A Study on Factors Affecting the Abstention of Drug Abuse in Private Rehabilitation Institutes in Taiwan — Operation Dawn Taiwan as an Example

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The purpose of this study is to understand problems of the abstention of drug abuse in Taiwan. Comparing the model of Operation Dawn Taiwan with that of the government’s official rehabilitation institutes, this paper aims to identify advantages and disadvantages of the model in private institutes. The opinions of all inmates and tutors in Operation Dawn Taiwan, the biggest private rehabilitation institute in Taiwan, were collected via questionnaires. This study’s findings show that factors of relapse for a drug abuser after leaving rehabilitation institutes include: 1) the enticement from drug fellows; 2) incapability to resist the allure of drugs; 3) unemployment or hindrances to job-finding; 4) psychological depression; and 5) his/her desire for drugs. Inmates and tutors hold the same opinion on all models of the abstention of drug abuse. Specific suggestions of the abstention of drug abuse in Taiwan will also be discussed in this paper. Finally, inmates consider that career planning has significant positive correlations with abstention.

Introduction

Research Motive

While Taiwanese society has changed in recent years, problems of drug abuse have not been suspended. Like the metastasis of cancer cells, drug abuse endangers the human body and eventually devastates a country. From a macro point of view, drug crime changes the structure of the whole economic system and deconstructs the society. From the micro point of view, it results in interpersonal isolation, family breakdown and delinquency. Even Ministry of Justice, Executive Yuan designated the years 2005 to 2008 as Years of National Anti-Drug War, to fight the problem of drug abuse from the three aspects of drug enforcement, drug rejection and drug abstinence. In terms of drug enforcement, America has excluded Taiwan from the list

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of countries of transhipment of narcotics for many years. In regard to drug rejection, the
government has attempted to integrate the media and network technology, emphasise anti-drug campaigns, highlight legal education on drug abuse and develop leisure counselling for juveniles. However, while distinguished results have been shown from drug enforcement and anti-drug campaign strategies, we seem to ignore the aspect of drug abstention. To promote the effects of abstention from drug abuse and to effectively stop drug epidemics, further attention is required, including analysing factors associated with abstention in rehabilitation institutes.

Purpose

In contrast to previous studies focusing on the model of abstention in official rehabilitation institutes, this study hopes to identify an effective model for the abstention of drug abuse that can help reduce the probability of drug offenders’ relapse by an in-depth investigation of the private rehabilitation institute, Operation Dawn Taiwan. In addition, this study identifies the experiences and difficulties encountered in implementing drug abstention programs in order to provide more complete recommendations for a domestic drug abstention system. The four aims of this study are:

1. To describe the introduction of the therapeutic community, its treatment system and correctional program so as to probe the advantages and disadvantages of the current systems in Taiwan.

2. By collecting the opinions of inmates and tutors in the rehabilitation institute via questionnaire, we specifically research the model of abstention in Operation Dawn Taiwan, so as to comprehend and further analyse factors associated with abstention.

3. To collect information on the subjects’ identification with, and attitude toward, the various kinds of models of abstention in Taiwan.

4. Finally, based on our research results, we provide recommendations for official and private rehabilitation institutes.
Definition of terms

- **Private Rehabilitation Institute**: In this study, the private rehabilitation institute refers to the one cooperating with the National Bureau of Controlled Drugs, Department of Health, and adopting the model of Gospel drug-treatment.

- **Inmate**: this refers to subjects addicted to those drugs defined by the Drug Prevention and Control Act and who underwent drug abstention in Operation Dawn Taiwan.

- **Tutors**: these are defined as teachers, preachers, counsellors and team-mates working in the various therapeutic communities of Operation Dawn Taiwan.

- **Factors associated with abstention**: These include factors associated with abstention from drug abuse, the improvement of resistance to drugs, and the prevention of drug harm, as identified by inmates and tutors in various therapeutic communities of Operation Dawn Taiwan. As such, they represent the personal opinions of those interviewed.

Literature Review

Statistics on Narcotics in Taiwan

*Analysis of factors of drug abuse in Taiwan, 2005*

According to the Ministry of Justice of the Executive Yuan (2005) statistics for criminal cases in the Taiwan-Fuchien area in 2005 (see Table 1), the majority of drug suspects (85.0%) who are arrested by police but not yet convicted of a drug offence, said that ‘addiction’ was the main reason for their drug abuse. The second factor cited was ‘other reasons’, which accounted for 12.4%, while ‘curiosity’ was the third (2.3%). The top three reasons in 2005 corresponded to those in 2004.
### Table 1: The analysis of factors associated with drug abuse in 2005

<table>
<thead>
<tr>
<th>Factors</th>
<th>No. of subjects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labours</td>
<td>39</td>
<td>0.1</td>
</tr>
<tr>
<td>Gambling</td>
<td>6</td>
<td>0.0</td>
</tr>
<tr>
<td>Illness</td>
<td>9</td>
<td>0.1</td>
</tr>
<tr>
<td>Curiosity</td>
<td>965</td>
<td>2.3</td>
</tr>
<tr>
<td>Addiction</td>
<td>24614</td>
<td>85.0</td>
</tr>
<tr>
<td>Other</td>
<td>3600</td>
<td>12.4</td>
</tr>
<tr>
<td>Total</td>
<td>28,944</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Ministry of Justice, the Executive Yuan. 2006

**Conditions of watch list and compulsory drug rehabilitation from 2001 to 2006**

Based on an analysis of important indices produced by the Ministry of Justice in 2006, the Drug Prevention and Control Amendments Act of 2004 was introduced. Before 2004, people who had been arrested for drug abuse attended abstention and treatment forcibly. Since 2004, instead of drug abuse abstention and treatment, drug offenders who commit drug crimes again within five years are prosecuted or sent to prison. In addition, since 1989, the drug abstention and treatment centres controlled by the Government are located in prisons. However, whether the person is sentenced to prison or treatment forcibly, he will be sent to the prison ultimately. After the inmates finish drug abuse abstention and treatment, an evaluation committee evaluates the inclinations of inmates by a static score and a movement score. If the inmate still has a drug abuse inclination, he/she has to stay in the treatment centre for a maximum of one year.

Following the change of legislation in 2004, the number of inmates in the drug abstention and treatment centre which belonged to the Government decreased. In 2005, there were 13,797 inmates in the government’s drug abstention centre. However, in 2006 this reduced to 11,017. Those who finished drug abstention treatment and left the government’s drug abstention centre in the same year numbered 10,868. Among those who had finished treatment and left the centre, 2,917 people (27.3%) were evaluated to still have a drug abuse inclination, so they had to stay in treatment centre. Due to the influence of the Drug Prevention and Control Amendments Act of 2004, if drug offenders experiencing drug abstention treatment still have a drug abuse inclination, they will be sent to compulsory treatment in a drug abuse abstention centre. The number of inmates in rehabilitation institutes of Government in 2005 (2,830) was smaller than that in 2004 (3,161) – a reduction of 331 people.
The Abstention of Drug Abuse Model in Operation Dawn Taiwan

The introduction of the model

The existing drug abstention treatment model in Taiwan proved to be not very successful. The rate of recidivism was over 70 percent. Accordingly, after the drug offenders finished the abstention treatment in the Drug Abstention and Treatment Centre (the public rehabilitation institute in Taiwan), they would be urged to continue their abstention treatment in private rehabilitation institutes that cooperated with the Department of Health, Executive Yuan, Taiwan. The subject of our study, Operation Dawn Taiwan, was one of these private institutes. The model of the abstention of drug abuse in Operation Dawn Taiwan was exactly like the model of therapeutic communities abroad, which was translated as ‘Jie Du Cun’ by the Department of Health, R.O.C.

At present, there are three therapeutic communities in Taiwan: ‘Operation Dawn Taiwan’; ‘The House of Grace’; and ‘Agape House’. These three communities help drug abusers quit drugs through Christianity. It is also called ‘Gospel drug treatment’. In the beginning these therapeutic communities were private institutions. They had no authority like the Drug Abstention and Treatment Centre administered by the government. The following briefly describes their introduction.

A. Operation Dawn Taiwan

As the first Christian therapeutic centre, Operation Dawn Taiwan was established in Hong Kong in 1968. Operation Dawn of Hong Kong came to Taiwan in 1984 when Operation Dawn Taiwan was founded. Its objectives included:

- To help members recover in body, mind, spirit and social life from the pain of the addiction to drugs through Christian beliefs and love;

- To help people with the same difficulty establish friendships so that, by supporting and encouraging one another, they could lead a cooperative life;

- To cultivate workers who were willing to devote themselves to Christianity and preach the Gospel;

- To assist government and other relevant units in anti-drug, drug rejection, and drug prevention activities and to campaign on anti-drugs in various Correctional Centres; and
• To abide by ethics of service and to assist every country in the world to found social work institutes like Operation Dawn Taiwan.

In 2002, members in Operation Dawn Taiwan, such as Min-Ho Liu, Shao-Jean Mo and Lin-lin, suggested that Operation Dawn Taiwan should provide mental and behavioural counselling for those who go astray to change their beliefs, values and behaviours by the power of religious faith. At present, there are twelve locations of Operation Dawn Therapeutic Community in Taiwan (Operation Dawn Taiwan website http://www.dawn.org.tw).

B. The House of Grace

In response to the seriousness of the drug abuse problem in Taiwan, in 1991 the Finnish Church established ministries of Christian therapeutic agencies in Xin-Yuan township, Ping Tong County. The Lutheran Church provided places for the agencies. At present, the Finnish Church has developed five bases of operations in Taiwan, which help members broaden their lives by learning new techniques, such as crop cultivation of organic farming, hairdressing training, training of producing teeth models, aluminium widows and doors, steel windows, computer class, etc. (The House of Grace website http://www.hg.org.tw).

C. Agape House

In the wake of the increasing number of drug abusers and their decreasing age, Frank and Annie Bartolatto used their personal experiences as victims of drug abuse to establish a non-profit drug addiction treatment centre - Agape House. In spite of the lack of experience, funds and lands, and also in spite of the misunderstanding or disapproval from the Taiwanese society, Agape House attracted people’s attention.

Because they rejected the lure of drugs with the support of religion, they created Gospel drug-treatment, also called holistic rehabilitation. The Gospel drug treatment was divided into four parts, including soul, mind, body and society (Agape House website http://www.vsg.org.tw).

Organisation and the Model of Management of Therapeutic Communities Abroad

In the early stages, therapeutic communities were managed by those who had gone through the same experiences. Later, professionals were introduced as managers and therapists by other therapeutic communities. However, the way in which each
therapeutic community selects drug abusers and the time when they are required to enter the community varies from one to another (De Leon 1997; Ahn 2003).

A therapeutic community is formed by managers and members who come together for the purpose of quitting drugs. The structure helps build an individual’s multiple connections and responsibilities. Every member fulfils his/her obligation to ensure that the organisation operates well. In general, the therapeutic community is like a big family; it has distinctive interior stratum in several teams. Every team has its own responsibility to manage the community. Members in teams can ‘up’ their status by work performance, and the standard for promotion relies on attitudes toward other members’ behavior, emotion and thoughts, and also on satisfactory interpersonal relationships.

Reasons why members in therapeutic communities improve themselves and successfully quit drugs include: (Tang 1997; De Leon 2000; Ahn 2003):

- Self-reliance and mutual aid. This is the most crucial factor of all. Both managers and members are viewed as organic components of the one big family, so each member helps not only him/herself but also others in daily life and activities.

- Work as education and as therapy. It seems that a therapeutic community lacks specified, professional education or therapy. With a variety of work, members are aware that their hard work is closely associated with status and rights designed to reinforce positive behaviours in the communities.

- Teaching as well as learning between peers. Members influence and learn from each other in their daily lives. With managers’ instruction and supervision, each member discovers worth-learning advantages from more mature peers.

- The manager as a model and his/her supervision. Because drug abusers find difficulty in properly dealing with authority, managers in therapeutic communities are authoritative figures whom members can trust and interact with. Furthermore, managers who have gone through the same experiences can be models for members and inform them of the possibility of quitting drugs.
Taiwan and Foreign Related Empirical Investigation and Research on Factors associated with Drug Abstinence

Research in the Taiwan setting

Using observations in a Christian therapeutic community as well as in-depth interviews with 35 inmates, Pei-zhen Tsai (1990) adopted a quantitative approach to explore motives for drug abstinence, factors associated with failing to quit drugs, and fundamental elements of religious treatment. The results reveal that fundamental elements of religious treatment in a Christian therapeutic community include ‘Bible study and experience’, acting ‘in accordance with God’s will’, ‘the group motivation of drug rehabilitants’, ‘motive of drug abstention’, ‘being loved’, ‘work and activity’ and so on.

Xing-guang Chiao (1996) used questionnaire-based case studies to probe the culture and meaning of the Gospel drug treatment in Operation Dawn Taiwan. The results showed that the model of the Gospel drug treatment can achieve a better effect on drug abstinence for it can deal with the physical problems of drug abusers, as well as and his/her mental problems and social reconstruction.

In-depth interviews with three ex-drug abusers in Operation Dawn Taiwan were used by Cui-ling Hu (1996) to analyse and synthesise factors for the continuance of drug abuse. The study found that:

- drug abusers indulge in the pleasure of drug-taking and ignore the seriousness of drug addiction so that eventually, they gain relief from physical and mental pain through the use of drugs and form a closed group of drug-taking fellows with their own subculture.

- family members are unaware of the horrible consequence of drug addiction, so they do not actively prohibit drug-taking behaviours.

- drug taking aggravates and even leads to a collapse of mental health and is associated with an inability to reject the lure of drug, and a strong desire to recollect the pleasure of drug taking.

- Drugs help to avoid pain and the predicaments of reality. There is also a failure to get rid of drug fellows and their old life-style.

- Finally repeated failures in drug abstinence lead to the giving-up of abstention and the loss of self-value and life meaning.
Related research abroad

Mello (1997) spent a month participating in two therapeutic communities in America, observing the therapeutic process. The analysis revealed that the therapeutic process can be divided into three stages, which are ‘total environment’, ‘safe environment’, and ‘beyond the TCs’. The first stage emphasises changing an inmate’s behaviour through guidance and activities in the community. In the second stage the inmate internalises changes that occurred in the first stage within a safe environment. The third expects inmates’ stable conditions to be maintained after they leave the community.

Soyez et al. (2003) undertook case studies of four inmates and three significant others who left communities and went to halfway houses for six months in Belgium. The study indicated that inmates leaving communities find it difficult to adapt to society again. Significant others had positive views on inmates’ recovery and reintegration to society, but inmates were surprised at society’s overemphasis on their past drug abuse. Researchers concluded that these individuals will adapt more easily to society if society accepts inmates more kindly.

Overall, reasons for the relapse of drug abusers include the frequency of drug taking, characteristics of crimes and occupations (Hubbard et al. 1989; Simpson et al. 1997), the consistency between drug abuse and regulations in rehabilitation institutes, models of regulations in rehabilitation institutes, whether they are in continuous tracking and therapy after leaving the Drug Abstention and Treatment Centre, and whether they participate in guidance and education or vocational training for professionals (Lurigo 2000).

The Design and the Execution of the Research

Research Framework

In contrast to the quantitative methodologies adopted by most research into the model of drug abstinence in Taiwan therapeutic communities, this research will adopt a qualitative questionnaire-based methodology, with the current types of courses in Operation Dawn Taiwan forming our research framework. The structured questionnaire uses six rating scales, including life adjustment, guidance courses, physical training, skill training, effects of abstention, and the model of abstention. In order to understand differences in the effects of the abstention of drug abuse, two
types of questionnaires were designed, one aimed at members and the other at tutors. The research framework is outlined in Figure 1.

Figure 1  Research Framework

Methodology

Literature Reviews: books, journals, theses, official statistics and websites related to models and effects of drug abstention provided by overseas eminent scholars and domestic therapeutic communities were collected in order to analyse and organise domestic and foreign models of drug abstention in official and private institutions.

Questionnaire: in social science research, the questionnaire is the most common and wide-spread method of collecting data. This study used questionnaires to inquire into how members and tutors in Operation Dawn Taiwan view drug abstention. Structured questionnaires were sent to therapeutic communities during September to November in 2004. Two kinds of questionnaire were designed to identify the disparate effects of drug abstention.
Sampling

To avoid low reliability due to the fact that the number of respondents might be too small and the fact that the total number of members in Operation Dawn Taiwan is not constant, researchers personally visited counselling centres in all therapeutic communities. Before distributing questionnaires to the respondents, researchers explained the objectives of this study and the topics covered by the questionnaire. They even helped an illiterate member complete his questionnaire by reading each question to him. This ensured a response rate of 100 percent (see Table 2) and the reliability of the questionnaire was improved. By November 2004, 85 questionnaires had been returned, including 68 for members and 17 for tutors.

Table 2: The number of members and tutors in Operation Dawn Taiwan in 2004

<table>
<thead>
<tr>
<th>Therapeutic Communities</th>
<th>Number of members</th>
<th>Number of Tutors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tainan</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Hu-ko</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Shuang-si</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Hsin-dian</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Miao-li</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Taitung</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Sisters’ House</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

The Instrument

The questionnaire used in this study was based on Yong-lian Lai’s (2000) questionnaire aimed at measuring the effects of regulations on drug abstinence in Taiwan. The research framework was constructed using related articles and current guidance courses on drug abstention in Operation Dawn Taiwan. Two different types of self-administered questionnaires were designed – one for members and one for tutors in Operation Dawn Taiwan. We identified seven groups of factors from the current model of drug abstention as the basis for studying opinions of the current drug abstention method and the effects of the current drug abstention treatment: namely,

1. **Personal Background:** this included details on:

   2. inmates’ sex, age, educational attainment, marriage, incomes, religious faith and occupation; and
3. tutors’ sex, age, educational attainment, marriage, incomes, religious faith, occupation, duty times, the professional title and years of occupation.

4. Life Adjustment: Problems associated with environmental adjustment and interactions with family members, classmates and tutors in therapeutic communities.

5. Guidance Course: this included views on guidance and counselling courses, laws, religion (Christianity) and professional counsellors.

6. Physical Training: including views on whether physical education contributes to drug-quitting (including body and mind).

7. Skills Training: i.e. inmates’ opinions on the importance of skill training in therapeutic communities to future career planning.

8. Effects on drug abstention: the impact on drug abstention of members who participated in Operation Dawn Taiwan were measured by four factors: achieve drug rehabilitation, develop stronger will to reject drugs, keep distant from drugs, and to know factors of relapse.

9. Responses to various models of abstention of drug abuse: i.e. to investigate attitudes and feelings about all models of drug abstention, including detoxification centres, private rehabilitation institutes, medical organisations, self-abstention of drugs, and imprisonment above or under three years.

The extent of life adjustment, skills training, physical training, guidance courses and effects on drug abstinence were measured by Likert-type items arranged on a four-point responses set ranging from ‘strongly agree’, ‘agree’, ‘disagree’ and ‘strongly disagree’. The higher the scores, the higher the identification or satisfaction. The section dealing with the effects on drug abstinence included a question (select all that apply) on understanding the factors of relapse. The section that investigated respondents’ attitudes and feelings about various models of drug abuse abstention took the form of ‘yes’ or ‘no’ questions.

Reliability

Using the 85 questionnaires successfully completed, this study analysed all measurements in the questionnaire. As shown in Table 3, for the Life Adjustment Scale, the internal consistency α coefficient lay between .6325 and .8658, while the α coefficient for the overall scale was .7510. For the Guidance Course Scale, the
internal consistency $\alpha$ coefficient lay between .7864 and .8947, and $\alpha$ coefficient in the overall scale was .8812. The Physical Training Scale had only one dimension, so $\alpha$=.8261. There were two dimensions in the Skill Training Scale in which the internal consistency $\alpha$ coefficient was .8298. Internal consistency $\alpha$ coefficient for Career Planning was .8069 and $\alpha$=.7998 for the overall scale. In the Effects of Abstention Scale, the internal consistency $\alpha$ coefficient was between .7124 and .8337, and $\alpha$=.7923 for the overall scale. The reliability $\alpha$ coefficient for the Guidance Course Scale was up to .8812, while $\alpha$ coefficient in other scales was almost higher than .6325. The reliability $\alpha$ coefficient of the overall scale was .9113, which indicates a good reliability coefficient of variation.

Table 3: Reliability of all Dimensions in Every Scale

<table>
<thead>
<tr>
<th>Life Adjustment Dimension</th>
<th>$\alpha$</th>
<th>Guidance Course Dimension</th>
<th>$\alpha$</th>
<th>Physical Training Dimension</th>
<th>$\alpha$</th>
<th>Skill Training Dimension</th>
<th>$\alpha$</th>
<th>Effects of Abstention Dimension</th>
<th>$\alpha$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>.8658</td>
<td>Guidance and Counselling</td>
<td>.8947</td>
<td>Skill Training</td>
<td>.8298</td>
<td>Faith</td>
<td>.8337</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment</td>
<td></td>
<td>Law Class</td>
<td>.7864</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Interaction</td>
<td>.6325</td>
<td></td>
<td></td>
<td>Career Planning</td>
<td>.8069</td>
<td>Drug Abstinence</td>
<td>.7124</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lure of Drug</td>
<td>.7821</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Scale</td>
<td>.7510</td>
<td>Overall Scale</td>
<td>.8812</td>
<td>Overall Scale</td>
<td>.8261</td>
<td>Overall Scale</td>
<td>.7988</td>
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</tbody>
</table>
* $\alpha$ coefficient in the overall scale was .9113

Validity

Expert validity is comprehensively applied in the field of social science. Based on theory framework and the purpose of the research, we invited those who had practical experience from different private rehabilitation institutes, including the General Secretary of the Christian Born Anew Fellowship, the Director of Operation Dawn Taiwan and the Warden in Taipei Prison, as well as two scholars that work on drug abstention, to modify and revise the questionnaire in order to achieve validity.

The Analysis of the Questionnaire and its Factors

1. Item Analysis: t-tests were used to inspect high and low groups (25% and 75%) in every scale to determine whether there were statistically significant differences. Those options which did not appear to make a statistically significant difference were deleted.
2. Factor Analysis: Correlation analysis was used to examine scores on each factor item in every scale and the total scores on the scale. If the item was low and there were no significant correlations with the scores, the item was deleted. The following is how factors were named in every scale:

- ‘Life Adjustment’: two factors were identified - ‘environment adjustment’ and ‘interaction with the family’.
- ‘Guidance Course’: two factors are named as ‘guidance and counselling’ and ‘laws’.
- ‘Physical Training’: one factor is named as ‘physical education’.
- ‘Skill Training’: two factors are named as ‘skill training’ and ‘career planning’.
- ‘Effects of the Abstention’: three factors are named respectively as ‘the faith’, ‘the abstention of drug abuse’ and ‘the lure of drugs’.

Results

Sample analysis

Respondent profiles

The majority of respondents in this study were male. Overall, 86.6% of members were male, as were 82.4% of the tutors. The largest group of sampled members (about 60%) were aged between 21 and 30 years, while the second largest group, accounting for 30%, were aged between 31 and 40 years. More than 60% of tutors were between 31 and 50 years old. The majority of members (59.7%) graduated from/attended general and vocational high school, compared with 47.1% of tutors. However, more than 40% of tutors graduated from/attended colleges, while only 10% of members were college students. More than 60% of members were unmarried. In contrast, 70% of tutors were married. Moreover, the divorce rate of members was higher than that of tutors. The majority of members belonged to middle class or working class, which meant that the rich and the poor were rare. Due to the model of drug abstinence in Operation Dawn Taiwan as that of Gospel Drug-treatment, more than 80% of members and 100% of tutors were Christians. On average, 20% of members spent
more than one year in Operation Dawn Taiwan, while those spending one month, three months and half a year accounted for 11.9%. The median duration of drug abstinence was six months.

Tutors’ working hours, contact time with members, and their roles in communities

Overall, 88.2% of tutors in therapeutic communities served more than one year, while 58.9% served more than three years. More than 80% of tutors spent more than eight hours a day in direct contact with inmates. Accordingly, tutors in this study fully understood the process of members’ abstention from drug abuse and their experiences.

Types of drugs, ways and times of drug abstinence

Before members entered the institute, one half (50.8%) did not obtain drug abstention treatments; 75.8% of members did not receive compulsory drug rehabilitation; 68.7% of members sought medical drug rehabilitation privately; more than 56.2% had been in official medical institutions; and 83.6% had attempted self-abstention. With regard to the types of drugs, heroin and amphetamine were two of the highest percentage of drugs that members chose to use (80.6% and 74.6% respectively).

Analysis of factors of relapse

Ten reasons for relapse were listed, with six reasons chosen by over half of the respondents. Findings show that factors contributing to a relapse for a drug abuser after leaving rehabilitation institutes include:

1) enticement from drug fellows;
2) incapacity to resist the allure of drug;
3) unemployment or hindrances to job;
4) psychological depression;
5) his/her desire for drug;
6) incorrect assumption that occasional drug-taking will not cause addiction.
Most tutors regarded the first five reasons as the main causes of relapse into drug abuse.

Comparisons of factors in all scales

*T-test of scales for members and tutors*

Life Adjustment Scale: In order to understand whether the t-test of members and tutors indicate statistically significant differences on the Life Adjustment Scale, analysts scored members’ and tutors’ attitudes toward factors such as ‘environment adjustment’ and ‘interaction with the family’. According to Table 4, there were significant differences on ‘environment adjustment’ for members and tutors (P<0.05).

Effects on the Abstention Scale: In order to understand whether the t-test of members and tutors indicate statistically significant differences on the Effects on the Abstention Scale, analysts scored members’ and tutors’ attitudes toward factors such as ‘the faith’, ‘the abstention of drug abuse’, and ‘the lure of drugs’. According to Table 5, there were significant differences on ‘the faith’ dimension for members and tutors (P<0.05).

There was no other significant difference in other scales.

<table>
<thead>
<tr>
<th>Table 4: T-tests of scales for inmates and tutors</th>
</tr>
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<tbody>
<tr>
<td><strong>Identity</strong></td>
</tr>
<tr>
<td>Life Adjustment</td>
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<td>Life Adjustment</td>
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<tr>
<td>Life Adjustment</td>
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<tr>
<td>Life Adjustment</td>
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<tr>
<td>Guidance Course</td>
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<td>Guidance Course</td>
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<td>Guidance Course</td>
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<td>Guidance Course</td>
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<tr>
<td>Physical Training</td>
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<td>Skill Training</td>
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<tr>
<td>Skill Training</td>
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<tr>
<td>Effects of the Abstention</td>
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<td>Effects of the Abstention</td>
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</tbody>
</table>
The questionnaire investigated respondents’ opinions on models of the abstention of drug abuse, which includes official ways of abstention, private rehabilitation institutes, medical organisations, self-abstention from drugs, and imprisonment above or under three years. Respondents were asked to check ‘Yes’ or ‘No’ on attitudes toward and feelings about drug addiction and to provide constructive suggestions. Chi-square tests were used to identify differences in opinions between members and tutors. According to the analysis, there was no significant difference in respondent views on the various models of abstention from drug abuse. Instead, it showed identical opinions between members and tutors.

Correlation Analysis

Correlation coefficients of members and tutors were analysed in order to understand their various attitudes toward the effects on the abstention of drug abuse. Because different variables influenced respondents’ assessment of the effects on abstention, it was necessary to understand the correlation among variables. Each coefficient for the three dimensions of the Effects on Abstention dimension – namely ‘the faith’, ‘the abstention of drug abuse’ and ‘the lure of drugs’ - was adopted to determine the correlations between effects and variables. Table 4 shows correlation coefficients among members.

\[ \begin{array}{|c|c|c|c|c|c|} \hline \text{the Abstention of Drug Abuse} & \text{member} & 67 & 13.64 & 1.70 & .502 \quad .617 \\ \text{Tutor} & 17 & 13.41 & 1.62 & & \\ \text{the Lure of Drug} & \text{member} & 67 & 5.30 & 1.03 & -.267 \quad .790 \\ \text{Tutor} & 16 & 5.38 & 1.02 & & \\ \hline \end{array} \]

* P<.05

The Faith: ‘Interaction with the family’, ‘environment adjustment’, ‘guidance and counselling’, ‘physical training’ and ‘career planning’ had significant positive correlations with effects on drug abstention (P<.01), while other variables had very low or no significant correlations. In other words, members’ interaction with their families, environment adjustment, guidance and counselling, physical training and career planning, as well as their opinion on the Faith of anti-drug had significant positive correlations with the effects on drug abstention.
The Abstention of Drug Abuse: ‘Skill training’ was not significantly correlated with effects on drug abstention ($\gamma = 0.190$, $P = .086$) while ‘law class’ (meaning what?) had a small, but not significant correlation ($\gamma = 0.102$, $P = .358$). Other factors had significant positive correlations with ‘the abstention of drug abuse’. In other words, members’ interaction with their families, environment adjustment, guidance and counselling, physical training, and career planning, as well as their opinion on drug abstention, had significant positive correlations with the effects on drug abstention.

The Lure of Drugs: Only the factor of ‘career planning’ had a significant positive correlation with ‘the lure of drugs’, ($P < .01$) while other factors had no significant positive correlations. In other words, career planning and opinions on the lure of drug had significant positive correlations with effects on drug abstention.

In summary, according to the results shown above, the factor of career planning was positively correlated with three dimensions of effects on drug abstention. These were ‘the faith’, ‘the abstention of drug abuse’ and the ‘lure of drugs’. Compared with other factors, ‘career planning’ had the greatest impact on effects on drug abstention. Other factors, such as ‘environment adjustment’, ‘interaction with the family’, ‘guidance and counselling’, and ‘physical training’, had significant positive correlations with the effect on ‘the faith’ and ‘the abstention of drug abuse’.

Table 5: Matrix of Correlation Coefficient of Variables in Effects on Abstention

<table>
<thead>
<tr>
<th>life adjustment</th>
<th>faith</th>
<th>environment adjustment</th>
<th>the abstention of drug abuse</th>
<th>the lure of drugs</th>
<th>.394*</th>
<th>.631*</th>
<th>.149</th>
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<tr>
<td>interaction with families</td>
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<td>.000</td>
<td>.178</td>
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<td></td>
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<tr>
<td>guidance course</td>
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<td>.440*</td>
<td>.172</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>guidance and counselling</td>
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<td>.000</td>
<td>.121</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>law course</td>
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<td>.102</td>
<td>.065</td>
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<tr>
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<td>.358</td>
<td>.556</td>
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</tr>
<tr>
<td>physical training</td>
<td>physical training</td>
<td>.346*</td>
<td>.557*</td>
<td>.214</td>
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<td>.052</td>
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<tr>
<td>skill training</td>
<td>skill training</td>
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<td>.190</td>
<td>.162</td>
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<td></td>
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<td>.267</td>
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<td>.146</td>
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<tr>
<td>career planning</td>
<td>career planning</td>
<td>.307*</td>
<td>.470*</td>
<td>.284*</td>
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<td>.005</td>
<td>.000</td>
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</tr>
</tbody>
</table>

* $p < 0.05$
Conclusion and Suggestions

Increasing subsidies and professional assistance to private rehabilitation institutes

When rehabilitation institutes of Taiwan were affiliated with prisons, drug offenders received the same treatments and stayed in the same environment as general prisoners. Previous researchers had gone to rehabilitation institutes throughout Taiwan and investigated the practice of drug abstinence. They found that drug offenders complained that the jobs of professional counsellors in rehabilitation institutes were ‘going begging’ and tutors in institutes lacked professional knowledge of drug abstinence. In contrast, more than 80% of members or tutors in Operation Dawn Taiwan suggested that private models of abstention do ‘the trick’ in solving the mental problems of drug offenders. Unlike prisons or medical institutions that receive financial subsidies from government, private rehabilitation institutes of Taiwan depend on small donations from philanthropists or relatives of drug offenders. As a result, the effects on the abstention of drug abuse in private rehabilitation institutes were limited. The majority of members of Operation Dawn Taiwan hoped that private rehabilitation institutes such as Operation Dawn Taiwan could receive more subsidies from the government. The government should deliberate on financially subsidising and cooperating with these private rehabilitation institutes to achieve better effects on drug abstention. Such funding would enable private rehabilitation institutes to get rid of the typical image of prisons, function better in society, contribute to the anti-drug war, and help drug abusers abstain from drug.

Increasing interactions between inmates and their relatives

The study found that one of the main reasons for the success of abstention from drug abuse was the family’s support and interaction with drug abusers. Consequently, either Operation Dawn Taiwan or rehabilitation institutes should enhance communication with family members and invite them to participate in activities held in those institutes, such as family-reunite party (parties inviting members and family to join). It can also let relatives understand the working processes of Operation Dawn Taiwan and acquire knowledge of how drugs endanger one’s mind, body and society. This would enable family members to develop a better comprehension of how to help and support drug abusers’ abstention and to deploy the ‘attachment’
function of family identified by Social Control Theory. Moreover, family members should discard their misunderstanding of drug abusers and try to keep them away from the harmful effects of drugs.

Establishing specific organisations for ‘the national connecting network of abstinence, counselling and tracking’

The study also found that common reasons for relapse into drug abuse included ‘the enticement from drug fellows’, ‘incapacity to resist the allure of drugs’, ‘peer factors’, ‘easy access to drugs’, ‘personal willpower’, and so on. Accordingly, if drug offenders, after leaving rehabilitation institutes to return to society are unable to get rid of bad fellows or receive employment counselling, they could easily return to drugs, in spite of excellent effects on the abstinence of drug abuse by rehabilitation institutes. The government should enhance the network of social support and combine it with the present regular or irregular urine testing rules in detention centres. Moreover, probation officers, the Protection of Released Prisoners Association, police administration, social administration and medical units should be integrated. The government should consider the establishment of an organisation specifically dealing with drug abstinence and a national connecting network of drug abstinence and tracking to include all drug offenders so as to enhance parallel communications between each related unit. Through regular or irregular methods of urine-testing and signing-in in police and probation systems, as well as through regular cooperation with medical agency in intensifying the anti-drug will of drug abusers, the national collecting network of abstention, counselling and tracking could carry out the counselling, surveillance, support and assistance of drug abusers in order to take these abusers away from drugs, to strengthen their anti-drug faith and to hold on to that faith in the future.

Integrating social sources and providing employment counselling to drug offenders

The study found that one half of respondents suggested that unemployment or hindrances to finding a job is one reason for the relapse into drug abuse. Moreover, according to the statistics of criminal cases in Taiwan-Fuchien area in 2005 produced by Criminal Investigation Bureau, National Policy Agency, of the 23,260 drug offenders, 14,631 were unemployed. This represents 62% of the total drug offender group. Min-Ho Liu, the General Secretary of Operation Dawn Taiwan, proposed
possible ways to help reintegration drug abusers into society and achieve their successful abstention from such abuse, including taking care of drug offenders leaving the rehabilitation institutes, providing employment counselling that would enable them to be self-reliant and to support the whole family, combining social sources and creating opportunities of jobs. Systematic treatment and continuous surveillance should be applied to each offender not only when they are staying in the institutes but also after leaving the institutes. A combination of treatment inside the institutes and assistance from a range of social sources outside the institutes forms an efficient and complete treatment procedure.

References (including relevant internet sites)


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