

Research paper

“It was fun, it was dangerous”: Heroin, young urbanities and opening reforms in China’s borderlands



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ARTICLE INFO

Article history:

Received 25 May 2013

Received in revised form 2 June 2014

Accepted 10 June 2014

Keywords:

Heroin

China

Consumerism

Borderlands

Youth

Anthropology

ABSTRACT

Background: An unprecedented flow of opiates flooded China’s southern regions in the wake of the country’s opening reforms in the 1980s. After the Maoist war on drugs had turned the People’s Republic of China into an almost entirely drug-free area for three decades, heroin reappeared to become the most widely used illicit substance in the country. As the number of users rose by 1200% between 1988 and 1998, a generation of young people found themselves facing the consequences of addiction.

Methods: Based on ethnographic data collected during 13 months of field research among a community of heroin users in the county-level city of Qilin in Yunnan Province, this paper explores the interplay of historical and social factors that led southern China’s young urbanities to turn to heroin in the 1980s and 1990s. Towards this end, it draws on a broad array of research methods including the collection of life histories, extensive participant observation, and focus groups among the members of Qilin’s local community of heroin users.

Results: I argue that the spread of heroin among southern China’s young urbanities should be read as the aggregate outcome of such seemingly disparate factors as the opening of new global routes for the trafficking of opiates, the almost complete lack of Chinese public discourse around drugs in the immediate post-Mao period, the increased individualization of young people’s ambitions, desires and forms of socialization, and the rise of a consumerist market economy in the country.

Conclusions: Based on the data collected, I claim that the boom in the diffusion of heroin use in post-reform China cannot be described exclusively as a matter of deviant individual behaviours. Rather, it has to be interpreted as a complex social act, which is only understandable when framed within the social and historical context in which it was performed.

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Introduction

With over one million reported users, heroin is still the most widely used illicit drug in China (UNODC, 2012). After nearly three decades when the Maoist regime turned China into a virtually drug-free territory, opiates – heroin in particular – returned in the late 1970s through China’s newly opened southern borders. As new trafficking routes began to cross China’s most southern regions, connecting the poppy fields of the Golden Triangle to the global shipping hubs of Hong Kong and Shanghai (Chin & Zhang, 2007), heroin became widely available to the young people who were then navigating the enormous social changes produced by the advent of

China’s market economy. As government data report, drugs consumption in the People’s Republic of China rose by 1200% between 1988 and 1998 (see Fig. 1).

Based on life histories collected during 13 months of ethnographic research in Qilin¹ city in Yunnan province, this paper explores the boom in injecting drug use among local teenagers in

¹ Drug use is illegal in China and people caught in the act of using or buying drugs are punished through compulsory detoxification and re-education through labour for a period of up to three years, without trial or due process. As many of my interlocutors were still involved in drug use and smuggling at the time of my fieldwork, and in order to preserve their privacy and integrity, in my published work as well as in my PhD thesis I chose to anonymise the names of informants and places up to the level of county-level cities. The city names Qilin, Min’an and Longxiang cited in this paper are pseudonyms. To preserve the contextual relevance of my work, the names of prefectures, regions and provinces are reported in their original form.

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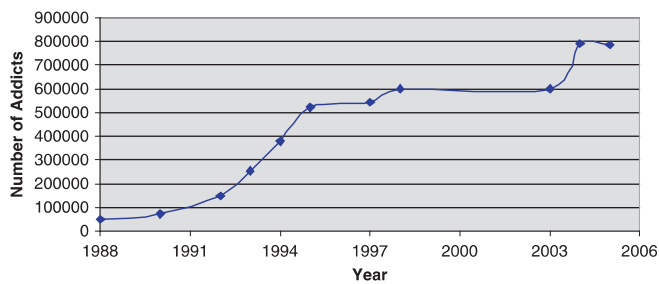


Fig. 1. The growth of drug use in China between 1988 and 2004.

Source: DEA (1996, 2004), He and Fang (1998), Zhou (1999, 2000); 2003 data from online news report: <http://news.sina.com.cn/c/2003-10-16/2004931476s.shtml>; 2004 data from the *People's Daily*, May 27, 2005; 2005 data from the *People's Daily*, June 23, 2006. Quoted from Hong and Bin (2008: 215).

the aftermath of the opening reforms in the late 1970s. By locating the period's massive spread of drugs against the background of the discursive void created around drugs between the end of the Maoist era and the beginning of Deng's post-socialist modernization, this paper explores the interplay of history, sociality and individual subjectivities that fuelled a social phenomenon whose effects are still painfully visible in the widespread HCV and HIV epidemics among long-term injecting drugs users (IDUs).

Only by framing individual histories of drug use in their broader context does it become possible to address questions that would otherwise remain difficult to answer. How and why did heroin enter the social landscape of southwest China in and after the 1980s? Why did China's young urbanities turn to heroin after three decades of abstinence imposed by the Maoist era? How did the changing aspirations and possibilities of Yunnan's young urbanities come to fashion, and be fashioned by, the unprecedented availability of injecting drugs?

Research context and methodology

This article is based on 20 life histories gathered from current and former heroin users in the county-level city of Qilin in China's south-western Yunnan Province, close to the Sino-Vietnamese border. Nestled among pomegranate plantations, inlaid in the vast flatland on the southern end of Red River prefecture, the modern city of Qilin is often described by international NGOs and government public health institutions as one of China's hotbeds for the twin epidemics of heroin misuse and HIV/AIDS. With one out of 200 inhabitants reported to be regular IDUs – and with HIV prevalence among IDUs reaching 70% – Qilin is nowadays seen as a critical challenge in controlling the AIDS pandemic in the country. A model district (*shifanqu*) for experimental harm reduction interventions since 2009, the city has attracted international funds and programs targeting heroin use and its attendant health issues.

The establishment of Qilin as an experimental site for anti-drug programmes was part of the general commitment made by the Chinese central government to integrate internationally-inspired therapeutic and public health-oriented approaches into the country's traditionally punitive regulatory framework against drug use (Hyde, 2011; UNAIDS/UNODC, 2010). Following international criticism of the mismanagement of the SARS pandemic, the government became more open to internationally sponsored approaches to control large-scale epidemics. The launch of China's first national AIDS response in 2004 marked a turning point, juxtaposing the ideology of care and harm reduction with that of law enforcement (entailing forced detoxification and rehabilitation through labour for people caught using or buying drugs). New strategies – from low cost methadone treatment to the grassroots management of HIV

prevention and care – hence appeared in the traditionally state-controlled field of Chinese public health (Cui, 1986).

Between 2011 and 2012, I pursued 13 months of independent ethnographic investigation in Qilin. As part of my PhD research, I focused on the social life and activities of the people and institutions in and around the IDU-related community-based organization² (*caogen zuzhi*) of Fragrant Health. Although I was introduced to Fragrant Health by an American NGO working on AIDS-related issues, I was not formally affiliated to any governmental or non-governmental organization during the time of my research.

Founded in 2008 with the support of international funding, Fragrant Health grew up around the personal charisma of Old Brother Yu, the group's leader and once a prominent figure in the local mafia. With six full-time and four part-time staff recruited from Qilin's IDU community, Fragrant Health was, at the time of my fieldwork, involved in advocacy for patients' rights, the distribution of clean needles, peer outreach for both preventive information and everyday support, and the advertising of the local methadone clinic's services. During my fieldwork, the members of Fragrant Health welcomed me to join in the daily life of the community, participate in its office work, meetings and activities, and take part in the lives of members inside and outside the organization.

The life histories that constitute the main source of data for this paper were collected from 14 regular members of Fragrant Health and from six individuals unrelated to the organization, recruited among Qilin's methadone clinic patients. Over a period of five months, I carried out repeated unstructured and semi-structured interviews, retracing each individual's traverses in and out of drug use. All interviews were held in Chinese, in a small private room made available to me by Qilin's local methadone treatment centre.

The vast majority of the people I interviewed for this project stated that they were still using heroin despite being registered patients at the methadone clinic. Only two of my interlocutors stated that they had not used heroin in the past three years. Of my 20 informants, 11 were women and nine were men. Sixteen were born between 1965 and 1975, four between 1975 and 1986. Seventeen reported their first use of drugs before the age of 20; for 15 of them, this was between 1980 and 1995. Except for the five full-time staff members of Fragrant Health, only one interviewee had a regular job. Eight of the 11 women admitted to having worked or to still be working as a sex worker.

Data from the individual life histories were augmented with data obtained through informal conversations and participant observation among the broader community of current and former heroin users, both in Fragrant Health and the city's methadone clinic. Two focus groups involving 12 individuals were held at different stages of my research to contextualize individual narratives within broader patterns of drug use, smuggling and trafficking in Qilin.

An anthropological perspective on heroin and its users

Since China first recognized the existence of an AIDS problem in Yunnan in the early 1990s, Chinese scholars and institutions as well as many local, national and international NGOs have focused on high risk groups (e.g. Cheng & Zhang, 2000; Li & Zheng, 1994;

² With the term community-based organization (CBOs), I refer to civil organizations made up of local populations of diseased or at-risk individuals, engaged in organizing and responding to their health rights and needs (cf. UNAIDS, 2007). CBOs were widely established in China after the launch of the national AIDS response in 2004. Mainly supported, at the time of my fieldwork, by international grants and projects – most notably the Global Fund for AIDS, Tuberculosis and Malaria – CBOs are primarily found in the provinces deemed most at risk of HIV. For further discussion, see among others: USAID/Alliance, 2010; Kaufman, 2012; Shallcross and Kuo, 2012.

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