

# 8 Compulsory Drug Treatment in China

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## *Introduction*

A compulsory drug rehabilitation centre is a location where drug users are placed in mandatory isolation while receiving specialised drug treatment from the public security authorities.

### *1. Legal Framework*

The compulsory drug rehabilitation system is a legal system based on the coercive power of the state, which facilitates the implementation of mandatory isolation drug rehabilitation as an administrative act. China's present drug treatment system is comprised of compulsory drug treatment, coupled with voluntary and community-based drug therapy. This system is in line with the Law of the People's Republic of China on Drug Control, the Regulations on Drug Rehabilitation, and the Judicial Administrative Organs from a legislative standpoint.

The first provides the legal status for compulsory drug rehabilitation as its primary legal basis, defining the specific scope of application, decision-making bodies, decision-making procedures, the duration and start date of treatment, and other systems, whereas the second and third primarily stipulate the provision and management of places for mandatory isolation drug rehabilitation (Hu S, 2021).

### *2. Organisational Structure*

The public security and judicial authorities are the primary executive agencies in charge of mandatory isolated drug treatment. The general security authorities are primarily in charge of approving and carrying out short-term drug rehabilitation assignments (shorter than three months). The judicial authorities' compulsory isolation drug rehabilitation centres, on the other hand, are the principal enforcement bodies in compulsory

isolation drug rehabilitation and are in charge of longer-term rehabilitation endeavours (three months to two years).

The public security authorities that set up the compulsory drug rehabilitation centres are responsible for their management, and the names of the compulsory drug rehabilitation centres are unified as 'Xxx Compulsory Drug Rehabilitation Centre for Public Security Authorities'. Typically, the public security organs of the People's Governments at or above the county level propose a project and submit it to the People's Governments at the same level for approval, in accordance with the unified plan of the People's Governments of the provinces, autonomous regions, and municipalities directly under the central government, and then report it to the Ministry of Public Security for the record. Public security organs may not form a collaborative venture with any unit or individual to run a mandatory drug rehabilitation centre. At the same time, the mandatory drug rehabilitation centre must have a director, one to three deputy directors, and civilian police officers such as correctional officers, medical and nursing officers, and finance officers, depending on the needs of the job.

### 3. Governance

The State Council regulates the establishment, operation, and funding of obligatory drug rehabilitation centres in China. With the implementation of the People's Republic of China's Anti-Drug Law in June 2008, compulsory drug rehabilitation, previously the responsibility of public security authorities, and re-education through labour, previously the responsibility of administrative and judicial authorities, were integrated into compulsory isolation drug rehabilitation. In terms of location, the Measures for the Administration of Compulsory Isolation Drug Treatment Facilities for Public Security Organs require that compulsory isolation drug treatment facilities be equipped with appropriate professional monitoring, medical, and correctional staff as needed, as well as monitoring and video systems, emergency response systems, advanced medical equipment, and various functional rooms for physical therapy. The facility is governed by legislation and stringent rules. To achieve the aims of standardised management, institutionalisation of treatment, diversification of rehabilitation, socialisation of help and education, and standardisation of building, its management has adhered to strict legal, scientific, and civilised principles.

#### 4. *Types of Drug Rehabilitation Facilities*

In China, there are three types of drug rehabilitation centres: compulsory isolation drug rehabilitation centres under the supervision of public security authorities, compulsory isolation drug rehabilitation centres under the control of judicial and administrative charges, and drug rehabilitation medical institutions under the supervision of health authorities. People in compulsory isolation and detoxification programmes are subject to obligatory sequestration for a maximum of twelve months, after three to six months in a compulsory isolation and detoxification centre managed by public security officials, according to the legislation. The judicial administration department transfers them to a location of compulsory isolation and drug rehabilitation to continue their obligatory isolation and drug rehabilitation.

The compulsory isolation drug rehabilitation system currently integrates and replaces the public security authorities' compulsory drug rehabilitation and the judicial and administrative rules' re-education through labour drug rehabilitation. It currently comprises the basic system of drug rehabilitation measures in the People's Republic of China, together with voluntary and community-based drug rehabilitation.

In the seventh year (1729) of Yongzheng's reign of the Qing dynasty, administrative measures were enacted, largely in the form of sanctions and drug rehabilitation. In 1952, New China's central government decided to launch anti-drug efforts. No drug rehab agencies or laws existed at the time. Drug users were forced to detoxify, but not to work. Drug users might all be detoxified within three years with medical help. Eventually, the government rehabilitated them (Yao ZH, Xue L, 2004).

In the 1980s, with the country's reform and opening up, the government implemented a series of laws and regulations, and re-education through labour and compulsory drug rehabilitation became required in China. Obligatory drug rehabilitation is a result of a decision by public security authorities to detect drug abusers swiftly, house them for a short time, and assist them in becoming physically segregated from narcotics. The term of compulsory drug rehabilitation is three to six months. Those drug users who have attended compulsory drug rehabilitation run by public security authorities and subsequently took or injected drugs again are sent to re-education-through-labour centres to kick their habit. Re-education via labour lasts one to three years and can be prolonged by a year. The places described above lack medical competence and have trouble re-socialising drug rehab residents, and thus, the search for a drug rehab system continues (Wu M, 2012).

In recent years, drug rehabilitation legislation, regulations, and institutions have been strengthened. With the implementation of the Anti-Drug Law of the People's Republic of China on 1 June 2008, the compulsory isolation drug rehabilitation system has been unified and labour drug rehabilitation has replaced the public security authorities' drug rehabilitation and the judicial and administrative rules' re-education. The Anti-Drug Law outlines the circumstances for applying compulsory isolation drug rehabilitation, including decision procedures, duration, facility management, and physician availability. After 20 years of development and adjustment, China has 678 public security and judicial compulsory isolation drug rehabilitation facilities with about 300,000 beds and about 100 voluntary drug rehabilitation institutions run by the health sector with about 3,000 beds. 59 of the 70 pilot projects for drug rehabilitation sites set up by the National Development and Reform Commission have been put into use. Finally, a total of 67,755 drug rehab bases (sites) have been constructed, with 326,000 people rehabilitated from opioid addiction and a 30.4% employment placement rate (Applied Clinical Medicine for Drug Addiction, 2020).

## 5. *The Population*

### 5.1. *Incarceration Rates – Male /Female Ratio – Age Structure*

By 2021, there were 1.486 million drug users nationwide, 17.5% fewer than the previous year, and 121,000 newly detected drug users in China. The numbers of existing and new drug users have dropped consistently for the past five years, and drug abuse management is effective.

According to global survey statistics, obligatory isolation drug treatment clinics account for a substantial share of male drug users, with young and middle-aged people dominating. The Xuzhou City Compulsory Isolation Drug Treatment Centre, created on 5 December 2014, welcomed 549 drug users of all types, 81.8% of whom were male; 46.4% were between the ages of 18 and 30; 0.5% were under 18; 32.2% were aged 31 to 40; and 19.9% were over 40 (Xuzhou Health, 2022).

## 5.2. Social and Health Issues

Although various measures have been taken to improve the effectiveness of drug rehabilitation management in compulsory drug rehabilitation centres, there are still some problems and issues.

(i) Increased management resistance. Most drug users in compulsory segregation and drug rehabilitation institutions are repeat trainees, who are more inclined to confront management mistakes openly. Some trainees misinterpret the Drug Law and coerce and urge other trainees to create disturbances in the facility.

(ii) Security concerns. Some drug users have a weak sense of right and wrong, a paranoid personality, a manic mood, and a strong sense of self-centredness, which are reflected in poor self-control, a poor understanding of compliance with rules and regulations, and more impulsive behaviour that arises without warning, which increases the chance of various kinds of danger: first, self-harming behaviour, such as drug users trying to escape practice work and management correction by swallowing foreign objects; second, trainees ganging up on other drug users.

(iii) Rehabilitation is harder. Most drug users have tried multiple treatments but can't quit. Because of their long history of drug addiction and the depth of their addiction, their treatment is not always effective. Second, the new drugs are more addictive and permanent and make users physically dependent, making it harder to quit. Third, most of the drug users have personality defects and disorders, making it difficult for them to adapt to the drug rehabilitation centre's environment. This complicates rehabilitation (Ling X, 2018).

(iv) Health complications. Unlike criminals, persons in compulsory isolation have suffered from long-term drug misuse. They have heart disease, kidney disease, diabetes, liver disease, tuberculosis, venereal disease, AIDS, mental illness, and physical handicaps. These disorders are like ticking time bombs that can lead to relapse or death if not controlled during discipline. Several drug users have suffered from heart disease, liver disease, TB, and mental disorders. In some instances, this even leads to death. Severe infections and the deaths of detainees can strain the police force, finances, and aftercare, and undermine other inmates' emotional stability and the facility's treatment order (Zhou YC, 2014).

### 5.3. Human Rights Issues

The Anti-Drug Law states that drug users are ‘patients, offenders, and victims’, emphasising that drug addiction is a general offence and that users are not discriminated against in school enrolment and employment. All of these laws represent the ‘humanism’ of the new drug rehabilitation system, which protects human rights under mandatory isolation.

To protect the rights of drug users and their families, as well as the users themselves, from the hazards their drug addiction brings to them, their families, and society, drug users who are subjected to compulsory isolation are temporarily segregated in special drug rehabilitation facilities, where they are given physical and psychological treatment, physical rehabilitation training, health, moral, and legal education, and vocational training. The goal is getting users completely off drugs. By isolating drug users, both their right to live and their human rights are protected. Providing a relatively secure facility for drug users to receive treatment and education not only helps them kick their addiction but also minimises drug-related criminal activity and drug misuse, lowering the harm to society created by drug users and sustaining social security and public safety. By isolating drug users, their families and the public are also protected (Deng YX, 2013).

## 6. Social Work

### 6.1. Social Work Services

Social organisations participate in mandatory drug rehabilitation in addition to their regular activities, which are usually project-based with certain temporal and objective requirements, such as anti-drug propaganda, follow-up visits, training seminars, etc. Shanghai Self-Strengthening Social Service General Association is a drug rehabilitation organisation (Wang YJ, 2020).

From the perspective of drug rehabilitation centres, the five main types of social organisations that currently need to be involved are those that work in the following areas: (i) admission to aid and education. Early intervention can be in the form of letters, phone calls, and help. Education refers to anti-drug social workers or volunteers entering drug rehabilitation centres to provide face-to-face help, talking therapy, and education to specific drug users. From a national perspective, education is the most significant way for social forces to participate in compulsory isolation drug

rehabilitation work. (ii) Peer education. This is a form of inpatient help and education, which allows successful drug users to lead others through rehabilitation. These ‘peers’ or ‘role models’ have social visibility and influence. (iii) Community engagement. This helps link drug rehab centres with the community, as the term implies. Shanghai’s anti-drug social workers help the Narcotics Control Office and public security authorities manage drug users (rehabilitated). If a community drug user violates the community drug treatment (rehabilitation) agreement or relapses, they may be subject to compulsory isolation; after release, they are usually subject to community rehabilitation or community drug treatment under the Drug Control Law and the Drug Rehabilitation Regulations. Anti-drug social workers coordinate drug treatment procedures for users. (iv) Support and assistance. This includes helping drug users receive subsidies and deal with issues they can’t handle at home, such as employment and subsidies after release, housing relocation, elderly and children’s health and education, etc. Local governments must cooperate and address all concerns, and anti-drug social workers handle them. (v) Follow-up visits. Follow-up visits for released or altered drug users are also an important aspect of Shanghai’s recent efforts.

## 6.2. *Medical Services*

Since the Anti-Drug Law was implemented in 2008, drug users are treated in mandatory isolation facilities across the country. Medical treatment for drug users in compulsory isolation refers to the activities of medical institutions in drug rehabilitation centres that provide complementary medical treatment, care, and rehabilitation to help users reduce their drug dependence and promote physical and mental rehabilitation. Internal medicine, surgery, psychiatry, addiction treatment, and medical/technical departments are established. Medical technicians are regulated. Drug users get regular check-ups and have their health records managed. Health and family planning departments set treatment norms. Drug users are treated for addiction, hospitalised, and discharged. Infections and mental problems are prevented and treated. We’ve built a sound system for treating diseases and a medical ‘shortcut’ to ensure every sick drug user receives effective medical care (Shanxi Province Drug Rehabilitation Administration, 2020).

### 6.3. *Education and Correction*

Scientific skills and methods with specific forms and contents of education are used to educate, correct, and rescue drug abusers (Zhang KS, 2020). According to the acceptance level of drug users in rehabilitation, the police will develop a tailored education and correction plan to assist them in correcting their misunderstandings and restoring their physical and mental health.

Drug treatment aims to reintroduce users to society after isolation. The education programme is scientifically designed and includes a variety of social actors, making full use of social resources, so drug users can correct their cognitive biases, develop confidence, acquire knowledge about drug rehabilitation, reshape their nutritive values, and receive training in employment skills to improve their confidence in sobriety, reduce the likelihood of a relapse, and kick their addiction. They can also learn job skills to boost their confidence in withdrawal, reduce the relapse risk, become clean, and reintegrate into society.

To socialise drug rehab education, it is important to open the doors to the community and bring together universities, public interest organisations, social support groups, enterprises and institutions, human resources, and social security bureaus to create a team of social support volunteers who will regularly visit drug rehab centres to provide support. The educational content includes drug users' circumstances and policies, rebuilding social support systems, follow-up care and publicity, employment assistance, etc.

### 6.4. *External Help through Families and Support Groups*

The family environment in which a drug addict lives is the most significant aspect in keeping their integrity upon their return: upbringing and family education play an important role in developing a person's character and behaviour. Drug abusers are imprisoned at a drug rehabilitation centre for two years. This is a unique opportunity to mend and improve the family support system. Family interactions boost motivation for sobriety.



### 6.5. *Participation of Non-Profit Organisations in Social Work*

From the end of the past century to the beginning of this century, non-profit organisations were established in economically developed regions like the Pearl River Delta and the Yangtze River Delta on the south-east coast to acquire government services for social and public service projects. Non-profit involvement in drug recovery is minimal nationally. The Self-Strengthening Service Society (SSSS), founded in Shanghai in 2003, was the first non-profit in the field of drug recovery (Guo HW, 2012). The Shanghai Anti-Drug Commission Office supervises the SSSS, which provides social work for substance abusers. The SSSS's main work includes community prevention, school prevention, early intervention, community drug rehabilitation (recovery), peer support counselling, family-based programmes, loving support, and professional support groups. Early intervention, community drug treatment (rehabilitation), and peer support counselling are closely tied to mandatory isolation. The other five function together to varying degrees.

### 6.6. *Barriers for Social Work in the Compulsory Drug Rehabilitation Centre*

First, social work in mandatory drug isolation has not yet been perfected. The largest hurdle to social work in China's mandatory isolation drug treatment is that the enabling legislation has not been implemented and the related system has not been completely developed. With the new drug rehabilitation concept, the social work services were introduced. However, there are no precise legal procedures to stipulate actual difficulties, like job procedure, drug addict control, and team development.

Second, social organisations and mandatory drug treatment centres have limited cooperation projects. Due to professional upgrading and refined management, most social organisations participate in the main cooperation projects of mandatory isolation drug treatment work, which focus on follow-up visits and peer education.

Third, social work intervention in drug treatment can be difficult. Social work agencies in China do not have a fixed funding agency, and the public finance system is not well established, especially in economically underdeveloped areas, so the sources of funding are narrow; each agency itself cannot raise funds on its own; and the restricted sources of funding lead to a lack of guarantee for the operating funds of the agency. Some of their routine work is restricted, and even when it is reluctantly implemented, it doesn't generate major benefits.

Fourth, anti-drug social workers are scarce. The lack of legislation, the poor level of payment, and the low social recognition for the profession have created an unstable drug recovery workforce. Most anti-drug social workers are older and untrained, making it difficult for them to provide help to drug users.

### 6.7. Solutions to These Challenges

There are four possible solutions here. First, increase drug rehabilitation's top-level design and social responsibility. Drug rehabilitation requires the collaboration of numerous sectors and departments. Drug recovery involves community support. Therefore, it is vital to increase social organisation engagement in drug rehabilitation, encourage the opening of mandatory isolation and drug rehabilitation work to the outside world, and encourage favourable public opinion propaganda.

Second, expand social organisations' involvement in drug recovery. The involvement of social organisations in compulsory isolation and drug rehabilitation can be deepened in terms of form, substance, and audience, and gradually increased in intensity. For example, participation does not need to be limited to project outsourcing, topic research, volunteer services, etc. Social workers shouldn't limit drug rehabilitation to existing users. Instead, it should encompass drug users' relatives, co-workers, foster homes, drug rehabilitation professionals, and society in general.

Third, develop volunteer drug recovery services as part of an innovative approach to social work. Volunteers are vital to drug rehabilitation worldwide. Shanghai's Anti-drug Volunteer Association has a rehab committee. We should employ this creative method to strengthen drug rehab volunteer services, recognition, incentives, and financial support.

Fourth, develop specific specialisations within the field of drug treatment isolation. With the drug rehabilitation police force set, introducing – through social organisations – a team of specialised drug rehabilitation professionals, such as medical personnel, rehabilitation trainers and psychological counsellors, teachers, and fellow drug rehabilitation workers, can improve the professionalism of drug rehabilitation social organisations and strengthen their business competitiveness.

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