

“CURED OF THE HABIT BY FORCE”: THE UNITED STATES AND THE GLOBAL
CAMPAIGN TO PUNISH DRUG CONSUMERS, 1898-1970

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ABSTRACT

NATHANIEL LEE SMITH: “Cured of the Habit by Force”: The United States and the
Global Campaign to Punish Drug Consumers, 1898-1970
(Under the direction of Michael H. Hunt)

This dissertation asks how a punitive response to non-medical drug use came into force across the globe in the twentieth century. It argues that U.S. officials were the authors of that punitive approach. They forged it in response to opium smokers in their Philippine colony in the early 1900s as part of what they regarded as a modern and progressive solution to a moral and practical problem. The Philippine experience served in turn as the basis for a punitive model abroad. Washington organized international conferences pushing for ironclad clauses in treaties and sought to undercut attempts to keep non-medical drug use legal. The international outcome of these efforts was evident by the interwar years with the rise of a global punitive regime prompted by international treaties and effected through national legislation and reporting. The new regime survived an immediate challenge from foreign public health bureaucrats who proposed to deal with drug consumers as patients rather than prisoners. American officials overcame this challenge by advancing specialized incarceration as a cutting-edge form of addiction treatment. After the Second World War the U.S. government was more active than ever in promoting punishment. Congress imposed mandatory incarceration for illegal drug possession, while an assertive executive branch worked to consolidate the punitive approach overseas by pressuring non-compliant countries and tightening treaty terms. A global wave of drug consumerism among youth in the late 1960s posed the second serious challenge to the regime. While forcing a moderation in the

penalties in the United States, drug consumerism did not overwhelm (or even significantly alter) the punitive regime. Most governments reacted by escalating penalties. The American punitive approach remained the international norm.

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To my parents

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CHAPTER 1

Introduction: Prohibitions and Punishment

When the manager of my hotel in Manila, Philippines heard that I was heading off to the archive for historical research, he brightened with interest. His enthusiasm visibly deflated when I described my topic. Wincing, he asked, “wouldn’t it make things worse to legalize drugs?” The criminalization of drug consumption and the punishment of non-medical drug users is an undeniably controversial topic—and not just in the United States.¹

It is best to address the controversy directly. I did not research and write this dissertation to offer a historically informed claim *for* or *against* drug legalization. Neither “legalizers” nor “prohibitionists” (to use the terminology coined by the contending factions) would be swayed by one, or perhaps any, academic study. Rather, I was motivated by the desire to unearth some of the history that is taken for granted in the overheated debates. “Legalizers” tend to assume that drug prohibition unfairly punishes people who are simply following an innate human desire to alter their consciousnesses. “Prohibitionists” tend to view punishment as a necessary tool to keep drug abuse from ruining families, communities, and even countries. A lack of historical consciousness about the laws and policies regarding drug use encourages arguments on both sides that are fueled by emotion and imagination.

I began to develop an interest in the punitive response to drug consumption almost twenty years ago. In at least an initial way, I started to analyze the issue during high school

¹ Quotation in the dissertation’s title is from R.C. Round, “The Opium Problem in the Philippine Islands,” *Philippines Monthly* (September 1911): 27, copy in U.S. National Archives, College Park, Maryland, Records of the Bureau of Insular Affairs, Record Group 350, entry 5, file 1023-190.

in the late 1980s. I was shocked to hear that a fellow student was sent to a mental ward for “treatment” (and then to a private boot camp) on suspicion of cannabis use. By the time I entered graduate school in the fall of 2000, other influences had guided my curiosity. When I was an undergraduate an engaging history professor named Mark Lytle prompted me to evaluate the role of the United States in the world. Working as a legal assistant for the Soros Foundation, which advocates drug policy reform, alerted me to the public health inspired philosophy of harm reduction (a first-principle commitment to lessening the harm imparted by drug use) and exposed me to the culture wars over drug legalization. Frankly I was more interested in questioning and exploring the intellectual realm of drug policy than in passionate advocacy. My detachment tended to leave “legalizers” cold. Ensnared in graduate training, I returned to my curiosity about U.S. international relations and began to explore whether U.S. efforts had guided anti-drug policies in other nations.

I soon found that I needed to disentangle concepts that are often entangled—namely, prohibition and the punishment of illicit drug consumers—if I were to explore the most interesting questions. The term “prohibition” *seems* to explain much more than it actually does. In popular usage it invokes an all-encompassing across-the-board ban. But prohibitions are legal constructions in specific historical circumstances and can vary significantly. For instance, the most famous historical example of “prohibition” in the American context came in 1920 with the ban on “the manufacture, sale, or transportation of intoxicating liquors.”² The Eighteenth Amendment did not lead to the criminalization of the consumption of alcohol for intoxicating purposes.³ If tipplers had a bottle, they could pour

² U.S. Const, Amend XVIII, § 1.

³ *Volstead Act, U.S. Statutes at Large* 41 (1919): 305-23.

social callers a customary cocktail without breaking the law. In short, “prohibitions” need to be viewed as legal and policy frameworks within particular historical settings in order to grasp their actual impact on the production, trade, or consumption of a proscribed commodity. Anyone who reads a newspaper knows that people in the United States and in other countries around the world who are caught with illegal drugs face criminal penalties. I wanted to understand how and when a punitive response to non-medical drug use came into international application.

I found that a large body of literature about the history of drug control had not adequately answered my question. There are numerous national studies (cited throughout the dissertation). But most are interested in domestic affairs and leave the important international component of the issue largely untouched. A few examine international drug control treaties, but they have predominantly focused on policymakers’ attempts to control the drug problem by striking at production and trafficking, and neglect the treatment of consumers either in the treaties or in national law implementing the treaties.⁴ Historian William O. Walker III has been exceptional through his examinations of international law along with national enforcement, but his contributions have covered specific geographic

⁴ Notable studies of drug control treaties include Westel Woodbury Willoughby, *Opium as an International Problem: The Geneva Conferences* (1925; repr., New York: Arno Press, 1976); Johns Hopkins Press, 1925); S.H. Bailey, *The Anti-Drug Campaign: An Experiment in International Control* (London: P.S. King and Son, LTD., 1937); Bertil A. Renborg, *International Drug Control: A Study of International Administration By and Through the League of Nations* (Washington, D.C.: Carnegie Endowment for International Peace, 1947); Peter D. Lowes, *The Genesis of International Narcotics Control* (Geneva: Librairie Droz, 1966); Arnold H. Taylor, *American Diplomacy and the Narcotics Traffic, A Study in International Humanitarian Reform* (Durham: Duke University Press, 1969); Kettil Bruun, Lynn Pan, and Ingemar Rexed, *The Gentlemen’s Club: International Control of Drugs and Alcohol* (Chicago: University of Chicago Press, 1975); S.K. Chatterjee, *Legal Aspects of International Drug Control* (The Hague: Martinus Nijhoff Publishers, 1981); S. D. Stein, *International Diplomacy, State Administrators and Narcotics Control: The Origins of a Social Problem* (London: Gower, 1985); David R. Bewley-Taylor, *The United States and International Drug Control, 1909-1997* (London: Pinter, 1999); William B. McAllister, *Drug Diplomacy in the Twentieth Century: An International History* (New York: Routledge, 2000).

regions rather than adopting a global framework and do not focus on consumption.⁵ Studies of international regimes provide conceptual guidance about how national laws fit within the firmament of international treaties as well as global norms, but have not examined the issue of illegal drug use.⁶

While the literature did not answer my question it helped me to understand that my question was deceptively simple. Historians have shadowed the sovereignty of their subjects. The nation state enjoys pride of place. International treaties and supranational bureaucracies are defined by comparison, which makes them seem weak and toothless. To answer my question I needed to assess the power relationship between diplomatic campaigns (which can shape foreign law), international treaties (which can both stipulate and inspire national laws), and national cultures (which guide the application of local law). Further, since I was interested in history, not legal theory, I was not satisfied with merely interpreting the vigor or weaknesses of international law and the ramifications of national sovereignty. I wanted to find out what *actually* happened, and I remained committed to a global framework. My question, which had seemed so simple at the outset, began to loom like a big dark cloud.

⁵ See William O. Walker III, ed., *Drugs in the Western Hemisphere: An Odyssey of Cultures in Conflict* (Wilmington: Scholarly Resources, Inc., 1996); Walker, *Drug Control in the Americas* (Albuquerque: University of New Mexico Press, 1981); Walker and Bruce M. Bagley, eds., *Drug Trafficking in the Americas* (New Brunswick, N.J.: Transaction Publishers, 1994); and Walker, *Opium and Foreign Policy: The Anglo-American Search for Order in Asia, 1912-1954* (Chapel Hill: University of North Carolina Press, 1991).

⁶ On capitalism see Karl Polanyi, *The Great Transformation: The Political and Economic Origins of Our Time* (Boston: Beacon Press, 1957) and Immanuel Wallerstein, *The Capitalist World-Economy* (Cambridge, UK: Cambridge University Press, 1979). On global finance see Eric Helleiner, *States and the Reemergence of Global Finance: From Bretton Woods to the 1990s* (Ithaca: Cornell University Press, 1994). On technology see Daniel Headrick, *The Invisible Weapon: Telecommunications and International Politics, 1851-1945* (New York: Oxford University Press, 1991) and Michael Adas, *Machines as the Measure of Men: Science Technology, and Ideologies of Western Dominance* (Ithaca: Cornell University Press, 1989). On human rights see Paul Lauren, *The Evolution of International Human Rights: Visions Seen* (Philadelphia: University of Pennsylvania Press, 1998). On tourism see Louis Turner and John Ash, *The Golden Hordes: International Tourism and the Pleasure Periphery* (New York: St. Martin's Press, 1976). On the drug trade see Peter Andreas and Ethan Nadelmann, *Policing the Globe: Criminalization and Crime Control in International Relations* (New York: Oxford University Press, 2006); and Ethan Nadelmann, "Global Prohibition Regimes: The Evolution of Norms in International Society," *International Organization* 44 (1990): 479-526.

Sources led me to a solution. The United States was the most active country in international drug control over the twentieth century so I traveled to Manila, to examine the records of the federal government's first attempt at banning drug use. Next I studied the records of U.S. anti-drug diplomacy in the U.S. National Archives. But, I still faced the most difficult challenge: how to build up sufficient data to test my ideas and support global characterizations. I looked carefully at national and international laws dealing with non-medical drug users, but this piecemeal approach offered little information about enforcement. To move ahead, I performed an experiment inspired by social science research. I surveyed the reports about drug control sent by governments to the League of Nations and the United Nations. I sampled the reports—from Afghanistan to Zanzibar—in five-year increments from the early 1920s to the mid 1970s (the unedited, original reports are collected in archival collections in Geneva and Vienna).

I found a body of evidence that suggested an answer to my question. Reflecting on the reports as a whole, I began to sense that the punishment of users had become part of a shared project during the interwar years. Rather than a cut and dry issue of state sovereignty, this body of evidence suggested a more nuanced power relationship. Washington urged a ban on non-medical drug use and promoted punishment as a progressive approach. While the text of the international treaties responded to Washington's urging, they did not technically compel states to punish users, but they still managed to stimulate that result. States began reporting about the punishments imposed on drug consumers to international organizations in the interwar years in order to demonstrate their participation in the international drug control movement.

A survey of reports from more than a hundred different countries and colonial possessions would be a poor writing strategy. Instead, the following chapters set forth my argument chronologically and use case studies to exemplify my thesis. American officials forged a punitive response to opium smokers in their Philippine colony in the early 1900s as part of what they regarded as a modern and progressive solution to a moral and practical problem. The Philippine experience served in turn as the basis for a punitive model abroad. Washington organized international conferences pushing for ironclad clauses in treaties and sought to undercut attempts to keep non-medical drug use legal. The international outcome of these efforts was evident by the interwar years with the rise of a global punitive regime prompted by international treaties and effected through national legislation and reporting. The new regime survived an immediate challenge from foreign public health bureaucrats who proposed to deal with drug consumers as patients rather than prisoners. American officials overcame this challenge by advancing specialized incarceration as a cutting-edge form of addiction treatment. After the Second World War the U.S. government was more active than ever in promoting punishment. Congress imposed mandatory incarceration for illegal drug possession, while an assertive executive branch worked to consolidate the punitive approach overseas by pressuring non-compliant countries and tightening treaty terms. A global wave of drug consumerism among youth in the late 1960s posed the second serious challenge to the regime. While forcing a moderation in the penalties in the United States, drug consumerism did not overwhelm (or even significantly alter) the punitive regime. Most governments reacted by escalating penalties. The American punitive approach remained the international norm. The next chapter examines the genesis of that approach.

CHAPTER 2

Forging the Punishment Solution in the Philippines, 1898-1909

In 1903 in his third year in Manila, William Howard Taft stepped into a political minefield. At a public forum he defended the right of Chinese people to smoke opium. He complained that it was all too “easy to paint the horrors” of opium smoking to an American audience that had little experience with opium smokers and was thus poorly informed and impressionable. Taft explained that “a puff” from an opium pipe was relatively harmless and had social value akin to “whiskey in moderation.” Opium smoking did not deprive Chinese of their senses, “steal away their brains,” or make them physical wrecks. Taft told the audience that he wanted to create a policy for selling opium for smoking to licensed buyers. He was convinced that an attempt to ban opium smoking would be “absolutely impossible” unless the government quarantined thousands of smokers within the walls of a massive penitentiary.⁷

Taft was in a delicate political situation. He had spent almost two years serving as the first Civil Governor of the Philippine Islands and, for almost three years, he had been the President of the Philippine Commission, which had been created by President William McKinley in 1900 as an executive and legislative body for America’s new Asian colony. This commission served many masters. Its five members tried to craft policies they believed

⁷ Taft’s comments are in the *Minutes of Proceedings of the Philippine Commission*, U.S. National Archives, College Park, Maryland (hereafter NA), Records of the Bureau of Insular Affairs, Record Group 350 (hereafter RG 350), entry 5, file 1023-58.

best for the islands. However, the executive and legislative branches of the federal government in Washington could overrule any decision made in Manila.

Moreover Taft faced a divide regarding opium smoking that had developed between U.S. officials in Washington and Manila. In 1899 General Elwell Otis, the second U.S. Military Governor of the Philippines, banned the opium monopoly that had raised revenue for the Spanish by selling licenses to vend the drug to authorized buyers. Subsequent military and then civilian officials enacted policies which allowed opium smoking but raised scant revenue. By 1903 Taft was convinced that a monopoly would best regulate opium use and raise funds for the government. In Washington, the White House and the Congress favored a rigorous ban. Top politicians sided with evangelicals who considered such opium sales to be state predation upon helpless people.

Once back in Washington to serve as secretary of war in 1904, Taft fell under the sway of the prohibitionists and abandoned his support for licensed sales. He guided Congress to impose an end to the legal sale of opium for smoking in the colony to take effect 1 March 1908. Having betrayed his old colleagues on the Philippine Commission, he left it up to them to make the ban work.

Punishment in increasing doses soon became the solution to non-medical drug use in the Philippines. Civil officials in Manila such as Governor General James F. Smith tried and failed to find an effective method to convince opium smokers to quit prior to the deadline. Thereafter, a frustrated Philippine Commission fell into a pattern of escalating the punishment of people who continued to use drugs for recreation. By 1909, when Taft moved into the White House, employees of the Municipal Police, the Bureau of Internal Revenue, and the Philippine Constabulary were sniffing the air for the aroma of burnt opium and

crashing through barricaded doors to arrest the smokers. Employees of the Bureau of Health were judging who among those inside had inhaled the smoke. And the staff of Bilibid Prison had become the premier provider of drug addiction treatment. Taft's prediction rang true. American officials viewed incarceration as a coercive tool to make drug users into sober colonial subjects fit to learn self-government. The punishment of drug users became part and parcel of America's modern style of colonial governance.

This story has significance beyond the history of the Philippine archipelago. The outcome of the contest over Philippine opium policy proved to have particularly long legs, helping to shape global drug policy over the twentieth century. The criminalization of non-medical drug use in America's Asian colony came before any similarly comprehensive drug legislation in the continental United States. Previously Congress had merely levied import duties on psychoactive drugs such as opium. State and local governments had imposed more control, but this consisted of bans upon venues associated with non-medical drug use, of which opium dens were the most notorious example. The Philippine experience shifted the American approach from generally seeking to protect the victims of the opium trade toward escalating the punishment of non-medical drug users. The mandatory minimum penalty for unauthorized drug use passed by the Philippine Commission in 1909 would reverberate widely throughout the twentieth century. The punishment solution, forged during what Bishop Homer C. Stuntz called America's "great experiment in the Orient," became the model for anti-drug consumption policy in the continental United States and abroad as U.S. officials sought to export the approach to nations across the globe.⁸

⁸ Stuntz's quotation is in *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58.

Part I. The Initial American Approach

Neither the federal government in Washington nor the incipient American colonial government in Manila pressed for a comprehensive drug policy in America's new colony. Rather, the U.S. military and civil leaders based their first opium policy on what was familiar from the continental United States. In so doing they dismissed an opium monopoly approach of licensed sales by government agents or private contractors that had been adopted by the ousted Spanish state, the soon to be crushed Philippine Republic, and the surrounding Asian colonies of the Dutch, British, French, Portuguese, and Japanese.⁹ The Americans encountered disappointing results with their first attempt at opium policy, indicating the complexity of the issue. By 1903 Taft and other American officials in Manila became convinced of the need for comprehensive policy reform.

Applying Familiar Policies

Arriving to rule over a foreign land in 1898, General Elwell Otis took the first step toward making opium policy in the Philippines more like it was in the homeland. Drug regulations in the continental United States consisted of federal import tariffs and state and local laws against venues for opium smoking. In December of 1898, President McKinley extended American military rule from Manila (occupied since that May) to the entire archipelago. The next year Otis dismissed the Spanish monopoly approach that had yielded

⁹ There are numerous studies on the opium trade and the colonial opium policies of Southeast Asia. Fine examples include Carl A. Trocki, *Opium, Empire and the Global Political Economy: A Study of the Asian Opium Trade, 1750-1950* (New York: Routledge, 1999); and James R. Rush, *Opium To Java: Revenue Farming and Chinese Enterprise in Colonial Indonesia, 1860-1910* (Ithaca: Cornell University Press, 1990). For a probing set of essays that witness the complexity of the opium issue see Timothy Brook and Bob Tadashi Wakabayashi, eds., *Opium Regimes: China, Britain, and Japan, 1839-1952* (Berkeley: University of California Press, 2000). For coverage of the opium policy of the Filipino revolutionaries see John R.M. Taylor, ed., *The Philippine Insurrection against the United States: A Compilation of Documents with Notes and Introduction*, 5 vols. (Pasay City, Philippines: Eugenio Lopez Foundation, 1971), 2:213, 473, 3:570; and Wong Kwok-Chu, *The Chinese in the Philippine Economy, 1898-1941* (Manila: Ateneo de Manila University Press, 1999), 25.

the crown annual revenue of around 400,000 or 500,000 pesos (equal to about \$250,000) and replaced it with an import tariff, which was less profitable but was the approach taken by Congress.¹⁰ Opium could be legally imported for any purpose with payment of the proper impost. Due to an earlier treaty between the United States and China, ethnic Chinese in the Philippines could not import opium until 1902, when a special customs act granted them the right.¹¹ American military and, later, civil officials tried to strike a balance between a tariff that was sufficiently high to deter massive opium imports while still low enough to

¹⁰ A complex series of currency policies during the American period settled on a roughly two to one exchange rate for pesos to U.S. dollars. See Mobley to Smith, 21 January 1903, NA, RG 350, entry 5, file 1023-62; John Hord, "The Opium Evil In Asia and How America Has Curbed It in the Philippines," 1 February 1909, NA, RG 350, entry 5, file 1023-168; House, *Annual Reports of the War Department for the Year Ended 1900, Report of the Military Governor of the Philippine Islands on Civil Affairs*, 56th Cong., 2nd sess., 1900, H. Doc. 2, 32-33; Taylor, *American Diplomacy and the Narcotics Traffic*, 32; Anne L. Foster, "Models for Governing: Opium and Colonial Policies in Southeast Asia, 1898-1910," in *The American Colonial State in the Philippines*, ed. Julian Go and Anne L. Foster (Durham: Duke University Press, 2003), 95; Edgar Wickberg, *The Chinese in Philippine Life, 1850-1898* (1965; repr., with a new preface, Manila: Ateneo de Manila University Press, 2000), 115-19. Also see House, *Annual Reports of the War Department for the Fiscal Year 1899, Report of the Major-General Commanding the Army, Part 2*, 56th Cong., 1st sess., 1899, H. Doc. 2, 297.

¹¹ An 1880 treaty with China banned Chinese merchants from exporting opium to U.S. territory, and vice versa. See *Opium Acts, U.S. Statutes at Large* 24 (1887): 409-10. The 6 February 1902 Philippines Customs Administrative Act removed the Philippine Islands from the 1880 treaty. Thereafter, Philippine-Chinese could import opium legally within the tariff provisions. See "Customs Administrative Circular No. 129," 13 December 1902, NA, RG 350, entry 5, file 1023-4; and Taylor, *American Diplomacy and the Narcotics Traffic*, 33. Andrew R. Wilson argues that the U.S. opium import policies "opened the market to petty entrepreneurs, and encouraged smuggling" within the Philippine-Chinese community, though he does not account for the prohibition on Philippine-Chinese importers before February 1902. See his *Ambition and Identity: Chinese Merchant Elites in Colonial Manila, 1880-1916* (Honolulu: University of Hawai'i Press, 2004), 187-88, 191-97.

discourage smuggling.¹² Accordingly, the tariff rose in 1902 and by 1903 the cost of the duty reached about half of the actual value of the opium imported.¹³

Drawing further upon practices in the continental United States, U.S. military and civil officials granted Philippine municipalities the legal power to ban opium dens. Such bans had been passed by domestic state and local governments to impose social control on venues that were popularly associated with Chinese residents.¹⁴ In a March 1900 order General Otis granted the power to municipal councils to inflict a penalty on people who operated or visited opium smoking venues (up to a 125 Spanish peso fine or imprisonment for fifteen days).¹⁵ In preparation for the shift of the American administration of the islands from the military to the civilian Philippine Commission on 4 July 1901, the commission

¹² See Gage to Root, 2 April 1900, NA, RG 350, entry 5, file 1023-3; House, *Annual Reports of the War Department for the Year Ended 1900, Report of the Military Governor of the Philippine Islands on Civil Affairs*, 56th Cong., 2nd sess., 1900, H. Doc. 2, 102; W. Morgan Shuster, *Second Special Report, Covering the Period from September 1, 1902, to October 8, 1903* (Manila: Bureau of Printing, 1903), 156; U.S. Department of War, *Fifth Annual Report of the Philippine Commission, 1904, Part 3* (Washington, D.C.: U.S. Government Printing Office, 1905), 545. Also see Act 230, An Act to Revise and Amend the Tariff Laws of the Philippine Archipelago, included in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Public Laws Passed by the Philippine Commission*, 57th Cong., 1st sess., 1901, H. Doc. 2, 658; U.S. Department of War, *Fourth Annual Report of the Philippine Commission, 1903, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1904), 63; and historian Anne Foster's calculations in "Models for Governing," 95-96.

¹³ See Senate, *Report of the Committee Appointed by the Philippine Commission to Investigate the Use of Opium and Traffic Therein*, 59th Cong., 1st sess., 1906, S. Doc. 265, (hereafter Philippine Opium Report), 160; W. Morgan Shuster, *Second Special Report, Covering the Period from September 1, 1902, to October 8, 1903* (Manila: Bureau of Printing, 1903), 156; and U.S. Department of War, *Fifth Annual Report of the Philippine Commission, 1904, Part 3* (Washington, D.C.: U.S. Government Printing Office, 1905), 545.

¹⁴ See Harry Hubble Kane, *Opium Smoking in America and China* (1882; repr., New York: Arno Press, 1976), 4, 13; John Liggins, *Opium: England's Coercive Opium Policy and Its Disastrous Results in China and India; The Spread of Opium-Smoking in America*, 2nd ed. (New York: Funk & Wagnalls, 1883), 40-41; and David Courtwright, *Dark Paradise: A History of Opiate Addiction in America*, rev. ed. (Cambridge: Harvard University Press, 2001), 61-84.

¹⁵ In case of insolvency convicts could serve time in prison instead of paying a fine. One day in prison counted for one peso of the fine. See article 33 of the Military Governor of the Philippine Islands, General Order 40, 19 March 1900, in Senate, *Affairs in the Philippine Islands, Hearings Before the Committee on the Philippines*, 57th Cong., 1st sess., 1902, S. Doc 331, pt. 1: 120. A mixture of currencies (mostly Spanish) was used in the Philippines until 1903 when it was replaced by the new Philippine peso, which was valued at half of one U.S. dollar. See E. W. Kemmerer, "The Establishment of the Gold Exchange Standard in the Philippines," *Quarterly Journal of Economics* 19 (August 1905): 585-609.

affirmed the ban on dens and increased the penalties for violations in a January 1901 act. Thereafter municipal councils (and the incorporated city of Manila) could impose a two-hundred-peso fine or a six-month prison term or both on people who visited “opium joints.”¹⁶

Somewhat ironically, the Philippine Commission hoped that municipal councils would learn democratic governance by wielding this power of social control regarding opium dens. Rather than ordering local politicians to enforce community standards favored by the Americans, the commission tried to encourage towns to strike out against disfavored venues such as opium dens. The councils were supposed to decide whether or not to exercise the power to ban the smoking venues and, if they did, they were responsible for enforcement of the ordinances. This odd arrangement reflected the commission’s intent to use the municipal code to foster democratic behavior at the local level through a “town hall” model.¹⁷

The desire to keep “uncivilized tribes” from using opium was another aspect underscoring the initial American approach. The Philippine Commission made the municipal codes more restrictive on opium in predominately “native,” or indigenous, areas. The commission passed a November 1900 act for the mountainous province of Benguet that empowered the township governments—if they wished—to control not only opium dens, but

¹⁶ See Act No. 82, A General Act for the Organization of the Municipal Governments in the Philippine Islands, in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Public Laws Passed by the Philippine Commission*, 57th Cong., 1st sess., 1901, H. Doc. 2, 146-47; and Act No. 183, An Act to Incorporate the City of Manila, in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Public Laws Passed by the Philippine Commission*, 57th Cong., 1st sess., 1901, H. Doc. 2, 381-85.

¹⁷ Michael Cullinane discusses the municipal code and the “town hall” model in “Implementing the ‘New Order’: The Structure and Supervision of Local Government during the Taft Era” in *Compadre Colonialism: Philippine American Relations: 1898-1946*, ed. Norman G. Owen (Manila: Solidaridad Publishing House, 1971), 9-34. Also see Glenn Anthony May, *Social Engineering in the Philippines: The Aims, Execution, and Impact of American Colonial Policy, 1900-1913* (Westport: Greenwood Press, 1980), 41-56; Julian Go, “The Chains of Empire: State Building and ‘Political Education’ in Puerto Rico and the Philippines,” in *The American Colonial State in the Philippines*, ed. Julian Go and Anne Foster (Durham: Duke University Press, 2003), 182-216. Stanley Karnow addresses the U.S. drive to shape the Philippines into the American mold in *In Our Image: America’s Empire in the Philippines* (New York: Random House, 1989).

also opium selling and smoking. The act explained that the inhabitants of the province “were almost entirely Igorrotes” and therefore needed “a large amount of control.”¹⁸ The Philippine Commission also granted the power for increased opium control in the mountainous province of Nueva Vizcaya in central Luzon where most inhabitants were “members of Non-Christian tribes.”¹⁹ The tougher options fit within a pattern of heavier regulation on predominately “native” areas that also included increased regulation of agricultural trade and limited liquor imports and sales.²⁰ The sense of paternalism for “native” areas could also be detected in the initially lower penalties for infractions. For example, opium violators in the Igorot areas of Benguet only faced a maximum fine of fifteen pesos. Those who were unwilling or unable to pay the fine could labor on the public works “provided that females shall not be compelled to perform work unsuitable for their sex.”²¹ The first law to set up local government in Nueva

¹⁸ See article 10 of Act No. 48, An Act Providing for the Establishing of Local Civil Governments in the Townships of the Province of Benguet; and article 49 of Act No. 49, An Act Providing for the Establishment of a Civil Government for the Province of Benguet; both in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Public Laws and Resolutions Passed by the Philippine Commission*, 57th Cong., 1st sess., 1901, H. Doc. 2, 68-78. Paul Barclay examines the political and military efforts to control the peoples labeled “Igorot” in “‘They Have for the Coast Dwellers a Traditional Hatred’: Governing Igorots in Northern Luzon and Central Taiwan, 1895-1915,” in *The American Colonial State in the Philippines*, ed. Julian Go and Anne Foster (Durham: Duke University Press, 2003), 217-55.

¹⁹ House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1902, Acts of the Philippine Commission*, 57th Cong., 2nd sess., 1902, H. Doc. 2, 294.

²⁰ William Cameron Forbes noted the special liquor and agricultural trade measures for the “tribal people” in *The Philippine Islands*, rev. ed. (Cambridge: Harvard University Press, 1945), 268-71. Also see Howard T. Fry, *A History of the Mountain Province* (Quezon City, New Day Publishers, 1983). Historians are reinterpreting how U.S. officials used “tribalization” to justify U.S. rule. For leading examples see Paul A. Kramer, “Race-Making and Colonial Violence in the U.S. Empire: The Philippine-American War as Race War,” *Diplomatic History* 30 (April 2006): 169-210; his *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill: University of North Carolina Press, 2006); and Vicente L. Rafael, *White Love, And Other Events in Filipino History* (Durham: Duke University Press, 2000).

²¹ House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Public Laws and Resolutions Passed by the Philippine Commission*, 71.

Vizcaya included the power to ban opium smoking and sales but actually listed no penalty.²²

This lax approach lasted just a few months, however, as a subsequent act set the maximum penalties at the level established in general municipal code: a two-hundred-peso fine or six months in prison or both.²³

Disappointing Results

Evidence of the opium smoking habit's popularity—especially among Filipinos—alarmed U.S. officials who gathered data in the first years of the U.S. occupation. At the request of Governor Taft, the police conducted a two-day survey in 1903 and found 199 opium shops and smoking venues just in the capital.²⁴ Across the islands, the estimates of opium smokers varied widely, but forty thousand was a commonly cited figure.²⁵ Surveys conducted by the presidents of the provincial boards of health in 1903 and 1904 offered more detailed information about Filipinos who smoked opium. Of the twenty-three provinces that reported opium smokers, eight described opium smoking by Filipinos. The report tallied a total of 5,981 smokers. Of the 2,943 categorized by race, 31 percent were labeled as “native”

²² See An Act Providing for the Establishment of Local Civil Governments in the Townships and Settlements of Nueva Vizcaya in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1902, Acts of the Philippine Commission*, 57th Cong., 2nd sess., 1902, H. Doc. 2, 278-95.

²³ See Act No. 337, An Act Providing for the Organization of a Provincial Government in the Province of Nueva Vizcaya; and Act No. 387, An Act Providing for the Establishment of Local Civil Governments in the Townships and Settlements of Nueva Vizcaya; both in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1902, Acts of the Philippine Commission*, 57th Cong., 2nd sess., 1902, H. Doc. 2, 138-47, 278-95.

²⁴ See report to Taft by Sergeant F.M. Drumm, 11 July 1903, NA, RG 350, entry 5, file 1023-84.

²⁵ For varied estimates of opium smokers see [forty thousand total] Memorandum by Ellis Cromwell, 14 March 1908, NA, RG 350, entry 5, file 1023-165; [twenty thousand Philippine-Chinese and twenty thousand of all others] Hord, “The Opium Evil In Asia,” 6, 10; [more than twenty-thousand Philippine-Chinese] Nolting, “Memorandum Showing Results Obtained,” 25 September 1913, NA, RG 350, entry 5, file 1023-199; [twenty thousand Philippine-Chinese opium users and forty thousand others] Round, “The Opium Problem in the Philippine Islands,” 22. Also see U.S. Department of War, *Annual Report of the Philippine Commission, 1906, Part 3* (Washington, D.C.: U.S. Government Printing Office, 1907), 25; and *Philippine Opium Committee*, 47.

or “Filipino”; the rest were Philippine-Chinese [see Table 1]. These reports were hardly exhaustive. For example, the reply from the province of Zambales cited a “great liking of the people for opium smoking,” but did not assign a number.²⁶ Manila, the major venue of opium smoking by most accounts, was absent from the survey. A U.S. Customs employee named Hubert C. Anderson suggested one reason why opium smoking was widespread when he recalled his 1900 arrival in Manila. “There was no such thing as cinemas, dance halls, cabarets and automobiles,” he commented. Gambling and opium smoking provided the “only recreation” for many of Manila’s residents.²⁷

²⁶ Philippine Opium Report, 160.

²⁷ Commission of Enquiry into the Control of Opium Smoking in Asia, “Interview of Hubert C. Anderson,” 4 February 1930, League of Nations Archive, Geneva, Switzerland (hereafter LONA), Opium Section, S.199, file: Philippine Islands, Evidence, 4.

Province	Filipino/Native	Chinese	Unspecified	Notes
Antique	76	80		
Bataan		1	4	
Batangas	13	13		
Bohol	94	47		
Bulacan			74	
Cagayan	122	248		
Capiz			65	
Cebu	224	613		
Ilocos Norte			28	
Ilocos Sur			18	
Iloilo	174	658		Noted “numerous” other consumers of opium pills.
Isabela			315	
Laguna			20	
Masbate			10	Users cited medical basis for consumption
Misamis			1849	Report listed number per thousand; I rounded down.
Nueva Ecija			35	
Negros Occidental	233	256		Thirteen of listed Filipino/Natives noted as “Spanish”
Pangasinan			481	Noted that actual total was much higher
Paragua		75		
Sorsogon			34	
Surigao			105	
Union	16			
Total	952	1991	3038	
Grand Total			5981	Excluding Manila, which was a center of opium use.

Table 1: Non-Medical Opium Users Reported by Provincial Boards of Health, 1903-4

These rough estimates suggest that a significant portion of the opium smoking population was Filipino.

Source: Tabulated from U.S. Senate, *Report of the Committee Appointed by the Philippine Commission to Investigate the Use of Opium and Traffic Therein*, 59th Cong., 1st sess., 1906, S. Doc. 265, 147-60.

Taft and the Philippine Commission mistakenly believed that the Spanish system had kept Filipinos from smoking opium. Thus U.S. officials incorrectly assumed that their policies had started Filipinos on the pipe. The Spanish rules only granted ethnic Chinese a legal right to use opium for non-medical purposes. Actually, the Spanish had begun the nineteenth century with a strict approach and found that it was impossible to enforce, so they had settled by the 1840s on a policy that secured limited control by harnessing market forces.²⁸ Private contractors bid for monopoly rights to sell opium within each province. Contractors were not supposed to sell opium to Filipinos, but Spanish enforcement was lax, often corrupt, and the contractor had an economic incentive to get Filipinos to smoke.²⁹ As William T. Nolting, the Collector of Internal Revenue in the Philippines, later put it, “Under such circumstances, it was perhaps hardly to be expected that the Government itself would inquire too closely into the disposition of the opium sold; that is, whether the opium was disposed of to Chinese or Filipinos.”³⁰

The racial categorization inherent in the Spanish monopoly approach also led Taft and the commissioners to overemphasize the division between the Chinese and the Filipinos. Taft incorrectly assumed that the Chinese had not intermarried and had remained isolated socially.³¹ Distinct “Filipino” and “Philippine-Chinese” identities had developed by the late nineteenth century and grew antagonistic in the last decades of that century as the financial

²⁸ Historian Greg Bankoff describes a wider trend toward lax controls on opium, alcohol, prostitution, gambling, and tobacco smuggling in the late nineteenth century Spanish Philippines. See his *Crime, Society, and the State in the Nineteenth Century Philippines* (Manila: Ateneo de Manila University Press, 1996), 20, 34-58, 189. Also see the classic account by Wickberg, *The Chinese in Philippine Life*, 49-50, 114-19.

²⁹ Wickberg describes corruption in *The Chinese in Philippine Life*, 114-19.

³⁰ William T. Nolting, “Memorandum Showing Results Obtained in Enforcement of Laws Aimed at the Total Suppression of the Opium Habit in the Philippine Islands,” 25 September 1913, NA, RG 350, entry 5, file 1023-199.

³¹ *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58. Also see Edgar Wickberg, *The Chinese Mestizo in Philippine History* (Manila: Kaisa Para Sa Kaunlaran, 2001).

success of the Philippine-Chinese merchants coupled with an economic downturn spurred anti-Chinese sentiment on the part of the Filipinos.³² Nonetheless, the two groups interacted socially. Vincente Aldanese, a Philippine Collector of Customs, recalled one way that opium smoking crossed into Filipino communities during Spanish rule. Filipino women had taken Chinese husbands and then introduced their relatives to the pipe.³³

Unforeseen consequences of the initial American approach added further misunderstanding. Many local governments overreached their legal authority granted by the Philippine Commission and abused the rights of opium smokers by imposing unauthorized fines and taxes. The need for revenue and the anti-Chinese sentiment of Filipino officials in municipal governments spurred this abuse. Abuses had occurred under the Spanish system, but as long as the high bid for the monopoly license was paid, the government granted the contractor leeway while helping to prosecute smugglers.³⁴ The Americans proved more receptive than the Spanish to complaints coming from the Philippine-Chinese. In 1901 the Philippine Commission heard from a leading Philippine-Chinese merchant from Manila named Chen Qianshan who reported that officials in the Panay city of Iloilo, including the

³² For more on this complex subject see Wickberg, *The Chinese in Philippine Life*, 146-67; Wilson, *Ambition and Identity*, 227; and Bankoff, *Crime, Society, and the State*, 21-45.

³³ League of Nations Commission of Enquiry into the Control of Opium Smoking in Asia, "Interview of Vincente Aldanese," 5 February 1930, LONA, Opium Section, S.199, file: Philippine Islands, Evidence, 6.

³⁴ A Philippine-Chinese named Tan Yangco was accused of smuggling opium and spent years in prison waiting for a judicial hearing. See his plaintive 1885 letters in the *Anfion* records in the Philippine National Archives, Manila, exp. 14, folders: 1-8b (5753-7, 5770-2). The people prosecuted for opium contract violations such as smuggling were predominately Philippine-Chinese who lived in Manila's commercial and entertainment district, Binondo, but also included Spanish and Filipino, as well as mixtures of all three. These comments are based on my survey of court cases against opium contract violations in the provinces of Bataan (1852-1897), Binondo (1849-1897), Bulacan (1862-1898), Cavite (1814-1900), Cebu and Bohol (1837-1898), Davao (1887-1898), Isabela (1869-1896), Misamis (1872-1897), and Tondo (1852-1888) in the *Anfion* records. For a cogent description of the colonial judicial system see Manuel T. Chan, *The Audencia and the Legal System in the Philippines, 1583-1900* (Manila: Progressive Printing Palace, 1998). Also see Bankoff, *Crime, Society, and the State*, 41; Wickberg, *The Chinese in Philippine Life*, 49-50, 114-19; and Ricardo M. Zarco, "A Short History of Narcotic Drug Addiction in the Philippines, 1521-1959," *Historical Bulletin of the Philippine Historical Association* 3 (December 1959): 87-100.

Provincial Governor, had illegally prohibited opium sales and were fining Philippine-Chinese who were caught smoking opium. In a later complaint Chen claimed that six Philippine-Chinese had died and twelve had been stricken with illness due their abusive treatment.³⁵ The Chinese Consul General, Jin Jiong, also protested against the unlawful “abuse, arrest, and confinement” of Philippine-Chinese opium smokers. In a letter to Taft, the Consul General noted that local authorities in the provinces of Nueva Ecija, Bulacan, Cebu, and Iloilo had overstepped the anti-opium den powers granted in the municipal code by searching private homes, arresting people with opium or opium pipes, and imposing fines. The Consul General wanted immediate relief from these “atrocities” and blamed “the animosity of the native police toward the Chinese” whom the police considered worthy only for “taxation and abuse.”³⁶

Once begun the municipal abuses were not easy for the Philippine Commission to stop. The commission passed a strange piece of legislation in 1901—ostensibly as a reminder to the municipalities—banning the imposition of taxes on opium smokers (they were already illegal!). The Commission also ordered the municipal governments that had collected such taxes illegally to offer refunds to the victims.³⁷ However, two years later, in

³⁵ Chen recommended a return to the Spanish contract system, under which he had been the successful bidder of the contract in Iloilo and Manila. Chen is a central character in Wilson’s study. See *Ambition and Identity*, 110-39. Historian Wong Kwok-Chu noted Chen’s loss of the opium contract with the onset of the American occupation in *Chinese in the Philippine Economy*, 32. Seth P. Mobley noted Chen’s exclusive control of the sale of opium at Manila and Iloilo under the Spanish in a 21 January 1903 letter to James F. Smith, Secretary of Education, NA, RG 350, entry 5, file 1023-62. Chen’s complaints are in his 26 June 1901 letter to the Philippine Commission, NA, RG 350, entry 5, file 1023-65.

³⁶ “Chin Yi Chiong” to Taft, 17 August 1901, NA, RG 350, entry 5, file 1023-91.

³⁷ See Act No. 132, An Act to Amend the Municipal Code, in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Public Laws Passed by the Philippine Commission*, 57th Cong., 1st sess., 1901, H. Doc. 2, 279-81.

1903, Taft received a letter from nine members of the Chinese Chamber of Commerce of the city of Iloilo alleging that the abuse had continued unabated.³⁸

Though they were frustrated by these local abuses, American officials had made them possible. The initial American approach did not aim to punish opium smokers, but spurred that outcome through a confusing set of policies. For example, anyone could import opium legally and smoke the drug legally at home or in a smoking venue, unless the latter was banned by the local municipality. Members of the Philippine Commission also unintentionally promoted local abuse by offering contradictory statements about the law. For example in April 1901, about two months after the Philippine Commission passed the general municipal code with its provision to ban opium dens, commissioners instructed leaders in the town of Cagayan (in the Mindanao province of Misamis) that they could prohibit the opium traffic if they wanted.³⁹ In another case about a year later, Captain William H. Johnston, the Provincial Governor of Isabela who was installed by the Philippine Commission, badly misread the law and personally arrested opium smokers because he found the municipal police to be too lax.⁴⁰ The anti-Chinese sentiments of the Americans also strengthened those feelings in Filipino officials.⁴¹ Despite the many protests from the Chinese government and Chinese merchants in the Philippines, the extension of Chinese exclusion from the continental United States to the Philippines, promoted first by General Otis, became law in 1902. Ethnic Chinese in the Philippines had now to secure a permit proving that they were

³⁸ See H.C. Huang and others to Taft, 19 February 1903, NA, RG 350, entry 5, file 1023-66.

³⁹ House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1901, Report of the Philippine Commission, Part 2*, 57th Cong., 1st sess., 1901, H. Doc. 2, 120.

⁴⁰ Senate, *Affairs in the Philippine Islands, Hearings Before the Committee on the Philippines*, Part 2, 57th Cong., 1st sess., 1902, S. Doc. 331, 1512-26.

⁴¹ Clark L. Alejandrino, *A History of the 1902 Chinese Exclusion Act: American Colonial Transmission and Deterioration of Filipino-Chinese Relations* (Manila: Kaisa Para Sa Kaunlaran, 2003).

already residents, or of the exempted merchant class, or face deportation.⁴² Historian Paul D. Hutchcroft's general argument that "American-inspired structures of governance" fostered much of the corruption and patronage in the Philippine municipal governments applies nicely to the initial U.S. approach to opium on the islands.⁴³

Part II. Divided Views on Reform

The municipal abuses and the existence of Filipino opium smokers prompted Taft and the Philippine Commission to seek a more comprehensive approach to the opium issue in 1903. Above all, they wanted to find a practical way to organize the business of opium provision without fostering the spread of the habit to Filipinos and "natives." They doubted that the opium pipe was harmful to Philippine-Chinese smokers. Their response was to push for a return to the Spanish system hoping that a licensing scheme for Philippine-Chinese would protect Filipinos from smoking opium and raise revenue. The plan drew protests from constituents in the Philippines and the United States, sparking a controversy that quickly reached the highest levels of the American government. As it happened, Taft soon traded sides. From his new posting in Washington as secretary of war, Taft joined with other top Republicans and set a deadline when non-medical sale of opium would become illegal in the colony. American officials in Manila faced the puzzle of how to shrink opium use across the islands in preparation for the total ban.

⁴² Rubin Francis Weston, *Racism in U.S. Imperialism: The Influence of Racial Assumptions on American Foreign Policy, 1893-1946* (Columbia: University of South Carolina Press, 1972), 22-30, 100. The protests can be followed in *Papers Relating to the Foreign Relations of the United States, 1899* (Washington, D.C.: U.S. Government Printing Office, 1901), 207-17; and *Papers Relating to the Foreign Relations of the United States, 1901* (Washington, D.C.: U.S. Government Printing Office, 1902), 213-14.

⁴³ Paul D. Hutchcroft "Colonial Masters, National Politicos, and Provincial Lords: Central Authority and Local Autonomy in the American Philippines, 1900-1913," *Journal of Asian Studies* 59 (May 2000): 298.

An Attempt at Comprehensive Reform

As the Philippine commissioners moved to consider a comprehensive drug policy, they enjoyed a uniquely broad range of powers within the U.S. government and the freedom to move in new directions. Unlike the federal government in Washington, which was restrained by the constitutional limits on its policing powers, the Philippine Commission could decide which people under its jurisdiction could use drugs. To help create a specialized approach to opium for the Philippines, the commission appointed a committee in October 1902 to study the policy options. The committee's members, Commissioners Henry Clay Ide and Bernard Moses, and a Filipino who supported U.S. rule named Trinidad H. Pardo de Tavera, embraced a system of opium sales by contract, much like the Spanish approach.⁴⁴

The following January Brigadier-General James F. Smith joined the Philippine Commission, adding his experience with an opium monopoly and drafting a new opium bill that reinforced the recommendations of the special committee. While serving as Military Governor in Negros, Smith had ignored General Otis's orders and had sanctioned the continued existence of the opium monopoly, which raised twelve thousand dollars.⁴⁵ Commissioner Smith's bill detailed a similar system with licensed opium vendors, and profits—estimated to reach several hundred thousand dollars a year—channeled to educational programs (a nice fit to the prerogatives of Smith's other role as secretary of

⁴⁴ The text of the resolution is in NA, RG 350, entry 53-92, file 1023-92. May provides a biographical sketch of Pardo de Tavera in *Social Engineering in the Philippines*, 24-32.

⁴⁵ House, *Annual Reports of the War Department for the Year Ended 1900, Report of the Military Governor of the Philippine Islands on Civil Affairs*, 56th Cong., 2nd sess., 1900, H. Doc. 2, 279. American Lieutenant Colonel O.J. Sweet also oversaw an opium monopoly in the isolated Sulu Archipelago. See Sweet to Taft, 24 April 1901, NA, RG 350, entry 5, file 1023-83.

public instruction).⁴⁶ Only Chinese “of the full blood” who were at least twenty-one years old were to be allowed to “smoke, chew, swallow, inject, or otherwise consume” opium for non-medical purposes, and only in their own homes. In order to enforce these rules Smith’s bill included an extreme penalty of a five thousand dollar fine or a five-year prison sentence or both, for any non-Chinese who consumed opium without a medical prescription.⁴⁷

The Chinese Chamber of Commerce actively opposed Smith’s bill. The chamber included many opium dealers who would be forced from the business by a monopoly. They also supposed that an outright ban would be easier to evade than a contract system. The chamber thus argued that a monopoly would increase the number of opium smokers and hired an American attorney, Major W. H. Bishop, to agitate against the bill. Bishop sent a series of telegrams to clergy in the United States and to the White House. The telegrams often read like a jumbled haiku but still managed to touch upon the deepest concerns of the American colonial project especially regarding the stewardship of the Filipino people: “Opium bill [...] passage means licensing fixing frightful vice Islands. Filipinos imitative. any. Many now use. example America chartering concession sale opium bad. strong feeling Americans and employing Chinese here adverse.”⁴⁸

Philippine-Chinese more generally objected to Smith’s bill because a return to the monopoly system would raise prices and ban their widespread social use of opium. A

⁴⁶ Henry C. Ide, “Informal Expression of Opinion Relative to the Attitude of the Commission Regarding Opium,” 15 May 1903, NA, RG 350, entry 5, file 1023-5, 2.

⁴⁷ See “Proposed Law: An Act to Suppress the Sale of Opium to the Filipino People, to Confine its Use to People of the Chinese Race, and to Restrict and Reduce its Consumption by Chinese within the Philippine Islands,” NA, RG 350, entry 5, file 1023-13.

⁴⁸ See the petition to Chinese Consul General Manila sent on behalf of Chinese merchants of Manila, 4 May 1903, NA, RG 350, entry 5, file 1023-86; the petition by opium merchants, 6 May 1903, NA, RG 350, entry 5, file 1023-69; and Chinese Legation to Hay, 22 April 1903, NA, RG 350, entry 5, file 1023-6. Also see Taylor, *American Diplomacy and the Narcotics Traffic*, 37.

Philippine-Chinese opium merchant named Cheak Kee, for example, asked the Commission to remove the limitation on legal opium smoking to “full-blooded Chinese.” He suggested instead a social definition that would include mixed race Chinese who followed “the habit and the mode of life of the father.” Cheak also protested the clause banning Chinese from smoking in each other’s homes because that practice was a “mere act of courtesy.” Cheak warned that a ban on opium smoking would steer people to more dangerous substances such as tobacco (which he considered to be a “virulent poison”), morphine, and cocaine. Sounding like Taft, Cheak concluded, “A Chinaman is just as entitled to his opium as a German to his beer, a Scotchman to his whiskey, and American to his rum, a Frenchman to his claret, and Indian to his toddy, a Philippino to his cigar and a Siamese to his betel leaves. The habit is national and cannot be eradicated.”⁴⁹

American Protestant missionaries in Manila also opposed the measure. They followed a missionary logic casting opium smokers as victims of the opium trade plied by self-interested colonial regimes in Asia. Protecting opium smokers from the predations of the trade was thus a Christian duty. Salvation on an individual level would come as opium smokers gave up the pipe, and colonial governments could demonstrate their righteousness by opposing the opium trade. Methodist presiding elder Bishop Homer C. Stuntz led the clergy’s protest against the draft contract bill. Stuntz organized a petition by an association of missionaries titled the Committee of the Evangelical Union of the Philippine Islands, of which Stuntz was chairman. They called for a “strict quarantine” of opium imports and sales

⁴⁹ See Cheak Kee to Philippine Commission, 19 March 1903, NA, RG 350, entry 5, file 1023-67; his statement in the *Manila Times*, 25 May 1903, clipping in NA, RG 350, entry 5, file 1023-70; and *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58.

on health and economic grounds.⁵⁰ Though Stuntz was against legal opium sales for non-medical use, he did not want a ban on the use of the drug, which he considered “an impossible type of prohibition.” Stuntz asked Taft, “Who will invade the privacy of men’s homes and detect violation of this section?”⁵¹

In a brilliant move that would include the White House in the debate about the monopoly bill, Stuntz—using funds from the Chinese Chamber of Commerce—cabled his “fellow-worker,” the Reverend Wilbur F. Crafts, for help. Crafts presided over the influential Washington-based International Reform Bureau.⁵² Since its incorporation in 1896 the bureau had advocated “Christian reforms” through moral legislation on issues such as alcohol and opium sales, divorce, gambling, and the defense of the Sabbath.⁵³ Crafts set to work lobbying against Smith’s bill and got bureau members from all over the country to send protests to the White House. This mailing campaign, according to Crafts, gave an “electric treatment of the political spine.”⁵⁴ The White House responded, but hardly in an electric fashion. Roosevelt ordered that no action be taken on the opium bill without his approval.⁵⁵

⁵⁰ Committee of the Evangelical Union of the Philippine Islands to Taft, 16 March 1903, NA, RG 350, entry 5, file 1023-80.

⁵¹ *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58. Also see Stuntz to Taft, 29 May 1903, NA, RG 350, entry 5, file 1023-81.

⁵² Stuntz to Crafts, 2 May 1903, NA, RG 350, entry 5, file 1023-17. Also see Crafts’ address to the British branch of the International Reform Bureau, 16 September 1909, NA, RG 43, entry 37, box 2, 3.

⁵³ For an overview of the International Reform Bureau’s agenda see Senate, *Moral Legislation in Congress, Passed and Pending*, 58th Cong., 2nd sess., 1904, S. Doc., 150, 1.

⁵⁴ Crafts’ address to the British branch of the International Reform Bureau, 16 September 1909, NA, RG 43, entry 37, box 2, 4b. Also see Taylor, *American Diplomacy and the Narcotics Traffic*, 34-46; and David F. Musto, *The American Disease: Origins of Narcotic Control*, 3rd ed. (New York: Oxford University Press, 1999), 26.

⁵⁵ Edwards to Taft, 9 June 1903, NA, RG 350, entry 5, file 1023-10.

And Secretary of War Elihu Root warned Taft that the administration was wary of any measure that appeared “to sanction the [opium] traffic rather than to plainly reduce it.”⁵⁶

The White House’s interest in the bill caught Taft in a bind. Now he had to address the objections of constituents in Manila and the continental United States. The task was daunting because, as Taft knew, American public opinion associated opium use, “however moderated, with those awful pictures of the horrible opium dens in which its victims are stretched out in helpless stupor and drunkenness.”⁵⁷ Taft’s challenge was to convince his bosses in Washington and the U.S. public at large to chasten their Sino-phobia and accept that the Philippine-Chinese were “hard-working, generally law-abiding, peaceful, and in all observable respects a temperate people, who have for centuries used opium for the purpose of smoking it and among whom an opium sot is much rarer than a liquor drunkard among Americans.”⁵⁸ Along with the other commissioners, Taft feared that U.S. domestic politics would force him to impose an untenable ban on the opium habit. He felt that government action against opium smoking would flounder because a “large element in the community” did not consider opium smoking to be an “immoral offense or one that ought to be punished.”⁵⁹ Nonetheless Taft took the precaution of instructing Smith to draft another bill that would ban the importation and sale of opium for non-medical purposes. Smith adjusted

⁵⁶ Root to Taft, 5 June 1903, NA, RG 350, entry 5, file 1023-10. Also see Root to Taft, 17 June, 10 July, 22 July 1903, NA, RG 350, entry 5, files 1023-10, 1023-25, 1023-49; Root to Roosevelt, 18 July 1903, NA, RG 350, entry 5, file 1023-49; and Edwards to Strong, 15 June 1903, NA, RG 350, entry 5, file 1023-31.

⁵⁷ *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58.

⁵⁸ *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58. Taft cabled the views of the commission to Root, 13 July 1903, NA, RG 350, entry 5, file 1023-25.

⁵⁹ See *Minutes of Proceedings of the Philippine Commission*, NA, RG 350, entry 5, file 1023-58. Also see Taft to Root, 13 July 1903, NA, RG 350, entry 5, file 1023-25; Henry C. Ide, “Informal Expression of Opinion Relative to the Attitude of the Commission Regarding Opium,” 15 May 1903, NA, RG 350, entry 5, file 1023-5; and unsigned cablegram to Roosevelt, 7 July 1903, NA, RG 350, entry 5, file 1023-47.

the penalties for illicit use downward by more than half (to a maximum fine of two thousand dollars or imprisonment for up to two years or both), likely in anticipation of widespread violations of this stricter approach.⁶⁰

In the summer of 1903 Taft gained Roosevelt's approval to create an expert Committee of Enquiry to study the opium issue and to offer suggestions that would be ostensibly impartial. Taft hoped that the committee's findings would help to sway his bosses about the issue and allow him to proceed with the monopoly approach. The White House approved the committee because it demonstrated government action to constituents upset by the monopoly bill and the committee's recommendations would not be binding. Taft carefully selected the committee's members to represent the medical and moral aspects of the opium issue and to downplay the revenue considerations that had incensed the missionaries. He chose Edward C. Carter, the Philippine Commissioner of Health, who served as chair, Charles Henry Brent, the Episcopal Bishop of the Philippines, and a Filipino physician named Jose Albert who practiced at the hospital that Brent had founded.⁶¹ Brent dominated the committee. He was the most famous missionary in Manila, and he was personally close to Roosevelt. The Philippine-Chinese were central to the issue, but were not deemed worthy of representation on the committee.⁶² Taft instructed the committee to study the way that surrounding countries were handling the opium issue and to recommend the best kind of law

⁶⁰ The bill is in NA, RG 350, entry 5, box 158, file 1023-75. Taft described his position in a long cable to Root, 13 July 1903, NA, RG 350, entry 5, file 1023-25. Also see Root to Taft, 14 July 1903, in the same file.

⁶¹ Taft to Root, 23 July 1903, NA, RG 350, entry 5, file 1028-51.

⁶² There were qualified candidates such as Tee Han Kee, a Chinese physician who moved to Manila in 1902 and worked for the Board of Health under Carter's direction. For a sketch of Tee's life see Wilson, *Ambition and Identity*, 164; and Tee's 4 February 1930 interview in LONA, Opium Section, S.199, file: Philippine Islands, Evidence.

to “reduce and restrain” opium use in the Philippines.⁶³ The fact that the committee was to study surrounding countries demonstrated Taft’s success in convincing the White House that the conditions of opium use were different in Southeast Asia than in the continental United States.

The committee members worked hard and made an impressive effort to be fair-minded. They traveled from August 1903 to January 1904 interviewing officials and collecting reports in Japan, Taiwan, Shanghai, Hong Kong, Saigon, Singapore, Burma, and Java. They found that prohibition of non-medical opium use had failed everywhere it was attempted to stop opium use. The British prohibition of smoking had failed in both upper and lower Burma. The Dutch also encountered failure with absolute prohibition where they attempted it in Java. The Committee of Enquiry also received reports that an 1897 opium ban had been abandoned in the Territory of Hawaii in 1903 because it had promoted blackmail. A bar against non-medical opium use in Japan was the exception. The Committee of Enquiry attributed its success to the lack of pre-existing opium consumers. As the committee’s report phrased it, the ban in Japan was “not applied as cure but as preventative.”⁶⁴ In Taiwan, where many thousands smoked opium, the Japanese government selected a “progressive prohibition” that registered and rationed existing smokers, who were given access to voluntary treatment in government hospitals.

Ultimately the Committee of Enquiry recommended a monopoly system like Taiwan’s, which allowed opium smokers to continue smoking after receiving a license. The committee considered an immediate ban on non-medical opium use as “likely to produce

⁶³ Philippine Opium Report, 59.

⁶⁴ Philippine Opium Report, 23.

extreme suffering,” due to the “physiology of the inveterate habitué.”⁶⁵ Instead the committee embraced a plan that was, in Brent’s words, “prohibitive in Character but merciful to the Opium Smoker.”⁶⁶ Thus, men of all ethnic backgrounds, not just Chinese, who already used opium and were over the age of twenty-one would be able to register and to purchase opium from a government-run monopoly.⁶⁷ Brent deemed it unjust to exclude people from the licensing plan on the basis of race or nationality. However, women would not gain the right to register for opium access within the planned “progressive prohibition.”

Whereas the officials in Taiwan anticipated full eradication of the opium smoking habit in thirty or forty years (after the current generation of registered smokers had died), the Committee of Enquiry hoped that their approach, aided by the lower number of smokers in the Philippines, would eliminate opium smoking after about three years. At that point the government could assess what was “wisest and best to be done.”⁶⁸ In order to reduce opium smoking, the Committee of Enquiry embraced the strategies taken in Taiwan such as free medical treatment for smokers who wanted to quit, anti-opium propaganda in schools, and a ban on opium dens. The Chinese exclusion law was also supposed to help reduce the number of potential smokers. The Committee of Enquiry also suggested unspecified fines and prison terms for non-registered opium users. People caught a third time using opium without a license were to face deportation (for at least five years) if they were Philippine-Chinese or loss of the right to hold public office or vote if they were Filipino.⁶⁹

⁶⁵ Philippine Opium Report, 29, 49-53. See Chapter Four for a discussion of the opium policy in Taiwan.

⁶⁶ Brent, diary entry, 12 December 1903, Brent Papers, box 1. Also see Philippine Opium Report, 102.

⁶⁷ Philippine Opium Report, 37-46, 54.

⁶⁸ Philippine Opium Report, 53.

⁶⁹ Philippine Opium Report, 47, 54.

Brent's experience with the Committee of Enquiry radically shifted his views, which deserves some attention because he would become a major force in American anti-drug diplomacy. When Brent first evaluated Smith's monopoly bill in early 1903, he had drawn upon the moral calculation applied to every action in his life: "First comes moral principle, then the application to a question in its entirety, finally the working out in detail."⁷⁰ Brent concluded that non-medical opium use was "a social vice, i.e. a crime," and he suggested that a prison term could help a "victim" of opium to improve his health by depriving him of the drug, even if "some" death might result. He adopted an uncharacteristically ruthless tone, writing to Smith, "Every step in progress means the sacrifice of some, frequently of worthy people: witness the introduction of machinery. In the case in point no worthy elements of society would pay any penalty."⁷¹ Brent's experience serving on the Committee of Enquiry, however, had forced him to reconsider. After returning from the committee's tour of surrounding countries in early 1904, Brent endorsed the registration of opium smokers, legal opium provision, and voluntary medical treatment as the approach most likely to reduce opium smoking. He described his new attitude: "Prohibition is a principle: what we want is such a legislative setting of prohibition as will be practicable."⁷²

Congressional Intervention

The Committee of Enquiry had changed Brent's mind, but its 283-page report with its wealth of information and considered proposals to reduce opium use did not convince key officials. While the report generally endorsed Taft's plans for an opium monopoly, Taft was

⁷⁰ Brent's diary, especially the excised passages about his ex-fiancée and his alcohol consumption, documents a life lived within the constant constraint of self-assessment. See the entry, 26 August 1903, Brent Papers, box 1.

⁷¹ Brent to Smith, 6 July 1903, NA, RG 350, entry 5, file 1023-68.

⁷² Brent, diary entry, 28 December 1903, Brent Papers, box 1.

no longer interested in pushing that approach. He had shifted his views about opium policy when he moved from Manila to Washington and realized how unpopular the monopoly approach was in the colonial *metropole*. Now, instead of calling for the Philippine Commission to direct policy, Taft wanted Washington to take control and order an end to opium sales. He watched for his opportunity to make the decisive move.

Taft's departure from Manila left Brent and Commissioner Luke E. Wright, who had replaced Taft as Civil Governor in late 1903, wrangling over the future opium policy. Wright wanted to follow Smith's bill, which had private contractors selling the opium, thereby saving the government administrative expenses.⁷³ Brent, having invested months of effort on the Committee of Enquiry, insisted that only a government monopoly would remove the profit motive and effectively reduce use. Hung up on the shoals of disagreement, the project to revise the colonial drug policy entered a period of stalemate.

Both Wright and Brent appealed to Washington for support of their views. In January 1905, almost a year after the Committee of Enquiry returned from its investigation and some seven months after Wright had received the committee's report, Wright urged Root to convince Brent to accept the private contract system.⁷⁴ Brent, however, was a tenacious advocate and appealed to Roosevelt to oppose any deviation from the committee's recommendations. He traveled to Washington in mid-January and met with Roosevelt, who, according to Brent, "came bounding out in thermal shirt and leggings from a boxing bout [and] endorsed [the] delay of [the] opium bill."⁷⁵

⁷³ Wright's title changed to "Governor-General" in 1905. See House, *Fifth Annual Report of the Philippine Commission, 1904*, 58th Cong., 3rd sess., 1904, H. Doc. 232, 11.

⁷⁴ See Root to Wright, 8 January 1905, NA, RG 350, entry 5, file 1023-111; Wright to Root, 8 January 1905, NA, RG 350, entry 5, file 1023-111; and Root to Wright, 8 January 1905, NA, RG 350, entry 5, file 1023-110.

⁷⁵ Brent, diary entries, 14-15 January 1905, Brent Papers, box 1.

In the meanwhile, Taft struck a fatal blow to Brent's vision of a "progressive prohibition" that would be race-blind and adjusted annually. The powerful Senator Henry Cabot Lodge (R-MA) had been one of Taft's political foes because Lodge often impinged on the authority of the Philippine Commission. Now, that tendency served Taft nicely. Taft testified at the Senate and convinced Lodge, who was Chairman of the Senate Committee on the Philippines, that Congress should remove the issue from "hands of the [Philippine] commission" and impose a strict deadline to "shut off Chinaman" from a legal opium supply.⁷⁶ Lodge had introduced a 1901 Senate resolution to protect "native races [,] aboriginal tribes and uncivilized races" from opium and alcohol.⁷⁷ In response to Taft, he included "natives of the Philippine Islands" [meaning Filipinos] in this line of thinking. On 3 March 1905 Congress included a clause in a tariff revision ordering an immediate ban on non-medical opium sales to "any native of the Philippine Islands" and setting a deadline of 1 March 1908 (roughly three years later) when the importation of opium for non-medical use and all sales of opium for non-medical purposes would become illegal.⁷⁸

Taft's actions were decisive, but hardly radical. Congressmen knew little about the opium issue and considered Taft to be an expert. Taft's testimony affirmed their assumptions about race in the colony. He also took a stance that included at least a part of the major

⁷⁶ Taft's influence over the measure is evident in *Congressional Record*, 58th Cong., 3rd sess., 1905, 39, pt. 3: 2994-3001, 3528-29, 3714-18, 3786, quotations on 3715. Also see Brent to Taft, 11 January 1905, NA, RG 350, entry 5, file 1023-112; and Taft to Wright, 16 January 1905, NA, RG 350, entry 5, file 1023-111.

⁷⁷ The United States had joined international treaties in 1890 and 1899 to limit alcohol sales to African natives. See Senate, *Resolution, Adopted by the Senate January 4, 1901, Relative to the Protection of Uncivilized Peoples Against the Destructive Traffic in Intoxicants*, 56th Cong., 2nd sess., 1901, S. Doc. 159; and Taylor, *American Diplomacy and the Narcotics Traffic*, 20-27. In 1902 Congress banned U.S. citizens from selling opium to aboriginal natives of the Pacific Islands not yet claimed by a "civilized power." See *To Prevent the Sale of Firearms, Opium, and Intoxicating Liquors in Certain Islands of the Pacific*, U.S. Statutes at Large 32 (1902): 33.

⁷⁸ See *To Revise and Amend the Tariff Laws of the Philippine Islands, and for Other Purposes*, U.S. Statutes at Large 33 (1905): 944.

contending viewpoints. The three years of continuing opium sales to Chinese generally comported with Brent's views and the Committee of Enquiry's plan. The immediate ban on sales to Filipinos spoke to the missionaries' concerns. The tariff also set the import duty on opium at four dollars a kilo for crude opium and five dollars a kilo for prepared opium, which, at least partially, addressed the need for revenue. Wright remained free to push for private contractors to sell opium to licensed Chinese prior to the deadline. Congress had imposed limits on the opium trade in the colony, but had not banned opium smoking. The idea of punishing opium smokers had not played a role in the legislative debate. It remained to be decided how the Philippine Commission would manage the end of legal opium sales.

Part III. Black Sunday and the Punishment Solution

The Philippine Commission now had a new task—to reduce the number of opium users before the congressionally imposed 1 March 1908 deadline. The initial plan was to provide free medical assistance to help smokers quit the habit so that when the deadline arrived the number of opium consumers would not, as Hord put it, “over tax the holding capacity of the insular jails and hospitals.”⁷⁹ However, with the arrival of the deadline—soon deemed “Black Sunday” by medical experts—fines and payments by opium smokers to avoid prosecution went into effect and became new sources of revenue. Jails and prisons became the centerpiece of the medical treatment program. And U.S. officials took to blaming opium users for the total ban's failure to impose abstinence. A mandatory minimum punishment for non-medical drug use passed into law in 1909, marking the full transition to the punishment solution.

⁷⁹ Hord, “The Opium Evil In Asia,” 7.

The Transition to Punishment

The Philippine Commission proved to be lackadaisical and bereft of new ideas in preparation for the ban on sales of opium for non-medical use. After Congress passed the tariff revision in March of 1905, the Philippine Commission did nothing regarding opium until the following September. Then the passive resistance continued as the commission followed the initial American approach by approving two measures that extended provincial authority to ban opium sales and opium smoking and authorized new townships of certain “non-Christian tribes” to do the same.⁸⁰ By January 1906, nine months after Congress passed the tariff revision, Taft ordered the commission to proceed with a comprehensive bill in line with the rules set by Congress.⁸¹ Smith produced another bill by February of 1906 and soon added the revisions that Taft requested to make the bill more appealing to Washington.⁸²

The resulting law passed in March 1906 reflected a mixture of goals. Only ethnic Chinese would be allowed to use opium for non-medical purposes. They would have to register and pay a five-peso licensing fee. Anyone caught consuming opium without a medical prescription or a license faced a two-hundred-peso fine or up to six months in prison or both (the standard penalty for opium den patrons in the general municipal code). The law was also a revenue measure in that the registration fee for the user’s license was to be paid to municipal governments, while new import license fees and duties were to provide funds to

⁸⁰ See Act 1396, An Act Providing for the Organization of Provincial Governments...; and Act 1397, An Act Providing for the Establishment of Local Civil Government...; both in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1905, Vol. 14, Acts of the Philippine Commission*, 59th Cong., 1st sess., 1905, H. Doc. 2, 165-209.

⁸¹ According to the Secretary of Finance and Justice Henry C. Ide the commission had asked Smith to draft another bill in the spring of 1905 but Smith had been too busy to do so. See Edwards to Ide, 24 January 1906, NA, RG 350, entry 5, file 1023-136; and Ide to Taft, 26 January 1906, NA, RG 350, entry 5, file 1023-137.

⁸² See Ide to Taft, 24 February 1906; and Taft to Ide, 28 February 1906; both in NA, RG 350, entry 5, file 1023-139.

the colonial administration to publish anti-opium propaganda, cover hospital costs for voluntary opium patients, send Filipino students to the United States for education, provide teacher's salaries, build school houses, and reward informants whose information led to a conviction.⁸³

The new policy went into effect in April 1906 and immediately proved troublesome. Bureau of Internal Revenue agents joined with provincial treasurers to catalog the amount of opium on the islands and to count the number of opium dens, dealers, and smokers.⁸⁴ Opium sales to Philippine-Chinese began immediately, initially on the basis of an immigration registration certificate and later on the presentation of a confirmed user's license. Arrests of non-licensed smokers also began. Many people who were arrested claimed to be too poor to pay the five-peso license fee and too habituated to stop smoking opium. The law stipulated free medical treatment for voluntary opium patients, but the government had done nothing to provide this. Thus, Secretary of Justice Henry Clay Ide ordered that such arrests cease until treatment facilities became available. The Commission also yielded a bit by allowing physicians to prescribe drugs for non-medical use to some Filipinos and foreigners who were addicted.⁸⁵ Still, Collector of Internal Revenue John Hord predicted that "strict enforcement of the law" was going to cause "great hardship and physical suffering" to the "unfortunates,"

⁸³ See Act 1461, An Act for the Purpose of Restricting the Sale and Suppressing the Evil Resulting from the Sale and Use of Opium, in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1906, Vol. 10, Acts of the Philippine Commission*, 59th Cong., 2nd sess., 1906, H. Doc. 2, 188-96.

⁸⁴ John S. Hord, *Second Annual Report of the Collector of Internal Revenue, Fiscal Year 1906* (Manila: Bureau of Printing, 1906), 36-40.

⁸⁵ House, *Annual Report of the War Department, 1906, Vol. 7, Report of the Philippine Commission, Part 1*, 59th Cong., 2nd sess., 1907, H. Doc. 2, 61-62.

who used opium.⁸⁶ Brent was also pessimistic, calling the policy neither the recommendation of the Committee of Enquiry nor a substitute. He predicted failure.⁸⁷

Faced with these new regulations, many smokers turned to the black market. The estimates of opium smokers in the islands varied wildly, though the most common number cited was forty thousand.⁸⁸ However, the number of Philippine-Chinese who applied for a license totaled less than thirteen thousand.⁸⁹ According to Hord, “a large number of Filipinos and some few Americans and foreigners” unsuccessfully applied for the smokers’ license. He believed that the black market supplied a “large portion of the opium actually smoked or otherwise consumed.”⁹⁰ Ellis Cromwell, Acting Collector of Internal Revenue, agreed, noting that “many thousand native opium users” obtained the drug illegally.⁹¹

The law’s voluntary medical treatment component also produced poor results. The law provided for the patients’ traveling expenses (if needed) to the government-funded

⁸⁶ John S. Hord, *Second Annual Report of the Collector of Internal Revenue, Fiscal Year 1906* (Manila: Bureau of Printing, 1906), 38.

⁸⁷ See Brent, diary entry, 6 March 1906, Brent Papers, box 1; and U.S. Department of War, *Annual Report of the Philippine Commission, 1906, Part 3* (Washington, D.C.: U.S. Government Printing Office, 1907), 24.

⁸⁸ The 1903 census listed 41,035 Philippine-Chinese. See U.S. Bureau of the Census, *Census of the Philippine Islands*, vol. 2 (Washington, D.C.: U.S. Bureau of the Census, 1905), 14.

⁸⁹ Kwok-Chu argues that the significance of number of licenses had less to do with actual opium consumption than the desire of Philippine-Chinese to augment their official residence documentation. See his *The Chinese in the Philippine Economy*, 30-31. Wilson makes the same argument in *Ambition and Identity*, 196-97. However, neither author explains how the users certificate was advantageous for travel, nor do they note that the immigration registration certificate was required to qualify for legal opium purchases at the start of the enforcement of Act 1461. See U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 756; and U.S. Department of War, *Annual Report of the Philippine Commission, 1906, Part 3* (Washington, D.C.: U.S. Government Printing Office, 1907), 99, 299.

⁹⁰ John S. Hord, *Second Annual Report of the Collector of Internal Revenue, Fiscal Year 1906* (Manila: Bureau of Printing, 1906), 37, 39.

⁹¹ Memorandum by Ellis Cromwell, 14 March 1908, NA, RG 350, entry 5, file 1023-165.

centers in Manila and Iloilo and for a treatment lasting up to sixty days.⁹² Though the arrests of unlicensed smokers began again in June 1906, proper funding for the program was not available until the following August.⁹³ Victor G. Heiser, the Director of Health, anticipated hundreds of applicants and thus signed contracts with San Juan de Dios Hospital in Manila and the Mission Hospital in Iloilo. But, as the months passed, hardly any opium users volunteered. By July of 1907 only ten people had arrived for treatment: three American men and three Filipino men in Manila and four Filipino women in Iloilo. Two of the Americans left the day they arrived. The third was only “improved” after more than a month beyond the sixty-day limit. Two of the Filipino men were “cured” in less than two weeks and the third “improved,” after four days. None of the Filipino women were considered cured. One languished as “unimproved,” another as “improved,” and the other two escaped. Heiser surmised: “the victims of the habit continue to get the drug without great difficulty.”⁹⁴

The poor results of the efforts to reduce the number of users prompted Brent and the commissioners to call for an extension of the 1 March 1908 deadline to avoid what they feared would be a legal crisis and a possible health disaster. The commission’s reports complained that the Committee of Enquiry’s recommendation of a three-year deadline had been “purely tentative” and that the committee had endorsed constant re-assessment until

⁹² See Act 1527, An Act Making Appropriations for the Sundry Expenses of the Insular Government; in House, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1906, Vol. 10, Acts of the Philippine Commission*, 59th Cong., 2nd sess., 1906, H. Doc. 2, 318-19.

⁹³ In August of 1906 the Philippine Commission passed an appropriations act clarifying how Act 1461 would pay for the medical program. See U.S. Department of War, *Annual Report of the Philippine Commission, 1906, Part 3* (Washington, D.C.: U.S. Government Printing Office, 1907), 99.

⁹⁴ U.S. Department of War, *Eighth Annual Report of the Philippine Commission, 1907, Part 2* (Washington, D.C., U.S. Government Printing Office, 1908), 18-19, 83. Also see Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1907* (Manila: Bureau of Printing, 1907), 51-52. Hord later noted that thirty-four people were treated at government expense under Act 1461. See Hord to the secretary of finance and justice, 7 January 1908, NA, RG 350, entry 5, file 1023-160.

“the time will arrive when a prohibition of any sale by the government may wisely be put in force.” Further the commission asserted that the Congress had passed the revised tariff rules “probably in pursuance” of the committee’s suggestions.⁹⁵ Brent appealed again to Roosevelt, writing that the commissioners regretted that Congress did not “give more leeway” to allow the commission to implement “progressive prohibition.”⁹⁶

Roosevelt also heard from Wilbur Crafts, of the International Reform Bureau, who strongly opposed any extension of the deadline. Crafts had traveled to Manila in June of 1907 and conducted a series of interviews with internal revenue officials. He complained to Roosevelt that “absolutely no effort to reduce the business of opium selling had been made.” Crafts also downplayed the health threat, doubting that “tapering off” was necessary.⁹⁷ Rather dishonestly, Crafts also suggested that Brent opposed an extension.⁹⁸

Roosevelt left the issue to Taft, who ordered the Philippine Commission to abandon any hope of an extension. He reminded Smith, who was then serving as Governor-General, that Taft himself had suggested the firm deadline to Congress because of his fear that the Commission would want to “put off the day for radical action.” To delay now was “entirely out of the question.” Taft instructed the Commission to issue a public warning about the deadline and to “enforce it rigorously.” He conceded that the deadline would “subject many

⁹⁵ Ide, who had supported Smith’s first monopoly bill, was now President of the Commission. Smith was also serving on the Commission. See U.S. Department of War, *Annual Report of the Philippine Commission, 1906, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1907), 62.

⁹⁶ Brent to Roosevelt, 20 August 1906, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/5-6.

⁹⁷ Crafts to Roosevelt, 2 June 1907, NA, RG 350, entry 5, file 1023-148.

⁹⁸ Crafts and Brent had been feuding for years. Taft sparked laughter when he told the Senate Committee on the Philippines in 1905 that “as far as ecclesiastical gentleman can come to an issue, they did come to an issue which was certainly—abrupt.” See *Congressional Record*, 58th Cong., 3rd sess., 1905, 39, pt. 4: 3715.

people to hardship” and grasped at straws with hopes that a cure for opiate addiction would be discovered.⁹⁹

With no hope of an extension, the Philippine Commission passed another law in October 1907 that made it more difficult for licensed users to get opium and more dangerous for others to use the drug. The law was a significant step by the commission toward wielding increasing levels of punishment on people who ignored the rules about drug use. Initially, the goal was still to reduce the number of opium users. The twelve thousand licensed Philippine-Chinese users would now have to reapply every month until the deadline of 1 March 1908. The fee was to be initially lowered to one peso instead of five (to induce participation), but would increase each month reaching ten pesos by February of 1908. Those who continued to register until the end would face fees totaling twenty-six pesos, which was equivalent to thirteen dollars and a sizable amount.¹⁰⁰ While the fee increased, the amount of opium sold was to decrease by 15 percent each month after November of 1907. Anyone caught using opium without a license or a prescription before the deadline faced the standard penalty (a fine up to two hundred pesos or six months in prison or both) and a new threat of deportation for second offenders who were not Filipino or U.S. citizens. Those caught after the deadline faced a much larger penalty: a fine of up to ten thousand pesos or a prison term of five years or both. Second offenders who were not American or Filipino citizens could be deported. The law also banned non-medical cocaine use. The

⁹⁹ Taft sent his orders, along with Crafts’ letter to Roosevelt, through Edwards, 16 July 1907, NA, RG 350, entry 5, file 1023-149. Edwards had been mistaken when had warned Taft that Craft’s letter might “be proven a stinker,” Crafts to Roosevelt, 2 June 1907, NA, RG 350, entry 5, file 1023-148.

¹⁰⁰ The commission’s bill passed 10 October 1907 and went into effect seven days later. See Philippine Commission, *Journal of the Philippine Commission*, vol. 1 (Manila: Bureau of Printing, 1908), 151; Hord, “The Opium Evil In Asia,” 8; and Ellis Cromwell, *Fourth Annual Report of the Collector of Internal Revenue, 1908* (Manila: Bureau of Printing, 1908), 31.

commission included cocaine in the bill because of a fear that “unscrupulous persons” were introducing opium smokers to cocaine, which had been freely sold by druggists to recreational users.¹⁰¹ A related piece of legislation provided that people who “habitually” used opium were to be barred from holding public office.¹⁰² While not as stiff as five years in prison, this penalty signaled that drug users were not welcome in America’s colonial project.

The Philippine Commission also endorsed more positive efforts to convince opium users to quit, including an anti-opium propaganda campaign. The Bureau of Internal Revenue ran notices in local newspapers about the new law and the approaching ban on non-medical opium use.¹⁰³ The bureau also called upon the Chinese Consul-General and the Chinese Chamber of Commerce to inform the Philippine-Chinese community and asked missionaries to help inform the public at large.¹⁰⁴ The Bureau of Printing duplicated an article by Catholic Archbishop Jeremiah Harty, which warned that an estimated forty thousand Filipinos had been ensnared by the “evil” of opium.¹⁰⁵ As a printed flyer, the

¹⁰¹ See U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 26; and Philippine Commission, *Journal of the Philippine Commission*, vol. 1 (Manila: Bureau of Printing, 1908), 151.

¹⁰² The Philippine Commission removed at least one provincial governor from office for smoking opium. See Hord, “The Opium Evil In Asia,” 12; *Act 1761, An Act Gradually to Restrict and Regulate the Sale and Use of Opium Pending...*; and *Act 1768, An Act to Amend Act Numbered Fifteen Hundred and Eighty-two...*; both in House, *War Department, Annual Reports, 1907, Vol. 10, Acts of the Philippine Commission*, 60th Cong., 1st sess., 1907, H. Doc. 2, 447-58, 465-66.

¹⁰³ Hord, “Warning to Possessors of Opium,” 25 October 1907, NA, RG 350, entry 5, file 1023-158.

¹⁰⁴ Hord, “The Opium Evil In Asia,” 12. Also see Reverend Charles E. Rath’s letter from the Province of Leyte to Hord, 25 November 1907, NA, RG 350, entry 5, file 1023-157; and U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 757.

¹⁰⁵ The *Manila Times* also published Harty’s article with an approving editorial comment. The Bureau of Printing distributed a similar article by Heiser. See U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 757; and Hord, “The Opium Evil In Asia,” 13-15.

article contained photographs intended to scare people away from the drug. A Filipino who smoked opium looked malnourished and vacant. A Filipina who ate and smoked opium looked out with an intense (possibly deranged) facial expression. An emaciated Philippine-Chinese man who injected morphine had scarification across his torso and arms that suggested the physical harm the addiction did [see Figure 1].¹⁰⁶ The article stressed the weight of the penalties that would come after the deadline and was printed in Spanish, Tagalog, Visayan [likely Cebuano], and Ilokano and thus was primarily aimed at Filipinos.

¹⁰⁶ Dr. Luis A. Diaz, faculty member of the University of North Carolina School of Dermatology, theorized that the three subjects were likely malnourished and possibly suffered from pellagra, an inflammatory skin condition exacerbated by sun exposure. The scarification on the Philippine-Chinese man's torso was most likely secondary to injections and recurrent local infections. Hepatitis developed from infected needles might also have fostered pruritus, which induces scratching of the skin and worsened the lesions. Correspondence with Dr. Diaz of 4 July 2005 in author's possession.



Figure 1: “Evils Resulting From the Use of Opium.”

Source: “Males Resultantes del Uso del Opio,” (Manila: Bureau of Printing, 1907), copy in NA, RG 350, entry 5, file 1023-161.

The voluntary medical treatment plan, intended to reduce the number of opium users, continued to produce poor results. Very few volunteered despite the urging of the Bureau of Internal Revenue and the Bureau of Health. A running total of the voluntary submissions to the government programs in Manila and Iloilo included: six patients in October 1907, sixteen in November, fourteen in December, and sixty-six by the end of January 1908.¹⁰⁷ By the first week of January 1908, one American, seventeen Chinese, and twenty-three Filipinos had submitted to treatment.¹⁰⁸ By the last month before the 1 March 1908 deadline, the Manila program had accepted a grand total of only 259 opium patients. The Iloilo program had treated just three opium patients (all Philippine-Chinese) in the fiscal year 1908.¹⁰⁹ Compared to the estimates of many thousands of opium users, the total number of people who volunteered for treatment before the deadline was low: 562 in Manila and three in Iloilo.¹¹⁰

Even if all of the opium users entered a hospital, there was no effective cure for opium addiction. Optimism flowered in the spring of 1907 when the U.S. Consulate in Singapore reported that the plant *Combretum sundaicum* (known as jungle weed) was a possible cure.¹¹¹ However, as Brent learned when he visited Singapore that August, mental

¹⁰⁷ Memorandum by Cromwell, 28 January 1908, NA, RG 350, entry 5, file 1023-164.

¹⁰⁸ Hord to the secretary of finance and justice, 7 January 1908, NA, RG 350, entry 5, file 1023-160.

¹⁰⁹ U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 110.

¹¹⁰ These totals are from the Heiser's chart, correcting his mistake with the transferred patients and subtracting the sixty-five patients admitted after the deadline in Cebu. See Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1908* (Manila: Bureau of Printing, 1908), 75.

¹¹¹ David S. Wilbur, Consul-General, sent a sample to the Department of State, 6 March 1907, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/165. Also see the discussion in *Daily Consular and Trade Reports*, 25 May 1907, copy in RG 350, entry 5, file 1023-147; the secretary of commerce and labor to Root, 4 November 1907; and Wilson to Chamberlin, 8 November 1907, both in RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/124a, 125.

“suggestion” was the plant’s only contribution.¹¹² Without a specific cure for opium addiction, the treatment methodology was to apply cathartics such as prickly ash bark, hyoscyamus, and belladonna while reducing the amount of opium consumed by patients, immediately for people with weaker habits (generally opium smokers) and more gradually for stronger cases (mostly opium eaters and morphine injectors). A patient was considered cured when the physical symptoms of opiate withdrawal ended, usually after about ten days.¹¹³

Director of Health Heiser strained to describe the failing treatment program in positive terms. None of the opium patients admitted had died, a possibility made all too real by earlier experiences of U.S. physicians on the islands.¹¹⁴ Heiser labeled all of the patients as “recovered” or “improved,” even including one Philippine-Chinese who had escaped. Still, Heiser had to concede, “just how many relapsed after being discharged from the hospital is, of course, not known.”¹¹⁵ There was no follow-up to confirm lasting abstinence and there were seizures of opium in the hospitals.¹¹⁶

¹¹² Brent, diary entry, 5 August 1907, in Brent Papers, box 68, file: Diary, 1907.

¹¹³ For a more detailed discussion of the medical treatment of drug addiction see Chapter Five. Also see Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1908* (Manila: Bureau of Printing, 1908), 76; and his *Annual Report of the Bureau of Health for the Philippine Islands, 1913* (Manila: Bureau of Printing, 1913), 163. Musto provides an analysis of the cathartic approach in *American Disease*, 79-82.

¹¹⁴ See the cases noted in U.S. Department of War, *Annual Report of the Philippine Commission, 1903, Part 2* (Washington, D.C., U.S. Government Printing Office, 1904), 267; and *Annual Report of the Philippine Commission, 1904, Part 3* (Washington, D.C., U.S. Government Printing Office, 1905), 334.

¹¹⁵ Heiser’s accounts continued in *An American Doctor’s Odyssey: Adventures in Forty-five Countries* (New York: W.W. Norton and Company, 1936), 168. Also see Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1908* (Manila: Bureau of Printing, 1908), 75; and his *Annual Report of the Bureau of Health for the Philippine Islands, 1913* (Manila: Bureau of Printing, 1913), 163.

¹¹⁶ U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 110.

Even with such obvious setbacks the commissioners had some reason to believe that the number of smokers was shrinking. The new licensing policy was draining the pool of legal users. Over twelve thousand Philippine-Chinese had held personal licenses, but the increased fees and decreased amounts of opium drove the number down. Only 3,147 renewed in October, 2,533 in November, 1,321 in December, 1,039 in January 1908, and just 739 that February.¹¹⁷ Many Philippine-Chinese also prepared for the coming ban by leaving the islands. According to Cromwell, “a large number” of wealthy Philippine-Chinese returned to China because they felt that “it would lower them in the eyes of their fellow countrymen and of their customers” to enter a hospital in Manila. If treatment was their aim, a trip to China made sense because, according to Heiser, many Philippine-Chinese preferred to recover from illness on the mainland so that they could be buried in China if recovery failed.¹¹⁸ Another motivation was that opium smoking was not banned in China and access to the drug was easy. Thus wealthy Philippine-Chinese in Iloilo gathered a collection to send twenty-five opium smokers “who were unable to quit” to China.¹¹⁹

Black Sunday

When the deadline for the total ban arrived, the Philippine Commission adopted a more coercive approach to opium treatment. Jails and prisons replaced hospitals in the government treatment program. For example, an “opium hospital” opened inside the

¹¹⁷ The number of licensed dealers also fell from 255 before Act 1761 passed in October 1907 to thirty-seven in February of 1908. See Ellis Cromwell, *Fourth Annual Report of the Collector of Internal Revenue, 1908* (Manila: Bureau of Printing, 1908), 30-32; his “Comments on Enforcement of The New Opium Law,” 28 January 1908, NA, RG 350, entry 5, file 1023-164; and Nolting, “Memorandum Showing Results Obtained,” 2-4.

¹¹⁸ Heiser to Cobb, 25 June 1903, American Philosophical Society, Philadelphia, PA, Papers of Victor G. Heiser, Letter book, 1905-1913, Private Correspondence.

¹¹⁹ Memorandum by Ellis Cromwell, 14 March 1908, NA, RG 350, entry 5, file 1023-165.

provincial jail in the city of Cebu following the deadline.¹²⁰ Authorities first spent two weeks attempting to convince opium smokers to voluntarily enter the jail. Protestant missionary Reverend Hobart E. Studley volunteered his Chinese language abilities to induce more Philippine-Chinese to submit.¹²¹ Soon tired of asking for volunteers, authorities captured “all the smokers possible and forced them” into the jail.¹²²

Coercion did not seem to improve the results. Cromwell noted that almost half of the first fifty-four prisoners were “cured,” (meaning that opiates were no longer in their bodies and that they were not suffering symptoms from opiate withdrawal), although a corrupt guard had been smuggling opium into the jail from the outset.¹²³ Dr. Arlington Pond, District Health Officer, who was responsible for the prisoner’s health, was more critical. He recalled that all but three of the total sixty-five prisoners “walked out and took it again.” Pond described his treatment method: “I took it [opium] away from them and they suffered tortures, but none died.”¹²⁴ Thereafter, opium smokers in Cebu, were, in Heiser’s words, “vigorously prosecuted” and incarcerated, which Heiser interpreted as “compulsory treatment in the hospital of the prison.”¹²⁵

¹²⁰ Evans to U.S. Commission to the International Opium Commission at Shanghai, 14 December 1908, Brent Papers, box 8, file: Dec. 1908.

¹²¹ Studley to Hord, 1 January 1908, NA, RG 350, entry 5, file 1023-160.

¹²² Evans to U.S. Commission to the International Opium Commission at Shanghai, 14 December 1908, Brent Papers, box 8, file: Dec. 1908, 3.

¹²³ From 15 April to 26 May there were twenty-seven male Philippine-Chinese, sixteen male Filipinos, twenty-one female Filipinos, and one male East Indian in the provincial jail. See U.S. Department of War, *Annual Report of Philippine Commission, 1908, Part I* (Washington, D.C., U.S. Government Printing Office, 1909), 293; and Ellis Cromwell, “Report on Enforcement in Cebu,” 4 May 1908, NA, RG 350, entry 5, file 1023-167.

¹²⁴ Commission of Enquiry into the Control of Opium Smoking in Asia, “Interview of Dr. Arlington Pond,” 10 February 1930, LONA, Opium Section, S.199, file: Philippine Islands, Evidence, 19-20.

¹²⁵ Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1908* (Manila: Bureau of Printing, 1908), 74-75.

Though a failure, the treatment program helped U.S. officials to justify the increased penalties that came into force after the 1 March 1908 total ban. An internal revenue agent suggested that the result of the medical program was less important than the “indirect benefits” of the program. They “freed the government from censure in the vigorous execution of the opium law which followed.” He added that “all were given opportunity to be cured and if they refused to do so they had no excuse for condemning or criticising the punishment meted out to them when they were caught.”¹²⁶

One form of punishment was fines. From the March 1908 deadline to the end of June 1909 the courts imposed a total of 190,592 pesos in fines. Of this total, the Bureau of Revenue collected 102,263 pesos. The average fine imposed was 121 pesos, and the average fine paid was ninety-eight pesos.¹²⁷ People convicted of opium violations who could not pay the fines received a prison sentence. The average fine, 121 pesos, was steep, which was a major reason why many opium offenders failed to pay. By way of comparison, members of the Municipal Police force earned a monthly salary of ten pesos in 1909, manual laborers could earn one or one-and-half pesos a day, and Filipino teachers got around eighteen pesos a month.¹²⁸ The average fine, then, represented months of labor even for the educated classes. Nonetheless the secretary of finance and justice described these amounts as “nominal.”¹²⁹

And R.C. Round, Chief of the Law Division of the Bureau of Internal Revenue, complained

¹²⁶ Evans to U.S. Commission to the International Opium Commission at Shanghai, 14 December 1908, Brent Papers, box 8, file: Dec. 1908, 4.

¹²⁷ U.S. Department of War, *Annual Report of the Philippine Commission, 1909, Part I* (Washington, D.C.: U.S. Government Printing Office, 1910), 178.

¹²⁸ U.S. Department of War, *Annual Report of the Philippine Commission, 1909, Part I* (Washington, D.C.: U.S. Government Printing Office, 1910), 179; House, *War Department, Annual Reports, 1908, Vol. 8, Report of the Philippine Commission, Part 2*, 60th Cong, 2nd sess., 1909, H. Doc. 1042, 390, 772.

¹²⁹ U.S. Department of War, *Annual Report of the Philippine Commission, 1909, Part I* (Washington, D.C.: U.S. Government Printing Office, 1910), 179.

that the fines were often so small that they imposed “an extremely low license on the continued use of the drug.”¹³⁰

A variant on punishment by fine was what Cromwell labeled the “Manila method.” Opium users who were arrested could pay a sum of money to avoid prosecution, if they also entered a hospital for treatment.¹³¹ Cromwell associated this system of compromising prosecutions with Manila because he believed that opium users in the capital could better afford to pay than people arrested in the provinces. In fiscal 1909 this policy allowed 106 people to pay their way out of the courts and into San Lazaro Hospital for opium treatment. No follow-up was conducted to monitor the patients after their release.¹³²

Together the fines and compromise payments amassed a sizable amount of revenue, calling into question the U.S. claims to have abandoned funds raised from opium. They brought in 34,927 pesos in the first four months following the deadline and 102,263 pesos by the end of June 1909.¹³³ Round’s sarcastic statement that the fines were really a “low license” on continued opium use seems partially correct. Fines and compromise payments created about the same amount of revenue in fiscal 1908 as the fees collected for the user’s certificates. That year the Bureau of Internal Revenue collected 34,429 pesos for the user’s certificates and 34,927 pesos for fines and “sums accepted as compromises.”¹³⁴ American

¹³⁰ Round, “The Opium Problem in the Philippine Islands,” 25.

¹³¹ Ellis Cromwell, “Report on Enforcement in Cebu,” 4 May 1908, NA, RG 350, entry 5, file 1023-167.

¹³² Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1909* (Manila: Bureau of Printing, 1909), 81.

¹³³ An exact accounting of how many people were fined is impossible with the reported figures because judges could impose a prison term or a fine or both. Of 2,217 arrests during this period there were 1,715 convictions and compromises. See U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 757; and U.S. Department of War, *Annual Report of the Philippine Commission, 1909, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1910), 178.

officials never seriously described these funds as government revenue because of the domestic clamor against selling drugs for non-medical uses.¹³⁵

Aside from fines, imprisonment was the other major form of punishment. American officials endorsed incarceration for its supposed deterrent effect and for its removal of drug users from their communities. In Round's estimation, incarceration eliminated the "centers of infection and menace."¹³⁶ The Spanish-built Bilibid Prison remained the major detention center. The prison was overcrowded and prone to flooding. It had a dreadfully high mortality rate. C.R. Trowbridge, Chief of the Secret Service of the Bureau of Customs, aptly described it as "baleful."¹³⁷ Once convicted by the courts, opium users were sent directly to the prison and, if necessary, to the prison hospital for medical supervision [see Figures 2-4]. The prison began to specialize in handling opium users in the months following the deadline and became the primary government treatment center after July 1908. There were 282 prisoners treated for opium addiction in fiscal 1909.¹³⁸ The prison's utility as a repository for drug users expanded in 1909 when construction was completed on a new reinforced concrete

¹³⁴ U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 757.

¹³⁵ To date historians have accepted the claims of U.S. officials. For an in-depth example see Harry Luton, "American Internal Revenue Policy in the Philippines to 1916," in *Compadre Colonialism: Philippine American Relations: 1898-1946*, ed. Norman G. Owen (Manila: Solidaridad Publishing House, 1971), 65-80.

¹³⁶ Round, "The Opium Problem in the Philippine Islands," 26.

¹³⁷ See U.S. Department of War, *Annual Report of the Philippine Commission, 1904, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1905), 201; U.S. Department of War, *Annual Report of the Philippine Commission, 1903, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1904), 14, 102-103; Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1907* (Manila: Bureau of Printing, 1907), 52-53; and Forbes, *Philippine Islands*, 221-33.

¹³⁸ Victor G. Heiser, *Annual Report of the Bureau of Health of the Philippine Islands, 1909* (Manila: Bureau of Printing, 1909), 81.

hospital that could house 376 prisoners.¹³⁹ In 1910 Governor General William Cameron Forbes ordered that all drug violators sentenced to prison throughout the islands serve their term in Bilibid Prison because of the prison's "special facilities" for the treatment of the opium habit.¹⁴⁰ That year the hospital in Bilibid Prison treated 370 opium users, and 458 in fiscal year 1911.¹⁴¹

The change of venue to the country's premier prison did not improve the results of opium addiction treatment. Heiser admitted that it was "impossible to estimate with any degree of accuracy the percentage of permanent cures."¹⁴² Later accounts described rampant smuggling of opium into the prison and no rehabilitative benefit from incarceration. One prison official recalled during the 1920s that, because the prison was in the heart of the city, people could toss "bundles of morphine and cans of opium" over the walls. Inside, corrupt hospital attendants provided syringes for morphine injections [see Figure 3].¹⁴³ According to Philippine-Chinese physician Tee Han Kee, who had worked for the Bureau of Health after

¹³⁹ The Americans had already added the first hospital to Bilibid Prison in 1904. See "Works Accomplished and Activities," and "Hospitals Under the Direction and Supervision of the Philippine National Health Service" in Philippine National Library, Filipiniana Collection, Manuel Quezon Papers, folder Bureau of Health, 1921-1922.

¹⁴⁰ See Nolting, "Memorandum Showing Results Obtained," 5; and Round, "The Opium Problem in the Philippine Islands," 26. For a description of Bilibid Prison see John Lewis Gillin, *Taming the Criminal: Adventures in Penology* (New York: Macmillan: 1931), 36-48.

¹⁴¹ Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1909* (Manila: Bureau of Printing, 1909), 81; his *Annual Report of the Bureau of Health for the Philippine Islands, 1910* (Manila: Bureau of Printing, 1910), 152; his *Annual Report of the Bureau of Health for the Philippine Islands, 1911* (Manila: Bureau of Printing, 1911), 86; and his *Annual Report of the Bureau of Health for the Philippine Islands, 1912* (Manila: Bureau of Printing, 1913), 166.

¹⁴² Victor G. Heiser, *Annual Report of the Bureau of Health of the Philippine Islands, 1909* (Manila: Bureau of Printing, 1909), 81.

¹⁴³ Commission of Enquiry into the Control of Opium Smoking in Asia, "Interview of Ramon Pablo Metra," 5 February 1930, LONA, Opium Section, S.199, file: Philippine Islands, Evidence.

1902 and became superintendent of the Chinese General Hospital, most of the opium users imprisoned in Bilibid returned to the habit after release.¹⁴⁴

¹⁴⁴ Commission of Enquiry into the Control of Opium Smoking in Asia, 1930, "Interview of Dr. Tee Han Kee," 4 February 1930, LONA, Opium Section, S.199, file: Philippine Islands, Evidence. A brief biographical sketch is in Wilson, *Ambition and Identity*, 164-65.



Figure 2: A View of American Soldiers at the Gate of Bilibid Prison.

The prison had first served the U.S. government as a repository for Filipino rebels. The staff of the prison would come to specialize in handling drug offenders.

Source: American Historical Collection, Rizal Library, Ateneo de Manila University, Quezon City (hereafter AHC), photo 1031-0606.

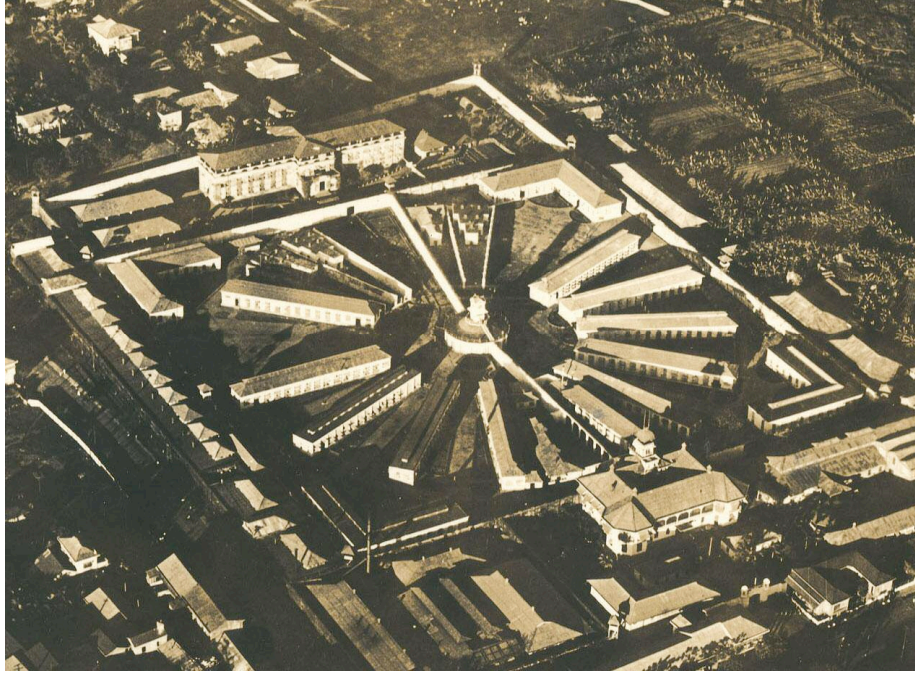


Figure 3: Bilibid Prison in 1926.

An aerial shot shows the prison's proximity to the city. The wheel-like design followed from Jeremy Bentham's inspiration in the eighteenth century. Because wardens in the hub could peer into every cell and remain unseen, the prisoners would supposedly feel like they were under surveillance and act accordingly. The central watchtower in Bilibid Prison served a more mundane task. Armed guards watched for escape attempts.

Source: AHC, photo 5004-0842.



Figure 4: Bilibid Prison's Hospital Ward.

People with cases of “opiumism,” “morphinism,” and even “cocainism” endured a regime of purging usually lasting around two weeks.¹⁴⁵ Once “cured,” the patients returned to the general prison population and set to work on many forms of prison labor.

Source: Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1906* (Manila: Bureau of Printing, 1906), 138.

¹⁴⁵ For examples of “cocainism” see Board of Health of the Philippine Islands and Manila, *Monthly Reports*, for November 1900 to May 1904 and June 1904 to July 1905 (Manila: Bureau of Public Printing 1904-5).

Arrests for drug violations following the total ban on non-medical opium use after 1 March 1908 were concentrated in the city of Manila. For example, Manila's Municipal Police arrested 653 people for violating the opium law in fiscal 1908 [see Table 2]. The total number of arrests reported in the country that year was 777.¹⁴⁶ The Philippine Constabulary, which had jurisdiction across the islands, also conducted raids and arrested suspected opium violators, but caught many fewer offenders. In 1908, for example, the constabulary secured the conviction of ten Filipinos and eight Chinese for possession of an accumulated total of three grams of opium (they were fined an average of 195 pesos).¹⁴⁷ In these arrests offenses involving consumption of opium were far more common than offenses involving illicit trade in the drug. The line graph in Table 2 sets the numerical information into a visual format. Though imprecise, the data suggest that more offenses were related to drug consumption than transactions for profit.

¹⁴⁶ See U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1909), 116; and Ellis Cromwell, *Fourth Annual Report of the Collector of Internal Revenue, 1908* (Manila: Bureau of Printing, 1908), 32.

¹⁴⁷ Commission of Enquiry into the Control of Opium Smoking in Asia, "Statistical Records of Opium Raids And Persons Caught in Raids, 1907 to September 30, 1929," LONA, Opium Section, S.199, file: Philippine Islands, Evidence.

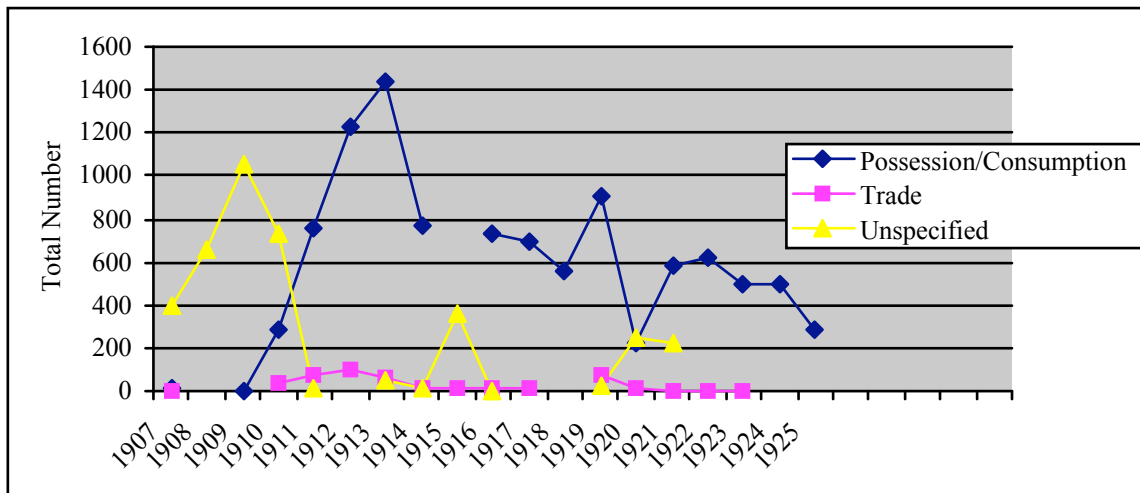


Table 2: Arrests for Violation of the Opium Law by Manila's Municipal Police, 1907-1925

The distinction between “possession,” “consumption,” and “trade” categories is not exact, as some possession offenses involved illicit sales. However, the numbers indicate that the majority of offenders arrested were consumers.

Source: Herbert L. May, *Survey of Smoking Opium Conditions in the Far East: A Report to the Executive Board of the Foreign Policy Association* (New York: Foreign Policy Association, 1927), 45.

Opium consumers coped with the ban in a number of ways. An unknown number simply quit using opium, vindicating a hope that was expressed in the Philippine Commission's reports. Hundreds sought medical assistance from private hospitals or the two government treatment centers. Official reports estimated around six hundred to seven hundred patients in government hospitals and around two hundred to three hundred patients in private hospitals.¹⁴⁸ Some users turned to medicines purported to be "cures" for the opium habit. Smith reported that 350 kilograms of a "cure" (with 1/2 percent opium) was imported in the six months leading up to the deadline, probably the discredited *Combretum sondaicum* from the Straits Settlements with opium added.¹⁴⁹ After the deadline, Brent found that opium smokers in the provinces of Cebu, Zamboanga, and the town of Dumaguete in the province of Negros Oriental had switched to pills and "cures" which contained opium and chloral.¹⁵⁰ Undoubtedly, the black market for opium was a popular choice. John Green, the Manila Chief of Police, recalled that after the deadline "the clandestine use of opium increased [and] opium joints [came] into existence all over the city." To reduce the risk of arrest, these venues became veritable fortresses barricaded with "heavy lattice work, barbed wire, ice box doors, and iron bars."¹⁵¹ According to an internal revenue agent in Cebu, smokers in that city avoided detection by changing the smoking venue "from place to place daily" and by appointing "spies and sentries." The smokers would ignite paper to "deaden the smell" of

¹⁴⁸ U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 27, 110, 757.

¹⁴⁹ Smith to the secretary of war, 20 March 1908, NA, RG 350, entry 5, file 1023-163.

¹⁵⁰ Brent to Smith, 29 December 1908, NA, RG 43, entry 34, box 1, 3-4.

¹⁵¹ League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs (hereafter OAC), "Report for the Philippine Islands forwarded by the War Department," 2 March 1927, LONA, O.C. 573, Annex I, 5. Nolting also described barricaded doors in "Memorandum Showing Results Obtained," 5.

burning opium and hide behind false doors. They also kept their supply of opium buried, exhuming only a bit at a time for use.¹⁵² Morphine use, which was easier to conceal than opium smoking, also became more prevalent. After July 1908 most opium offenders incarcerated in Bilibid Prison used morphine. For example, there were 256 cases of “morphinism” and twenty-six cases of “opiumism” in fiscal 1909.¹⁵³

The authorities responded to the smokers’ efforts to avoid detection with more vigorous interdiction. More persistence was needed because, as an agent put it, the “capture of opium smokers” was no longer an “easy matter.”¹⁵⁴ The police asked Dr. A.P. Goff of San Lazaro Hospital to accompany their raids to help decide whether a suspect was under the influence of opium.¹⁵⁵ They also went to impressive lengths to discover people in the act of smoking opium. For example, in order to glimpse inside a smoking venue beside one of Manila’s many canals, an internal revenue agent carried a ladder through the tidewater during the middle of the night. Another strategy had agents spying from underneath houses. One was mistakenly doused with carbolic acid spread by a Bureau of Health employee to fight cholera. Chief of the Law Division of the Bureau of Internal Revenue Round reported that

¹⁵² Evans to U.S. Commission to the International Opium Commission at Shanghai, 14 December 1908, Brent Papers, box 8, file: Dec. 1908, 5.

¹⁵³ Victor Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1909* (Manila: Bureau of Printing, 1909), 81, 169. Dr. Tee Han Kee also described the prevalence of morphine injection over opium smoking during this period. See Commission of Enquiry into the Control of Opium Smoking in Asia, “Interview of Dr. Tee Han Kee,” 4 February 1930, LONA, Opium Section, S.199, file: Philippine Islands, Evidence.

¹⁵⁴ Evans to U.S. Commission to the International Opium Commission at Shanghai, 14 December 1908, Brent Papers, box 8, file: Dec. 1908, 5.

¹⁵⁵ Round, “The Opium Problem in the Philippine Islands,” 26-27.

the unfortunate agent returned to duty “minus considerable skin, but with several opium fiends safely confined to await trial.”¹⁵⁶

The continued use after the deadline also prompted U.S. officials to harden their views of opium smokers. Heiser provided the explanation that became the standard in the Philippine Commission’s reports: opium users “had sinned away their two years of grace” rather than accept the government’s efforts “to save them by legal force.” No longer deserving sympathy, the opium smokers were now “fiends” who “fought, screamed, threatened, and sulked until they realized that the Government meant business.”¹⁵⁷ The secretary of the interior agreed, noting that opium users had created their “deplorable” conditions after the deadline by not taking the free treatment in larger numbers. Such inaction justified the harsher penalties for opium offenses after the deadline because “a very large majority of these individuals continued to indulge themselves up to the last moment when they could legally do so.”¹⁵⁸

American officials soon embraced increasing levels of punishment as the best response to unauthorized drug use. They saw the routine incarceration of drug users (a physical and symbolic quarantine) as an ameliorative, even progressive, measure. Round offered a succinct formulation: drug users who failed to “make desperate efforts to free themselves of the vice” would “either undergo voluntary hospital treatment or be apprehended and sentenced to imprisonment, where they [would] be cured of the habit by

¹⁵⁶ Round, “The Opium Problem in the Philippine Islands,” 7.

¹⁵⁷ See Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1908* (Manila: Bureau of Printing, 1908), 74.

¹⁵⁸ U.S. Department of War, *Annual Report of the Philippine Commission, 1908, Part 2* (Washington, D.C.: U.S. Government Printing Office, 1909), 26.

force.”¹⁵⁹ A new opium law, passed less than a year after Black Sunday, guaranteed that opium offenders would face a mandatory minimum penalty. The law stipulated that people convicted of illicit possession or use of opium, cocaine, or derivatives of either, had to pay a minimum fine of three hundred pesos or serve at least three months in prison or both. The maximum penalty reached a ten thousand peso fine or five years in prison or both.¹⁶⁰

Judges proved to be wary of the more extreme penalties, but the mandatory minimum sentences had a noticeable effect. The Philippine Commission urged judges to “impose jail sentences rather than fines.”¹⁶¹ Attorney General Ignacio Villamor called for a stiffer response from the bench while insisting that his prosecutors seek the maximum penalty for all opium convictions.¹⁶² Nonetheless the average sentence for illicit drug use settled near the bottom (three months in prison or a fine of three hundred pesos or both).¹⁶³ Judges reserved the upper range of the penalties for people who profited from the black market.¹⁶⁴

¹⁵⁹ Round, “The Opium Problem in the Philippine Islands,” 27.

¹⁶⁰ The Philippine Commission introduced the bill. The Philippine Assembly approved it on 19 May 1909. See Act 1910, An Act Amending Sections Twenty-two; copy in NA, RG 350, entry 5, file 1023-183; U.S. Department of War, *Annual Report of the Philippine Commission, 1909, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1910), 179; and Philippine Commission, *Journal of the Philippine Commission*, vol. 3 (Manila: Bureau of Printing, 1910), 394-95, 401, 404-405, 469-70, 627.

¹⁶¹ Nolting, “Memorandum Showing Results Obtained,” 5.

¹⁶² Ignacio Villamor, “Circular No. 157,” 26 November 1912, NA, RG 350, entry 5, box 160, file 1023-193 1/2.

¹⁶³ The average prison term served during the years following the imposition of Act 1910 lasted between three-and-a-half and four months. See U.S. Department of War, *Annual Report of the Philippine Commission, 1909, Part 1* (Washington, D.C.: U.S. Government Printing Office, 1910), 178; Ellis Cromwell, *Sixth Annual Report of the Collector of Internal Revenue, 1910* (Manila: Bureau of Printing, 1910), 33; his *Seventh Annual Report of the Collector of Internal Revenue, 1911* (Manila: Bureau of Printing, 1911), 35; and his *Eighth Annual Report of the Collector of Internal Revenue, 1912* (Manila: Bureau of Printing, 1912), 41.

¹⁶⁴ The higher courts also had a conservative effect, striking down lengthy prison terms and overruling municipal laws that overstepped the penalties imposed by the commission’s act. For an example see the complaints of Judge P.M. Moir of the Court of First Instance in the Eighth District (Province of Albay) sent to Brent (with enclosures), 4 October 1911, Brent Papers, box 9, file: Oct. 1911. The Court of First Instance reduced the penalties in Manila’s Municipal Act of 1911. See Round, “The Opium Problem in the Philippine Islands,” 27. Also see Ellis Cromwell, *Seventh Annual Report of the Collector of Internal Revenue, 1911*

Still, the percentage of opium offenders sent to prison increased under the new law. From Black Sunday to the end of June 1909—prior to the mandatory minimum penalties—only 307 out of 1,715 convictions, about 18 percent, were sentenced to a prison term. After the new law, the percentage of convictions receiving prison sentences increased to around 61 percent in fiscal 1910, to around 64 percent in fiscal 1911, and reached 65 percent in fiscal 1912. The amount of time actually spent in prison by drug offenders also exceeded the prison terms imposed by judges because a failure to pay fines resulted in subsidiary imprisonment.¹⁶⁵

While the amount of punishment imposed demonstrated that people continued to use drugs despite the risks, U.S. officials viewed the punishment as evidence of a policy solution at work. Round announced that the stiffer penalties filled the jails of the Philippine Islands.¹⁶⁶ A more detailed accounting found that authorities had arrested 6,575 people for drug violations (mostly for illicit possession or consumption) and secured 5,062 convictions (including compromised cases) from Black Sunday to the end of June 1912. Fines totaled 725,680 pesos, of which the Bureau of Internal Revenue collected 456,347 pesos. The courts imposed 2,042 prison sentences comprising a cumulative total of almost 168 years and deported 132 alien drug offenders. The average fine paid was 221 pesos and the average prison term imposed was three months and twenty-three days.¹⁶⁷ Nolting described as

(Manila: Bureau of Printing, 1911), 35; and William T. Nolting, *Eighth Annual Report of the Collector of Internal Revenue, 1912* (Manila: Bureau of Printing, 1912), 40.

¹⁶⁵ For an example of penal servitude in lieu of payment see the case of Poh Chi, which made it to the Philippine Supreme Court and is described in the Attorney General of the Philippine Islands, *Annual Report of the Attorney General of the Philippine Islands, 1912* (Manila: Bureau of Printing, 1912), 23-24.

¹⁶⁶ Round, "The Opium Problem in the Philippine Islands," 26.

¹⁶⁷ Ellis Cromwell, *Eighth Annual Report of the Collector of Internal Revenue, 1912* (Manila: Bureau of Printing, 1912), 41.

positive the “almost daily occurrence” of arrests of opium users. He admitted that “total suppression has not yet been obtained,” but remained optimistic that people who had refused “to be permanently cured” would change their habits in Bilibid Prison.¹⁶⁸

Conclusion

The clarity with which U.S. officials such as Nolting described the punishment solution gave no indication that it had arrived as the last stage of a messy process. Those who first arrived to rule the Philippines applied ad-hoc policies replicating the varied local, state, and federal laws in the continental United States and quickly encountered disappointing results. Corrupt enforcement of the new opium policies, smuggling to avoid import duties, and opium use by Filipinos and “natives” concerned U.S. administrators. Washington blocked a move to return to the Spanish monopoly approach, leaving the Philippine Commission scrambling to effect a “progressive prohibition” that would avoid a crisis. Black Sunday finally focused the governments’ attention directly on the drug users who now faced a bleak future, as harsh punishment became a “cure.”

There is reason to believe that this process needlessly increased peoples’ suffering on the islands. First, the punishment solution encouraged the people who did not wish to stop consuming opium to switch to injecting morphine, which was more dangerous than opium smoking because it was more addictive. Second, American officials claimed that they had successfully reduced the number of opium users in the Philippines, but any reduction in the level of opium use was more likely a result of better health care and changing attitudes

¹⁶⁸ Nolting, “Memorandum Showing Results Obtained,” 7.

among the younger generation than the infliction of penalties.¹⁶⁹ In interviews with League of Nations' staff in 1930, eyewitnesses such as Hubert C. Anderson argued that increases in the standard of living and in public amusements had deterred younger people from using opium more than the "system of prohibition." Vincente Aldanese agreed that only the "old type" of Filipinos and Chinese smoked opium and had done so since "boyhood." Aldanese credited education and the growing popularity of sports for turning the younger generation away from the habit. (He did "not believe in prohibition" and called for a return of legal opium sales to license holders.) Finally, Doctors Arlington Pond and Tee Han Kee noted a medical or quasi-medical basis for much of the use of the older generation and, as Tee suggested, the "new generation" was "better educated" and less likely to embrace opium smoking.¹⁷⁰ These views regarding a shift in opium use in the Philippines correspond with historian David Courtwright's convincing argument that shifting attitudes in the medical community and the public at large changed the drug using population in the United States more than restrictive legislation.¹⁷¹

More to the point for this study, the punishment solution in the Philippines also prompted the U.S. federal government to reconsider drug policy at home and abroad. Collector of Internal Revenue Nolting warned in 1911 that it was easier to buy opium in U.S.

¹⁶⁹ See Nolting, "Memorandum Showing Results Obtained," 6; Round, "The Opium Problem in the Philippine Islands," 27-28; Studley to Round, 2 June 1913, NA, RG 350, entry 5, file 1023-197; Round to Edwards, 31 May 1913, NA, RG 350, entry 5, file 1023-195; and Secretary of State P.C. Knox's 7 January 1911 comments in Senate, *The Opium Traffic*, 61st Cong., 3rd sess., 1911, S. Doc. 736, 3.

¹⁷⁰ See League of Nations Commission of Enquiry into the Control of Opium Smoking in Asia, "Interview of Hubert C. Anderson," 4 February, 1930; "Interview of Vincente Aldanese," 5 February 1931; "Interview of Dr. Arlington Pond," 10 February 1930; and "Interview of Tee Han Kee," 4 February 1930, all in LONA, Opium Section, S.199, file: Philippine Islands, Evidence.

¹⁷¹ Courtwright, *Dark Paradise*.

cities with Chinese residents than in Manila.¹⁷² Reformers pointed out that America's Asian colony had far tougher drug policies than the homeland. Crafts wanted a "black Sunday" in "Honolulu and San Francisco and throughout the whole jurisdiction of the United States."¹⁷³ (Chapter Four explains how the Philippine model spread to federal law in the continental United States.) American officials also realized that their Philippine drug policy could hardly succeed while opium was legally grown, sold, and smoked in the surrounding countries. The next chapter follows the efforts of U.S. officials to gather an international consensus against non-medical drug use. As we shall see, when American diplomats proposed the best way to quash use in other countries they relied on what "had been done in the Philippines."¹⁷⁴

¹⁷² Nolting, "Memorandum Showing Results Obtained," 6.

¹⁷³ Crafts to Taft, 8 January 1908, NA, RG 350, entry 5, file 1023-154.

¹⁷⁴ Instructions noted in Beaupre to van Swinderen, 7 October 1908, NA, RG 43 entry 39, box 2.

CHAPTER 3

Exporting Punishment, 1909-1936

Nine months after Black Sunday, in December of 1908, two Americans embarked from Manila on a tour in the Philippines to assess the progress of opium control. An American physician named Hamilton Wright, whose presence was due to patronage following his marriage to Senator William Drew Washburn's [R-MN] daughter Elizabeth, had joined Bishop Brent, a leading missionary drawn into public service on the opium issue by top Republicans. As Brent and Wright gazed upon the Sibuyan Sea, the Visayan Sea, the Mindanao Sea, and many islands in the Philippine archipelago, they grasped the practical difficulty of proscribing non-medical drug use in the Philippines while opium production, sales, and use remained legal in nearby countries. They were also preparing for the next stage of their journey. Brent and Wright would represent the United States at the first international conference on drug control to meet that February in Shanghai under U.S. sponsorship.¹⁷⁵

Colonial rule had changed Washington's traditional diplomatic agenda regarding drugs. The prevalence of opium smoking in the Philippines had spurred the executive branch to address the issue of non-medical drug consumption. The islands' extra-constitutionality

¹⁷⁵ Confidential report by the American delegation to the International Opium Commission at Shanghai to the Department of State, 1 March 1909, (hereafter U.S. Report on Shanghai Commission), U.S. National Archives, College Park, Maryland (hereafter NA), Records of the Department of State, Record Group 59 (hereafter RG 59), Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/607-8, 27-28. Also see Brent to Edith Brent, 6 December 1908, Library of Congress, Manuscript Division, Papers of Charles Henry Brent, (hereafter Brent Papers), box 68, file: Brent, Edith S. 1908-1912.

provided freedom to experiment and ultimately the power to create a punitive ban on non-medical drug use. Prior to Black Sunday, Washington had merely limited U.S. involvement in the international drug trade. Thereafter Washington embraced the Philippine approach as modern and progressive, and began to frame a universal goal: a ban backed by punishment on all types of non-medical drug use across the globe.

To achieve this new goal American diplomats pushed for tough international laws. The diplomatic campaign paid rich dividends. Though the actual language of the treaties would never go as far as Washington wanted, the international conferences gave the Americans a venue to call for punitive bans, and the treaties themselves would spur nations to criminalize certain types of drug use. In this way, the treaty movement became an essential component to the rise of the global punitive regime.

In 1906 Brent and President Theodore Roosevelt had wanted a ban backed by punishment on all types of non-medical drug use across the globe, and they began a diplomatic campaign to achieve the universalistic goal in the near term. The challenge before them was great. First, millions of people used drugs for non-medical purposes, both manufactured drugs like morphine and cocaine as well as “traditional” types of consumption such as opium smoking and eating. In addition, many governments, especially those with colonies in East Asia, were deeply involved in the opium business, including, for example, poppy agriculture, oceanic transport, retail sales, and the licensing of smoking parlors. While opium smoking and opium eating (and the opium poppy itself) had not originated in Asia, by the end of the nineteenth century these habits had become hugely popular (particularly smoking in East Asia and eating in India). Despite the likely resistance that many nations would put up to criminalizing all non-medical drug use, Roosevelt accepted Brent’s 1906

proposal for an international drug control conference. The State Department initially proposed a discussion about opium smoking in Asia, but quickly broadened the scope of the talks to include all types of non-medical drug use both in colonies and metropolises. This included manufactured drugs such as morphine and cocaine along with “traditional” drugs such as raw opium and opium prepared for smoking. Brent urged that all of these drugs be placed in the same category: as substances illegal outside of medical channels. At Shanghai in 1909, Brent and Wright, backed by Roosevelt, not only pushed for international laws to make drugs illegal substances, but also denounced non-medical drug use. As Brent later phrased it, they sought to “array the sentiment and the legislation of the world” against the “abuse” of drugs.¹⁷⁶ This first conference produced a series of non-binding resolutions that rhetorically endorsed the American goal and began to transform the discussion of drugs. But the final resolutions lacked the power to change laws.

Subsequent U.S. administrations carried the campaign forward and enjoyed a major breakthrough in criminalizing the non-medical use of manufactured drugs. A conference at The Hague (1911-1912), also organized by the State Department, this time under President Taft’s orders, gave Brent and Wright a venue to continue their efforts. They were rewarded. Representatives with plenipotentiary powers from thirteen countries framed an international treaty that would require governments to implement domestic rules banning the non-medical use of manufactured drugs such as morphine and cocaine. This law became universal when the victors of the First World War included it in the peace treaties.

¹⁷⁶ Charles Henry Brent, “The International Opium Conference: A Retrospect,” 12 February 1912, NA, Records of International Conferences, Commissions, and Expositions, Record Group 43 (hereafter RG 43), entry 41, box 1, folder: Second International Opium Conference: Netherlands.

The U.S. diplomatic campaign continued in the interwar years, but proved unable to include a punitive ban on “traditional” drug use in the treaties. Presidents Warren G. Harding and Franklin D. Roosevelt sent a new generation of Americans to work with the League in order to extend the ban on non-medical use to traditional drugs and to enshrine in international law a requirement of punitive sanctions for all drug offenders. Despite concerted efforts to inject the issue into every international convention, resistance to criminalizing “traditional” drug use remained until after the Second World War, as outlined in Chapter Six.

Part I. Gathering Nations

At Washington’s invitation, representatives from thirteen countries assembled in Shanghai in 1909 to consider drug control. Expecting to talk about opium smoking in East Asia, the non-U.S. delegates were surprised to find before them a broad, vigorously supported American proposal to ban all types of non-medical drug use in all countries as soon as possible. Delegates reacted by praising the sweeping U.S. goal as admirable, but they did not share the Americans’ sense of urgency. Further, the sweep of the goal cut across a variety of established colonial practices and preferences and thus encountered resistance.

American Goals and Global Realities

Prior to U.S. rule in the Philippines, the U.S. diplomatic approach focused on limiting American involvement with the opium trade. Beginning in the nineteenth century, the U.S. government had signed agreements to limit American participation in the flourishing Asian opium trade. A series of bilateral treaties stopped the American merchants who bought opium (primarily from Turkey or the Native Indian States) and delivered the drug to markets

in East Asia. An 1833 a treaty ended U.S. opium trading to Siam. In 1844 the United States agreed with China that American opium traders who violated the Chinese ban on opium imports would not receive special protection from Washington. Chinese Imperial edicts against opium importation in the eighteenth century had failed to stem this important trade, which was protected by British gunboats and diplomats and spurred by Chinese domestic demand. Opium imports to China became legal in the British-imposed 1858 Treaty of Tientsin. In the same year an American treaty with Japan, however, returned to the U.S. trend of restricting American opium traders. In 1880 a bilateral treaty with China and another with Korea two years later restricted American opium traders from those countries and kept Chinese and Korean merchants from exporting opium to the United States. In 1902 the U.S. Congress banned U.S. citizens from selling opium to natives of the Pacific Islands not yet claimed by a “civilized power.” In 1903 an additional treaty with China barred U.S. citizens from introducing morphine and instruments for injection without authorization.¹⁷⁷

The U.S. government moved against this trade for two general reasons. American officials believed that sacrificing the trade would increase economic opportunity, particularly in China, by improving political relations. (It helped that the American share had been tiny.) Further, the progressive social movement that prospered in the last decades of the nineteenth century, along with a vocal evangelical community, agitated against the trade. These trends had reinforced one another and prompted Washington to exclude the opium business from the larger drive to expand foreign trade.¹⁷⁸

¹⁷⁷ See John W. Foster, *American Diplomacy in the Orient* (New York: Houghton, Mifflin and Company, 1903), 56-97, 256-306. Also see the first chapter of Taylor’s *American Diplomacy and the Narcotics Traffic*, 3-19.

¹⁷⁸ Kathleen L. Lodwick addresses the religious charges against the trade in *Crusaders Against Opium: Protestant Missionaries in China, 1874-1917* (Lexington: The University Press of Kentucky, 1996). Walter LaFeber examines the U.S. drive to expand foreign trade in *American Search for Opportunity, 1865-1913* (New York: Cambridge University Press, 1993).

The Philippine experience broadened the U.S. diplomatic agenda regarding drugs. American officials in Manila realized that they had to control opium production, distribution, and use in countries surrounding the Philippines in order to make the proscription in the Philippines more effective. Brent wrote Roosevelt in 1906 proposing a conference of “all countries where the traffic in and the use of opium is a matter of moment.” Brent argued that the United States had a “duty” to lead because of its “manifestly high” course of action regarding opium and the “responsibility” of opium control in the Asian colony. Brent hastened to suggest that opium control could even foster peace in Asia: “nothing tends to promote peace more than a common aim.”¹⁷⁹ Roosevelt, who would win the Nobel Peace Prize that winter for his efforts to end an Asian war, accepted Brent’s proposal.¹⁸⁰

The ingredients for a vigorous debate materialized while the State Department endeavored, from the fall of 1906 to early 1909, to organize the international gathering. During this period the Americans were developing a colonial policy in the Philippines that embraced a universalistic and punitive ban on non-medical drug use. Other colonial powers in Asia were also pursuing reforms in opium policy but without imposing a punitive ban. These reforms primarily involved shifting sales from private to public management. Under the older private monopoly system governments had auctioned the right to sell opium, usually to the highest bidder (the Spanish policy in the Philippines prior to the American occupation). The new approach installed government officials in the place of private entrepreneurs to administer the import and retail distribution of opium. This expanded oversight allowed governments to impose more comprehensive regulations such as the

¹⁷⁹ Brent to Roosevelt, 24 July 1906, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/1.

¹⁸⁰ Roosevelt to Brent, 28 August 1906, Brent papers, Box 6.

registration of opium users and rationing of the amount of opium sold. The German, French, Dutch, British, Portuguese, and Japanese colonies all regulated opium use with varying severity. While all had either recently undertaken or were preparing to adopt some form of government monopoly at the start of the twentieth century, none was moving toward total proscription of non-medical drug use as adopted in the Philippines in 1908.¹⁸¹

Delegates representing British India and China would also resist a blanket approach because of their country's special situations regarding opium. In China decades of anti-opium agitation had culminated with a stiffened enforcement regime in the first decade of the twentieth century. An imperial decree seeking to eradicate opium smoking in 1906 was the one of many intended to rid the country of opium through education, registration, rationing, hospitalization, and some bans on opium smoking. However, Chinese leaders remained unwilling and unable to enforce an immediate total ban on opium smoking; doing so would have turned millions of people into criminals and caused widespread suffering.¹⁸² In British India drug control focused on opium smoking and not raw opium eating. The government

¹⁸¹ The wave of reforms aimed at reducing, or at least rationalizing, opium consumption had a counterpart within the opium trade. After more than a half a century of strife about opium imports, Britain and China penned a 1905 agreement stipulating that imports of Indian opium would shrink each year by 10 percent in tandem with reductions in Chinese domestic poppy growth. Stein offers a comprehensive examination of the agreement in *International Diplomacy, State Administrators and Narcotics Control*, 16-26. Also see International Opium Commission, *Report of the International Opium Commission, Vol. 1, Report of the Proceedings* (Shanghai: North-China Daily News & Herald Ltd. 1909), (hereafter Report of the International Opium Commission), available in NA, RG 43, entry 35, box 1, 18; Hamilton Wright, "The International Opium Commission, Part 1," *American Journal of International Law* 3 (July 1909): 648-73; Trocki, *Opium, Empire and the Global Political Economy*; Alfred W. McCoy, *The Politics of Heroin: CIA Complicity in the Global Drug Trade*, rev. ed. (Chicago: Lawrence Hill, 2003), 89-93; James R. Rush, *Opium to Java* (Ithaca: Cornell University Press, 1990), 234-7; John M. Jennings, *The Opium Empire: Japanese Imperialism and Drug Trafficking in Asia, 1895-1945* (Westport: Praeger, 1997); C.P. Spencer and V. Navaratnam, *Drug Abuse in East Asia* (Kuala Lumpur: Oxford University Press, 1981); and Anne L. Foster, "Prohibition as Superiority: Policing Opium in South-East Asia, 1898-1925," *International History Review* 22 (June 2000): 253-73.

¹⁸² For a fuller discussion of drug control in China see Chapter Four. Also see Timothy Brook and Bob Tadashi Wakabayashi, eds., *Opium Regimes: China, Britain, and Japan, 1839-1952* (Berkeley: University of California Press, 2000); Alan Baumler, ed., *Modern China and Opium: A Reader* (Ann Arbor: University of Michigan Press, 2001); and R.K. Newman, "Opium Smoking in Late Imperial China: A Reconsideration," *Modern Asian Studies* 29 (October 1995): 765-94.

accepted opium eating as not detrimental to human health and regulated the sale of raw opium in shops. In contrast the government considered opium smoking to be a pernicious social pastime and shuttered opium smoking dens to cut at the root of the habit. The government held that a total ban on opium use would have been “impractical, impolitic, and even dangerous” because it would foster lawbreaking, blackmail, violations of privacy, and contravene the engrained cultural and quasi-medical habit of opium eating.¹⁸³

Further, the debate at the international gathering promised to jump the colonial firewall. State Department officials began urging talks about banning drugs in the metropolises with no indication that European governments considered drug use to be a domestic concern. In May of 1908 the department requested that all thirteen invited countries “devise means to limit the use of opium” in their territory and possessions as well as the “gradual suppression” of opium use within their Asian colonies.¹⁸⁴ This was sound reasoning to Hamilton Wright, who believed that “the opium habit was no longer confined to Far Eastern countries” and that “the morphine habit was rapidly spreading over the world.”¹⁸⁵ Wright warned Roosevelt that “our white and black native population” had begun to join

¹⁸³ Report of the British Delegates to the International Opium Conference Held at The Hague, December 1911-January 1912, Appendix 1, NA, RG 43, entry 41, box 1, file: Second International Opium Conference: Dominica, Ecuador, Guatemala, Greece, Great Britain, France, 29-30; and Report of the British Delegates to the International Opium Conference Held at The Hague, December 1911-January 1912, Appendix 2, in the same file, 31-35.

¹⁸⁴ Brent had suggested five countries (Great Britain, France, the Netherlands, China, and Japan) as particularly likely to attend the gathering. Seven other countries joined the endeavor (Austria-Hungary, Germany, Italy, Persia, Portugal, Russia, and Siam). Turkey, an important opium producer, declined the U.S. invitation. Memorandum by Elihu Root, 7 May 1908, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 105, 774/197a. Also see the instructions noted in Beaupre to van Swinderen, 7 October 1908, NA, RG 43, entry 39, box 2. A survey of the impressive effort to gather the conference including correspondence with China, Great Britain, Japan, France, Germany, Portugal, Netherlands, Austria-Hungary, Italy, Siam, Persia, Russia, Turkey, and Spain and be followed in NA, RG 43, entry 34, box 1, folder: Letters Relating to the Opium Commission, 1908-9. A close reading of the governmental documentation about organizing the conference can also be found in Taylor, *American Diplomacy and the Narcotics Traffic*, 47-53.

¹⁸⁵ Hamilton Wright, “International Opium Commission, Part 1,” *American Journal of International Law* 3 (July 1909): 672-3.

immigrant Chinese in using opium for pleasure.¹⁸⁶ However, investigations undertaken by the State Department in Europe found no evidence of similar domestic concerns. The department found a paucity of national legislation banning non-medical consumption. Most of the extant legislation was limited to regulating pharmacy sales. Austria-Hungary and Italy, two countries that would attend the Shanghai commission that did not have Asian colonies, typified European drug policies during this period. Austria-Hungary only had pharmacy regulations and no “special legislation” to control drugs with potential for abuse.¹⁸⁷ The American Consul in Rome similarly reported that “the use of opium in Italy is so insignificant that no special national or municipal laws governing its use have been enacted.”¹⁸⁸

The Shanghai Commission Puts Punishment on the International Agenda

The opening of the International Opium Commission, 1 February 1909 at Shanghai’s Palace Hotel, marked a real achievement for the U.S. diplomatic campaign. The State Department had succeeded in organizing the first international gathering about drug control. However, to Brent and Wright’s disappointment, the arriving representatives lacked the plenipotentiary powers necessary to frame binding legal agreements. Still, the State Department pushed ahead, raising the Philippine policy as its model and putting on the

¹⁸⁶ Wright to Roosevelt, 2 September 1908, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 105, 774/324-6.

¹⁸⁷ Dispatch by William Rublee, 20 July 1908, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 105, 774/268-9.

¹⁸⁸ Dispatch by Chapman Coleman, 18 July 1908, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 105, 774/267. Also see the memorandum by William Phillips, 28 November 1908, in NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 106, 774/471-1/7.

meeting agenda all types of non-medical drug use, not just the smoking of opium.¹⁸⁹ Brent was elected chairman at the State Department's request.¹⁹⁰

The American delegation proceeded to press for the elimination of all types of non-medical opium use both in colonies and in the home territories of the assembled states. Wright read a telegram to the delegates from President Roosevelt calling for "the general suppression of the opium evil throughout the world."¹⁹¹ The U.S. commissioners made it an article of faith that the non-medical use of opiates was "fraught with grave danger, if it is not actually vicious."¹⁹² The other delegates quickly realized, as Wright recalled, that "the United States government and people stood for immediate and total prohibition of the misuse of opium."¹⁹³ But just in case anyone had missed U.S. intentions Brent took the podium after his election as chairman of the commission to tell delegates their job was to study "every phase of the opium question in their own territory, including the homeland."¹⁹⁴

There was one major vulnerability in Washington's position: the Philippine model of a punitive ban on non-medical drug use had not yet been introduced in the continental United States. Thus U.S. policies differed between colony and metropole, as was the case with other

¹⁸⁹ For an example regarding the Netherlands see Beaupre to Root, 12 October 1908, with enclosures, NA, RG 43, entry 39, box 2. Also see Report of the International Opium Commission, 20, 39.

¹⁹⁰ A number of authors have examined the Shanghai Opium Commission. My discussion focuses on the issue of drug consumption. For a detailed discussion of the negotiations with a focus on drug production and trade see Taylor, *American Diplomacy and the Narcotics Traffic*, 47-81; Lowes, *The Genesis of International Narcotics Control*, 111-7; and Chattergee, *Legal Aspects of International Drug Control*, 36-43.

¹⁹¹ Report of the International Opium Commission, 14.

¹⁹² The American commissioners report called it "idle folly" to "sit down and wait for further information." See Report of the International Opium Commission, 18.

¹⁹³ Hamilton Wright, "The International Opium Commission, Part 2," *American Journal of International Law* 3 (October 1909): 855.

¹⁹⁴ Brent, Address to the Shanghai Opium Commission, n.d., Brent Papers, box 38, file: Subject File: International Conferences on Opium, Shanghai, 1909-1910, 3.

imperial powers. Federal law allowed legal importation of raw opium and opium prepared for smoking and there were no stipulations about non-medical drug use. Congress had approved two domestic measures in 1906, one year after intervening in the Philippine Commission's drug policy, but neither approached the breadth of Philippine ban. The first, the 1906 Pure Food and Drug Act ordered proper labeling and removed some dangerous drugs from products labeled "pure."¹⁹⁵ The second, an act to regulate the practice of pharmacy in the District of Columbia, banned non-medical sales and ordered that addicts could receive cocaine, morphine, opium, or chloral hydrate only in the course of a cure and not as a part of addiction maintenance.¹⁹⁶

To obscure the gap between the U.S. diplomatic goal in Shanghai and the legislative reality in the continental United States, Secretary of State Elihu Root hastily drafted a simple bill that would provide the American delegates some political cover. Root titled his bill with this foreign audience in mind. It was, in Root's description, "short enough to quote" and suggested a comprehensive ban: "An Act to Prohibit the Importation and Use of Opium for Other Than Medicinal Purposes." He informed key congressmen that passing the bill into law would allow the United States to avoid a "glass house" critique and "save our face in the Conference at Shanghai." Root used the phrase "save our face" repeatedly.¹⁹⁷ President

¹⁹⁵ See Jonathon Erlen and Joseph F. Spillane, eds., *Federal Drug Control: The Evolution of Policy and Practice* (New York: Pharmaceutical Products Press, 2004), 15.

¹⁹⁶ *To Regulate the Practice of Pharmacy and the Sale of Poisons in the District of Columbia, and for other Purposes*, *U.S. Statutes at Large* 34 (1906): 175-82. Congress had also passed an act for the federal district that allowed the courts to assign agents to handle the property holdings of drunkards or drug abusers who became unfit to "properly manage" their estates. See House, *Amending District Code*, 57th Cong., 1st sess., 1902, H. Rept. 2192.

¹⁹⁷ See Root to Lodge, 6 January 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 106, 774/521; Root to Aldrich, 7 February 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/525; and Root to Sherman, 26 December 1908, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 106, 774/520-521. Alvey A. Adey also wanted a "conspicuous" law to impress the commission. See Willard Straight, "Memorandum Regarding Anti-

Roosevelt quickly signed the bill into law on 9 February 1909 just as the Shanghai commission was settling into work.¹⁹⁸ The law was much weaker than the title implied. The constitutional limitation of the federal policing powers posed serious obstacles to raising a federal ban on drug use. (As I explain in Chapter Four, it would take more than another decade to craft such a law.) So Root wisely opted to ban just the importation of opium prepared for smoking. The text of the law contained no provisions about opium consumption and crude opium could still be imported and prepared for smoking (by repeated boiling) without breaking a federal law. Root's focus on imports of opium prepared for smoking had assured a quick passage. Opium smoking was widely considered a Chinese vice and, as the 1882 Chinese Exclusion Act had demonstrated, Chinese formed a vulnerable and unpopular political constituency in the United States.¹⁹⁹ Further, Root reminded key congressmen that the Congress had already banned the importation of opium for non-medical purposes into the Philippine Islands (and Congress has the constitutional power to regulate U.S. imports).²⁰⁰

Root's bill served the American commissioners in Shanghai nicely. Washington had assembled reluctant nations, aggressively widened the scope of the talks, and espoused a universalistic principle against non-medical drug use. Such an expansive platform (and America's comparatively minor share in the drug trade) gave the U.S. delegation good reason

Opium Legislation in the United States" 25 November 1908; Straight to Bacon, 30 November 1908; and Adey to Bacon, 1 September 1908; all in NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 106, 774/474-2/7 to 7/7.

¹⁹⁸ *To Prohibit the Importation and Use of Opium for Other Than Medicinal Purposes*, U.S. Statutes at Large 35 (1909): 614. Also see Senate, *Opium Problem*, 61st Cong., 2nd sess., 1910, S. Doc. 377, 52-53.

¹⁹⁹ Labor groups like the American Federation of Labor publicized lurid tales of Chinese opium smoking to support the campaign against Chinese immigration. See, for example, Senate, *Some Reasons for Chinese Exclusion*, 57th Cong., 1st sess., 1902, S. Doc. 137, 16-17, 22.

²⁰⁰ The difference between the title of the law and its actual power continues to confuse observers. See, for example, Richard Davenport Hines' remarks in *The Pursuit of Oblivion: A Global History of Narcotics, 1500-2000* (London: Weidenfeld & Nicolson, 2001), 159-60.

to fear accusations of hypocrisy. They hoped that Root's bill would strengthen the basis of their standing by demonstrating good faith. Wright played the law for all he could, announcing the misleadingly grand title and detailing the stiff penalties: a fine up to \$5,000, up to two years in prison, or both.²⁰¹ Despite the limited actual control imposed by the law, the American delegation reported to the State Department that the law demonstrated that the United States was "in line with the best thought in regard to the immorality of the use of opium except as a drug for purely medicinal purposes."²⁰²

The American delegates pressed their attack. To be sure, Wright conceded states sovereignty. But he also insisted upon establishing a principle against all non-medical drug use and railed against "opium abuse throughout the world."²⁰³ He urged the delegates to raise a "uniform effort" to confine opium consumption of any type to "legitimate medical practice."²⁰⁴ A formal U.S. proposal resolved that "the principle of the total prohibition" of opium smoking was "the right principle to be applied to all people," and that governments should stamp "out the evil of opium smoking in the shortest possible time."²⁰⁵ As for morphine, the American delegation argued that "strict International Agreements" were

²⁰¹ U.S. Report on Shanghai Commission, 20.

²⁰² American Delegation to the International Opium Commission at Shanghai, "Report on Opium, its Derivatives and Preparation," February 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/607-8, 46.

²⁰³ The American report to the commission warned of increased importation, legal and illegal, into the United States and blamed Chinese for spreading opium smoking to whites and blacks. The report also noted (with impossibly precise enumeration) that non-medical opium use was a significant problem throughout the American population. The number of opium smokers was estimated at one hundred to one hundred and fifty thousand of all races. See American Delegation to the International Opium Commission at Shanghai, "Report on Opium, its Derivatives and Preparation," February 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/607-8, 14-15, 16-18, 29, 42-43, 44; Hamilton Wright, "The International Opium Commission, Part 2," *American Journal of International Law* 3 (October 1909): 860; Report of the International Opium Commission, 46.

²⁰⁴ Report of the International Opium Commission, 46.

²⁰⁵ Report of the International Opium Commission, 47.

needed to proscribe its “possible future abuse” because the drug was “indissolubly bound up with the abuse of opium itself.”²⁰⁶ Finally, the American delegation reached still further into the domestic policies of other nations by suggesting that they should cooperate “in the solution of their internal opium problems” and then meet for a follow-up international conference with plenipotentiary powers that would frame a binding treaty on the drug issue.²⁰⁷

Differing views about what constituted modern governance largely guided the outcome of the commission. Formal empire had created the geographical space and legal leeway (from constitutional constraints) for U.S. officials to forge a novel policy against drug use. American officials interpreted their style of colonial administration in the Philippines as the vanguard of a progressive wave within global history. Their late start to the colonial endeavor strengthened the feelings of U.S. officials that the American approach was in tune with modernity. American diplomats envisioned the export of the punishment solution as the path of progress, with modernity displacing immorality.²⁰⁸ Other colonial powers defined modern governance differently. European powers and Japan viewed greater regulation as the progressive approach. Many officials held that the shift from private opium sellers to government-run shops or oversight offered a better approach to reducing opium smoking in the Asian colonies than punitive proscription.

²⁰⁶ Report of the International Opium Commission, 47.

²⁰⁷ Report of the International Opium Commission, 48.

²⁰⁸ Anne L. Foster makes a similar case especially regarding the trade in opium in “Prohibition as Superiority: Policing Opium in South-East Asia, 1898-1925,” *International History Review* 22 (June 2000): 253-73. Alan Dawley writes evocatively of the ties between the progressive impulse and imperialism, in *Changing the World: American Progressives in War and Revolution* (Princeton: Princeton University Press, 2003). Drug policy was an exception to the trend described by Daniel T. Rodgers in which Americans trailed Europeans in the progressive movement. See his *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge: Belknap Press of Harvard University Press, 1998), 70-74.

The British led the resistance to the American approach regarding “traditional” drug use such as raw opium eating and opium smoking. Cecil Clementi Smith, governor of the Straits Settlements (a British crown colony now part of Malaysia and Singapore), accused the Americans of reaching too far. Smith noted that criminal proscription of non-medical opium use would lack popular support and produce a dysfunctional policy. He felt that India offered a successful example of government regulation as “an efficient instrument in the prevention of abuse.” Smith drew a battle line. The British delegation, he announced, was “not able to accept the view that opium should be confined simply and solely to medical uses.”²⁰⁹ He had outlined the core of the British position that would last for almost forty years: opium eating in India was a culturally engrained and relatively harmless phenomenon, while opium smoking “should be done away with” but in a practical manner fitted to local conditions.²¹⁰

To the dismay of the Americans other delegations, including the Chinese, the Japanese, and the Dutch, generally endorsed Smith’s arguments about colonial policies regarding “traditional” drug use. The Chinese delegation, led by Duan Fang, was proud of the advances made against opium production and consumption following the 1906 imperial edict that sought to eliminate both within ten years. The delegation was not convinced that an immediate total ban on smoking would be a wise course. Rather, Duan announced that China hoped to register all users in order to “learn the number of persons suffering from the habit” and then close the opium shops “concurrently with the abandonment of the opium

²⁰⁹ Report of the International Opium Commission, 50.

²¹⁰ Report of the International Opium Commission, 51.

habit.”²¹¹ The Japanese defended their policy for Taiwan, which was designed so that addicts could “break off their habit with [the] least inconvenience to themselves.”²¹² The Dutch advocated for their *régie* system (a highly regimented government monopoly) and presented samples of their special opium packaging designed to shrink the black market, while affirming that they would check “the consumption of opium gradually and continually by all available means.”²¹³

Brent and Wright could not extract from delegates lacking plenipotentiary powers resolutions with the necessary teeth to enforce a ban. Still, the U.S. offensive hardened the tone of the final resolutions, which incorporated the language of proscription. Taken together, the resolutions anticipated the *eventual* criminalization of non-medical drug consumption. The commission resolved that each government should: “take measures for the gradual suppression of the practice of opium smoking in its own territories and possessions, with due regard to the varying circumstances of each country concerned.”²¹⁴ While not a ringing endorsement of proscription, this nonetheless established a principled stand against the opium pipe. Another resolution addressed other types of non-medical drug use: non-medical opium use was “a matter for prohibition or for careful regulation,” and drug policies should aim, “as opportunity offers, at progressively increasing stringency.” The resolution recognized the “wide variation” among countries, but promoted a move toward uniform

²¹¹ See the translation of the Viceroy’s remarks in the Report of the International Opium Commission, 9, 72.

²¹² Report of the International Opium Commission, 48-51.

²¹³ Report of the International Opium Commission, 22, 32-33.

²¹⁴ This formed the second resolution out of nine. For the full text see Report of the International Opium Commission, 84; and Senate, *Opium Problem*, 61st Cong., 2nd sess., 1910, S. Doc. 377, 65-66.

policies by urging governments to re-examine “their systems of regulation in the light of the experience of other countries with the same problem.”²¹⁵

The U.S. delegation made headway on other fronts. The commission addressed morphine injection in a manner that promised future progress for the Americans. The British delegation had introduced a resolution on morphine, which the Americans accepted after the British agreed to expand the scope of the resolution from China and the people of the Far East to a universal application. The commission resolved that “drastic measures” were needed immediately to stem the spread of this “grave danger.”²¹⁶ Other resolutions aimed to restrict opium use in China. One lauded China’s efforts to limit non-medical opium use. Another suggested that all the governments with concessions or settlements in China close the opium “divans” as soon as possible, limit the trade in so-called opium addiction remedies in China, and apply national pharmacy laws to national subjects in consular districts, concessions, and settlements in China.²¹⁷

The U.S. delegates recognized they had made a promising start. The American universalistic stand against non-medical drug use was embedded in the final resolutions, which anticipated an eventual global ban. Wright praised the resolutions registering “a practical condemnation of the illiberal use of opium even in India.”²¹⁸ He was also gratified

²¹⁵ The formed the third resolution. Report of the International Opium Commission, 84.

²¹⁶ This formed part of the fifth resolution. See the Report of the International Opium Commission, 47, 52, 84; U.S. Report on Shanghai Commission, 21; and Hamilton Wright, “The International Opium Commission, Part 2,” *American Journal of International Law* 3 (October 1909): 865.

²¹⁷ Resolutions seven through nine address the Chinese efforts. Report of the International Opium Commission, 84.

²¹⁸ See Report of the International Opium Commission, 61; and Hamilton Wright, “The International Opium Commission, Part 2,” *American Journal of International Law* 3 (October 1909): 864.

that other nations had accepted at least in principle the need for “drastic measures for the suppression of the morphine habit and the gradual suppression of opium smoking.”²¹⁹

Part II. Breaking Through on Manufactured Drugs

The United States carried its case to Europe, seeking to turn the vague Shanghai commitments into something more ironclad. Meeting in the Netherlands, in the winter of 1911-1912, thirteen nations agreed to ban the non-medical use of manufactured drugs such as morphine and cocaine. This breakthrough would have a wide impact on national drug legislation when the treaty finally came into general application after the First World War. However, European, Japanese, and Chinese governments remained unwilling to trade their established policies regarding “traditional” drug use for the punitive approach that Washington cast as progressive.

From Shanghai to The Hague: America’s Second Attempt

At the close of the Shanghai commission Brent was eager for another international conference to build on the Shanghai success. He thus cabled the State Department before heading for an evening at an inspiring anti-opium play at the Chinese theatre.²²⁰ Four months later he and Wright would be organizing a second international drug control gathering. In Brent’s estimation, the United States had “assumed leadership in a big moral question.”²²¹ There was no question of abandoning the campaign.

²¹⁹ Report of the International Opium Commission, 81.

²²⁰ Memorandum by Brent, 26 February 1909, Brent Papers, box 38, file: Subject File: International Conferences on Opium, Shanghai, 1909-1910. Brent describes the “remarkable” play in his diary entry, 27 February 1909, Brent Papers, box 2.

²²¹ Quotation in Charles Henry Brent to Philander Chase Knox, 29 December 1909, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 108, 774/692.

With the continued backing of the State Department Brent and Wright immediately began to plan for another gathering. Brent selected The Hague, in the Netherlands, as the venue because he felt that a gathering in Europe would draw important delegates, rather than “men of no weight who happen to be on the spot,” as he had encountered in Shanghai. He pictured a conference attended by delegates from all of the countries that had been represented at the Shanghai commission, but this time enjoying full plenipotentiary powers to forge international law. He also hoped that scientific experts would attend and issue an “authoritative scientific pronunciamento” that would proscribe any non-medical drug use.²²² Wright shared the vision, but was less interested in scientific inquiry. He thought it was “recognized pretty generally over the world now that, in spite of the fact that there is no International Report on the scientific aspects of the uses of opium and anti-opium remedies, that the excessive use of these drugs is morally, economically and otherwise unsound.”²²³ He wanted to focus instead on expanding prohibition to include all drugs with potential for abuse. He thus sought to head off drug users shifting from one prohibited substance to another. He was convinced that “where the use of opium and morphia was suppressed, cocaine, India hemp [cannabis], and other habit-forming drugs tended to take their place.”²²⁴

Organizing a second conference proved to be more difficult and time-consuming than the first attempt. The State Department spent two years—from September of 1909 to

²²² Diary entries, 27 February and 25 June 1909, Brent Papers, box 2. Also see Brent to Knox, 29 December 1909, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 108, 774/692; Brent to Knox, 30 June 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/646; and Brent’s telegram of 2 July 1909, NA, RG 43, entry 34, box 1, 17.

²²³ Quotation from Wright to Phillips, 12 July 1909, NA, RG 43, entry 37, box 1.

²²⁴ Quotation in Wright to Phillips, 18 May 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/633. Also see the statement of the views of the State Department in the memorandum by Root, 12 November 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/673 2/3.

September of 1911—requesting, cajoling, and prodding the invited countries to assemble at The Hague.²²⁵ The delegations assembled at Shanghai had already collectively dismissed the American proposal for a follow-up meeting.²²⁶ The disinclination for a conference remained after the State Department issued a round of invitations for a second gathering. The British, who were probably the most important participants due to their expansive empire and opium trade agreements with China, allowed a year to pass before responding to Washington’s query.²²⁷ The French Ministry of Foreign Affairs’ response was also cool. However, the ministry was willing to entertain a “study” of the “proper measures to bring about the gradual suppression of the production and the use of opium.”²²⁸

After finally winning the consent of major powers, the years of planning culminated with just two months of meetings at The Hague from December 1911 to January 1912. Brent, who served as the chief, and Wright, who continued to apply his views tenaciously, comprised the American delegation, along with a California physician named Henry J. Finger, who added little. Delegates from eleven other countries attended (China, France, Germany, Great Britain, Italy, Japan, the Netherlands, Persia, Portugal, Russia, and Siam) while two countries declined the U.S. invitation (Austria-Hungary and Turkey).²²⁹

²²⁵ Taylor provides a detailed discussion of the “tremendous effort” expended on the invitation process in *American Diplomacy and the Narcotics Traffic*, 82-98.

²²⁶ See J.B. Brunyate’s remarks in “International Opium Commission, Shanghai,” n.d., NA, RG 43, entry 39, box 2, 1.

²²⁷ Grey to Reid, 17 September 1910, reproduced in Foreign Office, *The Opium Trade, 1910-1941*, vol. 1 (Wilmington: Scholarly Resources, 1974), pt. 2: 95.

²²⁸ Dispatch by French Ministry of Foreign Affairs, 6 May 1911, NA, RG 43, entry 37, box 1. Emphasis is in the original.

²²⁹ I stress the aspects of the Hague Opium Convention that pertained to non-medical drug use, which is different from most accounts. For more detailed coverage of the convention including the wider issues of the drug trade. See McAllister, *Drug Diplomacy in the Twentieth Century*, 30-37; and Taylor, *American Diplomacy*

The U.S. delegation shrewdly reached out to incorporate the concerns of others. The Americans would again push for a ban on all non-medical drug use, but they initially suggested that other delegations request discussions regarding limitations on the use of morphine, coca products, and cannabis, as well as opium smoking (carrying forward the difficult subject of the talks at Shanghai). This approach worked nicely as the British wished to discuss morphine and cocaine, both of which were a growing concern in India, and the Italians desired an agreement on cannabis, which was worrying Rome.²³⁰ These concerns of course advanced Wright's interest in closing loopholes.

The U.S. efforts were rewarded with a real breakthrough regarding manufactured drug use. The final treaty, signed in January 1912, forbade non-medical consumption of manufactured drugs such as morphine and cocaine. This ironclad stipulation far surpassed the Shanghai Commission's vague resolutions. Signatories agreed without qualification to "enact pharmacy laws or regulations to limit exclusively to medical and legitimate purposes" the use of morphine, cocaine, or any derivatives, such as heroin.²³¹ The desire to ban non-medical consumption of these drugs overwhelmed the customary defense based on rights of

and the Narcotics Traffic, 82-122. Chatterjee offers a legal analysis of the treaty in *Legal Aspects of International Drug Control*, 44-57.

²³⁰ The common term for cannabis during this period was "Indian hemp." Wright discussed the strategy in a letter to Brent, 17 June 1910, Brent Papers, box 9, file: Mar.-June 1910. For a review of the U.S. aims at the Hague convention see "Proposed Measures for the Hague Conference, Basis for Conference," n.d., NA, RG 43, entry 37, box 1. Whitelaw Reid also informally sent a recommendation to Sir F. A. Campbell that the British might take the initiative to introduce morphine and cocaine as topics at the conference. See Reid to Campbell, 8 August 1910, reproduced in Foreign Office, *The Opium Trade, 1910-1941*, vol. 1 (Wilmington: Scholarly Resources, 1974), pt. 2: 96. For an example of the India Office's concern about cocaine see India Office to Foreign Office, 1 May 1911, reproduced in the same volume, 3: 128-29. British delegates represented the self-governing dominions.

²³¹ See article 9 of chapter 3. Raymond Leslie Buell reproduces the treaty in *International Opium Conferences With Relevant Documents* (Boston: World Peace Foundation, 1925), 120-28.

national sovereignty.²³² Once put into force, the Hague Opium Convention granted only six months for countries to proscribe the non-medical use of manufactured drugs. Delegations also agreed to “co-operate with one another to prevent the use of these drugs” for any non-medical purpose.²³³

However, the American delegation continued to face resistance to banning “traditional” drug use. Already at Shanghai, J.B. Brunyate, acting Financial Secretary to the Government of India, had defended Indians’ traditional use of opium “in addition to its use as an indulgence.”²³⁴ The British continued to oppose tough restrictions on raw opium, still protective of the cultural and economic practices in India.²³⁵ They held that India already had effective regulations “endeavoring to reduce consumption” to legitimate needs.²³⁶ The final agreement imposed some restrictions on raw opium production and distribution but did not tackle the issue of consumption and thus posed little threat to the status quo in India regarding domestic opium use.²³⁷ The U.S. delegation had also introduced a stiff measure against opium smoking only to see it weakened so that it did not add teeth to the hortatory Shanghai resolution. Signatories were to adopt policies for the “gradual and effective

²³² In addition to the British, the German delegation was also hesitant to cede sovereign control over drug imports and consumption rules see, for example, “Minutes from the Twentieth Plenary Session,” 16 January 1912, Brent Papers, box 38, file: Correspondence on Opium, 1860-1931, 3.

²³³ See article 9 of chapter 3. Additionally, article 11 of chapter 3 ordered that countries adopt policies to bar the “delivery” within their borders of manufactured drugs “to any unauthorized person.”

²³⁴ See Report of the International Opium Commission, 24; and “International Opium Commission, Shanghai,” n.d., NA, RG 43, entry 39, box 2, 4.

²³⁵ “Minutes from the Twentieth Plenary Session,” 16 January 1912, Brent Papers, box 38, file: Correspondence on Opium, 1860-1931, 3.

²³⁶ Appendix I, Report of the British Delegates to the International Opium Conference Held at The Hague, December 1911-January 1912, NA, RG 43, entry 41, box 1, file: Second International Opium Conference: Dominica, Ecuador, Guatemala, Greece, Great Britain, France, 28-30.

²³⁷ See chapter 1 of the International Opium Convention.

suppression” of opium smoking “with due regard to the varying circumstances of each country concerned.”²³⁸ While vague, this statement confirmed the Shanghai Commission’s general affirmation that opium smoking was doomed to eventual criminalization. At the core of the British resistance to the American approach was sense that “repressive measures” had to suit the local circumstances.²³⁹ The Chinese delegation also remained wary of an immediate ban on opium smoking.²⁴⁰ Cannabis control was also delayed, as the convention had settled upon calling for further study.²⁴¹

Why did the Americans succeed in banning the non-medical use of manufactured drugs but not “traditional” drug use in colonial possessions? Certainly revenue produced from colonial opium sales was a factor. The American model also proved most attractive to other governments in relation to drugs that were quintessentially “modern.” Manufactured drugs were linked to technological progress both through their genesis in the laboratory and their industrial manufacture in the early twentieth century. As historian Timothy Hickman notes, U.S. addiction experts in the early twentieth century considered manufactured opiates as “a product of modern medical technology that, rather than fulfilling optimistic predictions of a world made better by science, turned its human subjects into the slaves of human

²³⁸ See article 6 of chapter 2. On the stiff U.S. proposal see Taylor, *American Diplomacy and the Narcotics Traffic*, 101.

²³⁹ Report of the British Delegates to the International Opium Conference Held at The Hague, December 1911-January 1912, n.d., NA, RG 43, entry 41, box 1, file: Second International Opium Conference: Dominica, Ecuador, Guatemala, Greece, Great Britain, France, 23.

²⁴⁰ “Minutes from the Twentieth Plenary Session,” 16 January 1912, Brent Papers, box 38, file: Correspondence on Opium, 1860-1931.

²⁴¹ See the discussion in Secretariat of the League of Nations, “Final Protocol of the International Opium Conference,” 3 April 1923, League of Nations Archive, Geneva, Switzerland (hereafter LONA), O.C. 1(1), 34.

discoveries.”²⁴² This perception that manufactured drugs posed an essentially modern threat helps to clarify the seemingly bifurcated stance of imperial powers such as Britain that accepted proscription for manufactured drugs while defending “traditional” drug use. Opium eating and smoking by colonial subjects was somehow “timeless” and a natural state of affairs.²⁴³ In contrast, morphine, heroin, and cocaine were part and parcel of industrial advancement, necessitating special controls for social protection. Brent and Wright also crafted their arguments to strengthen the sense that advanced nations must adopt the “modern” approach toward the new drugs.

The stand against non-medical consumption of manufactured drugs was the second major U.S. diplomatic success. During the conference Wright had boasted to Roosevelt that it had “been through steady pressure exerted by this Government since 1906 that the many Governments have enacted new and in some cases vigorous legislation for the suppression of local opium evils.”²⁴⁴ The Hague Opium Convention promised to widen the campaign by banning the non-medical use of manufactured drugs. The treaty did not spell out punishment, but rather exhorted parties to consider “making it a penal offense to be in illegal possession” of all the drugs under consideration.²⁴⁵ The British delegation felt that the

²⁴² Timothy A. Hickman, “‘Mania Americana,’: Narcotic Addiction and Modernity in the United States, 1870-1920,” *Journal of American History* 90 (March 2004): 1274.

²⁴³ Impartial studies of the danger associated with different drugs and styles of ingestion were rare. There is an argument (growing in stature in recent studies) that these “traditional” types of use were not particularly harmful (especially in comparison with manufactured drugs) and that the British did well to resist a rush to proscribe them. See, for example, John F. Richards, “Opium and the British Indian Empire: The Royal Commission of 1895,” *Modern Asian Studies* 36 (May 2002): 375-420.

²⁴⁴ Wright to Roosevelt, 31 December 1912, NA, RG 43, entry 36, box 1.

²⁴⁵ See article 20-21 of chapter 5. Governments would be able to track each other’s progress, due to their agreement to share the texts of their existing laws and provide statistical reports on their drug trade. Such efforts continued and expanded the sort of data collection begun by the State Department in preparation for the Shanghai commission.

convention was a landmark and predicted internal bans on non-medical possession of manufactured drugs in China and India.²⁴⁶ As we shall see in Chapter Four, the Hague Opium Convention would have worldwide impact on drug legislation. Legal opium smoking and eating in colonies were to become exceptions to the advancing criminalization of drug use. The U.S. delegation looked to a promising future.

The fly in the Hague ointment was the onerous ratification process. The convention required the ratification of all the powers of Europe and the Americas.²⁴⁷ Hague delegates had intentionally inserted such a difficult standard because they were worried about losing their nations' profitable shares of drug production and manufacturing business and wanted to make sure all who profited suffered equally. Countries with major drug manufacturing interests, especially Germany, did not relish the prospect of delivering the business to non-signatory nations.²⁴⁸ Enactment efforts thus dragged on for years (and through two more international conventions at The Hague organized to promulgate ratification) until

²⁴⁶ Report of the British Delegates to the International Opium Conference Held at The Hague, December 1911-January 1912, NA, RG 43, entry 41, box 1, file: Second International Opium Conference: Dominica, Ecuador, Guatemala, Greece, Great Britain, France, 25-26; Also available as British Delegates to International Opium Conference to Sir Edward Grey, 10 April 1912, reproduced in Foreign Office, *The Opium Trade, 1910-1941*, vol. 2 (Wilmington: Scholarly Resources, 1974), pt. 5: 79-114.

²⁴⁷ Article 24 of Chapter 6. The original signatories of the Convention on 23 January 1912 were Germany, United States of America, China, France, Great Britain, Italy, Japan, Holland, Persia, Portugal, Russia and Siam; Great Britain later that year. Wright provided an insider's account in his letter to Low, 19 April 1913, NA, RG 43, entry 36, box 1.

²⁴⁸ Report of the British Delegates to the International Opium Conference Held at The Hague, December 1911-January 1912, NA, RG 43, entry 41, box 1, file: Second International Opium Conference: Dominica, Ecuador, Guatemala, Greece, Great Britain, France, 26. H. Richard Friman offers an in depth assessment of Germany's views toward the Hague convention, particularly about the financial implications regarding drug manufacturing in *NarcoDiplomacy: Exporting the U.S. War on Drugs* (Ithaca: Cornell University Press, 1996), 15-34.

completely losing steam as the First World War absorbed all available diplomatic and political energy.²⁴⁹

The Hague Opium Convention finally came into general force with the conclusion of the war. The Americans and British, with Chinese support, incorporated the convention in the peace treaties with the defeated Central Powers.²⁵⁰ The principle against non-medical drug use, which had been generally affirmed at Shanghai in 1909 and strengthened at The Hague, was then ensconced in an international law. Signatories now had a formal obligation to control the consumption of manufactured drugs. The Americans did not rest on their laurels. They pressed ahead in their campaign.

Part III. The Continued Impasse over “Traditional” Drug Use

Though he would not live to see it, President Woodrow Wilson’s vision of a League of Nations became a white marble reality on a wooded bluff overlooking the magnificent Lake Geneva. The Covenant of the League of Nations appointed the League responsible for the management of the Hague Opium Convention and the initial League gatherings set to work on the drug issue. The first League Assembly voted in 1920 to create an Opium Advisory Committee, which would be a quarterly (and later an annual) gathering of governmental representatives. An Opium Section also emerged, staffed by League

²⁴⁹ The Dutch government gained the administrative tasks associated with the convention. For coverage of follow-up gatherings see Taylor, *American Diplomacy and the Narcotics Traffic*, 110-20; and Willoughby, *Opium as an International Problem*, 34-43.

²⁵⁰ The relevant clauses were: Article 295 of the peace treaty with Germany (Versailles), Article 247 of the treaty with Austria (Saint-Germain), Article 230 of the treaty with Hungary (Trianon), Article 174 of the treaty with Bulgaria (Neuilly), Article 280 of the treaty with Turkey (Sèvres), all cited in McAllister, *Drug Diplomacy in the Twentieth Century*, 35n44. Also see Sir William Meyer, “General Supervision over the Execution of Agreements with Regard to the Traffic in Opium in Accordance with Article XXIII of the Covenant,” 14 December 1920, LONA, R.706, 12a/9674/1717, 4; Taylor, *American Diplomacy and the Narcotics Traffic*, 141-45.

employees, to provide administrative oversight and a supranational perspective.²⁵¹ A Mixed Sub-Committee (comprised of members of the League's Health Committee and the Opium Advisory Committee) formed to examine medical questions. As the League became the center of anti-drug diplomacy during the interwar period, Washington's interest in drug control trumped its uncooperative stance toward the world organization. Americans tried to use the League but found themselves stalemated there over banning "traditional" drug use. The stalemate developed in the 1920s and continued through the 1930s. Two new generations of U.S. diplomats would remain committed despite frustrations, proving that the U.S. campaign could withstand a political shift in the White House.

Hitting a Wall at Geneva

The U.S. Congress's 1919 rejection of the League meant that American officials found themselves temporarily estranged from international drug control talks after more than a decade of leadership. Ironically Henry Cabot Lodge, who had assisted with Philippine drug control, led the congressional opposition to joining the League. The Opium Advisory Committee forged ahead without American representatives. With the assistance of the Opium Section, the committee prepared to assume authority and, perhaps, steer in new directions. A fact-finding mission was the committee's first step. The committee sent questionnaires about the drug issue to governments around the globe.

As discussions in Geneva began to frame international schemes to better control dangerous drugs, Washington's interest in drug control began to outweigh the political

²⁵¹ The official title of the Opium Section was the Opium and Social Questions Section. League Secretary General Eric Drummond suggested in February 1920 that the drug issue be organized like the section on the Traffic in Women and Children, which came under the same article of the covenant. See Drummond, "Memo Suggesting Organization of the LON Opium Committee," 5 February 1920, LONA, R.706, 12/2931/1717; and McAllister, *Drug Diplomacy in the Twentieth Century*, 44-45. Also see League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs (hereafter OAC), "Report of the Fifth Committee of the Assembly," 24 September 1921, LONA, A.143(a).1921, R.707, 12a/16130/1717, 1.

aversion to cooperating with the League. In 1923—after three years of U.S. detachment from the League’s emerging drug control efforts—President Warren G. Harding and Secretary of State Charles Evans Hughes found an appropriately low-key way for the United States to rejoin the international movement.²⁵² They sent Rupert Blue, the U.S. Surgeon General and public health advocate, to Geneva to serve as an official observer beginning with the Opium Advisory Committee’s fourth session in January 1923. His instructions from Hughes were to reassert the U.S. positions staked out in Shanghai and at The Hague. Hughes wanted the issue of non-medical drug use addressed during the Opium Advisory Committee’s sessions.²⁵³

Blue was the first member of a new U.S. diplomatic team to arrive at Geneva. Brent remained engaged but yielded the spotlight to Stephen Porter [R-PA], who was Chairman of the House Committee on Foreign Affairs. Porter reintroduced to the U.S. delegation the sense of indignation and the grandstanding tactics that had been lost with Hamilton Wright’s death in the First World War (from injuries sustained during an auto accident). Porter would be the new star but Wright’s widow, Elizabeth, also worked to advance the American agenda and vied for official and public recognition.²⁵⁴ She began as an assessor at the League’s Opium Advisory Committee in 1923 and continued with anti-drug diplomacy becoming the first woman in American history to receive plenipotentiary powers.

²⁵² Taylor offers a detailed discussion of U.S. cooperation with the League of Nations in *American Diplomacy and the Narcotics Traffic*, 146-70. Also see Willoughby, *Opium as an International Problem*, 123-38.

²⁵³ Hughes to Blue, 24 March 1923, NA, Record Group 90, Records of the Public Health Service, 1912-1968, Central File, 1897-1923 (hereafter RG 90), file 2123, box 206, folder: 1923.

²⁵⁴ Edwin R. Neville of the State Department also arrived for the May 1923 session of the Opium Advisory Committee. Elizabeth Wright was contacting the Under Secretary-General of the League, Inazo Nitobe, and urging U.S.-style drug policies from the outset. See Wright to Nitobe, 25 August 1920, LONA, R.706, 12/6526/1717.

As a team, the Americans sought an unqualified commitment that any use of opium “for other than medical and scientific purposes is an abuse and not legitimate,” and that illicit opium smoking would be punished.²⁵⁵ Like Blue, these Americans sat as “observers” because the United States was not a member of the League but, regardless of status, they asserted a familiar goal. Blue focused League discussions on eliminating “traditional” drug use. He dismissed talk of “semi-medical” use, a phrase that had been gaining in popularity in relation to opium eating in India. He prompted the Opium Advisory Committee to attempt to define legitimate needs for drugs.²⁵⁶ Blue also guided the Mixed Sub-Committee to resolve that “all non-medical use should be recognized as an abuse” and that the use of opium as a stimulant “could not be considered legitimate even in tropical countries.”²⁵⁷ Porter stuck to a strict interpretation of the intent of the Hague Opium Convention. He argued that that treaty had *already* affirmed an international consensus against non-medical drug use. Thus it should be a matter of course to now add “traditional” use to the prohibition. Brent stuck with sermon-like statements. He asked: “Why in a colony one law in matters of science and morals for the citizens of the mother country and another for the natives?”²⁵⁸

²⁵⁵ Porter to Bourgois, 24 May 1923; Blue to Cumming, 15 June 1923, both in NA, RG 90, file 2123, box 206, folder 1922; OAC, “Report on the Fifth Session of the OAC, May 1923,” LONA, O.C. 492, Col.307, 12a/28791/10346, 8.

²⁵⁶ See Blue to Crowdy, 23 January 1923, RG 90, file 2123, box 206, folder: 1923; and Hughes to Blue, 24 March 1923, NA, RG 90, file 2123, box 206, folder: 1923.

²⁵⁷ Blue noted the “tropics” in a letter to Andrew W. Mellon, Secretary of the Treasury, 16 January 1923. Also see Blue to Hughes, 26 March 1923; Blue to Crowdy, 27 February 1923; all three in NA, RG 90, file 2123, box 206, folder: 1923; OAC, “Report on the Discussions of the Mixed Sub-Committee,” 9 January 1923, LONA, O.C. 86(Annex Z), Col.307, 12a/28791/10346, 3; and McAllister, *Drug Diplomacy in the Twentieth Century*, 46-53.

²⁵⁸ OAC, “Speech Delivered by Bishop Brent on May 25, 1923, to the Advisory Committee,” LONA, R.708, 12a/28567/1717.

The American barrage triggered a push back from states committed to defending the legality of “traditional” drug use. The representatives of France, Germany, Great Britain, Japan, the Netherlands, Portugal, and Siam all dissented on opium smoking in the colonies. It was legitimate as long as it was regulated in accordance with the Hague Opium Convention’s stipulations for gradual suppression based on local conditions. John Campbell, the representative of the Indian government, added that raw opium eating was “not illegitimate” under the convention.²⁵⁹ The British proposed that sovereign governments “decide what is or is not” medical or scientific use (only to see the proposal voted down).²⁶⁰ The Bolivian government added a defense of another “traditional” drug to the discussion by warning that banning the use of coca would be ill advised as coca-chewing was entirely different from cocaine use. Bolivia suggested an in-depth international study to head off any rash pronouncements.²⁶¹

Porter responded in a tone more suited to the floor of the U.S. Congress than the halls of the League of Nations. He laid down an ultimatum. He found it unconscionable that countries were unwilling to strengthen the Hague Opium Convention’s anti-consumption measures. Worse, it seemed to Porter that other delegates wished to dismantle the extant controls, unsatisfied with the numerous available loopholes and qualifications. He conceded that sovereignty was an important consideration. “The internal affairs of other nations are

²⁵⁹ OAC, “Report on the Fifth Session of the OAC, May 1923,” LONA, O.C. 492, Col.307, 12a/28791/10346, 8.

²⁶⁰ The British proposals are reproduced in reproduced in Blue to Cumming, 15 June 1923, NA, RG 90, file 2123, box 206, folder 1922. There is evidence that the British Foreign office was amenable to the “complete suppression of opium smoking” but needed to defer to the Colonial Office. See, for example, Waterlaw to Delevingne, 1 August 1924, reproduced in Foreign Office, *The Opium Trade, 1910-1941*, vol. 5 (Wilmington: Scholarly Resources, 1974), pt. 21: 16-17.

²⁶¹ OAC, “Letter from the Bolivian Government on the Coca Industry and the Preparation of Cocaine,” 28 August 1923, LONA, O.C. 158, R.747, 12a/28369x/18661.

their own concern.” However, he found it “most unwise” to “admit that the domestic usages of any particular State are legitimate under the Convention.” Sovereignty could not engender a “special privilege.”²⁶² Porter continued, as politely as possible, that “it would seem quite undesirable to pass upon the legitimacy” of the kind of opium use that was widespread in India. And he concluded that if the other powers were unwilling to even approximate the intent of the Hague Opium Convention, that he would lead the U.S. delegation back to Washington.²⁶³

Porter’s fireworks prompted a scheme to keep the Americans engaged. The threat of the U.S. walkout alarmed League officials because they favored more, not less, U.S. participation in the fledgling world organization. Other delegations were also wary. Most had endorsed much of the American program, not just in Geneva in 1923 but also at the 1909 Shanghai and 1911-1912 Hague gatherings. The crux of contention was not the overall thrust of the U.S. proposals but their application to colonial territories. Therefore, the plan to assuage Porter involved keeping the Americans at task while excluding them from talks about colonial policy. On a British suggestion, the Opium Advisory Committee called for two new conferences.²⁶⁴ The first would address opium smoking and be attended only by governments that still allowed smoking, thereby excluding the Americans.²⁶⁵ The Americans

²⁶² OAC, “Note from the American Delegation Regarding Reservations Made by the Members of the Advisory Committee,” 5 June 1923, LONA, O.C. 141, R.708, 12a/28745/1717. Also see OAC, “Observations of the United States Representatives on the Resolution Adopted by the Advisory Committee on June 5, 1923,” 6 June 1923, LONA, O.C. 143, R.708, 12a/28745/1717.

²⁶³ OAC, “Note from the American Delegation Regarding Reservations Made by the Members of the Advisory Committee,” 5 June 1923, LONA, O.C. 141, R.708, 12a/28745/1717.

²⁶⁴ My account of the Geneva conventions underscores the consumption angle. For broader assessments, especially about drug production and trade see McAllister, *Drug Diplomacy in the Twentieth Century*, 51, 57-78; and Westel Woodbury Willoughby, Professor of Political Science at Johns Hopkins University who served as a counselor and expert to the Chinese delegation and penned *Opium as an International Problem: The Geneva Conferences*.

would be invited to the second conference, which would examine ways to better control manufactured drugs (already barred from non-medical consumption by the Hague Opium Convention). In a nod to the Americans, the Opium Advisory Committee suggested that this conference could consider endorsing uniform penalties for legal infractions, including opium use outside of government regulations.²⁶⁶ To further placate the Americans, the committee agreed to rush the schedule for the two conferences. The League Assembly issued resolutions in September of 1923 suggesting that the two conferences should convene consecutively and as soon as possible.²⁶⁷

The plan was terrible and the Americans ignored it. The first convention, convened in November of 1924, quickly ground to a halt on the issues of registering opium smokers and establishing uniform amounts for consumption, prices, and penalties for infractions. Watching from outside the proceedings, Brent lamented that they had left “the substance of the problem untouched.”²⁶⁸ Due to the rushed timeline of the two conferences, the second convention assembled before the first convention had reached a conclusion. Porter arrived at the second convention and issued a call for a comprehensive and punitive ban including opium smoking. Thus, the ruse to box in Porter produced a deadlock, with the two conferences in an uproar about their competencies. The plan had misread not only Porter but

²⁶⁵ Aside from China, Great Britain, France, the Netherlands, Japan, Portugal, India, Siam received invitations because they had “territories in which the use of prepared opium is temporarily continued under the provisions of Chapter II of the Convention,” see Crowdy to Blue, 4 February 1924, LONA, R.775, 12a/32737/24297.

²⁶⁶ OAC, “Report on the Fifth Session of the OAC, May 1923,” LONA, O.C. 492, Col.307, 12a/28791/10346, 22. There was also a growing trend to push for more serious penalties for traffickers, especially in replacing fines with imprisonment. See OAC, “Resolutions Adopted by the Committee,” 7 June 1923, LONA, O.C. 145, R.708, 12a/28745/1717, 1-4.

²⁶⁷ The Committee on Traffic in Opium of the Foreign Policy Association, “International Control of the Traffic in Opium,” May 1925, reproduced in Gerald N. Grob, ed., *Narcotic Addiction and American Foreign Policy: Seven Studies, 1924-1938* (New York: Arno Press, 1981), 5-6.

²⁶⁸ “Bishop Brent Quits Opium Conference, Voices His Disgust,” *Washington Post*, 8 December 1924.

also the tenor of the U.S. Congress, which had provided public instructions to the American delegates: only scientific and medical use of any drugs was acceptable (and production of opium and coca had to be limited to medical and scientific requirements).²⁶⁹

The conventions attempted to regain headway but the controversy over “traditional” drug use would not yield. To move forward, a joint committee convened with eight delegates from the two conferences. The Americans stuck to their tough stance, proposing that each nation make it a penal offense to be in illegal possession of controlled opiates, cocaine, and coca leaves and agree to prosecute their own citizens who had illegally possessed or consumed drugs in other countries.²⁷⁰ Porter continued to call for a ban on opium smoking, depicting any less as a breach of the Hague Opium Convention.²⁷¹ “What is forbidden and punished with severity in Western lands,” he asserted, “must not be excused and defended and promoted in the East.”²⁷² Congress’s instructions offered a ten-year limit on legal opium smoking in the countries that were “gradually suppressing” the habit. In contrast, the Dutch and the British argued against an immediate ban on opium smoking and eating; it would simply foster criminal behavior until smuggling was eradicated.²⁷³ The

²⁶⁹ For the instructions see resolution dated 15 May 1924, NA, RG 350, entry 5, box 846, file 15541-74.

²⁷⁰ U.S. Delegation, “International Control of the Traffic in Habit-Forming Narcotic Drugs, Fourth International Conference,” November 1924, LONA, O.D.C. 34, R.787, 12a/40639/37887. On coca leaves see article 20 in the U.S. draft proposals in Second Opium Conference, “Report of Subcommittee E,” 28 January 1925, LONA, O.D.C./S.C.E. 5, R.789, 12a/41120/37887. Also see Second Opium Conference, “Verbatim Record of the Plenary Meetings, Thirteenth Meeting,” 8 December 1924, LONA, R.794, 12a/40524/39417.

²⁷¹ Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twentieth Meeting,” 20 January 1925, LONA, R. 794, 12a/40524/39417, 9-10.

²⁷² Second Opium Conference, “Verbatim Record of the Plenary Meetings, Fourteenth Meeting,” 12 December 1924, LONA, R.794, 12a/40524/39417, 8.

²⁷³ British colonial authorities had advised Delevingne against accepting a ban on non-medical opium use, but the British were willing to accept registration. The Foreign Office was bound to support the Indian positions despite the sense that reform was inevitable. See First Opium Conference, “Proposal Submitted by the British Delegation,” n.d., LONA, C.O.P. 38, R.776, 12a/404840/28626. The debates can be followed in Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twenty-Second Meeting,” LONA, R.794,

Dutch mentioned the continuing opium use in the Philippines as an example (distressing Porter greatly).²⁷⁴ Delegates also favored the registration of opium smokers and a government monopoly, which they considered a more efficacious policy. The Japanese delegate, Sagataro Kaku asserted that, due to “inveterate” smokers, immediate total suppression of opium smoking would be not be humanitarian. Such a step, he warned, would turn smokers into “narcotic addicts,” as people would turn from the pipe to hypodermic needles, which were easier to conceal.²⁷⁵ The Bolivian delegate, Arturo Pinto Escalier, offered a third objection to the American approach. He dismissed the convention’s right to ban coca chewing, a habit that he defended as “perfectly innocuous.”²⁷⁶ Putting these objections together, the Indian delegate issued a general dismissal of the American attempt to “question the right of each country to control its own domestic consumption.” This was “idealism pure and simple” and likely to lead “into a morass.”²⁷⁷

12a/40524/39417. Also see McAllister, *Drug Diplomacy in the Twentieth Century*, 62, 70-76; The Committee on Traffic In Opium of the Foreign Policy Association, “International Control of the Traffic in Opium,” in Grob, *Narcotic Addiction and American Foreign Policy*, 7-9.

²⁷⁴ The Dutch had provided an in-depth discussion of their government opium monopoly for the benefit of the convention. See Marcel de Kort, “Doctors, Diplomats, and Businessmen: Conflicting Interests in the Netherlands and Dutch East Indies, 1860-1950,” in *Cocaine: Global Histories*, ed. Paul Gootenberg (New York: Routledge, 1999), 123-45; OAC, “Opium Policy in the Netherlands Indies,” 5 November 1924, LONA, O.C. 126, R.708, 12a/28524/1717; and Second Opium Conference, “Sub-Committee ‘B,’ Article 1 of the American Proposals Note by Mr. Shepherd, Delegate of Australia,” 4 February 1925, LONA, O.D.C./S.C.B 12, R.788, 12a/40800/37887.

²⁷⁵ Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twentieth Meeting,” 20 January 1925, LONA, R.794, 12a/40524/39417, 1.

²⁷⁶ Escalier attempted to explain his point with a landmark familiar to the diplomats; coca chewing was “a source of energy and endurance to those whose lot has been cast by nature on the highest portions of the globe, often at an altitude almost prohibitive of human life and comparable to that of the top of Mont Blanc,” which could be seen from the grounds of the League of Nations. See Second Opium Conference, “Statement by Delegate for Bolivia,” LONA, R.794, 12a/40708/39417, 2-3. Also see Second Opium Conference, “Report of Subcommittee E,” 28 January 1925, LONA, O.D.C./S.C.E. 5, R.789, 12a/41120/37887; and Second Opium Conference, “Final Text of the Report of Sub-Committee C,” 30 January 1925, LONA, O.D.C. 75(1), R.779, 12a/41242/32682.

²⁷⁷ Mr. Clayton’s remarks in Second Opium Conference, “Verbatim Report of the Plenary Meetings, Twenty-First Meeting,” 20 January 1925, LONA, R.794, 12a/40524/39417, 1-3. Also see Clayton’s extended remarks

Continued sparring led Porter to follow through on his threat. He ridiculed the call to delay a ban on “traditional” drug use until smuggling was eradicated. “Smuggling is a crime like homicide,” he announced, “crimes have existed for centuries, and it is likely that they will exist for centuries to come.”²⁷⁸ He countered the call for the registration of opium smokers within government monopolies with a revisionist telling of the history of American drug control in the Philippines, asserting that President Roosevelt said that opium smoking “must stop, and it did stop.”²⁷⁹ The U.S. delegation offered a concession of an additional five years to their proposed ten-year deadline to criminalize opium smoking.²⁸⁰ The British insisted that the countdown to an ultimate ban on “traditional” opium use begin when smuggling was no longer a concern. Brent was shocked by the animosity of the exchanges but nevertheless stiffened his tone. “Shall we try to make a compact with an evil, or shall we declare of war of extermination upon it in terms that admit of no compromise?”²⁸¹ Porter reached his limit. He announced that Washington would abide by the principles of the

defending opium use in British India in Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twenty-Seventh Meeting,” 7 February 1925, LONA, R.794, 12a/40524/39417.

²⁷⁸ Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twentieth Meeting,” 20 January 1925, LONA, R.794, 12a/40524/39417, 7.

²⁷⁹ The Dutch delegation asked for an update on the seizure statistics. See Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twentieth Meeting,” 20 January 1925, LONA, R.794, 12a/40524/39417, 5.

²⁸⁰ The ten-year deadline is noted in Second Opium Conference, “Proposals Submitted by the Delegation for the United States of America,” 24 January 1925, LONA, O.C.S.D. 1, R.777, 12a/41905/28626. The Portuguese delegation offered insights on the five-year extension in Second Opium Conference, Committee of Sixteen, “Statement by the Portuguese Delegation,” 3 February 1925, LONA, O.C.S. 8, R.777, 12a/42041/28626. Also see Porter’s comments in Second Opium Conference, Committee of Sixteen, “Verbatim Report of the Third Meeting,” 3 February 1925, LONA, R.77, 12a/4197X/28626.

²⁸¹ Second Opium Conference, “Verbatim Record of the Plenary Meetings, Tenth Meeting,” 28 November 1924, LONA, R.794, 12a/ 40524/39417, 12-13.

Shanghai commission and the stipulations of the Hague Opium Convention and led the Americans out of the talks.²⁸²

The new U.S. team had failed to broaden the ban asserted in the Hague convention. The chief delegate for the Dutch opined: “it was precisely the points on which it was impossible to reach an agreement which formed the essential part of the American proposals.”²⁸³ Yet the Americans had deepened their verbal attack on “traditional” drug use. The Japanese delegation concluded that the U.S. suggestions “concerning the abolition of the use of opium for smoking” had yet to be “unanimously adopted, but everyone is agreed as to its great moral significance, which no civilised nation worthy of the name will dare to deny.”²⁸⁴

Removed from the Geneva conferences, Washington could only watch while delegates produced two treaties in February 1925 that would shape international policy. The treaties made negligible advances regarding non-medical use (though they reached important agreements about limiting the production, manufacture, and trade of dangerous drugs). Ultimately, the First Geneva Convention included the British proposal to begin a fifteen-year countdown to the end of legal opium smoking *after* opium production and distribution was

²⁸² The Chinese delegation also abandoned the conference in the wake of the American departure. See Second Opium Conference, “Verbatim Record of the Plenary Meetings, Twenty-Sixth Meeting,” 7 February 1925, R.794, 12a/40524/39417; the Committee on Traffic In Opium of the Foreign Policy Association, “International Control of the Traffic in Opium,” in Grob, *Narcotic Addiction and American Foreign Policy*, 8-9; and Chinese Delegation to the First Opium Conference, “Letter to the President of the First Opium Conference,” 10 February 1925, LONA, C.O.P. 55, R.777, 12a/42255/28626.

²⁸³ Cited in the Committee on Traffic In Opium of the Foreign Policy Association, “International Control of the Traffic in Opium,” in Grob, *Narcotic Addiction and American Foreign Policy*, 15.

²⁸⁴ Second Opium Conference, Committee of Sixteen, “Verbatim Record of the Fourth Meeting” 6 February 1925, LONA, R.77, 12a/4197X/28626, 1.

sufficiently controlled.²⁸⁵ Other measures in the treaty accelerated the trend of reform already underway in Asia, including replacing opium farms with government monopolies staffed by salaried employees, a ban on sales to minors, and anti-opium education.²⁸⁶ The Second Geneva Convention escalated controls upon the drug trade, including a system of import and export certificates and the creation of the Permanent Central Board to assess national estimates of medical drug supply needs.²⁸⁷

More Americans Face Frustration

Powerful bureaucrats would form the third generation of U.S. anti-drug diplomats. Brent, disappointed by the American walkout at the Geneva convention, finally obeyed his inner calling to focus on religious affairs. He died soon thereafter in 1929.²⁸⁸ Porter died in 1930. Thus the stage was cleared for Harry J. Anslinger, commissioner of the Federal Bureau of Narcotics. The bureau emerged within the Treasury Department in 1930 and President Herbert Hoover appointed Anslinger as its first commissioner. Unlike earlier anti-drug diplomats, Anslinger had a bureaucratic interest in tying his office to the U.S. campaign. Anslinger's most important counterparts in the State Department were John Caldwell and Stuart J. Fuller, both were specialists in the Division of Far Eastern Affairs.

²⁸⁵ See, for example, Second Opium Conference, Committee of Sixteen, "British Declaration," 24 January 1925, LONA, C.S.D. 3, R.777, 12a/41903/28626.

²⁸⁶ The Parties also agreed to try to limit the number of opium shops and divans, attempt a census of smokers, and meet no later than 1929 to review their progress. See articles 1-12 and article 2 in the protocol. Raymond Leslie Buell reproduces the treaty in *International Opium Conferences With Relevant Documents* (Boston: World Peace Foundation, 1925), 169-75.

²⁸⁷ The convention also called for "adequate penalties" for breaches of national drug laws and recommended that countries punish citizens who violated drugs laws in other jurisdictions, though neither of these statements aimed expressly at illicit consumers. Buell reproduces the treaty in *International Opium Conferences With Relevant Documents*, 176-94.

²⁸⁸ Brent died on 27 March 1929 in Lausanne, Switzerland.

The new U.S. crew grasped its first opportunity to recover from the Geneva debacle. In 1931 another round of treaty negotiations began, now focused upon limiting excess drug production. American efforts to interject tough clauses on use produced a final treaty that included significant measures.²⁸⁹ The treaty advanced domestic controls by requiring signatories to create a “special administration” that would organize “the campaign against drug addiction, by taking all useful steps to prevent its development and to suppress the illicit traffic.”²⁹⁰ National drug control bureaucracies thereby gained a mandate based on international law as well as a stipulation that they adopt policies against non-medical drug use.²⁹¹ Further, the U.S. call to make illicit possession proof of an offense and the suggestion that signatories should “supplement the penalties” for legal infractions were adopted as formal recommendations.²⁹² As a side benefit to Washington, the 1931 agreement (the Convention on the Limitation of Drug Manufacturing) also augmented the legal basis of U.S. drug diplomacy beyond the 1912 Hague Opium Convention, which provided for more U.S. cooperation with the League and a platform for continued agitation for criminalization.

An unexpected setback soon put the Americans on the defense. The issue of opium smoking returned to the fore of anti-drug diplomacy largely due to a technicality. The First Geneva Convention (on opium smoking) contained a clause that called for a follow-up

²⁸⁹ Joining Anslinger and Caldwell on the U.S. delegation for the 1931 talks were Walter Lewis Treadway, Assistant Surgeon-General, and Sanborn Young, a California State Senator, who was close to President Hoover.

²⁹⁰ The convention introduced the concept of scheduling drugs by their potential to produce addiction and the League’s Health Committee gained more responsibility for assessing the addiction-producing qualities of new drugs and assigning them to the proper schedule. See the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, *Official Journal* 12 (1931), 1795.

²⁹¹ OAC, “Model Administrative Code to the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, Points to be Considered by the Sub-Committee on the Model Code,” 4 October 1932, LONA, Opium Traffic Section, S.212.20, file: Model Code Memoranda, 5.

²⁹² See recommendation 5 of the convention, 32.

gathering to assess progress achieved.²⁹³ As opium smoking would be the focus, the gathering was to be held in Asia where many governments continued to sanction smoking. The Siamese offered to host the convention in Bangkok. In anticipation of the gathering, a Commission of Enquiry, staffed by diplomats from impartial countries, took an eight-month tour, from 1929 to 1930, studying the conditions of opium smoking in East Asia. The itinerary included two weeks in the Philippine Islands.²⁹⁴ Rather than endorsing the policies in the Philippines, however, the Commission of Enquiry concluded that opium smoking was commonplace among Chinese and Filipinos after more than two decades of punitive prohibition.²⁹⁵ The Commission of Enquiry ultimately recommended that “the opium smoking habit should be suppressed gradually by legalising smoking by confirmed addicts and by supplying such smokers with Government opium.”²⁹⁶ A series of measures would help: public education, limits on opium production and distribution, restrictions of all sales to government monopolies, rationing the amount of opium sold, only allowing opium smoking in government establishments, outlawing opium sales to minors, offering medical treatment

²⁹³ See the protocol of the First Geneva Convention, article 5.

²⁹⁴ See Second Opium Convention, “Verbatim Record of the Plenary Meetings, Twentieth Meeting,” 20 January 1925, LONA, R.794, 12a/40524/39417, 9-10; OAC, “Memorandum Respecting the Control of Opium Smoking in the Far East,” 13 August 1928, LONA, C.386.1928.XI; OAC, “Memorandum Regarding the Far Eastern Commission of Enquiry,” 21 May 1929, LONA, Opium Section, S.201, file: Far Eastern Commission Memorandum; and Taylor, *American Diplomacy and the Narcotics Traffic*, 271-78.

²⁹⁵ Report of the League of Nations Commission of Enquiry into the Control of Opium Smoking in the Far East, LONA, Opium Section, Opium Commission of Enquiry, S.199, file: Philippine Islands Statements and Documents, 10.

²⁹⁶ OAC, “Report by the Representative of Yugoslavia,” 19 January 1931, LONA, C.84.1931.XI, R.3204, 12/25331/6245.

with follow-up care to smokers, and provisions to improve overall social and hygienic conditions.²⁹⁷

The Commission of Enquiry's recommendations served as the starting point for the 1931 convention at Bangkok, which meant that the Americans were in for an impossible slog. The U.S. delegation had little evidence of the efficacy of the policy in the Philippines to back their assertions.²⁹⁸ Worse, an unofficial study of the Philippines sponsored by the Foreign Policy Association and conducted by Herbert May, an American who served on the Permanent Central Board, had called for a transition to a government opium monopoly for opium smokers.²⁹⁹ Facing committed opposition to an immediate ban on opium smoking, the State Department complained that the Commission of Enquiry had been "unduly influenced"

²⁹⁷ In addition to the Philippines, the commission visited Burma, Straits Settlements, Federated Malay States, the Netherlands Indies, Siam, Union of Indo-China and Kwang-Chow-Wan, Hongkong, Macao, Formosa, Kwantung Leased Territory, and the South Manchuria Railway Zone. They did not visit China proper because they refused China's demand that all drug manufacturing countries also be visited and that China gain a seat on the commission. These recommendations were similar to the ill-fated recommendations of the 1905 U.S. Committee of Enquiry as well as the Dutch proposals regarding opium smoking at the 1909 Shanghai convention. The Commission of Enquiry studied the 1905 U.S. report. See the relevant documentation in LONA, "Commission of Enquiry into the Control of Opium Smoking in Asia, 1930," Opium Section, S.199. Also see OAC, "Report by the Representative of Yugoslavia," 19 January 1931, LONA, C.84.1931.XI, R.3204, 12/25331/6245; Taylor, *American Diplomacy and the Narcotics Traffic*, 274-75; OAC, "Statement Regarding the Work of the Bangkok Conference," 19 April 1932, LONA, O.C. 1430; and Commission of Enquiry into the Control of Opium Smoking in Asia, 1930, "Memorandum Regarding the Far Eastern Commission of Enquiry," 21 May 1929, LONA, Opium Section, S.201, file: Far Eastern Commission Memorandum.

²⁹⁸ The absence of good information was already evident in 1913 when Frank McIntyre, Acting Chief of Bureau of Insular Affairs, complained to Governor General of the Philippine Islands William Cameron Forbes that there had "been published no good report which shows the result of the prohibitive and punitive measures adopted by the Philippine government to suppress the opium traffic and the use of the drug." See McIntyre to Forbes, 1 July 1913, NA, Record Group 350, entry 5, box 160, 1023-195. Weak attempts to compile convincing reports followed. See OAC, "Letter From Mrs. Hamilton Wright to the Chairman of the Advisory Committee," 3 June 1926, LONA, O.C. 452, R.709, 12a/51976/1717; Philippine Commission, "Opium Legislation and Regulations"; Schuneman to Secretary of War, 8 May 1929; Caldwell to Nutt, 6 April 1929; and the report dated 1 July to 31 December 1928 and "Amended as suggested by Mr. Caldwell," all in LONA, Opium Section, S.199, file: Philippine Islands, Evidence.

²⁹⁹ Herbert L. May, *Survey of the Opium Conditions in the Far East* (New York: Foreign Policy Association, 1927).

by the governments that still allowed legal opium smoking.³⁰⁰ Anslinger turned to damage control, dispatching Elizabeth Hamilton Wright to Manila to stir up some positive reports.³⁰¹ Nevertheless, the final 1931 Bangkok Agreement on Opium Smoking embraced government monopolies as the preferred method to manage smokers. President Hoover's administration declined to sign the treaty.³⁰² The Americans had to settle for formal statements stressing their commitment to a total ban on non-medical drug use.³⁰³

A final U.S. attempt to overcome the stalemate on banning "traditional" drug use came in 1936, but the barrier remained firm. Anslinger and his State Department counterpart, Stuart Fuller, arrived in Geneva for talks about confronting illicit drug traffickers.³⁰⁴ The proposed improvements in the anti-trafficking effort involved enhanced

³⁰⁰ See Prentiss B. Gilbert, "Memorandum on the Work of the League of Nations," 9 March 1931, Papers of Harry J. Anslinger, Special Collections Library, Historical Collections and Labor Archives, Pennsylvania State University, (hereafter Anslinger Papers), box 10, file 13; and Taylor, *American Diplomacy and the Narcotics Traffic*, 273-74.

³⁰¹ Other efforts at damage control included a memorandum by Colonel C.H. Bowers, Superintendent of the Intelligence Division of the Philippine Constabulary, 19 January 1931, which called the Commission of Enquiry "more or less a junketing or pleasure trip" and criticized May's report as uninformed, Anslinger Papers, box 9, file 59, 3. Anslinger lauded Bowers' report and noted that it would provide "a splendid defense against all critics at Geneva." See Anslinger to Parker, 11 March 1931, NA, Record Group 170, Subject Files of the Bureau of Narcotics and Dangerous Drugs, 1916-1970 (hereafter RG 170), Acc# 71-A-3554, box 23, file: Philippines #1. Also see Anslinger to Cox, 22 October 1930, and Cox to Parker, 20 October 1930, both in NA, RG 350, entry 21, box 712, file: Mrs. Hamilton Mabie Wright (Elizabeth Washburn Wright).

³⁰² See OAC, "Report by the Representative of Yugoslavia," 19 January 1931, LONA, C.84.1931.XI.12; and Taylor, *American Diplomacy and the Narcotics Traffic*, 274-75.

³⁰³ John Caldwell of the State Department, and Colonel Lucien Sweet, Assistant Chief of the Philippine Constabulary, who had given information to the Commission of Enquiry, were on site in Bangkok. To ensure that the American delegation made it plain that an opium smoking ban was their primary goal, William Castle, Under-Secretary of State, authored Caldwell's statements, sending them to Bangkok by telegram. See Oscar R. Ewing's oral history interview available at: <<http://www.trumanlibrary.org/oralhist/ewing.htm>> (6 April 2007); "U.S. Condemns Dope Rationing," *Washington Herald*, 12 November 1931; Harry Anslinger, "For the Press," n.d., Anslinger Papers, box 9, file 59; and Taylor, *American Diplomacy and the Narcotics Traffic*, 274-79. The British report noted Caldwell's unsuccessful endorsement of "absolute suppression." See Home Office to Foreign Office, 23 December 1932, reproduced in Foreign Office *The Opium Trade, 1910-1941*, vol. 6 (Wilmington: Scholarly Resources, 1974), pt. 19: 3.

³⁰⁴ The preparation for the 1936 convention had begun after the 1931 Convention on the Limitation of Drug Manufacturing. See, for example, OAC, "Report to the Council on the Work of the Sixteenth Session," 15-31 May 1933, LONA, Col.307, 12/4716/4313, 32.

international cooperation and higher penalties aimed at deterring traffickers. Washington had expressed little interest from the outset in the anti-trafficking conference, confident that the existing treaties, properly followed, and the numerous bilateral agreements to fight illegal drug traders were sufficient. However, enthusiasm waxed when the State Department secured the right to broach additional topics at the convention including a ban on “traditional” drug use. At the conference in Geneva, the other delegations hastily considered and quickly dismissed Anslinger and Fuller’s proposals to add opium prepared for smoking and cannabis to the Hague Opium Convention’s ban on the non-medical use of manufactured drugs. The conference moved on to consider measures designed to make drug trafficking more onerous. Anslinger and Fuller wanted to abandon the talks, but the State Department would not countenance a reprise of Porter’s 1924 theatrics at Geneva.³⁰⁵ The final convention of 1936 stiffened international law regarding drug trafficking. It stipulated, for example, “severely punishing, particularly by imprisonment,” those convicted of infractions related to illicit trafficking.³⁰⁶ However, an American delegation had again suffered frustration about “traditional” non-medical drug use and the United States would again decline to sign a drug control treaty.

Conclusion

Three generations of U.S. anti-drug diplomats with the support of both Democratic and Republican presidents had achieved much in three decades. Brent and Roosevelt had

³⁰⁵ See OAC, “Further Replies from Governments to the Secretary General’s Letter,” 18 May 1935, LONA, O.C. 1599, 9(a); OAC, “Draft International Convention for the Suppression of Illicit Traffic in Dangerous Drugs, Report of the Sub-Committee,” 30 May 1934, LONA, O.C. 1558(1); and Taylor, *American Diplomacy and the Narcotics Traffic*, 289-97.

³⁰⁶ See article 2 of the Convention for the Suppression of the Limitation of the Illicit Traffic in Dangerous Drugs, League of Nations, *Official Journal* 17 (1936): 958.

gotten nations to discuss drug control in 1909. Though non-binding, the resulting resolutions espoused the language of proscription. The 1912 Hague Opium Convention added a legal obligation to the rhetorical trend. When that convention came into general force after World War I, international law banned non-medical use of manufactured drugs and pledged the gradual suppression of opium smoking. Suppression of “traditional” drug use remained for American campaigners a frustrating exception to this program. These changes had consequences. Chapter Four examines how the U.S. diplomatic campaign—and especially the breakthrough against non-medical drug use embodied in the Hague Opium Convention—spurred a global wave of punitive drug control laws.

CHAPTER 4

The Punitive Regime in Practice, 1914-1945

A twenty-nine-year-old woman named Chang Yu was one of thousands caught during anti-drug raids in Shanghai in 1934. She was discovered smoking “red pills,” a cheap substitute for prepared opium. Chang endured a “compulsory treatment” of forced detoxification and was discharged as “cured.” However, when she was caught again smoking red pills two months later, the government abandoned any effort at rehabilitation. Chang was shot in public. The Chinese government duly reported her execution (and others’) to the League of Nation’s Opium Advisory Committee. This reporting was not unique to China. Delegates to the League’s Opium Advisory Committee could peruse reports sent by dozens of countries detailing the punishment of illegal drug users.³⁰⁷

The previous chapter covered American efforts to promote a global punitive ban of non-medical drug use; this chapter examines the practical results of the campaign. The American model of punishing illicit drug consumption fully shifted from a radical proposition to a global reality before the Second World War. The criminalization of certain types of non-medical drug use and the punishment of users became a common feature across

³⁰⁷ The execution came under a special “drastic prohibition” that anticipated a national campaign described below. OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” LONA, C.299.M.182.1936.XI, 91-93. Also see OAC, “The Opium and Drug Situation in Shanghai,” 17 May 1935, LONA, O.C. 1597 (b), O.C.S. 239 (b), 1-3. The *London Times* reported on the plans to execute “obstinate” smokers and repeat offenders. See *The Times*, 3 September 1934, clipping in LONA, R.4882, 12/14386/792. See articles 1, 5, 6, and 10 of the Provisional Regulations for the Drastic Prohibition of High-Powered Narcotic Drugs, Promulgated in May 1934, in Permanent Office of the Chinese Delegation to the League of Nations, “Latest and Most Important Regulations concerning opium and dangerous drugs as now applied in China (Provisional translation),” 14 November 1934, LONA, O.C. 1576, 19.

the globe as nations joined within a punitive regime. The punitive regime was comprised of international treaties and U.S. advocacy that gave rise to national legislation, national motives that affirmed a punitive approach toward drug use, and finally, national reports of punishing drug users sent to the League of Nations.

Case studies best show the regime in practice. The five cases in this chapter are drawn from the key countries in the treaty talks (the United States and China) as well as Great Britain through its control in the Third World (British India, South Africa, and Egypt). Collectively the cases demonstrate that the punishment of drug users had international ramifications and that punishment became normative prior to the Second World War. Individually, the cases demonstrate how the international campaign shaped national policies. The U.S. case stands for the pattern that was most common among nations, particularly throughout the Americas and Europe. Stipulations in the 1912 Hague Opium Convention prompted Congress to pass a tough law that criminalized non-medical drug use. The cases of China, British India, South Africa, and Egypt each show how the regime also expanded in a more subtle manner: by affirmation. Each of these case studies assesses national motivations for joining the punitive regime, the application of punishment, and the reporting of adherence.³⁰⁸

This chapter offers a historical account of the international drug control movement that is different from the leading extant studies. Punitive bans were the rule, rather than the exception, before the Second World War, and U.S. officials enjoyed the support of foreign governments who brought their own interests to the punitive regime. Though such a policy was not expressly stipulated in the treaties, the cases in this chapter show that governments

³⁰⁸ For a helpful discussion about using historical case studies see Raymond Grew, "The Case for Comparing Histories," *American Historical Review* 85 (Oct., 1980): 763-78.

imposed punishment and reported about it to international organizations as a function of their participation in the movement.³⁰⁹

Part I. Trumping the Constitution: A U.S. Domestic Ban

In 1914 Congress passed the Harrison Act, which finally cleared a federal avenue to penalize non-medical drug use. American officials had created a tough proscription in the Philippines in 1908 but had been hamstrung in the continental United States due to the U.S. constitution, which invested state governments with the policing power to ban drug use, withholding such authority from the federal government. The obligations set forth in the 1912 Hague Opium Convention provided for the breakthrough. The U.S. federal ban would be complicated because of the constitutional issues. Still, federal officials set forth to impose its tough penalties on drug users and sent reports to the League of Nations stressing the benefits of the stiff penalties.

The International Connection

Hamilton Wright led the effort to overcome the constitutional hurdle to a federal ban on non-medical drug use. He initially called upon fear and racism by publicizing the ideas that opium smoking was spreading from the Chinese to white communities and that cocaine use made blacks in the southern United States violent.³¹⁰ By 1913 Wright had struck upon a

³⁰⁹ David Bewley-Taylor's account asserts that the United States forced an overly punitive and proscriptive international policy norm banning drug use after the Second World War when Washington gained the status of a global hegemon. See David R. Bewley-Taylor, *The United States and International Drug Control, 1909-1997* (London: Pinter, 1999). Attorney and drug policy commentator Rufus King argues that up until the 1960s "most of the rest of the world" was "indifferent or resistant" to U.S. preferences for "stringent repression" of drug use." See Rufus King's entry on Harry J. Anslinger, in *American National Biography*, ed. John A. Garraty and Mark C. Carnes (New York: Oxford University Press, 1999), 537. King provides a broader statement, though without archival research, in *The Drug Hang-Up: America's Fifty-Year Folly* (New York: W.W. Norton, 1972). Also see Jurg Gerber and Eric L. Jensen, eds., *Drug War American Style: The Internationalization of Failed Policy and Its Alternatives* (New York: Garland Publishing, 2001).

more effective argument. He began to stress the “international side” of the issue, which had (he claimed) developed to Washington’s “entire satisfaction,” and called for a strict federal ban to uphold the “decent opinion of the rest of the civilized world.”³¹¹ Backed by the State and Treasury departments and stressing America’s “international pledges,” Wright advanced three bills in the winter of 1913.³¹² The bills were timed in anticipation of the next gathering at The Hague scheduled for June 1914 that would seek to ratify the 1912 Hague Opium Convention. The linkage between the international movement and pending legislation was reminiscent of Root’s 1909 push to pass the face-saving opium smoking bill in advance of the Shanghai commission. The United States had signed the Hague Opium Convention and the State Department was urging nations to ratify it.³¹³ Even beyond its utility, Wright wanted the legislation to demonstrate Washington’s commitment to drug control.

The legal obligation tied to the Hague Opium Convention and the sense that America’s reputation required a bill were strong forces backing passage in Congress. Secretary of State Philander Chase Knox felt that the United States had to prove that “it seriously intends to enact the necessary laws to redeem its international obligations” because the United States had “secured pledges from over thirty nations for legislation of this character, and because several of those nations have already redeemed their pledges.”³¹⁴

³¹⁰ H. Wayne Morgan provides an overview of the growing fears about Chinese opium smoking in *Drugs in America, A Social History, 1800-1980* (Syracuse: Syracuse University Press, 1981), 29-43. Also see Hamilton Wright, “The International Opium Commission, Part 1,” *American Journal of International Law* 3 (July 1909): 648-73; Wright to Assistant Secretary of State, 8 February 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 108, 774/693a; and Musto, *American Disease*, 294-300.

³¹¹ Wright to Harrison, 10 February 1913, NA, RG 43, entry 36, box 1.

³¹² Wright to Harrison, 22 January 1913, NA, RG 43, entry 36, box 1.

³¹³ The Hague Opium Convention became *U.S. Statutes at Large* 38 (1915): 1912

³¹⁴ Wright to Harrison, 3 February 1913, NA, RG 43, entry 36, box 1.

Wright rallied Representative Francis Burton Harrison (D-NY), who served on the Ways and Means Committee, to the cause. Wright drafted the bills, with the assistance of the solicitors of the state and treasury departments. Harrison helped to shepherd them through passage. Wright prepared Harrison to make the international case by drafting a memorandum for the House Committee on Ways and Means. The memorandum outlined the three bills as necessary to “Redeem the Pledges of the United States as Contained in the International Opium Convention Signed at The Hague.”³¹⁵ Wright also informed Harrison that although there was no likelihood of “the international movement breaking down” it would be delayed if Congress remained “obtuse in the matter of domestic legislation.” Passage of domestic drug control bills prior to the June meeting at The Hague would be of great advantage from the diplomatic viewpoint.³¹⁶

The bills signed by President Woodrow Wilson in 1914 allowed Washington to adhere to the punitive regime but, due to the constitutional limits on federal policing power, the laws would be complicated measures based on the federal taxation and commerce powers. Two of the laws dealt with opium smoking. One updated the 1909 ban on the import of opium prepared for smoking (passed in 1909 to bolster American standing at the Shanghai Conference). Wright considered this law the “first link in the chain” to constrain opium within medicinal channels.³¹⁷ The other law imposed regulations designed to be so

³¹⁵ See Wright’s “Memorandum for the Committee on Ways and Means, of the House of Representatives, on H.R. 26833, 25240, and 28277, Being Bills Intended to Redeem the Pledges of the United States As Contained in the International Opium Convention Signed at The Hague...,” n.d., NA, RG 43, entry 36, box 1, 7.

³¹⁶ Harrison to Wright, 3 February 1913, NA, RG 43, entry 36, box 1. The records in this box document the pressure applied by the executive branch to secure passage of the bills. Wright also called upon President Taft to press the National Wholesale Druggists’ Association to drop its concerns about increased governmental regulation and support the three bills. Wright’s efforts are evident in Wilson to Taft, 2 October 1912; and Meyer to Taft, 18 October 1912, both in NA, RG 43, entry 36, box 1.

onerous that prepared opium would not be manufactured from raw opium in the United States. It also deemed possession of prepared opium evidence of a violation.³¹⁸ The third bill was more comprehensive and would supersede the others to become the major law to punish illicit drug possessors. In correspondence with Wright, Harrison referred to it as “our big narcotic bill.”³¹⁹ It became the eponymous Harrison Act.³²⁰ The Harrison Act banned unlicensed and untaxed distribution of all opium, coca, and their derivatives. Because unlawful possession was *prima facie* evidence of a violation, possession (obviously necessary for consumption) was effectively criminalized and the federal government thus raised a punitive ban on non-medical drug use. Offenses, including unauthorized possession, could trigger a fine of up to two thousand dollars, a prison term up to five years, or both.³²¹

The government put the Harrison Act into action against drug consumers. The Treasury and Justice Departments interpreted the law expansively, including penalties imposed on users.³²² The federal judiciary generally assented to this expansive interpretation

³¹⁷ See *Opium Acts, U.S. Statutes at Large* 24 (1914): 275-77; Wright’s “Memorandum for the Committee on Ways and Means, of the House of Representatives, on H.R. 26833, 25240, and 28277, Being Bills Intended to Redeem the Pledges of the United States As Contained in the International Opium Convention Signed at The Hague...,” n.d., NA, RG 43, entry 36, box 1, 8; and House, *Reenactment of the Opium Exclusion Act*, 63rd Cong., 1st sess., 1913, H. Rept. 24.

³¹⁸ See *Opium Acts, U.S. Statutes at Large* 24 (1914): 277-78; and Treasury Decision No. 2211, 10 June 1915, copy in NA, RG 350, entry 5, box 846, file 15541-43. For a discussion of these measures and a list of federal court rulings from 1915 to 1918 that held possession of prepared opium to be an violation see House, *Importation and Exportation of Narcotic Drugs*, 67th Cong., 2nd sess., 1922, H. Rept. 852, 3-4, 10.

³¹⁹ Harrison to Wright, 6 February 1913, NA, RG 43, entry 36, box 1.

³²⁰ Harrison departed soon after the bill’s passage for Manila to serve as Governor-General and where, as Wright phrased it, insular laws had already “aimed to suppress the monstrous opium evil.” See the letter drafted by Wright for Bryan to send to the secretary of war, 26 May 1914, NA, RG 43, entry 36, box 1.

³²¹ See *Congressional Record*, 63th Cong., 1st sess., 1913, 50, pt. 3: 2191-2211. Wilson signed the bill on 17 December 1914. See *Harrison Acts, U.S. Statutes at Large* 38 (1914): 785-90. There was controversy about extending the Harrison Act to insular possessions particularly the Philippine Islands where bans on drug use were already strict. See Senate, *Habit-Forming Drugs*, 63rd Cong., 2nd sess., 1914, S. Doc. 473.

of the law over the following years.³²³ For example, in 1915 a U.S. District Court upheld the Harrison Act conviction of Kenneth Brown who was caught with “about three drams of yen shee,” which was the ash from an opium pipe. The ruling found that possession of an outlawed article was proof of a violation.³²⁴ The following year a U.S. Circuit Court of Appeals upheld the Harrison Act conviction of New York jewelry salesman Tom Wilson. Wilson was convicted for having prepared opium in his house, which he kept “solely for the purpose of smoking.”³²⁵

There were two main categories of Harrison Act offenders: registered and unregistered. The provisions of the Harrison Act required medical professionals to apply to register and to pay a nominal tax. Drug users, with organic diseases or otherwise, were ineligible.³²⁶ Registered offenders were usually physicians or pharmacists who ran afoul of the onerous accounting requirements. Unregistered Harrison Act offenders were mostly people who possessed drugs for personal consumption (but also included drug peddlers). A

³²² The relevant agencies with the Department of the Treasury were: the Bureau of Internal Revenue (1915-1927), the Bureau of Prohibition (1927-1930), and the Bureau of Narcotics (1930-1968).

³²³ A 1919 amendment to the Harrison Act helped the Justice Department avoid some complications in prosecution raised by Supreme Court decisions regarding unauthorized drug possession. *U.S. Statutes at Large* 40 (1919): 1130-1133. Favorable court decisions included *Nigro v. United States*, 276 U.S. 332 (1928), *United States v. Wong Sing*, 260 U.S. 18 (1922), *Yee Hem v. United States*, 268 U.S. 178 (1925). These cases, and similar rulings, remain controversial because they often strayed from the text of the legislation, endorsed congressional oversight over medical practice, and underlay the federal criminalization of drug addiction. Joseph F. Spillane provided one of the best reviews of the cases in “Building a Drug Control Regime, 1919-1930” in *Federal Drug Control: The Evolution of Policy and Practice*, ed. Jonathon Erlen and Joseph F. Spillane (New York: Pharmaceutical Products Press, 2004), 25-59. Also see Arnold Jaffe, *Addiction Reform in the Progressive Age: Scientific and Social Responses to Drug Dependence in the United States, 1870-1930* (New York: Arno Press, 1981), 160-95.

³²⁴ The ruling bolstered the Treasury Department’s interpretation see Treasury Decision No. 2204, 15 May 1915, copy in NA, RG 350, entry 5, box 846, file 15541-43.

³²⁵ Treasury Decision No. 2280, 16 January 1916, copy in NA, RG 350, entry 5, box 846, file 15541-63.

³²⁶ Treasury Decision No. 2172 expressly denied the right of consumers to apply for registration under the Harrison Act. See Martin I. Wilbert, “Poisons and Habit-Forming Drugs,” *Public Health Reports* 31 (February 1916): 474.

majority of unregistered offenders were users, but an exact accounting is impossible due to the style of record keeping and the illicit nature of the drug market in which some users were peddlers and vice versa [see Tables 3-4]. A study by Assistant Surgeon General Walter Treadway (who also served as Chief of the Narcotics Division, of the United States Public Health Service [USPHS]) suggested the general trend. He scrutinized the cases of unregistered Harrison Act offenders in Massachusetts for a nine-month period in 1930. Out of 175 arrested, 174 were “addicts,” 149 were charged with “possession” or “drug addiction,” 4 were charged with “forging prescriptions,” and 22 were charged with “sale.”³²⁷ While clearly not exhaustive, these findings suggest that the majority of unregistered Harrison Act offenders were users. Further, when detailed accounting was available the numbers indicated that enforcement focused on users. For example, Treadway reviewed the Harrison Act arrest records for four months from July to October 1929. He found that 2,040 people were arrested and 367 were placed under surveillance during this period. Around 90 percent were “unregistered,” and of these around 74 percent were addicted or using habit forming drugs.³²⁸ Another study of arrests, from January 1932 to June 1934, found that 72 percent of “narcotic violators” were “addicted to the use of drugs” and that over 80 percent of those convicted were incarcerated. The average sentence lasted 672 days. Just 19 percent of those convicted were fined.³²⁹ The ambiguity in the conviction record was deepened by the tendency of the federal agents to press “selling” charges instead of “possession” charges because, as

³²⁷ Walter L. Treadway, “Some Epidemiological Notes on Narcotic Drug Addiction in the State of Massachusetts,” copy sent to Anslinger on 5 August 1930, Anslinger Papers, box 3, file 10.

³²⁸ W.L. Treadway, “Further Observations on the Epidemiology of Narcotic Drug Addiction,” *Public Health Reports* 45 pt. 1 (March 1930): 541-553. Also see House Judiciary Committee, *Establishment of Two Federal Narcotic Farms* (Washington, D.C.: U.S. Government Printing Office, 1928), 18.

³²⁹ The average fine was \$213. See U.S. Department of the Treasury, *Fines and Imprisonments in Federal Narcotics Cases* (Washington, D.C.: U.S. Government Printing Office, 1938), 3, 8, 10.

Commissioner Anslinger explained, “the former indicates to the court that the case has a trafficking angle and that it is not one involving merely the possession of a drug by an unfortunate addict.”³³⁰ This charging strategy predisposed the bench to issue longer prison sentences. Historian Joseph F. Spillane surmises that that the enforcement of the Harrison Act focused on the “most vulnerable groups,” most of whom were addicts or drug users charged as unregistered offenders.³³¹

³³⁰ “Enforcement of the Narcotic Drugs Laws in the United States of America,” 14 May 1938, LONA, O.C. 1734, 3.

³³¹ Spillane, “Building a Drug Control Regime, 1919-1930” in *Federal Drug Control*, ed. Erlen and Spillane, 25-59.

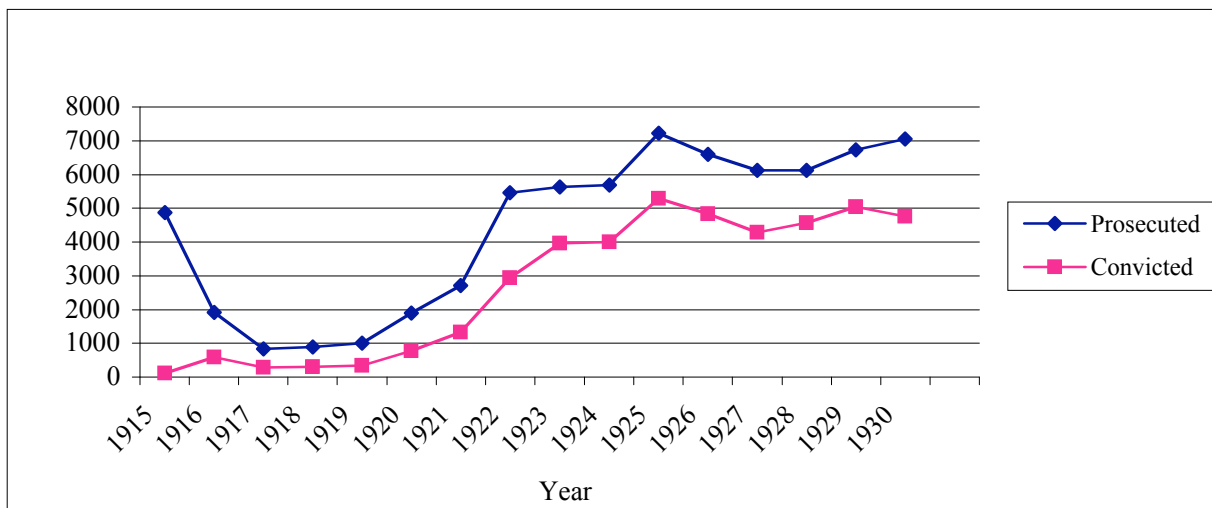


Table 3: Unregistered Harrison Act Offenders, 1915-1930

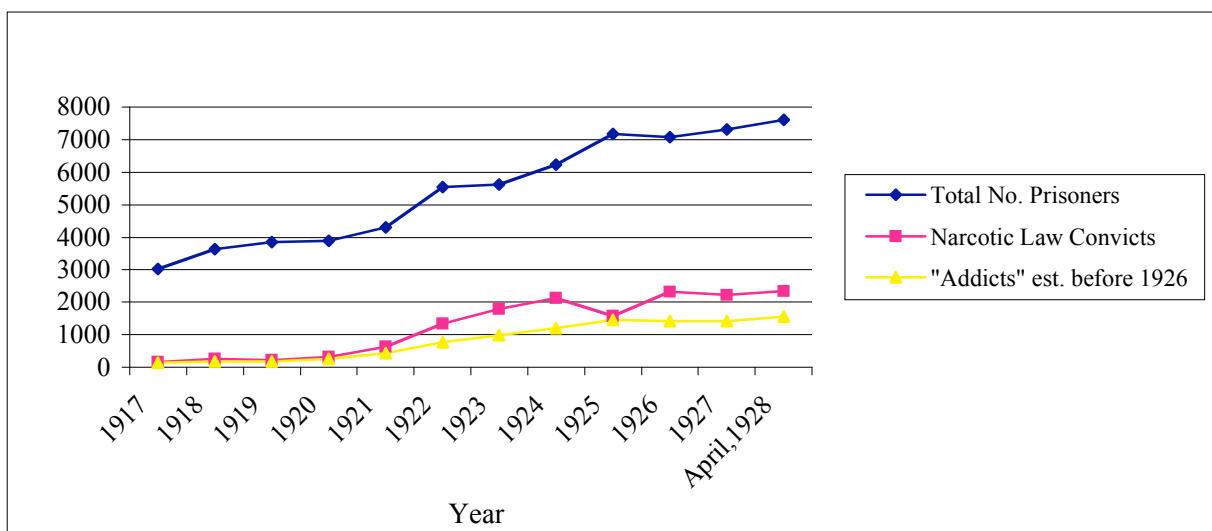


Table 4: Total Federal Prisoners, Drug Law Violators, and "Addicts," 1917-1928

The Harrison Act's basis upon the federal constitutional power to tax complicated its enforcement. Drug users were prosecuted as "unregistered" offenders. The initially high number of prosecutions and failure to convict in 1915 reflected the medical profession's forced transition into compliance with registration. The increase after 1919 followed from favorable court rulings easing prosecutions for illicit possession. Despite its complications, the Harrison Act introduced the federal incarceration of non-medical drug users. Figures for 1915 cover 1 March 1915 to 20 June 1915.

Source: Jaffe, *Addiction Reform in the Progressive Age*, 178, 248.

As the enforcement came on line, American reports to the League's Opium Advisory Committee conveyed the strict U.S. adherence to the punitive regime. From 1910 to 1923 the number of drug offenders committed to federal penal institutions rose 2,066 percent from around 300 to just fewer than 6,500. In 1923 there were 3,953 federal convictions for Harrison Act violations and 1,794 narcotic offenders serving sentences in federal prisons.³³² The next year Lawrence Kolb, Acting Surgeon General, noted that the Narcotic Division had secured over four thousand convictions leading to more than four thousand years of prison sentences "imposed on persons, chiefly addicts, who insisted on getting narcotics in violation of the law."³³³ The 1924 report to the Opium Advisory Committee cited 4,242 total convictions (only 245 were "registered" violators). The U.S. reports also presented the penalties imposed in aggregate, a technique that produced a shockingly large figure. For example, prison sentences imposed in 1924 would last 5,028 years, 10 months, 15 days and the fines would total \$511,664.91.³³⁴ In 1925 the number of convictions reached 5,600 with aggregate penalties imposed of 6,361 years, 11 months, 7 days, and fines totaling \$453,330.27. Of 5,600 convictions, only 317 were "registered" offenders.³³⁵ A 1926 report by a private research organization comprised of leading physicians, sent by Washington to Geneva, confirmed the sentencing trend. That report noted the "large" number of addicts in prison and concluded that people charged with Harrison Act violations were "almost sure

³³² An in-depth study of drug enforcement in this period remains to be written. Bureau of the Census, Department of Commerce, *Prisoners, 1923: Crime Conditions in the United States as Reflected in Census Statistics of Imprisoned Offenders* (Washington, D.C.: U.S. Government Printing Office, 1926), 41; cited in Alfred R. Lindesmith, *The Addict and The Law* (Bloomington: Indiana University Press, 1965), 131.

³³³ Kolb to Cumming, 20 August 1924, National Library of Medicine, History of Medicine Division, Bethesda, Maryland, Lawrence Kolb Papers (hereafter Kolb Papers), box 2, file: Richmond P. Hobson, May 1924 to November 13, 1924.

³³⁴ "U.S. Annual Report on the Traffic in Opium and Dangerous Drugs, 1924," LONA, O.C. 23(h), 4-5, 15.

³³⁵ "U.S. Annual Report on the Traffic in Opium and Other Dangerous Drugs, 1925," LONA, O.C. 23(i) 3-4,

to be convicted and sentenced to a year or more.”³³⁶ The U.S. reports to the Opium Advisory Committee also equated drug “addicts” with habitual criminals. For example the 1936 report noted that 65 percent of convicted narcotic offenders had “previous criminal records” as compared with “only” 38 percent of people convicted upon other charges.³³⁷ This neglected to note the frequency of repeat drug convictions for people who used drugs.

Appointed as Commissioner of the Federal Bureau of Narcotics within the Treasury Department in 1930, Harry Anslinger opened another route to expand U.S. adherence to the punitive regime: state enforcement. Anslinger recognized that states enjoyed “supreme police power within their own boundaries” while the federal policing was “hampered by the narrow limitations that restrict the Federal Government.”³³⁸ States could avoid the conceit of the revenue basis of the Harrison Act.³³⁹ They could greatly expand the number of law enforcement officers involved beyond the few hundred federal agents. States could assume much of the cost of enforcement and incarceration. Warning that “as long as the addict is at liberty to come and go, the peddler has a steady and trustful customer,” Anslinger drafted a Uniform Narcotic Drug Act and campaigned for the U.S. states to adopt it as law.³⁴⁰ The

³³⁶ See “Sixth Report of Committee on Drug Addiction, Meeting May 1926,” copy in Anslinger Papers, box 8, file 16. The U.S. Department of State also sent this report to the League of Nations. See OAC, “Connection between Crime and Drug Addiction,” 26 July 1933, LONA, O.C. 1460(a), 6-7.

³³⁷ OAC, “Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1936,” 16 July 1938, LONA, C.241.M.140.1938.XI, O.C.1723 (1), 13. Also see OAC, “Enforcement of Narcotic Drug Laws in the United States of America, 1938,” 14 May 1938, LONA, O.C. 1734.

³³⁸ Anslinger, “Federal Machinery Limit in Fighting Drug Traffic, Says Anslinger,” n.d., Anslinger Papers, box 5, file 6.

³³⁹ For a digest of state laws prior to the Harrison Act see Martin I. Wilbert and Murray Galt Motter, “Digest of Laws and Regulations in Force in the United States Relating to the Possession, Use, Sale, and Manufacture of Poisons and Habit-Forming Drugs,” *Public Health Bulletin* 56 (November 1912): 1-278. According to Morgan, “by 1931 the possession of opiates was illegal in thirty-five states, of cocaine in thirty-six, and of hypodermic paraphernalia in eight.” See Morgan, *Drugs in America*, 122.

³⁴⁰ Harry J. Anslinger, “The Reason For Uniform State Narcotic Legislation,” *Georgetown Law Journal* 22 (November 1932): 60.

National Conference of Commissioners on Uniform State Laws approved Anslinger's draft legislation in 1932 and the commissioner campaigned for widespread adoption.³⁴¹ By 1934 nine states had adopted the Uniform Act. Eight states reported a total of 3,033 convictions that year.³⁴² In 1935 President Franklin Delano Roosevelt joined in calling for states to adopt the act, to provide their "people far better protection than they now have against the ravages of the narcotic drug evil" and aid the federal government "in its efforts to aid them and to further combat this evil abroad through full cooperation between our country and other nations."³⁴³ When Congress passed the Uniform Act for the District of Columbia in 1938, a total of thirty-nine states and the territories of Hawaii and Puerto Rico also enforced the act.³⁴⁴

Anslinger included the state enforcement within the U.S. reports to Geneva, which bolstered Washington's calls for tough controls. For example, in 1939 the U.S. report to the Opium Advisory Committee reported that, despite the constriction of the illicit drug market due to the outbreak of the Second World War, there were 1,817 unregistered convictions under the Harrison Act triggering 4,118 years of prison sentences and fines imposed of

³⁴¹ In October 1932 the National Conference of Commissioners on Uniform State Laws recommended the Uniform Narcotic Drug Act. See Anslinger, "Speech Before the International Association of Chiefs of Police at St. Petersburg, Florida," 13 October 1931, Anslinger Papers, Box 1, File 7; and Anslinger, "The Necessity for Uniform State Narcotic Drug Legislation," 1932, Anslinger Papers, Box 10, File 9.

³⁴² The Harrison convictions in 1934, as reported to the Opium Advisory Committee, totaled just 2,674 despite a "nation-wide drive." Penalties aggregated to 5,073 years in prison and \$149,193.67 in fines imposed. See OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI, O.C. 1621(1), 67, 70-72.

³⁴³ See "Uniform Dope Laws Is Plea of Roosevelt," *Washington Herald*, 22 March 1935, clipping in Anslinger Papers box 5, file 14. Eleanor Roosevelt also backed the Uniform State Law. See her "First Lady Writes of Narcotic Evil," *Washington Herald*, 9 June 1935, clipping in same file.

³⁴⁴ U.S. Department of the Treasury, Bureau of Narcotics, *Protection Against Habit-Forming Drugs* (Washington, D.C.: U.S. Government Printing Office, 1940), 10. Also see OAC, "Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1938," 27 August 1940, LONA, C.124.M.113.1940.XI, O.C. 1781(1), 8.

\$108,321. The Uniform State Narcotic Act added 3,117 convicts and aggregate sentences of 697 years and fines imposed of \$12,705.³⁴⁵

Part II. China: The Regime with Revenue

In the late 1920s China began imposing dramatic penalties on users as a part of major domestic anti-drug campaigns. The Chinese Nationalist Party under the leadership of Jiang Jieshi [Chiang Kai-shek] replaced what had been a piecemeal approach to punishment with full participation in the regime. China's motives for joining the punitive regime were multiple. There was a longstanding anti-opium sentiment. American officials began lauding punitive policies in China in the early twentieth century. The international drug control treaties provided another spur. Finally, by joining the punitive regime and highlighting cruel penalties imposed on users in reports to Geneva, China lessened international criticism of the government's continued opium sales.

The Punitive Regime with Chinese Characteristics

Imperial distaste for the popularity of opium smoking materialized right after European traders had introduced it in the seventeenth century. By 1729 an imperial order banned opium smoking but exempted smokers from punishment, a concession to the vast number of smokers.³⁴⁶ The popularity of the habit underscored the basic difficulty facing anti-opium campaigns to come. The threatened penalties increased in 1796 (the possibility of pillory and bamboo) and 1836 (the chance of a death sentence). Still, Xu Naiji, a Qing court

³⁴⁵ There were only eighty-nine "registered" Harrison Act convictions. See U.S. Department of the Treasury, *Traffic in Opium and Other Dangerous Drugs for the Year Ended December 31, 1939* (Washington, D.C.: U.S. Government Printing Office, 1940), 73-74, 76.

³⁴⁶ Brook and Wakabayashi, *Opium Regimes*, 6. Martin Booth notes the exemption from penalties for smokers in *Opium: A History* (New York: Pocket Books, 1997), 109. Also see Lowes, *Genesis of International Narcotics Control*, 10, 13, 34, 40, 43-44; and McCoy, *Politics of Heroin*, 5.

official, lamented that “the smokers of the drug have increased [in] number, and the practice has spread throughout almost the whole empire.”³⁴⁷ Motivated primarily to protect state revenue, the emperor responded with another edict and sent Lin Zexu to serve as maritime commissioner in Canton to enforce the regulations against opium imports.³⁴⁸ For the local opium smokers, Lin introduced a system of registration, prescriptions, and dosage reduction in which smokers were supposed to wean themselves from their pipes.³⁴⁹ The recalcitrant could still face stiff penalties. For example, historian David Bello notes that some convicted “addicts” had their capital convictions reduced to banishment to the province of Xinjiang.³⁵⁰ In the following decades other officials launched similar, local anti-smoking measures, but no wide-ranging, systematic enforcement developed.³⁵¹ Demand for imported and locally grown opium remained strong. “In spite of the official measures taken against it,” summarizes historian R.K. Newman, “opium became a common and accepted feature of Chinese agriculture, commerce and social life.”³⁵²

³⁴⁷ See Baumler, *Modern China and Opium: A Reader*, 7; C.P. Spencer and V. Navaratnam, *Drug Abuse in East Asia* (Oxford: Oxford University Press, 1981), 11; and E.T. Williams, “Opium in China,” 8 September 1906, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/8-9, 1-2.

³⁴⁸ By 1839 Lin’s attacks on imported opium exacerbated the pre-existing British frustration about trade restrictions to the China market and helped to unleash the Sino-British War (1839-1842), often called the Opium War. See Brook and Wakabayashi, *Opium Regimes*, 6; David Anthony Bello, *Opium and the Limits of Empire: Drug Prohibition in the Chinese Interior, 1729-1850* (Cambridge: Harvard University Asia Center, 2005), 3; Joyce A. Madancy, *The Troublesome Legacy of Commissioner Lin: The Opium Trade and Opium Suppression in Fujian Province, 1820s to 1920s* (Cambridge: Harvard University Asia Center, 2003); Dikötter, Laamann, and Zhou, *Narcotic Culture: A History of Drugs in China*, 45; and Peter Ward Fay, *The Opium War, 1840-1842* (Chapel Hill: University of North Carolina Press, 1997).

³⁴⁹ Spencer and Navaratnam, *Drug Abuse in East Asia*, 12.

³⁵⁰ David Bello, “Opium in Xinjiang and Beyond,” in Brook and Wakabayashi, *Opium Regimes*, 129. Also see Walker, *Opium and Foreign Policy*, 6.

³⁵¹ Baumler, *Modern China and Opium: A Reader*, 22-27.

³⁵² See Madancy, *The Troublesome Legacy of Commissioner Lin*; Edward R. Slack, Jr., *Opium, State, and Society: China’s Narco-Economy and the Guomindang, 1924-1937* (Honolulu: University of Hawai‘i Press,

American officials may have motivated Chinese leaders to harden policies against opium smokers. Bishop Brent reported to Theodore Roosevelt in 1906 that the U.S. Opium Committee Report (translated into Chinese) helped to turn public opinion in China against opium smoking.³⁵³ Brent exulted to his sister that the fruits of his labors included an “Imperial Edict prohibiting the drug,” but in reality the 1906 edict relied on taxes, a system of registration, and public shaming to deter smoking.³⁵⁴ Historians Timothy Brook and Bob Tadashi Wakabayashi agree with Brent’s claim, but for different reasons, arguing that the report’s condescending discussion stiffened nationalist sentiment against opium.³⁵⁵ The Americans grasped onto punishments inflicted on users as evidence of China’s commitment to a total ban. Thus Samuel L. Gracey, American Consul at Fuzhou dwelled on the “sound beating” given to a scholar who smoked opium.³⁵⁶ In 1912 Charles Tenney lauded the

2001); and R.K. Newman, “Opium Smoking in Late Imperial China: A Reconsideration,” *Modern Asian Studies* 29 (October 1995): 769.

³⁵³ Secretary of State Philander Chase Knox was also sure that the American opium policy in the Philippines had a “profound influence” on Chinese leaders who wanted “to destroy the vice of opium smoking.” See Senate, *The Opium Traffic*, 61st Cong., 3rd sess., 1911, S. Doc. 736, 3; and Brent to Roosevelt, 20 August 1906, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/5-6.

³⁵⁴ Dikötter, Laamann, and Zhou argue that the “Qing waged the world’s first war on drugs,” though the 1906 edict replicated policy trends already underway in the Philippines, adopted a longer timeline (ten years instead of three), and fell short of the total ban enforced after 1 March 1908. See their *Narcotic Culture: A History of Drugs in China*, 110. For a translation of the edict and W.W. Rockhill’s discussion of the importance of the revenue see the memorandum dated 21 September 1906, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/126-7. Historian Thomas Reins equates the public shaming with a hopeful assessment of the instructive power of “Confucian morality.” See Thomas D. Reins, “Reform, Nationalism and Internationalism: The Opium Suppression Movement in China and the Anglo-American Influence, 1900-1908,” *Modern Asian Studies* 25 (February 1991): 126. Also see E.T. Williams, “Opium in China,” 8 September 1906, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/7, 15; R. Bin Wong, “Opium and Modern Chinese State-Making,” in Brook and Wakabayashi, *Opium Regimes*, 189-211; and Brent to Edith Brent, 4 May 1907, Brent Papers, box 68, file: Brent, Edith S, 1901-7.

³⁵⁵ Brook and Wakabayashi, *Opium Regimes*, 40.

³⁵⁶ See “Cultivation of Poppy and Suppression of Sale of Opium in Locality of Foochow, China,” 29 May 1907, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/110; Memorandum by James W. Ragsdale, 12 January 1907, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/223; and “The Anti-Opium Crusade,” *South China Daily Journal*, 3 May 1907, clipping in NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 104, 774/83-90.

governor of Anhui province for taking “strenuous measures” against opium smokers. They were imprisoned and “severely punished.” The military governor of Hunan province also garnered Tenney’s praise for imposing “summary executions,” a drastic punishment intended to make smokers “feel the rigor of the law.”³⁵⁷ In the wake of the republican revolution (1911-1912), Edward T. Williams found reassuring news: officials made “earnest efforts” to fight opium including capital punishment for repeated smoking offenses.³⁵⁸

The Republic of China embraced the international drug control movement, but lacked the political unity to raise comprehensive policies regarding consumption until the 1920s. China signed the Hague Opium Convention along with the other participants in 1912 and ratified it in 1914. Real progress toward adherence to the punitive regime, however, required the rise of the Chinese Nationalist Party and the leadership of Jiang Jieshi. Jiang’s first major campaign began in 1925. He established a monopoly and set to register all smokers who were supposed to reduce the amount they smoked by one fourth each year. Smokers who did not register, or who neglected to reduce the amount smoked, were to be arrested and forced to detoxify.³⁵⁹ While this was a move toward proscription, Jiang also benefited from the monopoly sales bureaus that had multiplied, providing much-needed revenue for the Northern Expedition and the extension of nationalist control.³⁶⁰ Jiang stiffened the approach in 1929 adding a time limit for smokers to quit and raising the penalties for unauthorized use

³⁵⁷ Tenney, “Memo on the Opium Trade in the Nanking Consular District,” 24 December 1912, NA, Records of International Conferences, Commissions, and Expositions, Record Group 43 (hereafter RG 43), entry 41, box 1, folder: Second International Opium Conference: China, 2 of 3, 4-5.

³⁵⁸ See, for example, E.T. Williams, “Opium in China,” 4 March 1913, NA, RG 43, entry 41, box 1, folder: Second International Opium Conference: China, 2 of 3, 15, 19, 21.

³⁵⁹ M.R. Nicholson, “Survey of the Narcotic Situation in China and the Far East,” 12 July 1934, Anslinger Papers, box 10, file 3, 8.

³⁶⁰ See Slack, *Opium, State, and Society*, 74-85; McAllister, *Drug Diplomacy in the Twentieth Century*, 25; and Kathryn Meyer and Terry Parssinen, *Webs of Smoke: Smugglers, Warlords, Spies, and the History of the International Drug Trade* (Lanham: Rowman & Littlefield, 1998), 144-45.

to at least one year in prison for those under twenty-five years of age and up to three years for others.³⁶¹

Jiang made sure that his domestic campaign scored points with the international movement. For example, in 1930 the Chinese government reported to the League's Opium Advisory Committee that opium smoking was being suppressed with "the guilty punished without exercising leniency." The report stressed that over eighteen thousand people were convicted of opium violations that year.³⁶²

Jiang again hiked the penalties during the mid-1930s. Unauthorized opium smokers risked a prison term of six months to two years and compulsory detention in a detoxification prison.³⁶³ Second offenders or those caught smoking after detoxification faced a sentence of one to three years and forced detoxification. A third opium smoking offense triggered the death penalty. People caught using manufactured drugs (cocaine, morphine, or morphine-based "colored pills") faced one to three years in prison, and detoxification. An offense after forced detoxification or a second offence brought a three to seven year term. Those caught a third time, such as Ms. Chang, were to be executed.³⁶⁴ In 1935 Jiang proclaimed the tougher

³⁶¹ There were also fines that could reach the equivalent of one thousand U.S. dollars. A translation of the law is in Memorandum by Frank P. Lockhart, 24 September 1929, NA, RG 59, Decimal File, 1910 to January 1963, 893.114/Narcotic Laws/ 22. Also see enclosures with translations in Commissioner for Foreign Affairs to Senior Consul, 13 February 1928; and Lampson to Henderson, 17 September 1929, both reproduced in Foreign Office, *The Opium Trade, 1910-1941* vol. 5 (Wilmington: Scholarly Resources, 1974), pt. 25: 108-109, pt. 26: 52-55.

³⁶² "China Annual Report for 1930," 18 December 1931, LONA, O.C. 23(e), R.3232, file: 23002 Annual Reports, 1930 China, 3, 16.

³⁶³ Like other prisons in China during the 1930s, the detoxification prisons imposed forced labor and used ideological indoctrination, which nationalists hoped would augment state authority. See Zhou Yongming, *Anti-Drug Crusades in Twentieth-Century China: Nationalism, History, and State Building* (Lanham: Rowman and Littlefield, 1999), 77-92; and Dikötter, Laamann, and Zhou, *Narcotic Culture: A History of Drugs in China*, 130-45. Frank Dikötter discusses Chinese penal institutions and the model prison movement in *Crime, Punishment and the Prison in Modern China* (New York: Columbia University Press, 2002).

³⁶⁴ See OAC, "Provisional Regulations on Penal Offences Relating to Opium Suppression, Communicated by the Representative of China," 24 March 1936, LONA, O.C. 1576(2); O.C. 1606(1), 3-6; Permanent Office of

approach as the “Six Year Opium Suppression Plan.” Each year after 1935 one fifth of registered smokers were to be shunted into forced detoxification. After 1936 anyone found using manufactured drugs faced a three to seven year prison term after forced detoxification. The death penalty was the fate for anyone caught smoking opium or using drugs after detoxification.³⁶⁵

Jiang’s government detailed the penalties imposed to the League’s Opium Advisory Committee thus demonstrating adherence to the punitive regime. A 1935 report described 31,259 drug offenders: sixty-seven were fined, 6,533 were imprisoned (fifty for life terms), 995 were executed, and 16,515 were sent to detoxification prisons.³⁶⁶ Reports for the next year indicated that the majority of offenders were opium smokers: out of around twenty thousand convictions, 339 were for opium trafficking, 11,967 for opium smoking, 1,074 for operating an opium den, and 3,261 were manufactured drug users caught again after a forced detoxification.³⁶⁷ China also reported to the League that it had created 4,397 detoxification prisons from 1935 to 1940 including “mobile units” in remote areas.³⁶⁸ During those years

the Chinese Delegation to the League of Nations, “Latest and Most Important Regulations concerning opium and dangerous drugs as now applied in China (Provisional translation),” 14 November 1934, LONA, O.C. 1576, 17-19; M.R. Nicholson, “Survey of the Narcotic Situation in China and the Far East,” 12 July 1934, Anslinger Papers, box 10, file 3; Alan Baumler, “Opium Control versus Opium Suppression: The Origins of the 1935 Six-Year Plan to Eliminate Opium and Drugs,” in Brook and Wakabayashi, *Opium Regimes*, 270-91; and Slack, *Opium, State, and Society*, 104-8.

³⁶⁵ OAC, “Provisional Regulations on Penal Offences Relating to Opium Suppression, Communicated by the Representative of China,” 24 March 1936, LONA, O.C. 1576(2), O.C. 1606(1), 3-6. Also see Dikötter, Laamann, and Zhou, *Narcotic Culture: A History of Drugs in China*, 127-29, 142-45.

³⁶⁶ There were 2,437 cases still pending at the end of the year. See “China Annual Report for 1935,” LONA, C.7.M.6.1937.XI, R.4977, file: Annual Reports 1935, China. 16. Also see OAC, “Report to the Council on the Work of the Twentieth Session,” 20 May to 5 June 1935, LONA, Col.307, 12/18420/4313, 5-6.

³⁶⁷ See KuoTse-Hsiung, “Opium Suppression in China,” reproduced in Baumler, *Modern China and Opium*, 157; and OAC, “Report to the Council on the Work of the Twenty-Second Session,” 24 May to 12 June 1937, LONA, Col.307, 12/20615/4313, 6.

³⁶⁸ See “China Annual Report for 1940,” LONA, R.5028, file: 1940 Annual Reports on Opium Traffic, China, 10 table 5; OAC, “Report to the Council on the Work of the Twenty-Second Session,” 24 May to 12 June 1937,

the government reported the forced detoxification of at least 2,457,489 people and the standard imprisonment of 135,754 drug offenders.³⁶⁹

China's numerous reports of long prison sentences and the execution of drug users helped China avoid criticism at the Opium Advisory Committee for the continuing governmental opium sales. Rather than dwelling on the swelling ranks of Chinese who registered to buy opium from the government (a number that would surpass four million by 1937), foreign observers viewed the harsh punishments as proof of progress on opium control.³⁷⁰ The Opium Advisory Committee responded with official praise (despite some disquietude over the executions) supporting the Chinese "campaign against the drug evil" and "paid a unanimous tribute to the determined efforts" of the Chinese government. The committee even surmised that the Chinese policies would "react favorably on the rest of the world."³⁷¹ The reports also struck U.S. observers as evidence of a success story. For example, the American representative on the Opium Advisory Committee in 1934 lauded Chinese enforcement tactics, asserting that the "present situation is, above all, a police question" and stressing that the "existence of prohibition laws in China was a *symbol* which tended to keep alive in the minds of people the principle of total prohibition in the use of opium for non-medical purposes."³⁷² Stuart Fuller, Assistant Chief of the State Department Division of Far Eastern Affairs, collected extra reports of the strict policies, including the

LONA, C.285.M.186.1937.XI, Col.307, 12/20615/4313, 6; and OAC, "Enquiry Into Drug Addiction," 31 May 1939, LONA, O.C. 1769, 59.

³⁶⁹ "China Annual Report for 1940," LONA, R.5028, file: 1940 Annual Reports on Opium Traffic, China, 10 table 5.

³⁷⁰ OAC, "Enquiry Into Drug Addiction," 31 May 1939, LONA, O.C. 1769, 58-60.

³⁷¹ OAC, "Report to the Council on the Work of the Twentieth Session," 20 May to 5 June 1935, LONA, Col.307, 12/18420/4313, 6.

³⁷² OAC, "Report to the Council on the Work of the Eighteenth Session," 18 May to 2 June 1934, LONA, O.C. 1562(1), Col.307, 12/11666/4313, 11.

executions of smokers, from U.S. officials in China.³⁷³ Stuart Allen, the American Consul General at Yantai (Chefoo), was also impressed by the executions. In 1937 he relayed one addict's experience with Chinese enforcement. Upon his release from a three year prison term for a drug offense, the government tattooed his arm with the Chinese character for "poison." Caught a second time, the government added another tattoo (the character for "scorpion") and then shot him.³⁷⁴ The appreciation of Nationalist China's punitive approach by U.S. officials would continue into the 1960s when Federal Bureau of Narcotics Commissioner Harry Anslinger was still lauding Jiang for removing the "bonds by which Opium held the people." Anslinger explained: "This was accomplished by 1,000 executions yearly for trafficking or opium smoking."³⁷⁵

Part III. Selective Adoption in British India

British India opted to punish cocaine users while still allowing raw opium eating. Officials in British India viewed raw opium eating as a traditional type of drug use that inflicted little harm and offered medical benefits. They viewed cocaine use as a foreign threat. Thus British India joined the punitive regime even with the continued defense of "traditional" drug consumption. British Indian officials endorsed the international treaties banning cocaine use and raised the penalties for violations. They reported the enforcement to Geneva as evidence of cooperation in the international drug control movement.

³⁷³ Taylor to Fuller, 12 August 1936, NA, RG 59, Decimal File, 1910 to January 1963, 893.114 Narcotics/1717.

³⁷⁴ See Stevens, "Punishment in Narcotic Cases," 4 May 1935, NA, RG 59, Decimal File, 1910 to January 1963, 893.114 Narcotics/1155; and Stuart Allen, "Narcotics: Addict Executed," 5 June 1937, NA, RG 59, Decimal File, 1910 to January 1963, 893.114 Narcotics/2034. For a graphic depiction of the policy of execution see Brook and Wakabayashi, *Opium Regimes*, 16.

³⁷⁵ Anslinger to Houston, 5 January 1966, Anslinger Papers, box 3, file: Post-retirement file and data on drug addiction and traffic.

Fitting the Punitive Regime to Local Mores

British Indian officials equated cocaine use with vice as well as foreign production and distribution networks. Cocaine was delivered by rail, purchased in urban settings, and mostly used for pleasure (by chewing, often with betel nut).³⁷⁶ In contrast, raw opium eating was connected to rural life, the agricultural economy, and the lack of medical services.³⁷⁷ Common explanations for a global increase of recreational cocaine use in the early twentieth century included a social fabric tattered by war, a burgeoning “bohemian” urban nightlife, and—of course—the excessive manufacture of cocaine.³⁷⁸ A cocaine-infused lifestyle famously emerged in interwar London, Paris and Berlin.³⁷⁹ But, the trend spread far beyond Western Europe.³⁸⁰ By the 1930s, according to one estimate, India had perhaps half a million

³⁷⁶ At least one commentator noted cocaine injecting. See Horace Grundy Alexander, *Narcotics in India and South Asia* (London: Williams and Norgate: 1930), 21, 28. However, the most detailed studies described eating as the most popular mode of ingestion. See Arthur Powell, “The Association of Narcotics With Insanity and Crime in the Tropics,” *Transactions of the Royal Society of Tropical Medicine and Hygiene* 18 (10 Nov. to 11 Dec. 1924): 259-265, 264; and Chopra, et al, *Chopra’s Indigenous Drugs of India*, 164-65.

³⁷⁷ For a judicious assessment of the opium issue see John F. Richards, “Opium and the British Indian Empire: The Royal Commission of 1895,” *Modern Asian Studies* 36 (May 2002): 375-420.

³⁷⁸ Germany and Japan were the largest producers of cocaine during this period. See Joseph Spillane, “Did Drug Prohibition Work? Reflections on the End of the First Cocaine Experience in the United States, 1910-1945,” *Journal of Drug Issues* 28 (Spring 1998): 517-538. Also see H. Richard Friman, *NarcoDiplomacy*; and Friman’s “Germany and the Transformation of Cocaine, 1860-1920,” along with Steven B. Karch, “Japan and the Cocaine Industry of Southeast Asia, 1864-1944,” in *Cocaine: Global Histories*, ed. Paul Gootenberg (New York: Routledge, 1999), 83-104, 146-61. For an example of British India’s complaints about Japanese overproduction of cocaine see OAC, “Report to the Council on the Work of the Fifteenth Session,” 15 April to 4 May 4, 1932, LONA, O.C. 1441(2), Col.307, 12/36824/3522, 7.

³⁷⁹ See Marek Kohn, “Cocaine Girls: Sex, Drugs, and Modernity in London during and after the First World War,” in *Cocaine: Global Histories*, ed. Paul Gootenberg (New York: Routledge: 1999), 105-22; Stein, *International Diplomacy, State Administrators and Narcotics Control*, 93-103; Terry Parssinen, *Secret Passions, Secret Remedies: Narcotic Drugs in British Society: 1820-1930* (Philadelphia: Institute for the Study of Human Issues, 1983), 173.

³⁸⁰ On Panama see Panama Canal Department, “Condition of Vice and Evil in Cities of Panama and Colon,” 20 May 1918, NA, RG 59, Internal Affairs of Panama, 1910-1929, roll 28, 819.151/31. Desmond Manderson described a panic about Australian soldiers’ cocaine use around 1919 in *From Mr. Sin to Mr. Big: A History of Australian Drug Laws* (Melbourne: Oxford University Press, 1993), 95. On Istanbul see H.G. Hobson, “Report on the Traffic in Narcotic Drugs in Constantinople during the Period 1919 to 1923,” 8 August 1923, LONA, R.709, 12a/31921/1717. On Hungary see OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” 14 July 1936, LONA, C.299.M.182.1936.XI, O.C.

cocaine users including both Muslims and Hindus.³⁸¹ Users included medical professionals, landowners, merchants, students, and prostitutes, all seeking the drugs' "gentle excitement," and mental or sexual stimulation.³⁸² A 1930 study of two hundred Indian cocaine "addicts" signaled the importance of social factors. Fifty-five percent cited association with other users as the cause of their habit. A little of 25 percent cited "luxury and pleasure" or "curiosity and fancy." A little over 6 percent blamed fatigue or worry.³⁸³

While tenaciously defending "traditional" drug use in the treaty talks, British Indian officials supported the U.S. call to ban cocaine use. At the Hague convention State Department officials had encouraged British delegates to address British India's call for cocaine controls. The British delegates endorsed the views of J.B. Brunyate, Acting Financial Secretary to the Government of India, who defended raw opium use as a part of Indian culture while depicting cocaine as a threat to the country.³⁸⁴ Officials feared that proscription of raw opium eating would help to popularize cocaine, which they considered to

1621(1), 31. On Iraq and Syria see OAC, "Iraq Annual Report 1925," 13 October 1926, LONA, O.C. 23(x)5. On Cyprus see OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI, O.C. 1621(1), 113. On Egypt see Thomas Russell Pasha, *Egyptian Service, 1902-1946* (London: John Murray, 1949), 223.

³⁸¹ Paul [Pablo Osvaldo] Wolff, "Drug Addiction - A World-wide Problem, 1932," reprinted with modifications from *Journal of the American Medical Association* 98 (18 June 1932): 2175-2184, copy in Anslinger Papers, box 7, file 11, 20-22. For a survey of U.S. print journalism about Indian opium issue see Jaffe, *Addiction Reform*, 343n114. Chopra, et al. also estimated that a quarter to a half a million Indians used cocaine "for its euphoric effects" around 1932. The estimation was based on seizures and a possible average daily dosage. The actual number of consumers could have been much higher due to infrequent use. See their *Chopra's Indigenous Drugs of India*, 166. Also see R.N. Chopra and G.S. Chopra, "Cocaine Habit In India," *Indian Journal of Medical Research* 18 (1930): 1013-46.

³⁸² R.N. Chopra, et al, *Chopra's Indigenous Drugs of India* (Calcutta: U.N. Dhur and Sons, 1958), 165. Roy K. Anderson, *Drug Smuggling and Taking in India and Burma* (Calcutta: Thacker, Spink and Co., 1922). R.N. Chopra and G.S. Chopra, "Cocaine Habit In India," *Indian Journal of Medical Research* 18 (1930): 1013.

³⁸³ "Indian Annual Report, 1930," LONA, O.C. 23(s)22, R.3232, file: Annual Reports, 1930 India, 10.

³⁸⁴ See Chapter Three; and Taylor, *American Diplomacy and the Narcotics Traffic*, 91.

be much more detrimental habit.³⁸⁵ The distinction remained central to Indian policy with Sir John Campbell's term as India's representative to the Opium Advisory Committee from 1921 to 1934. Campbell endorsed the American interpretation of the Hague Opium Convention that held that the non-medical use of manufactured drugs such as cocaine would have been eliminated if the convention had been properly applied across the globe.³⁸⁶ Lord Robert Cecil, another British diplomat, announced at the Geneva convention that cocaine was the "gravest possible evil" in India.³⁸⁷

Officials in British India thus adhered to the regime for cocaine users. Controls of cocaine use had begun in the early twentieth century at the provincial level, spreading generally throughout British India by around 1908.³⁸⁸ A more comprehensive ban, with stiffer penalties, came via Great Britain's signature of the Hague Opium Convention on behalf of British India. In response to the treaty, revised laws raised the penalties for illicit cocaine use.³⁸⁹ Political scientist M. Emdad-ul Haq notes that, following from the Hague convention, "the government of India banned the 'possession' of non-medicinal cocaine in

³⁸⁵ Memorandum by W.H. Michael, 19 October 1911, NA, Record Group 59, Internal Affairs of India and Burma, 1910-1929, Roll 13, 845.114N16/7.

³⁸⁶ See, for example, Campbell's comments in OAC, "Eighth Session, Provisional Minutes," 3 June 1926, LONA, O.C. (8)Sess./P.V.19, R.709, 12a/53364/1717, 12. Also see the British statements in Second Opium Conference, "Verbatim Record of the Plenary Meetings, Nineteenth Meeting," 19 January 1925, LONA, R.794, 12a/40524/39417.

³⁸⁷ Second Opium Conference, "Verbatim Record of the Plenary Meetings, Nineteenth Meeting," 19 January 1925, LONA, R.794, 12a/40524/39417.

³⁸⁸ The prohibitionist sentiment of the Indian National Congress included calls for the control of all intoxicating drugs, but not the punishment of users. Mohandas K. Gandhi hoped that the medical profession would find a cure for the "social disease" of non-medical drug use. See M.K. Gandhi, *Drink, Drugs and Gambling*, ed. Bharatan Kumarappa (Ahmedabad: Navajivan Publishing House, 1957), 113. Also see Spillane, *Cocaine*, 176.

³⁸⁹ See memo from the U.S. Consulate in Karachi titled "Use of Cocaine in India," 13 August 1913, NA, RG 59, Internal Affairs of India and Burma, 1910-1929, roll 13, 845.114N16/13.

all the provinces.”³⁹⁰ For example, Bengal and the Central Provinces raised the maximum penalties for cocaine offenses in 1915 to one year of imprisonment and a fine of two thousand rupees.³⁹¹ A 1922 commentator called the cocaine controls in India (and Burma) “stringent and severe.”³⁹² Drawing again on the treaty system, this time responding to the Second Geneva Convention, India increased the penalties for cocaine use with the Dangerous Drugs Act of 1930. This further raised the penalties for illicit possession of manufactured drugs such as cocaine to a maximum of two years in prison or a fine and four years imprisonment for a second offense.³⁹³

British Indian officials sent reports of the penalties imposed to the League of Nations to demonstrate their adherence to the punitive regime. The First World War disrupted the delivery of cocaine to India. With peace, cocaine delivery to the sub-continent resumed.³⁹⁴ The United Provinces blamed a surge in cocaine possession offenses in 1919 on the war’s end: there were just eleven arrests relating to cocaine in 1918, whereas in 1919 thirty-nine people were arrested just for illicit possession.³⁹⁵ The Bombay Presidency arrested fifty-

³⁹⁰ M. Emdad-ul Haq, *Drugs in South Asia: From the Opium Trade to the Present Day* (New York: St. Martin’s Press, 2000), 79.

³⁹¹ Copy of Extracts from Excise Act, No. II in NA, RG 59, Internal Affairs of India and Burma, 1910-1929, roll 11, 845.114/19; see also the cocaine clauses in “No. 14 of 1921,” which government reports described as “Action taken by the Government of India under the Hague Opium Convention of 1912,” 24 March 1921, NA, RG 59, Internal Affairs of India and Burma, 1910-1929, roll 11, 845.114/19, 10-12.

³⁹² Roy K. Anderson, *Drug Smuggling and Taking in India and Burma* (Calcutta: Thacker, Spink, 1922), 73.

³⁹³ The provinces created regulations to adopt the act. See “Indian Response to Addiction Questionnaire, 1948,” in United Nations Drug Control Program Archive, Vienna Austria, (hereafter UNDCPA), item 4, file: SOA 25/01 Part “C,” Drug Addiction Questionnaire to Governments. Haq discusses the influence of the Geneva Convention on the 1930 act in *Drugs in South Asia*, 100.

³⁹⁴ See, for example, William L. Jenkins, “Cocaine Traffic in Bihar: Opium Consumption,” 22 December 1925, copy in NA, RG 59, Internal Affairs of India and Burma, roll 13, 845.114N16/41.

³⁹⁵ See “Report on the Excise Administration of the United Provinces, Year ending March 31, 1920” (Allahabad: Government Press, 1921), copy in NA, RG 59, Internal Affairs of India and Burma, roll 11, 845.114/19, 18.

seven people for illicit cocaine possession in 1919 and 119 in 1920.³⁹⁶ India's annual report to the League's Opium Advisory Committee for 1925 noted that police across India had arrested 1,576 people for cocaine offenses and secured 1,227 convictions.³⁹⁷ However, the *Statesmen* (a conservative English language daily) complained that the "cocaine menace in Calcutta" continued as the arrests touched only the "dupes and victims of the traffic [who were] trapped and punished" instead of the "men who pull the strings and the profits."³⁹⁸ Reports forwarded to Geneva for 1926 included convictions for cocaine possession in the Province of Bihar and Orissa and described cocaine in paper packets for retail consumption.³⁹⁹ In 1930 British India again raised the penalties. The report to the League of Nations cited 790 people who had been arrested for cocaine offenses (excluding cross-border smuggling).⁴⁰⁰ The Opium Advisory Committee responded with alarm, stressing that cocaine was "streaming" into India.⁴⁰¹ However, the numbers of cocaine convictions dropped over the decade, probably due more to the war-related reduction of cocaine

³⁹⁶ "Report of the Excise Administration of the Bombay Presidency, Sind and Aden, 1919-1920," copy in NA, RG 59, Internal Affairs of India and Burma, roll 11, 845.114/19. Burma convicted one hundred people for illicit cocaine possession in 1919 and seventy-eight in 1920. See "Report of the Excise Administration of Burma, year ended March 31, 1920," (Rangoon: Office of the Superintendent, Government Printing, 1920), copy in NA, 59, Internal Affairs of India and Burma, roll 12, 845.114/19.

³⁹⁷ The nature of the offenses were mixed (possession, sale, import and export), as were the penalties (fines and imprisonment). See "Indian Annual Report, 1925," LONA, O.C. 23(k)6.

³⁹⁸ Editorial, *The Statesmen*, 3 December 1926, noted in William L. Jenkins, "Excise Policy of Government of Bengal," 4 December 1926, NA, RG 59, Internal Affairs of India and Burma, roll 12, 845.114LIQUORS/10, 10-11.

³⁹⁹ "Extract from Report on the Administration of the Excise Department in the Province of Bihar and Orissa, 1925-1926," LONA, O.C. 547, R.709, 12a/28496/1717, 25. On illicit cocaine markets see OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI; O.C. 1621(1), 98.

⁴⁰⁰ The total number convicted was 645. The offenses were mixed and the penalties were fine and imprisonment. "Indian Annual Report, 1930" LONA O.C. 23(s)22, R.3232, file: Annual Reports, 1930 India, 30-38, 68-77.

⁴⁰¹ OAC, "Report to the Council on the Work of the Thirteenth Session," 20 January to 14 February 1930, LONA, Col.307, 12/17873/3522, box 104, 13.

production in Germany and Japan than the increased penalties.⁴⁰² India reported just seven arrests for cocaine violations to the League in 1935.⁴⁰³ Ten years later the numbers reported remained low: again just seven arrests resulting in five convictions and penalties of fines and imprisonment.⁴⁰⁴

Part IV. Southern Africa: The Regime as Social Control

Led by the Union of South Africa, settler colonial governments across southern Africa used anti-drug enforcement as a tool to socially control native Africans. The drive to control native subjects inspired Union officials to support the U.S. push to include a ban on cannabis use within the punitive regime. When cannabis control finally entered the treaty system, in the Second Geneva Convention, the punishment of native African cannabis users gained a new significance. Settler colonial governments reported punishment to the League as evidence of their participation in global drug control.

The Cannabis Complex

The prerogatives and insecurities inherent in settler colonialism in southern Africa quickened the urge to control native people and police cultural practices deemed offensive by settlers, including non-medical cannabis use. Colonial administrators in the Union of South

⁴⁰² See Friman, *NarcoDiplomacy*, 19; and his “Germany and the Transformation of Cocaine, 1860-1920,” in *Cocaine: Global Histories*, ed. Paul Gootenberg (New York: Routledge, 1999), 83-104.

⁴⁰³ “Indian Annual Report, 1935,” LONA, C.122.M.74.1937.XI, R.4978, file: Annual Reports, 1935, India, 38-50.

⁴⁰⁴ There were just thirteen convictions of cocaine offenders from 1938 to 1940. See “Indian States Annual Report, 1940,” LONA, C.35.M.35.1945.XI, R.5028, file: 1940 Annual Reports on Opium Traffic, Indian States 54-73. There was a total of sixteen grams of cocaine seized in the 1945 arrests. See “Indian Annual Report, 1945,” UNDCPA, item 12, file: 109/03 Annual Reports India.

Africa began to raise criminal penalties for cannabis use early in the twentieth century.⁴⁰⁵

Legislation in 1907 was based on complaints that the traditional habit of cannabis smoking made native Africans “indolent and stupid.” Suspicions about the connection between cannabis use and lunacy also prompted the legislation, but the Medical Council related no cases of madness.⁴⁰⁶ The bill imposed a fine of twenty-five pounds for infractions.

Following independence in 1910, officials in the Union of South Africa continued to proceed against cannabis use in a manner reflecting a commitment to impose the cultural viewpoints of colonial powers upon a colonized population. A 1922 law increased the penalties for cannabis smoking to a one hundred pound fine or imprisonment for up to six months, or both.⁴⁰⁷ Charles J. Pizar, U.S. Consul in Charge, wrote to Washington from Cape Town in 1923 asserting that Union officials were stamping out the “evil” drug that made “the native or Negro population, and the mixed colored element” become “violent in their actions.”⁴⁰⁸ A governmental report issued the next year explained that cannabis smoking was “widespread amongst the native races, notably the Hottentots, Swazis, Zulus, and Basutos” and caused

⁴⁰⁵ See J.A. Mitchell, *Memorandum* (Pretoria: Department of Public Health, 1924); Brian M. Du Toit, *Cannabis in Africa: A Survey of its Distribution in Africa, And a Study of Cannabis Use and Users in Multi-Ethnic South Africa* (Rotterdam: A.A. Balkema, 1980); and Brian M. Du Toit, “Dagga: The History and Ethnographic Setting of Cannabis sativa in Southern Africa,” in *Cannabis and Culture*, ed. Vera Rubin (The Hague: Mouton, 1975), 81-116.

⁴⁰⁶ See “Dagga Prohibition Bill,” *Pharmaceutical Journal* 79 (12 October 1907): 493; and Delevingne to Blanco, 14 May 1924, LONA, R.787, 12a/36162/36162, 2.

⁴⁰⁷ Union of South Africa, Proclamation No. 181 of 1922, Regulation No. 17 noted in McLane to Drummond, 4 March 1924, LONA, R.780, 12a/34929/32733. The 1928 Act to Consolidate and Amend the Laws in Force, No. 13, 1928 carried forward the ban on non-medical use and the smoking of cannabis, with the same penalty. See the copy in NA, RG 59, Internal Affairs of British South Africa, 1930-1939, 848a.114/18; and Department of Public Health, *Regulations re Habit-Forming Drugs* (Pretoria: Government Printing and Stationary Office, 1922), copy in NA, RG 59, Internal Affairs of British South Africa, 1910-1929, 848a.114/9, 8.

⁴⁰⁸ Charles J. Pizar, “Regulations for the Control of Traffic in Narcotics in South Africa,” 4 April 1925, NA, RG 59, British South Africa Internal Affairs, 1910-1929, 848a.114/10.

frenzies of violence, murder, and rape. White farmers blamed cannabis for “bad tempered” and “unreliable” labor.⁴⁰⁹

These attitudes spurred Union officials to support the ongoing U.S. effort to advance cannabis control within the international drug control movement. American officials had been calling for strict control from the outset. After the 1909 Shanghai Commission, Wright and Brent pushed to include cannabis in the upcoming 1911-1912 talks at The Hague, worried that opium suppression would promote cannabis use.⁴¹⁰ However, the final Hague Opium Convention bent to French and British colonial concerns about rushing to criminalize a habit that was widely practiced in their colonies (particularly in North Africa and the Indian Sub-Continent).⁴¹¹ Thus, the Hague Opium Convention’s protocol of cloture merely called for further study of cannabis from the “statistical and scientific point of view” in order to evaluate the need for “internal legislation” or “international agreement” about proscription.⁴¹² In 1923 the Union of South Africa spurred another attempt. The Union proposed to the League’s Opium Advisory Committee that cannabis “should be treated as one of the habit-forming drugs” and included in control treaties.⁴¹³ This proposal helped to introduce

⁴⁰⁹ See Union Department of Public Health, *Dagga Smoking and Its Evils* (Pretoria: Government Printer, 1924), 1, 5. The report caught the interest of the U.S. State Department in 1934, which ordered the U.S. legation in Pretoria to furnish a copy. See Totten to the Secretary of State, 18 September 1934, NA, RG 59, Internal Affairs of British South Africa, 1930-1939, 848a.114 Narcotics/10.

⁴¹⁰ See, for example, Wright to Phillips, 18 May 1909, NA, RG 59, Numerical and Minor Files of the Department of State 1906-1910, roll 107, 774/633.

⁴¹¹ Italy also assisted. See Hamilton Wright, “Proposed Measures for the Hague Conference, Basis for Conference,” NA, RG 43, entry 37, box 1; Taylor, *American Diplomacy and the Narcotics Traffic*, 87; and International Opium Conference, “Thirteenth Plenary Session,” 12 December 1911, copy in Brent Papers Box 38, File: Correspondence on Opium, 1860-1931, 3-4.

⁴¹² Final Protocol of the International Opium Conference. Raymond Leslie Buell reproduces the treaty in *International Opium Conferences With Relevant Documents* (Boston: World Peace Foundation, 1925), 120-28.

⁴¹³ OAC, “Resolutions of the Assembly, the Council and the Advisory Committee on Traffic in Opium and other Dangerous Drugs”, April 1922, O.C 492, R.709, 12a/56396/1717, 23.

cannabis to the Second Geneva Convention of 1925, where the American delegation asserted a general principle against non-medical drug use (including cannabis). A subcommittee appointed to study the issue of cannabis also backed a ban. However, resistance, particularly from British India, kept a rigorous ban out of the treaty.⁴¹⁴ Nonetheless, the finalized Second Geneva Convention deemed cannabis to be dangerous enough to limit its international trade to amounts based upon medical necessity.⁴¹⁵

Though the Second Geneva Convention stipulated only trade regulations, the treaty spurred nations to introduce the drug into the punitive regime, which lent an international significance to the Union of South Africa's cannabis policies. Legal cannabis use became an anachronism during the interwar period. Only a handful of states continued to regulate legal access to cannabis while upholding their treaty requirements (notably Siam, Tunisia, Morocco, and British India).⁴¹⁶ The far more prevalent route was to include cannabis in existing legislation that banned non-medical use of manufactured drugs. Accordingly cannabis was legally defined as a "narcotic" in many countries and the drug was often criminalized in the absence of domestic concern about its use.⁴¹⁷ As cannabis control entered the punitive regime, the Union of South Africa's cannabis policies gained a new relevance. What was before a function of local social controls against native Africans' cultural traditions then became evidence that the Union was doing its share to combat the

⁴¹⁴ For an overview of the proceedings see OAC, "Preliminary Note on the Chief Aspects of the Problem of Indian Hemp and the Laws Relating Thereto in Force in Certain Countries," 23 May 1934, LONA, O.C. 1542, 1-3.

⁴¹⁵ See Chapters IV and V of the Second Opium Conference. Copy in Buell, *International Opium Conferences With Relevant Documents*, 179-80.

⁴¹⁶ OAC, "Preliminary Note on the Chief Aspects of the Problem of Indian Hemp and the Laws Relating Thereto in Force in Certain Countries," 23 May 1934, LONA, O.C. 1542, 17, 40-45, 48-49, 55-56, 59-61, quotations on page 44.

⁴¹⁷ For an example see the description of Britain's 1925 Dangerous Drugs Act, passed in accordance with the Second Geneva Convention, in Davenport-Hines, *The Pursuit of Oblivion*, 189.

international traffic in dangerous drugs (even if the cannabis was grown and smoked within the Union).

Union officials sent detailed reports to the League's Opium Advisory Committee linking domestic enforcement to the international movement. A portrait of the social control imposed by the government upon the native population through cannabis proscription emerged from the conviction figures. Summary figures reached impressive totals. For example, the total number of convictions rose from 3,504 in 1925 to 7,576 in 1935.⁴¹⁸ The trend continued, reaching a total of 14,016 convictions shortly after the Second World War. As presented in Table 5, the number of convictions of "natives" outpaced all others from 1925 into the postwar era. Convictions of "other coloured" people, meaning people of mixed race and South Asian immigrants, were a distant second. Convictions of whites were comparatively rare.

⁴¹⁸ See Union of South Africa, "Annual Report on the Traffic in Opium and Other Dangerous Drugs," 26 March 1926, LONA, O.C. 23(y)14; OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI, O.C. 1621(1), 136; and Union of South Africa, "Annual Report on the Traffic in Opium and Other Dangerous Drugs," 14 December 1936, LONA, C.512.M.324.1936.XI, R.4979, file: Annual Reports, 1935, South Africa, 2.

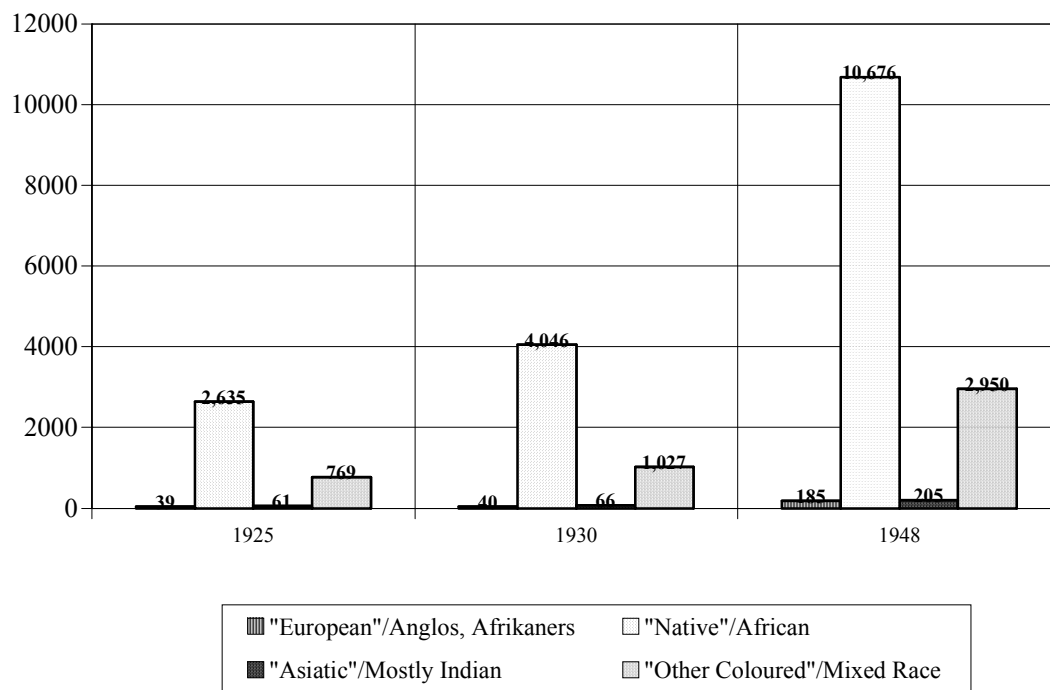


Table 5: Cannabis Possession Convictions in the Union of South Africa

Source: Union of South Africa, "Annual Report on the Traffic in Opium and Other Dangerous Drugs," 26 March 1926, LONA, O.C. 23(n)3, 5; Union of South Africa, "Annual Report on the Traffic in Opium and Other Dangerous Drugs," 3 November 1931, LONA, O.C. 23(w)20, 4; and John Mitchell Watt, "Dagga in South Africa," *Bulletin on Narcotics* 13 (July-September 1961): 9-14.

Settler colonial governments across southern African also fit the social control of native Africans within the punitive regime in practice. An overview of reports sent to the League of Nations about cannabis enforcement in southern Africa documented the trend.⁴¹⁹ Portuguese colonialists in Mozambique passed legislation to fine cannabis violators, unless the convicted person was a “native,” in which case imprisonment for up to twenty days would be the punishment.⁴²⁰ Angola also punished the use of cannabis by “natives.”⁴²¹ In tiny Swaziland, British colonials imposed fines and hard labor for up to three months on 115 “natives” in 1932, based on a 1925 law against cannabis possession.⁴²² British Northern Rhodesia [Zambia] banned cannabis possession in 1919 (though a colonist noted in 1934 that “probably the amount grown and smoked is as much the same to-day” as before the First World War).⁴²³ During the Second World War the country reported 170 prosecutions for illicit possession (and six for illicit sale), all of whom were “Africans.”⁴²⁴ British Southern Rhodesia [Zimbabwe] reported comparable figures, but with an additional penalty inflicted

⁴¹⁹ For a discussion of the issue see OAC, “Preliminary Note on the Chief Aspects of the Problem of Indian Hemp and the Laws Relating Thereto in Force in Certain Countries,” 23 May 1934, LONA, O.C. 1542.

⁴²⁰ OAC, “Preliminary Note on the Chief Aspects of the Problem of Indian Hemp and the Laws Relating Thereto in Force in Certain Countries,” 23 May 1934, LONA, O.C. 1542, 66.

⁴²¹ OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” LONA, C.299.M.182.1936.XI, O.C. 1621(1), 143.

⁴²² OAC, “Preliminary Note on the Chief Aspects of the Problem of Indian Hemp and the Laws Relating Thereto in Force in Certain Countries,” 23 May 1934, LONA, O.C. 1542, 65. Also see OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” LONA, C.299.M.182.1936.XI, O.C. 1621(1), 141; and OAC, “Reports from Governments on the Illicit Traffic in 1941,” 17 December 1942, LONA, O.C.S. 323, 39.

⁴²³ Wilfred Robertson, “African Drug Addicts,” August 1934, copy in Anslinger Papers, box 9, file 10. The Northern Rhodesia Native Drugs Proclamation of 1919 was noted in OAC, “Northern Rhodesia Response to the Opium Questionnaire,” 5 November 1931, LONA, O.C. 13(v).

⁴²⁴ OAC, “Northern Rhodesia Annual Report, 1940” 3 December 1941, LONA, C.82.M.79.1941.XI, R.5027, file: 1940 Annual Reports on Opium Traffic, Northern Rhodesia, 2.

by “cuts with the cane.”⁴²⁵ The 1937 report noted that 113 “natives” were punished for illicit possession of cannabis, with prison terms aggregating seventy-two months and three weeks with hard labor. The report warned readers who were not acquainted with conditions in African territories not to interpret the widespread punishment of “natives” as evidence of “extensive indulgence” in dangerous drugs in Southern Rhodesia, aside from cannabis.⁴²⁶

Part V. Egypt’s “Modern” Problem

Neocolonial officials in Egypt advanced punishment on a grand scale in the 1920s. They were convinced that widespread drug use represented a novel threat to Egyptian society. Thus Egyptian officials joined in the international anti-drug diplomacy, raised the penalties for non-medical use dramatically, and sent detailed reports to the League of Nations to demonstrate adherence to the punitive regime.

Mass Punishment

During the 1920s Egyptian drug policy underwent a transformation as neocolonial officials reinterpreted the significance of drug use. Non-medical drug consumption had been popular in the nineteenth century. The production and consumption of cannabis and opium had developed under Ottoman rule. Cannabis was usually converted into hash and smoked in water pipes. Opium was usually eaten raw from the dried capsules and seeds of the poppy plant. The two drugs were also mixed, singly or together, into aromatic confections known

⁴²⁵ OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” LONA, C.299.M.182.1936.XI, O.C. 1621(1), 112, 140.

⁴²⁶ OAC, “Southern Rhodesia Annual Report, 1937,” 23 June 1939, LONA, C.193.M.122.1939.XI, O.C./A.R.1937/124.

as *magoun*, *manzoul*, and *garawish*.⁴²⁷ Up to the First World War, the British had merely imposed regulations meant to dampen domestic cannabis use. These measures were haphazardly enforced and focused upon eliminating public smoking in cafes.⁴²⁸

An enterprising colonial bureaucrat, Sir Thomas Wentworth Russell (who would weather Egypt's 1922 transition to nominal independence) popularized a new, alarmist viewpoint. Russell argued that the inexorable advance of economic development made "traditional" types of drug use destructive in new ways. Thus he saw the disruption of pastoral life as the root of a new drug problem. Flooding caused by industrial irrigation projects had spread diseases that weakened agricultural laborers. A "desire for drugs" arose from the laborer's need to recover physical strength as well as wage earning and sexual capacities.⁴²⁹ According to Russell, even with some amounts of hashish "addiction" before the First World War, there had been "no more healthy, hard-working and cheerful class of person in the world than the Egyptian agricultural laborer. Today, every village in Egypt has its heroin victims and they are the youth of the country."⁴³⁰ Worse, the drug use had touched the upper class. The *Egyptian Gazette* amplified Russell's depiction asserting that cocaine

⁴²⁷ See "Egyptian Government Response to Opium Questionnaire," March 29, 1922, LONA, O.C. 13(s.2), 3, 6; Willoughby, *Opium as an International Problem*, 375, 377; Sabry Girgis, "Some Observations on the Situation Concerning Drug Addiction and Habituation in the Province of Egypt, UAR," 11 February 1959, UNDCPA, item 129, file: 27671, Drug Addiction, UAR, 6; OAC, "Subcommittee on Cannabis," 24 January 1939, copy in Anslinger Papers box 3, file 1, 3; and Russell *Egyptian Service*, 232.

⁴²⁸ There were only ten convictions for smoking cannabis in public during 1920. The average penalty was 6.1 days in jail and a small fine. See Ministry of the Interior, *Annual Report of the Alexandria City Police, 1920-1921* (Cairo: Government Press, 1923), 19, 22.

⁴²⁹ Russell continued to blame disease and a lack of economic development for the *fellahin's* desire to use opium. See Russell, *Egyptian Service*, 41; Russell's comments in, OAC, "Report to the Council on the Work of the Fifteenth Session," 15 April to 4 May 1932, LONA, O.C. 1441(2), Col.307, 12/36824/3522; and Francis L. Spalding, "Comments by Lewa Sir Thomas Russell Pasha on Narcotic Situation in Egypt," 17 April 1941, NA, RG 59, Decimal File 1940-1944, 883/114/573.

⁴³⁰ OAC, "Report to the Council on the Work of the Thirteenth Session," 20 January to 14 February 1930, LONA, Col.307, 12/17873/3522, 14.

had enticed “sons of the wealthy notables” and “richer people in the cities.”⁴³¹ By 1925 Russell informed the League’s Opium Advisory Committee that Egyptians were “rapidly becoming a race of drug addicts.”⁴³² Four years later he complained, “whereas twenty years ago practically the only drug used in the country was hashish, today the country is flooded with hasheesh and heroin.”⁴³³

Russell led Egypt to affirm the punitive regime. In 1925 Egypt participated in the Geneva Opium Conference, joining in the push to ban cannabis use as well as “traditional” opium use.⁴³⁴ Egypt adhered to the convention in 1926 and followed through domestically with tough legislation. The penalties for illicit possession of cannabis and manufactured drugs reached a maximum of one year in prison and a one hundred Egyptian pound fine for a first offense. A revision to the law soon increased the punishment to a maximum of five years in prison and a one thousand Egyptian pound fine.⁴³⁵ The Egyptian government

⁴³¹ “Russell Pasha is Right,” *Egyptian Gazette*, 24 December 1924, reproduced in NA, RG 59, Internal Affairs of Egypt, 1910-1929, roll 13, 883.114/5.

⁴³² OAC, “Report to the Council on the Work of the Ninth Session of the Committee,” 3 February 1927, LONA, C.29.M.19.1927.XI, R.709, 12a/28496/1717, 7.

⁴³³ Russell’s biographer drew upon the idea that 1920s drug consumerism was a modern threat in Egypt in the title of his book. See Harry D’Erlanger, *The Last Plague of Egypt* (London: Lovat Dickson & Thompson, 1936). Quotation in text from Russell to Delevingne, 23 May 1929, NA, RG 59, Internal Affairs of Egypt, 1910-1929, roll 13, 883.114/8.

⁴³⁴ The Egyptian government had expressed willingness to join the Hague Opium Convention and the government of the Netherlands, charged with overseeing the administration of the convention, had invited Egypt to join, but the effort fell off inexplicably during the war. See the related correspondence including Cheetham to Grey, 19 July 1914; Grey to Chilton, 30 July 1914; Chilton to Grey, 4 August 1914, Grey to Chilton, 22 December 1914; all reproduced in Foreign Office, *The Opium Trade, 1910-1941* vol. 3 (Wilmington: Scholarly Resources, 1974), pt. 8: 125-49. The delay continued into the 1920s, as noted in Scott to the Marquess Curzon of Kedleston, 18 February 1922, reproduced in Foreign Office, *The Opium Trade, 1910-1941* vol. 5 (Wilmington: Scholarly Resources, 1974), pt. 17: 24-25. Also see Second Opium Conference, “Proposal by the Egyptian Delegation,” 27 November 1924, LONA, O.D.C. 44, R.789, 12a/41081/37877; Willoughby, *Opium as an International Problem*, 374-84. Second Opium Conference, “Subcommittee ‘B,’ Art. I of the American Proposals,” 4 February 1925, LONA, O.D.C/S.C.B/12, R.788, 12a/40800/37887.

⁴³⁵ See translation of “Law Regulating The Traffic In and Employment of Narcotic Substances,” in NA, RG 59, Internal Affairs of Egypt, 1910-1929, roll 13, 883.114/11; and Russell, *Egyptian Service*, 225.

subsequently announced that these laws brought Egyptian legislation “into line with laws in other countries and with the international treaties.”⁴³⁶ However, Dr. Abdel Khalek Selim, an observer, complained in 1927 that the Egyptian law still was “too lenient and did not favorably compare with the laws” of Britain and the United States.⁴³⁷ Legislation passed the next year specifically penalized non-medical consumption of manufactured drugs with a minimum prison term of six months and maximum of three years and fines from thirty to three hundred Egyptian pounds.⁴³⁸ Persons judged to be “addicts” were considered “delinquents” and subject to the same penalties. Convictions could also be announced in newspapers and the offenders ceded “political and electoral rights” for five years.⁴³⁹

Egyptian police enforced the tougher new laws into action and officials sent detailed reporting to Geneva to demonstrate Egypt’s adherence to the punitive regime. The year 1928 marked a beginning of the tough approach [see Table 6]. That year police made 5,600 prosecutions in Cairo alone. Following his appointment as director of Egypt’s newly founded Central Narcotics Intelligence Bureau, Russell also took charge of enforcement and reporting to the League of Nations that year.⁴⁴⁰ Reports detailed equally high numbers of

⁴³⁶ Col. Ahmed A. El Hadka, “Forty Years of the Campaign Against Narcotic Drugs in the United Arab Republic,” *Bulletin on Narcotics* 17 (October-December 1965): 1-12.

⁴³⁷ OAC, “Report to the Council on the Work of the Fifteenth Session,” 15 April to 4 May 1932, LONA, O.C. 1441(2), Col.307, 12/36824/3522, 7. Also see J. Morton Howell’s dispatch dated 26 January 1927 in NA, RG 59, Internal Affairs of Egypt, 1910-1929, roll 13, 883.114/28.

⁴³⁸ “Aspects of the Narcotic Drug Problem,” *Egyptian Gazette*, 27 March 1941, copy in NA, RG 59, Decimal File 1940-1944, 883.114/570.

⁴³⁹ See “Egyptian Response to the Addiction Questionnaire,” 24 September 1947, UNDCPA, item 4, file: SOA 25/01 Part “B”, Drug Addiction Questionnaire to Governments; OAC, “Penalties Applicable under the Law on Narcotics,” 23 April 1932, LONA, O.C. 1433, Y4; CNIB, *Annual Report for 1930* (Cairo: Government Press, 1931), 80; and OAC, “Preliminary Note on the Chief Aspects of the Problem of Indian Hemp and the Laws Relating Thereto in Force in Certain Countries,” 23 May 1934, LONA, O.C. 1542, 61-62.

⁴⁴⁰ See Russell, *Egyptian Service*, 227; and Article 15 of Chapter 6 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, *Official Journal* 12 (1931), 1805.

arrests in 1929 when 5,681 people were in prison for illicit possession or “addiction” charges (1,813 were imprisoned on trafficking charges). That year at least “one quarter of the population of the prisons” were drug users or addicts.⁴⁴¹ Most offenders in the reports were punished for drug use. When the Egyptian reports specified drug convictions as either “possession,” “trafficking,” “addiction,” or “cultivation” offenses, possession convictions were by far the most common.⁴⁴² According to one accounting reported to Geneva, there were over twenty thousand people convicted and imprisoned as “addicts” and over fifteen thousand people convicted under trafficking offenses that included possession from 1929 to 1940.⁴⁴³

Egypt’s reports to Geneva (also handsomely published for the public) were outstanding examples of government interest in compliance with the regime. In one example, Russell called upon the assistance of eighty-two clerks working for over seven months, to create “addict” estimates (based on prison statistics and extrapolations from surveys by a selection of local leaders and officials).⁴⁴⁴ He conceded that the local officials had underrepresented the actual total, not wanting to associate their area of control with high-rates of drug use. Accordingly, Russell believed that the estimates represented only the “best known and more obvious addicts,” whom the local leaders could not avoid reporting.⁴⁴⁵

Down from an initial half a million total in 1929, Russell’s estimates settled to around thirty-

⁴⁴¹ CNIB, *Annual Report for the Year 1929* (Cairo: Government Press, 1930), 35.

⁴⁴² For an example see the table noting that “possession” offenses were twice as common as the “trafficking,” “addiction,” and “cultivation” combined for 1933-1935 in CNIB, *Egyptian Annual Report for the Year 1935* (Cairo: Government Press, 1936), 108-109.

⁴⁴³ CNIB, *Egyptian Annual Report for the Year 1940* (Cairo: Government Press, 1941), 96.

⁴⁴⁴ CNIB, *Interim Report to End of June 1935* (Cairo: Government Press, 1934), xi.

⁴⁴⁵ See CNIB, *Egyptian Annual Report for the Year 1929* (Cairo: Government Press, 1930), 36; and CNIB, *Egyptian Annual Report for the Year 1932* (Cairo: Government Press, 1933), 100-112. For a more optimistic appraisal see CNIB, *Egyptian Annual Report for the Year 1934* (Cairo: Government Press, 1933), 159.

seven thousand in 1932 and dropped to around nineteen thousand by 1938.⁴⁴⁶ Since the Central Narcotics Intelligence Bureau held that illicit possession was evidence of addiction, the estimates included such examples as a 1932 report that lumped 282,000 “hashish-addicts” in with “93,000 opium-addicts, and 54,000 heroin addicts.”⁴⁴⁷ Raw opium and cannabis remained the most popular drugs, while heroin and cocaine were less common.⁴⁴⁸ A 1930 survey of four hundred “prisoner addicts” suggested the quotidian nature of the possession convictions: the top four professions represented were coffee-shopmen, farmers, shoemakers, and fruit dealers [see Figure 5]. They were likely to be repeat offenders, as only 44 percent had no prior drug convictions and most were between twenty and thirty years old.⁴⁴⁹ The records for 1935 included a milkman, a coffee-shopman, and a white-washer who were sentenced to two years in prison and fines while two farmers, three coffee-shopmen, and a wool-spinner were sentenced to five years and fines, all convictions for “addiction.”⁴⁵⁰

⁴⁴⁶ See CNIB, *Egyptian Annual Report for the Year 1932* (Cairo: Government Press, 1933), 100-112; and CNIB, *Egyptian Annual Report for the Year 1938* (Cairo: Government Press, 1939), 132.

⁴⁴⁷ OAC, “Report to the Council on the Work of the Fifteenth Session,” 15 April to 4 May 1932, LONA, O.C. 1441(2), Col.307, 12/36824/3522, 6.

⁴⁴⁸ “Egyptian Annual Report for 1950,” UNCPA, 81/1 item 10, file: 109/03 Annual Reports Egypt.

⁴⁴⁹ CNIB, *Egyptian Annual Report for the Year 1930* (Cairo: Government Press, 1931), 62-65.

⁴⁵⁰ CNIB, *Egyptian Annual Report for the Year 1935* (Cairo: Government Press, 1936), 108-9.



Figure 5: An Egyptian Drug Victim.

The original caption read: “A Drug Victim: In the working clothes of a riveter, brought into the Police Station in a state of collapse.” The “victim” would be sentenced as an “addict” to a prison term between six months and three years and ordered to pay a fine from thirty to three hundred Egyptian pounds.

Source: Central Narcotics Intelligence Bureau, *Annual Report for the Year 1929* (Cairo: Government Press, 1930), facing page 38.

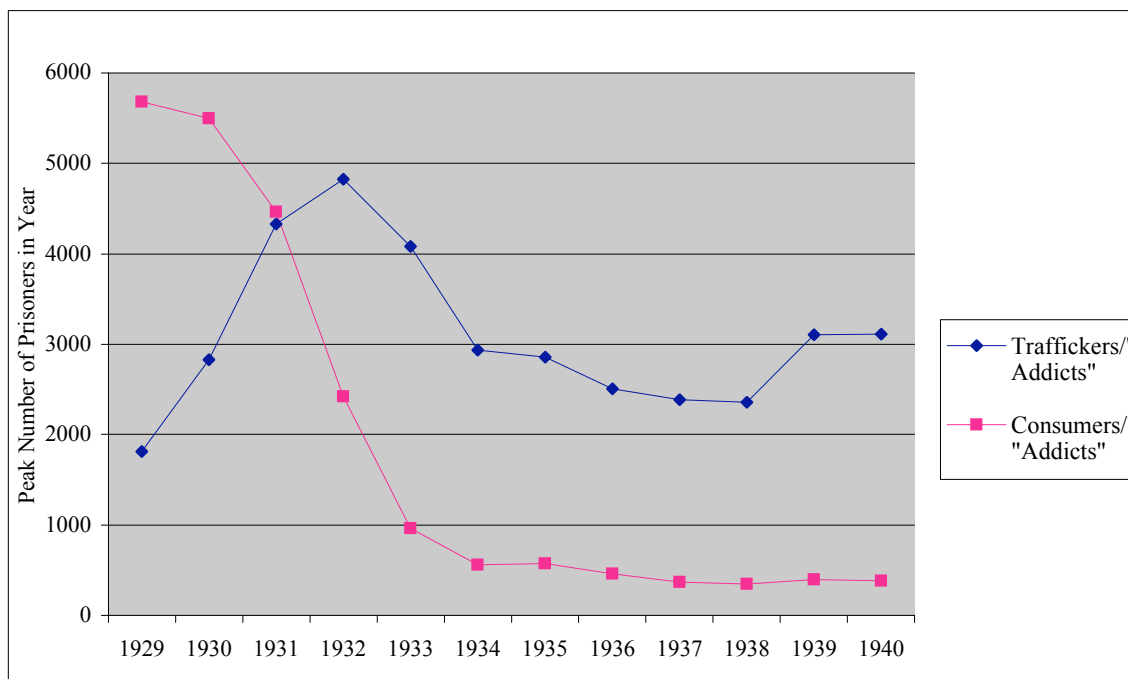


Table 6: Peak Number of Drug Convicts in Egyptian Prisons, 1929-1940

The figures for “traffickers” also represented some drug users, who were “addicts” or were caught with small amounts of illegal drugs. An exact accounting is not possible based on these reports.

There were a number of reasons why the number of convictions fell off over the 1930s. Russell identified three causes: the increased price of illicit heroin, the economic depression which lowered purchasing power and worsened the poverty of the *fellahin*, and the severity of the enforcement of the drug law.⁴⁵¹ A fourth reason was the limitation of policing powers.⁴⁵² Russell complained in 1929 that the estimated half a million drug users (roughly split evenly between heroin and cannabis) faced an “infinitesimal” risk of being arrested and imprisoned.⁴⁵³

Source: Central Narcotics Intelligence Bureau, *Egyptian Annual Report for the Years 1929-1940* (Cairo: Government Press, 1930-1941).

⁴⁵¹ OAC, “Report to the Council on the Work of the Sixteenth Session,” 15-31 May 1933, LONA, Col.307, 12/4716/4313, 17.

⁴⁵² See, for example, Russell’s comments about the estimates of drug users in CNIB, *Egyptian Annual Report for the Year 1932* (Cairo: Government Press, 1933), 100-12.

⁴⁵³ See CNIB, *Annual Report for the Year 1929* (Cairo: Government Press, 1930), 35; and CNIB, *Interim Report to End of June 1929* (Cairo: Government Press, 1929), 6.

There were notable ironies in Russell's depiction of drug use as a modern scourge and his adoption of the punitive regime. Russell's major concern had been manufactured drug use, especially heroin, but the stiffened approach sentenced cannabis users to prison as well.⁴⁵⁴ This policy seemed harsh considering Russell's 1933 statement to the Opium Advisory Committee: "There are plenty of normal Egyptian laborers who look upon and enjoy a pipe or two of hashish now and then in much the same spirit as their more educated cousins look upon a glass or two of whiskey and a visit to the cinema—an evening's amusement in enjoyable company."⁴⁵⁵ The crackdown on all types of drug use also increased the number of injecting drug users, which created more health problems. Government investigation located syringe sharing as a vector spreading malaria.⁴⁵⁶ Syringe injection became a favorite method of opiate administration by the end of the 1930s, even as a shortage of heroin prompted "infusions" of prepared and raw opium. An Egyptian physician noted in 1939 that hypodermic injections were the most common form of opiate use, whereas the "old way" of eating a small amount of opium, "which seems to be a method that can be pursued for many years without producing the uncontrollable habit or destroying the user's health" had become "rare."⁴⁵⁷

Despite such negative factors, Russell remained committed to the punitive approach. His faith in the utility of "long term sentences" remained strong, as he held that drug users

⁴⁵⁴ OAC, "Report to the Council on the Work of the Thirteenth Session," 20 January to 14 February 1930, LONA, Col.307, 12/17873/3522, box 104, 14.

⁴⁵⁵ CNIB, *Annual Report for 1933* (Cairo: Government Press, 1934), 54, 156.

⁴⁵⁶ CNIB, *Interim Report to the End of June 1929* (Cairo: Government Press, 1929), 7.

⁴⁵⁷ "The Opium Menace," *Egyptian Mail*, 20 April 1939, copy in NA, RG 59, Internal Affairs of Egypt, 1930-1939, roll 10, 883.114/387. OAC, "Report to the Council on the Work of the Twenty-Fourth Session," 15 May to 12 June 1939, LONA, C.202.M.131.1939.XI, O.C. 1773(1), 4, 31.

would benefit from long periods in prison and a “chance to start clear on leaving prison.”⁴⁵⁸

He wrote:

All one could do was to consider addiction and possession as a penal offence and condemn the victims to terms of imprisonment sufficiently long to break them completely of the habit before they returned again to their old life and temptation [...] Obviously similar treatment in the case of less primitive people would have been dangerously harsh and in some cases might have had fatal results, but it was not so in the case of these Egyptian working men. Their sufferings during their first few days of total deprivation were certainly acute, but they did not die and in a very short time had ceased to suffer or to crave for drugs [see Figure 6].⁴⁵⁹

⁴⁵⁸ CNIB, *Annual Report for the Year 1929* (Cairo: Government Press, 1930), 89-90.

⁴⁵⁹ Russell, *Egyptian Service*, 234.

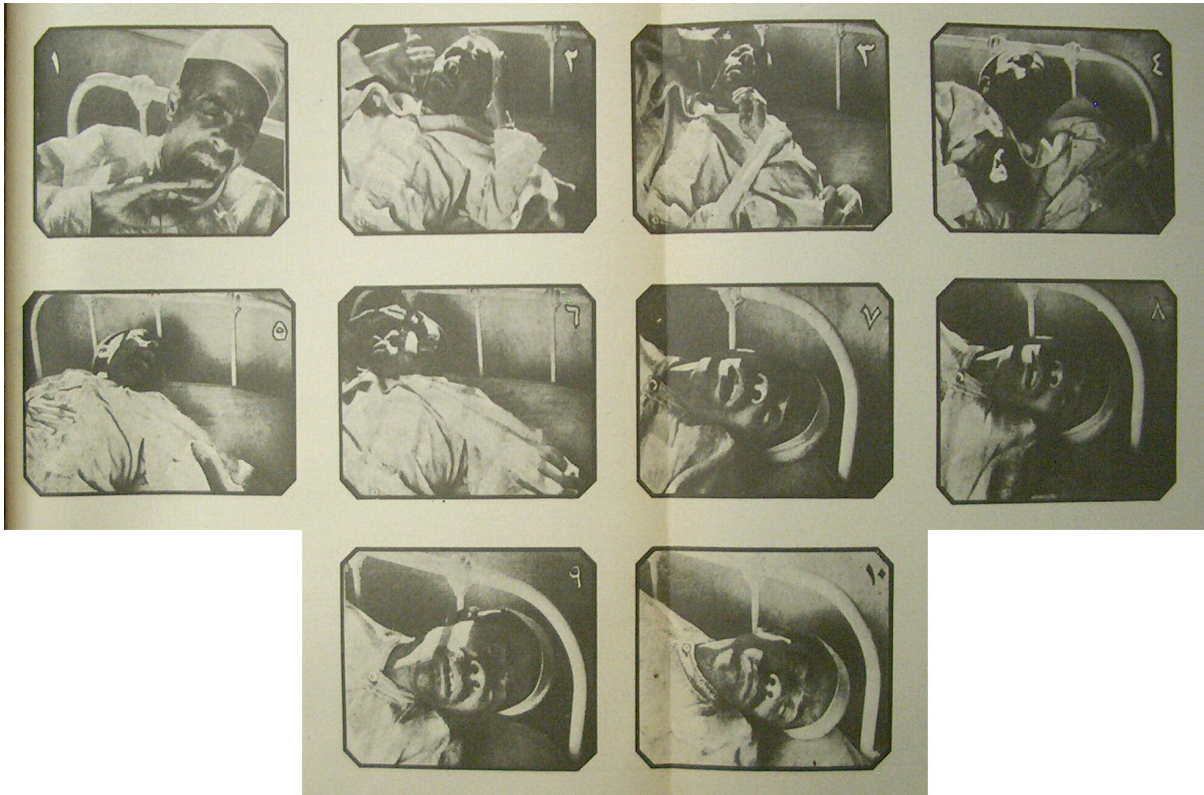


Figure 6: An Egyptian Opiate Addict Endures Withdrawal Symptoms.

Tawfik Abdalla, Director General of the Egyptians Prisons Department, listed the complaints: “general collapse, weak feeble pulse, weeping and crying from general pains, diarrhoea in some cases, excessive running of the nose and saliva, insomnia, loss of appetite, general nervousness, [and] coughing in some cases.” The prisons and hospitals experimented with injecting blood or serum from blisters, among other therapies, but got poor results.

Source: Central Narcotics Intelligence Bureau, *Egypt Annual Report for the Year 1931* (Cairo: Government Press, 1932), 68, photo facing page 120.

Conclusion

As we saw in the previous chapter, the U.S. diplomatic campaign's most obvious breakthrough came in the Hague Opium Convention. The convention stipulated that signatories pass domestic bans on the non-medical use of manufactured drugs. This breakthrough produced a wave of national drug legislation, particularly in the Americas and Europe, that often included other types of drugs as well. This chapter presented the case of the United States to represent that larger trend. The punitive regime also advanced in more subtle ways, and even in the countries that defended "traditional" drug use. China and British India both affirmed the regime without closing exemptions for opium smokers and eaters, respectively. South Africa and Egypt both embraced the regime perceiving that it would deliver social and political benefits. By the end of the interwar period the punitive regime was in practice globally. Legal "traditional" drug use remained in some colonial possessions, as a temporary exception to the harmonization of punitive policies. As Chapter Six will explain, the "traditional" exception faced extinction after the Second World War.

As the regime became operative it created problems for governments. Prisons became overcrowded. Further, the incarceration of drug users had an unfortunate liability: sick prisoners. In Egypt for example, during the first grim year 1928 a quarter of the drug convicts developed withdrawal symptoms so serious that they had to be hospitalized upon imprisonment and fifty-four prisoners died while suffering.⁴⁶⁰ Drug control bureaucrats would struggle to manage many such difficulties while enforcing tough bans. Chapter Five examines the specialized programs created by governments to make punitive prohibition

⁴⁶⁰ These comprised 20 percent of all prisoner fatalities that year. See CNIB, *Annual Report for the Year 1929* (Cairo: Government Press, 1930), 35-36, 44-45. Also see CNIB, *Interim Report to End of June 1929* (Cairo: Government Press, 1929), 6.

work better. Washington would again assert its preferences and strive for international influence.

CHAPTER 5

Managing the Regime's Fallout in the Interwar Years

New York City Police Commissioner, Colonel Arthur Woods described the suffering of an opiate addict deprived of opiates in prison. By the end of the first day the addict became restless, apprehensive, and “fidgety.” Yawning and sneezing, a running nose and watering eyes seemed to signal the onset of a “fresh cold.” Soon, shaking hands and muscular tremors indicated a more serious condition of “acute sickness” with profuse sweats, vomiting, diarrhea, and muscle cramps in the abdomen, legs and knees that produced weakness “to the point of complete prostration.” Death could occur in severe cases and, Woods suggested, the physical suffering often prompted depression and suicidal thoughts.⁴⁶¹

Woods described just one kind of problem forced by punitive prohibition on prison wardens and drug control officials during the interwar years. These problems were manifest not only in the United States but in dozens of countries. Prisons became overcrowded. Prisoners took ill and smuggled drugs into their cells. Recidivism rates were high. Addicts suffered when cut off from a legal drug supply.

A general response pattern emerged across nations. The difficulties spawned by the application of punitive prohibition stirred debates at the grassroots that quickly reached the press. Professions linked to the drug issue (namely criminal justice and medicine) adopted

⁴⁶¹ Arthur Woods, *Dangerous Drugs: The World Fight Against Illicit Traffic in Narcotics* (New Haven: Yale University Press, 1931), 4, 16-7.

recommendations about how to improve prohibition. Finally, governments developed programs to make proscriptive policies more efficacious.

Diverse national programs emerged, mostly in the 1930s. In the United States, public agitation to provide medical treatment for addicts and serious prison overcrowding inspired the construction of special prisons with medical trappings. A range of programs developed overseas, often with more emphasis on extending medical assistance within established prohibitions. These included short-term hospitalization and ambulatory addiction maintenance for pre-existing addicts.

The different types of programs developed in parallel but, by the end of the interwar period, advocates sought international primacy for their preferred approach. American diplomats advanced the special prisons in the United States as the best model.

Representatives from foreign governments endorsed the programs with more medical content. Experts within the League of Nations bureaucracies also vied to guide the League's imprimatur toward their favored type of program. Ultimately the Americans, whose government had made the largest investment both in diplomacy and in funding a program, would have the most pull guiding the League's endorsement.

Part I. U.S. Prisons with Medical Trappings

By the late 1920s the federal government had worked out a program that lent medical trappings to the punitive approach. The enforcement of the 1914 Harrison Act had triggered a public backlash when opiate addicts learned of their tough, new quandary: to risk arrest or withdrawal sickness. The Treasury Department allowed a brief experiment with addiction maintenance but only as a way to compel drug users into closed detoxification centers.

Serious overcrowding in federal prisons tipped the scale toward action and in 1929 Congress

approved construction of two new prisons (built in Kentucky and Texas in the 1930s). The U.S. Public Health Service had opposed the plan and then found itself appointed to assist the administration of the “narcotic farms.”

Down on the Farm

When the 1914 Harrison Act took effect, local officials and commentators worried that a public health crisis would erupt and appealed to Washington for assistance caring for the drug addicts who were cut off from a legal drug supply. Private physicians were no help because they faced aggressive federal prosecution if they prescribed drugs to addicts.⁴⁶² The Mayor of Memphis, E.W. Crump, struck a recurrent theme in 1915. He asked U.S. Surgeon General Rupert Blue, who would represent the United States at the League of Nations eight years later, to open the marine hospitals (run by the U.S. Public Health Service [USPHS] for U.S. seamen) to all drug addicts during the first month of enforcement. “We realize that something must be done for the unfortunates who are most affected by the new federal law,” Crump wrote, “at the same time our City Hospital is now badly overcrowded and it will be a physical impossibility for us to care for all who have thus far appealed to us for treatment.”⁴⁶³ A campaign in the press also pressured the USPHS to give “red tape a kick in the ribs” and admit addicts into the federal hospitals.⁴⁶⁴

⁴⁶² Doses had to decrease to be legal, but few doctors were willing to risk having to prove their intention to cure rather than to maintain an addict. *United States v. Doremus*, 249 U.S. 46 (1919), upheld the constitutionality of the Harrison Act as a revenue measure. *Webb v. United States*, 249 U.S. 96 (1919), ruled that addiction maintenance without the intent of a cure (e.g. abstinence) was a violation of the Harrison Act. Also see David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* rev. ed. (Cambridge: Harvard University Press, 2001); Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: Johns Hopkins University Press, 2002), 51-54; Musto, *American Disease*, 121-50.

⁴⁶³ Crump to Blue, 11 March 1915, NA, RG 90 Central File, 1897-1923, box 204, file 2123, 1915.

⁴⁶⁴ Citizens joined the call. See for example, Mrs. P.A. to Anyone who has power to amend the new Harrison Drug Law, 15 March 15, NA, RG 90 Central File, 1897-1923, box 204, file 2123, 1915. Quotation in text from

Surgeon General Blue and the USPHS rejected responsibility for drug treatment and offered only “professional advice.”⁴⁶⁵ The caution was pragmatic because of the dearth of successful therapies and the belief that state governments were responsible for such health issues. The advice dispensed by the USPHS was non-committal: because individual cases varied, “no rule-of-thumb method” would suffice.⁴⁶⁶ Blue explained to Senator Joseph Eugene Ransdell (D-LA), Chair of Committee on Public Health and National Quarantine, that it would be “impracticable to advocate any general method” of addiction treatment.⁴⁶⁷

The USPHS remained skeptical about a crisis in the months following the onset of enforcement. For example, USPHS official Martin Wilbert noted in 1916 that the alarming predictions of besieged hospitals, a crime wave, and “a trail of suicide and death” had not come to pass, although local hospital admissions had indeed increased.⁴⁶⁸ With no crime or public health epidemic forcing its hand, the USPHS remained wary of assuming responsibility for administering treatment therapies that its experts considered to be “failures.”⁴⁶⁹

The rising number of arrests following escalating enforcement around 1919 finally prompted federal action. A special committee organized by the Treasury Department issued

Cobb to Blue, 12 March 1915, and clipping from the Chicago *Daily Tribune*, 12 March 1915, in NA, RG 90 Central File, 1897-1923, box 204, file 2123, 1915.

⁴⁶⁵ Blue to Crump, 13 March 1915, NA, RG 90 Central File, 1897-1923, box 204, file 2123, 1915.

⁴⁶⁶ For a defense of the USPHS stand see Murray Galt Motter, “The Harrison Antinarcotic Law, The Effect of Its Enforcement on the Drug Addict,” *Public Health Reports* 30 (April 1915): 979.

⁴⁶⁷ Blue to Randall, 23 March 1915, NA, RG 90 Central File, 1897-1923, box 204, file 2123, 1915.

⁴⁶⁸ Martin I. Wilbert, “Narcotic Drugs, Recent Legislation Designed to Restrict Their Use,” reprint from *Public Health Reports* (Washington, D.C.: U.S. Government Printing Office, 1916), 5.

⁴⁶⁹ Frederic J. Haskin, “Treatment of Narcotic Drug Addiction,” sent by G.W. McCoy to Blue, 28 February 1919, NA, RG 90, Central File, 1897-1923, file 2123, box 205, folder: 1919, 4.

a report that year estimating one million addicts in the United States and urging both the state and federal government to act to provide “care and treatment.”⁴⁷⁰ The Commissioner of the Internal Revenue Bureau, Daniel C. Roper, the top federal anti-drug official at that time, extended federal permission to local governments to establish “narcotic relief stations,” also called “clinics,” that would provide maintaining doses to addicts until they could be shuttled into a closed institution for detoxification treatment.⁴⁷¹ To expand the number of available institutions, Roper urged the USPHS to support a bill to open the marine hospitals to all addicts and to provide two years of matching funds to state governments for institutional treatment.⁴⁷²

Roper’s program was short-lived. A number of clinics soon opened across the country.⁴⁷³ Although, in a sign of difficulties to come, many clinic administrators found that addicts who were receiving maintaining doses often did not wish to be institutionalized. For example, the Acting Director of the New York City Bureau of Public Health Education, S. Dana Hubbard, noted that during the period from April 1919 to March 1920, when the New York City clinic operated, less than two thousand of the 7,400 who received drugs at the

⁴⁷⁰ U.S. Department of the Treasury, *Report of the Special Committee of Investigation on the Traffic in Narcotic Drugs* (Washington, D.C.: U.S. Government Printing Office, 1919), 27.

⁴⁷¹ S. Dana Hubbard, Acting Director, Bureau of Public Health Education, Department of Health, New York City, described the “emergency” created by the strict enforcement and the New York City Department of Health’s Narcotic Relief Station in a letter to Surgeon General Blue. See Hubbard to Blue, 16 May 1919, NA, RG 90, Central File, 1897-1923, file 2123, box 205, folder: 1918. William L. White offers an overview of local programs in *Slaying The Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington: Chestnut Health Systems, 1998), 109-119. Also see Musto, *American Disease*, 151-82.

⁴⁷² The bill was known as the France Bill, for Senator Joseph Irvin France (R-MA), who introduced it to the Committee on Public Health and National Quarantine, which he chaired. Secretary of the Treasury, Carter Glass, backed the measure. See “Memorandum on the Secretary of the Treasury,” 30 August 1919, NA, RG 90, Central File, 1897-1923, file 2123, box 205, folder: 1919; and Senate, *Care and Treatment of Drug Addicts*, 66th Cong., 1st sess., 1919, S. Rept. No. 232.

⁴⁷³ A table of the different clinics and a short description of their operation is in “Narcotic Clinics,” 25 March 1921, NA, RG 90 Central File, 1897-1923, file 2123, box 206, folder: 1921.

clinic “were willing to go to a hospital for treatment, with ultimate cure in sight.”⁴⁷⁴

Congress was also hesitant and the USPHS offered only tepid support for mass institutionalization. The legislation for providing federal institutional care and state funding failed to pass.⁴⁷⁵

Without an expanded institutional component Roper’s plan fizzled. Roper, his successor as the Commissioner of Internal Revenue Bureau William M. Williams, and USPHS officials all felt that ambulatory addiction maintenance was only useful as a way station into institutional confinement. The main rationale for authorizing the clinics was for the government to keep “in touch with the addict until the institutional treatment could be made available.”⁴⁷⁶ In the absence of closed detoxification facilities, the USPHS supported prisons as a proper setting for addiction treatment. Investigations by the USPHS found that “narcotic drug addicts may be gotten entirely off their drug while under prison restraint.”⁴⁷⁷ Levi G. Nutt, who headed the Narcotic Division of the Prohibition Unit (founded in 1919 to enforce the Volstead Act to control alcohol traffic), oversaw the demise of the clinics. Nutt shuttered the last remaining clinic in 1923. In 1928 Nutt summarized the default program to

⁴⁷⁴ Cited in L.L. Stanley, “Narcotic Drugs and Crime, Report of the Committee (G) of the Institute of Criminal Law and Criminology,” n.d., copy in NA, RG 90, Central File, 1897-1923, File 2123, Box 205, Folder 1920.

⁴⁷⁵ See Spillane, “Building a Drug Control Regime, 1919-1930” in Erlén and Spillane, *Federal Drug Control*, 25-59.

⁴⁷⁶ Memorandum by R.M. Grimm, 25 March 1921, NA, RG 90 Central File, 1897-1923, file 2123, box 206, folder: 1921.

⁴⁷⁷ See the discussion of the U.S. penitentiary in Atlanta, Grimm’s first conclusion, and the collection of statements against ambulatory treatment in memorandum by R.M. Grimm, 25 March 1921, NA, RG 90 Central File, 1897-1923, file 2123, box 206, folder: 1921, 13.

be offered by prisons: “the isolation and segregation of addicts for institutional treatment under restraint for a long period of time.”⁴⁷⁸

As the punitive approach expanded, the number of drug users sent to prisons created new problems for wardens. Thousands of new inmates condemned under the Harrison Act worsened the overcrowded conditions in the federal prisons. According to Nutt, Harrison Act convicts in the fall of 1923 represented 28 percent of the total inmates in the federal penitentiary in Atlanta, Georgia (697 out of 2460), 38 percent of the prisoners in Leavenworth, Kansas (921 out of 2446), and 47 percent of the prisoners on McNeil’s Island, Washington (245 out of 519).⁴⁷⁹ Social historian H. Wayne Morgan describes the narcotic violators in the mid-1920s as the “the dominant element in the federal penitentiaries.”⁴⁸⁰ A U.S. House of Representatives report noted that in 1928 the three federal prisons had a total cell capacity of 3,778, but actually held 7,598 prisoners (of whom approximately 2,300 were narcotic law violators and 1,600, or 21 percent, were addicts). The report remarked: “To pack men as though they were animals is a brutal manner of treatment even for convicts.”⁴⁸¹ Aside from their numbers, drug users and addicts posed problems for prison administrators by smuggling drugs onto the cellblock or by suffering the violent physical symptoms of opiate withdrawal.⁴⁸² In one notable incident, the *Washington Times* reported in a 1932 story

⁴⁷⁸ L.G. Nutt, “The National Drug Situation Today,” 20 February 1928, copy in Anslinger Papers, box 8, file 16. Also see John C. McWilliams *The Protectors: Harry J. Anslinger and the Federal Bureau of Narcotics, 1930-1962* (Newark: University of Delaware Press, 1990), 39-45.

⁴⁷⁹ These percentages differ slightly to Nutt’s due to rounding. See Nutt to Prohibition Commissioner Roy Asa Haynes, 18 January 1924, copy in National Library of Medicine, History of Medicine Division, Bethesda, Maryland, Lawrence Kolb Papers (hereafter Kolb Papers), box 4, file: Nel-NY.

⁴⁸⁰ Morgan, *Drugs in America*, 135.

⁴⁸¹ Cited in Senate, *Federal Narcotic Farms*, 70th Cong., 2nd sess., 1928, S. Rept. 1353, 1-2. Also see House Judiciary Committee, *Establishment of Two Federal Narcotic Farms* (Washington, D.C.: U.S. Government Printing Office, 1928).

⁴⁸² Musto, *American Disease*, 204-206.

titled “Drugs End Riot of Addicts” that twenty-three prisoners “staged a desperate mutiny for narcotics” by shattering the windows of their train in route to the Leavenworth penitentiary. The U.S. Marshall in charge of delivering the prisoners arranged for injections to “quiet his charges.”⁴⁸³

A new type of program emerged to offer a solution: specialized prisons with medical trappings. Veteran anti-drug diplomat and congressman Stephen G. Porter (R-PA), who had led the walkout of the U.S. delegation at the Geneva Convention in 1925, introduced a bill to ease the prison overcrowding in 1929. He called for the construction of prisons for drug users and addicts to be called “narcotic farms.”⁴⁸⁴ The legislation described the farms as institutions to confine and treat addicts, but their primary purpose was to alleviate the overcrowding in federal prisons that was largely caused by the enforcement of the Harrison Act. Porter’s secretary described another motivation for creating the farms: “dope” was readily available in the federal prisons.⁴⁸⁵ The notion of a “farm” drew upon the prison reform movement’s commitment to improving prisoners as citizens by instilling community orientation and job skills.⁴⁸⁶

Porter’s farm bill forced health officials into the role of prison wardens. The USPHS, still resisting the responsibility for addicts, had not been a serious factor in shaping the

⁴⁸³ *Washington Times*, “Drugs End Riot of Addicts,” 6 July 1932, clipping in Anslinger Papers, box 5, file 12. For descriptions of the difficulties posed by the Harrison Act offenders in prison see Jaffe, *Addiction Reform*, 194-96; House Judiciary Committee, *Establishment of Two Federal Narcotic Farms* (Washington, D.C.: U.S. Government Printing Office, 1928), 9-10, 27.

⁴⁸⁴ *To establish two United States narcotic farms for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs who have been convicted of offenses against the United States, and for other purposes, U.S. Statutes at Large* 45 (1929): 1085-1089.

⁴⁸⁵ See comments of Representative Edmund F. Erk (R-PA) in *Washington Post*, 31 July 1933, clipping in Anslinger Papers, box 6, file 2.

⁴⁸⁶ Acker, *Creating the American Junkie*, 158.

narcotic farm legislation. In fact, Acting Surgeon General Lawrence Kolb openly opposed the idea. Kolb questioned the merit of developing a new style of prison; a “prison farm” was hardly different than a “conventional type of prison.” He also predicted that the “greater area of a farm would greatly increase the difficulty of preventing the introduction of narcotics.”⁴⁸⁷ Nevertheless, Kolb would become the first medical director of the Lexington farm, and assumed many warden-like duties. The farm bill passed in January 1929 and created a Narcotic Division within the USPHS charged with administering treatment to the prisoners on the farm. USPHS officials thus gained the power to adjust the prison sentences of “addicts” who were broadly defined as users of opiates, coca products, cannabis, and peyote (all called “narcotic drugs.”)⁴⁸⁸ Health officials also set the terms of parole and probation that might come after an addiction “cure.” Escapees risked a five-year extension to their prison term. Anyone attempting to smuggle drugs into a narcotic farm could be sentenced to ten years in prison.

In the early 1930s, the USPHS prepared for running the new types of prisons while the two farms were under construction. An “annex” of the U.S. penitentiary at Fort Leavenworth, Kansas leased from the War Department, provided a “walled prison” for a trial run. The annex soon held over eighteen hundred addict-prisoners, who provided labor (paid at twenty-five cents a day) for brush or furniture making, growing produce, or washing

⁴⁸⁷ See Kolb to Dyer, 25 February 1928, Kolb Papers, Box 2, Folder Dru-Dy.

⁴⁸⁸ Voluntary commitments were handled on a confidential basis to avoid “stigmatizing” them as criminals, although many volunteers were coerced by threats of prosecution. Marijuana law violators arrived at Lexington after the passage of the Marijuana Tax Act of 1937. House Judiciary Committee, *Establishment of Two Federal Narcotic Farms* (Washington, D.C.: U.S. Government Printing Office, 1928), 2. In 1930 an act reorganized the Treasury Department, creating the FBN and the Division of Mental Hygiene (to replace the Narcotic Division) within the USPHS. Other laws passed in 1930 assigned the Division of Mental Hygiene to administer the farms, provide health care in other federal prisons, research addiction, and disseminate information on the treatment methods, among other responsibilities. See USPHS, Division of Mental Hygiene, *Laws Establishing the Division and Authorizing its Functions, Supplement No. 97 to the Public Health Reports* (Washington, D.C.: U.S. Government Printing Office, 1931); and White, *Slaying the Dragon*, 123.

laundry, and served as subjects for medical research.⁴⁸⁹ One USPHS researcher reveled in the array of tools available for the research and therapy, including: “electrotherapy, hydrotherapy and physiotherapy: massage, mechanical exercise, autocondensation current, diathermy, lamps, tubs, baths, packs, nozzle guns, spray guns, [and] steam.” He added ominously, “some of these denarcotization days were rough.”⁴⁹⁰ A prisoner recalled the Leavenworth Annex: “what hurt me more than anything else, is when the federal doctor said we were a menace to society.”⁴⁹¹ The *Washington Herald* described the Leavenworth Annex as “the world’s largest narcotic laboratory” and was convinced (in the absence of evidence) that an addiction “cure” was imminent. The research at Leavenworth had uncovered at least one clear fact: repeated prison sentences were “imposed more often upon drug addicts than upon other types of federal prisoners.”⁴⁹²

“Confinement and treatment” began at the narcotic farms when they finally opened in Lexington, Kentucky in 1935 and Fort Worth, Texas in 1938.⁴⁹³ The new prisons were still far too small to hold all of the addicts in the United States.⁴⁹⁴ Together the farms could hold just two thousand addict-prisoners (female “addicts” served prison sentences at the Federal Industrial Institution for Women, opened in 1927 in Alderson, West Virginia, until the

⁴⁸⁹ Anslinger, “Drug Addicts and the Treatment of Drug Addicts,” n.d., Anslinger Papers, box 8, file 16.

⁴⁹⁰ See Donald Powell Wilson’s account of his addiction research at the Leavenworth Annex in *My Six Convicts, A Psychologist’s Three Years in Fort Leavenworth* (New York: Rinehart & Company, Inc., 1951), 21 and 22.

⁴⁹¹ Votta to the Federal Bureau of Investigation, 18 May 1939, in Anslinger Papers, box 3, file 1.

⁴⁹² Virgil Pinkley, “U.S. Experts Near Cure for Drug Addicts,” *Washington Post*, 27 December 1932, clipping in Anslinger Papers, box 6, file 4.

⁴⁹³ *To establish two United States narcotic farms for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs who have been convicted of offenses against the United States, and for other purposes, U.S. Statutes at Large* 45 (1929): 1085-1089.

⁴⁹⁴ An overview of the research agenda was provided by E.G. Williams, “General Outline of Research on the Nature of Drug Addiction in Man,” USPHS, *Hospital News* 3 (1 December 1936): 9-18.

Lexington farm began accepting them in 1942).⁴⁹⁵ Manual labor was an important part of the treatment program. At the Lexington farm, for example, inmates ran the power plant, manufactured clothing, raised livestock, and even canned “Narco Pride” brand tomatoes among other tasks.⁴⁹⁶

The USPHS and the Federal Bureau of Narcotics stressed the rehabilitation aspect of the farms over their detention function. In one unintentionally humorous example, a Federal Bureau of Narcotics radio program claimed that visitors to the farms would find that inmates suffered only one kind of punishment: “being deprived of their personal liberty.”⁴⁹⁷

Historian David Musto concludes that the farms served their intended purposes as “additional prison space for convicted addicts.”⁴⁹⁸ Thus the windows of the cells were barred and armed guards patrolled the gates. James V. Lowry, who would replace Kolb as Medical Officer in Charge of Lexington, explained lamely that the buildings were “less prison-like in appearance than most prisons and more prison-like than most hospitals” [see Figures 7-8].⁴⁹⁹

The farms were officially renamed in 1937 as U.S. Public Health Service Hospitals, which misrepresented their function.⁵⁰⁰ For example, a USPHS researcher found in 1941 that less

⁴⁹⁵ On a 1938 inspection of the women’s prison Anslinger found that “exactly half of the population” were narcotic violators. See J.D. Reichard, “The Role of the Probation Officer in the Treatment of Drug Addiction,” *Federal Probation* 6 (October-December, 1942): 15-20; Anslinger to McReynolds, 15 August 1938, Anslinger Papers, box 3, file 2; and Acker, *Creating the American Junkie*, 165.

⁴⁹⁶ See the clippings assembled in Anslinger’s scrapbook, Anslinger Papers, box 6, file 1.

⁴⁹⁷ Undated OGR State Broadcast, “Federal Bureau of Narcotics, Number One-A,” Anslinger Papers, box 1, file 9.

⁴⁹⁸ See Musto, *American Disease*, 85, 206; clippings assembled in Anslinger’s scrapbook, Anslinger Papers, box 6, file 1; and Cleland Van Dresser, “Project for Dope Addicts,” 6 October 1938, *Ken Magazine*, clipping in Anslinger Papers, box 7, file 9.

⁴⁹⁹ James V. Lowry, “Hospital Treatment of the Narcotic Addict,” *Federal Probation* 20 (December 1956): 43.

⁵⁰⁰ *Treasury and Post Office Departments Appropriation Act, 1937, U.S. Statutes at Large* 49 (1936): 1827-1854.

than half of the employees at the Fort Worth farm supported the idea of “treating the drug addict as a patient.”⁵⁰¹

⁵⁰¹ M.J. Prescor, “Attitude of Drug Addicts and Personnel Toward Hospital Policies,” *Federal Probation* 5 (April-June, 1941): 28.

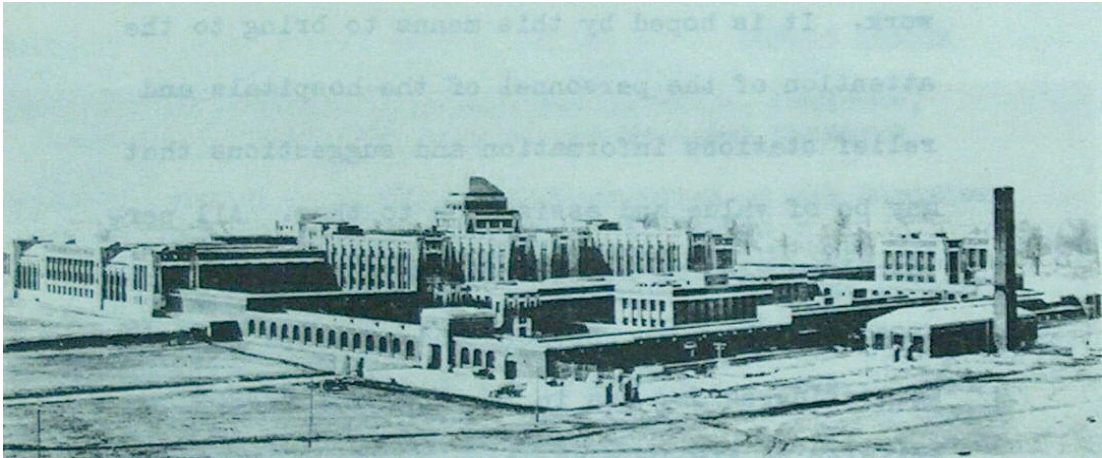


Figure 7: An Official View of the Lexington Narcotic Farm.

This USPHS depiction reflected the institutional essence of the U.S. federal drug treatment program and evoked hope that the “farms” would be factories for an addiction cure.

Source: USPHS, *Hospital News* 3 (1 December 1936), image from cover.

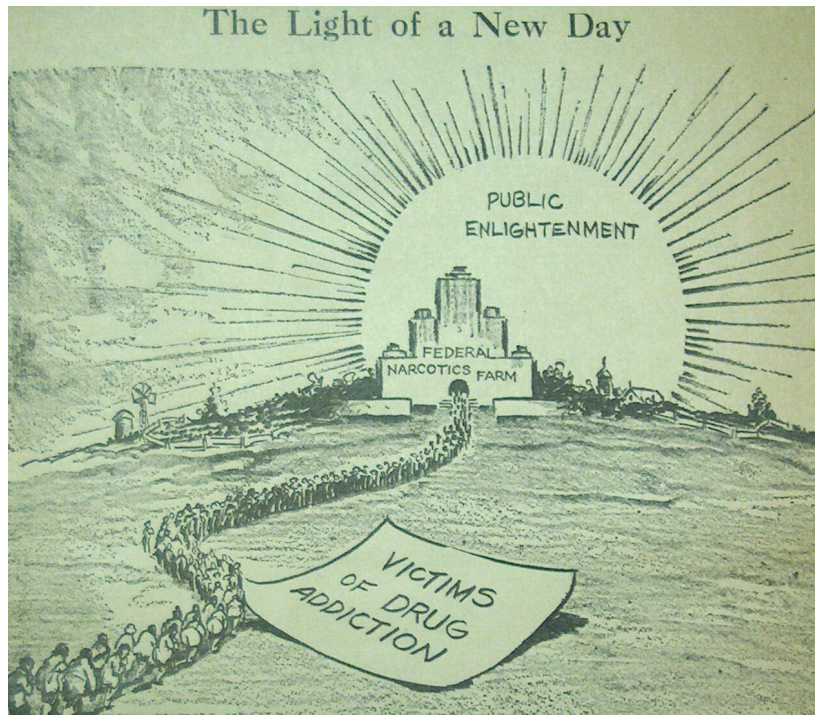


Figure 8: A Popular View of the Lexington Narcotic Farm.

This editorial drawing placed the factory on the farm (see the silos, fences, and windmill) and conveyed sympathy for drug addicts. The accompanying text called for a “narcotic-cure farm in every state of the Union.”

Source: *Atlanta Georgian*, 4 March 1935, clipping in Anslinger Papers, box 5, file 14.

The narcotic farms marked a new government program, but hardly a new approach. Imprisonment was the “cure.” Thus the Treasury Department reasoned in a 1938 memorandum that “the future of the prisoner” relied on the provision of an “adequate sentence.”⁵⁰² The “derelict addict” did not have “the moral fiber necessary to withstand the environmental influences” and so required a long term of imprisonment. Further, all addicts who were sent to a narcotic farm “would receive the benefit of treatment in the Public Health Service Hospital and the imprisonment which follows, if sufficiently long, will increase the effectiveness of the cure.”⁵⁰³

With hindsight there is a striking similarity between the actions regarding drug treatment taken by U.S. officials in the Philippines and in the continental United States. The first of March in 1908, known in Manila as “Black Sunday,” marked the transition from drug treatment to specialized incarceration in Bilibid Prison. On the first of March seven years later in 1915, the enforcement of the Harrison Act in the continental United States began. When enforcement stiffened around 1919, the federal government made an equally brief and poorly executed effort to provide drug treatment before defaulting to regular imprisonment. The Bilibid Prison in Manila with its special ward found its counterpart in the narcotic farms.

Part II. Programs Abroad

Foreign governments also created programs to make their proscriptive drug policies function better. The onset of bans (within the punitive regime) created the same sorts of problems that U.S. official experienced. Limited funding for major new programs

⁵⁰² U.S. Department of the Treasury, *Fines and Imprisonments in Federal Narcotic Cases* (Washington, D.C.: U.S. Government Printing Office, 1938), 15.

⁵⁰³ U.S. Department of the Treasury, *Fines and Imprisonments in Federal Narcotic Cases* (Washington, D.C.: U.S. Government Printing Office, 1938), 14.

(particularly after the Great Depression) imposed constraints. Two major trends emerged abroad during the interwar years. The first relied upon extending hospitalization. Another involved compiling lists of pre-existing addicts and providing them with maintaining doses. Addiction maintenance programs aimed to segregate addicts from the black market and put them under government supervision. While governments created such programs to improve the function of established prohibitions, the implementation of programs gave expression to viewpoints that were critical of a solely punitive approach to drug users.

A Global Wave of New Treatment Programs

Numerous European governments expanded hospitalization programs for pre-existing addicts in the late 1920s and 1930s. Some governments opened addiction wards in public mental hospitals, as was the case in Latvia, Greece, and Poland [see Figure 9].⁵⁰⁴ Others incorporated drug treatment into the services offered by general hospitals, such as Austria, Sweden, and Portugal.⁵⁰⁵ These programs usually relied on physicians reporting addicts to government authorities who kept an official register of patients under treatment in the medical facilities.⁵⁰⁶ Some countries funneled all discovered drug users into compulsory hospital treatment; others followed more subjective guidelines. Germany, for example, only interned patients for six to eight months after sudden withdrawal treatment if they seemed to

⁵⁰⁴ OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI; O.C. 1621(1), 29.

⁵⁰⁵ OAC, "Enquiry Into Drug Addiction," 27 October 1933, LONA, O.C. 1408(1), R.4879, file: Drug Addiction Enquiry, 8, 19, 24, 35-7; OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI, O.C. 1621(1), 14-7; and OAC, "Enquiry into Drug Addiction," 25 May 1936, LONA, O.C. 1408(1)(g)(revised), R.4879, file: Drug Addiction Enquiry, 15-16.

⁵⁰⁶ OAC, "Enquiry into Drug Addiction," 25 May 1936, LONA, O.C. 1408(1)(g)(revised), R.4879, file: Drug Addiction Enquiry, 13-16.

threaten “public security.”⁵⁰⁷ Italy registered addicts, but its legislation provided for compulsory treatment only if the addict was “in any way dangerous or the cause of public scandal.”⁵⁰⁸

⁵⁰⁷ Werner Thomas, “The Employment of Measures for Safeguarding and Betterment as Applied to Law-Breaking Drug Addicts, Translation from Deutsche Rechtsfleige, 1936,” 25 February 1936, Anslinger Papers box 8, file 16, 7. Also see Pablo Osvaldo Wolff, “The Treatment of Drug Addicts: A Critical Survey,” World Health Organization Interim Commission, *Bulletin of the Health Organization* 12 (1945/6): 488; and OAC, “Enquiry into Drug Addiction,” 25 May 1936, LONA, O.C. 1408(1)(g)(revised), R.4879, file: Drug Addiction Enquiry, 14.

⁵⁰⁸ See OAC, “Enquiry into the Measures taken by Governments and by National and International Associations to Organise the Campaign against Drug Addiction and the Illicit Traffic in Narcotic Drugs,” 3 March 1936, LONA, O.C. 1622, 17; OAC, “Enquiry into Drug Addiction,” LONA, 25 May 1936, O.C. 1408(1)(g)(revised), R.4879, file: Drug Addiction Enquiry, 19; and Pablo Osvaldo Wolff, “The Treatment of Drug Addicts: A Critical Survey,” World Health Organization Interim Commission, *Bulletin of the Health Organization* 12 (1945/6): 488-89.



Figure 9: A Polish Addiction Hospital.

After 1933 the Polish government offered addiction treatment at two sanatoria that could accommodate one hundred male patients and forty-two female patients respectively. This photo shows the men's center in Bialystok, advertised as a "beautiful eighteenth-century mansion fitted out on modern lines."⁵⁰⁹ The establishment sought to instill mental and physical tranquility through pastoral recreation that would "give the patient a new physical and mental balance" to help deter relapses into drug use.⁵¹⁰ To this end the establishment offered "a large park and arable land, which gives the patients facilities for an open-air life, sports, gardening and agriculture."⁵¹¹

Source: Memorandum about "Swiack," in LON, Opium Traffic Section, box C804, file 9, Drug Addiction.

⁵⁰⁹ The women's center was in Poznan see OAC, "Enquiry into the Measures taken by Governments and by National and International Associations to Organise the Campaign against Drug Addiction and the Illicit Traffic in Narcotic Drugs," 3 March 1936, LONA, O.C. 1622, 21. Also see OAC, "Enquiry into Drug Addiction," 31 May 1939, LONA, O.C. 1769, 41; and memorandum about "Swiack," in LONA, Opium Traffic Section, box C804, file: Drug Addiction, 1.

⁵¹⁰ Memorandum about "Swiack," in LONA, Opium Traffic Section, box C804, file: Drug Addiction, 1.

⁵¹¹ See OAC, "Enquiry into Drug Addiction," 31 May 1939, LONA, O.C. 1769, 12-13; and memorandum about "Swiack," in LONA, Opium Traffic Section, box C804, file: Drug Addiction, 1.

Latin American governments also expanded hospitalization programs. Brazil was a stalwart supporter of medical treatment of drug addicts but struggled to follow through on the legislation regarding treatment. Brazil passed a bill in 1921 providing for a public Sanatorium for Drug Addicts that would treat voluntary patients and people interned by court order. The regulations granted patients who wished to depart the sanatorium the right to a review of their medical status and escapees were not to be punished, but simply returned to the sanatorium.⁵¹² As late as 1938, however, public mental hospitals were still functioning as government treatment centers because the special sanatoria were yet to be built.⁵¹³ Colombia enacted a law in 1928 for the public hospitalization of addicts, selecting a “mental home” in Bogotá instead of building an expensive new facility.⁵¹⁴ Decrees in 1937 and 1938 established more rules and made treatment mandatory, but addicts continued to be, as one observer phrased it, “regarded merely as sick persons and not as criminals.”⁵¹⁵ Cuba added addiction treatment wards to public hospitals. In the early 1930s Cuba augmented addiction treatment available in the Mariel Military Hospital with a special ward in the Calixto García National Hospital. Together those two facilities treated over a thousand addicts annually.⁵¹⁶

⁵¹² Translation of Brazilian Decree No. 14969, 3 September 1921, and regulations date 1 December 1923, in LONA, O.D.C. 63, 12a/40972/17217.

⁵¹³ The 1938 decree was similar to the 1921 legislation. See Pablo Osvaldo Wolff, “The Treatment of Drug Addicts: A Critical Survey,” *League of Nations Bulletin of the Health Organization* 12 (1945/1946): 490-91.

⁵¹⁴ OAC, “Measures Against Drug Addiction in Colombia,” 1 November 1933, LONA, O.C. 1499, 2-3.

⁵¹⁵ See Pablo Osvaldo Wolff, “The Treatment of Drug Addicts: A Critical Survey,” *League of Nations Bulletin of the Health Organization* 12 (1945/1946): 492-93; “Columbian Annual Report, 1940 (in Spanish),” 15 May 1941, LONA, R.5027, file: 1940 Annual Reports on Opium Traffic, Colombia; Jorge M. Velandía, “Response to the Addiction Questionnaire (in Spanish),” 28 June 1947, UNDCPA, item 4, file: SOA 25/01 part “A,” Drug Addiction Questionnaire to Governments.

⁵¹⁶ OAC, “Enquiry Into Drug Addiction,” 27 October 1933, LONA, O.C. 1408(1), 10, 24; Eduardo Usabiaga, Assistant Secretary of State, to Drummond, 30 March 1932, LONA, R.3236, file: 26472, Drug Addiction Cuba; also see Horacio Abascal, “Tríada cutánea para el diagnóstico de toxicómanías crónicas,” *Vida Nueva* 35 (June 15, 1935), copy of reprint in LONA, R.6073, 8a/19338/2065, 1-11.

Hospitalization programs also developed in colonies that still allowed “traditional” drug use while seeking to reduce the number of users. The Dutch East Indies offered a notable example, which also deserves attention because its key official would contribute to the League of Nations activities on addiction treatment discussed in the next section. The Dutch program aimed to deter opium smoking with a variety of medical strategies. All aspects of the experience had to be encouraging and inspire the motivation to quit because opium smokers in Java could still purchase the drug within the *regie* system. The Anti-Opium Pavilion at Immanuel Mission Hospital in Bandung, Java, was the program’s centerpiece. The pavilion was erected with government funds in 1931 to expand public addiction treatment initiated in 1925, and it typically housed thirty to fifty voluntary patients at a time. The director of the pavilion, Dr. A. Bonebakker, was hesitant to condemn his patients as psychopathic or even self-indulgent addicts because most were “coolies and petty traders” who suffered “laborious and irksome work for scanty wages.”⁵¹⁷ He made sure to keep them comfortable. The therapy protocol included generous (while diminishing) doses because, as Bonebakker phrased it, “the dangers of collapse should not be underestimated.”⁵¹⁸ The staff was also sensitive to the cultural sources of the patients’ distress and strove to be accommodating. For Chinese speakers, the staff offered lantern slide shows and lectures in Chinese that tapped the “rich store of [Chinese] philosophy and

⁵¹⁷ Dutch officials did not consider all licensed smokers to be “addicts” because many license holders smoked small amounts and would “scarcely suffer any withdrawal symptoms” if they ceased smoking. See OAC, “Enquiry into Drug Addiction,” LONA, 31 May 1939, O.C. 1769, 75; and OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” LONA, C.299.M.182.1936.XI, O.C. 1621(1), 159. Quotations in League of Nations Health Committee (hereafter HC), “Report of Dr. Bonebakker on the Treatment of Toxicomania,” 1932, LONA, C.H. 1085(f), 4-5.

⁵¹⁸ HC, “Report of Dr. Bonebakker on the Treatment of Toxicomania,” 1932, LONA, C.H. 1085(f), 8.

mythology” to inspire recovery.⁵¹⁹ The commitment to comfort also meant that patients could use the pavilion’s extensive grounds to socialize, or as Bonebakker described it, “talk, eat and smoke tobacco, in Oriental fashion.” Such freedom increased the risk of smuggling, but Bonebakker did not “grudge” the necessary surveillance by the staff because he felt that the patients “must always” feel themselves to be free. He surmised that “a closed institution would certainly keep very many away from medical treatment altogether” [see Figure 10].⁵²⁰ According to Bonebakker’s philosophy, the medical care provided to thousands at the pavilion was a benefit even if patients later returned to the opium pipe.

⁵¹⁹ HC, “Report of Dr. Bonebakker on the Treatment of Toxicomania,” 1932, LONA, C.H. 1085(f), 3, 12.

⁵²⁰ HC, “Report of Dr. Bonebakker on the Treatment of Toxicomania,” 1932, LONA, C.H. 1085(f), 4, 11-12. Also see OAC, “Employment of Visiting Nurses in the Netherlands Indies,” 26 January 1934, LONA, O.C. 1408(1)a, 1-2; and OAC, “Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934,” LONA, C.299.M.182.1936.XI, O.C. 1621(1), 159-60, 200.



Figure 10: Voluntary Addiction Patients in the Dutch East Indies.

These soccer players at a government-funded addiction treatment center epitomized the openness of the Dutch colonial program.

Source: *Berichten uitgaande van de Anti-Opiumvereniging* (Messages from the Anti-Opium Association) 14 (June 1933), 4, copy in LONA, R.3218, 12/32833/14016.

Ambulatory treatment (or addiction maintenance) was the other major type of program that developed overseas during the interwar years. Britain developed the most famous example. The Dangerous Drugs Act of 1920, passed in compliance with the Hague Opium Convention, imposed a punitive ban. However, physicians would retain the right to prescribe maintaining doses to manufactured drug addicts.⁵²¹ The Home Office, guided on drug policy by Undersecretary of State Sir Malcolm Delevingne, had preferred a policy to criminalize all non-medical use and addiction maintenance.⁵²² The Ministry of Health's 1924 Departmental Committee on Morphine and Heroin Addiction (known as the Rolleston Committee after chairman Sir Humphrey Rolleston) stymied Delevingne's hopes. The Rolleston Committee would set the course of drug treatment for manufactured drug addicts in Britain until the 1960s.

The Rolleston Committee's major task was to decide whether addiction treatment required total abstinence in every case. The final recommendations, given in 1926, answered in the negative. The committee defended the maintenance of some types of addiction through prescribed doses. The recommendations generally favored withdrawal, but held that institutional care was required for any detoxification procedure. Because there were few appropriate institutions in Britain, the committee reasoned that physicians should be allowed to maintain addicted patients by prescription. The recommendations described two types of

⁵²¹ Virginia Berridge and Griffith Edwards describe the Dangerous Drugs Act of 1920 as a "sharp and imposed change" that "reflected for the first time the influence of international pressures." See Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (New York: St. Martin's Press, 1981), 268. Also see Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England* (London: Free Association Books, 1999). S.D. Stein also argued that the Hague Opium Convention prompted the Dangerous Drugs Act rather than indigenous interests. See *International Diplomacy, State Administrators and Narcotics Control: The Origins of a Social Problem*, 1-5, 89-105, 123-38.

⁵²² See OAC, "The Raw Opium Regulations, 1922," 15 June 1922, LONA, O.C. 23(n), 4-5; and Stein, *International Diplomacy, State Administrators and Narcotics Control*, 143.

addicts that should receive maintaining doses: addicts who could not or did not wish to enter an institution where withdrawal treatment could be safely conducted and addicts who consumed a stable dosage and were “capable of leading a fairly normal and useful life” that would be disrupted by forced abstinence.⁵²³ Notably absent from the recommendations was the call for the creation of state institutions to provide detoxification procedures.⁵²⁴

The context of manufactured drug addiction in Britain was the critical factor guiding the committee’s recommendations. Historian S.D. Stein notes that morphine and heroin addicts were predominately from “upper socio-economic groups.”⁵²⁵ Historian Virginia Berridge explains that the middle-class status of manufactured drug addicts “was crucial” for the “realignment of addiction theory and approach [...] to accommodate an outpatient and voluntary middle-class clientele” rather than detention centers.⁵²⁶ It was equally important that addiction to morphine or heroin was “rare” in Britain, according to the committee.⁵²⁷ The addiction maintenance approach would only affect a few hundred men and women.

⁵²³ Ministry of Health, *Departmental Committee on Morphine and Heroin Addiction Report* (London: Her Majesty’s Stationary Office, 1926), 18. Also see G.F. McCleary, Deputy Senior Medical Officer, Ministry of Health, “Notes on Dr. Wolff’s Report,” 30 July 1932, C.H. 1085(c), 4.

⁵²⁴ See Ministry of Health, *Departmental Committee on Morphine and Heroin Addiction Report*, 6-7. For an overview of treatment philosophies and examples of private addiction treatment centers in Britain see Virginia Berridge, “The Inter-war Years: A Period of Decline,” *British Journal of Addiction* 85 (August 1990): 1023-1035, and her *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England*, rev. ed. (New York: Free Association Books, 1999); G.F. McCleary, Deputy Senior Medical Officer, Ministry of Health, explained the report’s findings to the LON Health Organization in 1932. See his “Notes on Dr. Wolff’s Report,” 30 July 1932, C.H. 1085(c).

⁵²⁵ Stein, *International Diplomacy, State Administrators and Narcotics Control*, 169.

⁵²⁶ See Virginia Berridge, “Introduction,” *British Journal of Addiction* 85 (August 1990): 988.

⁵²⁷ Ministry of Health, *Departmental Committee on Morphine and Heroin Addiction Report* (London: Her Majesty’s Stationary Office, 1926), 10.

Furthermore, the Home Office exercised a supervisory role keeping files on known addicts and their physicians.⁵²⁸

Mexico's experience with drug treatment in the 1930s suggested how ambulatory maintenance could become an attractive approach. Mexico's addiction treatment efforts began in the early 1930s with hospitalization. A lack of funding underscored dismal results. The Department of Health could only offer treatment in the national capital and in just one ward of the General Asylum for the Insane. The ward could only accommodate up to seventy men and women. Officials complained about "deplorable" conditions, a lack of proper medication, and overcrowding.⁵²⁹ By the end of the decade health officials were drawing up plans for an addiction maintenance program. They envisioned a plan that would allow addicts to remain on the job instead of being forced into institutions. Eligibility would be determined by background checks to confirm that addicts had respectable lives and supported their families. If so, addicts would be able to receive maintaining doses from registered physicians or from a dispensary to be run by the health department. The plan involved subjecting the addicts to slow withdrawal, but signs of distress or discomfort could justify sustained doses. The basic assumption of the program was that some addicts were

⁵²⁸ See OAC, "U.K. Traffic in Opium and Other Dangerous Drugs Report 1936," LONA, C.434.296.1937.XI, O.C./A.R. 1936/34, 137; and "Information regarding Drug Addiction in Great Britain and Northern Ireland, during the year 1940," LONA, R.4983, file: Drug Addiction, United Kingdom, Enquiry of November 1936. The Home Office oversight was described in memorandum by Bertil Renborg, 17-24 November 1936, LONA, Opium Traffic Section, box C805, file: Bertil Renborg, Raw Opium Conference Preparatory Notes, 4. Also see Stein, *International Diplomacy, State Administrators and Narcotics Control*, 160-171; and OAC, "Enquiry into Drug Addiction," 31 May 1939, LONA, O.C. 1769, 30.

⁵²⁹ See Wolff, "The Treatment of Drug Addicts: A Critical Survey," 493; and Pablo Osvaldo Wolff, "Social Aspects of Narcotic Drug Addiction," *Review of Argentine Medical Association* 55 (1941): 1-32, Translation by U.S. Department of State, copy in LONA, Opium Traffic Section, box C804, file: Drug Addiction, 25-26; OAC, "Summary of Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1934," 14 July 1936, LONA, C.299.M.182.1936.XI, O.C. 1621(1), 81-82; OAC, "Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1935," 16 July 1937, LONA, C.305.M.203.1937.XI, O.C. 1679(1), 12; and "Mexico Annual Report for 1935 (in Spanish)," LONA, R.4978, file: Annual Reports, 1935.

“incurable sick persons.” Thus the state had a responsibility to provide maintaining doses to allow the addict to be a “value to society.”⁵³⁰

Ambulatory maintenance of manufactured drug addicts made steady advances in a number of countries. Spain, for example, began adopting a registration program to track addicts in 1927.⁵³¹ A 1935 decree ordered the registration of drug addicts, who numbered over six hundred, and the provision of identification cards, which allowed the addicts to receive “extra-therapeutic” doses. Spanish officials noted that this approach allowed for a better information gathering about the causes of addiction and reduced smuggling.⁵³² Other governments also provided legitimate sources of drugs to maintain manufactured drug addicts, often within some type of gradual withdrawal procedure. These nations included: Australia, Belgium, Estonia, Guatemala, Honduras, Hungary, Iceland, Iran, Japan, Poland, the Netherlands, and Venezuela, among others.⁵³³

Part III. Fighting for International Legitimacy

The diversity of national programs was bound to create conflict at the League of Nations. League delegates were ostensibly working to find the best methods to eliminate the

⁵³⁰ See Wolff, “The Treatment of Drug Addicts: A Critical Survey,” 493-95; and OAC, “New Federal Regulations Concerning Drug Addiction in Mexico,” 29 June 1940, LONA, O.C. 1791, R.4879, file: Drug Addiction, Mexico.

⁵³¹ OAC, “Royal Decree Promulgated by the Spanish Government,” 28 June 1927, LONA, O.C. 619, R.811, 12a/ 58169/58169.

⁵³² See “Spain Annual Report, 1935 (in Spanish),” LONA, R.4979, file: Annual Reports, 1935, Spain; Bertil Renborg, “Memorandum on the Existing Legislation as to the Legal Restraint of Drug Addicts,” 23 March 1937, LONA, R.4880, file: Drug Addiction, Correspondence with the National Council of Mental Hygiene, London, 5; Wolff, “The Treatment of Drug Addicts: A Critical Survey,” 489; and OAC, “Enquiry into Drug Addiction,” 31 May 1939, LONA, O.C. 1769, 3, 32.

⁵³³ See OAC, “Enquiry into Drug Addiction,” 25 May 1936, LONA, O.C. 1408(1)(g)(revised), R.4879, file: Drug Addiction Enquiry, 7-8, 10, 16, 18; OAC, “Enquiry into Drug Addiction,” 31 May 1939, LONA, O.C. 1769, 17, 19, 21, 63.

drug problem. The venue's supranational authority inspired a competition to establish one type of treatment program as the best. American diplomats labored to win League endorsement of the U.S. narcotic farm model. Advocates of the alternative programs duly objected. The fight would be surprisingly bitter. Ultimately, the Americans would succeed in denying League approval of ambulatory maintenance. Next they prepared to eliminate the threat of future challenges to long-term detention as the preferred addiction treatment method.

The Diplomacy of Addiction Withdrawal

Until the mid-1930s anti-drug diplomacy had barely addressed the issue of addiction treatment. The First Geneva Convention of 1925 had settled for a suggestion of a future gathering to consider "habitual addicts whose pathological condition is certified by the medical authorities."⁵³⁴ Brazilian officials at the Second Geneva Conference had urged unsuccessfully for a resolution advocating medical addiction treatment.⁵³⁵ The 1930 Commission of Enquiry into the Control of Opium Smoking and the 1931 Bangkok Agreement on Opium Smoking had vaguely endorsed improvements of "social and hygienic conditions" as well as the sharing of information about treatment methods.⁵³⁶ Most significantly, signatories to the 1931 Limitation Convention had gained an administrative

⁵³⁴ Such a meeting remained a distant possibility, however, because the treaty scheduled it to meet fourteen years after the League of Nations certified that opium production was fully controlled. See the First Geneva Convention, Protocol, Article 5.

⁵³⁵ See the remarks in Second Geneva Conference, "Verbatim Record of the Plenary Meetings, Fifth Meeting," 20 November 1924, LONA, R.795, 12a/40524/39417, 6.

⁵³⁶ See Chapter Three. OAC, "Statement Regarding the Work of the Bangkok Conference," 19 April 1932, LONA, O.C. 1430, 6.

interest in the topic due to the treaty's requirement of a "special administration" that would take "all useful steps to prevent" addiction.⁵³⁷

A number of League committees began to consider the addiction treatment issue in the 1930s. A Joint Sub-Committee of the Opium Advisory Committee and the Health Committee emerged to study addiction treatment following a recommendation made at the 1931 Bangkok conference.⁵³⁸ The League's General Assembly requested in 1931 that the Opium Advisory Committee begin to study addiction treatment programs. Thus the committee issued a circular letter to governments inquiring about national programs.⁵³⁹ Over the next two years, forty-two countries responded (though they sent information of uneven quality). A second review came in 1935 when the League Secretariat prompted the Opium Advisory Committee to begin sending annual questionnaires on addiction to member states.

Such activity within the League created the conditions for a political contest over an ostensibly medical issue. The League had the power to endorse a certain type of addiction treatment program with its supranational imprimatur. National representatives naturally desired that the League would back their preferred program. To win the League's endorsement a program had to jibe with the flow of opinions within the organization about what constituted a scientific and medical approach. League staffers and medical experts working in the League bureaucracies further complicated what might have been a straightforward political showdown by claiming scientific clout. The permanent support staff

⁵³⁷ See Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, *Official Journal* 12 (1931), 1795.

⁵³⁸ OAC, "Report to the Council on the Work of the Eighteenth Session," 18 May to 2 June 1934, LONA, O.C. 1562(1), Col. 307, 12/11666/4313, 42-44.

⁵³⁹ See OAC, "Recommendation X of the Final Act of the Bangkok Conference," 24 July 1933, LONA, O.C. 1496, O.C. 1496(a)(c).

to the Opium Advisory Committee, known as the Opium Section, collected information from the popular and scientific press and speculated about which programs were most effective.⁵⁴⁰ Physicians who staffed the League's Health Committee were intellectually committed to the idea that the best treatment method could be detected through comparison. Thus the Health Committee sponsored a proposal by German academic physician, Pablo Osvaldo Wolff, to study the different national programs and compile the views of the world's leading addiction researchers (such as Dr. Bonebakker in the Dutch East Indies).⁵⁴¹ Of course, addiction treatment was not a tidy scientific issue. Advocates of national programs would have to navigate a sea of moral and political claims disguised as science.

Selling the Farm

American diplomats pushed the farm model from the outset. The officials most involved were Stuart Fuller, Assistant Chief of the State Department Division of Far Eastern Affairs, and Harry Anslinger, the Commissioner of the Federal Bureau of Narcotics. Anslinger and Fuller together assumed Stephen Porter's role as the United States' chief anti-drug diplomats. (The force behind the legislation for the narcotic farms in 1929, Porter died in 1930.) When the topic of treatment came under consideration at the League of Nations in the 1930s, Anslinger and Fuller intervened calling for "the isolation and segregation of drug

⁵⁴⁰ OAC, "Enquiry into Drug Addiction," 27 October 1933, LONA, O.C. 1408(1), 1; OAC, "Enquiry Into Drug Addiction," 2 December 1938, LONA, O.C. 1408(1)(h); Commission on Narcotic Drugs, "Drug Addiction, Summary Prepared for the Commission on Narcotic Drugs, Ninth Session," 26 January 1954, UNDCP Archive, Vienna, item 45, file: 109/10/01 Narcotic Drugs (G.A. Res. 54 (1) Ecosoc Res.12 (111) Drug Addiction.

⁵⁴¹ Correspondence and documentation on the formation of the committee is in LONA, R.5928, file: Treatment of Drug Addicts. In addition to above citations from the committee see HC, "Health Organisation," 20 July 1931, LONA, C.H. 1018(1); HC, "Twentieth Session of the Health Committee, Opium Commission," 21 September 1933, LONA, C.H. 1075(a); HC, "Twenty-Second Session of the Health Committee, Opium Commission," 7 October 1935, LONA, C.H. 1181; HC, "Thirty-first Session of the Health Committee, Geneva November 20, 1939," 8 November 1939, LONA, C.H. 1451, 1-2; OAC, "Enquiry into Drug Addiction, Brief Note on the Present State of the Question," 22 May 1934, LONA, O.C. 1408(1)e, 1-4; and OAC, "Enquiry Into Drug Addiction," 2 December 1938, LONA, O.C. 1408(1)(h).

addicts with a view to treatment.”⁵⁴² Detention came first. They urged countries to provide detention facilities like the U.S. narcotic farms, even while the farms were still under construction. For example, the U.S. reports to the Opium Advisory Committee in 1932 justified long-term detention by asserting that addicts were “unstable” people who needed to be segregated from vulnerable communities.⁵⁴³ Another dispatch sent in 1933 stipulated that “drug addicts must be treated in isolation in special establishments” and encouraged nations to provide such institutions.⁵⁴⁴ Anslinger also shared his hopes with League officials that each U.S. state would require “compulsory commitment,” which would provide more detention space.⁵⁴⁵ In 1938, the year that the Ft. Worth farm opened, Fuller explained to the foreign representatives how addiction treatment could fit within established penal protocols. The Lexington farm, he noted, served as a sorting depot for addicts “condemned by the courts.” Addicts remained at the farm if the staff judged them to be appropriate candidates for rehabilitation. Otherwise, U.S. Marshals escorted them to standard prisons.⁵⁴⁶

Anslinger and Fuller also used the farms to stress that long-term detention was the most effective type of medical treatment for addiction. When the institution at Lexington opened in 1935, Fuller lauded the farm approach in a report to the Opium Advisory

⁵⁴² Anslinger’s speech, “The Narcotic Problem” delivered 13 December 1934 to the U.S. Attorney General’s Conference on Crime,” copy in Anslinger Papers, box 1, file 10, 5.

⁵⁴³ Treasury Department memorandum dated March 8, 1932, sent to Secretary General Eric Drummond by Winthrop S. Greene of the U.S. legation at Berne, 13 April 1932, LONA, R.3237, 12/36384/26472, 9.

⁵⁴⁴ OAC, “Enquiry into Drug Addiction,” 27 October 1933, LONA, O.C. 1408(1), 22. Emphasis is in the original.

⁵⁴⁵ OAC, “Enquiry into Drug Addiction,” 27 October 1933, LONA, O.C. 1408(1), 30.

⁵⁴⁶ OAC, “Report to the Council on the work of the Twenty-Third Session,” 7-24 June 1938, LONA, O.C. 1745(1), C. 237.M.136.1938.XI, 22. Also see OAC, “Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1938,” 27 August 1940, LONA, C.124.M.113.1940.XI, O.C. 1781(1), 15-16.

Committee that disparaged ambulatory treatment.⁵⁴⁷ Ambulatory maintenance was an unacceptable alternative in Fuller's view. He recounted the brief episode with "clinics" in the United States omitting any positive effects and describing them as "merely supply depots for drug addicts." "There is very little hope for a cure of drug addiction," he stressed, "unless the patient is confined in an institution or otherwise under the most rigid supervision."⁵⁴⁸ Reports to the League about the supposed efficacy of the farms continued apace.⁵⁴⁹ In 1938, for example, a report strained to put a positive spin on a dismal statistic: of prisoners discharged from Lexington 34 percent had not returned to using drugs after thirty-six months. The report labeled these results as "good in view of the psychopathic nature" of drug users.⁵⁵⁰ The report concluded that this record of "successful cures" discredited all "old theories" that sought to substitute "so-called narcotic-drug clinics or drug-supply depots" in place of detention.⁵⁵¹ By asserting that the farms provided modern therapies, Fuller and Anslinger could sound scientific while preserving the prison as a setting for treatment.

⁵⁴⁷ See OAC, "Dedication of the New United States Narcotic Farm at Lexington, Kentucky, May 25th, 1935," 29 May 1935, LONA, O.C. 1605; and OAC, "Minutes of the Twentieth Session, Eighth Meeting," 25 May 1935, LONA, C.277.M.144.1935.XI, Col. 307, 2/18420/4313, 40.

⁵⁴⁸ See OAC, "Experience in the United States of America with the Plan of Selling Drugs to Addicts at Low Prices," 22 October 1935, LONA, O.C. 1614, 2, 6; and Fuller to Ekstrand, 15 August 1935, LONA, R.4878, file: Drug Addiction Enquiry U.S.A.; OAC, "Minutes of the Twentieth Session, Eighth Meeting," 25 May 1935, LONA, C.277.M.144.1935.XI, Col. 307, 2/18420/4313, 40.

⁵⁴⁹ For example, the United States forwarded forty copies of a special issue of the USPHS's *Hospital News* 3 (1 December 1936), on a symposium on drug addiction held at the Lexington farm in 1936. Also see OAC, "Information Concerning the Work of Addict Hospitals in the United States," 19 July 1938, LONA, O.C. 1605(d).

⁵⁵⁰ See OAC, "Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1938," 27 August 1940, LONA, C.124.M.113.1940.XI, O.C. 1781(1), 15. Walter Treadway, Assistant Surgeon General, informed the OAC that U.S. officials were "more than gratified" by results at Lexington. See OAC, "Information Concerning the Work of Addict Hospitals in the United States," 19 July 1938, LONA, O.C. 1605(d), 10.

⁵⁵¹ OAC, "Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1938," 27 August 1940, LONA, C.124.M.113.1940.XI, O.C. 1781(1), 15.

Two medical experts on the League's Opium Advisory Committee emerged as the major advocates for hospitalization and addiction maintenance programs. Dr. Witold Chodzko, Poland's Health Minister, and Dr. Henri Carrière, Director of the Swiss Public Health Service, worked to extend the influence of the League's Health Committee over the issue of drug addiction.⁵⁵² Overall Chodzko and Carrière's criticisms of the narcotic farms reflected a deeper critique of the punitive regime. They felt that addicts needed medical care, but could function in society. Hence they preferred "medical supervision (not police supervision)."⁵⁵³ Chodzko and Carrière represented minor countries in terms of geopolitical influence, but they served as spokesmen for a number of countries that had developed hospital programs or addiction maintenance. In addition, they were medical scientists whose arguments carried the weight of their expertise.

Growing tension over rival types of programs culminated in an open debate by 1939. Anticipating a fight at the May 1939 session of the Opium Advisory Committee, Fuller obtained a memorandum from Lawrence Kolb, Medical Officer in Charge of Lexington, that lauded the Lexington farm and announced the opening of the second farm in Fort Worth, Texas. Fuller forwarded the report to Geneva.⁵⁵⁴ However, the debate finally erupted in the summer of 1939 when Chodzko and Carrière openly criticized the U.S. narcotic farms. Chodzko called for more attention to the world's addicts whom he described as victims of disease. He lamented that "for years it had been mistakenly held that the only way to treat

⁵⁵² Both Chodzko and Carrière had represented the Health Committee on the Mixed Sub-Committee that attempted to define addiction and propose proper measures in 1923. Both had also served on the Joint Sub-Committee of the Advisory Committee and the Health Committee appointed to examine treatment in relations to the 1931 Bangkok Conference.

⁵⁵³ OAC, "Minutes of the Twenty-Fourth Session," LONA, C.209.M.136.1939.XI, 62.

⁵⁵⁴ OAC, "Institutions Maintained by the United States for the Treatment of Drug Addiction," 25 April 1939, LONA, O.C. 1605(e).

addicts was to shut them up.”⁵⁵⁵ Carrière objected to the punitive aspects of confining addicted patients and stressed that the “addict should not be regarded and treated as a criminal.”⁵⁵⁶ Together these officials promoted a program of voluntary hospitalization of addicted patients and a type of drug dispensary that would extend individualized medical supervision to addicts, and provide maintenance doses of opiates if suitable, without removing patients from the “everyday life of the community.”⁵⁵⁷ Chodzko favored research on addiction and appreciated that aspect of the Lexington farm. But, he was unconvinced that the farms worked. Chodzko labeled the 35 percent of abstinence after release as “excellent results,” but expressed concern about the remaining 65 percent of addicts who left Lexington unimproved.⁵⁵⁸ “Just as sanatoria had not eliminated tuberculosis,” he argued, “so confinement in institutions was not going to cure addicts, though it might find good results in certain cases.”⁵⁵⁹ Besides, he added, “There was not enough room for all of them in the institutions.”⁵⁶⁰

⁵⁵⁵ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 62.

⁵⁵⁶ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 62.

⁵⁵⁷ Quotation from OAC, “Report to the Council on the Work of the Twenty-Fourth Session,” 15 May to 12 June 1939, LONA, C.202.M.131.1939.XI, O.C. 1773(1), 20.

⁵⁵⁸ Anslinger described these results in 1938. See OAC, “Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1938,” LONA, C.124.M.113.1940.XI, O.C. 1781(1), 13-5. The study actually reported 34 percent abstinence among those who had been released after thirty-six months. See OAC, “Institutions Maintained by the United States for the Treatment of Drug Addiction,” 25 April 1939, LONA, O.C. 1605(e).

⁵⁵⁹ OAC, “Extract from the Minutes of the Twenty-Fourth Session,” 3 June 1939, Copy in Anslinger Papers, box 10, file 14.

⁵⁶⁰ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 65.

Mexican representative Manuel Tello backed the views presented by Chodzko and Carrière. He presented the Mexican plan to offer an ambulatory drug treatment program in which addicts deemed to be incurable would receive “small amounts” of morphine.⁵⁶¹ Tello read a statement written by Leopoldo Salazar Viniegra, head of the Narcotics Bureau of the Mexican Public Health Department.⁵⁶² Salazar had already earned the wrath of U.S. officials with the publication in early 1939 of an article entitled “El Sueño de Lexington” (The Dream of Lexington), which offered strident criticism of the U.S. farms.⁵⁶³ His experience treating addicts in the public mental health asylum in Mexico City convinced him that ambulatory maintenance was the logical solution to Mexico’s “minor” addiction problem.⁵⁶⁴ Salazar pointed to the 75 percent relapse rate of voluntary admittees to Lexington despite the institution’s “up-to-date equipment” and he concluded that “incurable addicts” still deserved “to be helped by the State.”⁵⁶⁵

Facing an insurrection at the League, Anslinger and Fuller reasserted the points that they had been making for years about the farms and ridiculed their opponents. Anslinger argued that the international drug control treaties banned ambulatory treatment, and that countries could only endorse “professional treatment which includes confinement or restraint upon the addict.”⁵⁶⁶ Accordingly, he dismissed Chodzko and Carrière’s proposals as

⁵⁶¹ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 32.

⁵⁶² OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 47-48.

⁵⁶³ Leopoldo Salazar Viniegra, “El Sueno de Lexington,” *Toxicomanias e Higiene Mental* 1 (Jan.-Feb. 1939): 4-6.

⁵⁶⁴ See Walker, *Drug Control in America*, 122-33; and his *Drugs in the Western Hemisphere*, 57-80.

⁵⁶⁵ See OAC, “Minutes of the Twenty-Fifth Session” 15 December 1940, LONA, C.162.M.147.1940.XI, 44, 63; OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 47-48; Wolff, “The Treatment of Drug Addicts: A Critical Survey,” 494; and Anslinger, “Addiction,” n.d., Anslinger Papers, box 10, file 2.

simultaneously “revolutionary” and retrograde.⁵⁶⁷ Anslinger stressed that institutionalization was “absolutely necessary” and the only “practical system.”⁵⁶⁸ He denounced Salazar as inexperienced in narcotics policy and determined to “to make marihuana as popular as tobacco in Mexico.”⁵⁶⁹ The Federal Bureau of Narcotics issued publications that lampooned ambulatory drug treatment dispensaries as “morphine barrooms.”⁵⁷⁰ Surgeon General Hugh Cumming, who represented the United States at the League’s Health Organization, also received the instruction that “dispensaries for drug addicts would be a step in the wrong direction.”⁵⁷¹ Regarding the failure rate at Lexington, Anslinger pointed out that the narcotic farms could re-imprison what he called “relapse cases.”⁵⁷² He also argued that segregation at Lexington had cured men who had been addicted for up to forty years.⁵⁷³ Further, Anslinger asserted, “drug addicts were criminals first and addicts afterwards.”⁵⁷⁴ This formulation mirrored the U.S. farm model: detention with medical trappings. In a final bid to stem the

⁵⁶⁶ OAC, “Minutes of the Twenty-Fifth Session” 15 December 1940, LONA, C.162.M.147.1940.XI, 48. Also see OAC, “Annual Reports of Governments on the Traffic in Opium and Other Dangerous Drugs for the Year 1938,” 27 August 1940, LONA, C.124.M.113.1940.XI, O.C. 1781(1), 15; and Anslinger, “Memorandum Regarding Drug Clinics, Their History and Hazards,” Anslinger Papers, box 8, file 16.

⁵⁶⁷ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 20, 64.

⁵⁶⁸ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 63; and Anslinger, “Addiction,” Anslinger Papers, box 10, file 12.

⁵⁶⁹ See Anslinger, “Addiction,” Anslinger Papers, box 10, file 12; and Anslinger to Wolff, 1 May 1945, NA, Record Group 170, Subject Files of the Bureau of Narcotics and Dangerous Drugs, 1916-1970 (hereafter RG 170), Acc# 170-75-17, file: 1690-10W #1, Wolff, Dr. Pablo Osvaldo (Thru 1948).

⁵⁷⁰ U.S. Department of the Treasury, *Protection Against Habit-Forming Drugs* (Washington, D.C.: U.S. Government Printing Office, 1940), 12.

⁵⁷¹ Anslinger to Cumming, 29 June 1939, NA, RG 170, Acc# 170-73-1, box 38, file: 0120, Addiction, General File, 1934-1950.

⁵⁷² OAC, “Extract from the Minutes of the Twenty-Fourth Session,” 3 June 1939, LONA, CL.11.1940.XI, Annex Extract II, 3.

⁵⁷³ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 48.

⁵⁷⁴ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 48.

movement toward a League endorsement of ambulatory maintenance programs, he used rhetoric that verged into the absurd: if the League approved “the revolutionary proposals of Dr. Carrière and Dr. Chodzko,” he argued, “all attempts to apply limitation or control might as well be abandoned.”⁵⁷⁵ For his part Fuller tried to convince Mexico to scuttle the plans to expand the ambulatory treatment program. He urged Tello to convince Mexican officials to postpone any action on the dispensary plan until the Opium Advisory Committee could review the text of the regulations in one year’s time.⁵⁷⁶

Anslinger and Fuller enjoyed support from countries that favored long-term detention as addiction treatment. At the same summer 1939 session of the Opium Advisory Committee, for example, Egypt’s Russell reiterated his praise for the American approach. Russell called for strengthening “mass methods under police control” within “courts, prisons, [and] hospitals.”⁵⁷⁷ The Canadian representative C.H.L. Sharman, who was also the head of the Canadian Narcotics Service, lent the U.S. officials further support. Sharman announced that Anslinger’s assertions “agreed so completely with the Canadian view that it was unnecessary to say much more.”⁵⁷⁸

The U.S. delegation, with the support of like-minded allies, kept the Opium Advisory Committee from resolving in favor of treatment lacking detention. The committee merely approved the possibility for further study of the addiction problem. Canada’s Sharman

⁵⁷⁵ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 64.

⁵⁷⁶ See OAC “Report to the Council on the Work of the Twenty-Fourth Session, May 15 to June 12, 1939,” 30 June 1939, LONA, C.202.M.131.1939.XI, 4; and OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 48.

⁵⁷⁷ OAC, “Report to the Council on the Work of the Twenty-Fourth Session, May 15 to June 12, 1939,” 30 June 1939, LONA, C.202.M.131.1939.XI, 20. Also see OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 48.

⁵⁷⁸ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 64. Also see OAC, “Enquiry into Drug Addiction,” 27 October 1933, LONA, O.C. 1408(1), 22.

objected that further study would be “a waste of time and money.”⁵⁷⁹ Carrière managed a cynical rejoinder. He hoped that governments would someday have “to explain the attitude of their administrations towards addicts and treatment [including their] medical and penal attitudes.”⁵⁸⁰

With the possibility of a League endorsement of ambulatory maintenance nullified, Anslinger moved to crush Mexico’s program just as it was starting to operate in the early spring of 1940. Anslinger blocked all shipments of medicinal narcotics from the United States (which enjoyed a stockpile) to Mexico. The embargo would last until Mexico abandoned ambulatory addiction maintenance.⁵⁸¹ Anslinger knew that he was “pinching the health authorities” because they lacked sufficient supplies of narcotics “to take care of the sick and injured.”⁵⁸² Mexico’s new representative at Geneva, Jorge Daesslé Segura, threatened that Mexico would plant poppy and produce its own supply. But the threat was empty and his government quickly abandoned the treatment program.⁵⁸³ After July 1940 treatment would occur in closed institutions. The ambulatory maintenance program had

⁵⁷⁹ See OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 67-68; and HC, “Thirty-first Session of the Health Committee,” 8 November 1939, LONA, C.H. 1451, 1-2.

⁵⁸⁰ OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 67. Also see OAC, “Minutes of the Twenty-Fifth Session,” 15 December 1940, LONA, C.162.M.147.1940.XI, 10-12; and Bertil Renborg, “Notes on the Adoption of Certain International Rules concerning Drug Addiction and Drug Addicts,” 12 January 1944, LONA, R.4881, file: 463, Drug Addiction Enquiry, Adoption of International Rules concerning drug addiction and drug addicts, various correspondence.

⁵⁸¹ Aside from the United States, Mexico customarily imported medicinal drugs from Germany, France, and Spain, all of which ceased exports with the onset of war. Anslinger based his actions upon a 1935 amendment to the 1922 Narcotic Drugs Import and Export Act, which stipulated that exports could only be used for medical and scientific purposes. Fuller agreed that the ambulatory program was a breach of this stipulation. See “Mexico’s Annual Report for 1935 (in Spanish), LONA, R.4978, file: Annual Reports, 1935, Mexico; “Mexico’s Annual Report for 1940 (in Spanish), LONA, R.5027, file: 1940 Annual Reports on Opium Traffic, Mexico; and Walker, *Drug Control in the Americas*, 128-33.

⁵⁸² Anslinger to Sharman, 28 March 1940, Anslinger Papers, box 2, file 21.

⁵⁸³ See OAC, “Minutes of the Twenty-Fifth Session,” 15 December 1940, LONA, C.162.M.147.1940.XI, 10-12, 19, 22; and Anslinger to Sharman, 28 March 1940, Anslinger Papers, box 2, file 21.

never extended beyond Mexico City and had treated only six hundred out of six thousand applicants.⁵⁸⁴ Anslinger had placed his desire to shape government treatment programs above the welfare of Mexico's health care system and Mexican patients.

Anslinger and his political allies also moved to reduce the chance of a future diplomatic debate about treatment without detention. As historian William McAllister details, Anslinger carefully wielded the growing American influence during the Second World War to diminish public health authority within the postwar international drug control apparatus.⁵⁸⁵ Anslinger also cultivated like-minded officials for the postwar bureaucracies. Examples included Bertil Renborg, a Swedish representative who served as Chief of the Drug Control Service. He set forth an agenda for the postwar era including "severe penalties" for illicit opium smoking, with first time offenders given a "compulsory cure to be followed on the second or third offences by increasingly severe penalties."⁵⁸⁶ Another was Leon Steinig, an Austrian attorney and wartime émigré to the United States who served on the staff of the Drug Supervisory Body. He anticipated the need for a new treaty to create

⁵⁸⁴ See "Mexico Annual Report for 1940 (in Spanish)," LONA, R.5027, file: 1940 Annual Reports on Opium Traffic, Mexico; Mexico's response to the addiction questionnaire by Jorge Segura Millan, 28 July 1947, UNDCPA, item 4, file: SOA 25/01 Part "B", Drug Addiction Questionnaire to Governments, 2; and OAC, "New Regulations Concerning Drug Addiction in Mexico," 21 August 1940, LONA, O.C. 1791(a), R.4879, file: Drug Addiction, Mexico. For Secretary of the Treasury Henry Morgenthau, Jr.'s praise for Anslinger's intervention in Mexico see Morgenthau to Anslinger 8 May 1940, Anslinger Papers, box 2, file 2. Also see Anslinger to Sharman, 28 March 1940, Anslinger Papers, box 2, file 21; and Walker, *Drug Control in the Americas*, 128-33, and his *Drugs in the Western Hemisphere*, 57-80.

⁵⁸⁵ McAllister, *Drug Diplomacy in the Twentieth Century*, 147-54. Also see Dan Gildersleeve's statement to the United Nations, noted in Steinig to Lester, 7 June 1945, LONA, S.561, file: Opium, Correspondence with Mr. Felkin, Mr. Renborg, Mr Steinig from Washington during war 1940-46. Renborg described Anslinger's attitude to Lester in a letter dated 15 April 1941, LONA, S.561, file: Opium, Correspondence with Mr. Felkin, Mr. Renborg, Mr Steinig from Washington during war 1940-46.

⁵⁸⁶ See Bertil Renborg, "Note Concerning Measures to Facilitate the Abolition of Opium Smoking," n.d. November 1943, LONA, R.5006, 12/42303/31213.

stricter rules “to be applied to drug addiction and the addict.”⁵⁸⁷ A third was Herbert May, an American attorney who served on the Permanent Central Opium Board (which oversaw states’ licit drug business). May had strongly disapproved of the Mexican ambulatory treatment program.⁵⁸⁸

Anslinger and his State Department counterparts also groomed a friendly medical expert. They found an ideal “expert” in Pablo Osvaldo Wolff. The German-born academic had convinced the League’s Health Committee to sponsor his efforts study and publicize the world’s leading treatment techniques.⁵⁸⁹ Wolff’s prolific work depicted the U.S. narcotic farms as the highest scientific achievement on addiction and cast them as the goal that other countries should strive to achieve.⁵⁹⁰ Overall, Wolff considered the “American method” to be the “best as regards both clinical treatment and the physical, physic and moral re-education of the addict.”⁵⁹¹ Such praise garnered the attention of George Morlock, who took

⁵⁸⁷ See Acting Secretary General of the League of Nations Sean Lester, 30 June 1942, LONA, Opium Traffic Section, box C803, file: Correspondence with Mr. Lester.

⁵⁸⁸ Renborg described his and May’s negative views toward the Mexican treatment policy in his 28 August 1940 letter to Delevingne, LONA, S.561, file: Opium Transfer to the USA, 1940 No. 1 39-40, 5.

⁵⁸⁹ For examples of Wolff’s publications see HC, “Study of the Various Methods of Treating Drug Addiction,” 10 September 1932, LONA, C.H. 1085; HC, “Treatment of Drug Addiction,” 21 September 1933, LONA, C.H. 1075; and Pablo Osvaldo Wolff, “The Treatment of Drug Addicts: A Critical Survey,” *Bulletin of the Health Organization* 12 (1945/6): 455-684.

⁵⁹⁰ Even before Lexington opened, Wolff predicted in a lecture to the American Medical Association that the “control, segregation, and treatment of addicts” at the farms promised “tangible” and “immediate” results. See Paul [Pablo Osvaldo] Wolff, “Drug Addiction—A World-Wide Problem,” *Journal of the American Medical Association* 98 (June 18, 1932): 2175-84, reprint with modifications in Anslinger Papers, box 7, file 11, 29. Wolff told the Argentine Medical Association that the U.S. narcotic farms were “great institutions” and “worthy of appropriate imitation by other nations.” See Pablo Osvaldo Wolff, “Social Aspects of Narcotic Drug Addiction,” *Review of Argentine Medical Association* 55 (1941): 22, 25, Translation by U.S. Department of State, copy in LONA, Opium Traffic Section, box C804, file: Drug Addiction. Another article labeled the Lexington farm a “model institution,” and opined that “the longer the sentence the better the effect.” See Pablo Osvaldo Wolff, “Narcotic Addiction and Criminality,” *Journal of Criminal Law and Criminology* 34 (1943-1944): 170.

⁵⁹¹ Pablo Osvaldo Wolff, “The Treatment of Drug Addicts: A Critical Survey,” *Bulletin of the Health Organization* 12 (1945/6): 479.

over the drug control work within the Department of State's Division of Far Eastern Affairs after Fuller's death in 1941.⁵⁹² Morlock lauded Wolff's work as "valuable" and had the department translate his foreign language articles.⁵⁹³ Anslinger courted Wolff by penning the introduction to his book and trying to get Wolff promoted in the United Nations.⁵⁹⁴ Wolff would become a member of the Expert Committee on Habit Forming Drugs and then Chief of the Addiction-producing Drugs Section of the World Health Organization. The U.S. investment in Wolff would pay dividends when nations tackled addiction treatment during treaty talks in 1961.

Conclusion

The punitive regime in practice created a number of difficult problems for national governments during the interwar years. Prison overcrowding, troublesome and ill prisoners, high rates of recidivism, and public complaints about criminalizing opiate addicts were among the most pressing. States responded and developed a variety of programs to improve their drug prohibitions. Funding was a critical factor in determining the nature of the program created. The type of people addicted was also an important factor. In the United States, Congress was willing to provide funds to create an impressive new program. The narcotic farms lent imprisonment a medical aura. Overseas programs reflected smaller

⁵⁹² Anslinger remained commissioner of the Bureau of Narcotics until 1962 and represented the United States at the United Nations Commission on Narcotic Drugs until 1970.

⁵⁹³ See Morlock to Renborg with enclosure, 16 September 1940, LONA, Opium Traffic Section, box C804, file: Drug Addiction.

⁵⁹⁴ See the correspondence between Wolff and Anslinger in NA, RG 170, Acc# 170-75-17, box 74 (Old box #11), file: 1690-10W #1, Wolff, Dr. Pablo Osvaldo (Thru 1948), box 74 (Old box #11), file: 1690-10W #2, Wolff, Dr. Pablo Osvaldo (1949 thru 1957), Acc# 170-73-1, box 39, file: 0120-1 #4, Addiction, Narcotic Clinics, 1943 thru December, 1953 and file: 0120-1 #5, Addiction Narcotic Clinics 1954-5. Also see Sharman to Anslinger, 4 April 1942, NA, RG 170, Acc# 170-73-1, box 38, file: 0120, Addiction, General File, 1934-1950. Anslinger penned the introduction to Pablo Osvaldo Wolff, *Marihuana in Latin America: The Threat It Constitutes* (Washington, D.C.: Linacre Press, 1949).

expenditures and more medical content. Addiction treatment efforts expanded in hospitals and mental asylums. Some governments opted for ambulatory maintenance to try to stabilize the addict population on the cheap without disrupting lives. The diversity of the programs spurred a political fight within the supranational context of the League of Nations. Anslinger and Fuller advanced the farm model, opposing addiction maintenance and asserting that there was some scientific basis to attempting to force a “cure” through imprisonment.

The United States only won half of the battle at the League. Anslinger and his allies kept the League from granting its imprimatur to ambulatory maintenance. But they did not win a resolution backing the farms. As we shall see in Chapter Six, U.S. efforts to shape the postwar drug control apparatus—as well as direct efforts to shape the policies of foreign nations—would complete the victory. A consolidated punitive regime would include a United Nations endorsement of long-term detention as medical treatment.

CHAPTER 6

Consolidating the Punitive Regime in the Postwar Period

Desi Heyward was serving a federal prison term for illicit drug possession in 1959 when he wrote a bitter letter to Harry Anslinger, the Commissioner of the Federal Bureau of Narcotics. Heyward wrote: “You make no distinction when thousands of addicted persons (never peddlers) are given the stringent penalties which you advocate to be written into and maintained in the federal and state laws on NARCOTIC VIOLATIONS.” Heyward continued, the “poor unfortunate who is addicted, or now in prison for having been addicted, is voiceless in the matter which concerns him so much.” Heyward also tried to prickle Anslinger, writing “you surely must conceive of this from the moral standpoint and must have equated this with your conscience.”⁵⁹⁵

Heyward’s complaint ran against the tide of drug policy not only in the United States but also across the globe. His situation—being jailed for using drugs—became all the more common in the decades following the Second World War. American efforts to consolidate the punitive regime continued after World War II, and met with widespread success. At home state and federal governments imposed mandatory minimum prison terms for illicit drug possession and endorsed long-term detention as a kind of drug treatment. American diplomats and drug bureaucrats were active internationally. They used the military

⁵⁹⁵ Heyward to Anslinger, 1 April 1959, copy in U.S. National Archives, College Park, Maryland (hereafter NA), RG 170, Subject Files of the Bureau of Narcotics and Dangerous Drugs, 1916-1970 (hereafter RG 170), Acc.# 170-73-1, box 38, file: 0120 Addiction: General #2 1951-1960. Capitalization is as in the original.

occupation of Japan to induce compliance. They worked in indirect channels to bring Iran into the regime. They pressured allies to end legal “traditional” drug use in their Asian colonies. In their crowning achievement, they gained in 1961 an ironclad international treaty that finally criminalized “traditional” drug use and identified long-term detention as the best way to break addiction.

Part I. Updating the Regime at Home

Anslinger and his congressional supporters strengthened the U.S. application of the punitive regime during the 1950s. The regime had first come into action in the United States with the 1914 Harrison Act following the 1912 Hague Opium Convention. Congressmen Stephen Porter had successfully added the narcotic farm program in the 1930s to improve punitive proscription. By the 1950s Anslinger and his powerful allies in Congress achieved two major updates. They established mandatory minimum terms in prison for illicit drug possession in state and federal law. And they greatly extended the narcotic farm model of long-term detention as addiction treatment by fostering civil commitment of addicts at the state and federal level.

Mandatory Incarceration and Civil Commitment

Anslinger and his congressional allies enjoyed favorable political and social conditions for toughening drug control laws in the postwar period. Back in 1914 Hamilton Wright had grasped at strategies, namely racism and xenophobia, before successfully arguing that the Hague Convention required a domestic ban. The political culture of the 1950s made stiffening the penalties easy. Anslinger and his supporters in Congress had a genuine desire to reduce drug use, but they did not address actual changes in drug consumption patterns or

investigate the medical or social phenomenon of addiction. Instead, they offered sensational narratives about narcotics destroying children and the morals of middle-class females [see Figure 11].⁵⁹⁶ These narratives, along with Cold War concerns about domestic security, won Anslinger favorable newspaper coverage and lent his Congressional allies public support critical to campaigns for elected office.⁵⁹⁷ They stressed the drug threat to white youth (especially females), but the increase in heroin use was actually most pronounced amongst African-Americans who had migrated from the south to major urban centers, particularly to New York City. The misleading, alarmist reports terrified parents. *Newsweek* reflected the national mood in 1950: “Everywhere, frightened and hysterical parents pleaded with narcotics experts and police officials to save their children.”⁵⁹⁸ A 1951 Gallup Poll reflected the high state of alarm: 70 percent of residents of cities with a population of 500,000 or more thought teenagers bought “dope.”⁵⁹⁹

Congress hiked the penalties for drug violations to levels unprecedented in the United States with the Boggs Act, passed into law in 1951. Named for Representative Hale Boggs (D-LA), who had been advised by Anslinger, the law raised the penalties for drug offenses, including illicit possession, to a mandatory prison term of two to five years for first

⁵⁹⁶ Two studies offer contending views on the postwar family and gender roles: Joanne Meyerwitz, ed., *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994), describes diversity and contestation of the staid and strict nuclear (even bunkered) family roles examined in Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era*. (New York: Basic Books, 1988).

⁵⁹⁷ Nathaniel L. Smith, “The Political Culture of Drug Control: The Rise of a Punitive Regime, 1951-1956” (master’s thesis, University of North Carolina at Chapel Hill, 2002) examines the efforts of three southern politicians (Sen. Estes Kefauver (D-TN), Rep. Hale Boggs (D-LA), and Sen. Price Daniel (D-TX)) to promote punitive drug control legislation. The press clippings and constituent letters in their archival collections demonstrate that their approach was popular.

⁵⁹⁸ “Narcotics and Youth,” *Newsweek*, 20 November 1950, 57-58.

⁵⁹⁹ The Gallup Organization, *The Gallup Poll: Public Opinion, 1935-1997*, CD-ROM (Wilmington: Scholarly Resources, 2000), 1951: 995.

offenders, five to ten years for second offenders, and ten to twenty years for third and subsequent convictions. The maximum fine was \$2,000. The act also suspended parole after a second offense.⁶⁰⁰ Boggs felt that the longer sentences would “enable narcotic violators, who are frequently addicts themselves, to be subjected to a longer period of treatment and observation.”⁶⁰¹ Representative Sidney R. Yates (D–IL) struck a common theme in supporting the bill, concluding that “one major means of getting at this evil is to quarantine the unfortunate victims from the rest of society by providing stiffer penalties.”⁶⁰²

A mild dissent quickly faded. Representative Emanuel Celler (D-NY) had complained during the congressional debate that mandatory minimum sentences would put judges in a “strait-jacket” and that even addicts who deserved sympathy would be mandated to serve “at least two years in prison.”⁶⁰³ President Harry Truman, who had supported punitive drug laws, addressed such concerns while signing the bill by noting the unease about “unfortunates who are merely addicts and not engaged in the traffic for their own profit” who might receive long prison sentences.⁶⁰⁴ Truman addressed the issue by creating an Interdepartmental Committee on Narcotics that would be charged with examining the

⁶⁰⁰ *Boggs Act, U.S. Statutes at Large* 65 (1951): 767-69.

⁶⁰¹ House, *Increased Penalties for Narcotics and Marihuana Law Violations*, 82nd Cong., 1st sess., 1951, H. Rept. No. 635, 1.

⁶⁰² Sidney R. Yates, “Statement in Support of Federal Anti-Narcotic Legislation,” n.d., Harry S. Truman Library, Independence, Missouri (hereafter Truman Library), Papers of Sidney R. Yates, box 4, file: Narcotics Law, Amending Penalty, 1.

⁶⁰³ *Congressional Record*, 82th Cong., 1st sess., 1951, 97, pt. 6: 8204-205, 8210.

⁶⁰⁴ Harry S Truman, *Public Papers of the Presidents of the United States: Harry S Truman, 1951*, (Washington, D.C.: U.S. Government Printing Office, 1965), 618.

operation of the law. As it happened, Truman appointed Anslinger as chairman of the committee, which assured acceptance of the stiff penalties.⁶⁰⁵

⁶⁰⁵ *Boggs Act*, *U.S. Statutes at Large* 65 (1951): 767-769. See Conley to Lyons, 18 October 1951, in Truman Library, Bill File, H.R. 3490, November 2, 1951, 2; Harry S Truman, *Public Papers of the Presidents of the United States: Harry S Truman, 1951* (Washington, D.C.: U.S. Government Printing Office, 1965), 201, 486; and Truman's 12 April 1952 order and related correspondence in Truman Library, OF 431A, box 1286.



Figure 11: “Your Child May Be Hooked.”

Photographer Earl Thesen produced this photo to illustrate a 1953 *Look Magazine* article titled “Your Child May Be Hooked.” Though females were a small minority of those arrested for drug violations, political and media discourse focused on young white women threatened by drugs. The original caption read: “Denied narcotics, her body is tortured by pain, nausea, chills and fever. And all the time, night and day, there is the craving for ‘the fix.’”

Source: Library of Congress, Prints and Photographs Division, File: LOC, LOOK JOB-53-1368.

Anslinger's allies continued to produce results. Congress extended the prison terms for drug violations with the passage of the Narcotic Control Act in 1956. Boggs and Senator Price Daniel (D-TX), who was also advised by the commissioner, pushed the legislation. The new law increased the punishment for possession offenses to a mandatory prison term of two to ten years upon first conviction, five to twenty years for a second offense, and ten to forty years after a third infraction. Probation, parole, or suspended sentences were eliminated after the first conviction. The maximum fine for all offenses was \$20,000. Reflecting the special concern about teen-age heroin addiction, any offense involving selling or giving heroin to a minor risked a ten-year to life prison term, up to \$20,000 in fines, and the death penalty at the discretion of the jury. The law also banned U.S. citizens who were non-medical drug addicts (or had been convicted of a state or federal drug violation with a penalty of more than one-year imprisonment) from traveling abroad without prior authorization from the Secretary of the Treasury. The legislation tasked the Federal Bureau of Narcotics with shaping state legislation, assisting state enforcement, conducting training programs, and compiling a register of known addicts.⁶⁰⁶ Daniel proclaimed "we are never going to lick the problem of narcotics until we take the drug addicts off the streets."⁶⁰⁷

Enforcement of the tough federal laws with their mandatory minimum prison sentences added significantly to the federal prison population. Boggs Act violations increased the number of drug offenders in federal prison from 2,017 (or 11.2 percent of the prison population) in 1950 to 3,181 (or 15.1 percent) in 1956. Convictions under the 1956

⁶⁰⁶ *Narcotic Control Act of 1956, U.S. Statutes at Large* 70 (1956): 567-76.

⁶⁰⁷ See David Rupert Murph, "Price Daniel: The Life of a Public Man, 1910-1956" (Ph.D. Diss., Texas Christian University, 1975), 234; Charles V. Waite, "Price Daniel: Texas Attorney General, Governor, and Senator" (Ph.D. Diss., Texas Christian University, 1999), 167; and "Doctors Opposed On Aid To Addicts," *New York Times*, 21 September 1955, national edition.

Narcotic Control Act spurred further increases. The number of drug offenders in federal prisons reached 4,368 (or 17.7 percent) by 1962. The average sentence length, rather than increases in the number of convictions, primarily drove the growth of drug offenders in the federal prisons during these years. The average sentence for federal narcotics violations lengthened from around four years in 1956 to about six years in 1958, with the average term for cannabis offenses rising from around three years to about five years respectively.⁶⁰⁸ By comparison, the average sentence for drug convictions in 1951, prior to the passage of the Boggs Act, was just under two years.⁶⁰⁹ Figure 12 offers a visual representation of the lengthening sentences.

⁶⁰⁸ Senate, *Report of the Committee on the Judiciary on Juvenile Delinquency*, 88th Cong., 2nd sess., 1964, S. Rept. No. 1519, 5. Also see the informative tables included in James V. Bennett, “Penalties Under Public Law 728, 84th Congress, Narcotic Control Act of 1956,” reproduced from the Kennedy Library in “Johnson (Chapter 1): Additional Electronic Documentation,” on CD-ROM included in David F. Musto and Pamela Korsmeyer, *The Quest for Drug Control: Politics and Federal Policy in a Period of Increasing Substance Abuse, 1963-1981* (New Haven: Yale University Press, 2002).

⁶⁰⁹ House, *Increased Penalties for Narcotics and Marihuana Law Violations*, 82nd Cong., 1st sess., 1951, H. Rept. No. 635, 3.

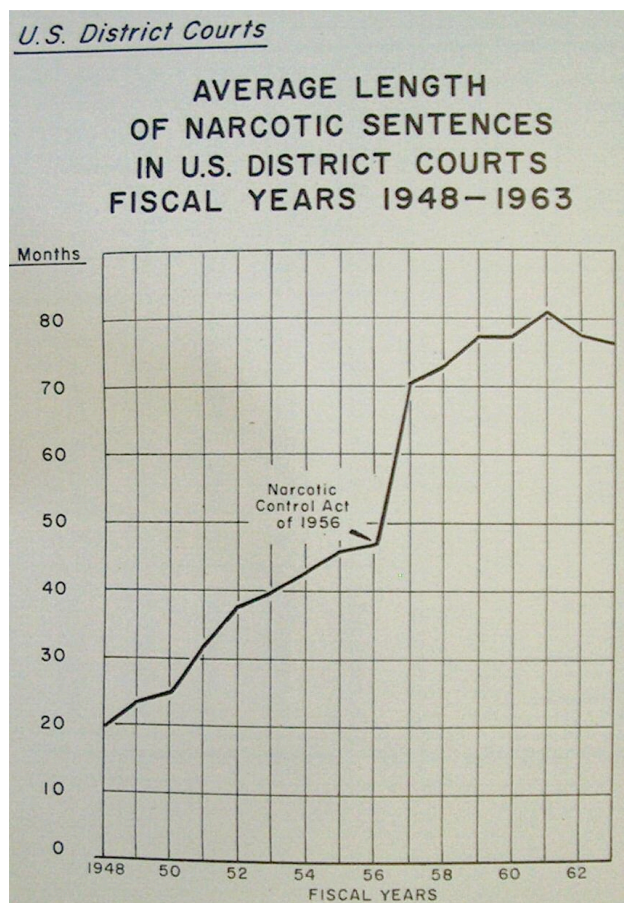


Figure 12: Average Length of Federal Narcotic Sentences, 1948-1963.

Data compiled from eighty-six district courts from 1948-1963.

Source: U.S. Treasury Department, Bureau of Narcotics, *Traffic in Opium and Other Dangerous Drugs, December 31, 1963* (Washington, D.C.: Government Printing Office, 1964), 71.

Anslinger enlisted the states to further amplify U.S. adherence to the punitive regime. He lobbied states to adopt so-called “little Boggs acts” in order to expand the enforcement net. In function, the “little Boggs acts” raised the penalties (including mandatory sentences) of the Uniform State Narcotic Act, which Anslinger had advanced during the 1930s.⁶¹⁰

There were good reasons for Anslinger’s call to stiffen state controls. Federal Bureau of Narcotics agents were too few to police the nation. A common estimate of the number of “addicts” in the United States in 1956 was around sixty thousand.⁶¹¹ The number of bureau agents ranged between 205 and 297 from 1948 to 1964. Further, the federal prisons were too small to hold drug violators from across the nation. Finally, Anslinger hoped that increased enforcement at the state level against drug users and petty dealers would free his agents to track large-scale smuggling networks.

State governments worked with the commissioner. In addition to bans on use and possession, numerous states criminalized addiction and gave the definition broad meaning. For example, New Jersey passed a law in 1955 that designated an “addict” as a “disorderly person” to be imprisoned for one year and fined one thousand dollars.⁶¹² Other typical

⁶¹⁰ See Congressional Quarterly Service, *Congress and the Nation: 1945-1964, A Review of Government and Politics in the Postwar Years* (Washington, D.C.: Congressional Quarterly Service, 1964), 1190; and Senate, *Report of the Committee on the Judiciary on Juvenile Delinquency*, 88th Cong., 2nd sess., 1964, S. Rept. No. 1519, 12.

⁶¹¹ A number of historians have demonstrated that the estimates of addiction provided by the Federal Bureau of Narcotics were manipulated to serve the bureau’s political needs and were poor reflections of actual drug use. The point here is that the number of consumers exceeded enforcement capability. The sixty-thousand figure was highlighted in numerous statements including Senate, *Report on the Committee on the Judiciary*, 84th Cong., 2nd sess., 1956, S. Rept. No. 1140, 2.

⁶¹² These “addiction” laws had to be revised after a 1962 Supreme Court decision held that a California statute making addiction a criminal offense ran afoul of the constitutional protection against cruel and unusual punishment. The Supreme Court struck down a California law that provided prison terms for people who were addicted for three months to a year in *Robinson v. California*, 370 U.S. 660 (1962). Anslinger, “Statement Before the Senate Judiciary Sub-Committee on Narcotics,” 2 June 1955, copy in Anslinger Papers, box 1, file 8, 10.

restrictions at the state level included statutes that made it a crime for a “habitual user of a narcotic drug” to drive an automobile. Such laws had passed in twenty-eight states by 1965. By that same year, forty-seven states and the District of Columbia had made it a crime to drive while under the influence of a “narcotic drug.”⁶¹³ Connecting drug control to sexual morality, New York State made it a felony to have sexual “intercourse with a female not one’s wife who is under the influence of narcotics.” This starkly gendered formulation carried a penalty of incarceration that could reach a life term.⁶¹⁴

The enforcement record illustrates that men, particularly black men, were arrested far more often than women or youths even though the latter were the focus of politicians and the media. According to the Federal Bureau of Investigation reports from 1949 to 1956, women were on average 16 percent of those arrested for drug violations. Minors averaged less than 3.5 percent of total arrests in these years. The police arrested more blacks than whites for drug violations in every year from 1949 to 1956 except 1951.⁶¹⁵

Arrests also served as a form of extra-judicial control, as the number of arrests greatly surpassed the number of cases prosecuted. For example, according to the Federal Bureau of Narcotics, state and local authorities arrested 21,853 people for drug violations in 1953, whereas the Federal Bureau of Investigation records uncovered just 11,974 prosecutions of

⁶¹³ National Committee on Uniform Traffic Laws and Ordinances, “Traffic Laws Commentary,” 30 April 1965, UNCPA, file: No. 65-1, Item 128, folder: Road Accidents Caused by Abuse of Narcotic Drugs, 16.

⁶¹⁴ New York Mayor’s Committee on Drug Addiction, “Report of a Study on Drug Addiction Among Teenagers,” July 1951, copy in Anslinger Papers, box 8, file 14, 30.

⁶¹⁵ Statistics and table compiled from the Federal Bureau of Investigation, *Uniform Crime Reports* (Washington, D.C.: U.S. Government Printing Office, 1951-7). Also see Walter R. Cuskey, T. Premkumar, and Lois Sigel, “Survey of Opiate Addiction Among Females in the United States Between 1850 and 1970,” *Public Health Reviews* 1 (February 1972): 5-39.

drug offenses that year.⁶¹⁶ Still, the numbers of cases prosecuted by states steadily increased over the 1950s: from 5,590 in 1950, to 15,937 in 1955, to 27,735 in 1960 [see Tables 7-8].

⁶¹⁶ U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions*, 1954 (Washington, D.C.: U.S. Government Printing Office, 1954), 52; and “Report of the Interdepartmental Committee on Narcotics to the President,” 1 February 1956, copy in Anslinger Papers, box 7, file 1, 9.

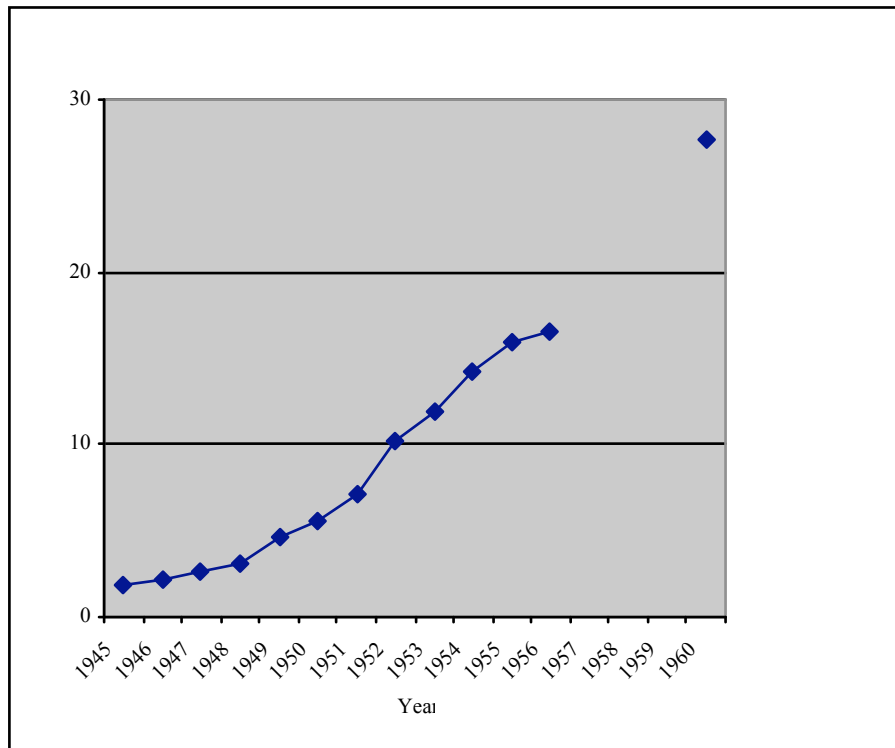


Table 7: State and Local Narcotic Law Arrests in Thousands, 1945-1960

The offenses related to unlawful possession, sale, or use of controlled drugs. The Federal Bureau of Investigation compiled this data from reports sent voluntarily by police departments across the country and in U.S. territories.

Source: U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions*, 1945-1960 (Washington, D.C.: U.S. Government Printing Office, 1945-1960).

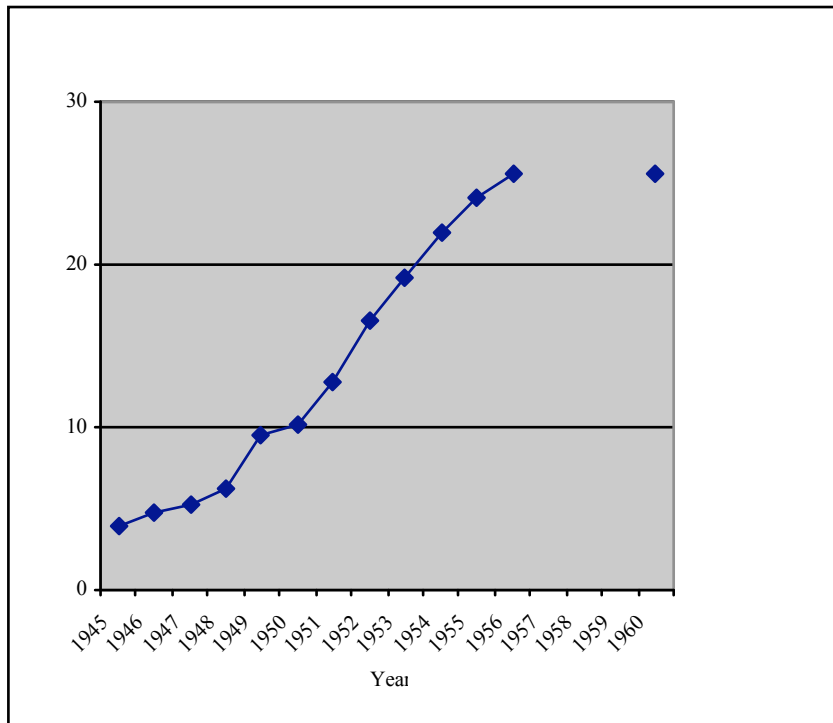


Table 8: State and Local Narcotic Law Arrests Per One Hundred Thousand of the Total Population, 1945-1960

Source: U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions*, 1945-1960 (Washington, D.C.: U.S. Government Printing Office, 1945-1960).

Anslinger also moved to expand the reach of the narcotic farm detention program. His ambitious goals included the construction of new narcotic farms across the country. As a stopgap plan, Anslinger urged local and state governments to pass “quarantine ordinances, to confine the users in controlled wards of city hospitals until they are pronounced cured by medical authorities.” He explained, “As long as they are on the streets, addicts will spread addiction and contamination to others.”⁶¹⁷ Further, drug users would benefit from the medical attention during forced detention while the general population would be protected from “addicts” who spread their habit like “typhoid Mary.” While Anslinger stressed the supposed restorative benefits imparted through compulsory confinement, the intent was a punitive deterrent. For example, a 1956 Federal Bureau of Narcotics publication warned potential drug users that it was “as much against the law to *buy* illegal drugs as it is to *sell* them” and threatened, “In many places, addiction itself is an offense for which the addict must undergo compulsory imprisonment in an institution until cured.”⁶¹⁸

Numerous state governments heeded Anslinger’s call to confine drug users in addiction detention facilities. The states with the largest numbers of drug users led the trend, especially New York, California, Illinois, and Michigan.⁶¹⁹ For example, New York’s 1952 law stipulated “mandatory commitment of all drug users.”⁶²⁰ The Illinois law became the

⁶¹⁷ See George E. Connery, “Control of Narcotic Addiction,” *Journal of the American Medical Association* 147 (17 November 1951): 4; Anslinger’s introduction to J.D. Ratcliff, “A Sane Look at Teen-Age Drug Addiction, 1951,” *Parent’s Magazine* 26 (November 1951), 40-41.

⁶¹⁸ U.S. Department of the Treasury, *Living Death: The Truth about Drug Addiction* (Washington, D.C.: U.S. Government Printing Office, 1956), 4.

⁶¹⁹ Coverage of the different programs and institutions is beyond the scope of this chapter, for more information see Harry J. Anslinger, “Narcotic Addiction as Seen by the Law-Enforcement Officer,” *Federal Probation* 21 (June 1957): 34-41; and Senate, *Treatment and Rehabilitation of Narcotic Drug Addicts*, 84th Cong., 2nd sess., 1956, S. Rept. 1850.

⁶²⁰ See Harry J. Anslinger, “Narcotic Addiction as Seen by the Law-Enforcement Officer,” *Federal Probation* 21 (June 1957): 39.

model for many states. The law ordered the compulsory hospitalization of addicts, with possession of any controlled drug deemed evidence of addiction. According to a 1954 study, involuntary civil commitment of drug users was an option for thirty-seven out of the forty-eight U.S. states.⁶²¹

The federal government also embraced Anslinger's push for the compulsory confinement of "addicts." Anslinger called for a confinement bill in Washington, D.C.⁶²² Congress responded in 1956 by passing a law meant to detain drug users—from their initial discovery by the police to their discharge—followed by two years of probation. The House report on the bill had urged that the "first step must be the processing and confinement of all addicts who use narcotic drugs illegally."⁶²³ Also in 1956, an Interdepartmental Committee on Narcotics reported to President Dwight Eisenhower recommending the "legal commitment of addicts to institutions" to augment increased penalties for offenders.⁶²⁴ A

⁶²¹ See Kenneth W. Chapman, "Care and Treatment of Drug Addicts," *Bulletin on Narcotics* 10 (April-June 1958): 25-28; King, *The Drug Hang-Up*, 251; Senate, *Organized Crime and Illicit Traffic in Narcotics*, 89th Cong., 1st sess., 1965, S. Rept. 72; and Malachi L. Harney, "Current Provisions and Practices in the United States of America Relating to the Commitment of Opiate Addicts," *Bulletin on Narcotics* 14 (July-September 1962): 11-23.

⁶²² For one example of many see Miriam Ottenberg, "Anslinger Asks Senate Action on Addict Bill," *Washington Evening Star*, 23 November 1953.

⁶²³ The bill superseded earlier a 1953 law that was more lenient, passing as *Dangerous Drug Control Act for the District of Columbia*, *U.S. Statutes at Large* 70 (1956): 609-622. When signing the 1953 bill, Eisenhower warned that states could not count on the federal narcotics hospitals to handle the anticipated "large volume of commitments from the District and the state courts." See Dwight D. Eisenhower, *Public Papers of the Presidents of the United States: Dwight D. Eisenhower, 1953* (Washington, D.C.: U.S. Government Printing Office, 1960), 449. *Treatment of Users of Narcotics in the District of Columbia*, *U.S. Statutes at Large* 67 (1953): 77-79. A 1954 law had allowed the District to commit "addicts" to the federal narcotic hospitals until local facilities were provided. See *To Authorize the Care and Treatment at Facilities of the Public Health Service of Narcotic Addicts Committed by the United States District Court for the District of Columbia, and for Other Purposes*, *U.S. Statutes at Large* 68 (1954): 79-81. House, *Effecting the Control of Narcotics, Barbiturates, and Dangerous Drugs in the District of Columbia*, 84th Cong., 2nd sess., 1956, H. Rept. 2277, 6, 7, 43.

⁶²⁴ Eisenhower had appointed the committee in 1954. It also suggested financial support to help states send drug users to the two federal farms. See *Report of the Interdepartmental Committee on Narcotics to the President*, 1 February 1956, copy in Anslinger Papers, box 7, file 1, 13.

Senate Judiciary Committee adopted a similar position prompted by fear that “addicts, who are not hospitalized or confined, spread the habit with cancerous rapidity to their families and associates. Yet, less than 20 percent are confined.”⁶²⁵ (The percentage was based on questionable estimates of the “addict” population.) The committee proposed the elimination of voluntary commitment of users at treatment centers in favor of mandatory detention followed by at least three years of probation. Further, the committee wanted addicts who relapsed three times to be imprisoned for life. A third failure at a permanent cure would thus trigger “an indeterminate quarantine-type of confinement at a suitable narcotics farm.”⁶²⁶

By the end of the 1950s and into the 1960s it was clear that Anslinger had taken the narcotic farm model to a new level. In December 1959 Anslinger announced that compulsory confinement of drug users enjoyed the “unanimous approval of the President, the Congress, and fifty Governors.”⁶²⁷ He took satisfaction in penning a work of fiction, titled “The Experiences of a Cured Morphinomaniac,” that described an addict’s joy at being sentenced to three months in prison for illicit use and possession of morphine; “The benefit of the law lies in the fact that it enables a victim of morphine or cocaine...to be brought to prison for treatment and be discharged after a cure.”⁶²⁸ The American Medical Association and the National Research Council of the National Academy of Sciences formally endorsed

⁶²⁵ See Senate, *Treatment and Rehabilitation of Narcotic Addicts*, 84th Cong., 2nd sess, 1956, S. Rept. 1850, 2.

⁶²⁶ Senate, *Treatment and Rehabilitation of Narcotic Addicts*, 84th Cong., 2nd sess, 1956, S. Rept. 1850, 21.

⁶²⁷ Anslinger to Eddy, 24 December 1959, NA, RG 170, Acc#170-73-1, box 42, file: 0120-16, Addiction: Committee on Drug Addiction, National Research Council, 1960-1963.

⁶²⁸ Memorandum by Anslinger, n.d., NA, RG 59, Acc #170-74-12, box 157 (old box #25), file: 0660 Great Britain, #4.

the compulsory civil commitment of drug addicts in 1962.⁶²⁹ The administration of President John F. Kennedy described expanded civil commitment programs in a positive manner, as did the 1963 President's Commission on Narcotic and Drug Abuse.⁶³⁰ And in 1966 Congress endorsed the approach (although without providing sufficient funds to apply it) in the Narcotic Addict Rehabilitation Act.⁶³¹

During the 1950s Commissioner Anslinger successfully amplified the application of the punitive regime in the United States. He had enjoyed wide-ranging support from the legislative and executive branches of state and federal governments. Anslinger's progress was real, but it was not revolutionary. Earlier drug control advocates, particularly Hamilton Wright, had achieved the major breakthrough regarding a federal ban. Congressmen Porter had grasped the innovation of casting long-term detention as addiction treatment. Anslinger's major contribution had been his tenacious advocacy that attracted fervent support within the political culture of the 1950s.

Part II. Promoting Compliance Overseas

American officials advanced on a second front to consolidate the punitive regime in the postwar period. They were active and influential overseas. The U.S. military occupation

⁶²⁹ Federal Bureau of Narcotics official Malachi L. Harney endorsed civil confinement as "addict control" in "Current Provisions and Practices in the United States of America Relating to The Commitment of Opiate Addicts," *Bulletin on Narcotics* 14 (July-September 1962): 11-23. Also see "AMA Officially Okays Addicts' Commitment," *New York Journal American*, 15 May 1962, copy in Anslinger Papers, box 6, file 8.

⁶³⁰ See, for example, *Proceedings of the White House Conference on Narcotic and Drug Abuse, Final Report* (Washington, D.C.: U.S. Government Printing Office, 1962). Also see King, *The Drug Hang-up*, 241, 244; and President's Advisory Commission on Narcotics and Drug Abuse, *Final Report* (Washington, D.C.: U.S. Government Printing Office, 1963).

⁶³¹ For supporting statements by the Justice and Treasury Departments as well as Federal Bureau of Narcotics Commissioner Giordano see Senate, *Organized Crime and Illicit Traffic in Narcotics*, 89th Cong., 1st sess., 1965, S. Rept. 72, 82-83, 102. Also see House, *Narcotic Addict Rehabilitation*, 89th Cong., 2nd sess, 1966, H. Rept. 1486, 8; *Narcotic Addict Rehabilitation Act of 1966*, U.S. Statutes at Large 82 (1966): 1438-1450; Courtwright, *Dark Paradise*, 163; King, *The Drug Hang-up*, 254; and Musto and Korsmeyer, *Quest for Drug Control*, 15-19.

of Japan provided a direct channel to induce compliance with the regime by a state that had dropped out of the international control system. American advisors worked in indirect channels to bring Iran into the regime, thus criminalizing the habits of millions of Iranian drug users for the first time. Anslinger also pushed hard to convince colonial powers to criminalize “traditional” drug use in their territories. After finally closing their opium monopolies, government officials in Singapore, Hong Kong, Thailand, and Macao took up the U.S. narcotic farm model to try to make punitive prohibition function.

Bringing Japan into the Regime

Washington welcomed the postwar military occupation as an opportunity to guide Japan’s drug policies. Japanese colonial policies had created opium monopolies in Korea and Taiwan. The profitable monopoly sale of opium had extended to Manchukuo in the 1930s and opium sales (along with opium production and the manufacture of heroin and morphine) followed Japan’s expansionary drive to create a Greater Asian Co-Prosperity Sphere. Anslinger remained convinced throughout the 1930s that Japan was also profiting from drug trafficking and blamed Japan for the presence of illicit narcotics in North America.⁶³² His accusations melded with the wartime propaganda. For example, a January 1942 Treasury Department statement accused the Japanese of scheming to re-establish an opium monopoly in the Philippine Islands and complained that the United States had

⁶³² See Kathryn Meyer, “Japan and the World Narcotics Traffic,” in *Consuming Habits: Drugs in History and Anthropology*, ed. Jordan Goodman, Paul E. Lovejoy, and Andrew Sherratt (New York: Routledge, 1995), 186-205; and Friman, *NarcoDiplomacy*, 53-61. Walker offers a detailed account in *Opium and Foreign Policy*, 109-31, 135-41.

“experienced Pearl Harbors many times in the past in the nature of dangerous drugs from Japan which were meant to poison the blood of the American people.”⁶³³

Anslinger drew up a policy program for General Douglas MacArthur, Supreme Commander for the Allied Powers in Japan, to impose, as historian William O. Walker III phrased it, “American-style narcotics control.”⁶³⁴ A 1947 report by U.S. Lieutenant Colonel R.G. Hersey indicated that the compulsory commitment of addicts was part of that control. Accordingly, the Japanese Narcotic Control Law of 1948 included stiff penalties and broadly defined commitment protocols. Non-medical consumers of manufactured drugs risked up to five years in prison, a fifty thousand yen fine, or both. Opium smoking convictions brought up to three years in prison. The law defined drug addicts as people lacking “self control” or “vicious or delinquent” and provided for a six month prison sentence.⁶³⁵

American officials also brought Japan into the regime by sending reports of compliance to the United Nations. MacArthur sent updates about drug enforcement to Anslinger, who in turn forwarded them to the United Nations’ Commission on Narcotic Drugs, the United Nation’s equivalent to the League of Nation’s Opium Advisory Committee. Thus the commission learned in 1950, for example, that heroin use was on the

⁶³³ U.S. Department of the Treasury, “Press Release,” 26 January 1942, LONA, Opium Traffic Section, box C804, file: Narcotics During 1940-1946, 4.

⁶³⁴ Walker, *Opium and Foreign Policy*, 167.

⁶³⁵ Lieutenant Colonel R.G. Hersey (on the behalf of the Supreme Commander of Allied Powers), “Questionnaire Regarding Legal and Practical Standpoint Taken Up Regarding Drug Addiction and Drug Addicts,” 18 July 1947, UNDCPA, item 4, file: SOA 25/01 Part “B,” Drug Addiction Questionnaire, 6. Also see “Drug Addiction (Replies to the Questionnaire on drug addiction (Japan)),” 2 February 1950, UNDCPA, item 4, file: SOA 25/01 Part “C,” Drug Addiction Questionnaire. Friman notes that the U.S. policies imposed lacked controls on pharmaceutical stimulants, which ignored the legacy of Japanese stimulant use that began during the war. See Friman, *NarcoDiplomacy*, 63-85.

rise (both the smoking of heroin in cigarettes and by injections) and that the number of convictions for illicit possession was 589.⁶³⁶

The tough approach continued after the Americans departed in 1952. The Japanese government reported to the United Nations in 1955 that it had lengthened the maximum prison term for illicit use or possession of heroin to seven years (and a fine of up to one hundred thousand yen). Compulsory confinement also continued, aiming to control the known addict population, estimated at 8,700 (mostly heroin users discovered between 1946 and 1955), as well as possibly forty thousand “unknown addicts.”⁶³⁷ Japan again strengthened its compulsory commitment program and increased the penalties for illegal possession and consumption of dangerous drugs in 1963. Like the U.S. Congress, Japanese legislators added a mandatory minimum penalty: three months to six years in prison for illegal possession. Illegal drug use risked a minimum prison term of four months to a maximum of three years and six months. Japan also continued to report the enforcement and conviction records to the United Nations.⁶³⁸

Advising Iran

Iran was an important country to U.S. drug control advocates. It was one of the world’s largest producers of opium and home to millions of opium consumers. A state opium monopoly dated to 1929 and continued into the postwar period. Domestic anti-opium agitation before the war had prompted Iranian legislators to outlaw opium dens and the

⁶³⁶ “*Japan Annual Report for 1950*,” UNDCPA, item 13, file: 109/03, Annual Reports, Japan.

⁶³⁷ “*Japan Annual Report for 1955*,” UNDCPA, item 13, file: 109/03, Annual Reports, Japan.

⁶³⁸ “*Japan Annual Report for 1965*” and “*Japan Annual Report for 1970*,” both in UNDCPA, item 49, file: 22883, Annual Reports, Japan. Also see “Japan’s Many Drug Addicts,” *The Guardian*, 16 November 1959, clipping in UNDCPA, item 128, file: 26315, Drug Addiction, Japan.

public use of drugs. Officials in the U.S. Federal Bureau of Narcotics wanted to see much stiffer controls in Iran. Thus they lobbied to influence Tehran. As we shall see, American advisors managed to gain impressive purchase over Iran's drug policies.

Federal Bureau of Narcotics District Supervisor Garland Williams arrived in Tehran on a special mission to guide Iranian drug policy in 1949. He immediately reported to Anslinger about his disgust with Iran's lax approach regarding opium. Williams estimated that there were over a million opium "addicts" and described how easy it was to obtain the drug, even in grocery stores. He also described the varied patrons of opium dens, which included children, doctors, prostitutes, businessmen, and housewives; "the better class people" smoked their opium at home.⁶³⁹ He blamed the central government and the Shah, Mohammad Reza Pahlavi, for tepid enforcement of the existing Penal Code bans on opium dens and the public use of drugs.⁶⁴⁰ To improve Iranian drug policy, Williams advocated a new tougher law, a reformulated drug control agency, and a permanent U.S. Federal Bureau of Narcotics posting in Tehran. He also warned that opponents of the U.S. "prohibition program" might obstruct progress by calling for "great hospitals to cure the addicts," which neither Iran nor the United States could afford to build.⁶⁴¹

A comprehensive drug control law passed in 1955. Iran criminalized the non-medical use of opiates (and adopted a ban on opium production). Under the new law visiting a public

⁶³⁹ Williams to Anslinger, 1 February 1949, Anslinger Papers, box 2, file 16, 7.

⁶⁴⁰ See Williams to Anslinger, 1 February 1949, Anslinger Papers, box 2, file 16, 7; Gerald T. McLaughlin and Thomas M. Quinn, "Drug Control in Iran: A Legal and Historical Analysis," *Iowa Law Review* 59 (February 1974): 469-524; and the text of the 20 July 1949 law in United Nations Document, E/NL.1951/11 (1951).

⁶⁴¹ Williams to Anslinger, 1 February 1949, Anslinger Papers, box 2, file 16, 10. For an in-depth study of the introduction of consumerist uses of opium, wine, coffee, and tea in Iran see Rudi Matthee, *The Pursuit of Pleasure: Drugs and Stimulants in Iranian History, 1500-1900* (Princeton: Princeton University Press, 2005). Also helpful on more recent periods are McCoy, *The Politics of Heroin*, 468-471; and David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2001), 96.

place such as a den, café or hotel to smoke opium risked six months to a year in prison for the first offense. Drug “addicts” had six month’s “grace” to quit using drugs. Thereafter first offenders faced prison terms of one to two months, with longer terms lasting up to three years for subsequent offenses.⁶⁴² The new policy eliminated an industry with an estimated annual revenue of six million dollars and set the government on a mission to transform the habits of millions of Iranians.⁶⁴³

The new law reflected, at least in part, an increased level of American intervention in Iran in the 1950s. Since the 1940s American officials had pushed Tehran to adopt a “policy of complete prohibition of the use of opium for non-medical purposes.”⁶⁴⁴ A new dynamic emerged after the U.S. Central Intelligence Agency returned the Shah from exile in 1953 and offered economic support and the protection of the state’s oil revenues, which made the opium monopoly less vital to state finances.⁶⁴⁵ Williams also furthered the U.S. agenda by supporting Iranian officials who favored the American approach on drug control and the

⁶⁴² Dr. Jehan S. Saleh, Minister of Health of Iran, discussed the new law in “Iran Suppresses Opium Production,” *Bulletin on Narcotics* 8 (July-September 1956): 1-2. Also see A.E. Wright, “The Battle Against Opium in Iran: A Record of Progress,” *Bulletin on Narcotics* 10 (April-June 1958): 8-11. The treatment program updated limited efforts undertaken before the Second World War. See OAC, “Minutes of the Twenty-Fourth Session,” LONA, C.209.M.136.1939.XI, 66.

⁶⁴³ R.S. Tuffnell, “The Treatment of Drug Addicts in Iran and the Case for Foreign Financial Aid To Assist The Government of Iran in its Task,” 26 January 1963, copy in NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #13.

⁶⁴⁴ See Clayton to Murray, including a translation of the bill provided by William Blake, American Vice Consul, 10 February 1945, NA, RG 59, Decimal File 1945-1949, 891.114/2-1045; memorandum by Blake, 9 July 1945, NA, RG 59, Decimal File 1945-1949, 891.114/7-945; Murray to Byrnes, 12 August 1945, NA, RG 59, Decimal File 1945-1949, 891.114/8-1245; and Clayton to Murray, 13 November 1945, NA, RG 59, Decimal File 1945-1949, 891.114/9-945.

⁶⁴⁵ Williams probably participated in the Central Intelligence Agency’s activities in Iran. Agents from the Federal Bureau of Narcotics routinely assisted the agency and its predecessor the Office of Strategic Services. McAllister notes that it was “likely that a connection existed between the CIA-backed putsch that placed the Shah in control and Iran’s change of heart concerning opium.” See McAllister, *Drug Diplomacy in the Twentieth Century*, 306, 307n27. Gerald T. McLaughlin and Thomas M. Quinn considered the promise of future oil revenues to be an important part of the Shah’s decision to forgo opium production. See their “Drug Control in Iran: A Legal and Historical Analysis,” *Iowa Law Review* 59 (February 1974): 469-524.

1955 law. For example, he pushed Anslinger to reward Dr. Jahan S. Saleh, who had served as Minister of Health, with an appointment in the United Nations' Division of Narcotic Drugs. Williams explained that Saleh "seems to voice ideas very similar to yours and my own," including a strict ban on non-medical drug use, and that Saleh pushed for the 1955 law "even though many of his friends in the landed elite advised him against such a crusade."⁶⁴⁶

With the onset of the new law, Williams served as an adviser to the Iranian government and oversaw policy development and enforcement. Iran had requested official expert assistance in 1956 and Anslinger guided Williams into a position with the International Cooperation Administration in the U.S. Operations Mission to Iran Public Safety Division.⁶⁴⁷ Williams then drafted the regulations for the government agencies that were charged with drug control in Iran, modeling them on the U.S. Federal Bureau of Narcotics regulations.⁶⁴⁸ He also trained the narcotic control officers and lobbied Iranian officials to toughen the controls on drug use. Williams described his approach with Iranian leaders in a letter to Anslinger: "I simply don't stop talking long enough for them to formulate their own ideas, and after a while they accept my concept."⁶⁴⁹

⁶⁴⁶ Saleh was also attractive because he had earned a degree from Syracuse University and had married an American. Williams to Anslinger, 9 March 1958, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12.

⁶⁴⁷ William's position with the International Cooperation Administration lasted from 1957 to 1961. Though Williams was not technically an employee of the Federal Bureau of Narcotics during this period, he worked closely with Anslinger and was "of service" to the bureau's agenda in Iran and Southeast Asia through the 1950s and during the 1960s. See Williams to Anslinger, 10 March 1960, NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong Spec. File; and Anslinger to Berry, 14 April 1961, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #13.

⁶⁴⁸ Williams to Siragusa, 25 February 1958, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12.

⁶⁴⁹ Williams to Anslinger, 30 September 1958, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12.

Bravado, however, could not erase the difficulties encountered with implementing the ban on opium consumption. Opium consumers did not rush to quit their traditional habits. Williams attributed the lack of movement to the country's "historic cultural and social acceptance of the vice as being objectionable, but not to be greatly abhorred."⁶⁵⁰ According to two legal scholars, the Iranian government arrested thousands (of the millions) of drug users "*en masse*" and the jails became "crowded with drug offenders." The scholars also opined that the Iranian government shouldered the expense of apprehending and incarcerating drug users while families suffered the "economic and human hardships which resulted when a father or brother (often the sole means of a family's support) was imprisoned."⁶⁵¹

To Williams' dismay, the 1955 law also provided a role for the Iranian Ministry of Health to offer some form of drug treatment. He need not have worried; the program of treatment suffered from a limited reach. The ministry was to distribute opium pills and create drug addiction treatment centers in an effort to help the estimated one and a half million opium "addicts" stop using drugs prior to the six-month deadline.⁶⁵² The ministry made some progress with treatment: two years after the six-month deadline the government treatment centers (better described as detoxification stockades) had "treated" about forty

⁶⁵⁰ Williams, "Completion of Tour Report," 16 March 1959, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12, 4.

⁶⁵¹ Gerald T. McLaughlin and Thomas M. Quinn, "Drug Control in Iran: A Legal and Historical Analysis," *Iowa Law Review* 59 (February 1974): 498, 514.

⁶⁵² Jehan S. Saleh, "Iran Suppresses Opium Production," *Bulletin on Narcotics* 8 (July-September 1956): 1-2.

thousand opium addicts.⁶⁵³ But in the meantime, the estimates of “addicts” had increased to two million.⁶⁵⁴

Williams extended his influence in Tehran by funding the training of Iranian officials in the United States. Williams aimed, as he put it, to “orient” Dr. Hasan Ali Azarakhsh, who was the first chief executive overseeing the enforcement of the 1955 law and then served as Director General of Narcotics Control from 1957 to 1961. Thus Azarakhsh received training: six months with the Federal Bureau of Narcotics, including a two-week seminar at the bureau’s Narcotics Training School, and one month at the Lexington farm. Williams also sent Iranian drug control agents to Washington to train with the bureau. In 1960 he estimated that his project had spent an average of \$8,000 per year to “train and motivate [Iranian] Nationals by sending them to the USA.” Among numerous others, Dr. Manuchehr Saba, Director of the Addict Treatment Center in Teheran, trained at the Lexington farm for four months and at the Federal Bureau of Narcotics for three months.⁶⁵⁵

⁶⁵³ Peyton Kerr, Counselor of Embassy for Economic Affairs, “Anti-Opium Campaign in Iran,” 12 November 1955, NA, RG 59, Decimal File 1955-1959, 888.53/11-1255.

⁶⁵⁴ A.E. Wright, “The Battle Against Opium in Iran: A Record of Progress,” *Bulletin on Narcotics* 10 (April-June 1958): 8-11. Also see Ossenfort to Kolb, 5 October 1957 and 1 May 1958, Kolb Papers, box 4, file: Ossenfort.

⁶⁵⁵ With authorization provided by the 1956 Narcotic Control Act, the Federal Bureau of Narcotics opened the Narcotics Training School in Washington, D.C. During its first four years of operation the school trained fifty officials from seventeen countries. The students received two weeks of training (offered six times a year) that covered anti-trafficking methods and policy recommendations about suppressing drug addiction with punishment (including tactics to shut down the advocates of alternative treatment approaches). See Williams to Anslinger, 10 March 1960, NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong Spec. File; Harry J. Anslinger, “Narcotics Bureau Conducts Training School for Police,” *FBI Law Enforcement Bulletin* 31 (October 1962): 7-10; Anslinger to Yates, 11 July 1960, UNCPA, item 130, file: 23449, Technical Assistance, General Correspondence; Undated copy of the Federal Bureau of Narcotics Training Manual in Anslinger Papers, box 7, file 2, 12-13; Memorandum by Giordano, 19 November 1958, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12; R.S. Tuffnell, “Tenth Progress Report of the United Nations Adviser for the period April to June 1964,” NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #14; Williams to Anslinger, 30 September 1958, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12; and Anslinger to Ardalan, 10 March 1958, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12.

A second law, passed in 1959, continued to reflect American advice. Robert R. Schott, Second Secretary of the U.S. Embassy in Tehran, called Williams “instrumental” in the law’s passage.⁶⁵⁶ The law reflected William’s effort to increase penalties and transfer enforcement authority from the Ministry of Health to a newly formed police department under the Prime Minister. Williams had also advocated for spending “the least possible on drug addiction hospitalization programs.”⁶⁵⁷ He recognized many of his first objectives in the new law, including, as he listed them, “punitive actions regarding release on bond, prompt trial, mandatory penalties, minimum sentences, and closure of public premises used as opium smoking places.”⁶⁵⁸ He exulted: “After almost two years of talking, working, and urging by all of us here we have considerably strengthened the [drug control] program as a result of the Parliament giving us 23 articles of new narcotic laws.”⁶⁵⁹ Prison terms for all offenses grew longer.⁶⁶⁰ Convicted non-medical drug users now faced six months to three years in prison⁶⁶¹

⁶⁵⁶ Schott, “Control of Narcotic Drugs,” 22 October 1959, NA, RG 59, Decimal File 1955-1959, 888.53/10-2259.

⁶⁵⁷ Williams, “Completion of Tour Report,” 16 March 1959, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12, 9, 11.

⁶⁵⁸ The law banned unauthorized use of opiates, cocaine, and cannabis under penalty of a minimum of six months up to a maximum of three years in prison, with the maximum imposed for morphine and heroin users. If the convict was an addict, the Ministry of Health was to provide a facility and “the period of treatment in such institution shall be counted as time served under the sentence prescribed by the court.” See “Iranian Narcotic Control Law of 1959,” 22 June 1959, copy in NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12; and Garland Williams, “End of Tour Report” 23 June 1961, copy in NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #13, 3.

⁶⁵⁹ Williams to Anslinger, 24 August 1959, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12.

⁶⁶⁰ See Law of 22 June 1959, United Nations Document, E/NL.1960/1 (1960); and Schott, “Control of Narcotic Drugs,” 22 October 1959, NA, RG 59, Decimal File 1955-1959, 888.53/10-2259.

⁶⁶¹ See Charles C. Stelle, “Parliament Proceedings,” 14 May 1959, in NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12, 4-5; and Gerald T. McLaughlin and Thomas M. Quinn, “Drug Control in Iran: A Legal and Historical Analysis,” *Iowa Law Review* 59 (February 1974): 494.

While the new law did not eliminate the Ministry of Health's authority, the ascendancy of a penal rather than a medical approach to drug users and addicts was unmistakable. The Minister of Health, Dr. Abdoh Hussein Radji, signaled his acceptance of the punitive rationale. Facing over a million opium users Radji hoped that the new law would help to "cure those who can be cured and to remove by imprisonment those who cannot be cured."⁶⁶² Responding to criticism that the law was too punitive, Dr. Mahmood Dadgar, serving as Director General of the Narcotics Control Administration, stressed that "severe anti-narcotic laws are effective measures in reducing addiction," and countered calls for addict maintenance by retelling the history of "clinics" written by the U.S. Federal Bureau of Narcotics.⁶⁶³ Williams' plan was in action. A 1959 police report described 5,000 arrests in just five months by the National Police Bureau of Narcotics "established in accordance with the advice of Narcotics Advisor Garland Williams."⁶⁶⁴

Buying the American Model: Narcotic Farms in Southeast Asia

The war in the Pacific provided U.S. officials with an opportunity to apply more concerted pressure against legal opium smoking. In March 1943 Anslinger organized what the State Department called an "informal discussion" in his Washington office. He informed British and Dutch representatives that the legal sale of opium for smoking was anathema to

⁶⁶² A.H. Radji, "Opium Control in Iran: A New Regime," *Bulletin on Narcotics* 11 (January-March 1959): 1-2.

⁶⁶³ Mahmood Dadgar, "Prevention of Narcotics Addiction," 2 October 1962, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #13.

⁶⁶⁴ Williams left Iran in 1961 and U.S. military personnel affiliated with the U.S. Agency for International Development took over the advising program. See "Monthly Civil Police Report for September 1959," 6 October 1959, NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #12; Garland Williams, "End of Tour Report" 23 June 1961, copy in NA, RG 170, Acc#170-74-12, box 158 (old box #26), file: 0660 Iran, #13, 7; and Flues to the Secretary of the Treasury, 3 May 1962, NA, RG 170, Acc #170-74-12, box 170 (Old box 38), file: 1230- Single Convention, Classified Material.

the “Four Freedoms.” Further, American forces would impose a ban on opium smoking as they advanced in the Far East. To avoid a “clash” of policy that might undermine the unity of the alliance, the British and Dutch would have to end their colonial opium monopolies. That September, the State Department backed Anslinger’s case. The department cited the 1912 Hague Convention’s pledge to suppress opium smoking and urged the allies to criminalize opium smoking in the “Far Eastern” territories that would be liberated from Japanese forces.⁶⁶⁵

In November 1943 Britain and the Netherlands submitted. The British pledged to “adopt the policy of total prohibition of opium smoking” in British territories in the Far East. The Dutch approved “the complete suppression of the use of opium for smoking” in the Netherlands Indies.⁶⁶⁶ Malcolm Delevingne, who had served as Deputy Undersecretary of State and represented Britain at Geneva, described the British decision as the “climax” of his country’s involvement with the international drug control movement.⁶⁶⁷ France and Portugal

⁶⁶⁵ See “Minutes of a Meeting in the Office of the Commissioner of Narcotics,” 17 March 1943, <http://www.drugtext.org/library/legal/1943.htm> (accessed 9 April 2005). Representative Brazilla Carroll Reece (R-TN) repeated the “Four Freedoms” comment on 7 July 1943, *Congressional Record*, 78th Cong., 1st sess., clipping in Anslinger Papers, box 7, file 7. Also see George A. Morlock, “Accomplishments of the Commission on Narcotic Drugs,” *Department of State Bulletin* 16 (19 January 1947): 3. The wartime planning to re-establish controls in Asia can be followed in NA, RG 170, Acc#170-74-12, box 171 (old box 39), file: 1230-15, Directives for Control by Army and Navy. Also see the “*Aide Mémoire* to Great Britain,” 16 February 1939, NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong #2; Anslinger’s undated memorandum titled, “The International Struggle Against Drug Addiction,” Anslinger Papers, box 1, file 9; and McAllister, *Drug Diplomacy in the Twentieth Century*, 149-52.

⁶⁶⁶ See International Labour Organization, “Sixth Report of the Acting Director,” 16 December 1943, LONA, R.5006, 12/42303/31213. Also see *Department of State Bulletin* (29 December 1946): 1165; U.S. Department of State, Radio Bulletin No. 270, 10 November 1943, clipping in LONA, R.5006, 12/42200/31213; and V.C. Jones, “U.S. Seeks World Ban on Drug Output Except for Medicine, Science,” *Wall Street Journal*, 18 November 1944, 1-2.

⁶⁶⁷ Delevingne, “The Trade in Opium, A British Decision: Prohibition in the Far East,” 26 November 1943, the *London Times*, clipping in LONA, R.5006, 12/42199/31213.

would also make a formal pledge.⁶⁶⁸ By 1946 there were standing orders to close the monopolies in Hong Kong, Borneo, Singapore, the Union of Malaya, Macao, and French Indochina.⁶⁶⁹

Singapore offered the first sign that U.S. influence would not only bring former outliers into the punitive regime, but also would introduce U.S.-style addiction prisons to Southeast Asia. The Japanese invasion in 1942 had ended Singapore's opium monopoly (established in 1929 and used by over sixteen thousand people). Japanese authorities allowed unregulated opium sales. At the war's end, the British military administration in Singapore banned the non-medical use of opium, guiding the country into the punitive regime. The penalty for illicit possession of opium or an opium pipe and for non-medical drug use reached one year in prison, with fines, by 1951.⁶⁷⁰ A law passed the next year extended the prison term for possession of opium prepared for smoking to up to five years and the prison term imposed for use of morphine or heroin reached two years.⁶⁷¹ Officials in Singapore duly reported their application of penalties upon drug users to the United Nations. For example, in 1955 the government reported 2,683 people prosecuted for offenses involving possession or use of controlled drugs (most were sent to prison).⁶⁷²

⁶⁶⁸ See OAC, "Press Communiqué on the Abolition of Opium Smoking in the Far Eastern Territories Under French Control," 20 July 1945, LONA, R.5006, 12/42357/31213; and Helen Howell Moorhead, "International Narcotics Control: 1939-1946," *Foreign Policy Reports* 22 (1 July 1946): 94-103.

⁶⁶⁹ George A. Morlock, "Accomplishments of the Commission on Narcotic Drugs," *Department of State Bulletin* 16 (19 January 1947): 1-14.

⁶⁷⁰ See Dr. Leong Hon Koon, "Narcotics Problem in Singapore," copy in NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1956-1958, 8-9.

⁶⁷¹ Federation of Malaya, Dangerous Drugs Ordinance, No. 30, 1952, *Federation of Malaya Government Gazette* 5 (1 October 1952): 554-556.

⁶⁷² "Singapore Annual Report for 1946," "Singapore Annual Report for 1950," and "Singapore Annual Report for 1955," all in UNDCPA, item 16, file 109/03: Annual Reports, Singapore. Also see "Singapore Annual Report for 1960," UNDCPA, item 57, file 22949: Annual Reports, Singapore, 3.

Colonial administrators also turned to the United States for advice about enforcement. In 1954, when they enacted legislation to open an addiction detention center, they queried Washington about the best treatment methods for “narcotic addicts.”⁶⁷³ The Lexington farm enjoyed considerable prestige both from the scientific studies produced there and from the efforts of U.S. officials to promote long-term detention as the best addiction treatment. The American suggestions about the Lexington farm shaped the Singapore Opium Treatment Center that opened in 1955.⁶⁷⁴ The program adopted Lexington’s “farm” approach, detaining prisoners for long periods and subjecting them to manual labor as addiction therapy. Major W.L.P. Suchon, the Commissioner of Prisons, told the press with pride that there were “only two other Government Opium Treatment Centres in the world – both in the United States of America.”⁶⁷⁵

The administration of Singapore’s detention center mirrored the Lexington program. The first prisoners arrived in February 1955 via a transfer from Outram Road Prison. The superintendent, Major R.W. Heal (whose prior experience was, in an American observer’s words, “rehabilitating captured Communist terrorists in Johore”) imposed a strict regimen of labor.⁶⁷⁶ The detainees raised chickens, tended gardens, and worked as carpenters and

⁶⁷³ See Philip Clock, “Despatch No. 259,” 24 November 1954, NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1955-1956; and Director of the Central Narcotics Intelligence Bureau, Singapore, “The Opium Treatment Center, Singapore,” *Bulletin on Narcotics* 9 (July-September 1957): 13-17. Also see Leong Hon Koon, “The Opium Problem in Singapore,” *Bulletin on Narcotics* 10 (October-December 1958): 7-11.

⁶⁷⁴ See Dulles to the American Consulate General Singapore, 16 February 1955; Philip Clock, “Despatch No. 352,” 31 January 1955; and FitzGerald to Spear, 8 February 1955; all in NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1955-1956.

⁶⁷⁵ Philip Clock, “Despatch No. 380,” 11 February 1955, NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1955-1956.

⁶⁷⁶ Philip Clock, “Despatch No. 455,” 17 March 1955, NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1955-1956.

tailors. They also received diminishing amounts of codeine for ten days to a few weeks until their opiate withdrawal was complete.⁶⁷⁷ (Officials had placed the center on St. John's Island, two miles south of the capital in the Singapore Strait, to keep contraband drugs away from the detainees.) The standard term of detention lasted one year. There were only six "huts" to house prisoners but the center still managed to detain 680 people in its first year of operation.⁶⁷⁸ The number of admissions remained relatively constant in the following years.⁶⁷⁹ From August 1955 to December 1963 a total of 3,553 prisoners landed on the island.⁶⁸⁰ As was the case with Lexington, there was no reliable method to assess the results of the detention program.⁶⁸¹

The British Crown Colony in Hong Kong also built an addiction prison based on the U.S. model. As had been the case in the United States, prison overcrowding following a ban inspired construction of a special prison for addicts. (By 1960 addicts comprised 68 percent

⁶⁷⁷ Philip Clock, "Despatch No. 455," 17 March 1955, NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1955-1956. Also see Philip Clock, "Despatch No. 380," 11 February 1955, NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1955-1956.

⁶⁷⁸ Director of the Central Narcotics Intelligence Bureau, Singapore, "The Opium Treatment Center, Singapore," *Bulletin on Narcotics* 9 (July-September 1957): 17.

⁶⁷⁹ See, for example, "Annual Report of the Opium Treatment Centre, St. John's Island 1960," copy in NA, RG 170, Acc#170-74-12, box 162(old #30), file: 0660 Singapore, 1956-1958, 1.

⁶⁸⁰ Leong Hon Koon, "Narcotics Problem in Singapore," copy in NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1956-1958, 12-14, 18.

⁶⁸¹ See Director of the Central Narcotics Intelligence Bureau, Singapore, "The Opium Treatment Center, Singapore," *Bulletin on Narcotics* 9 (July-September 1957): 13-17; and Leong Hon Koon, "The Opium Problem in Singapore," *Bulletin on Narcotics* 10 (October-December 1958): 7-11. For further coverage of detained treatment programs in Singapore see Division of Narcotic Drugs, "Treatment and Rehabilitation of Drug-Dependent Persons (Addicts) in South-East Asia," UNODCA, item 137, file: 33937 Technical Assistance, United Nations Study Tour of Treatment and Rehabilitation Centers for Drug Addicts in Asia, 4-5; "Singapore Annual Report for 1970," UNDCPA, item 57, file 22949: Annual Reports, Singapore, 2; and Spencer and Navaratnam, *Drug Abuse in East Asia*, 145.

of Hong Kong's prisoners.⁶⁸²) In 1958 prison officials selected a remote site in a steep-sided valley for the addiction prison named Tai Lam. They filled fifteen buildings to their capacity with 680 male prisoners (the majority of whom had been convicted of illicit possession of heroin). All of the prisoners who were addicted to opiates were withdrawn from their habits in Victoria Prison in Hong Kong before transfer to the isolated detention facility. The Lexington approach of "rehabilitation" through manual labor kept new arrivals busy. They worked on reforestation projects, built dykes for rice fields, and constructed roads (among other tasks), all while working "stripped to the waist" to "get maximum benefit from the sun and fresh air."⁶⁸³ The sentences at Tai Lam ranged from a few months to three years, with the average initial sentence lasting about eight months (with the possibility of a one-third reduction).⁶⁸⁴ The results were as inconclusive as the U.S. program. Officials at Tai Lam were encouraged by a 1963 study that found that "only" 32 percent of the eight thousand prisoners discharged (October 1958 to April 1963) were re-convicted.⁶⁸⁵

Thailand also built a special addiction prison modeled after Lexington. Whereas Singapore and Hong Kong had allowed years to pass between the criminalization of

⁶⁸² For a list of the drug offenses in 1956 see Spear to Anslinger, 21 February 1958, NA, RG 170, Acc #170-74-12, box 162(old #30), file: 0660 Singapore, 1956-1958. Also see Secretary of Chinese Affairs, *Hong Kong Narcotics Advisory Committee Report* (Hong Kong: Government Press, 1960), 1-2, 18, copy in NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong #4; "Hong Kong Annual Report for 1960," UNDCPA, item 46, file 22870: Annual Reports, Hong Kong, 2-3; and C.A. Emerick, "Enforcement in Hong Kong," 15 March 1961, NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong #4. For the positive reaction within the Federal Bureau of Narcotics about the tougher approach see Harney to White, 15 January 1960, NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong #4; and Anslinger to Burley, 23 December 1960, NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong #4.

⁶⁸³ Cuthbert J. Norman, "Hong Kong's Prison for Drug Addicts," *Bulletin on Narcotics* 13 (January-March 1961): 13-19.

⁶⁸⁴ Cuthbert J. Norman, "Drug Addiction Research Programme, 1964," NA, RG 170, Acc# 170-74-12, box 158 (old box 26), file: 0660 Hong Kong #5.

⁶⁸⁵ Cuthbert J. Norman, *The Story of Tai Lam Prison* (Hong Kong: Government Press 1963), 1-7, copy in UNDCPA, item 128, file: 26318: Drug Addiction, Hong Kong.

“traditional” opium use and the construction of specialized addiction prisons, Thailand moved on both fronts simultaneously. From January to June 1959, the Thai government urged an estimated seventy-two thousand opium addicts to quit the habit or to voluntarily enter treatment. After July, opium consumers risked prison terms served in regular jails or in the newly constructed Rangsit Center. Located near Bangkok it included the Lexington-style rehabilitation program of vocational training and therapy through agricultural labor [see Figure 13].

Poor results inspired stiffer penalties. In the first year, only 9 percent of the almost seven thousand people admitted had progressed satisfactorily at the end of the three month term, and 37 percent had escaped. The director of the center blamed the addicts for the poor results, calling them “morally irresponsible, uncooperative and maladjusted.”⁶⁸⁶ Subsequent legislation tried to improve results through more punishment. The length of detention at the Rangsit Center was extended to one year with recalcitrant users risking a ten-year prison term. Illicit opium possession carried a twenty-year term.⁶⁸⁷

⁶⁸⁶ See Malai Huvanandana, “The Centre for Treatment and Rehabilitation of Opium Addicts, Rangsit, Thailand,” *Bulletin on Narcotics* 14 (April-June 1962): 1-10; Malai Huvanandana, “The Centre for Treatment and Rehabilitation of Opium Addicts, Rangsit, Thailand (continued),” *Bulletin on Narcotics* 14 (October-December 1962): 17-23; and Commission on Narcotic Drugs, “Incidence of Drug Addiction, 24 February 1960,” United Nations Document, E/CN.7/380, 12. For documentation of American officials’ efforts to convince Thailand to ban drug use see NA, RG 170, Acc#170-74-12, box 162 (old box 30), file: 0660: Siam.

⁶⁸⁷ Division of Narcotic Drugs, “Memorandum on Penal Sanctions for Narcotic Offenses: A Comparative Study of Selected Countries,” 10 February 1972, UNDCPA, item 64, file: 23000: Narcotic Drugs, Laws and Regulations, General, 10, 33.



Figure 13: A View of the Rangsit Center in Thailand.

Source: Malai Huvanandana, "The Centre for Treatment and Rehabilitation of Opium Addicts, Rangsit, Thailand (continued)," *Bulletin on Narcotics* 14 (October-December 1962): 18.

Portuguese Macao offers a final example of a Southeast Asian territory that built a U.S.-style addiction prison. From 1947 to 1960 officials had provided drug addiction treatment in hospitals (on a voluntary basis) to 2,326 people and “treated” 3,749 people in prison.⁶⁸⁸ In 1961 the government added a third option for drug treatment: the “Island of New Life.” Macao Police Chief, Major Sigismundo Reves, oversaw the transformation of a collection of shacks on Taipa Island that had served as a place to quarantine homeless people (nicknamed “Beggars’ Shelter”) into a Lexington-style narcotic farm.⁶⁸⁹ The police administered the four square kilometer island, while medical advisers oversaw the withdrawal process of the prisoners. The majority of the prisoners served six-month terms. As soon as the male and female prisoners had recovered from withdrawal sickness, wardens set them to work. Therapeutic labor included construction, stone quarrying, farming, leatherwork, basket weaving, and shoemaking. In the first year of operation the number of inmates increased from two hundred to four hundred. Also in the first year, five prisoners escaped and one died. Like the other U.S.-style narcotic farms we have considered, there was no way to track recidivism, but the staff claimed to recognize few returning prisoners.⁶⁹⁰

⁶⁸⁸ Sigismundo Reves and A. Cotta Guerra, “The Centre for Treatment and Rehabilitation of Narcotic Addicts in Macau,” *Bulletin on Narcotics* 15 (January-March 1963): 1-10.

⁶⁸⁹ “Rehabilitation of Drug Addicts in Macao” 27 August 1962, clipping in UNDCPA, item 130, file: 30919: Drug Addiction, Macao. Also see Sigismundo Reves and A. Cotta Guerra, “The Centre for Treatment and Rehabilitation of Narcotic Addicts in Macau,” *Bulletin on Narcotics* 15 (January-March 1963): 1-10.

⁶⁹⁰ For more about addiction prisons in Macao see “Village For Cured Drug Addicts in Macao,” 15 April 1965; “Rehabilitation of Drug Addicts in Macao” 27 August 1962, both clippings in UNDCPA, item 130, file: 30919: Drug Addiction, Macao. Also see Division of Narcotic Drugs, “Treatment and Rehabilitation of Drug-Dependent Persons (Addicts) in South-East Asia,” UNODCA, item 137, file: 33937 Technical Assistance, United Nations Study Tour of Treatment and Rehabilitation Centers for Drug Addicts in Asia, 20.

Part III. The U.S. Push for a Tougher Treaty

Commissioner Anslinger successfully closed two loopholes within the international drug control treaties during the postwar period. The first loophole dated back to the 1912 Hague Opium Convention when delegates agreed to ban non-medical use of manufactured drugs but not “traditional” types of consumption. The second had opened with Anslinger’s failure in the late 1930s to win League endorsement of “closed” institutions as the best format for addiction treatment.

Treaty Triumph

In 1948 Anslinger called for a single convention to unify the numerous earlier anti-drug treaties. He envisioned an ironclad agreement that would finally eliminate legal “traditional” drug use. He wanted moreover a United Nations endorsement of long-term detention as the preferred addiction treatment. Through proposals and careful management of United Nations staffers, Anslinger shaped the development of a promising document. By 1959, a master draft aimed to fulfill what a Division of Narcotic Drugs staffer described as “the basic principle” of the international control movement: the elimination of legal non-medical drug use, including the major “traditional” types of drug consumption.⁶⁹¹

The single convention’s progress was bogged down in a competing proposal. Leon Steinig, Director of the United Nation’s Division of Narcotic Drugs, wanted to form an international monopoly of the production and distribution of licit opium.⁶⁹² After contention and delay, an International Opium Protocol eventually incorporated parts of his plan in

⁶⁹¹ See Division of Narcotic Drugs, Information Service, “International Control of Drugs: The Beginning to 1959,” copy in Anslinger Papers, box 10, file 11.

⁶⁹² The Division of Narcotic Drugs served as a permanent staff to support the Commission on Narcotic Drugs, comprised of appointed national representatives.

1953.⁶⁹³ The protocol's promise to squeeze profits from producing nations made it unpopular; it would barely enter into force in 1963 only to be superseded by the more comprehensive single convention.⁶⁹⁴

Finally, seventy-three delegations arrived in New York to attend the single convention conference in 1961. Anslinger's hopes would be realized. The major "traditional" types of drug consumption (opium smoking, raw opium eating, coca-leaf chewing, and cannabis use) would be banned. Further, the final text of the convention asserted that signatory countries had to limit the possession—as well as the use—of controlled drugs to authorized medical purposes.⁶⁹⁵ They also had to adopt penal provisions for offenses (including possession) and imprison "serious" offenders.⁶⁹⁶

International law thus made criminal habits that were widespread globally. Most notably, reports on opiate addiction from the few countries that still allowed "traditional" opium use amassed estimates of consumers running into the millions.⁶⁹⁷ Cannabis use had remained legal prior to the 1961 treaty in a just a few places, such as parts of Morocco and

⁶⁹³ See McAllister, *Drug Control in the Twentieth Century*, 172-182; and Kettil Bruun, Lynn Pan, Ingemar Rexed, *The Gentlemen's Club: International Control of Drugs and Alcohol* (Chicago: University of Chicago Press, 1975), 16-17. Also see "Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium," June 23, 1953. United Nations, *Treaty Series*, vol. 456, 3; and the memorandum dated 20 August 1954, UNDCPA, item 62, file: Code and Commentary on the Opium Protocol of 1953, 5.

⁶⁹⁴ Bewley-Taylor, *United States and International Drug Control*, 92-95, 148-59.

⁶⁹⁵ Parties were also required to adopt measures to prevent the "misuse" of cannabis and to ensure that only authorized persons possessed drugs. See "Single Convention of Narcotic Drugs, 1961," March 30, 1961. United Nations, *Treaty Series*, vol. 520, 151.

⁶⁹⁶ I only discuss the aspects of the convention dealing with drug consumption and addiction treatment. For comprehensive coverage of the entire sprawling agreement see McAlister, *Drug Diplomacy in the Twentieth Century*, 185-211; and Bewley-Taylor, *The United States and International Drug Control*, 136-64. Chatterjee offers a detailed legal disposition in *Legal Aspects of International Drug Control*, 343-79. Also see "Single Convention of Narcotic Drugs, 1961," March 30, 1961. United Nations, *Treaty Series*, vol. 520, 151.

⁶⁹⁷ Commission on Narcotic Drugs, "Incidence of Drug Addiction," 24 February 1960, E/CN.7/380.

the Indo-Pakistan sub-continent.⁶⁹⁸ Coca chewing was limited to the regions around the Andean plateau. An unofficial 1957 estimate of coca-chewers based on the high plateau and sub-Andean regions suggested that there were two hundred and fifty thousand coca-chewers.⁶⁹⁹

While the treaty criminalized “traditional” drug use, it also gave states time to prepare for the ban. The “transitional reservations” included the right to allow quasi-medical use of opium (eating and smoking) for another fifteen years. Coca-leaf chewing and non-medical cannabis use each received a twenty-five year lease on life. The clock began when the convention came into force (as it did in 1964).⁷⁰⁰ These were expressly “temporary” extensions and available only for countries that were already allowing “traditional” drug use. They also required special reporting about the “progress made in the preceding year towards the abolition of use.”⁷⁰¹

Anslinger had also worked to have the Single Convention endorse long-term detention as the only proper addiction treatment. He hoped to consolidate the method of

⁶⁹⁸ Division of Narcotic Drugs, Information Service, “International Control of Drugs: The Beginning to 1959,” copy in Anslinger Papers, box 10, file 11.

⁶⁹⁹ Commission on Narcotic Drugs, “Incidence of Drug Addiction,” 24 February 1960, E/CN.7/380, 6. Also see Harry J. Anslinger, “Report of the United States Delegation to the Eighteenth Session of the United Nations Commission on Narcotic Drugs,” 28 June 1963, copy in Truman Library, Papers of Harry J. Anslinger, box 1, file: International Narcotics Controls, 12-13.

⁷⁰⁰ Bolivian officials objected to the criminalization of coca chewing, but the United Nations’ bodies endorsed the ban in a series of statements and seminars. See Commission on Narcotic Drugs, “Incidence of Drug Addiction,” 24 February 1960, E/CN.7/380, 6; and Harry J. Anslinger, “Report of the United States Delegation to the Eighteenth Session of the United Nations Commission on Narcotic Drugs,” 28 June 1963, copy in Truman Library, Papers of Harry J. Anslinger, box 1, file: International Narcotics Controls, 12-13.

⁷⁰¹ See article 49 in “Single Convention of Narcotic Drugs, 1961,” March 30, 1961, United Nations, *Treaty Series*, vol. 520, 151.

treatment within the punitive regime.⁷⁰² Anslinger lobbied public interest groups, such as the International Federation of Women Lawyers (the group had non-governmental organization observer status at the conference).⁷⁰³ He also tapped experts who supported the American approach. Pablo Osvaldo Wolff, who served as chief of the World Health Organization's Addiction Producing Drugs Section until 1954, advocated Anslinger's ideas. He even served as an unofficial spokesman for the Federal Bureau of Narcotics.⁷⁰⁴ After Wolff's departure, the organization's Study Group on the Treatment and Care of Drug Addicts continued to favor the coerced treatment of addiction through compulsory confinement.⁷⁰⁵ The United Nations' Division of Narcotics Drugs also endorsed provisions for drug treatment based on

⁷⁰² See the U.S. resolution in "United States of America: Draft Resolution Relating to Article 47 of the Third Draft of the Single Convention," 13 March 1961, United Nations Document E/CONF.34/L.17, copy in NA, RG 170, Acc#170-94-004, box 170 (old box 38), file: 1230 Single Convention # 4.

⁷⁰³ Anslinger to Rothenberg, 11 April 1961, NA, RG 170, Acc#170-94-004, box 170 (old box 38), file: 1230 Single Convention # 4.

⁷⁰⁴ See the evidence of a mutually beneficial relationship in the correspondence between Wolff and Anslinger in NA, RG 170, Acc# 170-75-17, box 74 (Old box #11), file: 1690-10W #1, Wolff, Dr. Pablo Osvaldo (Thru 1948); and Wolff to Anslinger, 23 July 1951; all in NA, RG 170, Acc# 170-75-17, box 74 (Old box #11), file: 1690-10W #2, Wolff, Dr. Pablo Osvaldo (1949 thru 1957). Also see Wolff to Anslinger, 24 March 1949, NA, RG 170, Acc# 170-73-1, box 39, file: 0120-1 #4, Addiction, Narcotic Clinics, 1943 thru December, 1953; Wolff to Anslinger, 20 July 1954, NA, RG 170, Acc# 170-73-1, box 39, file: 0120-1 #5, Addiction Narcotic Clinics 1954-5; and Pablo Osvaldo Wolff, "The Activities of the World Health Organization in Drug Addiction," *British Journal of Addiction* 50 (April 1953): 12-28.

⁷⁰⁵ Dr. Nathan B. Eddy, of the U.S. National Institutes of Health, was a member of the World Health Organization's Study Group on the Treatment and Care of Drug Addicts (often the chairman) until 1973. For evidence of his support see Eddy to Anslinger, 27 April 1960; Anslinger to Eddy, 29 April 1960; both in NA, RG 170, Acc#170-73-1, box 42, file: 0120-16, Addiction: Committee on Drug Addiction, National Research Council, 1960-1963. Also see World Health Organization, *Technical Report Series No. 131, Treatment and Care of Drug Addicts: Report of a Study Group* (World Health Organization: Geneva, 1957), 6-7, 10, 16-18; World Health Organization, "Drug Addiction and its Treatment," 26 November 1957, UNDCPA, item 5, file: 82/5/02, WHO, Commissions and Committees, Expert Committee on Habit-Forming Drugs, 2; World Health Organization, *Technical Report Series No. 160, Expert Committee on Addiction-Producing Drugs, Ninth Report* (World Health Organization: Geneva, 1961), 12; World Health Organization, *Technical Report Series No. 211, Expert Committee on Addiction-Producing Drugs, Eleventh Report* (World Health Organization: Geneva, 1961), 11; World Health Organization, *Technical Report Series No. 229, Expert Committee on Addiction-Producing Drugs, Twelfth Report* (World Health Organization: Geneva, 1962), 11; S.K. Chatterjee, "The WHO Expert Committee on Drug Dependence," *International and Comparative Law Quarterly* 28 (1979): 27-51; and Kjetil Bruun, Lynn Pan, Ingemar Rexed, *The Gentlemen's Club: International Control of Drugs and Alcohol* (Chicago: University of Chicago Press, 1975), 66-74, 124, 139-40.

detention.⁷⁰⁶ Further, the sessions of the Commission on Narcotic Drugs and the United Nations' Economic and Social Council leading up to the 1961 conference produced resolutions endorsing compulsory institutional treatment of drug addicts.⁷⁰⁷ Such widespread support helped to shape the drafts of the convention to Anslinger's liking. These included provisions for "isolation" and treatment in "closed" institutions and provisions for penalties for "recidivist addicts."⁷⁰⁸

Anslinger's success was all but assured until opposition from an unlikely source forced a weakening in the commitment clause. The Vatican's representative, Monsignor Timothy Flynn, called on the many predominately Catholic countries in attendance to oppose the clause. He was concerned that the Soviet states would use the compulsory commitment clause to justify human rights violations (particularly those perpetrated against Catholics living in the Soviet bloc).⁷⁰⁹ The Catholics' unease produced a watered-down clause that disappointed Anslinger. Ultimately, the Single Convention urged parties to give "special attention" to institutional treatment of addicts in a "drugfree atmosphere."⁷¹⁰ Anslinger might have been partly to blame for the weaker language because he was often absent due to his wife's declining health, although he sent instructions to his representatives to "see that the

⁷⁰⁶ Memorandum by López-Rey, 22 November 1959, UNDCPA, item 61, file: 323/4/01, Part A, Draft Single Convention, 5-6.

⁷⁰⁷ See Commission on Narcotic Drugs, "Tenth Session," United Nations Document, E/CN.7/L.93/Add.21; and United Nations, Economic and Social Council, "Resolution 548I on Drug Addiction," 12 July 1954, United Nations Document, E/RES/1954/548.

⁷⁰⁸ Memorandum on "Drug Addiction," 26 January 1954, UNODCA, item 45, file: 109/10/01, 6, 7.

⁷⁰⁹ The Vatican, though not a member of the United Nations, participated in the conference as a sovereign state. Memorandum by López-Rey, 22 November 1959, UNDCPA, item 61, file: 323/4/01, Part A, Draft Single Convention, 1. Also see McAllister, *Drug Diplomacy in the Twentieth Century*, 210.

⁷¹⁰ See article 38 in "Single Convention of Narcotic Drugs, 1961," March 30, 1961, United Nations, *Treaty Series*, vol. 520, 151.

words ‘closed institution’ are kept in the convention.”⁷¹¹ He expressed his disappointment with the Single Convention for replacing “compulsory treatment for drug addiction in a closed institution” with a “meaningless” recommendation.⁷¹²

Anslinger had little actual reason to complain about the treatment clause. Regardless of the weakened language in the 1961 Single Convention, there remained widespread support for compulsory confinement. For example, a guide intended to help governments create policies to adhere to the convention endorsed “treatment in a closed institution.”⁷¹³ A 1961 study by the World Health Organization noted that compulsory commitment was advancing in many countries around the world.⁷¹⁴ Further, by 1963 Anslinger could confidently assert on television that the United Nations supported compulsory commitment of drug addicts. The Commission on Narcotic Drugs, the World Health Organization, the Permanent Central Opium Board (which customarily confined its statements to the production and distribution of drugs), and the International Criminal Police Organization, all had recommended commitment as the best method of treatment.⁷¹⁵

⁷¹¹ Anslinger to Giordano, 8 February 1961, NA, RG 170, Acc #170-74-12, box 170 (Old box 38), file: 1230 - Single Convention #3.

⁷¹² Canada’s Sharman found it “astonishing” that the “Holy See” had opposed the clause and lambasted the Vatican’s representatives as the “Holy See-nots.” See Anslinger, “The Single Convention on Narcotic Drugs of 1961, Criticism,” 28 March 1961, Anslinger Papers, box 10, file 6; “Report of the United States Delegation,” 19 April 1961, NA, RG 170, Acc#170-94-004, box 170 (old box 38), file: 1230 Single Convention # 4, 18, 19; “Says Vatican Protests Killed Narcotic Reform,” *St. Louis Review*, March 1961, clipping in Anslinger Papers, box 6, file 8; Anslinger to Vaille, 16 March 1961, NA, RG 170, Acc #170-74-12, box 170 (Old box 38), file: 1230 - Single Convention #3; and Sharman to Anslinger, 7 April 1961, NA, RG 170, Acc#170-94-004, box 170 (old box 38), file: 1230 Single Convention # 4.

⁷¹³ “Draft Administrative Guide to the Single Convention on Narcotic Drugs, 1961,” 26 February 1963, United Nations Document, E/CN.7/438, 49.

⁷¹⁴ See Commission on Narcotic Drugs, “Summary Record of the Seventeenth Session, 488th Meeting,” United Nations Document, E/CN.7/SR.488, 7; and Commission on Narcotic Drugs, “Summary Record of the Seventeenth Session, 490th Meeting,” United Nations Document, E/CN.7/SR.490, 4-5.

Conclusion

The years following the Second World War were extraordinarily kind to American anti-drug bureaucrats. Anslinger enjoyed warm support from state and federal leaders. Together they amplified the U.S. application of the punitive regime. Advocacy abroad was also rewarding. Governments who had continued to allow drug use mended their ways and looked to the United States for enforcement strategies. Finally, a new comprehensive international treaty affirmed the U.S. approach. Thus it was with some disbelief that drug control officials watched as a new generation of drug consumers in the late 1960s presented a final and quite unexpected challenge to the punitive regime. Chapter Seven examines the regime's ultimate survival even in the face of the new vogue of drug consumerism among youth.

⁷¹⁵ Lande to Anslinger, 3 December 1963, Anslinger Papers, box 2, file 3. Also see Commission on Narcotic Drugs, "Review of the Illicit Traffic in Narcotic Drug During 1965," 18 October 1966, United Nations Document, E/CN.7/495, Annex 5, 1.

CHAPTER 7

Withstanding Drug Consumerism in the Late 1960s and Early 1970s

A Filipino sociologist wrote in the mid-1970s, the “problem of drug abuse today is almost exclusively an all-adolescent activity.” Philippine teen-agers have “taken up in the search of new sensations and thrills—a pattern common to Western youth subcultures.” Indeed he saw these youths copying Americans in the way they used and talked about drugs.⁷¹⁶

Social commentators and drug control officials lodged similar complaints in capital cities around the world in the late 1960s and 1970s. What had been counter-culture seemed to merge into the mainstream in many countries, especially amongst middle-class youth. American drug users often got the blame for spreading their habits.⁷¹⁷ An Italian newspaper complained in the mid-1970s about the “scourge” of drugs used in an American “fashion” by Italy’s youth.⁷¹⁸ German youth developed new subcultures that included recreational drug use as a part of a hip lifestyle.⁷¹⁹ Citizens in the developing world joined Western Europeans

⁷¹⁶ The comments were based on self-reporting by a sampling of 2,048 high school and college students in five cities. See Ricardo M. Zarco and associates, *Two Research Monographs on Drug Abuse in the Philippines* (Manila: Government Printing Office, 1975), 5, 67.

⁷¹⁷ For lively social histories that place drug use in the cultural context of the 1960s see Mark Lytle, *America’s Uncivil Wars: The Sixties from Elvis to the Fall of Richard Nixon* (New York: Oxford University Press, 2006); and Jay Stevens, *Storming Heaven: LSD and the American Dream* (New York: Atlantic Monthly Press, 1987).

⁷¹⁸ Cited in Courtwright, *Forces of Habit*, 172.

⁷¹⁹ Robert P. Stephens, “Drugs, Consumption, and Internationalization in Hamburg, 1960-1968” in *Consuming Germany in the Cold War*, ed. David F. Crew (New York: Berg, 2003), 179-206.

and Americans, creating by 1972 what the United Nations Division of Narcotic Drugs called the “internationalization of the drug abuse problem.”⁷²⁰ Such statements are stronger evidence of the perceptions of officials than of the reality of drug consumption across the globe.

However—as we have seen throughout this study—the perceptions of officials mattered more than the actual rate of drug use when it came to crafting policy. It would be up to officials in national governments to raise a response to what they viewed as a threatening wave of drug consumerism among youth. The final challenge to the punitive regime had arrived. Would governments shift gears and create an alternative policy norm?

The fear about drug consumerism (and its likely reality) did not subvert the punitive regime. In 1972 the United Nations Division of Narcotic Drugs studied the laws of twenty-four nations (in North and South America, Europe, Africa, and the Near, Middle, and Far East). The study concluded that “many of the legal systems” examined “penalize the user or possessor (for personal use) very severely.” In fact, every country in the study—from Afghanistan to Yugoslavia—had laws that punished illicit drug possession with imprisonment, often lasting a number of years. The report wondered if such “severe penalties” indicated frustration about the upsurge of drug use.⁷²¹ An American professor of psychiatry warned the “young traveler in search of himself” of the dire legal consequences

⁷²⁰ For descriptions of the “rapidly increasing population of youthful drug users during the late 1960s and the 1970s” see Spencer and Navaratnam, *Drug Abuse in East Asia*, 28. McAllister provides a multi-national survey of policy oriented statements in *Drug Diplomacy in the Twentieth Century*, 218n8. Also see Division of Narcotic Drugs, “Memorandum on Penal Sanctions for Narcotic Offenses: A Comparative Study of Selected Countries,” 10 February 1972, UNDCPA, item 64, file: 23000, Narcotic Drugs, Laws and Regulations, General, 12; and J. F. Kramer and D.C. Cameron, *A Manual on Drug Dependence* (Geneva: World Health Organization, 1975).

⁷²¹ Division of Narcotic Drugs, “Memorandum on Penal Sanctions for Narcotic Offenses: A Comparative Study of Selected Countries,” 10 February 1972, UNDCPA, Item 64, file: 23000, Narcotic Drugs, Laws and Regulations, General, 11.

that attended an arrest for cannabis use or possession in sixty-five countries likely to be tourist destinations.⁷²² The U.S. State Department, which had been so central to the creation and consolidation of the punitive regime, had the unwelcome task of trying to get out from foreign prisons tourists who had ignored the department's warning that "foreign governments are not more tolerant of drug use, nor are they more permissive in their drug laws and law enforcement, than is the United States."⁷²³

This chapter presents three cases to demonstrate how the punitive regime withstood the issue of drug consumerism. Rather than attempting a global survey I have selected cases that have special significance within my narrative. In the United States, where drug use became widespread, the federal government tempered punishment, but hardly abandoned its application. In the United Kingdom—where ambulatory maintenance had been a small but notable option for some addicts—British officials reacted to what they saw as a new vogue of drug consumerism by stiffening penalties and constraining the authority of physicians. Finally, Filipino lawmakers had a similar response and tried to force abstinence with stiff penalties and detention as "treatment," much like the American approach forged in Manila sixty years earlier.

Part I. The United States: Punishment Tempered but Preserved

Drug consumerism became a formidable force in American social history in the late 1960s. Rampant drug use, along with stiff penalties, combined to produce unprecedented

⁷²² Werner Koenig, *Trip Tips; Or, Useful Information for Youthful Travelers* (Los Angeles: Anderson, Ritchie & Simon, 1971), 6, 7. Koenig tried unsuccessfully to convince United Nations Division of Narcotic Drugs to distribute his pamphlet. See correspondence in UNCPA, item 64, file: 23000, Narcotic Drugs, Laws and Regulations, General.

⁷²³ U.S. Department of State, Bureau of Public Affairs, GIST, "The Drug Problem: Americans Abroad," March 1975, copy in Truman Library, Papers of S. Walter Washington, Reference Files, 1945-1977, Narcotics-Drug Traffic.

levels of drug convictions. The federal government was forced to draw down the mandatory penalties that had been raised in the 1950s. Still, the punitive approach remained central to U.S. drug policy, and enforcement continued apace.

New Trends and Continuing Punishment

Around 1967 the rising popularity of non-medical drug use became an undeniable explosion. Social historian H. Wayne Morgan notes that by then cannabis use had “swept through American society.”⁷²⁴ By the mid-1970s an estimated thirty million Americans had tried cannabis and twelve million (almost eight percent of the adult population) used the drug regularly.⁷²⁵ Middle-class youth were especially drawn to cannabis because of its association with counter-culture consumerism [See Figure 14].⁷²⁶ Historians David Courtwright, Herman Joseph, and Don Des Jarlais note that non-medical drug use carried broader significance in the late 1960s: “to light up a joint was to oppose the war, to question the system, to reject the square virtues.”⁷²⁷ Heroin use also increased to such a degree that Courtwright labels it the “great epidemic.”⁷²⁸

The increased drug use and the stiff anti-drug laws meant that unprecedented numbers of drug offenders would serve time in prison. From 1960 to 1971 the number of people

⁷²⁴ Morgan, *Drugs in America*, 161.

⁷²⁵ Thomas E. Bryant, testimony to the Senate Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare, 19 November 1974, cited in Richard C. Schroeder, *The Politics of Drugs: Marijuana to Mainlining* (Washington, D.C.: Congressional Quarterly, 1975), 17.

⁷²⁶ The concept of counter-culture consumerism is drawn from Thomas Frank, *The Conquest of Cool: Business Culture, Counterculture, and the Rise of Hip Consumerism* (Chicago: University of Chicago Press, 1997). Also see Musto and Korsmeyer, *Quest for Drug Control*, 3.

⁷²⁷ David Courtwright, Herman Joseph, and Don Des Jarlais, *Addicts Who Survived: An Oral History of Narcotic Use in America, 1923-1965* (Knoxville: University of Tennessee Press, 1989), 27.

⁷²⁸ Courtwright, *Dark Paradise*, 165-70.

prosecuted for a non-federal drug violation who were under eighteen years of age increased by over 3,000 percent (reaching a total of 54,206 in 1971 and climbing to 83,000 in 1972).⁷²⁹ In 1970 over 10 percent of all prisoners sent to state and federal prisons were convicted of drug offenses.⁷³⁰ By 1973 the number of arrests had jumped even higher. That year state and local police arrested at least 628,900 people for drug offenses (88,000 for opium, cocaine, or their derivatives; 420,700 for cannabis; 33,400 for synthetic narcotics; and 86,800 for other controlled drugs). Of those arrested, 89 percent were white and 82,340 were under eighteen years of age [see Tables 9-11].⁷³¹

⁷²⁹ See U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions, 1971* (Washington, D.C.: U.S. Government Printing Office, 1971), 122; and U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions, 1972* (Washington, D.C.: U.S. Government Printing Office, 1972), 123.

⁷³⁰ Margaret Werner Cahalan, *Historical Corrections Statistics in the United States, 1850-1984* (Washington, D.C.: Department of Justice, 1986), table 3-17, 45.

⁷³¹ United States Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions, 1973* (Washington, D.C.: U.S. Government Printing Office, 1973), 121, 124, 134.



Figure 14: A University of Missouri Student Smoking Cannabis.

Photographer Vernon Merritt III took this photo displaying consumerist trends to illustrate a symposium titled “Drugs: Mounting Menace of Abuse,” 31 *Look Magazine* (8 August 1967): 11-28.

Source: Library of Congress, Prints and Photographs Division, file: Look Job-67-3297.

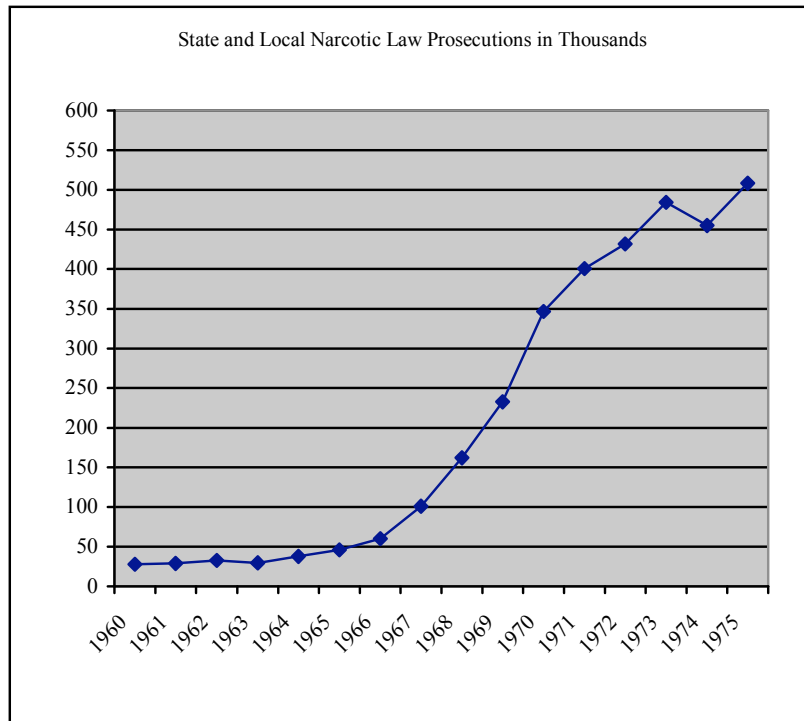


Table 9: State and Local Narcotic Law Prosecutions in Thousands, 1960-1975

The offenses related to unlawful possession, sale, or use of controlled drugs. The Federal Bureau of Investigation compiled these figures from data provided by police departments across the country and in U.S. territories sent on a voluntarily basis. For this reason the figures should not be considered to be exact. The actual number of prosecutions for drug offenses was likely higher.

Source: U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions, 1960-1975* (Washington, D.C.: United States Government Printing Office, 1960-1975).

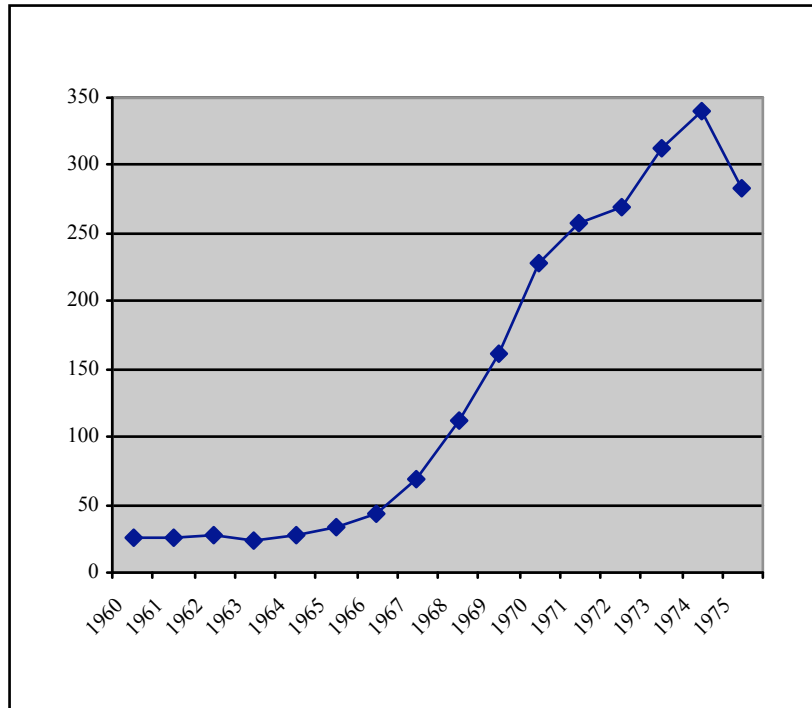


Table 10: State and Local Narcotic Law Prosecutions Per One Hundred Thousand of the Total Population, 1960-1975

Source: U.S. Department of Justice, *Uniform Crime Reports, for the United States and Its Possessions, 1960-1975* (Washington, D.C.: United States Government Printing Office, 1960-1975).

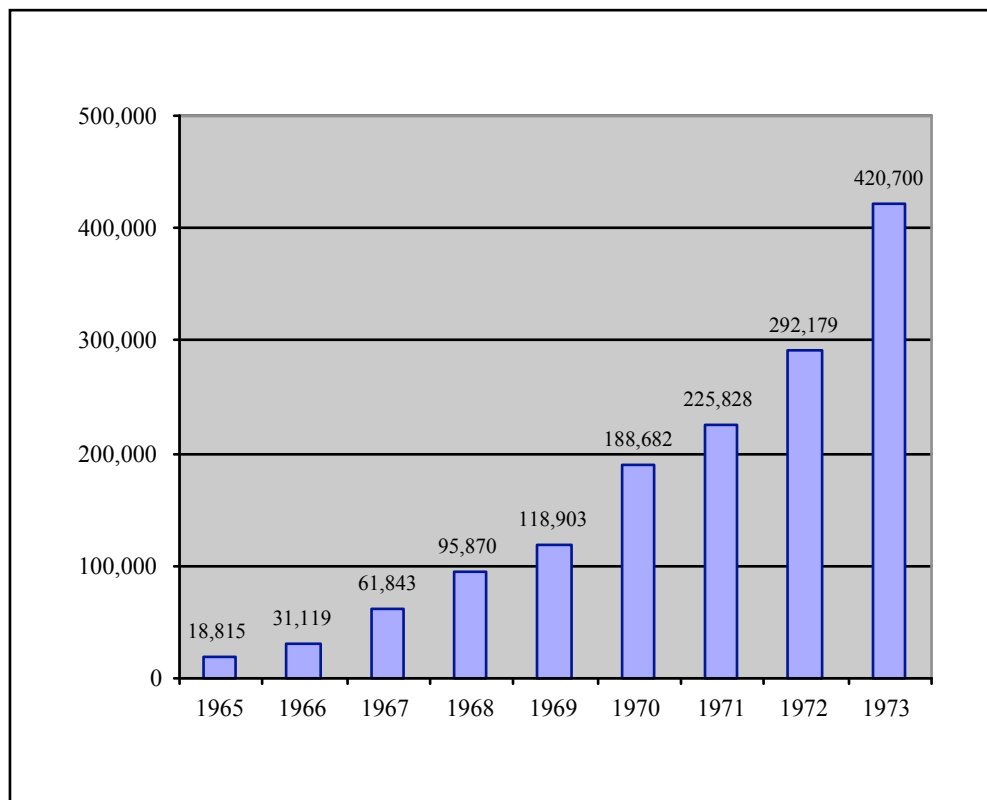


Table 11: State and Local Cannabis Arrests Reported to the Federal Bureau of Narcotics, 1965-1973

Source: Tabulated in Richard C. Schroeder, *The Politics of Drugs: Marijuana to Mainlining* (Washington: Congressional Quarterly, 1975), 21.

The trend of escalating drug use and incarceration of offenders forced a tempering of the penalties imposed. The 1970 Comprehensive Drug Abuse Prevention and Control Act lowered—for the first time—the penalties for drug possession. President Richard Nixon, along with the Justice Department, had pushed for the bill. They had multiple motives. The scale of convictions raised daunting capacity challenges for the criminal justice system. There was also a growing public outcry for a larger public commitment to drug treatment. The act removed the mandatory minimum prison sentences and authorized increased funding for the treatment of “drug abuse” broadly defined. But the punitive approach remained central. Illicit consumers faced up to a year in prison, a \$5,000 fine or both upon a first conviction.⁷³² (Although judges could substitute probation for prison sentences in favorable cases.)

The new attention to addiction treatment did not alter the popular support for incarceration as the best route to abstinence. According to a 1969 survey, 42 percent of American parents would have reported “their own children to the police for using illicit

⁷³² In 1968 the Federal Bureau of Narcotics transferred to the Department of Justice where it became the Bureau of Narcotics and Dangerous Drugs. The name was again changed in 1973 to the Drug Enforcement Administration. The 1970 act, which remains (with amendments) the basis of federal drug laws, followed the example of the Drug Abuse Control Amendments of 1965 in shifting the constitutional basis for federal drug control from taxing powers to interstate commerce. The 1965 act dealt with depressants and stimulants, though it sought to protect the interests of pharmaceutical manufacturers, rather than impose limits on personal consumption. A Bureau of Drug Abuse Control in the Food and Drug Administration administered the regulations from 1966 to 1968, rather than the Federal Bureau of Narcotics. A 1968 amendment for LSD and other depressant and stimulant drugs increased the restrictions and penalties regarding controlled depressants and stimulants, but still allowed probation instead of prison for first some first offenses. *U.S. Statutes at Large* 82 (1968): 1361-1362. *Drug Abuse Control Amendments of 1965, U.S. Statutes at Large* 79 (1965): 226-236; *Comprehensive Drug Abuse Prevention and Control Act of 1970, U.S. Statutes at Large* 84 (1970): 1236-1296. Also see Musto and Korsmeyer, *Quest for Drug Control*, 56-71. For more about psychotropic pharmaceuticals, relegated to medicinal, e.g. legal, status, see Mickey C. Smith, *A Social History of the Minor Tranquilizers: The Quest for Small Comfort in the Age of Anxiety* (New York: Pharmaceutical Products Press, 1991).

drugs.”⁷³³ A 1970 *Gallup Poll* helped to explain the continued resistance to a medical approach. Asked about the best way to handle heroin users, 13 percent favored a prison sentence lasting up to a year in prison. Twenty-seven percent wanted a sentence of two to five years. And 23 percent called for a prison term of ten or more years. Only 6 percent desired no penalty and just 12 percent recommended some sort of “medical help.” The death penalty seemed justified for heroin use or illicit possession of the drug to 4 percent of respondents. Opinions on cannabis use or possession were more tolerant, but still leaned toward long prison terms. Fifteen percent recommended no penalty, whereas 23 percent selected up to a year in prison, 24 percent backed two to five years in prison, and 14 percent suggested prison terms of ten years or more.⁷³⁴

The repeal of mandatory minimum prison sentences did not significantly alter the sentencing trend. In 1970, 12 percent of convicts sent to federal prisons were there on drug charges. The rate increased by 1975 to 26 percent.⁷³⁵ That year drug violators accounted for almost a third of the total federal prison population of 21,949.⁷³⁶ The average sentence length for a drug offense in 1960 was fifty-one months; by 1970 the average fell, but only by three months (to forty-eight months).⁷³⁷ The average time served in federal prison for a drug

⁷³³ Morgan, *Drugs in America*, 161.

⁷³⁴ The Gallup Organization, *The Gallup Poll: Public Opinion, 1935-1997*, CD-ROM (Wilmington: Scholarly Resources, 2000), 1970: 2246.

⁷³⁵ Margaret Werner Cahalan, *Historical Corrections Statistics in the United States, 1850-1984* (Washington, D.C.: Department of Justice, 1986), table 6-10, 155.

⁷³⁶ They comprised 27 percent of the persons present in federal facilities. See Margaret Werner Cahalan, *Historical Corrections Statistics in the United States, 1850-1984* (Washington, D.C.: Department of Justice, 1986), table 6-13, 158.

⁷³⁷ Margaret Werner Cahalan, *Historical Corrections Statistics in the United States, 1850-1984* (Washington, D.C.: Department of Justice, 1986), table 6-16, 162.

violation decreased, but still remained over two years throughout the 1970s (thirty-five months in 1960, thirty-three months in 1970, and twenty-six months in 1979).⁷³⁸

Advocates of medical treatment did succeed in making some headway. Most notable were methadone maintenance programs for opiate addicts begun on a small scale in the 1960s and expanded during the 1970s. But even these were constrained by the punitive approach.⁷³⁹ Used properly, methadone (a synthetic opiate usually administered orally) can alleviate the symptoms of opiate withdrawal without producing a euphoric effect. However, the impulse to control and confine drug users hobbled the effort. As historian David Courtwright notes, distaste for addiction maintenance kept the methadone rationale from developing into a “coherent national response to heroin addiction[;] instead it became a hodgepodge of bureaucratized programs, imposing numerous requirements on clients and reaching, at most, a fourth of the nation’s heroin addicts.”⁷⁴⁰ This hesitance confirmed the wariness felt by Dr. Lawrence Kolb, who had served as first medical director of the Lexington narcotic farm. He wrote to Dr. Marie Nyswander, who developed a methadone pilot program with her husband Dr. Vincent Dole in 1964, that the stabilization of addicts on methadone doses would not keep the federal enforcement officials from remaining “penitentiary minded.”⁷⁴¹ Historian William White argues that the Nixon administration

⁷³⁸ Margaret Werner Cahalan, *Historical Corrections Statistics in the United States, 1850-1984* (Washington, D.C.: Department of Justice, 1986), table 6-17, 163.

⁷³⁹ A new Division of Narcotic Addiction and Drug Abuse within the National Institute of Mental Health shifted the two federal facilities away from their role as extra prison space in favor of research to advise state programs. The Ft. Worth center closed in 1971. The Lexington center, renamed the “Clinical Research Center” closed in 1974. Thereafter the Bureau of Prisons gained full control of the grounds. See White, *Slaying the Dragon*, 260-1.

⁷⁴⁰ See Courtwright, *Dark Paradise*, 173; and Courtwright, Joseph, and Des Jarlais, *Addicts Who Survived*, 319-43.

⁷⁴¹ See Kolb to Nyswander, 22 February 1964, Kolb Papers, box 4, file: Nel-NY.

allowed limited methadone maintenance not because of an aversion to the program of incarceration but in hopes that it would reduce inner city crime and bolster Nixon's "law and order" platform.⁷⁴²

Part II. Augmenting the Regime in the United Kingdom

In 1967 a British psychologist described the heroin addicts that he had met in the previous two years. "These young men come from lower or upper middle class families. They have rarely committed offences apart from 'being found in possession' or having tampered with prescriptions." He added that they were "mostly of above average to very superior intellectual capacity and the picture is rather one of wasted opportunity."⁷⁴³ These young drug consumers, along with their counterparts who settled upon cannabis use, inspired a tougher law enforcement approach. Hoping to quash what they feared was an epidemic of drug consumerism in the 1960s, British drug officials and legislators escalated the level of punishment and eliminated the famous, but minor, doctor-directed maintenance program. In short, they re-affirmed Britain's commitment to the punitive regime.

New Types of British Drug Users Face Tougher Penalties

Officials watched with trepidation as signs of the British incarnation of drug consumerism seemed to appear in the 1960s. They had two main benchmarks for gauging a new drug problem. There was the small number of "official" addicts (maintained by physicians under the Rolleston committee's authorization). The number remained in the

⁷⁴² White, *Slaying the Dragon*, 255.

⁷⁴³ Cited in Davenport-Hines, *Pursuit of Oblivion*, 303.

hundreds up to 1965.⁷⁴⁴ There was also the pattern of arrests dating to the outset of punitive prohibition. Most drug convicts had been foreigners or racial minorities up until the 1950s.⁷⁴⁵ The pattern shifted in the early 1960s [see Table 12]. By then heroin and cannabis use had spread outside London and had become increasingly widespread among non-immigrants and especially young people.⁷⁴⁶ The Home Office understood these changes to represent the emergence of a “sub-culture” of deviant drug consumers. The press played up the social changes underway. For example, Joseph Cerutti’s article titled “10,000 London Teens Seen as Drug Addicts, Some Estimates Put Users at 50,000,” made the hundreds of “official” addicts seem like a different problem altogether.⁷⁴⁷

⁷⁴⁴ The number of official addicts was just 927 in 1965. See “United Kingdom Annual Report 1965,” UNDCPA, item 60, file 22971, Annual Reports, United Kingdom.

⁷⁴⁵ See M.L. Harney’s commentary about Chinese, Indian, and Pakistani prepared opium offenders noted to Anslinger on 12 September 1961, NA, Subject Files of the Bureau of Narcotics and Dangerous Drugs, 1916-1970 (hereafter RG 170), Acc #170-74-12, box 157 (old box #25), file: 0660 British System, 1948-Dec. 1961. See the descriptions of African, Indian, and West Indian cannabis offenders in Munch to Anslinger, 2 November 1961, NA, RG 59, ACC # 170-74-12, box 157 (Old box 25), file: 0660 Great Britain #4. Also see Davenport-Hines, *Pursuit of Oblivion*, 298-303.

⁷⁴⁶ See “Narcotics Trade Vexes the British,” *New York Times*, 17 April 1966; Kenneth Leech, “The Junkies’ Doctors and the London Drug Scene in the 1960s: Some Remembered Fragments,” in *Policing and Prescribing: The British System of Drug Control*, ed. David K. Whynes and Philip T. Bean (London: Macmillan, 1991), 35-59; and Klaus Weinbauer, “Drug Consumption in London and Western Berlin During the 1960s and 1970s: Local and Transnational Perspectives,” *Social History of Alcohol and Drugs* 20 (Spring 2006): 187-224.

⁷⁴⁷ See *Chicago Tribune*, 12 January 1966, clipping in NA, RG 59, Acc #170-74-12, box 157 (old box #25), file: 0660 British System, 1962-1967. Also see Flora Lewis’ 1964 report for the *Washington Post* entitled, “British Attitudes Changing on the Use of Narcotics,” copy in NA, RG 170, Acc#170-74-12, box 157 (old box #25), folder 0660 Great Britain #7. For Anslinger’s complaints about the low estimates, see Sharman to Anslinger, 5 August 1949, Anslinger Papers, box 2, file 16.

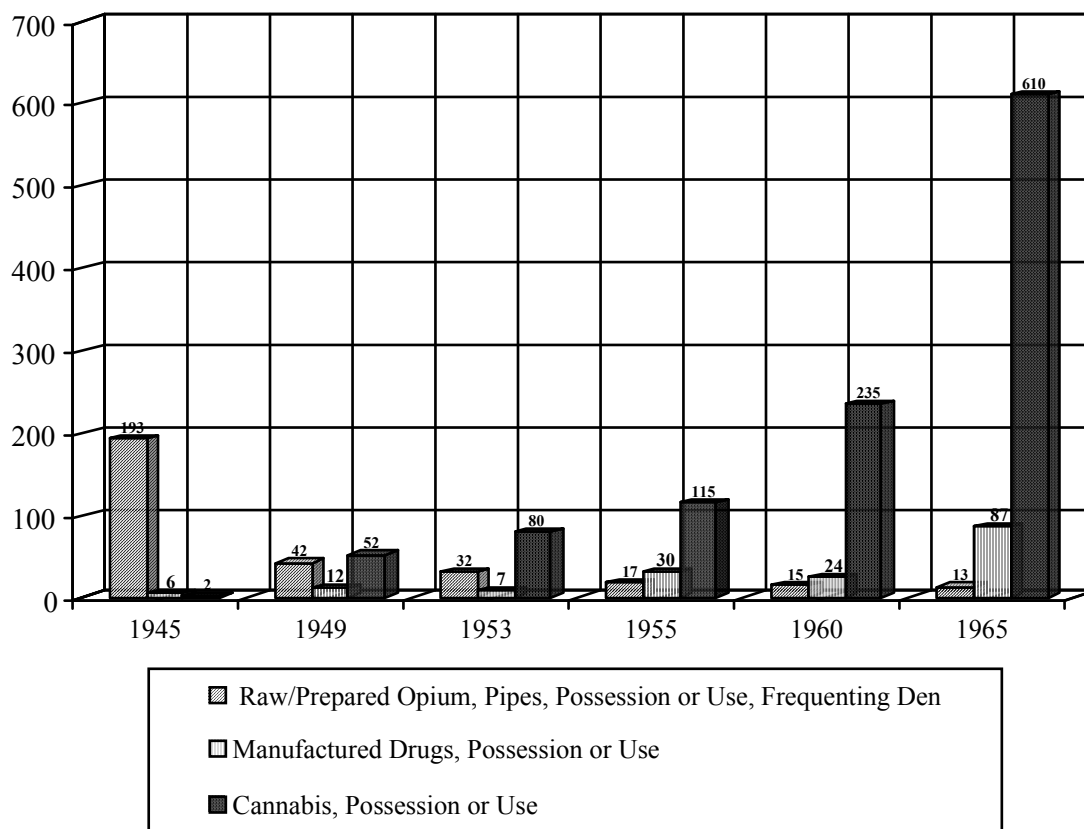


Table 12: Drug Possession and Use Convictions in the United Kingdom, 1945-1965

These convictions resulted in fines, probation, and prison terms. By 1966 the total offenses reached 1,174, with 978 cannabis infractions (a 50 percent increase in one year).⁷⁴⁸ The trend continued through 1970 when Britain reported 8,800 drug convictions to the United Nations.⁷⁴⁹

Source: "United Kingdom Annual Reports for 1945, 1949, 1953, 1955," all in UNDCPA, item 17, file 109/03, Annual Reports, United Kingdom; and "United Kingdom Annual Reports for 1960, 1965," both in UNDCPA, item 60, file 22971, Annual Reports, United Kingdom.

⁷⁴⁸ Davenport-Hines, *Pursuit of Oblivion*, 312.

⁷⁴⁹ Philip Bean, *The Social Control of Drugs* (New York: John Wiley & Sons, 1974), 108.

The seeming popularity of drug use prompted British officials to toughen the penalties for violations and rein in the exception for maintenance of manufactured-drug addicts by private physicians. The key policy statement came in 1965. The Interdepartmental Commission on Drug Addiction appointed by the Minister of Health and led by Lord Walter Russell Brain, a former President of the Royal College of Physicians, moved away from the maintenance of manufactured-drug addicts and toward increased coercion to induce opiate addicts into detoxification.⁷⁵⁰ The commission sought the mandatory reporting of addicts by doctors, the elimination of private physicians' right to prescribe heroin and cocaine, and the establishment of government-run treatment centers that could provide outpatient services, as well as detention of addicts through civil commitment.⁷⁵¹

In Washington, Federal Bureau of Narcotics officials were pleased about Britain's affirmation of the punitive regime and worked to publicize the British trend. George Gaffney, Deputy Commissioner, ordered that his staff assemble reports to inform Congress.⁷⁵² Anslinger had long correctly held that the main aim of British policy was similar to U.S. policy (with the sole divergence of Britain's maintenance of a few hundred

⁷⁵⁰ The Commission's first report was issued in 1960 and largely affirmed the regulations established following the 1926 Rolleston Committee. See Interdepartmental Committee, *Drug Addiction* (London: Her Majesty's Stationary Office, 1961); and Interdepartmental Committee, *Drug Addiction* (London: Her Majesty's Stationary Office, 1965). Also see Stein, *International Diplomacy*, 160-171; Berridge and Edwards, *Opium and the People*, 254-56; and "Britain Considers New Control on Narcotics; Permissive Attitude Under Scrutiny as Dope Addiction Shows Increase," *Los Angeles Times*, 23 May 1965, clipping in NA, RG 170, Acc#170-74-12, box 157 (old box #25), folder 0660 Great Britain #7.

⁷⁵¹ See Ministry of Health, Scottish Home and Health Department, *Drug Addiction, Second Report of the Interdepartmental Committee* (London: Her Majesty's Stationary Office, 1965), 9, 14; and Tom Cullen, "Clampdown Proposed: British Addicts Fear End of Legal Drugs," *Stockton Record*, 13 December 1965; and King, *The Drug Hang-up*, 204-205.

⁷⁵² Gaffney to Giordano, 25 October 1965, NA, RG 170, Acc#170-74-12, box 157 (old box #25), folder 0660 Great Britain #7.

manufactured-drug addicts).⁷⁵³ Bureau officials publicized the heroin overdose of Oxford student Joshua Macmillan (grandson of the former Prime Minister Harold Macmillan) and the arrest of the daughter of the Under Secretary of the Home Office for a cannabis violation.⁷⁵⁴ Gaffney noted that the Brain Committee's conclusion that "satisfactory treatment of addiction was possible only in suitable institutions" was "of course the same position to which this Bureau has adhered since its inception." He added, "It is further evident that the English are also finding it necessary to reshape their own Policies and to fashion it more in accord with the policies of the United States."⁷⁵⁵ With some tongue in cheek, an official in the Permanent Central Opium Control Board wrote to Anslinger in 1965 that the British "now clamour for the introduction of the 'American' system."⁷⁵⁶

The British parliament incorporated the tougher, more punitive approach recommended by the Brain Committee. A 1967 update of the Dangerous Drugs Act signaled a general shift from treating manufactured-drug addicts as individual patients and toward governmental prevention and control efforts. The law restricted physicians' prescription rights, ordered mandatory reporting of addicts, and authorized the creation of treatment centers in hospitals. The penalties for illicit possession were also carried forward in a series

⁷⁵³ Anslinger, "British Narcotic System," n.d., NA, RG 59, Acc #170-74-12, box 157 (old box #25), file: 0660 British System, 1948-Dec. 1961.

⁷⁵⁴ Henry Giordano, "Commissioner Giordano Gives Some Facts About Narcotics," clipping of *Congressional Record*, 22 October 1965, in Truman Library, Papers of Harry J. Anslinger, box 3, file: Post-Retirement File and Data on Drug Addiction and Traffic." Also see "Report of the U.S. Delegation to the Nineteenth Session of the United Nations Commission on Narcotic Drugs, 4 to 8 May 1964, to the Secretary of State," 8 June 1964, copy in Anslinger Papers, box 10, file 11, 7.

⁷⁵⁵ Gaffney to Harrell, 24 August 1966, NA, RG 170, Acc#170-74-12, box 157 (old box #25), folder 0660 Great Britain #8.

⁷⁵⁶ Adolph Lande anticipated that the United Kingdom would adopt the "Anslinger" approach, due to the increased use. See Lande to Anslinger, 28 May 1965 and 23 June 1965, both in Truman Library, Papers of Harry J. Anslinger, box 2, file: U.N. Economic and Social Council Commission on Narcotic Drugs, Correspondence, file 5.

of laws, culminating in the 1971 Misuse of Drugs Act. The 1971 law allowed a seven-year maximum prison term for illicit possession of manufactured drugs and raw opium. Illicit possession of cannabis carried as much as a five-year prison sentence.⁷⁵⁷

Part III. Coming Full Circle: Stiffening the Penalties in the Philippines

Philippine officials reacted during the 1960s to what they understood to be an unprecedented, alarming increase of drug use by Filipinos. They had carefully watched for telltale signs of drug consumerism through the 1950s only to find their fears seemingly realized. There was nothing new about their reaction. Legislators strengthened the government's commitment to the punitive regime, first by building an addiction detention center and then by escalating the penalties for drug consumption.

"American Remedies for Philippine Problems"

From 1945 through the 1950s, Philippine officials oversaw a long-standing pattern of drug enforcement. Most of the people arrested for illicit drug use were Philippine-Chinese [see Figure 15]. The courts generally heard fewer than a hundred cases a year.⁷⁵⁸

Accordingly, the United Nations Division of Narcotic Drugs typically received reports from the Philippines such as the one for 1950 that noted twenty-seven prosecutions of people like

⁷⁵⁷ In 1964 another Dangerous Drugs Act passed along with the Drugs (Prevention of Misuse) Act, both upholding the fines and prison terms for illicit possession. The Dangerous Drugs Act of 1965 incorporated the earlier legislation. The distinction in penalties for cannabis and other drugs such as heroin came in the wake of a report suggesting some flexibility in sentencing. See the Advisory Committee on Drug Dependence, *Cannabis* (London: Her Majesty's Stationery Office, 1968). Also see King, *The Drug Hang-up*, 204-206, 370; Arnold S. Trebach, *The Heroin Solution* (New Haven: Yale University Press, 1982), 181; Division of Narcotic Drugs, "Memorandum on Penal Sanctions for Narcotic Offenses: A Comparative Study of Selected Countries," 10 February 1972, UNDCPA, item, file: 23000, Narcotic Drugs, Laws and Regulations, General, 6, 35; and Dennis Howitt, "Britain's 'Substance Abuse Policy': Realities and Regulation in the United Kingdom," *International Journal of the Addictions* 25, no. 3 (1990): 353-76.

⁷⁵⁸ Arrest rates from 1950 to 1964 were included in the Philippine Constabulary's "Report for the Third Annual Japanese Seminar on Narcotic Offenses, March to April 1965," 14 June 1965, NA, RG 170, Acc# 170-74-12, box 162 (old box 30), file: Philippines #2, 1935-1967.

Lee Ko, a forty-seven year old Philippine-Chinese man who worked as a cook in Baguio City. The police found Lee's opium pipe, personal supply of opium, and some ash from smoking, and the court sentenced him to four months in prison and a fine.⁷⁵⁹

Press reports, new patterns of convictions, and surveys all seemed to confirm Philippine officials' belief that an entirely new drug problem dawned during the 1960s. Initial reports in 1957 of morphine-addicted school children proved to be false, but nonetheless the national press continued to harp about drug use by Filipino youth in the following months.⁷⁶⁰ An "actual case" was discovered in 1961, and the *Manila Times* announced: "There's no doubt about it. Drug addiction among school students, from college down to the grade schools is a real menace."⁷⁶¹ After 1965, the Philippine government itself was reporting to the United Nations Division of Narcotic Drugs about a number of young men, including a sixteen-year-old and a seventeen-year-old, who were arrested for using morphine. In 1965, for the first time the number of Filipino drug offenders surpassed the number of ethnic Chinese drug offenders: ninety-six Filipinos versus six Philippine-Chinese.

⁷⁵⁹ Drug legislation also remained in the U.S.-style after independence in 1946. A Philippine Constabulary report described the Republic of the Philippines Revised Penal Code and Republic Act 953 of 1953 as "basically patterned that of the United States Narcotic Law." See Philippine Constabulary's "Report for the Third Annual Japanese Seminar on Narcotic Offenses, March to April 1965," 14 June 1965, NA, RG 170, Acc# 170-74-12, box 162 (old box 30), file: Philippines #2, 1935-1967. Also see "Philippine Islands Annual Report for 1950," UNDCPA, item 109/3, Annual Reports, Philippines; "Questionnaire on Addiction, (Philippines), 1947," UNDCPA, item 4, file: SOA25/01, Part A, Drug Addiction Questionnaire to Governments; and "Additional Information on Drug Addiction," 18 February 1958, UNDCPA, item 45, file: 23370, Drug Addiction, General, 1-2. For examples related in the press see "3 Sinos Admit Opium Use, Get Jail Terms," *Daily Mirror*, 20 May 1952; "Deport of Sino Opium Addicts Set," *Daily Mirror*, 30 June 1961, both in Lopez Memorial Museum, Eugenio Lopez Foundation, Filipiniana Collection (hereafter Lopez Collection).

⁷⁶⁰ See "Two Nabbed in Truck Near School," *Manila Times*, 3 October 1957; "Find School Tots Are Not Doped," *Daily Mirror*, 7 October 1957; and "Dare Squad to Produce Child Opium Addict," *Daily Mirror*, 8 October 1957, all in Lopez Collection.

⁷⁶¹ See "Dope Pushers Victimize The Kids In Schools, Too," *Manila Times*, 16 February 1961; and "Dope Pushers Active in Manila Schools," *Daily Mirror*, 14 March 1961; both in Lopez Collection.

Ninety-three of those convicted were “verified to be drug addicts.”⁷⁶² Surveys taken in 1972 estimated that half of the secondary, vocational, and college students had used marijuana or another drug in the past two years. And the government’s estimates of opiate “addicts” ranged between eight and ten thousand and there were possibly “over 100,000 marijuana and other dangerous drug users,” who were mostly young people.⁷⁶³

⁷⁶² At least sixteen of the ninety-three were accused of smuggling or selling drugs rather than possession or use. See the case of Domingo Dimas Serrano in “Philippine Islands Annual Report for 1965,” UNDCPA, item 54, file: Annual Reports, Philippines, 7; and the case of Reynaldo Lacanilao, in the “Philippines Islands Supplementary Report for 1965,” in same folder. There were also many press reports including “More Filipino Addicts Listed Over Aliens,” *Manila Times*, 7 May 1966, copy in Lopez Collection.

⁷⁶³ A survey conducted at the University of the Philippines, College of Arts and Sciences at Diliman, Quezon City in 1971 found that almost 30 percent (of a small self-reporting group) had used marijuana. See Ricardo M. Zarco, “A Study of Drug Use Among College Students,” reported as a part of training sessions on drug abuse held 20 December 1971 to 24 March 1972, transcript available in “Reference, History, Background” section of the collection of the Division of Preventive Education, Training, and Information Services, Dangerous Drugs Board, Manila, 127-39. Also see Pio A. Abarro, “Drug Abuse: Judicial and Legal Measures for Its Prevention and Control,” in *Facing the Drug Abuse Problem*, ed. Fausto Gomez (Manila: UST Publications, 1972), 45-47.



Figure 15: A Philippine Health Official Inspects for Injection Marks, 1964.

In the following years anti-drug enforcement faced a new challenge as youth culture adopted drug use, particularly cannabis.

Source: photo with material from the *Philippine Free Press*, 18 July 1964, in Philippine National Library, Special Collections of the Filipiniana Division, Photo Collection, box 76, file: Drug Abuse.

Philippine officials struggled to understand the youth movement of the late 1960s that appeared to be rapidly popularizing illicit drug use. Young people seemed “revolutionary” in their desire for “new experiences” and in their emulation of the fashion and lifestyle of the Western youth.⁷⁶⁴ Manuel Redrico of the Manila Metropolitan Police Narcotics Division complained that youth sought every chance to “rebel against our standard of conventional society” with their long hair, dirty clothes, extra-marital sex, and drug use.⁷⁶⁵ A government memorandum described “groups composed mostly of teenagers [that] organized themselves into ‘hippie families’ to propagate the drug culture.”⁷⁶⁶ The characterization of the young “hippies” as outside mainstream Philippine culture fit a longstanding tendency to blame foreigners for local drug use.⁷⁶⁷ Accordingly, officials faulted the overall increase in drug consumption on Western youth culture in general and the popularity of cannabis on American servicemen, in particular.⁷⁶⁸ (Allegedly servicemen first introduced cannabis seeds and the habit of smoking cannabis cigarettes into the islands.)

⁷⁶⁴ Cesarea Goduco-Auglar lamented the “alarming across-the-board increase in the abuse of all principal illicit drugs,” in “A Note on Drug Abuse in the Philippines,” *Bulletin of Narcotics* 24 (April-June 1972): 43.

⁷⁶⁵ Speech given by Manuel Redrico titled “The Role of the MDP in Drug Abuse,” as a part of training sessions on drug abuse held 20 December 1971 to 24 March 1972, transcript available in “Reference, History, Background” section of the collection of the Division of Preventive Education, Training, and Information Services, Dangerous Drugs Board, Manila, 33.

⁷⁶⁶ Undated memorandum titled “Magnitude of the Drug Abuse Problem in the Philippines,” in “Reference, History, Background” section of the collection of the Division of Preventive Education, Training, and Information Services, Dangerous Drugs Board, Manila, 2.

⁷⁶⁷ Mae Unite, an official with the Philippine Dangerous Drugs Board, informed me that “hippies” and “Chinese” were the agents of the drug problems in the Philippines. Interview with Mae A. Unite, Dangerous Drugs Regulation Officer, Control Regulations and Intelligence Division, Dangerous Drugs Board, Manila, May 2003. Use of the word “hippies” was common in press coverage of drug use. See, for example, “Addiction Is Getting To Be Nat’l Problem Much Like Other Crimes,” *Daily Mirror*, 7 October 1968, copy in Lopez Collection.

⁷⁶⁸ Cannabis cultivation, possession, and use were all banned by Republic Act 2060 of 1958. See “Cops Open War On Marijuana,” *Daily Mirror*, 11 January 1955; and “U.S. GI’s Tagged Marijuana Source,” *Daily Mirror*, 9 March 1971; both in Lopez Collection; and Ricardo M. Zarco, “A Short History of Narcotic Drug Addiction

Philippine officials responded to the increase in drug use by strengthening their adherence to the punitive regime, first by creating a special detention center for drug “addicts.” Patrick O’Carroll, director of the U.S. Federal Bureau of Narcotics Training School, helped to spur the idea. He arrived in Manila in 1965 for the United Nations Seminar on Narcotics Control and urged the need for compulsory confinement of drug users.⁷⁶⁹ That same year Jose G. Lukban, director of the Philippine National Bureau of Investigation, embraced the idea and created a “closed” treatment and rehabilitation center for addicts south of metro Manila in Tagaytay City.⁷⁷⁰ The center was designed to hold fifty people. It accepted voluntary admissions but mostly served as a place to isolate youthful drug offenders rather than put them in a normal prison.

The facility conditions were lamentable and the results were poor. Pio Abarro, Assistant Director of the National Bureau of Investigation and (graduate of the U.S. Federal Bureau of Narcotics Training School), conceded that the building did not look like a “treatment center according to medical standards” and that a foreign visitor to the center had compared it to a “pighouse.”⁷⁷¹ The facility provided little by way of rehabilitation. Escapes

in the Philippines, 1521-1959,” *Historical Bulletin of the Philippine Historical Association* 3 (December 1959): 98-99.

⁷⁶⁹ American officials had also endorsed a special prison for drug addicts during a 1963 conference in Manila. See “Report of the United Nations Seminar on Narcotics Control for Enforcement Officers From Asia and the Far East, Manila 1965,” 28 June 1965, copy in UNDCPA, item 137, file: 33457, Technical Assistance, Training Seminar, Manila 1965. Also see O’Carroll’s report on the 18-30 January 1965 Manila Seminar in NA, RG 170, Acc# 170-74-12, box 162 (old box 30), file: 0660 Philippines #2, 1935-1967; and “Dope Addicts’ ‘Prison’ Urged To Check Vice,” *Daily Mirror*, 26 March 1963, copy in Lopez Collection.

⁷⁷⁰ Pio A. Abarro noted the influence of the United Nations seminar on the creation of the center in “Drug Abuse: Judicial and Legal Measures for Its Prevention and Control,” in *Facing the Drug Abuse Problem*, ed. Fausto Gomez (Manila: UST Publications, 1972), 48. Also see Lukban to Chapman, 19 October 1965, UNDCPA, item 137, file: 33457, Technical Assistance, Training Seminar, Manila 1965.

⁷⁷¹ Speech given by Pio Abarro titled “The Role of the N.B.I. in the Drug Abuse Problem,” as a part of training sessions on drug abuse held 20 December 1971 to 24 March 1972, transcript available in “Reference, History, Background” section of the collection of the Division of Preventive Education, Training, and Information Services, Dangerous Drugs Board, Manila, 22.

and the smuggling of drugs into the building were constant problems. The Philippine government duly reported the dismal rate of long-term abstinence (ranging between 1 and 5 percent) to the United Nations Division of Narcotic Drugs.⁷⁷² Most of those detained eventually returned for another term. An estimated 90 percent those released were arrested again for using drugs.⁷⁷³ Abarro was frank about the outcome of the program: “we have not treated them [drug users], but by confining them for 6 months, at least we are proud that we have prevented 60 people monthly from using narcotics.”⁷⁷⁴ Corporal Manuel Redrico of the Manila Police Department placed part of the blame for the poor results on the lack of local studies, conceding “we merely rely on whatever results of experimentation that are transmitted to us by progressing countries, particularly the United States.”⁷⁷⁵ Despite the limitations of the program, judges continued to consider the addiction detention center a positive option (at least in comparison with regular prisons). They sentenced 947 people to the center in 1971.⁷⁷⁶ The center remained overcrowded. Designed to hold fifty people, there were ninety-two confined there in 1972 with only one physician in attendance.⁷⁷⁷

⁷⁷² See, for example the case of Delfin Eugenio in “Philippine Islands Annual Report for 1965, Supplementary Report,” UNDCPA, item 54, file: Annual Reports, Philippines, 4. Also see, “Philippine Islands Annual Report for 1970,” UNDCPA, item 54, file: Annual Reports, Philippines, 6; “Two Dope Addicts Nabbed by NBI Agents,” *Manila Times*, 14 March 1966; and “Congress Acts on Opium Peril,” *Manila Times*, 15 February 1969; both in Lopez Collection.

⁷⁷³ Abarro, “The Role of the N.B.I. in the Drug Abuse Problem,” 25. Also see Col. Cenon M. Balza “An Investigation of the Procedures and Actions Taken Against Drug Abuse,” (thesis, National Defense College of the Philippines, 1972-1973), 79.

⁷⁷⁴ Abarro, “The Role of the N.B.I. in the Drug Abuse Problem,” 22.

⁷⁷⁵ “No Total Cure for RP Drug Addicts Yet Made,” *Daily Mirror*, 23 March 1972, copy in Lopez Collection.

⁷⁷⁶ Pio A. Abarro, “Drug Abuse: Judicial and Legal Measures for Its Prevention and Control,” *Facing the Drug Abuse Problem*, ed. Fausto Gomez (Manila: UST Publications, 1972), 45.

⁷⁷⁷ See “3 Students Convicted in Drug Case,” *Manila Times*, 22 April 1972, copy in Lopez Collection.

The second official response to the seeming increase in drug use was to spike the penalties, again augmenting the punitive regime. A series of bills over the 1960s sought to lengthen the prison terms imposed on offenders.⁷⁷⁸ Years of effort culminated in the passage of a new Dangerous Drugs Bill in 1972. The law raised the penalty for illicit possession or use of prohibited drugs to a prison term of six to twelve years and a fine of six thousand to twelve thousand pesos. The penalty for cannabis use or possession increased to six months to six years in prison and six hundred to six thousand pesos in fines. The penalty for possessing an opium pipe or other drug paraphernalia reached six months to four years in prison and fines from six hundred to four thousand pesos. A visit to a “drug den” risked a prison term lasting two to six years.⁷⁷⁹ In a swipe at the so-called “hippie families,” the law stipulated that people caught using or holding banned drugs while at a party or in a group of at least five individuals were to receive the maximum sentence.⁷⁸⁰ People could avoid prosecution if they voluntarily entered the National Bureau of Investigation’s center, and judges could commit offenders to the center instead of prison (although a second escape attempt would result in prosecution on the original charges).⁷⁸¹ These options reflected the concerns of some legislators who wanted more effort spent on the rehabilitation of drug users

⁷⁷⁸ See “Opium Raps Filed Today; Hiked Penalties Urged,” *Manila Times* 13 February 1961; and numerous others including “Stiffer Penalty for Dope Urged,” *Daily Mirror*, 6 February 1961; “War on Dope Addicts Urged,” *Daily Mirror*, 18 February 1961; all in Lopez Collection. U.S. Federal Bureau of Narcotics Agent Jayme R. Licuanan discussed the trends in a 23 June 1961 letter to Howard W. Chappell, Agent in Charge, NA, RG 170, Acc# 170-74-12, box 162 (old box 30), file: Philippines #2, 1935-1967.

⁷⁷⁹ All also had fines. See the Philippine Republic Act 6425, The Dangerous Drugs Act of 1972, United Nations Document, E/NL.1976/50. A typical press report, stressing the death penalty for selling drugs to a minor, was, “Senate: Death for Drug Fiends,” *Daily Mirror*, 25 January 1972, copy in Lopez Collection.

⁷⁸⁰ See section 27 of the Philippine Republic Act 6425, The Dangerous Drugs Act of 1972, United Nations Document, E/NL.1976/50.

⁷⁸¹ Judges could also submit offenders who were under twenty-one years of age to probation from six months to a year before pronouncing a sentence. See sections 30 to 32 in the Philippine Republic Act 6425, The Dangerous Drugs Act of 1972, United Nations Document, E/NL.1976/50.

rather than what Senator Leonardo B. Perez called a “blind adoption of American remedies for Philippine problems.”⁷⁸²

The new law meant that judges would dole out stiff sentences. The first case of illicit drug possession prosecuted under the new law set the pattern. A twenty-one year old female student named Roslinda Legayada-Callao received a sentence of one year in prison and a one thousand peso fine for illegal possession of two tablets of “mandrax,” a pharmaceutical sedative known as sleeping pills or Quaaludes in the United States [see Figure 16]. Other violators faced even stiffer penalties. The prisons held people serving lengthy terms for minor offenses. For example, a twelve-year term was the price for having “packet of opium powder,” a six-year term for possession of a syringe for injecting morphine, and a six month term for possession of a “marijuana-treated cigaret butt.”⁷⁸³ A commentator in the press complained: “hundreds of young persons have already been arrested and jailed for mere possession of prohibited or regulated drugs. They are now languishing in jail like ordinary criminals, although many of them are minors and students.”⁷⁸⁴

⁷⁸² “Death Penalty: Solons Hedge on Dope Bill,” *Manila Times*, 28 January 1972, copy from Lopez Collection.

⁷⁸³ See Col. Cenon M. Balza “An Investigation of the Procedures and Actions Taken Against Drug Abuse,” (thesis, National Defense College of the Philippines, 1972-1973), 85; “Marijuana Case: Man Convicted,” *Manila Times*, 26 April 1972; “Three Sentenced for Drug Act Violations,” *Manila Times*, 11 August 1972, both in Lopez Collection. Also see “Magnitude of the Drug Abuse Problem in the Philippines,” n.d., copy in “Reference, History, Background” section of the collection of the Division of Preventive Education, Training, and Information Services, Dangerous Drugs Board, Manila, 2.

⁷⁸⁴ See Cesario L. Del Rosario, “Dangerous Drugs Act: Loopholes Snag Drive,” *Daily Mirror*, 21 June 1972; and Cesario L. Del Rosario, “Dangerous Drugs Act: No Experts So Far On New Law,” *Daily Mirror*, 19 June 1972, both in Lopez Collection.



Figure 16: Roslinda Legayada-Callao Hides Her Face During Her Sentencing.

Source: "Penalty Too Severe? Clemency for Coed in Drug Case Urged," *Manila Times*, 14 April 1972, copy from Lopez Collection.

Conclusion

By the 1970s the punitive regime had withstood its second major challenge. No more than medical critics of punishment in the 1930s, young drug consumers in the 1960s and early 1970s could not force governments to adopt a new approach. Governments chose to cling to the punitive regime, increase its rigor, and penalize citizens in unprecedented numbers. The punishment solution would become increasingly controversial, but it would remain popular. More to the point it would remain in place as the global standard.

CHAPTER 8

Conclusion: A Sturdy Regime Remains

By the 1970s the punitive regime was fully established and well tested. After forging the policy that would become the American model in the colonial Philippines, U.S. officials successfully exported it as a modern and progressive approach. By organizing international conferences, pushing for ironclad treaties, and denouncing non-medical drug use, U.S. efforts spurred the global harmonization of punitive policies regarding drug consumption. States joined the regime, prompted by international treaties and guided by national motives, and sent reports to demonstrate their compliance. The regime was tested, and ultimately strengthened, by two major challenges. Medical oversight—especially in the form of large-scale ambulatory maintenance of drug addicts—represented a serious, but correctable aberration near the end of the interwar period. American officials successfully countered it by advancing specialized incarceration as a cutting-edge form of treatment internationally. The second challenge came in the late 1960s. Drug consumerism among youth forced governments to reevaluate their commitment to the regime. In 1970 the U.S. Congress moderated the federal penalties imposed on drug consumers. This lowered the ceiling without remodeling the house. Most national governments also weathered the surge of drug consumerism and unlike the United States reacted by escalating punishment.

In the United States the punitive approach rebounded from its low point in 1970. By 1986 the mandatory minimum penalties had returned. The 1986 Anti-Drug Abuse Act

sought to deter recreational drug use (especially of cocaine prepared for smoking known as “crack”) with incarceration. Possession of five grams of “crack” triggered a five-year mandatory prison sentence.⁷⁸⁵ A 1988 amendment expounded the concept of “user accountability,” which added innovations of civil penalties for first time violators and minors. These expanded the toolbox of sanctions. The Drug Enforcement Agency noted that “it is important to remember that these penalties are in addition to the criminal penalties drug abusers are already given, and do not replace those criminal penalties.”⁷⁸⁶ Such views remained in tune with public opinion. A 1995 *Gallup Poll* found that 84 percent favored making the criminal penalties more severe for the possession and sale of drugs (49 percent strongly favored more severity), while just 13 percent opposed (3 percent strongly so).⁷⁸⁷ The tough approach led to almost half a million drug prisoners by 2000, a disproportionate share of whom were young and black.⁷⁸⁸ Those convicted of all types of drug offenses comprised 20 percent of state prisoners and 54 percent of federal prisoners in 2003.⁷⁸⁹

⁷⁸⁵ *Anti-Drug Abuse Act of 1986, U.S. Statutes at Large* 100 (1986): 3207. For a sample of the tougher “new” ideas see Office of National Drug Control Policy, *National Drug Control Strategy* (Washington, D.C.: U.S. Government Printing Office, 1989). For a critical account see Craig Reinarmann and Harry G. Levine, eds., *Crack in America: Demon Drugs and Social Justice* (Berkeley: University of California Press, 1997).

⁷⁸⁶ *Anti-Drug Abuse Amendments Act of 1988, U.S. Statutes at Large* 102 (1988): 4181. Quotation from Drug Enforcement Agency, “Drugs of Abuse Publication,” <http://www.usdoj.gov/dea/pubs/abuse/1-csa.htm#penalties2> (accessed 31 March 2007).

⁷⁸⁷ The Gallup Organization, *The Gallup Poll: Public Opinion, 1935-1997*, CD-ROM (Wilmington: Scholarly Resources, 2000), 1995: 187.

⁷⁸⁸ Courtwright, *Dark Paradise*, 178. Also see Bureau of Justice, “Federal Drug Offenders, 1999 with Trends 1984-99,” August 2001, <http://www.ojp.usdoj.gov/bjs/abstract/fdo99.htm> (accessed 31 March 2007).

⁷⁸⁹ Bureau of Justice, “Prisoners in 2005,” November 2006, <http://www.ojp.usdoj.gov/bjs/abstract/p05.htm> (accessed 13 April 2007).

Forced detoxification of opiate addicts in prison still occurs and can claim lives.⁷⁹⁰ The options are limited for those who need treatment, due to the under funding of rehabilitation programs. According to a 2005 survey there were around twenty million people in the United States who needed specialized medical treatment for drug or alcohol misuse and did not receive it.⁷⁹¹ Historian Caroline Acker writes, “We now have in the United States a two-tier system of response to drug dependence: treatment for the middle and upper classes and incarceration for most others, including the poor, the uninsured, ethnic minorities, and immigrants.”⁷⁹²

The international drug control treaties that followed the 1961 Single Convention also reinforced the regime. A 1988 convention confirmed the punitive approach, stipulating that every party “establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption.”⁷⁹³ Drug treatment received only lip service. Three new agreements (reached in 1971, 1972, and 1988) included statements to encourage efforts at treatment and rehabilitation, including non-punitive tactics labeled “demand reduction.”⁷⁹⁴

⁷⁹⁰ For an example see the description of Candy Brown’s death in a Rochester, New York jail cell in Paul von Zielbauer, “As Health Care in Jails Goes Private, 10 Days Can Be a Death Sentence,” *New York Times*, 27 February 2005.

⁷⁹¹ U.S. Department of Health and Human Services, “2005 National Survey on Drug Use & Health: National Results,” <http://www.oas.samhsa.gov/NSDUH/2k5NSDUH/2k5results.htm#Ch2> (accessed 31 March 2007).

⁷⁹² Acker, *Creating the American Junkie*, 9.

⁷⁹³ See Article 3, section 2 of the 1988 Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, available at http://www.unodc.org/unodc/en/drug_and_crime_conventions.html (accessed 31 March 2007).

⁷⁹⁴ The 1971 Convention on Psychotropic Substances, the 1972 Amendments to the 1961 Single Convention, and the 1988 Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, are available at, http://www.unodc.org/unodc/en/drug_and_crime_conventions.html (accessed 31 March 2007). For an example of the exhortation for “demand reduction” see Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 July 1998, “Political Declaration Guiding Principles of

But, as William McAllister writes in his history of the treaties, a more balanced approach existed only “on paper.” He concludes that the “focus of international control efforts did not change as much as the altered rhetoric might suggest.”⁷⁹⁵ International relations expert Paul Stares writes that “the global prohibition regime has become overwhelmingly biased toward the application of sanction-based or ‘negative control’ measures to deter or deny participation in the global drug market.”⁷⁹⁶

With few exceptions, national governments have remained committed to the punitive regime. Twenty-first century tourists seeking to “find themselves” through chemical mind alteration would do well to not stray from Western Europe where the penalties for the personal use of controlled drugs (especially cannabis) are slight. Heavy penalties are far more common elsewhere. Many developing nations have pushed the penalties beyond the strict U.S. laws of the 1950s. In 1986, two years prior to the return of mandatory incarceration in the United States, Nigeria imposed death by firing squad for illegal drug use or possession.⁷⁹⁷ A 2002 law in the Philippines provides for a prison sentence of twelve years to life for illicit possession (depending on the weight and purity of the drugs confiscated). An arrest for possession of any amount of any illegal drug when at a “party” or “social gathering” of two or more people triggers a mandatory life sentence.⁷⁹⁸ China

Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem,” http://www.unodc.org/unodc/en/drug_demand_reduction.html (accessed 31 March 2007).

⁷⁹⁵ McAllister offers an overview in *Drug Diplomacy in the Twentieth Century*, 230-46.

⁷⁹⁶ Paul B. Stares, *Global Habit: The Drug Problem in a Borderless World* (Washington, D.C., Brookings Institution, 1996), 12.

⁷⁹⁷ See T. Asuni and O. A. Pela. “Drug Abuse in Africa.” *Bulletin of Narcotics* 38 (January-June 1986): 55-64.

⁷⁹⁸ People found under the influence of illegal drugs receive a six-month term in a detoxification center and face six to twelve years in prison if caught again. “Comprehensive Dangerous Drugs Act of 2002,” Rep. Act No. 9165 (2002).

routinely executes drug offenders and sends hundreds of thousands of users into forced detoxification detention annually.⁷⁹⁹

The punitive regime has become all the more relevant due to the trend of drug consumerism that continued from the late 1960s. Consumers of illicit drugs provide the funds for a massive illegal retail market, spending an estimated \$300 to \$500 billion annually.⁸⁰⁰ In 2005 a national survey in the United States estimated that almost twenty million Americans aged twelve or older (8.1 percent of that part of the population) were “current” non-medical drug users (defined as having consumed an illegal drug in the last month).⁸⁰¹ The United Nations Office on Drugs and Crime estimated that around 5 percent of the world’s population, or two hundred million people, used an illegal drug in 2004.⁸⁰² Researcher Mitchell Earleywine notes the same number of people reporting cannabis use alone.⁸⁰³

The punishment of users, matched with the rise of illicit drug consumption, has spurred some popular controversy. A suggestive example was the first case of illicit drug possession prosecuted under the tough 1972 Philippine law. The law aimed to crack down on the rising anti-establishment drug culture, but Rosalinda Legayada-Callao hardly fit the bill. Public clamor for clemency began as the details of Legayada-Callao’s life emerged in

⁷⁹⁹ For examples, see “China Reports More Drug Users Despite Zero-Tolerance Policy and Executions,” *Agence France Presse* (9 February 2004); and Cindy Sui, “China Goes On Execution Spree to Send Tough Message on Anti-Drugs Day,” *Agence France Presse* (26 June 2003). Also see Zhou, *Anti-Drug Crusades in Twentieth-Century China*, 1, 131-48.

⁸⁰⁰ Stares, *Global Habit*, 2n5.

⁸⁰¹ U.S. Department of Health and Human Services, “2005 National Survey on Drug Use & Health: National Results,” <http://www.oas.samhsa.gov/NSDUH/2k5NSDUH/2k5results.htm#Ch2> (accessed 31 March 2007).

⁸⁰² UN Office on Drugs and Crime, “2006 World Drug Report, Vol. 1 Analysis,” 8, 34, http://www.unodc.org/unodc/en/world_drug_report.html (accessed 31 March 2007).

⁸⁰³ Earleywine, *Understanding Marijuana*, 29.

the press. She was married to an American sailor who was stationed in San Diego and the couple had a one-year-old son. She had epilepsy and had used mandrax just three times to cope with the pain of her seizures. Legayada-Callao had an epileptic seizure while being transferred from sentencing in the courtroom to the jail. In her second month in prison, President Ferdinand Edralín Marcos released Legayada-Callao by executive clemency. The clamor and the extra-judicial act revealed conflicting emotions—the desire to castigate drug offenders and the discomfort with punishing drug users from the mainstream of society.⁸⁰⁴

Legayada-Callao's case is also a fitting end to this study, because it is suggestive of the punitive regimes' strength and ability to withstand challenges. Public complaints about stiff penalties imposed on users have certainly not been limited to the Philippines, but they have not inspired a dismantling of the regime. Mass incarceration, HIV/AIDs, the explosion of designer pharmaceuticals, and the trend toward the recreational use of legal drugs have yet to prompt a tidal shift in policy, and have perhaps made one less likely. Activists are right to emphasize the importance of the United States in shaping current international drug control policies, but other states also made major investments in policy as well as criminal justice and medical apparatuses. This study demonstrates that the regime's sturdy foundation rests on both U.S. advocacy and international acceptance.

A scientific breakthrough—the cliché that haunts the history of drug control—might offer the strongest challenge. For example, a 2007 study linked a part of the brain to nicotine

⁸⁰⁴ The press reports indicated that Legayada-Callao was the first person convicted under the new law, but she shared a detention cell with six other women who were also charged with illicit drug possession. See Calixto S. Fernandez Jr., "Coed To Jail: 1st Drug Case," *Daily Mirror*, 12 April 1972; Vicente M. Tanedo, "Coed's Case To Senate," *Daily Mirror*, 13 April 1972; "Coed Convicted for Having Prohibited Drug," *Manila Times*, 13 April 1972; "Callao's Penalty Reduced," *Manila Times*, 25 April 1972; Cesario Del Rosario, "2 Women Guilty of Dope Pushing" *Manila Times*, 18 June 1972; "Penalty Too Severe? Clemency for Coed in Drug Case Urged," *Manila Times* 14 April 1972; "Drug Series on '5,'" *Manila Times*, 19 June 1972; and Cesario L. Del Rosario, "Dangerous Drugs Act: Victims, Folks, Confused," *Daily Mirror*, 17 July 1972, all in Lopez Collection.

addiction, finding that damage to that region of the brain eliminated the urge to smoke. A clear connection between neuroscience and addictive behavior might recast the punishment of users as unseemly. Skepticism is prudent. The press report noted, “no one is suggesting brain injury as a solution for addiction.”⁸⁰⁵ This might be considered progress. In the 1950s, U.S. federal researchers considered (and applied) lobotomy as a treatment option for addiction.⁸⁰⁶

⁸⁰⁵ Benedict Carey, “In Clue to Addiction, Brain Injury Halts Smoking,” *New York Times*, 26 January 2007.

⁸⁰⁶ See for example, Harris Isbell, “Meeting a Growing Menace—Drug Addiction,” *Merck Report*, July 1951, 4-9.

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