

Map 1: Opium production in 1906/07 in India, Indochina and China (by province) in kg

Sources: Opium production data from *International Opium Commission*, 1909; historical boundaries of China from CHGIS, Version 4, Cambridge: Harvard Yenching Institute, January 2007. Note: The boundaries and names shown and the designation used on this map do not imply official endorsement or acceptance by the United Nations.



some 6,350 mt at its peak in 1880. Facing Chinese import-substitution, this diminished to 4,445 by 1905, of which 3,240 mt were exported to China.³²

Production was reported from 20 Chinese provinces. More than 40% of the total production took place in the province of Szechwan, followed by Yunnan. Yunnan province is located in southern China, bordering Myanmar, and Szechwan province is located north of Yunnan. In other words, more than half of China's opium production took place slightly to the north of the geographical area which would later be known as Golden Triangle (Myanmar, Laos and Thailand), one of the main sources of illicit opium in the 20th century.

The prevalence rate of opium consumption in China also skyrocketed in the 19th century, from about 3 million opium smokers in the 1830s³³ to 15 million opium addicts by 1890,³⁴ or about 3% of the population at that time. According to the Chinese delegation to the International Opium Commission of Shanghai (1909), this increased to about 21.5 million by 1906.³⁵ Others put the number close to 40 million people in 1890, or about 10% of the population, growing to unknown levels from there.³⁶ According to official Chinese figures, opium consumption affected 23.3% of the male adult population and 3.5% of the female adult population of China in 1906.³⁷ Other estimates ranged from 13%³⁸ to 27%³⁹ for the male adult population of the country. By any estimate, China was consuming between 85% and 95% of global opium supply at the beginning of the 20th century. Never before or since has the world known a drug problem of this scale and intensity.

Opium use also apparently affected Chinese populations outside China. In the USA, for instance, some estimates suggested that 30 percent of adult males of Chinese

origin were addicted to opium smoking.⁴⁰ Even higher proportions were reported for Chinese living in a number of South-East Asian countries.

2.2 The foundation of an international drug control system

The Chinese opium crisis was the product of a distinct set of historical circumstances, not some laboratory experiment in unchecked drug markets. Still, many forget that there was once a country where perhaps one in four men was a drug addict, and that the world was able to address this problem through collective action. The international drug control system was born out of a very real humanitarian emergency, a catastrophe that only happened because of the lack of global norms and standards. It proved that it is possible to agree to common terms on issues of common concern, and cooperate to ensure common security even when this might prove costly for individual interests. It set rules on the conduct of nations, and so set the stage for many other international efforts to follow.

The reform movement was rooted in popular revulsion to the immorality of the opium trade, and calls for action grew as the 19th century progressed. The issue drew together some strange bedfellows, including conservative religious groups, Chinese nationalists, and left-wing critics of the impact of unfettered capitalism, the Victorian predecessors of today's anti-globalisation lobby. Not surprisingly, many of the most influential protests came from faith-based communities. In 1874, for instance, a group of Quaker reformers in London formed the "Society for the Suppression for the Opium Trade", which emerged as an effective pressure group in the UK.⁴¹ Methodists, Baptists, Presbyterians, Unitarians and other dissenting churches adopted this cause.

Parishes and convocations held meetings and submitted numerous mass petitions in support of the ‘anti-opiumists’.

In response to popular sentiment, members of the British Parliament introduced a series of anti-opium resolutions between 1875 and 1890, calling for the abolition of the opium trade and its prohibition in India. Though all were defeated, their impact on the political discourse was lasting. The British Government decided to study the opium problem in more detail. In 1893, a *Royal Commission on Opium* was formed to examine:

- whether poppy growing and the sale of opium should be, except for medical purposes, prohibited in India;
- what the cost of prohibition would be for India;
- what effect opium use was having on the moral and physical condition of the people; and,
- what Indians themselves felt about prohibition.

In its 1895 report, the Royal Commission on Opium concluded:

- the prohibition of opium save for medical purposes was neither necessary nor wanted by Indians and that the British Government should not interfere with opium production and consumption in India;
- India could not afford to give up the opium revenues as, “the finances of India are not in a position to bear the charges or compensation, the cost of necessary preventive measures and the loss of revenues”; and,
- the consumption of opium by the people of India did not cause “extensive moral or physical degradation” and that the disentangling medical from non-medical consumption was not practical.⁴²

The conclusions of the Commission resulted in the maintenance of the *status quo* for a few more decades. They were, of course, heavily criticized by anti-opium reformers, who claimed that the composition of the Commission had been biased, favouring from the very start the economic interests of the Government of British-India.⁴³ They felt biased commissioners had whitewashed the Indian opium question⁴⁴ and simply defended the *status quo*.⁴⁵ While only two out of seven members were ‘anti-opium reformers’, the Commission collected valuable information in a rigorous manner from a broad range of key informants (723 witnesses), including medical doctors, police officials, military officers, representatives from local governments, various officials from the opium producing states, lawyers, journalists, landowners, planters, merchants and missionaries. Thus, its findings are still worthy of review.⁴⁶

The conclusions of the Commission were in keeping with the testimony they heard, and the only dissenting views came from missionaries and circles close to the

temperance movement. One bishop of the Methodist Episcopal Church in India claimed that, “at least half of the opium users took it in excess with ruinous effects on their health, their morals and their finances,”⁴⁷ but most witnesses were more cautious in their statements. Opium use in India at the time was found to be a habit of mainly middle-aged and older men. Its use was found to be widespread but individual consumption levels appeared to be rather low, and this mitigated the social impact.

The Commission calculated that the bulk of Indian opium users (70%) consumed between 188 and 945 grams a year and only a small proportion (10%) consumed more than 945 grams a year. Data from 4,000 opium eaters in Rajputana indicated an average daily dose of 1.4 grams or about 0.5 kg per year. Later studies from Calcutta found similar use levels: about 0.63 kg per year. This was far more moderate than consumption patterns reported from other countries. For example, official estimates on opium use in China a decade later indicated average consumption levels of between 0.84 kg^d and 2.2 kg^e of opium per year, with daily consumption levels ranging from 3.78 grams for light smokers to 15.1 grams for heavy smokers.⁴⁸

The overall perception arising from the report was that the consequences of opium consumption in India were not that different from the alcohol abuse problem faced by the UK at the time. The high price of opium in India apparently led to low consumption levels, less than half those seen in China. Further, the mode of consumption (eating instead of smoking) may have contributed to the relatively minor impact of the drug.⁴⁹ Of course, the Commission’s findings were limited to the impact of the trade on the people of India, and did not delve into the impact of the trade on China. Locked into the geographic limitation of its terms of reference, it was impossible for the Commission to recognise the devastation the trade they had exonerated was wreaking in other parts of the world.

All of this pointed to the need for a global drug control system, but conflicting interests among the major powers made negotiation of such a system impossible. China’s attempts to ban opium poppy did not work as long as

d This estimate is derived from the amount of 491,133 piculs (29,637 mt) available for consumption in 1906 and an estimate of 25 million opium users. (See: International Opium Commission, *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26, 1909, Vol. I, Minutes of the Proceedings, p. 68. and International Opium Commission, *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegation, China, Memorandum on Opium from China, p. 66.)

e This estimate is derived from the amount of 491,133 piculs (29,637 mt) available for consumption in 1906 and an estimate of 13.46 million opium smokers in China in 1906. (See International Opium Commission, *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegation, China, Memorandum on Opium from China, p. 66.)

opium was produced in India and merchants were ready to ship this opium to China. The British authorities, in turn, repeatedly pointed out that a reduction of opium production in India would have no positive impact on the situation in China as domestic production in China was already increasing and Turkey, Persia and other countries could easily make up the difference, with the help of eager European partners.

The global anti-opium lobby networked internationally and awaited a political window of opportunity to advance their cause. Their chance came after 1906, when the British Liberal Party, which had opposed opium on moral grounds since the mid-19th century, defeated the Conservatives, who had traditionally defended British business interests. As one of the first moves after gaining a majority in the House of Commons, the Liberals passed a resolution calling for the end of the Indo-Chinese opium trade.⁵⁰

The topic of opium reform reacquired currency in the USA following the occupation of the Philippines in 1898, which included the acquisition of a large ethnic-Chinese opium addict population. The US authorities found that Manila alone had some 190 opium dens retailing a total of 130 mt of opium per year. Under Spanish rule, the opium trade in the Philippines had been farmed out to state-licensed opium monopolies. Taxes from the industry generated a substantial portion of the government's revenue, and it had been proposed that the U.S. maintain this system. The proposal was within two weeks of being adopted when it was derailed by a last-minute campaign by Manila's missionaries, appalled at the notion that the U.S. might sanction the opium evil. They contacted the International Reform Bureau, a prohibitionist missionary lobby in Washington, which immediately dispatched some two thousand telegraphic petitions to prominent supporters, calling on President Theodore Roosevelt to block the move.⁵¹ President Roosevelt, impressed by this outburst of public moral indignation, ordered the Philippines government to withdraw the legislation for further study.

An Opium Committee for the Philippines was appointed in 1903, including the Episcopal Bishop of Manila, Reverend Charles Brent, a Canadian national, who would later become a key figure in the international opium reform movement. After reviewing the approach to the trade taken in nearby countries,⁵² a number of opium regulation policies were considered. The committee concluded that progressive prohibition by a government monopoly offered the best chance of bringing opium under control. Under the Committee's proposal, the period of government monopoly would last three years. During this time, the cultivation of opium in the Philippines would be made progressively illegal, opium dens would outlawed, and the use of opium by persons under the age of 21 prohibited. The gradual detoxifica-

tion of addicts would be accomplished by strict government control of the opium supplies.⁵³ The report was finished in 1904 and in 1905 the US Congress adopted its recommendations, passing legislation entitled, "An act to revise and amend the tariff laws of the Philippine Islands, and for other purposes". The Act empowered the Philippine colonial government to "prohibit absolutely the importation or sale of opium, or to limit or restrict its importation and sale, or adopt such other measures as may be required for the suppression of the evils resulting from the sale and use of the drug."⁵⁴

While the U.S. could control conditions inside the Philippines, the large-scale production of opium and its trafficking across Asia had the potential to endanger the success of domestic policy. It became increasingly clear that unilateral action would not lead to success. The US was also interested in improving relations with China, and by adopting the anti-opium cause, it could accomplish several objectives simultaneously.

Finally, reform became possible because the nature of the Chinese opium market had changed. Import substitution had worked, imports were declining, and reports were emerging that China was actually exporting opium from its southern provinces to neighbouring territories in British Burma and French Indochina. It appeared that it was only a matter of time until the world's largest opium producer would emerge as the world's largest opium exporter.

During this same period, China changed its political approach from one of confrontation towards one of quiet diplomacy. In the wake of the Boxer Rebellion (1900), Beijing slowly and cautiously worked on getting Western help to restrict foreign drug activities in China. In September 1900, for example, the Chinese authorities requested that France take steps to halt the smuggling of opium, morphine and drug paraphernalia from the French Concession at Shanghai. One by one, agreements were secured from Western governments to prohibit opium importation, often as riders to commercial treaties.⁵⁵ While these bilateral agreements were not enough to stop the trade, they did provide a basis for anti-opium activists to take their cause to the international stage.⁵⁶

2.2.1 The Shanghai Opium Commission, 1909

The first international conference to discuss the world's narcotics problem was convened in February 1909 in Shanghai. This forum became known as the 'Opium Commission' and laid the groundwork for the elaboration of the first international drug treaty, the International Opium Convention of The Hague (1912).⁵⁷ Preparations for the Shanghai conference started in 1906. The original plan was to limit the conference to

the situation in Asia, but a number of parties argued that the issue could not be properly discussed unless all the major producing, manufacturing and consuming nations attended. There was also concern about the degree to which delegates would be empowered to make agreements on behalf of their national governments. The invitation list was thus expanded, and it was agreed that the invited delegates would only act in an advisory capacity to their respective governments.⁵⁸ This compromise allowed most of the colonial powers at the time to attend, including Great Britain, the USA, France, the Netherlands, Portugal, Germany, Austria-Hungary, Italy, Russia, Japan, China, Persia (Iran) and Siam (Thailand).⁵⁹

Remarkably, the Commission appeared to be having an impact even before the delegates convened in Shanghai. The mere fact that a meeting of this sort was to take place prompted considerable reform, implemented so that countries could show progress when the detailed statistics were laid on the table. These initiatives ranged from changes in the control regime to an outright ban of opium poppy cultivation. In the British controlled territories of Malaya, for example, a Commission on Opium was created in 1907, two years in advance of the Commission. The opium farms in Singapore, Penang and Malacca were suspended as of 31 December 1909. The Government Monopolies Department then entered into possession of the premises and reopened them with a view to pursuing a policy of gradual suppression of opium-smoking in these territories.⁶⁰

The most important initiative made in advance of the Commission, however, was the bilateral agreement which bound Britain to gradually eliminate its opium sales to China between January 1908 to the end of 1917. China, in return, had to promise to have its opium poppy cultivation eliminated within the same ten year period.⁶¹ Under the agreement, Britain would reduce its exports to China by 10% annually under the condition that China reduced its domestic cultivation at the same rate. To allay the fears that unreported domestic production might upset the scheme, British officials were given the right to undertake independent verification missions, starting three years after the start of the implementation of the agreement. The inspector, nominated by London, was given unlimited access to the interior of China.⁶² In order to demonstrate its seriousness to the British authorities, the Chinese Government started a major anti-drug campaign.⁶³ This opium suppression campaign was later described as “the most successful of all the Manchu reforms.”⁶⁴ The Chinese authorities also issued an edict in 1906, which, while not banning opium outright, set out a clear process by which both opium production and consumption would be reduced over the next decade.

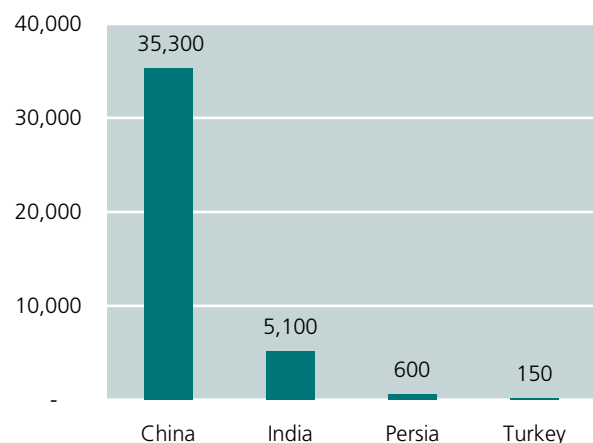
Thus, when the delegations at the first international

drug conference in Shanghai convened in 1909, they could already report on major successes in reducing the opium problem. The Chinese delegation could report a strong decline of domestic opium production (-37%) from 35,400 mt in 1906 to 22,200 mt in 1908. This process became even more pronounced after the Shanghai conference, as Chinese efforts to curb production resulted in a further 82% decline by the end of the imperial regime in 1911.^f

In parallel, a large number of countries/territories reported significant declines in their opium imports and sales prior to 1909, including Formosa (Taiwan), French-Indochina, Siam (Thailand), Burma (Myanmar), and the Philippines, suggesting that the preparation of an international conference on the opium topic had already prompted the authorities of many countries to become more vigilant.

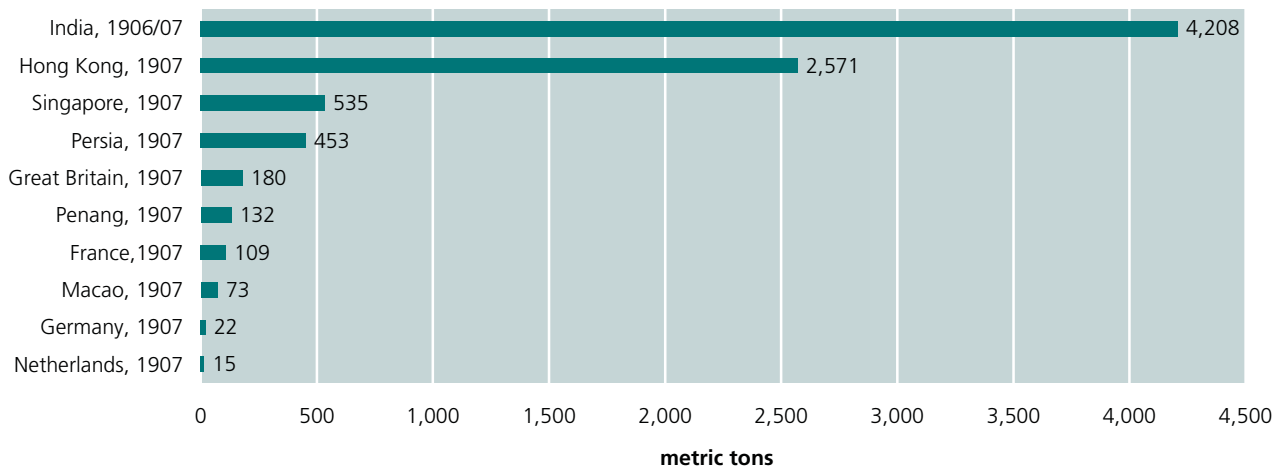
At the Commission itself, for the first time, a detailed global overview of the world's drug situation was provided and the representatives from the various nations were able to engage in an open dialogue on this basis. Information was shared regarding the trade, consumption and financial aspects of the opiates market, and these data provide a basis for comparison with the situation today. Total opium production was estimated at around 41,600 mt in 1906/07,⁶⁵ almost five times more than global illicit opium production a century later.

Fig. 5: Opium production estimates for 1906/07 (in mt)



Source: International Opium Commission, *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations and Hamilton Wright, “The International Opium Commission”, *The American Journal of International Law*, Vol. 3, No. 3, July 1909, pp. 648-673.

^f If this process had continued, China could have eliminated opium production even before the planned 10-year period. The overthrow of the imperial government by a nationalist revolt in 1912, reversed, however, this downward trend as the new nationalist government in Beijing was unable to control the provinces where local warlords promoted the cultivation of opium poppy to strengthen their position.

Fig. 6: Raw opium exports* (from domestic production and imports), 1907

* Original data converted into metric ton equivalents.

Source: International Opium Commission, *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations.

Not surprisingly, China was revealed to lead the world in opium production, with about 35,000 mt produced in 1906, around 85% of the world total. Despite this bumper crop, China still imported 12% of its national supply in 1908, mostly from India.⁶⁶ The world's second largest opium producer was India, with about 12% of the world total. Total production in Bengal was reported to have amounted to more than 3,400 mt of opium in 1906/06. About 1.5 million farmers made their living from opium production in Bengal alone.⁶⁷ The next largest producer was Persia, modern day Iran. Annual production in Persia was estimated at around 600 mt or 1½% of the world total. Some 25% of this output was consumed domestically and 75% (≈450 mt) was destined for export. Persian opium was reported to have been next in quality after Indian opium.⁶⁸

While invited, Turkey did not attend the conference. However, the head of the US delegation reported later that estimates available to the US delegation suggested that Turkey produced some 2,300 'cases' of opium in 1907. Assuming that the measurement of a 'case' was equivalent to that of a 'chest', the typical measure for opium at the time, Turkey would have produced around 150 mt of opium in 1907. The US delegation believed that this was exceptionally low and that in a normal year Turkey would produce between 5,000 and 6,000 cases (320–380 mt) and in very good year up to 8,500 cases (540 mt).⁶⁹ Turkish opium was characterized by a high morphine content and was thus widely used for export to Europe or America for medicinal purposes. Production in other countries was far more moderate. The French authorities estimated that, at most, Indochina might have produced between 24 to 30 mt annually. It was estimated that an additional 20 to 25 mt of opium were smuggled from Yunnan province (China) into French-Indochina.⁷⁰ Opium production was also

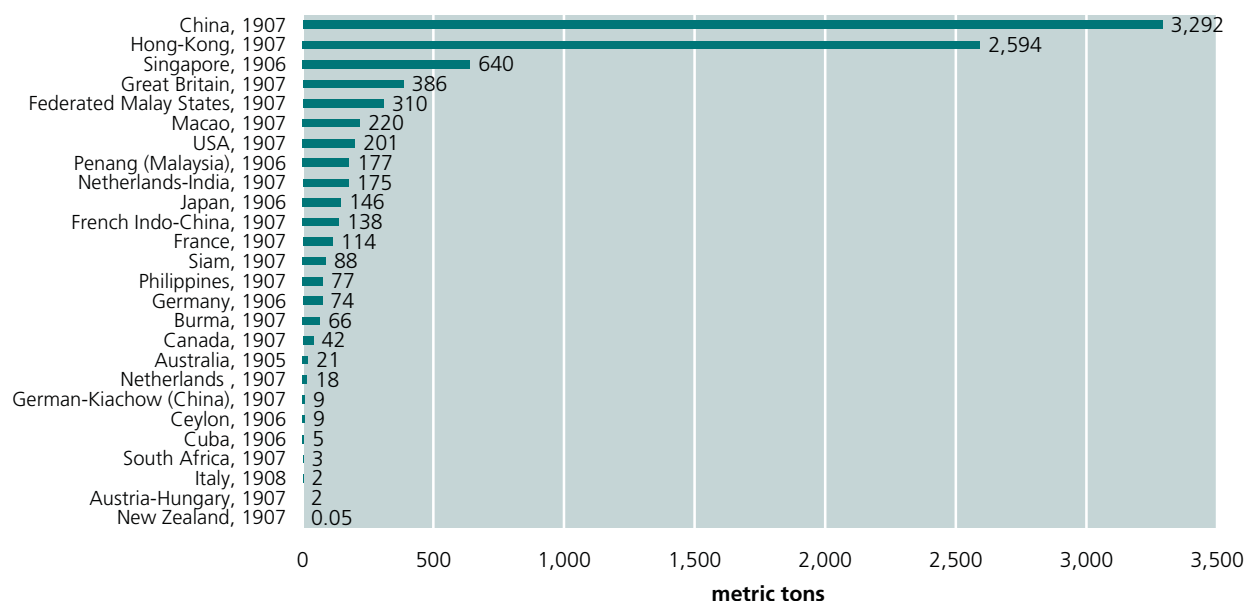
reported by the British authorities to be taking place in the geographical area of present day Myanmar: in Kachin villages and in the Shan State, the main opium producing regions of Myanmar today.⁷¹

Opium production in Afghanistan, today the world's largest opium producer, was not investigated at the Shanghai conference. This reflects the fact that all information available at the time suggested that opium production in this country was still very modest, largely restricted to the north-eastern parts of the country (Badakshan), and not for export.⁷²

Trade

Data presented at the Shanghai conference also enabled the identification of the main opium trade flows. The largest opium exporter at the time was clearly India. Exports of Indian opium in 1906/07 amounted to 4,200 mt, suggesting that 82% of total production was destined for export. Exports in 1906/07 went primarily to China (76%), followed by exports to the Strait Settlements: Singapore and parts of present-day Malaysia: Malacca, Penang, and Dinging (20%).

The second and third largest exporters identified were Hong-Kong and Singapore, which were primarily re-exporters rather than major producers of the drug. Hong Kong's exports went primarily to China (86%). Shipments to destinations outside China accounted for 14% of the total and went mainly to Macao (8%, which again re-exported to China) and to the Philippines (2%). Smaller amounts went also to London, Victoria, the Straits Settlements, Vancouver, Panama and New York. The world's second largest producer/exporter was Persia, shipping some 450 mt to markets abroad. Most of the exports went to the Straits Settlements and Hong Kong

Fig. 7: Raw opium imports (including for re-export)*, 1907

* Original data converted into metric ton equivalents.

Source: International Opium Commission, *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26, 1909, Vol. II, Reports of the Delegations.

(about two thirds), followed by exports to the UK (about a quarter). The rest went to continental Europe and Africa.⁷³ The third largest exporter was most probably Turkey, though comprehensive export statistics from this country were not made available since Turkey did not attend the conference.

Import statistics were actually quite a bit more comprehensive than the export figures:

- China led the list among importers (3,300 mt), followed by Hong Kong (2,600 mt) and Singapore (some 640 mt), both of which re-exported to China.
- The largest European importer of opium was the UK (386 mt), though the bulk of this was also re-exported;
- Imports of between 200 and 350 mt were reported by the Federated Malay States (now part of Malaysia), Macao and the USA; opium shipped to Macao was again mainly for re-export;
- Imports of between 100 mt and 200 mt were reported by Penang (now part of Malaysia), Netherlands-India (now Indonesia), Japan, French Indochina (now Vietnam, Laos and Cambodia) and France;
- Imports of between 50 and 100 mt were recorded by Siam (Thailand), the Philippines, Germany and Burma;
- Imports of between 10 and 50 mt went to Canada, Australia and the Netherlands;

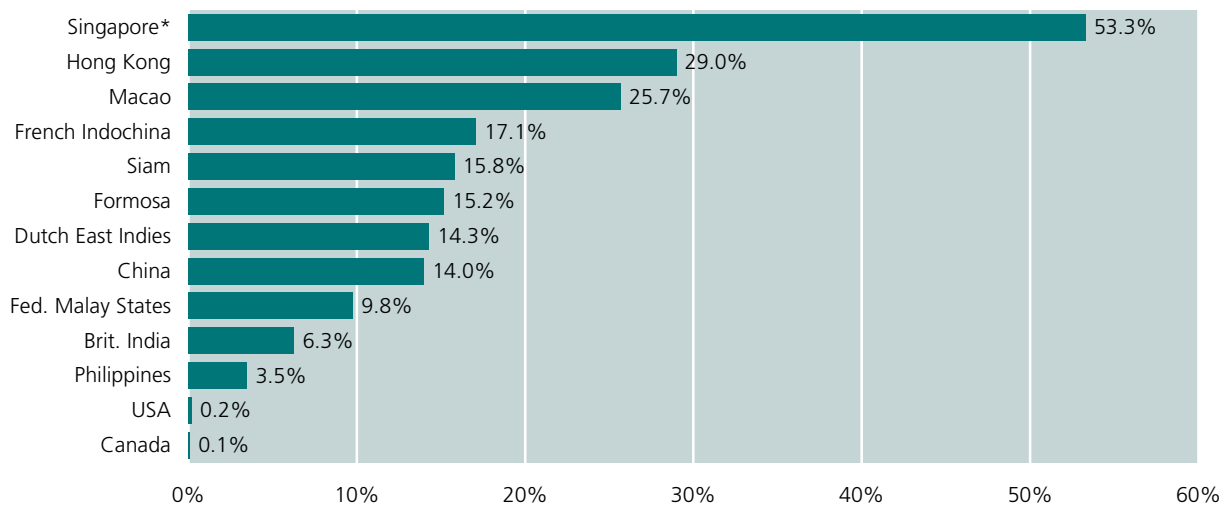
- At the low end, with imports of less than 10 mt, were Ceylon (now Sri Lanka), Cuba, South Africa (Natal and Cape), Italy, Austria-Hungary and New Zealand.

Total reported imports amounted to some 8,800 mt. A century later, the corresponding global figure of legal opium imports had fallen to less than 500 mt (467 mt in 2006).⁷⁴ This reflected lower production levels of opium as well as less opium trade. The re-export of legally imported opium is nowadays the exception, rather than the rule.

Consumption

In addition to collecting data on the trade, the Commission gathered information on the amount of opium consumed in various countries. These reports do not provide us with a complete picture of global consumption, but they do provide some basis for a very rough estimate.

China was home to the greatest number of users, with estimates at the conference ranging from a very conservative estimate of 13.5 million⁷⁵ opium smokers to 25 million opium users (3.4%-6.3% of the total population). The Commission finally recorded the figure of 21.5 million users (5.4% of the population). This suggests consumption levels of about 1.4 kg of opium per user per year – a high figure compared to other national estimates. Similar figures were found for Chinese populations located in areas not controlled by the Chinese government. For example, the number of licensed opium smokers in Japanese-administered Formosa (Taiwan)

Fig. 8: Opium related revenues as a percentage of total (state) revenues, 1906/07

Source: *Report of the International Opium Commission, Vol. 2, "Report of Committee on Trade Statistics,"* pp. 355-365, Shanghai, 1909

amounted to 169,064 in 1900 (6.3% of the total population), falling to 113,165 by 1907 (3.7%). This was a well-monitored population, which consumed 1.29 kg per user per year over the 1897 to 1907 period.⁷⁶

Similarly high levels of opium consumption were reported for mostly adult male Chinese labourers (totaling 118,000) working in the United States. The US authorities reported that the bulk of the country's opium imports (94%) were for Chinese labourers working in the USA. They estimated that 15% of the workers were heavy smokers at 2.72 kg per user per year, another 20% were light smokers at 0.68 kg, and a further 10% were social smokers at 28.35 grams. Thus, close to 45% of Chinese labourers were estimated to be opium users, with an average annual consumption rate of 1.22 kg per user.⁷⁷ It was later suggested that the share of workers using the drug may have been less, perhaps 30%, but this would raise the average use level to over 2 kg per user per year.⁷⁸

Consumption levels in non-Chinese populations were estimated to be much lower. For example, French estimates of opium consumption in Vietnam were 0.2 kg per user per year for the Vietnamese population, compared to 1.4 kg for the Chinese population. Legal consumption of opium in the world's second largest opium producing country, British India (excluding Burma), was reported to amount to 422.3 mt in 1907/08. The British authorities admitted that the total could have been higher as this figure only accounted for licit opium consumption and diversions from the licit trade were known to take place. The average normal dose, as identified by the Royal Commission in 1895, amounted to 21.5 grains per person per day (equivalent to about 0.5 kg per year). Based on these data, there were about 830,000 opium users in British-India (excluding Burma)

in 1907/08 and an overall prevalence rate of 0.4%. In Burma, the figure appears to have been even lower, at 0.27 grams per user per year consumed by 1.5% of the total population, most likely due to the relatively high prices of opium.⁷⁹

Revenues

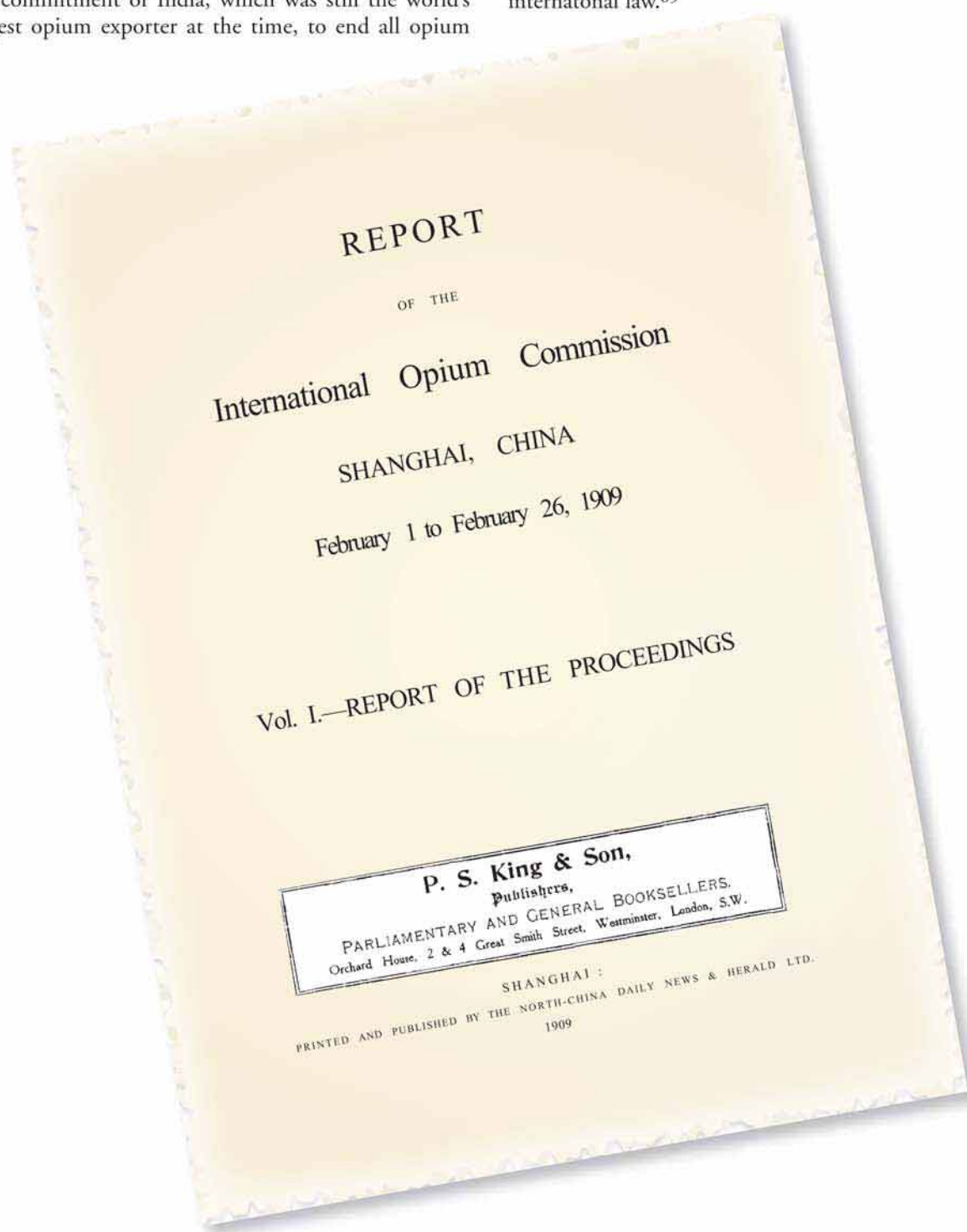
Data were also presented at the conference on the revenues generated by the trade, and they illustrate the startling degree to which national governments, and not only the users, were addicted to opium. After the Chinese Government levied a consolidated tax on both foreign and domestic opium in 1906, income from opium was reported to have been about £2.1 (British pounds sterling) in 1906, equivalent to 14% of the annual central government income.⁸⁰ And these are just the national figures – opium was also taxed at the provincial level, and this income was said to be worth about £3 million a year.⁸¹ Mr. Leech, the counsellor of the British Legation at Beijing and one of the main experts on these issues at the time, estimated that the Chinese authorities derived in total an income of £6.5 million from opium in 1906, only £1.7 million of which accrued to the national government.⁸²

The reported income from the opium production and trade in British India, excluding the so-called 'Native States', amounted to £4.7 million in the fiscal year 1906-07. In contrast to a century earlier, when in some years close to a third of the total state income was derived from opium, the figure was 6.3% by 1906-07.⁸³ The income was generated from the difference between the production price and the auction price (more than 75%) as well as from auction fees (less than 25%). About 80% of the total export income was generated in trade with China.

The highest proportion of state revenues from opium was reported from Singapore and the other two so-called British 'Straits Settlements', Penang and Malacca (both today part of Malaysia). Opium provided 53.3% of total revenue to these territories in 1906. In 1904, the proportion was even higher, at 59.1% of the total.⁸⁴

Aside from exchanging data and information, the International Opium Commission also made a number of non-binding recommendations for dealing with the trade. It was agreed that it was undesirable to import drugs into a country where their use was illegal. Key was the commitment of India, which was still the world's largest opium exporter at the time, to end all opium

exports to jurisdictions that prohibited its import. Appeal was made to the governments controlling foreign concessions in China to co-operate in closing opium dens and applying local drug regulations to the foreign settlements. The Commission also strongly urged governments to take decisive measures to control the manufacture and distribution of morphine, as addiction to morphine was reported to be spreading. While the Commission was not mandated to provide binding agreements, it did set the stage for the signing of The Hague Opium Convention just three years later, which then formally established narcotics control as an element of international law.⁸⁵



The following are the Resolutions as adopted, in their revised form :—

BE IT RESOLVED:

1. That the International Opium Commission recognises the unswerving sincerity of the Government of China in their efforts to eradicate the production and consumption of Opium throughout the Empire; the increasing body of public opinion among their own subjects by which these efforts are being supported; and the real, though unequal, progress already made in a task which is one of the greatest magnitude.

2. That in view of the action taken by the Government of China in suppressing the practice of Opium smoking, and by other Governments to the same end, the International Opium Commission recommends that each Delegation concerned move its own Government to 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.

3. That the International Opium Commission finds that the use of Opium in any form otherwise than for medical purposes is held by almost every participating country to be a matter for prohibition or for careful regulation; and that each country in the administration of its system of regulation purports to be aiming, as opportunity offers, at progressively increasing stringency. In recording these conclusions the international Opium Commission recognises the wide variations between the conditions prevailing in the different countries, but it would urge on the attention of the Governments concerned the desirability of a re-examination of their systems of regulation in the light of the experience of other countries dealing with the same problem.

4. That the International Opium Commission finds that each Government represented has strict laws which are aimed directly or indirectly to prevent the smuggling of Opium, its alkaloids, derivatives and preparations into their respective territories; in the judgment of the International Opium Commission it is also the duty of all countries to adopt reasonable measures to prevent at ports of departure the Shipment of Opium, its alkaloids, derivatives and preparations, to any country which prohibits the entry of any Opium, its alkaloids, derivatives and preparations.

5. That the International Opium Commission finds that the unrestricted manufacture, sale and distribution of Morphine already constitute a grave danger, and that the Morphine habit shows signs of spreading: the International Opium Commission, therefore, desires to urge strongly on all Governments that it is highly important that drastic measures should be taken by each Government in its own territories and possessions to control the manufacture, sale and distribution of this drug, and also of such other derivatives of Opium as may appear on scientific enquiry to be liable to similar abuse and productive of like ill effects.

6. That as the International Opium Commission is not constituted in such a manner as to permit the investigation from a scientific point of view of Anti-Opium remedies and of the properties and effects of Opium and its products, but deems such investigation to be of the highest importance, the International Opium Commission desires that each Delegation shall recommend this branch of the subject to its own Government for such action as that Government may think necessary.

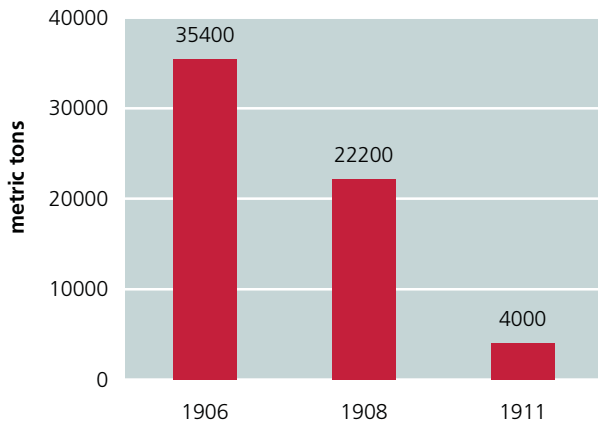
7. That the International Opium Commission strongly urges all Governments possessing Concessions or Settlements in China, which have not yet taken effective action toward the closing of Opium divans in the said Concessions and Settlements, to take steps to that end, as soon as they may deem it possible, on the lines already adopted by several Governments.

8. That the International Opium Commission recommends strongly that each Delegation move its Government to enter into negotiations with the Chinese Government with a view to effective and prompt measures being taken in the various foreign Concessions and Settlements in China for the prohibition of the trade and manufacture of such Anti-Opium remedies as contain Opium or its derivatives.

9. That the International Opium Commission recommends that each Delegation move its Government to apply its pharmacy laws to its subjects in the Consular districts, Concessions and Settlements in China.

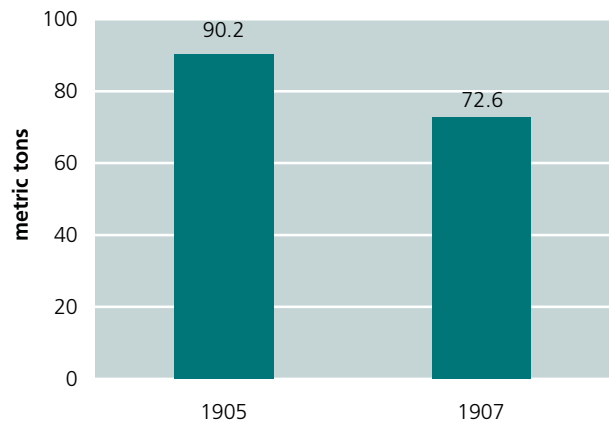
[NOTE.—*The Portuguese Delegation reserved its vote on these resolutions in every instance. With regard to the vote of the Italian Delegation, attention is called to the following correspondence.]*

Fig. 9: Total opium production in China, 1906-1911



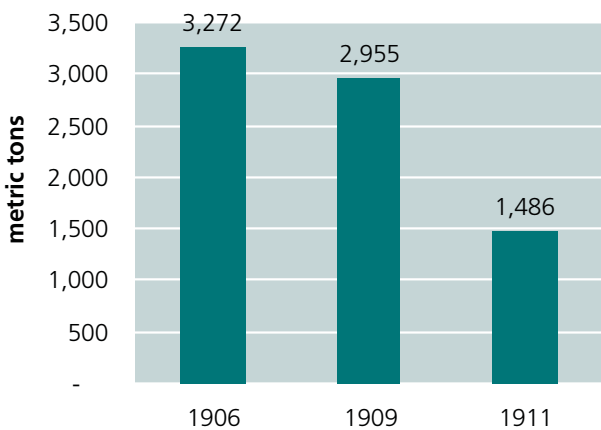
Source: Conférence Internationale de l'Opium, La Haye, 1 décembre 1911 – 23 janvier 1912, p. 57

Fig. 11: Total opium exports of Macao, 1905-1907



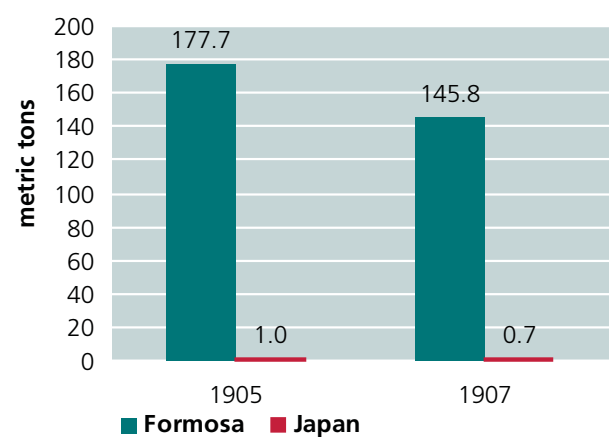
Source: International Opium Commission, Shanghai 1909, Annex 1. Statistics of Trade in Opium.

Fig. 10: Opium imports of China (in mt), 1906-1911



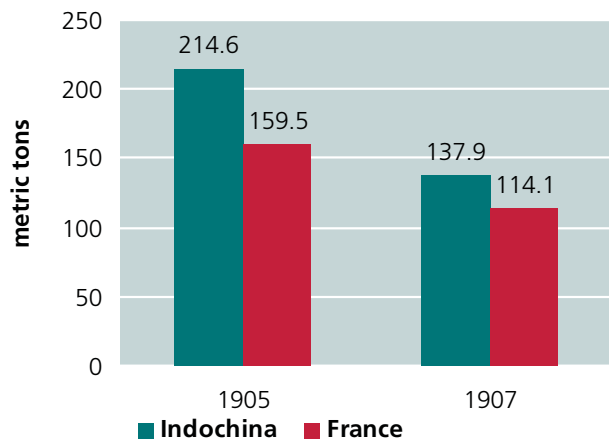
Source: Conférence Internationale de l'Opium, La Haye, 1 décembre 1911 – 23 janvier 1912, p. 67

Fig. 12: Opium imports of Formosa and Japan, 1905-1907



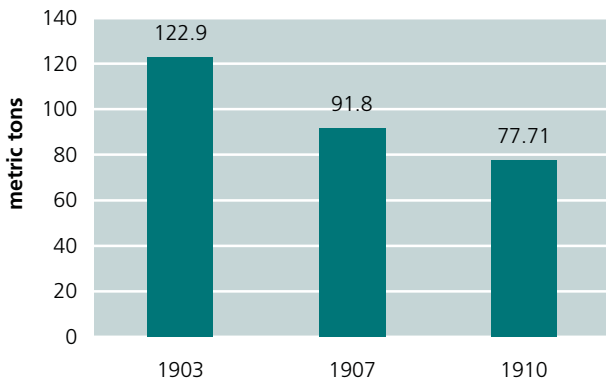
Source: International Opium Commission, Shanghai 1909, Annex 1. Statistics of Trade in Opium.

Fig. 13: Opium imports of France and Indochina, 1905-1907



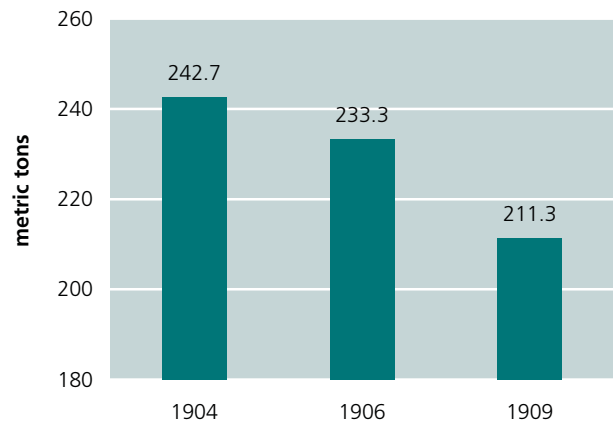
Source: International Opium Commission, Shanghai 1909, Annex 1. Statistics of Trade in Opium.

Fig. 14: Sales of chandu (prepared opium) in Indochina, 1903-1910



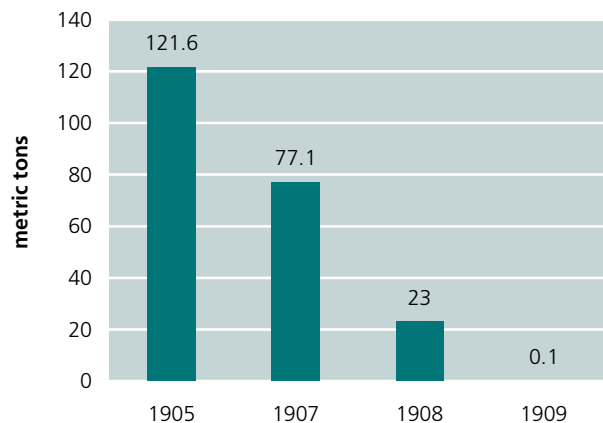
Sources: International Opium Commission, Shanghai 1909, Annex 1. Statistics of Trade in Opium and Conférence Internationale de l'Opium, La Haye, 1 décembre 1911 – 23 janvier 1912, Tome II, p. 81.

Fig. 16: Opium imports of the USA, 1904-1909



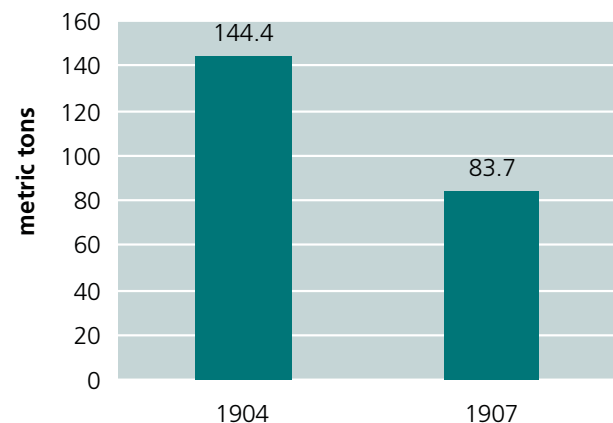
Source: Conférence Internationale de l'Opium, La Haye, 1 décembre 1911 – 23 janvier 1912, Tome II, p. 34.

Fig. 15: Opium imports of the Philippines, 1905-1909



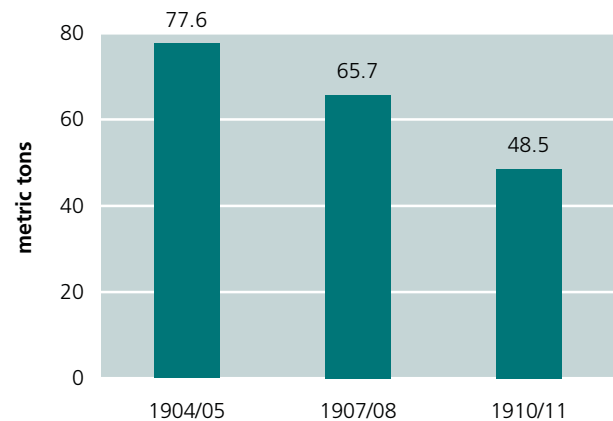
Source: Conférence Internationale de l'Opium, La Haye, 1 décembre 1911 – 23 janvier 1912, Tome II, p. 6.

Fig. 17: Opium imports of Siam (Thailand), 1904-1907

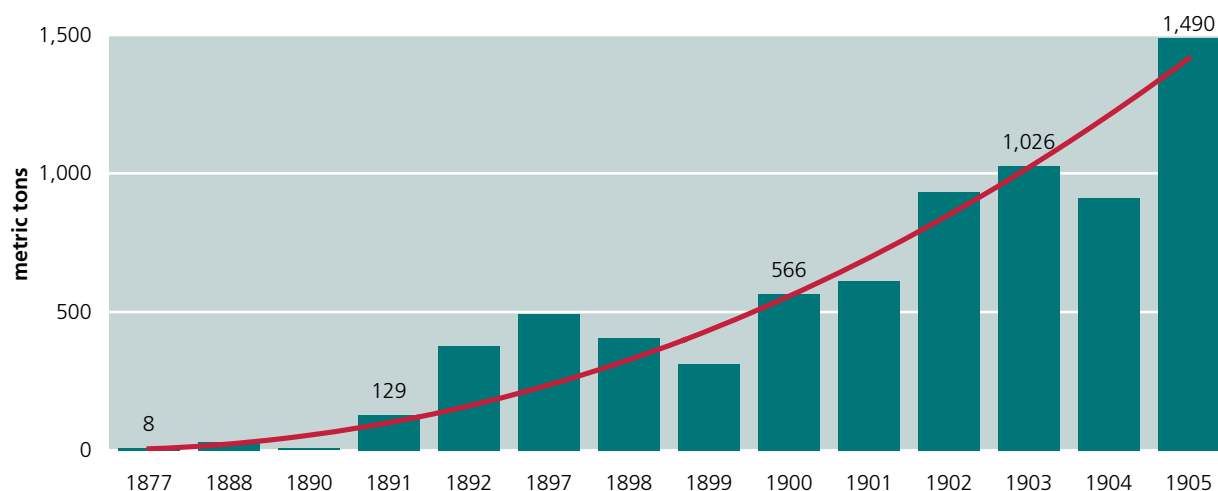


Source: International Opium Commission, Shanghai 1909, Annex 1. Statistics of Trade in Opium.

Fig. 18: Opium sales in Burma (Myanmar), 1904-1911



Sources: International Opium Commission, Shanghai 1909, Vol II, p. 187 and Conférence Internationale de l'Opium, La Haye, 1 décembre 1911 – 23 janvier 1912, Tome II, p. 93.

Fig. 19: Coca leaf exports from Peru, 1877-1905

Source: David. F. Musto, "International Traffic in Coca Through the Early 20th-century," *Drug and Alcohol Dependence*, 49, 1998, Table 6, p. 153.

2.2.2 The Hague Convention, 1912

The recommendations of the Shanghai conference did not constitute an internationally legally binding international instrument. It was again the bishop of the Philippines, the Right Reverend Charles H. Brent, who lobbied for a follow-up conference, and argued that this time, the delegates should be allowed to commit on behalf of their governments. After having gained US support, he worked with anti-opium groups in Britain and beyond to secure the agreement of the other nations. The formal initiative came from the US State Department, and the government of the Netherlands agreed to host the conference and act as a secretariat. The conference took place in The Hague from 1 December to 23 January 1912 with the participation of representatives from China, France, Germany, Italy, Japan, the Netherlands, Persia, Portugal, Russia, Siam (Thailand), the UK and the British overseas territories (including British India), and the USA. Bishop Brent was again elected president.

Following intensive discussions, the conference agreed on the world's first international drug control treaty. The first International Opium Convention consisted of six chapters and a total of 25 articles. In addition to opium and morphine, which were already under extensive discussion at the Shanghai Conference, the Convention of The Hague also included two new substances that had become problematic: cocaine and heroin.

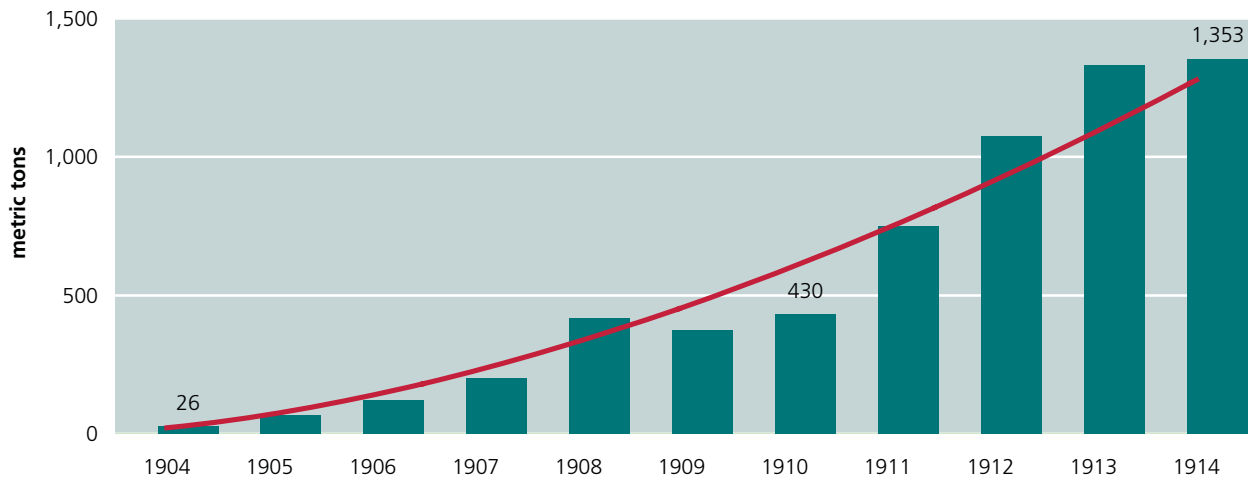
Cocaine was first synthesised by the German chemist, Albert Niemann in 1860, and rapidly gained popularity in both medical and recreational use in the late 19th century. Coca leaf exports from Peru tripled between 1900 (566 mt) and 1905 (1490 mt), before declining again due to regulation in the US market. This decline

was offset by new cultivation in Java, where exports grew from 26 mt in 1904 to 1,353 mt in 1914.

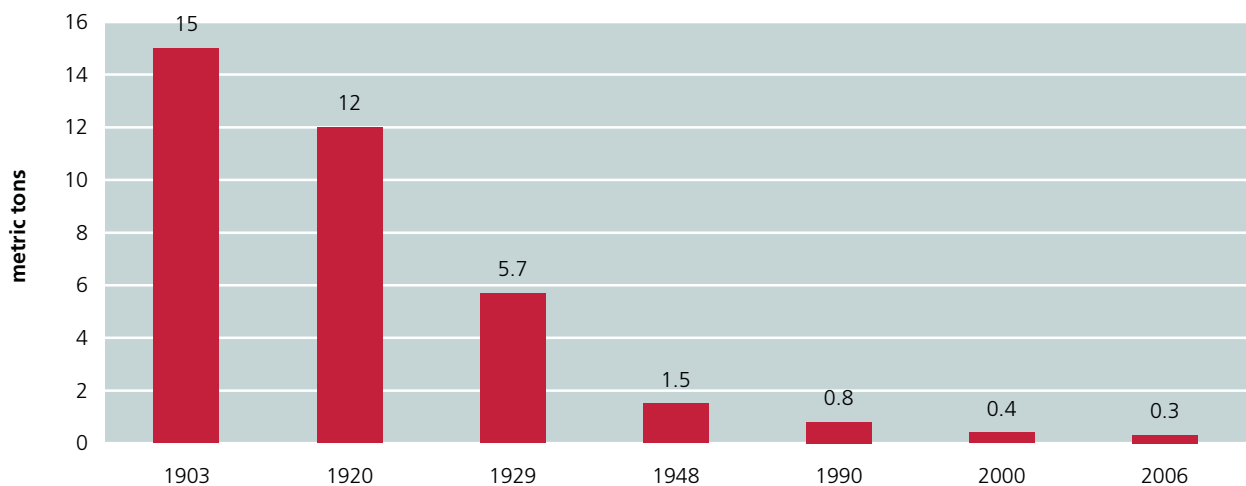
Coca exports from Peru were primarily destined for the USA and Europe, mainly Germany. Exports to the USA doubled in the 1890s, reaching a peak at around 1,300 mt in 1906. In addition to domestic manufacture, the USA also imported large quantities of cocaine from abroad, thus emerging as the world's largest cocaine market⁸⁶ a position which the country maintains into the 21st century. The situation was sufficiently serious for a number of individual U.S. states to issue their own laws to curb the abuse of cocaine towards the turn of the century.

The growing recognition of the problematic nature of cocaine, amplified by the international discourse on the topic, led to a long term decline in its licit production over the next century. Global legal cocaine manufacture in 1903 amounted to 15 mt (of which two thirds, or around nine mt were consumed in the USA).⁸⁷ The legal manufacture of cocaine was 0.3 mt by 2006,⁸⁸ of this one third, or 0.1 of a ton, is legally consumed in the USA. Awareness among medical doctors of the risks involved in cocaine use – which came about largely through the early international drug control system – and the subsequent development of alternative medicines which have less serious side effects, led to this decline. Most of the progress in reducing global cocaine production was already achieved in the first half of the 20th century.

Heroin was a relatively new addition to the drug control problem at the time of the Hague Convention, as it had only become available as a pharmaceutical preparation in 1898. Ironically, it was originally marketed as a non-addictive alternative to morphine, which was already proving problematic in many areas. Recognising that the

Fig. 20: Coca leaf exports from Java (Indonesia), 1904-1914

Source: David. F. Musto, "International Traffic in Coca through the Early 20th-century," *Drug and Alcohol Dependence*, 49, 1998, Table 6, p. 153.

Fig. 21: Legal cocaine production, 1903-2006

Sources: Paul Gootenberg, "Cocaine in Chains: The Rise and Demise of a Global Commodity, 1860-1950", in Steven Topik, Carlos Marichal & Zephyr Frank, *From Silver to Cocaine*, Durham and London 2007, pp. 321-351, United Nations, "Legal Trade in Narcotics 1949", *Bulletin on Narcotics*, 1951, Issue 2, United Nations, "Legal Trade in Narcotics 1950", *Bulletin on Narcotics*, 1952, Issue 2, United Nations, "Legal Trade in Narcotics 1952", International Narcotics Control Board, *2007 Narcotic Drugs*, New York 2008, p. 99 and p. 212.

global narcotics problem now included these drugs, the signatories to the International Opium Convention bound themselves to work towards a progressive suppression of the abuse of opium, morphine and cocaine and the establishment of a mutual understanding for this endeavour.⁸⁹

Chapter I of the International Opium Convention deals with raw opium. In Article 1, all contracting Powers committed themselves to enact effective laws and regulations to control the production and distribution of raw opium. In Article 2, the participating countries agreed to limit the number of towns, ports and other locations involved in the opium trade. In Article 3, countries agreed to prevent the export of raw opium to countries that prohibit its import. This was in one of the key achievements of the Convention. In Article 4, countries committed themselves to mark every package containing raw opium for export that exceeded five kilograms.

Chapter II deals with prepared opium. In Article 6, the contracting Powers agreed to gradually eliminate the manufacture, domestic trade and use of prepared opium. Article 7 declared that the import and export of prepared opium was to be prohibited 'as soon as possible'. Under Article 8, countries agreed to prohibit the export of prepared opium to countries that prohibited its import. All remaining exports had to be properly marked, indicating the content of the package, and exports were restricted to specially authorised persons.

Chapter III dealt with medicinal opium, morphine, heroin and cocaine. Article 9 called on the contracting Powers to enact pharmaceutical laws or regulations to confine the use of morphine, and cocaine to medical use only and asked for mutual co-operation to prevent the use of these drugs for any other purposes. Article 10 called on the contracting parties to control all persons manufacturing, importing, selling, distributing and exporting morphine, and cocaine, as well as the buildings in which such industry or trade was carried out. In addition, only specially licensed establishments and persons would be permitted to manufacture morphine and cocaine. Records of the quantities manufactured, as well as imports, sales, exports and all other distribution of these substances, were to be kept. Article 11 specified that any sale to unauthorized persons must be prohibited. Article 12 stipulated that only specially authorised persons were allowed to deal in these substances. Article 13 laid down that exports were only allowed to licensed persons in the receiving country. Article 14 stipulated that these rules and regulations regarding the manufacture, import, sale and export had to be applied to (a) medicinal opium, (b) to preparations containing more than 0.2% morphine or more than 0.1% of cocaine, (c) to heroin or preparations containing more than 0.1% of heroin and d) to all new derivatives of morphine, cocaine, or of their respective salts, as well as to every other alkaloid of opium which may be liable to similar abuse and ill-effects.

Chapter IV dealt mainly with the drug problem of China. Article 15 called on the parties to take all necessary measures to prevent the smuggling of opium (raw and prepared), morphine, heroin and cocaine into China or into the Far-Eastern colonies and leased territories of China occupied by foreign powers. The Chinese Government, on their part, was to take similar measures for the suppression of the smuggling from China to the foreign colonies and leased territories. In Article 17, the parties committed themselves to adopt necessary measures to restrict and control the habit of smoking opium in any holdings in China and, in Article 18, to gradually reduce the number of shops selling raw and prepared opium.

Chapter V had only two articles. In Article 20, the contracting Powers were asked to make the illegal possession of opium, morphine, cocaine and their respective salts a penal offence. Article 22 made it an obligation for the contracting Powers to communicate to each other, through the Ministry of Foreign Affairs of the Netherlands, (a) the texts of existing laws and administrative regulations with regards to narcotics and (b) to provide statistical information regarding the trade in raw and prepared opium, morphine, heroin and cocaine.

Chapter VI dealt with the final provisions of the treaty and the signing and ratification procedures. In Article 22, all countries were invited to sign the convention, including those not present at the creation of the convention. A number of the latter were specifically mentioned, such as Turkey, Serbia, Switzerland, Bolivia, Peru, and Colombia. Article 23 stipulated that all the Powers had to sign the convention before it could be ratified. According to Article 24, the convention would enter into force three months after all the ratifications would have been received. In the event of not having received all signatures by the end of 1912, the Government of the Netherlands was instructed (Article 23) to invite the Powers who had signed the convention to deposit their ratifications. The treaty was, however, not clear what the legal consequences of an only partial ratification would be.

The 1912 convention was far from perfect, but it contained many of the elements of a comprehensive drug control treaty. It also had value as an advocacy tool, as an official declaration on the dangerous practices of opium smoking and the non-medical trade in opium and other drugs.⁹⁰ It also provided the impetus for national legislation on the topic, such as the 1913 Harrison Act in the United States, the foundation of U.S. drug law in the 20th century.⁹¹ The lack of U.S. legislation at the time of the Hague conference significantly undermined the ability of the U.S. to press its case. Perhaps partly as a result, the U.S. delegation did not succeed in securing an agreement over a reduction in opium poppy cultivation. Thus, Article 1 only obliged the contracting powers to ‘control’ opium production, not to limit it to medical and scientific use. However, exports, imports and local distribution were expected to fall as a consequence of the implementation of the convention, and they did. States also agreed to gradually suppress opium smoking, but they did not agree on any timetable, and this allowed most states to maintain the status quo over the next decade.

A controversial proposal, put forward by the U.S. delegation, was to implement a system of reciprocal notification concerning opium imports and exports and the granting of reciprocal rights to search vessels suspected of carrying contraband opium. These two US proposals, however, did not meet with the approval of the other countries. Italy, affected by the cannabis and hashish trade in its African possessions, proposed measures to reduce the trade in cannabis herb and resin, but this proposal did not find sufficient support at The Hague conference, which merely recommended that the issue be investigated. Significant gains were made by China, the subject of a whole chapter of the convention, but this progress was largely nullified by the subsequent collapse of the empire.⁹²

Chapter III, dealing with the manufacture of drugs, proved to be the most controversial one in the negotiations. In particular, the German empire objected to curtailing its manufacture and exports of psychoactive drugs. In the negotiations, the German delegation succeeded in having codeine removed from the list of substances under control. Germany also argued that until states not represented at the conference⁸ adhered to the treaty’s provisions, the drug business would simply migrate to the countries featuring the least restrictive regulatory regime. Thus, the German delegation, supported by France and Portugal, insisted that all thirty-four governments would have to ratify the treaty before it entered into force. The argument was logical, as anything short of complete international cooperation could jeopardize global control efforts. In the short run, how-

⁸ The most important of these were Peru and Bolivia for coca production; Turkey, Serbia and other Balkan countries for opium production; and Switzerland for its pharmaceutical industry.

ever, such a ratification process made it almost impossible for the treaty to be enacted.⁹³

The outbreak of World War I prevented the implementation of the first international drug control treaty at the global level. The United States, China and the Netherlands (as the secretariat of the treaty), in addition to Norway and Honduras, however, adopted the Opium Convention among themselves. While this had little practical effect, it at least prevented the burial of the First International Opium Convention.

World War I led to rapidly rising levels of drug use in several countries. Many of the countries that had been reluctant to implement the International Opium Convention changed their attitude in light of growing domestic substance abuse problems. Great Britain, for instance, used the *Defense of the Realm Act* to tighten domestic controls, focusing on punitive measures for cocaine and opium offences. Germany, Canada and other states instituted similar acts to restrict access to drugs and to deter smuggling while conserving vital medicinal resources (such as morphine), which were of particular importance during wartime. Many of these ad-hoc wartime administrative arrangements were made permanent after 1918.⁹⁴ Most countries were aware of the consequences of a large-scale, nation-wide morphine epidemic, a problem first manifest among veterans of the US civil war half a century earlier.⁹⁵ Wartime smuggling also demonstrated that laxity in one jurisdiction could easily imperil the efficacy of the legislation elsewhere. Thus, the UK Home Office introduced a system of import/export authorizations designed to ensure that all drug shipments into and out of Britain had a legitimate destination. This system was then increasingly adopted by other countries and would eventually emerge as the nucleus for successful legal drug control at the international level.⁹⁶

The situation was different in China. Major progress in reducing opium poppy cultivation and in curbing opium smoking had occurred in China over the 1906-1911 period.⁹⁷ The 1911 revolution disrupted the anti-opium campaign, and many of the prohibitions on opium smoking, retailing and trafficking were no longer enforced. In 1915, the leader of the new Republic, Yuan Shikai, went a step further and approved again government-managed opium monopolies in several provinces (Guandong, Jiangxi and Jiangsu), effectively legalizing opium again. After his death in 1916, opium revenue became a major financial resource for many warlords, mainly through so-called ‘fines’ (i.e. taxes) on cultivation, trade, and consumption. Ironically, the policy of ‘suppression through fines’ made opium use more common in many parts of the country, especially in the south-west and north-west.⁹⁸

Despite this setback, the international drug control

movement continued. The US, the British and the Chinese authorities, apparently independent from each other, came up with a similar idea for broadening the accession base of the Opium Convention: to build it into the peace treaties. Article 295 of the peace *Treaty of Versailles* (28 June, 1919) stipulated:

“Those of the High Contracting Parties who have not yet signed, or who have signed but not yet ratified, the Opium Convention signed at The Hague on January 23, 1912, agree to bring the said Convention into force, and for this purpose to enact the necessary legislation without delay and in any case within a period of twelve months from the coming into force of the present Treaty.

Furthermore, they agree that ratification of the present Treaty should in the case of Powers which have not yet ratified the Opium Convention be deemed in all respects equivalent to the ratification of that Convention and to the signature of the Special Protocol which was opened at The Hague in accordance with the resolutions adopted by the Third Opium Conference in 1914 for bringing the said Convention into force.

For this purpose the Government of the French Republic will communicate to the Government of the Netherlands a certified copy of the protocol of the deposit of ratifications of the present Treaty, and will invite the Government of the Netherlands to accept and deposit the said certified copy as if it were a deposit of ratifications of the Opium Convention and a signature of the Additional Protocol of 1914.⁹⁹

An almost identical text is found in Article 247 of the *Treaty of Peace between the Allied and Associated Powers and Austria* (St. Germain-en-Laye, 10 September 1919) which entered into force in 1920.¹⁰⁰ Similar text is also found in Article 230 of the *Trianon Treaty* with Hungary, in Article 174 of the *Neuilly Treaty* with Bulgaria, in Article 280 of the *Sèvres Treaty* with Turkey, and in Article 100 of the *Lausanne Treaty* (1923), which superseded the *Sèvres Treaty*. Thus, virtually at the stroke of a pen, the first International Opium Convention gained a near-universal adherence after 1919. More than 60 countries and territories ratified the Hague treaty and by 1949 the number had risen to 67.¹⁰¹ All key opium/morphine and coca/cocaine producing, exporting and importing countries were signatories and most countries ratified the peace treaties, and thus the International Opium Convention, between 1919 and 1921.¹⁰²

2.3 Drug control under the League of Nations, 1920-1945

The peace treaties of 1919 also laid the foundation of the League of Nations, the predecessor of the United Nations. With the creation of the League of Nations in 1920, it became obvious that an international convention, such as the Opium Convention, should not be overseen by an individual country (in this case, the

Netherlands), but by the newly founded international organisation, which had 42 founding members.

Thus, by a resolution of the League of Nations of 15 December 1920, the newly founded “*Advisory Committee on the Traffic in Opium and Other Dangerous Drugs*”, usually referred to as the “*Opium Advisory Committee*” (OAC) was authorized to take over the functions laid down in the Hague Opium Convention of 1912.¹⁰³ Composed of governmental representatives the OAC initially met quarterly during its early years, and later annually and can be thus seen as the forerunner of today’s *Commission on Narcotic Drugs* (CND). In addition, the League created an “*Opium and Social Questions Section*” (often referred to as the ‘*Opium Section*’) within its secretariat for administrative and executive support. The League Health Committee (forerunner of the World Health Organization) took responsibility for advising on medical matters.

The new international drug control organs focused considerable initial efforts on gauging the extent of the problem. The OAC requested information about imports, exports, re-exports, consumption, reserve stocks, etc. The staggering size of the world drug problem soon became apparent. Conservative estimates suggested that world production of opium and coca exceeded ‘legitimate’ need (for medical and scientific purposes) by at least a factor of ten, clearly indicating the world had a long way to go to achieve a reasonable equilibrium. In addition, a substantial percentage of manufactured drugs were still sold for non-medicinal purposes in many countries. Against this background, the OAC urged states to adopt an import/export certification scheme modelled after the British system introduced during World War I.¹⁰⁴

One specific problem in the initial years of international drug control was the fact that several key players –in particular the United States – did not join the League of Nations. Thus, a number of rather complex institutional solutions had to be found (some of which are still in existence) to mitigate the consequences and enable at least some collaboration in the international drug control area.

Not being in the League, the USA could not lead international drug control efforts, as it did for the Shanghai Conference or the conference leading to The Hague Convention. This role was now increasingly taken over by the United Kingdom, which emerged in the inter-war period as the lead nation promoting international drug control efforts.

2.3.1 The 1925 Convention

Renewed efforts to strengthen international cooperation and international drug control were made in 1924/25. Back-to-back conferences were held and two separate