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Social Support and Discrimination: The Experiences of Recovering Heroin Addicts in Kunming, China

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Traditional Chinese Medicine, SIT Study Abroad, Spring 2019

Abstract

Opioids have had a long, complex position in Chinese society, dating all the way back to the Ming dynasty. In 1949, 5% of the overall Chinese population and 25% of the population in Yunnan smoked opium regularly, which led to societal collapse and economic downturn. Since then, the Chinese government has used many different methods to attempt to control drug use and trafficking, including registering all users, executing traffickers, and using Compulsory Rehabilitation Centers. Starting in 2008, the government switched to a harm reduction approach and began to invest in methadone clinics, community support groups, and needle exchange programs. Because not much research exists on the effectiveness of peer support in China, this aim of this study was to gain a deeper understanding of the effectiveness of peer support groups and other natural social support systems and also determine Chinese society's perceptions of drug use and whether this affects the recovery experiences of people who use drug.

Nineteen former drug users, sourced from a methadone clinic in Kunming, were interviewed concerning peer support services, their natural support systems, and perceived discrimination. One hundred and twelve responses were also received from an online survey sent out to the Chinese public aimed at understanding the stigma and discrimination against people with drug addictions. From analyzing these responses, this study came to a couple main conclusions. First, peer support groups for those recovering from addiction in Kunming are not widely used and limited in their effectiveness. Instead many participants in this study relied on familial support and distancing themselves from others with drug histories. Furthermore, discrimination and stigma against people with drug addictions are very high and make reentry into society difficult for many. China has come a long way in its handling of its narcotic abuse problem, but there still remain many gaps in social support.

Topic Codes: Public Health; Opioid Abuse; Methadone Maintenance Therapy; Social Support; Peer Support Groups; Stigma

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List of Abbreviations

MMT	Methadone Maintenance Treatment
IDU	Injection Drug User
CRC	Compulsory Rehabilitation Center
REWC	Reeducation Through Work Centers
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
QOL	Quality of Life
TCM	Traditional Chinese Medicine

Introduction

History of Opium in China

Opioids have a long complex history in Chinese society, dating back thousands of years. Starting in the Tang Dynasty (618-907), there are records of opium being imported into China from overseas. Later in the Ming Dynasty (1368-1644), opium was widely recognized in Traditional Chinese Medicine as a miracle drug to “preserve vital energy” and warm the organs and capable of curing diseases ranging from cholera to heat stroke to fevers to diarrhea (Dikotter, 2002). The Chinese did not begin to smoke opium until the early 16th century, which changed the societal perception of opium from a medicinal product to a luxury good. As a mainly foreign, imported commodity, opium was incredibly expensive and could only be afforded by those of great wealth. It was a coveted symbol of high status and was consumed by wealthy elites in an elaborate art ritual not unlike that of tea (Dikotter, 2002).

As more and more illegal opium was trafficked into China from British India in the late 18th century, opium became more readily available to people from all rungs of society and was often smoked as part of social gatherings. This led to widespread addiction, which in turn led to increased crime and “loss of workforce” (Lu, 2008). By the 1880s, there were an estimated 30 million opium smokers in China and the drugs image had changed from a highly valued luxury good to a symbol of social collapse and economic downturn (Dikotter, 2002). The Qing court began to establish numerous anti-opium policies, and outlawed the importation and use of the drug in the early 19th century. These new policies were not economically favorable for British trade interests, and as a result the monarchy engaged the Qing court in two Opium Wars, the first in 1839 and the second in 1856. The Qing lost both wars and was forced to legalize opium trafficking and relax its anti-drug policies. In 1860, in an effort to exert greater control over the

opium supply, the government allowed and then later disallowed local farmers to cultivate opium poppies (a highly profitable cash crop). However, farmers continued to grow and sell the crop, which contributed to widespread opium abuse (Lu, 2008).

Heroin in China

Heroin was introduced to China as a medication known colloquially as “Red Pills” in 1912. These pills often contained a combination of heroin and caffeine and was much simpler to smoke than raw opium. When the government outlawed the Red Pill, heroin began popping up in many different forms, as pills, powder, and even cigarettes. Heroin was both significantly cheaper and stronger than opium, and thus gained popularity quickly. In both urban and rural China ordinary people would offer guests a cup of tea and a hit of heroin as a sign of respect. Hypodermic syringes were commonly used in opium and morphine dens, so it was not a far leap for many users to start injecting heroin using needles made of metal, glass, and hollow bamboo (Dikotter, 2002).

Narcotics Control

Though the Qing Dynasty starting in 1729 made multiple efforts to control the use of opiates, these efforts were seen as more of a general statement against moral corruption and not taken very seriously. Opium and drug use were not fully criminalized until 1927, when the Nationalist government ruled most of China. The new government brought new political and medical elites to China who viewed drug and their users as society’s pests (Dikotter, 2002). In 1934, the Nationalists began the Six-Year Opium Suppression Plan, which forced all users to register and enter state-run rehabilitation centers which were run similarly to prisons. This

policy targeted rural and urban poor as well as ethnic minorities in China while forgoing all elites, leading to unsuccessful eradication of drug use (Lu, 2008).

By 1949, the year of the establishment of the People's Republic of China, 5% of the overall Chinese population and 25% of the population in Yunnan abused opiates and narcotics (Lu, 2008). From the beginning of the PROC, the Chinese Communist Party looked to realize its vision of a "new China". They wanted to focus on a "national, scientific, and mass culture," and rid the country of all capitalist and feudal elements, including opium and drugs (Zhou, 2001). Starting in 1950, the CCP enacted severe punishments and mass anti-drug mobilization campaigns that targeted mainly growers and traffickers. Addicts were placed "under surveillance of the masses" and at home or in collective rehab units. Around 1% of all drug-related arrests ended in execution in an effort to discourage the public (Zhou, 2001). These policies along with the CCP's practice of isolation from foreign powers successfully decreased drug abuse in China. However, in the 1980's, the country re-opened its doors, which brought with it increased wealth, foreign influence, and thus illegal drug trafficking (Lu, 2008).

Starting in 1990, China turned to compulsory detoxification centers as its primary method of treating addicts. First time offenders who were apprehended were sent to government-run compulsory rehabilitation centers (CRCs) for up to 6 months. Users who were caught after spending time in a CRC were sent to reeducation-through-work centers (REWCs). At these centers, recovering addicts attended anti-drug informational sessions, engaged in physical labor, and detoxification, sometimes without any medical detox aids. These centers often did not have any Western-style therapy or counseling services (Xiao, 2015). Alternatively, people can also choose to voluntarily enter state-run detoxification centers. More often than not, users must pay

for the cost of treatment, whether voluntary or compulsory, completely out of their own pockets, as addiction treatment is not covered by insurance (Lu, 2008).

In 2008, China passed a new Anti-Drug Law which dramatically shifted the way the government dealt with drug use. The government adopted a health-oriented approach and began to ascribe to the disease model of addiction and the theory of harm reduction (Xiao, 2015). These two theories state that addiction should be approached and treated as a medical ailment and that society should focus on minimizing the negative effects of drug use such as HIV infection rather than trying to abolish it altogether. This shift away from the previous penalty-oriented practice of criminalizing drug users led to the abolishment of REWCs. Instead, the government now focuses on voluntary treatment and CRCs for repeat offenders and has worked to establish community-based treatments and support groups.

Harm Reduction and Methadone Maintenance Therapy

Following this new model, the Chinese government started funding Methadone Maintenance Therapy Clinics (MMT), a form of Opioid Substitution Therapy. Methadone is also an opioid that when taken, completely reduces heroin withdrawal symptoms, so it allows users to reduce or completely cease heroin use and return to a productive lifestyle. Methadone must be taken every day at a specialized clinic and is swallowed rather than injected, greatly decreasing the possibility of HIV or Hepatitis C infection. As of 2018, China had 767 MMT Clinics, the highest in all of Asia (“Opioid Substitution Therapy for HIV Prevention”). Previously, methadone users in China were only allowed to obtain their daily dose at the singular clinic at which they were registered and were regularly tested for illicit drug use. This made it difficult if users ever travelled and contributed to low retention rates. However, in recent years,

the state has relaxed many of these policies in an effort to make MMT more accessible. Despite this, current retention rates in China remain only around 40% (“Opioid Substitution Therapy for HIV Prevention”).

Current Status of Drug Abuse

In 2016, the annual National Narcotics Control Commission reported that there were 2.51 million officially known drug users in the country, a 6.8% increase from the previous year (“Drug Addiction on the Rise in China”). Drug abuse is particularly rampant in Yunnan Province, due to its proximity to the Golden Triangle, one of the highest opium producing areas in the world and where the borders of Myanmar, Laos, and Thailand meet. In Yunnan, it was estimated that in 2014, 0.94% of the population used illicit drugs, a significant increase from 0.81% in 2011 (Zhang, 2018). The majority of these users were male, single, low-educated, rural, and ethnic minorities. In Yunnan province as well as nationally the number of new heroin users is steadily decreasing, but there are increasingly more users of synthetic drugs, namely methamphetamine and ketamine (Zhang, 2018).

Social Support and Formal Peer Support Groups

In 1998, the World Health Organization recognized having strong social relationships as a key factor in promoting good health practices (Dennis, 2003). Altering an individual’s natural social environment can greatly affect the outcome of addiction treatment by helping the individual make necessary psychological adjustments. Furthermore, formal peer support groups, in which individuals of similar experiences meet to discuss their experiences amongst a variety of other topics. Peers can understand and support each other in ways that regular family and

friends may not be able to and studies have shown that participation in these groups can enhance social integration, encourage good-health practices, increase self-care, and decrease loneliness through providing emotional and informational support (Dennis, 2003). Peer support groups can empower participants and are a very important strategy for preventing relapse and encouraging successful recovery in the long term (Boisvert, 2008).

This aim of this study was three-fold. First, I wanted to determine what peer support services are available to recovering heroin addicts in Kunming and what tangible benefits, if any, patients retained from them. Second, I wanted to determine what natural support systems recovering users have and what forms of support they receive from these groups, and third, I wanted to gain more insight into general community perceptions of drug addiction in China and whether these perceptions affected how users recover.

Methodology

Justification for research

Though a lot of literature exists on the potential benefits of peer support groups in addiction recovery in the United States, not much has been research has been done on peer support in China. The Chinese government has only recently begun to focus on harm reduction and the disease model of addiction rather than criminalization of drug use, therefore peer support groups are a relatively new phenomenon. Furthermore, due to China's complex social history with drug use, addiction is still highly stigmatized, which makes the social experiences of users a particularly interesting field of study.

Research Site

Participants for this study were primarily sourced from a methadone clinic in Kunming, the capital of Yunnan province. This location was chosen due to Yunnan being one of the provinces most affected by drug use in China and because my connections were able to grant me access to a methadone clinic in this area.

Data Collection and Analysis

Semi-structured interviews were conducted over the course of two days in May 2019 with a total of 19 methadone users. Interviews lasted between 20 and 40 minutes and were conducted by myself entirely in Chinese. After arriving at the clinic, users were explained the nature of the study and oral consent was obtained. Interviews took place in a small meeting room in the clinic on a 1-to-1 basis, however, due to space limitations there were occasionally others waiting to be interviewed in the same room. In one instance, the interviewee's children were in the room while he was being interviewed. Interviews were not recorded, no identifiable information was taken down, and notes were written by hand to avoid the participant's discomfort, as drug users are a highly stigmatized population in Chinese society. For this reason, each participant was also provided 50 RMB as compensation at the conclusion of the interview.

The questions were originally written in English, translated by myself, and then checked for accuracy by a graduate student who is a native Chinese speaker. Besides demographic information, the interview questions fit into three categories: formal peer support, natural social support (family and friends), and perceived discrimination. Those who had never participated in formal peer support groups were not asked that set of questions.

Each interviewee also filled out a Flanagan Quality of Life (QOL) scale before being interviewed. This 15-point questionnaire was designed by an American psychologist in the 1970s and was designed to be able to accurately evaluate self-perceived QOL for all Americans (Burckhardt, 2003). I slightly modified the wording to better fit Chinese respondents and then translated the survey into Chinese. The survey covered 5 broad categories of life: Physical and material well-being, personal relationships, social and community activities, personal fulfillment, and recreation. Interviewees were asked to fill out their satisfaction with that aspect of their own life on a 7-point Likert scale, from (1) meaning terrible to (7) meaning delighted. This survey was used to be able to quantitatively evaluate self-perceived QOL among interviewees and determine if there were any trends.

Next, I designed an online survey on wenjuan.com to sample the general Chinese public and determine their attitudes towards drug use. Excluding demographic information, the online survey consisted of twelve statements in which participants had to rate their personal agreement with the statement on a 5-point Likert scale, from Strongly Disagree to Strongly Agree. The statements were adapted from the 2006 General Social Survey and were designed to measure stigma, acceptability of discrimination, effectiveness of current treatment options, and policy support.

The survey was sent out to individual people via WeChat and then distributed via WeChat friend circles to reach the widest audience possible. The survey was also distributed to Kunming residents at English Corner, a weekly meetup in Green Lake Park where locals can gather to practice English with foreigners.

Limitations and shortcomings

There were several major limitations to this study, the first of which being time. This study was conducted over a one-month time period, which meant all interviews, surveys, and data analysis had to be completed in this time. It was also difficult to schedule a time to physically go to the methadone clinic, so all interviews and observations had to be finished over the course of two days. The project was also limited financially, because each interviewee was compensated 50 RMB for their time.

PWIDs are heavily marginalized group in Chinese society and drug use is a very sensitive subject that is often kept as quiet as possible, which made it more difficult to find interview subjects. Furthermore, clinic staff informed us that anti-drug police activity had increased significantly within the past year and many of their former clients had been captured and sent to compulsory rehabilitation centers, so their current clientele was limited. All people in this study were sourced from a single methadone clinic in Kunming, which is not representative of the general population that uses drugs, as not all have access to MMT.

Sample bias was also a major issue for the survey, which was a convenience sample as it was distributed over Wechat to those with connections to SIT, personal acquaintances, and at English Corner. This means that the surveyed population was concentrated in Yunnan, Guangdong, Shandong, and Guangxi provinces as those are where my personal connections are strongest as well as more highly educated than the general Chinese population. I also had originally hoped to interview healthcare providers at the methadone clinic but the staff was too busy and unavailable to take the time out to be interviewed, so this study is missing potentially useful input from healthcare providers.

Furthermore, all interviews were conducted in Chinese and then notes were translated by myself into English. Chinese is not my first language and some interviewees had heavy accents when speaking Mandarin or spoke entirely in local dialects, which made it difficult for me to fully comprehend all details. When possible, I repeated answers back to the participants to ensure I had the correct information, however, sometimes it was still difficult to ascertain the interviewee's exact meaning and I did occasionally receive contradictory information. As such, some information may not be as nuanced or detailed as hoped.

Results

Semi-Structured Interviews

Participant Demographics

Of the nineteen participants interviewed at the methadone clinic eleven were men and eight were women. They ranged from thirty-seven to sixty-three years old with the average age being 47.4 years. There was a wide variety of education levels as almost half of the participants had only received up to a middle school education, while four had finished high school, three attended vocational school, one had attended a two-year technical college, and two had only completed elementary school. The vast majority of interviewees were of Han nationality, with 1 Hui and 1 Zhuang participant. All female participants were either currently married or divorced, while four of the male participants had never been married. This reflects China's major gender imbalance and the difficulty rural, less-educated Chinese men experience in finding wives. Most were either unemployed or self-employed, in large part due to the inability for former drug users to find employment because of severe social stigma. Of the other participants, two worked in unspecified business, two were factory workers, and two worked for delivery services. Thirteen

were not religious, four were Buddhist, one was Christian, and one was Muslim. There were no major trends or differences in experiences based on religion and nationality, but sample size was also limited.

Table 1. Demographic characteristics of recovering addicts interviewed from a methadone clinic in Kunming (n=19)

Characteristics	Number	Percentage
Gender		
Male	11	57.9%
Female	8	42.1%
Age (years)		
37-40	4	21%
41-49	8	42.1%
50-59	6	31.6%
63-69	1	5.3%
Nationality		
Han	17	89.5%
Hui	1	5.3%
Zhuang	1	5.3%
Highest Education		
Elementary school	2	10.5%
Middle school	9	52.9%
High school	4	21%
Vocational school	3	15.8%
2 Year College	1	5.3%
Marital Status		
Single	4	21%
Married	12	63.2%
Divorced	3	15.8%
Religion		
Non-religious	13	68.4%
Christian	1	5.3%
Buddhist	4	21%
Muslim	1	5.3%
Current Occupation		
Unemployed	7	36.8%
Self-employed	6	31.6%
Business	2	10.5%
Factory Work	2	10.5%
Delivery Services	2	10.5%
Hometown Province		
Yunnan	15	78.9%
Guizhou	1	5.3%

Henan	1	5.3%
Shanxi	1	5.3%
Sichuan	1	5.3%

Flanagan Quality of Life Survey

There was a wide range of values from the Flanagan Quality of Life Survey, the lowest being 42 and the highest being 105, which is the highest possible score. The average score was 76.05 which means that the average score per question (there were 15 questions) was 5.07. A rating of 5 means that the respondent was largely satisfied with that aspect of their life. There were not any significant trends in overall QOL and participation in peer support or quality of social relationships, however those who had the lowest QOL scores also claimed less-than-satisfactory relationships with either family, friends, children or all three. On average, the category with the lowest satisfaction score was Personal Health, which was not unexpected as both drug use and recovery can have serious negative effects on the body.

Life Experiences

Every participant in this study was introduced to heroin through close friends or family, and most all cited curiosity or disbelief in its addictive qualities as the reason they originally tried it. The average age to start using heroin was twenty-one years old and the average year of onset was 1994. Most interviewees had been on methadone for greater than three years, with some having been on methadone for over a decade. The interviewee who had used heroin most recently had used it two months prior to the time of this study, but all other participants had not used for at least a year. At one point, all interviewees had been on methadone while simultaneously using heroin. In addition, all participants had previously tried other methods of rehabilitation besides methadone, including various TCM treatments, dry detoxification, and

hospital stays. All except two of the participants had previously been admitted to CRCs. Some of the main motivators for recovery included deteriorating health, desire to change lifestyle, and children.

Experience with Peer Support Groups

Of the 19 people interviewed, only 8 had ever participated in formal peer support groups run either by the methadone clinic or outside health services. Five of the eight were women, and only one still regularly attended her support group. One had only participated once, three had participated between 2-3 times, and 3 had participated between 4-6 times. Topics discussed include HIV/AIDS, the benefits of methadone, how to stay drug free, and other general health information. Besides the one participant who regularly participated in a peer support group, the most recent time the others had attended was at least two years prior. For the most part, interviewees participated once a month over the course of a couple months but did not attend longer than half a year. All interviewees cited receiving some emotional support and valuable health information from these groups, however tangible benefits beyond that were minor. One participant explained that it was nice to speak to people with similar experiences, however, successful rehabilitation ultimately came down to the individual. None cited peer support groups as a major factor contributing to successful recovery.

Friend and Family Support

Two interviewees said they did not have a good relationship with their families, two said they had okay relationships, and the remaining fifteen said they had good relationships. Ten participants currently lived with their families and sixteen received economic and emotional

support from them. Having good friends did not seem to be as important to respondents as many claimed that friends offered little support if any. In fact, 6 respondents said that outside of family, they had no close friends at all. Surprisingly, this was not an area of dissatisfaction in their lives with a couple expressing the desire to stay away from “people who bring trouble”. Only 4 of the interviewees currently had close friends with any drug history. The others stated that all of their friends were “normal” and two even said that their current friends were not aware of their drug history.

Community Discrimination

Though drug use is highly stigmatized in Chinese society, only eight of the nineteen participants said discrimination was a serious issue in their lives. Of those who experienced discrimination six said healthcare workers, even those at this methadone clinic, were some of the worst sources of discrimination. Participants claimed that workers would occasionally withhold methadone without a valid reason, force patients to undergo random, unnecessary drug tests and examinations, and claim that they had not paid the 10RMB methadone fee when they had. Four specifically cited employment discrimination and the near impossibility of finding a job as a major stressor in their lives. One interviewee also described the emotional trauma of continued police harassment on the streets of Kunming, despite her having not used drugs in over six years. Another interviewee also detailed the occasional harassment outside the methadone clinic from people standing on the street.

Survey

Respondent Demographics

Over the course of one week, there were a total of 112 respondents to the online survey. Because the survey was sent out via WeChat moments, it is difficult to gauge exact response rate because it is unclear how many people saw the link and decided not to take it. However, the survey was opened a total of 269 times, with 112 total responses, making this limited response rate 42%. Respondents hailed mostly from Yunnan, Guangxi, Shandong, and Guangdong provinces and around 90% had received at least a college education. Besides the age group of those over sixty years of age, there was a fairly even distribution of age ranges, and the vast majority were of the Han majority. Most respondents were also married and non-religious.

Table 2. Demographic characteristics of Chinese residents from online survey (n=112)

Characteristics	Number	Percentage
Gender		
Male	62	55.4%
Female	50	44.6%
Age (years)		
18-25	26	23.2%
26-30	13	11.6%
31-40	26	23.2%
41-50	19	17.0%
51-60	25	22.3%
Over 60	3	2.7%
Nationality		
Han	104	92.9%
Zhuang	2	1.8%
Jingpo	1	0.9%
Yi	2	1.8%
Dai	2	1.8%
Highest Education		
Middle school	5	4.5%
High school	6	5.4%
College	69	61.6%
Masters	26	23.2%
PhD	6	5.4%
Marital Status		

Single	38	33.9%
Married	69	61.6%
Divorced	5	4.5%
Religion		
Christian	7	6.3%
Buddhist	14	12.5%
Taoist	2	1.8%
Non-religious	89	79.5%
Province		
Yunnan	27	24.1%
Shandong	28	25%
Guangdong	26	23.2%
Guangxi	16	14.3%
Other	15	13.4%

Figure 1. Survey responses to questions concerning stigma against people who use drugs.

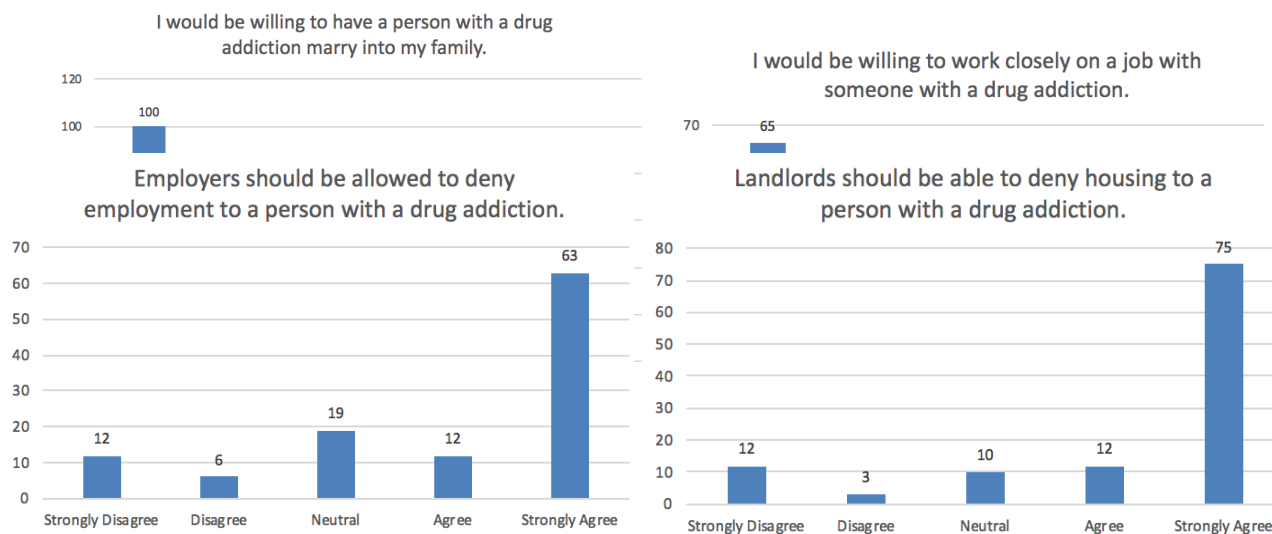
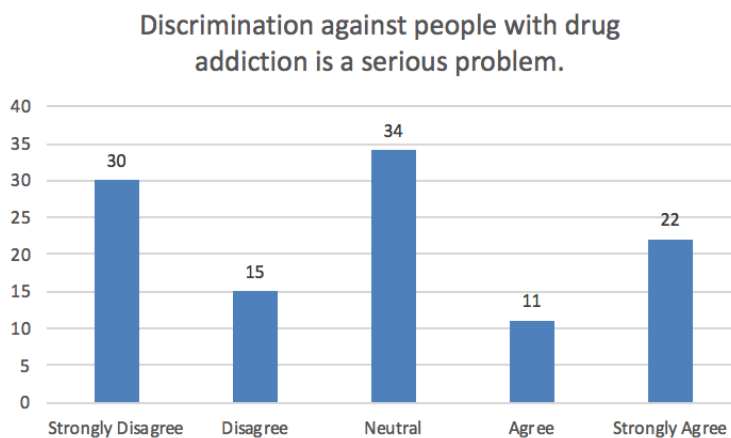


Figure 2. Survey responses to questions concerning acceptability against drugs.



Survey responses concerning discrimination against people who use drugs.

Stigma and Discrimination

As expected, stigma and discrimination amongst the population of people surveyed was very high (See Figure 1 and 2). The majority indicated they would be very unwilling to work closely with an individual with a drug addiction or have them marry into their family. Similarly, many respondents believed that landlords and employers should be able to deny services to people with drug addictions. Despite these responses, people's opinions varied greatly on whether they thought discrimination against drug users was a serious issue. There were not any major trends in the data based on demographics. China has a long, complex social history with drug use, and addiction remains a highly sensitive topic that is not often discussed in public. Even though China has the largest MMT program in all of Asia, most of the general public has never heard of the substance or knows what treatment options are available. Because these statements were worded to rate people's perceptions about those currently battling addiction, it is possible that discrimination and stigma responses would have been slightly different if the questions concerned people who previously had a history of addiction.

Figure 3. Survey responses to questions concerning support for policy

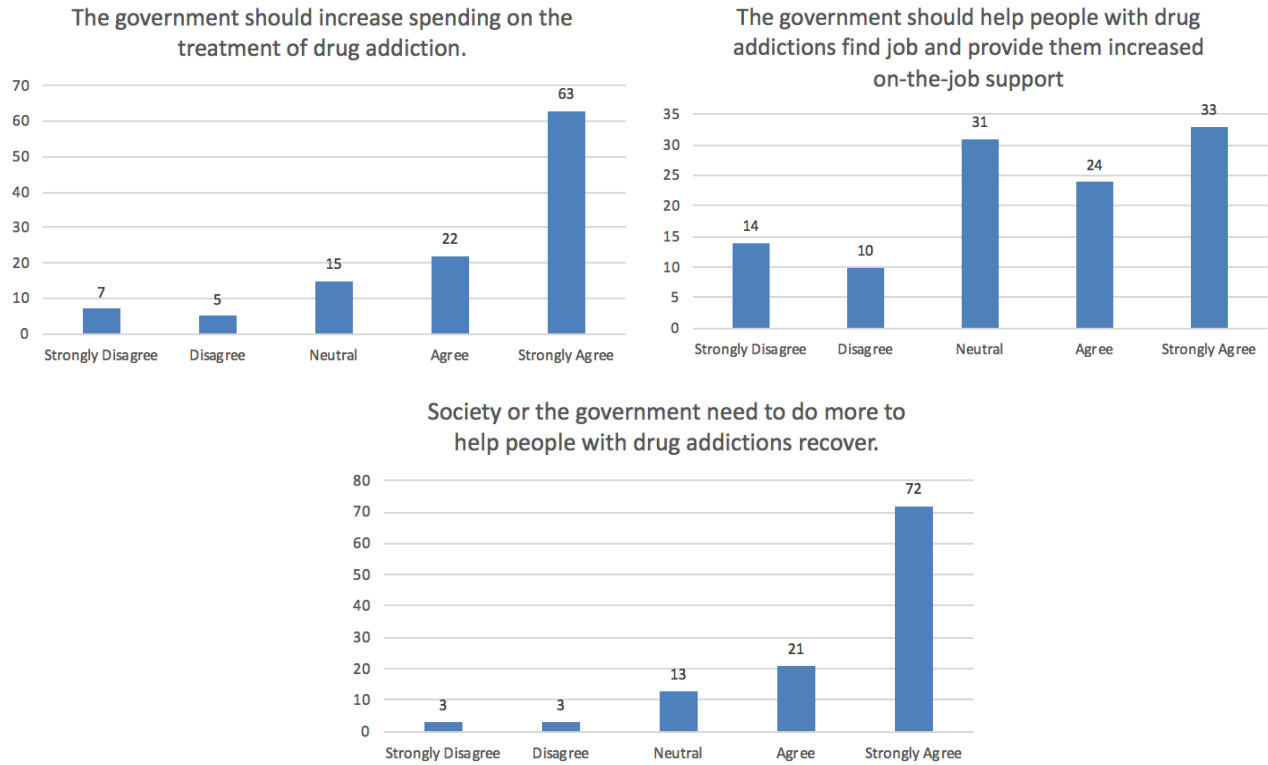
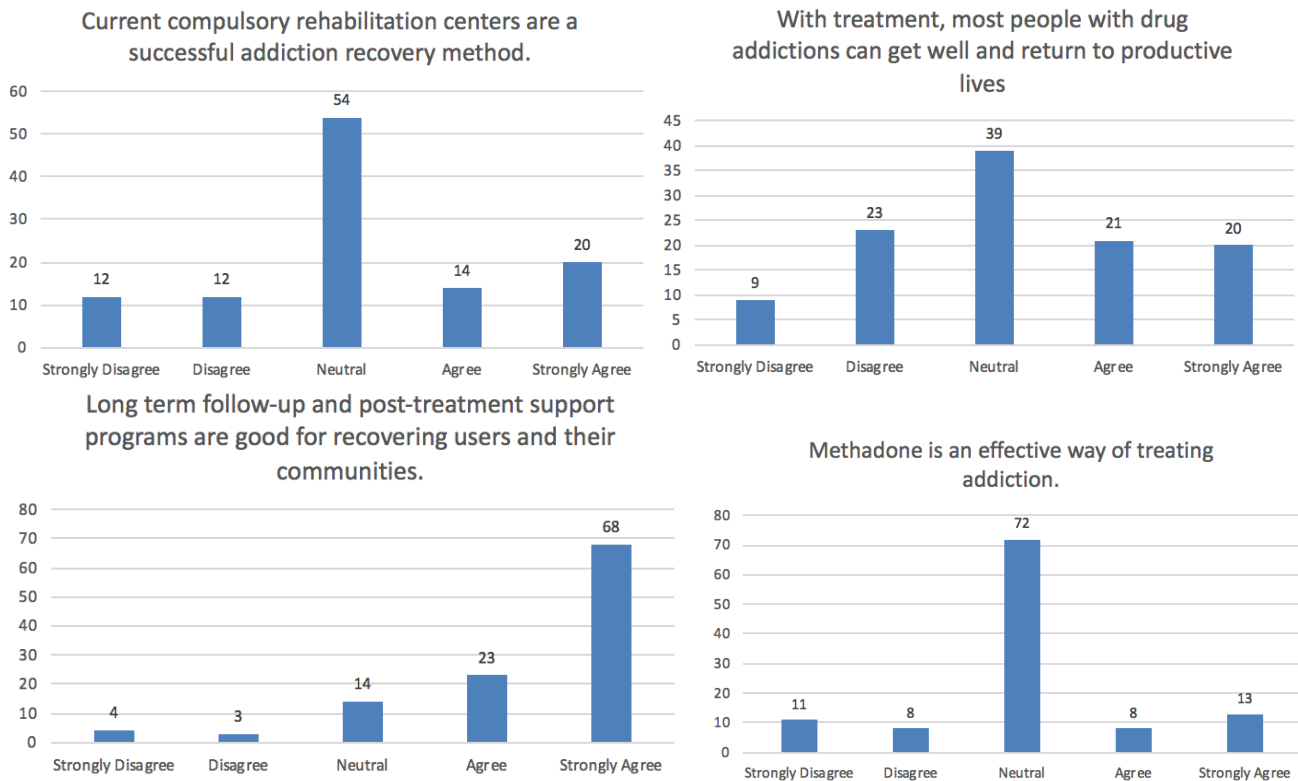


Figure 4. Survey responses to questions concerning effectiveness of treatment



Perceived Effectiveness of Treatment and Support for Policy

As seen in Figure 4, many people were neutral about the effectiveness of treatment policies like MMT and CRCs. This is likely due to being unaware of what these treatment methods actually involve, as addiction is not something often discussed in the general public in Chinese society. However, most people surveyed did believe that post-treatment support and long-term follow-up are good practices that have the potential to be incredibly beneficial to recovering users. People also mainly felt that the government should invest more in support of addiction recovery, which perhaps reflects in part Chinese citizens increased support, as compared to US citizens, for state-run social services and increased governmental spending. This positivity was tempered by the fact that many were uncertain whether most people with addictions could ever return to “normal,” productive lifestyles.

Discussion

Gaps in Treatment Access

In the literature, it is clear that well-run Peer Support Groups are an incredibly useful tool in addiction recovery, however, the majority of interviewees in this study had never participated. This was surprising, as Peer Support Groups are a recovery tool currently being heavily emphasized by addiction-related NGOs. The lack of participation in support groups could be due to a lack of desire on the part of the interviewees, but likely means that there is a gap in coverage, which opens up major opportunities for the government and NGOs to expand the scope and reach of their services. Furthermore, when asked about other social support services

accessed, peer support groups were the only service mentioned, and even then, only eight of the nineteen participants had ever attended.

Beyond availability of services like peer support groups, there are also other significant barriers that prevented interviewees from fully accessing treatment. The most significant barriers noted by this study was the daily cost of methadone and discrimination by health workers. Methadone costs its users 10 RMB every time and must be taken every day, which can accumulate to be quite a large sum of money, especially when taken into consideration how difficult it is for recovering users to find employment. Increased job training and help finding employment was the number one service participants in the study wanted to see improved in drug recovery centers. Many different methods of opiate detoxification exist in China, from Western medicine to TCM all the way to dry detoxification. However, participants almost universally agreed that MMT is the only therapy that has allowed them to return to normal, productive lives. It is addictive, expensive, and still leaves a lot of room to be desired in terms of supplemental social support, but is still a vastly beneficial tool that not only reduces drug-use related diseases but empowers people to take back their lives.

Family Values

The importance of familial economic, moral, and emotional support was emphasized many times by many participants throughout the interviews. At least anecdotally, recovering drug addicts in the United States do not seem to receive the same level of support from their families. This phenomenon can potentially be traced to more traditional and tight-knit family values in Chinese culture. It is much more common in the general Chinese public for multiple generations to live together or close by and to support and take care of each other economically.

Many of the participants in the study claimed it would not be possible for them to survive without the support of their families (parents in most instances). Family was also one of the most cited motivators for continuing to stay off drugs and clearly greatly shape the experience of many recovering drug users in Kunming. It is worth noting that the majority of interviewees were from the Kunming area and therefore were able to remain close to their families. Results may have been very different if there was a larger migrant population at the clinic.

Social Identity Theory claims that how we perceive our own identities is largely based on social groups that we belong to (Boisvert, 2008). This theory supports the recurring theme in this study of the necessity of creating and maintaining social relationships with people who do not encourage or practice risky behaviors. By having a close friend group that was majority or exclusively “normal” people, participants in this study were able to grow past their identities as former drug users and maintain their distance from narcotic substances. Similarly, this theory strongly supports the benefits of formal Peer Support Groups, as belonging to a group of people in recovery promotes one’s own sense of recovery.

Emphasis on Individuality

Despite the clear importance of both having a strong positive social support system and staying away from negative social influences, a recurring concept in the interviews was the emphasis on individual drive and willpower. Many participants acknowledged the moral and emotional support they received from their support systems, but without being prompted noted that recovery ultimately came down to their own motivation and that nothing can determine the outcome besides the person themselves. This ideology is potentially a reflection of the lack of

adequate social support services for those recovering from addiction but could also just be an observation on how difficult detoxification from opiates can be.

Public Perceptions

In China, stigma and discrimination against people with drug addictions is still incredibly high, yet public awareness about problems experienced by this population is low. Lack of public awareness leads to even greater stigma as it is easier to create stereotypes and have a negative opinion when one does not fully understand the situation. Because addiction is seen as a shameful societal phenomenon, it is not openly discussed except in academic and professional settings. This makes it difficult to disseminate information not only to those attempting to recover from addiction, but also to other people who may be willing and able to help. This study found it to be fairly common to maintain secrecy concerning one's own narcotics history from even close friends. This type of behavior is a direct reflection of severe societal stigma, induces feelings of shame in those with addictions, and could result in people being reluctant to seek treatment.

Conclusion

Since the beginning of China's long battle with opioid use, the country has enacted many laws and improved many social services to increase rehabilitation success amongst those with addictions. Harm reductionist approaches such as MMT clinics, needle exchange programs, and community support groups have dramatically decreased the spread of many infectious diseases and improved many people's experiences with drug rehabilitation. However, there still exist

many gaps in coverage and barriers to access that will only be dramatically improved when the entire country makes an effort to alter their preconceived stereotypes. If there is not more emphasis placed on the disease model of addiction when training healthcare workers, the police, and general lay people, then there will continue to be heavy discrimination

The value of social support, whether formal or informal, in the process of addiction recovery can also not be overlooked. Medical interventions such as MMT are important, but without the additional support of families, close friends, or other support services, many participants in this study would not have been able to get by. Addiction is a disease that can control a person's entire life and leave them unable to participate in daily activities that they used to partake in. Quelling medical symptoms of withdrawal is the first step on the path of recovery, but many other support services need to be in place to help people recovering from addictions rebuild their lives from the ground up.

Further Topics of Study

- Societal perceptions and understandings of synthetic drug use
- Experiences with addiction and recovery of synthetic drug users
- China's younger generation's attitudes and experiences with drug use
- An in-depth look at the familial relationships of those suffering from/recovering from addiction and family perspectives on the journey
- Social support services and systems for people living in more rural regions of Yunnan
- Comprehensive review of all post-detox services offered at government rehabilitation centers or methadone clinics throughout Yunnan

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Appendices

Appendix A: Sample Interview Questions for Recovering Drug Users

1. Age, gender, religion, current occupation, marital status, ethnicity, hometown, highest education 年龄, 性别, 宗教信仰, 职业, 婚姻状况, 民族, 老家, 最高学历
2. Use of opium, heroin, morphine, etc. in past 30 days 前 30 天你用没用过毒品? 用了几次? 过几天用一次?
3. When did you start using drugs? How did you first come into contact? How old were you? 你是什么时候开始吸毒的? 第一次接触是在什么情况下? 那时候你有几岁?
4. How long have you been coming to methadone clinics? 你来美沙酮诊所多久了?
5. Have you attempted to detox before? If so, using what method? 你以前尝试过戒毒嘛? 用什么方法来戒的?
6. Do you participate in any social support programs run by the methadone clinic? Which ones? 你参加过诊所的哪些项目?
7. What role do these programs play in your recovery process? 这些项目对你的恢复有什么帮助?
8. Formal Peer Support 同伴互相支撑
 - a. Do you participate in a peer support group related to addiction recovery? 你参加为戒毒所举办的同伴互相支撑项目吗?
 - b. How often do you meet? What sort of topics do you discuss? How long have you participated? 你们多长时间见一次? 讨论什么话题? 你参加多久了?
 - c. Who are the other participants in this group? To your knowledge, how was this group setup/how were people chosen? 这个组中其他都是什么人? 这个小组是怎样建立的? 怎样选人的?
 - d. How has participating in this group impacted your recovery process? 参加这个小组是怎样帮助你戒毒的?
 Example: encourage help seeking behavior, ensure adherence to medical regimes, increase motivation for self care, decrease isolation/loneliness, improve health practices, provide information 例如: 互相监督进行药物治疗, 互相鼓励注重个人健康, 增强体育锻炼, 减少孤独感, 互相提供信息
 - e. What emotional support benefits do you derive? Example if possible 你有收到过情感上的支撑吗? 能举几个例子吗?
 - f. Do you receive informational support/health advice from peers and what kind? Example if possible. 你有从同伴那里得到过有关健康的信息吗? 能举几个例子吗?
 - g. Has participating in this group improved your quality of life? In what ways? (increase supportive behaviors, community affiliation, etc.) 参加这个小组以后你的生活质量提高了吗? 是怎样提高的 / 在哪些方面? (增加了社区的归属感, 等)
9. Embedded Social Network (Family/Friends) 与亲戚朋友的融合

- a. When you encounter a personal or medical issue, who do you turn to first for assistance? 当你遇到个人问题或健康问题时，你会最先向谁求助？
- b. How is your relationship with your family? What kinds of support do you receive from them, if any? 你跟家人的关系怎样？家人给你支撑吗？
- c. How is your relationship with your friends? 你跟朋友的关系怎样？他们给你支撑吗？
- d. What kinds of support do these groups of people provide for you? 这些人是怎样支持你的？
- e. How often do you have contact with them? What kind of contact? 你多久跟家人接触一次？怎样接触的？朋友呢？
- f. How many people are in your innermost social circle (close friends, family, etc.)? 你的最亲近的朋友圈有几个人？（好朋友，家人，等）
- g. What percentage of people in your inner social circle have a history of drug use? How many are still currently using? 你最亲近的朋友圈中有多少人有过吸毒经历？还有多少仍然在吸毒？

10. Community Perceptions 社区看法

- a. What kinds of support do you receive from your wider community, if any? 你有从社区得到支撑吗？什么样的支撑？
 - b. What do you believe are your community's perceptions of addiction recovery? Does this impact your ability to recover in any way? 你认为社区是怎样看待戒毒的？这些看法影响到你戒毒吗？
 - c. Do you ever face serious discrimination from your wider community? What kind? Give an example if possible. (Healthcare workers, family, employers in the past, in the future) 你受到过社区的严重歧视吗？能举个例子吗？（来自医务人员的，家庭的，雇主的）
11. What are the biggest obstacles to your recovery? 你在戒毒的过程中最大的障碍是什么？
 12. What are your biggest motivations for recovery? 对你自己最大的戒毒动力是什么？
 13. How do you think services at the clinic can improve to better meet your needs? 你觉得戒毒所有哪些可以提高的？
 14. Are there any questions you would like to ask me? 你有没有要问我的问题？

Appendix B: Flanagan Quality of Life Scale (English)

Read each item and circle the number that best describes how satisfied you are at this time. Answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship

Scale: delighted (7), pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, terrible (1)

1. Material well-being/financial security: home, food, conveniences, financial security
2. Health – being physically fit and vigorous
3. Relationships with parents, siblings, and other relatives – communicating, visiting, helping
4. Having and raising children
5. Relationships with spouse or significant other
6. Relationships with friends
7. Helping and encouraging others (volunteering, giving advice)
8. Participating in organizations and public affairs
9. Intellectual development (attending school, getting additional knowledge)
10. Personal understanding of self (knowing your assets and limitations, knowing what life is about)
11. Work
12. Creativity/personal expression
13. Socializing (meeting other people, doing things, parties)
14. Passive and observational recreation (Reading, listening to music, or observing entertainment)
15. Active and participatory recreation

Appendix C: Flanagan Quality of Life Scale (Chinese)

生活质量度量

仔细阅读下列问题，选出最能描述你目前满意状况的答案。你没有必要拥有或参与到某个活动或关系也可以回答这些问题。

1. 物质生活/财务安全（家，食物，便利，财务安全）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
2. 健康，身体健康，充满活力
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
3. 与父母，兄妹，及其他亲戚的关系（沟通，拜访，帮助）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
4. 抚养孩子
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
5. 与配偶的关系
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
6. 与朋友的关系
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
7. 帮助鼓励他人（义工，给他人建议）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
8. 参加组织及公众活动
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
9. 智力开发（学校学习，获取更多知识）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
10. 了解自己（知道自己的特长及限度，知道生活目标）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
11. 工作
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
12. 创造性及个人表达力
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
13. 社交（与他人会面，聚会）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
14. 被动与观察休闲（读书，听音乐，或参加娱乐活动）
(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕
15. 活动与参加休闲活动

(7) 愉快 (6) 喜欢 (5) 大部分满意 (4) 混合 (3) 大部分不满意 (2) 不高兴 (1) 糟糕

Appendix D: Online Survey Questions for General Public

5 Pt. Likert Scale: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree
非常不同意, 不同意, 中性, 同意, 非常同意

1. Demographics: Age, Gender, Current Occupation, Marital Status, Ethnicity, Current City of Residence, Highest Education
年龄, 性别, 职业, 婚姻状况, 民族, 居住城市, 最高学历
2. Stigma questions measuring desire for social distance (adapted from 2006 General Social Survey)
 - a. I would be willing to have a person with drug addiction marry into my family. 我不介意吸毒的人通过婚姻进入到我的家庭。
 - b. I would be willing to have a person with drug addiction start working closely with me on a job. 我不介意与吸毒的人一起工作。
3. Acceptability of discrimination
 - a. Discrimination against people with drug addiction is a serious problem 歧视吸毒的人是一个很严重的问题。
 - b. Employers should be allowed to deny employment to a person with drug addiction/mental illness 雇主应该有权利不雇佣吸毒的人。
 - c. Landlords should be able to deny housing to a person with drug addiction 房东应该有权利不租房给吸毒的人。
4. Effectiveness of treatment
 - a. Long term follow – up and post-treatment support programs are good or recovering users and their communities
 - b. Most people with drug addiction can, with treatment, get well and return to productive lives 大多吸毒的人得到治疗可以回到积极的生活。
 - c. Current compulsory detoxification centers are a successful addiction recovery method 现在的强制戒毒手段对于戒断毒瘾很有效。
 - d. Methadone is an effective way to treat drug addiction and are beneficial to society. 美沙酮是有效的戒毒方式。
5. Support for policy
 - a. The government should increase spending on the treatment of drug addiction. 政府应该在吸毒的人的治疗上增加投资。
 - b. The government should increase spending on programs that help people with drug addiction find jobs and provide on-the-job support as needed 政府应该帮助吸毒的人找工作, 并给他们工作上的支持的项目上增加投资。
 - c. Society/the government needs to do more to help people with drug addictions recover. 政府或社会应该更多的帮助吸毒的人戒毒。

6. What do you think is the leading factor that encourage people with drug addictions to seek treatment? 您认为驱动有毒瘾的人寻求治疗的动因是什么?
 - a. Pressure from family/friends 家庭 / 朋友的压力
 - b. Concern about personal health 个人的身体健康
 - c. Forced by government 政府强迫
 - d. Other 其他
7. Anything else you would like to add? 您还有其他想说的吗?