



PUBLIC-PRIVATE PARTNERSHIPS AND INNOVATIVE
COOPERATION: SOME LESSONS FROM TAIWAN
DRUG ABUSE POLICY

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Abstract

This study firstly reviews the significance and development of the relevant Public-Private Partnerships. Research methods of this paper use focus groups discussion, secondary data analysis, and qualitative depth interviews to try to clarify and analyze the current localization strategy of Hsinchu County. In this paper, we establish a preliminary public-private collaborative drug prevention strategy. Research findings were as follows. More private sector and non-profit sector is needed. There is a need to improve medical treatment, employment rate, and cooperation between Hsinchu County's District Prosecution and hospitals. Finally, this study considers that Hsinchu County has the initial appearance of public-private cooperation for anti-drug policy.

Keywords: drug abuser, drug abuse policy, local governance, public-private cooperation

Introduction

Along with the many recent changes in our social environment, new drugs are constantly emerging in the market, which not only affect social order and campus safety, more importantly, they also damage the physical and psychological health of young students. However, as the entire drug abuse prevention task is extensive and complex, we rely on the government to perform research and then devise effective anti-drug policies. Additionally, it requires the joint cooperation of all resources including families, schools and the general public, so that the potential risks caused by drugs can be effectively blocked.

The tasks for combating drugs in Taiwan are divided into a few major fronts: Drug Resistance, Supervising Drug Prevention, Collaborative Law Enforcement, Drug Rehabilitation, and International Collaboration. The central government and the Drug Abuse Prevention Centers at the county/city level work together to consolidate local resources, and to propagate and implement anti-drug related strategies to every corner of the nation. On the one hand, the various government agencies can comprehensively plan and administer local drug abuse prevention schemes, while on the other hand, civilian groups and volunteer organizations can participate in the advocacy of three-level prevention education of the general public and high risk groups, so as to effectively curb the growth of the drug abuse population.

Due to easy access, drug abuse in

our society is rampant. In particular, Ketamine is very attractive to drug abusers, since its unit price per gram is cheap. Concerning drug prevention tasks, efforts should not be limited to the public sector; private sector, and even the non-profit organizations, should also be engaged. Thus, it is more important now than ever to build local anti-drug strategies and to cultivate the vision for a public-private-partnership drug prevention policy. This study attempts to analyze and clarify current Hsinchu County local strategies, and to establish the vision for a preliminary public-private-partnership drug prevention strategy using a combination of literature review, focus group discussion, secondary data analysis and qualitative in-depth interviews.

Public-Private Partnerships

1. Definition of Public-Private Partnerships

Generally speaking, collaboration refers to a type of relationship between organizations that emphasizes the coordination, sharing and cooperation of each member to achieve the synergy of One Plus One Equals More Than Two. Thus, for organizations, collaboration refers to “two or more individuals, organizations or groups that on the basis of trust can share resources, which include information, knowledge, technology and capital, bear common responsibility, and formulate a set of rules for working together to solve problems, then share the benefits of positive output after achieving common goals.”

(Chen, and Chang, 2005).

On the aspect of public affairs, due to the increasing complexities and difficulties of social issues, government has begun, following the latest trend of public administrations, adopting a governance model that is different from the traditional bureaucracy that uses the cooperation between the government, civilian and non-profit organizations to achieve the governance goals. Liao (2017) consider that public-private-partnership is a type of state governance, where the government and civil society work together to achieve a better public service output. They have a consensus on the goal of public service, share resources for mutual benefit on an independent but equal position, and participate in making policy decisions together with mutual trust and respect to effortlessly achieve the goal of public interest, and to create a win-win scenario for government, civilian groups and the public. Due to the nature of the collaboration between government and the private sector, Li (2017) point out that it has the attributes of “inter-departmental” cooperation. Therefore, the significance of public-private-partnership can be summarized in that:

1. public-private-partnership is an inter-departmental like relationship;
2. public-private-partnership is a cooperative relationship based on the public sector having an equal position with the private sector;
3. The goal for a public-private-partnership may be of public interest or

public value;

4. public-private-partnership requires mutual trust as the foundation for co-operation.

In other words, as the values, goals, procedures, methods and requirements are different for the public and private sectors, how to collaborate and work together becomes the issue for subsequent discussions.

2. Development of Public-Private Partnerships

Since the 1980s, a new trend of public administration has become popular, in which the ideas of public-private-partnership, privatization policies and collaborative governance have gradually become the important development basis at the theoretical and practical levels. The government should not only respond to the needs of the people, but should also take the initiative to create opportunities to attract the participation of the private and non-profit sectors and to enhance the effectiveness of public services through mutual cooperation. Therefore, for local governments, public-private-partnership is an important local governance model (Vigoda, 2002; Bryson, Crosby and Stone, 2015).

Moreover, the emergence of public-private-partnership has led to considerable changes in the operation of the state. In particular, various types of privatization policies have emerged, such as outsourcing, BOT, and others, where public-private-partnership is one

of the many models. In fact, public-private-partnership is also known as “public-private collaboration”, “public-private Organization cooperative partnership”, “public-private joint operation”, and “public-private sector cooperative relations. ” (Ansell, and Gash. 2007; Baker, 2016)

In terms of research discussions concerning public-private-partnership, there are researches on public-private-partnership and external commissions, analyses on Japanese style of public-private-partnership (Lin, 2016) , and explorations on public-private-partnership disaster prevention (Auzzira, Haighb, and Amaratungab, 2014). Moreover, some commentators also talk about the oddity of public-private-partnership. They think that scholars may ignore the danger of public-private-partnership by maintaining an overly-optimistic and overly-anticipative attitude (Chen, and Chang, 2010).

Also, scholar discuss legal issues of public-private-partnership from the perspective of existing laws (Marique, 2014). There are also some who discuss, from the perspective of responsibility, how to clarify obligations and/or responsibilities of each party. In the realm of public administration, cooperation and coordination are the favorite aspects of discussion concerning public-private-partnership (Wang, Xiong, Wu and Zhu, 2018). Besides, some discuss the promotion of public-private-partnership's privatization activities (Fombad, 2005) , contractual issues of public-private-partnership in Mainland China (Chang and Chen,

2016) , transaction costs of public-private-partnership (Baker, 2016) , and climate cooperation in public-private-partnership (Hilmarsson, 2017).

Research Method and Design

1. In-Depth Interviews

In-Depth interview is an unstructured, direct and personal way of interviewing, and the dialogues between researcher and interviewees only focus on the content of research purposes. The advantage of the in-depth interview is that it allows for an in-depth dialogue with the interviewee. The downside is that the number of in-depth interviews is usually too small to compare with that of a quantitative research. The interviewees are 8 members in Appendix 1.

2. Secondary Data Analysis

In general, existing statistics in the governmental archive, such as census data, or large academic databases, such as The Survey Program of Basic Social Changes in Taiwan, are used for the secondary analyzes. Some narratives given by prosecutors, physicians, or drug addicts associated with drug abuse cases published by news media or magazines can also be deemed as a type of secondary data analysis. Using secondary data analysis as a proof is more convenient than the researcher does not have to collect data in person. For time-constrained research like this one, it is rather convenient. The research quoted prosecutors as saying, mainly from the website.

<http://www.appledaily.com.tw/realtimenews/article/new/20170316/1077021/>

3. Focus Group Discussions

In the focus group method, the researcher plays the role of a host in a conference or forum, convening scholars and/or experts for an exchange of opinions and discussions on issues relating to the research topic and purposes. Due to its open forum approach, participants are given more room for dialogue and development, in the hope that through the stakeholders participation in the focus group more relevant discussions may be triggered. The reason for adopting focus group method is to make up for the inadequacy of the aforementioned in-depth interview. Thus, the list of relevant participants is expanded, and more room is given for dialogue and mutual understanding. For more details, may see the list of Focus Group in Appendix 2.

Research Findings

1. Analysis of Focus Group

The Focus Group was convened on September 5, 2017, with specific discussion on how to implement PPP on the program for drug addicts within Hsinchu County. The consensus of focus group is as follows:

First of all, the focus of anti-drug efforts should be on strengthening public-private cooperation and expanding the private sector's involvement. Second, there are anonymous parties in the private sector in Hsinchu County employing drug ad-

dicts. In addition, the drug-abuse prevention center has partnered with community patrol teams to further advocate anti-drug campaigns in the community and to let more people know how to combat the problem.

The Focus Group also focused on the proposal that the compulsory treatment for drug abusers of categories one and two narcotics should be applied to drug abusers of categories three and four narcotics in future cases, and that the treatment should be administered at a medical institution or by a religious group.

2. Analysis of In-Depth Interviews

(1) The Important of Employment Rate

First, concerning the aspect of employment and social acceptance, the interviewee D of Fuji Man Power Dispatch Company, said:

Because, when it all comes down to reality, most people will say, Oh! Don't do it. Don't take these people in. They are only going to ruin your company's good name (code D).

The aforesaid interviewee D had drug abuse experience, but had gotten rid of the addiction. He also joined the Camellia Volunteer Team to speak in the communities and prisons, so that the general public and elderly public can understand the importance of drug prevention. When speaking in prisons, he would also welcome the prisoners to work at XX Fuji Man Power Dispatch

Company after their release.

As for the religious comfort method adopted by the Fuji Man Power Dispatch Company, the interviewee D said:

There is a small group meeting every Saturday, and then on Sundays they participate in the Sunday Worship. Actually, this is very important. I often tell them, you do not have to be Christians to benefit from worship. Whether you are Taoists, Buddhists, or believers of any religion, including myself who has been released for such a long time, there are those days when you just run into problems at work, and then you are in a bad mood (code D).

In addition, concerning the Camellia Volunteer Team, the interviewee, volunteer E, said:

I believe that drug abuse control relies on prevention. The work must be done upfront. I would say that prevention is the most important thing, and that drug users should prevent letting addiction set in. Therefore, we should talk more about the side effects of drug use, so that they may be alerted. I know this is difficult, but we have been doing this (making contact with care and counseling) (code E).

Volunteers will make regular follow-up calls and provide counseling to show their concern for drug addicts, and the overwhelming majority of drug addicts have expressed their need to be cared for, or to see a sign of love.

As for unemployment, psychological adjustment and other challenges facing drug addicts, the same interviewee, volunteer E, said:

When some recovering addicts lost their jobs, I always recommended that they apply for work at XX Fuji Man Power Dispatch Company, but they would not go, even when most of them knew about the job opportunity. Those around twenty something prefer to be chefs, bakers, or other jobs working in air-conditioned offices. They think that the jobs at XX Fuji Man Power Dispatch Company are hard labor, and have no air-conditioning. So, most of the people in the cases I worked on can be categorized as chefs or bakers, and factory workers. I suggest that they get a chef license. They prefer to be individual workers, enjoying the comforts of being in an air-conditioned office. I think there should be more entities in the private sector working together to fight drugs (code E).

To put it in a nutshell, the XX Fuji Man Power Dispatch Company accommodates many drug addicts, guides them into becoming contributors, and pays them salaries. In this kind of environment, the recovering addicts have a steady income, and when they are kept busy, they may forget the need to use drugs. Therefore, it can be said that the majority of the recovering addicts working at XX Fuji Man Power Dispatch Company have completely gotten rid of the habit. Those with recurrent drug abuse habits are rare.

(2) Mental Addiction and Drug Abuser

As for the mental addiction and becoming an addicted drug abuser, the interviewee F said:

There is a 222 principle for Ketamine abusers, that is, using the drug more than twice a week, and using more than 2 grams a day or a week, and using it for more than two years. It leads to high risk urinary tract problems. So, sometimes, you can simply ask a ketamine addict about how much they use each day (code F).

In other words, there is a formula to addiction. The aforementioned physicians said that the most difficult thing for drug addicts to overcome is mental addiction, and that not all rehabilitation clinic physicians and psychiatrists are aware of the treatment of such an addiction. One of the most important things is to let drug addicts have regular return visits to the clinic, so that physicians can learn about their physical and mental status.

The aforementioned interviewee F is a physician himself, and is well aware of the importance of treating mental addiction. As for mental addictions, interviewee D said:

Right! Actually, the mental addiction causes relapse. They often asked me, why I don't feel like using drugs. I told them that if I keep doing this normal job, living this normal life, then why would I want to use drugs? I said that I like to visit the prison. Why am I wasting time visiting the prison?

Because I keep seeing the same guys in prison (code D).

To further analyze the impact of mental addiction on drug addicts, interviewee A and B, said:

In fact, the so-called real addiction, give me the feeling that it has a knot did not go to solution (code A). Yes, so I said it is up to their personal willpower. Ketamine can be addictive, but in fact, I think it is not difficult to get rid of Ketamine addiction. It is the mental addiction. There are no withdrawal symptoms. Many addicts I've seen have no withdrawal symptoms. It is the mental addiction (code B). Most of them are friends in smoking Ketamine (code C).

Further analysis, in other words, concerning the employment for drug addicts, interviewee D said:

He can ask recovering addicts to pay rent starting from tomorrow, just like the non-addicts. Some non-addicts have asked me: "well, living here they don't have to pay utilities! I have to pay 2100 every month. So, I told them, "Try going to jail then!" Go to jail for three months, and show me the proof, then you can live here for free for the rest of your life (code D).

There are also the consequences of physical discomfort due to long-term drug use. Interviewee B said:

Em...Actually, I found my bladder is damaged. Em...because it has been

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painful since I was young (code B).

In addition, Dr. Shu, Lian-Wen, who conducts “addiction treatment” at Taipei City Hospital, said:

Why is it that addiction treatment in Taiwan is not yet mature, and that it is not a one-stop solution? Let's take a look at the current health insurance payment. Article 51 of the National Health Insurance Act stipulates that “Treatment of drug addiction, cosmetic surgery, non-post-traumatic orthodontic treatment, preventative surgery, artificial reproduction, and sex conversion surgery are not covered by National Health Insurance.” This means that even if “Treatment Precedes Punishment” is approved, addiction treatment, just like cosmetic surgery, is still at your own expense.

This section we use the Secondary Data Analysis as evidence for illustration. The references come from here.

<https://www.twreporter.org/a/drug-addiction-willpower>. Concerning whether drug addicts can be rehabilitated, and public views about drug addicts, Interviewee B, said:

I just feel that...I am recovered. I can not completely blame others, I myself have problems! Why get in touch with friends again. No one believes that I am really rehabilitated (code B).

So far, the private sector entity that is the most invested in helping drug addicts return productively to so-

ciety, in Hsinchu County, is XX Fuji Man Power Dispatch Company. There are other anonymous private sector entities that also employ recovering addicts, but prefer to remain nameless.

Last, concerning the phenomena of drug addiction, Prosecutor Lin said:

Addiction is a complex physiological and psychological phenomenon. The repeat offense is a typical response to an addictive disease. The goal of addiction treatment is not to guarantee freedom from relapse, but to reduce the frequency of use, and to return to society in health as early as possible. Although the Ministry of Justice and the High Prosecutors Office have ordered, since last year, every local Prosecutors Office to consult physicians concerning repeat offenders in addiction treatment, and to give more leniency, in practice, it is difficult to implement. Because it is only natural for prosecutors to choose prosecutions, under the pressure of a huge number of cases, and the courts have no choice but to order sentences when presiding over such cases. The result is that prisons are filled to capacity.

We also use the Secondary Data Analysis as evidence for illustration. The references come from here.
<http://www.appledaily.com.tw/realtime/news/article/new/20170316/1077021/C> concerning the current propaganda on Ketamine or Ketamine cigarettes, interviewee F said:

So, for example, “ketamine for a moment, a diaper

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forever” is a typical scare tactic. I think it is useless tactic for beginning users. Rather, they will think that they have used the drug, and they do not have bladder problems (code F)!

Therefore, the anti-drug propaganda should be strengthened to hit at the core of the drug addicts by letting them know the consequences of taking drugs.

(3) The Perspective of Legislation-Medicine Cooperation

First, secondary data is used here to supplement the data of this research. According to the view of Prosecutor Wang:

Using a drug case seized by the law enforcement as an example: Three mobile phone numbers of two drug traffickers were cross-checked through a database to detect a drug abuse community structure that “implicates” a population of more than 300 drug abusers, who have contacts with drug traffickers, including some parolees. In addition to giving care and guiding them to rehabilitation, these people will be the focus of future tasks including developing a more expanded database for better control of the related drug population. He said that to make patients of drug users is not simply exempting them from criminal responsibility; but rather, they have to be in the addiction treatment process before the penalty is lifted.

We use the Secondary Data Analysis as evidence for illustration.

Data mainly from the website.
http://ori.upmedia.mg/news_info.php?SerialNo=8526 Additionally, for those addicts who do not cooperate: According to Prosecutor Lin said:

In these hospitals, many physicians also feel frustrated by these addicts who do not cooperate with medical treatment. In addition, since there is no subsidy, no health insurance, and no medicine supplement, hospitals can't generate income, thus, leading to inconsistent treatment quality. Also, social workers and case managers have difficulty participating in this phase. The glorified contact meetings of “Drug Treatment Golden Triangle” are just platforms for confirming report submission. Worst of all, there is a lack of contact between prosecutors and physicians. The current solution for cases of repeat offenders is to discontinue treatment, prosecute and seek punishment.

Secondary Data Analysis as evidence for illustration. References data from the website.
<http://www.appledaily.com.tw/realtime/news/article/new/20170316/1077021>
In terms of deferred prosecution, interviewee G said:

All cases are processed by prosecutors first, who summon and interrogate the accused, except when the accused are already in prison, or in detainment, or have special circumstances. Regardless of whether the accused is a first offender or repeat offender, deferred prosecution is implemented. The accused then fills out a

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form and reports to a designated hospital to be assessed by a physician. If the evaluation of the physician concludes that treatment is not applicable for the accused, then the proceeding with observation and rehabilitation, or a lawsuit, will commence (code G).

In other words, the prosecutors will give deferred prosecution to drug addicts with a first offense or repeat offense; however, the deferred prosecution may be withdrawn if the physician's evaluation deems that deferred prosecution is not applicable.

Concerning the ratio of deferred prosecution for addiction treatment implemented by the Ministry of Justice, Prosecutor Lin said:

The ratio of implemented deferred prosecutions for addiction treatment, as reported by each local prosecutors office, shows that only 6 to 10 % of all drug abusers are given this opportunity. Due to some ingrained issues, it is difficult to increase this figure. Recently, the Ministry of Justice began encouraging prosecutors to give more deferred prosecutions for addiction treatment, but there are limits, after all. A few years ago, the Ministry of Justice instructed every local prosecutors office to raise the ratio of implemented deferred prosecutions for addiction treatment to at least 12% of the total drug abuser population, and that each deferred prosecution counts as an investigative case for each prosecutor.

Secondary Data Analysis as evidence for illustration. References data

from the website.

<http://www.appledaily.com.tw/realtime/news/article/new/20170316/1077021/>

Concerning observed compulsory rehabilitation and deferred prosecution for addiction treatment, this study again quotes Prosecutor Lin's saying:

Both observed compulsory rehabilitation and deferred prosecution for addiction treatment are in a dead end, where a large number of drug abuse cases can only be handled with prosecution. In theory, the courts can also rule for deferred prosecutions for addiction treatment, but in practice, there are none. Because there is no hierarchy connection between the judiciary and the executive departments, and there are no signed contracts between medical institutions and the courts, judges have no flexibility other than to deliver a punishing judgment. Under the paradigm of one-crime-one-punishment for each drug use, the sentences given by the courts continue to add up, and the burden on the prison system increases.

References data from the website.
<http://www.appledaily.com.tw/realtime/news/article/new/20170316/1077021/>

References data from the website.
<http://www.appledaily.com.tw/realtime/news/article/new/20170316/1077021/>

And, most importantly, concerning prosecutors' attitudes towards drug addict cases and their prosecution, Prosecutor Lin said:

These phenomena actually present two major problems: First, under the pressure of a huge number of cases, each judge and prosecutor must deal with many kinds of different cases at the same time, and the drug abuse cases will be marginalized because they are considered minor cases. They don't give any thought about how to reintegrate each of the accused back in to their communities, but push them all to jail. Second, with a lack of communications between departments, judges, prosecutors, caretakers, doctors, social workers, case managers and employment counseling agencies, they are independent operators with no knowledge of the other's efforts. Everyone works hard, and everyone is tired, but there are no results, only more and more reports.

It is a pity that every one of the aforementioned professionals is only working on his or her own business, and has little collaboration. Concerning collaboration between involved professionals, interviewee H said:

The judicial and medical approaches are parallel with each other. The cooperative structure is such that, the Hsinchu District Prosecutors Office is the organization in charge, while, the Hsinchu County drug abuse prevention center and hospitals are on the same hierarchy level. There should be standard parameters for deferred prosecution, rather than changing standards with every policy change (code H).

To sum up, prosecutors and phy-

sicians should work to further coordinate and cooperate on affairs of fighting drugs. The current collaboration relationship is insufficient.

Discussion: Some Innovative Lessons from Drug Abuse Policy

1. Allow more participation from the private sector and non-profit organizations.

According to the Interview data, public-private cooperation is considered to be of great importance in drug abuse prevention. The public sector can inject resources and the private sector can invest manpower, thus allowing civilians to be involved in government policies. This study believes that there should be more private sector involvement, like XX Fuji Man Power Dispatch Company, and more non-profit organization involvement, like Operation Dawn.

Although there are already some volunteer organizations in Hsinchu, who persistently advocate in their communities, the issue remains on how to help people in the communities to first understand drug addicts, and then even accept the addicts back into the community. These are very important issues at the moment. This study believes that the care given by volunteers, which is appreciated by the drug addicts, and even recognized as having value, is a basis for drug addicts to feel that they are useful, not isolated, and that they are cared for by a concerned community.

2. Medical treatment perspec-

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tive: Curing “mental addiction” and maintaining connection to the society

For the drug addicts, the interview data shows that there are no designated drug treatment organizations mandated by law for addicts of category three or category four narcotics. Amendments should be made to the Narcotics Hazard Prevention Act that include, for addicts of category three or category four narcotics, regardless of the amount of possession, the ability for courts to order them to receive treatment at medical institutions, just as drug addicts of categories one and two narcotics.

Many interviewees mentioned that “mental addiction” is one of the most difficult issues for addicts to conquer. If the drug addict is in debt, he or she is more likely to repeat the path of using drugs. Most drug addicts are wallowed in just using drugs, and can't help themselves out of the habit. They use drugs monthly, daily, or even three times a day, showing that using more drugs or using drugs more frequently can hardly satisfy their urges. This is a demonstration of their strong mental addiction status. A key exhibit of mental addiction is that even when their body is rid of the drug, addicts still have the urge to use that drug. Under such a drive, drug addicts will return to the path of using drugs.

3. Improvement of employment rate

For drug addicts, if their whereabouts are uncertain, they are having difficulty in getting employment, and experiencing strong temptations from

peers, the probability of their repeat offense is very high. Relevant information shows that one of the main causes of recidivism is their abnormal living habit, where they sleep by day and are active by night, as a result of their long-term use of illegal drugs. According to the interview data, the most effective way to help the drug addicts is to let him/her have a steady long-term job. Let them be occupied by work, so as not to have time to think about using drugs. This scenario requires an amendment to the Narcotics Hazard Prevention Act, providing a legal mandate to force drug addicts to receive treatment at a medical clinic.

Statistics show that the majority of drug addicts have stable jobs. However, many companies may not know that the employees they hired are addicts. Therefore, it is very important that these drug addicts are able to continue their work.

4. Cooperation between the Hsinchu County Prosecutors Office and hospitals

The Hsinchu County Prosecutors Office is required to achieve a 25% deferred prosecution rate, thus, drug addicts of categories one and two narcotics are usually given deferred prosecution. From a hospital's perspective, some drug addicts do not need deferred prosecution, or even the mandated treatment, because the addicts do not feel the need for, or actually do not need, the treatment. This is because that for a long time drug addicts in Taiwan have been usually diagnosed as

psychiatric patients, due to the auditory and mental hallucinations they suffer as a result of long-term drug abuse. According to in-depth interviews in this study, these patients are usually referred to drug addiction clinics by psychiatrists. This is also why that drug addicts in Taiwan have long been treated as psychiatric patients, and not chronic patients.

The most important thing concerning a local prosecutors office is their attitude about deferred prosecution. A deferred prosecution refers to putting off an indictment case. To put “defer” in front of “prosecution” is to put off a court case to a latter date, and not to prosecute temporarily. Such an approach is putting a focus on the drug addicts, that is, the drug addict must be willing to partake in treatment before deferred prosecution can be applied. Additionally, even though there is a drug addiction clinic at the National Taiwan University Hospital Zhudong Branch, due to perspective differences in treatment with the local prosecutors office, their cooperation will also have conflicts.

Conclusion

The age of drug addicts using categories three and four narcotics is getting younger, and this is becoming the norm. Legislation is usually lagging far behind the instance to handle drug addiction and related problems, so, that is the opportune time for members of the drug abuse prevention centers, local prosecutors’ offices, hospitals, volunteers and the private sectors to get involved. The area of Hsinchu

County is relatively vast. Therefore, this study continues to focus on anti-drug measures that are geographically targeted and the aforesaid public-private drug prevention strategies. Currently the concepts for drug abuse prevention are still public-sector-based ideas that focus on the operation of drug abuse prevention centers with the support and coordination of various departments of Hsinchu County government. This research thinks that it is more important not to rely solely on the public sector, but also to make public-private cooperation.

Occasionally, an organization from the private sector will get involved. But, the general public is still ignorant about drug addicts, and even fears them. Therefore, local governments have the responsibility and obligation to educate the public about the actual status of drug addicts, and thus start accepting drug addicts into their communities. Most of drug addicts use Ketamine, and believe that they will not become addicts. They usually smoke Ketamine with friends, and the primary reason is to escape, driven by mental addiction. In addition, some drug addicts do not have stable jobs, or can't get along with their families. They indulge themselves in escapism, which worsens the drive for drug use. The reason for using drugs the first time is curiosity, and the reason for using drugs the second time is still mainly out of curiosity. Therefore, innovative medical care must be properly involved, and cooperation between different the drug abuse prevention centers, local prosecutors’ offices, hospitals,

volunteers and the private sectors is very important.

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Appendix 1: The list of interviewees

Time	Interviewee	Code	Reason
16 August, 2017 0930-1020	Category 3 & Category 4 drug addict	A	Drug abuse experience, and not yet medical treatment.
16 August, 2017 1020-1130	Category 3 & Category 4 drug addict	B	Drug abuse experience, and not yet medical treatment.
16 August, 2017 1310-1330	Category 3 & Category 4 drug addict	C	Drug abuse for the first time, and not yet medical treatment.
16 August, 2017 1340-1410	Fuji Man Power Dispatch Company	D	Drug abuse experience, through religious forces, has been abstinence.
16 August, 2017 1430-1530	Volunteer, Camellia volun- teer team	E	As a volunteer, regular contact with drug addicts Category 3 & Category 4, and regular telephone tracking.
31 August, 2017 0900-1000	Hospital drug addiction out- patient physician	F	Experienced as a first-line physician with contact with drug addicts.
14 September, 2017 1100-1200	Prosecutor, Hsinchu District	G	Prosecutors with considerable practical experience with drug addicts
18 September, 2017 0925-1020	Nurse, Chutung Branch, College of Medicine, Na- tional Taiwan University	H	For drug addicts, a nurse prac- titioner with considerable ex- perience in abstinence

Appendix 2: The members of focus group

Time	Objective	Reason
5 September, 2017 16:00-17:00	Case manager, Hsinchu County Drug Prevention Center	front-line staff of drug addicts
	Case manager, Hsinchu County Drug Prevention Center	front-line staff of drug addicts
	Case manager, Hsinchu County Drug Prevention Center	front-line staff of drug addicts

	Case manager, Hsinchu County Drug Prevention Center	front-line staff of drug addicts
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	Case manager, Hsinchu County Drug Prevention Center	front-line staff of drug addicts
	Case manager, Hsinchu County Drug Prevention Center	front-line staff of drug addicts
	Assistant Professor, XX university	He has many years of researching drug addicts, and anti-drug policies.