabis by his peers. He also learnt about cannabis from the media and read more about it on the Internet.

"I knew about cannabis from my friend who introduced me to it. Before he introduced it to me, I already knew that cannabis is not as bad as taking ice or other synthetic drugs because of the exposure to media and all that. After he introduced me, I tried to find out more about cannabis from the Internet, like what are the methods to consume and how to stop using too."

— X on peer and media influence on his drug initiation

- d. <u>Attitudes towards drugs</u>. X had a liberal attitude toward cannabis use. He held the perception that cannabis was not as harmful as other types of drugs and this made him more open to trying it.
- 17 <u>Case 2 Y, 24 year old Malay male</u>. He was arrested for cannabis consumption.
 - a. <u>Family profile</u>. Y grew up in a typical nuclear family, and cited that he had good family support, with close relationships between each family member. Similar to X, Y's family members did not have any criminal or drug offending history. They also did not consume alcohol or smoke cigarettes.
 - b. <u>School</u>. Y did well in his studies in secondary school and went on to study in a polytechnic. He took part in school activities, and represented his school in inter-school sports competitions. Y attended classes diligently, and did not display any disciplinary issues in school.
 - c. <u>Risk factors</u>. Y started smoking at age 14. He abused cannabis together with his friends from primary school. Y learnt about cannabis from the Internet, and took the initiative to read up more about it.
 - d. <u>Attitudes towards drugs</u>. Y had a liberal attitude toward cannabis use. He held the perception that cannabis was not addictive and easily available in his community. He also said that he would seek cannabis for use when he was overseas.

Conclusion

18 The study has provided insights on the issue of youth drug abuse and highlighted risk factors that can be addressed through home, school and community initiatives.