

Drug Abstinence

- I. Establishing a Drug Rehabilitation System
- II. Development of Rehabilitation Models

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Drug rehabilitation institutions

Private drug rehabilitation organizations



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Drug taking causes problems that are extremely harmful to families and society. Drug abstinence and rehabilitation is also becoming far more difficult than ever since terms of drug abuse and types of drugs are changing considerably due to rapid information distribution in modern society. The process of drug rehabilitation can be a painstaking long-term struggle for several reasons. A drug rehabilitation system incorporates a wide range of professional operations such as medical treatment, rehabilitating practice, counseling, physical and mental treatment, probation, after-care, etc. The result of rehabilitation programs can hardly be significantly successful in many cases since it is more difficult to tackle mental dependence than physical symptoms of addiction. Hence the drug rehabilitation work team has been striving to provide drug abusers with assistance and counseling service to keep them away from narcotics, help them regain health and reintegrate into society.

To implement drug rehabilitation, the Department of Health (DOH) works closely with medical institutions and private organizations and other organizations concerned to make the most of social resources, develop localized drug rehabilitation models and set up a complete rehabilitation system. Our mission is to reinforce rehabilitation operations, improve current drug abuse report systems, continue to develop treatments for drug addiction, promote effective rehabilitation models and offer more professional training for rehabilitation workforce. By doing this we hope to provide drug users a well organized three-stage care system consisting physical and psychological treatment as well as follow-up counseling service.

This chapter serves as a review of current anti-drug operations, performance of previous actions and prospects of future development so as to improve and reinforce the implementation of anti-drug measures and operations.

I. Establishing a Drug Rehabilitation System

Organizations providing drug rehabilitation programs in Taiwan include medical institutions, corrective organizations and religious drug rehabilitation

and counseling organizations. These organizations and institutions may still need to improve their management and integration of relevant resources to strengthen the whole rehabilitation system.

Renamed and announced for implementation in 1998, the Statute for Narcotics Hazard Control applies lighter sentences to narcotic-related crimes since it recognizes the identity of drug users as a combination of criminal and patient. To improve corrective actions, addicts are required to take enforced rehabilitation programs monitored by the institution, coupled with physical treatment, psychological treatment and counseling to help them get rid of physical and psychological addiction.

1. Progress Report

A. Formulating Rules Governing Designated Hospital-Based Rehabilitation Organizations

According to Article 27(4) of the Statute for Narcotics Hazard Control, "the Ministry of Justice shall work with Vocational Assistance Commission for Retired Servicemen and the DOH to draft rules governing designated rehabilitation services. The rules are to be approved by the Executive Yuan." The rules were announced and implemented on March 29th, 2002.

B. Increasing Drug Rehabilitation Facilities

(1) Physical treatment facilities

a. The DOH requested of psychiatry departments in public hospitals to offer special outpatient sessions for drug addiction in compliance with the Statute for Narcotics Hazard Control so that addicts may go to hospitals for professional medical support. The Department has also assigned qualified public and private hospitals with psychiatry departments to offer treatments for drug addiction. There were a total of 134 hospitals designated by the DOH to handle medical support and treatment for addiction in 2002; 88 of them provide 24-hour accommodation. (Fig. 5-1)



b. See Table 5-1 below for private religious drug abstinence and counseling organizations.



Table 5-1 Private Religious Drug Abstinence and Counseling Organizations

Organization	Local Units
Dawn Operation	Taipei Sister's House, Therapy Disciple Training Center, Miaoli Teenagers' Guidance Village, teenager Miaoli Dawn Operation trainees, After-Care Association Tainan Counseling Unit, Taitung Counseling Unit.
House of Grace	Kaohsiung Administration Office, Taliao Counseling Center (Kaohsiung), Chishan Counseling Unit (Kaohsiung), Changchi Counseling Unit (Pingtung), Hsinyuan Counseling Unit.
Agape House	Hualian Counseling Center, Hualian After-Care Agape House Counseling Center, 凱歌園少年中途之家, Teenagers' Drug Rehabilitation Center.

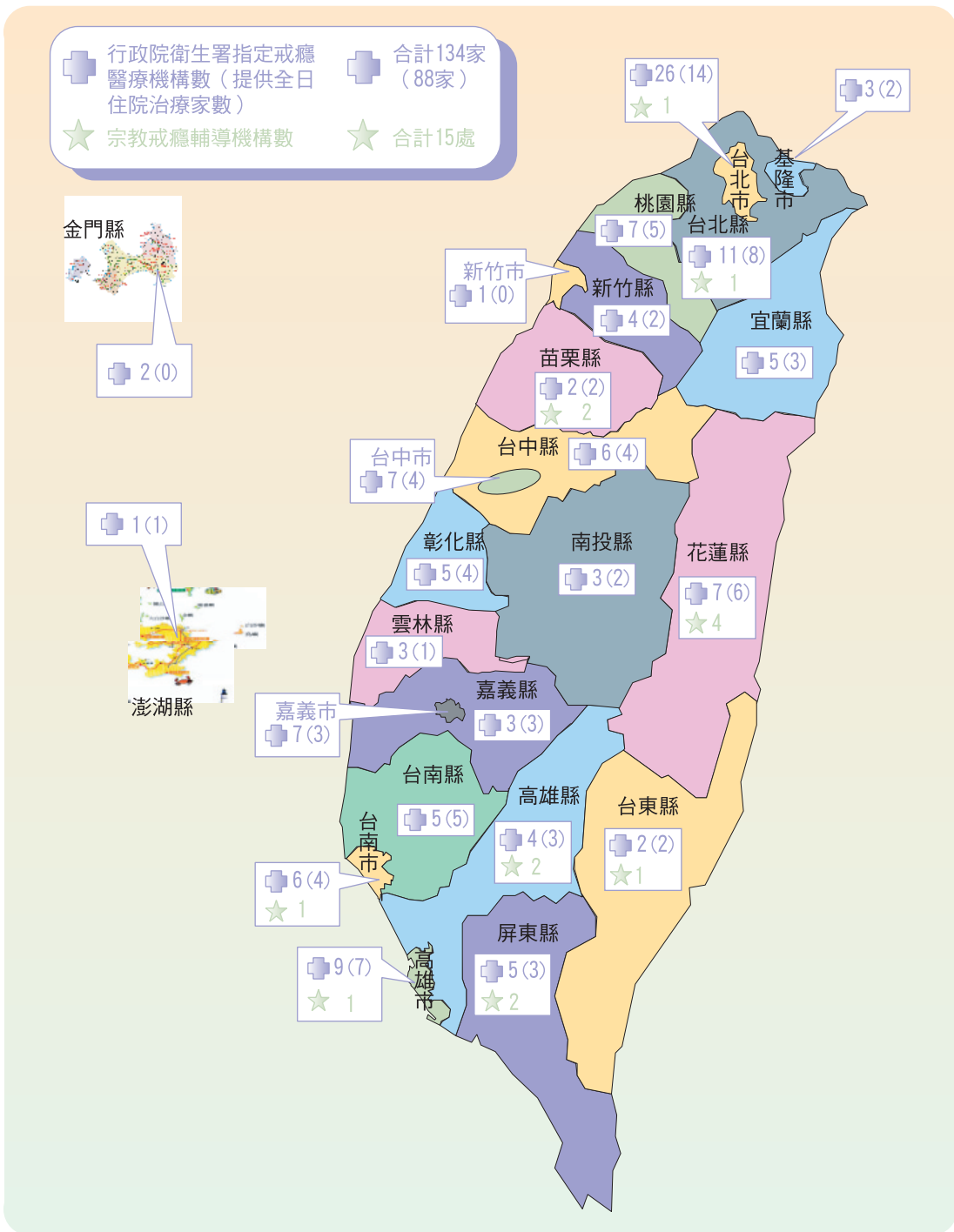


Figure 5-1 Abstinance Resources



c. Statistics on the number of hospitals, beds and operations designated by the DOH to provide medical support and treatment for addiction between 1994 and 2001. (Fig. 5-2 and Fig. 5-3)

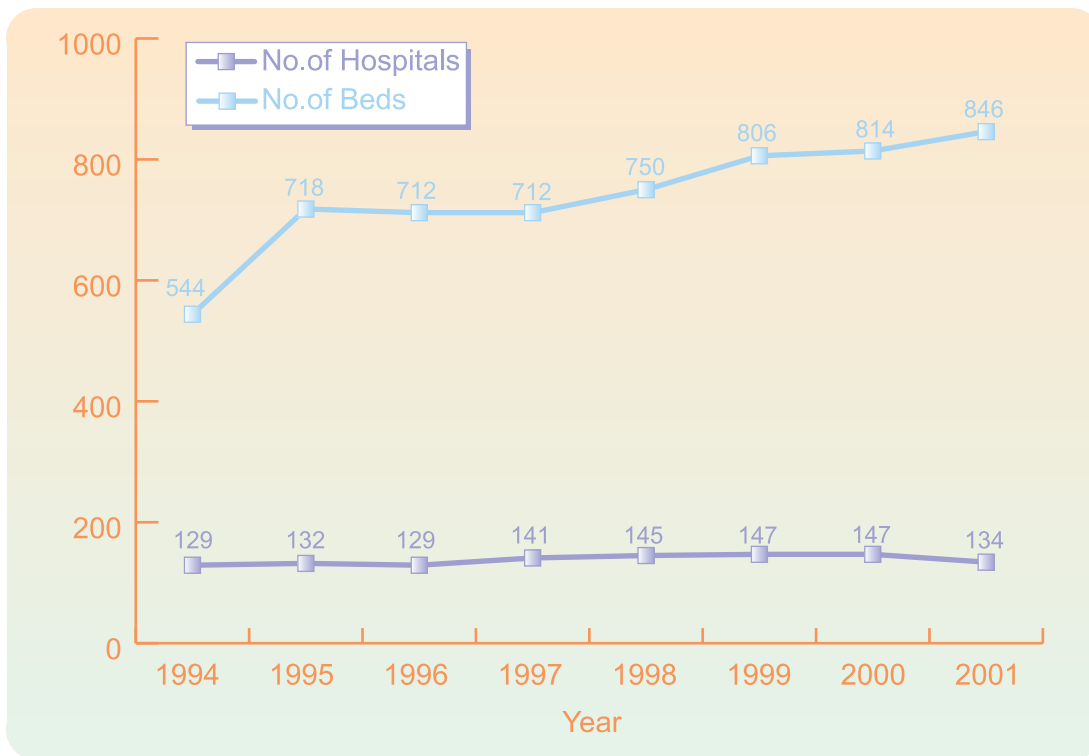


Figure 5-2 Number of Hospitals Offering Rehabilitation Programs and Beds Available

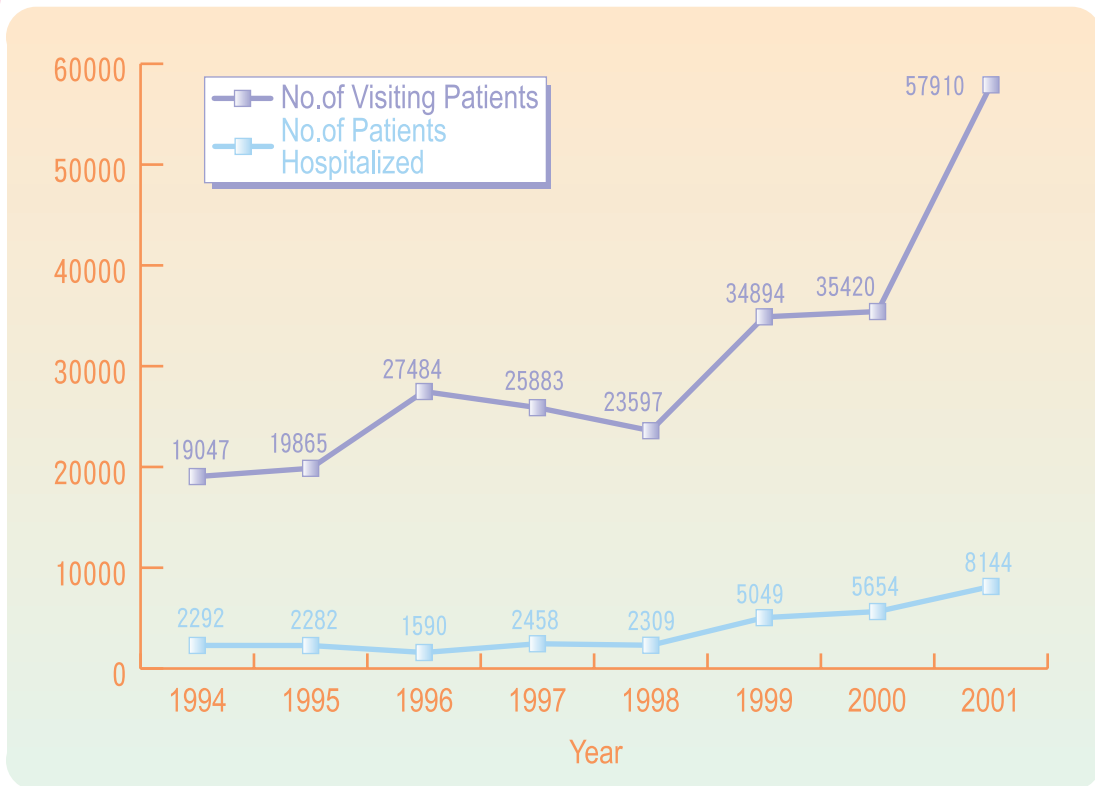


Figure 5-3 Statistics on Rehabilitation Services

d. The Ministry of National Defense (MND) announced "Military Servicemen Drug Abuse Urine Screen Programs," which stipulates urine screen for all recruits in the training center. Regular military servicemen and officers who used to take drugs, have mental disorders or are regarded as possibly drug abusers should be tested.

Urine tests are divided into primary screen (at armies and the recruit training center), secondary test (in military hospitals) and third test (in Tri Service General Hospital). A close 45,000 urine test kits (for Amphetamine and Morphine) are needed per year. A total of 24,836 recruits took Amphetamine and Morphine urine tests in 2001 and 45 (0.18%) had positive results. 17,526



regular servicemen and officers took secondary tests and 365 of them (0.208%) had positive results.

Those who had positive results in the primary screen were required by the organization or military unit to take the secondary test. Military hospitals forwarded positive samples in the secondary test to Tri Service General Hospital, which is certified by the DOH for narcotic and drug urine tests, for final check. Addicts and those who need medical treatment or rehabilitation support may go to military hospitals. The Department of Drug Addiction Services of military hospitals started providing 24-hour accommodation service from 1994 and forth. A well-established medical service team offers various rehabilitation programs and treatments for all possible problems faced by addicts. The team comprises psychiatrists, nurses, psychoanalysts, social workers and occupational therapists. Hospitalized drug rehabilitation programs are available in Tri Service General Hospital, Armed Forces Peitou Hospital, Armed Forces Taichung General Hospital, Armed Forces Kaohsiung General Hospital and Armed Forces Tsoying Hospital. (Fig. 5-4)

- e. The MOJ has two missions focusing on monitored rehabilitation services for drug takers. The first is helping them overcome physical addiction and symptoms through rehabilitation programs. The second is checking



Figure 5-4 Anti-Drug Campaign in Armed Forces Peitou Hospital

if they continue to use drugs by observing their behavior. The MOJ has also established drug rehabilitation units in its subsidiary jails and juvenile prisons so as to implement monitored rehabilitation programs. Concerning medical services, core hospitals in seven responsible areas (Taipei, Northern Taiwan, Central Taiwan, Southern Taiwan, Kaohsiung, Penhu and Eastern Taiwan) in the DOH's psychiatric support network island-wide coordinate with other medical institutions in the responsible areas in supportive operations. Jails, juvenile prisons and these hospitals have entered medical collaboration agreements.

As stipulated by the Statute for Narcotics Hazard Control, the MOJ should designate the Vocational Assistance Commission for Retired Servicemen, the DOH or provincial/local governments to set up rehabilitation units in local hospitals. The Tsaotun Psychiatric Center of DOH signed an agreement with the MOJ on May 14th, 1999, to offer 50 beds there.

Rehabilitation units in jails and juvenile prisons are interim measures only. However, organizations concerned are having hard time implementing the programs due to the government's staff-cutting policy, financial difficulty, uneven distribution of psychiatric resources, etc.

- f. Statistics on cases of drug addicts in Tsaotun Psychiatric Center: The Center accommodated 1,056 patients in 2001, including those who were transferred from jails for monitored rehabilitation and were willing to be hospitalized. 605 of them were criminals taking monitored rehabilitation programs in compliance with the Statute for Narcotics Hazard Control. There were 497 criminals in 2001. The following figures set forth statistic data of hospitalized patients in 2000 and 2001. (Fig. 5-5 and Fig. 5-8)

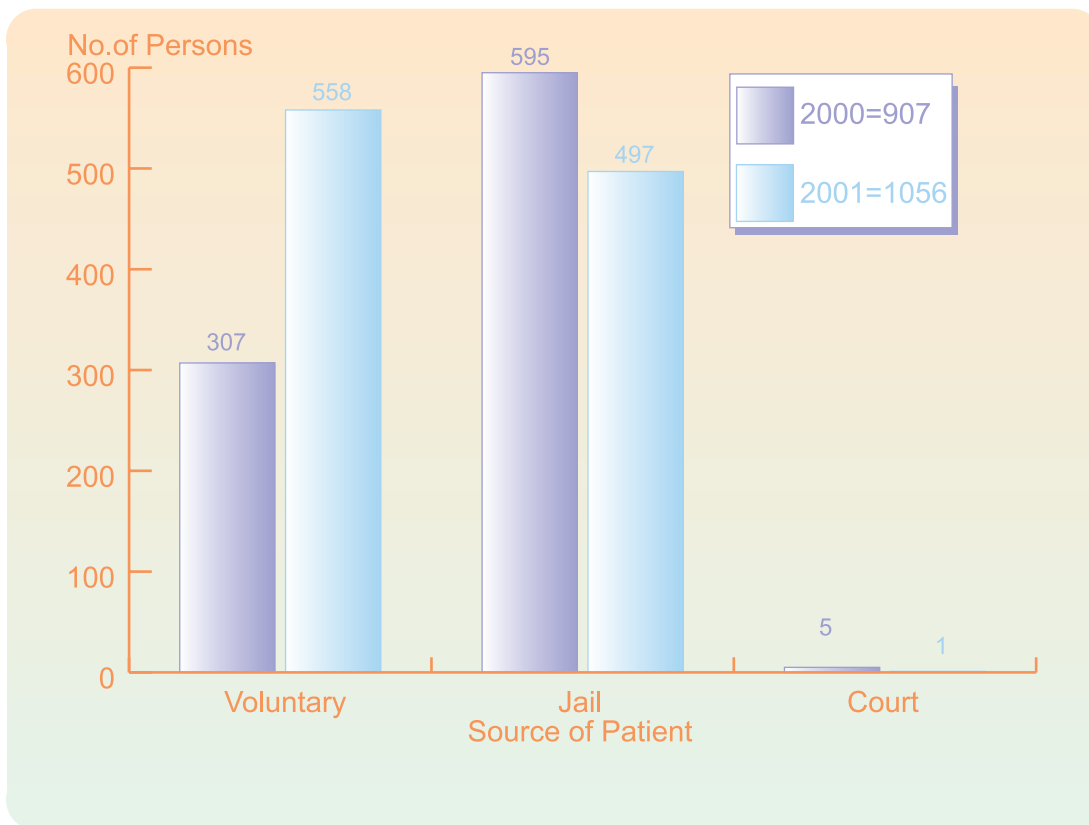


Figure 5-5 Sources of Cases of Observation and Rehabilitation

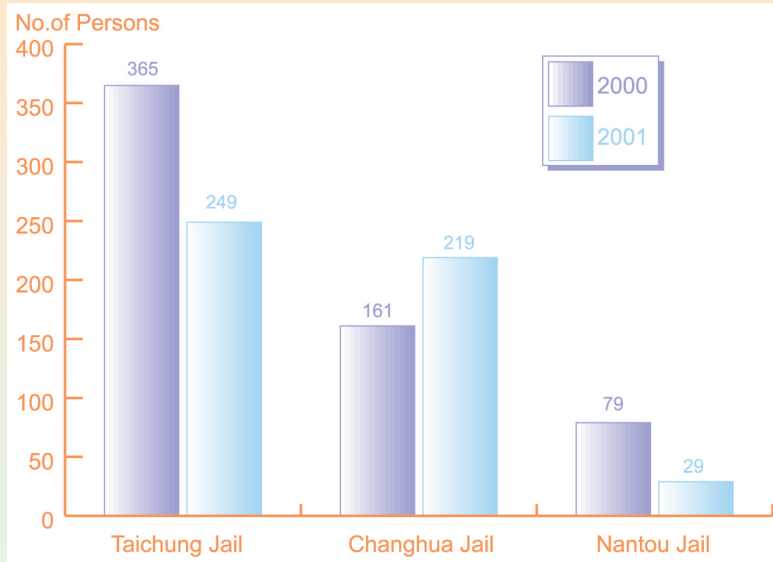


Figure 5-6 Cases of Observation and Rehabilitation as Transferred from Jails

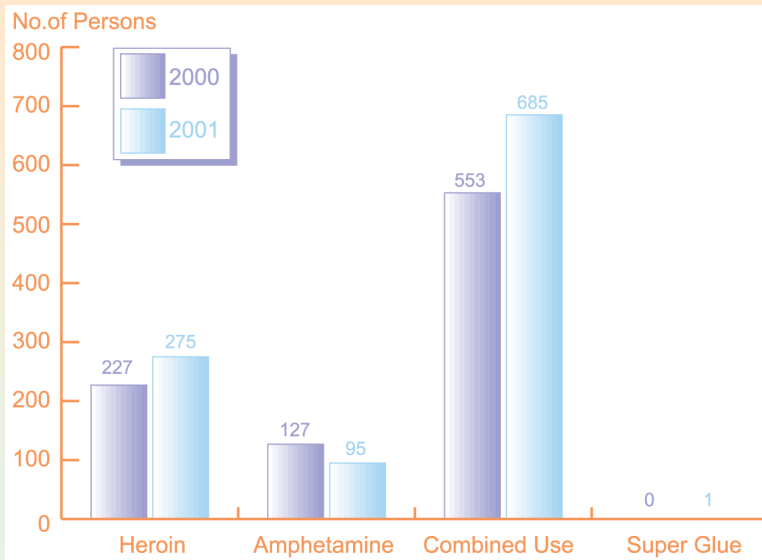


Figure 5-7 Types of Drugs Used of Abusers Under Observation and Taking Rehabilitation Programs

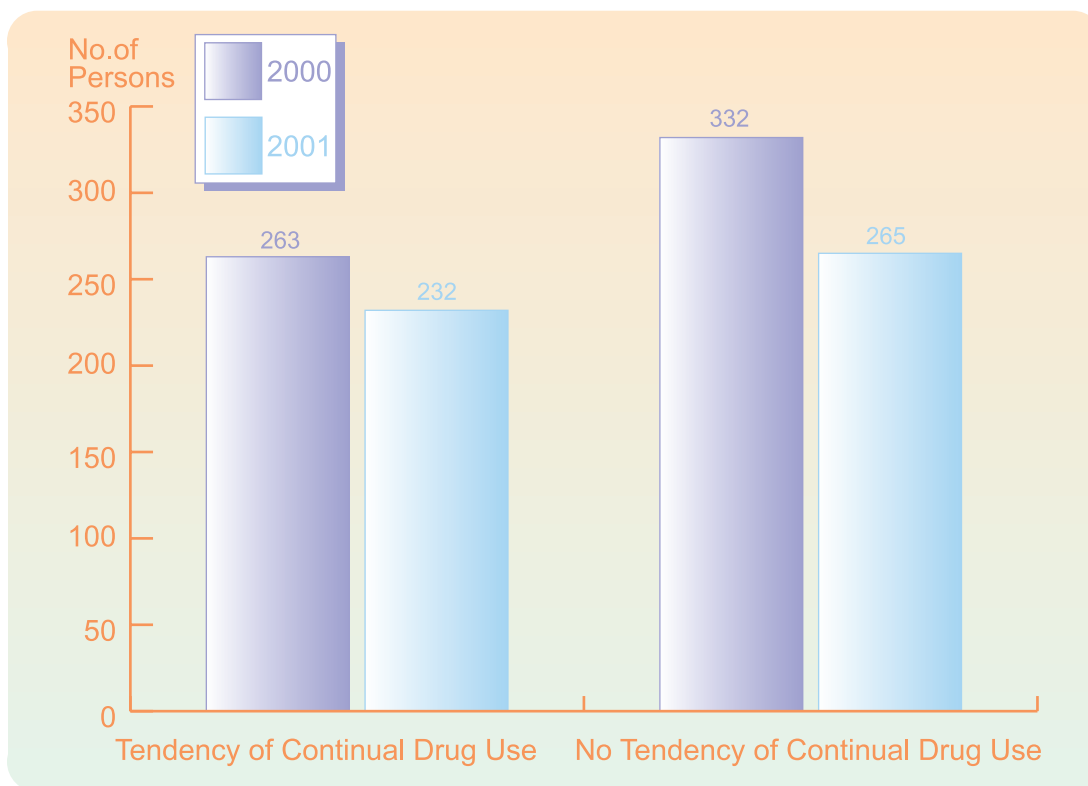


Figure 5-8 Evaluation of Abusers' Tendency Continuing to Use Drugs After Observation and Rehabilitation Programs

g. Statistics on drug addicts taken in by the MOJ:

There were a total of 126,919 addicts receiving monitored rehabilitation in jails and juvenile prisons between May 22nd, 1998 (the date on which the Statute of Narcotics Hazard Control) and December 31st, 2001. Among them there were 125,726 addicts finishing the program and leave the rehabilitation units (including released and transferred from jails to the rehabilitation units). 41,070 of them, translated into 32.67%, were judged as continuing to use drugs while the ratio of continual drug users was 38.35 in 2001. 1,193 criminals took rehabilitation programs in the rehabilitation units attached to jails and juvenile prisons. The

peak of criminals taken in appeared at the end of July in 1998 as the number of criminals reached 4,287, as shown in Table 5-2.

Table 5-2 Drug Abusers in the Drug Rehabilitation Units of Jails and Juvenile Prisons as well as Drug Rehabilitation Centers

Year / Month	Drug Rehabilitation Units of Jails and Juvenile Prisons								Drug Rehabilitation						
	New Arrival	Second Entry & More			Departure from the Rehabilitation Unit / Center	Tending to Continue Using Drugs		Showing No Tendency of Continual Drug Use	No. of Persons Detained in the Unit / Center at the End of the Month / Year	New Arrival	Rehabilitational on Under Detention Canceled / Terminated	Actual Departure			No. of Persons Detained in the Unit / Center at the End of the Month / Year
		First Entry	No. of Person			No. of Person	%					Subtotal	gram Due	Termination of Rehabilitation Due to Transfer to Judicial Protection and Control	
			No. of Person	%											
1998 (May-Dec.)	32,030	30,822	1,208	3.8	29,826	7,354	24.7	21,622	2,204	7,207	-	1,793	-	1,793	5,362
1999	40,066	31,720	8,346	20.8	39,823	12,567	31.6	27,042	2,447	13,490	2,033	12,621	337	12,284	8,129
2000	33,412	24,057	9,355	28.0	34,014	12,687	37.3	21,257	1,845	15,705	4,074	17,365	3,732	13,633	10,283
2001	21,411	14,241	7,170	33.5	22,063	8,462	38.4	13,537	1,193	12,294	3,925	17,702	4,495	13,207	8,485
Compared with the previous	-35.9	-40.8	-23.4	+5.5	-35.1	-28.1	+3.8	-36.3	-35.3	-21.7	-3.7	+1.9	+20.4	-3.1	-17.5

(2) Psychological treatment facilities

- a. Psychiatric rehabilitation institutions incorporate medical institutions and religious rehabilitation organizations. The key to successful rehabilitation depends on whether addicts can take continual follow-up psychological rehabilitation programs and counseling service after they have overcome physical addiction. A lack of psychological treatment and counseling may lead to failure in rehabilitation. To fight against psychological addiction, addicts must show much strength of will, attend intensive outpatient sessions and take medical treatments. Self-aid groups and support from community and family members are also need-



ed to reintegrate them into society.

Services provided by medical institutions include personal consulting, group psychiatric treatment, family treatment and psychological rehabilitation. Institutions such as Hsiang Shan Campus (Taipei City Psychiatric Center), New Life Group (Tsaotun Psychiatric Center), Reoccurrence-Preventive Recognition Group (Kaohsiung Kai-Suan Psychiatric Hospital) and Tsao Shan College (Armed Forces Peitou Hospital).

Religious rehabilitation organizations include the Gospel Disciples Drug Rehabilitation Center and Youth & Teenagers' Rehabilitation Center (Christian Dawn Operation), Agape House Rehabilitation Center and Adolescent Rehabilitation Center (Christian Agape House) and Rehabilitation Village and Rehabilitation Center (Christian House of Grace). The organizations mentioned above help addicts regain self-confidence and personal values through religious rehabilitating sessions, experience sharing and total education for body, heart and soul so as to motivate addicts to take initiative in drug rehabilitation and return to normal family and social life.

- b. The Ministry of National Defense (MND) has completed planning for "armed force counseling mission groups" by adjusting current psychiatric mission groups and workforce in the army. A total of 187 Mental Health Centers and seven Local Mental Health Centers were established. The Ministry continued to establish a three-level armed force counseling and preventive system to keep those who used drugs, kept drugs, sold Amphetamine and contraband drugs in control and provide them with counseling service.

Since the implementation of the Statute of Narcotics Hazard Control, the MOJ followed the Statute by setting up rehabilita-

tion units in 16 jails and one juvenile prison, where rehabilitation programs are available for addicted criminals. The Ministry also formulated and announced "Enforcement Points of Performance Assessment of Treatment for Addicts Taking Rehabilitation Programs" and "Notices of Implementing Phase-Based Treatment and Programs in Rehabilitation Institutions" to assist addicts in achieving the objective of drug abstinence.

There were 58,728 new addicts in rehabilitation organizations in Taiwan between May 22nd 1998 and December 31st 2000. 49,481 addicts have completed the rehabilitation treatment and left the rehabilitation organization. There were 8,485 addicts taking rehabilitation programs in relevant organizations on December 31st, 2001.

(3) Follow-up counseling facilities

a. In order to integrate resources in local areas and establish community tracking and counseling service networks, the DOH required core hospitals in the seven responsible areas in the psychiatric support network to improve data management and transfer service for addicts discharged from hospital.

The DOH carried out an experimental program for adolescent addicts' psychological rehabilitation to help these addicts improve their own physical and mental conditions by reinforcing relevant services. Psychological rehabilitation and follow-up counseling service are available for addicts transferred from hospitals or having finished monitored rehabilitation programs, dropouts, probationary teenagers and addicts willing to take rehabilitation programs.

Religious organizations such as Dawn Operation, Agape House and House of Grace have accommodated adolescent addicts for counseling, psychological rehabilitation and individual/supple-



mentary education. These organizations also helped dropouts continue education. There were 37 adolescent addicts taking rehabilitation programs there in 2001. (Fig. 5-9 and Fig. 5-11)



Figure 5-9 A "Parents' Workshop" Hosted by House of Grace



Figure 5-10 Counseling Service at Teenagers' Guidance Village in Maoli Hosted by Dawn Operation

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Respect Your Life by Saying No to Drugs



Figure 5-11 A Workshop and Parents' Party Hosted by Agape Home



b. Urine tests for addicted criminals and those who under a probationary order

In order to implement anti-drug policies and prevent repeated offense, the MOJ directs Prosecutor's Offices of District Courts to outsource urine tests for sentenced drug users and probationary criminals. Statistics show that Prosecutor's Offices of District Courts island-wide handled urine tests for 46,078 probationary addicts, 11,095 irregular urine tests and 1,197 enforced urine tests.

c. Reinforcing after-care measures and putting follow-up counseling service into practice:

The MOJ directed the Taiwan After-Care Association to cooperate with private rehabilitation organizations of excellent performance and good reputation for the purpose of effective implementation of anti-drug policies. We hope their experience will help us in joint cooperation in terms of hosting released addicted criminals, psychological counseling, skill training and job training. In addition to tackling their physical addiction after the rehabilitation programs in jails, an 18-month psychological rehabilitation courses to reinforce psychological follow-up psychological counseling for released addicted criminals to help them re-adjust to normal life patterns and prevent repeated conviction. Taiwan After-Care Association provided three rehabilitation centers in Kaohsiung, Pingtung and Tainan. Collaborative projects were also extended to Agape House and Dawn Operation as the Association granted places of activities, funding and transferring addicted criminals. House of Grace and Dawn Operation provided teaching materials and coordinated the programs with counseling professionals. Taiwan After-Care Association provided 860 addicted criminals with psychological counseling ser-

vice in 2001. Taiwan After-Care Association expanded the scope of operations by signing an agreement on Panchiao Return Home with House of Grace and Sanchung Assemblies of God. The Association granted funding for the collaborative follow-up psychological counseling service for 367 released addicted criminals and a total of 1,227 addicted criminals were counseled.

C. Increasing Drug Rehabilitation Workforce

(1) Physical treatment workforce

The DOH announced "Medical Institution Addiction Treatment Evaluation Criteria" to reinforce drug rehabilitation operations and encourage hospitals to allocate proper workforce. The Criteria lists treatment for drug addiction as bonus items in the evaluation. The evaluation will be continued to improve quality of medical treatment and rehabilitation workforce.

(2) Workforce in rehabilitation units in jails and juvenile prisons

45 medical institutions and jails and juvenile prisons have entered collaborative agreements to dispatch personnel on a regular basis to support monitored rehabilitation and medical treatment. However, the result of rehabilitation operations did not seem to come up to expectation due to inadequate management and professional workforce. There should be sufficient manpower according to increasing operations when planning for rehabilitation units in designated hospitals for the purpose of future achievement and better quality of medical service.

(3) Psychological treatment workforce

From a perspective of long-term development, it is better to set up independent rehabilitation institutions. We have faced some difficulties, however, in practical operations such as land appropriation, construction and budgeting for these institutions since the implementation of the Statute for Narcotics Hazard Control. Hence the



MOJ followed Article 28 of the Statute and Article 12 of General Organization Rules of Rehabilitation Institutions by establishing rehabilitation units in 16 subsidiary jails and one juvenile jail. Staff working in the jails or organizations serves as general security and administrative personnel or provides support needed. The MOJ also applied for 136 rehabilitation personnel, including counselors, clinical psychiatrists, social workers, doctors, medical technologists/students, pharmacists/students, nursing personnel/nurses, according to relevant laws.

(4) Follow-up counseling workforce

Concerning the collection of probationary addicts' urine samples as stipulated by Article 25 of the Statute for Narcotics Hazard, we found it almost impossible to recruit more contracted staff to handle this matter in District Courts after negotiating with the Central Personnel Administration for several times due to financial difficulty. Then we took an alternative measure, namely outsourcing contracted service, in compliance with the Government Procurement Law. In that case Prosecutor's Offices in District Courts should be responsible for tenders for the contracted service. The contractor should assign proper personnel to collect urine samples and deal with other matters in the Prosecutor's Office. The operation should be under the supervision and instruction of the Office.

So far a total of 65 personnel have been dispatched to collect urine samples and handle urine tests for addicted criminals and probationary addicts for the Prosecutor's Offices in District Courts.

D. Management of Drug Rehabilitation Organizations

(1) Designated drug rehabilitation and treatment institutions

To protect addicts' rights of medical treatment and ensure quality of medical service provided by drug rehabilitation institutions, hospitals with psychiatric departments and qualified by the DOH's

evaluation of hospitals and psychiatric hospitals may be designated as drug rehabilitation institutions.

(2) Reinforcing supervision and assessment of drug rehabilitation institutions

Local health authorities were required to inspecting local medical institutions where drug rehabilitation service was available. The authorities should hand in reports every quarter. Bureaus of Health in municipalities directly under the Central Government, counties and other cities inspected and supervised 348 institutions in 2001; no one was found illegitimate or against rules.

2. Prospects of Development

A. Improvement of Medical Resources in Rehabilitation Institutions and Continual Implementation of Hospital-Based Rehabilitation Centers

Medical support for rehabilitation in medical institutions should be improved. The implementation of rehabilitation units in hospitals should also be progressively proceeded in compliance with Rules Governing Designated Hospital-Based Rehabilitation Organizations.

B. Sustained Revision of Evaluation Standards of Abusers' Tendency

Continuing to Use Drugs After Observation and Rehabilitation Programs Evaluation Standards of Abusers' Tendency Continuing to Use Drugs After Observation and Rehabilitation Programs have caused many disputes since implementation. After studied by Taiwanese Society of Psychiatry with discussions and revision done by organizations, experts and academics concerned, the Standards was revised and implemented on March 1st 2001. However, it is necessary to keep on reviewing and correcting the Standards according to its application to achieve justice and objectiveness.

C. Planning for Independent Rehabilitation Centers

There is a need for establishing specific and independent rehabilitation institutions to meet actual needs such as providing addicts with better



treatment, avoiding dissipation caused by scattered resources and complying with the draft bill of amendment to part of articles in the Statute for Narcotics Hazard Control to extend the minimal rehabilitation period to six months.

D. More Effective Utilization of Social Resources and Incentives for Private Rehabilitation Services

We shall continue to make the most of social resources and work closer with private organizations in anti-drug operations.

E. Implementation of Practicable Tracking and Counseling Service

We shall put sustained effort into psychological counseling for addicted narcotic-related criminals and keep track of them. Following reviewing said operations, corrective measures will be taken to construct a continual follow-up counseling network.

II. Development of Rehabilitation Models

This section describes the recent development of drug rehabilitation models such as epidemiological surveys of addiction, the study of rehabilitation drugs, rehabilitation models and performance evaluation and training for rehabilitation workforce.

1. Progress Report

A. Epidemiological Survey on Drug Addiction

(1) According to statistic data provided by the National Bureau of Controlled Drugs of the DOH between January and December 2001, organizations, including 40 psychiatric centers providing rehabilitation service, reported a total of 3534 drug abuse cases. Major abused drugs were Heroin, Amphetamine (Methamphetamine), FM2 and super glue. The following tables set forth related statistic data (Table 5-3 to Table 5-8).


Table 5-3 Types of Drug Use

Types of Drug Use	N = 3534 persons	
	Persons	%
Single Drug Use	2,579	73.0
Multiple Drug Use	955	27.0


Table 5-4 Types of Drugs Taken

Types of Drugs Taken	N = 3534 persons	
	Persons	%
Heroin	2,259	63.9
Amphetamine (including Methamphetamine)	1,485	42.0
FM2	263	7.4
Super glue	229	6.5
MDMA	164	4.6
Marijuana	145	4.1
Other	128	3.6
Diazepam	32	0.9
Morphine	30	0.8
Codeine	18	0.5
Pethidine HCl	4	0.1
Triazolam	3	0.1

Note: one or more than one drugs may be used in each case.

**Table 5-5 Age of Male and Female Drug Abusers**

Age (years old)	Male		Female	
	Persons	%	Persons	%
≤9	0	0.0	0	0.0
10-19	95	0.0	23	6.0
20-29	1,476	47.8	207	53.8
30-39	1,081	35.0	107	27.8
40-49	366	11.9	32	8.3
50-59	61	2.0	8	2.1
60-69	7	0.2	8	2.1
≥70	1	0.0	0	0.0
Total	3,087	100.0	385	100.0

Missing value: 62 persons

**Table 5-6 Causes of Drug Abuse**

Causes of Drug Abuse	N = 3534 persons	
	Persons	%
Drug dependence	2,160	61.1
Influenced by peer groups	1,122	31.7
Relaxation	851	24.1
Curiosity	568	16.1
Killing time	375	10.6
Other	265	7.5
Seeking for excitement	213	6.0
Refreshing oneself	195	5.5
Tackling problems with sleep	189	5.3
Treatment for disease	158	4.5
Suicide	28	0.8
Weight losing	9	0.3

Note: one or more causes may apply in each case.


Table 5-7 Sources of Drugs Obtained by the Abusers

Sources of Drugs Obtained by the Abusers	N = 3534 persons	
	Persons	%
Friend	1,879	53.2
Drug dealer	1,468	41.5
Self-owned	341	9.6
Other	241	6.8
Doctor	170	4.8
Pharmacist	99	2.8
Family member / relative	80	2.3
Classmate	28	0.8

Note: one or more than one sources may apply in each case.


Table 5-8 Terms of Drug Inhaling

Terms of Drug Inhaling	N = 3534 persons
	Persons
Injection: non-shared syringe	1,427
Inhaling after vaporizing the drug by heating it	1,237
Inhaling with the cigarette or pipe	837
Oral intake	438
Inhaling the drug via nose	315
Sniffing	230
Injection: shared syringe	216

Note: one or more than one terms of inhaling may apply in each case.

(2) The following figure summarizes cases of positive samples in urine tests conducted by local Bureaus of Health for suspects involved in narcotics and controlled drugs (Figure 5-12).

B. Research on Treatments for Drug Addiction

The DOH started researching on Naltrexone and Buprenorphine in 1995 and provided Taipei City Psychiatric Center with financial sup-



port for research programs regarding the feasibility of using Buprenorphine as a long-term treatment in 2000 and 2001. The findings of said studies showed that Buprenorphine is effective in terms of treating acute Heroin poisoning and maintenance treatment. For acute neutralization of poisoning, Buprenorphine reduces more withdrawal symptoms and complications than traditional treatment (Clonidine) does, albeit the high reoccurrence ratio of Heroin addiction is still very high after stopping the dosage of Buprenorphine. Yet Buprenorphine motivates addicts to receive treatment significantly and reduces the use of Heroin during the treating process by 80%. The DOH will continue similar studies to develop drug rehabilitation models.

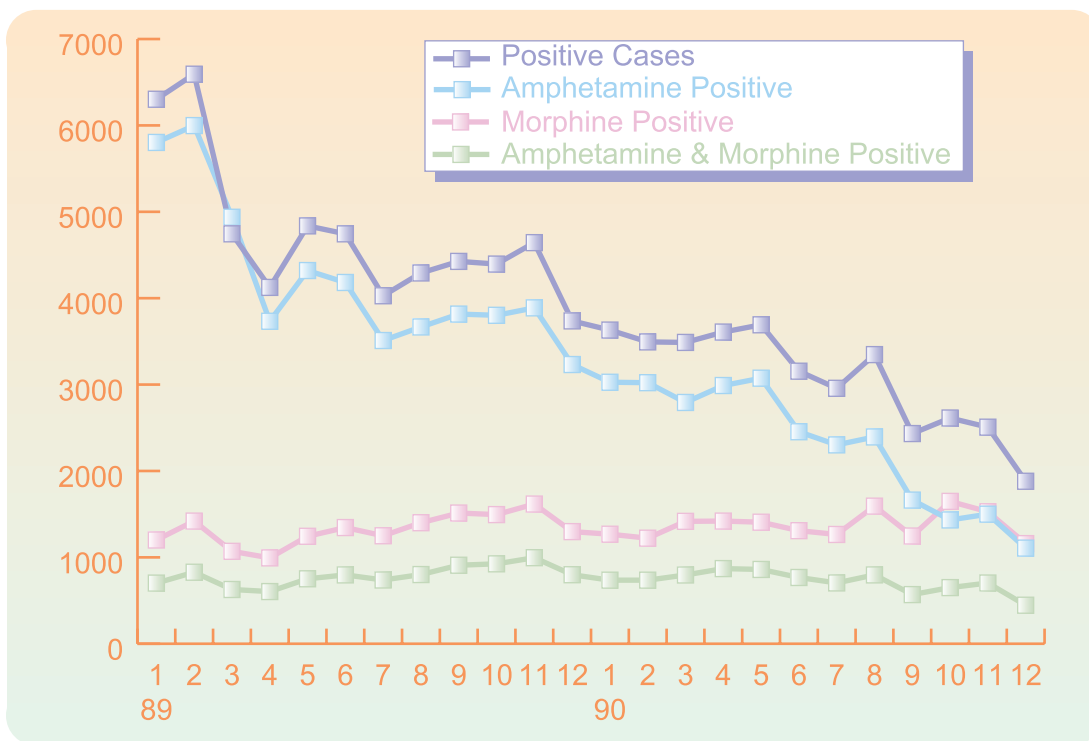


Figure 5-12 Statistics on Morphine and Amphetamine Positive Cases Discovered in Urine Tests in Taiwan (January 2000 to December 2001)

C. Evaluation of Drug Rehabilitation Models and Performance

The following section introduces current rehabilitation models and relevant research programs in Taiwan:

Hsiang Shan Campus of Taipei City Psychiatrist Center began to take in addicts in October 1995 and provided them with psychiatric pharmaceutical treatment, behavior treatment, health education and legal counseling according to their needs. Follow-up treatment and evaluation of rehabilitation are applied in three phases. Evaluation usually takes one year, coupled with psychological treatment, family interviews, urine tests and follow-up treatment. The institution improves patients' competence in self-care through long-term rehabilitation and follow-up measures to reduce reoccurrence.

Rehabilitation service in Tsaotun Psychiatric Center of the DOH is described as follows: acute neutralization of narcotic poisoning, consistent counseling and rehabilitation service are applied to addicts taken by means of outpatient sessions, hospitalization and transfer from other community rehabilitation organizations, e.g. Dawn Operation's Rehabilitation Village. After receiving said treatment, both discharged patients and their parents are evaluated and surveyed. The Center signed an agreement with the MOJ in 1999 on providing rehabilitation service to monitored addicts.

Kaohsiung Kai-Suan Psychiatric Hospital's narcotic rehabilitation model is based on wards. The program is divided into neutralization and rehabilitation, coupled with psychological treatment, family treatment, dramatic therapy, industrial therapy and task therapy. Follow-up treatment and medical service are available in the form of special outpatient sessions for discharged patients. The Hospital has also submitted proposals for correcting the Evaluation Standards of Abusers' Tendency Continuing to Use Drugs, focusing on causes of reoccurrence after rehabilitation and their impact on recurrence. The Hospital has



also worked on the following research programs: "Analysis of Three-Dimensional Personality Survey Questionnaire of Male Alcohol/Drug Addicts and the Controlled Group," "Model of Treating and Predicting Substance Abusers," "Model of Treating and Predicting Amphetamine Abusers" and "Model of Treating and Predicting Heroin Abusers."

The Gospel Drug Rehabilitation Center of Dawn Operation helps addicts divest themselves of previous environment through Bible reading, behavioral regulation, psychological counseling and experience sharing with former addicts. This is to purify their mind and renew their ideas to enhance sound life of health body, heart and soul.

Hualien Agape House's "gospel" rehabilitation model takes the approach of "holistic healing focused on social, body, heart and soul treatment." This model aims to facilitate holistic healing with social, bodily and mental rehabilitation and inspiration. House of Grace is planning for the construction of the Paeon Garden--Halfway House for Adolescents to keep young addicts from drugs and help them live toward a new life.

House of Grace's rehabilitation programs are based on gospel rehabilitation, experience sharing, reconstruction of lifestyle and religious belief as well as skill training for social reintegration. By organizing these activities, House of Grace helps addicts regain self-esteem and self-value, reinforces their motivation and applies assertive rehabilitation so as to reintegrate them into their family and society.

D. Training Programs for Rehabilitation Workers

The DOH continued to sponsor the "Drug Rehabilitation Training Program" in the six core hospitals in the psychiatric treatment network in 2001 to improve professional training for the rehabilitation team. Trainees include doctors, nurses, clinical psychiatrists, social workers, rehabilitation therapists, counselors, management staff and personnel from organizations regarding social administration, judicial institu-

tions and educational organizations. There were 1,562 trainees in 2001, including 145 doctors, 469 nurses and 110 clinical psychiatrists. The DOH also sponsored rehabilitation workshops organized by Dawn Operation and Agape House and assisted rehabilitation workers, volunteers and families, hoping to fully implement holistic healing. The following figure shows the number of trainees of professional drug rehabilitation training programs (Figure 5-13).

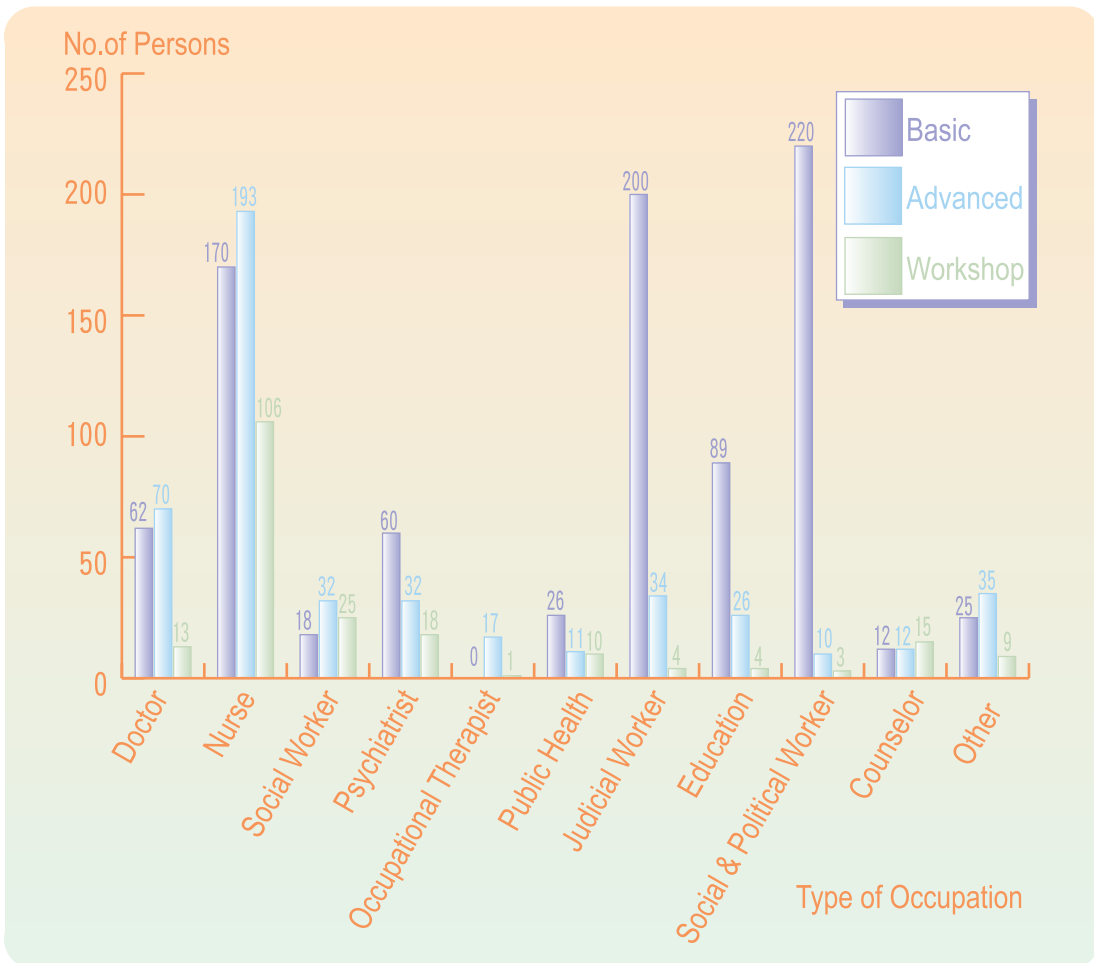


Figure 5-13 Number of Trainees of Professional Rehabilitation Training



2. Prospects of Development

A. Improving the Performance of Rehabilitation with the Continual Development of Rehabilitation Models as well as Tracking and Counseling Service

We will promote effective drug rehabilitation models, conduct research on these models, develop more models and train more workforces so that addicted criminals can receive proper medical care. Psychological counseling service and follow-up measures will be applied consistently and improved to construct a continual tracking and counseling system for better quality of service.

B. Expanding the Drug Abuse System and Researching on Other Relevant Systems in Taiwan

A "drug abuse index" will be established by reviewing the feasibility of reporting cases to schools, coroners, gynecologists and sex disease centers.

Taiwan-based and international epidemiological databases of drug abuse will be set up in light of epidemiological and statistic data of popular and potential abused drugs in order to catch the trend of drug abuse and build up a pre-warning system.

C. Strengthening the Analysis and Research on Neo-type Emerging Narcotics

Popular and potential drugs of abuse will be studied through physical, pharmaceutical, toxicological and pathological approaches.

Literature and data will be collected and analyzed to establish a database. The index of feasibility and toxicological testing methods of toxicity evaluation of controlled drugs will also be formulated. These regulations will serve as the toxicity evaluation of interactive effect due to mixed use of neo-type abused drugs or controlled drugs. They will also help in research on relevant treatment.

D. Analyzing and Reviewing Anti-Drug Abuse Measures as Reference

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Respect Your Life by Saying No to Drugs

for Decision Making

We will analyze costs and expenses produced by social problems and crimes committed directly or indirectly by drug abusers, such as custody charges, rehabilitation expenses and economic/social costs due to crimes, accidents, disasters and lost productive power.

By studying behavior correction and counseling strategies to deal with risky groups of drug abuse, we hope to provide reference for drug abuse preventive strategies to assist in promotion, counseling and behavior improvement.