Chapter 1 A History of Narcotics: Uses and Abuses

Introduction

In order to understand any social phenomenon in depth, it is necessary to place it in a historical context. Nowhere is this truism more valid, and nowhere is it more often ignored, than in current discussions of 'the drug problem'. Here, arguments have become so heated, and so politically charged, that we are in danger of losing the ability to stand back from the problem and consider objectively what it actually is. The problem has become 'reified', as it were: it has come to be seen as self-evident - as if the use of particular substances by definition leads to certain consequences, regardless of the historical or cultural setting in which it takes place.

Because the focus in our study of Dutch drug policy is on 'opioids', we will concentrate in this chapter on the history of narcotics use. An examination of this history provides a valuable corrective to the reified view described above, by showing that whether drug use is a 'problem', and if so, what sort of problem it is, varies enormously between different times and places. This chapter does not attempt to give an exhaustive account of the history of narcotics: the topic has become such a 'growth area' in contemporary scholarship that any such account would be out of date before the ink was dry on the page.

The following condensed historical outline is based on various sources. Among other authorities we refer in particular to Musto (1973, 1987) with respect to the American history and to the numerous publications by Berridge concerning the British scene (cf. Berridge & Edwards, 1981). Useful reviews have been provided by Platt (1986, pp. 3-43), Ray (1983, pp. 325-358) and Stimson & Oppenheimer (1982, pp. 13-29).

The material of this chapter has been selected in order to highlight two aspects of the history of narcotics. Both aspects demonstrate that there is, historically speaking, no such thing as 'the' narcotics problem. Firstly, when we review the way in which these drugs have been used in different times and places, it is clear that not only the method of consuming them, but also the effects being sought and the consequences for the user have varied enormously. Sometimes their use has been so successfully integrated into the culture and the personal lives of users that it hardly makes sense to speak of it as a 'problem': at other times, it has had disastrous effects, not only for individuals but for whole groups.
Secondly, when we look at the attitude of governments and local powers to narcotics use and -in particular- to the trade in narcotics, we find equally striking contrasts. Far from being universally condemned as a menace, the opium trade played a major role in the economic and political strategies of the European colonial powers. To a large extent, the attitude of Western governments to opium was a function of the amount of money that they made out of it. In the nineteenth century, for example, far from declaring a 'war on drugs', the British government actually fought a war to protect its opium trade to China from the attempts of the Chinese authorities to ban it. (One is tempted to ask: with whom would Queen Victoria nowadays feel more at home - with President Bush, or with the drug barons of Medellin?)

Finally, the material of this chapter demonstrates one more lesson of history that is all too readily ignored in the current debate: that policies in relation to drugs have very often made the problems they set out to deal with worse, not better.

**Opium use from antiquity to the nineteenth century**

The poppy is a plant that has been known to man for centuries (cf. White, 1985). It is probably on account of its remarkable qualities as a useful painkiller that the opium which can be derived from it has been so sought after. Records show that opiates have been used for at least 8,000 years for their pain-relieving properties. The ancient Sumerians spoke of opium's capacity to produce a sense of delight or satisfaction. Pictorial representations of the poppy are frequently found in classical Greek culture, where opium was used in medicine and religion. The Greek writer Homer mentioned it in his epic poem of the Trojan War, 'The Iliad' (8th century B.C.). The Greek physician Hippocrates spoke highly of the qualities of opium ('opion') some 2500 years ago. It was mentioned by Theophrates and by Dioscorides as a substance to bring on sleep and kill pain.

Among the Romans, Virgil(ius) referred to opium as a soporific. Plinius told of a mixture of wine and opium being used as a sleeping-draught. Rome also inherited Greek medical knowledge of opium: Galen(us) prescribed it for most of the ailments of his Roman patients.

The milk juice of the 'Papaver Somniferum' is gathered for the preparation of opium by cutting the unripe ovary of the plant. Drops of white milk then form and dry in the open air, thus becoming brown. The plant grows in all kinds of soil and under various climatological conditions. The origins of the plant probably lie in Asia Minor.
The qualities of opium were also recognised in Egypt. In an Egyptian medical treatise of the 16th century B.C., Theban physicians were advised to prescribe opium for crying children; just as, three and a half millennium later, 'Victorian babies were dosed with the opiate Godfrey's Cordial by their nurses to keep them quiet.' Hayter, 1968, p. 19).

Later the Arabs took over the usage of opium from the Egyptians. The Arabs were probably the ones who started to use opium systematically as a psychoactive substance. The extension of the poppy culture for the production of opium followed the trail of the Islam. Arab traders spread the opium habit and the cultivation of the poppy to Persia, India and even further East.

In the Middle Ages opium was prescribed by Arab physicians on a large scale as a medicine. Avicenna is said to have been an opium addict. The Arabs introduced opium to European doctors. Since the 12th century, opium has been increasingly used as a medicine. It became an essential part of numerous medicinal drinks and derivations at that time. Opium was thought to be beneficial for almost all diseases. In particular, the use of opium in wartime is a phenomenon that can be traced back through recorded history. Opium was used to relieve the pain of wounded soldiers, horses and elephants. Sometimes they were drugged before going into battle. By the 16th century, opium was a standard medical remedy in Europe. Paracelsus had compounded laudanum, an opium tincture, in the early 16th century and gave it wide renown.

However, the land with which opium use is most strongly associated is China. Around 600 A.D. Arab traders introduced opium into China, where the poppy was subsequently grown as an ornamental plant. The import of opium, however, was forbidden by the Chinese authorities up until the nineteenth century. This prohibition was the cause of the First Opium War (1833-1842), in which Great Britain tried to force open the Chinese ports so that opium could be imported from its colony, British India. The British were successful since shortly after this war, there were millions of addicts in China. Only since 1853 has opium been produced again in China itself.

Reports by travellers give an indication of the extent and nature of 'the opium habit' in different parts of the world during the 17th and 18th centuries. In Europe, the use of opium as a psychoactive substance dates back to the end of the 18th century. In the 19th century artists such as De Quincy and Berlioz contributed to the increasing popular awareness of the effects of opium. The habit spread fast in Britain due to supplies from British India. Information about the 'opium scene' at the time can be found in the famous book by Thomas De Quincey (1821-1856) 'Confessions of an English Opium-Eater'. According to its author, the use of opium occurred in all sections of the population. Chemists complained that they could not discern whether clients
used the opium as a medicine or as a way to commit a criminal offence. Opium did not cause any damage to organs or tissues and aggression under influence did not occur as it did with alcohol. Hayter (1968) describes writers addicted to opium, such as Crabbe, Coleridge, De Quincey, Collins and Thompson. Interestingly, she also describes some writers who took opium occasionally, apparently without being addicted.

Whereas English users preferred to ingest opium by eating or drinking, users in France tended to smoke it. The French had adopted the smoking habits from the Far East, in particular from the Chinese. The custom of smoking opium also existed in the colony of the Dutch Indies, where many poppies were cultivated.

At the start of the twentieth century, most opium came from China, British India, Turkey and Persia (Iran).

**Legal opium: 350 years of Dutch and British opium trade**

*The Dutch connection*

An extensive study of the history of Dutch opium trade has been carried out by Vanvught (1985). A little over half a century before, Tan Tong Joe (1929) studied the 'Opium Problem' in the East-Indian Archipelago in the first quarter of the 20th century.

Vanvught (1985, pp. 32-33) describes how Jan Huygen van Linschoten started sailing to the East with the Portuguese in 1583. After several trips around Africa heading East, van Linschoten wrote down his experiences in his book 'Itinerario, Voyage ofte Schipvaert naar Oost ofte Portugaels Indien'. The first copy of this book was published in 1595 and taken to the East on the first Dutch expedition there. In this book van Linschoten described, among other things, the local trade in the Indian Archipelago. Attention was also focused on the use and properties of opium.

Opium was called amphion by the Portuguese and, in those days, 'amphion' was grown in Egypt, Aden and an area by the Red Sea. The Egyptian product was whitish, the others being
black and hard. However, most opium came from Cambaya and Deccan (India/Pakistan region). It was usually eaten and, according to van Linschoten, those who ate it had to do so each and every day, otherwise they would dry out and die. According to him, opium eaters were always half asleep. Opium was taken to avoid the burden of hard work. But above all, according to van Linschoten, it was used because of 'unchastity': an opium user is able to delay his ejaculation, something that is loved by oriental women. However, those who used it a lot would become impotent and infertile.

At the end of the sixteenth century Dutch traders reported large quantities of opium being sold at a fair price in the city of Daboul, north of Goa. People on the Moluccan and Banda isles were eager to buy it and trade it for muscat nuts (nutmeg) and cloves at an excellent rate. There are also reports of very profitable transactions with opium in several Chinese kingdoms.

'Union is strength' is the traditional Dutch motto which covered the nation's efforts to gain fortunes in the Far East. The 'Vereenigde Oostindische Compagnie' (V.O.C., or United Dutch East Indian Company) was founded in 1602. From the outset the company traded in opium amfiun or 'amfioen; as it was called in Dutch). In 1613 it was reported that the trade in the Moluccan archipelago equalled a yearly 200 pounds of opium. There were also reports of trade with China, probably for medicinal purposes. In 1641 Malakka (Malaysia) was conquered by the Dutch, being the last remaining Portuguese stronghold. After this move, Dutch trade could expand without restrictions between West and East Asia. According to reports, 'amfiun' was as good as gold and silver as a means of payment. Starting in 1659, a busy opium trade was set up from Bengal (India) to Batavia.

Tan Tong Joe (1929) points out that opium was conventionally taken by mouth. It was eaten in little pieces, often mixed with substances like honey, rice, and spices. Opium smoking probably started in Formosa (Taiwan), using a mixture of tobacco and opium, following the import of tobacco into East Asia. To prepare raw opium for smoking, certain substances have to be removed: resin, wax, caoutchouc and grease. An amount of 100 kilos of raw opium is changed into 60 to 66 kilos of 'prepared' opium, known in the Dutch Indies as 'tjandu' or 'madat'. Later, pure opium was smoked, a custom which spread mostly within China.

In 1685 the amount of opium traded by the V.O.C. rose to over 100,000 kilos in a single year. Only trade by the V.O.C. was legal. Private enterprise or smuggling would sometimes result in the death penalty. However, even this sanction could not inhibit the growing popularity of opium smuggling.
In the first part of the 18th century, Dutch sea power lost its monopoly in the Indian ocean. Other nations started trading between India and China, leaving Batavia out of their route. The growing influence of England in Asia led to restrictions and evictions in Bengal and other places in the British Indies. In response to this development a kind of express service between Amsterdam and Canton was established, bringing opium via India into China, and bringing porcelain and black tea to the Netherlands. From the 1740's opium was also traded from the Levant coast (Asia Minor) into the Far East.

At the end of the 1740's the first opium dens were established in Batavia. Officially, these were called 'houses where madat is cooked, smoked and sold'. There were reports of growing corruption among Dutch officials and civil servants. The relationship between the Dutch and the English worsened when the Dutch sided with America in their war of independence against England. With the Paris peace treaty of 1784, the English acquired free trade between Europe and the Far East. In 1786 the first American vessel, called Hope, sailed into Batavia. Within a few years the new American nation was to develop into an important power in the Far East.

By the end of the eighteenth century, the V.O.C. had been dissolved and its former employees turned into Dutch civil servants. The opium trade had been taken over by the state. In the meantime, the French had annexed the Netherlands and in 1811 the English occupied the island of Java. After the defeat of the French and the establishment of the new Kingdom of the Netherlands, the English left again in 1816.

The opium policy of the state was changed into a very simple one: less supply with larger profits. Smugglers could play a role in the new arrangement by paying a substantial levy. American traders bought 'Turkish' opium from the Levant coast in Constantinople (Istanbul) and Smyrna (Izmir) and sold it again in the Dutch Indies.

Between 1830 and 1839, the Southern part of the Netherlands fought a war of independence against the Northern part. After the war was over, the country was divided, the Southern part becoming the new Kingdom of Belgium. The Dutch treasury was empty, the country almost bankrupt. A new colonial system was developed to exploit the native people of the Dutch Indian Archipelago once more. The Javanese people were turned into predial slaves of the Dutch king. The state profits from opium smoking rose to unprecendented levels (up to 700%). To ensure a stable quality of the 'tjandu' (opium depuratum) and to stop local dealers from complaining, an attempt was made in 1836 to prepare the raw opium (opium crudum) in the Netherlands itself. However, Dutch chemists were unable to re-create the flavour the local opium users liked. The Dutch-made extractum opii had been cooked for too long, instead of having been roasted. The experiment was suspended.
British trade in opium

In the meantime, British trade from the British Indies into China was experiencing halcyon days (Herdan, 1979; Inglis, 1981). The first clash between China and England occurred over the export of opium by the British East India Company to China. By the 18th century China was exporting silk fabrics, tea, and porcelain to Britain. Payment was made in silver. After having monopolised the opium trade in 1779, the British East India Company started to send opium from India to buyers in China. Around 1820, the Company began to handle larger amounts of opium, resulting in a sharp rise in the amount of the substance brought to China. The Chinese commissioner appointed to deal with the problem appealed to Queen Victoria to halt the trade: 'Though not making use of opium oneself, to venture nevertheless to manufacture and sell it, and to seduce the simple folk of this land with it, is to eke one's livelihood by exposing others to death...' (op. cit. p. 17).

The resulting drain of silver from China entailed serious economic and social repercussions. In an attempt to deal with the problem, the Peking Court repeatedly banned the import of opium. However, this was in vain, because the prohibition itself promoted corruption among the officials and soldiers concerned. The main instruments of opium import were dealers who managed the inter-Asian trade under the Company's license. These opium traders cultivated the opium market in China on their own, defying the opium ban. In 1830 the British Parliament decided to investigate the East India Company's opium trade. It was recommended that it would not be desirable to 'abandon so important a source of revenue'. In 1834, the British Parliament revoked the East India Company's monopoly and, two years later, a proposal to relax the restrictions on opium found some support in Peking. Chinese academics sent notes and memos to the Emperor suggesting the legalization of opium. Prohibition was not only failing to control the drug's spread, but creating its own social problems: corruption and violence. The Chinese Emperor, however, started an anti-opium campaign, in which stores of opium were confiscated and destroyed, and warehouses closed down. British merchants experienced an additional grievance because the Chinese limited all trade by foreigners to the port of Canton.

To safeguard their profitable enterprise the British launched the First Opium War (1839-1842). In June 1840, the British fleet arrived at the mouth of the Canton River. The Chinese capitulated in 1842 and were forced into a subjection that lasted many years. The resulting Treaty of Nanking -the first in a series of commercial treaties China was forced to sign over the years- provided (among other things) for:
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* the ceding of Hong Kong to the British crown;
* the opening of five ports, where the British would have residence and trade rights;
* the limitation of duties on imports and exports.

This was the beginning of the extra-territorial system under which foreigners obtained 'concessions' (areas where they might live) in Chinese cities. They also set up their own administrative and legal systems, did not pay Chinese taxes, and were not subject to the Chinese authorities, no matter what crimes they committed.

Other countries, like the United States and France, soon took advantage of the forcible opening-up of China. The Chinese, however, tried to retain some independence by preventing foreigners from entering the interior of the country.

Because the country's economic and social institutions were still intact, the market for Western goods remained small. The Western powers took advantage of the Taiping movement (1850-1864) by pressing for even more favourable trade privileges for the Western powers. In addition, the opium trade was legalised and customs duties were forced downward to facilitate competition of imported Western merchandise. In the period after the war, one sixth of British revenues came from opium profits.

Anti-opium feelings were stimulated in 1874 with the foundation in London of the Oriental Society for the Suppression of Opium, which demanded that the government should relinquish its opium monopoly in India and stop pushing the drug in China. However, the opium trade carried on more or less undiminished for the rest of the nineteenth century.

*The decline of the colonial opium trade*

Chinese reserves of precious metals, however, were almost exhausted, and both the English and the Dutch were afraid that the Chinese would condone the growing of opium in order to be able to produce it in a less expensive way. Thus, new outlets were created in Siam (Thailand) and Cambodia. Many years later, as cheaper Indian tea ousted its Chinese rival from British markets, the Chinese planted opium in land formerly used for growing tea and, during the first decade of the 20th century, China's demand for Indian opium dropped so sharply that by the end of World War I, when the League of Nations called upon Britain to stop opium trade, it had virtually stopped of its own accord.
In the 1860’s, Dutch state profits from opium reached a level of 800-1300%. These profits exceeded those from coffee, sugar, indigo and tin. The 1872 annual turnover amounted to 164 tons of raw opium. Instead of buying coffee from the Arabs, tobacco from the Americans, and tea from the Chinese, the Dutch started growing these products on their own archipelago to make higher profits. However, ‘home-grown’ opium was forbidden. The state was afraid to lose its monopoly. By the end of the 19th century, the growing of the papaver somniferum was officially forbidden.

A little over a century ago, in 1881, questions were asked in the Dutch parliament about the consequences of opium use. The Minister for Colonial Affairs stated that the effects of opium were less noxious than those of liquor. Moreover, the use of opium did not lead to any ‘amok’ (amuck, i.e. a fit of ‘madness’, incorrectly attributed to the use of opium). However, reports on the consequences of opium use spoke of the deterioration of the local population. The pawn-shop was always next to the opium den, according to some observers:

In 1890, the number of legal opium dens on the island of Java was 850. The number of illegal establishments was probably three of four times higher. To combat illegal opium, it was suggested by some experts to prepare the state opium with a chemical marking to be sold in secretly marked capsules. Appointed shopkeepers had to be provided with a regular salary following the example of Swedish innkeepers in the city of Goteborg.

Moral resentment towards the use of psychotropic substances such as alcohol and opium was growing. An Army chemist concluded that the power of opium addiction is usually stronger than the user’s free will, for some intelligent Europeans are morphinists, unable to withdraw from the narcotic’s influence.

‘Would the local opium smoker be able to abstain from his habit when the well-educated and intelligent European proves unable to refrain from his morphine injections?’, questioned this somewhat ethnocentric expert (Vanvugt, 1985, p. 291).

In the Netherlands an Anti-Opium League was established, while in England opium culture was condemned by the Parliament. But in practice, nothing changed. In 1894, the so-called Opium Direction was started; another governmental effort to control the supply and distribution of opium. Opium was processed in a new state factory. To prevent dealing and illegal use, the government started counting regular opium users. From 1908 the registration of opium users was compulsory, though not very effective. According to official documents, the number of
opium users on Java was 155,000, representing 0.5% of the 30 million inhabitants of the island.

During the 1909 Shanghai Opium Conference, it was revealed that many colonial powers made huge opium profits. French Indo-China and Formosa, as well as the Dutch Indies, relied on opium profits for 16% of the state revenues. In Siam this amounted to 20%, in Hong Kong 30%, and in the Philippines 60%. In Shanghai, the Dutch delegate announced an expected fall in opium use. In reality the use of opium grew by leaps and bounds. In 1913 it was reported that Dutch officials provided coolies and miners (who had exhausting jobs) with opium pills. To celebrate New Year, these people were off work for four days. Because the opium dens, brothels, and gambling houses were so overcrowded, the state made enormous tax revenues.

The aim of the 1914 Opium Law was to prevent the production of opium in the Netherlands and the clandestine export of opium by sailors to the Dutch Indies, which could threaten the state monopoly. The import of opium into the Netherlands was not stopped.

Meanwhile, a Chinese 'colony' had been established in the Netherlands. During the major harbour strikes of 1911 in Amsterdam and Rotterdam, Chinese sailors were hired in London as strike-breakers. The number of Chinese guest workers grew rapidly into the thousands. They were specially employed to do unattractive work, like stoking and trimming. When not at sea they lived in barracks on the shipyards. Back home they could rest for a while, forgetting their pain and sorrows with the help of their opium pipe. By 1914, the total number of Chinese had increased to 14,000 and Chinese quarters were established in both Amsterdam and Rotterdam, in which the authorities turned a blind eye to opium use.

Nationalist movements in China and British India had their impact on the Dutch Indies as well. People were well aware of the relation between opium trade and exploitation. However, Dutch colonialism was not over yet. State opium control and registration were further elaborated; nationalist freedom fighters were imprisoned or banned. As late as the 1930's, 3-5% of the national income came from opium revenues. Although it was said that total prohibition was the ultimate goal, opium was still provided under state control.

The Japanese invasion put an end to Dutch colonial opium practices in 1942.

**Developments in the United States: towards an international policy**
The first international conference on narcotic drugs, known as the Opium Commission, brought together 13 nations at Shanghai in 1909. The deliberations led to the signing of the first international drug-control treaty, the Hague Convention of 1912. From this point on it becomes impossible to view the history of drugs purely from a national perspective: the drug policies of different countries become increasingly entangled with each other, with the United States playing a central role (Bruun et al., 1975, pp. 7-29). In this section we review briefly the rise of the 'drug problem' in the USA.

In the United States, narcotics other than opium have form the chief focus of concern. During the nineteenth century, analytical chemists succeeded in separating out a number of pure substances, called alkaloids, from opium. Chemical research on opium and recognition of its structure and effective components date back to 1803, when Denrose isolated a substance that he named 'opium salt'. In 1805, the German chemist Sertuerner also managed to produce this chemical substance. He called it 'Morphium' after Morpheus, the god of dreams. Besides morphine, many other alkaloids have also been isolated, such as codeine and narcotine. Morphine is the soporific component of opium and was soon applied in medical science because of its pain-killing and soothing properties. Physicians propagated its therapeutic value, and morphine was suggested for a variety of physical discomforts. During the American Civil War, soldiers were given morphine to kill the pain from battlefield injuries. After the war some of them continued to take morphine and newspapers began to focus on the horror of the 'soldier's disease' (Terry & Pellens, 1970; Bellis, 1981).

In the second half of the 19th century a large number of drugs containing morphine were being sold over the counter without prescription as household remedies. In 1895 it was estimated that 2-4% of the American population were morphine addicts, mainly taking patent medicines (Nyswander, 1956, p. 1-13).

In 1874, the English chemical analyst Wright developed a semi-synthetic morphine derivate called 'diacetylmorphine'. The German analyst Dreser continued to test this new substance. In 1897, he called it 'Heroin' after having discovered its powerful properties: it performed 'heroically' as a pain-killer. At first, heroin was introduced as a non-addictive analgesic and as a cure for morphine addiction. Around the turn of the century, it was available in the USA without prescription and advertised as 'The Sedative for Coughs' (Bellis, 1981).

There was no Federal control over physicians who engaged in this aspect of medical practice. Physicians prescribed, dispensed, or administered varying quantities of narcotics to narcotic-dependent persons for the purpose of maintaining their dependence. According to Cooper (1985), the only concern was about a relatively small number of physicians who, for
profitereing purposes, further spread addiction to the public through indiscriminate prescription of drugs.

Terry and Pellens (1970) state that heroin addiction was most prevalent among middle and upper-class white women, which could have been a consequence of the growing alcohol temperance movement. Narcotic drugs could still be obtained legally and inexpensively, and their users were still respectable members of society: the use of heroin in itself is of hardly any harmful consequence to the physical health of a person - except in the case of an overdose. The modern addict, forced by anti-narcotic laws to commit burglary, rob, cheat and deal in heroin to support his habit, had not yet appeared (Bellls, 1981, p.8).

With the turn of the century the climate gradually changed. In the cities, increased smoking of opium was found among 'city types'. The public came to associate the use of narcotics with deviance and crime. The Prohibition Movement in general grew rapidly.

In keeping with the isolationism which underlay the new US policy in the first part of the 20th century, foreign nations were blamed for America's drugs problem. In various periods, drugs were also linked to 'foreigners' in the US - e.g. Chinese on the West coast, blacks in the South - who were competing in a worsening, more competitive labour market.

Also, according to Musto: "The most passionate support for legal prohibition of narcotics has been associated with fear of a given drug's effect on a specific minority. Certain drugs were dreaded because they seemed to undermine essential social restrictions which kept these groups under control. Cocaine was supposed to enable blacks to withstand bullets which would kill normal persons and to stimulate sexual assault. Fear that smoking opium facilitated sexual contact between Chinese and white Americans was also a factor in its total prohibition. Chicanos in the Southwest were believed to be incited to violence by smoking marihuana. Heroin was linked in the 1920s with a turbulent age-group: adolescents in reckless and promiscuous urban gangs. Alcohol was associated with immigrants crowding into large and corrupt cities. In each instance, use of a particular drug was attributed to an identifiable and threatening minority group." (Musto, 1987, pp. 244-245).

Projection of blame on foreign nations for domestic evils harmonized with the ascription of drug use to ethnic minorities. Both the external cause and the internal locus could be dismissed as realization that the use of dangerous drugs may be an integral part of American society. Putting the blame on others also permits more punitive measures to be taken against certain of the
culprits (Musto, 1987, pp. 248).

On the initiative of the United States, the city of Shanghai hosted 13 nations at the 1909 Opium Commission, the first international conference on narcotic drugs. Three years later, the first drug control treaty, the 1912 Hague Convention, was signed. It established international cooperation in the control of narcotics as a matter of international law (UNDND, 1982).

In the USA influential temperance groups promoted the prohibition of both alcohol and narcotics. At the end of 1914, the Harrison Anti-Narcotic Act -the first major piece of federal narcotics control legislation- was passed by the U.S. Congress. All the 'recreational' users of narcotics came to be defined by society as criminal deviants.

Among other questions, it was considered whether physicians could dispense narcotics to addicts to maintain their habit. The Harrison Act stipulated that physicians could prescribe narcotics to addicts only for 'legitimate' medical purposes such as pain control. Once physicians had become the only legal source of narcotics, they began prescribing morphine and heroin.

In 1919, the Treasury Department established a regulation which prohibited the prescription of narcotics for an addict to maintain his customary use. This was supported by subsequent U.S. Supreme Court decisions. In the 1919 case of Webb vs. United States (Webb being a physician who wrote 4,000 morphine prescriptions for addicted patients) the Supreme Court ruled that a prescription of narcotics being issued for the purpose of providing the user with morphine sufficient to keep him comfortable was illegal (Bellis, 1981, p. 11). After Webb, thousands of physicians were arrested, prosecuted, fined and imprisoned. Opiate users were cut off from all legal sources of supply and had to turn to new illicit suppliers. Addicts were forced to engage in criminal activities to finance their habit. The development of a black market in illicit substances began.

In the years 1914-1919 it became apparent to several physicians and politicians that the worst aspects of narcotic addiction were attributable to the illegality of opiates. As a consequence, cities throughout the USA were permitted in 1919 to set up clinics where the dispensing of narcotics was legal. Permanent abstinence appeared to be difficult for many opiate addicts, while properly maintaining a regulated dosage caused no problems. Within two years there were 44 narcotic dispensing clinics in various cities, enabling many addicts to live relatively normal lives. However, controversy surrounded these clinics and these developments lasted only four years. Advocates claimed that addicts were able to give up criminal activities and
eventually obtain employment. Opponents stressed the diversion of drugs to other people and the increasing amount of crime and drug trafficking. In 1923, massive pressure resulted in the closure of the last clinics. Addicts were once again sent underground.

Opiate use in the Netherlands

As we have mentioned above, since the early twentieth century there had been small Chinese communities in the cities of Amsterdam and Rotterdam, where the habitual use of opium was tolerated. It was mainly a group of old Hong Kong Chinese who maintained the 'traditional' use of opium. The Dutch who used opium or morphine were physicians, nurses, pharmacists and 'artists'. Another group of opium users comprised those who had problems giving it up after it had been prescribed by their physicians. It was only in the 1960's that the use of opium filtered into other groups of society, especially certain groups of middle class 'way-out' youth. According to Geerlings (1975), there were several hundred Dutch opium addicts in the early seventies.

Before 1972 the use of heroin was very limited. Although heroin was a highly desirable substance in the eyes of regular opium users, the supply was rather inconsistent and insufficient. At the end of the 1960's heroin was sometimes brought in by American and other 'hippies' from abroad when visiting Amsterdam (which was the 'hippy' capital of the world and, in those days, a supposed mecca of 'absolute freedom').

During the summer of 1972, the supply of opium was quite restricted. Then, quite suddenly, heroin became available in large quantities, at a relatively low price (25-60 guilders per gram). Moreover, significant discounts were given for larger purchases (i.e. a 14 gram packet). The supply of opium stayed quite low for a period of several months, while the price of heroin rose to 100-125 guilders per gram. After the summer of 1972 it remained relatively easy to buy heroin. An analysis of the heroin showed that it was so 'pure' that it must have originated from large, well-equipped laboratories. People who previously injected opium, and those involved with 'speed' and LSD, were the first to switch to heroin. Gradually heroin spread among new groups.

Why and how did heroin came to the Netherlands? Of course, the country is rich and highly developed, with a strong currency and many ports, which makes it by nature an inviting place to import and trade drugs. The details of the story are however more complex.
With the departure of the Americans from Vietnam an important market for dealers had disappeared. A new market in Western Europe was sought and found. Three large Chinese syndicates from Hong Kong and Singapore found their way to the gateway of Europe - the Netherlands, an excellent intermediate station to other countries, especially to the German Federal Republic where many U.S. soldiers were stationed.

A number of publications have claimed that an important role in the marketing of heroin was played by the CIA in cooperation with 'organised crime' (McCoy, 1972; Kruger, 1980). Van Epen (1983) summarised the story as follows. The CIA fights communism all over the world, as far as possible. In this effort they seek local support from right-wing regimes and extreme rightist elements. The support of individual criminal elements or 'organised' crime does not decline. In exchange for services rendered to the CIA, these elements demand free play in drug trafficking. The CIA - so the story goes - needs these local gangs so desperately in their fight against communism that it connives with drug trafficking and other criminal activities.

Some examples might shed light on the validity of this story. In the years following World War II, significant communist movements emerged in Italy and France. The USA, seriously concerned about these developments in the heyday of McCarthyism, tried to intervene in these developments through the CIA. The CIA contacted the Mafia in Sicily, which was willing to fight both Italian and French communism in exchange for indirect support for major criminal activities - first in Italy, later in France as well. The major strikes and worker's revolts in Marseilles in the early 1950's were beaten back with the help of Mafiosi. In exchange for their help in the fight against 'international communism', they acquired protection while committing criminal activities. In this way numerous illegal laboratories were set up in the vicinity of Marseilles, the target area being the USA.

Later, the same scenario was supposed to have repeated itself during the Vietnam war. The Meo people in the border regions of Vietnam, Laos and Cambodia had been growing opium for a long time. The CIA tried to mobilise these people to fight communism as far as possible. The native inhabitants cooperated, on condition that the growing of opium and the production of heroin were tolerated. This time, the target area was close at hand: the American army in Vietnam.

How plausible are these accounts of the role of the CIA? Van Epen (1983) concluded that it is certainly true that the CIA has played an important, if indirect role in the creation of a climate where heroin production and trafficking were possible. It is less certain, however, that the CIA was indeed directly involved in heroin trafficking.
According to McCoy (1972), heroin was transported from the Golden Triangle into Vietnam by American planes. However, others have cast doubt on this allegation (Mandel, 1985). McCoy notes that the CIA had dealings with opium-producing tribes in Southeast Asia, and he further claims the CIA took these drugs and sold them. The first claim is plausible, but unremarkable. These people were opposed to forces in South-East Asia that the USA also opposed. Rather than eliminating their cash crops, the CIA bought them, thereby helping US allies and at the same time also reinforcing another US policy, namely by blocking the supply of opium at its source.

However, there is no reason to believe that the CIA ever had a policy of selling opium. Politically, this would have been the height of folly, especially at a time when the Federal Administration -the Nixon Administration- had declared a War on Drugs and was in fact developing new means of policing drug use in the USA and other countries.

It is of course far from inconceivable that the CIA should act independently of the national government, but in the case of opium it is hard to imagine why they should do so. There simply was not enough money in the opium traffic to make it worthwhile for the CIA. One might argue that there is a great deal of money to be made in drug trafficking, but this is not the case at the point of production, and the sums involved are in any case by no means large in relation to the total CIA budget. It would therefore have been foolish and dangerous for the CIA to traffic in opium to make money. It may well be that a few CIA operatives, or semi-operatives (such as pilots hired by the CIA in far-off places for nefarious goals) might have viewed opium deals as a source of personal gain. Because government policies have made drug trafficking so immensely profitable, it is self-evident that all sorts of people will view it as a quick way to get rich. There are, however, no grounds for implicating the CIA as an agency in drug trafficking.

In sum, there is no simple explanation to hand why heroin was available in the Netherlands in such quantities from 1972 onwards. In the early part of 1975, however, there was scarcely any supply of heroin, and prices rose to 200-300 guilders for an average daily 'dose' (Geerlings, 1975). This situation was caused by two coinciding events: several successful 'hauls' by the police, and no supply on the Chinese New Year. During this period the purity of the heroin declined, white heroin (No.4) being gradually replaced by 'brown sugar' heroin (No.3), which originated in Hong Kong. In addition, two new groups of heroin users emerged: Surinamese people developed a heroin-smoking habit, and a number of people with psychotic disorders began to take heroin.
Chapter 1 A History of Narcotics: Uses and Abuses

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In 1977 the number of heroin addicts was estimated at 5,000. Most of the heroin came from the 'Golden Triangle' of Thailand, Burma and Laos, and had a consistent street quality of 40-45%. Middle Eastern ('Turkish') heroin (street quality 60-80%) appeared on the market in 1979, two years after its appearance in the Federal Republic of Germany, where it almost completely swept away South East Asian heroin from the market. Van Epen (1983) commented that the presence of a substance like papaverine in this heroin indicated that it had been made directly from opium, rather than through morphine. Nowadays, much heroin comes from Afghanistan, Iran and Pakistan.

At the moment the number of drug addicts in the Netherlands is estimated at between 15,000 and 20,000. More than 50% of all addicts reside in the four major cities, and by far the greatest number (6,000-8,000) live in Amsterdam. More and more heroin addicts take a wide variety of drugs, especially tranquillisers and alcohol. Poly-drug use has replaced mere heroin addiction. Moreover, certain shifts in the population of drug addicts can be recognized. Research indicates that persons who have few possibilities of improving their socio-economic situation increasingly become addicted to heroin (Janssen & Swierstra, 1982; 1983). These people may have little education, may be unemployed and may experience an adverse housing situation. Among ethnic minorities -particularly of Moluccan and Surinam origin- the proportion of drug addicts is relatively high (estimated at 2%). The children of foreign 'guest-workers' (second generation Moroccan and Turkish youth) are an additional risk group. It is of significance to note that among Surinamese and Moluccan drug takers heroin is seldom injected. Mostly these users smoke heroin or 'chase the dragon'.

Heroin can be smoked by a method called 'chasing the dragon' or by its variant 'playing the mouth organ'. To smoke the drug by the former method, several granules of heroin are mixed with a base powder in a folded piece of tinfoil, which is heated by a taper, the resulted fumes being inhaled through a small tube of bamboo or rolled paper. The fumes move up and down the tinfoil with the movement of the molten powder and resemble the undulating tail of the dragon in Chinese mythology. The use of a narrow tube to inhale the fumes is relatively inefficient and a match box cover is often substituted for it. The latter variation is called 'playing the mouth organ' because the inhaling action is very like that of a mouth organ player (Hess, 1965, p. 43-44).

Other substances

Although the emphasis in this book lies on narcotics, it is relevant in describing the origins of Dutch drug policy to mention the degree to which other drugs have been perceived as forming a problem.
The use of hashish in the Netherlands was introduced in the 1950's by creative artists (painters, writers and musicians) who had learned to use it while being abroad. Hardly anyone from this group made a definite step towards the use of 'harder' drugs. In the early 1960's some adolescents began to smoke cannabis on a regular basis. By the end of the 1960's the number of hashish users was estimated at 10,000 - 15,000 (Geerlings, 1970, p. 159). There were two radio programmes which were popular among young people and which produced 'market reports'. These gave the availability and prices of hashish and marijuana and always ended with 'Nederweed', a homegrown marijuana.

According to H. Cohen (1969, P. 106), amphetamine use started in the early 1960's. Before 1968 amphetamines could be legally obtained on the open market. However, in 1968 they were placed under the law governing the distribution of medicines. In 1969 a special report from the Ministry of Health warned against the dangers connected with the use of 'wekamines'. Later, around 1970, there was a strong increase in the use of amphetamines but, as in other European countries such as Sweden, it declined after 1974. Since the mid-1970's, illegal domestic amphetamine productions have predominantly been directed at foreign markets like Scandinavia and Germany. The use of amphetamines in the Netherlands has slightly increased in the second half of the 1980's.

Today, addiction to heroin alone is seldom encountered. More and more addicts take a wide variety of drugs, especially tranquillisers (benzodiazepines) and alcohol. Until recently, cocaine use was increasing as well, often alternating with heroin use. Our expectation has always been that 'coke' will never be as popular in the Netherlands as in faster-paced countries such as the United States. According to the government the use of cocaine is increasing, though not alarmingly so. The findings of a survey held in Amsterdam in 1987 revealed that 0.6% of persons over the age of twelve (i.e. including adults) has used cocain once or more times in the month prior to the interview. Cohen (1989) has studied cocaine users in non-deviant subcultures. His report describes and analyses in great detail how these 'socially' integrated cocaine users handle and control the drug and which advantages and disadvantages they report. The most often mentioned advantages are: 'gives more energy' and 'makes one high, relaxed'. The most mentioned disadvantages are: 'expensive' and 'unpleasant physical effects'.