



The Dilemma and Solution of Socialized Extension Work in China's Judicial Administrative Drug Rehabilitation

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Abstract: The Anti-Drug Law has established a four-in-one drug rehabilitation system, including voluntary drug rehabilitation, community-based drug rehabilitation, compulsory isolation drug rehabilitation, and community rehabilitation. Community rehabilitation, as a consolidation measure after drug rehabilitation, is constrained by factors such as personnel, funding, and technology, which prevent it from fully exerting its function of consolidating drug rehabilitation effects. Social extension, as an extension of the function of compulsory isolation drug rehabilitation facilities, has compensated for the shortcomings of community rehabilitation in terms of professional talent and technical support. However, due to inadequate legal support, different supervisory departments, and overlapping business responsibilities, social extension work currently faces many difficulties. With the development of society and the improvement of understanding of drug rehabilitation laws, the focus of compulsory isolation drug rehabilitation work will not be limited to fixed locations and a period of about two years. Instead, it should leverage advantages in talent, technology, and information to reshape institutions and optimize processes around reducing relapse rates. Through on-site investigations of the current social extension work, it is found that there are currently issues such as incomplete laws and regulations, unconsolidated business processes, no established follow-up care and tracking mechanisms, low social extension service levels, insufficient publicity efforts, and deviation from guiding principles. Based on China's current political, economic, and technological foundations, there is still a lot of room for improvement in the effectiveness of social extension work. From a legal perspective, the legislative process should be accelerated and current laws and regulations should be improved. From a process perspective, business processes should be re-engineered and organizational structures optimized. From a talent perspective, incentive mechanisms should be improved, and professional development strengthened. From a service perspective, employment issues should be emphasized to create a return environment. From an information perspective, digital construction should be accelerated to meet audience needs. From an acceptance perspective, drug prevention publicity should be expanded, and guiding principles clarified. From an iterative perspective, a negotiation platform should be established, and a corrective mechanism constructed.

Keywords: Socialized Extension, Service Level, Assistance

1. Introduction

The Anti-Drug Law established a four-pronged drug rehabilitation system of "voluntary rehabilitation, community rehabilitation, compulsory isolation rehabilitation, and community recovery." However, since its implementation in 2008, compulsory isolation rehabilitation by the judicial administration has become an important part of China's government-led drug addiction treatment activities, mainly reflected in the highest proportion of compulsory isolation rehabilitation in the number of drug rehabilitation recipients

[1]. According to the "2016 China Drug Situation Report," there were 357,000 people undergoing compulsory isolation rehabilitation, 245,000 people undergoing community rehabilitation, and 59,000 people undergoing community recovery in 2015. Community recovery refers to the public security authorities that originally decided on compulsory isolation rehabilitation, ordering those who have been released from compulsory isolation to receive drug rehabilitation and recovery measures for no more than three years. The number of people undergoing community recovery is only one-sixth of the number of people undergoing compulsory isolation

rehabilitation. From the perspective of assistance, education, and management, the coverage of community recovery is too narrow [2]. Based on this reality and following the principles of addiction medicine, the compulsory isolation rehabilitation system, based on years of drug rehabilitation practice, gradually established a scientific and standardized "basic model for national judicial and administrative drug rehabilitation work" from 2018 to the end of 2020 [3]. It particularly emphasizes and attaches importance to social extension, hoping to cover more people who have been released from compulsory isolation rehabilitation and help them integrate into society and resist drugs through a professional talent team and a continuous drug rehabilitation mechanism [4].

Due to top-down attention and emphasis, the number of people covered by social extension has significantly increased in recent years. Taking the Yunnan Province Third Compulsory Isolation Rehabilitation Center as an example, the number of people covered by social extension was only 91 in 2018, but it reached 762 in 2019. However, due to problems such as incomplete regulations and systems, unconsolidated business processes, and inadequate resource guarantees, the substantial role of social extension has been restricted [5]. In other words, while expanding the number of people covered by social assistance is important, it is more critical to improve the effectiveness of assistance. Otherwise, social extension will become a formalistic work [6]. Currently, expanding the coverage of social extension can be solved by increasing personnel and material inputs. However, improving the actual effectiveness of social extension is subject to many factors, such as the refinement of laws and regulations, changes in cognitive awareness, and optimization of business processes [7]. Based on this status quo, different departments and levels have taken some intervention measures, but they lack theoretical guidance and overall framework design. Therefore, there is an urgent need for multi-dimensional research to summarize and take targeted measures comprehensively. Through this study, we hope to help improve the "quality" of social extension work, enhance the satisfaction of social extension objects, and effectively solve the cognitive limitations in the promotion process.

2. Necessity of Social Extension Work

Social extension is a necessary requirement for the modernization of the national governance system and governance capacity. General Secretary Xi Jinping has made important instructions on many occasions, requiring "continuous improvement of drug control work," "fully leveraging political and institutional advantages, improving the governance system, strengthening work responsibility, broadly mobilizing the masses, taking the path of drug control with Chinese characteristics, and resolutely winning the people's war on drugs in the new era." Currently, China is building a "Six Comprehensive" drug control system, including a comprehensive drug prevention system, a comprehensive control system for drug addicts, a

comprehensive system for cracking down on drug crimes, a comprehensive regulatory system for goods, a comprehensive detection and warning system, and a global anti-drug international cooperation system. Establishing and improving the drug rehabilitation work system is the core content of building a comprehensive control system for drug addicts, and social extension is an important component of the drug rehabilitation work system. As the main field of drug rehabilitation work, compulsory drug rehabilitation facilities under judicial administration are the embodiment and focus of the modernization of the national governance system and governance capacity in drug rehabilitation work. Strengthening and improving social extension work is conducive to the deep integration of drug rehabilitation work and social governance, and the organic connection between in-house education and external assistance in the "big drug rehabilitation" work pattern.

Social extension is an important component module for improving the quality of educational correction. In May 2018, the national unified conference on the deployment of the basic model of judicial administrative drug rehabilitation work was held. By the end of December 2020, all 287 drug rehabilitation facilities across the country had passed the assessment and acceptance of the national unified basic model of judicial administrative drug rehabilitation work. The unified model has established five professional centers consisting of professional teams led by professional drug rehabilitation measures, including drug rehabilitation medical treatment, educational correction, psychological correction, rehabilitation training, and diagnostic evaluation. Under the guidance of the unified model, the concept of education and rehabilitation centered on education correction has been further established throughout the system. The core of drug rehabilitation work is to improve the compliance rate and reduce the relapse rate, and all work should be carried out around this core function. Social extension is an important component part of consolidating the educational correction effect of compulsory drug rehabilitation and extending the compliance maintenance period of drug rehabilitation personnel.

Social extension is an important measure to practice the concept of "serving the people." "Serving the people" is the original intention and core purpose of our party's establishment. General Secretary Xi Jinping has once again emphasized "serving the people" in his instructions to the Chinese people's police force, and the identity of drug rehabilitation personnel is "tri-located" in the anti-drug law. Therefore, emphasizing the service attribute of drug rehabilitation work conforms to our party's value pursuit and scientific addiction cognition, and doing a good job in social extension is an inevitable choice and important measure to build a "service-oriented government [8]."

Social extension is an important platform and carrier for integrating social forces. On the one hand, with the deepening of scientific understanding of addiction, the professionalism of drug rehabilitation work has become increasingly prominent. However, there is still a certain gap between the

professional talent pool of drug rehabilitation facilities and the needs of practical work, and it is difficult to eliminate this gap in the short term. At the same time, due to the characteristics of the closed and isolated compulsory drug rehabilitation facilities, there are certain bottlenecks in the participation of social forces. On the other hand, drug rehabilitation facilities have a better grasp of the addiction changes of drug rehabilitation personnel, and social forces intervention lacks relevant information and is difficult to achieve short-term effects. In summary, both drug rehabilitation centers and social forces have their own advantages. It is difficult to achieve deep integration during the mandatory isolation period. Social extension becomes an effective platform and carrier for power integration and mutual reinforcement, with uniqueness and irreplaceability.

3. Difficulties in the Social Extension of Drug Rehabilitation

3.1. Inadequate Legal Framework

Both the "Anti-Drug Law" and the "Drug Rehabilitation Regulations" stipulate that the judicial administrative department should provide guidance and support for community drug rehabilitation and community rehabilitation work [9]. "Opinions of the CPC Central Committee and the State Council on Strengthening Drug Control Work" also propose to establish a prevention and education work system in which the anti-drug department takes the lead, the party committee assists, relevant departments cooperate, and all sectors of society participate widely, and include drug addicts in the grid-based social management and service system. The Ministry of Justice, the Ministry of Public Security, the Ministry of Civil Affairs, the Ministry of Health, the Ministry of Human Resources and Social Security, and other departments have also jointly formulated a series of normative documents to provide social security, vocational skills training, and employment support for drug addicts. However, a system that is consistent with the laws, regulations, and normative documents on which it is based has not been established, and a system that can effectively integrate social resources by supporting the judicial administrative department and other relevant departments and social forces has not been clearly defined at the institutional level. The work responsibilities of relevant departments have not been clearly defined at the institutional level, and specific feasible work measures have not been developed. In practice, the authorities' authority is unclear, and their responsibilities are unclear. The unified drug rehabilitation model regards social extension as a content of help and support, but the content of social extension has not been clearly defined, and support and norms have not been provided for facilities, team building, and funding guarantee.

The main manifestations are as follows: the information sharing between the public security and judicial authorities is not close enough, and the statistics of the objects under control are inaccurate. The information transfer is not timely and effective, and the information communication before and after

the release of drug addicts is not timely and comprehensive; cooperation among various departments and sectors of society is not sufficient, and the pattern of joint management among departments for the social extension of drug rehabilitation work has not yet formed [10].

3.2. Integration of Business Processes

The organizational structure built on labor division and bureaucratic hierarchy has always had issues of fragmented business processes, barriers between departments, and delays in information transmission. These problems have become the main contradictions in the current social extension work. Currently, the decision-making power to release drug addicts from compulsory isolation and detoxification lies with the public security department. However, the results of drug addict diagnosis and assessment are not strictly enforced, and there are differences in time and space. The compulsory isolation and detoxification institutions are responsible for follow-up care, while local communities are responsible for community rehabilitation work. These two tasks have a high degree of overlap, but due to different departments in charge, there are problems such as incomplete community rehabilitation, incomplete follow-up care, some work left undone, and some work being repeated.

3.3. Lack of Follow-up and Tracking Mechanism

Due to the special nature of the work targets, they have freedom of movement and are exposed to various social temptations. After release, they face severe drug situations and difficulties in their lives and work. They lack firm confidence in quitting drugs, and some of the care recipients even have persistent bad habits that their family members have given up on supervising. After release, they neither return home nor report to local community rehabilitation organizations. They are scattered and difficult to track, making it difficult to supervise them. These students cannot integrate into their families or society, and the relapse rate is high.

3.4. Low Level of Socialization Extension Service

Currently, socialization extension services are mainly provided by drug prevention workers in various communities. However, there are objective shortcomings such as uneven cultural foundations, low professionalism, and strong mobility, which lead to shallow and single content of socialization extension services and poor results. Moreover, due to the lack of funding, the purchase of professional services such as medical and health services and vocational skill training is also a major shortcoming [11].

For example, in terms of employment assistance, there is a gap between the characteristics and needs of rehabilitation personnel, which is a pain point in the follow-up extension work [12]. Rehabilitated personnel mainly come from rural areas and towns, which means that they still live in rural areas and towns after returning to society, where there are fewer job opportunities. Farming may be closer to the actual needs of these individuals. However, there are few agricultural-related

courses and support measures in drug rehabilitation centers, which results in a mismatch between the needs of some rehabilitated personnel and the support they receive.

3.5. Insufficient Propaganda and Biased Direction

Currently, compulsory isolation and detoxification centers mainly promote drug prohibition and detoxification through propaganda and education aimed at the general public. However, drug prohibition and detoxification propaganda has not adapted to the characteristics of new media, leading to a prominent phenomenon of "self-entertainment." From the data, in the two sessions of the "Four One Hundred" selection activities by the Central Political and Legal Affairs Commission, the detoxification system did not make the list in the first session and only "Sichuan Detoxification" made the list in the second and third sessions. Therefore, the goal of forming a social consensus and obtaining social support through drug prohibition and detoxification education has not been achieved.

Traditional drug prohibition propaganda emphasizes the slogan, "One day of drug use, lifelong detoxification." Artistic works often process and create typical harm caused by drugs, attempting to use fear to keep people away from drugs. While fear of drugs is being emphasized, people who have gone through drug detoxification are "labeled" as former drug users, and are feared and rejected by the public, creating the greatest obstacle for social reintegration [13]. The fear and stigma caused by drug prohibition propaganda increase the difficulty for detoxification personnel to integrate into society. In recent years, AIDS prevention and control have emphasized social acceptance and inclusivity, but drug prohibition propaganda has not yet shifted its focus to this concept, resulting in social and public resistance towards detoxification personnel. This makes it difficult for detoxification personnel to gain support, and it also affects the social extension work and its ability to obtain social support [14]. Social discrimination is the key issue for detoxification personnel to return to society, and should also be a key focus of social extension work.

4. Thoughts on Next Steps

4.1. Accelerate Legislative Progress and Improve Current Laws and Regulations

In the implementation process, socialized extension has shown more disadvantages than advantages under the current laws and regulations. In the long term, the Ministry of Justice should work together with the Public Security, Civil Affairs, Human Resources and Social Security, and Health departments to promote the legislation of this work. In the short term, relevant departments should join forces to issue regulations to further support the socialized extension work of the judicial administrative drug rehabilitation system.

4.2. Re-engineer Business Processes and Optimize Organizational Structure

Socialized extension should adhere to the concept of

government-led, departmental cooperation, resource sharing, complementary advantages, clear division of labor, shared responsibilities, social participation, and joint construction. It should be positioned as a platform for resource integration. Socialized extension should focus on business processes as the target and center of transformation, aim for customer needs and satisfaction, and fundamentally rethink and thoroughly redesign existing business processes. It should use advanced manufacturing technology, information technology, and modern management methods to achieve maximum technical function integration and management function integration, in order to break the traditional functional organizational structure and establish a new process-oriented organizational structure. This will achieve breakthrough improvements in cost, quality, service, and speed. It is recommended that the departments coordinate with the Public Security and community departments, set up a unified institution to include personnel from multiple departments to work together, effectively solve the current problems of community rehabilitation being unable to manage, follow-up care being inadequate, some work having no one to do it, and some work being redundantly done. It will realize the integration and development of community rehabilitation and follow-up care, and strive to achieve social efficiency of $1+1>2$.

4.3. Improve Incentive Mechanisms and Strengthen Professional Development

From the perspective of the work content of socialized extension work, in addition to administrative work, it also undertakes professional services such as drug education, legal consulting, employment guidance, and physical and mental rehabilitation. From the perspective of talent training mechanism, administrative work focuses on horizontal skill integration, while professional work focuses on vertical skill integration. Therefore, to do well in socialized extension work, it is necessary to meet the requirements of the professional team of the unified national judicial administrative drug rehabilitation model. Professionalization requires attention to incentive mechanisms, and it is recommended that the department develop corresponding incentive systems for education advancement, skill training, exchange learning, and other aspects. At the same time, the technical police rank should be reinstated, which is the key contradiction in improving professionalization [15].

The construction of professional teams also needs to actively attract social professionals to participate. At present, the participation of social professionals in socialized extension practices is obviously insufficient. The participation of social professionals can not only make up for the lack of professional quality of the professional team in the field but also accelerate the improvement of the professional ability of the professional team.

4.4. Attach Importance to Employment Issues and Create a Return Environment

As the primary difficulty and urgent need for help faced by

drug rehabilitation personnel, employment issues should consider the interests of the government, enterprises, and drug rehabilitation personnel and establish a sustainable ecological mechanism through policy support. It is recommended that the department coordinate with the government to issue employment support guidance. The provincial bureau coordinates with local governments to establish employment support bases in various places, providing corresponding venues and buildings and implementing tax and rent reduction and funding subsidies for resident enterprises. Each drug rehabilitation facility actively introduces enterprises and sets up vocational skills training programs during the rehabilitation period according to enterprise needs. It also encourages drug rehabilitation personnel to start businesses independently within the base and enjoy corresponding policies. For enterprises that do not want to enter, corresponding preferential policies will be given based on the drug rehabilitation personnel employed in the enterprise, and support for entrepreneurship will be provided for drug rehabilitation personnel who do not want to enter.

4.5. Accelerate Digital Construction to Meet the Needs of the Audience

To address the current problem of difficult achievement of work goals, low efficiency, and high work costs (time, manpower, and funds) due to information asymmetry, it is recommended that the Central Political and Legal Affairs Commission and the National Narcotics Control Commission coordinate to establish an information sharing platform for the judicial administration system and related institutions such as the public security organs, hospitals, civil affairs bureaus, government-related agencies, and public welfare organizations. The Ministry of Justice should deploy a multidimensional and multilevel digital information system for prisons and drug rehabilitation systems in various provinces. The platform of drug rehabilitation centers should play a role in connecting with social organizations horizontally and establish a "community-institution-community" three-ring linkage mechanism vertically to seamlessly link drug rehabilitation personnel with society.

The construction of the information platform should consider the perspective of rehabilitation personnel and establish WeChat mini-programs or apps for rehabilitation personnel, which can be interconnected with subsequent care institutions such as the public security, civil affairs, and community organizations. Rehabilitation personnel can use the mini-programs or apps to make appointments for urine tests, report regularly, receive psychological counseling, apply for subsistence allowances, and obtain job recommendations for supervision and assistance.

4.6. Expand Drug Control Publicity and Clarify Public Opinion Orientation

In terms of expanding drug control publicity, first, learn from the principles of official media accounts of various

administrative entities, which is to "actively enter various new media platforms with high traffic." Second, adopt mature new media evaluation indicators that are socially recognized. Third, establish a specialized publicity team. Fourth, clarify the bottom line and red line of publicity, and fully utilize the capabilities of various venues based on this. Fifth, further improve the research mechanism, with an annual unit of measurement and publicizing various indicators regularly to the public at the level of institutions and departments, to ensure the public's right to know and eliminate the fear and misunderstanding caused by information asymmetry.

Regarding the clarification of public opinion orientation, first, drug control publicity should learn from the form of AIDS publicity, and strive for objectivity and scientific accuracy, rather than simply using extreme cases or artistic rendering to deepen the public's emotional resistance to drug rehabilitation personnel. Second, guide the public to distinguish between drug users and drug rehabilitation personnel, and avoid the harm caused by "stigmatization" and "labeling" to rehabilitation personnel [16].

4.7. To Establish a Consultation Platform and Build a Correction Mechanism

Firstly, establish a consultation platform among multiple departments including the Anti-Drug Commission, public security agencies, medical and health institutions, and social security, and regularly hold consultation and communication meetings between provincial drug rehabilitation authorities and the aforementioned departments to negotiate and solve problems related to the socialization and extension of assistance for drug rehabilitation individuals, such as community drug rehabilitation (recovery), physical and mental rehabilitation, job placement, and assistance and security, forming a negotiation mechanism where relevant departments can discuss and analyze specific problems together, improving the implementation mechanism before and during decision-making, and institutionalizing effective linkage work.

Secondly, establish a consultation platform between mandatory isolation drug rehabilitation centers and public security offices, neighborhood committees, and other departments, focusing on building three platforms: information sharing, continuous assistance, and return visits and investigations. Communicate and solve problems in daily work through situation exchanges and linkage, promoting scientific, standardized, and effective operation of the socialization and extension of assistance work.

Thirdly, form a problem feedback mechanism, encourage all parties to dare to point out and willing to point out the problems encountered in the practice process on the basis of the consultation platform, and expose the problems in a timely manner to reduce resource waste.

5. Conclusion

This study indicates that while socialized extension work falls within the responsibilities of mandatory isolation drug

treatment centers, its implementation requires collaboration across multiple levels and departments. It also reflects the fact that the social rehabilitation period faces more complex problem-solving approaches than the isolation and drug treatment period. The industrial bureaucratic system based on functional division is the underlying problem that restricts the progress of socialized extension work. The information system oriented by business processes provides possibilities for problem-solving, but it still requires cognitive transformation and legal support. From the objective law of the drug treatment cycle, drug addicts as irreversible brain damage patients, the approximately 2-year isolation and drug treatment period is obviously insufficient to effectively reduce the relapse rate. Social progress will inevitably promote socialized extension work as the focus of future work. Next, we will focus on studying the quantitative evaluation system of socialized extension work, providing a basis for assessment, and discovering problems from the quantitative data.

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