

## NARCOTIC CULTURE

*A Social History of Drug Consumption in China*

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*Opium and China are synonymous, yet historians have so far failed to answer one key question: why was opium rather than cannabis or coffee so eagerly consumed? This article is a preliminary exploration of the cultural significance and social uses of narcotics from the sixteenth to the mid-twentieth centuries. On the basis of fresh evidence drawn from archival material and other primary sources, it highlights the social dynamics behind the huge expansion of narcotics, from opium smoking as a prestigious elite activity in the seventeenth century to the mass use of morphine in the twentieth century.<sup>1</sup> The authors aim to account for the rapidly changing patterns of opium consumption and establish their cultural and social determinants, and to explore the 'pre-history' of opium well before the advent of the 'Opium War' in order to explain how foreign merchants responded to indigenously generated demands. We also explode the myth of 'opium smoking' as the main consumption pattern by charting various narcotics used in twentieth-century China, from heroin pills to morphine injections.*

*Opium as Medicine and as Poison*

Opium—*yapian* in Chinese, from the Arabic *afiyun*—was being imported into China from as early as the Tang period (618–907), both by sea and by caravan overland.<sup>1</sup> During the Ming period (1368–1644), opium occupied a reputable position within Chinese medicine. The *materia medica* of the Ming recommended opium as a general panacea against bowel disorders and as a general tonic (Li 1988: 2/23; Song 1999: 279–96). The *Jinian liangfang* ('A collection of good remedies') of 1724 cites an opium preparation as being capable of curing anything from cholera, plague, heat stroke, headache, inflammations, fever, vomiting and diarrhoea to stomach pains (Nian 1724: 1). Other opium remedies were also used in accordance with Chinese medical tradition, i.e. for controlling bodily fluids and preserving vital energy, for warming the kidneys, muscles and joints, treating colds, arthritis and stomach pains (Nian 1724: 1–2). Some observers also recognized its lethal properties, encapsulated by the term *du*, or 'poison' (Ma 1994:

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<sup>1</sup> This article provides some preliminary results of a project funded by the Economic and Social Research Council, grant number R000239272. It uses material from a variety of sources, including medical handbooks, travellers' accounts and literary texts, as well as missionary archives located in England and France. The project on which this article is based also relies on municipal and provincial archives in China, although the majority pertain to the first half of the twentieth century and play a limited role in this paper. It will analyse the cultural significance and socio-economic history of narcotics from the sixteenth century to the 1950s to highlight how and why demand for drugs was internally generated. The project will also seek to establish the degrees of social inclusion and exclusion created through the consumption of narcotics by analysing behavioural patterns within different social classes. Moreover, it will attempt to explain why determined efforts by successive governments failed to stem, and may instead have contributed to, the spread and consumption of opiates. The project will attempt to reconstruct a consumer-centred perspective of narcotics by making maximum use of materials held at Chinese archives—many of which have only recently become available.

198–203). As early as in 1515, well-known physician Li Ting warned that opium ‘can kill like a sword . . . and needs to be taken in moderation’ (Li 1999: 1/378). However, its benefits were thought to outweigh its potential harm. This also applied to other ‘poisonous’ substances such as arsenic and mercury, commonly prescribed by Chinese physicians for pain relief and male longevity. By the 1720s, the medical use of opium was so common that when poppy cultivation was prohibited and its importation restricted by an imperial edict (1729), the government criminalized the smoking of opium (*yan*), but not its use as a medicine (*yao*) (MA 1998: 5). By the early eighteenth century, opium eating was thus regarded by the elites as invaluable for its medicinal qualities: a culture of smoking would allow it to acquire much more complex cultural meanings and social functions.

### *Tobacco, Opium and Smoking Culture*

Tobacco was first introduced to China by European traders in the late sixteenth century, mainly through the ports of Fujian province (Golvers 1999: 511–12). The popularity of tobacco smoking, far more widespread from the late sixteenth century onwards than previously acknowledged, paved the way for opium smoking, preparing its transformation from a medical item into a luxury product. Whereas tobacco had a more common touch, opium, by the seventeenth and eighteenth century, was a luxury product used in leisurely pursuits. Following the transition to the Qing dynasty (1644–1911), the tobacco plant became a popular crop, particularly in those parts of the empire where the climatic conditions suited its cultivation. In the hot, humid summers of the south, tobacco fumes were also thought useful in fighting off miasmatic diseases such as malaria; in the provinces of the north, tobacco smoking was used against the effects of cold and hunger (Cordier 1928: 184–5). Medical properties were ascribed to tobacco, which—in addition to acting as a prophylactic against adverse climatic consequences—included facilitating digestion, abating stomach and bowel trouble and coughs. Tobacco was highly praised by the renowned Ming physician Zhang Jiebin as a miraculous medical herb with warming properties. It could relieve rheumatic pains, alleviate vomiting caused by cholera and cure malaria (Yuan 1995: 34–5, 124). Like moxa, moreover, tobacco was also widely used as a disinfectant in China. Its smoke was thought to have a beneficial influence on the user’s mind (Sun 1996: 92). Tobacco smoking became a fashionable pastime activity among scholar-officials, who also used it while discussing official matters in the company of their colleagues. During such official meetings, tea flowed freely, enhancing the stimulating qualities of nicotine (Golvers 1999: 511).

A crucial change to Chinese drug consumption patterns occurred from 1620 onwards, when tobacco was being imported by Spanish traders from the Philippines, against the wishes of the Ming (1368–1644) administration. The habit of smoking tobacco impregnated or blended with opium first emerged in Java, then took root in Taiwan and finally spread throughout mainland China (Dane 1895: 33). When tobacco was first introduced to China, it was often blended with herbs and dried flowers, which produced a scent similar to that of tea and incense, enhancing the sensual pleasure of smokers. Like tea, tobacco was thought to help smokers relax. As tobacco was increasingly produced locally and its price became more affordable, its use spread throughout the population: it complemented rather than displaced tea, and became known as *yancha* (tea for

smoking) (Yuan 1995: 48). Like European coffee houses, where men could meet and smoke, Ming teahouses served tobacco as well as tea. Guests would often start by smoking tobacco followed by drinking tea, which was supposed to cleanse the palate of the lingering taste of tobacco. Water, moreover, took time to boil: customers were offered a smoke while waiting for tea to be prepared (Yuan 1995: 14; Lao 1994: 341).

Although opium smoking was first introduced into Taiwan and China by Dutch merchants in the seventeenth century, the use of smoke (*yan*) was already a socially widespread and culturally complex phenomenon. The ritual offering of incense in Buddhism originated in India, and was incorporated into the cult of ancestor worship during the Song dynasty (960–1279). Burnt for ritual purposes, incense exuded an agreeable scent and had a soothing effect on the participants. In imperial China, smoke and magic were also inseparable aspects of certain healing practices. Moxibustion, for instance, was closely related to the healing power attributed to smoke.<sup>2</sup> The famous physician Li Shizhen (1518–1593) praised moxa fumes as an effective cure against disease—especially rheumatism—(Li 1988: 937), while burning moxa was used in sacrificial ceremonies to bestow protection from evil (He and Zhang 1994: 97–9, 102).

Initially, while opium was smoked in conjunction with tobacco, both were referred to as ‘*yan*’ (smoke). Tobacco was added once opium had been heated and reduced in a small copper pan to a thick paste, the mixture being dried and blended with palm fibres for easier inhalation. By the nineteenth century, the tobacco contents were eventually dropped and many users began to smoke the opium pure. This was partly due to concerns about health, as an increasing number of medical writers began to highlight the harm caused by tobacco. For instance, in his *Tiaoji yingshi bian* (Dispute over therapeutic food) of 1813, Zhang Mu claimed that tobacco was much more harmful than opium (Zhang 1813: *juan* 1, section 2). Like tobacco and tea, the consumption of opium was thus a means of social integration and shared leisure experience. The habit of blending opium with tobacco furthermore suggests that opium was introduced very gradually and without vilification.

### *Opium, Status, Ritual*

As pointed out by Mary Douglas, the consumption of food is a rich field of symbolic action rather than a mere biological act of sustenance. Food is a medium by which different levels of categorization are displayed, and its consumption constitutes a mode of communication which should be read as symbolic action, embodying the attributes of social organization (Douglas 1984: 30). Likewise, opium smoking was not merely about the physiological absorption of an alkaloid, but rather a means of social communication with complex symbolic meanings. The social significance of smoking rituals was well understood in China, reflected in the saying that ‘smokers smoke opium but their hearts are not in the opium, just as tea drinkers drink tea but their hearts are not in the tea’ (Bing 1935: 28).

Opium began life in China as a luxury item from abroad: like the European bric-à-brac which filled the Qing palaces and the hundreds of clocks and watches hoarded by court

<sup>2</sup> Moxa is a downy substance from the dried leaves of medicinal plants, which is burnt on the skin as a counterirritant.

favourites, opium was considered a highly desirable novelty by its sheer association with things foreign (Spence 1992: 151). As a rare medicine, moreover, it was extremely precious, further conveying the social position of those wealthy and powerful enough to own it: opium was a symbol of status, wealth and power. Its users were initially confined to members of the imperial household. Enconced behind the walls of the palace, like the emperor himself, it was beyond the reach of ordinary people. Akin to the imperial household, it was attributed magical powers and mystical virtues. Obtaining such a precious substance thus conveyed the same degree of pleasure as obtaining wealth and power.

The desire for wealth and power, in a culture of conspicuous consumption, greater social mobility and heightened competition over status, could prove more addictive than the craving for opium itself. By smoking opium, a high official or wealthy merchant took pleasure in displaying his privileged social position. By offering opium to his guests—just as refined and exotic dishes at banquets functioned as social markers—he received the social confirmation of his privileged position. From a luxury item for the imperial clan, opium gradually changed into a publicly coveted commodity: opium was already on its way to becoming a consumer good long before the Opium Wars (Cao 1931: 1/3).

As a luxury item which could be bought on the market, it gradually acquired new meanings. From the mid-eighteenth century onwards, opium smoking became an aesthetic experience for wealthy connoisseurs, mainly the senior officials and rich merchants. Within these privileged circles, opium was prepared and appreciated in highly intricate and complex rituals, very much like the tea ceremony which conferred social distinction to the ruling elites. Tea and opium items were both *objets d'art*, their preparation and consumption a socially prestigious and ritually complex event. The preparation of opium (*zhuangyan*) was the first step of the smoking experience and was defined as a form of art. The words 'yellow' (*huang*), 'long' (*chang*) and 'loose' (*song*) were often used to judge whether the opium had been properly prepared. A rich family normally had a least one 'opium sous-chef' (*xianzi shou*) to prepare their opium pipe (Xiaoliu 1935: 24). To light the pipe was another important procedure, as it was thought that the flavour of opium would be affected by lighting (Bing 1935: 28). The opium smoker used a thin needle-like metal wire, not unlike a hat-pin, to hold a small amount of opium over the flame of a small lamp, the needle being twisted and turned until the substance was sufficiently roasted. When a small pill of opium had formed, it was placed over a small orifice in the bowl of a pipe, which was held directly over the lamp. As the ball of opium frizzled, the fumes were slowly inhaled until all opium was completely burnt up. In most cases opium was smoked after meals and alcohol, and was often accompanied by tea. Travellers to Fujian and Taiwan observed that in the more common opium houses, honey, candy and fruits were eaten as the opium was budding and crackling above the lamp (Lan 1722: 590).

During the course of the nineteenth century, opium smoking also became a mark of hospitality (*yingchou*) among less privileged social groups, where opium was never used alone: consumption was shared, and smoking was an occasion for social intercourse. Opium was used in opium houses with friends or business partners, or at home with family members and guests. Men normally smoked in pairs while enjoying leisurely conversations, or in groups by passing the pipe around. Opium houses provided a new social space where less privileged people could meet (Chen 1989: 152).

If opium had been a symbol of wealth and power, it became power itself by the turn of the nineteenth century. Control over opium meant control over trade and ultimately control over society. No longer a luxury item confined to the imperial clan, opium was spreading throughout Chinese society, soon attracting labourers, merchants, performers and officials, but also women, nuns and monks (Qi 1959: 69). As the empire started to decline in the first decades of the nineteenth century, the excessive use of opium became an epitome for social collapse. For instance, the Daoguang emperor denounced opium as ‘wasting money and harming people’ (Zhongguo diyi 1987: 1/62). Opium was demonized by moral reformers as a source of corruption and a cause of military weakness (Yu 1934: 72–3). The Beijing Gazette (*Jingbao*) of 7 September 1823 lambasted the drug as ‘an article whose flowing poison spreads like flames’ (Martin 1846: ).

Opium became a scapegoat for the political and economic problems which faced the court from the turn of the nineteenth century onwards, now also demonized for its association with the West. Initially highly prized as a foreign luxury item, it was now condemned for its link with the same westerners who sought to trade and proselytise against the laws of the empire. As Qing edicts show, the outlawing of opium in the eighteenth and nineteenth centuries had little to do with its pharmacological effects. The imperial government was far more concerned with its social consequences among politically ‘dangerous’ groups. By the time of the first Opium War (1839–42), opium had become an issue inextricably entwined with the country’s economic, social and political structures (Polachek 1992). By associating it with deviant behaviour, opium was transformed by the ruling elite from a ‘pure pleasure’ to an ‘evil habit’ capable of unravelling the very fabric of society and of undermining the foundations of the empire. Nevertheless, it was the same elite who generated demand for opium, gradually overtaking tobacco and leading to the expansion of opium imports by the early nineteenth century. From the 1820s, the increased availability of opium, lower prices and better transportation inland led to broad social participation in the consumption of opium: by the early twentieth century, virtually everybody smoked it, from the imperial household down to the poor rickshaw puller. According to an official estimate, by the 1880s the number of opium smokers in China approached the 30 million mark (Li 1957: 2/3–6). This remarkable expansion of a once luxurious item was closely linked to social permutations after the first ‘Opium War’ and to important changes in the global economy. European expansion created new interdependencies which transformed the social uses of opium. The rise of a modern manufacturing industry decreased the cost of opium production, the advent of the steam engine facilitated its transportation, innovations in banking eased monetary transactions and modern chemistry enabled a qualitative expansion of the range of opiates on offer. By the end of the nineteenth century, opium would be competing with morphine and heroin for the attention of socially diverse groups, from wealthy elites to farmers and labourers.

### *Quality, Taste, Class*

Opium, just like tea, came in different grades which were marketed for carefully distinguished social groups (Yu 2000: 393). During the latter half of the nineteenth century, a clear hierarchy of consumers reflected existing social differences: Manchurian

aristocracy, high officials and wealthy merchants formed the upper rank of opium consumers; an intermediate rank comprised middle and lower rank officials as well as new professional groups such as lawyers, bankers or clerks. The lower rank catered for labourers, performers, prostitutes, beggars and the criminal underworld. In the countryside, yet another category of opium house was designed to welcome the farmers who produced opium. Foreign imports were categorized according to their colour: black Patna, white Bombay and red Persian opium, in order of price and quality (Yao 1984: 5; Xu 1984: 13/6359). On the domestic market, opium from Yunnan and Sichuan were the two major products, while other provinces such as Shanxi, Guizhou, Zhejiang and Manchuria also produced opium. In order to suit the taste of consumers, raw opium was often refined: opium from Yunnan, for instance, was turned into four varieties of opium (*tu*)—‘horseshit’ (*mafen*), ‘bun’ (*baozi*), ‘cake’ (*gezi*) and ‘brick’ (*kuaizi*)—before being transported to different markets. The local merchants and retailers reprocessed these products into liquid or paste form, sometimes mixing the opium with dates, sesame seeds or other local specialities, also on occasion cutting the opium with cheaper varieties (Qin 1998: 15–16).

Although these alterations generally increased the profit margins of retailers, they were also frequently dictated by consumer demand. Arsenic, for instance, was occasionally added to opium, as it was supposed to add a particularly pungent taste to the smoke. A special variety of green tobacco from Beijing produced the same effect and was extremely popular with consumers accustomed to the flavour (Lockhart 1861: 60–1). The upper and upper-middle classes smoked opium imported from abroad, predominantly from India<sup>3</sup>—which was the most expensive and considered to be of the highest quality—and the best of domestically produced Yunnan opium. The middle and lower-middle classes normally smoked the less expensive opium from Sichuan, whereas the lower classes often smoked what was known as dross (*yanhui*), the remnants of the opium boiling process. Though generally considered waste, most retailers would sell dross to those who could not afford proper opium. Sometimes dross was even recycled several times to satisfy the desperately poor (De 1936). Also noteworthy is the fact that opium ash accounted for nearly half of the overall smokable substances. This was indubitably due to the more affordable price levels in dens catering for a poorer clientele, but even the better-off often preferred to blend stronger types of opium with ash in order to smoothen the taste. This could not be done with Indian opium, whereas Chinese opium could be reused up to three times (Newman 1995: 773).

### *Opium and Social Spaces of Consumption*

Social and economic differences of opium consumers were not only expressed in terms of quality and price, but also through frequency and mode of consumption. Justus Doolittle, a medical missionary in Fujian, observed that the leisured classes either

<sup>3</sup> Indian opium had initially been imported by the (British) East India Company, albeit on a relatively small scale. From the beginning of the nineteenth century onwards, private traders realized the potential profits to be made out of the illegal trade and quickly found ways of penetrating the Chinese market. Many of these private opium traders later came to dominate the economic life of international enclaves such as Shanghai and Hong Kong, and are still familiar names in today's economic world.

procured their opium on the shop counter ready prepared in liquid form, or otherwise in solid form for preparation in the privacy of their homes (Doolittle 1868: 586).

While wealthy elites sought solace in their private gardens and mansions, the guildhalls of trade associations provided social spaces for merchant groups. On the other hand, temples, theatres, teahouses and opium dens were the recreational grounds for ordinary people. In teahouses, tobacco and opium, accompanied by melon seeds and sweets, catered to the various requirements of customers. The growth of social spaces available to ordinary people for leisurely pursuits in turn popularized recreational activities. By the second half of the nineteenth century, opium smoking was an accepted form of public and private recreation (*yuqing*) and leisure (*youxi*). Steadily cheapening opium meant that it could be smoked in greater quantities even by less affluent customers. And while opium was perceived as being detrimental to family life, some praised it as a ‘good recipe for managing husbands’, since it made husbands too lethargic to spend time—and money—outside the family home (*‘Hangzhou’* 1935: 8).

### *Opium for the People*

The expansion of a smoking culture during the nineteenth century cannot be understood simply in terms of social imitation. The poor do not inevitably emulate the rich, and one substance can have different social uses and cultural meanings despite its being shared throughout the social field. Even if the poor labourer and the wealthy merchant happened to participate simultaneously in a flourishing narcotic culture, the social meanings attributed to the respective modes of opium consumption could vary significantly from one social group to another. Both rich and poor frequented opium houses, but whereas officials and merchants regarded them as suitable locations for intimate chats or business meetings, the poor saw dens as places where to spend the night. A local journal for Hangzhou described this cheapest type of opium houses as open around the clock, unbearably filthy, spartanically equipped with iron couches and straw mattresses, and as a magnet for homeless migrants and roving gamblers, nocturnal burglars and lowlife, as well as petty constables and private guards. Opium houses provided many of the poor customers with a temporary home, providing bath facilities and an opportunity to eat (*‘Hangzhou’* 1935: 6). As the treaty ports began to benefit from foreign transport and banking, they attracted a massive influx of labourers.<sup>4</sup> On the other hand, the decline of the rural economy, a series of natural disasters which made millions homeless, and the impact of the nineteenth-century rebellions, pushed many displaced people to seek refuge in the burgeoning cities of the coast. Opium houses welcomed many of these migrants, providing not only cheap accommodation, but also relief from life’s miseries, diversion from boredom (*jiemen*) and escape from the pressures of work (*xinjiao*): ‘When those who struggle to survive a life of hell are able to get opium into their mouths, they immediately forget all the pains and miseries of life’ (*‘Hangzhou’* 1935: 9). Opium as relief from misery was hardly unique to China, and also provided an escape from the vicissitudes of working-class life in Victorian England: ‘Men reverted to it to calm their fears of

<sup>4</sup> The ‘treaty ports’ were a concession granted to the victorious foreign powers in the wake of the Opium Wars, following demands for commercial and legal autonomy (‘extraterritoriality’) from the Qing authorities. Treaty ports and foreign concessions within Chinese cities existed until 1943.

insecurity and poverty, to kill memories of long hours at the loom, the coal face or the plough. Women took it to numb the grinding poverty in which they lived and worked, struggling to raise a family and feed a husband' (Booth 1997: 60–1).

Opium also served as a refreshing tonic for hard-working men and women, including police officers, guards, potters, rickshaw pullers, waiters and waitresses, and prostitutes, often on the job for long hours throughout the night. Many used opium to keep them awake (*tishen*): 'After two or three puffs, one immediately feels refreshed' (Luoluo 1957: 645–55). Opium's function as a refreshment was also widely known throughout south-east Asia. European travellers reported that after half a day's hard work Chinese coolies would rest and inhale a few puffs, then return 'refreshed' to work for several more hours (Trocki 2000: 87). Many used opium to induce sleep (*chuimian*) or to keep themselves awake in order to burn the midnight candle. Opium was used as a hunger-suppressant, like coca in Peru and Bolivia; as opium had the power to dull fatigue and silence hunger, it commended itself to people in strenuous occupations, like rickshaw pulling or mining (Alatas 1977). For the vast majority of ordinary people, however, opium provided relief from physical pain. Above all else, it was used for medication.

### *Opium as Medicine*

Opium had been used widely as a panacea against a whole variety of diseases—it was especially appreciated for calming gastric and abdominal convulsions—but during the nineteenth century it was taken in particular against the epidemics which ravaged many parts of China (Duburquois 1872: 19, 25–8, 30, 38 and 40–5). Moreover, in 1857 opium was rebranded by the fiscal authorities of the Qing as a 'medication' (*Yao*). Entered in the tax books under the rubric 'Western medicine' (*yangyao*) as the official name for imported opium, domestic opium was now referred to as 'local medicine' (*tuyao*) (Wang 1957: 1: 116–32). By changing the name from *yan* to *yao* in China, the Qing government transformed opium from a 'dangerous' and 'harmful' vice to a legally-traded drug. Its importation and trade became legal, although a heavy tax was levied under a government monopoly. While it is conventionally argued that the end of the prohibition of opium and the establishment of a government monopoly was largely due to British and American pressure, historical evidence shows that the Qing hoped that the revenue derived from opium taxation could alleviate the desperate shortage of funds among the military, struggling to maintain control over the empire in the wake of the Taiping wars in the middle of the nineteenth century. As a medication, opium became openly available in wholesale places, 'drug shops' (*yaodian*), licensed retailers and opium houses. Opium could thus be freely bought over the counter for individual use (Wang 1957: 116–32; *Qingchao xuwenxian* 1988: 51: 8057).

Well into the twentieth century, moreover, opium was regarded by the medical profession both in China and in the West as a beneficial drug for the treatment particularly of internal diseases, such as albumuria and kidney disorders affecting urination ('Correspondence' 1931: 1200). In the indigenous medical cultures of eastern Asia, opium continued to be used as an uncontested cure against a plethora of conditions. This was particularly true for certain regions of the Chinese south, where climatic conditions made disease a constant companion of life. For the southwestern parts of Yunnan, for instance, the stagnant, heavy air of certain valleys at times forced whole

populations to migrate into areas with a less oppressive climate (Cordier 1928: 25). Along the rivers bordering Laos, Chinese settlers and travellers habitually smoked opium as a prophylactic against deadly fevers (Rocher 1880: 2/269). But even in the treaty ports, bastions of modernity during the latter nineteenth century, the combination of hygienic and climatic conditions could provide hotbeds for epidemics. As in contemporary Europe (laudanum, belladonna), opium was usually administered in combination with alcohol and aromatic oils or essences against fevers and dysentery. Foreign surgeons also observed with interest—if not without suspicion—the inhalation of opium as prescribed by local physicians against rheumatism and malarial fever (ague) (Lockhart 1861: 383). Opium was used when arsenic—another panacea—caused irritation of the bowels, usually in equal measure with laudanum (Lockhart 1861: 213).

Epidemics were a common occurrence in the lush, sub-tropical hills of the Qing empire's south. Referred to as 'miasmatic' (*zhangqi*) or 'epidemic' (*yi*) diseases in medical works and local gazetteers, the general population resorted to the magical qualities of opium to seek protection, both in treatment and prophylaxis. One of the most feared epidemics was the plague, popularly known as *yangzi* or as the 'rat disease' (*shuyi*) (Benedict 1996: 22–4). The plague was often transmitted during the humid rice planting season in China's southern provinces, but could also affect areas of the arid north (Lu *et al.* 1995: 55–9; Rocher 1880: 2: 279–81; Pichon 1893: 102, 147–56). Since the smoking of tobacco and opium formed part of well-established popular prophylactics against epidemic diseases in general, it could be argued that the rise in reported plague cases caused an upsurge in the demand of (smokable) preventive medication. The increased trade in opium during the latter half of the nineteenth century certainly exacerbated the problem, creating a further increase in demand.

Opium was of even greater relevance as a cure against cholera (*huoluan*). An intercontinental outbreak, causing diarrhoea and painful, febrile bowel disorders, hit China between 1817 and 1822. The disease had probably been imported by seafarers travelling between India and eastern Asia, entering China via Ningbo and Wenzhou along the main trading routes (Lu *et al.* 1995: 59–61; Katz 1995: 45; Yu 1948). It may be a mere coincidence that opium and cholera proliferated in China during the same period—both appeared to some extent as the result of a greater mobility of people and goods in an age of globalization—but the use of opium by ordinary people was certainly encouraged by the epidemics which devastated parts of the country in the nineteenth century. Opium, alongside cannabis, had long been recommended by European practitioners against cholera, in particular by those with medical experience from India (O'Shaughnessy 1839: 36–7; Royal Commission on Opium 1894–5: II/312, II/295). Even if the medical properties of opium were contested by western doctors, the mere fact that entire populations took resort to opium to ease the cramps of cholera indicates at the very least a certain placebo effect (Royal Commission on Opium 1894–5: III/65). The first Europeans therefore indubitably learnt to appreciate the febrifugal qualities of (Indian) opium from their very first years in the tropical oceans (Lu *et al.* 1995: 77, 93–4; Royal Commission on Opium 1894–5: V/254).

The same held true for malaria (*nüejì*), against which opium was taken as a standard antidote. Opium types naturally rich in narcotine were commonplace in nineteenth-century dispensaries (Royal Commission on Opium 1894–5: III/62–3). The practice of smoking opium in moderation was highly commended by foreign observers such as H. N. Lay, former customs official at Guangzhou. Without the smoking of opium, Lay

concluded, many waterbound populations would simply perish (Royal Commission on Opium 1894–5: I/86). Chinese labourers earning their living in malarial regions of India or the Asian south east usually took with them the habit of smoking opium as a prophylactic measure (Royal Commission on Opium 1894–5: I/141–2). Whatever the true medical efficacy, the Chinese inhabitants of Hong Kong were so convinced that they would attach small opium plasters to their temples to act against headaches (Royal Commission on Opium 1894–5 V/198). Some Europeans simply commented on its use as being comparable to the moderate luxury of wine drinking, with few negative but a number of palpable positive physical effects. And like the fruit of the vine, the produce of the poppy could be enjoyed both for leisure and for its medicinal values (Royal Commission on Opium 1894–5: I/116, V/87, V/198). More than a mere substitute for quinine, opium could also be used effectively in the treatment of malaria, usually encountered together with enlarged spleen and anaemia (Royal Commission on Opium 1894–5: III/272, V/234). However crude such measures to ward off an epidemic may seem from our perspective, they reveal a rudimentary understanding of epidemic diseases as consequences of lacking hygiene, combined with oppressive climatic conditions and the presence of mosquitoes or rodents as hosts of the pestilential menace. The smoking of tobacco and opium may have contributed to reducing the imminent danger arising from pestilential diseases, albeit through the mere fact that the smoke drove away the hosts of the invisible enemy. This simple truth may have contributed to the popularity of smoking, both tobacco, but certainly also opium. A gentle puff of smoke was in itself the best guarantee for a mosquito-free evening in the open. An even more powerful panacea would appear by the end of the nineteenth century in the form of morphine.

### *The Advent of Morphine*

Morphine was isolated in Europe as the active agent of opium in the early decades of the nineteenth century. First produced in 1803 the white substance was called *morphium* after Morpheus, the god of sleep. In Asia, morphia appeared in Bengal in 1881, with its use gradually increasing until the end of the nineteenth century. Taken as pills or dissolved in water—rarely, however, in alcoholic solution—morphine was initially only available on prescription (Royal Commission on Opium 1894–5: II/114). When morphine became available in Singapore around 1890, its popularity increased at such a pace that opium imports suffered a significant decline (Royal Commission on Opium 1894–5: II/16). Already several years previously, the practice of adding medical morphine to smoking opium was witnessed in Hong Kong. Not dissimilar to the use of fortified beer amongst alcoholics, morphine increased the narcotic effect of such opium at the expense of its flavour (Royal Commission on Opium 1894–5: V/195–6).

The hypodermic use of morphine had been invented in the 1850s and was soon embraced world-wide by medical professionals, since injection was regarded as a faster and more ‘scientific’ way of treating patients (see Berridge 1999: 135–49). In Hong Kong, the idea of injecting morphine subcutaneously originated from the disciples of the medical missionary Norman Kerr. Implemented on a small scale in 1892, such replacement therapy centres mushroomed throughout the crown colony, where the morphine solution was administered in small hypodermic syringes to each volunteering patient.

Within weeks, habitual opium users discovered that it was by far more economical to have morphine injected directly, often reducing costs by more than 80 per cent. The popularity of this new, radically cheaper form of morphine consumption enjoyed quickly caused the habit of injecting morphia to spread to popular inns and gambling houses, causing frequent casualties as well as a rapid decline of the older opium houses (Royal Commission on Opium 1894–5: V/209–11).

The spread of morphine in Shanghai was even more astounding. Between 1892 and 1901 morphine imports increased exponentially from just under 450 kilograms to three and a quarter tonnes (Xu, 1985: 183–7). When the Great Britain Hospital in Shanghai, itself a pioneer in the development of opium replacement cures, advertised imported British morphine in the widely read Shanghai newspaper *Shenbao* of 17 April 1874, it was embraced as the new miracle cure from the West, being less toxic than crude opium and dross (Shenbao 1874; Todd 1967: 801). Morphine effectively relieved pain, assuaged opium cravings and brought enjoyment to its many users. The ‘Star Talbot’s magic tonic’ (*shengong jipingshui*), a morphine-based remedy popular in Shanghai at the turn of the century, was even reputed to induce a ‘feeling of immortality’ (*Shanghai jindai xiyao* 1988: 28). Commercial dispensaries in Shanghai also began to use morphine instead of dross in their own secret opium remedies, such as powders, liquids, cakes or pills by Watson’s, the Kofa American Company and the Lao-De Drug Store, the latter as a variety of cures known as ‘stop craving powder’ (*duanyinsan*), ‘white medical powder’ (*baiyaofen*) and ‘white crystal powder’ (*baijingfen*). Some contained codeine, while pure morphine was also on sale (*Shanghai jindai xiyao* 1988: 28; Su 1997: 246–7).

### *Morphine as Modern Magic*

Towards the end of the nineteenth century, morphine had become fashionable in Shanghai and other cities not only as a cure against opium but also as a ‘western’ medicine, its foreign origin conferring status, respect and prestige. Like so many other products craved by wealthy elites and ordinary people alike, fascination with morphine, perceived to be both ‘exotic’ and ‘modern’, was part of a widespread craze for things foreign. Cherished not only for their practical worth, but also for the prestige that they carried, the equation between ‘foreign’ and ‘superior’ spread after the Opium Wars. Morphine, in a huge variety of patent medicines from the West, flooded the market in response to consumer demand for ‘modern’ medical products. These medical imports were among the most extensively advertised goods in China during the first half of the twentieth century (Cochran 2000: 63; Huang 1988). Imported medicines also happened to be more economical, as patients could often be cured after a few days, traditional medicine requiring more time and money (Galle 1875: 37). In cases of emergency treatment, even some traditional physicians recommended modern medicine (Sun 1916: 1/34). To emulate the foreign magicians, some even reinvented themselves as ‘western medical doctors’ (*xifa yisheng*), while a number of Chinese drug shops were transformed into ‘western’ dispensaries (Chen 1999: 359–60).

Like other imported drugs, morphine was cheaper than opium. Successive opium-suppression campaigns since 1903 (Zhou 1999) and a government monopoly put the price of opium beyond the reach of most ordinary customers, while the price of morphine decreased in direct proportion to the volume of imports. This trend

continued unabated until the government started to tax imported morphine as a medical drug in 1909. Some manufacturers thus made a fortune, with Huang Chujiu (1872–1931) as the prime example (Shanghai jindai xiyao 1988: 236). The son of a herbal doctor who had never left his native region, Huang Chujiu moved to Shanghai, hawking medicine as a street peddler before opening a traditional drugstore. In 1890 he moved his business to the French Concession and converted his drugstore into a modern pharmacy, selling its own patent ‘modern’ medicine, including morphine-based ‘natural pills for breaking the opium habit’ (*tianran jieyanwan*). Morphine brought great benefits to Huang Chujiu, making profits of more than 10 million yuan per annum on this anti-opium drug alone. Other major pharmacies made similarly huge profits from selling opium cures containing morphine. According to one study published as late as in 1925, virtually every sleeping pill on the market contained morphine (Zhonghua quanguo 1925: 12). In order to increase profits, manufacturers often adulterated the morphine, mixing it with iron sand, exhausted dross, or even pigskin extract. On the other hand, sweet dates and raisins could also be added to improve the flavour (Wenshi jinghua 1997: 1/23). Narcotic culture would diversify even further with the advent of World War I.

#### *Narcotic Culture in Modern China*

1914 is a crucial date in the development of the history of drugs in China for various reasons. It marks the outbreak of World War I, which reduced the economic and notional superiority of European colonial powers over East Asia. Importantly, it coincides with the ratification of the Hague Convention on narcotic drugs (1912–14), which bound its signatories to strictly regulate the use of all natural and synthetic opiates. And third, 1914 is the year when the Harrison Narcotic Act was passed in the United States. The restrictive measures introduced by several European governments following the Hague Convention were easily circumvented, leading to cheaper drug imports to China. Before 1915, moreover, the two most important manufacturers of morphine were Germany and Britain. After 1915, production in Germany fell and exportations from Britain increased drastically, Japan importing the drug directly. Opposition against the trade resulted in the traffic being deviated from the former route via America and other countries. Morphine, heroin and other narcotics such as cocaine were being manufactured on a large scale since the First World War. Other countries started to participate in the lucrative trade in alkaloids, Japan, Germany and Switzerland being major manufacturers who smuggled large quantities into China. Japanese companies were particularly successful in smuggling morphine under various medical labels, ports in Manchuria being favourite destinations. In Japan, the morphine was divided into little packets or placed in small bottles labelled as morphine pure, white powder, soothing medicine, dream-land elixir and other brand names before being exported openly or smuggled into China (Wu 1959: 484–5).

Following the regulation and gradual suppression of morphine, other drugs filled the void left behind by the steep decline of opium. A veritable explosion in narcotic products marked the first decade of the twentieth century, as modernity proffered on consumers heroin, cocaine, codeine, thebaine, papaverine, noscapine and a multiplying panoply of synthetic drugs. The isolation of pure, pharmacologically active substances such as

morphine in the early part of the nineteenth century gave rise to semi-synthetics. Diacetyl morphine was first discovered in 1874 in London's St Mary's Hospital, and traded after 1899 by Bayer under the name 'Heroin'. Heroin was a more powerful opiate than morphine, yet was still considered a gentle medicine against respiratory symptoms. Heroin entered China as a replacement cure contained in the well-known 'Red Pills' (*hongwan*) around 1912, deriving its name from one of the most famous murder mysteries of the Ming dynasty.<sup>5</sup> Red Pills consisted of heroin or morphine, caffeine, quinine or other cinchona alkaloids, a trace of strychnine, cane sugar or lactose, flour or starch and colouring agents; they were occasionally scented with rose and jasmine essence. The ingredients used for the pill mass varied according to the recipe of each manufacturer. They were rolled and cut on hand pill machines common in the pharmaceutical industry and rounded manually before being dried on trays heated by a earthenware stove or in desiccating cabinets ('Report' 1935). The pills were often pink, carmine or a pale purple. Like opium, different categories of Red Pills commanded a range of prices; they were widely available from corner shops. Commonly known as 'anti-opium pills', a variety of brands vied for consumer attention, the most famous being 'VIP' (*shangdaren*), 'Tiger Boy' (*huzai*), 'Golden Money' (*jinqian*) and 'Three Peaches' (*santao*) (Luo 1931: 9–10). Such heroin pills were smoked like opium, requiring a pipe, a needle and a lamp. The pill pipe was made of bamboo stick, about 30 centimetres in length with a porcelain head. Red Pills were more convenient to smoke than raw opium. The pills were ready for consumption, no longer requiring the laborious preparation and smoking utensils necessary for opium. The pill was held on a needle near the pipe head over the flame of an oil lamp, the smoker drawing a few times and inhaling the smoke, which was described as very pleasant on the lungs ('Report' 1935). Its aroma was claimed to be exceptional: some even used it to cleanse their breath (Bing 1935: 29). Following the Hague Convention, Red Pills were officially listed in China as a 'poisonous substance' (*dupin*, i.e. narcotic drug), together with opium, morphine, cocaine and heroin (Yu 1934: 324–5).

After the prohibition of the Red Pills, a Golden Elixir (*jindan*) appeared on the market, the main ingredient being heroin. At times, caffeine, quinine and occasionally cocaine were added upon the particular request of customers ('Hongwan baiwan jindan' 1928: 28). It came in pill form, was originally dark yellowish in colour, and first sold in bottles as a government-sanctioned anti-opium drug (*jiyanyao*) in Western drug stores in Tianjin and Shanghai. The Golden Elixir soon spread inland and became particularly popular in the North China plains with most of its consumers in the provinces of Shanxi and Henan ('Hongwan baiwan jindan' 1928: 28). 'White pills' (*baiwan*), resembling sorghum, were also known as 'the white drug of immortals' (*baiyao xian*): they were popular in the army of Yan Xishan ('Baimian zhiguo de Shanxi' 1931: 26). 'White pills' also came as powder, known as 'white powder' (*baimian*) in the north or as 'old sea' (*laohai*) along the coast. White powder could be smoked by mixing it with some tobacco, used either in a small bamboo pipe or added to the end of a cigarette after removal of some tobacco. The latter method was referred to as 'anti-aircraft gun' (*gaoshe pao*), for the tip of the cigarette would always point upwards. Heroin could also be sprinkled on a

<sup>5</sup> The drug was reminiscent of the 'red pills' prescribed in 1620 to the newly enthroned Guangzong emperor by his doctor Li Kezhi. The emperor died soon after taking the infamous pill.

piece of tin foil which was then held over the flame of a candle or a match, the fumes being sucked up via a trumpet-shaped instrument (Tao 1937: 24–5; ‘Report’ 1935). In the early 1930s snorting heroin became popular: a user would simply crush the pill into fine powder and snort it through a nostril, followed by an inhalation of steam. According to tabloid gossip, this method was apparently introduced by the army, as moisture during field campaigns frequently made the matches useless, depriving the soldiers of the heroin without which the courage and energy for battle could not be mustered (*Tianjin dagongbao* 1930; ‘Taiyuan tongxin’ 1934: 14).

Besides pills or powder, heroin was also marketed as ‘machine guns’ (*jiqibang* or *jiqipao*), sold in the shape of a cigarette or a pen. This variety was also known as ‘quick sensation’ (*kuaishangkuai*) as it was easy to use and produced an immediate effect. It could be smoked in a pipe, rolled into a cigarette, or simply snorted as powder. The ‘machine gun’ variety was particularly popular in the south of Shanxi and in parts of Hebei, its colour ranging from pink to bright blue; sugar-coated varieties (*tianwan*) were sweet as candies (Tao 1937: 6; *Zhongguo yanhuo nianjian* 1927–8: 63). Heroin-based products like immortality pills and white powder also fulfilled an important economic role as a reliable currency. In the 1930s white powder could be exchanged in Beiping against property deeds, furniture, jewellery, cloth and pawn vouchers; it could buy animals and pets, even women and young children (Tao 1937: 21–3). Heroin dens (*baimianguan*)—an extension of the more traditional opium dens—were frequently the best place to retrieve ‘lost’ goods (Tao 1937: 21). Smoking was the most popular mode of consumption, not only in Beiping, but also in Manchuria, north China and cities along the coast from Tianjin to Shanghai. In remote areas of Shandong, white powder functioned as a substitute for expensive opium, its consumption by local elites indicating social status and wealth. Ordinary villagers, who used to offer a cup of tea to their guests, also offered a puff of heroin as a sign of respect, smoking being a major recreational activity. The same held true for urban China, e.g. in Shanghai. The *North China Daily News* reported in 1936 that the Shanghai poor preferred to smoke heroin, which was cheaper at about 20 cents per small packet and more potent—some even considered it to be eight times stronger than the popular Red Pills (‘Smokers of white drug’ 1936). Although reports about the different degrees of strength of narcotic substances were not always entirely reliable, as they were rarely based on clinical research, they nevertheless provide the historian with a rough idea of class differentials.

Smoking was not the only method of administering heroin. Within a medical culture which endowed the syringe with quasi magical attributes, narcotic substances were eagerly injected. Workers initially injected their solution, usually very dirty, with a hypodermic syringe made of glass, metal or even hollow bamboo. Emigrants returning from Singapore to Shantou (Guangdong) also introduced the hypodermic use of morphine, which spread rapidly into Fujian, although the Cantonese rarely resorted to needles (Wu 1959: 484–5). After-care drugs were also injected into the veins of opium smokers in early detoxification centres, thus introducing many patients for the first time to the hypodermic syringe and contributing to the banalization of injection. Morphine was commonly applied hypodermically in morphine dens (*mafeiguan*) in the 1910s and 1920s, while heroin dens (*baimianguan*) also provided customers with a syringe. Heroin, morphine or other drugs were first dissolved in a small cup in distilled water (*zhenliushui*), or sometimes just in water considered to be pure (*qingshui*). The mixture was then administered to customers either intravenously or hypodermically with the help

of a syringe. As neither the syringe nor the customer's skin were systematically disinfected, septic illnesses or even death were not uncommon. This risk increased with intravenous injections. Some observers noted that in Tianjin most needles were never sterilized, often being the principal factor in the spread of syphilis. Other users caught pneumonia, rheumatic and scarlet fever through needle infection ('Zhonghua quanguo' 1925: 11). Throughout China, heroin and morphine were injected since opium had become too expensive for common toilers to afford: rickshaw pullers and coolies were among the main consumers of injected opiates.

Besides heroin, there were less frequently used drugs: cocaine consumption amounted to little, remaining largely confined to medical professionals as an antidote to alcohol poisoning (Sun 1916: 1/37). It was chiefly used by Europeans resident in China, and entered the Chinese market only indirectly, as a component of the Golden Elixir (*jindan*) ('Hongwan baiwan jindan' 1928: 28). Cannabis also failed to become part of China's narcotic culture. It was grown in China and had been known as a medical herb for nearly two thousand years, though the most common use of the hemp plant was as a source of rope and textile fibres. It was widely believed that cannabis could lead to demon possession and insanity (Zhao 1993: 35), while in the republican period, smoking cannabis was negatively compared to drinking alcohol by government authorities, who claimed that it could cause nervous dysfunction and madness ('Xinjiang sheng' 1947). Not a single case of smuggled cannabis was discovered even in Shanghai in the 1930s ('Report' 1935). On the other hand, substances like dionine and novocaine were openly on sale in 'western' drug stores in coastal cities like Fuzhou ('Tai'ouning ji mi'erkayin' 1936). Dionine, also known as ethylmorphine, was similar to codeine and in its properties and particularly effective as a cough sedative, although accompanied by greater toxicity. Novocaine was a synthetic substitute for cocaine. It was not classified as a narcotic substance in China and hence not subject to any official restrictions. Other preparations available in republican China—mainly intended as opium replacement drugs—were codeine, eukodol, papaverin, pantopon or pavinol, all containing alkaloids which doctors recognized might lead to addiction ('Control of new morphine derivatives' 1928). In modern China, sedative narcotics like opium, morphine and heroin, rather than stimulants like cocaine and caffeine, or hallucinogens such as LSD and mescaline, were the drugs of choice for most consumers.

### *Reforming the 'addict'*

The link between drugs and crime in modern China is less obvious than might be assumed from our contemporary perspective on the 'drugs-crime connection'. Recreational opium consumption had been the target of successive imperial edicts from 1729 onwards, as part of a general drive against moral corruption in the realm of the Qing. Such legislation, however, was more hortative in character than intended to eradicate opium smoking, and it took more than 100 years, and a serious international crisis, to reignite calls for an outright prohibition. The object of the Opium War legislation was less to deal a fatal blow to opium smoking, rather than to remedy the precarious financial situation of the empire. Until the end of the nineteenth century, with opium as a freely available commodity, there was—if at all—a mere moral opprobrium attached to the recreational use of the drug. This situation changed with the anti-opium drive by the late

Qing administration (1908–11), following international pressure to abolish all trade in opium, as well as the advent of new medical and political elites—in China and in the West—who now demonized both the drug and its habitual users (Slack 2001: 1–5). The full criminalization of opium smoking occurred during the decade when the nationalist government effectively ruled over most of China (1927–37), and in particular during the years of the Six-Year Opium Suppression Plan, intended to last from 1934 to 1940, but abrogated by the Japanese invasion of 1937. During this period, smokers were forced to publicly register, and more than 1 million opium users were treated at detoxification centres created by local elites and government circles. The wrath of the prosecuting state—imperial, warlord or nationalist—was concentrated on the gangs that circumvented the state monopolies on traded opium. Drug smuggling formed a formidable source of income for an underworld which was as much at home in the foreign concessions as in the rest of China.

Political elites during the republican period did not merely try to punish supposed ‘addicts’, but also to reform them into obedient and productive citizens who could contribute to the wealth and power of the nation. Such ambitious thinking required careful logistical planning, with state-run detoxification centres as the main instrument. Three narcotic institutions, for instance, were maintained by the Chinese municipality in Shanghai. The largest was the Zhabei Anti-Opium Hospital, hailed as a ‘model institution’ treating thousands of addicts. Converted from a silk factory early in 1935, renovated and fitted out with medical equipment, the hospital had discharged as cured nearly six thousand men a year later. Two hundred and fifty beds were distributed among four wards, and patients spent from two weeks to a month taking the cure, the majority being coolies sent by the police or the courts. Treatment was free, while female addicts were treated at neighbouring hospitals. Much as the prison was seen as a moral space in which repentance could be instilled in criminals, detoxification centres represented addicts as misguided human beings in need of help: reformation rather than punishment was stressed in these institutions. Similar to the admission procedures in a republican prison (Dikötter 2002), each person was registered on arrival, answered medical questions, was fingerprinted, weighed, bathed and shaved. His hair was cut, and his clothes taken away to be sterilized and laid aside until his was ready to leave the hospital. He was given a hospital uniform and a bell-shaped metal disk with his number. His bed, eating utensils, medicine cups and everything else he used bore the same number. The staff segregated men having serious diseases and tried to inculcate ‘habits of cleanliness’ in the patients (Shanghai shili hubei jieyan yiyuan 1935).

As in prisons, patients were given moral lectures, and were impressed with the awful nature of morphine poisoning. Throughout republican China, similar centres preached and practised the gospel of ‘moral reformation’ (*ganhua*)—the core principle of penal philosophy in republican China, with moral lectures, formal education and wholesome leisurely activities as its tool (Dikötter 2002). Discipline was instilled by a strict routine closely resembling the prison regime, from the morning call to the wearing of uniforms and short hair. Moreover, patients who were treated free of charge could be required to work eight hours a day for three months, further eroding the fragile boundary between medical and penal institutions. When his term was completed, the patient was formally discharged (Nanjing Municipal Detoxification Hospital 1936: 3, 5, 11, 27–9, 34). These medical and administrative practices, however, overwhelmingly targeted marginalized social groups, in particular the urban poor and rural vagrants: little was said or done

about the consumption of drugs among the elites of the nation. Moreover, a majority of patients started taking drugs again as soon as they were released. The main reason for this was that detoxification centres were insufficiently staffed and resourced to tackle the diseases for which patients took opium, from stomach pains and chest pains to tuberculosis. Before the discovery of penicillin, opium and morphine remained the most popular medical remedies in China, despite official efforts to stamp it out.

### Conclusion

The preliminary results of our inquiry into the history of drug consumption in China show that opium served many different and shifting functions within specific social circles: it could be alternatively or simultaneously a medical product, a recreational item, a badge of social distinction and a symbol of elite culture. While historians have tended to overwhelmingly emphasize the role of opium in the nineteenth century, the 'pre-history' of opium from the sixteenth to the early nineteenth centuries shows that tobacco and a culture of smoking played a crucial role in the transformation of opium from an elite medical product to a widely consumed substance. The medical qualities of opium, in the absence of reliable alternatives such as quinine and aspirin, also explain the expansion of opium down the social ladder during the nineteenth century. In the early twentieth century, many opium smokers switched to morphine injections as the supply of opium dropped while enforcement of anti-opium laws became more prominent. More research may explain how far government policies purporting to contain opium actually created a 'drug problem'. Preliminary research also highlights the sheer diversity of narcotic products, showing how opium was rapidly superseded by a huge variety of psychoactive substances ranging from heroin to pavinol, although non-opiate substances like cocaine and cannabis remained marginal: variegated and sophisticated consumer demand, above all other factors, determined the dynamics of a thriving drug culture in modern China which emphasized opiate narcotics rather than stimulants or hallucinogens.

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