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## Research paper

# Drug problems in contemporary China: A profile of Chinese drug users in a metropolitan area $\!\!\!\!^{\bigstar}$

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#### ABSTRACT

*Background:* Drug problems are reemerging in China since the nation implemented economic reform and an "open door" policy in the early 1980s. This is causing both national and international concern. However, knowledge and understanding of the Chinese drug problem is fairly limited because of the nation's unique social and political history. In response to this shortage of information, our study presents a profile of Chinese drug users.

*Methods:* Data were collected from a survey of drug users attending mandatory treatment centres in a large city in 2009. We present a demographic profile of the drug users, describe their patterns of drug use, their access to drugs and their history of drug treatment.

*Results:* Chinese drug users, like those from the U.S., are likely to be unemployed and have a low level of education. However, they are more likely than those in the U.S. to use heroin, *Bingdu* (methamphetamine) and *Maguo* (a derivative of methamphetamine), and they pay less for their drugs.

*Conclusion:* This profile of drug users is informative and valuable for drug prevention, intervention, and treatment in the Chinese setting because knowing and understanding the drug population is essential for effective control.

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#### Introduction

China is experiencing unprecedented changes in every aspect of life as the nation is merging into the world community in its course of modernisation. One unanticipated consequence is the reemergence of drug problems. Drugs had a serious impact on China in the 19th and early 20th century but were claimed to have been eliminated during Mao's regime. According to Chinese official statistics, in 2008 there were more than one million registered drug users, about 260,000 drug users had been placed in mandatory treatment centres by police for rehabilitation, and approximately 60,000 drug-related criminal cases had been recorded by police (China's Annual Report on Drugs, 2009). Given the global nature of the drug problem and China's proximity to key areas of drug cultivation and production (Southeast Asia's Golden Triangle, Southwest Asia's Golden Crescent, and Northeast Asia's Golden Azalea in North

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Korea), there is concern about the possible spread of drug use. In fact, the nation has become a major transit country for the international drug market (U.S. Department of State, 2009). Currently, China has a population of about 1.3 billion (http://english.gov.cn) so any rapid spread of drug use in China would significantly exacerbate the global drug problem.

Despite this, our knowledge and understanding of this growing problem is limited because of the lack of systematic studies. Chinese researchers and foreign scholars have shown a strong interest in the rising drug problem but most studies have relied on limited official statistics, media reports, analysis of a small number of cases, or field trips to China. To fill this gap, our study attempts to provide a profile of Chinese drug users, using data collected in 2009 from those attending mandatory treatment centres in Chongqing, a large city located in Southwest China where drug-related problems are particularly serious. Although the sample is not representative of all drug users in China, these data can help to build our knowledge and understanding of this group.

#### **Research context**

China has a painful history of widespread use of opium, associated with two lost Opium Wars (1839–1842 and 1856–1860) to Western powers during the 19th century. In an effort to open the

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door of imperial China, Western powers began transporting opium to China in the 17th century. According to incomplete statistics, Western powers sold 4000 tonnes of opium to China each year, causing widespread use and addiction to drugs (Deng & Deng, 1993). The Chinese gained the label "sick men of East Asia" in the late 19th century and early 20th century.

When the People's Republic of China was established in 1949, there were over 300,000 drug producers and dealers and more than 20 million drug users (Huang, 1995). The Chinese Communists launched massive anti-drug campaigns. From 1950 to 1953, about 220,000 drug cases were tried and more than 80,000 drug offenders were sentenced; over 800 carried the death penalty (Ma & Bao, 1993). Many drug production sites were shut down and millions of drug 'addicts' received mandatory treatment and rehabilitation. These campaigns were claimed to have been a success and thus China gained a reputation as a "drug-free" nation (Ma & Bao, 1993).

However, drug problems have been reemerging since the implementation of economic reform and "open door" policy in the early 1980s. For example, official statistics indicate that in 1991 there were about 220,000 registered drug users in China (China's Annual Report on Drugs, 1992–2009). In 2000, the number had reached about 860,000 and in 2008 it was about 1.2 million (China's Annual Report on Drugs, 1992–2009). These figures show the number of registered drug users has increased more than five times in the past 18 years. Official statistics also indicate increases in drug seizures. For example, 1919kg of heroin and 351kg of methamphetamine ("ice," *Bingdu* in Chinese local term) were seized in 1991 (China's Annual Report on Drugs, 1992–2009) compared to 6.3 tonnes of heroin and 2.9 tonnes of methamphetamine in 2000. Amounts seized have remained relatively stable since 2000 (China's Annual Report on Drugs, 2001–2009).

Since the 1980s, the Chinese authorities have taken social and legal measures to try to curb the rising drug problem. One social measure has been the development of drug-free communities, involving the mobilisation of residents to combat drug use, drug sales, drug growing, and drug production under the leadership of local government. The Chinese National Congress adopted and developed legislation (e.g., the 1979 Criminal Law) to clearly define drug control and punishment for drug possession, drug trafficking, drug sale, drug growing, and drug production (*Decision on Drug Prohibition* in 1990; *Drug Prohibition Law of the People's Republic of China, 2007*). See Liu, Liang, Zhao, & Zhou, 2010 for a review and analysis of these new laws.

Despite this government activity, research studies on the drug problem are commonly limited to theoretical thinking or general discussion without any primary data (e.g., Liu, Lian, & Zhao, 2006; Liu et al., 2010; Quian, Schumacherv, Chen, & Ruan, 2006). The drug problem is sensitive for the Chinese authorities who are greatly concerned with the nation's "face." A few studies have tried to collect empirical data. For instance, the World Mental Health population-based surveys in Beijing and Shanghai in 2002–2003 (Cheng et al., 2010) tried to provide an epidemiological profile of alcohol and illicit drug use in contemporary urban China, however, reports of illicit drug use were rare. It is not surprising that the Chinese people were reluctant to report their use of drugs, given the socio-political and legal situation in China.

#### **Current study**

Our study represents an effort to fill this knowledge gap by profiling Chinese drug users in Chongqing in 2009. Characteristics of drug users and their patterns of drug consumption differ by region because social, political and economic conditions and drug availability vary (United Nations Office on Drugs and Crime, 2009). Country-specific studies are valuable for our knowledge and understanding of the global drug problem. Developed countries conduct studies of drug use on a regular basis. As a developing country and emerging world economic power, China provides a unique opportunity for increasing our knowledge about the spread of illicit drug use.

We focus on demographic characteristics. We address how, from whom, and where they got the drugs and the price they paid. Patterns of drug use are examined in the context of drug use in lifetime and age of onset of smoking, alcohol and illicit drug use. Finally, their experience of treatment/rehabilitation and relapse is examined. Our main research question is: who are the drug users in the changing social and economic context of China?

## Data and methods

#### Data collection

These data come from a survey of 177 drug users from eight mandatory treatment centres run by police in the city of Chongqing, China. The survey was conducted by the Centre for Drugs, Crime, and Public Policy, Southwest University of Political Science and Law in 2009. Chongqing is a newly developed, large municipality that is directly under the leadership of the Chinese central government. It is located on the upper reaches of the Yangtze River which connects the middle and western parts of China. Currently, the municipality is populated with 30.9 million residents and is Southwest China's biggest industrial and commercial centre with inland ports (http://english.cq.gov.cn/). It has 40 administrative districts and counties that cover an area of 82,400 km<sup>2</sup>. Given its unique geographic location in connecting with the Western part of China adjacent to the "Golden Triangle," the city is facing flourishing drug-related problems.

The Chinese police are granted the authority to run and manage mandatory drug treatment centres and place serious drug users in the centres for rehabilitation. The length of rehabilitation varies from several weeks to several months, depending on the drug user's performance. A centre commonly provides medical treatment such as methadone, physical exercise, moral and legal education, drug and health education, and skill training (e.g., computer skills).

Given our limited resources, our survey focused on the 10 districts that constitute the old and central urban areas of the city. Each of the 10 districts has a mandatory treatment centre administered by the district police department. There were no drug users in two of the centres at the time of the survey. The number placed in the remaining eight centres ranged from 6 to 50 drug users and all were surveyed.

China does not have an IRB (Institutional Review Board or Ethics Committee) system and related legal statutes for the protection of human subjects. We tried to adopt the general IRB principles provided in the U.S. as they were applicable to the Chinese setting. We obtained an approval from the Chongqing Police Department for conducting the survey.

Data were collected through anonymous, self-administered questionnaires at a suitable room in each centre (e.g., a conference or a library room). The questionnaire was intended to be self-administered, although onsite members of the research team were allowed to provide clarification about any of the questions if requested by participants. Centre officers were not allowed to be present or have any involvement in the administration of the questionnaire. Respondents were assured of the voluntary nature of their participation, their right to refuse to answer any questions, and the confidentiality of their responses. Onsite researchers noted that respondents seemed willing to participate in the survey and express their opinions. After the questionnaires were completed, they were placed in large envelopes, sealed, and posted to the drug

## Table 1

Demographic characteristics of drug users.

| Variable                                | Frequency | Percent | Ν   |
|---|-----------|---------|-----|
| Gender                                  |           |         | 176 |
| Male                                    | 138       | 78.4    |     |
| Female                                  | 38        | 21.6    |     |
| Age group                               |           |         | 175 |
| 18–25                                   | 28        | 16.0    |     |
| 26-35                                   | 76        | 43.4    |     |
| 36-45                                   | 55        | 31.4    |     |
| 46 and over                             | 16        | 9.1     |     |
| Education                               |           |         | 175 |
| Illiteracy                              | 3         | 1.7     |     |
| Elementary school                       | 21        | 12.0    |     |
| Middle school                           | 91        | 52.0    |     |
| High school                             | 53        | 30.3    |     |
| Vocational/technical school             | 4         | 2.3     |     |
| College or above                        | 0         | 0.0     |     |
| Employment                              |           |         | 174 |
| Permanent                               | 24        | 13.8    |     |
| Temporary                               | 26        | 14.9    |     |
| Unemployed                              | 119       | 68.4    |     |
| Other                                   | 5         | 2.9     |     |
| Marital status                          |           |         | 175 |
| Single                                  | 93        | 53.1    |     |
| Married                                 | 37        | 21.1    |     |
| Divorced                                | 39        | 22.3    |     |
| Re-married                              | 6         | 3.4     |     |
| Monthly family income                   |           |         | 161 |
| Below 499 yuan (about 74 US dollars)    | 56        | 34.8    |     |
| 500–999 <i>yuan</i> (about 74–145 US    | 22        | 13.7    |     |
| dollars)                                |           |         |     |
| 1000–1999 <i>yuan</i> (about 145–295 US | 41        | 25.5    |     |
| dollars)                                |           |         |     |
| 2000–3999 <i>yuan</i> (about 295–590 US | 25        | 15.5    |     |
| dollars)                                |           |         |     |
| 4000 yuan and above (about 590 US       | 17        | 10.6    |     |
| dollars and above)                      |           |         |     |

research centre where they were locked in safe cabinet. A total of 177 valid questionnaires were obtained, yielding an extremely high response rate of 98.3%, although this response rate is fairly common in surveys conducted in China (Zhang, Messner, & Liu, 2007).

#### Results

#### Demographic patterning

The majority of the drug users were male (78%) (Table 1). This gender composition differs significantly from that of the general population in Chongging, which is 51% male and 49% female (Chongqing Bureau of Statistics, 2008). Approximately two-thirds were 'young' adults aged 18-35, one-third were between 36 and 45 years and 9% were aged 46 years and over. Two-thirds (66%) had education to middle school or below. This also differs from that of the Chongqing population (42%) (Chongqing Bureau of Statistics, 2008). Only a minority had education in vocational/technical school (2%), and none had a college education. More than two-thirds of the drug users had no job (68%) and 15% had only temporary jobs. The 2007 Chongqing population data indicate that registered unemployment in the city was 4% (Chongqing Bureau of Statistics, 2008). More than half of were unmarried (53%) and 22% were divorced. This divorce rate is much higher than for the general population in the city (4.6 per thousand of marriages) in 2007 (Chongging Bureau of Statistics, 2008). More than one-third of respondents (35%) had a monthly family income below 499 yuan (Chinese dollars; about 74 US dollars or below) which is very poor in terms of the city's poverty line (i.e., 1067 yuan, about 150 US dollars; http://cq.qq.com).

Table 2

Drugs consumed and access to drugs.

| Variable                                      | Frequency | Percent | Ν   |
|---|-----------|---------|-----|
| Major drug consumed                           |           |         | 161 |
| Heroin  | 82        | 46.3    |     |
| Methamphetamine (Bingdu)                      | 56        | 31.6    |     |
| Derivative of methamphetamine (Maguo)         | 17        | 10.6    |     |
| Other   | 6         | 3.7     |     |
| How to get the drug                           |           |         | 165 |
| Purchased                                     | 114       | 69.1    |     |
| Got it for free or shared someone else's      | 50        | 30.3    |     |
| Other   | 1         | 0.6     |     |
| From who to get drugs                         |           |         | 115 |
| Friend  | 58        | 50.4    |     |
| Relative or family member                     | 2         | 1.1     |     |
| Someone just met or did not know well         | 55        | 47.8    |     |
| Where to get the drug                         |           |         | 118 |
| Inside a public building                      | 19        | 16.1    |     |
| Inside a school building                      | 1         | 0.8     |     |
| Inside a home, apartment, or dorm             | 36        | 30.5    |     |
| Outside in a public area                      | 61        | 51.7    |     |
| Some other place                              | 1         | 0.8     |     |
| Money paid for the drug                       |           |         | 112 |
| 10–100 yuan (about 1.5–15 US dollars)         | 58        | 31.6    |     |
| 101-300 yuan (about 15-44 US dollars)         | 82        | 50.9    |     |
| 301 and above (about 44 US dollars and above) | 17        | 10.6    |     |

Drugs consumed and access to drugs

Table 2 shows that heroin (46%), *Bingdu* (methamphetamine, 32%), and *Maguo* (a derivative of methamphetamine, 11%) were the three most commonly consumed drugs. Over two-thirds (69%) reported purchasing their drugs and about a third indicated that they obtained the drugs for free or shared someone else's. Half the respondents reported getting the drugs from friends (50%) and half from strangers who they had just met or people they did not know well. Sites in public areas were the most common places for obtaining drugs (52%), followed by homes, apartments, or dorms (31%) and inside public buildings (16%). About half the respondents paid 101–300 *yuan* (about 15–44 US dollars) for their drugs (51%), 32% paid 10–100 *yuan* (about 1.5–15 US dollars), and 11% paid 301 or above (about 44 US dollars or above).

#### Patterns of drug use

Table 3 indicates that in their lifetime, most drug users had smoked (97%) and used alcohol (88%). Sixty-nine percent used heroin, 63% consumed *Bingdu*, and 41% used *Maguo*. About a quarter (24%) started smoking at 13 years old or younger, 46% started during their adolescence, and 22% after they entered adulthood. The percentage distribution of age of onset of alcohol use is fairly similar to that of smoking. The age at which respondents started using heroin, *Bingdu*, or *Maguo* was slightly older. Approximately one quarter (24%) started at 17 years old or younger, 44% at 18–25 years old and 30% at 26–35 years old. Fewer respondents started using *Binggdu* or *Maguo* at 17 years or below (5% for the use of *Bingdu* and *Maguo*).

#### History of drug treatment/rehabilitation

Table 4 shows that 35% of respondents reported having had treatment or counselling for their drug use in the past 12 months, prior to their current placement in the mandatory treatment centre. Forty-two percent received treatment or counselling in a drug rehabilitation centre, 27% in a hospital, and 17% in a community-based treatment programme. About half the respondents who received treatment or counselling withdrew because they had started using drugs again (47%) and about 41% successfully completed the treatment or counselling. Further, more than two-thirds of respondents

Table 3 Patterns of drug use.

| Variable                 | Frequency | Percent | Ν   |
|--------------------------|-----------|---------|-----|
| Smoking                  |           |         | 176 |
| Yes                      | 171       | 97.2    |     |
| No                       | 5         | 2.8     |     |
| Alcohol use              |           |         | 176 |
| Yes                      | 154       | 87.5    |     |
| No                       | 22        | 12.5    |     |
| Using heroin             |           |         | 170 |
| Yes                      | 118       | 69.4    |     |
| No                       | 52        | 30.6    |     |
| Using Bingdu             |           |         | 172 |
| Yes                      | 108       | 62.8    |     |
| No                       | 64        | 37.2    |     |
| Using Maguo              |           |         | 167 |
| Yes                      | 68        | 40.7    |     |
| No                       | 99        | 59.3    |     |
| Age onset of smoking     |           |         | 160 |
| 13 years old or below    | 39        | 24.4    |     |
| 14-17 years old          | 73        | 45.6    |     |
| 18-25 years old          | 35        | 21.9    |     |
| 26 years old or above    | 13        | 8.1     |     |
| Age onset of alcohol use |           |         | 146 |
| 13 years old or below    | 29        | 19.9    |     |
| 14–17 years old          | 62        | 42.5    |     |
| 18-25 years old          | 54        | 37.0    |     |
| 26 years old or above    | 1         | 0.7     |     |
| Age onset of heroin use  |           |         | 115 |
| 17 years old or below    | 27        | 23.5    |     |
| 18–25 years old          | 50        | 43.5    |     |
| 26–35 years old          | 34        | 29.6    |     |
| 36 years old or above    | 4         | 3.5     |     |
| Age onset of Bingdu      | _         |         | 103 |
| 17 years old or below    | 5         | 4.9     |     |
| 18–25 years old          | 26        | 25.2    |     |
| 26–35 years old          | 53        | 51.5    |     |
| 36 years old or above    | 19        | 18.4    | 05  |
| Age onset of Maguo       | 2         | 4.6     | 65  |
| 17 years old or below    | 3         | 4.6     |     |
| 18-25 years old          | 12        | 18.5    |     |
| 26-35 years old          | 36        | 55.4    |     |
| 30 years old or above    | 14        | 21.5    |     |

#### Table 4

History of drug treatment.

| Variable                                   | Frequency | Percent | Ν   |
|--|-----------|---------|-----|
| Any treatment or counseling last 12 months |           |         | 170 |
| Yes  | 60        | 35.3    |     |
| No   | 110       | 64.7    |     |
| Where receiving treatment                  |           |         | 52  |
| Hospital                                   | 14        | 26.9    |     |
| Drug rehabilitation centre or facility     | 22        | 42.3    |     |
| Mental health centre or facility           | 2         | 3.8     |     |
| Doctor's office                            | 4         | 7.7     |     |
| Self-help group                            | 1         | 1.9     |     |
| Community-based treatment program          | 9         | 17.3    |     |
| Outcome of the treatment or counseling     |           |         | 32  |
| received                                   |           |         |     |
| Successfully completed                     | 13        | 40.6    |     |
| Left – had a problem with the program      | 2         | 6.3     |     |
| Left – could not afford to continue        | 2         | 6.3     |     |
| Left – began using drugs again             | 15        | 46.9    |     |
| Admitted to a mandatory drug treatment     |           |         | 172 |
| centre by police                           |           |         |     |
| Yes  | 112       | 65.1    |     |
| No   | 60        | 34.9    |     |
| Relapse time after left the mandatory      |           |         | 107 |
| treatment centre                           |           |         |     |
| Less than a month                          | 11        | 10.3    |     |
| 1–6 months                                 | 38        | 35.5    |     |
| 7–12 months                                | 11        | 10.3    |     |
| 13 months or above                         | 47        | 43.9    |     |
|  |           |         |     |

had been placed in a mandatory drug treatment centre by police in the past 12 months (65%). Finally, 46% of the respondents used illicit drugs less than a month or within six months of their release from a mandatory treatment centre and 10% relapsed in seven to 12 months.

#### **Discussion and conclusion**

Our data reveal some interesting information about Chinese drug users. First, they show that male and young adults are more likely to be drug users than female and older adults. Also, the Chinese drug users are likely to be unemployed and have a low level of education, findings consistent with those in the U.S. and South-East Asia (U.S. Department of Health and Human Services, 2009). For example, statistics in Malaysia shows that majority of the nation's drug 'addicts' are between 19 and 39 years of age and have not completed high school (U.S. Office of National Drug Control Policy, 2009). Chinese drug users are also likely to be single and come from poor families.

Second, the most commonly consumed drugs differ from those used in the U.S., although there may be regional variations in consumption patterns. Our data show heroin, Bingdu (methamphetamine), and Maguo (a derivative of methamphetamine) are the three major drugs used by the respondents. In the U.S., the most commonly used drugs reported by inmates and the general population are Cannabis, cocaine (crack and powder), and heroin in order of frequency (U.S. Department of Health and Human Services, 2009; U.S. Office of National Drug Control Policy, 2009). These differences may not be surprising as traditionally, heroin has been the major drug used by the Chinese in South-West China, which borders the Golden Triangle and Golden Crescent, areas recognised as major production sources of heroin and opium (United Nations Office on Drugs and Crime, 2009). Some South-East Asian countries such as Indonesia, Japan, and Philippines also show a high prevalence of methamphetamine use (U.S. Office of National Drug Control Policy, 2009; United Nations Office on Drugs and Crime, 2009).

Also, about 70% of respondents reported purchasing their drugs, indicating that a large number of respondents directly participate in the drug market in the city of Chongqing. Public places and private living units are likely to be the major sites where drug trade take place. In general the drug prices are lower than those reported in the U.S. (U.S. Office of National Drug Control Policy, 2009).

Third, the prevalence of smoking and alcohol use is high among the drug users we surveyed and compared to those in the U.S. (U.S. Department of Health and Human Services, HHS, 2009). Their initiation into smoking and alcohol use is at an earlier age than their initiation into the use of heroin, *Bingdu*, or *Maguo*. The age of onset of heroin use among the drug users was earlier than that of using *Bingdu* or *Maguo*.

Finally, because the drug users in our survey were serious users (the police had used their power to place them in mandatory treatment centres), a large proportion (compared to the U.S.) had received treatment or counselling in medical facilities in the past 12 months (U.S. Department of Health and Human Services, 2009). Also, a large number had been placed in a mandatory treatment before their current episode.

Although our study is descriptive, it is informative and valuable for drug prevention, intervention, and treatment in the Chinese setting. Understanding the drug population is essential for effective drug control. However, any interpretation and application of these findings should be made with caution because these data are collected from surveys of drug users who were arrested and placed in mandatory treatment centres by police. They are commonly serious drug users and will not represent the entire population of drug users in China. Also, our data were collected in one metropolitan area of China. Characteristics of drug users may vary across regions, given the nation's diverse social, cultural, and economic conditions. Our study serves as a starting point, and we call for further research. It may not be feasible to conduct a survey of the prevalence of drug use among the general population in China, although these self-report surveys are a common method to collect data on illicit drugs in the West. Rigorous drug research is much needed in China, although conducting this research is significantly more challenging than it is in the West.

#### References

Cheng, H., Lee, S., Tsang, A., Huang, Y., Liu, Z., Anthony, J. C., et al. (2010). The epidemiological profile of alcohol and other drug use in metropolitan China. *International Journal of Public Health*, S1661–8564.

China's Annual Report on Drugs. (1992–2009). Drug control bureau of central police

- department of china. Beijing, China: China's National Committee of Drug Control. Chongqing Bureau of Statistics. (2008). Annual statistics of Chongqing. Beijing, China: China's Press of Statistics.
- Deng, Y., & Deng, G. (1993). On drug crimes. In High Court of Yunnan Province (Ed.), *Theories and practices in controlling drug crimes*. Beijing, China: Chinese University of Political Science and Law Press.

- Huang, H. (1995). Drug monsters. In Antidrug Commission of Guangdong Province (Ed.), *Drug problems*. Guangzhou, China: Guangdong People's Press.
- Liu, Y., Liang, J., Zhao, C., & Zhou, W. (2010). Looking for a solution to drug addiction in China: Exploring the challenges and opportunities in the way of China's new drug control law. *International Journal of Drug Policy*, 21, 149– 154.
- Liu, Z., Lian, Z., & Zhao, C. (2006). Drug use and HIV/AIDS in China. Drug and Alcohol Review, 25, 173–175.
- Ma, K., & Bao, S. (1993). Current drug problems in China. In High Court of Yunnan Province (Ed.), *Theories and practices in controlling drug crimes*. Beijing, China: Chinese University of Political Science and Law Press.
- Quian, H.-Z., Schumacherv, J. E., Chen, H. T., & Ruan, Y.-H. (2006). Inject drug use and HIV/AIDS in China: Review of current situation. Prevention and policy implications. *Harm Reduction Journal*, 3, 4.
- United Nations Office on Drugs and Crime. (2009). World drug report 2009. Vienna, Austria
- U.S. Department of Health and Human Services. (2009). Results from the 2008 national survey on drug use and health: National findings. Research report. Washington, DC.
- U.S. Department of State. (2009). 2009 international narcotics control strategy report. Washington, DC.
- U.S. Office of National Drug Control Policy. (2009). AADAM II 2008 annual report: Arrestee drug abuse monitoring program II. Washington, DC.
- Zhang S L., Messner, S. F., & Liu, J. (2007). A multilevel analysis of the risk of household burglary in the city of Tianjin, China. *British Journal of Criminology*, 47, 918– 937.