A pilot study explores the utility of family group conferencing practices for drug users in a rehabilitation center in Taiwan

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Abstract

- Drug addiction profoundly impacts families, often making them direct victims. Research consistently indicates that family support and warmth enhance the successful social reintegration of drug addicts.
- This pilot project integrates restorative justice principles and IDT (Identity Transformation Desistance Theory) theory of crime desistance and social reintegration to develop a program of dialogue between family and abusers in a rehabilitation center, with the aim of healing family trauma, fostering forgiveness, and garnering familial support, thereby activating addicts' motivation to quit addiction and successful reentry into society in the future.

- The study involves 35 inmates from a rehabilitation center, including 5 pre-testers, to participate in family group conferencing based on restorative justice principles. The study compares outcomes between a family group conferencing group and a control group of 30 inmates from the same rehabilitation center, matched using a methodological approach.
- It examines factors such as motivation for desistance and victim awareness and empathy. The research focuses on how family group conferencing reduces family harm, promotes forgiveness, and aids recovery, aiming to hopefully establish a model for practical implementation in correctional facilities.

Changes in Taiwan's Criminal Policy on Drug Use

- Historically, Taiwan's drug policy has undergone three major phases of transformation:
 - Japanese Colonial Period (1895-1945): Drug sell and use required licensing
 -) "Opium Control Act" Period (1945-1998): Criminalization of manufacturing, transportation, sale and use, institutionalization of drug rehabilitation
 - 3 "Narcotics Hazard Prevention Act" period (1998-Present): shift to treatment before punishment, has continued to this day

Japanese Colonial Period (1895-1945): Drug sell and use required licensing

During the Japanese colonial period (1895-1945), Taiwan's drug policy regulated opium as a government monopoly. Only individuals confirmed as opium addicts by a doctor could be granted a license to purchase and use opium, while others were strictly prohibited from doing so. To emphasize the prohibition of opium smoking, those holding licenses to purchase or consume opium were required to pay a license fee.



"Opium Control Act" Period (1945-1998): Criminalization of manufacturing, transportation, sale and use, institutionalization of drug rehabilitation

Since establishment of the Republic of China in 1912, the sale and use of opium were strictly prohibited. From 1914 to 1935, before the publication of the Penal Code, laws banning the use of opium had been implemented. Under the current Criminal Code, which was enacted on January 1, 1935, the use of drugs became a criminal offense. It was not until the 1992 revision of the "Opium Control Act" that drug users were still regarded as criminals.

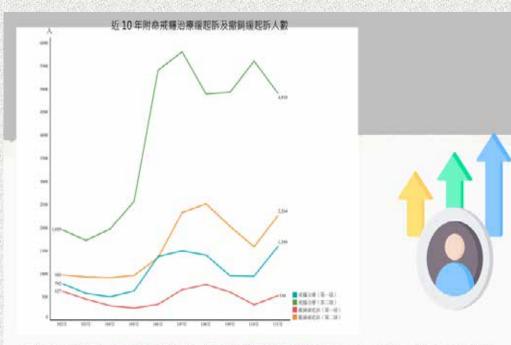
"Narcotics Prevention Act" period (1998-Present): shift to treatment before punishment, has continued to this day

In 1997, to declare a clear anti-drug policy, the name of the "Opium" Control Act" was changed to the more comprehensive "Narcotics Hazard Prevention Act," which was enacted in 1998. Since then, this Act has become Taiwan's main law in the fight against drug-related crimes. After the law was enacted, drug users were defined as individuals with "patient-like criminal" status. For the first-time drug users, usually a compulsory treatment measures will be applied. For the second-time offense violation in three years, criminal punishment will be applied. The criminal policy for drug control has adopted a harm-reduction approach. This includes close cooperation between medical and law enforcement agencies, as well as integrating local resources to provide appropriate treatment for drug addicts.

Under the new law, for the first-time drug users, prosecutors will assess individual circumstances and may dispose a deferred prosecution, on the condition that the offender complete approximately one year of mandatory community treatment or rehabilitation in a treatment center managed by the correctional authority. For the second time offender within three years, a criminal penalty will be applied.

The number of deferred prosecution with mandatory addition treatment and the number of revoked deferred prosecutions in the past 10 years

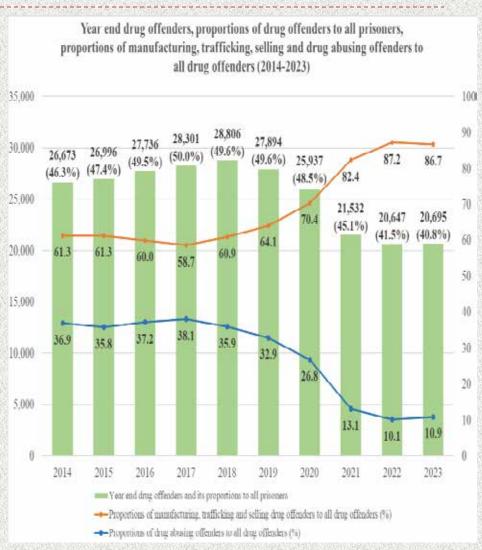
As shown in this Figure, Taiwan's drug rehabilitation is increasingly moving towards community-based and medical approaches. It is expected that by 2028, approximately 33% of arrested drug offenders will receive community-based medical treatment.



法務部規劃逐年提高緩起訴附命戒癮治療及多元處遇比率·並由臺灣高等檢察署推動 毒品個案之多元處遇方案 (預計 113 年度達 28%→117年達33%)

Current Drug Use Situation and Issues of the Social Reintegration of Users

The high recidivism rate among drug users(30%--40% in 2 years period) and the associated crimes not only cause significant harm to personal health but also impose substantial costs on society. Taiwan's correctional statistics from 2014 to 2023 show that drug-related crimes make up the largest proportion of crimes committed by incarcerated individuals, accounting for over 45% of the total prison population every year. However, among those drug-related prisoners, proportions of manufacturing, selling and trafficking are increasing, while proportions of drug using are decreasing.





Family as victim of drug use

- Prug use has never been an individual's problem, nor is it a victimless crime. People often only see the physical, psychological, and mental harm and changes experienced by drug users, but they often overlook the damage to family relationships and the destruction of their hopes for a happy life.
- The harm of drug use to the family can be summarized in two major dimensions:
 - } harm to future generations of children
 - } harm to non-abusing family members

Harm to the well-being of future generations

1. Risks to newborns from drug-using mothers

Newborns may have underdeveloped conditions, poorer health, lower birth weight, and higher rates of mortality and morbidity, leading to longer hospital stays.

2.Damage to the social bond between parents and infants

Due to the dominance of drug-related behaviors in parents' daily lives, the care needed for children is often neglected. This neglect can extend to education and social interactions, making it difficult to establish a strong social bond between parents and their young children.

3. Abuse and domestic violence

Drug addiction is highly correlated with domestic violence and child abuse. Children in families with addiction issues are more likely to experience mental health problems and social isolation.

4. Social and developmental deficits

Children from drug-abusing families often face issues with socialization and education, and they may struggle with adaptation, behavioral problems, aggression, and deviant behaviors.

5. Vicious cycle of drug abuse

Children of long-term drug-addicted parents are at a higher risk of developing substance abuse problems themselves.



- Other than the vulnerability to children, drug abuse within home has important consequences to the non-abusing family members □
 - 1 ☐ Impairments to the spouse and marriage
 - 2□ Impairments to family trust and inner cohesion
 - 3□ Drug abuse may contribute to family economic hardship and social marginalization
- In summary, addiction to substances is a multifaceted disease that impacts families on various dimensions. It can lead to financial difficulties, domestic violence, erosion of trust, strain on marriages, and communication challenges. Family members may experience trauma, while children are more likely to face depression, anxiety, unease, and fear, potentially falling into a vicious cycle of drug use themselves.
- It can be said that substance addiction harms the individual, affects the family, and poses a threat to society.

A crime desistance model for recovery from drug abuse

Issues of prisoner's reentry

- When a drug offender is about to be released from prison, the existing rifts, harms, or misunderstandings between them and their family may still linger. The family may harbor feelings of resentment, distrust, or even exclusion. How can we expect the addict to activate their will for recovery and successfully reintegrate into society without reoffending? Therefore, fostering a willingness to reintegrate before their release and addressing the most significant barriers to reintegration is crucial. This can be considered the first and most important step toward successful reintegration and preventing recidivism.
- If we provide a supportive and caring platform, such as family group conferencing, it allows offenders to activate their sense of restoration, take responsibility for their actions, and recognize the harm they have caused. This process can help integrate them back into the community, reducing the likelihood of reoffending

Parallels between Crime Desistance and Drug Recovery

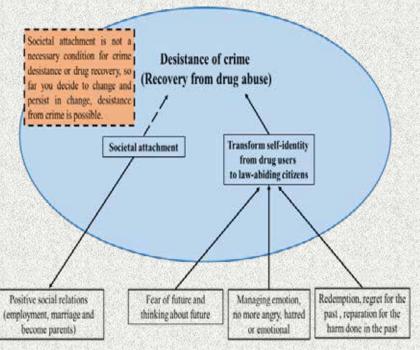
- Best, David, James Irving, and Katherine Albertson (2016) noted that there is significant overlap between populations with substance addiction and those involved in criminal behavior. Policies that previously focused on harm reduction are gradually learning from desistance strategies and are increasingly adopting a recovery model. While the terminology differs, the theoretical frameworks and processes are similar.
- Van Roeyen, Sofie, Wouter Vanderplasschen, Sara Anderson, and Charlotte Colman (2017) examined relevant literature and found that the theories of desistance and recovery share several characteristics:
 - 1. Both are processes of transformation that are non-linear, incremental, dynamic and prone to relapse;
 - 2. Individuals are active and positive participants in both recovery and desistance processes;
 - 3. Both processes can be influenced by similar structural factors, such as employment, stigma, social exclusion, and becoming a parent, as well as subjective factors like personal agency.

Adoption of a crime desistance model for recovery of drug users is therefore justifiable

Progress in desistance theory

- Discussions on desistance can trace their origins to the research conducted by Glueck and Glueck (1950) on juvenile delinquency, which laid the groundwork for future studies. However, research on this topic remained relatively dormant until the 1990s, when works by Gottfredson and Hirschi (1990) and Sampson and Laub (1993) reignited interest in the field. Notably, Sampson and Laub proposed a theory of age-graded informal social control, which reorganized and analyzed the data collected by the Gluecks, alongside interviews with 42 individuals about their life histories.
- After the turn of the century, there have been notable advancements in desistance research that diverge from Sampson and Laub's framework, particularly in the works of Maruna and colleagues (2001; 2004; 2007), Giordano and colleagues (2002, 2007), Bushway and Paternoster (2011, 2013; Paternoster & Bushway, 2009) etc., On the basis of those important research, we try to form an identity "Transformation Desistance Theory" (ITD) to guide our research project

Identity Transformation Desistance Theory for Drug Recovery



As illustrated, this study posits that a transformation in personal identity—specifically, the determination not to become a criminal or relapse into substance use—precedes social attachment. Furthermore, both social attachment and cognitive transformation can influence desistance from crime(or drug abuse). To facilitate personal cognitive transformation, the literature on desistance reviewed in this study identifies three key factors:

A Heart of Redemption: This involves feelings of remorse and a desire to make amends for past harms caused by criminal behavior.

Emotional Management: This includes the ability to overcome negative emotions such as anger, resentment, or impulsivity.

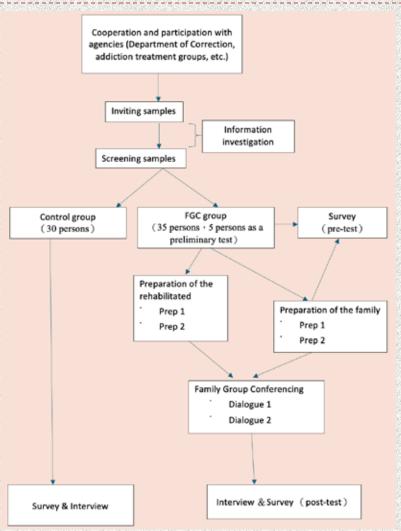
Fear of the Future: This factor emphasizes the importance of thinking about and planning for a positive future, motivating individuals to pursue a life free from crime.

Family Group Conferencing (FGC) in Restorative Justice

- Family Group Conferencing (FGC) is a restorative justice practice that has emerged as an innovative response to crime-related issues. According to Wood and Suzuki (2022), restorative justice is commonly utilized in various settings, including schools and workplaces, to address interpersonal conflicts, but it is predominantly applied in the judicial field. Key objectives of restorative justice practices include:
 - **Victim Participation**: Allowing victims to engage in the process of repairing the harm caused by crime.
 - Accountability: Holding offenders accountable for their actions and encouraging them to actively compensate victims.
 - Community Involvement: Engaging key stakeholders in the community to assist in compensating victims and enhancing offender reintegration and community safety.
- Existing literature consistently indicates that restorative justice practices not only achieve these goals but often yield better outcomes compared to traditional punitive measures.

- However, research specifically focused on the effectiveness of family group conferences is limited and has primarily occurred since the early 2000s
- Hayes and Daly (2003) conducted a study involving 89 family group conferences in Adelaide and the surrounding areas, examining data from 107 offenders involved in violent and property crimes. Their findings indicated that offenders who expressed genuine remorse and reached a consensus during the meetings experienced a significant reduction in recidivism within one year. This highlights that when family group conferencing is implemented effectively, it can indeed help offenders reduce the likelihood of reoffending.

Proposed Design for Our Program



- Program executive team: researcher, facilitators, and social workers for addiction treatment
- Samples: Family group conferencing group and control group
- Procedures: preparation of the rehabilitated and family members & face-to-face FGC
- Feral Evaluation: Survey & interview

Restorative Family Group Conference

Family Group Conferences (FGCs) in a rehabilitation center for drug users can be restorative by focusing on healing relationships, promoting accountability, and fostering a supportive environment for recovery. Our program will adhere to the following restorative justice principles to facilitate FGCs:

1. **Healing Relationships**:

FGCs bring together the individuals struggling with substance use, their family members, and other supportive individuals. This creates an excellent opportunity for open, honest communication about the impact of the addiction. Family members can express their concerns, feelings, and experiences, while the individuals can share their struggles and intentions for recovery. This dialogue can help repair and strengthen relationships, which are often strained by addiction.

2. **Promoting Accountability**:

The conference setting allows the person in recovery to take responsibility for their actions and acknowledge the harm caused to themselves and their loved ones. It can also enable family members to reflect on their roles and responses, encouraging a collective approach to healing and moving forward.

3. **Empowering the Individuals and Family**:

FGCs empower individuals and families by involving them in the decision-making process. They can collaboratively create a plan for recovery that includes goals, support mechanisms, and commitments from both the individual and their family members. This shared responsibility can enhance motivation and commitment to the recovery process.

4. **Providing a Support Network**:

By involving family and close friends, FGCs establish a robust support network that can offer encouragement, practical help, and emotional support. Knowing that there is a network of people who care can be incredibly motivating for the person in recovery. We invite two drug rehabilitation NGOs – Operation Dawn and Libertas Foundation—to participate in our program.

5. **Addressing Underlying Issues**:

FGCs can facilitate discussions that identify underlying issues contributing to the substance use, such as trauma, mental health problems, or family dynamics. Addressing these root causes can be a crucial step in the restorative process, ensuring a more holistic approach to drug rehabilitation.

6. **Encouraging Positive Change**:

The supportive and restorative nature of FGCs can inspire individuals to make positive changes, not just for themselves but for the well-being of their loved ones. The process highlights the importance of mutual support and reinforces the idea that **recovery is a shared journey**.

7. **Building a Future-Oriented Plan**:

FGCs focus on the future, helping families and the individual to develop realistic and achievable goals. They encourage a forward-looking perspective that emphasizes personal growth, health, and improved relationships, which are essential components of the restorative process.

In summary, Family Group Conferences in a rehabilitation center for drug users can be restorative by fostering healing, accountability, support, and proactive planning, all of which contribute to a more holistic and sustainable recovery process.