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## Regular article

# The role of criminal justice system in treating drug abusers: The Chinese experience

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Received 25 May 2010; received in revised form 11 January 2011; accepted 12 January 2011

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## Abstract

This study explores the role of China's criminal justice system in treating drug abusers and provides a preliminary assessment of the mandatory treatment centers administered by police and reeducation-through-labor camps managed by correction agencies in China. The exploration and assessment are conducted using data collected from recent surveys of drug users in several mandatory treatment centers and a reeducation-through-labor camp in a large city of China in 2009. The data reveal that the treatment involvement levels of drug users in these mandatory treatment centers and reeducation-through-labor camps varied and their perceptions of the treatments they had received for their recovery seem fairly positive. The implication of these findings was discussed in the context of Chinese social and legal tradition. © 2011 Elsevier Inc. All rights reserved.

**Keywords:** Criminal justice system; Drug abuse; Treatment

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## 1. Introduction

The world is experiencing a drug epidemic, and many countries are facing an unprecedented challenge in combating drug problems. One critical issue in the control effort is the role that the criminal justice system may play. The involvement of the criminal justice system in the treatment of drug-addicted offenders in the United States has evolved in different forms since the early 20th century as the nation began adopting a punitive approach to drugs. As a developing country and emerging world economic power, China is also experiencing a reemerging drug problem since the late 1970s when the nation implemented its economic reform and “open-door” policy. According to Chinese official statistics, there were more than 1 million registered

drug users, and approximately 60,000 drug-related criminal cases had been recorded by police in 2008 ([China's Annual Report on Drugs, 2009](#)).

Chinese authorities have adopted a variety of social and legal measures to cope with the problem. One measure in the criminal justice system is that the Chinese police are granted administrative power to arrest and place serious drug users in mandatory treatment centers managed by police and reeducation-through-labor camps administered by correctional agencies. Chinese official statistics indicate that about 264,000 drug users had been arrested and placed in mandatory treatment centers and reeducation-through-labor camps by police for treatment and rehabilitation in 2008 ([China's Annual Report on Drugs, 2009](#)). Chinese legal statutes also stipulate that drug use per se is not defined as criminal behavior. The administrative power granted to Chinese police in arresting serious drug users for coercive treatment represents a quasi-legal effort in combating the drug problem in China.

This study represents an attempt to explore this unique Chinese effort. The study first describes and discusses the administrative measure. Second, the study conducts a

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☆ The authors are thankful to Xiaohua Zhang for her help and assistance in gathering Chinese literature on drugs.

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preliminary assessment of its implementation and provisions using data collected from recent surveys of drug users in several mandatory treatment centers and a reeducation-through-labor camp in a large city of China in 2009. The assessment is performed by analyzing the respondents' perceptions of the treatment and rehabilitation they had received from the treatment centers and the labor camp.

## 2. American experience

The involvement of the criminal justice system in the treatment of drug users in the United States can be dated back to the early 20th century as the nation began adopting a punitive approach to drugs. In 1929, the U.S. Congress authorized the U.S. Public Health Service to establish two Federal Public Health Service Hospitals that were commonly known as “narcotics farms” (Faupel, Horowitz, & Weaver, 2004; Kosten & Gorelick, 2002). These hospitals represented a federal effort to provide institutional facilities to separate narcotic-addicted patients from the general prison population for purposes of treatment. They resembled a modified prison in physical structure. Although voluntary “walk-ins” were accepted in the hospitals, most patients were court-ordered to the facilities. The first hospital opened in 1935 outside Lexington, KY, and the second was established in Fort Worth, TX.

In the 1960s, the state of California created the California Civil Addict Program, which was a diversion program primarily for the treatment of narcotic-addicted patients as an alternative to incarceration (Abadinsky, 2004). It was administered by the California Department of Corrections and operated through courts' referrals with remedial and high school educational facilities, as well as vocational training programs. In addition, treatment programs were introduced to state and federal prisons in the 1960s and were popular in the 1970s (Anglin & Hser, 1990). These in-prison programs were developed in terms of a general therapeutic community model.

During the early 1970s, federally funded Treatment Accountability for Safer Community was initiated. The program was aimed to divert drug offenders from the criminal justice system into community-based supervision, treatment, and rehabilitation in concert with court orders and related sanctions (Miller, 2005). It provided a bridge between the criminal justice system and the drug treatment community. It was also viewed as an alternative or supplement to incarceration for drug offenders. Since its inception, it has been expanded to include persons on probation and parole.

Since the 1980s, the criminal justice system has played an important role in the treatment of drug offenders in the United States. One of the new forms of correctional alternatives to conventional incarceration for offenders, especially young offenders, has involved a court sentence to boot-camp-type prisons (Clear, Clear, & Braga, 1993). These boot camp

prisons were first established in Georgia and Oklahoma in 1983. They had rigorous schedule of physical training, military drill and ceremony, and hard labor. Those who were sentenced to boot camps were allowed to have few personal possessions and infrequent visits from relatives outside. Early boot camps emphasized harsh discipline and hard labor work. Because many inmates who were in boot camps had been involved in drug abuse, treatment and education were introduced into the daily schedule of boot camp activities later on (MacKenzie, 1994). These boot camp programs usually lasted from 90 to 180 days.

Another significant development has been the legal movement of drug courts in the United States since the 1980s. The movement has recently spread to other Western countries such as Canada, Australia, and Britain (see Harrison, Scarpitti, Amir, & Einstein, 2004; Lurigio, 2008 for a systematic review of the movement). The movement is viewed as a legal response to the dramatic increase in the arrest and incarceration for drug-defined (e.g., illegal drug possession and drug sales) and drug-related offenses (e.g., theft to obtain money to purchase drugs). As commonly defined, drug courts are designed to handle nonviolent criminal cases with substance disorders (Lurigio, 2008), even if they begin including non-drug-related offenders today. They are aimed to rehabilitate offenders by eliminating their drug abuse problems because drug abuse is recognized as a major factor in their offending. Whether an offender is referred to a drug court is strictly voluntary, and the offender “could opt out at any point in the process” (Harrison et al., 2004, p. 23).

Coupled with intensive supervision and available sanction options, the judge in a drug court has legal power and authority to make a referral of a drug-related defendant to a treatment facility. A referred offender typically remains in treatment for 6 to 12 months. For those referred offenders who have successfully completed the treatment, charges may be dropped, “while those who fail to complete return to a regular court” (Harrison et al., 2004, p. 24). The role of drug courts in treating drug abuse is considered as generating a therapeutic effect of the law on the offenders' well-being (Lurigio, 2008). Preliminary assessments of the drug courts and their impact seem to indicate positive outcomes in preventing crime recidivism and drug relapse (Lurigio, 2008).

The movement of drug courts represents a serious legal effort in combating drug abuse and related crime problems through the criminal justice system. For this movement, the treatment-related activities of drug courts are still considered as part of the legal proceeding of the court system. As Harrison et al. (2004, p. 23) pointed out, the major defining characteristic of drug courts is “court-imposed drug user treatment as a part of the sentencing,” although the operation of these courts is much more based on a rehabilitation rather than a punishment model.

In sum, the American experience in the involvement of the criminal justice system for the treatment of drug offenders

clearly indicates an important role of the courts and judges in referring offenders, especially nonviolent offenders with drug problems, to drug treatment through court proceedings. However, the Chinese experience in the role of the criminal justice system in the treatment of drug abuse problems represents a sharp contrast with the U.S. experience.

### 3. Chinese experience

Currently, China has three treatment modalities of drug abuse. The first one is voluntary treatment in which drug users voluntarily seek treatment and pay for the treatment fee. This kind of voluntary-based treatment is commonly offered in medical institutions and facilities, such as hospitals or clinics, and no police action is involved. The second modality is community-based treatment that involves local government agencies, neighborhood committees (mass-based, quasi-official organizations), family members of the drug user, and volunteers. Although it is a community-based treatment, the Chinese police play a significant role in the operation of this treatment modality. As China's 2007 Drug Prohibition Law stipulates, a police department at the county or city level has the authority to first arrest a drug user and then to sign an agreement with the user for treatment and rehabilitation in his or her community. Under the agreement, the drug user must remain in the community and receive help and supervision from the local government agency, the neighborhood committee, his or her family members, and volunteers. The police authority also works with these government and community components and signs an agreement with them for helping and supervising the drug user to be drug free.

Commonly, the term of community-based treatment is 3 years. The police authority remains constant contacts with the local government agency and the neighborhood committee to monitor the treatment operation and the progress of the drug user. If the drug user has a serious violation of the agreement and cannot stop using drugs during the treatment term, the police authority can terminate the treatment and send the drug user to a mandatory treatment center administered by police or a reeducation-through-labor camp run by a correction agency. If the drug user has engaged in any criminal act during the treatment period, he or she can be prosecuted with a termination of the community-based treatment.

This community-based treatment is not voluntary. It is a mandatory treatment that involves an administrative order issued by the police and binding agreements between the police and the drug user and between the police and the community components (i.e., local government agency, neighborhood community, family members, and volunteers). Any violation of the agreements may evoke police action to determine the fate of the drug user. Therefore, the Chinese police as a criminal justice agency plays a central role in this kind of community-based treatment.

The third treatment modality is mandatory, residential treatment in treatment centers administered by police agencies and reeducation-through-labor camps run by correction agencies. Both the centers and camps receive government financial support for their operation and function. The Chinese State Council issued an administrative decree *Mandatory Drug Treatment Methods* in 1995, which first granted Chinese police power and authority to establish mandatory treatment centers and place serious drug users in the centers for treatment and rehabilitation. In 2003, the council issued another administrative decree, *Reeducation-Through-Labor Drug Treatment Regulations*, that first allowed correction agencies to develop drug treatment programs in reeducation-through-labor camps and accept drug users sent by police for treatment and rehabilitation. These camps have existed since the Chinese Communist Party took power in 1949. Traditionally, they have handled and rehabilitated offenders who have engaged in minor criminal acts (e.g., theft) or repeat minor offenders who were arrested and referred by police. Therefore, mandatory drug treatment issued by police and administered by correction agencies in these camps can be viewed as a continuation of the legal tradition for dealing with the reemerging drug problem in China. The 2007 China's Drug Prohibition Law further defines and reinforces this kind of mandatory treatment.

Most drug users in the mandatory treatment centers and reeducation-through-labor camps were arrested and placed by police agencies at the county or city administrative level. However, these centers and camps also accept drug users for voluntary treatment. To be eligible for voluntary treatment, a drug user or his or her family should submit an application to the police agency that has the authority to grant acceptance for treatment in a center or camp. In some circumstances, police mandatory treatment centers also take in crime suspects who were arrested and tested positive for drugs. These suspects first are referred to the centers for treatment and rehabilitation of their drug abuse problems for a short period and are then prosecuted for their criminal acts. Those reeducation-through-labor camps may also accept minor, nonviolent offenders who have drug abuse problems for treatment and rehabilitation. Who is eligible to treatment in this kind of camps is dependent on police assessment and decision.

As the 1995 *Mandatory Drug Treatment Methods* and the 2007 *Drug Prohibition Law* define, a mandatory drug treatment center administered by a police agency commonly provides medical treatment, such as administering methadone to drug users as needed, physical exercise, moral and legal education, drug and health education, and skill training (e.g., training in computer skills). Although psychological counseling is stipulated in the regulations and laws, it is much less implemented because psychological treatment is relatively new to the Chinese, and well-trained and skilled psychologists or psychiatrists are rare in China. In addition, Chinese people usually hold skeptical attitudes toward the



treatment. A drug user must reside in the center, which provides a closed and concentrated setting for treatment. The treatment term is about 3 to 6 months. Who will be released from the treatment center and in what time depend on the assessment provided by the police agency. If a drug user still needs treatment after about 6 months, he or she may be transferred to a reeducation-through-labor camp for continuing treatment and rehabilitation.

The 2003 Reeducation-Through-Labor Drug Treatment Regulations and the 2007 Drug Prohibition Law provide general guidance to the treatment offered in reeducation-through-labor camps. As we have observed, most of these treatment camps also provide physical exercise, moral and legal education, drug and health education, and skill training as the police mandatory treatment centers do. However, medical treatment is much less used, and discipline training and labor work are added in these treatment camps. The discipline training is conducted by organizing drug users to engage in some quasi-military activities, such as lining up at a designated time and wearing similar or the same uniforms. Labor work is performed in the camps' factories, which are established by the correction agencies in collaboration with outside companies. The assumption is that these discipline training and labor work create opportunities for the drug users to change their unhealthy behavior and lifestyle. All drug users in a camp must also reside in the camp, and the treatment term commonly runs for about 2 years.

In sum, as their counterpart in the United States, the Chinese police also serve as gatekeepers of the criminal justice system. However, their role as gatekeepers is largely extended in dealing with drug abuse, which is per se not defined as criminal. Their administrative power and authority in dealing with drug abuse indicate a unique role of the Chinese police that may be questioned by Westerners. However, this role is embedded in the Chinese legal tradition that individual legal rights are less important than social order and public safety. Another important component of the Chinese criminal justice system, correction agencies, is also involved in dealing with drug abuse through their management of the reeducation-through-labor camps for treatment and rehabilitation of drug abusers. Their role is also extended to nonlegal, administrative areas.

#### 4. Current study

The nonlegal, administrative roles of Chinese police and correction agencies in dealing with drug abusers are often taken for granted in the Chinese setting. What roles these criminal agencies actually perform and how they perform are largely unknown. Although a few Chinese studies have shown attempts to address the issue (e.g., Chen, 2005; Du, 2005; Li & Huang, 2008; Yang & Zhang, 2008), they are very limited. Some studies provided conceptual and theoretical discussions without any empirical data, whereas others concentrated on the interpretation of the related laws and administrative decrees on drug abuse. This study

represents an effort to conduct a preliminary, empirical assessment of the mandatory drug treatment provided by the police in the mandatory treatment centers and offered by correctional agencies in the reeducation-through-labor camps. The assessment is conducted using data collected from surveys of drug users in eight police mandatory treatment centers and one reeducation-through-labor camp in a large city of China.

The study attempts to address three basic research questions: (a) What treatment and rehabilitation have been actually provided in the mandatory treatment centers and reeducation-through-labor camps? (b) What is the involvement level of drug users in the treatment and rehabilitation provided in the centers and camps? (c) How do the drug users perceive the effectiveness of the treatment and rehabilitation that they have been involved in in the centers and camps?

#### 5. Data and methods

##### 5.1. Data collection

The data used in this study come from surveys of 177 drug users in eight mandatory treatment centers administered by police and 302 drug users in a reeducation-through-labor camp managed by the justice department in the city of Chongqing, China. The surveys were conducted in collaboration with the Research Center for Drugs, Crime, and Public Policy at the Southwest University of Political Science and Law, China in 2009. Chongqing is a newly developed, large municipality that is directly under the leadership of the Chinese central government after the other three—Beijing, Shanghai, and Tianjin. It is located on the upper reaches of the Yangtze River, which connects the middle and western parts of China. Currently, the municipality is populated with 30.9 million residents and is southwest China's biggest industrial and commercial center with inland ports.<sup>1</sup> It has 40 administrative districts and counties that cover an area with 82,400 km<sup>2</sup>. Given its unique geographic location in connecting the western part of China where it is adjacent to the "Golden Triangle," the city is facing flourishing drug-related problems.

The city's police and justice departments run and manage a number of mandatory drug treatment centers and reeducation-through-labor camps, respectively. Given the city's large territory and our limited resources, our first survey focused on the police treatment centers that were located in the 10 old and central urban districts of the city. Each of the 10 districts has one mandatory treatment center administered by the district police department. Two of the centers did not host any drug users at the time when the survey was conducted. Because the number of drug users

<sup>1</sup> The information source is Chongqing Government Online, which is the official site of the city <http://english.cq.gov.cn/>.

placed in each of the rest eight treatment centers was relatively small, ranging from 6 to 50 drug users, all the drug users in the centers were surveyed.

Data were collected through anonymous, self-administered questionnaires at a suitable room in each center (e.g., a conference or library room). With the help and assistance from the Chongqing police headquarter, the research team contacted the police administrator who was in charge of each treatment center to arrange and schedule the questionnaire administration. The questionnaire was intended to be self-administered, although on-site members of the research team were allowed to clarify the questions if requested. No center officers were allowed to be present in the site and have any involvement when the questionnaire was self-administered. Respondents were assured of the voluntary nature of their participation, their right to refuse to answer any questions, and the confidentiality of their responses. After the questionnaires were completed, they were placed in large envelopes, sealed, and transmitted directly to the drug research center where they were locked in a safe cabinet. A total of 177 valid questionnaires were obtained, yielding an extremely high response rate of 98%, which is fairly common in surveys conducted in China (Zhang et al., 2007).

Of the 177 respondents, 4 reported that they were accepted on a voluntary basis in the mandatory treatment centers, 33 indicated that they were treated in the centers because they were arrested for criminal offenses and tested positive for drugs, and 11 did not reported their referral statuses. These respondents were excluded from our analysis, and the analysis focused on those who reported that they were receiving treatment in the centers because they were arrested for their drug use and referred to the centers by police. The actual sample size for our analysis is 129 respondents.

For the second survey, we selected the largest reeducation-through-labor camp that provided drug treatment and was managed directly by the city's justice department. The camp hosted a total of 955 male drug users who were organized into four management groups.<sup>2</sup> Our target sample was 332 respondents, which constituted one third of the entire drug users housed in the camp. Given that the number of drug users in each management group varied, we conducted systematic sampling to proportionately select a subsample from each group to constitute the entire sample. The sampling was performed by using a roster provided by the camp office.

Similar survey method and procedure were used to administer the questionnaire to the sample for data collection as we did in the police mandatory treatment centers. A total of 302 valid questionnaires were obtained, which yielded a response rate of 91%. Of the 302 respondents, 20 reported

that they were referred voluntarily by their families to be in the camp for treatment and rehabilitation, and 31 indicated that they were placed in the camp because they committed criminal offenses and were tested positive for drugs. In addition, there were 15 missing cases who did not report their referral status. Our analysis excluded all these cases and concentrated on those who reported that they were arrested for their drug abuse and placed in the camp. As a result, the sample size for our analysis is 236 respondents (see Table 1 for the basic demographic characteristics of the respondents in both surveys).<sup>3</sup>

## 5.2. Measures

The survey of drug users in the police mandatory drug treatment centers has five items that measure whether the respondents had received those types of treatment, that is, medical treatment, physical exercise, moral/legal education, drug/health education, and still training, as defined in the regulations and laws. Response categories are 1 = *yes* and 0 = *no*. Responses to the survey items were analyzed for our first two research questions on what treatment had been actually offered in these mandatory treatment centers and what level drug users in the centers had been involved in the different types of treatment.

Following the items, the survey further asked the respondents' perception of the treatment they had received for their recovery. Each of the survey questions has a Likert-type response scale ranging from 1 (*very helpful*) to 6 (*not helpful at all*). Responses to the survey questions provide information for a preliminary assessment of the treatment modalities from the standpoint of the drug users who had received them, which addresses our third research question. The survey also has an item asking the respondents' overall satisfaction of the treatment they had received in the centers. Responses to this item provide useful information to have an overall assessment of the treatment offered in the centers. The survey question also has a Likert-type response scale (1 = *very satisfied* to 6 = *very dissatisfied*).

The survey of the reeducation-through-labor camp used similar items and response scales to collect data to address the three research questions. The difference is that items on medical treatment were not included in the survey because it was much less implemented in this kind of camps as discussed above. In addition, items on discipline training and labor work were added because these camps are likely to engage in such treatment activities.

We compare the similar or the same treatment modalities offered in the police mandatory treatment centers and the reeducation-through-camp by performing  $\chi^2$  tests. The

<sup>2</sup> In China, this kind of reeducation-through-labor camps commonly hosts male and female drug users separately in different locations. The city's justice department has a camp that specially hosts female drug users, and the number of the female drug users in that camp was much smaller than that in this male camp.

<sup>3</sup> Our data indicate that heroin, methamphetamine (*Bingdu* in a Chinese term), and *Maguo* (a Chinese term)—a derivative of methamphetamine in ranking, were the three major drugs that the respondents used when they were arrested by police. In addition, more than one third of the respondents had prior treatment experience in hospitals or clinics for their drug problems.

Table 1  
Demographic characteristics of drug users in mandatory treatment centers and reeducation-through-labor camp

| Variable                     | Mandatory treatment center |      |          | Reeducation-through-labor camp |      |          |
|------------------------------|----------------------------|------|----------|--------------------------------|------|----------|
|                              | Frequency                  | %    | <i>n</i> | Frequency                      | %    | <i>n</i> |
| Gender                       |                            |      | 128      |                                |      | –        |
| Male                         | 99                         | 77.3 |          | –                              | –    |          |
| Female                       | 29                         | 22.7 |          |                                |      |          |
| Age group                    |                            |      | 127      |                                |      | 235      |
| 18–25                        | 18                         | 14.2 |          | 16                             | 6.8  |          |
| 26–35                        | 58                         | 45.7 |          | 109                            | 46.4 |          |
| 36–45                        | 41                         | 32.3 |          | 83                             | 35.3 |          |
| ≥46                          | 10                         | 7.9  |          | 27                             | 11.5 |          |
| Education                    |                            |      | 127      |                                |      | 235      |
| Illiteracy                   | 3                          | 2.4  |          | 7                              | 3.0  |          |
| Elementary school            | 15                         | 11.8 |          | 57                             | 24.3 |          |
| Middle school                | 66                         | 52.0 |          | 112                            | 47.7 |          |
| High school                  | 40                         | 31.5 |          | 59                             | 25.1 |          |
| 3-Year college               | 2                          | 1.6  |          | 0                              | 0.0  |          |
| 4-Year college               | 1                          | 0.8  |          | 0                              | 0.0  |          |
| Employment                   |                            |      | 127      |                                |      | 234      |
| Permanent                    | 17                         | 13.4 |          | 29                             | 12.4 |          |
| Temporary                    | 22                         | 17.3 |          | 26                             | 11.1 |          |
| Unemployed                   | 85                         | 66.9 |          | 176                            | 75.2 |          |
| Retired                      | 1                          | 0.8  |          | 1                              | 0.4  |          |
| Other                        | 2                          | 1.6  |          | 2                              | 0.9  |          |
| Marital status               |                            |      | 128      |                                |      | 227      |
| Single                       | 68                         | 53.1 |          | 128                            | 54.9 |          |
| Married                      | 28                         | 21.9 |          | 38                             | 16.3 |          |
| Divorced                     | 28                         | 21.9 |          | 57                             | 24.5 |          |
| Widowed                      | 0                          | 0.0  |          | 2                              | 0.9  |          |
| Remarried                    | 4                          | 3.1  |          | 8                              | 3.4  |          |
| Monthly family income (yuan) |                            |      | 119      |                                |      | 227      |
| <500                         | 40                         | 33.6 |          | 51                             | 22.5 |          |
| 500–999                      | 15                         | 12.6 |          | 40                             | 17.6 |          |
| 1,000–1,999                  | 33                         | 27.7 |          | 58                             | 25.6 |          |
| 2,000–3,999                  | 17                         | 14.3 |          | 54                             | 23.8 |          |
| ≥4,000                       | 14                         | 11.8 |          | 24                             | 10.6 |          |

comparison allows us to assess the similarities and differences between the treatments provided in the treatment centers and the camp.

## 6. Results

Table 2 reports the results of the treatment offered in the police mandatory treatment centers and the reeducation-through-labor camp and the respondents' involvement levels. The table has two main columns, one for the police mandatory treatment centers and the other for the reeducation-through-labor camp. As the results indicate, 41.3% of the respondents received medical treatment in the police mandatory treatment centers. There was a slightly higher level of drug users' involvement in physical exercise (58.3%) in the reeducation-through-labor camp than that (48.8%) in the police mandatory treatment centers. However, the difference is not statistically significant. It seems that more drug users in the police mandatory treatment centers had received moral/legal education (88.6%) than those (73.6%) in the reeducation-through-labor camp. The difference is statistically significant.

Both the police mandatory treatment centers and reeducation-through-labor camp had a high percentage of drug users who were involved in drug/health education (74.6% and 79.8%, respectively), and there is no significant difference between the percentages. Further, drug users in the reeducation-through-labor camp were more likely to receive skill training (51.7%) than those (13.5%) in the police mandatory treatment centers, which is statistically significant. Finally, the results show a high level of involvement of drug users in discipline training (90.6%) and labor work (93.6%) in the reeducation-through-labor camp.

Table 3 presents results on respondents' perceptions of the helpfulness of the treatment they had received in the police mandatory treatment centers and the reeducation-through-labor camp. The results indicate that an appreciable proportion of respondents reported that the medical treatment they had received in the police mandatory treatment centers were very helpful (17.6%) and helpful (33.3%). More than 70% of the respondents from the police mandatory treatment centers indicated that the physical exercise for their recovery was very helpful (35.5%) and helpful (41.9%). In

Table 2

Treatment received in mandatory treatment centers and reeducation-through-labor camp

| Variable              | Mandatory treatment center |      |          | Reeducation-through-labor camp |      |          | $\chi^2$ |
|-----------------------|----------------------------|------|----------|--------------------------------|------|----------|----------|
|                       | Frequency                  | %    | <i>n</i> | Frequency                      | %    | <i>n</i> |          |
| Medical treatment     |                            |      | 128      |                                |      |          |          |
| Yes                   | 52                         | 41.3 |          | –                              | –    |          |          |
| Physical exercise     |                            |      | 129      |                                |      | 235      | 3.0      |
| Yes                   | 63                         | 48.8 |          | 137                            | 58.3 |          |          |
| Moral/legal education |                            |      | 128      |                                |      | 235      | 4.7 *    |
| Yes                   | 107                        | 88.6 |          | 173                            | 73.6 |          |          |
| Drug/health education |                            |      | 126      |                                |      | 233      | 1.3      |
| Yes                   | 94                         | 74.6 |          | 186                            | 79.8 |          |          |
| Skill training        |                            |      | 126      |                                |      | 234      | 50.6 **  |
| Yes                   | 17                         | 13.5 |          | 121                            | 51.7 |          |          |
| Discipline training   |                            |      | –        |                                |      | 235      |          |
| Yes                   | –                          | –    |          | 213                            | 90.6 |          |          |
| Labor work            |                            |      | –        |                                |      | 235      |          |
| Yes                   | –                          | –    |          | 220                            | 93.6 |          |          |

\*  $p < .05$ .

\*\*  $p < .01$ .

contrast, fewer respondents from the reeducation-through-labor camp indicated that the physical exercise they were involved in was very helpful (21.2%) and helpful (28.5%). The difference is statistically significant. There are also similar, appreciable proportions of respondents who perceived that the moral/legal education and drug/health education they had received were very helpful in both the police mandatory treatment centers and reeducation-through-labor camp. Although slightly higher percentages of respondents from the police mandatory treatment centers reported that the skill training they had involved was very helpful (23.5%) and helpful (52.9%) than those (14.2% and 34.2%, respectively) from the reeducation-through-labor camp, the difference is not statistically different.

Comparing respondents' perceptions of the discipline training and labor work they had involved in the reeducation-through-labor camp, they were more likely to perceive that the discipline training was very helpful (11.7%) and helpful (32.9%) than the labor work (8.3% and 16.5%, respectively). For the overall rating of their satisfaction with the treatment they had received, respondents from the police mandatory treatment centers were more likely to report being satisfied (15.2% for "very satisfied" and 40% for "satisfied") than those from the reeducation-through-labor camp (9.1% and 18.5%, respectively).

## 7. Discussion and conclusion

This study provides description and discussion of the role of the Chinese criminal justice system in treating drug abusers in a comparative context of the U.S. experience. Chinese police have been granted large administrative power and authority to establish/manage mandatory treatment centers and arrest/place drug abusers in the centers for treatment and rehabilitation. In addition, the reeducation-through-labor camps that have been tradition-

ally used to rehabilitate minor, nonviolent offenders have been modified and transformed into treatment centers for drug abusers. Chinese police also have the power and authority to place drug abusers in this kind of treatment camps. All these can be viewed as administrative, quasi-legal measures in dealing with drug abuse in China. They represent a sharp difference in the role that the criminal justice system plays in the United States. Using data collected from recent surveys of drug users in several police mandatory treatment centers and a reeducation-through-labor camp, this study provides a preliminary assessment of the treatment offered in the centers and camps, the involvement level of drug users in the treatment, and their perceptions of the treatment for their recovery. The data reveal several interesting findings.

First, the results show that the police mandatory treatment centers and the reeducation-through-labor camp seem to provide the treatment modalities, which are defined in several administrative decrees and the drug prohibition law. However, the involvement levels of drug users in the treatments vary. More drug users in the treatment centers and camp were involved in moral, legal, drug, and health education than in medical treatment, physical exercise, or skill training. This difference may imply that the Chinese still hold a strong belief that education plays a central role in changing people's attitudes and behavior, including attitudes toward drugs and drug abusive behavior. As Zhang et al. (1996, p. 204) pointed out, "Chinese have believed in the power of education in shaping and influencing people's thoughts and behaviors. According to Confucians, all human beings are born with an equal potential for moral growth. Only proper training is needed for virtue" (also see Dawson, 1982; Munro, 1977).

There is also a significant difference in the involvement level of drug users in moral/legal education between the police treatment centers and the treatment camp. Drug users



Table 3  
Perceived effectiveness of treatment received in mandatory treatment centers and reeducation-through-labor camp

| Variable              | Mandatory treatment center |      |          | Reeducation-through-labor camp |      |          | $\chi^2$ |
|-----------------------|----------------------------|------|----------|--------------------------------|------|----------|----------|
|                       | Frequency                  | %    | <i>n</i> | Frequency                      | %    | <i>n</i> |          |
| Medical treatment     |                            |      | 51       |                                |      | –        |          |
| Very helpful          | 9                          | 17.6 |          | –                              | –    |          |          |
| Helpful               | 17                         | 33.3 |          | –                              | –    |          |          |
| Somewhat helpful      | 15                         | 29.4 |          | –                              | –    |          |          |
| Difficult to judge    | 2                          | 3.9  |          | –                              | –    |          |          |
| Not helpful           | 4                          | 7.8  |          | –                              | –    |          |          |
| Not helpful at all    | 4                          | 7.8  |          | –                              | –    |          |          |
| Physical exercise     |                            |      | 62       |                                |      | 137      | 15.5 *   |
| Very helpful          | 22                         | 35.5 |          | 29                             | 21.2 |          |          |
| Helpful               | 26                         | 41.9 |          | 39                             | 28.5 |          |          |
| Somewhat helpful      | 9                          | 14.5 |          | 41                             | 29.9 |          |          |
| Difficult to judge    | 3                          | 4.8  |          | 10                             | 7.3  |          |          |
| Not helpful           | 0                          | 0.0  |          | 11                             | 8.0  |          |          |
| Not helpful at all    | 2                          | 3.2  |          | 7                              | 5.1  |          |          |
| Moral/legal education |                            |      | 104      |                                |      | 171      | 9.3      |
| Very helpful          | 26                         | 25.0 |          | 29                             | 17.0 |          |          |
| Helpful               | 47                         | 45.2 |          | 62                             | 36.3 |          |          |
| Somewhat helpful      | 18                         | 17.3 |          | 48                             | 28.1 |          |          |
| Difficult to judge    | 6                          | 5.8  |          | 14                             | 8.2  |          |          |
| Not helpful           | 2                          | 1.9  |          | 10                             | 5.8  |          |          |
| Not helpful at all    | 5                          | 4.8  |          | 8                              | 4.7  |          |          |
| Drug/health education |                            |      | 94       |                                |      | 185      | 6.9      |
| Very helpful          | 23                         | 24.5 |          | 37                             | 20.0 |          |          |
| Helpful               | 48                         | 51.1 |          | 77                             | 41.6 |          |          |
| Somewhat helpful      | 13                         | 13.8 |          | 47                             | 25.4 |          |          |
| Difficult to judge    | 4                          | 4.3  |          | 14                             | 7.6  |          |          |
| Not helpful           | 4                          | 4.3  |          | 6                              | 3.2  |          |          |
| Not helpful at all    | 2                          | 2.1  |          | 4                              | 2.2  |          |          |
| Skill training        |                            |      | 17       |                                |      | 120      | 7.1      |
| Very helpful          | 4                          | 23.5 |          | 17                             | 14.2 |          |          |
| Helpful               | 9                          | 52.9 |          | 41                             | 34.2 |          |          |
| Somewhat helpful      | 3                          | 17.6 |          | 19                             | 15.8 |          |          |
| Difficult to judge    | 0                          | 0.0  |          | 16                             | 13.3 |          |          |
| Not helpful           | 0                          | 0.0  |          | 17                             | 14.2 |          |          |
| Not helpful at all    | 1                          | 5.9  |          | 10                             | 8.3  |          |          |
| Discipline training   |                            |      | –        |                                |      | 213      |          |
| Very helpful          | –                          | –    |          | 25                             | 11.7 |          |          |
| Helpful               | –                          | –    |          | 70                             | 32.9 |          |          |
| Somewhat helpful      | –                          | –    |          | 51                             | 23.9 |          |          |
| Difficult to judge    | –                          | –    |          | 31                             | 14.6 |          |          |
| Not helpful           | –                          | –    |          | 21                             | 9.9  |          |          |
| Not helpful at all    | –                          | –    |          | 15                             | 7.0  |          |          |
| Labor work            |                            |      | –        |                                |      | 218      |          |
| Very helpful          | –                          | –    |          | 18                             | 8.3  |          |          |
| Helpful               | –                          | –    |          | 36                             | 16.5 |          |          |
| Somewhat helpful      | –                          | –    |          | 50                             | 22.9 |          |          |
| Difficult to judge    | –                          | –    |          | 23                             | 10.6 |          |          |
| Not helpful           | –                          | –    |          | 39                             | 17.9 |          |          |
| Not helpful at all    | –                          | –    |          | 52                             | 23.9 |          |          |
| Overall satisfaction  |                            |      | 125      |                                |      | 232      | 30.3 *   |
| Very satisfied        | 19                         | 15.2 |          | 21                             | 9.1  |          |          |
| Satisfied             | 50                         | 40.0 |          | 43                             | 18.5 |          |          |
| Somewhat satisfied    | 17                         | 13.6 |          | 30                             | 12.9 |          |          |
| Uncertain             | 12                         | 9.6  |          | 41                             | 17.7 |          |          |
| Dissatisfied          | 14                         | 11.2 |          | 51                             | 22.0 |          |          |
| Very dissatisfied     | 13                         | 10.4 |          | 46                             | 19.8 |          |          |

\*  $p < .01$ .

in the police treatment centers were more likely to receive moral/legal education than those in the treatment camp. However, the treatment camp was more likely to have drug users to be involved in skill training than those in police treatment centers. In addition, most drug users in the camp had been involved in discipline training and labor work. As we have observed, the major reason for this high involvement may be that these discipline training and labor work represent drug users' daily routine activities in the camp. The discipline training had penetrated into all aspects of their daily life from getting up at a defined time in the morning to getting on bed at evening. It is also mandatory that each drug user in the camp must participate in labor work every day in a scheduled time except those who were ill or had a special waiver from the camp authority. This kind of reeducation-through-labor camps have had a strong tradition in requiring criminal offenders to have quasi-military discipline training and mandatory labor work, although they have been transformed into facilities for treating and rehabilitating drug abusers.

Second, an appreciable proportion of drug users (commonly about or greater than 50%) in the police treatment centers and reeducation-through-labor camp seem to have a positive perception of each treatment they had received in the centers and camp for their recovery. Such relatively positive perceptions should be interpreted with caution, given the Chinese social and legal context. Commonly, surveys of Chinese views and opinions on government policies, operations, and works are likely to yield relatively positive results (Yuan & Fan, 2001; Zen & Yuan, 2005).

However, a more careful scrutiny indicates that drug users in the police mandatory treatment centers were more likely to perceive that the treatments they had received were helpful for their recovery than those in the reeducation-through-labor camp. One significant difference is related to the involvement in physical exercise. About 77% of the respondents in the police treatment centers reported that the physical exercise they had received were very helpful and helpful compared with about 49% who had such reports in the camp. The overall satisfaction with the treatments reported by drug users in the police treatment centers is also significantly higher than that reported by drug users in the camp. These differences between the police treatment centers and the treatment camp may be due to the actual treatment contents and the implementation of the treatments. We call for further studies to explore the differences.

Third, a comparison of the results in Table 3 indicates that discipline training, especially labor work, was less likely to be perceived as helpful by drug users for their recovery than other treatment measures in the reeducation-through-labor camp. Chinese legal authority has used these measures to rehabilitate and correct criminal offenders for a long time (Seymour, 2006; Seymour & Anderson, 1998). However, it may be fairly questionable whether the measures can fit the rehabilitation effort for drug users. More research is needed to explore this issue.

It should be acknowledged that our study does not represent a rigorous evaluation of the effectiveness of the police mandatory treatment centers and reeducation-through-labor camps in their treatment of drug users. Given the lack of empirical research on the unique Chinese experience in treating drug users, our attempt is to provide a baseline study that could lead to more studies of the Chinese experience. In addition, the comparative differences between the treatment centers and the camp for their treatment activities and drug users' perceived helpfulness should be interpreted cautiously because all respondents from the treatment camp were male and there were 21.6% of female drug users in the sample from the police treatment centers. The different gender composition may have an impact on the comparison and related differences. More rigorous comparison is needed.

Illicit drug abuse is a global problem that many countries are facing. Studying and learning drug control experiences in different countries would facilitate and enhance concerted and cohesive global effort in combating the drug problem. Such studying and learning also provide a valuable opportunity for a nation or state to learn lessons from other countries for its own drug control effort. We strongly call for cross-cultural studies.

## References

- Abadinsky, H. (2004). *Drugs: Introduction*. Belmont, CA.
- Anglin M.D. and Hser Y.-I. (1990). "Treatment of drug abuse." pp. 393–460 in *Drugs and crime: Vol 13, Crime and justice*, edited by Michael Tonry and James Q. Wilson. Chicago: University of Chicago Press.
- China's Annual Report on Drugs. (2009). Drug Control Bureau of Central Police Department of China. Beijing, China.
- Chen, X. (2005). Five considerations of drug treatment in reeducation-through-labor camps. *Chinese Journal of Drug Dependency*, 11, 176–177 (in Chinese).
- Clear, T. R., Clear, V. B., & Braga, A. A. (1993). Correctional alternatives for drug offenders in an era of overcrowding. *The Prison Journal*, 73, 178–179.
- Dawson, R. (1982). *Confucius*. New York.
- Du, X. (2005). An analysis of current drug treatment modalities in China. *Chinese Journal of Drug Dependency*, 14, 392 (in Chinese).
- Faupel, C. E., Horowitz, A. M., & Weaver, G. S. (2004). *The sociology of American drug use*. New York.
- Harrison, L., Scarpitti, F., Amir, M., & Einstein, S. (2004). Drug courts: Current issues & future perspectives. *Crime & Justice International*, 23–26.
- Kosten, T. R., & Gorelick, D. A. (2002). The Lexington narcotic farm. *American Journal of Psychiatry*, 159, 22.
- Li, G., & Huang, W. (2008). A comparison of current drug treatment modalities in China: Some thoughts upon the promulgation of China's Drug Prohibition Law. *Journal of Henan Police College*, 6, 81–83 (in Chinese).
- Lurigio, A. (2008). The first 20 years of drug treatment courts: A brief description of their history and impact. *Federal Probation*, 72, 13–17.
- MacKenzie, D. L. (1994). Shock incarceration as an alternative for drug offenders. In D. L. MacKenzie, & C. D. Uchida (Eds.), *Drugs and crime: Evaluating public policy initiatives* (pp. 215–230). Thousand Oaks, CA: Sage.
- Miller, G. J. (2005). *Drugs and the law: Detection, recognition, & investigation*. Charlottesville, VA.

- Munro, D. J. (1977). The concept of man in contemporary China. Ann Arbor.
- Seymour, J. D. (2006). Profit and loss in China's contemporary prison system. In P. Williams, & W. Yenna (Eds.), *Remolding and resistance among writers of the Chinese prison camp: Disciplined and punished* (pp. 157–173). New York: Routledge.
- Seymour, J. D., & Anderson, R. (1998). New ghosts, old ghosts, and labor reform camps in China. Armonk, NY.
- Yang, H., & Zhang, C. (2008). Feasibility of the replacement of drug treatment in reeducation-through-labor camps with mandatory treatment. *Journal of Guanxi Justice Training College*, 23, 82–86 (in Chinese).
- Yuan, Y., & Fan, W. (2001). Report on the quality of Chinese life. In R. Xin, L. Xueyi, S. Tianlun, P. Li, H. Ping, & L. Jianhua (Eds.), *Analysis and forecast on China's social development* (pp. 58–74). Beijing, China: Social Sciences Academic Press.
- Zen, H., & Yuan, Y. (2005). 2004 report on the quality of Chinese life. In R. Xin, L. Xueyi, P. Li, H. Ping, & L. Jianhua (Eds.), *Analysis and forecast on China's social development* (pp. 50–64). Beijing, China: Social Sciences Academic Press.
- Zhang, L., Messner, S. F., & Liu, J. (2007). A multilevel analysis of the risk of household burglary in the city of Tianjin, China. *British Journal of Criminology*, 47, 918–937.
- Zhang, L., Zhou, D., Messner, S. F., Liska, A. E., Krohn, M. D., Liu, J., et al. (1996). Crime prevention in a communitarian society: 'Bang-Jiao' and 'Tiao-Jie' in the People's Republic of China. *Justice Quarterly*, 13, 199–222.