

Foreign Policy Assoc.  
1945-52

# FOREIGN POLICY ASSOCIATION

INCORPORATED

Washington Bureau

NATIONAL PRESS BUILDING, WASHINGTON 4, D. C.

TELEPHONE: EXECUTIVE 1511

November 5, 1946

NATIONAL HEADQUARTERS  
22 EAST 38TH STREET, NEW YORK 18, N. Y.

Miss Melvina Thompson,  
29 Washington Square, West  
New York 11, N.Y.

Dear Miss Thompson:

The enclosed copy of letter was written to Senator Austin before it was made public that Mrs. Roosevelt would handle in Committee III, the amalgamation of the former league Opium activities with the United Nations.

Edith Helm suggested that since I have had no word from Senator Austin about this appointment (which of course is entirely understandable in view of the pressure of work) that I write you asking if Mrs. Roosevelt would make it for me. I could come up to New York any time on 24 hours' notice.

I attach my FPA report which was dated July 1 in preparation for the then date of the new Narcotics Commission meeting towards the end of July. The material on India is page 97.

We have just had the report of the excellent presentation of the Opium matter which Mrs. Roosevelt made on Saturday and have been informed that the Assembly has this point on its Agenda for November 12. The new Narcotics Commission meets on November 28 and I will appreciate an opportunity to talk the matter over with Madam Pandit as far in advance of that date as possible.

Washington certainly seems empty without you and your First Lady.

Cordially yours,

*Helin Howell Moorhead*  
Mrs. Howell Moorhead

HHM: jgk

enc.

*Put away to get me off to NY  
if it works out*

October 25, 1946

Senator Warren Austin, Chairman  
American Delegation to the Assembly  
of the United Nations  
Hotel Pennsylvania  
New York, N.Y.

Dear Senator Austin:

Since you are chairman of the American Delegation to the United Nations, I am venturing to ask your help in arranging an appointment for me with Madame Pandit of the Indian Delegation. I want to talk with her about the opium situation in India before the Narcotics Commission of the United Nations meets the end of November.

You know of my work in the field of International Treaties on opium and dangerous drugs. I am attaching my latest report on this subject. It has been a matter of deep concern to the United States government for many years. Our government has been the leader in international action looking toward the suppression of the abuse of narcotics. It is a subject of deep interest to all good citizens, both men and women, in every country. I know of Madam Pandit's work in the field of social welfare in India, and because of this I am most anxious to have a talk with her before the new United Nations group starts its deliberations.

Will you be good enough to let me know at the Washington Bureau of the Foreign Policy Association, 1200 National Press Building, Washington, D.C., about any possible appointment. I realize how very busy you all are the first days of the Assembly. I want to suggest, therefore, that a date after the 9th of November might be more convenient.

With many thanks in advance for anything you can do for me and renewed congratulations that you are our permanent delegate on the Security Council, I am

Very sincerely yours,

Helen Howell Moorhead

# FOREIGN POLICY REPORTS

July 1, 1946

---

International Narcotics Control: 1939-1946

BY HELEN HOWELL MOORHEAD

---

ORIGINAL RETIRED FOR PRESERVATION

PUBLISHED TWICE A MONTH BY THE

**Foreign Policy Association, Incorporated**

MIDSTON HOUSE, 22 EAST 38th STREET, NEW YORK 16, N. Y.

VOLUME XXII NUMBER 8    *25¢ a copy*    *\$5.00 a year*

# International Narcotics Control: 1939-1946

BY HELEN HOWELL MOORHEAD. Mrs. Moorhead is Chairman of the Foreign Policy Association's Opium Research Committee.

BEFORE World War II, international control of opium and dangerous drugs was recognized as one of the most successful activities of the League of Nations. Opium treaties (conventions) had been ratified by sixty-seven nations. The system of annual estimates by governments of their medical and scientific needs was world-wide in operation, as the Drug Supervisory Body<sup>1</sup> established estimates of annual medical needs for the countries which did not send their estimates to this organization. The Permanent Central Opium Board<sup>2</sup> supervised all legal international trade in dangerous drugs and applied effective sanctions against countries whose imports exceeded estimates.

This report surveys the general progress of opium policy during the war. The situation in Europe and the Far East when the war ended in these areas is discussed as fully as possible under present difficulties in obtaining accurate and adequate information. The background of the establishment of the Commission on Narcotic Drugs of the Economic and Social Council of the United Nations is given. The most important task before this new Commission is the reduction of the raw material of opium to the medical and scientific needs of the world. Emphasis is laid on the political and economic problems to be solved in opium control, which in the past has often been considered solely as a health and humanitarian question.

## ACTIVITIES DURING THE WAR

The outbreak of war seriously endangered communications between Geneva and the rest of the world. Therefore, in 1940, the records and key personnel of the two administrative Boards moved to Washington where they functioned (nominally as branch offices) until after V-E Day. At that time, the Permanent Central Opium Board returned all its activities to Geneva, while the Drug Supervisory

Body continued to maintain an office in this country until June 1946. Even during the worst period of the war, 1942-45, estimates of medical needs were received from all sovereign states in the Western Hemisphere and estimates and statistics from most countries of the world. Meetings of the members of the two Boards were held at regular intervals in London. The Boards developed a system of control for countries freed from the Axis, for application as soon as possible after liberation. Narcotic drug control was a notable example of international cooperation so wisely established in time of peace that it withstood the shock of war.

## ABOLITION OF SMOKING OPIUM MONOPOLIES

Progress in the general campaign against the abuse of opium and narcotic drugs could hardly be expected during the war. Yet in 1942 a great advance was made in that field. A series of meetings was held in the Office of the Commissioner of Narcotics in Washington, where nationals of certain governments, attending in their personal capacities, discussed with American and international experts the question of discontinuance of government monopolies for opium smoking when certain territories held by Japan were returned to the European powers formerly in control.

On September 21, 1943, the United States government addressed a series of notes to the powers concerned, pointing out among other things, the danger of addiction among the Allied soldiers liberating these areas. On October 1, 1943 the Netherlands government, and on November 10 the British government, declared that on the return of these territories the system of opium smoking under government license would end.<sup>3</sup> Information from Hong Kong and Singapore in February 1946 indicated that this policy for the areas occupied by Japan, as well as for British North Borneo, Sarawak, Labuan and Brunei had been carried out. Administrative action by the Netherlands government

3. H. H. Moorhead, "Dutch and British Pledge End of Opium Smoking Monopoly," *Foreign Policy Bulletin*, January 21, 1944.

1. Drug Limitation Convention of 1931. League of Nations document No. C.455.M.193-1931-XI.

2. Geneva Convention of 1925. League of Nations document No. C.88.M.44-1925-XI.

FOREIGN POLICY REPORTS, VOLUME XXII, NUMBER 8, JULY 1, 1946

Published twice a month by the FOREIGN POLICY ASSOCIATION, Incorporated, 22 East 38th Street, New York 16, N. Y., U.S.A. FRANK ROSS MC COY, *President Emeritus*; VERA MICHELES DEAN, *Editor and Research Director*; BLAIR BOLLES, *Director, Washington Bureau*; HELEN TERRY, *Assistant Editor*. *Research Associates*: WINIFRED N. HADSEL, OLIVE HOLMES, HAROLD H. HUTCHISON, VERNON MC KAY, GRANT E. MC CLELLAN, HELEN H. MOORHEAD, ONA K. D. RINGWOOD, LAWRENCE K. ROSINGER. Subscription Rates: \$5.00 a year; to F.P.A. members \$3.00; single copies 25 cents. Entered as second-class matter on March 31, 1931 at the post office at New York, N. Y., under the Act of March 3, 1879.

will naturally await the solution of the political problem in Indonesia. France announced in July 1945 that the system of government monopolies for smoking opium would be abolished in Indo-China. By order of General MacArthur<sup>4</sup> the Japanese monopoly has been liquidated, thus leaving Portugal (through its ownership of Macao) among the Western colonial powers, and Siam and Iran as the only independent Asiatic powers, which have not agreed to this step. In Burma a government monopoly does not exist; smoking is licensed, and immediate suppression is not contemplated. In India opium prepared for smoking is not sold but, while opium smoking is not a large problem there, a smoker can obtain opium and prepare it himself.

#### THE JUDD RESOLUTION

The war period was marked by another advance. In June 1944 the Senate and House of the United States passed a joint resolution<sup>5</sup> proposed by Representative Walter Judd of Minnesota, a former medical missionary in China, authorizing the President to urge the opium-producing countries to limit their production strictly to the medical and scientific needs of the world. Notes were addressed by the State Department to the Afghan, British (for India and Burma), Chinese, Iranian, Mexican, Soviet, Turkish and Yugoslav governments. (Bulgaria, a producing country, did not receive this request as it was an "enemy country"; China was sent the note as a matter of information.) The notes, and the replies as they were received from Afghanistan, United Kingdom (for India and Burma), China, Mexico, Russia and Turkey, were published in the Department of State *Bulletin*.<sup>6</sup> Included in the State Department's notes were suggestions as to eighteen general principles for a convention to limit opium production to global medical and scientific needs, based on a draft treaty prepared by the Opium Section of the League,<sup>7</sup> but differing from this draft on certain essential points.

As these eighteen points were only suggestions to be considered by other countries, and therefore susceptible to change, they are not included in this REPORT. They probably represent the tentative, but not the final decisions by the United States government which would be the basis for instructions at

any international conference to limit raw opium production.<sup>8</sup>

#### REPLIES TO U.S. NOTE

The replies to the United States note varied from AFGHANISTAN's declaration that "all cultivation of opium be prohibited as from March 21, 1945" to that of the British Foreign Office, which stated that "His Majesty's Government feels that the question of limiting the production of opium to medical and scientific needs is one which is best left for discussion at the proposed conference."

CHINA made no comment on the proposed eighteen points for a limitation convention but stated that, "as China has consistently followed a policy of rigid suppression of narcotics, it therefore approves in principle the proposals of the United States Government."

MEXICO was not sent the eighteen points, as its laws prohibit cultivation of the opium poppy. Yet cultivation in certain frontier states<sup>9</sup> has created a smuggling problem along the United States border. Therefore, the attention of the Mexican government was drawn to the Judd resolution. Effective collaboration was assured by the Mexican government, and Mexican inspectors of the Federal Narcotics Police have toured the states concerned, accompanied, on the invitation of the Mexican government, by United States Treasury officials.

TURKEY made the most detailed reply of all the governments concerned. After giving the history of its reduction in acreage,<sup>10</sup> the real sacrifices it has made economically, and the social difficulties involved in changes in peasant habits of crop planting, Turkey stated that it is "disposed to participate in the conference planned after the war and that it will consent to every limitation of production which may be contemplated under equal conditions for all producers."<sup>11</sup>

THE U.S.S.R. was approached by the United States government with full understanding that opium is cultivated in that country only for medical and scientific purposes. Yet two important points were raised: first, the U.S.S.R. was asked to cooperate with other governments in the future to combat the abuse of opium; and, second, Soviet col-

8. For further discussion, see page 103.

9. Sinloa, Sonora, Chihuahua and Durango.

10. 1934-37 decrease, 28.7 per cent; 1938-44 decrease, 38.63 per cent.

11. This referred to the difficulties encountered in the past, whenever quotas for the legitimate export market were discussed. As Turkey had ratified the League Conventions, and covered its exports by the import and export certificate system, it was unwilling to consider yielding a share in this market to countries like Iran, most of whose exports were outside the permissions of various treaties.

4. See pages 100 and 104.

5. H.J. Res. 241, 78th Congress, 2d Session, February 21, 1944. See also, H. H. Moorhead, "Congress Authorizes President to Act on Opium," *Foreign Policy Bulletin*, July 21, 1944.

6. Afghanistan, December 10, 1944; Great Britain (for India and Burma), February 17, 1946; China, June 3, 1945; Mexico, May 13, 1945; Russia, July 22, 1945; Turkey, July 8, 1945.

7. League of Nations document No. C.221.M.123-1938-XI and C.175.M.104-1939-XI.

laboration was invited with regard to Iran. This latter suggestion had also been made to Britain, and the U.S.S.R. was so informed. The American note suggested that "the presence of thousands of Soviet troops in Iran doubtless gives the Soviet government interest in the narcotic situation." The Soviet government was also specifically requested to announce that its policy continues to be to prohibit production and export except for medical and scientific purposes, and for observations regarding the eighteen points as a basis for a limitation treaty. The Soviet government's reply ignored the Iranian situation, and stated that the proposed post-war conference and the conditions which might be included in the proposed convention were being studied. As for a declaration of policy, "the existence of a state monopoly both in the field of production and the field of distribution renders publication of such a declaration superfluous."

THE UNITED KINGDOM was addressed in behalf of INDIA and BURMA. The United States restated its position, which had been explained in the notes accompanying the Judd resolution to all the countries concerned, that opium production above medical and scientific requirements is the principal source of illicit traffic. The British thesis<sup>12</sup> that enforcement of suppression of opium smoking depends on steps to limit and control production of opium in other countries re-enforced this attitude. The danger to American citizens serving abroad in countries where opium is produced and sold freely was emphasized. The problem of Iran was stressed, and it was requested that the British government make appropriate representations to that government. Information that Washington had made a similar request to the U.S.S.R., and a copy of our note to Iran, indicated the importance attached here to the Iranian position. The United States asked for the "announcement at the earliest possible date that the Governments of India and Burma will prohibit the production and export of opium for other than medical and scientific purposes."

The eighteen points were outlined and certain other preliminary points were raised, as necessary preparatory work before further discussions in an international body. Of these, the position of the Indian states was the most important. The question was asked if, at an international conference on reduction of opium, the Indian states would have a representative, since the annual production in the Indian states was 185,000 kilograms of opium, with 8,000 licensed shops. If the Indian states had no representative, "would the British Government enter into binding obligations in regard to these

States?" A final request for immediate consideration of the problem of surplus opium now in India was asked, in view of the presence in India of American soldiers and merchant seamen.

In August 1945, just before the British elections, a reply was received from the Foreign Office. It stated that the Government of India would be glad to participate in a conference to draft an opium limitation convention, and suggested that the preparatory draft convention drafted by the Opium Advisory Committee of the League be used as a basis. Therefore comment was deferred on the eighteen points. As for an early announcement that production and export would be prohibited except for medical and scientific purposes, the reply stated, His Majesty's Government and the Government of India will continue to control production and export in accordance with their treaty obligations. The reason given for inability to accept the basic American tenet was that the eating of opium in India is a quasi-medical usage and the misuse of opium is rare. "Until medical facilities are available on a greatly increased scale, it would not be practicable, wise, or indeed humane, to require that consumption of opium should be limited to purposes formally certified to be medical and scientific."

The position of the Indian states, raised by the American memorandum, was obviously far from simple. As these states, numbering some hundreds, have no international status, a suggestion was made by the Foreign Office that experts from these states be associated with the Indian delegation. The British reply to the point on opium smuggled from India was that the seizures of Indian opium in the contraband traffic have been infrequent, and the Provincial governments and the Government of India have recently been urged to tighten all controls. The risk to American troops in India was dealt with in a most adroit manner. "It may be pointed out that British troops stationed in India and Burma over a very long period of years have never shown the slightest tendency to become drug addicts."

Representations to Iran by the United Kingdom could only press the necessity of bringing exports from that country under international control.<sup>13</sup> In this limited sense, actions would be taken to support the American representations. Iran would also be urged by His Majesty's Government "to continue to take part in future international opium discussions."

13. Since India does not agree to limit its own internal production to what are generally considered medical and scientific needs of the world, it could not urge Iran to do so.

12. British statement November 10, 1943, House of Commons.

## POSITION OF RAW OPIUM PRODUCING COUNTRIES

Thus the United States has obtained a pre-view of the attitudes of the chief raw opium producing countries of the world, as well as that of Mexico where some illicit production is acknowledged; and a statement from China, to which the Judd Resolution was sent as "a matter of information." How then do they stand on this basic issue? It is not merely a question of controlling export to prevent smuggling, but of reducing actual production of opium to a definite goal—the global needs for medicine and science.

Now that Afghanistan has completely withdrawn from the opium market, the chief countries producing opium legally are Turkey, Yugoslavia,<sup>14</sup> Iran, India, and the U.S.S.R.—the last-named producing almost entirely for domestic consumption.

Iran has not replied.<sup>15</sup> India has stated that its surplus production is for internal use, which it considers "quasi-medical" in its statement of August 1945. It is interesting that the former phrase "semi-medical," based on the Royal Commission report dated 1893, has undergone a slight change. Yet the fundamental position has not changed in all these years. To repeat, "until medical facilities are available for the population as a whole on a greatly increased scale it would not be practicable, wise or indeed humane to require that consumption of opium should be limited to purposes formally certified to be medical and scientific." One advance in this statement of August 1945 is that there is no categorical statement that the internal use of opium in India is a purely domestic matter, not suitable for international discussion.

### OPIUM POLICY OF BRITISH LABOR GOVERNMENT

Britain's reply to the United States government's memorandum was dated London, August 13, 1945, and was obviously drafted some time before that

14. The position of Yugoslavia, which before the war had a joint marketing and export arrangement with Turkey, based on the Import and Export Certificate system, has not yet been stated.

15. Translation of a radio address to the Iranian people made by the Prime Minister Ahmad Quavam on March 21, 1946: "Another point in which I am very much interested is the problem of opium and its production; smoking of opium unfortunately is practised to such an extent in this country that should it go on increasing at the same rate it will be a source of great danger to the health of the coming generations of our nation. I therefore have issued orders for a commission to be appointed to study the problem and to submit its report and proposals as soon as possible so that the necessary action may be taken to stop the production of opium and the smoking of this deadly poison. On April 10th, the Council of Ministers approved a decree to prohibit the cultivation of opium for this year. The Ministers of Finance and Agriculture were commissioned to execute the decree."

date. It may not, therefore, represent the considered policy of the present Labor government which, however, might possibly adopt the same position.

The speech of Arthur Henderson, Undersecretary of State for India and Burma, to the first Assembly of the United Nations in London, January 29, 1946, sounded a hopeful note. After supporting the proposals of the Chinese delegate, Dr. Victor Hoo, that the Economic and Social Council establish a separate Commission on Narcotic Drugs, Mr. Henderson proposed a statesmanlike and practical approach to certain organizational details, and ended with the following words: "One of the first tasks which the Commission will have to face will be the difficult question of controlling the production of raw material; for example, raw opium, cocoa leaves, and other drugs. This is really the essence of the problem, and one that requires the special attention of this Assembly.

"I need hardly say that the United Kingdom Government will cooperate to the fullest extent in all matters relating to the international control of the drug problem. In November, 1943, the Government of the United Kingdom adopted the policy of total prohibition of opium smoking in the British and British-protected territories in the Far East, which were then under enemy occupation, and in accordance with this policy the opium monopolies formerly in operation in those territories would not be re-established. I am bound to say, however, that the success of the enforcement of prohibition will obviously depend upon the steps taken to limit and control the production of opium in other countries.

"Finally, we warmly welcome the proposal of the United States Government for immediate action to get an opium limitation convention and suggest that the Economic and Social Council should consider what will be the most effective way of getting a rapid result.

"The United Kingdom Government will give their warmest support to any action along these lines."

### INTERNAL USE OF OPIUM IN INDIA

There has been much misunderstanding in the United States as to the position of India on the opium problem. Therefore, the section of this REPORT dealing with India is more extensive than the amount of Indian opium smuggled into the United States might seem to justify. Yet the political importance of this point of differing policy between the British government and the United States cannot be overlooked. Since the first discussions at the Hague in 1912, the use of opium for eating in India has been one of the factors tending

to retard international progress in the limitation of the production of opium to medical and scientific needs. The new Commission on Narcotic Drugs will inherit this problem. It is hoped that the following paragraphs will help to clarify the issue.

No acceptance of the principle that all opium production must be limited to global needs for medicine and science is stated in the British government's reply to the Judd resolution, but the recognition that control of raw material is the essence of the problem has created a favorable climate in which to undertake this difficult task. The Labor government has already started a survey of general medical conditions in India with a view to their improvement. It will be interesting to learn, when this report is made public, whether the British doctors charged with this study found the eating of opium a menace to public health. Fifty years ago, opium was prescribed freely by doctors both in Britain and the United States. "Soothing syrups" whose base was opium were standard treatments for infants and young children. It is now recognized that high rates of infant mortality were directly connected with this practice. That opium obscured the symptoms vital for diagnosis was only slowly realized, and then only by doctors with adequate training. Therefore, the Indian claim of a quasi-medical need for opium must be recognized as having a certain historical validity. Yet even when in 1893 the Royal Commission used this claim as the basis for its report a minority of the Commission signed a protest. This minority report was published by Horace Alexander,<sup>16</sup> a Quaker, who stated that the government opium shops catered to a vice, not a semi-medical need of the Indian population.

Statistics published by the India Office are thoroughly reliable. When, at the conference in Geneva in 1924-25, the per capita consumption of opium in India was shown not to be in excess of the League of Nations figure for medical requirements, the question of abuse of opium in India seemed insoluble. The Reverend William Paton of the International Missionary Council, an old and tried friend of the Indian masses, undertook to study these figures. The result was surprising. His findings,<sup>17</sup> which included a "Black Spot Map of India," indicated that large areas were below the consumption figure for medical use as established by the League.<sup>17a</sup> Other large sections were only

slightly above this figure of 12 pounds per ten thousand inhabitants annually. Yet "black spots" were largely in cities where some sort of medical care was available, not in country districts without access to either native or European doctors.<sup>17b</sup> This tended to disprove the 1893 contention that opium was used as a rural remedy, due to lack of medical facilities. This same argument, however, it would seem, was used in August 1945, in the reply to the Judd Resolution. No documents have been published by the Government of India, analyzing consumption statistics on a regional basis; no record of medical research in India on this problem is known to the writer, nor is it known whether the medical commission recently sent to India by the Labor government has this question on its agenda.<sup>17c</sup>

On the evidence of both American soldiers and officers stationed in India, opium is easily available to the individual buyer from government opium shops. Considerable quantities of Indian opium have reached the hands of illicit traffickers during the war, and have been seized in American and Canadian ports, thus substantiating the claim of the American government before referred to, that opium grown in surplus of medical and scientific needs of the world constitutes a danger, as a source of smuggled material.

On the other hand, there may be a legitimate need for opium for medical use in certain areas in India under some licensing and dispensing system not as rigid as the requirement of physicians' prescriptions (as in Western lands) yet based on medical needs. But a Royal Commission dated 1893 hardly offers up-to-date medical evidence in 1946. What would seem to be necessary for the welfare of the Indian masses, as well as for international collaboration, is an unqualified acceptance of the use of opium for medical and scientific purposes only. Then, an estimate of the medical needs of the Indian population should be made, followed by a reduction of opium production to that figure and, most important, formulation of a method based on licensing, and shops for dispensing medical opium, suitable to the Indian social economy. Variations of methods are entirely conceivable, according to the medical services in different parts of India. Since Mr. Arthur Henderson stated in the United Nations Assembly that one of the first tasks which the new Commission on Narcotics is to face will be the

in a comprehensive review of the opium situation, in consultation with the Provincial Governments. The statement reports a large reduction in opium consumption (as of 1944) since 1926 and a marked decline in the "black spots."

17b. *Ibid.*

17c. *Ibid.*

16. The report was privately printed and distributed. No copies are available in this country for reference.

17. See pamphlet, "The Opium Situation in India," Foreign Policy Association, May 1926.

17a. As this Report is about to come off the press, word has been received from authoritative British-Indian sources, stating that the Government of India is at present engaged

difficult question of controlling the production of raw material, it is to be hoped that a thorough study of the situation will be undertaken by the Labor government in preparation for the raw material conference.<sup>174</sup>

#### DRUG CONTROL IN ENEMY AND OCCUPIED COUNTRIES

Turning from the problems of the raw material producing countries to those of enemy and occupied countries, the end of the war in Europe found plans well under way for the control of drugs. Following suggestions by the Permanent Central Opium Board and the Drug Supervisory Body, directives for Germany were prepared and approved by Supreme Headquarters, London, in the autumn of 1945. The first point was to re-establish pre-war control measures as agreed to in the international conventions, so as to assure the required supply for medical purposes and to prevent illegal use of these drugs. All stocks in the hands of manufacturers and wholesalers were frozen, and sale was permitted only after approval by the military authority. Supplies in possession of enemy military forces were to be reported to SHAEF for ultimate disposal. Illicit drug traffic was to be traced by questioning of drug addicts, and local officials were to be impressed with the importance of enforcing these measures. On the "Land" unit level, national authorities were to be required to report stocks, and also the action taken to execute these measures under international treaty obligations, to Civil Affairs Public Safety Officers, who in turn would report stocks and movement of drugs to SHAEF.

#### GERMANY

The hopes of quick reinstatement of controls were destined to be disappointed. By April 1946 it was clear that no unified narcotics control for all Germany would be even discussed at top levels. Yet the situation in Germany demanded central information and control. During the last two years of war Germany had planted thousands of acres of poppy, and met its major needs for morphine by a method of processing morphine from poppy heads. This enterprise was administered by a national office in Berlin, rigidly centralized. As the bombing of Berlin increased, the records were moved for safety to Silesia. Reports have been circulated that they are not yet available even to the governments of those countries, the United States and Britain, which wish to set up administration on a zonal basis. Lists of narcotics administrators have not been found, nor statistics as to amounts

and location of poppy plantings. Accurate information as to stores of manufactured drugs and government reserve supplies are not in the hands of the United States officers working on the problem. Lists of international smugglers which were kept with the well-known German passion for detail are not available, nor have United States narcotic officers had the opportunity of seeking for these documents in Silesia in the Russian zone.

Until a central administration can be established, efforts by the American authorities are much hampered. However, narcotics officers trained by the Bureau of Narcotics are establishing enforcement on the "Land" basis. There are three "Laender" in the American zone. Each Minister President of a "Land" is now responsible for the same control measures that were formerly enforced by the "Reich Gesundheits Amt." No drugs may be shipped between zones or across international boundaries without approval of the Director of Military Government, United States zone. Information needed by the two international control boards, the Permanent Central Opium Board and the Supervisory Body, is being sought, but under the most adverse conditions.

The best that can be accomplished under the circumstances is the gradual re-establishment of German narcotic laws and administration in the "Laender" of the United States zone, with a unified control officer under the Council of Minister Presidents. Cooperation with the administration set up in the British zone will be eventually possible. No information has been received as to plans for the Russian zone, or for the French area of control.

The new Commission on Narcotics of the United Nations will thus be faced with a large area in Europe whose legitimate post-war need for drugs is not determined, although pre-war needs are known. This lack of information affects all estimates for medical world needs, and the whole international movement of legal business. Enforcement officers looking for international smugglers and their stock in trade will be hampered in their investigations by demarcation lines of value to the smugglers alone. However, in the American zone the United States authorities are steadily building up from the local unit basis, determined to create eventually a workable organization.

But the effort to control opium cannot move faster than the general pace of German civilian administration. The immediate problem of furnishing necessary medical supplies for the civilian population is met by requisitions from enemy military stocks seized by our Army and now in their con-

174. *Ibid.*

trol. No unified system is yet possible in making these requests but in general, on a local basis, hospitals and doctors can procure the essential minimum. One factory for manufacturing morphine is at Darmstadt (American zone). Shipments from this factory are allowed to wholesalers and chemists by order from the German civil authority, but no movement into another zone is permitted except by order of the American Military Government. How long this factory will be able to continue manufacture is uncertain, as raw material is in short supply. No poppy planting occurred in 1945, due to the need of every acre for food. Poppy heads were harvested by hand; and farm labor as well as transportation of these crops to Hamburg and Darmstadt, where the chief factories were situated, were subject to military demands. The best estimate, and this is hardly more than a guess, is that Germany has enough narcotic drugs for essential needs during 1946 and part of 1947.

Since civilian supplies are short, there does not seem much opportunity for illicit traffic. There are rumors that some cases of "black market" drugs have occurred in Berlin, but no unified force of investigators is available to follow the possible leads. Authoritative spokesmen, while acknowledging the impossibility of thorough search, do not believe, in view of shortages of drugs on hand and raw material for new manufacture, that Germany for the present constitutes a menace either to the American occupation forces or to the outside world.

#### AUSTRIA

In Austria disorganization is not as complete as in Germany. Vienna has not suffered comparable destruction, and a framework of government exists. The Austrian government's effort is to re-establish former Austrian narcotic laws, after changes have been made on the advice of the American narcotic officers to render them more effective. Before and during the war, Austria depended for its raw material on Hungary and Germany, and manufactured its own drugs. Now two questions are asked: from what source can it obtain the necessary raw material, and will it be permitted to re-establish manufacture. At present Austrian supplies from military material captured by the Allies seem sufficient for a year. By that time it is expected that a factory will be established in Salzburg, and channels for importing the raw material will be re-opened. It is doubtful that Austrian farm land will be planted to poppy in view of the need for food crops.

No information on other enemy or occupied countries in Europe is at present available to the writer.

Germany and Austria present an interesting problem. Narcotic drugs are essential to medicine, and to the care of the health of the civilian population. Poppies need good farm land and, when processed into morphine by the German poppy capsule system, also hand labor at the harvest. Each poppy capsule is cut by hand with two inches of stem and carefully stacked; the crop is not harvested by a reaping machine. Yet both these countries need all available land and farm labor to provide a minimum diet for the population. Therefore it would seem inevitable that poppy planting will cease in Germany and Austria. Raw opium can be bought from the Middle East producing countries, for import into the two countries. But how will these imports be paid? Will Germany be allowed to export manufactured goods to the Middle East, and thus regain even a part of its pre-war markets in this strategic economic area? Thus, this one article of commerce essential to the life and health of a nation reflects the multitude of economic questions which bedevil post-war Europe.

#### JAPAN AND OCCUPIED CHINA

After Japan's surrender, the situation on narcotic drugs in that country presented a marked contrast to that in Germany, both administratively and on supplies of raw material and manufactured drugs. On October 12, 1945 General MacArthur, the Supreme Commander, ordered the Imperial Japanese government to put into effect a five-point program controlling narcotic products and records in Japan. Within four days this policy was extended to Korea "south of 38 degrees north latitude." These directives were to be fulfilled and reports were to be sent to the Supreme Commander within thirty days. According to available information, these orders were obeyed.

One of the Japanese government representatives at the last meetings of the League Opium Advisory Committee on Dangerous Drugs before Japan withdrew from the League—the former Japanese Minister to Switzerland, M. Ama—is already in prison, but gave the necessary information as to key men in government who knew about narcotics. The whole central organization began to operate under the new directives. Even before the directive of October 12 had been issued, a memorandum on Japanese public health declared: "The Imperial Japanese Government shall submit to this Headquarters within 15 days an itemized statement of all stocks of narcotic drugs, showing type, location and ownership, etc." This quotation is an excellent example of the tone of these directives.

By November 1945 all heroin was ordered collected and delivered into the custody of the United

States forces, "with a prompt report of the disposal of each stock of heroin." December saw the beginning of distribution of Japanese military medical narcotic stocks to a list of approved wholesale pharmaceutical houses, again with reports to Headquarters within ten days after the last day of each month. These stocks were to be released for legitimate medical use, on authorization by Supreme Headquarters, after a "recommendation" by the Imperial Japanese government as to their necessity. By the middle of December a complaint had reached the Supreme Commander that the Home Ministry had been slow in distributing these military supplies to doctors and hospitals. "Steps must be taken at once. This condition must be alleviated promptly . . . vigorous action by prefectural officials . . . that a minimum of delay is caused by paper work." These are the terms of the directive on December 20 to remedy the situation. Finally a directive to establish an effective system for narcotic control was issued in January 1946, which will successfully fill in the loop holes in the former Japanese laws so often the subject of protest during Opium Advisory Committee meetings in Geneva.

#### MANUFACTURE OF DRUGS IN JAPAN

As far as orders and the organization to fulfill these orders are concerned, the administrative problem was solved. The other side of the problem, that of manufacture and the raw material to supply factories, was quite different from that in Germany. Manchuria and occupied China had long been the chief source of raw opium for Japan. No information as to the acreage planted to poppy, nor the resulting amounts of raw opium, is available at present. Stocks of manufactured drugs in these areas except military supplies are unknown. Lists of manufacturing plants are incomplete. It is known that quantities of narcotics greatly in excess of civilian and even military necessity had been released by Japan, from 1931 on, under the most cynically lax system of license whose object had been the debauching of the civilian population. Opium grown in Manchuria was shipped to Korea for manufacture into heroin, which drug was then sent back to Manchuria. These shipments are known to have totaled many times the League's figure for the medical needs of the world. Yet no reports were sent to the control boards, even before Japan ceased to cooperate with Geneva, on the assumption that this was an internal traffic, since Manchuria was regarded as an integral part of Japanese territory.

#### DANGER OF SMUGGLING FROM CHINESE MAINLAND

Forty tons of crude and semi-processed opium

are said to have already been seized by our occupation forces in Japanese-occupied China. Estimates from reliable Chinese sources state that in occupied China alone there are millions of addicts. Thus there must exist in the former Japanese-held area undetermined amounts of raw material, and factories in Manchuria not under American control. This may create a danger of illicit traffic from the Far East which could flow to the market paying the highest prices, the United States.

Within Japan proper there seems to be no danger, as the Japanese claim that their people do not use drugs for addiction; this is part of their indoctrination as a "superior race." Narcotics manufactured there have not been guarded either in factories or in transit, as is required in other countries. Japanese policy was apparently that addiction is a vice to be encouraged among the Chinese as a proof of their inferiority. Investigation on the spot has already indicated that Japan forced the cultivation of opium as a crop on the mainland, manufactured opium products in government-owned and operated monopolies, and distributed these dangerous drugs to the Chinese population under the general supervision of the Japanese army in the territory occupied by them.

Until the situation on the mainland can be thoroughly studied, and measures taken to help the Chinese solve this problem, which seriously hampers the reliability of their labor supply, narcotics must remain on the agenda of all commissions on Far Eastern affairs.

#### UN COMMISSION ON NARCOTIC DRUGS

The Opium Advisory Committee of the League of Nations obviously came to an end with the liquidation of the League. It was incumbent on the United Nations, therefore, to plan some organization to take over this work. A memorandum on the control of opium and other dangerous drugs under the new General International Organization, prepared by a group of persons with long experience in this field, was received and considered by the State Department early in 1945. This memorandum suggested a committee whose members would be representatives of governments; not more than twelve in number, plus Presidents of the Permanent Central Opium Board and the Supervisory Body; reporting directly to one of the main councils of the new organization, the Economic and Social Council, not a subdivision of any commission such as health or social affairs. It considered that these government representatives should be duly qualified individuals, "experts"<sup>18</sup>

18. Chap. IX, Sect. D, Dumbarton Oaks Proposals

in that they would be required to be familiar with the working of the conventions and the detail of enforcement.

These ideas cut across the lines on international organization as blueprinted by the State Department. At the San Francisco Conference a statement<sup>19</sup> was finally read by the United States representative into the minutes of one of the Committees considering the work of the Economic and Social Council. This was not offered as a resolution by the United States, and no vote was taken. It was merely a statement to be included in the minutes.

At the Preparatory Commission in London in December 1945, a resolution was drafted by the representative of China calling for the establishment of a Commission on Narcotic Drugs, which would report directly to the Economic and Social Council. This resolution was supported by the United States, the United Kingdom, and the Netherlands, and it was passed unanimously. This was the only new Commission on a permanent basis recommended by the Preparatory Commission for approval by the Assembly. Details as to the size of the Commission and the countries named as members<sup>20</sup> were agreed on during the Assembly, as well as the general scope of its activities. Thus the main objectives of the many international experts concerned with a sound organization for the opium work of the United Nations were accomplished.

The work facing the Commission on Narcotic Drugs of the Economic and Social Council falls into two parts. First must come aid to establish the national narcotic control systems in those countries where war has broken down civilian

administration; then a resumption of reports and statistics to the international organization should follow. Reports on general trends of the illicit traffic and questioning in public of the countries concerned can be resumed. Much information on the international situation comes from the two control boards, the Permanent Central Opium Board and the Supervisory Body. The Presidents of these control boards are not included as members of the new Narcotics Commission, but they may be consulted as occasion arise.

#### CONVENTION FOR THE LIMITATION OF RAW MATERIAL

The second part of the work of the Commission is to prepare for a convention to limit the production of opium to the medical and scientific needs of the world.

A draft convention prepared in June 1938 by the Secretariat of the League Opium Section<sup>21</sup> was submitted through the League Council to interested governments. This draft referred for later consideration the main controversial points in this problem, such as a division of the legal export market among the raw opium producing countries, and the question of countries processing morphine direct from poppy straw being allowed a share in the export trade. A second draft—June 1939<sup>22</sup>—in the form of a report to the League Council was circulated to governments, but the outbreak of war prevented its consideration. Alternatives, called "quota system" and "free order system," attempted to solve the division of the legal export market among producing countries. The question of the regulation of prices was postponed, and that of poppy straw processed into morphine was not considered.

After the passage of the Judd resolution in June 1944, the United States government included in the notes<sup>23</sup> to the governments concerned with producing raw opium a memorandum for consideration as preliminary to drafting a raw material limitation convention. Based on the 1939 League document, this proposal suggested that the number of countries permitted to produce raw opium for export be limited "to not more than five of the largest producers"; that the poppy straw method be restricted to present or lower levels; and that none of the morphine extracted by this method be permitted to enter the export trade. Protection to the trade in raw opium was also suggested against competition by a new synthetic drug, isonipecaine (known also as dolantin and

19. Statement by Dean Gildersleeve on the Control of Dangerous Drugs, June 4, 1945: "The Fifth Report of the Drafting Committee issued on May 27 contained a brief reference to the international control of the traffic in dangerous drugs, indicating that this was one of the fields within the province of the Economic and Social Council. The subject is of such importance that on behalf of the United States Delegation I should like to add a few observations for the record.

"Experience has shown that drug control raises issues which can best be met not by an international health, economic or social agency but by the type of specialized agencies now functioning so successfully in this field. Everything possible should be done to safeguard the continued operation of these agencies and services.

"The United States Delegation wishes to go on record as hoping that the Organization will be entrusted with supervision over the execution of existing or future international agreements with regard to the control of the legitimate traffic in opium and other dangerous drugs, and the suppression of the illicit traffic in and the abuse of such drugs; that there shall be established an advisory body to advise directly the Economic and Social Council on these matters; and that the existing agencies be regarded as autonomous agencies to be related directly to the Economic and Social Council."

20. Fifteen member nations—China, France, the United Kingdom, the U.S.S.R., the United States, Canada, Egypt, India, Iran, Mexico, the Netherlands, Peru, Poland, Turkey and Yugoslavia. See H. H. Moorhead, "United Nations Set Up Narcotic Drugs Commission," *Foreign Policy Bulletin*, April 5, 1946.

21. See League of Nations document No. C.221.M.123-1938-XI.

22. See League of Nations Document No. C.175.M.104-1939-XI.

23. See footnote 6.

demerol), originally manufactured in Germany from coal tar.

In 1944, when the eighteen points were drafted, the countries producing opium for export for the medical and scientific needs of the world were Turkey and Yugoslavia, Iran, India, Bulgaria, Japan (Korea and Manchuria), Greece and Afghanistan. China did not legally export, and had laws forbidding under severe penalties the growth of opium poppies. The U.S.S.R., except for small imports from Iran and Afghanistan, grew the raw material for its own needs; it had no export of importance at that time. The poppy straw method was used in Hungary and was developing in Poland; also a poppy capsule method in Germany.<sup>24</sup>

At the end of the European war, it was discovered that Germany had met its military and civilian needs by a poppy capsule method. Hungary supplied some morphine processed from poppy straw for the needs of the European Axis, and it is believed that raw opium production continued in Bulgaria. But practically all the raw opium grown in Turkey was sold to the Allies. Yugoslavia ceased to plant poppy, using whatever fertile land was available for food. India exported to Britain and to the United States for Allied military needs. Iran sold also to the Allies, although the share of its crop available for export diminished as addiction within the country consumed a greater proportion of its supplies. Some raw opium was bought, and finally reached ports for exports from Afghanistan to the United States.

With the surrender of Japan, the world picture became somewhat clearer. At present Turkey remains the most reliable source of raw opium for export. Afghanistan has announced complete prohibition of all poppy production. Iran has recently stated it has no surplus opium for sale to drug manufacturers; yet there have been reports of negotiations for the sale to Siam of 500 chests of opium for smoking. India has not exported large quantities of opium for medicine except as a war measure, and recent indications lead to the belief

24. See pages 99-100.

that it is not preparing to supply any considerable share of the United States drug manufacturers' post-war import market.

Enemy countries both in Europe and the Far East are forbidden at present either to produce the raw material, or to manufacture narcotics. No export is permitted from stocks on hand.

Thus the fundamental premises on which the League draft convention for opium limitation and some of the eighteen points of the United States suggestions are based may have lost some validity. Production from poppy straw has spread, coal-tar substitutes have improved, and scientific experimentation will continue.

The new Commission on Narcotic Drugs is faced not only with a new situation as far as the raw opium producing countries are concerned, but with an accomplished fact in processing morphine direct from the poppy. What was a comparatively simple problem in the past, the essence of it being to allocate quotas among a few raw material producing countries, and the sale of these recognized shares in the export market to a few manufacturing countries, has now become infinitely more complicated. Any country with fertile land and a climate capable of ripening ordinary grain crops can produce its own raw material and process it into morphine for its own medical needs, on an economic basis. The need for self-sufficiency and the lack of foreign exchange will encourage such development. The world now has many raw material production countries, many of which feel an economic necessity for manufacturing morphine. This means more possible leakages into the illicit traffic, especially in countries with newly established and weak administrations. Therefore, a new start will have to be made by the new Commission, and much original thinking will have to be done before a solution is found for the basic problem: how to insure that enough raw material for global medical and scientific supplies of narcotics is produced, and at the same time to insure that no surplus production is permitted, so as to prevent abuse of this essential material.

# Supreme Headquarters (Japan) *Directives* for Narcotic Control\*

Compiled by ONA K. D. RINGWOOD

AG 710 (16 Oct 45) PH

SUBJECT: Policy of Narcotic Control

1. The policy of this headquarters regarding control of narcotics in U.S. occupied Korea and Japan is to prohibit the growth, exportation, and manufacture of narcotics, and in importation only under such control as will satisfy medical requirements.

2. It is desired that you take the necessary action to implement this policy in Korea south of 38 degrees north latitude.

3. It is further desired that the following information be furnished this headquarters at the earliest practicable date, to include all areas under your control:

a. A statement showing the types, location and ownership of narcotic stocks to include raw or semi-processed narcotics and narcotic seed, but not to include Japanese Military stocks referred to in Radio CAF 53034, 9 Oct 1945.

b. A statement showing the location and ownership of each plant used for manufacturing or processing narcotics and the amounts processed during each year from 1930 to 1945, inclusive.

c. A statement showing the amounts of narcotics manufactured, imported, exported and consumed during each year from 1930 to 1945, inclusive.

By Command of General MacArthur:

- A. All persons lawfully entitled to deal in narcotics will be properly registered, licensed and classified.
- B. Dealers will be required to re-register annually.
- C. Dealers will be required to submit an inventory of narcotic stocks on hand when registering or re-registering.
- D. Dealers will be required to submit periodical reports of narcotic transactions and stocks on hand to the Imperial Japanese Government.
- E. All transactions in narcotics will be in or from original stamped packages which you will provide for in your enactment.
- F. Limitations of sales by the several classes of registrants will be set forth in your enactment.
- G. Sales between registrants will be by means of order forms which you will record and provide in blank to registrants.
- H. Except as provided in your enactment any person who is not registered, licensed and classified will be prohibited from having narcotics in his possession.
- I. Severe penalties will be provided for any person who violates the provisions of your enactment.

SUBJECT: Establishment of System for Narcotic Control in Japan. 5 January 1946

1. Information obtained from a translation of Japanese narcotic laws and regulations, from conferences with government officials and narcotic dealers in Japan, and from reports submitted to this headquarters by the Japanese Government has shown that an effective sys-

\*Lack of space prevents publication of other directives on this subject.

tem of narcotic control does not exist in Japan.

2. The ineffectiveness of the present system may be largely attributed to the fact that dealers in narcotics are not properly registered and classified according to their responsibilities in supplying narcotics for the legitimate medical needs of the Japanese people. In addition the only narcotic dealers who are licensed in Japan are physicians and pharmacists and these are licensed as practitioners only once, after graduation from medical colleges in Japan. The remainder only receive permission to engage in narcotic activities usually from the prefectural governments. This condition has created confusion in the government as to who is responsible for the maldistribution of narcotics in Japan.

3. Up to the present time only manufacturers and importers have been required to file reports with the Japanese government as to narcotic transactions. These reports are merely inventory reports and do not show when, how much, and to whom the narcotics are distributed. The amount received always equals the amount consumed, but the chain of distribution down to the ultimate consumer cannot be followed from these reports.

4. Packages of narcotics have in the past been sealed by the manufacturers, and the Japanese Government has had no knowledge of the number, content and distribution of such packages, and has not been in the position of being able to require that each package of narcotics be accounted for. This can be done only by the government's issuing stamps to compounders and producers with which to seal every package of narcotics, and maintaining a regular stamp account with such compounders and producers. In this manner the number of stamps used of various denominations showing the content of the narcotic package can be checked against the number of packages distributed to wholesalers, who must likewise account for the distribution of all such packages to persons registered in classes licensed to dispense from such original stamped packages.

5. There is no standard record form used for the transfer of narcotics from one registrant to another. A system requiring the use of such forms, numbered serially and furnished by the government makes each registrant responsible for the sale of narcotic stock to another registrant.

6. Since the Japanese government has never used a system of narcotic control requiring annual registration and licensing of narcotic dealers, and requiring filing of periodical reports, the attached memorandum necessarily sets forth such a system in a detailed form. The Japanese government is being required to develop a plan for carrying out this directive which will be submitted to this headquarters for approval before being promulgated or enacted.

7. The ineffectiveness of the present system of control is clearly recognized by the Japanese government officials and by narcotic dealers as well . . .