
OBSERVER AND PARTICIPANTS' PAPERS

DRUG OFFENDER TREATMENT: NEW APPROACHES TO AN OLD PROBLEM COUNTRY REPORT: KOREA

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I. INTRODUCTION

The Korean mass media has been reporting that narcotics crime numbers have passed the threshold of ten thousand arrests per year. From 1980 to 1990, it was believed that most drug abusers were actors, actresses, and musicians, or other people working in the entertainment industry and urban nightlife.

However, this trend has begun to change. Drug abuse has become more widespread in Korean society, and now occurs across a wider range of professions such as farmers, laborers, medical staff, housewives, and students. These facts come as a shock to the average layperson, and this drift is continuing through the 2000s. There are more serious problems as well. The typical drug abuser does not feel as much guilt as in the past, and drug abusers tend to try stronger substances such as ecstasy, not marijuana. The allure of drugs to a wider section of the population and the increasing damage caused by drug addiction has become more serious than ever before.

The number of drug addicts has gone up since 1995 and significantly risen through 1999, finally exceeding ten thousand cases a year up until 2002. However, these statistics show only the numbers of drug abusers who were arrested and confined by law enforcement agencies; other estimates place the true numbers of drug users at over one hundred thousand.

II. THE CURRENT STATE OF DRUG OFFENDERS IN KOREA

A. Review of Classified Data on Drug Offenders

1. Classification of Drug Abusers according to Job

Job \ Year	2005	2006	2007	2008	2009
Between Jobs	2534	2860	3979	3124	3551
Agriculture	304	441	433	611	944
Retailers and Wholesalers	383	346	422	367	330
Urban Entertainment Worker	97	103	144	122	131
Service Industry	343	334	430	370	355
Finance	14	24	27	16	35
Real Estate	24	34	37	49	28
Physical Worker	416	287	447	423	468
Office Worker	495	525	850	765	1160
Manufacturing Industry	98	80	163	702	651
Construction Business	96	110	123	107	111

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Job \ Year	2005	2006	2007	2008	2009
Medical Profession	173	166	206	218	223
Transport	146	139	170	150	122
Home-makers	44	87	80	124	185
Entertainment	18	20	24	18	43
Fishing Industry	24	35	43	43	74
Student	52	57	65	43	203
No Response	843	904	1,391	1,185	1,399
Other	1,050	1,157	1,615	1,461	1,862
Total	7,154	7,709	10,649	9,898	11,875

(Unit: person)

Chart 1. Classification of Drug Abusers according to Job

This chart shows statistics which classify narcotics offenders according to year and profession. The highest ratio of drug abusers occurs in individuals between jobs (2,534 persons or 35.4%) in 2005, (2,860 persons or 37.1%) in 2006, (3,979 persons or 37.4%) in 2007, (3,124 persons or 31.6%) in 2008, and (3,551 persons or 29.9%) in 2009.

This data indicates that the likelihood of a second conviction is greater for the unemployed drug abuser because of poor economic conditions which can lead the drug abuser to self-destructive addiction and relapse. Also, from these numbers we can easily see that drug addiction has become more widespread in various occupations such as home-makers (44 persons in 2005 to 185 persons in 2009 - a fourfold increase); office workers (495 persons in 2005 to 1,160 persons in 2009 – a fivefold increase), while in the past most narcotics offenders worked in the entertainment industry. We can assume that more people are in danger of drug addiction than have been in the past.

2. Classification of Narcotics Offenders according to Drug Type

Classification	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	10,102	10,673	7,546	7,747	7,154	7,709	10,649	9,898	11,875	9,732
Drug	661	790	1,211	1,203	768	868	958	1,396	2,198	1,124
Methamphetamine	7,959	7,918	4,727	5,313	5,354	6,006	8,521	7,457	7,965	6,771
Marijuana	1,482	1,965	1,608	1,231	1,032	835	1,170	1,045	1,712	1,837

(Unit: person)

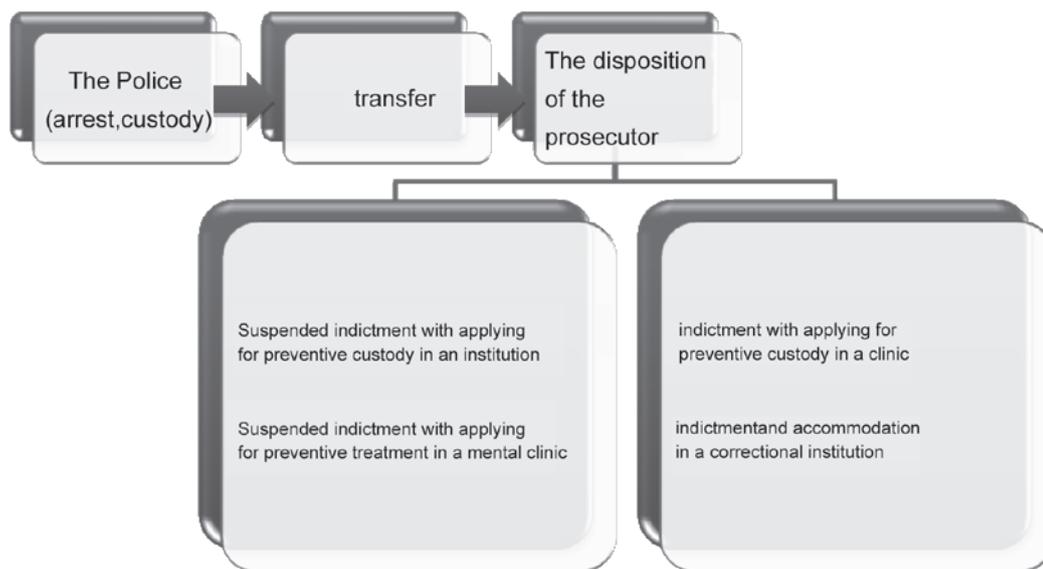
Chart 2. Classification of Narcotics Offenders according to Drug Type

This chart shows the number of drug abusers who have indulged in drug abuse besides methamphetamine or marijuana abuse. First of all, in a brief review of the statistics, the heading ‘Drug’ refers to opium, heroin, and cocaine as opposed to methamphetamine or marijuana. As you can see, the figure of methamphetamine abuse is higher than that of marijuana abuse.

The drug abuser is over 70% more likely to abuse methamphetamines. This is because methamphetamine is more hallucinatory and stimulating than marijuana. This kind of stimulation induces the offender to repeat his or her crime. The more that they indulge in drug abuse, the greater amount of the drug is needed. This data reflects these facts very well.

B. Criminal Procedure for Drug Abusers in Korea

1. General Disposition for Drug Abusers



As you look at the figure (which demonstrates criminal procedural law), you will note that usually the police investigate the narcotics criminal. But from time to time the investigation is exercised by an associate of the customs administration, national spy agency, or the prosecution service.

This paper reviews a common case, which is the investigation by police and prosecution services. Once a case is transferred to the prosecution service after the police disposition, the prosecutor usually makes two kinds of dispositions: indictment or non-indictment.

2. Type of Disposition after Indictment

(i) *Custody in Correctional Institution after Indictment*

(a) Procedure

Once the prosecutor has indicted the drug abuser (with a charge of drug injection, trafficking etc.), he or she will be remanded to a detention house and await trial. After his or her guilt is determined irrevocably, and the offender decides not to appeal to a higher court within seven days, the case is finalized. He or she will then be transferred to a correctional institution.

(b) Treatment in the Correctional Institution

The Law for the Execution of Penalties and Care for Inmates regulates everything that can happen to an inmate, as well as what an inmate is allowed or not allowed to do. The act says that “this law is legislated to encourage the inmate to be corrected and socialized. In addition, it is to guarantee his/her rights, care, and regulate the operation of the correction institution. Above all he/she should make an effort to maintain himself/herself in healthy condition and sound mind.”

Specifically, a drug abuser should have appropriate treatment that can effectively wean him or her from the drug and prevent recidivism. In this law, articles 30 and 37 cover hygienic and medical care for the inmate. In short, the treatment for inmates in correctional institutions covers two kinds of inmates: the convicted, and the unconvicted.

There are not enough programmes and courses for treatment of drug abusers, due to insufficient public awareness of the necessity of treatment and a preference for punishment oriented policies. In consequence, judicial authority is used to take drug addicts into custody. Also, it is quite hard to expect access to a specific clinic for the drug abuser, due to an insufficient number of medical experts in this field.

However, in recent years, correctional authorities have been making some specific efforts to cure offenders with narcotic addictions through various kinds of medical programmes, in spite of the poor situation. These correctional centres include the Gong-ju, Chung-ju, Ui-jung-bu, and Gwang-joo Correction Centres. As for detention facilities, there are the Busan and Dae-gu Detention Facilities. I will explain these programmes throughout this paper.

(ii) Preventive Custody in Institution with Indictment

When the prosecutor is going to indict a drug abuser, if there is some possibility of a second conviction, the prosecutor can apply for preventive custody in an institution. The narcotic offender is then accommodated in the institution with the court's permission. There are five types of treatment programmes. These are: mental cure; special treatment (small group activity, large group activity); treatment for medical recovery; an occupational career training course; and outpatient treatment.

3. The Disposition of the Suspended Indictment

(i) Preventive Custody in an Institution with Suspended Indictment

The prosecutor suggests that the drug abuser should get a disposition of suspended indictment on the condition that he or she did not commit a crime. Simultaneously he or she should be accommodated in a medical institution. Currently, there is a state-run medical institution in Gong-Ju. The ratio of the disposition is rare. That is why that the applied case is an exception (such as when the inmate is not of sound mind).

(ii) Preventive Treatment in a Mental Clinic with Suspended Indictment

The prosecutor can suspend indictment of a drug abuser instead of prosecuting him or her. If indictment is suspended, the drug abuser should be hospitalized in a designated medical clinic, and he or she must take various treatments. In comparison with preventive custody in an institution, this procedure requires an application by both the family (spouse, parents, legal representative) and the prosecutor.

C. Trends in Punishment and Treatment for Drug Abuser in Recent Years

A narcotic crime is regarded as simply a crime, such as murder, robbery, or larceny even though it is related to mental disorders such as alcoholism, depression, or anthrophobia. After indictment and during trial the defendant should be accommodated in a detention centre.

He or she should then be transferred to a correctional institution after sentencing. This punishment-friendly policy leads to recidivism because of discrimination within the community due to the drug abuser's having a criminal record. Thus, a second conviction is almost inevitable. Moreover, the drug abuser develops skills to avoid being arrested and seeks a hidden place to traffic and inject drugs.

Otherwise, much effort has been made to lower the ratio of second convictions. These efforts include accommodation in a medical clinic, or preventive custody in an institution (which was mentioned before). We are going to take a look at the introduction, the merits, and the problems of the system.

D. Agencies Related to Treatment of Drug Abusers in the Ministry of Justice

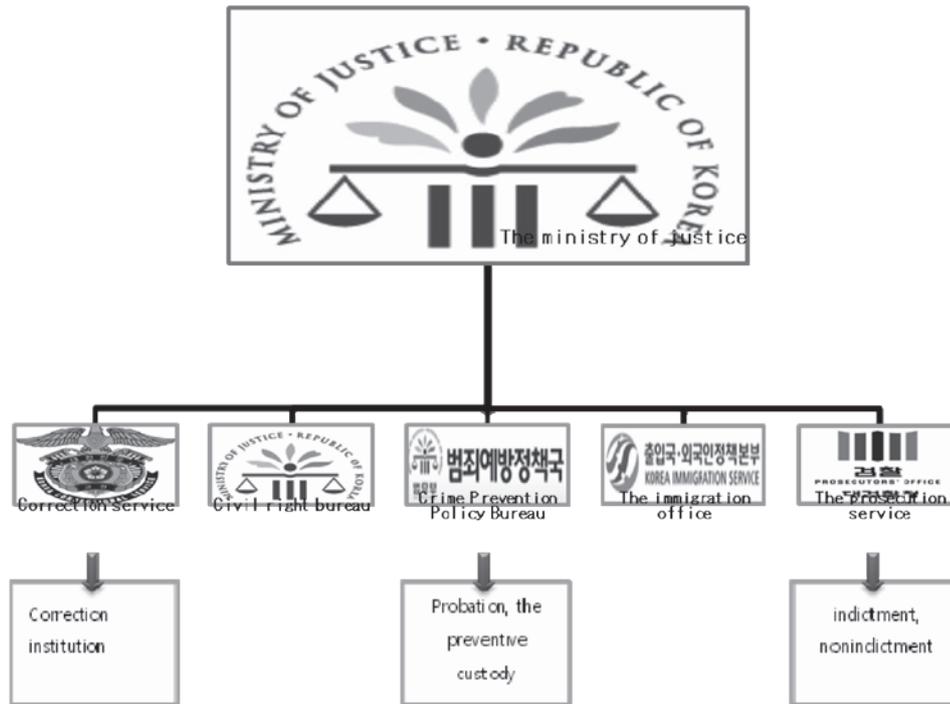


Chart 3: The Tree of the Ministry of Justice

Chart 3 shows the organization of the Ministry of Justice which organizes and intervenes in the punishment and treatment of drug abusers. The Ministry of Welfare and Hygiene takes responsibility for treatment. The Ministry of Justice comprises the correctional service, crime prevention policy bureau, immigration service, prosecution service, and human rights bureau. We are going to look into the main agencies – the correction service and crime prevention policy service - taking responsibility for the treatment and punishment of drug abusers.

1. Organization of Korea Correctional Service

Correctional Services of the Ministry of Justice (which is the central organization of the correctional administration) has seven divisions: the head is the Commissioner of Korea Correctional Service, including Correctional Policy and Security Policy. The Korea Correctional Service has four Regional Corrections Headquarters (Seoul, Daegu, Daejeon, and Gwangju) and 50 correctional institutions.

(i) *Central Organization*

(a) Correctional Policy

- **General Affairs & Planning Division**
Makes overall plans on correctional administration, personnel management, staff training, inspections, public relations, and international cooperation.
- **Vocational Training Division**
Makes and implements plans on vocational training, employment, support for starting a business, vocational training and management of supplies.
- **Social Reintegration Division**
Provides rehabilitation programmes, inmate education, and inmate treatment.
- **Welfare Division**
Administers the budget, management, administering facilities, general accounting, makes budget

plans, takes care of supplies.

(b) Security Policy

- Security Division
Manages protection, consultation, transportation, custody, emergency training, electronic security, and security apparatuses.
- Classification & Examination Division
Manages parole preparation, classification treatment, maintaining and developing policies.
- Health Care Division
Takes care of inmates' health, telemedicine, handling inmate petitions, human rights and transportation.

(ii) Local Correctional Institution

(a) Regional Correction Headquarters

Four Regional Correction Headquarters were established on 1 November 1999, because the Correction Bureau could not manage and supervise all correctional institutions throughout the nation efficiently. Regional Correction Headquarters are situated in Seoul (Central region), Taegu (Youngnam region), Taejon (Choogchung region), and Kwangju (Honam region), and provide mid-level supervision by directly overlooking local correctional institutions within their own jurisdictions.

There are five divisions under the Commissioner of Regional Correction Headquarters: the General Affairs Division, Security Division, Industry Division, Medical Care & Classification Division and Educational Reformation Division.

(b) Correctional Institutions

There were a total of 20 correctional institutions and one branch when the organization of correctional institutions was established in March 1950, immediately following the foundation of the Korean Government. Due to increasing crime and a demand for more correctional institutions and better housing and treatments for inmates, the number has increased to 50 correctional facilities.

Accordingly, there are four regional correction headquarters, 36 correctional institutions, 11 detention centres, and three branches as of 30 June, 2010.

A *correctional institution* is a place where sentenced inmates are housed. The aim of this institution is to return inmates to society as sound citizens after their sentence by providing various correctional, educational, reformatory programmes, and vocational training, etc.

A *detention centre* is a place where unsentenced inmates are housed for trial. As a detention facility, Seoul Detention Center was built in July 1967 and Suwon Detention Center was built in 1996 as a high-rise style building (nine stories) with consideration for the city environment and distance from the prosecutors' office.

2. Crime Prevention Policy Bureau

The Crime Prevention Policy Bureau develops and implements various policies to protect Korean society from crime. It consists of a Crime Prevention and Planning Division, Protection Legislation Division, Juvenile Division, Probation & Parole Division, and Law-related Education Team.

(i) *Protection Legislation Division*

The Protection Legislation Division carries out plans to prevent crime and recidivism and operates the Medical Treatment and Custody Deliberation Committee and medical treatment and custody facilities. It provides proper treatment for criminals by reflecting social changes, assists in criminals' successful reintegration into society, and contributes to productive welfare. The Division also focuses on further specializing volunteers through programmes for competence-building and crime prevention advisers.

(ii) Juvenile Division

The Juvenile Division is in charge of community safety and rehabilitation, and providing administration for juvenile delinquents. It directs the operation of Juvenile Training Schools (juvenile reformatories) and Juvenile Delinquency Prevention Centers, the latter of which were established in 2007 to educate preteens and teens in the early stages of delinquency so that they can be reintegrated into society more easily.

The Division also manages the operation of Juvenile Classification and Examination Centers, whose main functions are to accommodate juveniles sent from the Family Courts and to prepare various documents necessary for trial. In addition, it is responsible for operating the educational curriculum of Juvenile Training Schools and Juvenile Delinquency Prevention Centers. It also administers aftercare, such as vocational training and job placement for juvenile delinquents released from custody.

(iii) Probation & Parole Division

The Probation & Parole Division establishes and implements comprehensive plans regarding probation and parole administration, community service orders, and attendance center orders. It also directs and supervises the operation of probation offices and the Korea Rehabilitation Agency.

(iv) Law-related Education Team

The Law-related Education Team specializes in legal education for the public. It drafts laws on legal education programmes and conducts research on the related systems. The Team also develops and distributes school curricula, teaching materials and programmes for law-related education. Besides, it provides support for expert training courses and non-profit organizations involved in public legal education.

(v) Crime Prevention Planning Division

The Crime Prevention Planning Division is responsible for community safety, rehabilitation, administration and budget management. It also deals with personnel management of the Bureau, drafts relevant laws and regulations, and conducts research in related fields.

The correction service is composed of two parts; the correction centres and detention facilities. The treatment for narcotics criminals has been carried out at four correction centres and two detention facilities. The crime prevention service takes responsibility for preventive custody in an institution and preventive treatment in a mental clinic and probation.

Also, the Ministry of Welfare and Hygiene is in charge of treatments in mental clinics. In the following statement, I review treatments in mental clinics, correctional institutions and probation in detail.

III. SPECIFIC REVIEW OF TREATMENT OF DRUG ABUSERS IN KOREA

A. Preventive Custody in a Medical Institution

1. Contents

Drug Type \ Year	2005	2006	2007	2008	2009
Drug	0	0	0	0	0
methamphetamine	28	52	66	51	33
marijuana	0	1	1	1	0
Total	28	53	67	52	33

(Unit: person)

Chart 4: Use of Preventive Custody on an Annual Basis

Preventive custody policy for treatment regulates mental and physical disorders, such as alcoholism and other drug abuse that is likely to reoccur and for which it is necessary for the criminal to have special education, treatment, and recovery. The act says that a person who injects, drinks, inhales, or smokes drugs

and commits a crime, up to the level of incarceration, is held accountable under this law.

That is the only type of drug offender who deserves incarceration, and in case of repeated crime is regulated by the law. For that reason, this act applies to drug abusers who indulge in drugs seriously, not the casual drug criminal. As you look at Charts 2 and 4, there are many drug abusers (about ten thousand people). But the narcotic criminals who receive treatment number about fifty. It means that most drug abusers are imprisoned in correctional institutions.

2. Procedure for Preventive Custody in an Institution

(i) *Indicted with Application for Preventive Custody*

The prosecutor indicts the abuser by applying to the court for preventive custody in an institution, if the drug abuser is likely to inject, drink, inhale, or smoke drugs or alcohol etc. habitually, according to the act. Otherwise, the court has the authority to demand an application for treatment by the prosecutor considering the case, when the prosecutor indicts the criminal without application for treatment.

(ii) *Not indicted with an Application for Preventive Custody*

If the drug abuser has a mental or physical disorder or there is anything that should be considered (such as age, habit, mental ability, circumstance, relation with the victim, motivation, method, or result) following a crime, the prosecutor stays the prosecution coincidentally and applies for preventive custody in institution.

3. How to implement Preventive Custody

(i) *Preventive Custody in an Institution with Imprisonment*

If the inmate gets this disposition, the jail term is included in his or her duty period. For example, if six years' imprisonment and one year in preventive custody is imposed, after the inmate serves five years in a correctional institution, just one year is left in his or her jail term.

The preventive custody associate is able to commit the inmate to his or her family or legal representative's care within a decided period. In this case, after he or she finishes his or her term in a medical institution, the inmate need not be accommodated in a correctional institution, but can receive treatment in a medical clinic.

(ii) *Preventive Custody in an Institution without Imprisonment*

The preventive custody associate can allow the drug abuser to be taken care of by his or her legal representative, spouse, parents, brothers or sisters after he or she completes his or her term in a medical institution for one year.

4. Treatment and Rights of Drug Abusers accommodated in a Medical Institution

The medical custodian should guarantee pleasant, hygienic facilities for inmates, and supply necessities such as clothes, a mat for sleeping, etc. Medical treatment should be implemented by a doctor, based on a doctor's diagnosis and based on the mental clinic's rules. The inmate can be guaranteed the right to send and receive letters, use a telephone, be visited and watch TV, listen to radio, and read the newspaper (except during working hours or when going to bed).

The drug abuser in a medical institution can go outside as an outpatient, if he or she has a serious disease which cannot to be treated in the facility. Also, the authority should offer inmates proper payment for their work. This compensation encourages them to work harder. In addition, the Minister of Justice should check and confirm the present situation and determine how well the institution takes care of its inmates at least twice per year.

5. Types of Treatment

The cure and education programme in medical institutions is divided into three parts: diagnosis; cure, education for quitting drugs; and lessons for recovery.

(i) *Diagnosis*

Once the newcomer enters the medical institution, he or she has to get a medical and physical check, counselling, a mental health check, a head and chest check with an X-ray, tuberculosis testing, a clinical pathological examination, an AIDS check, a brain wave test, and a brain function test to confirm the extent of

his or her addiction and to learn about any complications.

(ii) Cure and Education to quit Drug Addiction

This course is held within eight weeks. What is taught includes how to deal with anger, clinical psychology, cognitive behaviour, applications for real life, preventive measures to avoid relapse into drug addiction, and social technical training. The classes about drugs are divided into various subjects such as passion, the definition of addiction, biological therapy, hepatitis C and AIDS awareness.

This education leads the drug abuser to have general information about the drug. The cognitive behaviour therapy teaches him or her how to understand the behaviour of addiction. The psychiatrist and social worker are in charge of the course. The cure programme for real life focuses on behaviour as a way of selecting something and makes the inmates understand and accept that their behaviour is a result of their selection.

In addition, it prevents relapse by improving selection ability. In the prevention against relapse programme, the inmate can learn how to express his or her desires and feelings effectively by acquiring communication skills and reacting skills and knowing how to use them in various social circumstances. It is a desirable way to prevent the inmate from being involved in drug-taking in a social circumstance, and also alleviates his or her anxiety about failure of treatment.

It encourages him or her not to indulge in drug abuse once again. In the twelfth step, the participant selects his or her material related to how to quit drugs, and researches it. With this kind of effort, the participant can be motivated to conquer his or her drug addiction and be led to the right way.

(iii) Rehabilitation Education

Rehabilitation education is implemented in the middle of treatment, between the course "quitting drug addiction" and release from the institution. There are choices such as IT education, a flowering plant class, and certificate classes. In addition, the mentor advises the inmate to adjust him or herself in the community, assisting him or her in restoring relationships with family members through successful case presentation.

6. The Present Situation

Now, there is the only one medical institution which can accommodate drug abusers. It is located in Gong-ju, southern Choongchung province. The institution has changed its name, from the National Psychological Custody Clinic to the National Justice Ministry Clinic. It can accommodate one hundred people.

B. Preventive Treatment in a Medical Clinic

1. The Definition

Preventive treatment in a medical clinic accommodates drug abusers who did not commit a crime at all. It is implemented forcibly and by the order of the Minister of Welfare and Hygiene or the governor of the province. He or she makes the order to check and classify the drug abuser according to the extent of their drug addiction, in an effort to cure and protect the drug abuser.

2. The Contents

(i) The Related Article

Drug Management article 40 says that if there is a drug abuser whose addiction is too advanced, he or she should be forcibly accommodated in a medical clinic, on the condition that he or she is mentally and psychologically dependent.

(ii) Reason for Preventive Treatment in a Mental Clinic

This regulation marked a great turning point in treatment of drug abusers. The investigation agency offers treatment in a medical clinic to the drug abuser. This rule has double application. First, it prevents harm to society; and secondly, it preserves public peace.

Moreover, this regulation can make it possible to change punishment-friendly policies to cure-friendly policies for drug abusers, in comparison to the previous regulation, which has been abolished. The present

regulation removes the duty to report to the investigation agency when a drug addict is discovered, and the government should support the participant financially.

The Ministry of Welfare and Hygiene organize the medical clinic to treat the drug abuser. Through a judge, a Committee of Cure and Prevention estimate whether the drug abuser is addicted or not. The period for the estimate is from one month to twelve months.

3. Procedure to be Accommodated

The article says that the prosecutor should request the designated court with the solicitation of the drug abuser and his or her spouse, parents, or legal representative. The Ministry of Welfare and Hygiene orders hospitalization for the drug abuser with the decision of the committee. The period is twelve months maximum. In practice, most of the drug abusers who are hospitalized in a medical clinic just apply for the programme by themselves without the prosecutor’s intervention. In this case the drug abuser does not need to worry about punishment.

4. Treatment Programme in Medical Clinic

(i) *The Present State*

Drug Type \ Year	2005	2006	2007	2008	2009
Drug	4	3	4	1	0
methamphetamine	331	368	395	345	277
marijuana	24	18	11	20	7
Total	359	389	410	366	284

(Unit: One person)

Chart 5: Performance of preventive treatment on an annual base

Twenty-four hospitals are designated as medical clinics for drug abusers in Korea. But the record of performance is poor. Besides the hospital there is another legal committee – the Drug Extermination Headquarters.

As you look at Chart 5, remember that the number of drug abusers is beyond ten thousand, while the number of applicants taking the opportunity to receive treatment is about three hundred to four hundred. Only 0.3% drug abusers take advantage of the treatment offered. Next, we will look over the National Boogok Hospital. The hospital is a representative clinic for the programme.

(ii) *Type of Treatment*

(a) Self-esteem programme with reality therapy

- The objective of the programme
Making the drug abuser understand his or her identity and boosting his or her self-esteem. Motivating him or her, and most importantly, guiding him or her to resolve to conquer drug addiction.
- Feature
First, taking relaxation training before the programme to ready the patient and calm his or her mind. Second, trying behaviour modification, based on reality therapy and perception behavioural therapy.
- Contents
Human behaviour is divided into four types: signal, acting, thinking, and feeling.
The programme modifies human behaviour to the following types:
 - Wanting: What do you exactly want? Imagine something specific.
 - Doing: Look over your behaviour.
 - Evaluation: Evaluate whether the behaviour is effective, or able to accomplish the goal
 - Plan: The plan should be accomplished quickly.

- The Anticipated Effect
 - The individual looks over the various types of behaviours replacing the drug addiction while taking the programme.
 - Focus on the shift of behaviour instead of the shift of mind (which can be changeable). Often through controlling the behaviour, the drug abuser can see significant therapy effects in a short period.
 - Besides these, there is a self-esteem programme with reality therapy, a *su-sik-gwan* meditation programme, and communication and personal relationship training.

C. The Cure Programme in Community for the Drug Abuser

1. Probation

(i) The Definition of Probation

Probation is a judicial disposition in criminal law procedure and social protection procedure, when a judge imposes a suspended sentence or a deferred sentence. The judge imposes probation in criminal procedure and also in protection cases involving minors.

(ii) Contents

The probation officer visits and counsels the probation subject face-to-face and has the subject take a drug test. The probation officer can impose sanctions on the drug abuser, such as custody or immediate arrest, and can apply to a judge for the revoking of the suspended sentence.

The most effective way to prevent the probationer from reoffending is through drug testing. That is why the probation officer can monitor the probationer. The drug abuser can be confident in him or herself through the result of the drug test which confirms his or her innocence and this can be done periodically. Confidence in him or herself motivates the drug abuser to take treatment actively and effectively.

The periodical drug test is an effective way to remind the drug addict that testing is unavoidable, and to encourage the drug abuser to be confident in quitting drugs if the test result is negative.

2. The Order for taking a Treatment Course

(i) The Definition

This disposition is common for drug abusers who are placed on probation. The judge imposes this order up to a maximum of 200 hours. The course is not intended to completely cure the drug addict, but as a preliminary procedure, it can make a good treatment course

(ii) Contents

The lecturers in this programme are composed of psychiatrists, physicians, social welfare workers, counselling therapists in the drug addiction field, music or painting therapists, pharmacists, a criminal lawyer, a prosecutor, and a religious leader.

Usually, lectures are given consecutively, within a forty hour period, over a week, or over one or two weeks continually. There are few divided stages in this programme because of its short period. This programme can be classified into two parts: drug education, and treatment.

(iii) Drug Education

The lecture participants can learn the negative effects of drug addiction on physical health, mental health, family members, the progress of drug addiction, social problems of drug addiction, and the legal punishment for drug addiction. Lectures are delivered in person or audio-visually.

In audio-visual education, the organizer uses related books and papers or has some time to share the participants' impressions or ideas after watching the programme. Usually, the participants have this opportunity three or four times per programme. It usually takes about five hours, but can last up to twelve hours in some programmes.

(iv) Treatment with Medicine

The main type of treatment with medicine is cognitive-behavioural therapy - that is, training on how to deal with stress, self-assertion training, improving personal relationships training, communication training, impulse control programme, self-recognition, and social skills training. Above all, the stress moderation training is a well-used programme in this treatment.

D. Treatment Programme in a Correctional Institution

1. Definition

When the drug abuser is on trial after indictment and accommodated in a detention house, or after conviction and sentence and then transfer to a correctional institution, the drug abuser can undergo a treatment programme. Besides, the drug abuser may also serve custody in a medical institution and then transfer to a correctional institution to fulfill his or her jail term.

2. Contents

Drug education is fulfilled with audio-visual education, mental training, newcomer education, education for offenders who have completed their jail terms, a professional lecture on drug addiction treatment, a lecture from a reformed drug abuser, counselling, and group discussions.

Otherwise, other programmes are for general inmates. Drug treatment has limits to curing the drug abuser. That is why the court-imposed programme is an additional benefit. The drug addiction treatment is subordinate to punishment.

3. Current Situation

The drug addiction treatment programme has been applied in a different way, according to each correction institution. It is not common to have professional treatment programmes in a correctional institution. Despite this situation, we are going to look at a representative programme which has been implemented in correctional institutions.

(i) Ui-jung-bu Correctional Center: Rehabilitating Drug Abusers

- (a) Number of participants: about 15
- (b) Period: until release
- (c) Scale and contents:
 - Sports appliances, gymnasium, bathroom
 - Improving motor skills, group counselling
 - Meditation etc.
- (d) Cooperative agencies
 - The Kyung-gi Branch of The Korea Drug Extermination Headquarters
 - Religious leaders.

(ii) Chung-ju Women's Correction Center: Intensive Care Programme: Hope through Self-esteem

- (a) Number of participants: about ten per programme
- (b) Period: eight two-hour weekly sessions
- (c) What is taught:
 - Personality assessment inventory check
 - Intensive counselling guide
 - Checking the tendency and frequency of drug use as a preliminary test.
 - Enhancing relationships with family members, etc.
- (d) Cooperative Agencies
 - The Hyundo Welfare University
 - Han-kil Rehabilitation Center

(iii) The Dae-goo Detention House

- (a) Number of participants: about fifteen per programme

- (b) Period: four times – two hours, once per week
- (c) What is taught:
 - Cognitive behavioural counselling
 - Successful cases in quitting drug addiction
 - Impulse control
- (d) Cooperative agencies
 - Dae-goo Branch of The Korea Drug Extermination Headquarters
 - The Busan Assembly for Overcoming Drug Addiction
 - The National Boo-gok Hospital

(iv) The Gwang-joo Correction Center

- (a) The number of participants: About fifteen per programme
- (b) Period: six two-hour twice-monthly sessions
- (c) What is taught:
 - Impulse control
 - Sensibility development
 - Rehabilitation training and socialization
- (d) Cooperative agencies:
 - Gwang-joo Branch of The Korea Drug Extermination Headquarters

(v) The Gong-joo Correction Center

- (a) The number of participants: about fifteen per programme
- (b) Period: twelve two-hour monthly sessions
- (c) What is taught:
 - Cognitive behavioural counselling
 - Successful cases in quitting drug addiction
 - Present life therapy
- (d) Cooperative agencies
 - Choong-nam Branch of The Korea drug extermination headquarters

(vi) The Busan Detention House

- (a) Number of the participants: about ten per programme
- (b) Period: four two-hour twice-monthly sessions
- (c) What is taught:
 - Real stories of drug addiction and the medical treatment system
 - Successful cases of overcoming quitting drug addiction
 - Relapse and second conviction and therapy options
- (d) Cooperative agencies
 - The Busan Branch of The Korea Drug Extermination Headquarters

**IV. CONCLUSION:
THERAPY OF DRUG ADDICTS: PROBLEMS AND SOLUTIONS**

Year	2005	2006	2007	2008	2009
Classification					
Total	7,154	7,709	10,649	9,898	11,875
Number of second convictions	3,059	3,468	4,328	3,793	4,018
The ratio of second convictions	42.8%	45.0%	40.6%	38.3%	33.8%

(Unit: One person)

Chart 6: The ratio of second convictions (drug addiction) in a year

A. Problems

1. The Punishment Friendly Tendency for Drug Addicts

The investigation agency and the machinery of law regard the drug addict as a type of criminal rather than as a patient. It is obvious that according to the present law, the drug addict should be punished. On the other hand, the number of second convictions from 2005 to 2009 stayed at 30 percent (40 percent in Chart 6).

Drug addiction is much too serious to be cured without proper treatment. If the present tendency towards punishment-friendly policy continues, the rates of second conviction will continue to rise.

2. Lack of Experts and Financial Support

At present, there are not enough experts and medical teams for the treatment of drug addicts. Most doctors working in clinics for the cure of the drug addict are psychiatrists or general doctors. They are not specialists in the field of drug addiction treatment. In addition, consecutive and continuous care and treatment is really important.

That is why drug addiction is chronic. We cannot expect immediate recovery after one trial for the treatment of addiction. The government's financial support is necessary for the continuous and consecutive operation of the treatment programme. But inadequate knowledge concerning the treatment of drug addiction makes it difficult to get financial support through congress.

3. Problems in Programme Application

Each participant has a different level and experience in drug addiction. For example, some participants are seriously dependent on the drug while others may not be seriously addicted.

However, in the present treatment programmes there are not enough differentiations between participants. If a participant with a different addiction level joins the same class, too many negative effects can occur, such as sharing his or her experience, learning how to avoid a crackdown, and sharing where to purchase the drug. There is no specific and elaborate treatment for each participant. Because of the poor follow-up service after the programme, the agency cannot easily check whether the effect of the treatment is going well after treatment is complete.

4. Addict's Lack of Will to Rehabilitate

The lack of will to overcome drug addiction is related to the punishment-friendly tendency of the judicial authority and the investigation agency. That is why the investigation agency and the judicial authority have negative cognition of rehabilitation and overcoming drug addiction by the drug abuser. They think giving a drug abuser the opportunity to be accommodated in a rehabilitation institution or medical clinic instead of punishment is a futile measure.

5. Discrepancy between Jail Terms and the Period of Accommodation in a Medical Clinic

According to the rule of preventive custody, a drug abuser should be transferred to a correctional institution after completing his or her jail term, if there is an extra period he or she has to serve. In this procedure, even though the drug abuser may successfully complete custody terms and decide to quit using drugs, he or she can fall into the temptation through contact with other abusers in the correctional institution.

B. Solutions

1. Conversion of Cognition for the Drug Addict

Once prejudice is formed in a negative direction, it is quite difficult to reverse it. The negative cognition for cure or treatment of the drug addict continues, but drug addiction and second conviction for drug crime cannot be overcome without adopting the idea that the drug abuser is both a patient and a criminal; this idea must be adopted by the investigation agency, judiciary, and layperson. Effective action and financial support can be gained based on that understanding.

2. Expert Intervention and Full Procedure

Drug treatment intervention is not easily implemented during the criminal procedure of arrest, interrogation, and indictment, which is the beginning of the investigation. In the present situation, a close connection with treatment agencies is necessary in the early stages of the investigation, because classification of addiction according to the level of the addiction is necessary to separate those in the early stages of abuse to serious addicts. With this classification, a successful cure in a medical institution can be expected.

When the investigation agency selects the anticipated applicant, it is necessary to include the opinion of an expert in drug addiction and treatment. The classification by the judicial organization and the investigation agency should be fulfilled with this kind of method, based on how addicted the person is, how strongly he or she wants to take treatment, and the physical condition of the drug abuser.

Once the opinion of the expert for the applicant is concluded, the judicial agency should have the authority to take action forcibly without any other intervention. There are some articles to regulate the treatment and cure of the drug abuser, but it is not enough to address the whole problem. Legal procedures and regulations specifically for the abuser are necessary.

3. Close Connections with Civil Medical Institutions

There is one national medical institution for drug abusers, and twenty-four medical clinics for drug abusers. Actually, the national medical institution is a well-functioning medical clinic for drug abusers. The state-run medical clinic system has challenges in organizing human resources effectively, and gaining financial support. Close connections with the civil medical community is necessary for effective treatment.

4. Proper Programme for Treatment

As we review previous cases, the greatest problem in treatment is lack of will on the part of the drug abuser. Therefore, other people's or organizations' intervention is quite important for effective treatment. Family members' participation is significant in this sense as well. When the family member participates in the programme and encourages the drug abuser to overcome his or her addiction, the drug abuser can feel guilty for the suffering caused to his or her family members by his or her wrongdoing. Family members' care is significant after completion of the jail term and returning to the family household. Family members' continuous care and encouragement plays a big role in preventing a second conviction.

5. Solutions to the Problems in Correctional Institutions

(i) *Establishment of the Halfway House*

The correction authority focuses on custody and preventing a prison breakdown. Moreover, it is difficult to consider treatment and rehabilitation only for the drug abuser due to poor conditions in the facility, and a lack of financial support. The drug abuser who is separated from the community for a long time has difficulty adjusting to the community immediately after release from a correction facility.

A halfway house can be a buffer to reduce harm after release. In addition, if the drug abuser recovers from addiction and deserves release in a halfway house, he or she does not need to be accommodated in a

correctional institution

(ii) The Full Responsibility Medical Team and Medical Correction Institution

At present, there is no correctional institution specifically for the treatment of drug abusers. Without strict separation between the drug abuser and the general criminal population, we cannot expect effective treatment. An exclusive correctional institution for the drug abuser is needed and segregation from other inmates and between drug addicts is inevitable.

6. Follow-up Management by Probation Officers

After the drug abuser's release from a correctional institution and attempted reintegration into the community, follow-up management is important as well. Because of a lack of will to resist his or her temptation to drugs, the continuous management and care by probation officers and family members is important. The probation authority should check whether the patient is using drugs again by consistent periodic testing. The role of family members is the most important element in the effective and complete recovery from the addiction.