

# The Drug Addiction Treatment System in China: Promises and Controversies

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## Abstract:

This paper provides an overview of the drug addiction treatment system in China, including its history, underlying principles, structure, and operations. The system consists of three key components: voluntary drug treatment, community-based treatment, and compulsory isolated treatment, with the last one as the most predominant form of treatment assigned to drug users with a heightened risk for antisocial behavior. The system adopts the model of actuarial justice and uses risk assessment to categorize drug users for effective management and control. The main objectives of the treatment programs are to maintain social order and promote social stability by subjecting drug users to continuous supervision and monitoring. With the exceptions of several developed regions, the governments throughout the country have not been able to provide adequate treatment services that meet drug users' needs for community reintegration. However, despite the challenges it faces, the system has demonstrated the potential of addressing serious problems related to drug addiction.

**Keywords:** Drug Treatment; Actuarial Justice; Community Treatment; Compulsory Treatment; China

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## 1. Introduction

China is the only country that defines the use of a controlled substance as an administrative violation, rather than a criminal offense. Under the administrative law, drug use is rule-breaking behavior subject to the control enforced by public security agencies of the government independent of the prosecutory and the judicial systems. The mechanisms of control within the system have been articulated as various forms of drug addiction treatment. In practice, they are a combination of treatment and punishment, with the latter increasingly outweighing the former as the prevalence of drug addictions in the population increases. For example, drug users with moderate addictions are allowed to seek voluntary or community-based treatment. Those with severe and chronic addictions, on the other hand, are required to undergo lengthy drug use detoxification and treatment in mandatory isolated drug rehabilitation centers that are operated much like a maximum-security prison.

The current drug addiction system was established in 2008 with the enactment of the Narcotics Control Law of the People's Republic of China. The key characteristic of the system is the three-tier model of drug addiction treatment, including voluntary treatment, community-based treatment, and mandatory isolated drug treatment. From its inception, mandatory isolated rehabilitation has been the backbone of the system and the most widely used treatment option. Nearly all municipal and country-level governments operate at least one mandatory isolated drug rehabilitation center housing hundreds and sometimes thousands of drug addicts. In recent years, there have been calls for expanding and strengthening community-based treatment and recovery programs. The movement is driven by several factors. First, the Chinese government faced prohibitive cost of incarcerating drug addicts and high rates of relapse among those released from mandatory isolated drug rehabilitation centers (Yuan, 2019). Second, with the decentralization of drug addiction treatment to the provincial and regional levels, many local governments started exploring community-based treatment as a more effective way of reducing cost and fostering recovery and reintegration. Third, in recent years, more and more countries, including the U.S, and some European countries, have started to look for alternatives to criminalization and incarceration as means to reduce the problem of drug addiction. The worldwide trend has motivated Chinese policymakers and practitioners, especially those on the local levels, to develop community-based drug addiction treatment and rehabilitation, (Miller, 2009; Flacks, 2014).

The philosophical and political underpinnings of the Chinese system are more congruent with actuarial justice, which focuses on risk profile assessment, offender management, and the prevention of negative events, than the rehabilitative or retributive model (Robert, 2005). The overarching concern of the system is to protect social order and reduce the threat of drug addictions to the health, safety, and moral consciousness of the society. Toward these aims, the system relies on risk assessment to classify drug addicts into distinct groups and applies the levels of supervision and treatment strategies that are appropriate for each individual group. The main objective of the system is to manage future risks rather than rehabilitating the drug addicts. To increase the efficiency of the system as a form of social control, policymakers and practitioners have stepped up their efforts in recent years to introduce effective control measures and tools to improve the reliability of drug user classification and to strengthen the system's capabilities to manage the drug users when they are under treatment and monitor their behavior after they are released to the community (Li, 2014).

The current study aims at providing an overview of the Chinese drug addiction treatment system. The article begins with a summary of historical development of the treatment system. The next section addresses its underlying principles. The third section identifies various practices under the system and describes their operations and functions. The Discussion and Conclusion sections provide a critical review of the structure and operation of system as well as the challenges it confronts.

## **2. A Brief History of the Drug Addiction Treatment System in China**

Drug dependence is viewed as social evils in Chinese society because it led the country to a national catastrophe in the 18th century (Qian, Schumacher, Chen, & Ruan, 2006). Suffering defeats at the hands of the British in the First and Second Opium War, the Chinese government

lost its sovereignty and control over its territory and economy (Lu, Fang, & Wang, 2008). Although the government regained its territory after the World War II, China has been plagued by the demon of drug dependence ever since. All authorities in Mainland China, irrespective of the political spectrum, have considered illicit drug use as an explicit threat to social stability, and have carried out a variety of policies on curtailing drug problems and treating illicit drug users. Historically, the main purpose of the drug addiction treatment system is to minimize the negative consequences of drug addictions to protect public safety and moral solidarity.

To protect social order and help drug addicts quit using drugs, the authorities in China had developed two major drug addiction treatment systems---compulsory and voluntary rehabilitation systems in the 1930s. Since then, the systems experienced a cycle of flourishing and waning that spanned several decades, and they have doggedly persisted (Sapio, 2010). In pace with its booming economy, illicit drug use also grew at a phenomenal speed. From 1990, the number of registered drug users rose substantially to 1.14 million in 2004 by a remarkable growth of 149 percent. The growth rate was almost certainly underestimated because drug users who did not register were not included. Rocketing drug-use rates led the authority to carry out punitive measures such as hard-strike campaigns to beat drug addiction. In the meantime, the compulsory rehabilitation system was fortified as a response to drug problems.

In 1991, the government issued the Decision on the Prohibition of Drugs, authorizing police detention of drug users for up to 15 days and incarceration of drug addicts in compulsory isolated drug rehabilitation centers (The State Council of the People's Republic of China, 1991). According to the “Regulation on Compulsory Rehabilitation” issued in 1995, the normal length of compulsory isolated rehabilitation is two years, but it could be extended by a maximum of one year for those who fail to achieve complete detoxification (The State Council of the People's Republic of China, 1995). Those who could not sustain drug abstinence after the compulsory isolated treatment would be subject to re-education through labor for a term lasting from one to a maximum of four years (The State Council of the People's Republic of China, 1979; The State Council of the People's Republic of China, 1991). The compulsory isolated rehabilitation system and the re-education through labor system, at the time, became warehouses for keeping drug users under control to maintain social stability. However, neither the compulsory isolated rehabilitation system nor the re-education through labor system achieved any success in lowering the rate of drug use. As a result, the exponential growth of the addicted population fell into a vicious detention–recidivism cycle (Sapio, 2010).

Concerns for arbitrary detention, insufficient legitimacy, nebulous legal concepts, high expenditure, and ineffective outcomes led to official actions to reform the drug rehabilitation system. In the mid-2000s, the authority advocated building a harmonious society and enacting modern drug policy to complement the Hard Strike strategy. The government called for developing a “human-centered” drug rehabilitation system emphasizing drug users’ rehabilitation rather than punishment. To promote the initiative, the Chinese authority established the new drug rehabilitation system to serve the vision of a “harmonious society” in 2008. However, the cardinal purpose embedded in the new paradigms continues to fixate on maintaining social order and safety (Li, 2014).

### **3. Actuarial Justice, Risk Management, and The New Drug Rehabilitation System**

The Chinese drug addiction treatment system consists of three main components, including voluntary treatment, community treatment, and compulsory isolated treatment. Despite the differences in treatment approaches, settings, organizational structures, and practices, the guiding principles underlying all these programs remain practically the same: employing risk assessment and classification to determine types and levels of supervision for the purposes of identifying and managing potential dangers to the society and carrying out effective social control (Feeley & Simon, 1992).

#### *3.1 Voluntary drug addiction treatment*

The authority encourages drug users with a low level of risk to undergo voluntary rehabilitation in exchange for waiving their charges. According to the anti-drug law, drug users who undergo voluntary rehabilitation would still be recorded as “drug addicts”, and they would be monitored by the public security bureau (Sun, & Sun, 2014). The surveillance on the drug users is extensive. For example, their electronic identity card would be marked with their drug use history. When they use their card to travel, e.g., buying a flight or train ticket or checking into a hotel in other provinces, the local police will receive a notification and can randomly conduct interrogations of drug users and ask them to take compulsory urine tests. If the registered drug users fail the urine tests or get arrested for other reasons, they would be subject to community-based treatment or compulsory isolated treatment.

#### *3.2 Community-based drug addiction treatment*

Community-based treatment aims at helping drug addicts to get rid of drug dependency and return to the society through social control and assistance efforts exercised by local government, police department, community, and concerned citizen. Compared to compulsory isolated treatment, this type of treatment is more acceptable to drug addicts because it affords them more freedom. For the authorities, community-based treatment is an efficient way to exercise social control over drug addicts and maintain social order since drug addicts are under surveillance by all active community participants (Fischer, & Poland, 1998).

Drug dependents with lower risks (e.g., pregnant women who breastfeed babies less than one year old, individuals under 16 years old, persons with difficult health issues, and first-time offenders) are prime candidates for community-based treatment. According to Article 33 of “Narcotics Control Law of the People's Republic of China”, the public security organ has the authority to place drug addicts into community-based rehabilitation for three years. There is no early termination of the term. During the treatment period, the drug users may face pervasive control over their mobility and daily activities. Particularly, they are required to go to designated locations periodically to take drug tests. Meanwhile, rehabilitation providers, usually social workers, need to submit written reports to the public security agencies so they can monitor drug addicts’ daily lives. The drug users who undergo community-based treatment are not allowed to leave the city or county in which they reside without special approval. In principle, they are expected to engage in educational activities, receive occupational training, take regular urine tests, and work on a job. Also, they should regularly submit written reports describing their

rehabilitation progress to the supervising agency. Those who refuse to follow the rules, including failure to engage in educational activities, participating in occupational training, and receiving urine tests, may be sent to compulsory isolated rehabilitation centers, which is equivalent to the penalty of imprisonment (Yao, 2012).

In Mainland China, the operation of community-based programs varies by region. Some community-based programs operate as therapeutic communities (TC), by not only providing detoxification but also equipping drug addicts with skills to resist drug use and to return to society as productive members. For example, the Sunflower community run by the public security bureau in Beijing serves as a semi-mandatory program. To improve residents' problem-solving skills and facilitate better interpersonal relationships, the residents have the responsibility of handling their own affairs, such as catering management, public property maintenance, and other living chores. Also, the communities identify, classify, and manage addicts based on their levels of addiction, dangerousness, and the degree of cooperation. In accordance with the classification, the community establishes a hierarchical supervision and treatment structure, which constitutes a system of sanctions and rewards to facilitate compliance. Residents who abide by the rules and cooperate with the community administrators may move to a higher level through the hierarchical system, such as from the cleaning team to the catering team and receive additional rewards, such as more phone calls. In contrast, those who disregard the rules would be dropped to a lower level.

In addition to therapeutic communities, some community-based programs rely on local non-governmental organizations (NGOs) for their operation. In Shanghai, for instance, local governments' purchases of social work services provided by social workers from local NGOs play crucial roles in drug addiction treatment. Social workers are responsible for screening drug users, administering urine tests, providing training and rehabilitation services, and making referrals for other services when required. Moreover, some of the programs emphasize peer mentoring and coaching. Drug users who actively participate in a community-based programs and behave well may be trained as a peer educator and help other drug users to tackle their drug addictions. In addition to peer mentoring, some of the programs also provide vocational training and employment assistance. In cooperation with local companies, the Chinese government has established more than seven hundred bases for employment and resettlement assistance to tackle unemployment among drug addicts.

No matter what form of community-based treatment program is chosen, the fundamental characteristics of the programs are consistent with the principles of actuarial justice. Since 2015, China National Narcotics Control Committee has introduced a series of regulations on the management of a drug-use population to safeguard public security. For example, in 2015, the government established a "four-color alarm system" to assess and manage drug users' risks based on their drug-use history, participation in treatment programs, criminal history, physical conditions, attitudes, family characteristics, and social networks (Li, 2017). Under this system, drug users are classified into twelve risk groups in four distinct categories.

In 2016, the government issued "Risk Assessment and Management of Societal Drug Users" aiming at creating a more effective system of managing drug addicts receiving community-based treatment. The term of societal drug users refers to drug users who are not incarcerated. The

regulation adopts risk assessment to categorize societal drug users into three risk levels and employs control strategies based on their level of addiction, behavioral characteristics, case processing status, and the degree of dangerousness. The control strategies emphasize full awareness of the situations surrounding the drug addict and individuals living in the addict's dwelling place. The authorities are instructed to conduct semiannual assessment of the social drug users and additional assessment in special situations such as a national event. Based on the results of the assessment, the authority should downgrade or upgrade the drug user's risk level. Following the release of the regulations, a great number of cities developed their risk assessment tools to identify, categorize, and manage drug-use groups (Li, 2017).

To effectively control the risk, the local authorities in some provinces implement an electronic control system that uses mobile applications to manage drug users in the communities. The electronic control system can be used to track the movement of the drug users, remind them about drug tests, and provide online antidrug education. Drug users who have problems can be contacted via the application. The system also records detailed information about the drug users, including their drug-use and crime history, risk profile, rehabilitation agreement, and drug-test results. The system also establishes remote control over drug users who work outside their domicile places. It has an automatic warning function that sends alerts to the police if drug users tamper with the application, leave their domicile places, or violate their agreement. Moreover, the system connects drug treatment management with service providers so that all parties involved can communicate and collaborate more effectively (Liu, 2019). Increasingly, under the guidance of the public security agency, drug treatment administrators, social workers, and other service providers in the community-based drug treatment programs have adopted electronic tools and information technologies to improve work efficiency so that they can control and manage different risk groups more effectively.

### *3.3 Compulsory isolated drug treatment*

Compulsory isolated drug rehabilitation has been a predominant drug treatment model in the last several decades in China. Drug addicts assigned to compulsory isolated drug rehabilitation facilities accounts for 62% of the arrested drug users in 2009. However, the proportion of drug addicts supervised in compulsory isolated rehabilitation institutions has been on the decline because of the gradual implementation of community-based rehabilitation programs (see Table 1). By the end of 2020, approximately 35% of arrested drug users were sentenced to compulsory isolated drug rehabilitation. Meanwhile, the percent of arrested drug users who received treatment and supervision in community-based program showed a general increasing trend in recent years with the exception of 2020 when the Covid-19 pandemic significantly curtailed the numbers of drug users supervised in the community (see Figure 1 below).

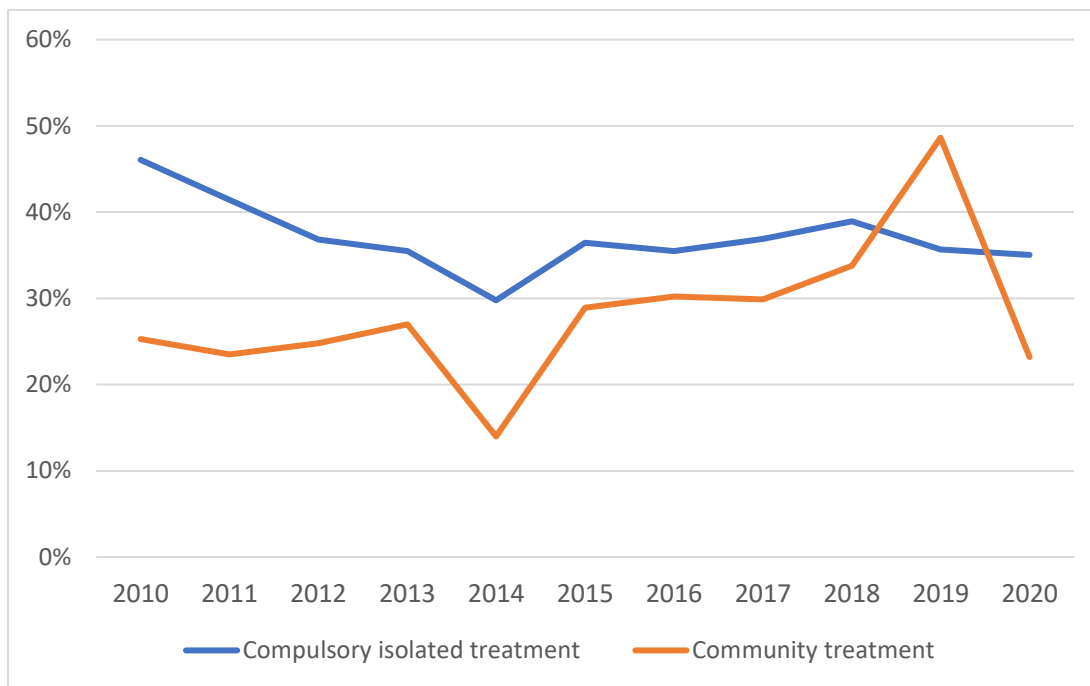
**Table 1.**

*Drug Users Under Compulsory Isolated and Community Treatment in China*

Year	Arrested drug users (ADU)	Compulsory isolated treatment (CIT)	CIT/ADU	Community treatment (CT)	CT/ADU
2010	380,000	175,000	46.05%	96,000	25.26%

Year	Arrested drug users (ADU)	Compulsory isolated treatment (CIT)	CIT/ADU	Community treatment (CT)	CT/ADU
2011	413,000	171,000	41.40%	97,000	23.49%
2012	549,000	202,000	36.79%	136,000	24.77%
2013	682,000	242,000	35.48%	184,000	26.98%
2014	887,000	264,000	29.76%	124,000	13.98%
2015	1,062,000	387,000	36.44%	307,000	28.91%
2016	1,006,000	357,000	35.49%	304,000	30.22%
2017	870,000	321,000	36.90%	260,000	29.89%
2018	717,000	279,000	38.91%	242,000	33.75%
2019	617,000	220,000	35.66%	300,000	48.62%
2020	427,000	149,500	35.01%	99,000	23.19%

Source: China National Narcotic Control Committee (2021).



**Figure 1.** Percent of Arrested Drug Users Assigned to Compulsory Isolated and Community Treatment

Drug users who pose high-level dangers to the society, refuse to participate in community-based rehabilitation, violate the terms of community-based programs, or relapse to drugs, are subject to compulsory isolated rehabilitation programs. The users sentenced to this type of supervision and treatment would be incarcerated in a compulsory isolated rehabilitation center. In these centers, supervising staff, consisting of mostly police officers, manage drug users and provide treatment programs based on the resources available to the institution. According to the anti-drug law and related regulations, during the period of rehabilitation, compulsory isolated rehabilitation institutions should manage drug users categorized by their levels of addiction, risk,

and needs. After a period of detoxication and rehabilitation, the institutions would use risk assessment tools to determine the length of the supervision and treatment, and the conditions for release. Risk management is standardized based on the “Measures for Diagnostic Assessment of Compulsory Rehabilitation Programs” introduced in 2013. Several forms of assessment are adopted, including detoxication assessment (e.g., drug-test results, protracted withdrawal syndrome, and post-acute withdrawal syndrome), physical and mental rehabilitation assessment (i.e. physical and mental health, and motivation to get clean), performance assessment (e.g., obedience to supervising officers and service providers, and participation of labor), and social adaption assessment (e.g., acceptance to social surveillance and availability of stable residence).

While treatment is often mentioned as an institutional goal, the priority of the compulsory isolated rehabilitation system is to control drug users’ freedom, manage their risks, and isolate them from society, with the purpose of maintaining social stability rather than rehabilitating the drug users. While in the facilities, most of the drug users are required to participate in hard industrial labor, which the authority claims would help drug users develop job skills, strengthen self-discipline, and foster the awareness of collective wellbeing. Treatment programs are scarce and are often restricted to legal and moral education.

According to the regulations, after a year of detoxification and supervision, the rehabilitation center must decide whether to extend the supervision or release the drug user based on the results of risk assessment. The extension is typically one year, although shorter or longer extension is possible. An extension longer than one year may require additional assessment at the end of the second year of the supervision. Furthermore, since the law allows the authority to place the drug users in continuous supervision after release from compulsory isolated rehabilitation center, the authority could maintain its control over drug users through community-based rehabilitation programs after release, which the drug users are required to participate for a maximum of three years. Those suffered from opioid-dependence would be referred to methadone maintenance treatment programs (MMTPs) provided by voluntary rehabilitation programs, in accordance with drug addicts’ risk profiles. Some community-based programs integrate MMTPs in the services they provide. In communities where these programs are available, drug users can also participate in community-based programs with integrated maintenance assistance (Zhong, 2010).

In general, once a drug user enters a compulsory isolated drug rehabilitation center, the system will start collecting information about his or her individual characteristics, drug use history, treatment participation and performance, and risk profile. It shares the information with local public security agency and criminal justice system so that relevant government agencies can work together to address perceived threats to social stability. Therefore, by deploying the strategies of actuarial justice, the authority will be able to locate all drug users regardless of their place of residence and apply long-term control over them to maintain social order and prevent drug-related social problems (Li, 2014; Yuan, 2019). As it is mandated in the anti-drug law, even after drug users are released from the compulsory isolated rehabilitation center, they are still under surveillance by the government agencies. Through the implementation of risk assessment and grid management, the authority can select the type and length of supervision deemed appropriate based on the level of risks that the drug user has demonstrated. Unless the drug user can achieve total abstinence within the required period, he or she will be continually monitored or supervised either in a community-based program or in a compulsory isolated treatment center.



Moving back and forth between incarceration and community-based corrections causes many drug users fall into a correctional cycle, which tends to repeat itself continuously (Brion, 2001). By linking the practices to actuarial justice, this drug control policy has been able to ward off internal and external criticisms over its overreliance on punishment and control by producing assessment results that appear to be standardized and thereby rational and justifiable (Simon, 1993).

#### **4. Discussion**

In China, the traditional legal culture of social control combined with the new ideology of actuarial justice to form the new drug rehabilitation system. Based on the discussion above, the main objectives of the new system are to control drug users to strengthen public safety and moral solidarity, and to a much lesser degree, to administer risk assessment to promote rehabilitation and reintegration of the drug users. In the last few decades, drug treatment measures based on actuarial justice have gained popularity all over the world. It has been seen as a more effective way to reduce the dangers posed to social stability by drug addiction and related antisocial behavior through the implementation of control over the drug-use population based on their risk levels. When applied judiciously, actuarial justice can enhance treatment and rehabilitation outcomes by promoting individual-based treatment and services. On the other hand, it can also be used to form a massive net of control over deviant or antisocial groups perceived to threaten social order (Robinson, 1999). In the Chinese context, actuarial justice has been used more as a tool for social control than a model for improving treatment outcomes.

Under the Chinese system, drug users have been identified as a social group posing significant threats to social stability and public order. To reduce the potential harms that this group may cause to the society, individuals who are arrested for drug use are carefully screened, tested, and categorized. Appropriate levels of supervision are assigned and implemented, with the arrestees identified as drug addicts receiving the most punitive form of correctional supervision in compulsory isolated drug rehabilitation centers, which are operated much like a maximum-security prison. After they are released to the community, the drug users are continuously monitored and periodically tested for at least 3 years. Without receiving proper treatment and effective aftercare, most of these drug users relapse within 3 years of their release. As a result, they are brought back to the facility and go through another round of correctional supervision and community-based treatment. In this vicious cycle, the system can only succeed in keeping the drug users under control and reducing their involvement in criminal activities. They will not be able to help drug users stop using drugs or significantly mitigate a host of psychological and social harms resulted from the use of illicit drugs. Hence, the Chinese deployment of actuarial justice in drug use treatment might have improved the government's ability to exercise social control, but it has not sufficiently addressed the harms brought forth by substance addiction, especially on the individual and family levels.

The priority of control over treatment is also reflected in the resources allocated to the three types of drug addiction treatment programs. Voluntary drug treatment is provided mainly by private sectors whose services have been severely restricted. Community-based treatment has received some renewed attention in recent years. However, with the exceptions of developed regions such as Beijing, Shanghai, and Guangdong Province, community-based treatment has

been very underdeveloped. While government reports might have shown a rapid growth of community-based drug treatment programs, the number of people working in these programs and the services they provided have been very limited across China. In contrast, compulsory isolated drug rehabilitation has taken most of the resources allocated to drug treatment. It is also where drug users with the most severe form of substance use disorders are placed. The system will not achieve the goal of effective treatment if it continues to rely on imprisonment and community surveillance and monitoring. More resources should be allocated to treatment programs that address the risk factors of substance use disorders and promote successful community reintegration. Research has shown that these programs can be provided in the prison setting, but community-based treatment represents a cost-effective alternative.

## 5. Conclusion

This article highlights the legal and theoretical basis of the drug treatment system, along with the structure and operation of the key treatment programs. The Chinese drug rehabilitation system mirrors the actuarial justice model. The voluntary treatment programs and the community-based treatment programs are designed for drug users with relatively lower risks for antisocial behavior, while the compulsory isolated rehabilitation programs target chronic drug users who have higher risks. Although the length and the measures of the treatment programs differ significantly, they all adopt actuarial instruments to manage the drug users in the programs. The long-term objectives are a continuum of control over the drug-use population for more effective risk management in the hopes of shielding the society from potential harms.

There is no denying that the newfangled operation of risk management and the electronic grid control measure are efficient ways to carry out round-the-clock surveillance on the drug-use population to reduce potential threats to social order. However, the system lays greater emphasis on risk management rather than rehabilitation measures. According to Conrad, & Schneider (2010, p.136), if a drug rehabilitation program is not only compulsory but involved detoxification only in the early stages with some loose rehabilitation services in the latter stages, the program can hardly be identified as a drug rehabilitation program. Instead, it may literally serve as a social control mechanism, which allows the Chinese government to maintain social order and public security by identifying, classifying, supervising, managing, and segregating drug addicts.

Despite the concerns, the system has shown a growing potential of addressing some of the key issues related to drug addiction. Whereas the actuarial model can serve as a basis for added social control, it can also be used to build individual-based and need-based drug treatment and rehabilitation programs. China has accumulated significant experiences in applying the actuarial methods to identify risk profiles of drug users and using the results to improve drug treatment outcomes in selected localities. It also has one of the most efficient systems for mobilizing governmental and nongovernmental organizations to work toward a common goal. They are in a strong position to build an effective drug treatment system if the policymakers could reorient their priority and effort toward drug user rehabilitation and community reintegration.

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**Conflicts of Interest:**

The authors declare no conflict of interest.

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