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國立中正大學犯罪研究中心

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Adolescent Drug Abuse and Prevention



Directed by : Executive Yuan
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Organizer : National Chung Cheng University



UNODC Reports

2011 Global developments in illicit drug consumption, production and trafficking

➤ Editorial Office

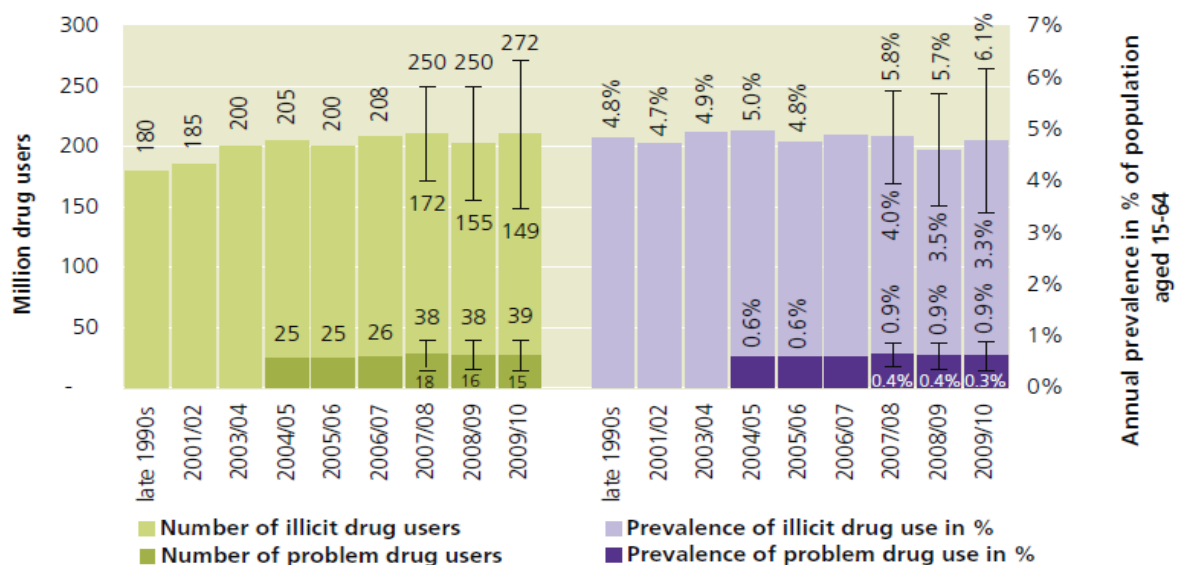
Consumption

Globally, UNODC estimates that, in 2009, between 149 and 272 million people, or 3.3% to 6.1% of the population aged 15-64, used illicit substances at least once in the previous year. About half that number are estimated to have been current drug users, that is, having used illicit drugs at least once during the past month prior to the date of assessment. While the total number of illicit drug users has increased since the late 1990s, the prevalence rates have remained largely stable, as has the number of problem drug users, which is estimated at between 15 and 39 million.

Cannabis is by far the most widely used illicit drug type, consumed by between 125 and 203 million people worldwide in 2009. This corresponds to an annual prevalence rate of 2.8%-4.5%. In terms of annual prevalence, cannabis is followed by ATS (amphetamine-type stimulants; mainly methamphetamine, amphetamine and 1 While there is no established definition of problem drug users, they are usually defined by countries as those that regularly use illicit substances and can be considered dependent, and those who inject drugs. ecstasy), opioids (including opium, heroin and prescription opioids) and cocaine. Lack of information regarding use of illicit drugs – particularly ATS - in populous countries such as China and India, as well as in emerging regions of consumption such as Africa, generate uncertainty when estimating the global number of users. This is reflected in the wide ranges of the estimates.

Annual prevalence and number of illicit drug users at the global level, late 1990s-2009/2010

Source: UNODC estimates based on ARQ data and other official sources.



While there are stable or downward trends for heroin and cocaine use in major regions of consumption, this is being offset by increases in the use of synthetic and prescription drugs. Non-medical use of prescription drugs is reportedly a growing health problem in a number of developed and developing countries.

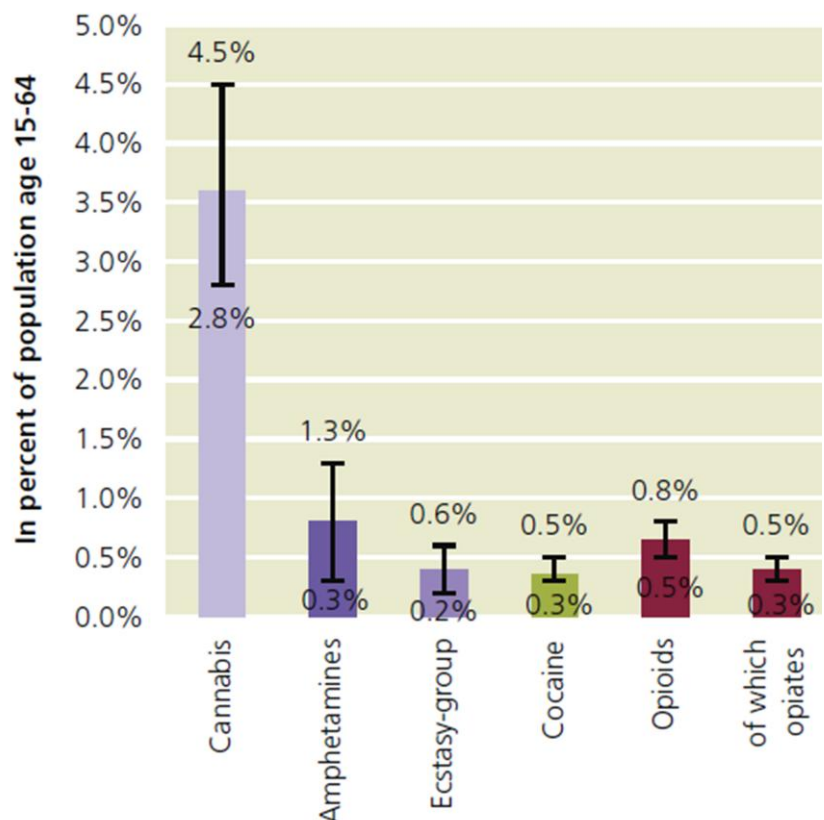
Moreover, in recent years, several new synthetic compounds have emerged in established illicit drug markets. Many of these substances are marketed as ‘legal highs’ and substitutes for illicit stimulant drugs such as cocaine or ‘ecstasy.’ Two examples are piperazines and mephedrone, which are not under international control. A similar development has been observed with regard to cannabis, where demand for synthetic cannabinoids (‘spice’) has increased in some countries. Sold on the internet and in specialized shops, synthetic cannabinoids have been referred to as ‘legal alternatives’ to cannabis, as they are not under international control. The control status of these compounds differs significantly from country to country.

In terms of treatment demand, the picture varies between regions. Cannabis contributes significantly to treatment demand in most regions, but it is particularly prominent in Africa and Oceania. Opiates dominate treatment demand in Europe and Asia, whereas cocaine is the main problem drug in South America. In North America, cannabis, opioids and cocaine make up similar shares of total treatment demand. ATS does not dominate any one region but makes a sizable contribution to treatment demand particularly in Asia and Oceania, but also in Europe and North America.

In terms of the health consequences of drug use, the global average prevalence of HIV among injecting drug users is estimated at 17.9%, or equivalently, 2.8 million people who inject drugs are HIV positive. This means that nearly one in five injecting drug users is living with HIV. The prevalence of Hepatitis C among injecting drug users at the global level is estimated at 50% (range: 45.2%-55.3%), suggesting that there are 8.0 million (range: 7.2 – 8.8 million) injecting drug users worldwide who are also infected with HCV. Deaths related to or associated with the use of illicit drugs are estimated between 104,000 and 263,000 deaths each year, equivalent to a range of 23.1 to 58.7 deaths per one million inhabitants aged 15-64. Over half of the deaths are estimated to be fatal overdose cases.

Annual prevalence of drug use at the global level, by illicit drug category, 2009-2010

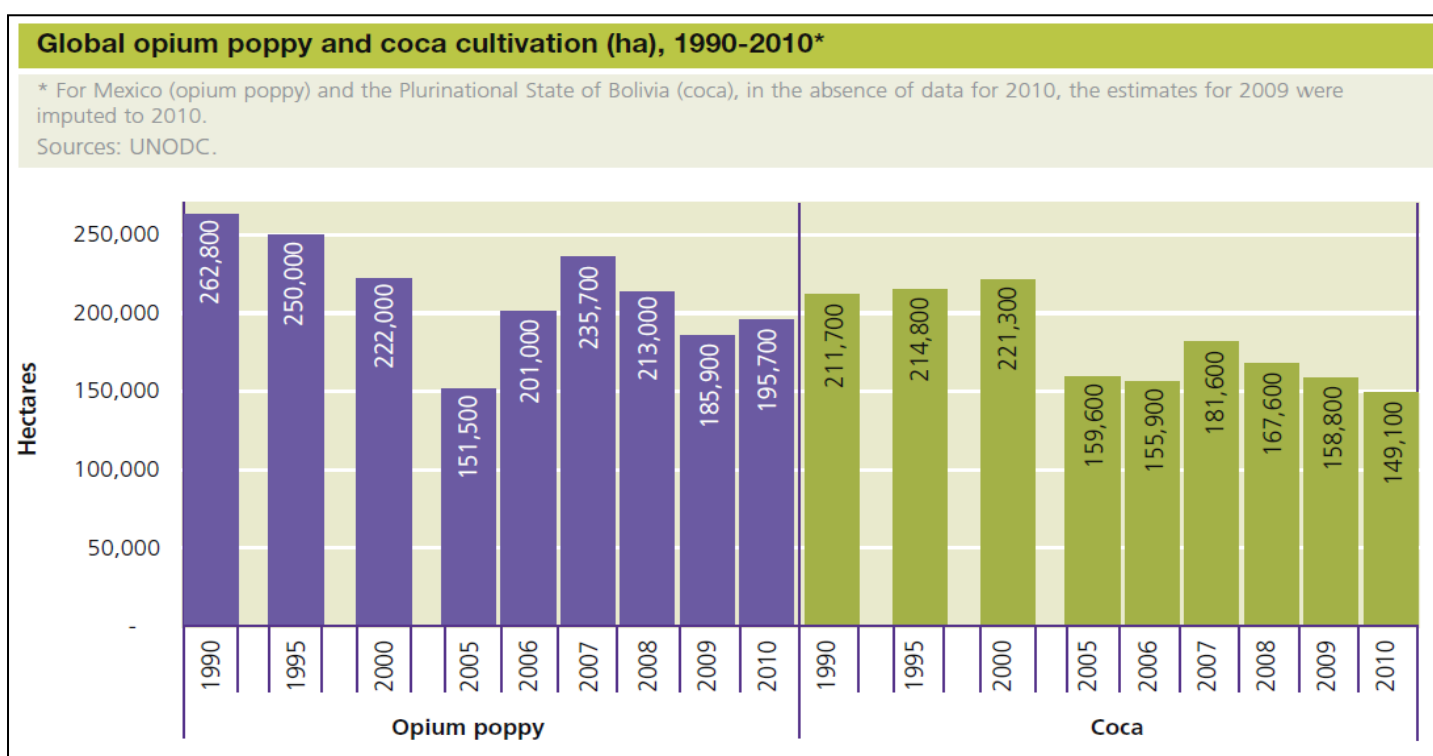
Source: UNODC estimates based on ARQ data and other official sources.



Production

Global opium poppy cultivation amounted to some 195,700 ha in 2010, a small increase from 2009. The vast bulk - some 123,000 ha - were cultivated in Afghanistan, where the cultivation trend remained stable. The global trend was mainly driven by increases in Myanmar, where cultivation rose by some 20% from 2009. There was a significant reduction in global opium production in 2010, however, as a result of disease in opium poppy plants in Afghanistan.

The global area under coca cultivation continued to shrink to 149,100 ha in 2010, falling by 18% from 2007 to 2010. There was also a significant decline in potential cocaine manufacture, reflecting falling cocaine production in Colombia which offset increases identified in both Peru and the Plurinational State of Bolivia.



While it is difficult to estimate total global amphetamine-type stimulants manufacture, it has spread, and more than 60 Member States from all regions of the world have reported such activity to date. The manufacture of amphetamines-group substances is larger than that of ecstasy. Methamphetamine - which belongs to the amphetamines-group - is the most widely manufactured ATS, with the United States of America reporting a large number of detected illicit laboratories.

Cannabis herb cultivation occurs in most countries worldwide. Although there was insufficient data available to update the global cultivation estimate, the relatively stable seizure trend suggests a stable level of production. Indoor cultivation of cannabis herb is still largely limited to the developed countries of North America, Europe and Oceania. Cannabis resin production estimates were not updated this year, but based on ARQ replies to UNODC, Afghanistan and Morocco were major producers.



Trafficking

Trafficking flows vary according to the drug type involved. The most commonly seized drug type, cannabis herb, is often locally produced and thus, international trafficking is limited. Cocaine and heroin are trafficked both intra- and inter-regionally, though considerable amounts are consumed quite far from the countries of cultivation and production. Most ATS manufacture occurs in the region of consumption, whereas their precursor chemicals are trafficked inter-regionally.

The long-term trends show increased seizures for all the major drug types. Between 1998 and 2009, seizures of cocaine, heroin and morphine, and cannabis almost doubled. ATS seizures more than tripled over the same period.

Though it is still the most commonly seized drug, by far, the relative importance of cannabis in total illicit drug seizures has declined, rendering the other drug types – particularly ATS - increasingly prominent.

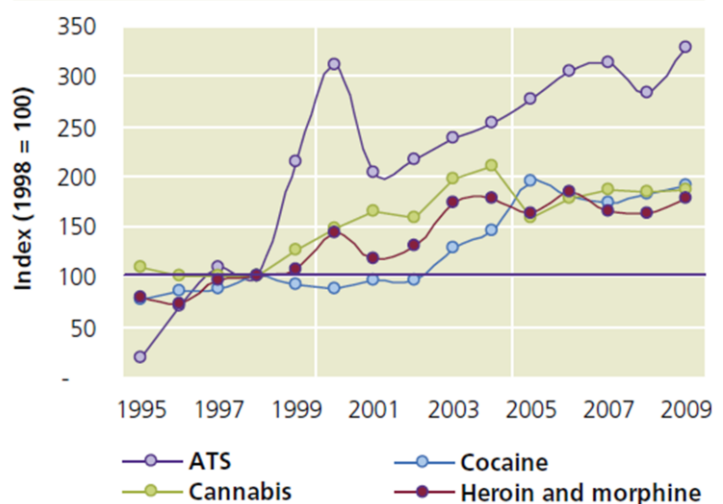
Looking at recent trends, global seizures of ATS rose to a record high in 2009, driven by increases in methamphetamine seizures. Ecstasy seizures, on the other hand, decreased. The predominant type of ATS seized varies according to region, with methamphetamine dominating in Oceania, Africa, North America and much of Asia.

Seizures of opiates remained stable in 2009, with the Islamic Republic of Iran and Turkey continuing to account for the largest national seizure totals. Cocaine seizures also remained largely stable, at a high level. For cannabis, seizures of cannabis herb – the most widely consumed variety – increased, whereas resin seizures decreased.

For cocaine and cannabis resin, seizures are shifting away from the main consumer markets to source regions. Both North America and West and Central Europe account for declining shares of global cocaine seizures, while South America is seizing more. Similarly, cannabis resin seizures decreased significantly in Europe but increased in North Africa from 2008 to 2009.

Trends in the volume of seizures, by main drug categories(index: 1998 = 100)

Source: UNODC ARQ.



Source : UNODC World Drug Report 2011



NIDA Reports

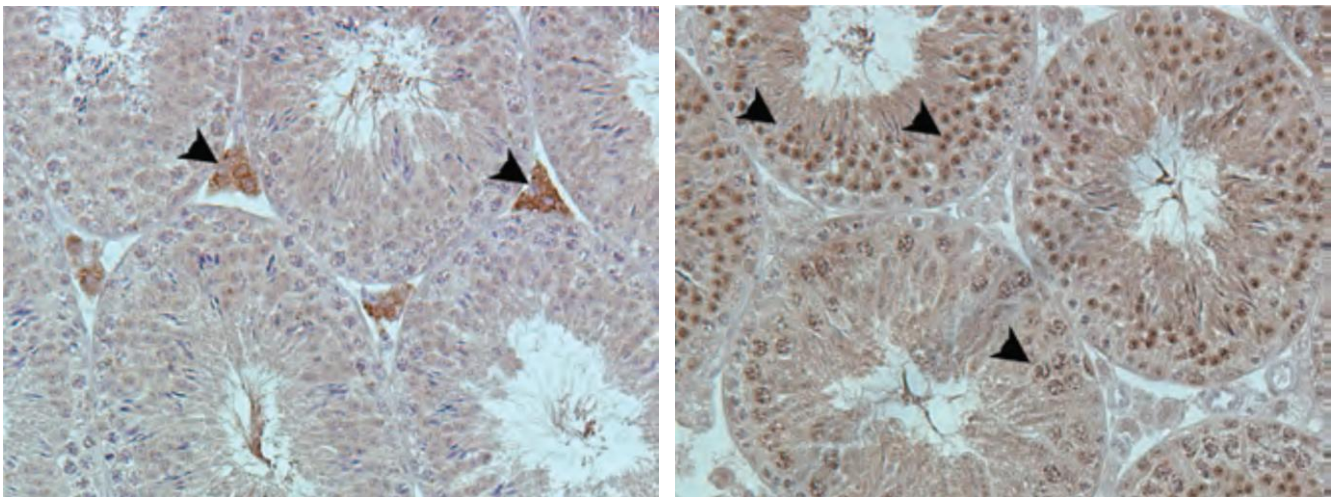
Marijuana Linked With Testicular Cancer

➤ Editorial Office

Men who use marijuana may increase their risk for developing testicular cancer. A recent study of several hundred Washington State men with testicular cancer showed an association between current marijuana use and the more aggressive of the two types of the disease. Moreover, the association was strongest among men with a long history of regular marijuana use.

To firmly link marijuana use and the cancer, however, scientists will need to replicate the findings among large groups of men across many geographical regions and identify the underlying biological mechanisms, says NIDA-funded researcher Dr. S. K. Dey of the Cincinnati Children's Hospital Medical Center, who collaborated on the study with Drs. Janet Daling and Stephen M. Schwartz and colleagues at the Fred Hutchinson Cancer Research Center and the University of Washington.

During the past 50 years, the number of new cases of testicular cancer reported annually in the United States has nearly doubled. So has the percentage of the general population who report having smoked marijuana at least once. Dr. Dey suspected that the two trends might be related, although exposure to various environmental factors may also be involved.



STRUCTURAL CONNECTION? Cannabinoid receptors (at arrows) of two types, cannabinoid 1 receptors (left) and cannabinoid 2 receptors (right), occur in mice testes cells (shown). Human testes cells also have these receptors. These proteins may underlie a proposed link between marijuana smoking and testicular cancer.

Along with the simultaneous rise in rates, there are biological reasons to hypothesize a connection between the drug and the cancer. Research has shown that marijuana smoking reduces sperm production and male fertility, and other work has linked diminished fertility to increased risk of testicular cancer. Cannabinoid receptors—the cell-membrane proteins that bind to a component of marijuana as well as to the naturally occurring compounds known as endocannabinoids—occur on the cell



membranes of sperm, the testes (see photograph), the uterus, and embryos, as well as on brain neurons. Marijuana smoking causes widespread effects in the endocrine and reproductive systems and might alter the growth of somatic and germ cells in the testes, resulting in testicular cancer.

The research team interviewed 369 men who were diagnosed with testicular cancer between 1999 and 2006 and 979 men who never had the disease. They recruited all of the study participants from three counties in Washington State and controlled statistically for smoking, drinking, and other testicular cancer risk factors.

Approximately 70 percent of each group reported smoking marijuana at least once. The researchers found that the odds of having testicular cancer were 70 percent higher among men who reported current marijuana use compared with nonusers. In addition, the researchers observed 80 percent higher odds of testicular cancer among men who started to use marijuana before age 18 compared with nonusers. They also found that the odds for testicular cancer among men who used marijuana at least weekly were twice that of nonusers.

Of the two categories of testicular cancer, nonseminomas and seminomas, the former was strongly associated with a history of marijuana smoking, but the latter had little or no association, Dr. Dey says. Nonseminomas occur in younger men, grow more rapidly, and have lower survival rates. While a man diagnosed with seminomas is 98 percent as likely as someone without the disease to still be alive 10 years later, the figure for someone diagnosed with a nonseminoma ranges from 46 percent to 92 percent, depending on the tumor subtype. (For more information on these cancers, see http://seer.cancer.gov/publications/survival/surv_testis.pdf.)

The association between marijuana smoking and nonseminomas, but not seminomas, is difficult to explain, says Dr. Dey. The rates for both types of cancer have been rising, and subnormal fertility and certain environmental exposures during puberty—such as chemicals that affect estrogen and androgen production—are risk factors for both.

“My colleagues and I hope our study sparks similar epidemiological investigations of the relationship between testicular cancer and marijuana abuse around the world,” says Dr. Dey. “These results may also spur animal research, which is essential for interpreting our findings.”

Animal research, he says, will be required to determine whether marijuana’s psychoactive ingredient, delta-9-tetrahydrocannabinol (THC), or its other components increase the risk of testicular cancer. Studies with animals may also search for molecular pathways connecting marijuana and testicular cancer. Such studies would probably focus on marijuana’s activation of the neurotransmitter system that underlies its psychoactive, endocrine, and reproductive effects.

“If these interesting findings are replicated in a large, nationally representative group of participants, then future research should delve into the molecular mechanism underlying the association,” says Dr. Vishnudutt Purohit of NIDA’s Division of Basic Neuroscience and Behavioral Research. He notes that the study by Drs. Dey, Daling, and Schwartz is part of NIDA-supported research to determine how drugs of abuse affect the cardiovascular, pulmonary, reproductive, and immune systems of the body.

Sources: NIDA (National Institute on Drug Abuse)



World Anti – Drug News

I. Pharmaceutical drug use among police detainees: Findings from the DUMA program

➤ Editorial Office

What is DUMA?

Commencing in 1999, the DUMA program is Australia's largest and longest running data collection system on drugs and offending, and captures information on more than 4,000 alleged offenders (not yet convicted) each year across nine locations throughout the country. DUMA currently operates from sites in New South Wales (Bankstown, Parramatta and Kings Cross), Queensland (Southport and Brisbane), Western Australia (East Perth), South Australia (Adelaide) Victoria (Footscray) and the Northern Territory (Darwin) and is comprised of a two-stage methodology using an interviewer-administered self-report survey, followed by voluntary urine testing. DUMA is unique in this regard, with urinalysis providing a reliable and objective measure of the prevalence of very recent drug use among the police detainee sample. Regular analysis of DUMA data facilitates ongoing monitoring of drug use rates, including the timely provision of data to local law enforcement, health and criminal justice practitioners. For further information about the DUMA program see Gaffney et al. 2010.

Methodology

In light of increased concern regarding the illegal use of prescription medication and the extent of the diversion of pharmaceuticals into the black market, the AIC incorporated a set of new questions into its third quarterly DUMA survey in 2011. These new questions were administered to 825 adult police detainees with the aim of providing updated information about the prevalence of pharmaceutical drug use, the extent to which such drugs are obtained through illegal or illegitimate means, and perceptions of their availability. Five pharmaceutical drug types were included in the survey:

- Buprenorphine (Suboxone or Subutex, or Norspan)
- Methadone
- Benzodiazepines (Valium, Xanax, Temazepam, Serepax, Mogodon or Rohypnol)
- Morphine (MS Contin, MSIR, Avinza, Kadian, Oramorph, Roxanol or Kapanol)
- Dexamphetamine (Ritalin, ADD medication)

The results presented in the remainder of this paper are based on analysis of these five pharmaceutical drug types.

Key findings

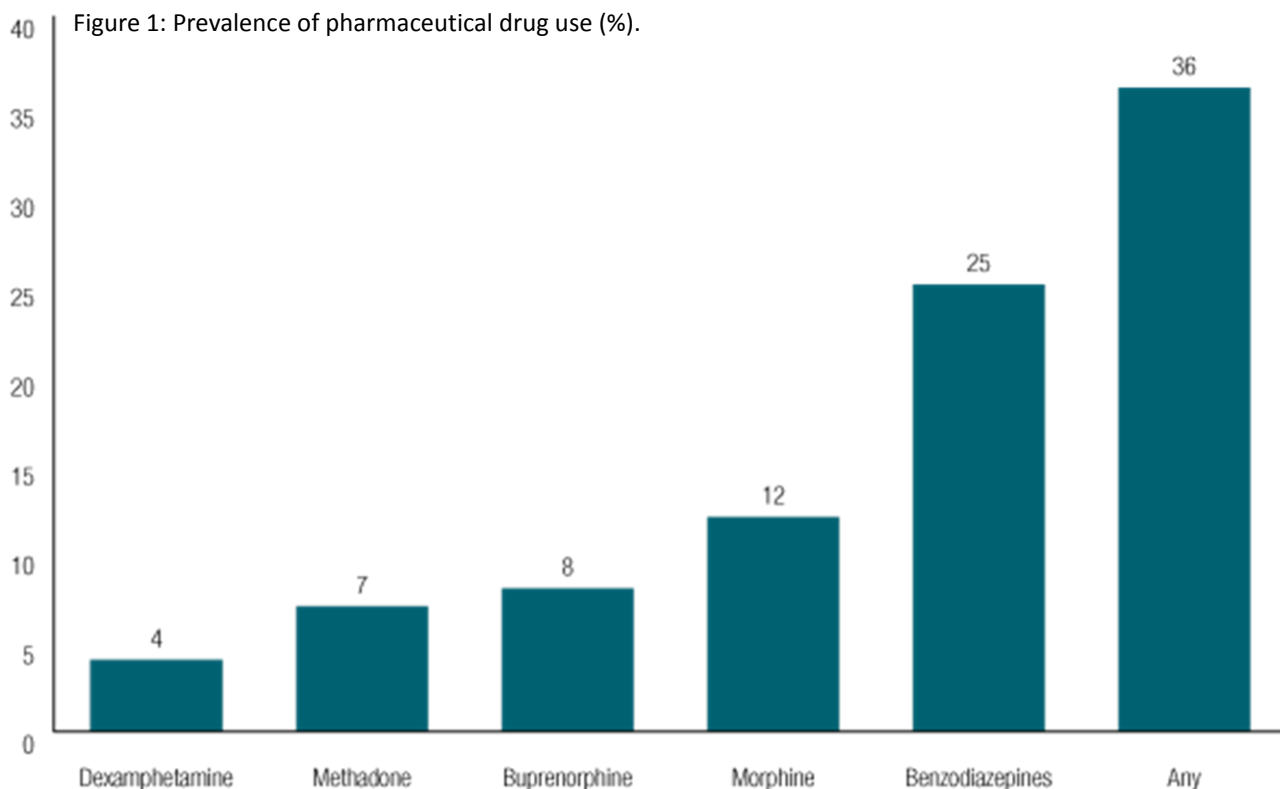
1. Prevalence of use

Analysis showed that one in three (36%) of 825 adult police detainees self-reported using either buprenorphine, methadone, morphine, benzodiazepines or dexamphetamine at least once in the past 12 months. Benzodiazepines were the most commonly used pharmaceutical drug among police detainees (25%), followed by morphine (12%), buprenorphine (8%), methadone (7%) and dexamphetamine (4%) (see Figure 1).



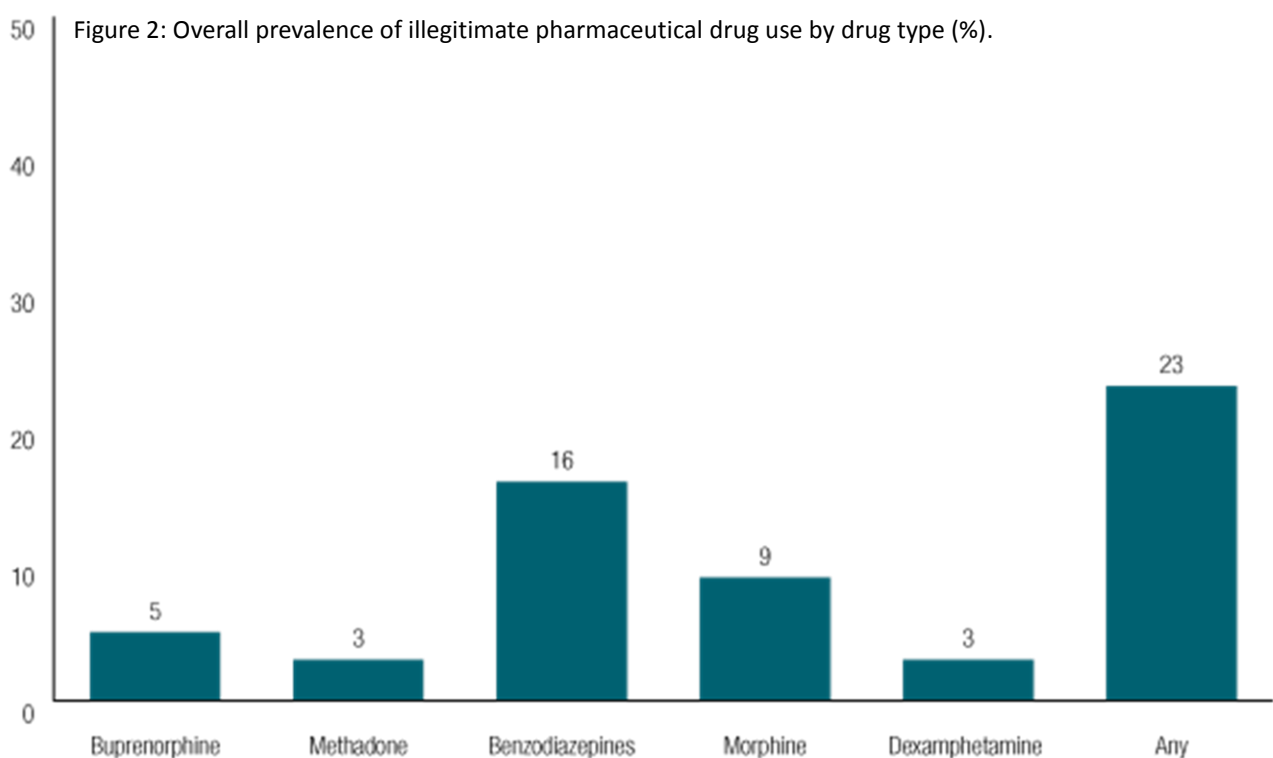


Figure 1: Prevalence of pharmaceutical drug use (%).

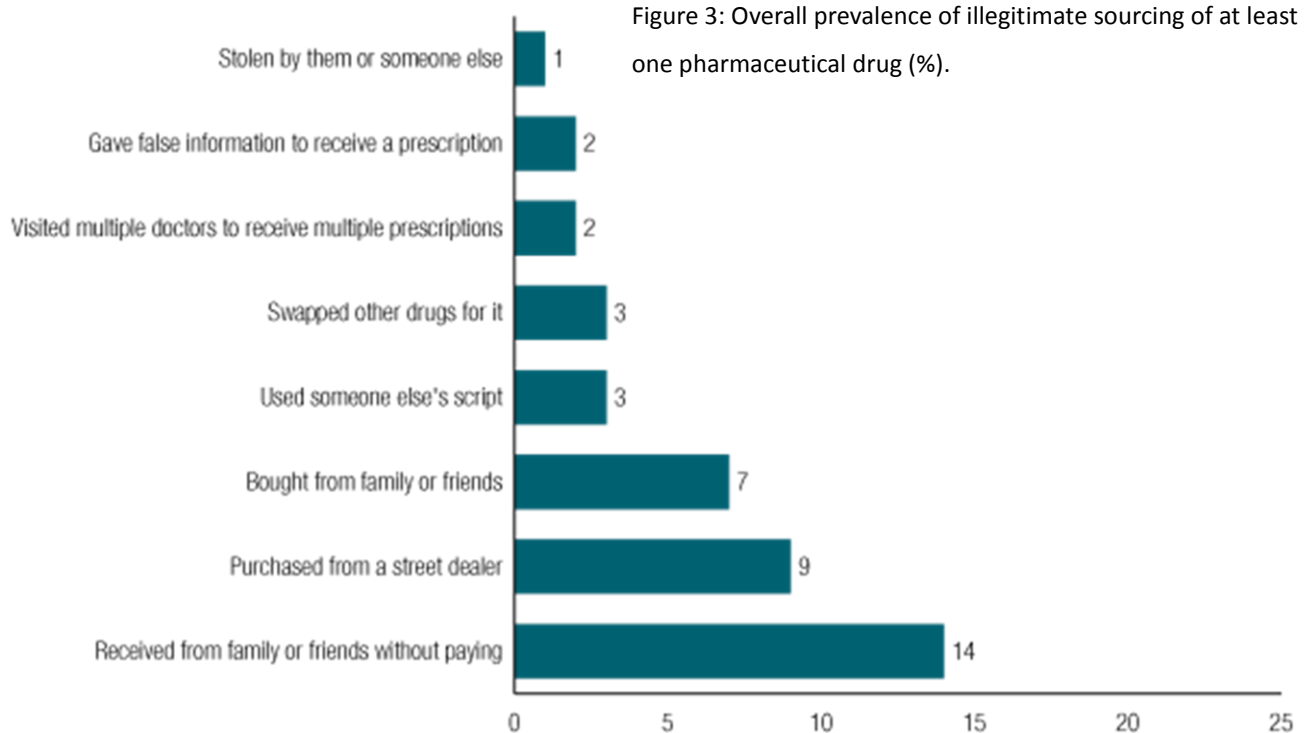


The overall prevalence of illegal pharmaceutical drug use can be expressed as a proportion of all detainees interviewed throughout the collection period. This takes into account all detainees who obtained each drug other than by a prescription in their own name, as well as those with a doctor's prescription obtained fraudulently. Overall, five percent of police detainees can be classified as illegitimate buprenorphine users, three percent as illegitimate methadone users, 16 percent as illegitimate benzodiazepine users, nine percent as illegitimate morphine users and three

Figure 2: Overall prevalence of illegitimate pharmaceutical drug use by drug type (%).



percent as illegitimate dexamphetamine users. Combining each drug into a single estimate revealed that approximately one in every four (23%) police detainees interviewed throughout the third quarter of 2011 had used pharmaceutical drugs obtained through illegitimate sources (see Figure 2).



2. Sources of illegitimate pharmaceutical use

By combining the responses across all five drug types it is possible to calculate the overall prevalence of each illegitimate source for the entire detainee population (n=825). The results, presented in Figure 3, showed that 14 percent of all police detainees were in receipt of at least one pharmaceutical drug from family and friends without paying cash. Overall, non-cash transactions among family and friends were the most frequently recorded means of distribution. Nearly one in 10 detainees reported buying pharmaceuticals from a street dealer (9%), while seven percent reported buying from family and friends. Doctor shopping was relatively infrequent, with only two percent of detainees saying that they had visited multiple doctors or provided false information about their symptoms in an effort to obtain more drugs than would otherwise be prescribed to them on a single occasion.

3. Perceptions of illegitimate availability

Despite obtaining pharmaceutical drugs predominantly from family or friends, the vast majority of self-reported users said that they were “easy” or “very easy” to obtain on the street (without a prescription). Benzodiazepines were most frequently reported as easy or very easy to obtain on the street (86%), followed by buprenorphine and morphine (76%, respectively) (Table 1).

More than half of those detainees using buprenorphine (59%) and morphine (53%) knew of someone dealing the drug at the time of their arrest. This was the case for 47 percent of



dexamphetamine users, 42 percent of benzodiazepine users and 38 percent of methadone users (Figure 4).

Figure 4: Self-reported knowledge of a street dealer, by drug type (%).

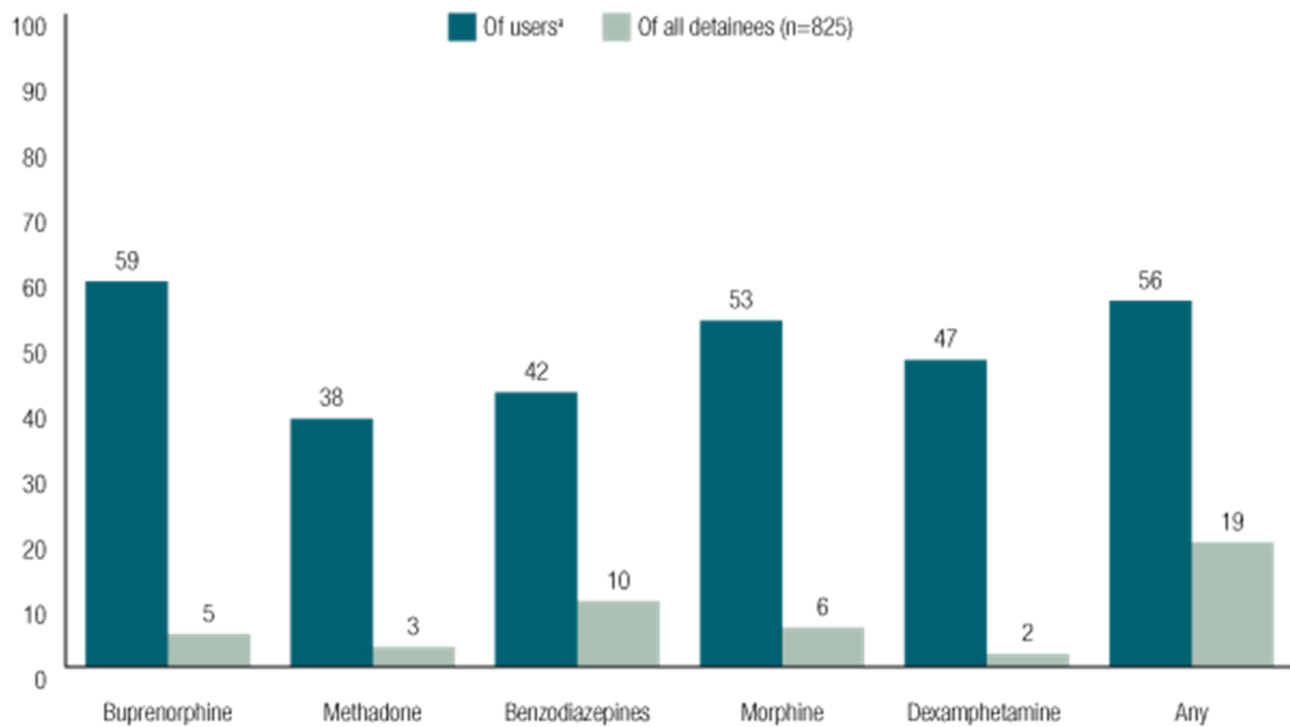


Table 1: Perceptions and knowledge of pharmaceutical drug availability of those who had used

	Buprenorphine		Methadone		Benzodiazepines		Morphine		Dexamphetamine	
Perception of availability	n	%	n	%	n	%	n	%	n	%
Very Difficult	9	16	8	20	5	4	8	11	3	11
Difficult	5	9	8	20	14	10	9	13	5	18
Easy	15	26	7	18	40	30	20	29	11	39
Very Easy	29	50	17	43	75	56	33	47	9	32

Source : Australian Institute of Criminology



The Drugs-Related Crime Control in Scandinavian Countries

➤ Professor Hua-Fu Hsu, National Chung Cheng University

Professor Hua-Fu Hsu(left) and distinguished guest.



It would be impossible to avoid the issue of drugs in any kind of review of the past 35 years of criminal policy in Scandinavian countries. The penal policy for controlling drugs clashes head-on with the once universal image of Scandinavian criminal policy. To understand what has happened in Scandinavia, it is best to look at the early 1970s when the goal of a drug free Scandinavia was first articulated. In fact the label 'a drug-free zone' was misleading for the Scandinavian countries from the very beginning. In this context the notion 'drug' was used quite arbitrarily. All drugs which are produced and distributed by the pharmaceutical industry and consumed on a daily basis in large quantities were excluded from the concept.

The adoption of many penal provisions on the international as well as national fronts has been ascribed to 'the fight against drugs', such as Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances passed in 1988 and EU Convention on Laundering, Search, Seizure and Confiscation of the proceeds from crime. In Europe, strategies and methods for a supranational control policy have been developed, especially with TREVI which includes the EU-countries' special body for policy and security issues as well as within Europol and other organizational forms outlined in the Schengen agreement. The group had also been given the status observers in certain other countries, like the United States, Canada, Morocco and the Nordic countries. TREVI stood for Terrorism, Radicalism, Extremism and Violence. The original mandate was later extended to special group on 'Police Cooperation', 'Serious Crime and Drug Trafficking' and 'Policy and Security Implications of the Single



European Market’.

The fight against drugs in Scandinavia includes —

1. New criminalizations and tougher sanctions: Until around 1970, the most severe possible sanction for a drug offence was two years’ imprisonment in Denmark, Norway and Sweden, four years’ imprisonment in Finland and fines in Iceland. Today the situation is entirely different. The most severe penalty for a drug crime is ten years’ imprisonment in Denmark, Finland, Sweden and Iceland, and twenty-one years in Norway.

2. A universal criminalization of all drug-related offences: The considerable reach of the criminalization of drug-related offences in Scandinavia is reflected in the fact that the definition of ‘narcotics’ has exceeded stipulations. The trend towards allowing criminalization to sweep up all acts in this path is clearly seen in the fact that personal consumption of drugs is now punishable in most Nordic countries. In Norway, the maximum penalty for use of drugs is six months’ imprisonment, whereas in Finland after the law amendment of 1993 the maximum is two years’ imprisonment.

3. Extensive police powers-effective narcotics surveillance and crime investigations: Harsh control can be seen as characterizing the applications of laws in the area of drugs. This is true of crime investigations and surveillance practices where ‘untraditional methods’ have been successively adopted.

4. Trials in drug cases-lowered burden of proof and dubious evidence: The rules about the allocation of burden of proof in criminal cases and the requirement that a conviction must be based on a high standard of evidence of the defendant’s guilt create difficulties in all criminal cases. In the area of drugs in particular, attempts have been made to hurdle these obstacles by unconventional means.

5. Deterrence through harsh schematic sanctions: In Nordic countries, the sentence given for an individual offence is always supposed to be in proportion to the offender’s culpability and the criminal act’s harmfulness and dangerousness. The harshest sentence handed down in Sweden was 18 years’ imprisonment.

What has been achieved by the adoption of the present drug policies? The goal of these policies has not been attained a drug-free society. The drug policy adopted in Scandinavia has been accompanied by high control costs. Also, the total police force in Scandinavia has expanded in recent decades, and this expansion has primarily been explained by the increased efforts in the drug sphere. Another result of the Scandinavia drug control strategy is a rise in the prison populations. ‘The fight against drug’ has been based on values always associated with conservative-liberal politics. It is not only asked how we as a society intend to solve this social problem including the means provided under penal law-a crusade being proclaimed against crimes and offenders, but also it reflects the framework of a social welfare model is gradually away from Scandinavian countries.



Taiwan Research Message

The Evaluation on the Effectiveness of Drug Addicts' Treatment Model in Taiwan

➤ Professor Shu-Lung Yang, National Chung Cheng University

Drug addiction problems have exerted negative impacts to the human being's health. Many countries invested giant budgets and resources to help the drug addicts' successfully leading healthy life of living. The United Nations considers drug addiction is a chronic illness and thus asks the member countries to provide and promote treatments and harm reduction programs, which is the mainstream model of drug addict's treatment policy.

Currently, the drug addicts' treatment model of Taiwan have abandoned the traditional incarceration only, instead, three model of treatment such as (1) Institutional treatment-compulsory treatment in drug abuser treatment center,(2) deferred prosecution for first-grade drug addicts' treatment(but required treatment) and (3) drug abuse outpatient clinic-methadone maintenance treatment are proposed. However, the effectiveness of these models have not yet verified and required further tested.

The Drug Treatment Alternative to Prison(DTAP) program was developed by the Kings County District Attorney's Office in Brooklyn, N.Y., USA., and is the first prosecution-led residential drug treatment diversion(divert from institutional treatment) program. All evaluation study shows that the re-arrest prevalence, overall recidivism prevalence and cost of the DTAP program are lower than traditional institutional treatment. There are one study evaluate the effectiveness of deferred prosecution for drug addict's treatment in Tainan, Taiwan, the outcome shows that this program had 89.5% retention rate, and the positive rate of morphine at every 3 month on urine screen were 43%、37%、56%、57%, but the study didn't evaluate the other two treatment model(institutional treatment and drug abuse outpatient clinic treatment) in Taiwan. From literature review, we summarized the indexes of the drug addict's treatment include:

- | | |
|--|-----------------------------------|
| (1) Positive Cognition | (5) Retention Rate |
| (2) Recidivism/ Relapse Rate | (6) Economic and Employment Rate |
| (3) Medication Rate | (7) Addiction Severity Index, ASI |
| (4) Number of HIV infection | (8) Mental Assessment |
| (9) Short Form-36, SF-36 or Physical and Social Assessment | |

In response, the National Science Council of Executive Yuan sponsor the project chaired by Professor Shu-Lung Yang(the National Chung Cheng university) and Tony Lee(National Taiwan Normal university) to evaluate the current three drug addiction treatment model in the year of 2012. This study attempts to sample 700 drug addicts' inmates from prison, 700 clients under deferred prosecution order, and 700 drug abuse outpatients(methadone maintenance treatment) from hospital for the evaluation of their effectiveness in terms of (1)positive cognition.(2)recidivism/relapse rate.(3)medication rate.(4) number of HIV infection.(5) retention rate.(6)economic and employment rate.(7) addiction severity index, ASI (8)mental assessment. (9)Short Form-36, SF-36 or Physical and Social Assessment. It is expected that the most adequate and needs-based model for drug addicts can be derived.



Operation DAWN

The gospel of drug addicts

➤ Editorial Office



Rev. Liu Min-ho.

Work History

The work of Operation Dawn was pioneered by Rev. Paul Chen of the Beautiful Gate Baptist Church Ltd. Kowloon, Hong Kong; Rev. Liu Min-ho. Rev. Liu, who is responsible for the work of Taiwan Operation Dawn and has been successful in drug rehabilitation in Hong Kong Operation Dawn, was invited to preach in Taiwan in 1983. Through Professor Lin Chi-ping of the Cosmic Light Holistic Care Organization, the seriousness of the problem of drug abuse in Taiwan was also talked about, thus encouraging Operation Dawn to establish a gospel

drug rehabilitation ministry in Taiwan. In 1984, Rev. Chen sent Rev. Liu with his just-married wife and Rev. Jiang Te-li and his family of five to Taiwan to start the gospel drug rehabilitation ministry, and established Taiwan Operation Dawn in 1989.

Purpose of Service

Holistic reconstruction: Use Jesus Christ's faith and love to help drug rehabilitation participants comprehensively reconstruct and restore their physical, psychological, spiritual, and social life to completely overcome their drug addiction.

Mutual support of peers: To help friends facing similar difficulties and build friendships to achieve lives of mutual support and encouragement.

Training workers: To cultivate workers' aspiration to devote themselves to Christ, and engage in advocacy of the Gospel of Christ.

Service to the community: To assist the Government and relevant units to implement anti-drug policies and drug rehabilitation and crime prevention activities in every prison, school, and community to advocate prevention and control of drug hazards.

Mission expansion: Strictly adhere to the ethics of service to assist all countries to set up a dawn blessing drug rehabilitation ministry.



Rev. Liu Min-ho and drug addicts.



Gospel rehabilitation

Gospel rehabilitation work is based on the Word of God: The Bible helps drug rehabilitation participants live a life free of sin. Gospel rehabilitation belongs to the field of spiritual treatment. The focus is not to rely on anesthetic drugs (not to quit the drug with drugs) or one's own force, but through the love of God, the touch of the Holy Spirit, and the teachings of the missionary Bible. People who experienced drug rehabilitation and group dynamics to help the drug addicts' rebirth are leading examples. Accepting dawn counseling requires living in the Counseling village/home of this Church for a year and a half, passing through the four counseling stages of education, including comprehensive physical, psychological, spiritual, and social behavior rehabilitation as the content of the educational counseling.

Phase I: Withdrawal. Allow participants to adapt to the village/home life to facilitate their bodies' healthy recovery.

Phase II: Rehabilitation. Counseling for male participants' personality reconstruction through the farm life to encourage students to plant vegetables and raise livestock by themselves; female participants are drilled in the responsibility of the work of family life, resulting in team understanding and self-affirmation.

Phase III: Spirituality. Help counseling participants upgrade their thoughts and establish interpersonal relationships with others.

Phase IV: Rooting. Grant responsibility to stable participants to take care of new participants, and to work out career planning for when leaving the village/home.

Counseling Goals

"Mind poison" is the most fundamental problem among drug addicts; the counseling goals of life re-construction are part of the house's counseling planning based on faith that promote the body, mind, and spiritual growth and develop Christian character by focusing on the moral and ethical life of the Bible.

Holistic rehabilitation counseling education programs are as follows:

Spiritual lessons: From the perspective of the characters in the Bible, the Word of God, and Jesus' life personality, words, and deeds, the person in drug rehabilitation is encouraged to engage in introspection, adjustment, and promotion of faith and life fitness.

General Education courses: Music, English, computer classes, and edification for learning a professional skill.

Practice Course: Through the teachings of Bible life ethics, living a new life.

Course of employment: Etiquette courses for the participant's return to society and interpersonal relationships.



National Chung Cheng University is Conducting an Investigation on Crime Victims

Crime Victims in Taiwan and the Public's Satisfaction Towards the Government's Efforts in Public Security in February 2012

➤ Editorial Office



President of National Chung Cheng University Jyh-Yang Wu.

The latest results released by the National Chung Cheng University Crime Research Center's "Opinion poll of people across the country as crime victims and their satisfaction with government policy to maintain law and order for 2011" revealed that 57.7% of the people were dissatisfied with the effectiveness of government performance in improving law and order. However, compared to prior results, which were often more than 70%, law and order satisfaction has significantly improved. In

the opinion poll on the prevention of fraud, 65.2% of the people expressed satisfaction, which, compared with the investigation in 2010, had increased significantly by 6.9%. Despite the best results, the concerned units must continue strengthening the prevention and attitude in handling cases. Regarding the judiciary, more than 70% of people still do not believe that the prosecutor and the judge can be fair and impartial in investigation, trials, and dealing with criminal cases.

The Crime Research Center of National Chung Cheng University conducted telephone interviews and surveys for the entire year of 2011 on major law and order related issues, with Director of the School Crime Research Center, Professor Yang Shu-lung, as convener, Director of Public Opinion and Market Research Center, Professor Lou Wen ta, as deputy convener, and Professor Cheng Jui-lung as Director of the Department of Crime Prevention. The survey conducted random sample interviews of 2,227 people in Taiwan on January 16 ~ 21, 30 ~ 31, and February 1 ~ 2 this year, and on February 16 held a press conference in Taipei on the "Telephone questionnaire survey of people across the country as crime victims and their satisfaction with government policy to maintain law and order in 2011" to release the survey results. President of National Chung Cheng University Jyh-Yang Wu presided over the meeting.

The survey found the following:

1. Public satisfaction with law and order indicates signs of stabilization



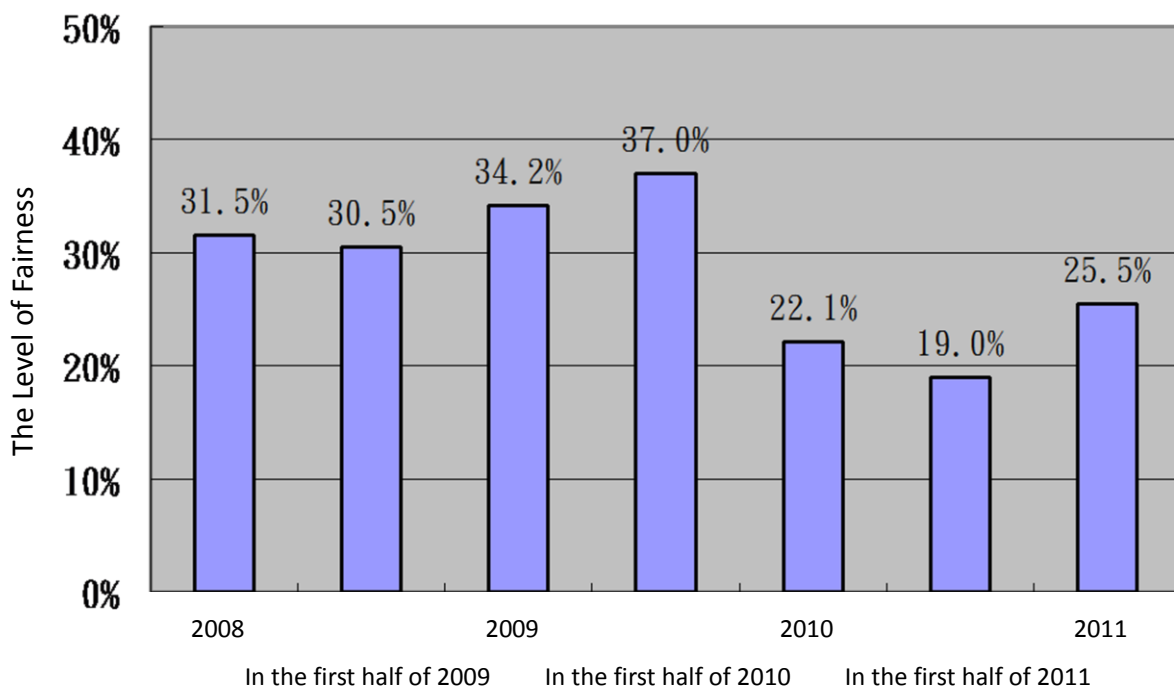
The survey data show that 55% of respondents believe that the “law and order situation is poor” in Taiwan; over the past year, 57.7% of people were “dissatisfied with the government performance in improving law and order.” This when compared with the 2010 survey results shows a downward trend. Similarly, this trend also found from people’s “confidence in the improvement of future law and order” that for the first time half of the people have confidence in the government’s performance in maintaining law and order, showing an increase of 13% compared to 2010. Compared to earlier results, when more than 70% were dissatisfied, the improved satisfaction with law and order in terms of public perception indicates signs of stabilization.

2. Public confidence in the judiciary shows signs of a stop in decline

More than 70% of the public question the impartiality of the prosecutors’ and judges’ investigation of cases. It seems our country’s judges still cannot get the affirmation of the majority of people. Regarding this year’s trends, compared with 2010, all have improved. On the aspects of confidence and trust in judges, signs indicate a stop in decline, and satisfaction with police in maintaining law and order reached a new high of 53.4%, the best performance ever in this survey.

In addition, the center conducted survey interviews for people’s “Confidence in the establishment of a government agency to fight corruption (Agency against Corruption),” which revealed that only 58.5% of respondents knew about the setup of the new government department. About 24.5% of the population deemed it effective, while 56.1% deemed it invalid. This result is a warning for the ruling team (Agency against Corruption) that was established recently and dedicated to rectifying corruption and changing people’s impression of corruption in the government.

The Trends on Perceptions of Court Judges' Fairness to Administer Justice



Latest Conferences Information

➤ Editorial Office

Conference	Host Organization	Date	Location
2012 台港澳青少年藥物濫用問題國際研討會	桃園地方法院檢察署 桃園更生保護會 桃園縣毒品危害防制中心	2012 年 3 月 8 日	行政院衛生署桃園療養院 B1 國際會議廳 Event URL: http://www.tychb.gov.tw/100/registration/index-1.asp?Parser=29,12,66,,,,,32
Conference tackles prescription drug abuse	Operation UNITE	Apr 10–12, 2012	Orlando, FL Event URL: http://nationalrxdrugabusesummit.org/
American Association for the Treatment Opioid Dependence, Inc. National Conference	Opioid Dependence, Inc	Apr 21–25, 2012	Las Vegas, Nevada Event URL: http://www.aatod.org/
From Theory into Practice: NIDA's Blending Conference Highlights the Latest in Drug Abuse Treatment	National Institute on Drug Abuse (NIDA)	Apr 22–23, 2012	Albuquerque, New Mexico Event URL: https://www.drugabuse.gov/news-events/news-releases/2010/04/theory-practice-nidas-blending-conference-highlights-latest-in-drug-abuse-treatment
2012 年全國反毒會議國際研討會	主辦單位：教育部 承辦單位：國立中正大學	2012 年 6 月 2 日	Event URL: http://deptcrc.ccu.edu.tw/index.php/2012

