

國家科學及技術委員會補助專題研究計畫報告

女性藥癮者復原歷程:生育健康的影響及介入服務之探討(第3年)

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報告附件：出席國際學術會議心得報告

本研究具有政策應用參考價值：否 是，建議提供機關衛生福利部
(勾選「是」者，請列舉建議可提供施政參考之業務主管機關)
本研究具影響公共利益之重大發現：否 是

中華民國 112 年 10 月 26 日

中文摘要：物質使用疾患不僅威脅個體健康，更形成醫療與社福體系的負擔。傳統上物質使用疾患的好發族群一直以男性為主，然近十年女性罹患者大幅增加。相較於男性，女性一旦開始使用藥物，往往較快進展至臨床問題，且有較高風險的身體與社會傷害，如過量致死和社會排除。在實證基礎的醫療照護上，臺灣自2006年起針對海洛英使用疾患，推動美沙冬治療計畫。然傳統上以男性為主體的臨床指引常系統性忽略女性的重要需求，嚴重影響女性患者的治療參與及復原成效。隨著女性物質使用疾患人數上升及健康福利系統負擔的加重，促進女性藥癮者的正向復原及減少傷害，已成為社會刻不容緩的課題。

本研究於第一年申請毒品巨量資料、發展並前測原始資料收集問卷。第二年執行期間，除了利用國家毒品行政資料探討二級毒品施用女性的懷孕生育因素，也針對社區中曾有毒品施用經驗的適育年齡女性正是進行問卷調查。第三年研究團隊除了持續進行次級資料與問卷調查量性資料分析，亦開展質性研究的工作，完成十八名毒品施用女性之第一線服務提供者個別訪談。

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中文關鍵詞：物質使用疾患、藥癮治療與復原、生育照護、性別敏感治療、性別角色

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In Year 1, the team filed the application for Big Data of Drug Abuse (using the title of PI's MHW grants), devised

the questionnaire for the primary data collection, and completed the pilot study. In Year 2, the team continued the data analyses on illegal drug-involved administrative data and initiated a survey on illegal drug-involved women in government-operated drug prevention centers, and non-governmental organizations operated addiction recovery services in the community. In Year 3, building up the preliminary results from the survey, we conducted qualitative research through interviews with frontline service providers (N =18).

The results from the mixed methods can provide an initial assessment of the needs and motivation to use contraception for female drug users and the concern/feasibility of implementing integrated services. This information may also be valuable in the design of health services to identify addicted women in need of reproductive services early, to design integrated gender-responsive addiction services, and to provide a guide to prioritize medical and social interventions to reduce the harm and burden associated with substance use disorders.

英文關鍵詞： substance use disorder, addiction treatment and recovery, reproductive health services, gender-responsive treatment, gender role

科技部補助專題研究計畫成果報告
(期中進度報告/期末報告)

女性藥癮者復原歷程:生育健康的影響及介入服務之探討(3/3)

Revealing the Unseen Role of Reproductive Health in Women's
Addiction Recovery: A Window of Intervention

計畫類別：個別型計畫 整合型計畫

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計畫主持人：陳娟瑜

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計畫參與人員：蕭其蓁、楊沛瑀、陳艾琳

本計畫除繳交成果報告外，另含下列出國報告，共2份：

執行國際合作與移地研究心得報告

出席國際學術會議心得報告

出國參訪及考察心得報告

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中文摘要

物質使用疾患不僅威脅個體健康，更形成醫療與社福體系的負擔。傳統上物質使用疾患的好發族群一直以男性為主，然近十年女性罹患者大幅增加。相較於男性，女性一旦開始使用藥物，往往較快進展至臨床問題，且有較高風險的身體與社會傷害，如過量致死和社會排除。在實證基礎的醫療照護上，臺灣自 2006 年起針對海洛英使用疾患，推動美沙冬治療計畫。然傳統上以男性為主體的臨床指引常系統性忽略女性的重要需求，嚴重影響女性患者的治療參與及復原成效。隨著女性物質使用疾患人數上升及健康福利系統負擔的加重，促進女性藥癮者的正向復原及減少傷害，已成為社會刻不容緩的課題。

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Abstract

Substance use disorder, traditionally predominant in men, is known to affect people irrespective of their gender. Compared to men, women are more likely to have a rapid escalation to clinical disorder once substance use is initiated and are more vulnerable to experiencing a variety of harms (e.g., fatal overdose and social exclusion). In Taiwan, although evidence-based medical treatment for heroin use disorder has been implemented nationally, male-based clinical guidelines systematically neglect critical needs for women in reproductive healthcare, including contraception and prenatal care, resulting in inadequate treatment engagement and poorer recovery outcomes. With the increasing number of women suffering from substance use disorder and the mounting burden on health and welfare systems, it has become more urgent to adopt a gender-responsive approach to promote women's favorable recovery and reduce harm harms (e.g., in-uterus substance exposure and child maltreatment).

In Year 1, the team filed the application for Big Data of Drug Abuse (using the title of PI's MHW grants), devised the questionnaire for the primary data collection, and completed the pilot study. In Year 2, the team continued the data analyses on illegal drug-involved administrative data and initiated a survey on illegal drug-involved women in government-operated drug prevention centers, and non-governmental organizations operated addiction recovery services in the community. In Year 3, building up the preliminary results from the survey, we conducted qualitative research through interviews with frontline service providers (N=18).

The results from the mixed methods can provide an initial assessment of the needs and motivation to use contraception for female drug users and the concern/feasibility of implementing integrated services. This information may also be valuable in the design of health services to identify addicted women in need of reproductive services early, to design integrated gender-responsive addiction services, and to provide a guide to prioritize medical and social interventions to reduce the harm and burden associated with substance use disorders.

Keywords: substance use disorder, addiction treatment and recovery, reproductive health services, gender-responsive treatment, gender role

1. Backgrounds

Substance use and problems have taken a heavy toll on health worldwide (Charlson et al., 2015). Between 1990 and 2016, the prevalence of substance use disorders increased from 22.5% to 56.9%. Nearly 31.8 million disability-adjusted life-years (DALYs) were attributable to drug use as a risk factor (Degenhardt et al., 2018); the corresponding estimate in the East Asia region was 4.4 million. Although men outnumber women in the prevalence of substance use, such gender differences have been narrowing in young cohorts and new psychoactive substances (Chang et al., 2019; Colell et al., 2013). In 2018, the sex ratio of illegal substance use in community-dwelling residents was estimated 3 in Taiwan (2.09% vs. 0.68%) (陳為堅, 2019). Women often transition to regular use or clinical disorder more rapidly than men (Brady and Randall, 1999; Hser et al., 1987a; Hser et al., 1987b).

Substance use disorder is a daunting interdisciplinary and cross-disciplinary challenge. In Taiwan, 40%-50% of newly admitted female prisoners were involved in illegal drugs (毒品)-related offenses in recent years (法務部統計室, 2018a). The cumulative incarcerated women for “illegal drug use” in prisons and rehabilitative centers were both over 12,000 during the period 2008-2017, and the year number was steadily on the rise (法務部統計室, 2018a, 2018b). Scholarly reports have called intense attention to the collateral harms associated with the criminalization of addiction, such as the disruption of social bonds and stigmatizing roles. After imprisonment, women suffering from substance use disorder, a socioeconomically vulnerable group, often face difficulties in restoring relationships, finding housing and employment, and accessing healthcare, which together lead their life and health in a downward spiral (e.g., sex trading for money and drugs, fatal overdose, and suicide) (Chen et al., 2010; Ehrlich, 2007; Moore and Scraton, 2013).

In the context of the rising number of substance-using women and the mounting societal burden, public health researchers and practitioners have proposed integrating reproductive healthcare into treatment, holistically promoting women’s favorable recovery, and effectively reducing uterine drug exposure (Black and Day, 2016; Olsen et al., 2014; Terplan et al., 2015a). Nonetheless, research efforts investigating gender-responsive treatment in Taiwan are limited, and health policies addressing substance-using women’s reproductive healthcare do not exist.

2. Literature review

Substance use disorder, traditionally predominant in men, is known to affect people irrespective of their gender. In addition to biological factors (e.g., genetics and sex hormones), several lines of research have been dedicated to the social fabric and dynamics operating on the lives of individuals affected by heroin, cocaine, methamphetamine, or injection drugs (Anderson, 1995; Yang et al., 2017). Since the conceptual framework toward substance use and problems and the interventional approach are contingent upon macro-level characteristics (e.g., policy, society norms, and institution), moving the focus beyond individual-level mechanisms alone to its potential interaction with the macro-level mechanism may be a key to understanding why addicted women have a poorer

prognosis (Brady et al., 2016). In analyzing the health and unmet needs of women with substance use disorder, our study relies on the gender role perspective to elucidate how gender roles affect their health in physical, psychological, and social dimensions.

In many societies, female drug users are disproportionately under-represented in healthcare-seeking populations and over-represented in prison populations (Mental Health Services Administration US Office of the Surgeon General, 2016). The paths for women's addiction recovery can be adversely affected by traditional feminine roles, norms, and expectations (Brady et al., 2016; Tuchman, 2010). Barriers to seeking professional care in recovery often manifest in three dimensions: social networks, service providers, and self-identity (Stringer and Baker, 2018; Tuchman, 2010). First, in the context of substance use in the disorder-affected population, women are more likely than men to have childcare responsibilities, consequently decreasing the opportunity to seek and remain in medical treatment (e.g., daily visits to methadone) (Elms et al., 2018; Klamann et al., 2019). Second, given that male preponderance in substance use disorders persists throughout the centuries, the provision of addiction treatment was formerly designed to address men's needs; an issue also occurs in social rehabilitation services. Third, the use of illegal substances in women has been perceived as "double deviance," given it is against not only the formally-enacted laws, but also the informal social norms toward woman (i.e., gender role) (Brady and Randall, 1999; Hunt et al., 2015; Mullins and Grothoff, 2010).

The lack of response in addiction treatment to women's ability to become pregnant and their asymmetric responsibility in child-rearing take a heavy toll. In Taiwan, as in many other societies, the images of maltreated children of substance-using women portrayed in the media are commonly linked with several behaviors that deviate from feminine expectations, such as sex trading, frequent pregnancy, and unfit parenting (Boyd, 2002; Couvrette et al., 2016). To a certain extent, "substance-using pregnant women" are often perceived as villains rather than victims by society (Stringer and Baker, 2018). This is also why gender-responsive addiction treatment is less valued by healthcare professionals. Indeed, in limited-resource settings, healthcare and social welfare systems usually prioritize treatment and service to the general (or the majority – men), although the usual "one-size-fits-all" approach did not appropriately benefit women.

It is important to note that addiction recovery programs that integrate contraception and other reproductive health services provide a great chance to render every pregnancy a deliberate choice, thereby decreasing child abuse. Popular discourse of "fetal right" often seeks to limit pregnant women's bodily integrity to protect the fetus' life and health (Roth, 2003). However, feminist literature criticizes the advocacy that downgrades women into vessels for the fetus (Purvis, 2016). By empowering substance-using women with better reproductive healthcare programs that include both contraceptive services and prenatal care, policymakers can strike the right balance between women's autonomy and their children's interests.

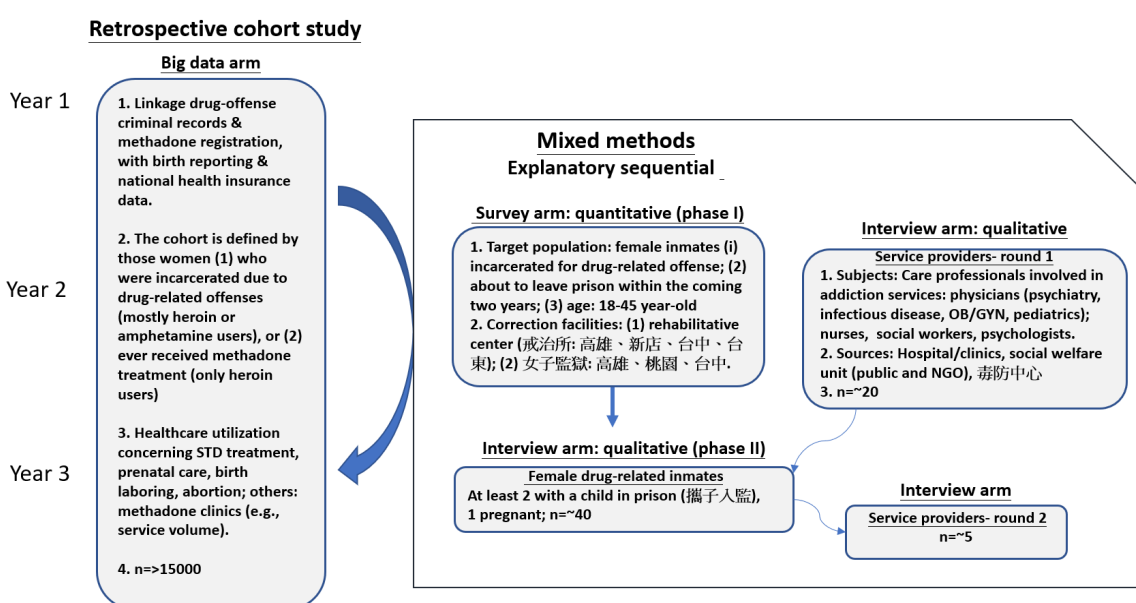
3. Aims

The proposed study will be in a position to take pioneering efforts to (i) identify the profile of reproductive health indicators and healthcare utilization in illegal substance-using women in general and investigate the possible impact on treatment; (ii) characterize individual- and service-level predictors to actively utilize contraception among the rapidly released drug-involved prisoners and explore the process of gender motivation; and (iii) feature the context underlying service providers' perceived barriers in integrating reproductive healthcare (particularly contraceptive services) into addiction treatment. The unique scientific opportunities provided by the proposed study were reflected in our specific aims.

4. Methods

The proposed three-year study comprises three arms of research embedded in two study designs: (i) a retrospective cohort study that will be built in the existing administrative datasets, and (ii) a mixed-methods research design that will collect primary data from cross-sectional surveys and semi-structured interviews since year 2 (see Figure 1). Since neither quantitative (administrative data and survey) nor qualitative (semi-structured interview) methods are satisfactory in explaining the role of reproductive health and care in women suffering from substance use disorders in the course of recovery, we decided to turn to the mixed methods in an attempt to have a comprehensive analysis and to integrate the data to fully address the delivery of reproductive services (particularly contraceptive counseling and care) to women with substance use disorders in terms of accessibility, motivation (specifically regarding motherhood), option priority, and effects on treatment engagement.

Figure 1. Study design and flowchart



5. Results

5.1 Retrospective cohort studies derived from the big data

According to data released by the Ministry of Justice in 2018, there were 60,000-80,000 illegal drug use offenders each year in Taiwan, most of whom were under the age of 40. When the number of people using Schedule I drugs has decreased over the past decade, the number of people using Schedule II has increased during the past three years and nearly reached 60000 in 2017 (see Figure 2). Focusing on women, we ascertained 10333 cases with ages < 30 years who were arrested for Schedule II drug use from 2010 to 2016 National Police Criminal Records in Taiwan (see Figure 3). Over seven years of observation, nearly one in five arrested cases annually had been arrested for Schedule I or II drug-related activities in the previous year, and 40% had been involved in illegal drug-related offenses over the past five years. Among young women, the percentage of those who had received a deferred prosecution in the year of index arrest was estimated to be 10%–12% since 2011.

Based on the 2011-2015 National Police Criminal Records, by linkage with the National Health Insurance Database and National Birth Registration, Household Registration Database, and Nationwide Integrated Illegal Drug Database, 4,282 women ages 18-29 were identified. Information concerning sociodemographic characteristics, deferred prosecution and detention/imprisonment records, history of pregnancy, and abortion was obtained to identify predictors of pregnancy and abortion among young women with schedule II drug use by prior 5 years of drug-use records. Incident offenders were defined as young women without drug arrest, prison-based treatment, and incarceration in the five years before the index arrest, and recidivistic offenders were characterized by having any drug offense in the last five years. Cox proportional regression analyses were performed to evaluate the factors associated with first abortion and pregnancy. The risk is presented as a hazard ratio and 95% confidence interval (CI).

The results showed that half of the women were under 25 years old, and 73% were living in low-income households or had an unstable income. 44.8% were unemployed and 3.2% were still students (see Table 1). Regarding reproductive experiences, 20.8% had at least one child under five before the index arrest, and 3.9% were pregnant upon being arrested. Within three years of the index arrest, nearly a quarter had at least one pregnancy episode, and 11.6% had at least one abortion. In general, young age (adjusted Hazard Ratio[aHR]=2.09, for recidivists only), having at least one 5 years old child (aHR=1.80, for incident offenders only), being divorced or widowed (aHR=1.70, for recidivists only), and being employed (aHR=0.58, for recidivists only) were associated with an increased risk of abortion. Meanwhile, young age (aHR=1.29 and 1.62, for both), having at least one 5 years old child (aHR=1.48, for incident offenders only), and being married (for both) were associated with an increased risk of pregnancy.

Figure 2. The number of Schedule I & II drug offenders in 2008-2017

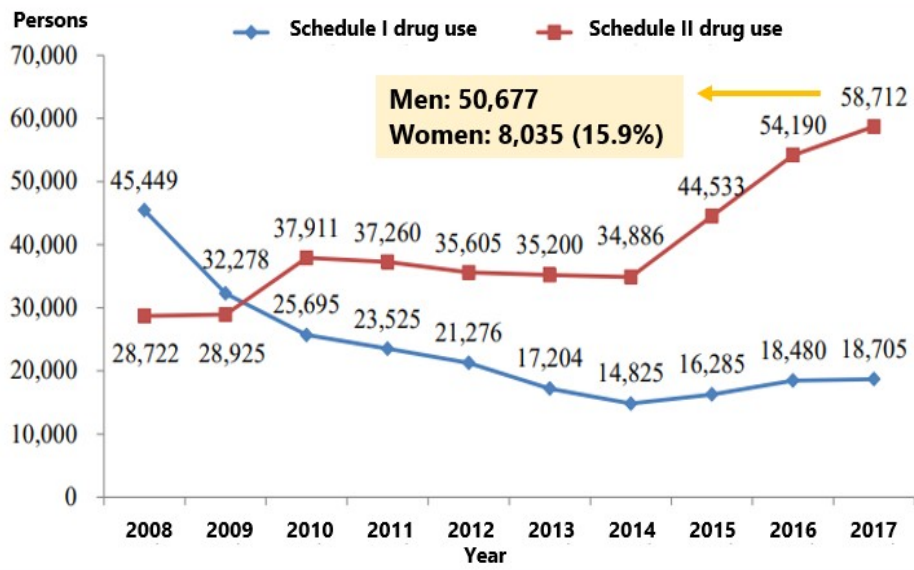
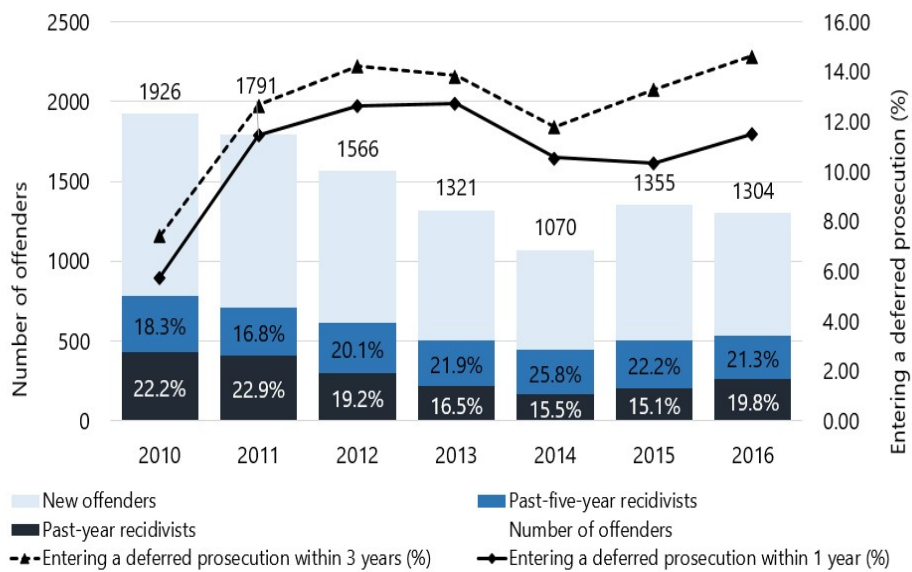


Figure 3. The number of Schedule II female drug offenders under age 30 in 2010-2016



To further examine whether socioeconomic and motherhood characteristics are associated with receiving deferred prosecution, we identified 5869 women using updated data from the 2011-2017 National Police Criminal Records in Taiwan. We found that 20.9% of incident and 6.0% of recidivistic offenders received deferred prosecution within six months after being arrested. Factors associated with reduced risk of receiving DPA included disadvantaged socioeconomic conditions (i.e., low/unstable income) and childrearing. Low/unstable income was associated with a reduced risk of deferred prosecution in incident offenders (aRRR=0.71), as well as an increased risk of prison-based rehabilitation and incarceration in recidivists (aRRR=1.58). Childrearing emerged as a potential barrier to accessing community-based treatment, whereas childbearing upon arrest was linked to awaiting prosecutorial decision/execution (i.e., receiving no medical treatment/criminal justice intervention). The abovementioned works are currently in preparation for submission or under review.

Table 1. Characteristics of Schedule II female drug offenders under age 30, by prior 5 years drug-use records (N=4282)

Variables	Total n=4282		No (incident) n= 2394		Yes (recidivist) n=1888		p
	n	%	n	%	n	%	
Age							
25- 29	1843	43.0	879	36.7	964	51.1	<.0001
18- 24	2439	57.0	1515	63.3	924	48.9	
Income level							
High income	105	2.5	74	3.1	31	1.6	<.0001
Medium income	1028	24.0	678	28.3	350	18.5	
Unstable/no income	3007	70.2	1574	65.8	1433	75.9	
Household low income	105	2.5	49	2.1	56	3.0	
Missing	37	0.9	19	0.8	18	1.0	
Educational attainment							
Senior high school or above	1018	23.8	639	26.7	379	20.1	<.0001
Junior high school	2834	66.2	1562	65.3	1272	67.4	
Elementary school	401	9.4	173	7.2	228	12.1	
Missing	29	0.7	20	0.8	9	0.5	
Employment status							
Employed	2202	51.4	1331	55.6	871	46.1	<.0001
Students	135	3.2	99	4.1	36	1.9	
Unemployed	1919	44.8	948	39.6	971	51.4	
Missing	26	0.6	16	0.7	10	0.5	
Marital status							
Single	3004	70.2	1769	73.9	1235	65.4	<.0001
Married	591	13.8	281	11.7	310	16.4	
Divorced or widowed	679	15.9	338	14.1	341	18.1	
Missing	8	0.2	6	0.3	2	0.1	
Schedule II drug use							
Amphetamine	3039	71.0	1448	60.5	1591	84.3	<.0001
Methamphetamine	260	6.1	125	5.2	135	7.2	
MDMA/MMDA	814	19.0	705	29.5	109	5.8	
Cannabis	86	2.0	46	1.9	40	2.1	
Other drug use (GHB/codeine)	35	0.8	28	1.2	7	0.4	
Polydrug use	48	1.12	42	1.8	6	0.3	
Schedule I drug use							
Heroin	273	6.38	72	3.0	201	10.7	<.0001
Opioid/Morphine	48	1.12	8	0.3	40	2.1	

None	3961	92.50	2314	96.7	1647	87.2	
Ever been incarcerated for rehabilitation over the past year							
No	3915	91.43	2333	97.4	1582	83.8	<.0001
Yes	367	8.57	61	2.6	306	16.2	
Receiving deferred prosecution within the year of index arrest							
No	3677	85.87	1893	79.1	1784	94.5	<.0001
Yes	605	14.13	501	20.9	104	5.5	
No of childbirths before the index arrest in prior five years							
0	3393	79.2	2003	83.7	1390	73.6	<.0001
1	680	15.9	313	13.1	367	19.4	
2	175	4.1	73	3.1	102	5.4	
>=3	34	0.8	5	0.2	29	1.5	
Being pregnant upon arrest							
No	4069	95.0	2301	96.1	1768	93.6	0.0001
Yes	213	5.0	93	3.9	120	6.4	
Abortion within 3 years of the index arrest							
No	3784	88.4	2063	86.2	1721	91.2	<.0001
Yes	498	11.6	331	13.8	167	8.9	
Pregnancy episode within three years of the index arrest							
0	3218	75.2	1799	75.2	1419	75.2	0.01
1	860	20.1	466	19.5	394	20.9	
2	187	4.4	123	5.1	64	3.4	
>=3	17	0.4	6	0.3	11	0.6	

5.2 Survey on women with illegal drug use in the community.

In response to the unpredictable circumstances due to the COVID-19 pandemic, we diverted our efforts from prisons to the community and conducted a survey on government-operated drug prevention centers and non-governmental organizations that operated addiction recovery services in the community. The stigma attached to illegal drug use and the nature of the hard-to-reach population, which is particularly true for women, makes recruitment of illegal drug-using individuals in community settings a challenge to public health researchers. Over the past two years, a total of hundred and nineteen valid samples have been collected (response rate 77%) in collaboration with ten governmental and non-governmental organizations since September 2021. The majority were recruited from Drug Prevention Centers, particularly from Taoyuan and Kaohsiung, followed by Taipei and New Taipei (see Figure 4). The modification of sampling methods (from prisons to the communities) and criteria (lowering the age from 20 to 16) has been approved by the IRB committee, and we have expanded the expiration date for the third time to December 3rd 2023 (see Appendices A).

After obtaining informed consent via face-to-face interviews, information concerning sociodemographic characteristics, adverse childhood experiences (ACEs), contraceptive utilization and literacy, sexual behaviors, reproductive outcomes, and intimate violence experiences was assessed using a computer-assisted self-interviewing standardized instrument (see Appendix B for the questionnaire). The selection characteristics of the samples are presented in Table 2. One half of the respondents were under 30 years of age, and the mean age was 30.13 years. Nearly three quarters were employed and had an educational attainment of senior high school or above. 71% reported the use of ketamine, followed by methamphetamine (17.8%), and heroin (4.6%). One-half had at least one mental disorder, with depression being the majority (31.1%), followed by insomnia (25.6%) and anxiety (18.7%).

Over 93% reported that accessing, understanding, appraising, and applying contraceptives were easy, yet 17.4% of those who had sex in the past six months did not utilize any contraceptive methods (38/219). Nearly 80% had ever been pregnant, and 44.3% had their first pregnancy before the age of 18. For the last pregnancy, > 80% were unplanned, and one-third ended with surgical abortion (n=79). At the time of the interview, 4.6% of respondents were pregnant (n=10). Regarding unfavorable intimate relationships, half had encountered any form of intimate partner violence (IPV), and the most common form was physical abuse (42.5%). One-third have their first intercourse under 18 years and have been engaged in sex. 9.6% had been engaged in sex trade previously. On the 17-item scale of adverse childhood experiences, 41.6% and 37.9% of respondents had experienced four or more ACEs in childhood and adolescence, respectively. Parental separation/divorce, poverty, the death of a closed person, having someone with alcohol abuse in the household, and emotional neglect were the most commonly reported ACEs in childhood and adolescence. Nearly one-quarter had experienced physical abuse in childhood, and 5% had experienced sexual abuse in adolescence (see Table 3).

Estimating the odds ratio (OR) of unfavorable intimate relationships in association with the traditional 10-item ACEs originally from the CDC-Kaiser ACE Study, the results showed that exposure to more ACEs (categorized into three groups by attributes including household dysfunction, neglect, and abuse) was linked with an increased likelihood of early sexual initiation, sex, and IPV. We found that substance abuse in the household increased the odds of early sexual initiation (adjusted odds ratio [aOR]=2.45), whereas witnessing domestic violence (aOR=3.08) and sexual abuse (OR=3.55) were associated with higher odds of chemsex. Parental divorce/separation (aOR=2.21), emotional neglect (aOR=2.63), and abuse (aOR=2.13) significantly elevated the odds of IPV.

Table 2. Selective characteristics for women with drug-using (n=219)

Variables		n	%
Age	Mean (SD)		30.13(6.12)
	≤29	111	50.7
	≥30	108	49.3
Education attainment	Junior high school or below	56	25.6
	Senior high school or above	163	74.4
Marital status	Single, never married	118	53.9
	Married, divorced, or widowed	101	46.1
Employment status	Employed	168	76.7
	Housekeeper	16	7.3
	Unemployed	35	16.0
Drugs Involvement (multiple options)	Ketamine	155	70.8
	Methamphetamine	39	17.8
	Heroin	10	4.6
	Combined drugs (e.g. drug-laced coffee packets)	15	6.8
Mental disorders (multiple options)	None	105	48.6
	Depression	68	31.1
	Insomnia	56	25.6
	Anxiety	41	18.7
	Bipolar	29	13.2
	Panic	18	8.2
	PTSD	9	4.1
ACEs (prior to age 12) (17 items)	None	32	14.6
	1-3	96	43.8
	≥4	91	41.6
ACEs (aged 12 to 18) (17 items)	None	21	9.6
	1-3	115	52.5
	≥4	83	37.9
Intimate violence experiences (lifetime) (multiple options)	None	94	42.9
	Verbal	79	36.1
	Physical	93	42.5
	Sexual	6	2.7
Age at having the first intercourse	<18	77	35.2
	≥18	142	64.8
Age at having the first pregnancy	None	49	22.4
	<18	97	44.3
	≥18	73	33.3
Number of pregnancies	0	49	22.4
	1	47	21.5

Number of child	≥ 2	123	56.2
	None	49	22.4
	1	81	37.0
Pregnancy loss (n=166)	≥ 2	89	40.6
	≤ 1	77	45.3
	≥ 2	93	54.7
Last Pregnancy intention (n=164)	Planned	32	19.0
	Unplanned	136	81.0
Results for last pregnancy	Never been pregnant	49	22.4
	Pregnant now	10	4.6
	Live birth	50	22.8
	Spontaneous abortion	18	8.2
	Surgical abortion	79	36.1
	Still birth	6	2.7
	Eccyesis	4	1.8
	Others	3	1.4
Sex trade	No	198	90.4
	Yes	21	9.6
Chemsex	No	143	65.3
	Yes	76	34.7
Sexual behavior with drug-using male(s) (n=203)	No	93	44.5
	Yes	116	55.5
Contraception utilization (multiple options)	No intercourse over the last six months	63	28.8
	None	38	17.4
	Condom	86	39.3
	Rhythm method	20	9.1
	Pull-out method	39	17.8
	After pills	35	16.0
	Birth-control pills	19	8.7
	Mean (SD)		3.37(0.71)
Contraceptive Literacy- access, understand, appraise, and apply (4 items, 4-point scale)	Easy to access	205	93.6
	Easy to understand	208	95.0
	Easy to appraise	212	96.8
	Easy to apply	209	95.4
Perceived contraceptive need	No	50	22.8
	Yes	169	77.2

Table 3. Adverse childhood experiences for women with drug-using (n=219)

ACEs item	Childhood			Adolescence		
	n	%	Ranking	n	%	Ranking
A. Parental separation or divorce	112	51.1	1	84	38.4	3
B. Someone close died suddenly	71	32.4	4	105	47.9	1
C. Household alcohol abuse	75	34.2	3	63	28.8	5
D. Household drug or prescription medicine abuse	27	12.3	14	40	18.3	8
E. Household mental illness	39	17.8	9	55	25.1	6
F. Incarcerated household member	32	14.6	12	39	17.8	10
G. Father or male caregiver treated violently	34	15.5	11	25	11.4	13
H. Mother or female caregiver treated violently	59	26.9	6	36	16.4	11
I. Emotional neglect	66	30.1	5	65	29.7	4
J. Emotional abuse	57	26.0	7	41	18.7	7
K. Physical abuse	54	24.7	8	28	12.8	12
L. Physical neglect	23	10.5	15	16	7.3	16
M. Contact sexual abuse	17	7.8	16	11	5.0	17

N.	Poverty	86	39.3	2	90	41.1	2
O.	Assisted by social welfare organizations	37	16.9	10	40	18.3	8
P.	Institutionalized or removed from the family	14	6.4	17	17	7.8	15
Q.	Community violence	28	12.8	13	24	11.0	14

5.3 Qualitative Interviews with service providers

Upon a series of training and piloted tests (through online mode) in Year 2, a total of 18 frontline workers aged 20~65 years with serving experiences of illegal drug-used women in recent years were interviewed in Year 3. The interview outline has been adjusted based on the interviews' professionalism and when additional issues or topics need to be explored due to more interviews are being done (see Appendices C). The sampling frame and the targeted subject for the interview are listed as follows (see Figure 4).

Figure 4. Targeted frontline services providers for in-depth interviews

		Drug services providers		Non-drug services providers	
Medical Professional	●	Psychiatrists	●	Obstetrician and gynecologist	
	●	Paramedical staff (e.g., nurses in methadone clinics)	●	Pediatrician	
Non-medical Professional	●	Psychologists	●	Psychologists	
	●	Social Worker for substance use	●	Social worker for DV/IPV/child maltreatment	
	●	Counselors (教誨師)	●	Counselors (諮商師)	
	●	Case Managers (個案師)			
	●	Investigators (調查員)			
	●	Advisors (輔導員)			
	●	Peer coaches			
		*Frontline workers serving in prisons, drug prevention centers, and NGOs with addiction recovery services.		* Frontline workers in domestic violence and sexual assault prevention centers, and NGOs with child services (e.g., 兒福聯盟).	

Semi-structured and in-depth interviews with opening questions and follow-up probes were conducted between July 2022 to May 2023, with the aim to explore their perceived challenges in serving drug-involved women, along with barriers in handling women's reproductive needs and integrating healthcare into addiction treatment (approximately 95 minutes on average; range: 60-150 min). The interviewees were also asked to share their perceived difficulties in collaboration within and between systems serving drug-involved individuals, especially women. Qualitative data analysis was conducted using a thematic method to systematically capture, identify, and organize patterns across complex datasets.

Three board themes emerged from the data that reflected frontline service providers' views on drug-involved women and potential barriers to implementing reproductive health services in the usual care setting. Themes include: (1) inadequate capability and resources to meet the diverse needs of drug-involved women; (2) involuntary intervention hindering relationship building; and (3) difficulties in collaboration within systems. These themes are described below.

(1) Inadequate capability and recourses to meet reproductive needs of drug-involved women

Drug-involved women have unique and diverse needs compared with male individuals. Complex family situations, poverty, and comorbid mental health issues (i.e., depression, anxiety, borderline, and PTSD) are often associated with drug-involved women. Attachment issues from lack of love and care in their early family life may push them to seek external intimate relationships with male partners or children.

Unsecure attachment always puts drug-involved women at a high risk of intimate partner violence victimization, leading to an increased risk of adverse reproductive health outcomes (i.e., unplanned pregnancy and abortion). Poor parenting skills and resources may further lead to an increased risk of child neglect and abuse. Due to the informal social norms toward woman (i.e., motherhood), the use of illegal substances in women has been perceived as “double deviance”. As rights and interests of children have always been prioritized over the adult (mother), the needs and adversity of drug-involved women are easy to disregard, especially if the service provider has a negative perspective about their pregnancy intention.

Although service providers seem to have some observations about the characteristics of drugs involved and the difficulties they are currently facing, the services and resources provided by each service unit are diversely different when it comes to drug-involved women, especially pregnant women, along with a lack of the concept of community outreach. Meanwhile, the perceived lack of reproductive health knowledge from service providers may further increase the obstacles to the provision of reproductive health services. Under the limitations of knowledge and the absence of gender-response services, drug-involved women are always described as "difficult to serve."

(2) Involuntary intervention hindering relationship building

In Taiwan, the use of certain substances (e.g., heroin and amphetamine) remains criminalized. Apart from compulsory rehabilitation, qualified and willing Schedule I and II drug users receiving the deferred prosecution may be transferred by the prosecutors to drug prevention centers and cooperation hospitals to evaluate self-funded community-based treatment. On the other hand, people convicted of using Schedule III and IV drugs participating in health-prevention lectures will be ordered to attend lectures from 4 to 8 hours within a specific time frame provided by the drug prevention center. The use of compulsory/involuntary treatment can impact the client-service provider relationship, which is essential for promoting the client’s motivation and recovery. Some interviewers in our study pointed out the difficulties of building a good and long-lasting relationship with drug-involved women.

(3) Difficulties in collaboration within systems

The complexity of drug-involving women leads to varying perspectives and intervention

approaches among different service units. Owing to their respective professional backgrounds, these units may have different perspectives and approaches to case management, resulting in significant disparities in case conceptualization, leading to discontinuities and unmatching in the service delivery process during subsequent interactions.

In fact, some non-drug professional service providers may have a misunderstanding of drug use, assuming that clients can be completely “clean” immediately after intervention from the drug prevention center. Disappointments between systems may have a negative effect on network cooperation.

5.4 Abstracts submission

Based on the results of the secondary data analysis and the survey conducted in the community, we have submitted works to the 2022 Taiwan Public Health Joint Annual Conference, 2023 College on Problems of Drug Dependence (CPDD), and the 15th International Women’s and Children’s Health and Gender (InWomen’s) Group conference. One of them, which was authored by a research assistant (Ms. Hsieh, Tan-Wen) has been invited as a Panel presentation. Both works were granted travel awards, and one has been chosen for the panel presentation (see Appendix D).

5.5 Dissemination and training

Disseminating our research findings is an anticipated outcome. In Year 3, several talks and lectures were provided (see Appendix E). Owing to the efforts over the years for research on substance abuse, the PI was invited to attend the Forum in Control Yuan (監察院) on June 20, 2023, providing professional consultation with a topic focused on “Pregnant women with drug use and their infant. In the upcoming two months, the PI is going to give talks on substance use and mental health at 2023 Global Health and Welfare Forum in Taiwan on November (衛生福利部心健司-2023年臺灣全球健康福祉論壇) and 2023 XVII Taiwan Union Congress of Psychotherapy (第十七屆台灣心理治療聯合會) on December, respectively.

Meanwhile, two academic activities were held under the PI’s assistance, including a SDG Workshop (「社區心理衛生培力基地」工作坊: 精神衛生你我他-家庭社區異起來) on September 7, 2022, and a Forum in 2023 Taiwan Public Health Joint Annual Conference (2023年公共衛生聯合年會專題論壇主題「心理健康共同體，建立友善社會」) on September 16th 2023. The next month, a Mental Health First Aid Workshop will be held at National Yang Ming Chiao Tung University on November 10, 2023. Professor Anthony Jorm, the co-founder of the MHFA, delivers a speech on the inception of the MHFA, which aims to address the crucial gap in community mental health training, its evolution in various communities, and its envisioned future prospects (see Appendix F).

6. Discussion & Future actions

6.1 Manuscript draft for submission

By working on the big data provided by the Health and Welfare Data Science Center, Ministry of Health and Social Welfare, secondary data analyses were completed. Simultaneously, data from community surveys were analyzed, and some preliminary results were obtained. Thus, two works are well-prepared for paper submission, as follows:

- a. 蕭其蓁、雷文玫、謝丹雯、陳娟瑜。女性非法藥物使用者童年逆境經歷與不良親密關係樣態之相關性探討。
- b. Chen CY, Hsieh TW, Rei WM, Huang CH, Wang SC. Pregnancy Association between socioeconomic and motherhood characteristics and receiving community-based services among justice-involved young female drug users in Taiwan.

6.2 Conducting survey in women's prisons, including correctional schools

Over the past two years, correctional authorities have been conservative about opening access to non-statutory or non-essential activities and taking strict control measures to diminish the risk of an internal outbreak. Consequently, our survey on female inmates prisoned for illegal drug use offenses was not allowed to be conducted in any women's prisons, including Taipei (台北女子分監), Taoyuan (桃園女監), Taichung (台中女監), and Kaohsiung (高雄女監), even though the APP for digital questionnaire has been developed and pilot-tested for use in facilities without wireless networks.

Nevertheless, our team did not give up the chance to access prisons. Maintaining contact and communication with the correctional (schools) officers from different prisons, we are notified that it is now possible for our team to access prisons to obtain informed consent and survey via face-to-face interviews in the foreseeable future. Obtaining data from female inmates allows us to make a comparison between the community and institutional samples for a more in-depth exploration of their characteristics.

6.3 Initiating the qualitative interviews with drug-involved women

Despite the progress of our research project, which was somewhat delayed due to the COVID-19 pandemic, leading to more barriers to our team in recruiting illegal drug-involved women in the community setting, we will still officially carry out qualitative research with drug-involved women in the upcoming period. Conducting qualitative interviews with illegal drug-involved women provides the opportunity for us to explain the role of reproductive health and care in women suffering from substance use in terms of the needs and possible barriers that might exist, approaching this issue in a more comprehensive and thorough way.

6.4 Keep the "Criticalin6" website updated

To provide more diverse information about reproductive health and treatments to drug-involved

women, a teleology company called U-ARK Technology (諾亞克科技股份有限公司) was paid to set up a website called “**CriticalIn6**” (<https://criticalin6.lab.nycu.edu.tw/>), which the name is designed based on the finding from our other study that almost 16% of drug-involved individual serviced by government-operated drug prevention centers in the community are female. On the website, information about treatments and reproductive health, including contraception, family planning, paternal visits, and childcare, is available. To make the website more user-friendly for drug-involved women, we are going to keep renewing the contents of the website, using the Q & A format to present crucial information, constantly providing updated information focused on gender differences in biology, mental health, life experiences, treatments, recovery, and relapse.

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Appendices A

國立陽明交通大學人體研究暨倫理委員會 Institutional Review Board (IRB) of National Yang Ming Chiao Tung University 同意人體研究變更證明書

IRB編號: YM109045F
核可日期: 2022年06月22日
由國立陽明交通大學公共衛生研究所陳娟瑜教授主持: 「女性藥癮者復原歷程: 生育健康的影響及介入服務之探討」(同意書版本: 女性問卷調查_第六版; 女性訪談_第六版; 服務提供者訪談_第四版; 研究變更納入條件、收案/執行地點), 業經本校人體研究暨倫理委員會審查通過, 有效期限至2023年06月03日, 特此證明。

國立陽明交通大學人體研究暨倫理委員會
主任委員

陳娟瑜 (代)

To Whom It May Concern:

RE: Title of the proposed study: Revealing the unseen role of reproductive health in women's addiction recovery: a window of intervention

Version date of Informed Consent Form, Questionnaire(F): Version 6, Date: MAR/24/2022

Version date of Informed Consent Form, Interview(F): Version 6, Date: MAR/24/2022

Version date of Informed Consent Form, Service providers: Version 4, Date: JUL/15/2021

Principal Investigator:

Name: Chen, Chuan-Yu

Title: Professor

Dept.(Institute): Institute of Public Health

Institution: National Yang Ming Chiao Tung University

The above Amendment study was approved by the Institutional Review Board (IRB) of National Yang Ming Chiao Tung University.

李麗君 (deputy)

Chair, Institutional Review Board
National Yang Ming Chiao Tung University, Taipei, Taiwan 112 ROC

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國立陽明交通大學人體研究倫理審查委員會 Institutional Review Board (IRB) of National Yang Ming Chiao Tung University 同意人體研究展延證明書

IRB編號: YM109045F
通過日期: 2023年07月27日
由國立陽明交通大學公共衛生研究所陳娟瑜教授主持: 「女性藥癮者復原歷程: 生育健康的影響及介入服務之探討」(同意書版本: 女性問卷調查_第六版; 女性訪談_第六版; 服務提供者訪談_第四版), 業經本校人體研究倫理審查委員會審查同意繼續進行, 核准執行日期至2023年12月03日, 特此證明。

計畫執行期間若計畫內容需進行變更, 須先向本委員會提出變更申請, 若需展延研究期限, 請於同意人體研究證明書之核准執行日期到期前六星期檢送計畫展延申請書至本審查會A審查, 以利展延研究期限。研究結束三個月內, 請依規定向本審查會A辦理結案, 繳交結案報告。

國立陽明交通大學人體研究倫理審查委員會
主任委員

陳娟瑜 (代)

To Whom It May Concern:

Date: JUL/27/2023

RE: Title of the proposed study: Revealing the unseen role of reproductive health in women's addiction recovery: a window of intervention

Version date of Informed Consent Form, Questionnaire(F): Version 6, Date: MAR/24/2022

Version date of Informed Consent Form, Interview(F): Version 6, Date: MAR/24/2022

Version date of Informed Consent Form, Service providers: Version 4, Date: JUL/15/2021

Principal Investigator:

Name: Chen, Chuan-Yu

Title: Professor

Dept.(Institute): Institute of Public Health

Institution: National Yang Ming Chiao Tung University

Institutional Review Board A (IRB-A) of National Yang Ming Chiao Tung University had reviewed and agreed to continue approving this trial and the approval date is extended to DEC 03/2023.

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SOP09-A03, 社會行為科學部計畫
Version 5.0, Date: 2021/01/29

國立陽明交通大學
人體研究暨倫理委員會
同意 (多頁) 封

國立陽明交通大學人體研究暨倫理委員會 參與者同意書-女性問卷調查

您好

我們是陽明交通大學公共衛生研究所陳娟瑜老師的研究團隊, 想要邀請您參加我們的問卷調查。藥癮是一個很重要的健康問題, 目前台灣成癮藥物使用者以男性占多數; 女性雖然較少, 但估計已超過九萬名, 且人數正在快速增加。然而台灣目前對成癮藥物使用者所提供的各種服務與協助, 主要是從男性需求出發, 往往忽略了女性獨特的需求, 特別是生育健康的面向, 因此我們很希望邀請您來參加我們的問卷調查, 幫助我們瞭解女性藥癮者於懷孕、生產及親職上的獨特需要, 一起來改善台灣女性藥癮者的復元歷程。

這份研究參與者同意書主要是向您充分地說明有關本研究的相關資訊及您的權利, 以便您決定是否要參加本研究。若您決定參加本研究, 請在這一研究參與者同意書上簽名以代表您同意參與此次研究; 若在簽名同意後或研究進行中, 您的想法有所改變, 仍可隨時退出本研究而不需要任何的理由。

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執行單位: 國立陽明交通大學
經費來源: 科技部
計畫主持人: 陳娟瑜 職稱: 教授 聯絡電話: 02-2826-7000#65034
共(協)同主持人: 邱玉輝 職稱: 副教授 聯絡電話: 02-3366-4419
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共(協)同主持人: 王馨慈 職稱: 研究員級主治醫師 聯絡電話: 037246166#36703
計畫聯絡人: 蕭其基 職稱: 研究助理 聯絡電話: 02-2826-7000#65034

一、研究目的
瞭解女性藥癮者過去的生育經驗以及未來的避孕計畫, 探討其避孕動機與選擇及相關服務使用的可能障礙。
二、研究方法與應配合之事項
本研究已通過國立陽明交通大學人體研究暨倫理委員會及法務部矯正署的倫理審查, 研究對象為年齡介於 20-45 歲, 曾施用毒品, 且自願參與本研究的女性。
問卷內容主要詢問您有關懷孕及生育的知識、態度與經驗, 以及過去接受相關服務的經驗。我們將收集 300 份有效的問卷, 每份問卷大約需時 30-45 分鐘。在您填寫問卷前, 我們的研究人員會進行知情同意, 說明研究內容與研究目的, 並確認您瞭解且出於自願同意接受問卷調查。在您填寫問卷期間, 研究人員會在旁協助, 若有任何問題您隨時可以發問, 若您碰到不願意回答的問題可以選擇不答, 若您填寫過程感到不適或不願繼續參與研究可以隨時告知研究人員。

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國立陽明交通大學
人體研究暨倫理委員會
同意 (多頁) 封

國立陽明交通大學人體研究暨倫理委員會 參與者同意書-女性訪談

您好

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本研究分為問卷調查與訪談兩階段, 將對 300 名女性藥癮者進行問卷調查, 繼而從中抽選出 40 名進行一對一訪談。訪談將根據您的問卷填寫內容進行, 包括您的避孕及生育知識與計劃, 以及過去接受相關服務的經驗。訪談大約需時 60-90 分鐘。在進行訪談前, 我們的研究人員會進行知情同意, 說明研究內容與研究目的, 並確認您瞭解且出於自願同意接受訪談。訪談過程將全程以錄音方式進行記錄, 訪談期間若您有任何問題可以隨時發問, 若您碰到不願意回答的問題可以選擇不答, 若您感到不適或

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人體研究暨倫理委員會
同意 (多頁) 封

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您好

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一、研究目的
瞭解不同服務專業人員(如社工、醫生、護理人員等)對於女性藥癮者提供整合性照護的經驗與服務之觀點, 探討發展整合性服務的可能障礙。
二、研究方法與應配合之事項
本研究已通過國立陽明交通大學人體研究暨倫理委員會及法務部矯正署的倫理審查, 將透過服務系統網絡(如醫療與社會服務機構等), 藉電話、電郵、社群媒體進行招募與聯繫訪談研究對象。研究對象為年齡介於 22-65 歲, 過去 20 年有治療、照護或服務女性藥癮者經驗, 且自願參與本研究的專業人員。訪談第一階段將針對 20 位第一線專業人員進行一對一訪談, 第二階段將針對 5 位管理層級專業人員進行焦點團體訪談。
在進行訪談前, 我們的研究人員會進行知情同意, 說明研究內容與研究目的, 並確認您瞭解且出於自願同意接受訪談。訪談過程將全程以錄音方式進行記錄。訪談期

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Appendices B

第一部分：社經背景
以下，請填問有關您的一些背景資料。

A1. 請問您的出生年月？
 年 月

A2. 請問您已畢業的最高學歷為何？
 國小(含以下) 初中(職) 高中(職) 專科 技術學院
 大學 研究所(含碩博) 其他：

A3. 請問目前您的婚姻狀態為何？
 從未結婚 已婚 曾經結婚但已離婚 配偶已故
 其他：

A4. 請問目前您的感情狀態為何？
 單身，沒有任何伴侶 有一名固定伴侶 有多於一名伴侶，共 名
 其他：

A5. 請問近半年大部分時間您的工作狀態為何？
 無就業 找尋工作/待業中 全職家庭主婦 全職工作
 固定兼職/打工 不固定兼職/打工 自營事業
 其他：

A6. 請問近半年您平均一個月的收入大約有多少(包括薪資、收租、投資、子女給的、父母給的、社會救助等)？
 沒有收入 未滿 5 千元 5 千元~未滿 1 萬元
 1 萬元~未滿 1 萬 5 千元 1 萬 5 千元~未滿 2 萬元
 2 萬元~未滿 4 萬元 4 萬元~未滿 6 萬元
 6 萬元~未滿 8 萬元 8 萬元~未滿 10 萬元
 10 萬元及以上

A7. 請問近半年您是否領有下列任一證明？ 可重複
 低收入戶證明 中低收入戶證明 身心障礙證明或手冊 以上皆無

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第二部分：居住狀況與社會網絡
以下，請填問有關您的居住與人際互動情形。

B1. 請問您是否有固定居所(持續居住 6 個月或以上)？
 沒有固定居所 有一個固定居所 有兩個或以上固定居所

B2. 請問您近半年大部分時間您是否一個人住？
 與他人同住 獨居

B3. 當您面臨以下各種情況，請問您會先找誰幫忙？

B3_1. 您需要借一大筆錢。
 家人、親戚或好朋友 其他人 私人公司
 公眾服務 非營利或宗教組織 其他組織
 沒有找人 無法選擇

B3_2. 您需要找一份工作。
 家人、親戚或好朋友 其他人 私人公司
 公眾服務 非營利或宗教組織 其他組織
 沒有找人 無法選擇

B3_3. 需要找人幫您和公家機關處理問題(包括填表格、申請文件等)。
 家人、親戚或好朋友 其他人 私人公司
 公眾服務 非營利或宗教組織 其他組織
 沒有找人 無法選擇

B3_4. 您要去地方住下來(如租房或買房)。
 家人、親戚或好朋友 其他人 私人公司
 公眾服務 非營利或宗教組織 其他組織
 沒有找人 無法選擇

B3_5. 萬一您生病比較嚴重，需要有人照顧。
 家人、親戚或好朋友 其他人 私人公司
 公眾服務 非營利或宗教組織 其他組織
 沒有找人 無法選擇

B4. 請問近半年來，您總共和多少人討論對您重要的事情？
 0 人 1 人 2 人 3 人 4 人 5 人
 6 人(含以上)

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G4. 請選擇懷孕兩次或以上的您回答以下問題：

G4_1. 最後一次懷孕是甚麼時候？
 民國 年 近 3 年內 近 3 至 5 年內 近 5 至 10 年內
 超過 10 年或更久

G4_2. 最後一次懷孕是計劃生育嗎？
 計劃生育 意外懷孕 其他：

G4_3. 最後一次得知自己懷孕後，您有曾經前往產檢嗎？
 有 完全沒有 進產所後才發現懷孕

G4_4. 根據您的經歷或想法，下列哪些事情會影響您前往產檢的意願？ 可重複勾選
 沒有參加全民健保或健保卡遺失 太遠，交通不便 等候檢查的時間太久
 工作/家事太忙，沒有時間 負擔不起 害怕被發現施用毒品
 其他事情：

G4_5. 最後一次懷孕期間，您有曾經進監所勒戒/戒治/服刑嗎？
 有 最後一次懷孕期間沒有，但以前曾有過 從來都沒有

G4_6. 最後一次懷孕的生產結果如何？
 活產(指生出來有哭、有呼吸) 自然流產 人工流產 子宮外孕 死產
 其他(請說明)：

G4_7. 最後一次懷孕，胎兒的生父是您的何人？
 結婚配偶 未婚伴侶 熟悉的對象 不熟悉的對象
 其他：

第八部分：不良生命經驗
以下，請填問有關您生命中的負面事件。

H1. 請分別選擇兒童時期與青少年時期，您是否經歷下列事情。
 ※ 本量表是針對您的成長環境。以下「非主要照顧者」及「家人」的定義，以您本人認知為準，但不包括您的伴侶及同居人。

	兒童期 (12 歲前) (請勾選)	青少年期 (13 歲至 18 歲) (請勾選)
H1_1. 您曾經歷父母分離或離婚？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_2. 您曾經歷您的父母親或主要照顧者、摯親、好友突然去世？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_3. 您曾與酗酒或有酒癮的家人同住？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_4. 您曾與施用毒品或服用藥物(如安眠藥)的家人同住？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_5. 您曾與憂鬱症、心理或精神疾病、或企圖自殺的家人同住？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_6. 您曾目睹您的父親或主要男性照顧者... 他被推、被罰、被打巴掌或被丟東西？ 或 他被踹、被咬、被拳打或被硬物擊打？ 或在數分鐘內他被重傷打，或被用槍或刀威脅？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_7. 您曾目睹您的母親或主要女性照顧者... 她被推、被罰、被打巴掌或被丟東西？ 或 她被踹、被咬、被拳打或被硬物擊打？ 或在數分鐘內她被重傷打，或被用槍或刀威脅？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_8. 您曾經被家人... 罵髒話、侮辱、虐待、推或推？ 或 讓您害怕自己受肢體傷害？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否
H1_9. 您曾經被家人... 推、罰、掌摑或丟東西？	<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 是 <input type="radio"/> 否

Appendices C

前線藥癮服務人員質性訪談大綱 (兒少保社工)

<p>訪談目的</p> <p>✓ 慢慢說明，讓受訪者了解到研究的核心理與脈絡。</p>	<ul style="list-style-type: none"> ● 請求受訪者同意錄音/錄影。 ● 自我介紹 ● 受到生理以及社會性別角色的影響，女性因為懷孕、生育、照顧孩子的緣故，對她們的治療參與、維持形成了不少障礙(例如時間、金錢、健康、壓力)，不利她們的復元。所以我們的想法是，如果我們能夠協助滿足或解決她們這些生育健康的需求，包括為她們提供避孕的知識、產檢、托育的轉介，就可以間接地幫助她們的治療參與、維持，進而有助於她們的復元。 ● 其實我們這個研究計劃總共包括了三個部分，第一個部分是我們會到不同的機構包括 NGO、毒防中心等，找一些有施用毒品經驗的女性幫我們填寫問卷，問卷的內容主要就是希望了解女性她們的避孕、懷孕、生育情況，以及她們的毒品使用、治療參與等等。那第二個部分就是從填寫問卷的這些女生中抽選部分出來進行訪談，去了解她們對服務的需求、尋求服務的動機與當中可能面對的困難。最後第三個部分就是針對曾經接觸或服務過這些有施用毒品經驗女性的服務提供者，包括醫療或非醫療專業、藥癮或非藥癮專業的，透過訪談的方式，希望了解您們服務提供者對這些女生的服務內容，也從您們的服務經驗中了解這些女生有甚麼服務需求，特別是她們有沒有在避孕、懷孕、生育及親職上需求，而對於她們這些需求您們又是怎樣的處理，在處理上又有沒有一些困難。以上就是我們整個研究計劃的簡單介紹。 ● 那回到今天的部分，今天邀請您接受訪談，就是因為了解到您有接觸/服務毒品施用女性的經驗，其實雖然女性施用毒品的人口愈來愈多，但在整個毒品施用人口中依然屬於少數，所以您的觀點以及經驗對我們來說非常寶貴。您跟我們分享的意見，不單單只是幫助我們完成這個研究，而是同時可以幫助政府了解您們實務現場的狀況，有助於系統資源的建置，成為未來推動本土整合性藥癮服務網絡的重要依據。
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	<ul style="list-style-type: none"> ● 那回到今天的部分，今天邀請您接受訪談，正是因為了解到您有接觸/服務毒品施用女性的經驗，其實雖然女性施用毒品的人口愈來愈多，但在整個毒品施用人口中依然屬於少數，所以您的觀點以及經驗對我們來說非常寶貴。您跟我們分享的意見，不單單只是幫助我們完成這個研究，而是同時可以幫助政府了解您們實務現場的狀況，有助於系統資源的建置，成為未來推動本土整合性藥癮服務網絡的重要依據。 ● 那不知道您對於我以上有關研究背景目的的說明，有任何問題嗎？如果沒有任何問題，那接下來就進入下一個部分，跟您說明一下有關資料的保存、處理、機密性，以及您的權利等資訊。
<p>知情同意</p> <p>✓ 計畫名稱、執行單位、主持人</p> <p>✓ 對象條件</p> <p>✓ 機密性</p> <p>✓ 資料保存與處理</p> <p>✓ 拒答/退出權利</p> <p>✓ 回饋</p>	<ul style="list-style-type: none"> ● 那目前(螢幕)看到的這一份文件是我們的研究說明書，中間的部分可以看到我們的計畫名稱是「女性藥癮者復原歷程:生育健康的影響及介入服務之探討」，執行單位是「國立陽明交通大學」。主持人共有 4 位，除了公共衛生背景的陳瑜瑜老師外，還有在質性研究很有經驗的邱玉輝老師，法律背景的文文政老師，以及精神科的王馨醫師。 ● 那針對前線的服務提供者，我們預期是會訪談 20 位，年齡範圍是 22-65 歲。按程序我還是需要跟您確認，您是否在這個年齡範圍內呢？好的謝謝。 ● 那之後要跟您說明的是，今天您向我們分享的一切，我們都會視為機密去處理，之後研究結果發表，您的身份依然會保密。您給我們的資料包括同意書以及錄音，我們會加上鎖保存 15 年，只作學術研究與政策推動之用。 ● 您的權利部分，在訪談期間如果您不願意回答的，您有權拒絕。您也有權隨時中止訪談，撤回您的同意。 ● 最後，為了謝謝您願意接受我們的訪談，我們會根據訪談時間，回饋您最多 1000 元的禮金。 ● 那對於以上的說明，不知道您有沒有問題，需要我再說明的嗎？如果沒有，那接下來就正式進入到訪談的部分。
<p>進入正式訪談</p> <ul style="list-style-type: none"> ● 簡略說明整個訪談架構 	<ul style="list-style-type: none"> ● 那跟您說明一下，整個訪談圍繞的主題有幾個，第一個是想要先了解您的工作情況與工作內容；第二個是希望您分享以往接觸毒品施用女性的經驗；第三個是我們從研究中看到或聽到一些有關這些女生的情況，所以也想要問問您在實務現場的情況或您的想法；最後第四個就是想詢問您對現有處置、整合形式與可能性的一些意見與建議。 ● 那等下聊天的過程中，我們就是順其自然地去聊，聊到甚麼說聊甚麼，希望您有甚麼想法跟意見都可以輕鬆、照直地跟我

國立陽明交通大學公共衛生研究所
 陳娟瑜教授科技部研究計劃(編號: MOST 109-2629-B-010-001-MY3)
 女性藥癮者復原歷程:生育健康的影響及介入服務之探討
 前線醫療服務人員(婦產科) 質性訪談大綱

面向	細項
基本資料	<ul style="list-style-type: none"> ● 年齡、婚姻狀態、工作職稱、教育程度、專業背景等。
背景與工作內容	<ul style="list-style-type: none"> ● 從大學畢業至工作的歷程？ ● 目前工作的內容、流程、追蹤？ ● 有關藥癮方面的知識？ ● 與藥癮單位/機構的合作、轉介情形？(診所)為什麼會接受轉介？ ● 針對一般懷孕婦女的看診、照護流程？會詢問是否有用藥嗎？如何詢問？後續處理？
接觸/服務毒品施用女性之經驗	<ul style="list-style-type: none"> ● 針對涉及毒品施用的懷孕婦女，看診、照護流程的不同？需要注意的事情？ ● 個案分享：服務需求特殊性。
毒品施用女性相關之議題	<ul style="list-style-type: none"> ● 與涉及毒品施用的懷孕婦女接觸、提供照護，您覺得她們與一般懷孕婦女有不同嗎？ ● 有聽說女性個案為了避免被關或是可以提早出監而懷孕嗎？
服務建議與整合形式	<ul style="list-style-type: none"> ● 現在的處理您覺得有不足的地方嗎？ ● 您覺得有甚麼是婦產科專業可以做更多的嗎？或是覺得以目前的資源/情況其實您們可以做的不多？ ● 有那些合作的形態比較可行？有甚麼考量(困難或障礙)？

*訪談大綱為預期的訪談方向，實務上將按情況修改提問方式、用字及次序，並作出追問。

Appendices D (continued)

10/16日

2022年公共衛生聯合年會入選及發表時間通知，收到敬請回覆，感謝您的參與！
3封郵件
公共衛生師公會籌備處 <phot543@gmail.com> 2022年8月26日 下午4:11
收件者: tanwensieh@gmail.com
副本: TPHA <tpha@hg3c.com>
投稿者您好：

2022年公共衛生聯合年會為凝聚公衛人的向心力，藉此鼓勵學會會員與學者專家共聚一堂，進行意見溝通，協力為台灣地區公共衛生之推展，貢獻個人的經驗與專長。
時間：2022年10月14日（星期五）至10月16日（星期日）
地點：國立臺灣大學公共衛生學院（台北市中正區徐州路17號）
大會主題：「深耕公衛 健康創新」

感謝您對大會的支持與參與
投稿參選一般論文之發表
您的大作經本會聘請該方面學者專家評審
結果業已出來

恭喜您的論文「**年輕二級毒品施用女性生育與影響因素**」入圍流病系統組口頭發表
流病系統組口頭報告第一場次資訊如下：
時間：2022年10月16日(星期日)上午9:00~10:30，
地點：第八會場(台大公共衛生學院2樓215教室)
報告時間為12分鐘，討論時間3分鐘
收到本通知敬請回覆，以利後續議程安排
歡迎您10/14~10/16的參與

順頌
時祺

2022年公共衛生聯合年會秘書處 敬啟

一般論文
主題：流行病學與生物統計(一)
10月16日(星期日)
第八會場 地點：215教室
主持人：黃柏菁(國衛院國家環境醫學研究所副研究員) 吳鎮敏(中國醫藥大學公共衛生學系助理教授)
09:00-09:15 2021年全臺三級警戒後社會排除經驗對HIV陽性藥癮男同志心理健康的影響 陳怡杰
09:15-09:30 檢視2021和2022年台灣北部COVID-19空間-時間群聚 王善榮、吳致杰
09:30-09:45 臺灣成人型化劑藥癮經甲狀腺素影響葡萄糖代謝之中介效應研究 Po-Chin Huang, Chai-Ying Siao, Yuan-Ting C. Lo, Chieh-Hua Lu, Han-Bin Huang
09:45-10:00 台灣民眾的日常接觸與社會資本對快樂之影響：1997年與2017年橫斷資料分析必歐 蔣的捷、吳鎮敏
10:00-10:15 以代謝組學探討型化劑對乳癌患者其復發風險之影響與存活分析 蔡鈞宇、羅佩鈞、王晏乃、侯明輝、蔡奕夫
10:15-10:30 年輕二級毒品施用女性生育與影響因素 謝丹霓、蕭其善、雷文政、陳紹瑞

一般論文
主題：流行病學與生物統計(二)
10月16日(星期日)
第八會場 地點：215教室
主持人：程庭菁(國立臺灣大學流行病學及預防醫學研究所教授) 陳人鳳(國立臺灣大學醫學院附設醫院老年醫學部醫師)
10:45-11:00 Comparison of Estimated Effectiveness of Case-Based and Population-Based Interventions on COVID-19 Containment in Taiwan 謝2屆公共衛生優秀論文獎-陳拱北教授紀念獎得主 吳大洲
11:00-11:15 社區長者失智症前期指標之長期世代研究-臺灣老年流行病學研究 莊芳榮、謝佩芬、黃德煌、陳達夫、陳人鳳
11:15-11:30 降血壓藥物與失智症之相關性 劉建海、陳建安
11:30-11:45 以年齡-年代-世代克里金法建構台灣泌尿道上皮癌發生率之時空動態圖 莊芳榮、洪清如、李文宗
11:45-12:00 探討停經後女性及老年男性之心血管代謝危險因子與骨密度之關聯：橫斷面研究 邱子嘉、羅佩鈞、許念玲
12:00-12:15 身心健康與國家醫療長者生活品質之相關性探討 賴廷謙、陳錫仁、邱弘毅、余尚權、廖容瑛

27 ● ● ●

15th International Women's and Children's Health and Gender Group Conference
Friday, June 16, 2023, 9:00 AM to 5:00 PM MDT USA in Denver, Colorado
Impacting the World Together Across Continents, Cultures, and Time
Check-in begins at 8:15 AM

Time	Event	Time	Event
9:00 High Noon	Conference Opening Wendee M. Washberg, PhD (InWomen's Chair) Angela S. Lee, WM, PhD, NIAA Program Officer Eggen Carr, Patient	12:15 High Noon	Topical Networking Discussion Tables Round Lunches Provided at 1:15 Table 1: Adverse events in substance misuse treatment for transgender women and nonbinary individuals Co-leads: Paula Dolzotova, PhD & Yukiko Washio, PhD Table 2: The recent increase of suicide among female adolescents and children: the substance use and sexual abuse Co-leads: Adrian Gonzalez, PhD & Courtney Prasad Bousso, PhD Table 3: The words we use: Feminist, people: first language, inclusive, and critical: long-term research Co-leads: Britni Howard, BA & Ina van der Oost, BA Table 4: Longitudinal and medicalization of marijuana: Impacting children and families Co-leads: Rachel Cascar, PhD & Inna Kibrikova, MD, PhD Table 5: How to track the code: How to win intersectoral research among individuals with comorbidities and varied care and disorder Co-leads: Oscar R. Shubany, MD, PhD & Karynna Isaac, PhD
10:00 High Noon	Panel I: Access the Intersectional Spectrum: How Substance Use and Trauma Impacts Lives Moderated by Amy Diviano, PhD Mylena Sin Libertad: Cycles of Substance and Trauma Abuse Among Women and Children in Prison (Peru) Alexa Cyrus, PhD Substance Use Among Women and Transwomen Who Engage in Sex Work in the Open Drug Scene in South of São Paulo (Brazil) Stacy (he/his) Megh Ranney-Ashok, PhD Perinatal Parental Compromise Among Women Who Misuse Amphetamines: A Prospective Association with Trauma History and Violence (Brazil) Sandy Wehler, MD	1:45 High Noon	Emerging Group Drumming Circle!
11:15	Break	2:15 High Noon	Poster Session I (even-numbered posters)
11:30 High Noon	Panel II: Flash Abstract Presentations Moderated by Felicia Brown, ScD Sexual Disparities in Non-Paternal Children and Biological Risk Factors Among College Women in Southern California (USA) Ashley Winkler, MSW Reproductive Outcomes in the Young Women Who Use Methamphetamine in Taiwan: The Crossroads in Recovery (Taiwan) Tan-Wen Hsieh, MS	3:00 High Noon	Poster Session II (odd-numbered posters)
12:00	Break	3:45	Break
		4:00 High Noon	Panel III: Women's Treatment Panel and Experienced Voices from Women in Recovery Moderated by Courtney Prasad Bousso, PhD Annik Pedler, PhD, LP, Director of Research and Education, National Association of Substance Treatment Providers Jill Wilcox, MA, LINC, Chief Engagement Officer, Women's Recovery Tegan Carr, Patient Jahel Hogue, MD, PACF, Professor of Medicine and Public Health (Johns Hopkins) Elizabeth Zimmelman, MD, MPH, APRN, CRNP-PC, CLC, Mother Infant Program, Yale Center for Clinical Community Research Panel Discussion Q&A
		5:00 High Noon	Closing - Wendee M. Washberg, PhD, InWomen's Chair

We graciously thank our sponsors and partners for making the InWomen's Conference possible.

Supported by the National Institutes of Health and the National Institute on Drug Abuse

Global Gender Center

Reproductive outcomes in the young methamphetamine-using women in Taiwan: the crossroads in recovery
Tan-Wen Hsieh¹, Rosetta Siew¹, Wenmay Rei², Sheng-Chang Wang¹, Chuan-Yu Chen^{1,2}
¹ Center for Neuropsychiatric Research, National Health Research Institutes, Miaoli, Taiwan;
² Institute of Public Health, National Yang Ming Chiao Tung University, Taipei, Taiwan

Background

The babies born to illegal drugs-using women have emerged as an urgent challenge for both health and social services. In the background of rising prevalence of (meth)amphetamine use in young people in Taiwan, the present study aimed to examine the role of deferred prosecution/incarceration on shaping subsequent reproductive outcomes among young methamphetamine-involved women.

Methods

Building upon the 2011-2015 National Police Criminal Records, we identified 4,601 women aged 18-29 and arrested for methamphetamine use in Taiwan. Information concerning sociodemographic characteristics was obtained from the Household Registration Database. Deferred prosecution and detention/imprisonment records were obtained via the linkage with the Nationwide Integrated Illegal Drug Database. History of pregnancy and childbirth was retrieved from the 2006-2019 National Health Insurance Dataset and the Birth Reporting Database. Cox proportional hazard models were used to evaluate time-dependent effects of deferred prosecution and detention/imprisonment on pregnancy and childbirth, with stratification by prior history of drug offenses.

Results

Nearly one-third of incident offenders got pregnant and one-fifth had at least one childbirth during a three-year follow-up, the estimates in the recidivistic offenders were 27.2% and 22.1%, respectively. 24.1% of the incident offenders and 6.7% of the recidivistic offenders received deferred prosecution; the detention/imprisonment rate was accordingly three-fifths and two-thirds. Although not receiving deferred prosecution was a strong predictor for pregnancy (aHR=1.46-1.56) in both incident and recidivistic offenders, no deferred prosecution-related increased hazard of giving birth was only significant in the recidivistic ones (aHR=1.86; 95% confidence interval [CI]=1.15-2.99). Meanwhile, detention/imprisonment was found to reduce the hazard of childbirth (aHR=0.16, 95% CI=0.10-0.26) in the recidivistic offenders.

Conclusion

The criminal justice intervention may affect the (meth)amphetamine-involved young women's reproductive outcomes. Ensuring that drug-involved offenders receive quality reproductive health, pregnancy, and postpartum care is critical to facilitate their recovery and social reintegration.

Appendices E



衛生福利部
Ministry of Health and Welfare
薛瑞元 部長
Jui-Yuan Hsueh
Minister

June 30, 2023

Dear Prof. Chuan-Yu Chen,

On behalf of the Ministry of Health and Welfare, I would like to invite you to the 2023 Global Health and Welfare Forum in Taiwan. Since World Health Organization (WHO) declared an end to COVID-19 as a public health emergency of international concern, we are very excited and pleased to have our international friends with us again at this prominent health event this year.

Since its launch in 2005, the Forum has achieved consistent success thanks to all the participants and supports from around the world. We welcome you to take part in this year's forum as your participation will certainly bring great contributions to this event. The Forum will be held between November 7th and 8th, 2023 in Taipei, Taiwan. The main theme is "Health for All: Strengthen Well-being through Collaboration and Empowerment for the Attainment of New Normal". Knowing your unparalleled work on mental health of adolescents and young adults, we are pleased to invite you to speak at 2023 GHWF in the Parallel Session 3 titled "Resilience and Mental Health Promotion in Teen and Young Adult", under which you are invited to draw up your own topic. This session is scheduled to take place between 13:30 and 15:10 on November 8th (local time, GMT+8). Since this is a physical event, it would be much appreciated if you can attend in person for more in-depth exchange.

I would also like to invite you to attend the welcome banquet on November 7th and look forward to meeting you in the Forum.

Yours sincerely

Jui-Yuan Hsueh
Jui-Yuan Hsueh, M.D., LL.M.
Minister of Health and Welfare
Republic of China (Taiwan)

11558 台北市海濱區忠孝東路4段458號
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www.mohw.gov.tw

2023 Global Health and Welfare Forum in Taiwan Draft Agenda

- ※ Main Theme: "Health for All: Strengthen Well-being through Collaboration and Empowerment for the Attainment of New Normal"
- ※ Date: November 7th - 8th, Tuesday to Wednesday
- ※ Physical Venue: CHANG YUNG-FA FOUNDATION International Convention Center, Taipei, Taiwan

Day 1- November 7th, Tuesday

Time	Agenda	
8:30-9:30 (60 min)	Registration	
Opening Ceremony Main Hall (Room 1101)		
9:30-9:40 (10 min)	Opening Performance	
9:40-10:00 (20 min)	Opening Addresses	Dr. Jui-Yuan Hsueh, Minister, Ministry of Health and Welfare, R.O.C. (Taiwan) Dr. Chien-Jen Chen, Premier, Executive Yuan, R.O.C. (Taiwan)
10:00-10:15 (15 min)	Group Photo	
Keynote Speeches Main Hall (Room 1101)		
10:15-10:20 (5 min)	Introduction to Keynote Speakers	Moderator: Li-Feng Lee, Deputy Minister, Ministry of Health and Welfare, R.O.C. (Taiwan)
10:20-10:40 (20 min)	COVID-19 and Safer Future - Lessons and Challenges of the Global Health	Prof. Ganglip Kim, Professor, Yonsei University, Republic of Korea
10:40-11:00 (20 min)	(Re)thinking Research for Tackling Global Health Problems and Solutions	Prof. Jozef Suvada, Professor, St. Elizabeth University of Public Health and Social Science (Slovakia), McMaster University (Canada), Scranton University (US), St. Jude Research Children Hospital (US)
11:00-11:20 (20 min)	Call to Action for Implementation and Integration of Climate Medicine into Continuum of Medical Education Curriculum	Prof. Jung Yul Park, Chair of Council, World Medical Association (WMA)
11:20-13:30 (130 min)	Lunch Break	
Plenary 1: Partnership and Networking in Global Health Governance		

Day 2- November 8th, Wednesday

Time	Agenda	
9:00-10:00 (60 min)	Registration	
Plenary 2: Utilization of Digital Technology in Global Health Governance Main Hall (Room 1101)		
10:00-10:05 (5 min)	Introduction to Speakers	Moderator: Dr. Chung-Liang Shih, Director General, National Health Insurance Administration, Ministry of Health and Welfare, R.O.C. (Taiwan)
10:05-10:20 (15 min)	Rethinking Global Health Governance in the Age of Digital Health	Dr. Piya Hanvoravongchai, Secretary General, Thai National Health Foundation
10:20-10:35 (15 min)	Digital Governance for Smart Healthcare	Prof. Min-Huei (Mare) Hsu, Chief Data Officer, Office of Data Science, Taipei Medical University, Taipei Medical University, R.O.C. (Taiwan)
10:35-10:50 (15 min)	Digital Global Health Governance Across Borders and Cultures	Prof. Teng Liaw, Emeritus Professor, University of New South Wales, Australia
10:50-11:00 (10 min)	Panel Discussion	
11:00-13:30 (150 min)	Lunch Break	Ministerial Roundtable (by invitation)
Parallel Session 3: Resilience and Mental Health Promotion in Teens and Young Adults 13:30-15:10 (100min) 【Department of Mental Health】		
Room 1001		Main Hall (Room 1101)
Moderator: Dr. Lian-Yu Chen, Director General, Department of Mental Health, Ministry of Health and Welfare, R.O.C. (Taiwan)		Moderator: Dr. Tsung-Hsi Fu, Associate Professor, Department of Social Work, National Taiwan University, R.O.C. (Taiwan)
13:30-13:50 (20 min)	Substance Use and Problems among Young People in Taiwan: Evolution and Predictors in the Context of the Family, School, and Community Prof. Chuan-Yu Chen, Professor, Institute of Public Health, National Yang Ming Chiao Tung University, R.O.C. (Taiwan)	The Symbiosis Community in Super-Aged Society Prof. Cheng-Hsiung Chen, Architect, Jason Architects & Associates; Associate Professor(R) of Chung Yuan Christian University, R.O.C. (Taiwan)

Appendices E (continued)

正本

監察院 函

地 址：100216 臺北市忠孝東路一段2號
聯 絡 人：廖朝聖專員
電 話：(02)23413183分機815
電子郵件：fchao@ey.gov.tw

112
臺北市北投區立農街二段155號國立陽明交通大學公共衛生研究所
受文者：陳教授頌瑜

發文日期：中華民國 112年6月5日
發文字號：院台調陸字第 1120831156 號
速別：普通件
密等及解密條件或保密期限：
附件：如主旨

主旨：為追蹤本院調查「我國對於毒癮婦女及其新生兒(含胎兒)相關社福、醫療照護資源及輔導等防治措施」等情案之檢討改進情形需要，訂於112年6月20日(星期二)下午3時30分在本院8樓第8會議室舉辦諮詢座談會議(議程及題綱詳附件)，敬請蒞臨指教。

說明：
一、依據112年4月19日本院司法及獄政委員會、社會福利及衛生環境委員會第6屆第14次聯席會議決議及本案調查委員意見辦理。
二、請參酌所附討論議題，惠賜具體卓見；若有書面資料，請於112年6月16日前電傳本案聯絡人，俾便印發與會人員參考。
三、是日如遇天然災害，請依「天然災害停止上班及上課作業辦法」等有規定辦理，不另通知。

第1頁，共2頁

附件：監察院諮詢座談會議議程及參考題綱

監察院為調查「我國對於毒癮婦女及其新生兒(含胎兒)相關社福、醫療照護資源及輔導等防治措施」等情案舉辦之諮詢座談會議議程及參考題綱

壹、時間：112年6月20日(星期三)下午3時30分
貳、地點：監察院8樓第8會議室
參、調查委員：田委員秋堇、王委員幼玲
肆、出席機關/人員：行政院羅政務委員秉成、法務部、衛生福利部、3位專家學者
伍、議程
一、委員致詞及介紹與會人員(14:30~14:40)
二、與會代表發言(14:40~15:30)
三、綜合討論(15:30~16:30)
四、散會(16:30)
陸、案情概要
一、有關本院調查「據悉，有女毒品通緝犯為逃避入監服刑，15年來生下10個新生兒(俗稱「毒寶寶」)，使新生兒成為毒癮媽媽拿來逃避被關的工具。究現行兒少權益保障相關法規，對於毒品藥物暴露之新生兒(含胎兒)可提供何種保障？有無足夠的社福和醫療照護資源？毒癮媽媽在停止執行徒刑或拘役期間，相關單位有何機制防止或輔導其不繼續吸毒、危害嬰兒或胎兒？」等情一案，前經本院司法及獄政委員會、內政及

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法務部矯正署第1期少年保護業務
進階研習班

未成年物質成癮與介入

陳娟瑜
國立陽明交通大學公共衛生研究所
2023/02/21

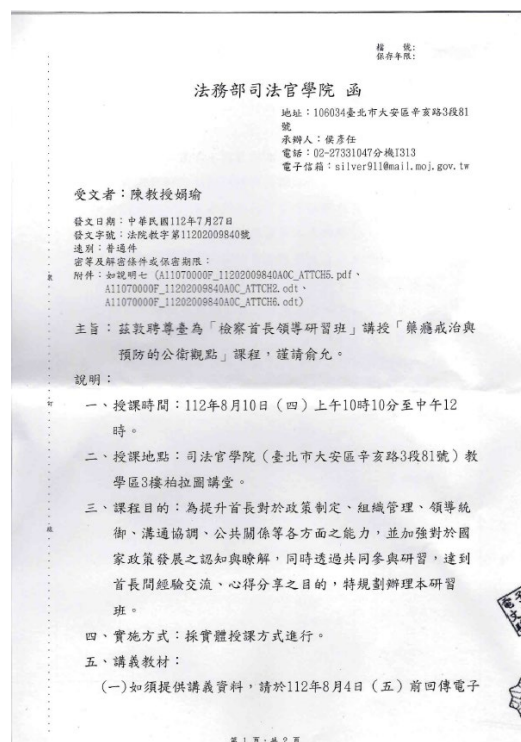
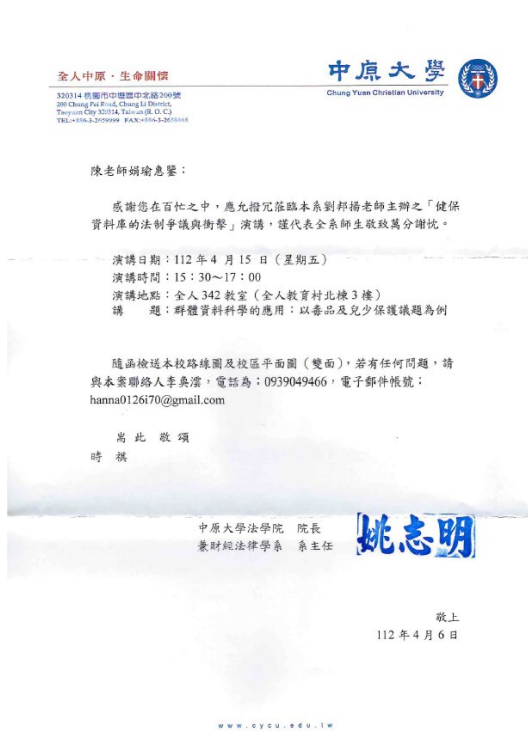
國立陽明交通大學
公共衛生研究所
Institute of Public Health, NTCU

酒精與毒品問題預防與介入：
公共衛生觀點

陳娟瑜
國立陽明交通大學公共衛生研究所
2023/09/25

(警察大學)

Appendices E (continued)





標 題：	童年逆境經歷對於成癮疾患之影響
日 期：	2022/12/12
課程時間：	10:30-12:00
地 點：	Microsoft Teams線上會議
演講者：	陳娟瑜教授
主辦單位：	臺北市立醫院聯合醫院松德院區兒童青少年精神科
聯絡人：	林一心
聯絡電話：	02-2726-3141 *1135
成癮專科繼續教育學分積分：1	



Appendices F

2023年公共衛生聯合年會節目議程表

大會主題：「全球公衛促進 再造健康星球」

年會網站  時間：2023年9月16日(六)至17日(日) 年會節目表 
地點：高雄醫學大學(高雄市三民區十全一路100號)

日期：2023年9月16日(星期六)

時間	第一會場 第一會場 NB109教室 (84人)	第二會場 第二會場 NB110教室 (84人)	第三會場 第三會場 NB111教室 (84人)	第四會場 第四會場 NB115教室 (84人)	第五會場 第五會場 NB116教室 (84人)	第六會場 第六會場 NB117教室 (84人)	第七會場 第七會場 NB118教室 (84人)	第八會場 第八會場 NB119教室 (84人)	第九會場 第九會場 NB120教室 (84人)	第十會場 第十會場 NB121教室 (84人)	第十一會場 第十一會場 NB122教室 (84人)	第十二會場 第十二會場 NB123教室 (84人)	第十三會場 第十三會場 NB124教室 (84人)
8:30-9:30	報到地點：第一教學大樓川堂												
9:30-10:45	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會
10:45-11:00	茶敘、海報論文展示												
11:00-12:30	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會	專題論壇 全球公衛促進 大會
12:30-13:30	午餐												
13:30-14:45	大會開幕與頒獎(國研大樓A廳)												
14:45-15:00	茶敘、海報論文展示												
15:00-18:50	大會主題「全球公衛促進 再造健康星球」 公共衛生教師聯誼晚會-福客來中餐廳												

日期：2023年9月17日(星期日)

時間	第一會場 第一會場 NB109教室 (84人)	第二會場 第二會場 NB110教室 (84人)	第三會場 第三會場 NB111教室 (84人)	第四會場 第四會場 NB115教室 (84人)	第五會場 第五會場 NB116教室 (84人)	第六會場 第六會場 NB117教室 (84人)	第七會場 第七會場 NB118教室 (84人)	第八會場 第八會場 NB119教室 (84人)	第九會場 第九會場 NB120教室 (84人)	第十會場 第十會場 NB121教室 (84人)	第十一會場 第十一會場 NB122教室 (84人)	第十二會場 第十二會場 NB123教室 (84人)	第十三會場 第十三會場 NB124教室 (84人)
8:30-9:30	報到地點：第一教學大樓川堂												

Yu-Kang Liu(Institute of Environmental and Occupational Health Sciences, National Taiwan University)
10:06-10:25 Using NO₂ as an Indicator to Evaluate Kitchen Hood Performance in Eight Taiwanese Households
Hsin Chen(Institute of Environmental and Occupational Health Sciences, National Taiwan University)
10:25-10:45 Evaluation of Taiwanese Domestic Kitchen Hood Performance by Using Validating Computational Fluid Dynamics Model
Pei-Yu Fan(Institute of Environmental and Occupational Health Sciences, National Taiwan University)

專題論壇

主題：心理健康共同體，建立友善社會

承辦單位：國立陽明交通大學公共衛生研究所

9月16日(星期六) 地點：NB116教室
第十會場
主持人：楊秀儀(國立陽明交通大學公共衛生研究所教授兼所長)
陳娟瑜(國立陽明交通大學公共衛生研究所教授)
11:00-11:18 維權與公益：從關鍵字看中國民間精神健康倡議的變化
黃宜穎(國立陽明交通大學公共衛生研究所)
11:18-11:36 警消人員對精神疾病及服務處理知能之調查
陳翔瑜(國立陽明交通大學公共衛生研究所教授)
11:36-11:54 女性藥癮服務現況與挑戰之質性研究
楊沛瑋(國立陽明交通大學公共衛生研究所)
11:54-12:12 重視照顧者及關係自主的精神疾病嚴重病人強制住院治療規範修法議題：關懷倫理觀點之再思
林雅萍(國立陽明交通大學公共衛生研究所)
張復舜(國立陽明交通大學科技與社會研究所；遠安身心診所精神科主治醫師)
12:12-12:30 預立精神照護指示—美國經驗對我國法之啟發
陳漢文(國立陽明交通大學公共衛生研究所)

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9/16

社區心理衛生培力基地工作坊

精神衛生你我他-家庭社區異起來

11.09.07 (三) 08:00-12:00

- 舉辦方式：**線上參加 (Cisco Webex Meetings)
- 邀請對象：**警務人員、社工人員、公衛人員其他有興趣的社區工作者
- 講座議題與主講人：**
 - 以心理師視角來理解精神疾病&新北市心理諮商資源介紹
- 羅惠群心理師 馬偕醫院協談中心
 - 重大精神病簡介與社區精神病人風險評估與強制送醫
- 黃正誼醫師 衛福部八里療養院社區精神科暨成癮防治科
 - 精神疾患與社會安全網
- 張淑慧助理教授 台灣照顧管理協會
- 報名說明：**
 - 報名時間：即日起至111年8月31日17:00止
 - 本活動社會工作者繼續教育積分時數申請中
 - 報名成功通知信(含線上會議連結資訊)，將統一於9月1日以email發出，請務必填寫可收信email!

主辦單位：國立陽明交通大學公共衛生所
協辦單位：新北市政府警察局神功警隊、國立陽明交通大學高教深耕永續發展專案計畫
聯絡窗口：陳小姐 (電話: 02-2826-7000 #65226; E-mail: an840719@gmail.com)




Mental Health First Aid Workshop

MHFA源起、挑戰與發展

MHFA: History and Challenge for Future

Mental Health First Aid (MHFA), developed by Betty Kitchener and Anthony Jorm in 2001, is aiming to address a crucial gap in community mental health training. To date, MHFA has trained over 6 million MHFAiders worldwide to provide mental health first aid to people within their local communities.

Prof. Jorm will deliver a speech on the inception of MHFA, its evolution in various communities, and its envisioned future prospects.

Dr. Anthony Jorm
Emeritus Professor
Melbourne School of Population and Global Health
University of Melbourne, Australia
Co-founder of Mental Health First Aid

2023.11.10. (Fri) 14:00-16:00
陽明交通大學守仁樓1樓廣才廳
Ho Ying Tsai Memorial Hall,
Shou-Ren Building, NYCU



立即報名
Registration

主辦單位：國立陽明交通大學醫學院、華人心理治療基金會、衛生福利部
Organizers: College of Medicine, NYCU; Taiwan Institute of Psychotherapy; and Ministry of Health and Welfare

國立陽明交通大學醫學院
College of Medicine, NYCU

衛生福利部
Ministry of Health and Welfare

TIP 華人心理治療基金會
Taiwan Institute of Psychotherapy

科技部補助專題研究計畫出席國際學術會議心得報告

日期：112年10月25日

計畫編號	MOST 109-2629-B-010-001-MY3		
計畫名稱	女性藥癮者復原歷程:生育健康的影響及介入服務之探討		
出國人員姓名	陳娟瑜 謝丹雯	服務機構及職稱	國立陽明交通大學 公共衛生研究所教授
會議時間	InWomen's : 2022/06/16 CPDD : 2022/06/17-21	會議地點	Denver, Colorado, USA (in person)
會議名稱	<ol style="list-style-type: none"> 15th International Women's and Children's Health and Gender (InWomen's) Group conference on 16 June 2023 The College on Problems of Drug Dependence 85th Annual Scientific Meeting on 17-21 June 2023 		
發表題目	<ol style="list-style-type: none"> Chen CY, Hsieh TW, Siew R, Rei WM, Wang SC. Pregnancy and childbirth in relation to receiving the deferred prosecution for amphetamine-type substance-involved female offenders in Taiwan. 15th International Women's and Children's Health and Gender (InWomen's) Group conference, Poster presentation. Hsieh TW, Siew R, Rei WM, Wang SC, Chen CY. Reproductive outcomes in the young methamphetamine-using women in Taiwan: the crossroads in recovery. 15th International Women's and Children's Health and Gender (InWomen's) Group conference, Poster presentation & panel discussion. Chen CY, Hsieh TW, Siew R, Rei WM, Wang SC. Pregnancy and childbirth in relation to receiving the deferred prosecution for amphetamine-type substance-involved female offenders in Taiwan. 2023 CPDD Poster presentation. 		

This year, our lab has two works presented at the 15th International Women's and Children's Health and Gender (InWomen's) Group Conference and the 85th annual meeting of the College on Problems of Drug Dependence. Two works were centered on the role of reproductive health among young women arrested for the use of amphetamine-type substances (ATS).

One, first authored by me, showed that building upon the 2011-2017 National Police Criminal Records, nearly one-quarter of incident drug offenders and 7.6% of recidivists received deferred prosecution within the year of the index arrest. The Schedule II drug recidivists, as compared to the incident ones, were more likely to be pregnant upon the index arrest (8% vs. 4%) and to have one or more children (27% vs. 18%). For the recidivists, having at least one child and being pregnant at arrest may lower the hazard of receiving deferred prosecution by 41% and 50%, respectively. Low/unstable income and lower educational attainment were linked with 22%~25% reduced hazard. In contrast, for the incident drug offenders, none of reproductive history and sociodemographic characteristics were associated. For all female offenders, having childbirth after the arrest unanimously reduced the deferred prosecution by 70%.

The other one, building upon the 2011-2015 National Police Criminal Records, first authored by a research assistant (Ms. Hsieh, Tan-Wen), found that nearly one-third of incident offenders got pregnant and one-fifth had at least one childbirth during three-year follow-up, the estimates in the recidivists were 27.2% and 22.1%, respectively. 24.1% of the incident offenders and 6.7% of the recidivists received deferred prosecution; the detention/imprisonment rate was accordingly three-fifths and two-thirds. Although not receiving deferred prosecution was a strong predictor for pregnancy (aHR=1.46~1.56) in both incident and recidivists, no deferred prosecution-related increased hazard of giving birth was only significant in the recidivists (aHR=1.86; 95% confidence interval [CI]=1.15-2.99). Meanwhile, detention/imprisonment was found to reduce the hazard of both pregnancy (aHR=0.05, 95% CI=0.03-0.10) and childbirth (aHR=0.16, 95% CI=0.10-0.26) in the recidivists. Both works have been granted travel awards; upon receiving a high score from the review committee, the second work was selected to be orally presented in a panel.

The International Women's and Children's Health and Gender (InWomen's) Group conference is the only conference dedicated to the subgroups with higher vulnerability toward drugs- women and children. This year, the main theme is "**Impacting the World Together Across Continents, Cultures, and Time**". As a small and topic-focused conference, the meeting wasted no time, diving into the issues with the solutions in mind. One section has addressed how substance use and trauma impact the lives of women and children from different countries and one has emphasized the importance of experienced voices from women in recovery. Given that the attendants had diverse backgrounds ranging from basic science, and clinical research, to public health, the conference organizers made extra efforts in networking with researchers from 40+ countries, with an ultimate goal to foster internationally collective and critical forces in tackling drug use and problems across different societies.

As to the CPDD, this year I chose the sections concerning methodologies and subjects, closely relevant to my ongoing NSTC grants, including "**innovative methodologies and approaches in substance use disorder research and treatment utilized internationally,**" "**epidemiology and public health research method,**" "**criminal justice: danger upon release,**" "**juvenile justice,**" "**substance use disorder and pregnancy,**" and "**prevention is better than care: early intervention for substance use disorders.**" Across all methodology sections, I was particularly impressed by the availability and utilization of GIS and multidisciplinary perspectives in blocking the spreading of drug-related harms in communities (with examples from New York and Michigan). As the diagnostic paradigm for substance use has shifted from a categorical to a spectrum approach, the etiological profiles and phenotypic constructs have gradually evolved, with developmental, genetic, and neurological markers systematically integrated. Meanwhile, as usual, I always attended the "early career member committee" to get some updated information and even an "initial sense" of a drug dependence researcher, and the survival skills in different working environments. In the poster sections, some works interested me very much, including the strategies linking patients to medications for opioid use disorders in the emergency department and probation system, the implementation of EMS-based overdose prevention, stigma and self-efficacy, and trauma among justice-involved women.

I have attended the CPDD over 10 times since my predoctoral training. I cannot help myself noticing that

the works presented and shared were no longer limited to etiological and treatment research. Indeed, a great proportion has been welcomely expanded to prevention, implementation, policy, and even advocacy. These changes, partially reflecting the shift in the NIDA/NIAAA funding priority, may exert more timely responsibility on scholars to do research with real-world practices and interventive solutions in mind (even since the beginning of study design and development).

109年度專題研究計畫成果彙整表

計畫主持人：陳娟瑜		計畫編號：109-2629-B-010-001-MY3			
計畫名稱：女性藥癮者復原歷程：生育健康的影響及介入服務之探討					
成果項目		量化	單位	質化 (說明：各成果項目請附佐證資料或細項說明，如期刊名稱、年份、卷期、起訖頁數、證號...等)	
國內	學術性論文	期刊論文	2	篇	1. 蕭其蓁、雷文玫、謝丹雯、陳娟瑜。女性非法藥物使用者童年逆境經歷與不良親密關係樣態之相關性探討。台灣衛誌(準備中)。 2. 陳娟瑜、雷文玫。數位時代建立以實證為導向的毒品防制政策：健全公務資料庫基礎建設。台灣衛誌 2022; 41(2), 115-127。
		研討會論文	1		1. 謝丹雯、蕭其蓁、雷文玫、陳娟瑜。年輕二級毒品施用女性生育與影響因素。2022年公共衛生聯合年會。流病生統組口頭報告。
		專書	1	本	1. 陳娟瑜。精神流行病學。公共衛生學(第六版)。陳拱北預防醫學基金會主編，國立臺灣大學出版中心(準備中)。
		專書論文	0	章	
		技術報告	0	篇	
		其他	0	篇	
國外	學術性論文	期刊論文	2	篇	1. Chen CY, Hsieh TW, Rei WM, Huang CH, Wang SC. Pregnancy Association between socioeconomic and motherhood characteristics and receiving community-based services among justice-involved young female drug users in Taiwan. Drug and Alcohol Dependence (in preparation). 2. Wu SC, Chen LY, Hsiao PC, Ting TT, Yen CF, Chang SS, Li CY, Yen CF, Chen CY, Tu YK, Chen WJ. The use of premixed drugs in commodity packets in the population: prevalence and correlates revealed by the 2018 National Survey of Substance Use in Taiwan. Journal of Epidemiology (accepted).
		研討會論文	6		In 2023 1. Chen CY, Hsieh TW, Siew R, Rei WM, Wang SC. Pregnancy and

				<p>childbirth in relation to receiving the deferred prosecution for amphetamine-type substance-involved female offenders in Taiwan. 15th International Women's and Children's Health and Gender (InWomen's) Group conference, Poster presentation.</p> <p>2. Hsieh TW, Siew R, Rei WM, Wang SC, Chen CY. Reproductive outcomes in the young methamphetamine-using women in Taiwan: the crossroads in recovery. 15th International Women's and Children's Health and Gender (InWomen's) Group conference, Poster presentation & panel discussion.</p> <p>3. Chen CY, Hsieh TW, Siew R, Rei WM, Wang SC. Pregnancy and childbirth in relation to receiving the deferred prosecution for amphetamine-type substance-involved female offenders in Taiwan. 2023 CPDD Poster presentation.</p> <p>In 2022,</p> <p>1. Chen CY, Wang IA, Siew R, Chen AJ. Reproductive outcomes in young women arrested for methamphetamine use in Taiwan: the potential role of deferred prosecution. 14th International Women's and Children's Health and Gender (InWomen's) Group conference, Panel presentation & discussion.</p> <p>2. Chen CY, Wang IA, Siew R, Chen AJ. Reproductive history and outcomes in the young women arrested for methamphetamine use in Taiwan. 2022 CPDD Poster presentation.</p> <p>3. Siew R, Wang IA, Chen CY. Contraceptive Literacy and Utilization among Illegal Drugs-Involved Women in Community. 2022 CPDD Poster presentation.</p>
		專書	0	本
		專書論文	0	章

		技術報告	0	篇	
		其他	0	篇	
參與計畫人力	本國籍	大專生	0	人次	楊沛瑀、陳艾琳
		碩士生	2		
		博士生	0		
		博士級研究人員	0		
		專任人員	0		
	非本國籍	大專生	0		
		碩士生	0		
		博士生	0		
		博士級研究人員	0		
		專任人員	1		蕭其綦

Rewards:

1. 2023/06 15th International Women' s and Children' s Health and Gender (InWomen' s) Group conference, travel award.

2. 2021-2023 National Yang Ming Chiao Tung University Faculty Award for Academic Excellence, Distinguished Professor.

Academic activities launched:

1. (Coming) Mental Health First Aid Workshop on November 10th 2023.

2. Forum in 2023 Taiwan Public Health Joint Annual Conference (2023年公共衛生聯合年會專題論壇主題「心理健康共同體，建立友善社會」) on September 16 th 2023.

3. SDG Workshop (「社區心理衛生培力基地」工作坊: 精神衛生你我他-家庭社區異起來) on September 7th 2022.

Dissemination and training:

1. (Coming) Talk in 2023 XVII Taiwan Union Congress of Psychotherapy (第十七屆台灣心理治療聯合會) on December 3rd 2023.

2. (Coming) Talk in 2023 Global Health and Welfare Forum in Taiwan (衛生福利部心健司- 2023年臺灣全球健康福祉論壇) on November 8th 2023.

3. Lecture in Academy for the Judiciary, MOJ (法務部司法官學院) on August 10th 2023.

4. Lecture in Central Police University (警察大學) on September 25th 2023.

其他成果

(無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)

5. Forum “Pregnant women with drug use and their infant” in Control Yuan (監察院) on June 20th 2023.

6. Lecture in School of Law, Chung Yuan Christian University (中原大學法律系) on April 14th 2023.

7. Lecture in Agency of Corrections, MOJ (法務部矯正署少年保護業務進階研習班) on February 21th 2023.

8. Lecture in Songde Branch, Taipei City Hospital (臺北市立醫院聯合醫院松德院區) on December 12th 2022.

9. Talk in Keelung Pharmacist Association (基隆市藥師公會) on July 24th 2022.

10. Case Conference in Keelung Drug Abuse Prevention Center (基隆毒防中心) on March 29th 2022.

11. Talk in Operation Dawn (財團法人基督教晨曦會) on April 19th and March 24th 2022.

12. Lectures “Public health nursing” in the Department of Nursing, National Taiwan University (台大護理系) on October 15th 2021, March 25th 2022, and 14th October 2022.

Others reports :

1. 2030 兒童醫療與健康政策白皮書-物質濫用防治組 (<https://chrc.nhri.org.tw/professionals/achieve.html>)

2. Contributions in assisting the translation and proofreading of a guidebook and material published by SAMHSA and Child Welfare Information Gateway, to provide services providers such as social workers to have a better working knowledge of drug services and child welfare services with parental substance use.

a. Child Welfare Information Gateway, 2021. Domestic violence: A primer for child welfare professionals. U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.

b. Breshears, E. M., Yeh, S., Young, N. K., 2009. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers. U.S. Department of Health and Human Services.

	Rockville, MD: Substance Abuse and Mental Health Services Administration.
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