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**THE POLITICS OF DRUG ADDICTION:
A COMPARISON OF UNITED STATES AND CHINESE DRUG POLICIES
SINCE 1949**

Richard Fortmann

INTRODUCTION

During the past decade the increase in drug use and drug addiction in the United States has been viewed with growing alarm. Drug addiction has been compared to a contagious disease, an epidemic which is raging in our cities and towns. Although the rhetoric has become more dramatic, the drug problem is certainly not a new one. This paper is concerned with the historic failure of United States policies to eliminate or even to contain drug abuse and drug addiction. It is the central thesis of this paper that drug addiction is a social disease, and as such is symptomatic of a greater dysfunction within the general society. In this view, the failure of United States drug policies is a logical consequence of its larger political and economic system, that is, the capitalist system. By extension, no rehabilitation strategy can succeed until this system is replaced by one with non-oppressive, collectivist goals.

To support this thesis, this paper will contrast United States drug policy since 1949 with the drug policies and concomitant social and political changes which successfully eliminated drug addiction in China following the 1949 revolution. Such a comparison is made to emphasize the class-biased nature of current drug policies in the United States, and to reaffirm that such bias is not accidental or shortsighted, but rather is inevitable under the present capitalist economic and political system.

BACKGROUND - CHINA

The history of opium addiction in China dates back to the eighth century, when Arab traders first brought opium into the country at the port of Canton.¹ In the early 1600s, a mixture of tobacco and opium became a popular treatment for malaria,² and the demand for the drug increased. Over time people dispensed with the tobacco, and by 1894 a British general would testify before the Royal Commission on Opium that "opium smoking is regarded in western China as the best possible and sure shield against malaria."³ It was not until the late 1700s, however, when the British began an aggressive policy to market opium from its colony in India, that addiction became a major problem in China.

For the British, the opium trade served as a wedge to pry open further commercial opportunities on the Chinese mainland. Traditionally China had enjoyed a favorable balance of trade

with foreign nations. It did not need or want to import the goods which were offered to it in commerce. Now, however, with the ever-increasing importation of opium, China began to suffer a trade deficit. By 1767, a total of approximately 80 tons of opium were entering Macao alone.⁴ This trade deficit weakened the already corrupt imperial regime, and paved the way for the humiliating foreign encroachments which China was to suffer during the next one hundred and fifty years.

The Imperial government did make attempts to halt the alarmingly large flow of opium into the country. As early as 1729, and again in 1796 and in 1800, imperial decrees were issued which banned the importation of opium. These were easily circumvented through a combination of bribery and smuggling. Events finally came to a head in 1838 when Imperial Commissioner Lin Tse-hsu made the dramatic move of seizing and destroying approximately 1600 tons of British opium.⁵ Britain demanded restitution, war broke out, and in the ensuing treaties of 1842-1844 the opium trade was allowed to resume without Chinese interference.⁶ A second military conflict occurred from 1856-1860 and resulted in even further Chinese concessions.

The period of the two Opium Wars convinced the Chinese government of the futility of attempting to control the importation of foreign opium. Instead, the government shifted to a policy which encouraged domestic production of opium, thus undercutting the foreign competition and helping to reduce China's balance of payments deficit. The new policy was so successful that by the early twentieth century the amount of opium being imported annually was fifty percent lower than the peak importation year of 1880.⁷ The most significant consequence of this new policy, however, was that governmental participation in the opium trade was formalized within the legal and bureaucratic systems. This participation was sometimes public and sometimes covert, but it remained as a major source of revenue for every national government until the Communist takeover in 1949.

Publicly, at least, the imperial government did show some concern about the growing opium problem. In 1907 negotiations with the British succeeded in eliminating officially sanctioned imports from India, and the government initiated an anti-opium campaign to reduce domestic production as well. Ironically, this campaign aroused so much opposition from the peasantry, many of whom relied on opium as their principle cash crop, that a revolution was mounted which toppled the imperial government in 1911 over this issue. The new government gave token support to the anti-opium campaign⁸, but by 1917 many areas which had been poppy-free in 1909 were once again actively engaged in the production of opium.⁹ In August, 1927, the national government (then under the leadership of Chiang Kai-shek) legalized the opium trade, and set up a state monopoly to tax all opium sales.¹⁰

During the next twenty years the Nationalist government continued to profit from the sale of opium. The government periodically announced anti-opium policies, but even during the Japanese occupation of China during World War II, the Nationalists were deeply involved in the opium trade.¹¹ By the early 1930s one source estimated that 10 percent of China's 450 million people were opium addicts.¹² In the city of Shanghai alone there were close to 10,000 opium dens.¹³

It was against this backdrop that the Chinese Communists began their campaign against opium in 1949. They were faced with a problem which dated back over twelve hundred years, and which more than two hundred years of public opposition had failed to diminish. To many observers the problem of opium addiction appeared to be so deeply embedded in Chinese society as to defy any solution.

BACKGROUND - UNITED STATES

The United States has a history of drug abuse dating back to the mid-eighteen hundreds. The unregulated use of morphine as a painkiller during the Civil War created the first major addict pool in this country. Writing in 1868, one source estimated that the number of addicts was at least eighty thousand, and stated that the events of the Civil War had unquestionably added greatly to that total.¹⁴

During the later part of the nineteenth century the use of opium and morphine became even more widespread. A report to the Michigan State Board of Health in 1878 described the situation as follows:

Few families are to be found without their stock of remedies. Common among these are opium, morphine, Dover's powder, laudanum, and paregoric, besides the domestic prescriptions containing opium. For the nursery, in addition to common opiate preparations, are the patent soothing syrups, cordials, and anodynes, nearly all containing opium.¹⁵

The concern over addictive patent-medicines was so great that in 1898 the Bayer pharmaceutical company introduced a "non-addictive" sedative for coughs. That sedative was given the brand name of Heroin.¹⁶ When opium smoking was prohibited by law in 1908, heroin replaced it as a legal substitute.¹⁷

By World War I there were an estimated 200,000 addicts in the United States.¹⁸ However, there was no government policy which dealt with the problems of this addict population. The initial legislation on drug abuse -- The Smoking Opium Exclusion Act of 1908, and the Harrison Act of 1914 -- extended only so far as the problem of importation and domestic production. There were privately run clinics which provided maintenance doses of narcotics to addicts, but popular opinion held that these clinics often served only to spread the problem of addiction by

dispensing narcotic drugs to previously unacquainted persons. This was the era of "muscular Christianity",¹⁹ which gave us Prohibition and the Sacco and Vanzetti Red-Scare trial. Drug addicts were viewed in much the same light as the dreaded Bolsheviks -- they were dangerous elements which had to be eliminated from society. In this climate the government moved in 1919 to end the practice of maintenance of addiction. A Supreme Court ruling in that year held that maintenance of addiction was illegal if the addict was being treated for no disease other than addiction. All the clinics which were serving the addict population were closed down, and responsibility for the remaining addicts was passed to a different sector of private enterprise -- the criminal world of the Mafia.

This most successful of corporate entities in the United States was soon managing an enormously profitable combination of narcotics peddling and prostitution. The Mafia operated these businesses with relative impunity until 1936, when Lucky Luciano, its corporate genius, was convicted on 62 counts of forced prostitution.²⁰ Without Luciano's guiding hand, and with the advent of wartime security measures during the 1940s, the problem of addiction gradually diminished. The supply of narcotic drugs began to dry up, and by 1945 there were only an estimated 20,000 addicts in the United States.²¹

The year 1946 brought the end of wartime security controls, and heroin smuggling flourished. Narcotics arrests increased, and the addict population became generally younger.²² In 1951 new legislation calling for mandatory prison sentences for both pushers and dealers was enacted to meet the problem (82nd Congress, Public Law No. 255). Nonetheless, by 1952 the estimates of the number of addicts in this country ranged as high as 60,000 -- triple the 1945 level.²³

Even with this increased level of addiction the United States was in an immeasurably better position in 1952 than was China in 1949. The United States was the richest country in the world -- untouched by the recent World War; China was among the poorest, and had just concluded nearly 40 years of civil war and foreign occupation. The United States total of 60,000 addicts certainly compared favorably with the millions of Chinese addicts. Perhaps most importantly, the United States possessed an unparalleled health-care system, while China's medical services were pitifully inadequate and already overburdened by enormous problems of epidemic diseases. Yet despite all these surface disadvantages, by 1953 the Chinese had succeeded in eliminating a problem that was 200 years old and deeply rooted at all levels of society. Given that same time span -- plus two decades more -- the United States has succeeded only in increasing its addiction problem to the point where there are probably ten times as many addicts today as there were in 1952.

THE CHINESE POLICY

If the average drug addiction expert in the United States were shown a description of the treatment modalities used by the Chinese after 1949 in their anti-opium campaign, his/her probable response would be to say that we are already doing these things in the United States, plus much more. And s/he would be right. This points to an important fact about the success of Chinese drug policy -- it rested not on technical breakthroughs or dramatic treatment plans, but rather on a wholly different approach to social problems in general.

The Chinese Communists viewed drug addiction as being only one manifestation of a general social dysfunction which was the legacy of previous regimes. They recognized that to end drug abuse they would have to treat not only the current addicts, but also change the social conditions which had enabled addiction to flourish. The Government Administrative Council proclamation of 1950 banning the manufacture, sale and use of opium was only one part of a national reform movement. Article Four of the new constitution declared that:

The People's Republic of China by relying on the organs of state and the social forces, and by means of socialist transformation, ensures the gradual abolition of systems of exploitation and the building of a socialist society.²⁴

There were simultaneous movements for the suppression of bandits, rent reduction, interest reduction, agrarian reform, and the suppression of counter-revolutionaries. New legislation outlawed prostitution and otherwise dramatically improved the status of women. Widespread campaigns focused on China's health problems, especially the problems of epidemic disease.²⁵ As one Chinese source noted in 1952:

These movements. . . have increased [the people's] consciousness, and have helped the government enforce the prohibitory decree . . . At present, the tasks of prohibiting the cultivation of poppies have been basically accomplished.²⁶

The specifics of the anti-opium campaign were relatively simple. In 1950 the G.A.C. issued a decree banning the sale, manufacture, and use of opium and other narcotics. Severe punishments were recommended for continued offenders. The people's governments at all levels established anti-opium and anti-narcotics committees to coordinate this campaign. The G.A.C. advised that in districts where military campaigns had been concluded that opium cultivation should be prohibited and eliminated as of Spring, 1950.²⁷ This proved to be difficult to accomplish. Opium growing had become the average peasant's only hope of getting out of debt, and for this reason many were opposed to the new policy. To compensate for the lost

income an allowance was paid in some areas, while in other regions debtors were allowed to grow poppy, but only on family lands (not cooperative lands), and only until they had paid off their debts.²⁸

The second stage of activity involved the registration of all opium addicts and the surrendering of all opium and narcotics in civilian possession. The G.A.C. order went so far as to specifically indicate that compensation could be made "in consideration of loss of income" (such as for former employees of the opium traffickers) according to the circumstances of each case.²⁹ The policy was one of leniency for the workers and employees in the opium industry, with heavier penalties for opium dealers.

Attempts to continue opium dealing received the harshest penalties. These ranged from prison sentences to capital punishment. The death penalty appears to have been invoked in only the most extreme cases. The New China News Agency reported on March 29, 1951, that as part of the anti-opium campaign in Southwest China, 37 persons had been executed during the previous year.³⁰ Although no figures are available for the country as a whole, it is safe to say that the success of the anti-opium campaign did not rest on the threat of capital punishment.

The third stage of activity involved direct treatment. Clinics were opened for the treatment of addicts, and indigent addicts were treated free of charge. An estimated one-third of the addicts "kicked" their habits by going "cold turkey."³¹ According to a report from Canton in 1952, of 5,723 registered addicts, 4,709 (or 82 percent) had been cured, with an astounding 4,265 of those (90.5 percent) having been cured at home.³² Chemotherapy was employed in some clinics and hospitals, but it is unclear which drugs were used. Most cures involved a gradual reduction of dosage, and took approximately 12 days to complete.³³

A single theme ran throughout the Chinese anti-opium campaign. This was that the addicts were victims of an oppressive system, and not criminals or social deviants. The anti-opium campaign was only part of an overall social policy which attempted to rid the country of many forms of oppression. In small meetings and mass rallies the people were told that now they had the opportunity to destroy remnants of the past such as opium addiction. The peasants and workers strongly supported this Mass Line and it was their unified, collective pressure which in the final analysis conquered opium addiction in China. Starting at the level of the chia (approximately ten family groups³⁴) they met to discuss the problem of addiction as it applied to their locale. Women's Federation and Youth League groups organized committees to aid the government,³⁵ and wives and mothers were mobilized to put pressure on their addicted husbands and sons.³⁶

This mass support, so essential to the success of the anti-opium campaign, was generated by the overall social reform which eliminated the cycle of poverty and frustration throughout China. Every citizen was guaranteed -- for the first time -- the right to enough food to live on, the right to a decent place in which to live, the right to a job, and the right to a basic equality of opportunity. These guarantees in turn supplied the people with a sense of purpose and faith in the future. Not only were the current addicts treated, but this sense of national purpose worked to insure that a new generation of addicts would not arrive to replace them. Today, the problem of addiction is so remote as to be an historical curiosity.

POLICY - UNITED STATES

The United States has traditionally looked upon the addict as being either a criminal or a social misfit. There has been a gradual trend to decriminalize addiction, but the chosen alternative has been to define the addict as being "sick". The Supreme Court first institutionalized this concept in 1902 in Robinson versus California (398 U.S. 913), when it declared that drug addiction is an illness, "comparable to. . . insanity and the common cold."

The underlying assumption that the addict is "sick" has tended to obscure any investigation into the pattern or distribution of addiction in our society. Therefore, although the National Commission on Marijuana and Drug Abuse went so far as to conclude that drug addiction is significantly related to economic deprivation and low socioeconomic status, the primary thrust of United States drug policy has not been the elimination of the causes of economic deprivation in the general society. Rather, drug policy has set as its primary goal the reduction of the anti-social behavior attending drug addiction and drug abuse -- especially urban crime. The more liberal of policymakers also include the rehabilitation of the addict as a "useful" (employable) citizen, ignoring the fact that "full employment" in the United States has traditionally meant that at least 4 percent of the work force are without jobs, and that often the unemployment figures have been much higher. Employability is no guarantee of a job.

The current debate in drug policy is not over questions of causation or cure. Jerome H. Jaffee, Director of the Action Office for Drug Abuse Prevention (1973), has noted in this regard:

Compulsive drug use should also be thought of as a chronic disorder, and many cases require continual or intermittent treatment over a period of years.³⁷

The real debate concerns which methods should be used to prevent the "disease" from "spreading." Civil commitment procedures (introduced as part of the Narcotic Addicts Rehabilitation Act of 1965) have been widely touted as the best hope in this respect,³⁸ although certain civil libertarians have insisted on raising difficult questions about the constitutionality of such practices.³⁹ A popular alternative has been the methadone maintenance modality (sometimes used as part of a civil commitment program), whose aim is to stabilize the dependent person by substituting a legal drug for the illegal one. That the person is still an addict has not been a problem to date; the essential point is that s/he is no longer "enjoying" his/her habit, and is no longer a "criminal."

There are currently 140,000 persons enrolled in methadone maintenance programs, a statistic which seems to be a rather open admission that our society has neither the will nor the patience to attempt any overall "cure" or "solution" for drug addiction. Some radical theorists, led by Thomas Szasz,⁴⁰ have indeed gone so far as to suggest that the government should play no role in the regulation of drugs. They maintain that such intervention serves not a "medical purpose of safeguarding the people's health, but the political purpose of controlling their thought and actions."⁴¹ There is considerable truth to this statement, but it misses the central issue facing drug policymakers -- that drug addiction is but one manifestation of a generalized social dysfunction in the United States in which an increasingly large segment of the population is excluded from meaningful participation in the society. This is not to say that drug addiction is purely an economic or class problem. There are certainly psychological factors associated with drug abuse. But the Chinese experience clearly indicates that those are secondary to the social origins of the problem. The lesson of the 1949-1953 anti-opium campaign in China is that drug addiction is primarily a social disease, brought on by conditions within the society. The capitalist system in China was oppressive in many ways. It was only by first attacking the root of this oppression, through a dramatic restructuring of political power and economic control, that China could realistically address problems such as drug addiction.

The United States continues to avoid this issue. With capitalism sacrosanct, we can offer only symptomatic relief for the problem of drug addiction. Thus our solutions take the form of methadone maintenance and civil commitment, both intended to reduce the "social cost" of addiction by reducing crime. But the problem remains, and the solutions become just another example of institutional racism and class bias that must inevitably provoke conflict. Already organizations have formed to protect addicts' rights -- a staggering response to the supposed humanism of drug rehabilitation.

The undeniable conclusion is that although the drug problem is solvable, the solution will not fall within the traditional

framework of humanistic reform. The criterion for success in China was the elimination of drug addiction. By all reports this criterion was met. But the example of China should remind us that it is the capitalist system which must be changed, and not the people who live under it. Solutions which insist on viewing the addict as being "bad" or "sick" are simply not workable.

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