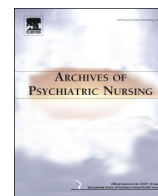




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Category 3 and 4 Controlled Drugs Users' Perceptions of Participating in Drug-abuse-health Prevention Lectures in Taiwan

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ABSTRACT

This study was designed to explore Category 3 and 4 controlled drug users' perceptions of participating in health-prevention lectures. A phenomenological approach was used. Twelve participants were interviewed after completing the lectures. Findings revealed five themes (1) mixed emotions; (2) self-development; (3) finding the lectures lacked practicality and relevance; (4) highlighting three stages for discontinuing drug-usage; and, (5) suggesting tips for the advancement of lectures. These findings could be used as a map to help health professionals understand drug users' perceptions of attending health prevention lectures and provide insight into how young people might stop using drugs.

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INTRODUCTION

According to a World Drug Report in 2015, a total of 246 million 15 to 64 years old people used illicit drugs globally in 2013 (United Nations Office on Drugs and Crime, UNODC, 2015). The same report noted that the number of illicit drug users has increased from 4.9% (208 million people) in 2006 to 5.2% (246 million people) in 2013. Drug-abuse places serious problems on worldwide society nowadays, such as drug-related deaths ($n = 187,100$) and drug-abuse coupled with Human Immunodeficiency Virus (HIV) ($n = 1,650,000$) (UNODC, 2015). In Taiwan, the number of illicit drugs users has increased from 17% ($n = 24,545$) in 2006 to 20% ($n = 35,960$) in 2015. Of these, the number of Category 3 and 4 controlled drug users later convicted has increased from 0.8% ($n = 189$) in 2006 to 5.6% ($n = 1998$) in 2015 (Ministry of Justice, 2016a).

Drug-abuse impacts on health and places a heavy burden on psychiatric health care systems in terms of the prevention, treatment, education and care of people who abuse drugs. However, only one out of every six drug users accessed treatment in 2013 in the world (UNODC, 2015). In Taiwan, Category 3 and 4 controlled drug users were not penalized before 2009. After the Narcotics Hazard Prevention Act was

amended on May 2009, Category 3 and 4 controlled drug users are conscripted to an administrative sanction, which includes paying a fine and receiving at least 4 h of drug health-prevention lectures (Ministry of Justice, 2016b). The number of Category 3 and 4 controlled drug users who have attended drug-prevention lectures has increased from 8724 people in 2010 to 21,566 people in 2014 (Sheu, Chen, & Tsai, 2015a). Of these, first time controlled drug users have a higher rate of attending drug prevention lectures (about 40%) than recidivists (about 5%) (Sheu, Chen, & Tsai, 2015b). Further, the recidivism rate of Category 3 and 4 controlled drug users was about 24% in 2014 (Ho, Yu, Hsiao, & Chiu, 2014). Therefore, it is crucial to endeavor to try to understand Category 3 and 4 controlled drug users' perceptions of attending a drug-abuse health prevention program.

BACKGROUND

THE CLASSIFICATION OF NARCOTIC DRUGS

The Narcotics Hazard Prevention Act in Taiwan divided narcotics into four categories related to public harmfulness, drug addiction, and drug-abuse. Category one includes using cocaine, heroin, opium, and morphine; category two includes amphetamine, coca, pentazocine, opium poppy, cannabis, and pethidine; category three includes secobarbital, amobarbital, and nalorphine; category four includes allobarbitol, alprazolam, and codeine (Ministry of Justice, 2016b). In Taiwan, in 2015, the most common narcotic in category three used was ketamine

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(about 10% in total drug-abuse); and the most common narcotic in category four was zolpidem (about 3% in total drug-abuse) (Ministry of Health Welfare, 2015).

Ketamine is used clinically for full anesthesia. It relieves deep pain instantly. Further, ketamine increases the heart rate, raises blood pressure, induces nausea, vomiting, and crying, and distorts vision coupled with temporary amnesia, inability to walk, and acute psychosis. Research conducted in the United Kingdom indicates that 30% Ketamine users have urinary tract issues. For example, Ketamine stimulates urinary micturition, inflammation of the urinary tract, and then causes more serious symptoms like hematuria (Chang & Tsai, 2008). The other two common narcotics in category 3 are rohypnol, and nimetazepam. The original medical purpose of rohypnol (flunitrazepam) is for sedation and the treatment of insomnia. It enables people to sleep, become unconscious, develop ataxia, and be forgetful (Rohypnol, 2016). Nimetazepam has been abused a lot in Asia, especially in Japan and Taiwan. Nimetazepam (known locally as Erimin-3 and Erimin-5) comes in three and five mg tablets. Research demonstrates that individuals fall asleep between 15 and 30 min after taking a prescribed dose (Nimetazepam, 2016).

Zolpidem is a kind of central nervous system depressant. It is used in the short-term treatment for insomnia by the physician. Zolpidem makes users dizzy, increases the heart rate, affects vision, constructs auditory hallucinations, delusions, edema of the face, sleep disturbances, abnormal 'highs', anxiety, trembling and so on. Long-term use of zolpidem can lead to drug dependence. If users stop using it abruptly, withdrawal symptoms occur. Zolpidem drug-abusers like to mix it with ketamine, cocaine, 3,4-methylenedioxy-methamphetamine (MDMA) or amphetamine because of its sedative and hypnotic effects. However, this usage usually produces unexpected damages (Zolpidem, 2016).

EPIDEMIOLOGY OF NARCOTICS DRUGS

According to the World Drug Report in 2015, the global prevalence rate for using illicit drugs was about 5.2% in 2013 (UNODC, 2015). In Global estimates this means that almost 2.5 billion people between the ages of 15 and 64 years used illicit drugs in 2013. Worldwide, cannabis was the most commonly used illicit drug ($n = 232,070$), followed by amphetamine ($n = 53,870$) and opioids ($n = 37,560$) (UNODC, 2015). In Taiwan, illicit drugs users have increased from about 17% in 2006 to about 20% in 2015 (Ministry of Justice, 2016a). Moreover, the total weight of illicit drugs discovered by the police has increased from 670 kg in 2007 to 10,184 kg in 2015 (Ministry of Justice, 2016a). Globally, mortality rate of 40.8 drug-related deaths per million people aged 15–64 in 2013. Overdose is the primary cause of drug-related deaths, and opioids (including heroin) are the main drug type implicated in these deaths (UNODC, 2015). In Taiwan, young people aged between 15 and 24 years are the high-risk group for drug-related deaths (Ho et al., 2014). Ketamine (Category 3 controlled drugs), rohypnol (Category 3 controlled drugs), and zolpidem (Category 4 controlled drugs) are the main drug types implicated in these deaths. Of these, the number of ketamine drug-related deaths has increased from 16 (about 7%) in 2007 to 46 (about 15.6%) in 2010 (Ho et al., 2014). In addition, males are three times more likely than females to use illicit drugs globally (UNODC, 2015). In Taiwan, males using Category 3 and 4 controlled drug are about six times greater than females (male: female = 47,382: 7991) (Sheu et al., 2015b).

DRUG-ABUSE-HEALTH PREVENTION LECTURES

Worldwide, the penalty awarded for taking Category 3 and 4 controlled drugs varies in specific countries. In the United States, the Federal Bureau of Prisons (2011) utilizes drug abuse education to encourage illicit drugs users to review the choices they have made and the consequences (including physical, social, and psychological consequences) of their choices. This drug abuse education takes illicit drug users through the cycle of illicit drug usage and evidential crime.

Moreover, this drug-abuse education program provides compelling evidence of how continued illicit drug usage can lead to a further criminality and related consequences. In United Kingdom, in accordance with the Restriction on Bail, first time illicit drugs users have to pay fines and attend lectures to prevent a jail sentence (Criminal Justice Act, 2003, chap. 44 & part 2). The contents of lectures include relapse prevention, aftercare programs, hepatitis B vaccinations, diagnostic examinations of hepatitis B, hepatitis C, and HIV as well as counseling (Sheu, Chen, & Tsai, 2013).

In Taiwan, the Narcotics Hazard Prevention Act (Article 11-1) stipulates that "people convicted of possessing or using Category 3 or Category 4 narcotics shall be punished with a fine of more than ten thousand and less than fifty thousand New Taiwan dollars, and shall be ordered to attend a narcotics hazard seminar of more than 4 h and less than 8 h within a specific time frame" (Ministry of Justice, 2016b). In accordance with the Standard of Punishment and Regulations of Lectures in Drug Hazardous Events Articles, drug-abuse-health prevention lectures can be provided by public health institutions, hospitals, or other professional institutions, which are decided by the local Department of Health. The drug-abuse-health prevention lectures are specifically a group program, which must be completed in one day. The outline of drug-abuse-health prevention lectures include: laws relating to drug usage; education on illicit drugs; the harmful consequences of taking illicit drugs, drug rehabilitation and drug addiction (Ministry of Justice, 2016c). However, the Standard of Punishment and Regulations of Lecture in Drug Hazardous Events Articles does not clarify and specify the content of drug-abuse-health prevention lectures that focus on a flexible curriculum design for the local Department of Health. An accommodating curriculum design provides diversification in lecture content and teaching strategies. In this study, the curriculum designed for the Category 3 and 4 drug prevention lectures included four main themes covering the full 6 h. They were: illicit drug usage and law (1 h); prevention of Acquired Immunodeficiency Syndrome (AIDS) (1 h); An introduction to the process of discontinuing illicit drugs (2 h), and illicit drug rehabilitation (2 h).

In addition, after Category 3 and 4 controlled drug users attend the drug prevention lectures they go to the local Department of Health where they are required to show their identity card (ID) and notification that they had attended the drug prevention lectures. If Category 3 and 4 controlled drug users do not attend the lectures, they get a second chance to attend the next program. Otherwise, they are required to pay another fine to the government (Ministry of Justice, 2016c). Results demonstrated that the overall attendance rate of Category 3 and 4 controlled drug users at the prevention lectures was about 57% (actual attendance/expected attendance = 14,217/25,160) in 2013 (Sheu et al., 2015b). However, the recidivism rate of Category 3 and 4 controlled drug users who have attended drug prevention lectures is about 25% (recidivism/total = 279/1169) in one city in Taiwan (Ho et al., 2014). These results (along with other factors) could indicate that the efficacy of drug prevention lectures was not as valuable as expected.

RELATIVE FACTORS ASSOCIATED WITH DRUG USAGE

Most drugs users are adolescents or young adults who begin to use ketamine and their reasons for using include personal curiosity, emotional stress, and peer pressure (Li et al., 2009; Tseng & Chiu, 2016; Wu, Chen, & Liao, 2004). Much of the research demonstrated that living in 'high-risk' families was the main motivation that individuals begin using illicit drugs. The demographics of a 'high-risk' family include low-income and/or divorced parents (Sheu et al., 2015b; Tseng & Chiu, 2016), unhealthy parents-child relationships (Wu et al., 2004), and having family members that use illicit drugs (Li et al., 2009). Further, according to Sheu et al.'s (2015b) report, most Category 3 and 4 controlled drug users that attended drug prevention lectures were young adults (between 19 and 26 years old), and the majority were recidivists. Other research found that distancing themselves from friends

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