



Alcohol Addiction Treatment for Drunk Driving Public Safety Offenders

Shen Pin-Hsuan, Huang Ching-Hui

I. The “deferred prosecution alcohol treatment program for the drunk driving defendants” and the press conference for the new cooperative alcohol treatment model “no drunk driving, no mixing alcohol and driving again.”

II. Taiwan Taipei Prison alcohol abstinence classes

III. The “2017 Technology Program of the Ministry of Justice” – develop and establish mobile technology support system to prevent repeated drunk driving offenses

According to the letter No. “10304530260” issued by the Ministry of Justice on September 16, 2014, prosecutors are instructed to utilize condi-

tional deferred prosecution agreement in handling drunk driving public safety cases by requesting the defendants to receive alcohol addiction treatment.

Chief Prosecutor, Chih-Yu Yang, thus immediately instructed the Probation Office to start planning for the “deferred prosecution alcohol treatment program for the drunk driving defendants.”

After the Department of Health, Taipei City Government assisted in inviting alcohol intervention organizations to join the briefing session, the Prosecutors Office immediately proposed the alcohol treatment cooperation program with Taipei City Hospital, Songde Branch and was authorized on December 22, 2014 by the Head Prosecutors Conference of the Prosecutors Office to implement the program. However, the number of prosecutor referral cases at the initial stage of the program was scarce. Chief Prosecutor, Pi-Yu Tsai, thus instructed to work out an improvement action. On July 14, 2016, the Head Prosecutors Conference passed the “Pilot procedures for deferred prosecution alcohol addiction treatment in public safety cases” which stipulated that Head Prosecutors shall take turns in handling repeated drunk driving cases and choose one case every month to

refer a defendant who has a willingness to receive treatment to the deferred prosecution agreement with alcohol treatment. Through these positive actions, the number of deferred prosecution alcohol treatment cases for drunk driving of the Prosecutors Office had increased significantly.

I.The “deferred prosecution alcohol treatment program for the drunk driving defendants” and the press conference for the new cooperative alcohol treatment model “No drunk driving, no mixing alcohol and driving again.”¹

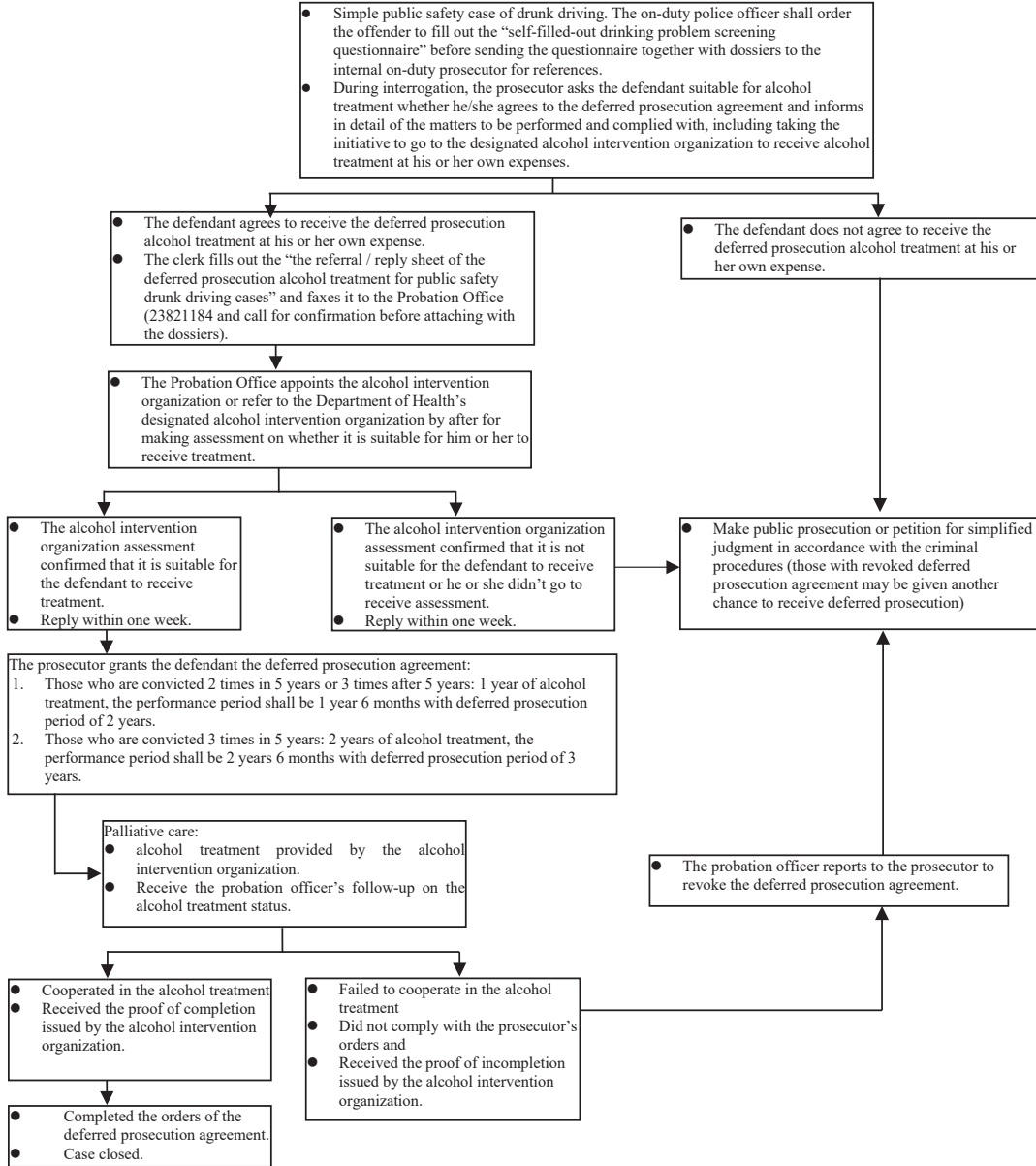
1. The “deferred prosecution alcohol treatment program for the drunk driving defendants”

The statistics of the Ministry of Justice showed that the percentage of the incarceration population in each detention center under the jurisdiction of each correctional facility of the Ministry of Justice is on the rise every year. The number of inmates due to alcohol abuse and addiction (especially referring to the repeated drunk driv-

1.Authored by Probation Officer Huang Ching-Hui.



Flow Chart of The Deferred Prosecution Alcohol Treatment Program for Drunk Driving Public Safety Cases Conducted by Taipei District Prosecutors Office



ing offenses) also increases over time. However, comparing with other major criminal offenses, the repeated drunk driving offenses are of minor offenses. Moreover, the corrective and preventive issues for the repeated drunk driving offenses involved both physiological and psychological levels, and, from the perspective of criminal policy, many experts also considered that the repeated drunk driving offenses cannot be resolved by simple imprisonment. Therefore, if other community treatments can be used to correct drunk driving offenses, it will help alleviate the problem of excessive incarceration population that the correctional facilities are currently facing.

In conjunction with the Addiction Intervention Center of Songde Branch of Taipei City Hospital, the Prosecutors Office had formulated and implemented the “Deferred prosecution alcohol treatment program for the public safety cases of drunk driving” in 2014. The main content is to utilize the deferred prosecution agreement of the prosecutor by ordering the drunk driving defendants who are convicted again or three times in five years, or convicted

the third time after five years to receive an alcohol treatment for at least one year at their own expense. This is in order to achieve the objectives of correcting and preventing repeated offenses through medical intervention and the follow-up of the probation officer.

The inclusive criteria of the alcohol treatment implemented by the program are mainly focused on those who: (1) offenses against public safety because of drunk driving had been convicted less than three times; (2) have alcohol addiction or alcoholism tendencies; (3) are more appropriate for the deferred prosecution due to age, identity or financial situation, but inadequate if only the rule of law and life education courses are implemented; (4) pleaded guilty to drunk driving, understood contents of the alcohol treatment and consented to participate in the alcohol treatment at their own expense; (5) are able to arrive on time regularly to receive treatment and counseling. The content and conditions of the alcohol addiction treatment are mainly divided into two parts: the completion of a one-year alcohol addiction treatment at the



hospital and the compliance with the prosecutor’s order. The implementation and contents of the alcohol addiction treatment at the hospital includes the design of the alcohol hazard and health education courses, the use of questionnaire, the learning of alcohol abuse and alcohol dependence through CAGE Questionnaire, and the understanding of the effect on emotions, cognition, sleep, behavioral control, family, social, work, accidental injury, common lesions or sequelae in various organs in the body due to chronic alcohol intake. In addition, for the defendants who had already reached the level of alcohol dependence (alcohol addiction), professional medical assistance would be provided. The compliance with the prosecutor’s order include payment of the deferred prosecution agreement fees, writing letter of repentance, attending legal rules and life education courses, conducting regular interviews at the Probation Office, cooperating in completing the urine tests, etc., during a period of 1-3 years.

2. The medical intervention program for the drunk driving defendants of Taipei City and the press conference for

the new cooperative alcohol treatment model “No drunk driving, no mixing alcohol and driving again”

According to foreign researches (currently, there are no relevant domestic information), the prevalence rate of alcohol addiction in drunk driving cases is about 30 percent. Not all drunk driving defendants are alcoholic addicted. Most drunk driving defendants started as problem drinker. Therefore, early intervention with problem drinkers among the drunk driving defendants can effectively prevent this type of defendants from becoming alcoholics and indirectly reduce the harm done by the



5 Jan., 2017, the Mayor Ke of Taipei City Government and Chief Prosecutor Hsing of TDPO signed the Cooperation Memorandum



Video of the press conference for the new cooperative alcohol treatment model “No drunk driving, no mixing alcohol and driving again.”



Source: Apple Daily / Apple LIVE
<https://www.youtube.com/watch?v=nULHGyRjiOI>

defendant from hazard and relevant potentially dangerous behavior caused by alcohol (such as drunk driving, fainting on the road, violence, etc.). For the public safety offenses from drunk driving, the Prosecutors Office has been involved in a cross-unit cooperation with Songde Branch of Taipei City Hospital, Taiwan Taipei Prison (an affiliated organization of Agency of Corrections, Min-

istry of Justice) and Taiwan After-Care Association Taipei Branch to conduct medical intervention mode in administering alcohol treatment in order to prevent repeated drunk driving offenses.

Chief Prosecutorl Hsing of the Prosecutors Office, after assuming office, paid great attention to the prevention of



repeated drunk driving offenses, drug crimes in schools, medical violence prevention and medical dispute mediation issues. After forming the Cooperation Memorandum with the Department of Health, the Department of Social Affairs, the Taipei City Police Department and the Department of Education of Taipei City, a press conference “Refuse alcohol poisoning; Care about medical violence” was held at 2pm on Thursday, January 5, 2017. Taipei City Mayor Ke, and relevant bureau chiefs were invited to the press conference. Chief Prosecutor, Tai-Chao Hsing of the Prosecutors Office led the head prosecutors to join with the municipal government in the signing of the Cooperation Memorandum, declaring “Refuse alcohol poisoning; Care about medical violence.”

This memorandum of cooperation is intended to achieve the following objectives with the Department of Health and the Department of Social Affairs working together to deal with drunk driving: (1) conduct local studies on drunk driving defendants, which includes demographic factors, the severity of alcohol addiction and the assessment on future medical needs; (2)

consolidate all existing information in the legal system to analyze the drinking behavior variables and patterns; (3) conduct short-term intervention mode of treatment on the drunk driving defendants coupled with alcohol treatment to enhance the effectiveness of prevention of repeated offenses; (4) assign professional addiction treatment organization to conduct treatment and follow-up on the drunk driving defendants with severe alcohol addiction issues. Compare the results with those of untreated patients, and share these results with other corrective organizations for policy making; (5) enhance and strengthen the professional quality and the skills in resource utilization of the case manager.

The referral subjects: those simple deferred drunk driving prosecution defendants referred by Taipei District Prosecutors Office and those third-time offenders granted by the prosecutor to pay fine or serve in community services are subject to alcohol treatment by Songde Branch of Taipei City Hospital. The number of persons served is estimated to be approximately 10-20 persons per month, 120-200

persons per year. Each person is subject to six months to one year follow up assessments (approximately 14 times), total 1,680-2,800 times.

In addition, Songde Branch Hospital is responsible for designing the Brief Intervention Workbook to provide relevant information to the Honorary Probation Officers of the Prosecutors Office and the After-Care Counselors of Taiwan After-Care Association Taipei branch. The Brief Intervention Workbook is used in educational training courses to assist the drunk driving offenders receiving the alcohol treatment to resolve relevant drinking issues, promote self-awareness, and enhance motivation of alcohol abstinence. Songde Branch Hospital also cooperates in handling rules of law education and alcohol hazard health education and other relevant courses for the deferred drunk driving prosecution defendants.

The number of drunk driving defendants who received treatment since the

implementation until October 2017 are 249 persons. And the alcohol hazard health education courses were held 18 times since January 2016 with the number of beneficiaries reaching 3600 persons.

II.Taiwan Taipei Prison alcohol abstinence classes²

Drunk driving has become the primary cause of traffic accidents in our country. According to the statistics of the National Police Agency, Ministry of the Interior, the police had caught 107,372 cases of drunk driving in 2015, of which 65,449 cases were brought to justice; in 2016, the police had caught 104,756 cases of drunk driving, of which 62,959 cases³ were brought to justice.³ The number of drunk driving is more than 300 per day. However, total number of persons injured in drunk driving during the period of January to November 2016 was 5,879 persons and the death toll of drunk driving of 2016 was 102

2.The 2016 Summary Report of Treatment of Drunk Driving Inmates of Taipei Prison of the Bureau of Correction.

3.Source of information: Global Information Network of Police Bureau of Ministry of Internal Affairs <https://www.npa.gov.tw/NPAGip/wSite/lp?ctNode=12743&CtUnit=2542&BaseDSD=7>.



persons⁴.

During the 6th Law and Order Conference of the Executive Yuan in 2016, the current status and effectiveness of drunk driving prevention was one of the issues addressed. Premier Chuan Lin expressed the hope that the ministries would take the initiative to think about the cause of the problems and solve them from the source, which is what the Law and Order Conference is meant for. He further addresses that the means of solving the problems lie on attitude and hopes that the ministries would actively deal with the problems and find effective solutions.

The problem of drunk driving incidents has become an important public safety issue. The civilian casualties caused by drunk driving incidents is a national and social crisis. The administrative, judicial and legislative systems must cooperate on a full-scale to prevent tragedies of drunk driving incidents.

The Prosecutors Office has cooper-

ated with Taipei Prison and Taiwan After-Care Association Taipei Branch in establishing the Taipei Prison Alcohol Abstinence Class and summed up the “Alcohol Abstinence Class inmate treatment program” based on current situation of the drunk driving inmates and the collection of relevant domestic and foreign alcohol addiction and alcohol intervention literatures. In the program, drunk driving inmates would be divided into non-alcoholic and alcohol addiction groups for two different treatments.

The non-alcoholic courses were cognitive counseling courses, which included medical health education, the rule of law education, life education and addiction concept. The alcohol addiction courses, in addition to the cognitive counseling courses, included physical and psychological treatment courses, which included addiction forming and art treatment group, music treatment, and body work group to enhance the motivation of alcohol abstinence and

4. Source of information: Global Information Network of Police Bureau of Ministry of Internal Affairs <https://www.npa.gov.tw/NPAGip/wSite/ct?xItem=82739&ctNode=12744&mp=1>.

treatment of internal trauma. These courses were expected to help defendants achieve self-integration, repair internal trauma and reconstruct interpersonal relationship. The drunk driving inmates in this program were provided with three-stage treatments:

1. New Inmates Assessment Stage:

The Investigation and Classification Division screened and assessed the new inmates within one month to determine the treatment subjects whom were further assessed and screened as outpatients by the psychiatrists in the hospital(s) that cooperate with Taipei Prison. The CAGE Questionnaire for alcohol addiction, the Alcohol Use Disorder Identification Test (AUDIT) and the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar) were expected to be used to screen and divide the inmates into alcohol addiction and non-alcoholic types

2. Inmates Treatment Stage:

A. Non-alcoholics:

Professional medical personnel, law personnel and clinical practitioners are

hired to conduct four types of cognitive counseling courses: medical health education, rule of law education, life education and addiction concept. Each course has 4 sessions for a total of 16 sessions per 2 months period. There were 4 periods in a year.

Members of the Alcoholics Anonymous were invited to share their own experiences regarding how they drank and became addicted to alcohol and what made them want to quit drinking, and how they changed from escaping their psychological trauma in alcohol to facing their own problems and rebuilding life.

B. Alcoholics:

Cognitive counseling courses coupled with physical and psychological treatment courses: In addition to the cognitive counseling courses, professional psychotherapists and practitioners were arranged to lead the addicts in carrying out 19 class sessions for each of the “alcohol addiction & art treatment group” and the “music treatment & body work group”, for a total of 38 class sessions in a 5-month period. There were 2 periods in a year.



3. Returning to Society Stage:

A. Non-alcoholic: career development courses and post-prison job referral and transition.

B. Alcoholics: enhanced returning to society transitions in addition to career development courses and employment promotion activities.

i. Post-prison medical transitions: arranged 1 class to provide medical resource referral information before prison release.

ii. Taiwan After-Care Association Taipei Branch assisted in subsequent post-prison release follow-up.

One hundred twenty persons participated in Alcohol Abstinence Classes but 102 persons actually completed the courses and group sessions (people dropped out due to factors such as violation of regulations, sick or being transferred to other prison, etc.). In terms of age, 40 to 49 years old accounted for the highest percentage of inmates (43%); in terms of educational level, junior high school graduates accounted for the highest number of

New Inmates Assessment Stage



Inmates Treatment Stage



Returning to Society Stage



Learning satisfaction of the music treatment and body work group
91-100%

Learning satisfaction of the medical health education courses
88-100%

Learning satisfaction of the rule of law education courses
87-100%

Learning satisfaction of the addiction concept courses
80-94%

Learning satisfaction of the life education courses
79-91%

Learning satisfaction of addiction and art treatment group courses
64-100%



Release the trauma memory in the body in a relaxed state by practicing court dance and deep introvert exploration.



Explore internal trauma and reduce defensive mentality through the warm-up by psychological drama play and the means of art treatment (clay, sand painting, iron wire, salt painting).



inmates (25.5%); in terms of marital status, divorced ones accounted for the highest number of inmates (42.4%).

This case was the first attempt of Taipei Prison in implementing the Alcohol Abstinence Class. The program's budget was borne jointly by Taipei Honorary Probation Officers Association and Taipei Prison. The program started since January 2016 and was expected to be completed by the end of September. During the period, there were many difficulties or unexpected conditions, including the need to coordinate a suitable venue for the Alcohol Abstinence Classes and design classrooms and purchase equipment according to different courses. Since the prison term of the Alcohol Abstinence Class members were quite short, it is necessary to constantly update the member list and arrange courses according to prison term and severity of alcohol addiction of the members. Counseling was required to assist the Alcohol Abstinence Class members who have doubts and resistance about attending the classes. Assistance was arranged by providing handouts or other resources of learning

for members who were interested in attending but physically unable to continue the courses due to illness caused by alcohol use. The experience gained from this Alcohol Abstinence Class will be the basis for future directions which are summarized as follows:

1. Mechanism of screening and assessing Alcohol Abstinence Class members for advanced classes

The members of this Alcohol Abstinence Class were mainly screened by the degree of addiction, but in practice, many members had been found to have doubts and resistance to attending the classes. Some members who were not addicted showed positive interests in group therapy, but were unable to participate in group courses because they were not alcoholic. Therefore, it is advisable to include the wishes of the members into consideration for the course arrangement. The questionnaire analysis of the group before and after the survey showed that members did not change significantly in melancholy and anxiety, suggesting that the content of the group thera-

py did not touch the emotions of the members. Changes of the members were not able to be displayed by the Beck Depression Inventory and the Anxiety Inventory. Therefore it is advisable to consider direct interview before the start of the course to understand the status of the participating members in order to adopt a more appropriate measurement, while allowing members to gain more insight about participating in Alcohol Abstinence Classes and promoting the motivation for change.

2. Continued promotion of Alcohol Abstinence Classes

The beneficial result of the courses of the Alcohol Abstinence Class treatment: The analysis shows that most of the members felt positive and beneficial about the different courses or groups. It is advisable to continue promoting the Alcohol Abstinence Class treatment in the future to assist the Alcoholic inmates in improving knowledge and inner awareness. Thus when facing the possibility of driving under alcohol influence, the individuals will have the ability to think before deciding the course of action and use the

knowledge learned to stop making the wrong decision and reduce the occurrence of drunk driving.

3. Deepen content of the treatment

In this program, participating members showed resistance at the initial stage, but several members of the group during later stage expressed desire to continue participating in the following year's group, which indicated members' desire in continuing the exploration and change. It is advisable to consider including this type of members into the following year's group for continued treatment. In addition, some members of the group showed positive desire to explore at a later stage, which may be attributable to their weak oral expression or stronger resistance, which could not be worked out in time. It is therefore advisable to include individual treatment into the future program.

III. "The 2017 Technology program of the Ministry of Justice" - develop and establish mobile technology support system to prevent repeated drunk driving offenses⁵



1. Background:

The statistics of the Ministry of Justice showed that there have been excessive incarceration population for an extensive period of time in each correctional facility of the Ministry of Justice, of which the number of inmates who were admitted due to inability to drive safely had increased over time from 4,774 persons in 2011, to 5,416 in 2012, to 6,329 in 2013, to 8,667 in 2014 and to 8,597 in 2015. The situation continued to deteriorate and the prisons showed overcrowded phenomenon. However, comparing with other major criminal offenses, the repeated drunk driving offenses are of minor offenses. Moreover, the corrective and preventive issues for the repeated drunk driving offenses involved both physiological and psychological levels. From the perspective of criminal policy, many experts also considered that the repeated drunk driving offenses cannot be resolved by simple imprisonment. Therefore, if other community treatments can be used to correct drunk driving offenses, there will be no need to imprison the drunk driv-

ing offenders and will help to alleviate the excessive incarceration population that the correctional facilities are currently facing, while the drunk driving habit of the drunk drivers can receive fundamental improvement.

2. Goal of the program:

To develop and establish mobile technology support system to prevent repeated drunk driving offenses in order to integrate judicial, medical and



Figure 1. Portable Alcohol Detectors and Application Devices in Smart Phones

5. Authored by Probation Officer Shen Pin-Hsuan.

information engineering and other professions through technology; to R & D and establish the community mode of treatment to correct and prevent repeated drunk driving offenses; to enhance the effectiveness of prosecution and crime prevention; to achieve the goal of deferred prosecution system by diversifying criminal case to treatments and reducing the prison population.

3. Summary of the contents:

Alcohol abuse and the use of drugs are similar in characteristics, where the individual eventually lost self-control due to habitual inflicted addiction. Other violations such as public safety offenses or domestic violence may also arise. Therefore, the harm of repeated drunk driving offenses shall be dealt in the same way as the fight against drug crime by investing considerable amount of resources for prevention. Thus, the objective of this program is to develop, under the operating mechanism of the judicial care and the addiction preventive team, a set of technology monitoring equipment (mobile support systems) by incorporating the alcohol detection device (Breathalyzer)

and mobile phone application through the use of current mature communications technology. The drunk driving defendant will be ordered to install the application in the mobile phone and carry a lightweight, power-saving alcohol detection device connectable through Bluetooth to self-monitor the use of alcohol through breath alcohol test. The mobile phone application will conduct face recognition while the test is taken to confirm the identity and prevent falsifying test by other people. The judicial authority can also receive behavior pattern data that is sufficient to analyze and sustain the monitoring from the back-end computer platform in order to develop and establish the "monitoring website" to provide references to relevant personnel.

At the same time, "Self-Efficacy Theory", "Cognitive Behavior Therapy" (CBT), "Self-Determination Theory" and other "behavioral theories" will be used to influence the behavior of the drunk driver with previous conviction. In the case of "Self-Efficacy Theory", self-management can allow the drunk driver with previous conviction to be more aware



of the situation and behavior arising from drinking, enhance the self-defense ability of the drunk driver convict, so that it can make him or her make decision to avoid such an act, as well as reduce the drinking problem or even learn the skills required to quit drinking. However, self-management will be inefficient and difficult to sustain without proper assistance. Therefore, this “mobile support system” also needs to be incorporated into the theoretical application of the self-awareness of cognitive behavior. This module is based on the “Self-determination theory”, which emphasizes the triggering point and coping skills so that the drunk driver can continue to internalize his or her motives and be aware of sufficient determination in refusing the use of alcohol before driving while feeling the support of others in the course of his or her efforts. Through this, the drunk driving situation shall be reduced by a certain degree. It is hoped that through the monitoring and assistance of the technical products, the drunk driving defendants can reduce or eliminate the intention or behavior of drunk driving and prevent repeated offenses through

internal self-management.

4. Expected benefits:

The “mobile support system” intervention can assist drunk driver with previous conviction to avoid drunk driving issues and achieve self-management objectives through action monitoring. The daily regular breath alcohol test required by the program has psychological control effect. For alcoholics, it is necessary to ensure that they refrain from drinking entirely; for problem drinkers, it reminds them that drinking shall be controlled in an appropriate range, and leads them to consider whether the breath alcohol test exceeds the legal range thus should not drive. The implemented subjects of this program are expected to achieve the following results:

- (1) Less daily average alcohol consumption and maximum alcohol consumption.
- (2) Less average number of drinking days per month.
- (3) Lower depression and anxiety levels.

(4) Higher quality and satisfaction of life.

5. Generic test execution

Prototyping equipment meeting function requirements (including hardware and software) and mobile phone application with face recognition function was delivered on June 19, 2017. (see Figure 1).

Since the implementation of suitability testing on June 22, 2017, test subjects were screened from the deferred prosecution defendants who had alcohol treatment from the Prosecutors Office and consented to the participation in testing. There were a total of 10 persons in experimental groups and 5 in control groups. The defendants were requested to cooperate in completing the breath tests in any 3 out of the 4 meal times: breakfast (3:00-9:00), lunch (9:00-15:00), dinner (15:00-21:00) and supper (21:00-3:00).

The breath test procedures interface is shown in Figure 2. After click on the start button, the breath test proce-

dures will begin. The mobile phone application will guide the user to keep the face in the rectangular box and capture the user's face through the front lens to confirm that it is indeed the user itself. It will then guide the user to prepare blowing for 5 seconds. In the case when the breath test detector detected the presence of alcohol, the mobile phone application will request the user to provide the reason that triggers the drinking. Finally, the breath test information will be uploaded to the server and analyzed.

Probation officers and physicians can browse the uploaded information (see Figure 3) to understand the defendant's drinking behavior and the situation that tends to trigger the drinking behavior. After understanding the information recorded by the defendant, the physician can provide health education and suggestions according to the situation.

The suitability testing is still in progress. The findings and information obtained during the testing process will be used to provide ongoing revision of the



hardware and software equipment and the system. It is hoped that the established mobile support system can allow the probation officers and physicians to better understand the drinking behavior of the drunk driving defendants

in daily life in order to pin point the defendant's risk of repeated drunk driving offenses, to enhance the effectiveness of care and treatment and to prevent the defendant from drunk driving again.



Figure 2. Breath Test Procedures Interface

NTU I/OX UbiCompLab 幹部轉讓 Logout

SoberMotion																	
偵測編號	研究開始日期	下次觀察日期	下次觀察日期	最後檢錄日期	未酒測錄記的高維行動						概佔比例			酒測完成度	人臉辨識率-本人次數	當日目前課程進度	點看更多
					前月自來	前月未回報	前月身自來	當月自來	當月未回報	當月身自來	前月	當月	一天內偵測時間				
DUI_001	2017-06-22	2017-08-03	2017-07-06	2017-07-06 12:16:56 GMT	--	--	--	15	32	1	--	16.0% (4/25)	20.0%(5/25)	12.0%(3/25)	19.2% (5/26)	500分 430分-酒測 70分-定時 警報錄	課程 退出
DUI_002	2017-06-22	2017-08-03	2017-07-06	2017-07-06 10:48:47 GMT	--	--	--	0	36	4	--	0.0%	8.0%(2/25)	0.0%	18.2% (2/11)	160分 130分-酒測 30分-定時 警報錄	課程 退出
DUI_003	2017-06-22	2017-08-03	2017-07-06	2017-07-06 09:39:38 GMT	--	--	--	12	17	0	--	54.2% (13/24)	20.0%(5/25)	8.0%(2/25)	38.5% (18/26)	460分 410分-酒測 50分-定時 警報錄	課程 退出
DUI_004	2017-06-22	2017-08-03	2017-07-06	2017-07-06 12:49:09 GMT	--	--	--	0	6	0	--	11.4% (5/43)	48.0%(12/25)	36.0%(9/25)	11.6% (5/43)	820分 820分-酒測 0分-定時 警報錄	課程 退出
DUI_005	2017-06-29	2017-08-10	2017-07-13	2017-07-13 11:23:03 GMT	--	--	--	0	1	0	--	0.0%	16.7%(3/18)	0.0%	0.0% (0/18)	320分 320分-酒測 0分-定時 警報錄	課程 退出
DUI_006	2017-06-29	2017-08-10	2017-07-13	2017-07-13 09:53:48 GMT	--	--	--	0	3	2	--	28.0% (21/75)	55.6%(10/18)	33.3%(6/18)	15.4% (12/78)	820分 800分-酒測 20分-定時 警報錄	課程 退出
DUI_007	2017-06-29	2017-08-10	2017-07-06	2017-07-13 10:51:01 GMT	--	--	--	5	2	6	--	12.8% (6/47)	66.7%(12/18)	44.4%(8/18)	6.0% (3/50)	830分 780分-酒測 50分-定時 警報錄	課程 退出

Figure 3: Monitor service web design for Probation Officers and Psychiatrists