

The Strategy of Treatment for Drug Users in Taiwan --Based upon the Patient-Centered Concept

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Abstract

In 2015, the estimated drug use give rise to the rate of premature death and disability by the 280 million-year of incapacity in “the age of health loss”. It is a significant indication of the extent to which drug abuse is harmful all over the world. By the statistics in 2017 of Taiwan region prosecutor, police, and other judicial institutions showed that the ranked top five in seizure numbers of illegal drug materials with sequential order were as chloro-ephedrine (amphetamine), ketamine, hydroxylamine hydrochloride (ketamine raw material), heroin and marijuana. This study focuses on the patient-centered standpoint and concept of drug users in the policy and strategy planning. This study is based on the literature study method in qualitative research. Harm reduction program is a holistic and integrated plan aimed at reducing the harm to individuals, families and society of drugs. Moreover, the deferred prosecution with the compulsory drug abstention and treatment is due to the strategy for priority treatment over penalties. In response to the policy of drug users, incremental reform is strongly recommended. Under the current circumstance of limited resources, low public acceptability, and the potential for drug users to increase, the first short-term implementation of the crime policy in the legislative procedure, shifting to the judicial supervision of drug users in the community treatment. In the future, we can follow the United States Drug Court scheme by providing more social services such as employment, education and training, family support and so on, expanding the participation of the medical systems and the social welfare systems, to encourage drug users to rebuild their support systems for returning to society as soon as possible.

Keywords: Strategy, Treatment for drug-users, Patient-centered concept, Harm reduction program, Deferred prosecution

I. Research Background

According to the analysis of the World Drug Report published by the United Nations Office on Drugs and Crime in 2017, the Year of 2015 it estimated that there were 2. 5 billion people have used at least one drug, accounting for about 5% of global adult population. What is even more worrying is that there were 2,950 million people who might suffer from "drug addiction disorder", accounting for 0.6% of the overall adult population. This means that so many people are at risk of drug addiction and may be addicted to drugs and need "treatment".

In 2015, the estimated drug use give rise to the rate of premature death and disability by the 280 million-year of incapacity in “the age of health loss”. It is a significant indication of the extent to which drug abuse is harmful all over the world. The critical factor is the drug addiction disorder caused by all kinds of drugs for 170 million-year in the age of health loss.

Over the past decade, the age of disability-related morbidity and mortality associated with drug abuse has increased overall. However, less than one person statistically receives treatment each year among the six drug abusers, indicating that scientific treatment services for drug addiction disorders and related conditions remain limited as well as the accessibility to services. As far as health is concerned, opiates such as heroin are still the most harmful type of drugs. The risk of lethal and non-fatal overdose of opiate abuse, the risks of contracting infectious diseases (such as AIDS or hepatitis C) due to unsafe injections, and the risk of other physical with mental illnesses might combined at the same time.

Generally the number of males who contracted drug addiction was at least twice times that of women. However, once women begin to abuse drugs, especially alcohol, cannabis, opioids and cocaine, their consumption rates are often increased faster than men, and thus become more likely to develop drug addiction than men. Women usually have more limited access to drugs than men. Over the past decade, the negative health effects of drug addiction have spread rapidly among women, spreading faster than at the same rate as men.

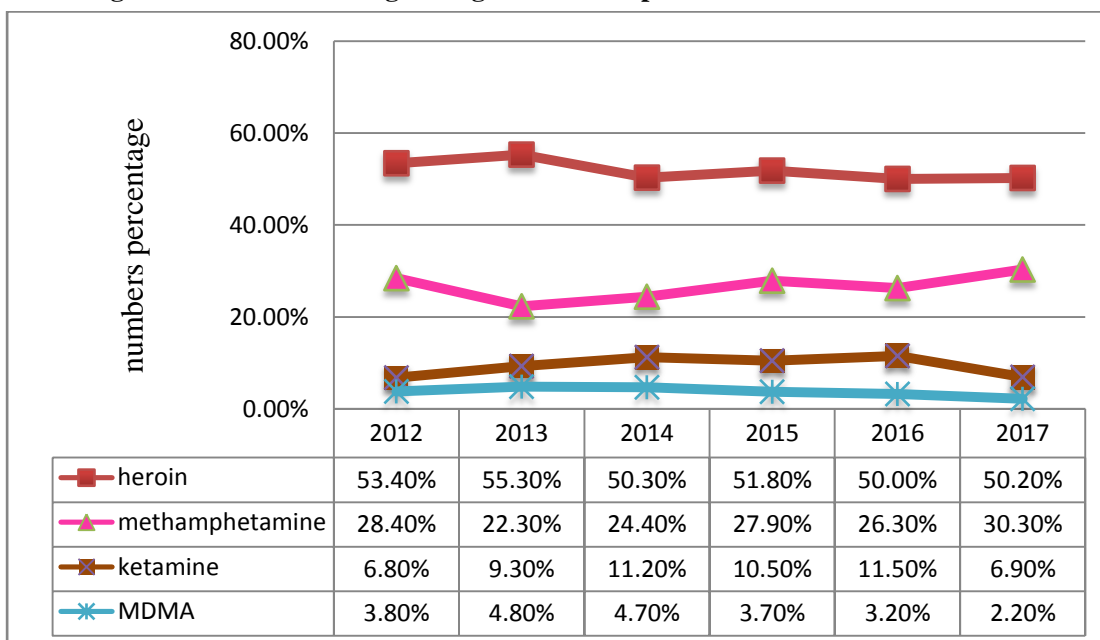
Drug addiction disorders in the year of 2015, in particular opioid and cocaine addiction disorders, resulting in incapacity to adjust the rate of increase in female growth rates (25% and 40%) is higher than the growth rate in males (17% and 26%)¹.

The abuse of drugs to the development of the country should not be underestimated. The problem of drug abuse, like infectious diseases, is raging across the globe. While the levels and characteristics of drug abuse vary from region to country, the abuse trend is growing, and is seriously affecting individuals, families and society.

II. An analysis of the drug problem and its present situation in Taiwan

According to the "Analysis of Drug Abuse Cases of Inspection Statistics 2017 Annual Report", which data sources are from Food and Drug Administration of Taiwan, Department of the Ministry of Health and Welfare in Taiwan. There were four main illegal drugs in Taiwan. The Annual Report Analysis indicated that heroin was continuously ranked as the first one illegal drug in 2012-2017. Moreover, it showed floating phenomenon after 2013. It is noteworthy that the methyl-amphetamine was the second one with the increase rate in 2017 unexpectedly. "ketamine" was ranked as the third one, it increased year after year gradually in 2012-2016. However, there was a decline in 2017. The fourth one was "MDMA"². It had up-rising trend in the year of 2012-2013. Then in the year of 2014-2017, showing a downward trend (see figure 1).

Figure 1 The trend of illegal drugs numbers reported in Taiwan 2012-2017



Data source is from the Ministry of Health and Welfare in Taiwan, 2018

The first age-level distribution of drug abuse cases was 40-49 years old and 30-39 was the second. Further analysis of the major drug abuse in each age group was also found significantly that the type of drug abused under the age of 19 is Ketamine, methyl-amphetamine at 20-29 and at 30-69 years old is heroin.

By the statistics in 2017 of Taiwan region prosecutor, police, and other judicial institutions showed that the ranked top five in seizure numbers of illegal drug materials with sequential order were as chloro-ephedrine (amphetamine), ketamine, hydroxylamine hydrochloride (ketamine raw material), heroin and marijuana. It is noteworthy that the seizures of chloro-ephedrine (amphetamine) in 2017 and 2016 were higher than those of ketamine indicated an increase in amphetamine abuse in those two years. A further comparison of the trends in seizures of common illegal drugs in 2012-2017 shows that ketamine was on the rise in 2012-2014 and on the decline in 2015-2016. It then showed increased slightly in the year of 2017. With the seizures of ephedrine raw materials it showed rising gradually from 2012 to 2015 and a downward trend in 2016-2017.

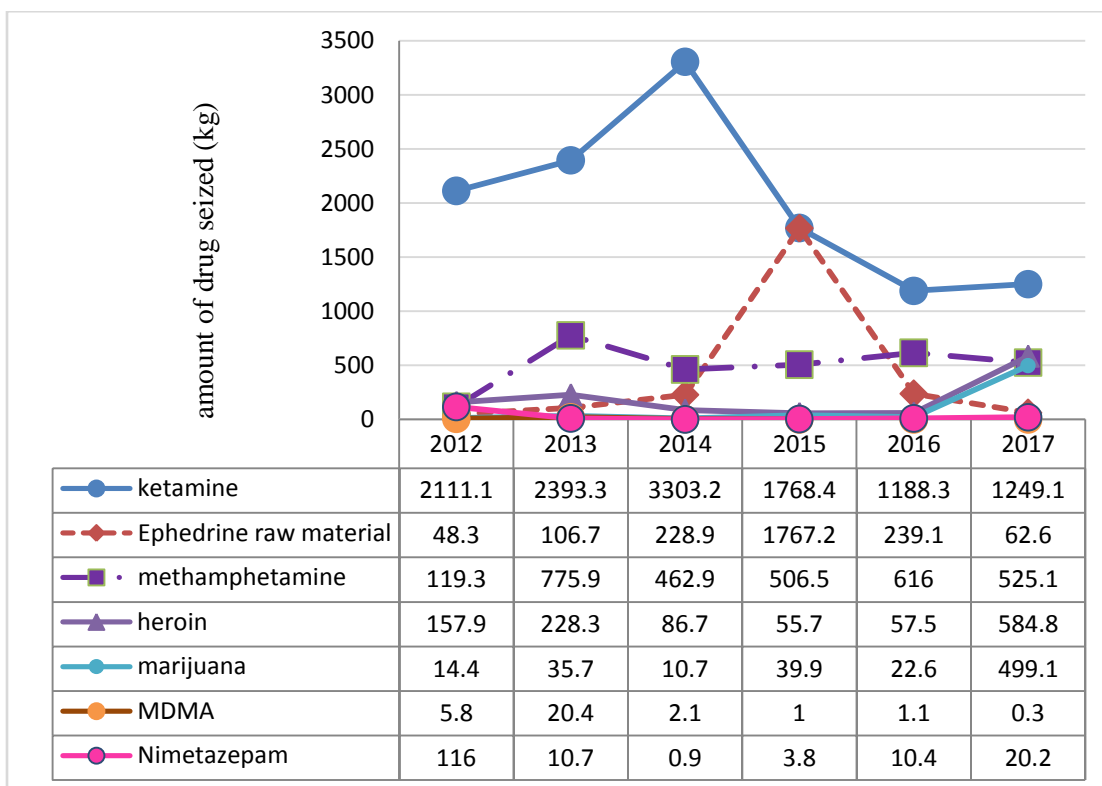
¹Based on the analysis of the World Drug Report, published by the United Nations Office on Drugs and Crime (UNODC), 2017.

²Derivatives of methyl-phenyl-amine, so-called "shaking head pill" or "happy pill"

Furthermore, methyl-amphetamine increased rapidly in 2013 with a floating volume of seizures in 2014-2017. Though heroin has shown a downward trend in 2013-2016, it has risen sharply in the year of 2017. It is noteworthy that MDMA showed a downward trend in 2013-2017. Though the decrease of seizure amount for diazepam in 2012-2014, it increase in 2015-2017. It is noteworthy that the annual increase in marijuana seizures was fluctuated in 2012-2016, but the annual seizures have risen sharply in 2017, as shown in Figure 2.

Those statistics on illegal drugs in Taiwan are also based on the Ministry of Legal Affairs and the Police Department of the Ministry of the Interior. The judges in 2017 are convicted and the new drug offenders are all using level II drugs, respectively, 29,943(69.2%) and 7,079(60.5%). The number of drug cases seized and the number of suspects were the highest of the drugs level II. The statistics for drug suspects at all levels of age showed that drugs level I and level II adults more than 24 years old are the largest, accounting for 98.3% and 83.0%. The drugs level III are most at the age of 18-23 young people (42.9%)³.

Figure 2 The seized amount of illegal drugs reported in Taiwan 2012-2017,



Data source is from the Ministry of Legal affairs in Taiwan, 2018

Another survey of drug prevalence by the United Nations in 2014 and official data of Taiwan showed that the prevalence of all types of drugs uses in Taiwan is lower than that of the global average except for MDMA. For the marijuana, chemical synthetic drugs, natural opium and cocaine, the prevalence of drug abuse in Taiwan is much lower than that of developed countries. It is significantly close to Hong Kong and South Korea. It is noteworthy that amphetamine and MDMA which prevalence is similar to many developed countries. They are much higher in Asia than in South Korea, Indonesia and Hong Kong. Throughout the world from 2003 to 2012, the prevalence of drugs has only slightly increased and there has been no significant change. The global drug prevalence rate was estimated at about 5.2 % and about 1.29% in Taiwan respectively⁴.

³"National Material Use Survey Results"(2016), The Department Food and Drug Administration, Ministry of Health and Welfare in Taiwan.

⁴Wu Yong-Da (2016), The Drug Epidemic Comparative Research in Taiwan, Forensic Communications, The Ministry of Legal Affairs in Taiwan.

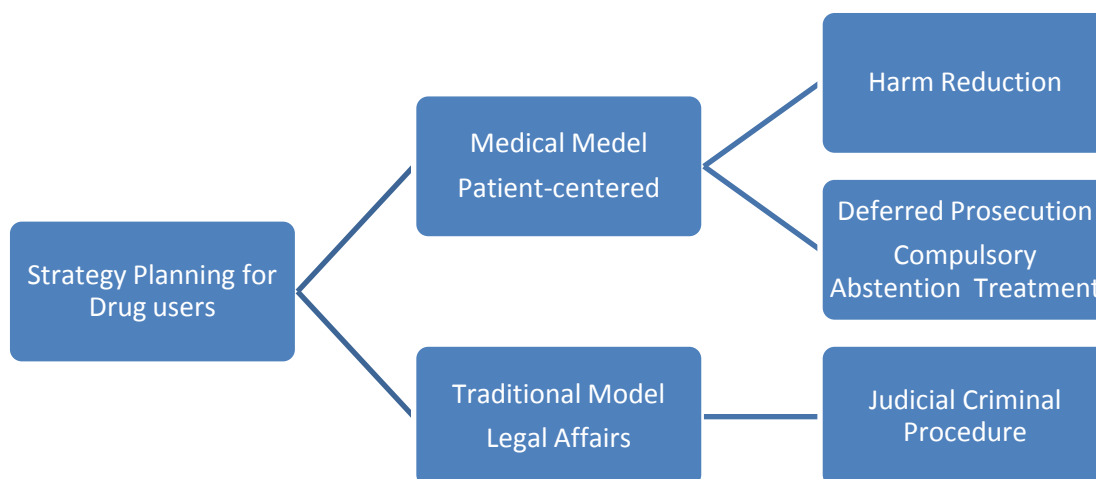
III. Research methods and conceptual framework

This study focuses on the patient-centered standpoint and concept of drug users in the policy planning. This study is based on the literature study method in qualitative research. The literature study method is based on a certain purpose or subject through the collection of relevant information, research reports, official publications and other literature data.

The literature analysis method⁵ is to search historical data and examine historical data and objectively evaluate these data. When the researcher collects, examines and analyses the historical data, it can explain the social phenomena and even predict the future development from the understanding and rebuilding of the conclusions obtained in the past. Then the data collected will be analyzed and summed up. The reason, background, influence and significance could be described. The four steps of the research analysis include reading and collating, Description, classification and Interpretation.

Through extensive collection of research periodicals and official publications, studies and reports on related topics, this study takes Taiwan's drug control and legal policy as its main axis. Then in conjunction with public health policies and practices, probes into the development trend of drug prevention. The main purpose is to investigate the problems of drug control policy and provide substantive suggestions for legislative directions and construction of future policies. The research conceptual framework is described as figure 3.

Figure 3 The research conceptual framework



IV. Prevention and treatment strategies for the patient-centered concept⁶

I. Harm reduction policy

Harm reduction program is a holistic and integrated plan aimed at reducing the harm to individuals, families and society of drugs.⁷ The main measures were including (a) to provide comprehensive health advisory services (b) to provide drug addicts with effective health care for the prevention of blood-borne diseases such as HIV infection (c) to provide in time screening services with early detection of cases and timely treatment to prevent their transmission (d) to set up a well plan to clean needles by providing drug addicts with clean needles (e) to increase the numbers of activities in health education and referral services to prevent the infection of hepatitis B and HIV with joint-use of needles (f) to treat with alternative healthcare. People who are temporarily unable to get out of drugs might take the risk of substituting high-risk drugs for injection. Then the health counseling, blood screening and referral care are also given as soon as possible. In the past, to prevent illegal drugs were used to arrest and reduce demand as a strategy.

⁵Herzog Thomas (1996), Social Science Research Method and Data Analysis

⁶"The Official Report for Drug Hazard Control Strategy "(2018), The Drug Hazard Prevention Center of Chia-Yi City in Taiwan.

⁷G. ALAN MARLA'IT (1996), Addictive Behaviors, Vol. 21, No. 6, pp. 779-788

In which drugs are used to be handled with the main sources and to criminalize the manufacture, transport and supply of drugs. While in the demand reduction component, education and treatment are used to reduce the demand for drug consumption.

However, this policy does not effectively address the drugs problem and therefore reduces harms. The strategy of Harm reduction has gradually emerged in Europe and American then becoming a new thinking to solve the drugs problem.

1. Enlargement of the health consultation and education

Enlargement of the health consultation and education are those with a view to early detection of cases, timely treatment, and timely provision of health consultation to guide their dangerous behavior and prevent their transmission to others⁸. To expand HIV consultation, screening, monitoring, targeting communities, and correctional institutions for drug addiction health education advocacy is the first step for official institutions. Then the seizure of drug addicts who are at risk of HIV infection by the police should be also encouraged. To provide health education advocates and HIV consultation, screening services for high-risk groups combined with community, civil society and the integration of county and city related units of resources is also critical.

2. Cleaning needle exchange / distribution

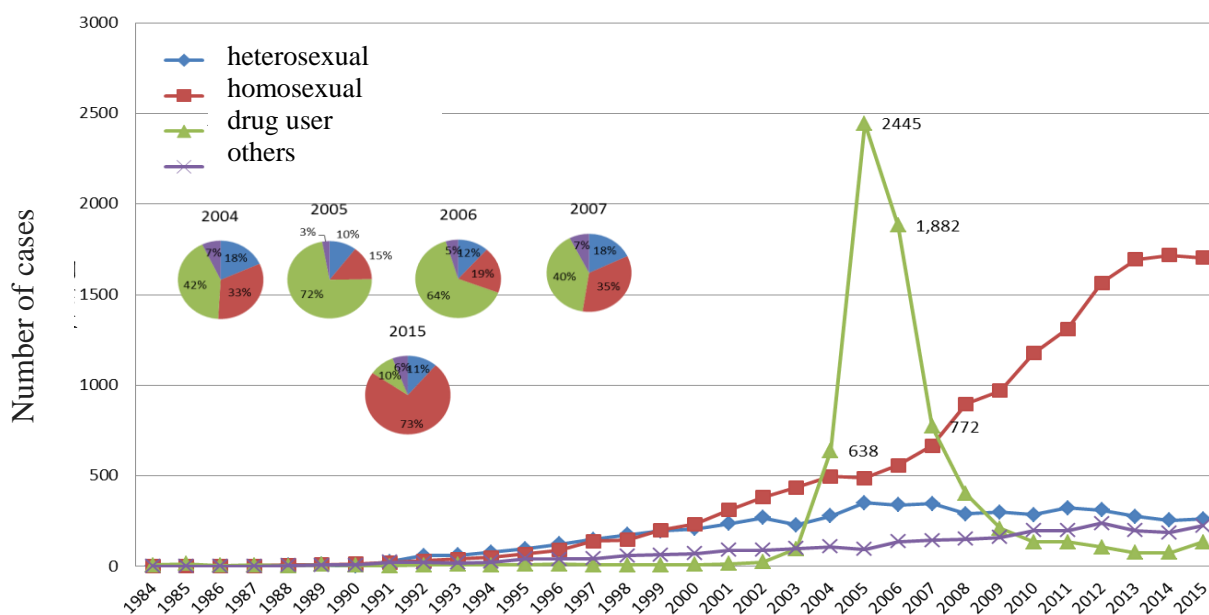
The purpose is to prevent drug addicts from being completely addicted to drugs, understanding how to care for and protect themselves and avoiding the infection of blood by sharing needles. Drug addicts can receive the correct health counseling through this program in decreasing the sharing of needles to infect blood infectious diseases. The model of implementation is to provide free sterile needles for injecting drug users, to induce them to choose new needles when taking medicine, to discard the idea of sharing needles, and to return the used needles to avoid the reuse of other drugs. Actually the syringe exchange program is now in effect in many countries around the world.

3. Methadone alternative / Maintenance Therapy

Alternative treatment is under the physician's assessment and treatment, the substitution of drug addicts for injecting heroin with oral synthetic opiate substitution drugs (such as methadone, butyl alcohol, etc.) can make it impossible for them to live a daily search for drugs, or even to commit crimes in cases where they are unable to escape drug addiction. If only a clean needle is provided, it may be that the drug addict is still injected and cannot completely avoid the risk of contracting a blood infection. In addition to allowing drug addicts to stay away from injecting drug use, alternative treatment can provide oral alternatives. Continuous provision of education for drug addicts is also provided. Providing the physical, Psychological and social support systems at the same time might establish a complete and continuous professional service to drug addicts and provide them an opportunity to stabilize their work and return to the community as well as to avoid blood infections.

Since the year of 2005 it has passed the "The Pilot Scheme on harm reduction program for AIDS" in Taiwan. Those illegal drugs addicts were promoted and encouraged to take alternative therapies to use oral methadone as a substitute for drug level I heroin. Providing addicts with daily doses of oral methadone in order to reduce drug demand on heroin and the chance of HIV infection via injection and to provide cleaning needles and health consultation. Then the Ministry of Legal Affairs in collaboration with the Ministry of Health and Welfare promoted the "Medical rehabilitation program" for reducing the risk of social security for drug addicts. The Tainan District Court in southern Taiwan taking the lead in 2006 and the healthcare organizations began to conduct the pilot drug reduction plan for alternative Treatment. In 2007, except Penghu, Kinmen and Lianjiang for the lack of medical resources, the Department of Public Prosecutions has been promoting the pilot Harm reduction Plan of drug abstention and alternative therapy in collaboration with the Ministry of Health and Welfare. The impact of the harm reduction Plan has been successful in reducing drug AIDS, as shown in Figure 4.

⁸Chen, Wei-Jian, Chen, Ya-Chi, and Wu, Sang-Chi (2018), Drug Abusers' Medical Use and Health Hazards, Control Drug Newsletter, The Department Food and Drug Administration, Ministry of Health and Welfare in Taiwan.

Figure 4 The trend and statistics by risk factors for HIV infected in Taiwan (1984-2015).

Data source is from the Ministry of Health and Welfare in Taiwan, 2018

II. Strategy for priority treatment over penalties

Taiwan has amended the Ordinance of Prevention and Control of Drug Hazardssince 2003 to distinguish drugs level I and level II offenders into first offenders, recidivism within five years and recidivism after five years. In which the perpetrators of drug offences committed in five years will no longer be observed or forced to rule. They will be prosecuted or decided by the prosecutor or juvenile court. Moreover those offenders who commit drug offences after five years will be subject to a first-offender rule. The Drug-related Hazards Prevention Ordinance has amended since 2008 for the use of drug addiction treatment in level I and level II. In which for the case of first offenders and five years of recidivism, the only "observation, abstention or compulsory treatment" has increased the choice of "deferred prosecution of drug addiction". Treatments prior to the concept of punishment, for drug users have to defer the prosecution to punish the treatment of addiction. Thus drug-related criminal implementation policy has shifted to the medical system apparently and transformed to the multiple dimensions of medical, physical, mental and social rehabilitation. For current application only the drugs level I and level II have the jurisdiction to administer, including the following respectively: (a) to defer the prosecution with the compulsory abstention and treatment of drugs addiction (b) The types of security and punishment includes the observational abstention treatment, compulsory abstention treatment, and traditional penalties. There are classified as three major categories: community model of treatment, institutional abstention model and the Judicial or criminal model, those which could be independently operated separately. Otherwise they can also be used in combination with each other or as a link between the specific systems. In order to help drug users to abstain from drug addiction, therefore assist them return to the normal life of society as early as possible is very important.

1. Deferred prosecution with the compulsory abstention treatment of drug addiction⁹

The deference in the prosecution with the compulsory abstention treatment of drug addiction is due to the Strategy for priority treatment over penalties. The background was the result from diseases such as acquired immune deficiency syndrome (AIDS) which were possibly transmitted by the sharing of needles among drug users. The pilot project focused on the HIV/AIDS reduction which promotes alternative therapies to use oral drug methadone as a substitute for drug level I heroin. This provides addicts with daily doses in order to reduce the demand for drugs by drug users and the chance of HIV infection through injection pathways.

⁹The Ordinance of Prevention and Control of Drug Hazards (2018), The Ministry of Legal Affairs of Taiwan.

The main purpose of drug addiction abstinence and alternative therapy is to reduce the harm of drug users in the level I heroin, as well as to reduce the spread of AIDS and drug demand, and the continued proliferation of drug abuse prevention for reducing the serious harm to society as a whole.

The implementation of drug addiction treatment and the completion of treatment accreditation standards for the application of drugs level I including heroin, morphine or opium and their similar products which was announced in 2008 by the Prosecutor for the prosecution of attachment in treatment of abstinence (article 2). The treatment of abstinence is drug therapy, psychotherapy and social rehabilitation (article 3). The period of abstinence treatment is limited to one consecutive year (article 7). In addition to being subsidized by the public and private sector, the cost of abstinence treatment is borne by the recipient of the addiction treatment (article 14) and is expected to be treated in the form of drug alternative therapy with the methadone. In order to expand the applicable object of the prosecution and addiction treatment, after the partial prosecution authorities conducted the trial evaluation on 2013, the second criterion of the identification criteria was amended, and the second-level drug applicator was added as the target of the addiction treatment. The positioning of the deferred prosecution with the completion of the treatment of abstinence, in the judicial department to open the outside of the precedent, marked the major drug users encounter milestones¹⁰¹¹.

2. Observation, abstinence and compulsory treatment

(1) Observation and abstinence

The Ordinance of Prevention and Control of Drug Hazards was amended in 2003 to enhance the actual effectiveness from the original one month to two months. In accordance with the Ordinance, first offenders or five-year offenders of drugs level I or level II can receive observation and abstinence. However, the observation and abstinence shall be determined by the Prosecutor before the Court, and shall be released immediately if the court is not guilty of observation or decision is overdue. The longest period of observation and abstinence shall not exceed two months. Under section 2 of the Ordinance of Prevention and Control of Drug Hazards (article 20) and section 2 of the Observation and Penalties for the implementation Rule (article 8), the results of observation and abstinence can be divided into "No further drug users at all" and "Potential drug users in the future". The former, the Prosecutor should order the release of the drug users, and the prosecutor shall not prosecute; the latter, the court ruled that the abstinence of the premises for compulsory treatment. In the abstinence centers, the people who are observed and abstinence are not routinely screened for urine in order to really grasp the status of the person who is being punished. After observation and abstinence, drug users were the recidivism in five years, if the prosecutor does not give priority to abstinence treatment of the deferred prosecution of punishment, and then prosecuted¹².

(2) Mandatory Abstinence

According to the latter paragraph of section 2 of the Ordinance of Prevention and Control of Drug Hazards (article 20), the Public Prosecutor is required to apply to the court for the determination of the continued drug propensity of the person under observation and the decision to enforce the rule of abstinence. The punished person needs to receive the drug addiction compulsory abstinence treatment in abstinence centers. The content of the disposition is according to the rule of the punishment execution. It can be divided into three stages including the adjustment period, the psychological guidance period and the social adaptation stage.

The key point of the adjustment period is "to cultivate the strength and perseverance of the ordained person, to enhance their confidence in drug addiction", the psychological guidance period will focus on "stimulating the bar-ruling people's detoxification motivation and rehabilitation will, to help them to abstain from the psychological dependence on drugs", and the focus of the social adaptation period is "to reconstruct the human relations and problem-solving ability of the ordained people, Help them to revert to society. "If the social adaptation period is met with the needs of the plan, it is known to help the society to revert to the community. Then upon approval by the Ministry of Legal Affairs, it may be outside." Those above mentioned are in a popular, it might be to draw up a plan for individual if necessary. For the urine examination, it should take the irregular form of schedules.

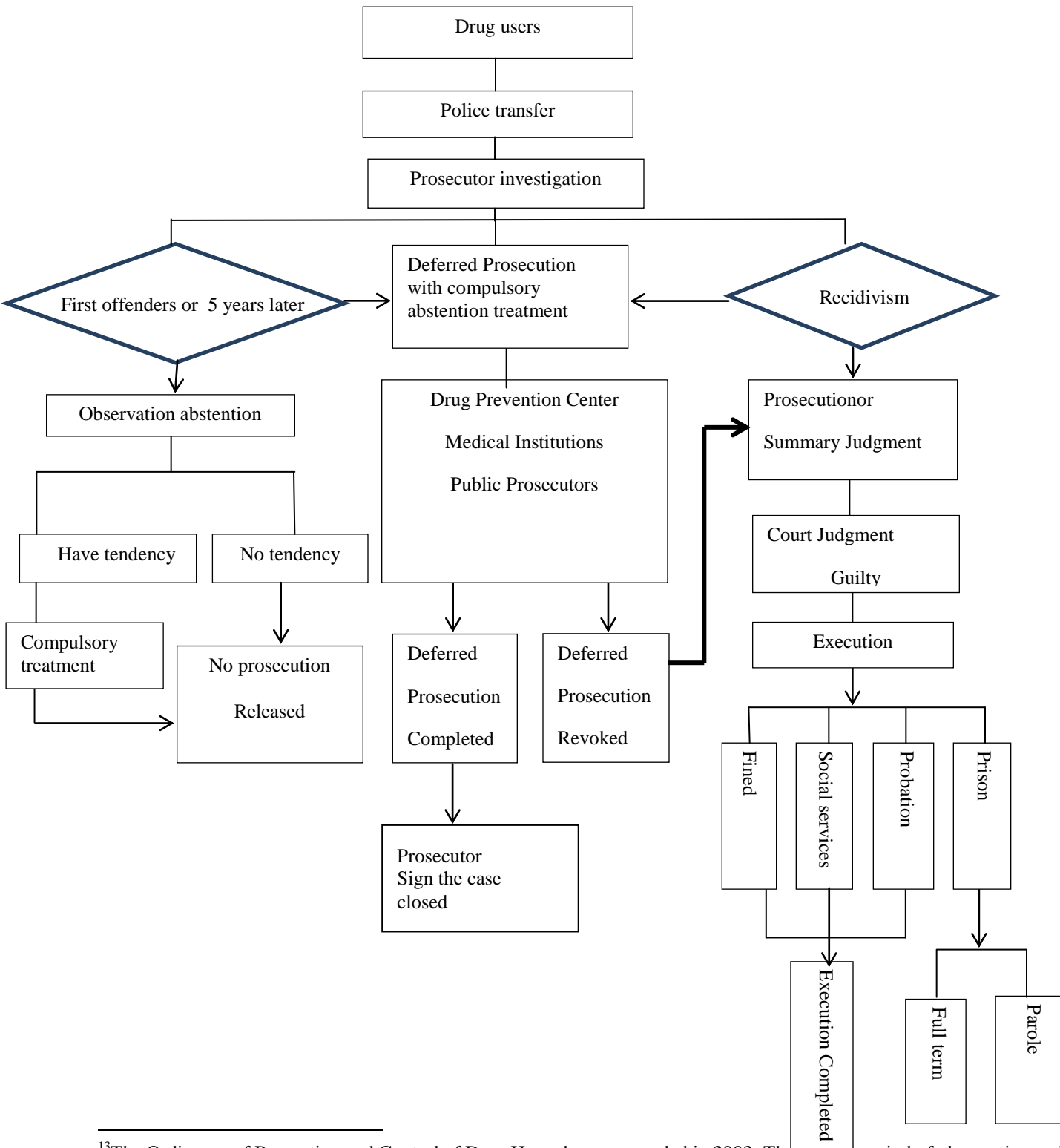
¹⁰Lin, Jian-yang and Chu, Ya-Tien (2009), The Study of the Status and Effect of Drug Application in the Treatment of Alternative Therapy. *Journal of Crime Prevention and correction in Central Police University, Taiwan*, 10, pp1-41.

¹¹Wang, Hsue-Fang (2015), A Study on the Effects of Deferred Prosecution for Compulsory Drug Abstinence and Treatment in Taiwan, Master Thesis of National Taiwan University.

¹²Chen, Chuan-Hsi, Chi, Yan-Ping, and Jan Chung-Yung. (2012). Evaluation of Recidivism in Addicts who Received Methadone Maintenance Treatment in Taiwan for 18 Months. *Taiwan Journal of Public Health*, 31(5), pp485-497.

For the assessment, the people at all stages are subject to assessment. According to the results of the assessment it can be the basis for cessation of treatment if the expiration of 6 months. The criminal justice related processes for the drug level I and II. Figure 5¹³.

Figure 5 The criminal judicial related processes for drug level I and II, Taiwan



¹³The Ordinance of Prevention and Control of Drug Hazards was amended in 2003. The longest period of observation and abstention shall not exceed two months. The results of observation and abstention can be divided into "No further drug users at all" and "Potential drug users in the future". The former, the Prosecutor should order the release of the drug users, and the prosecutor shall not prosecute; the latter, the court ruled that the abstention of the premises for compulsory treatment.

Data source is from this research

V. Conclusion and Recommendation

Drugs are in term of illegal psychoactive substances. Drug abuse will easily lead to the behavior of psychoactive substances dependence. It belongs to the etiology of a predominant chronic, difficult to treat, and high recurrence of the brain-related disease. Moreover it was not purely caused by individual choice. Those weak will, lack of moral awareness, and other individual factors might result in the kind of serious illness.

In response to the policy of drug users, incremental reform is strongly recommended. Under the current circumstance of limited resources, low public acceptability, and the potential for drug users to increase, the first short-term implementation of the crime policy in the legislative procedure, shifting to the judicial supervision of drug users in the community treatment¹⁴.

Should there be the reluctance to participate in community treatment or ineffective treatment, with the treatment supplemented by the agency, then the replacement of compulsory punishment will be recommended. In addition to the large medical, psychological rehabilitation, follow-up counseling and employment opportunities, the government should take the lead in the effective integration of civil resources and common control except for the crime of drug users in the long run.

This study suggests adopting a gradual reform perspective and continuing to promote the current system of suspending prosecutions for addiction treatment. This is the platform for the referral of the accused from the judicial system to the medical system at this stage, in line with the United Nations Office on Drugs and Crime. It is proposed that "drug addiction is a chronic disease and provide continuous treatment for addiction" is the best treatment principle. The drug applicator and the medical system are not simply a medical relationship. They are backed by judicial coercion and can urge patients to stay in medical care system, complete the treatment of addiction.

However, the relevant law currently stipulates that the completion of the treatment of withdrawal of the drug is not a multiplicity of the contents of the proceedings. In the future, we can follow the United States Drug Court scheme by providing more social services such as employment, education and training, family support and so on, expanding the participation of the medical systems and the social welfare systems, to encourage drug users to rebuild their support systems for returning to society as soon as possible.¹⁵

Reference

- Chen, Chuan-Hsi, Chi, Yan-Ping, and Jan Chung-Yung (2012). Evaluation of Recidivism in Addicts who Received Methadone Maintenance Treatment in Taiwan for 18 Months. *Taiwan Journal of Public Health*, 31(5), pp485-497.
- Chen, Wei-Jian, Chen, Ya-Chi, and Wu, Sang-Chi(2018). Drug Abusers' Medical Use and Health Hazards, Control Drug Newsletter. *The Department Food and Drug Administration, Ministry of Health and Welfare in Taiwan*.
- G. ALAN MARLA'IT (1996). Harm Reduction: Come As You Are. *Addictive Behaviors*, Vol. 21, No. 6, pp. 779-788
- Huang, Fu-Mei (2012). Prevention of Drugs and Security of Human: The Case of Drug Prevention in Taiwan. *Master thesis of National Chung-Cheng University*.
- Kirchner, Lauren (April 25, 2014). "Remembering the Drug Court Revolution". *Pacific Standard*. *Pacific Standard*. Retrieved 2015-05-10.
- Lin, Jian-yang and Chu, Ya-Tien (2009). The Study of the Status and Effect of Drug Application in the Treatment of Alternative Therapy. *Journal of Crime Prevention and correction in Central Police University, Taiwan*, 10, pp1-41.
- "National Material Use Survey Results"(2016). The Department Food and Drug Administration. *Ministry of Health and Welfare in Taiwan*.
- "The Official Report for Drug Hazard Control Strategy "(2018). *The Drug Hazard Prevention Center of Chia-Yi City in Taiwan*.
- The Ordinance of Prevention and Control of Drug Hazards (2018). *The Ministry of Legal Affairs of Taiwan*.
- Wang,Hsue-Fang (2015).A Study on the Effects of Deferred Prosecution for Compulsory Drug Abstention and Treatment in Taiwan. *Master thesis of Taiwan University*.
- "World Drug Report"(2017). *United Nations Office on Drugs and Crime (UNODC)*.
- Wu Yong-Da (2016). TheDrug Epidemic Comparative Research in Taiwan. *Forensic Communications, The Ministry of Legal Affairsin Taiwan*.

¹⁴Huang, Fu-Mei (2012), Prevention of Drugs and Security of Human: The Case of Drug Prevention in Taiwan. Master thesis of National Chung-Cheng University.

¹⁵Kirchner, Lauren (April 25, 2014). "Remembering the Drug Court Revolution". Pacific Standard. Pacific Standard. Retrieved 2015-05-10.