

Drug Abuse in the Yunnan Province Addiction, Rehabilitation, and Culture

Biehl International Research Internship

Abstract

Over the last three decades China has faced a drug problem of staggering proportions. In a society and culture where drug use can lead to severe punishment, and even worse, social stigmatization, the Chinese drug addict has suffered profoundly at the expense of government policy and societal discrimination. The purpose of this paper is to examine in depth the culture of drug addiction and rehabilitation in one of China's most afflicted areas: the capital of the Yunnan Province, Kunming. The research I conducted while interning at Daytop's Yunnan Institute for Drug Abuse will explore the conditions of the Chinese drug addict as well as the rehabilitation centers that treat them. This will ultimately show how the government-run compulsory rehabilitation centers are not only inhumane, but grossly ineffective. More importantly, I explore *why* private rehabilitation centers are more effective in treatment outcomes than their government-operated counterparts. Understanding popular views of drug addiction in Kunming is integral to any comparative analysis of rehabilitation methods; accordingly, much of my research is survey-based, focusing on culture, stereotypes, and presuppositions as well as the perceived effectiveness of recovery methods. Ultimately, the generally acknowledged

success of privately-run rehabilitation facilities over traditional treatment is largely due to a fundamental difference in approaching the nature of addiction itself.



A Brief History of Drug Addiction in China

The tumultuous history of drug use in China can be traced as far back as 700 B.C. when Arabians first exported opium for medical treatment.¹ However, drug use remained relatively sparse until the 17th century. During the Qing Dynasty (1644-1911 A.D.), British colonists forcefully initiated the trade of opium for silk, tea, and cash.² The habit of smoking opium quickly spread from the elite class to roughly 90% of Chinese males under the age of 40.³ A British Doctor, presiding in Canton, estimated that around 12 million Chinese were addicted to Opium in the early 1800s.⁴

Coercive drug trade with the West, coupled with an ever-growing fear of colonization, would eventually lead to a military clash between the Qing Dynasty and the British Empire. In March, 1839, the Emperor's special emissary, Lin Ze-Xu, arrived in Canton to deal with the growing epidemic first hand. He reportedly made over 1,600 arrests and confiscated up to 11,000 pounds of opium. Placing all foreign merchants under arrest, he confiscated an additional nine million dollars' worth of opium and publicly set fire to it, before ordering all of the ports in Canton closed. Incensed by this act of blatant defiance, the British Royal Navy intervened. Over the next 3 months British

¹Phillip Allingham. "England and China: The Opium Wars, 1839-60." *The Victorian Web: An Overview*. N.p., n.d. Web. 1 Aug. 2011. <<http://www.victorianweb.org/history/empire/opiumwars/opiumwars1.html>>

² Han Zhu-Qian, Joseph Shumacher, Huey Chin, and Huan Ruan Yu. "HRJ | Full text | Injection drug use and HIV/AIDS in China: Review of current situation, prevention and policy implications." *Harm Reduction Journal*. N.p., n.d. Web. 1 Aug. 2011. <<http://www.harmreductionjournal.com/content/3/1/4>>.

³ Op. cit., Allingham.

⁴Ibid.

forces scored victories on land at Ningbo and Chinhai, dismantling the ill-equipped Imperial Forces with ease.⁵

Perhaps even more humiliating than defeat for the Chinese Imperial Forces, were the grossly unequal concessions made to the British in the months following the war. Under the agreement of the Treaty of Nanking, signed in the summer of 1842, China ceded the entire island of Hong Kong to Great Britain and opened five "Treaty Ports" in Canton, Amoy, Foochow, Shanghai, and Ningbo to Western trade, with Great Britain - of course - receiving the status of "the most-favored nation." To add insult to injury, China was forced to pay reparations to the foreign merchants whose opium was burned at the hands of Lin Ze-Xu.⁶

During the ensuing years China failed to meet the stringent criteria of the Treaty of Nanking and the unreasonable demands added afterwards. This would lead to yet another military skirmish between the Qing Empire and colonial forces. Unfortunately for China, the Second Opium War pitted the ailing Imperial Forces against a united Western alliance consisting of the United States, Great Britain, and France. By May 1858, the British and French naval task force routed Imperial Forces at the Taku forts near Tianjin, effectively ending all hostilities.⁷ Over the next few years Western powers revised existing treaty provisions and imposed further economic concessions upon the Qing Empire. China repeatedly proved reluctant to carry out these measures, inevitably leading to more "gunboat diplomacy." Minor naval skirmishes continued through 1860 when Anglo-French forces launched an offensive on Hong Kong destroying a large amount of the Emperor's personal property. In October of that same year the Qing Empire signed

⁵Op. cit., Allingham.

⁶Ibid.

⁷Ibid.

over full access to the ports of Hankou, Niuzhuang, Danshui, and Nanjing as well as the waters of the Yangtze, effectively opening the Chinese economy to foreign influence and exploitation.⁸

By 1949, 20 million people (about 5% of the population) were addicted to opium.⁹ Thus began one of the largest and most ruthless crackdowns on drug addiction in human history. Within three short years, the Chinese Communist Party virtually eradicated the epidemic from mainland China and successfully sustained its dormant status for the next three decades.¹⁰ However in 1980, as a result of opening its economy to the world market, China once again found itself battling an overwhelming opiate abuse problem.



The Current Drug Climate

The drug epidemic in China is ultimately fueled by a simple matter of supply and demand. As China adopted an open door policy, their southern-most provinces were left vulnerable to two well-organized and interconnected drug trafficking machines: the "Golden Triangle," consisting of Myanmar (Burma), Laos, and Thailand, and the "Golden Crescent," involving Afghanistan, Iran, and Pakistan.¹¹ The majority of heroin found in the mainland is grown in Myanmar or Vietnam, and trafficked through the Yunnan or Guangxi Provinces to Guizhou, Sichuan, Ganxu, Xinjiang, Guangdong, Shanghai, and Beijing.¹² A much smaller, yet still substantial portion comes from the

⁸Op.cit., Allingham

⁹Chu Tian-Xin, and Judith Levy. "Injection Drug Use and HIV/Aids Transimission in China." *Cell Research*. N.p., n.d. Web. 1 Aug. 2011. <www.nature.com/cr/journal/v15/n11/full/7290360a.html>.

¹⁰Op.cit.,Han.

¹¹Ibid.

¹²Ibid.

"Golden Crescent". However, the booming supply of heroin struggles to keep up with a surging demand. As China slowly climbed the ranks of the world's most powerful economies, it consequently saw a steady rise in per capita income. This has consequently started China down the same path of the already rich and developed countries: a gradual shift from an economy based strictly on manufacturing and production to an economy comprised mostly of consumer spending. And with a population unmatched by any country, both undeveloped or developed, China has become a hotbed for massive consumption with considerable purchasing power. However, despite the extremely impressive growth numbers over the past decade, China still remains in somewhat of an economic transitioning phase. The liberalization of the Chinese economy and high growth numbers have directly resulted in the displacement of hundreds of millions of Chinese laborers and farm workers. Today over 160 million young, uneducated, and unemployed Chinese men and women have migrated to the Yunnan Province, a center for short term jobs.¹³ The cheap access to heroin and the relatively low cost of living for single adults, coupled with the desire to cope with their recently uprooted lives, results in the initial exposure and subsequent addiction to opiates.

A number of studies conducted in the last ten years consistently show that heroin is by far the most abused drug in China, at a little over 89%.¹⁴ It is unclear the exact number of drug addicts living in China, but recent conservative estimates project numbers well over two million.¹⁵ However, other independent reports estimate the number to be in

¹³Ibid.

¹⁴Yu, Xia Fang , Bo Wang Yan, Jie Shi, Min Liu Zhi, and Lin Lu. "Recent trends in drug abuse in China. | Mendeley." *Academic reference management software for researchers | Mendeley*. N.p., n.d. Web. 1 Aug. 2011. <<http://www.mendeley.com/research/recent-trends-drug-abuse-china/>>.

¹⁵Thaindian News. "China could have 2.3 million drug addicts." *Thaindian News*. N.p., n.d. Web. 1 Aug. 2011. <http://www.thaindian.com/newsportal/sports/china-could-have-23-million-drug-addicts_10064785.html>. <http://www.thaindian.com/newsportal/health/drug-related-crimes-rising-in-china_100544673.html>.

the six-to seven- million range.¹⁶ And although the main locations for drug trafficking are in the southern provinces, the epidemic has rapidly spread to the other provinces.¹⁷

Perhaps the most startling statistic of all is the percent of drug abusers that practice injection drug use (IDU) to obtain more “bang for their buck.” Due to a lack of essential resources, such as needle exchange programs, the drug abuse epidemic has contributed greatly to the HIV epidemic.



HIV in China

In 1985, China saw its first HIV diagnosis and fatality. Reportedly a foreign tourist, vacationing in the mainland, carried the virus to the Northern provinces and died in Beijing later that year. Over the next five years, small numbers of both foreigners and Chinese were infected by imported blood. Due to a combination of governmental denial and lack of essential resources, the virus was given a platform to spread almost uncontested. Currently, close to 750,000 people are living with HIV in China.¹⁸

To make matters worse, in recent years, injection drug use (IDU) has developed a startling positive correlation to HIV. Injection drug users account for more than half of the country's HIV infections.¹⁹ In some provinces nearly 90 percent of injection drug

¹⁶Op. cit., Han.

¹⁷ Chu Tian-Xin, and Judith Levy. "Injection Drug Use and HIV/Aids Transimission in China." *Cell Research*. N.p., n.d. Web. 1 Aug. 2011. <www.nature.com/cr/journal/v15/n11/full/7290360a.html>.

¹⁸"HIV & AIDS in China." *AIDS & HIV Information from AVERT.org*. N.p., n.d. Web. 1 Aug. 2011. <<http://www.avert.org/aidschina.htm>>.

¹⁹Yu, Xia Fang , Bo Wang Yan, Jie Shi, Min Liu Zhi, and Lin Lu. "Recent trends in drug abuse in China. | Mendeley." *Academic reference management software for researchers | Mendeley*. N.p., n.d. Web. 1 Aug. 2011. <<http://www.mendeley.com/research/recent-trends-drug-abuse-china/>>.

users are HIV positive.²⁰ IDU has become the largest contributor to spread of HIV, affecting all 31 provinces in China.²¹ The relationship between drug use and HIV in China is as complex as it is strong, and it is impossible to analyze the two subjects individually without fully understanding the implications of their relationship.

As the population continues to expand, and the two epidemics worsen, the central government in Beijing is scrambling to react. Legislatively, the government appears ready to confront drug addiction with the proper funding and resources, but in practice their actions are far less ambitious, and in many cases, completely counter-productive. The dire conditions of the state-run compulsory rehabilitation centers, and the lofty goals espoused in the 2008 Anti-Drug Law, are perfect examples of this gap between rhetoric and reality. However in recent years, the central government has allowed NGO's and local entrepreneurs to open voluntary, privately-run rehabilitation centers in the most afflicted provinces.

The Yunnan Province in particular, mainly due to its geographical location, suffers the most from both the drug and HIV epidemics. Located in the heart of the "Golden Triangle," Yunnan has a long history of narcotics use and was the location of the first HIV outbreak among injection drug users.²² Today, a staggering 47% of injection drug users in the Yunnan Province are HIV positive.²³ The initial speed at which these two epidemics spread left the government unprepared and incapable of responding adequately. However in recent years, the government has tailored more legislation addressing the ongoing battle against drugs in China.

²⁰ "Where Darkness Knows No Limits" | Human Rights Watch. *Human Rights Watch / Defending Human Rights Worldwide*. N.p., n.d. Web. 1 Aug. 2011.

²¹Op. cit., Han.

²²Op.cit.,Human Rights Watch.

²³Ibid.



Government Response and Compulsory Rehabilitation Centers

The war against drug addiction in China has been one of disorder, inconsistency, and violence. When the Chinese Communist Party came to power in 1949, they faced an opium epidemic without rival in human history. Viewed culturally along the lines of other “social evils” like prostitution, drug addicts endured a decade of “crackdown” measures in which societal persecution coupled with brutal punishment from the state--in many cases capital punishment--nearly eradicated drug use for much of the mid-20th century.²⁴ However in the last three decades, the government has struggled to replicate this success. Research points to the opening of the Chinese economy as the main contributor to failed anti-drug policies.²⁵ In response to the overflow of drug trafficking, specifically in the Yunnan Province, the government once again enacted harsh crackdowns and penalties on suspected smugglers. Drug traffickers were sentenced to prison for smuggling 10 grams or more of heroin and could receive the death penalty for smuggling more than 50 grams of heroin.²⁶

For individuals on the receiving end of the needle, the punishment was slightly more complex. In 1990, under the provisions in the “Regulation and Prohibition Against Narcotics,” three levels of possible penalties existed. For first time offenders, there was a hefty fine or short stay in a voluntary rehab, where they would receive ten days of methadone therapy. However, considering the relatively low socioeconomic status of the average drug addict, the cost of these voluntary rehabs was generally unattainable.

Second time offenders, or those unable to bear the cost of voluntary rehabs, were sent to

²⁴Op.cit., Han.

²⁵Ibid.

²⁶Op.cit., Han

compulsory rehabs for 6 to 12 months. And third time offenders were sent to China's notorious Re-Education Through Labor (RTL) facilities.²⁷ Unfortunately, despite vast improvements to the rhetoric of recent legislation, the current conditions of drug addicts' legal environment and basic human rights have deteriorated.

In 2008 the Chinese government passed a historic piece of legislation addressing, in theory, the short falls of its previous policy on drug addiction and rehabilitation. The Anti-Drug Law of the People's Republic of China called for the rehabilitation of illicit drug users, subjecting them to administrative penalties, not criminal ones.²⁸ Although the content of the law adequately addresses an inevitable shift in policy, the actions of the government are consistent with past protocol. The Chinese government continues to routinely incarcerate individuals suspected of drug abuse or possession, absent of any trial or judicial oversight.²⁹ To meet new quotas required by the 2008 Anti-Drug Law, local authorities continue to wait outside methadone clinics, detaining any individual they suspect of drug use. The empowerment of law enforcement allows them to make determinations on the nature of an individual's addiction, a job generally reserved for doctors.

The most startling and blatant regression found in the 2008 Anti-Drug Law is not at all hidden or disguised in political rhetoric. The new law clearly increases the previous mandatory stay of 6 to 12 months to a minimum of two years. And depending on the "success" of the treatment, detainment can last up to 7 years. The new law also calls for the implementation of "community rehabilitation". However, it fails to give any directions or even definition of what that actually entails. Because of the law's inherent

²⁷Ibid.

²⁸Op.cit., Human Rights Watch.

²⁹Ibid.

vagueness in defining crucial terms like, “addiction,” “treatment,” “success,” and “community rehabilitation,” local law enforcement and administration inside rehabs can tailor the meaning of these terms to their needs, not those of the accused.³⁰ This inevitably leads to dire conditions within the compulsory rehabs. Although the 2008 Anti-Drug Law correctly refers to the drug addicts as “patients”, government rehabs are largely absent of any medical doctors and managed by the Public Security Bureau. The “patients” are generally treated like prisoners and forced to do hard manual labor with no psychological or physical treatment. In fact, a study conducted on the conditions of compulsory rehabilitation centers in the Yunnan Province following the passage of the Anti-Drug Law showed virtually no improvement in human rights and drug treatment than previous years.

Numerous accounts of former detainees in compulsory government rehabs continue to tell the same stories of abuse, 18 hour work days, and denied access to medical treatment. For those suffering from HIV, access to vital drugs is limited, if not completely inaccessible.³¹



Voluntary Rehabilitation

In the last decade, as drug addiction continued to spread despite the fine wording of legislation, the Chinese government began reluctantly allowing the assistance of voluntary privately-run rehabs in the more afflicted provinces. Because these facilities are generally associated with an NGO, or in many cases funded by the international

³⁰Op.cit., Human rights Watch

³¹Op.cit., Human Rights Watch

community, the Chinese government has systematically spurred their natural growth and kept a close eye on their progress.

These facilities are strictly voluntary and view the residents as patients that need treatment, not criminals in need of punishment. Everyday activity within the rehab consists of group therapy, peer education, and team-building recreational activities. Bundled with the therapeutic approach to treatment is the accompaniment of methadone maintenance therapy.³² The patients also receive additional medical treatment for conditions associated with drug addiction, such as HIV. The staff consists of therapists, doctors, and volunteers all working together to foster an environment conducive to therapeutic mental health.



Methodology

The Chinese drug problem is most prevalent in the Yunnan Province. Currently well over 100 drug detention centers exist in the Province alone.³³ Only a handful of privately-run voluntary facilities are operating. Scholars, and (less publicly) the Chinese government, generally accept that private facilities, offering a wide variety of test-proven rehabilitation methods, are not only more humane than their government-owned counterparts, but much more effective in battling both drug addiction and HIV. There have been a number of research papers focused on the conditions of compulsory rehabs and the implied advantage of their private counterparts. The purpose of this paper is to identify exactly what aspects of private rehabs give them an advantage over government-operated facilities.

³²Recently Methadone has been replaced by a new drug called Suboxone.

³³Op.cit., Han

One of the most successful private rehabilitation centers is located in Kunming, the capital of the Yunnan Province. When I arrived in Kunming to start my internship at Daytop's Yunnan Institute for Drug Abuse, I immediately inquired into the possibility of personally visiting a government-run facility. Although the Yunnan Province has the most government-run rehabs in China, I was told that these facilities were not open to foreigners. This limited my research to second-hand experience through interviews with the patients at Daytop.

During my two month internship, I worked 40 hour weeks, spending most of my time participating in the morning and afternoon group activities with the patients and staff. In this time I conducted 18 in-depth patient interviews and 8 staff interviews. Because of my limited knowledge of Mandarin, I had a translator assist with the questions. We recorded every interview and later transcribed it back into English. I was also able to survey a population of 50 citizens of the Yunnan Province, randomly selected in downtown Kunming. Inevitably, both my interview and survey pools were far short of any substantial sample size, and therefore do not represent any statistical significance. However, they do point to certain trends and societal viewpoints that helped me develop a limited, but clear understanding of drug rehabilitation in China and the culture that surrounds it.



Societal Stigmatization

Society has never looked upon drug addiction with an endearing eye. Popular stereotypes of the addict as lacking will power, a social deviant, and a criminal seem nearly universal. However in 1956, the American Medical Association officially deemed

Alcoholism a disease.³⁴ Not only did this contribute to legislation allowing individuals suffering from addiction new rights and protections under the law--such as coverage under health insurance--but also promoted to the overall shift in the way we view these individuals as a society.

Unfortunately in China, the government has failed to adopt the policy and opinions of the international community. Instead it continues to fuel and perpetuate existing discrimination. While interviewing a patient at Daytop who had been using heroin for most of his adult life, I asked a question pertaining to the discrimination he faces once he leaves rehab. He voiced his frustration about one particular governmental policy that could easily be changed to help drug addicts re-adjust to normal life.

When I leave Daytop I have nothing waiting for me. It is marked on my national identity card that I use heroin. Every time I apply for a job, they see that I am a drug addict. Who wants to hire somebody that has used heroin their whole life? The only jobs I can get are ones that are undocumented or I have to start my own business. If I can't work, I go back to my old ways of living.³⁵

Just a slight adjustment in policy could have tremendously beneficial effects on the way society views these individuals. Blatantly singling drug addicts out reflects the way the government views them: terminally incapable of rehabilitation. This has rippling effects on the way a country views a group of people, particularly those on the margins of society. As long as they are deemed unique on their national identity cards, drug addicts will continue to be persecuted when they leave rehabilitation and attempt to start a new way of life. Another male patient expressed his concern over the national identity cards.

³⁴Leshner, Allen, Steven Hyman, and George Koob. "Addiction is a Brain Disease." *HopeNetworks*. Hope Networks Inc, 2002. Web. 12 August 2011. <<http://www.hopenetworks.org/addiction/addiction%20a%20brain%20disease.htm>>.

³⁵ Interview by author

Even if I go to a hotel, the police will know. Any place I have to use my card, they will know I have been there. Even if I am not using drugs they will arrest me. I will not find a job that requires that card. And the ones that don't, are very hard to come by.³⁶

One of the interview questions I asked the patients inquired into what they feared most when they leave Daytop. 16 of 18 patients expressed concerns about how they will be viewed and treated by their fellow citizens. Many of the younger male patients expressed a concern about how hard it will be to marry once they leave. When I asked a staff member--also a former patient at Daytop-- about this concern, he confirmed their fears.

Many of the young men who leave Daytop have a very hard time finding work. Who would want to marry someone without a job? Drug addiction is looked down upon, even if you have stayed away from it for years. It is very hard to start a family.³⁷

This type of societal discrimination is ultimately fueled by apathy from the state. Many citizens view drug addiction as a self-inflicted epidemic specific to the morally weak and economically unfortunate. Worse, these views are re-enforced by government policy and practice.

Unemployment is only one of many fears that loom over the patients' head while anticipating life back in society. One man I interviewed who was already employed and fortunate enough to keep his job, addressed other misunderstandings people may have.

People in here (Daytop) are much more forgiving than people out there. The ones that found out about my heroin use will surely look down on me. It's a horrible feeling to not feel accepted by your people.³⁸

³⁶ Interview by author

³⁷ Interview by author

³⁸ Interview by author

To hear the other side of the story I passed out 50 informal surveys to the general public--with the help of a translator--consisting of 3 simple questions: (1) Do you consider drug addiction a disease? (2) Should drug addicts be put in prison or treated in rehabilitation centers? And (3) do you think drug addiction only effects poorer people?

Out of the 50 surveyed, a surprising 46 people answered no to the first question. The idea that addiction could be some sort of mental illness/disorder seemed unfathomable to some of the individuals I surveyed. However within the Daytop community, all of the staff members and well over half the patients agreed drug addiction was some sort of mental disease, or should at least be classified as such.³⁹ One staff member, a senior counselor of over five years described in more detail.

Drug addiction is a brain disease. The people in here (Daytop) are both physically and mentally addicted to heroin. They can't just stop all the drugs one day. They have to be treated or they will suffer their whole life. People on the outside don't understand this because they have never been educated about it. They just think people that use drugs are bad people and that's why they do it.

The counselor's assumption about "people on the outside" proved to be correct in my survey. The classification of drug addiction as an illness in the United States is still a controversial one. This idea is still debated among people both familiar and unfamiliar with the nature of drug addiction. However, despite this wide spectrum of opinions, policy--and the people that shape it-- has remained confident and steadfast. As a counterpoint to the Chinese approach, the official US government website on drug abuse is clear in the position it's taken.

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge a person's self control and ability to resist intense impulses urging them to take drugs...Similar to

³⁹ One of the questions asked to both the patients and staff

other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully.⁴⁰

For the most part this philosophy has spilled over into the way Americans view drug addiction as a whole. In some European countries, if a medical professional is caught diverting pain medication from work, he or she is given the opportunity, without the fear of termination, to attend a rehabilitation center. This type of understanding on a policy level is unheard of in China. Though culture shapes policy—as I have argued throughout this paper--policy can also shape cultural perception.

The second question on my survey was met with a similar majority. 43 out of the 50 surveyed, agreed that drug addicts should be treated, not punished. This represents an overwhelming support for rehabilitation. Because Kunming is the capital of the largest drug using Province in China, it is likely that the average citizen has witnessed first-hand the destructive nature of drug addiction, and therefore may be more sympathetic to therapeutic recovery. This also shows that there is a desire for a shift in policy, and if the government responded with the proper education and resources, much could be done to change cultural views of drug addiction.

The third question on my survey, pertaining to the correlation between drug abuse and low socioeconomic status, was met with the same decisiveness as the first two. 44 out of the 50 surveyed agreed that drug abuse was exclusively a lower class problem. The purpose of this question was to attempt to unveil any prejudices about the way people view drug addicts. However after my two months at Daytop and countless personal conversations with local people in Kunming, it became clear that the drug issue has

⁴⁰ Nida Infofacts: Understanding Drug Abuse and Addiction." *National Institute on Drug Abuse*. National Institutes of Health, March 2011. Web. 11 Aug 2011. <<http://www.drugabuse.gov/infofacts/understand.html>>.

predominantly affected the poor. In Yunnan, where the vast majority of drug abuse is heroin, there exists a disproportion between drug use in the lower and upper class. In fact, 12 out of the 18 patients I interviewed were currently unemployed.⁴¹ Another one of my patient interview questions pertained to the drugs of choice. All 18 patients had the same answer: heroin.⁴² One patient told me that other drugs were simply unavailable or too expensive. The price of heroin and its widespread availability in both cities and rural areas make it the drug of choice for the poor. Based on the government's tendency to ignore the lower class when drafting policy, the reality of this stereotype could stall efforts in changing society's view of drug addiction.



Private vs Public: what gives voluntary rehabs an edge in effectiveness?

In recent years it has become clear that the government-run compulsory rehabs in their current condition are grossly ineffective. Either the Chinese government will have to open their borders to more NGO/voluntary rehabs or make fundamental changes to the existing state facilities. Although I was never allowed to personally visit a government-run facility, I was given unique insight into their conditions by the patients I interviewed at Daytop. 15 of the 18 patients had at some point served time at a government-run facility, with 9 of 18 returning for two or more stays.⁴³ The interviews of the 15 patients who have attended both government and private facilities tell a very similar story and point to a fundamental difference in methods used. These contrasting methods ultimately make privately-run voluntary facilities a more humane and effective haven for recovery.

⁴¹ Interview by Author

⁴² Interview by Author

⁴³ Interview by Author

The most glaring difference between the two methods of rehabilitation comes in the way drug abusers are labeled and treated. Government-run facilities are in the business of detaining and punishing prisoners, whereas their privately-run counterparts treat patients. The implications that come with the “prisoner vs patient” labeling and treatment are vast, and can be the difference between recovery and further drug abuse. One of the oldest patients at Daytop described the conditions of his most recent stay at a government-run facility:

In the government rehabs there is no medicine to help with detox. All we can do is rely on ourselves; there is no fair treatment over there. No Justice. If I want to talk to a guard, I have to kneel down and not look them in the eye. It is humiliating.⁴⁴

Withdrawal from heroin is an agonizing experience and should be treated in a hospital setting. The Chinese government insists that methadone is available within all government-run facilities. However, personal testament speaks to the contrary. And in cases where methadone is available, it comes at a price that is unrealistic for drug addicts fresh off the streets.⁴⁵

Treatment of withdrawal symptoms and on-going methadone maintenance is a service that Daytop provides. During the first few days at Daytop, the patient undergoes an intense detoxification process using an unknown Chinese medicine.⁴⁶ The next 10-14 days the patients generally began methadone treatment to deal with the less intense withdrawal symptoms. Methadone treatment coupled with a program based on group therapy and an active community goes a long way in treating both the physical and mental components of addiction.

⁴⁴ Interview by Author

⁴⁵ Op.cit., Human Rights Watch.

⁴⁶ The Doctors at Daytop refused to give the ingredients to this concoction.

Although medicine is a very important facet of recovery, it is only a small part in the recovery process. Recovery is an extremely sensitive, long-term process that requires constant support in order to succeed. The environment inside a government-run facility is simply not conducive to fostering this growth. Therapy is largely non-existent and physical abuse is widely reported, with some incidences ending in fatalities.⁴⁷ During one of the interviews I conducted, a patient described this environment.

I was not treated like a human. If you did not make friends with the guards or pay them, you would often be beaten. One of the times I was there they made me eat food not meant for humans, I don't know what it was.

Testament like this is very common among former detainees. In cases where a detainee is not beaten, they are often treated as sub-human and given no freedom. At Daytop, freedom and personal choice are the most valued aspects of the treatment process. The voluntary nature of private facilities is a core component of their effectiveness. At any point the patients are free to check out and leave. Abuse, both physical and emotional, is non-existent and equality among patients and staff is encouraged. Responsibilities like chores and cooking are divided evenly among the patients. When the staff members finish their office work, they join the help. In short, Daytop strives to be a community completely absent of hierarchy.

The Anti-Drug Law of 2008 addressed much of these issues and should have solved them, at least in theory. Though the medical community recognizes that heroin detoxification takes approximately two weeks, the law extended the mandatory stay to a minimum “detoxification” term of two years.⁴⁸ One probable reason for which the Chinese government has imposed such a long “detoxification period” is the exploitation

⁴⁷Op.cit., Human Rights Watch

⁴⁸Op.cit., Human Rights Watch

cheap labor. Critics claim that the true motivation behind the Anti-Drug law is to revamp Re-Education Through Labor programs (RTL). A young man and patient at Daytop described the labor camp atmosphere.

They call it a drug rehabilitation center, but it is nothing like here (Daytop). All you do is work. All day. When you wake up, you eat and then begin work. There is a certain amount of work that the guards expect you to finish every day. If you do not finish it by dinner you have to work through the night until you finish. They won't let you sleep until you finish.⁴⁹

Both my interviews and scholarly literature on the subject point to the probability that state-run facilities do exploit addicts for labor. A study done by Human Rights Watch discovered many instances in which heroin and other drugs were easily accessible in these facilities and never controlled by the guards, suggesting that the institution suffers from a classic case of perverse incentives.⁵⁰ Government-run rehabilitation centers at best are incompetent and completely unfit to treat drug addiction. At worst, government-run facilities are in serious violation of human rights while simultaneously furthering the drug addiction epidemic in China.

When I first set out on my research I wanted to find exactly what attributes gave privately-run rehabs an advantage over government-run facilities. After two months at Daytop and many stories about the conditions of government-run facilities, it became clear that the difference between the two treatment methods was not based in fine detail, but instead reflected a larger and more systemic difference of approaches. It became frivolous to try and compare the two treatment styles when one of the styles was completely void of any treatment. This realization, however, made it rather easy to assess the effectiveness of these two methods. When dealing with an ailment as serious and fatal

⁴⁹Interview by Author.

⁵⁰Op.cit. Human Rights Watch.

as drug addiction, past experience and current statistics tell us that treating drug addiction is much more effective than punishing the addict. It is clear that if China wants any hope of arresting this epidemic, they must fight drug addiction on the battlefield of therapeutic recovery, not stigmatization and imprisonment.



Recommendations for Daytop

Daytop's Yunnan Institute for Drug Abuse is an American style rehab. Daytop Village, a drug rehab based in New York City, started treating drug addiction in the 1950s. They developed a unique method based on the idea of a therapeutic community (TC) in which the patients take control of their own recovery and keep each other accountable. Daytop village has since exported this philosophy all over the world.⁵¹

In Kunming's headquarters--the place in which I conducted my research--the patients start every morning by joining hands and reciting the Daytop Philosophy. This place serves as a vital refuge from the harsh judgment of society and the inhumane conditions of its government counterparts. However, there are certainly ways in which Daytop could improve care for the patients.

It is commonly accepted among psychiatrist and addiction specialists around the world that alcoholism and drug addiction are two separate heads of the same beast, and that freedom from addiction means complete abstinence from all drugs--including alcohol. In virtually every rehab in the United States the treatment of drug addiction is usually bundled with treating alcoholism, and vice versa. In fact, within recovery-based

⁵¹"Daytop Village International." *Daytop*. Daytop, 2011. Web. 07 Aug 2011. <<http://www.daytop.org/intl.html>>.

support groups like Alcoholics Anonymous and Narcotics Anonymous, restraint from both alcohol and drug use constitute official sobriety.

I noticed shortly after my arrival at Daytop that alcohol went mostly unaddressed and was viewed as a non-issue. Because heroin is so widely abused in Kunming and accounted for all 18 of the patients' drug of choice, treatment within Daytop seemed to only focus on recovery from heroin. This can prove dangerous for two reasons. First, focusing on the drug as the central problem fails to address why the patients used. As a result, this focus does very little to prevent further use in the future. Second, focusing exclusively on heroin ignores the potential for transferring addictions to another substance, most notably alcoholism. For instance, many of the patients shared with me their experience of the last time they relapsed. More often than not alcohol was involved. Many of them told stories of leaving rehab and using alcohol to deal with cravings for heroin. Within weeks they were abusing heroin again. However, the patients failed to see the correlation between the two events. Because excessive alcohol use was never an issue during times of excessive heroin use, the possibility of alcohol as a dangerous substance was almost completely overlooked. In other cases, and especially among the older patients, it was accepted that alcohol could both lead an addict back to their drug of choice, as well as convert that individual into a full-blown alcoholic.

One of the questions I asked during the interviews was whether or not the patients planned on drinking alcohol when they left. 12 out of the 18 answered with a definite "yes" whereas 4 out of 18 were unsure. That leaves only 2 patients--the oldest of the group--who were committed to giving up alcohol completely. During my interviews with the staff members I asked if they felt that alcoholism should be viewed differently than

drug addiction. Almost all of them agreed that although alcoholism differs slightly from drug addiction in some aspects, the two should ultimately be treated as the same. One of the senior counselors explained how alcohol was viewed in China.

Drinking in China is very different from drinking in America. It is a huge part of our culture. Even if someone drinks too much, it is not looked on as a problem. The patients view alcohol just like cigarettes-- It is something to help them keep away from heroin. But it actually causes a lot of their relapses. We really need to do a better job addressing this issue.⁵²

However, this opinion was never translated into any actual education on alcoholism. This is an area that could be easily improved without the need for additional resources.

Daytop does plenty to fight drug addiction within its own walls, but very little to provide post-treatment continual care. The patients leave Daytop and re-enter a life full of discrimination, unemployment, and poverty. To say the odds are stacked against them would be a gross understatement. Generally, rehabilitation centers offer some sort outpatient program consisting of former patients and a therapist to run the group. In theory this type of support group could operate with no cost. Mutual support groups (such as Alcoholics Anonymous and Narcotics Anonymous) are virtually non-existent in Kunming; creation of similar support groups could play a huge role in maintaining long-term sobriety and helping former patients re-adjust to society. Drug addiction is classified as a chronic illness and should be treated as such. Despite Daytop's short-term focus, many patients have come to realize the long-term nature of drug addiction. In one interview, a male patient expressed addiction in terms strikingly similar to those used by the American Medical Association's classification of addiction as a disease.

I have learned over the years that I must treat my addiction like it was diabetes or a blood pressure problem. If someone has problems with their blood pressure,

⁵² Interview by Author

they have to take the medicine to make it better for the rest of their life. This is true with Diabetes also. I can never forget my medicine.⁵³

When I asked him what he meant by “medicine”, he pointed to the Daytop philosophy on the wall. If Daytop hopes to lower their recidivism rate they must start addressing long term treatment and support.



Personal Experience

Drug addiction has played a huge role in my life. The first time I used drugs I was 13 years old and I continued to do so throughout middle school and high school. When I was 17 I was diagnosed with Leukemia and subsequently went through 2 years of intense chemotherapy. During this time I became heavily addicted to pain medication. Using my illness as a vehicle to obtain as much prescription medication as possible, my addiction quickly spiraled out of control. After months of heavy drug use and an almost fatal overdose, I checked into a drug rehabilitation center in Florida. Through the help of the treatment staff, the support of my family, and ongoing participation in Narcotics Anonymous, I have remained clean and sober for almost 4 years. My personal experience with drug addiction coupled with my study of the Chinese language and culture is what ultimately drove me to pursue this internship.

When I arrived at Daytop, I was unsure what my role would actually be on a day-to-day basis. Dr. Li Xinyue met me outside on my first day and brought me to the 4th floor where the patients were participating in the morning meeting. I was then introduced to the two other volunteers with whom I would be sharing an office. Fortunately one of the other volunteers was a translator and ended up contributing tremendously to the

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Interview by Author

research I did. I was under the assumption that I would at most be able to observe some of the treatment methods used at Daytop, but for the most part I expected to just stay out of the way. Dr. Li had different ideas for me.

When I first contacted Dr. Li about the possibility of an internship, she bluntly inquired into why on earth I would want to spend my summer vacation at a Chinese rehab. I told a little bit of about my history and she eventually agreed to let me come. On the afternoon of my first day, she asked if I could tell my story to the patients. She explained that because Kunming offers very little support for the patients once they leave Daytop, it is very uncommon to find people who have remained clean for extended periods of time. So that afternoon I told my story and answered a few questions. The patients took a specific interest in the “12 steps” espoused by AA and NA and how they have affected people in my country. The director of Daytop, Dr. Yang Maobin, was also present for my talk and invited me to dinner afterwards. He told me that an American visited Daytop a couple of years before and held a workshop on the 12 steps, but left China before they could start a regular meeting. He asked if I could train some of the patients and start a weekly meeting before I went back to America. This became my personal goal for the next two months.

Day-to-day work at the office usually consisted of participating in the morning meetings with the patients--sometimes performing for them (in my case, juggling)--and doing minor jobs for the staff in the afternoon. If we (the volunteers) had no work to do, we would usually go spend time with the patients or help them with their chores. Needless to say, we developed close bonds with the patients. And although there was an obvious language barrier, I was able to give what I hope was some meaningful advice to

the ones that asked for help. I noticed early on that most patients did not share the opinion that psychology and addiction were deeply intertwined. For instance, the philosophy that talking about your problems and asking for help can provide a new perspective on the issue at hand and, in some cases, solve it, was largely overlooked. The patients seemed to embrace the idea of a therapeutic community but rarely practiced it. Some of the staff informed me that this was simply the culture in China; that if you have a problem, you are not encouraged to talk about. In many ways, the AA/NA's insistence on sharing, group therapy, and delving into personal problems is counter to Chinese culture where such behavior is often considered unnecessary.

About two weeks into my internship I came across a Narcotics Anonymous book translated into Chinese characters. I printed out the necessary pages to hold a meeting and immediately went to Dr. Yang's office. He called a meeting with the staff and I gave a brief summary of the pages I printed out. Some of the staff had heard about NA in the past but no one had ever actually attended a meeting. Most of the staff was skeptical about NA because of its religious undertones. We all agreed that there would have to be some sort of minor changes to the text to make the idea of a support group more appealing to the patients. The next day I printed out extra copies and handed them out during the morning meeting. I encouraged the patients to look them over and ask if they had any questions about the content. Later that week we held our first meeting at Daytop. The format of the meeting was for everyone to give a brief synopsis of their story - what it was like while they were using, how they feel now, and what they want to accomplish upon leaving Daytop. We hoped this would encourage more honest dialogue between the patients and help foster a more community-based therapy. The meeting was a great

success. I recently received an email from the translator informing me that those that participated are still regularly meeting every Sunday.

During my last week, Dr. Yang took me out to lunch to talk about the support group we held earlier that week.. On both the professional and personal levels, we had much to talk about over the course of two months and got along great. When Xinhua News--China's most popular news agency--came to Daytop one afternoon, he asked me to give a speech in front of them and the patients, and to later do an interview. During our lunch he thanked me for my time at Daytop (and for babysitting his son on occasion). At the end of lunch he offered me a job to at Daytop after I graduate from college. He said he would like for me to start some sort of outpatient program centered on the 12 steps.

The two months I spent at Daytop had a profound effect on the way I view drug addiction. It helped me not just to grasp, but actually witness the consistency of the human spirit across cultural and geographical divides. It was a personal journey in which I felt first-hand the commonalities I shared with men and women from completely different walks of life. It was both heartbreaking and inspiring to see the inner struggles of individuals who had a sincere desire to change their way of life, despite all the odds stacked against them. It left me with a drive to return to China and to finish what I started.

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