Opium-Reduction Programmes, Discourses of Addiction and Gender in Northwest Laos

Paul T. COHEN and Chris LYTTLETON

In Muang Sing district of northwest Laos, a community-based detoxification programme was recently launched among the highland Akha. The Akha grow almost all the poppy in the district and have high rates of opium addiction. Whereas the attitude of the Akha to opium is generally one of ambivalence, the detoxification programme portrays opium in unambiguously negative terms, with the consequent incitement of an “addict identity” and a strong sense of shame among relapsed addicts. On the other hand, the programme has more positive consequences for women. Even though historically fewer women than men become addicts, women often bear the brunt of the burden. The detoxification programme gives women a voice against addiction, but this empowerment remains circumscribed within a patriarchal society.

Opium use is widespread in northern provinces of Laos, Myanmar, and to a lesser extent in northern Thailand — a region referred to as the “Golden Triangle”. The cultivation of opium is associated with a number of highland ethnic minorities living in these regions, in particular the Hmong, Yao, Lisu, Lahu, Wa, Shan, and Akha. In the mountains surrounding Muang Sing valley in northwest Laos, there is a greater number of Akha villages than of any other ethnic group. Recent surveys by development agencies working with the Lao government have documented opium addiction in virtually all Akha villages of Muang Sing. Although addicts are to be found in each village, the percentage of households with one or more members dependent on opium varies widely across villages. Local Akha view the common inclusion of opium in their lives with a degree of ambivalence. It is a commodity that has powerful practical uses and significant exchange value. On the other
hand, debilitating addiction\(^1\) is an obvious reminder of its treacherous appeal.

In Muang Sing, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), a large German development agency, has recently adopted opium-reduction strategies as part of its livelihood security project and has targeted the negative effects of addiction by instigating a community-level detoxification programme. Those villagers who were able to successfully quit are enthusiastic about the benefits of such programmes and in comparison with many other projects in the region, this project is relatively successful in encouraging detoxification (see Farrell 1998). However, for the addicts who are unable to stay “clean”, detoxification delivers a particularly sharp-edged rejoinder. This article discusses two issues. Firstly, the way in which the detoxification project creates an “addict identity” that contributes to a heightened sense of social shame. Secondly, the role of gender as a key dimension that shapes the presence of opium in Akha daily life. Opium smoking is not just a personal pursuit; it carries highly weighted practical and symbolic value in social relationships. Whether or not they themselves are opium smokers, the impact and burden of opium addiction is felt most acutely by Akha women. Likewise, the ramifications of newly imbricated reduction discourses have marked instrumental effects in the women’s lives. These effects are simultaneously empowering and damaging. In an earlier evaluation, Gebert foreshadows the role Akha women might play in community-based detoxification programmes: “Women are the strongest potential force against addiction, but at present they have no voice or influence in the villages” (Gebert 1995, cited in Seger 1998, p. 24). We argue here that the detoxification campaign in Muang Sing has indeed given Akha women a voice against addiction; however, it is a voice that is readily silenced in a male-dominated society.\(^2\)

The Akha of Muang Sing

Muang Sing is a district in the northern province of Luang Nam Tha in the Lao People’s Democratic Republic (Lao PDR). Muang Sing valley is about 680 metres above sea level, flanked by rugged mountains that reach 2,000 metres. Muang Sing town, the administrative and economic
hub of the district, is located only 12 kilometres from the border with the Dai Autonomous Region of Xishuangbanna in Yunnan province, China.

The total population of the district is only about 23,500 and the population density is a low 14.3 persons per square kilometre. The ethnically diverse population comprises sixty-eight Akha villages, twenty-six Tai Lue villages, five Tai Neua villages, one Tai Dam village, five Yao villages, and three Hmong villages. The Tai groups are officially classified as Lao lum ("lowland Lao") and the Akha, Hmong, and Yao as Lao sung ("highland Lao"). All but three of the Tai villages are situated in the Muang Sing valley and all but four of the non-Tai villages are located in the mid and lower slopes of the highlands surrounding the valley. While the Akha are numerically superior in population (approximately 11,000), the Tai lowlanders have dominated them politically and economically since the founding of the principality of Muang Sing in the 1880s.

The Akha speak a Tibeto-Burman language. Legend has it that they began to slowly migrate from their ancestral homeland in Tibet more than 2,000 years ago into southern Szechuan and Yunnan in China. More recently, mostly during the past century, the Akha have migrated into northern Myanmar, northern Thailand, and northern Laos. The total Akha population (excluding the closely related Hani) of this region has been estimated as close to one million (Geusau 2000, pp. 125–26). Estimates for Laos vary considerably, from 60,000 (Chazee 1995, p. 154) to between 92,000 and 100,000, concentrated in the provinces of Phongsaly and Luang Nam Tha (Lao UNESCO Committee, 1996, cited in Geusau 2000, p. 126).

Opium and the Akha

Even though opium production was fostered by colonial powers, warlords and traders through taxes, quotas, and indebtedness, high potential profits have been an adequate incentive on their own for certain highland groups to grow poppy. Thus, the Hmong and Yao have attempted to maximize income from opium growing since they began large-scale production in southern China in the mid-nineteenth century.
Historically, this commitment to opium as a cash crop, coupled with avoidance of Chinese warlord exactions, significantly influenced their movement southwards and the nature of their migration within this region to higher-slope land that was most suitable for opium growing. Opium cultivation over the recent two centuries has never assumed the same economic importance for the Akha as it has for other highland people in the Golden Triangle. The Akha give priority to rice cultivation. Akha mythology also attests to their early dependence on irrigated rice terraces next to secondary rivers (Geusau 1988, p. 225; 2000, p. 135). However, lowlanders, such as the Tai, have constantly forced them uphill. In the mountains, they have preferred to settle in mid-slope locations — ideal for the cultivation of swidden rice but not for opium (Geusau 1988, pp. 226–27).

It is consistent with these historical patterns of settlement and land use that Muang Sing district is a “low-scale opium-producing region” (Epprecht 1998, p. 131). Nonetheless, opium is an important cash crop or item of barter in Akha economic exchanges with highland and lowland villages (including the use of opium to obtain rice in times of shortage). It is also an important item of consumption as a medicine (for example, for diarrhoea, and as an analgesic and tranquillizer) and for recreational, regular, or habitual consumption by those who have become addicted. Other activities on which the Akha depend for their livelihood include vegetable gardening, the raising of livestock (oxen, buffaloes, pigs, and poultry), hunting, and the collection and sale of forest products (for example, medicinal barks and fruits).

Throughout Laos, highland minority groups are under varying degrees of pressure to relocate to land less amenable to swidden agriculture. During the past ten years, more than thirty Akha villages have been established on the lower slopes, within half-a-day’s walk to Muang Sing town. This has been partly in response to the Lao government policy on shifting cultivation and forest preservation and consequent pressure by local officials on the Akha of the mid slopes to resettle close to the lowlands and to take up wet-rice cultivation. Another factor that has encouraged resettlement, particularly among the younger generation, has been the steady decline of highland soil fertility and swidden rice yields.
Despite much greater proximity to the various arms of government bureaucracy, most of these lower-slope villages have continued to grow opium. In the past several years, however, previously tolerant state attitudes have hardened and there has been an increase in official directives prohibiting opium cultivation.\(^4\) Reflecting the increased attention, opium-reduction programmes have been actively included within foreign-funded and implemented development programmes that target livelihood security throughout the mountainous regions of northwest Laos.

These reduction programmes have a ready constituency. The Akha of Muang Sing have high rates of opium addiction in both mid-slope and lower-slope villages. According to a 1995 survey, the rate of addiction among the Akha was 9.3 per cent compared with 2.8 per cent for the Hmong and 3.5 per cent for the Lue.\(^5\) Geusau (1988) records similar high (and also escalating) rates of opium addiction among the Akha of northern Thailand in the 1980s, which he attributes partly to the deterioration of the Akha economy (due to deforestation, declining soil fertility, and so forth). In Muang Sing, economic decline and lack of hope for any imminent improvement in material well-being (affecting mid- and lower-slope villages alike\(^6\)) are also likely predisposing factors to high rates of addiction among the Akha. However, impoverishment cannot explain the very wide variations in levels of addiction between villages in similar economic circumstances. This is an intriguing issue. Detailed studies are necessary to determine the particular balance of a range of contributing factors, including styles of village leadership and willingness to impose sanctions on addicts and/or discourage potential addicts (whether village leaders are themselves addicts is obviously critical here), the historical development of villages (in relation to village factionalism and cohesion, the trauma of epidemics, recent migration, and so forth), and the dominant ethnic sub-group of the village.

**Gender Variation in Rates of Addiction**

What is immediately obvious is the gender bias among addicts. Epprecht (1998) found that out of the total of eighty-nine addicts (from his sample of 155 households in six mid-slope Akha villages) only fifteen (16.8
per cent) were female. A recent survey conducted by GTZ in lower and mid-slope villages showed that 181 (22 per cent) out of the 824 addicts were female. Cohen’s 1998 survey of two lower-slope Akha villages revealed that twenty-two (30.5 per cent) of seventy-two addicts were women. Like overall levels of addiction, the number of female addicts varies from village to village. In some villages, depending on the sub-ethnic group, females are prohibited from any regular consumption of opium — it is deemed to be against social lore that women “indulge” in this manner. In other villages possibly only a few kilometres away, women are subject to less pronounced strictures that define opium as a male pursuit.

A further characteristic that differentiates female from male addicts is that they typically begin regular smoking at a later age. Thus, Epprecht found that 30 per cent of all male addicts from his sample were younger than forty years of age, compared with 6.6 per cent of the female addicts (1998, p. 86). An explanation for this divergence requires some elucidation of gender relations in Akha society.

Akha social organization is both patrilineal and patriarchal. The Akha of Muang Sing are divided into a number of different sub-ethnic groups: Pouly Nyai, Pouly Noy, Kopien Nyai, Kopien Noy, Tchitcho, Chapo Nyai, Chapo Noy, and Botche (Chazee 1995, p. 156). Residence after marriage is patrivirilocal and the wife is incorporated into her husband’s patrilineage. This has important implications if there is divorce. The wife has no claims on the children of the marriage as they are considered to belong to the husband and to be under the protection of his ancestors. It follows that sons are also more desirable than daughters, as at least one son is needed to perpetuate the patriline.

“Men are given top priority in almost all matters” (Walker 1975, p. 174). Male dominance and privilege are reflected in the domestic, political, ritual/religious, and economic spheres. The Akha house is divided into a men’s room and a women’s room, often with separate fireplaces. A wife can only eat after she has served her husband. The village headman, village ritual experts, and village elders — all men — dominate political decisions affecting the village as a whole; women are denied any formal role in community decision-making. Although shamans (nyi pa)
are often women, the most important ritual specialists are men: the village priest (dzoe ma), the spirit priest (boe maw), and the reciter of ancestral texts (pi ma). The so-called white-skirted woman (ya yeh a ma) does take precedence in the annual rice rituals of the household and at wedding ceremonies. However, Kammerer notes that a “white-skirted woman” still requires a male reciter to perform her rite of initiation and concludes that “the fertility of women and rice is in the control of men, and the generic power of women is alienated from the individual woman” (1988, p. 49). In the economic sphere, hunting is an exclusively male activity. Both men and women are active in agriculture, although women “are expected to work longer and more” in the fields (Epprecht 1998, p. 15) and “the women’s contribution is usually greater” (Kammerer 1988, p. 39). In addition to farming work, there are the constant demands on women to weave, collect firewood, and draw water, pound rice, prepare meals, and care for children.

When questioned, villagers referred to these gender distinctions to explain the difference in levels of addiction. Men, it was suggested, did the hardest work and were more prone to addiction as a response to the rigours of such labour. Women, on the other hand, had no such opportunity. Not only was their work seen as less physically demanding, but its very prolonged and unrelenting nature meant they simply could not (or could not be allowed to) include opium smoking as part of the day’s activities.

Compulsive opium smoking, usually two or three sessions a day, is enormously time-consuming, not to mention the additional work that may be required to obtain a regular supply of the drug. An average smoking session can take between one and three hours depending on the number of “pipes” consumed. This may seriously interfere with the daily work schedule of the addict, in particular for a woman who will, in all likelihood, have children she must care for. Consequently, considerable social shame is attached to not adequately fulfilling the duties of wife and mother. However, as she gets near “old age” (usually at about forty years or thereabouts) and demands of work and childcare diminish, there is less stigma. Addiction is more accepted, particularly if her husband is also a smoker and indeed some speak of a “mutual love” for
opium and each other (in Lao: *hakkan kim*) that may develop.

Hence we can say that men are more likely to become addicts than women because there are less prohibitive social sanctions that are a direct product of forms of gender stratification. Men are less subject to social scrutiny; they have more leisure time and casual, recreational smoking of opium is considered an acceptable part of male conviviality, especially among peers, during informal visits and ceremonial occasions. This is not to say that there are no negative sanctions on men who habitually smoke. It is widely considered to be inappropriate for men to become addicts at an early age, primarily for the associated costs it carries. However, until recently at least, these sanctions are less pronounced than those directed at women and there has been a gradual increase in the number of male addicts under forty years old.

Causes of Addiction

In most villages of Muang Sing, it is widely acknowledged that virtually all Akha men and women have smoked opium at some point in their lives. During our research visits, we frequently came across the heady smell of opium smoke in the morning hours. It takes place in any number of contexts. It might be the father blowing the pungent smoke across the face of his prone child who has been laid low by a virulent fever. Or maybe the middle-aged widow who is about to head to the sugar fields nearby to cut her brother-in-law's cane. On another occasion, it might be a group of young men making the most of a friend's visit from a village that is a day's walk away. Or the woman who has just given birth and is dulling the still pressing pain. Or maybe it is any one of numerous men (and women) who smoke just because they have to.

How the myriad casual forms of smoking (in Lao: *suup len len*, literally "smoking playfully") turn into addiction (and by the same token why in many cases they do not) is not clearly understood. The villagers invariably offer one all-encompassing explanation. People become addicted because of painful injury or illness. One should not underestimate these as factors contributing to addiction — undeniably opium is an enormously efficient form of pain relief. However, the attribution of addiction to a particular event may also be part of a local discourse
that makes addiction more acceptable and thereby masks habitual smoking as an ongoing, gradual process of increasing dependence.

While it can be said that the Akha value the casual consumption of opium for its euphoric, palliative, and therapeutic qualities, they are equally mindful of the dangers of eventually succumbing to addiction. There is thus considerable ambivalence towards opium, even among men who suffer less social shame from acknowledged addiction. For example, in Ban Yang Luang, which has very high levels of addiction, fifteen young male addicts in their twenties decided, at their own initiative, to detoxify by substituting opium with local whisky. Their reason was that opium was becoming too expensive and an increasing economic burden.

Economic Burden of Addiction

For women, especially married women with young children, the burden of opium addiction is even greater. Not only do they personally bear the brunt of any costs incurred in time and labour, they are also usually responsible for any shortfalls in their addict husband’s ability to provide for the household. Addicts commonly stated they had less energy for work than before becoming addicted. As mentioned, opium smoking is time-consuming and inevitably interferes with household or communal work. However, its disruptive effect on male labour productivity is often minimized by adjusting consumption to work demands: reducing the time of a smoking session, eliminating lunch-time smoking, and eating opium rather than smoking. Some male addicts are totally incapacitated by their addiction, but most described a diminished ability to work — most typically with the analogy of the fewer number of house posts an addict can carve from the forest during a day’s work. Overall, most opium addicts lead relatively productive lives, both on their own farms and as wage-labourers for other Akha or for the lowland Tai. Indeed, a common form of wage-labour for male addicts of lower-slope Akha villages is the clearing of land (in Lao: buk boek) for new wet-rice fields of Tai villagers. This is onerous and backbreaking work that the Tai prefer to avoid. However, for the Akha addict it pays well and is usually on a contract basis that enables them to work at their
own pace, with minimal disruption to their smoking routine.

It is our view that the main negative consequence of opium addiction relates less to declining agricultural productivity *per se* and more to the costs of opium consumption. The economic demands on a household supporting an addict are considerable. Each year, a single addict consumes roughly the equivalent in opium to the amount of rice needed to feed an average household. In a situation of limited opium production, households that have one or more addicts experience great difficulty in satisfying requirements for both subsistence rice and the provision of opium. To obtain enough opium, these households have to sell rice or other forest products they may have gathered and/or engage extensively in wage labour. This places an enormous burden on non-addict household members, in particular those with young children. The onus falls most heavily on a married woman who is forced to combine her normal daily duties, as wife and mother, with the extra demands of wage labour. This burden is obviously exacerbated in those cases where the addict husband cannot work at all. Consequently, there is a strong incentive for wives to discourage their husbands from smoking and prevent addiction.

But in this respect we see that gendered expectations place women in a paradoxical bind. Following tradition, it is the wife’s duty to take care of her husband, particularly in times of stress or duress. If he is ill or just plain weary from the arduous labour required to support the family, then it is his wife’s responsibility to do all she can to help. We were told that this would at times include the provision of opium. In essence she has no choice. She must do something to help — particularly if her husband is badly hurt or sick. On many occasions, in the face of an absolute lack of any other medical provisions (or access to them), giving opium is the only possible thing she can do to lessen her husband’s distress. Whatever personal reservations she might have about the threat of opium addiction take second place to her required role as wife. Then, should her husband subsequently become an addict (related or not to her initial administrations), she must bear the burden of his decreasing contributions to the household economy.
Opium-Reduction Programmes in Muang Sing

Given the prevalence of opium use and abuse amongst the Akha in northwest Laos, development agencies have quite logically made the decision to tackle opium addiction as one key plank in their overall development strategies. In late 1997, GTZ began a detoxification “campaign” on a pilot basis that was extended to thirty other Akha villages (four mid-slope and another twenty-six lower-slope villages) over the following two years. The rationale for GTZ’s commitment to demand reduction is that addiction has a negative impact on food security. Such programmes operate under the auspices of the Lao National Commission for Drug Control and Supervision (LCDC), which was established in 1990. Subsequently the United Nations International Drug Control Programme (UNDCP) formulated a Comprehensive Drug Control Program (Masterplan) for Lao PDR for the period 1994–2000 (which was approved by the Lao government in 1994). The Masterplan reflects the influence of the U.S. supply-side global “war on drugs”. Thus, priority is given to supply reduction throughout the country as a whole, though demand reduction is included as a secondary objective (UNDCP 1997, p. 4). In Muang Sing, opium is grown almost entirely for local consumption and trade (including for tourists) and little reaches the international market so, to date, demand reduction takes precedence.

Before detoxification, Lao doctors, nurses, and local officials spend about a week in the village to explain the programme and to motivate addicts to volunteer for detoxification and prepare their families to provide support in the ensuing “cold turkey” period. Whereas normally the Akha regard opium as both a blessing and a burden, these community briefings are unequivocal about its evils. Posters anthropomorphize opium as a demon-like seductress who throttles her victims. Addicts, so it is repeated, sleep late, get up late, go to work late, and are dirty in body and dress. They are prone to steal. Their health and that of their children suffer. Domestic strife is inevitable. Special emphasis is placed on the economic costs of addiction. Addicts arrive late for co-operative labour, they inevitably sell their livestock, and they are less productive at farming — factors that impoverish them and their families. By con-
trast, it is wholeheartedly emphasized, those who do not smoke have more rice, better houses, can buy clothes and goods for the house. The preparatory sessions stress that addiction is a personal and family problem. Social and political underpinnings to the high degree of addiction amongst Akha are not included as part of the exhortatory rhetoric. Rather, mention is made of these larger social structures simply in a punitive sense. In other words, the problem lies in the individual, the burden is borne by the family, and unless detoxification occurs, the community and state will take action.

The actual detoxification process sold as the cure to the ills described in the preceding briefing is conducted over two weeks. It takes place in a specially appointed encampment near the village. Family and friends are allowed to visit but the addicts are confined until the two-week session is over. It begins with the addicts surrendering their smoking equipment, followed by health checks and health education by nurses, and daily treatment with traditional herbal medicines and Western pharmaceuticals for relief of withdrawal symptoms (for example, valium, paracetamol, vitamins). On the fourteenth day, rehabilitated addicts and their families, local district officials and staff of the detoxification team attend a closing ceremony. Congratulatory speeches are made with exhortations to addicts not to relapse. Over the next six weeks, doctors and nurses carry out periodic medical checks. GTZ supplies the rehabilitated addicts with enough rice for three months, if they are too weak to work. Local agricultural officers follow up visits with warnings of the government prohibition on opium cultivation and advice on replacement crops.

But unfortunately, despite all admonitions (and subtle threats of fines or police action) relapse is not uncommon. In some villages, a year after the rehabilitation sessions, relapse rates around 90 per cent were reported in follow-up surveys. In contrast, only two of thirty-one villages reported no relapse. There were relapse rates of 50 per cent and above in over two-thirds of the villages. Overall, out of nearly 700 Akha attempting detoxification, 61 per cent began smoking again within the year. At times, individuals have attempted to give up again through visits to local detoxification specialists who offer traditional medicine
and therapy.\textsuperscript{11}

The programme's success rates are not trivial and deserve due credit. Those who do remain free from compulsive smoking speak avidly of their desire that others may share renunciation and similarly avoid the burden of addiction. They imagine and, in some instances, demonstrate immediate improving material well-being as a result of their newly found abstinence. Such obvious achievements notwithstanding, our concern here is with the considerable number that takes up smoking again. Their position is antithetical in every way to the proselytizing fervour brought on by successful rehabilitation.

Like addiction, the reasons behind relapse are complex. Again the typical explanation described a debilitating illness that prompted re-use of opium. Lack of an alternative medicine that could induce the potent effects of opium made the choice inescapable. Invariably relapsers talked of the weakness and lethargy following the cessation of opium intake. Those who were successful in quitting told us that at least three to six months were required before one attained a normal ability to carry out a day's work. Many turned back to opium simply as a corrective to re-instate the ability to labour productively.

Others, speaking more generally, said they could never give up while the presence of opium was so prevalent. Until such time as it was removed from the community, they felt it was absolutely impossible to quit in any prolonged manner. The extent to which opium intrudes into Akha society is highlighted by one village's wholesale refusal to begin a detoxification programme in face of such widespread levels of relapse in neighbouring communities. Until such time as opium is removed from the community at large, these villagers felt it was pointless undergoing the rigours of detoxification, as they were fairly certain that such attempts were doomed to be short-lived.

Such commentary reminds us of the extent to which opium is not purely an individual problem but an entrenched social and political issue. Nowadays, in addition to the ambivalence felt towards opium, we have a situation where a series of forces come together to impact specifically on the lives of those who have tried to give up and failed.
Surveillance and Control: The Creation of an Addict Identity

Detoxification is one element within a broader arena of dramatic changes impacting on Akha life. Inevitably, development under the guise of planned change comes as a composite package with a multitude of instrumental and symbolic effects. Even though opium detoxification has been chosen quite logically as an important stepping stone towards improving everyday livelihood, it does not come without costs. These costs are felt most acutely by those who are unable to abide by the new rules, which is to say, those who are unable to turn their backs on addiction and embrace new regimes that suggest opium smoking has no place in the “developing” Akha village.

The inclusion of detoxification within development projects repeats in micro detail many of the classic attributes that Foucault and others have discerned in the rise of Western institutional power. We are thinking in particular of increased surveillance and monitoring as integral components of new orders of bodily regulation and social control. As a product of the pointed rhetoric associated with encouraging smokers to stop smoking, a far more clear-cut and sharp-edged set of variables enters local conceptions of opium use. They gain discursive power through their association with the fruits of development. One clear consequence of the rehabilitation programmes is an increased vocabulary of distinction that is established as the negatives of opium smoking are analysed and repeatedly emphasized in the attempt to instil community sanctions against its use. Numerous villages have now had their households categorized and labelled “smoker” or “non-smoker”. This criterion has taken on new weight as a key variable in village understandings. As a product of concerted campaigning that links this practice to the arrival (or lack of) of development initiatives, being a “smoker” gains conceptual visibility and stigmatized association in ways not present previously.

This is not automatically bad, as Akha communities have considered opium smoking with mixed feelings since well before recent detoxification programmes arrived. But nowadays, greater profile is given to individual responsibility for addiction and its negative effects on the family
and community. This in turn creates a population of smokers marginalized for practices over which they do not necessarily have a lot of control.

The impact of this increased attention is not delivered purely through the specific project workers’ admonitions to quit. It gains weight through local practices. A recent government mandate decreed that the headman of the village should categorically be a non-smoker and at times these official leaders pursue their mission with passion. After detoxification sessions, the (model) headmen are given a degree of responsibility to ensure the ex-addicts remain drug-free. This typically entails an initial confiscation of all smoking paraphernalia followed up by household “raids”. There have been several attempts at fining lapsed smokers but these have been short-lived because of difficulty in prosecuting such measures.

Importantly, it is not only the headman who carries out the increased surveillance. Given its reverse attachment to promises of development, the whole community becomes interested in levels of habitual opium consumption in ways that stress the punitive gaze directed at those that still smoke. It becomes particularly evident during communal work parties, when many of the able-bodied villagers are called together to assist 

\textit{en masse} in house-building or field-clearing or work-for-food schemes, such as road construction, organized by GTZ. This is when joint attention on the addicts’ negligence becomes most pejorative. Now, rather than being a practice obscurely hidden in shadowy interiors, its constraints are brought into the early morning glare, when individuals cannot join the work party on time due to the merciless demands of the morning fix (which can take anywhere from 30 minutes to several hours to complete). Many addicts listed this as the most difficult time to manage, when recognition of addiction becomes public and unavoidable. Lunch-time is usually handled by chewing opium and evenings by some bedtime privacy. But the morning absences are the increasingly ignominious badge of the unreformed smoker whose delinquency is both signalled by, and experienced through, an inability to contribute to communal livelihood. This translates as shame, felt not just by the smoker but his family as well, that is to say, most acutely by his wife whose public presence makes his absence all the more obvious.
Thus, as addiction is becoming more visibly targeted, the negative impact is felt most sharply by those that have failed in mandated rehabilitation. By and large, those who do not attempt detoxification are the elderly villagers who feel they have little to gain and much to lose in abdicating addiction. For these individuals, opium is considered a crucial adjunct to everyday life and accepted for its pragmatic necessity. Younger addicts, either self-motivated or persuaded by family or officials to attempt rehabilitation, face a far different reception. Many of those that relapsed spoke of the increased shame they felt for not having been able to “stay clean”. Some lodged it in the sense of failure they felt for themselves and their families when they could not stand up and take their place with that segment of the village defined as non-smokers. It takes further shape in the embarrassment over their visible absence at collective ventures. Others stressed the shame in encounters with development workers who had given them material assistance throughout the detoxification period. And in a description that could belong in any textbook dealing with discursive power, several relapsed smokers said they felt acute shame precisely because they had become a statistic. They are now “registered” as a failed addict in the records kept by donor and government agencies. This has become a pronounced aspect of their identity — their failure has become their badge — not only to record-keeping authorities but also for the community increasingly taking on board these imported modes of definition.

Hence, one very negative consequence of the detoxification programme, exaggerated through the fact that the rehabilitation does not work in a majority of cases, is the gradual emergence of a new form of local character assessment. Now, in ways not present before, one can detect the growing presence and use of an “addict identity” as a means to categorize and label people and behaviour. As this new social role gets increasingly defined and utilized, so too it gets internalized as a means of self-assessment. And like any socially conditioned identity, it creates specific responses. Thus the relapsed addict is now under far greater pressure to keep his/her addiction secret, at least as far as possible. Many relapsers described how they felt enormous shame when they first began smoking again and would keep it disguised for as long as possible.
Nowadays their social life is organized more strictly along lines defined by smoking and their social contacts defined more closely by affiliation with others that smoke. The village thus becomes increasingly demarcated by the boundary of smokers vis-à-vis non-smokers.

Furtiveness, as a direct consequence of increased surveillance, has serious implications. In a region where for many highlanders heroin (and, increasingly, methamphetamines) has replaced opium as the most common drug, there is the constant threat that if local Akha addicts are subject to overbearing local stigma, then, heroin becomes an attractive alternative. Heroin can be more easily hidden and rapidly consumed than opium. Even though there is currently no incidence of heroin use in Muang Sing, one pronounced down-side of detoxification programmes is greater social discrimination that promotes a new social category, “the degenerate addict”. This carries with it various punitive sanctions that could in turn lead to increased heroin use and the hugely damaging impact this entails.12

Detoxification and Contrary Outcomes

Outcomes of opium-detoxification programmes, like development programmes in general, are complex and multiple. They carry both positive and negative outcomes. We have suggested that an Akha woman’s burden is made more onerous by either personal opium use or, more commonly, a husband’s addiction. At the same time, the discursive effects of detoxification programmes have both empowering and disempowering dimensions for women in opium-smoking households. On the one hand, communal pressure to reduce opium consumption in villages targeted by development projects lends considerable force to a woman’s attempts to persuade her husband to quit. Most informants described how an addict’s wife will admonish him constantly to break the habit. Nowadays she has new elements in her efforts. The village distinctions being drawn between smokers and non-smokers offer her a powerful symbolic distinction to deploy. She can cite the increased shame brought to her and her family by the way in which his addiction is nowadays figured in village discourse.
The recent manoeuvres to reduce opium consumption lend village women the support of a shared sense of increased distaste directed at opium smoking. While this is a substantial inclusion in her armoury, it remains a double-edged sword. In some villages, this is elevated by the ambitions and energy of the headman to promote such sanctions. She can appeal to other villagers for support and has now been offered the potential assistance of local authorities such as the district police. In one village that was chosen as a "model development village", due to its active and wholehearted response to development initiatives over the past several years, we see an example of how strictures against opium use take on distinct entailments for traditional ways of understanding gender roles.

The story revolves around a young man who only recently became addicted and quit his job as a village agriculture volunteer. This clear indication of the backward slide of a village member caused the village headman, who has much invested in the public image of the village, some loss of face. He has attempted to direct punitive measures at the young man such as threats to have him banished from the village but, given there is little precedence for such precipitous action so far, these remain somewhat histrionic. There are, however, more instrumental measures he has brought to bear. The wife of the young addict left him several months ago reportedly because of the depredations of his addiction. While this is perhaps not uncommon in Akha village life, what is novel is the support she has received from the headman. The headman has suggested that if her husband does not break his addiction, then she can divorce him and keep her child. He has said he will organize the state authorities to intervene on her behalf.

This signals a dramatic shift in customary village resolution of domestic upheaval. As mentioned, a wife typically endures the burden imposed by addiction precisely because she would have to abandon her children should she choose to leave. Elders thus most commonly effect some sort of reconciliation in these instances. This is the only example we heard of opium detoxification being part of the negotiation. It thus signals a marked shift in the styles of litigation being brought to bear over opium addiction. For the first time a woman is being supported in her quest for long-term removal from the grip of opium dependency.
The story is, of course, two-sided — the gentleman in question feels the headman, and other village men, have less respectable intentions towards his wife. But as she remains apart after three months’ separation, the situation is still unresolved. This highlights the changing manner in which women’s lives are affected by the evolving discourses of opium reduction and the additional licence being claimed by headmen to adjudicate in domestic affairs.

While we might think such shifts indicated in this example are broadly empowering, at least in increasing women’s options, this direction is not the only indication of a changing social climate with respect to opium addiction and the household economy. In other villages, social support is less pronounced and responses are more private. These in turn can be distressingly disempowering. As the tenor of demands for a husband’s withdrawal takes on greater stridency, so too do his reactions.

Domestic violence was mentioned as one clear-cut avenue of response for the addict husband. Several men indicated that there is more violence in families with an opium addict where patience and negotiation is less likely to prevail. While it might not be widespread, it is apparently not uncommon that the prolonged smoking periods (when the women is also engaged in preparing food close to the small kitchen fire) bring about repeated haranguing over the burden smoking imposes. One respondent put it succinctly. The addict will sometimes hit his wife to bring quiet so he can finish. On other occasions, the wife might be waiting to eat but cannot, following traditional custom, until her husband has eaten first and if he is smoking, this might make her wait intolerable. This in turn raises the stakes for domestic strife. In another instance, an addict told us that his wife’s attempts at departure were short-lived and defeated by his use of violence. “I beat her” was the blunt answer to how he brought her back after she fled.

Conclusion

The history of drug-reduction programmes throughout the world have shown that addiction to illicit substances is exceedingly difficult to remove comprehensively. Thailand’s experience shows that opium-
eradication programmes begun in the 1970s ushered in more dangerous forms of drug abuse that quickly included needle use and human immunodeficiency virus (HIV) infection. There is a window of opportunity in Laos to avoid forms of drug control that end up inadvertently but effectively promoting alternative forms of drug use. This will depend in large part on the forms of social identity that are created for drug users by attempts at regulating opium consumption. We have argued that a process of social alienation accompanies attempts at regulating opium use in Muang Sing. This occurs as a product of the way in which opium addiction is now conceived and regulated by donor and state interventions and more importantly, the manner in which the discursive effects of reduction programmes structure the local attitudes to opium use and the choices open to existing addicts.

Even though the increased integration of opium eradication as part of broad-scale development activities can potentially empower women’s resistance to the financial impoverishment brought about by addiction, it is, nonetheless, a double-sided exercise. The degree to which addiction is embedded in local life-ways makes its removal a fraught exercise. It exacerbates the social discrimination directed at the addict and his/her household. This, in turn, raises the ante both in terms of the addict’s health (as heroin becomes an option of choice) and the health of the partnership as domestic violence becomes more greatly employed to maintain the household status quo.

Lest one think the black and whites of reduction discourses are mirrored in any extent in local conceptions, let us make brief mention of two further anecdotal situations. They highlight how linear cause and effect, so beloved by health promotion material, is a form of rational logic that is not automatically relevant where opium use has myriad practical uses and symbolic connotations. Men told us that sometimes women would give their husbands opium in order to curtail any imminent carousing. It appears that as soon as there are signs that in middle age the husband might be seeking a younger lover, one effective strategy is to consign his fantasies to those provided by the poppy’s elixir rather than a young woman. Women also described this as a subtle but effective manoeuvre to preserve marital fidelity. Little thought is given
to negative implications down the road.

In a similar vein, we would hear that at times a man may encourage his wife to take up smoking in order to curtail her repeated demands that he quit. Ensuring she becomes suitably familiar with opium’s pleasures is considered a last ditch means to derail ongoing “nagging”. Again little thought is given to the inevitable consequences of a dual addict household. All of which is to say that it is unlikely that simple prohibitionary measures will be successful in effectively removing opium from its current position as a huge store of physical, psychological, and symbolic capital in Akha society and attempts to militate in this realm must be aware of the inevitable array of sometimes conflicting repercussions.

NOTES

* We are grateful to the project directors and staff of GTZ in Muang Sing for their generous support in facilitating this research; any errors in interpretation are of course our own. We also wish to thank Aphi for his assistance in conducting interviews. Research was financed by an Australian Research Council grant.

1. At present surveys by local aid agencies and government health personnel include as “addicts” those who possess their own smoking equipment. The Akha themselves describe an “addict” as a person who is attached to opium (in Lao, khon thit fin), implying daily habitual use. This label may refer to those without their own equipment, though this is likely to be only a transitional phase.

2. Ethnographic research was conducted in January and February 2000 in ten lower-slope Akha villages in Muang Sing district. Eight villages had been part of GTZ drug-detoxification programme (which covered thirty-one lower-slope villages). Villages were chosen based on relative relapse rates to include both high and low levels of relapse (highest 89 per cent, lowest 5 per cent). Two villages not in the detoxification programme were also included: one with high rates of addiction, the other with low. We collected data with the help of a local Akha research assistant, using participant observation and unstructured interviews with community leaders, and with both male and female addicts and non-addicts.

3. Epprecht reports that 93.3 per cent of the 433 households he surveyed (almost all from mid-slope Akha villages) grew some opium in 1996. However, the average production of the 414 producing households was only 547 grams per household per year (1998, p. 47), less than half the opium required per year for a single addict (that is, 1.2 kilograms) (ibid, p. 87).
4. In 1996, for the first time opium cultivation was legally prohibited in Laos.
5. The same survey found that 14.2 per cent of the adult population of the eleven mid-slope ("traditional") villages and 14.4 per cent of the twenty-two lower-slope villages surveyed were addicts (Gebert 1995, p. 47). Epprecht, in a later survey of a sample of 155 households from six mid-slope Akha villages in Muang Sing, found that 21 per cent of the adult population were addicts (1998, p. 84).
6. After resettlement, lower-slope Akha villages have experienced significantly higher rates of human and livestock mortality (Gebert 1995, pp. 29, 32) as well as wage labour dependence on and exploitation by lowland Tai villages (Cohen 2000).
7. In Ban Yang Luang, one of the Akha villages studied by Cohen, there was only one female addict under the age of forty. The average age of male addicts was 39.47 and of female addicts, 48.66.
8. One poignant Akha myth about the origins of opium describes its bitter-sweet promises. Seven men court a local beauty. She dies after making love to all of them rather than having to choose only one suitor thereby avoiding bitterness and conflict. She promised a beautiful flower would emerge from her grave and those tasting its fruit would be compelled to do so again and again. She warned it would bring both good and evil.
9. Cohen (2000, p. 193) found that addict households of two lower-slope Akha villages provided 83.5 per cent of external wage labour (in terms the number of workdays), nearly all for nearby Tai villages.
10. Barrett and De Palo (1999, p. 1862) also report wide variation in relapse rates in similar community-based detoxification programmes in North Thailand ranging from 29 to 100 per cent with an average of 67 per cent relapse across eighty-five villages.
11. Forms of local detoxification have existed for years, usually administered by self-styled "doctors" — there is a herbal medicine specifically prepared and marketed as a cure for opium addiction. It includes an hallucinogenic plant of the solanaceae family. The temporary altered state of consciousness induced by use of this medicine is considered to replace the iron-like grip that opium has on the psyche.
12. For studies that describe the wholesale shift from opium to heroin use (and HIV infection) in North Thailand, see Barrett and De Palo (1999) and Chayan et al. (1997).

REFERENCES


---

Paul Cohen is Associate Professor and Chris Lyttleton is Senior Lecturer in the Department of Anthropology, Macquarie University, Australia.