

AA in China

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English-speaking Alcoholics Anonymous meetings have been held in the People's Republic of China for decades, as small groups of expatriates met quietly in their homes. Such has been the case in many countries where AA meetings have not been regularly attended by local, native populations. In the People's Republic of China, the most populated country in the world, with 1.3 billion people, there have been several barriers to indigenous meetings: the opposition of the government to sects or cults deemed to be counter to the Communist ideology; questions whether Chinese people will speak openly with others in public about their alcoholism; and, the translation of the 12 Steps into Mandarin, especially the translation of the words God and Higher Power. This article unofficially chronicles the development of Mandarin-speaking AA, Al-Anon and Narcotics Anonymous groups in China.

Historical Overview

The story of the development and growth of AA in China is not a single or linear story. It is multi-faceted.

In 1979, a group of twenty-five addictionologists from four countries (the United States, Canada, Sweden, and Australia) spent the months of November-December visiting hospitals, mental health facilities, clinics, and medical societies, to determine the nature and extent of alcohol and drug use and abuse in China. Hosted by the official government tourist organization, China International Travel Service, this group spoke with researchers, medical personnel, government officials, public health officers, and patients. Visiting four cities (Beijing, Shanghai, Changsha – in Hunan Province—and Kwangchow), the group concluded, after a month of study that whatever alcohol and drug problems might have existed had either been eliminated or suppressed. Despite attending many banquets where mai tai (a strong liquor), wine, and beer were all served over dinner, and getting caught in a bar room brawl on one occasion, and despite China's long history of opium use and trading, the group found no record indicating any medical or psychiatric histories or medical conditions associated with addiction.

In the closing meeting with the Chinese Medical and Psychiatric Associations, the group cautioned the Chinese doctors that with modernization would come other social and medical conditions endemic to developed societies, such as sexually transmitted diseases, alcoholism and drug abuse. The Chinese delegates asserted that they believed they could avoid such ills in modernization.

From 1980-1985, return visits were held with this author and with the Chinese Medical and Psychiatric Associations, with contact and communication maintained with Dr. Shen Cu Can, a prominent doctor in the CMA and head of a hospital ward concerned with

addiction. Literature from the US National Institute of Alcohol Abuse and Alcoholism was sent to Dr. Shen. In 1985 this communication ceased.

In 2000, this author, while attempting to re-open dialogue with China concerning addiction, was reintroduced to Dr. Shen, who was now eighty years old, who fondly recalled the prior communication. She said, “Before I retire, I want to start Alcoholics Anonymous here in my hospital and in China. We have doctors to train on alcoholism and AA but no money. Can you help?” Upon return to the United States, the General Services Office of AA directed me to the San Francisco AA group that had visited China in 1999 but was unable to meet with anyone concerning addiction in China. Members of the San Francisco AA group said, “We have money to train people on AA but no doctors who are interested.” And the connection seemed to be made.

At the 65th AA convention held in Minneapolis, Minnesota, four doctors attended the convention from Beijing Medical University and An Ding Hospital in Beijing, and two doctors from Yunnan Province in southern China. Over the days of the convention the four Chinese doctors were introduced to AA principles and the Steps.