



Anti-Drug treatment Programs

Ke Jia-Hui, Shih Ya-Gui, Shen Ya-Jing

I. Naltrexone Antagonist Rehabilitation Plan

II. Trial Implementation Plan of the Drug Harm Reduction Program

III. Deferred prosecution for drug addiction treatment

IV. Anonymous group talk sessions and mindfulness-based stress reduction classes

Drug problems have been considered serious social perils, and drug crimes and number of incarcerated criminals and people on probation are all of substantial percentages. In 1998, The Ministry of Justice issued Drug Preventive Regulations to deal with antidrug management policies, treating drug addicts as both “patient” and “offenders”.¹

In 2003, blood infectious diseases caused by sharing needles by drug users grew rapidly, mainly due to the rapid increase in intravenous drug users. In 2004, these users became the number one cause of AIDS in Taiwan, and grew explosively in 2005. The Executive Yuan approved the “Drug AIDS Patient Reduction Trial Program.”

1. Deputy Director Huang Yi-Jun of the Department of Prevention, Rehabilitation and Protection. “Handout of Anti-drug Status and Regulations; Health and Welfare Training Center Seminar.” Sources: <https://www.hwwtc.mohw.gov.tw/att.php?uid=4706> .



In 2006, Ministry of Justice started a new antidrug strategy to “First reduce balance of supply and demand and restrain supply,” turning focus on anti-drug policies into suppressing demand for drugs, using “Say No to Drugs” to prevent new drug users. Next is to help drug users quit drugs to reduce number of drug users; supplemented with active drug prosecution to reduce drug supply, and pushing the antidrug alert line to “drug prevention to reduce new drug use population”.² Starting in 2006, Taipei City, Taipei, Taoyuan and Tainan Counties started to administer clean needles and substitute treatment program, and expanded the program in July and August to cover the whole nation. This is the first time Health and Judicial Departments worked extensively together, promoting reduction of drug damage concepts and actions.³ Since 2006, drug addicts qualified for deferred prosecution were got approv-

al to accept drug addiction treatment. Applicants for deferred prosecution should first be evaluated by medical institutions to assess their suitability to accept such treatments. The drug addicts are required to complete addiction treatment, psychotherapy, psychological counseling, or other appropriate treatments in order to qualify for deferred prosecution. This policy is a transition from “compulsory judicial supervision” to “reasonable judicial supervision aided by medical treatment” for anti-drug campaign.⁴

The Ministry of Justice announced the “Anti-Drug Golden Triangle Project” that requests the compliance of all District Prosecutor’s Offices and local Anti-Drug Centers. The announcement was dated May 24, 2012 with letter number “10105109430”. The purpose of the project is to help drug addicts quit using drugs. The project

2. Report on Antidrug Effort by Department of Justice in 2006.

3. Summarized from “Practice of Local Antidrug Prevention Center – Analysis of Policy Network Viewpoint”, Soochow University Academic Journal 2011 by Yen Liang-Kung and Lin Jun-Hong. <http://www2.scu.edu.tw/politics/journal/doc/j292/3.pdf>.

4. (Same as Footnote 1.)

extends the high-risk groups of Anti-drug center to drug addicts who are eligible for deferred prosecution or on probation, establishing a supporting network consists of prosecution offices, anti-drug centers, and families, to enhance drug addicts' willingness to quit using drugs by judicial enforcement. On one hand, the three-pronged approach makes drug addicts stay away from drugs for fear of being punished by judicial execution. On the other hand, the project provides medical services including physical and psychological assistance to them so that they become unwilling to use drugs. At the same time, the support system helps them adjust their attitude towards life and habits so that they will go to school or work and return to the society.

In 2015, the Executive Yuan approved "the All-out Anti-Drug Mobilization Program" proposed by the Ministry of Justice. Since then, the Program has been followed as the government's top policy in cracking down on drug abuse. The Program sought to prohibit drug abuse in five aspects, including anti-drug monitoring, prevention of drug abuse, collaborated drug seizure, drug abuse



treatment, and expanding the functions of local Anti-Drug Centers. The objectives and implementation strategies are summarized as follows: (1) Anti-drug monitoring: In order to provide parents and teachers with monitoring methods, the government encourages private companies to apply for approval for the use of their drug screening reagents. (2) In the area of anti-drug prevention, in order to avoid drug abuse in high-risk groups, the Drug Addiction Checklist will be prepared for parent or teacher use. (3) In the area of collaborated drug seizure, the databases of drug abusers and small- and medium-sized drug dealers will be established by Taiwan High Prosecutors Office. (4) In the area of drug treatment, in order to enhance the effectiveness of addiction treatment, drug diversion assessment



tools will be established, and multiple drug rehabilitation programs will be promoted. (5) In order to enhance the functions of the local anti-drug centers, the focus will be on improving the case management system of the anti-drug centers, providing comprehensive drug addiction tracking and consultation services. It is expected that through the promotion of the "All-out Anti-Drug Mobilization Program" the strengths of the government and the community can be consolidated to enhance the effectiveness of the anti-drug effort⁵.

The characteristics of the anti-narcotics treatment of the Prosecutors Office are:

I. Naltrexone Antagonist Rehabilitation Plan⁶

Rehabilitation programs in Taiwan could be dated back to years ago. Prominent rehabilitation models in 1998 included medicine-based models practiced at Taipei Municipal Psychiatric Center, Caotun Center, Kaohsiung Mu-

nicipal Kai-Syuan Psychiatric Hospital, and Chi Mei Medical Center in Tainan, faith-based models at Operation Dawn and Agape House, and the models used at the Ming-de Rehabilitation Branch of Tainan Prison and by probation officers.

The difficulties in rehabilitation through probation treatment are readily identifiable and they are as followings: 1. There are over 10,000 substance abuse cases. 2. The geographical area involved is extensive. 3. Manpower is extremely inadequate. In light of this, in early 1995 the Ministry of Justice initiated the "Pilot Program for Assisted Probationer Rehabilitation Using Naltrexone Antagonist". After many repeated rounds of discussions starting from the initial planning, subsequent visits to specialized hospitals, to organizing relevant seminars, the program finally took form, and Taipei and Kaohsiung Prosecutors Offices were charged with cooperating with Taipei Municipal Psychiatric Center and Kaohsiung Municipal Kai-Syuan Psychiatric Hospital on the execution.

5. Antidrug Report published by Ministry of Justice, 2006.

6. This section is compiled from the "Commemorative Edition for the 10 Year Anniversary of the Taipei Honorary Probation Officers Association".

| Basic Info of Probationers | Experimental Group | Control Group |
|---|--|---|
| Number of convictions with sentence to imprisonment | 4.2 | 3.26 |
| Average Age | Overall Average: 41.71 Recidivists: 40.75 Non-recidivists: 42.36 | Overall Average: 38.79 Recidivists: 43.95 Non-recidivists: 36.45 |
| Frequency of counseling | Overall Average: 1.4/month Recidivists: 1.11/month Non-recidivists: 1.58/month | Overall Average: 0.92/month Recidivists: 0.69/month Non-recidivists: 1.01/month |
| Stability Analysis | Experimental group is significantly more unstable than the control group | |

Basic Information of Probationers on the Naltrexone Rehabilitation Program

Naltrexone is a synthetic drug and an effective opioid antagonist. In theory, it can be used in opioid rehabilitation because its mechanism helps block the function of opioid μ receptors. Moreover, oral Naltrexone can be absorbed well by the human body and has a long effective period; its half-life is roughly 4 hours and the half-life of 6- β -naltrexone, its active metabolite, is as long as 12 hours. These properties make it effective in theory in preventing the relapse of opioid addiction. When patients retake or re-inject opioids under the effect of Naltrexone, they will no longer feel the expected euphoria. In other words, the heroin is rendered ineffective and therefore its continued use may be prevented. The protective effect may last up to 72 hours. Long-term use does not cause resistance,

and there are no withdrawal symptoms when the use of Naltrexone is stopped, so Naltrexone abuse or addiction is not a problem.

Naltrexone does not have serious side effects on humans. It does not have any special effect on normal people. However, it triggers withdrawal symptoms in opioid-dependent users, so detoxification is necessary prior to its use. Regular liver function examinations are necessary since excessive dosage of Naltrexone may cause reversible changes to liver function indices. Accidental overdose of Naltrexone is non-life-threatening and can be treated with supportive therapy. In addition, during regular use it inhibits the effect of opioid painkillers (e.g. morphine) due to its mechanism as an opioid an-



tagonist.

The Ministry of Justice (“MOJ” hereafter) started collaborating with the Department of Health in January 1995 to help addicted probationers through the active implementation of the “Pilot Program for Assisted Probationer Rehabilitation Using Naltrexone Antagonist”. Guided by the MOJ policies, Taipei District Prosecutors Office held several briefings on Naltrexone beginning in March 1995. Our target audience included probationers from the Taipei, Banqiao and Shilin District Prosecutors Offices and their parents and relatives, and there were 1000 attendees in total. In the end, 89 volunteers who filled out the rehabilitation affidavit were accepted into the trial group, while our office arranged 60 subjects to be in the control group. In October of the same year, observation, blood testing and assessment began, and group counseling classes were held to encourage participation by addicted probationers.

The conclusion and recommendations for the pilot program are as follows:

1. This program is a precursor of probationer treatment by classification: in

professional probation work, the specialized treatment of drug addicts precedes probationer treatment by classification.

2. Clinical trial of Naltrexone has been completed in collaboration with this program; the accumulated experience is beneficial for continued future studies.

3. The success of future implementation of rehabilitation using Naltrexone hangs on NHI (National Health Insurance) reimbursement, as the associated costs are quite high.

4. Applicability of the Naltrexone model is limited to those with good liver functions; this limitation restricts its full-scale implementation.

5. The function and role of probation are completely lost without a buffer period for the urine testing of addicted probationers, which presents significant disadvantages to the development of professional probation work.

6. The participants of this program, the first of its kind in Taiwan, came from an excessive range, making it extremely difficult to manage and visit the probationers. In future implementation, a smaller range and lower number of participants for a

more refined model are recommended.

7. The implementation of this program has found the lack of therapeutic communities. Such a community (midway rehab center) would certainly be beneficial to the enhancement of overall rehabilitation functions.

8. Naltrexone can successfully help probationers who meet the requirements rehabilitate: at the end of Stage 2 of this program, ten probationers who had been in unstable conditions clearly reached stability credited to the use of Naltrexone.

9. The program help the probationers behave in a more mature way: another 10 probationers had already been in stable conditions and became more so after participating in this program, and they demonstrated more mature behaviors.

10. Probationers were motivated to become better persons: among the remaining 40 probationers who were assessed as unstable, some were not

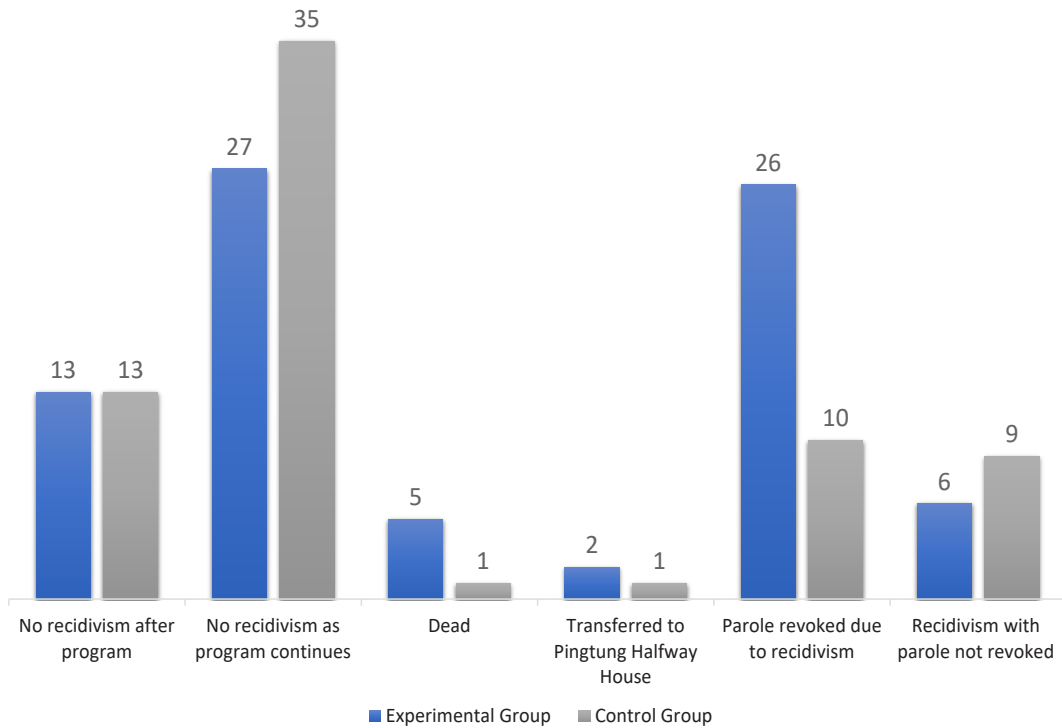
suitable for the use of Naltrexone due to physical reasons and some had mental barriers out of fear. However, all demonstrated the motivation and action to actively rehabilitate, and staff are continuing with their observation and guidance.

11. A door has been opened to close cooperation between judicial and medical institutions: collaboration and cooperation are admirable values that have been fully inspired in both sides thanks to this program, forming the foundation to further future cooperation.

II.Trial Implementation Plan of the Drug Harm Reduction Program⁷

The initial harm reduction phase is targeted at drug addicts of category 1 drugs - heroin, because this type of subjects tends to share needles or needle cleaning solution with a number of people or repeat the use of one needle while taking drugs, which results in AIDS or hepatitis patients infecting other people through this channel and

7.Authored by Probation officer Ke Jia-Hui.



Follow-up Analysis on Probationers in the Naltrexone Rehabilitation Program after 2 Years

leading to the explosive growth in the number of AIDS patients within a short period of time. The Prosecutors Office has implemented the trial implementation plan of “Taiwan Taipei District Court Prosecutors Office Harm Reduction Program” during the year of 2006 to 2009, of which the subject of implementation, the content and the results of implementation are described as follows:

1. The Subjects of Implementation

Due to the highly addictive nature of the category 1 drugs- heroin, the psychological addiction is particularly difficult to quit in addition to physical addiction, making the drug addiction recurrence rate higher than other categories of drugs. The alternative therapy used for the harm reduction of drugs is the replacement of known



Administering alternative therapy drug



Dispensing alternative therapy drug

riskier intravenous drug injection methods with less harmful oral medication alternatives coupled with follow-up counseling, education and referral rehabilitation. In addition to changing the drug injection behavior of the drug addicts, the intention is to provide drug addicts with continuous educational consultation, relevant assistance in the required physical, psychological, social supporting system, complete and sustained professional services to help them maintain a normal life instead of a day-to-day drug-seeking criminal life. This plan will give them a chance to get stable jobs, and return to society which

further help them quit drug addiction and starting a new life⁸. The subjects considered by the Prosecutors Office's Harm Reduction Program for category 1 drugs shall meet the following criteria:

- (1) A person with previous drug conviction who failed the rehabilitating observation or restriction enforcement and is a heroin offender at least two times.
- (2) A person diagnosed by a psychiatrist confirming that the patient is indeed a severe drug addict with long-term drug use who cannot be prevented from repeated drug abuse without

8. Antidrug Report published by Ministry of Justice, 2007.



臺北地檢署毒品減害替代療法適用對象簡易檢測表

前來詢問的民眾或是家人朋友(包括自己)是否符合臺北地檢署毒品減害替代療法的資格? 想來自首進入替代療法, 卻又擔心因資格不符反而直接送觀察勒戒?

讓我們一起跟著以下的問題走一回, 你就可以知道自己是符合基本條件囉!

| | 是 | 否 |
|---|--------------------------|--------------------------|
| 1、年滿20歲(18歲至20歲之人, 須得法定代理人同意)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2、最近五年內曾因施用毒品案件送觀察勒戒或強制戒治(或因施用毒品罪經判刑執行完畢)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3、目前是否有其他案件在偵查或審理中..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4、目前是否有因案判決確定等待執行..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5、是否有嚴重的精神病症..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6、是否有因病最近必須住院治療的事實..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7、二年內是否有出國工作或留學的計畫..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8、二年內是否有服役的問題..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9、我了解, 不論是自首或被警方移送, 開庭時同意參加替代療法, 但沒有通過醫院評估, 還是要依法偵辦..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10、我了解, 臺北地檢署的替代療法是一種司法程序, 用緩起訴方式來執行。我必須繳交緩起訴處分金..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11、我能夠在緩起訴履行期間, 每天到指定醫院服用美沙酮, 並依醫師之指示做心理治療, 及向觀護人報到並接受採尿..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12、我有意志力, 在二年的緩起訴期間, 能夠替代成功, 遠離海洛因..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13、我願意接受採尿..... | <input type="checkbox"/> | <input type="checkbox"/> |

簽名: _____ 年 月 日

臺灣臺北地方法院檢察署毒品減害計畫轉介單 (第 聯)

| | |
|--|------------------------------|
| 轉介單位: 臺灣臺北地方法院檢察署 聯絡人: 專案管理員 電話: 2314****轉分機 8*** 傳真: 2381**** | 轉介日期: 年 月 日 |
| 受轉介單位名稱: 臺北市聯合醫院昆明院區 (藥癮治療門診) 電話: 23703*** 地址: 臺北市昆明街100號 | |
| 偵查資料: _____ 案號: _____ 年 警偵字第 _____ 號 股 | |
| 姓名: _____ 國民身分證統一編號: _____ 生日: 年 月 日 | 照片黏貼處 (黏貼與新身分證相同之二吋、彩色照片) |
| 聯絡電話: (家) _____ (手機) _____ 通訊住址: _____ | |
| (聯絡方式): _____ 轉介人告知個案, 請備案於 年 月 日 星期 _____, <input type="checkbox"/> 上午 09 時 00 分 <input type="checkbox"/> 下午 14 時 00 分 自行 持本轉介單、身分證、健保卡至臺北市聯合醫院昆明院區「藥癮治療門診」掛號接受毒品減害計畫評估。 | |
| 事由: 請區內執行協助毒品減害計畫評估。 | |

註 1: 本單計三聯。第一聯由個案自行持往醫療院所; 第二聯由專案管理員連同個案資料傳送醫療院所; 第三聯由專案管理員附卷退取。
 註 2: 身分證及健保卡影本附卷。

the administration of alternative therapy.

(3) A person whose residency is within the jurisdiction of the Prosecutors Office.

(4) Those who are 18 years of age or older and have sufficient capacity to understand the contents of the program. Those who are 18 to 20 years of age are subject to the consent of the legal representatives.

(5) Shall be in accordance with Article 253(1) of the Criminal Procedure Law.

In addition to the implementation of harm reduction on the category 1 drugs- heroin cases, the Prosecutors Office, the first prosecution body in the country that coordinated with health care units in implementing drug addiction treatment program for category 2 drugs, also implemented a pilot drug addiction treatment program for category 2 drugs to be in line with the Government's new anti-drug "Reduce Demand, Cut Off Supply" strategy and to effectively reduce the existing population using category 2 drugs. Medical treatments were applied to stop the

craving and dependence on category 2 drugs, thus preventing crimes arising from the need to raise money for the purchase of category 2 drugs, and rebuilding category 2 drugs addicts' ability to return to a healthy society. In order to be admitted to the category 2 drugs addiction treatment program, the subjects must meet the following criteria:

- A. Simple case of first time category 2 drugs offense.
- B. Those who are 18 years of age or older and have sufficient capacity to understand the contents of the program. Those who are 18 to 20 years of age are subject to the consent of their legal representatives.
- C. Those who understand the contents of the drug addiction treatment and agree to participate in the treatment.
- D. Those who are capable of showing up in person regularly as scheduled to receive treatment and counseling.

2. The Contents of Implementation

The Harm Reduction Program for Drugs is divided into three main stages, namely, the first lodge stage, the implementation stage and the tracking

stage. The relevant implementation procedures and contents are as follows:

(1) The lodged stage:

A. During interrogation, for the defendant who meets the inclusive criteria, ask the defendant's willingness to receive deferred prosecution while informing him/her, in detail, the matters to observe, the alternative therapy and the designated donation, and order him/her to attend the briefing within specified period of time.

B. Organize 1 to 2 briefings per month on a regular basis to describe the contents of the program, method of implementation, introduction of medication and relevant legal responsibilities and effects, while confirming the motives and willingness of the participants.

C. Confirm the defendant's willingness to accept the referral assessment, issue the referral form, and order the defendant to report to the designated hospital outpatient department for the assessment. The designated hospital will perform initial diagnostic assessment on the defendant upon receiving the referral assessment form from the Prosecutors Office, and report the



assessment on the defendant to the Prosecutors Office within a specified period of time. Defendants who fit the first lodge criteria will be assigned a drug to administer.

D. Notify the designated hospital to perform the assessment.

E. The defendant that meets the criteria of the hospital assessment will be asked for his/her willingness to accept the deferred prosecution. The defendant shall sign an affidavit consenting to deferred prosecution and be ordered to fulfill and comply with the requirements (to participate in the harm reduction alternative therapy and report to the probation officer) within a certain period of time. Donation to the program is required in accordance with the actual circumstances of the defendant.

(2) The implementation phase:

A. Designate the medical institution for the defendants to receive treatments (including psychotherapy).

B. Monitor and record the implementation status of the defendants.

C. The defendants shall report to the Prosecutors Office on a monthly basis

to receive a total of 12 group psychotherapy courses, and send urine samples for testing from time to time.

D. The deferred prosecution shall be revoked if the defendants has violated provisions of the deferred prosecution or failed to perform orders of the deferred prosecution or committed a repeat offense.

The hospitals designated to perform the implementation of this stage were required to provide the following services in 2007:

A. Medication in line with the alternative therapy treatment.

B. The hospital would conduct the first assessment on the defendants at the 9th week to decide whether the physical addiction treatment could be terminated, and then conduct assessment every 12 weeks, but the treatment course shall not exceed 1 year.

C. The hospital shall report to the probation officer weekly regarding the defendant's compliance. If the defendant failed to attend for more than three times without reason, the hospital shall inform the probation officer to carry out the necessary processes.

D. The defendants shall go to the hospital on time to take medications. If the defendants fails to show up (without reason) or does not cooperate, the hospital will inform the probation officer with evidence and the deferred prosecution will be revoked.

Contents of the aforementioned services had been expanded in 2009 as described below:

A. Description of the medical treatments.

B. Inspection and test on the defendant of the referral treatment.

C. Conduct drug therapy, psychotherapy, social rehabilitation therapy and efficacy evaluation.

D. Employment services for the defendant of the referral treatment.

E. Send the inspection results or diagnostic certificate of the completed drug addiction treatment to the Prosecutors Office.

F. Any termination of treatment shall be reported to the Prosecutors Office immediately.

(3) The tracking stage

A. The defendant is deemed to have

completed the deferred prosecution order after completing the course of treatment with the probation officer's counseling and the irregularly scheduled urine tests.

B. Observe and track during the remaining period of the deferred prosecution to see whether the defendant re-use drugs or commit crime again.

C. The drug addiction treatment is deemed completed when the hospital designated for the implementation believes that the defendant no longer needs to receive the alternative therapy. The results should be recorded by the doctor and reported to the Prosecutors Office.

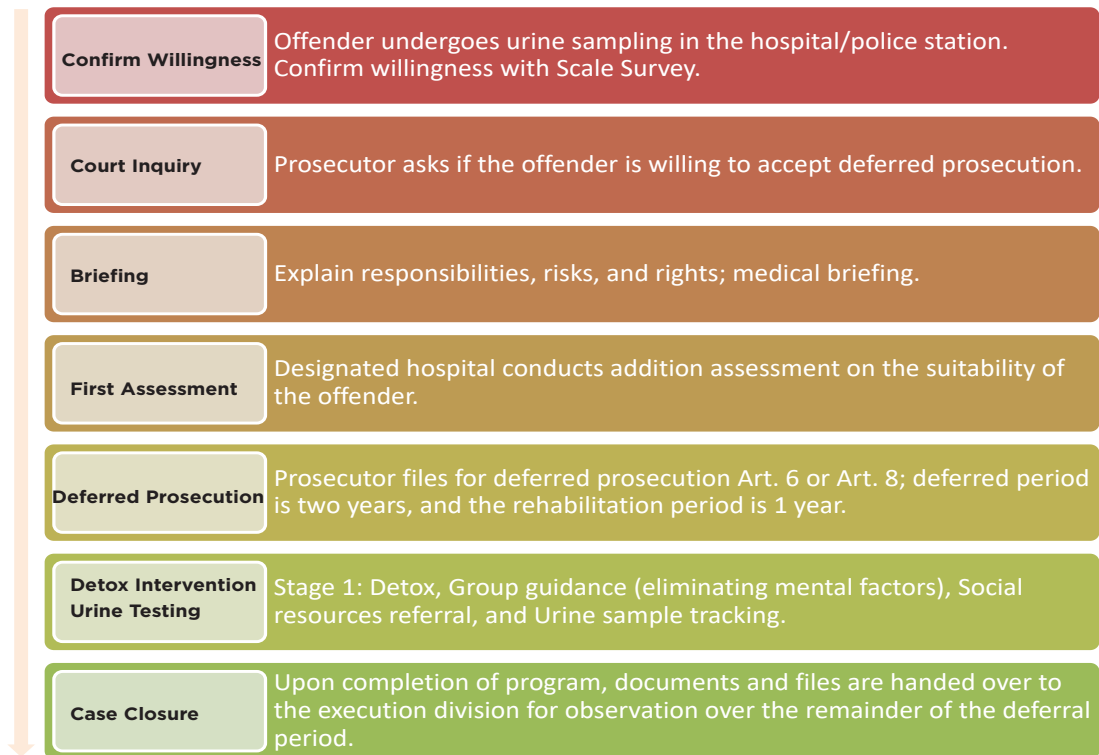
During the year of 2007 to 2009, the number of participants in the drug addiction treatment harm reduction program of the Prosecutors Office reached 375.

III. Deferred prosecution drug addiction treatment⁹

1. The origin:

In order to effectively help the drug addicts to stay away from drugs, re-

9. Authored by Probation officer Shi Jia-Gui.



duce the prison population and prevent the spread of AIDS, our government had amended Article 253-1 and 253-2 of The Code of Criminal Procedure in February 2002 to provide the prosecutor with the authority to grant deferred prosecution by requesting the drug addicts to receive drug addiction treatment and to prevent the source of repeated offense.

In addition, Article 24 of the Narcotics Hazard Prevention Act was amended in 2008 to strengthen the legality of the

deferred prosecution process of drug addiction treatment. At this point, the drug addicts were turned to the medical system seeking medical treatment, physical and mental rehabilitation and social resettlement and other diversified treatments.

In response to the change in the government’s drug criminal policy, and the Implementation Plan of the Harm Reduction Program for Drugs, the Prosecutors Office issued the “Drug Addiction Treatment Practice Key Points

of Taiwan Taipei District Prosecutors Office” in 2009. Thus, the Office actively helps the drug addicts through deferred prosecution and drug addiction treatment to return to normal life, and to reduce other types of offenses arising from drug addiction.

2. Planning objectives:

To handle the matters relating to the “Drug Addiction Treatment Implementation Measures and Treatment Completion Criteria, and to comply with the Government’s new anti-drug strategy of “Reduce Demand; Cutoff Supply”, a “Three-Level Prevention Model for Public Health” was adopted. The model aims to effectively reduce the existing drug-using population, to prevent drug users from AIDS infection, and to reduce social security criminal cases arising from raising money for the purchase of drugs. Furthermore, medical practices were used to help drug addicts in rehabilitation, thus reducing social security hazards arising from drug addicts’ demand in buying and using drugs and rebuilding drug addicts’ ability to return to a healthy society.

3. Applicable subjects:



(1) Those who use the category 1 drugs - heroin, morphine, opium and products related to the aforementioned drugs and the category 2 drugs (including first offenders and recidivists).

(2) Those who are 18 years of age or above. Those who are under 20 years of age are subject to the consent of the legal representatives.

(3) Those who understand the contents of the drug addiction treatment and agree to participate in the drug addiction treatment.

(4) Those who are capable of showing up in person regularly as scheduled to receive treatment and counseling.

4. Cooperating units:



In view of the complexity of the drug users' drug addiction issues and that their original social networks and family relationships are no longer sound, there is an urgent demand for a professional team to provide individual consultation, supporting companionship, AIDS prevention and health educational promotion, AIDS screening, employment referral and other counseling, in order to deepen the effectiveness of psychological counseling to assist in successful rehabilitation, coupled with strengthening external monitoring measures by urine test to prevent repeated offense.

As a result, the Drug Addiction Treatment Team of the Prosecutors Office had coordinated with the Taipei Honorary Probation Officers Association, Taipei City Drug Abuse Prevention Center, New Taipei City Drug Abuse Prevention Center, the entrusted treatment institutions (Song De Branch and Kun Ming Branch of Taipei City Hospital), Northern District Vocational Training Center of the Council of Labors Affairs (CLA) of the Executive Yuan, and the Employment Service Centers under the jurisdiction of the Bureau of Vocational Training of CLA to provide all kinds of

assistance to ensure that the drug users can stabilize, adapt and return to a normal life.

5. Description of job division of the Prosecutors Office's Drug Addiction Treatment Team.

(1) Prosecutors Office:

- A. Selection of cases suitable for drug addiction treatment.
- B. Inform the defendant of the legal requirements and matters to be observed.
- C. Referral treatment services.
- D. Deferred prosecution of the chosen cases.
- E. Follow-up counseling after deferred prosecution.

(2) Taipei Honorary Probation Officers Association:

- A. Assist in the defendant's follow-up counseling after deferred prosecution.
- B. Supporting companionship

(3) The entrusted treatment institutions:

- A. Explanation of the medical treatments
- B. Inspection and testing of the defendant of the referral treatment.

C. Conduct drug therapy, psychotherapy, social rehabilitation therapy and efficacy evaluation.

D. Send the inspection results or diagnostic certificate of the completed drug addiction treatment to the Prosecutors Office.

E. Report to the Prosecutors Office any termination of treatment immediately.

(4) Taipei City Drug Abuse Prevention Center and New Taipei City Drug Abuse Prevention Center.

A. Provide promotion of drug addiction treatment

B. Coordinate supervision of the treatment institutions

C. Follow-up counseling and employment assistance for the defendant under referral treatment.

(5) Northern District Vocational Training Center of the Council of Labor Affairs of the Executive Yuan, and the Employment Service Centers under the jurisdiction of the Vocational Training Bureau(CLA).

A. Provide vocational training

B. Provide employment counseling

(6) Implementation process of drug

addiction treatment:

A. Treatment process: Prior to the deferred prosecution, the prosecutor shall obtain the defendant's consent to participate in the drug addiction treatment, inform him/her the matters to observe after completing the drug addiction treatment, and instruct him/her to go to the treatment institution to participate in drug addiction treatment. Defendants under 20 years of age need the consent of the legal representatives. Prior to the treatment, those who receive drug addiction treatment shall be assessed by the treatment institution and undergo relevant physical function tests to confirm that the defendant is suitable for participation in the drug addiction treatment.

B. Treatment period: The duration of drug addiction treatment shall be limited to one year.

C. Matters to be observed: The defendant shall observe the following matters if the prosecutor ordered the completion of drug addiction treatment for the deferred prosecution in accordance with Article 24 (1) of the Narcotics Hazard Prevention Act and Article 253(1.1),



Article 253-2 of The Code of Criminal Procedure:

(a) Go to the designated treatment institution to receive drug addiction treatment until the completion of the drug addiction treatment.

(b) Comply with the date designated by the treatment institution and go to receive medication treatment, psychotherapy or social rehabilitation treatment.

(c) Other matters, which shall be observed or performed, required by the prosecutor in accordance with Article 253(2.1) of The Code of Criminal Procedure.

D. Drug addiction treatment completion criteria: after the defendant has completed the one-year medical treatment coupled with the Prosecutors Office's follow-up counseling and irregularly scheduled urine test, the treatment institution shall certify the completion of drug addiction treatment in accordance with the provisions stipulated in Article 9 of the "Drug Addiction Treatment Implementation Measures and Treatment Completion Criteria". For those who completed the drug addiction

treatment, the probation officer shall proceed with the observation of the necessary order for the prevention of recidivism, to ascertain whether or not the defendant is using the drugs again or if there is other offense; if the defendant failed to complete the drug addiction treatment, the prosecutor shall revoke the deferred prosecution.

E. The principle of user charge means the expenses shall be borne by the person who received the drug addiction treatment.

F. Conclusion:

The deferred prosecution system puts the patients who are supposed to enter legal trial proceedings and to serve prison sentences into the community treatment instead, which is economically beneficial in terms of litigation while being able to enhance the self-supervision ability of the drug users through the implementation of drug addiction treatment. The drug users can avoid criminal sentences while achieving the objective of rehabilitation, making it a win-win situation for the government, the society and the drug users.

IV. Anonymous chat sessions of the drug addiction defendants and mindfulness-based stress reduction classes¹⁰

1. Anonymous Chat Sessions

In 2014, Prosecutor Lin Da was the enforcement prosecutor of the Prosecutors Office. Prosecutor Lin Da was known for his outstanding anti-narcotics performance. After he was transferred to the Enforcement Section, in order to understand the reasons behind failure of the drug users' rehabilitation and the revoke of deferred prosecutions, he seriously conducted in-depth interviews with tens of defendants under deferred prosecution drug addiction treatment and even accessed over a thousand deferred prosecution drug addiction treatment cases, in order to strengthen the rehabilitation treatment. In addition to the drug addiction treatment of the time, he referred to the practices of the "Alcoholics Anonymous (A.A.)" and "Narcotics Anonymous (N.A.)" in the United States which have been around for years, and

proposed the "Anonymous Chat Sessions" program for rehabilitation. With the support of the honorary probation officer, Hua Lin, of the Prosecutors Office. Prosecutor Lin Da invited 8 rehabilitating drug addicts to meet in the basement of Libero Coffee in Taipei on July 18, 2014, and attend the first Anonymous Chat Session for rehabilitation hosted by Hua Lin. After several trials and adjustments, the Prosecutors Office had coordinated with Taipei Honorary Probation Officers Association and New Taipei City Good Neighborhood Association to formulate the "Anonymous Chat Session Plan for Drug Addiction Treatment". By inviting the rehabilitating defendants to participate in the non-official sharing meeting based on mutual respect and psychotherapy, the rehabilitating drug addicts can share their rehabilitation experiences and offer mutual encouragement. The drug addiction treatment of deferred prosecution assisted by psychological counseling and the group counseling approach is expected to increase the effectiveness of rehabilitation.

10. Authored by Probation officer Shen Ya-Jing.



18 Jul., 2014, First anonymous meeting



18 May, 2016, Holistic Detox Association

Members of the Anonymous Chat Session include (1) Moderators (i.e. the teachers): honorary probation officers and counseling psychologists, or certified lecturers recommended by the Wise Beam International Association. Each period of total 8 group chat sessions was hosted by one moderator leading the entire period. The moderators all had sufficient group chat ability and relevant background knowledge of drugs and drug addicts to effectively guide the drug addicts through effective rehabilitation. (2) Counselors: There would be one team counselor assigned to each session, who should have psychological counseling, spiritual guidance, and family consultation abilities, to assist the moderator in assessing and recording the status of each defendant. After the third chat session of each period, the counselor would

assess and arrange each defendant to carry out family consultation in order to assist each defendant in repairing their relationship with family members and enhancing family support. (3) Major Sharers: The leading sharers on scene shall be experienced drug addicts who are enthusiastic and capable of sharing their experiences and carrying out conversations. The candidates shall be those recommended by the Probation Office of the Prosecutors Office. After the prosecutor has confirmed and included them in the list, the moderator of each period may select individuals from the list and invite them to attend. At least 2 major sharers shall participate and share in each session to enhance the atmosphere. (4) Sharers: The defendants who participate or share, who are recommended by the probation officer of the Prosecutors Office,

are mainly the ones involved in drug cases and under custody of the Prosecutors Office, and have obtained the Enforcement Prosecutor's approval to attend. It is recommended that the total number of attendees per session shall not be more than seven. (5) Basically, the above-mentioned major sharer and the sharers shall be of the same gender and distinguished by the type of drugs.

There were a total of four Anonymous Chat Sessions held in 2015 with 44 applicants in total, where 27 of them completed the classes and the average degree of student satisfaction was 92.2%.

2. Mindfulness-based stress reduction classes

In addition to the anonymous discussions mentioned above, Prosecutor Lin Da also presented more rehabilitation options to our office by introducing the application of meditation and mindfulness predicated on his own decades of experience in meditation. Thanks to the efforts of the Holistic Detox Association and Taipei Honorary Proba-

tion Officers Association and with the "mindfulness-based stress reduction" program (MBSR) founded by Professor Dr. Jon Kabat-Zinn from the U.S.A. as a reference, a pilot initiative was launched in 2015. Five meditation instructors equipped with professional knowledge of drug rehabilitation, including Hua Lin, Kang Hui-Zhen and Cai Bing-Xian, received training in delivering the MBSR course. They lead addicted participants in meditation and teach them to enhance their concentration and resolution. By relaxing their cranial nerves and detoxing their bodies, the participants are also able to improve their mental and physical wellbeing and free themselves from the control of drug and addiction. With continued practice, they are able to enact positive influence on the structural and functional properties of the brain, ultimately reaching the goal of detoxification and rehabilitation.

Participants in the MBSR are primarily Category 2 drug users with deferred prosecution who are referred by our office. There are 8 two-hour, biweekly classes in one semester. Each class



comprises a lecture and a practice component. The goal of strengthening personal resolution is supplemented with mindfulness meditation aimed at achieving mental and physical detoxification and clarity. Participants are trained to persevere in their practice after they return home. They get a boost in confidence and effectiveness in their ability to detoxify, ultimately achieving a lifestyle where they can independently break free from the shackles of substance abuse without any external coercing or persuasion.

In 2015, 260 persons applied and 172 completed the course (66%). The average satisfaction rate of the participants was 92.4%.

To cut down on costs, the anonymous discussions and the MBSR course were merged in 2016. Participants received more comprehensive treatment through mindfulness practice, guidance on rehabilitation knowledge, and experience sharing. Guidance was provided to supplement rehabilitation treatment

as part of deferred prosecution penalties, and Category 2 drug offenders with deferred prosecution received help to improve their control over their addiction. In 2016, 390 persons applied and 239 completed the MBSR course. The average satisfaction rate of the participants was 94.2%.

In addition, the effectiveness of the MBSR course in Category 2 drug rehabilitation is presented in the “Study on the effectiveness of meditation practice in enhancing the suppression of drug addiction impulse”¹¹ (Deng Shan-Juan et al., 2017) by the Holistic Detox Association. The 29 subjects in the study received deferred prosecution for drug abuse and attended 6 holistic recovery classes where they practiced meditation. The participants were divided into one group with a short-term history of substance abuse and the other with long-term, based on the median of substance abuse durations (4 years). The assessment is divided into three stages totaling 30 minutes. They include the

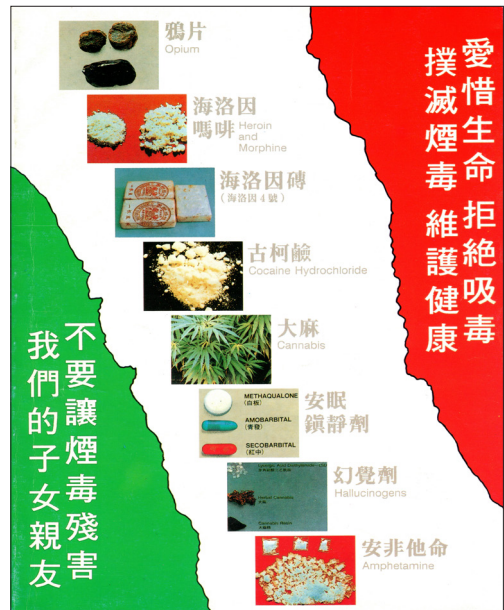
11. The authors of the study are Deng Shan-Juan, Kang Hui-Zhen and Li Xin-Yi .

following: (1) Pre-assessment: participants engaged in “sustained attention to response task” (or SART, Robertson et al., 2007) to measure the effect of impulse suppression; the duration was roughly 5 minutes. (2) Meditation period: under the guidance of professional instructors, participants started with 5 minutes of moving meditation, followed by 15 minutes of static meditation while

concentrating on their breathing. (3) Post-assessment: same as pre-assessment, with the same duration. The results show the following: 1. After a brief meditation practice, there is significant improvement in impulse suppression in the short-term group. 2. The duration of substance abuse may be a key factor in the effectiveness of mindfulness practice.



High School Group No. 1 Ji Jia-Hui of Crime Prevention Comics competition in 2015



Commemorative Edition of Honorary Probation Officer Association in 1993