

Chapter 26

Drug Treatment and Public Security in the People's Republic of China

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Historical Background

Drug consumption in China is still a very sensitive issue. In the 19th century, the drug traffic imposed by outside forces caused two opium wars between the Qing dynasty and some Western countries and led to strong control of China by those powers. Opium addiction reached epidemic proportions, much more prevalent than today, and the Imperial Court, and afterwards the Republic of China, could not act effectively on what was a disastrous situation. Opium consumption was one of the main causes of the country's poverty, weakness, and backwardness. Before the constitution of the People's Republic of China in 1949, there were about 20 million drug addicts (Wang Z., 1995a, 1995b). The new government introduced new laws to stop the production, traffic, sale, and consumption of drugs and, within 3 years, almost completely stamped out these practices. However, drug abuse has been rising steadily since the late 1970s, owing to the economic reform and the open-door policy of the Chinese government, social and cultural changes, and the large amount of opium and heroin produced in the Golden Triangle (Myanmar, Thailand, Laos) and smuggled into the Chinese territory. Excluding industrial and agricultural loss, the annual cost of the drug problem is estimated to be more than 10 billion yuan (US\$1.4 billion; Beijing Information, 1996). Today, the drug problem is one of the country's most important social and political issues.

Drug Abuse at Present

Seemingly restricted at first to the southern provinces (Yunnan, Guangdong, Guizhou), the traffic, commerce, and consumption of drugs have spread throughout most of the country, mainly to the provinces of Sichuan, Shaanxi, Gansu, and Inner Mongolia. The trend is clear: from border areas to the inner regions, from the countryside to the cities. Except for some particular cases in border regions (such as Yunnan province), where many peasants were addicted to drugs (Dehong Anti-Epidemic Station, 1991; Li Jianhua et al., 1993), drug addiction has progressively become an urban question. In 1990, the National Drug Prohibition Committee published the first figures on the number of drug addicts: 70,000 had been registered. This had increased to 148,000 in 1992 and to 300,000 in 1993 (Wang, Cheng, & Chen, 1993). By the end of 1995, the total had risen to 520,000. This increase reflected not only the extension of drug consumption but also growing awareness of the problem on the part of the political system, increased police work, and improved statistical data.

Epidemiological Characteristics of Drug Abusers

There are as yet no precise national data on drug abuse in China, but provincial studies or city epidemiological surveys have been conducted since 1990. Although these are not fully comparable because they use different categories of classification and sociodemographic features, they do permit a characterization of drug abusers. They are male and mainly 20 to 30 years old (e.g., see Wang & Shi, 1994; Wang et al., 1993; Wu, 1995). In Inner Mongolia and some other provinces (Li & Li, 1994; Liu et al., 1992; Lu, Liu, Li, Zhang, & Cai, 1994), the proportion of addicts older than 50 is surprisingly high, associated with different substances and methods of consumption. Educational level is rather low, most addicts have a lower than "middle" level of schooling. Occupational status is varied, but a high percentage are unemployed (30% to more than 50%, according to different studies; for a comparison and discussion on these sociodemographic data, see Bérout, 1995).

Heroin and opium are the two most frequently used drugs (mainly nasally inhaled, smoked, or intravenously injected), though with notable regional and cultural differences. Increased cost and reduced availability are reasons given by addicts for changing to injection (Wu et al., 1996). Others have already begun to reinject blood, which can be done 4 to 20 times. Cannabis and solvents are rarely used (Lu et al., 1995), and methamphetamine ("ice") use is not reported in the collected studies. The International Narcotics Control Board (1996) has reported that methamphetamine "represents a major drug problem" in the region (p. 48). In addition to the illicit manufacture of "ice" in mainland China, "increasing amounts of ephedrine, the most important precursor of methamphetamine production, are reportedly being seized in mainland China, as well in Taiwan Province of China" (p. 48). The International Narcotics Board (1995) has also reported on the smuggling of chemical precursors into

China. A trend toward polydrug abuse was also been noted, typically involving analgesic drugs, alcohol, and sedative hypnotics (Lu et al., 1994).

In recent years, there have been reports of iatrogenic drug abuse, so-called legal drug abuse, manifested in dependence on benzodiazepines, analgesics, and other drugs, usually given as painkillers after surgery or to relieve pain of chronic diseases.

Drug Abuse and AIDS

At the end of 1995, there were 3,341 cases of HIV infection, of whom 117 had developed AIDS-related diseases; 1,400 were due to drug injection (Beijing Information, 1996). A study for the Yunnan province in 1994 showed that 78% of those who were infected with HIV were drug dependent. Intravenous drug use and the sharing of equipment are the most important causes of HIV infection among addicts, especially when drug injection is related to ethnic and cultural characteristics (Wu et al., 1996).

The Legal Framework of the Drug Treatment System

The government of China has introduced a series of laws and decrees in recent years: the Drug Administration Law of the People's Republic of China (1984), the New Drug Examination and Approval Law (1985), the Narcotics Administration Law (1987), and the Psychotropic Drugs Administration Law (1988). On December 28, 1990, the National People's Assembly issued a *Decision About the Prohibition of Drugs*, which provided inter alia for life imprisonment or the death penalty for drug traffickers (more than 50 g of heroin, 1 kg of opium), and detention for up to 15 days and fines for drug users. In addition, drug addicts must follow compulsory treatment, and if they resume drug use they are sent to work-education centers, where they begin compulsory treatment again.

A new regulation on the *Method of Compulsory Treatment* was issued in December 1995. It defines the competence of the Public Security, how the drug addict and his or her family and work unit are informed, and the procedure of recourse to appeal proceedings. The limits of the treatment period are 3 to 6 months, but it may be extended to 1 year. The addicts or their families must pay everyday expenses and the cost of medical treatment.

At the administrative level, a Coordinating Committee for Narcotics Administration and the Prohibition of Drug Traffic and Abuse was set up in 1989 with members from the Ministries of Health, Foreign Affairs, and Public Security and the Customs Head Office. Its tasks are to strengthen coordination between the concerned departments and promote bilateral or multilateral cooperation with foreign countries and international narcotics control organisations. To meet the new needs of a continuously and rapidly changing situation, a National Drug Prohibition Committee, led by the Ministry of Public Security, has been established.

The Drug Treatment System

With the growth of drug problems, more than 500 detoxification and rehabilitation centers have been established in areas where drug abuse is prevalent (232 in 1992, 252 in 1993; Beijing Information, 1995). There are 65 detoxification centers in detention centers (Beijing Information, 1996), and every general hospital has a specific ward for detoxification.

The structure of the Chinese drug abuse treatment system is shown in Figure 26.1.

The National Drug Prohibition Committee lays down laws and regulations on drug abuse, devises the appropriate measures, and coordinates the work of the different government ministries. Provincial authorities have similar tasks besides implementing the defined policy and encouraging research, but with a specific focus on the work to be done at the county or city level. The county or city is the third of the three levels of the network. It concentrates on the effective application of the drug prohibition policy (control, treatment, education, counseling), collects information and data, and has responsibility for scientific research. Under pressure from the county or city, rural administrative areas, the second level of prevention, execute the measures and policy defined by the upper level, which include the early tracing of risk factors and high-risk groups. At the first level, the village has to promote social prevention programs, provide general information on drug problems and health education, and prevent early drug use and risk factors.

Detoxification and Therapy

Between 1991 and 1995, about 180,000 addicts were sent to compulsory treatment centers; today, this number is more than 50,000 a year; in the same period, 10,000 went to voluntary treatment centers (Beijing Information, 1996). National policy gives addicts the choice of either seeking help at voluntary centers connected to health departments or being detained at compulsory detoxification centers if caught. They may be sent for treatment by sections of the Public Security, or else village leaders or heads of work units, parents, spouses, or family members may ask Public Security offices to take in addicts for compulsory treatment.

The Voluntary Treatment System

In general, a therapeutic period is 3 weeks – 1 week for medical treatment and 2 weeks for rehabilitation, which consists of physical exercise and psychological counseling. These centers work with general hospitals in order to make doctors and nurses responsible for therapy and medical treatment. The drug users or their relatives or employers pay the treatment fees. Although this system treats addicts, it cannot prevent relapse, often brought about by lack of necessary long-term psychological support and after-care. Therefore, the actual therapeutic effect is very difficult to evaluate.

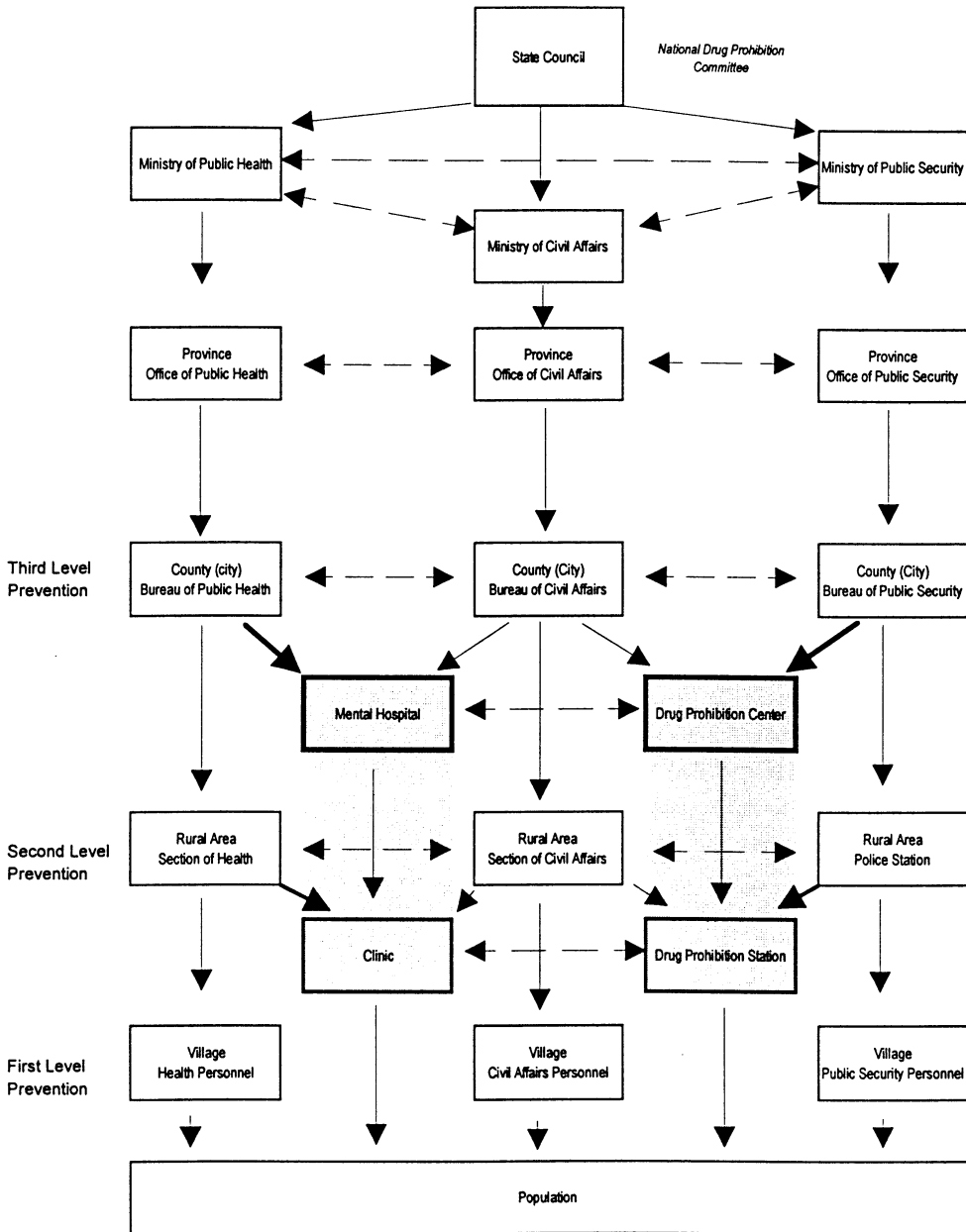


Figure 26.1 Political, Judicial, and Medical Organization of the Drug Abuse Treatment System in China: An Overview

The Compulsory Treatment System

Compulsory treatment centers are run by the Public Security, and they use a "cold turkey" approach, sometimes with the help of traditional Chinese

medicine. They impose a military-style discipline, associating physical exercise, manual labor, and education. There are also centers for involuntary clinical treatment that are not run by the Public Security. In this case, the addicts pay daily and medical expenses, but other expenses are covered by the government and work units. Those who are sent by Public Security offices for treatment are detoxified in closed wards. They are isolated from their drugs and given medical therapy for the first 10 days. Then they undergo rehabilitation, including mainly physical therapy, general education, and counseling. Medicines used for detoxification are discontinued during rehabilitation. When the treatment is over, addicts are evaluated by a special committee of doctors, social workers, and lawyers. They may leave only when the committee signs a recovery certificate and when the addicts pledge to abstain from taking drugs.

Private Detoxification Centers

More and more private rehabilitation centers have been established to serve addicts who seek treatment voluntarily. They are loosely regulated and extremely diverse in their methods, funding, and administration. They are not permitted to use methadone, other substitution drugs, or opioid antagonists; therefore, they use mainly traditional Chinese medicine and acupuncture. Although the State must approve the centers' medical and administrative background, the Department of Health remarked in 1993 that some were only profit-oriented and had deceived their patients. Because of the high cost of a 2-week course of treatment (sometimes up to US\$700), its brevity, and its neglect of the mental aspects of withdrawal, these centers are unlikely to promote long-term rehabilitation. There are no national statistics on the outcome of treatment at these centers or at compulsory treatment institutions.

Treatment Methods

The major detoxification methods used in compulsory institutions and voluntary treatment centers are the following:

- *Substitution and decreasing dose therapy:* The principal substitution drugs are methadone and buprenorphine, which are used in decreasing doses. Dihydroetorphine hydrochloride (DHE) was tried for opioid addicts, but its action seemed temporary, it quickly produced resistance, and it had a strong addiction potential. As increasing numbers of cases of DHE abuse and intoxication have been reported in the past 2 years, government offices have recognized it as a particular problem.
- *Use of other drugs to inhibit or relieve the detoxification syndrome:* One of the complications of treatment is the detoxification syndrome. Nondependence drugs, such as clonidine, propranolol, antipsychotics, antidepressives, and drugs with immune active substances are employed in detoxification. In some treatment centers, mostly voluntary institutions, large doses of chlorpromazine were used to maintain the addicts in a lethargic state – “hibernation therapy” or “narcolepsy” – designed to lessen the pain of withdrawal.

- *Ceasing drugs or using antagonist substances:* For those with a short period of drug abuse, it is effective to stop the drug use directly, coupled with supporting treatment and psychotherapy. Antagonists such as naltrexone are also sometimes used.
- *Traditional Chinese medicine:* Chinese herbal medicine, acupuncture, and qigong are widely used in treatment centers. Many Chinese herbal medicines are used in detoxification, but their effects are not satisfactory. Recently, experiments have been carried out with a compound of Chinese herbs called *fukang pian* for alleviating opiate withdrawal symptoms (Guo et al., 1995; Hu & Huang, 1995).

Acupuncture therapy is simple and economical. Somatic acupoints such as *zhusanli* (He-Sea point) and *hoku* (Yuan-Source point) are those preferred by practitioners of traditional Chinese medicine. Electric needles, massage, and other apparatus have also been used in the detoxification clinical treatment.

- *Comprehensive therapy:* Because treatment of drug abuse consists of not only detoxification therapy but also medical support, psychotherapy, and psychological counseling, doctors in detoxification centers often offer comprehensive therapy, such as adding other medicines that can inhibit withdrawal symptoms during dose reduction, combining antagonists with inhibitors, and coupling acupuncture with pharmacotherapy. When addicts have stopped drug consumption, rehabilitative measures are immediately taken to consolidate the effects of detoxification therapy. They are then sent to general hospitals for psychotherapy and psychological counseling. Usually, hospitals provide outpatient counseling for drug abuse.

Nowadays, some treatment programs put more emphasis on an individual's needs, the psychological aspects of withdrawal, and after-care support. Relapse in drug abuse is very high (e.g., about 90% within 1 month of finishing treatment; Wu, 1995; see also Y. Wang, 1995), so it is believed that a better follow-up of patients will improve the results of the treatment system.

Research and Education

Since the late 1980s, the Ministry of Public Health has been setting up a range of public institutions, committees, and working groups to study the drug situation and to diffuse scientific knowledge: the National Institute on Drug Dependence (1988), the National Drug Dependence Therapeutic Center (1988), the National Narcotics Laboratory (1990), and others. Since 1992, a professional quarterly, the *Chinese Bulletin on Drug Dependence*, has been published by the National Institute on Drug Dependence; it presents scientific research and surveys (in Chinese with short abstracts in English). Other publications are now available: the *Chinese Review on Drug Abuse Prevention* and the *Chinese Journal of Epidemiology*.

For a better understanding of drug dependence and health problems, general studies have progressively been carried out among the population and specific groups in order to analyze the attitude toward drug use among middle school

students (Zhao et al., 1994) and women (Chen & Yao, 1994) or to investigate the relationship to volatile solvents (Lu et al., 1995).

Drug abuse surveillance centers and treatment and rehabilitation institutions have also been established by provinces and cities to strengthen detoxification and preventive work. Academic bodies – the China Toxicological Association and the Drug Dependence Professional Committee – have been set up, as well as a non-governmental mass organization, the Chinese Drug Abuse Prevention Association, composed of doctors, scientists, teachers, students, journalists, and others. This organization has a large network and provides professional training, education, and counseling; also, it contributes to academic journals and magazines. Besides holding a biennial academic conference to promote research, it organizes extensive public activities related to the prevention of drug problems.

Perception of Drug Problems and Treatment

For the past 20 years, as drug problems and the number of drug addicts have been increasing, the government has been more and more concerned about this evolution. Whereas at first, the drug problem was not discussed openly by the official world, this attitude has changed radically. The Chinese Central Television has broadcast a series of eight films on drug consumption and smuggling and on the risks and prevention of drug abuse. Other major events, such as Drug Prohibition Day (June 26), are also used to make the people aware of the strong measures taken against drug traffic and consumption.

Thanks to progressive improvement in legislation and organization, the State has begun to face the problem of drug addiction; to fight production, smuggling, and the transport of illicit drugs; and to establish treatment facilities and a national monitoring system, which is still under way. The attitude toward drug addiction is changing gradually from a perception of drug users as criminals to that of patients in need of medical, social, and psychological support.

In recent years, information on drug-related problems has been more and more widely disseminated by means of radio, television, and newspapers in order to expose the risks and the background of drug use, make the people aware of the laws and measures introduced by the government, and help them understand the policy of drug prevention and repression.

Problems and Prospects of the Therapy System

Although the Chinese government has adopted many measures in legislation, medical care, and organization, there are still serious problems related to drug abuse treatment and administration. The relapse rate is very high, owing to lack of essential rehabilitative facilities and psychological counseling. Health and preventive education for high-risk groups is deficient, especially in remote or backward areas. People need to be made more aware of the risks of drug abuse. The management of detoxification institutions is confused, control over private

centers needs strengthening, and results of therapy are not evaluated. Also necessary are more means of prohibiting drug traffic, blocking drug supplies, and further improving the system of surveillance of narcotics and psychotropic drugs.

Research is needed to discover new treatment drugs that would be more effective, cheaper, and without side effects when used in detoxification. The various treatment and rehabilitation services need to be coordinated.

The People's Republic of China has a relatively short experience of "modern" but still very sensitive drug problems. Besides having to cope with a fast-growing economy and a changing society, the Chinese government has been trying to control drug abuse. Although the results as yet are insufficient, the recent progressive improvement should be recognized, and further help and information sought from foreign countries. Especially for a large country with such diverse living conditions as China, international collaboration is necessary for a better understanding of the problems of drug abuse, of new ways of treatment, and of other countries' experience in running treatment and rehabilitation services.

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