司法官學院

毒藥癮防治行政資料與政策回應:

以女性與青少年族群為例

陳娟瑜

2025.07.30

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研究興趣

•藥物濫用、兒少心理衛生、兒虐

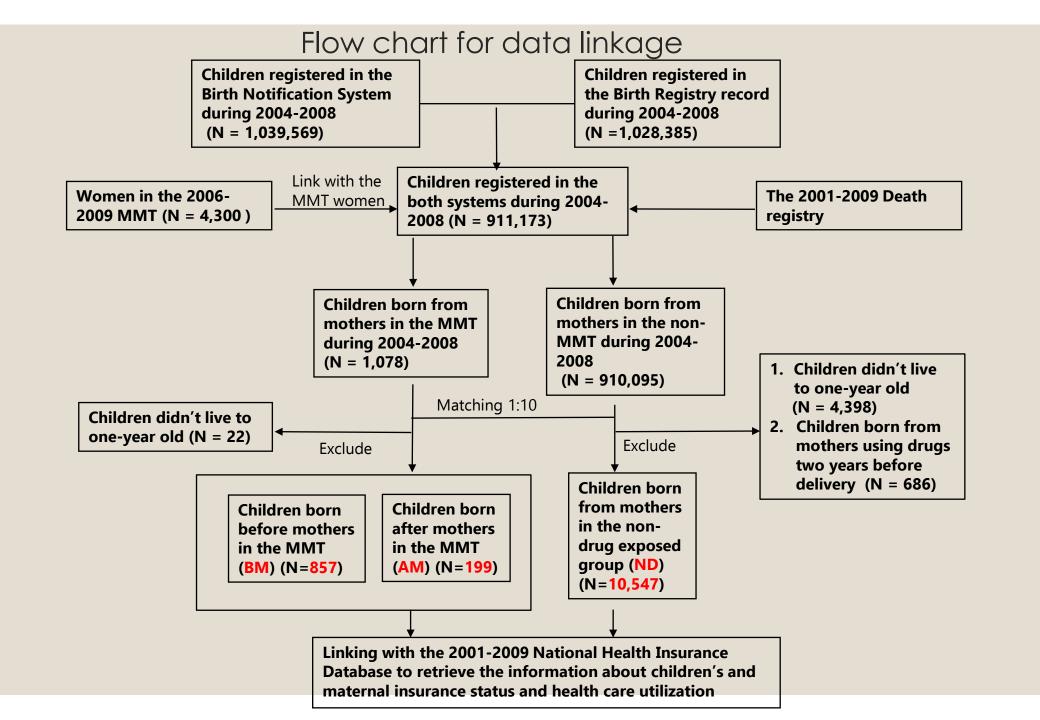
物質使用 研究計畫 (disclosure)

- 。病人或犯人: 服務提供者的觀點與性別交織(科技部)
- 。女性藥瘾者復原歷程:生育健康的影響及介入服務之探討(科技部)
- 。年輕族群三四級毒品使用:醫療及社福需求探討(國衛院)
- 。藥癮者子女醫療與社會服務之需求探討(國衛院)
- 。藥癮個案流行病學特性與需求分析及應用計畫(衛福部心口司)
- 。傅布萊特資深研究學者補助



la. 國衛院系列研究: 藥癮者子女醫療與社會服務之需求探討

- ◆ 2006 針頭注射相關HIV,海洛因減害 (美沙冬 & 針頭交換)
- ◆疾病管制署 (CDC)
- ◆國衛院: 何應剛院士 (副院長)帶領與推動...
 - 疾病管
 - 健保署
 - 國健署
- ◆短期計畫導向



Methadone Treatment for Pregnant Women



Contembrillata available at ScienceDirect International Journal of Drug Policy

低產檢使用

Inadequate prenatal care utilization among women with and without methadone-treated opioid use disorders in Taiwan

Chuan-Yu Chen^{a,b,c,e}, I-An Wang^b, Shao-You Fang^d, Nicole Huang^a, Jen-Huoy Tsay^a,

- "makes or music sense, makesa rang-adig coheraly, rabes; rabes; "comer or serrogecularis senseru, makesa senseru makesa, akisal cenary, rabesa "comer or selar sert, simberili or sensyma, makesa, ma, ot, tas, ot, tas,

美沙冬治療的可能幫助

六歲前高死亡率



Excess mortality in children born to opioid-addicted parents: A natio register study in Taiwan

Shao-You Fanga,b, Nicole Huanga,d, Jen-Huoy Tsaye, Su-Hui Changb, Chuan-Yu Chena,b,c

- * Center for Neuronny distric Research, National Health Research Institutes, Taiwan

Drug and Alcohol Dependence

Health insurance coverage and healthcare utilization among infants

of mothers in the national methadone maintenance treatment Shao-You Fang^a, Nicole Huang^a, Ting Lin^a, Ing-Kang Ho^{b,c}, Chuan-Yu Chen^{a,d,e,*}

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低健兒門診利用

ARTICLE INFO

Comparison of adverse obstetric outcomes and maternity hospitalization among heroin-exposed and methadone-treated women in Taiwan

Chuan-Yu Chen a,b,+, Yi-Ting Lien b, Hsueh-Han Yeh c, Lien-Wen Su d, Ing-Kang Ho e

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ment of Epithemiology and Biostotics, Michigan State University, LEA ment of Addiction Science, Toipel City Psychiatric Centre, Taipel City Hospital, Toise

ARTICLE INFO

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ric outcomes and the length of maternal hospital stay among heroin-exposed and methadone-break



● 五分之一從未使用過產前醫療服務

海洛因使用與接受美沙冬治療婦女的子 女有2-4倍會發生不良妊娠結果(低體重、 死產、早產)

● 成癮婦女於接受美沙冬治療之後出生的 子女,增加11%門診及46%急診

● 鴉片類藥物成癮父母的孩子死於非自然 死因之標準死亡比為2.3(如受傷與意外)

lb. 國衛院系列研究:二級毒品青壯年女性使用者: 緩起訴 (2011-2017)



Reproductive health in the drugs-crime nexus

Service intervention opportunity



Harm Reduction Journal

RESEARCH Open Access

Association between socioeconomic and motherhood characteristics with receiving community-based treatment services among justice-involved young female drug users: a retrospective cohort study in Taiwan

Chuan-Yu Chen 1,2*, Tan-Wen Hsleh², Wenmay Rel¹, Cheng-Hslung Huang³ and Sheng-Chang Wang²

Abstract

Background Drug-Involved Individuals who contact treatment services in Talwan are mostly driven by criminal justice systems either as an alternative or adjunct to criminal sanctions for a drug offence. With a focus on justiceinvolved young female drug users, the present study examines the extent to which socioeconomic and motherhood characteristics are associated with receiving deferred prosecution, a scheme diverting drug offenders to communitybased addiction treatment.

Methods: We identified a cohort of 5869 women under the age of 30 arrested for using Schedule II drugs (primarily amphetamine-like stimulants) from the 2011–2017 National Police Criminal Records in Taiwan. Information concerning socioeconomic characteristics, pregnancy and live birth history, and deferred prosecution was obtained through linkage with the 2006–2019 National Health Insurance, birth registration, and deferred prosecution datasets. Multinomial logistic regression was used to evaluate the association with stratification by recidivism status.

Results: Within six months of arrest, 21% of first-time offenders (n = 2645) received deferred prosecution and 23% received correction-based rehabilitation; the corresponding estimates for recidivists (n = 3224) were 6% and 15%, respectively. Among first-time offenders, low/unstable income was associated with lower odds of deferred prosecution (adjusted odds ratio [aOR] = 0.71; 996 ct 0.58, 0.88). For recidivists, those with low/unstable income (aOR = 1.58) or unemployment (aOR = 1.58) had higher odds of correction-based rehabilitation; being pregnant at arrest was linked with reduced odds of deferred prosecution (aOR = 0.31, 99% Ct 0.13, 0.71) and correction-based rehabilitation (aOR = 0.50, 99% Ct 0.32, 0.77).

Conclusions For the young women arrested for drug offences, disadvantaged socioeconomic conditions were generally unfavored by the diversion to treatment in the community. Childbearing upon arrest may lower not only the odds of receiving medical treatment but also correctional intervention. The criminal prosecution policy and process should be informed by fernale drug offenders' need for treatment and recovery.

Keywords Women, Deferred prosecution, Childbearing, Amphetamine, Alternative to incarceration

- 71% 貧窮/收入不穩定, 45%無業 (初犯: 39%)
- 74% 國中或國小學歷
- 6%被逮捕時懷孕
- 近四分之一有幼童 (初犯: 18%; 再犯: 28%)

- 半年內緩起訴: 12.7% (初犯: 21%,再犯: 6%)
- 初犯: 低收跟非施用毒品罪 減少緩起訴機率
- 再犯: 懷孕 減少緩起訴機率

Characteristics in relation to prosecutorial decisions in firsttime female drug offenders

Variables	Deferred prosecution									
	Univariat	te		Model I		Model II ^d				
	OR	95% CI		aOR ^b	95% CI	aOR ^b	95% CI			
Age (ref: 25–29 years)										
18–24	1.04	(0.85, 1.27)	(0.85, 1.27)		(0.77, 1.16)	0.91	(0.73, 1.13)			
Marital status (ref: single)										
Married	0.84	(0.62, 1.14)		0.86	0.86 (0.63, 1.16)		(0.67, 1.35)			
Divorced or widowed	0.86	(0.64, 1.14)		0.88	(0.66, 1.17)	0.99	(0.71, 1.37)			
Educational attainment (re	f: senior high	school or above	<u>e</u>)							
Junior high school	0.92	(0.74 1.14)		0.92	(0.74, 1.14)	0.97	(0.78, 1.22)			
Employment status (ref: en	nployed)									
Unemployed/student	0.01	(0.75, 1.11)		0.01	(0.74, 1.11)	U 03	(0.76, 1.14)			
Income level (ref: medium/	high income	2)								
Low/unstable income	0.70***	(0.57, 0.86)	(0.57, 0.86)		(0.58, 0.87)	0.71**	(0.58, 0.88)			
Having one or more young	children (ref	: none)								
Yes	0.75*	(0.58, 0.98)		0.75*	(0.58, 0.98)	0.79	(0.58, 1.08)			
Being pregnant upon arres	t (ref: no)									
Yes	0.94	(0.59, 1.52)		0.95	(0.59, 1.53)	1.04	(0.64, 1.69)			
Schedale II drags involveni	ent (ref. two	or more)								
One only	0.91	(0.50, 1.64)				0.83	(0.45, 1.50)			
Schedule I drug involveme	nt (ref: yes)									
No	1.10	(0.61, 1.99)				0.89	(0.48, 1.64)			
Drug offence other than us	se (ref: no)									
Yes	0.33***	(0.20,	0.55)			0.32***	(0.19, 0.54)			
Drug offence more than fiv	e years befor	re (ref: yes)								
No	1.69*	(1.02, 2.81)				1.78*	(1.05, 3.03)			

Characteristics in relation to prosecutorial decisions in repeat female drug offenders

Variables	bles Deferred prosecution							
	Univariat	te	Model I ^c		Model II ^d	I		
	OR	95% CI	aOR ^b	95% CI	aOR ^b	95% CI		
Age (ref: 25–29 years)								
18–24	1.29	(0.96, 1.73)	1.28	(0.95, 1.73)	1.30	(0.95, 1.80)		
Marital status (ref: single)								
Married	0.82	(0.54, 1.24)	0.82	(0.54, 1.25)	1.13	(0.72, 1.80)		
Divorced or widowed	0.92	(0.63, 1.35)	0.92	(0.63, 1.34)	1.17	(0.77, 1.78)		
Educational attainment (ref:	senior high	school or above)						
Junior high school	0.83	(0.59, 1.17)	0.86	(0.61, 1.22)	0.83	(0.58, 1.18)		
Employment status (ref: em	ployed)							
Unemployed/student	1.06	(0.79, 1.43)	1.07	(0.79, 1.44)	1.15	(0.85, 1.56)		
Income level (ref: medium/	nigh income))						
Low/unstable income	0.88	(0.62, 1.23)	0.92	(0.65, 1.29)	1.02	(0.72, 1.44)		
Having one or more young	children (ref:	no)						
Yes	0.66*	(0.46, 0.96)	0.68*	(0.47, 0.98)	0.68	(0.45, 1.02)		
Being pregnant upon arrest	(ref: no)							
Yes	0.29**	(0.13, 0.67)	0.30**	(0.13, 0.70)	0.31**	(0.13, 0.71)		
Schedule II drugs involveme	ent (ref: two	or more)						
One only	0.90	(0.38, 2.12)			0.91	(0.38, 2.18)		
Schedule I drug involvemer	nt (ref: yes)							
No	0.99	(0.59, 1.67)			0.82	(0.48, 1.42)		
Drug offence other than use	e (ref: no)							
Yes	0.99	(0.57, 1.71)			1.03	(0.59, 1.82)		
Type of drug offence in prio	r 5 years (ref	: both)						
Drug use only	2.11***	(1.46, 3.04)			2.06***	(1.43, 2.99)		
Other than drug use	2.42***	(1.55, 3.80)			2.28***	(1.45, 3.60)		

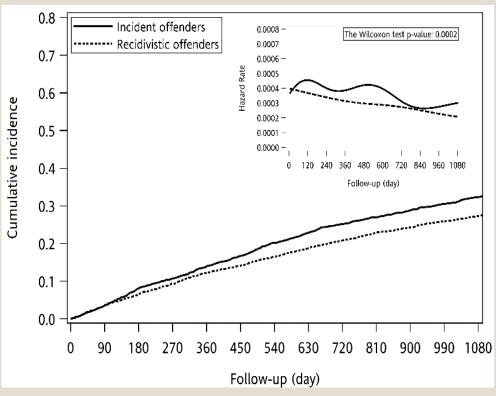
SUMMARY

- Low Diversion Rates for Recidivists: Within six months of arrest, only 6% of recidivist
 women received deferred prosecution and 15% received correction-based rehabilitation,
 compared to 21% and 23% respectively among first-time offenders.
- Income and Employment Influence Access to Diversion: Among first-time offenders, those with <u>low or unstable income</u> were less likely to receive deferred prosecution (aOR = 0.71). In contrast, among recidivists, <u>low income and unemployment</u> were associated with higher odds of being placed in correction-based rehabilitation (both aOR = 1.58).
- Pregnancy Reduces Access to Treatment: Being pregnant at the time of arrest significantly reduced the likelihood of receiving either deferred prosecution (aOR = 0.31) or correction-based rehabilitation (aOR = 0.50), indicating a critical gap in support for pregnant women.
- Policy Implications: Disadvantaged socioeconomic conditions and childbearing at arrest often limit access to treatment-oriented alternatives. Criminal justice policies should prioritize the treatment and recovery needs of female drug offenders, especially those facing socioeconomic and reproductive vulnerabilities.

CRIMINAL JUSTICE INVOLVEMENT AND PROSECUTORIAL DIVERSION PATHWAYS IN SHAPING MOTHERHOOD TRAJECTORIES

- Study Population: A cohort of 4,601 women aged 18-29 who were arrested for Schedule II drug use between 2011 and 2015, based on data from the Police Criminal Record Processing System.
- 53.2% women had repeated drug offenses within the five years before the index arrest.
- To examine the prosecutorial diversion process, we defined three time-dependent variables (i.e., awaiting period, deferred prosecution, and post-intervention period).
- 29.7% of women (n=1367) became pregnant within three years after arrest; 7.3% experienced two or more pregnancy episodes.
- Upon their first episode of pregnancy (n=1367), 66.3% resulted in live births (n=907). 9.2% of live births missed the prenatal visit in the first trimester, compared to 0.8% in a drug-free comparison group.

Cumulative incidence and hazard rate of becoming pregnant within three years after the index arrest



Characteristics in relation to the time of getting pregnant within three years after the index arrest (N=4601)

Vaniables	Un	ivariate	I	Aodel I ^a	Model II ^a	
Variables	HR	95%CI	aHR	95% CI	aHR	95% CI
Age (ref: 25–29)						
18–24	1.35***	(1.21, 1.51)	1.51***	(1.34, 1.70)	1.49***	(1.33, 1.68)
Income level (ref: high or middle income)						
Low income or poverty	1.02	(0.91, 1.16)	1.04	(0.92, 1.18)	1.05	(0.92, 1.18)
Educational attainment (ref: senior high schoo	1					
or above)						
Junior high school	1.02	(0.90, 1.16)	0.93	(0.82, 1.06)	0.93	(0.82, 1.06)
Employment status (ref: employed)						
Unemployed	0.97	(0.87, 1.08)	0.97	(0.87, 1.08)	1.00	(0.89, 1.11)
Marital status (ref: single)						
Married	1.51***	(1.31, 1.75)		(1.31, 1.82)	1.54***	(1.31, 1.82)
Divorced or widowed	1.37***	(1.20, 1.58)	1.48***	(1.27, 1.72)	1.48***	(1.27, 1.73)
Being pregnant upon arrest (ref: no)						
Yes	1.36**	(1.10, 1.69)	1.19	(0.96, 1.48)	1.16	(0.93, 1.44)
Having one or more young children (ref: no)						
Yes	1.46***	(1.29, 1.65)	1.30***	(1.13, 1.49)	1.29***	(1.13, 1.49)
Ever been to a drug center in the previous two						
years (ref: no)						
Yes	0.90	(0.80, 1.02)	1.06	(0.91, 1.23)	1.01	(0.87, 1.17)
Drug use only for the index arrest (ref: yes)						
No	0.90	(0.72, 1.13)	0.91	(0.73. 1.15)	0.87	(0.70. 1.10)
Drug offense in the prior 5 years (ref: repeated	offense)					
Incident offense	1.20***	(1.09, 1.35)	1.25***	(1.10, 1.43)	1.25***	(1.10, 1.43)
Prosecutorial phase status (ref: awaiting prosecutorial	cutorial de					
Deferred prosecution	0.78**	(0.65, 0.93)			0.73***	(0.61, 0.88)
Community reentry	0.70***	(0.62, 0.78)			0.70***	(0.62, 0.79)

Characteristics in relation to having a live birth and prenatal care in the first trimester

Variables	Univ	ariate	N	Model I ^a	Model II ^a		
variables	OR	OR 95% CI		aOR 95% CI		95% C	
Pregnancy termination without o	a live birth ((N=1367)					
Drug use only for the index arres	t (ref: yes)						
No	1.01	(0.62, 1.62)	1.05	(0.65, 1.70)	1.04	(0.64, 1.70)	
Drug offense in the prior 5 years	(ref: repeate	ed offense)					
Incident offense	1.39**	(1.11, 1.74)	1.29*	(1.03, 1.63)	1.28*	(1.01, 1.63)	
Timing of pregnancy (ref: awaiting	ng prosecute	orial decision)b)				
Deferred prosecution	1.25	(0.87, 1.82)			1.04	(0.71, 1.52)	
Community reentry	1.11	(0.88, 1.43)			1.04	(0.82, 1.33)	
Non-attendance of early prenate	al care amoi	ng pregnant w	omen w	ho gave birth	(N=907))	
Drug use only for the index arres	t (ref: yes)						
No	1.04	(0.40, 2.68)	0.95	(0.35, 2.58)	0.93	(0.34, 2.52)	
Drug offense in the prior 5 years	(ref: repeate	ed offense)					
Incident offense	0.39***	(0.24, 0.65)	0.45**	(0.27, 0.76)	0.48**	(0.28, 0.81)	
Timing of pregnancy (ref: awaiting prosecutorial decision) ^b							
Deferred prosecution	0.11^{*}	(0.01, 0.79)			0.18	(0.02, 1.33)	
Community reentry	1.33	(0.84, 2.10)			1.55	(0.96, 2.49)	

SUMMARY

- High Pregnancy Rates and Low Early Prenatal Care Utilization: 1/3 of women became pregnant within three years after the index arrest; 10% of live births had no prenatal care in the first trimester.
- Criminal Justice System Involvement Experience (i.e., incident/repeated offenders) may relate to their Reproductive Trajectories: Women with an incident offense became pregnant more quickly (aHR=1.25) and had a higher odds of pregnancy termination (OR=1.28). However, incident offense was associated with higher odds of first-trimester prenatal visits among live births (OR=1.52).
- Prosecutorial Diversion Status is Related to Reproductive Outcomes: (1) The period awaiting
 prosecutorial decision was linked to an increased likelihood of pregnancy. (2) Deferred prosecution
 was associated with reduced odds of under-utilization of prenatal care in the first trimester
 (OR=0.11), suggesting a protective effect of community-based alternatives to incarceration.
- Policy Implications: Reproductive health services, parenting support, and addiction treatment should be integrated early in the legal process to support women's health and recovery within the community.

Ⅲ. 國衛院系列研究: 未成年毒品使用者







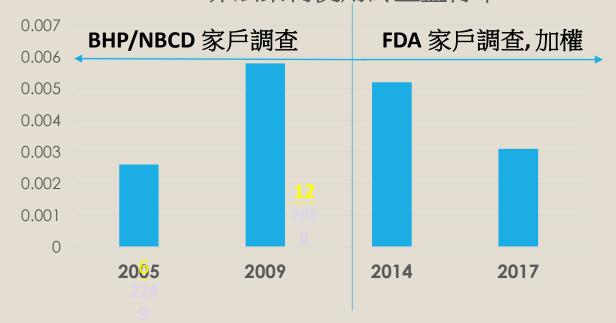
• Q1:終生盛行率

• Q2: 危險因子

非法藥物使用

國民健康訪問暨藥物濫用調查/全國物質使用調查 (國健署/TFDA)

12-17 非法藥物使用終生盛行率



表一 2018全國物質使用調查18-64 歲人口藥物使用率,依性別分層(N=15.028)

28k+195	全部	(n=15,028)	男性	(n=7,481)	女性(n=7,547)		
變項	N	% _{wt} (95% CI) ^a	n	% _{wt} (95% CI)	n	% _{wt} (95% CI)	
海洛因	18	0.08	17	0.16	1	0.01	
安非他命	67	0.43	55	0.69	12	0.17	
海洛因或安非他命	77	0.48	65	0.80	12	0.17	
任何非法藥物	188	1.20	144	1.75	44	0.66	

^{*% :} 加權估計值;95% CI:95%信賴區間。

表二 2017年台灣18-64歲人口,依性別分層,一二級毒品(非法藥物)之終身盛行率 (N=17,094,533)^a

	全部	3	男性		女性		性別遺失	
變項	(n=17,094,533)		(n=8,003,999)		(n=8,147,639)		(n=942,895)	
	n	%	n	%	n	%	n	%
海洛因施用b	50,774	0.30	40,348	0.50	10,127	0.12	299	0.03
海洛因施用"	64,931	0.38	51,111	0.64	13,505	0.17	315	0.03
一級毒品施用 (海洛因為主) d	51,643	0.30	40,996	0.51	10,345	0.13	302	0.03
二級毒品施用(安非他命為主)。	78,700	0.46	63,798	0.80	14,825	0.18	77	0.01
一或二級毒品46	101,872	0.60	81,711	1.02	19,784	0.24	377	0.04
海洛因施用或持有「	60,937	0.36	48,045	0.60	12,191	0.15	701	0.07
海洛因施用或持有『	69,647	0.41	54,745	0.68	14,584	0.18	318	0.03
一級毒品施用或持有(海洛因為主)	62,357	0.36	49,131	0.61	12,504	0.15	722	80.0
二級毒品施用或持有(安非他命為主)	130,275	0.76	105,092	1.31	24,098	0.30	1,085	0.12
一或二級毒施用或持有品hi	153,662	0.90	122,863	1.54	29,252	0.36	1,547	0.16

Source: http://nhis.nhri.org.tw/; https://www.fda.gov.tw/upload/133/2018051410282233867.pdf

陳娟瑜 &雷文玫,台灣衛誌 2022, Vol.41, No.2

影響青少年使用非法藥物危險因子

Did you know that...

...while most children and adolescents will never use drugs, those who do are often **affected by vulnerabilities beyond their control**, including poverty, a violent environment, poor parenting, poor opportunities for education, and many more?



可以決定跟控制的?

Q1: 那項因素是孩子

Let's all #ListenFirst CAMPAIGN



聯合國毒品與犯罪辦公室

Q2: 那個部會/專業可以一次解決六項 危險因子

資料來源:聯合國毒品與犯罪辦公室 United Nations Office on Drugs and Crime (UNODC)

研究樣本

- 。毒藥品防治議題資料庫
 - 。教育部藥物濫用學生個案輔導管理系統
 - 。兒童及少年高風險個案管理系統
 - 。中輟通報系統
 - 。刑案紀錄處理系統
 - 。三、四級毒品行政裁罰系統
 - 。毒品危害防制中心案件管理系統
- 。健保資料庫
 - 。全民健保處方及治療明細檔
 - 。全民健保承保檔
 - 。低收入戶及中低收入戶資料檔



研究發現1

曾使用非法藥物國中生 vs. 一般族群青少年

曾使用非法藥物的國中生 (N=1605)

非法藥物使用相關

◆ 愷他命: 83%; 安非他命: 17%

◆ 僅使用三/四級: 81%

◆ 接受轉介: 24%

◆ 4年再被通報率: 35%

2015年全國12-14歲 (N=809,477)

家庭相關

◆ 低收/貧窮: 25.6% X3

◆ 毒品使用家人: 16% X8







家庭相關

- ◆ 低收/貧窮: 7.9%
- ◆ 毒品使用家人: 2.1%

服務系統利用

◆ 高風險家庭: 11.4% X14

◆ ADHD治療: 6.4%

◆ 就學中斷: 35% X81





服務系統利用

- ▶ 高風險家庭: 0.82%
- ▶ ADHD治療: 4.4%
- ◆ 就學中斷: 0.43%

研究發現2

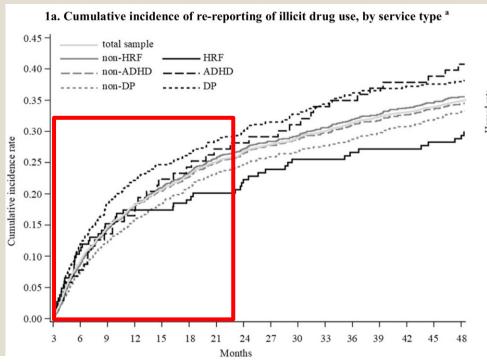
追蹤4年再被通報的累積發生率、風險與相關因子

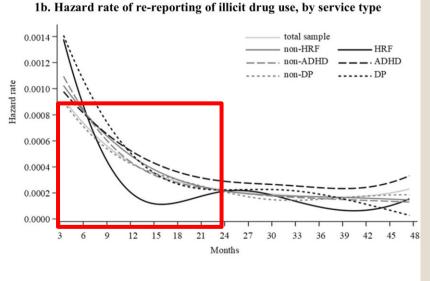


曾接受高風險家庭服務可能減少43%再被通報風險



曾有中輟經驗可能增加46%再被通報風險





研究發現3

非法藥物使用在學生 vs. 社區使用非法藥物青少年

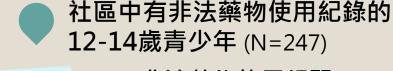
曾使用非法藥物的國中生 (N=1605)

非法藥物使用相關

◆ 愷他命: 83%; 安非他命: 17%

◆ 僅使用三/四級: 81%

◆ 4年再被通報率: 35%



非法藥物使用相關

◆ 愷他命: 75%; 安非他命: 13%

◆ 僅使用三/四級: 58%

◆ 4年再被通報率: 41%

家庭相關

◆ 低收/貧窮: 25.6%

◆ 毒品使用家人: 16%







家庭相關

◆ 低收/貧窮: 21.9%

◆ 毒品使用家人: 16%

服務系統利用

◆ 高風險家庭: 11.4%

◆ ADHD治療: 6.4%

◆ 中輟輔導: 35%





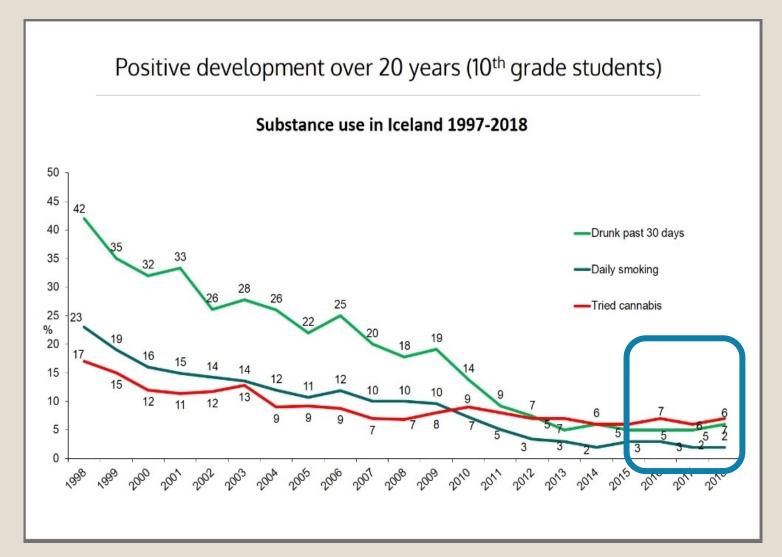
服務系統利用

◆ 高風險家庭: 17%

◆ ADHD治療: 6.9%

◆ 中輟輔導: 55%

"Iceland model" what evidence shows: 冰島模式

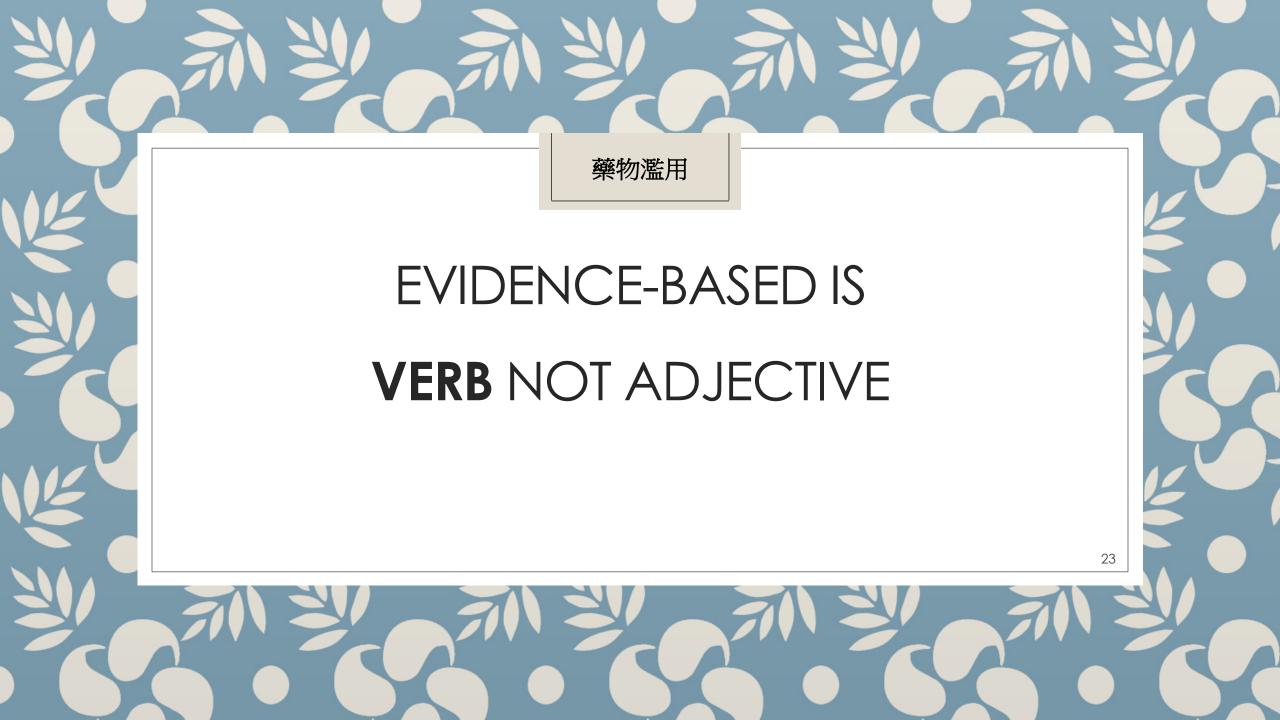


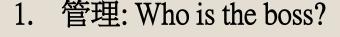
Drug-free Iceland

To change the actual behavior of youth and not only their attitudes

Examples of local actions

- 1. Research as a basis for policy and actions
- 2. Strengthen **parent** organizations and **cooperation** with schools
- 3. Support extracurricular activities/sports
- 4. Support active NGOs
- 5. Support young **people at risk in schools**
- 6. Anti smoking / drinking campaigns
- 7. Strengthen social capital







- 2. 執行: 各部會 Who is in charge? Who knows the data best?
- 3. 資料: What (range and quality); key and core; which one is a good standard?
- 4. 指標: one size fits all?
- 5. 維持性: How often (for data retrieval and synchronization)? who and what

毒藥品防制議題資料庫

1. 毒品危害防制中心案件 管理系統 2. 替代治療作業管理系統 (心口司)

刑案系統-毒品個案檢察 機關緩起訴轉出資料 (法務部)

藥物濫用學生個

案輔導管理系統

(教育部)

毒藥品個案之親

等關聯資料

(內政部)

三、四級毒品 行政裁罰系統 (內政部警政署) 應受尿液採驗人 採驗處理系統 (內政部警政署)

兒童及少年高 風險個案 (社會家庭署)

獄政系統 - 毒藥品 犯出入監紀錄 (法務部)

> 刑案紀錄處理 系統 (內政部警政署)

中輟通報系統 (教育部國民及 學前教育署)

就業輔導資料 (勞動部)

醫療服務資料

1.户籍檔

2. 出生登記檔 (內政部)

兒童及少年保 護資訊系統 (保護服務司)

家暴通報明細檔 (保護服務司)

身心障礙資料 (社會及家庭署)

低收與中低收入戶 資料 (社會救助及社工司)

- 1.全民健保門急診檔
- 2. 全民健保住院檔
- 3. 全民健保承保檔
- 4. 全民健保重大傷病檔
- 5. 醫事機構現況檔 (健保署)

出生通報檔 (國民健康署)

死因統計檔 (統計處)



致謝



國家衛生研究院 National Health Research Institutes



衛生福利部心理健康司 Ministry of Health and Welfare



衛生福利部保護服務司 Ministry of Health and Welfare