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THE OPIUM EVIL IN INDIA

THE OPIUM EVIL IN INDIA:
BRITAIN'S RESPONSIBILITY

BY

C. F. ANDREWS

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LONDON
STUDENT CHRISTIAN MOVEMENT

32 RUSSELL SQUARE, W.C. 1

1926

First published January 1926

PRINTED IN GREAT BRITAIN BY
THE EDINBURGH PRESS, 9 AND 11 YOUNG STREET, EDINBURGH

EXPLANATORY NOTE

BOTH the Indian National Congress and the National Christian Council of India have recently undertaken active anti-opium work in India. At the urgent request of Mr. C. F. Andrews and his colleagues in this crusade, a Committee has been formed in this country, whose purposes are to publish in Great Britain authoritative information of the position in India as it develops, to support the policies advocated by the above-named bodies in India, and to bring home to the British people their responsibility for influencing the India Office in the direction of such policies. This booklet has accordingly been prepared from articles recently written and information sent by Mr. C. F. Andrews, and the Introduction has been prepared by the Honorary Secretaries, with the approval of their colleagues. The membership of the Committee is as follows :—

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THE OPIUM EVIL IN INDIA: BRITAIN'S RESPONSIBILITY

INTRODUCTORY

FOR several years past American writers have been attacking the British Government and the Government of India for continuing what is often described in American papers as "India's Opium Monopoly." Some American writers claim that Britain is alone responsible for the continuance in the world of excessive drug-taking. Since the American delegation withdrew from the World Opium Conference at Geneva in March 1925, the American attack on England's opium policy has scarcely decreased.

Has this attack any justification? It must at once be stated that some of the statements circulated in America are inaccurate. Other Governments, especially those of Persia and Turkey, allow quantities of opium to be grown and exported, and so long as China lacks strong and honest government it seems certain that a great deal of opium will be smuggled out of China. The opium from these countries is manufactured into drugs in a number of other countries, and these are the drugs that are consumed by citizens

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of the United States. A great deal of Indian opium is exported to England, and it is more than likely that some of this ultimately reaches America. The statement sometimes made that Indian opium is poisoning American citizens is, however, not proved. Indian opium is said to be unsuitable for manufacture into drugs; it is used for eating and smoking and it is manufactured for those purposes at the great Indian Government factory of Ghazipur.¹

- The inaccuracy of some statements published by over-zealous Americans may harm the cause they have at heart; but that does not mean that the American criticism of the British and Indian Governments is wholly untrue or unfair; nor does it prove that the opium policy of the Government of India, for whose actions the British electorate and Parliament are still partly responsible, can be considered satisfactory. The information obtained by Mr. C. F. Andrews, in collaboration with distinguished and trustworthy Indians, and published in this pamphlet, shows the true extent of the opium evil for which the Government of India must be held responsible: serious over-consumption in the great cities of India, in Assam and in Burma, and a large trade with other Eastern Governments—including British Colonies—in which excessive opium-smoking is notorious. The very fact that the

¹ The opium is not in a condition fit for smoking when it leaves Ghazipur, but it is very easily and quite regularly converted for that purpose.

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Indian Government has now, for many years, exercised strict control over the growth, manufacture, sale and export of opium in India increases the measure of its responsibility for the continuance of these abuses.¹

What is the remedy? The delegates of the United States and a number of other Governments represented at Geneva pressed for the restriction by all Governments of the use of opium to "strictly medical and scientific needs." The Government of India claimed that such an enactment would bring great hardship on the people of many remote agricultural districts in India, who take opium doses as a cure or a palliative in cases of certain diseases and pains, and who are quite beyond the reach of authorised medical practitioners. It is true that such conditions do commonly exist and that in most parts of India there is no serious addiction. But there is a conflict of medical and other opinion as to the hardship that would be caused by complete restriction of opium to use under medical prescription. Some people hold that quinine could usefully take its place.

Whatever the position may be in the country places, it seems clear that in the cities and in Assam and Burma drastic action ought to be taken to diminish consumption. If, as seems probable, this involves improvement in factory

¹ Reference may also be made to a pamphlet written by Rev. Wm. Paton, and published by The National Christian Council of India, entitled *Opium in India* (Edinburgh House, 2 Eaton Gate, London, S.W. 1, price 6d.).

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conditions, so much the better. It is also most unsatisfactory that the Government of India should permit opium to be exported in large quantities when everyone knows that this opium is going to be used for smoking, and still worse that it should derive a considerable revenue both from opium sales in India and from exported opium. It seems to be generally agreed that this revenue could be made up in other ways: "it would be as simple as possible," Mr. Andrews writes with regard to the position in Assam, "to take the huge profits of the tea-gardens in order to make up the opium revenue deficit."

The most effective way of killing opium addiction is to limit the growth of the opium poppy. This ought not to be very difficult. The areas in which the poppy is grown in India are fairly limited and compact; and the opium poppy, when in flower, is a most conspicuous feature of any landscape. Moreover, the religious and moral sentiments of India are opposed to the cultivation of the poppy. The debt-ridden *ryots*, or cultivators, have grown it because the Government has advanced them money when they did so. The real wealth of India would be increased if other crops were grown instead.

Thirty years ago a Royal Commission investigated the opium situation in India, and the majority reported in favour of the Government of India. Their report, however, as analysed in Joshua Rowntree's book, *The Imperial Drug Trade*, was shown to be prejudiced and unreliable. Yet the

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Government of India still relies on this solitary official and very much discredited enquiry. In any case conditions have changed since then; there is evidence that opium addiction has greatly increased among the industrial population; and, most important, Indian opposition on moral grounds to the Government's opium policy is rapidly growing. In June 1924, the All-India Congress Committee unanimously declared: "In the opinion of the A.-I. C. C. the opium policy of the Government of India is altogether contrary to the moral welfare of the people of India and other countries. The A.-I. C. C. is further of the opinion that the people of India would welcome the total abolition of the opium traffic for purposes of revenue and is also of the opinion that the production of opium is out of all proportion to the medical requirements of India." At the same time Mr. C. F. Andrews was appointed to investigate the position in Assam.

In January 1925, the National Congress passed the following resolution, which was cabled to Geneva: "The Congress is of opinion that the policy of the Government of India in using the drink and drug habits of the people as a source of revenue is detrimental to the moral welfare of the people of India and would therefore welcome its abolition. The Congress is further of opinion that the regulation by the Government of India of the opium traffic is detrimental not only to the moral welfare of India but of the whole world, and that cultivation is out of all pro-

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portion to medical and scientific requirements, and should be restricted to such requirements." The Liberal Federation, meeting at the same time, declared that it "supports the restriction of opium to medical requirements." A motion criticising the Government's opium policy of "maximum revenue with minimum consumption" and urging restriction of the drug to scientific and medical purposes was carried in the Legislative Assembly at Delhi in March 1925, by 60 votes to 52, the majority including nearly all the unofficial members. Other motions on opium were also carried against the Government.

The first step towards a change of policy should be the appointment of an impartial committee of enquiry. Meanwhile it is important that public opinion should be aware of the facts set forth in the following pages, and that, as far as may be possible, support should be given to the people of India in their efforts, both by moral suasion and Government action, to overcome the evils of opium addiction, which unhappily is growing, at least in certain parts of the country.¹

¹ As we go to press we learn that the Government of India has decided to stop the export of opium to the Portuguese island of Macao. Mr MacWatters, the Finance Secretary, has declared in the Council of State, moreover, that the Government of India would accept a measure of responsibility for opium exported even when the importing government had granted a certificate of import. We trust that this is only the first step towards a new policy. The need for an active public opinion thus becomes more urgent.

THE OPIUM EVIL IN INDIA

By C. F. ANDREWS

THE history of recent opium consumption in India needs very careful examination if an accurate picture is to be obtained with regard to the position taken up at Geneva by Mr. (now Sir) John Campbell, the representative of the Government of India. It needs stating, in a parenthesis, that Mr. John Campbell was in no way by any elective process the representative of the Indian people. His attitude on the opium question is purely official. It has been almost universally condemned by Indian leaders—from the Non-Co-operator Mahatma Gandhi down to an extreme moderate like Mr. C. Y. Chintamani, the editor of the Allahabad *Leader*.

(1) ADDICTION IN THE CITIES

It is unquestionably true that the agricultural population of India, owing to the strong sanctions of Hindu and Moslem religion, still keeps free

¹ These articles are reprinted from the *Manchester Guardian* and the *Times of Assam*, to whose editors our thanks are due for authority to republish.

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from opium addiction on any large scale, although certain races have shown a predisposition towards it, which makes it clear that risks are being run by the present free and open sales under a Government monopoly. But the most serious fact of all concerning opium in India at the present time is that everywhere in the industrial centres, and especially where there are cotton mills, these old religious sanctions are breaking down and the opium consumption at the shops licensed by the Government, where "Government monopoly opium" is freely sold over the counter, shows a fatal tendency to rise. A very great deal of this increased consumption is due to the almost universal habit of mothers engaged in the cotton mills during the long working hours of the day "doping" their babies with opium each day when they go out to work, in order to keep them quiet. Lady Wilson, the wife of the present Governor of Bombay, recently declared at the opening of an exhibition in "Baby Week" in Bombay that the doctors and social workers had told her that 98 per cent. of the mothers in the cotton factories regularly doped their babies before going out to work. This exactly corresponds with my own experience. I have seen the poor little things in the Bombay *chawls*, with their pinched faces, looking like persons who had grown suddenly old. When I asked two ladies who were members of the late Mr. G. K. Gokhale's social service society called the "Seva Sadan," they gave me the same percentage that Lady Wilson had mentioned.

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Probably they were her informants also. If that was the case I know them well, and their evidence is thoroughly reliable. Two more devoted social workers could hardly be found. It needs to be added that the infantile mortality in Bombay in one recent year reached the appalling figure of 666 deaths per thousand. Even in ordinary years it has been over 400 per thousand.

When we come to consider the effects of this evil practice upon consumption the figures are truly alarming. Let me give the details in the least technical manner. The actual consumption that is regarded as normal and legitimate by the League of Nations, for full medical purposes (leaving a margin for emergencies), is 12 lb. avoirdupois of raw opium for every 10,000 of the population. In the agricultural districts, over the greater part of India, this normal legitimate consumption is very rarely exceeded.

As I have said, the religious sanctions bind the village people much more strictly than any laws can do. To give instances, the vast *village* populations of Bengal, Behar, United Provinces, and Madras, all taken together, show a consumption almost exactly equal to the League of Nations index figure.

But a difference at once comes when we take the consumption in the industrial towns or in an industrial province like Bombay. Here the consumption shows an enormous increase. Instead of the League of Nations figure of 12 lb. per 10,000—

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	Consumes
Calcutta . . .	288 lb. per 10,000
Rangoon . . .	216 lb. „
Amritsar . . .	} 100 lb. „
Lahore . . .	
Ludhiana . . .	
Ferozepur . . .	} 88 lb. „
Ahmedabad . . .	
Broach . . .	
Surat . . .	} 70 lb. „
Bombay . . .	
Sholapur . . .	} 94 lb. „
Karachi . . .	
Hyderabad (Sind) . . .	56 lb. „
Cawnpore . . .	52 lb. „
Madras . . .	

It may be allowed that the excess in Calcutta and Rangoon is partly due to the presence of a Chinese population. But those who know Calcutta best have told me that the labourers who go down to the docks, and also the mill populations, are among the worst offenders.

Let me give the evidence of a veteran worker in the cause of temperance, Miss Campbell. She told me recently, while staying with me at Santiniketan, that at one industrial town she saw the women almost fighting with one another in order to get their opium from the shop before it closed. She called the attention of the Government Excise Commissioner to this disgraceful sight. He asked her if she could not stop in the

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town and start some mothers' meetings in order to warn the mothers against the evil of poisoning their little babies. She asked him whether it would not be more feasible for the Government which he represented to close the shops, or at least to prevent *mothers* from purchasing the poisonous drug.

In Bombay the municipality actually commenced a sale, at a cheaper rate, of *bala-golis* (babies' pills) with a limited amount of opium in order to induce the mothers to purchase these instead of going to the Government licensed opium shops to buy the raw opium, called "Excise opium," or "Government monopoly opium." But a public protest was made against this ill-considered step, which could only increase the evil. The fact that the municipality of Bombay even considered taking such a step at all will show how vast the evil is and how impossible it is any longer to continue to make revenue out of such a pernicious traffic.

(2) ASSAM¹ AND BURMA

THERE are two other grave dangers in the present consumption of opium in India. The former of these is the excessive use of opium for purposes of

¹ It will be noted that the particulars concerning Assam are much more detailed than those concerning the rest of India. This is due to the fact that Mr. Andrews recently participated in the special enquiry in Assam, undertaken by resolution of the Indian National Congress. Six other Committees of Enquiry have now been appointed for other "black spots."

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intoxication (chiefly smoking) in Assam among the Assamese race and the neighbouring hill tribes. The second is the opium-smoking among the Chinese in Burma.

The Assamese race has a large admixture of Mongolian blood in its veins. Though it is by no means wholly true that only the Mongolians become opium addicts, yet there is a recognised racial weakness among them which makes it exceptionally necessary to take every precaution against addiction.

In spite of this recognised weakness for opium, which had been inherited in the Assamese people, there has been even here a complacency manifest in the Administration, which continues to make revenue out of the vices of this race—a fatal thing in a humane Government. That I am not overstating the case may be judged by the fact that the actual motto of the Excise Department, repeated again and again by Government officials without any sense of shame, is the formula, “Maximum of revenue with minimum of consumption.” The results in Assam may be judged from the following table :—

Year.	Revenue. Rupees.	Consumption. Maunds.
1875-6 . .	12,25.241	1874
1885-6 . .	16,75.363	1446
1905-6 . .	19,55.706	1415
1915-16 . .	30,53.933	1560
1919-20 . .	38,37.125	1748
1920-21 . .	44,12.308	1614

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While there is some vacillation in consumption there is no vacillation at all in the steady rise in income, and we can see the temptation, manifest all along the line, not to go too fast.

It is refreshing to know that since the Reform Councils and the great movement of temperance which Mahatma Gandhi started throughout the length and breadth of India about the same time, the indolent pace of these earlier years has been quickened into an almost break-neck speed towards restriction. Within six months of Mahatma Gandhi's visit to Assam, when he took up opium reform decisively, the consumption dropped suddenly by 42 per cent., from 1614 maunds down to 970 maunds, and it has fallen still further since. It is true that the Administration has responded to the new pace also. The hope is now expressed—even in Government quarters—that the opium consumption in the Assamese districts of the Assam Province will in ten years' time be reduced to normal. Yet how excessive the consumption still is, may be judged by the fact that, even after the huge drop in consumption after 1921, the index figure for the Assamese districts of Nowgong, Lakhimpur, Sibsagar, and Darrang was nearly twenty-four times the rate allowed by the League of Nations! In one hill district the consumption was forty times as great as that allowed by Geneva!

The following statistics show the consumption of opium in seers per 10,000 of the population in

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the several districts of Assam in the year 1922-3.
The figures are official.

Province	Name of District	Population in 1921	Issue of Opium in seers (Excise Opium and other)	Consumption per 10,000 in seers
N.B.—	<i>League of Nations Index figures = 6 seers¹ per</i>			10,000
Assam	Cachar	527,228	1,032	19·574
	Sylhet	2,541,341	252	0·991
	Khasi and Jaintia Hills	243,263	1,017	41·806
	Naga Hills	160,960	341	21·185
	Lushai Hills	98,406	...	...
	Goalpara	762,523	173	2·268
	Kamrup	762,671	3,472	45·524
	Darrang	477,935	5,101	106·729
	Nowgong	397,921	6,909	173·627
	Sibsagar	823,197	9,133	110·945
	Lakhimpur	588,295	11,176	180·972
	Garo Hills	179,140	...	...
	Sadiya Frontier Tract	39,531	937	237·029
	Balipara Frontier Tract	3,819	52	136·161
	Total	7,606,230	39,595	52·055

The Sylhet district is entirely Bengali and does not belong to Assam racially at all. It can be

¹ Six seers are equal to 600 milligrams or 12 lb.; 40 seers equal 1 maund.

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seen how amazingly low its consumption is with its very large population. The five districts where the Assamese live are : Lakhimpur, Darrang, Nowgong, Sibsagar and Kamrup. Goalpara used to be an Assamese district, but now it has been invaded by Bengali Mohammedans who do not take opium. They are rapidly driving out the original Assamese. The figures for Lakhimpur and Nowgong are the worst in India. The only figure that comes near is Calcutta with an index of 144.

POLICY OF THE ASSAM GOVERNMENT

Mr. Cosgrave, who has recently been speaking on behalf of the Assam Government at Delhi, was District Officer in Lakhimpur, which is the worst opium district in Assam. The following is the Associated Press Report of a part of his speech in the Imperial Legislative Assembly at Delhi on 12th March, on the Opium Question :

Mr. Cosgrave said that personally he felt a considerable amount of sympathy with the consumers of opium. (Laughter.) People living in submontane parts of Assam took it as a stimulant. It was unfair to insist on prohibition of the special stimulant, drunk by one class of people, and not the stimulant drunk by another class. These poor men living in malarial tracts took this stimulant, and why should they be deprived of it when

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richer members of the Assembly took wine in the lunch room at Delhi or at Raisina. (Loud Laughter.)

I place, side by side with this, two extracts from the Imperial Gazetteer. The first is from Vol. VIII, chap. iii, pp. 81 and 82.

“The Assamese of Lakhimpur prefer as a rule indolence and opium to a strenuous and active life, and so long as they are dominated by these ‘fainéant’ ideas, it is idle to expect that they will make much progress along the path of material comfort.”

Again in Vol. VIII, chap. viii, p. 260, we read :

“The consumption of opium in Lakhimpur in 1873-4 was 383 maunds ; in 1879-80, 329 maunds ; 1889-90, 359 maunds ; and in 1899-1900, 374 maunds. In spite of the fact that the duty was raised by 60% there has been very little decrease in consumption. In 1898-9 the issues of Treasury opium increased by 45½ maunds and were nearly 32 maunds higher than any previous year.”

I would add to this Gazetteer's statistics the fact that Lakhimpur has never lost its evil reputation for consuming opium in greater quantities than any other district in the whole of India and Burma. It is only excelled by the tiny population of the Sadiya Frontier Tract, which is practically a continuation of Lakhimpur.

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Mr. Cosgrave unfortunately was the only official present to represent the Government of Assam. He had lived in the very centre of the indigenous Assamese population for many years and also among the hill tribes. Therefore he must have known from personal observation what opium addiction means. He must have seen, as I have seen, whole villages in his district ruined by the habit. He must have noticed very often indeed, both in Court and at other times, individuals with sunken eyes and hollow cheeks who are clearly opium addicts. He must have known that these could be counted, not only by hundreds but even by thousands, in Upper Assam. He must have gathered from official records, what every official has registered for seventy years, that opium addiction has been the curse of the indigenous race and of the hill tribes. Yet, with all the grave responsibility upon his shoulders of representing the official attitude in Assam, he cannot refrain from making remarks in the Assembly which raised "laughter" and "loud laughter" from its members. It made me wonder, as I read his speech, whether the true sentiment of the Assam Government could possibly be represented in such a manner. As Mr. Cosgrave's speech in the Assembly was so utterly misleading, I would also give the official opinion of the Civil Surgeon for the same district at a much earlier date. He writes to Government :

"Before closing this short notice of the

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diseases incidental to the natives and others resident in Assam, it will be necessary to allude to the effects which the habit of opium-eating induces, since it is one albeit universally prevalent, amongst the young as well as the old of both sexes. I am, I believe, right in stating that 70 per cent. of the total population use opium in daily quantities, varying from a few grains up to three tolahs weight and more each man ; while there are, it is true, few who consume the minimum quantity. The average consumption daily is, perhaps, between one and two annas.

“ The habit acts very injuriously on the people ; it renders them listless and apathetic ; weakens their digestive system and produces congestion of the brain and other organs, particularly of the liver and kidneys. The liability to severe congestive inflammation of the lungs, to which opium-eaters are liable after slight labour, has before been noticed.

“ So long as the opium-eater is able to procure good and nourishing diet, suited to his system, and to provide himself with proper clothing and comfortable lodging, the evil effects of the drug are not so speedily seen as in the case of his poorer brother, who, to obtain the means of indulging the vicious habit, is obliged to stint himself in wholesome food and go badly provided as to lodging and clothes ; but even in the more comfortable class, the evil day is only put off. At

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length, under the use of opium, the system gives way ; the bowels become torpid ; the liver and kidneys congested ; the circulation of the blood sluggish, and the brain unfitted for the healthy performance of its functions ; torpor of mind and body becomes established and goes on increasing, till dropsy or some other disease comes to close the scene. The offspring of such a race is degenerate, weak and sickly.

“ In a climate like that of Assam, human life is of less value than in that of a drier country. The evil effects of a warm and moist climate on man are increased by this pernicious habit of the people. I do not wish to offer any opinion on the question as to whether the use of opium in small and moderate doses, with good and generous diet and comfortable lodging, might act beneficially or otherwise. This, as regards the Assamese, is not the question ; for amongst them opium is not so used. Under any circumstances, the good which the use of opium as a luxury might be capable of effecting is problematical. In Assam, the evil it produces is obvious and tangible. It would, I believe, be well if Government, in its wisdom, would determine to prohibit the growth of the poppy, in this province, under any circumstance.”

In such an extract, one feels at once a heart that sympathised with the misery of a people

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fallen into deep ruin. It is a matter of thankfulness that there were officials like the Civil Surgeon. Evidently they did their best by warning the Government again and again. But the fatal policy of making revenue out of the opium traffic—a policy which would never be countenanced for a single day in England—entangled the Government officials from the very start. This policy inevitably led to a half-hearted and apologetic tone and also accounted for the slowness of every step that was taken to eradicate the evil. The whole Government machinery was intentionally set “dead slow.” Excuses in abundance were found to prove that this “dead slow” policy was the safest and the best. Meanwhile the revenue increased by leaps and bounds, and we read in the Excise Reports such statements as these: “Five-sixths of the revenue of this district, under the head of Excise, came from Opium.”

It was such a district, where five-sixths of the revenue, under the head of Excise, came from opium, that Mr. Cosgrave ruled over once. It would have been well if he had explained to the Assembly the actual meaning of this from his personal experience instead of raising its “loud laughter” with a cheap and somewhat antiquated joke.

I have said again and again, and I make bold to repeat, that no Government in the world with one eye all the while fixed on the revenue could see straight to deal directly with the moral evil that opium has caused in Assam. If Great

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Britain had been drawing its own revenue out of opium in the British Isles for seventy years, and had all the while been absolutely dependent on this opium revenue in order to square its accounts, the odds are that, in spite of all Hague Conventions and Geneva Conferences, Great Britain would never have had her Dangerous Drugs Act to-day. But just because Great Britain had never taken one penny in revenue out of opium, therefore she was able to see straight, when opium addiction became a serious danger. She was able to act promptly; and no one to this day in Great Britain feels any loss of personal liberty whatever, because opium has been catalogued, along with arsenic and prussic acid, as a poisonous drug, only to be administered by qualified doctors.

I readily allow that the situation confronting the Administration in Assam was more difficult than that of Great Britain, because they had come to administer a country where opium addiction was already commonly practised. But the situation was not more serious than that which faced the Japanese when they occupied Formosa near the coast of China, or America when she occupied the Philippines, which are also easily accessible from China. For in both these countries, before their occupation, opium addiction among the Chinese was excessive. Smuggling also was easy from China. It would have been quite natural, therefore, for America or Japan, following the British precedent, to have run the Administration financially on the vices of the

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Chinese, just as the British have done at Singapore, and the Portuguese have done at Macao. But they resisted such a temptation and to-day the opium evil has been brought under control in both these countries, while it is still rampant in Singapore and Macao. Could anything be more disheartening than the fact that, many years after signing the Hague Convention, Macao, a tiny island with 70,000 to 80,000 inhabitants, was purchasing opium from the Government of India up to 450 chests (making an index figure of 9000 seers per 10,000 people),¹ and Singapore, in a certain notorious year, balanced her entire annual expenditure out of the opium profits alone? But America, in the Philippines, has never taken any profits from opium. Therefore they are free from opium to-day.

Nearer at hand, the people of Burma and Ceylon have been registered now for many years past with good effect. Smuggling is easy into both these countries. Yet this has not been made the excuse for retaining the opium sales. What then has happened in Assam ?

To understand the reason why Assam has not employed the registration system long ago, we have only to look at the Annual Budget. There is not a single year in which the Administration would not have been bankrupt, if the opium revenue had been suddenly withdrawn. That is why I have called its Government an Opium Government.

¹ See note, p. 14.

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Sir William Reid declared in the Legislative Council that he was willing to be judged by cold facts and figures. I confess I was amazed at the boldness of that statement. For the facts and figures given in the Excise Reports of the Assam Government tell their own story. They show that Government steadily increased its opium revenue from 1875 until it had grown by 350 per cent. in the year 1920-21. They show that the consumption during the same period had not steadily been reduced, but had only shown a clear decline when the country was passing through a time of exceptional adversity. As soon as ever prosperity returned, the consumption again began to rise. In the last years of the period, when the revenue had increased by 350 per cent., the consumption had only declined by about 13 per cent.

It is quite true that after the year 1920-21 a sudden and almost miraculous drop took place, and that this fall has continued ever since. But this drop was never anticipated by Government itself and was far in advance of Government estimates and even of Government policy. Let us listen to the words of Sir William Reid, the Governor of Assam :

“His Excellency in Council is conscious of certain practical difficulties, and in particular that too drastic measures may produce greater evils than they cure, and for this reason he is constrained to feel his way gradually in the matter.”

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In order to feel his way gradually, the Governor in Council decreed that the ration of opium for 1921-22 should be 1402 maunds : the actual consumption was 1013 maunds. The Government ration for the year 1922-23 was 1181 maunds : the actual consumption was 961 maunds. The Government ration for 1923-24 was 1087 maunds : the actual consumption was 884 maunds.

It may be said that it was necessary always to keep a margin in hand when rationing. But it surely is not necessary to keep 400 maunds in hand, as Government did in 1921-22. The fact, as everyone knows, was this, that Government was taken completely by surprise. Government had never even in its wildest moments imagined such a precipitous drop as that from 1612 maunds to 1013 maunds in a few months.

But the argument may be used, that such drastic measures as were in force during the Non-co-operation days were bound to produce greater evils in the way of smuggling ; or else they would lead to the consumption of ganja instead of opium ; or else they would bring about a reaction at a later date.

Let us take separately these three dangers—smuggling ; the increase of ganja instead of opium consumption ; a later reaction.

With regard to the second, the forebodings of Government have been altogether falsified, because the consumption of ganja has gone steadily down instead of rising.

With regard to smuggling, the Government,

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which makes 44 lakhs profit out of opium alone and yet keeps a miserably inadequate staff for inspection and detective work, has only itself to blame if smuggling takes place. Yet, even with this altogether inadequate staff, I cannot find any record to show that smuggling has been greater in recent years than it was before the Non-co-operation movement began.

With regard to any later reaction, the figures of opium consumption do not bear this out at all. The people are more determined than ever to have done with the evil, and the pressure of public opinion upon the consumers has in no way relaxed, in spite of the wholesale imprisonment of temperance workers in 1921-22.

Yet while I have felt it necessary to point out as frankly and plainly as possible the wrong postulates of Assam Opium Administration, and above all the initial and wellnigh fatal blunder of building up the finances of the country upon these profits taken from vice, yet I would gladly and thankfully acknowledge that the pace at which the Government has at last begun to move, under public pressure, is bringing forth fruitful results. The old snail pace (for it was nothing more) has been abandoned, and there is some hope of progress at last. In one sense, Sir William Reid was right, at the Council Debate, in declaring that a new era had begun from 1921. It has indeed begun, and we may be thankful for it. But even yet, the Administration has not grasped the whole truth of the situation. It has not

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realised what Shakespeare meant, when he said,

“There is a tide in the affairs of men,
Which taken at the flood, leads on to fortune.”

This is the very occasion when the Government itself might lead the people forward, instead of again lagging behind. For to-day it would be possible, on the full tide of public approval, to press onward boldly. But in doing so, one bad habit must be altogether abandoned. There must be no more looking back at the revenue, with one eye askance, while professing to take no count of revenue at all.¹

EFFECT OF OPIUM ON PLANTATION LABOURERS

I would venture to point out the grave risks that the tea-planters in Upper Assam are incurring at the present time if this opium addiction among the indigenous Assamese population is allowed to run on indefinitely and take its own course, instead of being dealt with directly once for all. For it could easily be brought under control, while the opportunity is propitious and the people themselves are in favour of further restriction. I have now been for a month in Assam, travelling about from place to place and mingling with all sorts and conditions of men, including opium-

¹ Copies of the Report on Opium Addiction in Assam, prepared by a Committee of the National Congress, can be obtained from the Hon. Secs. of the Committee in England, price 2s.

From the latest information received, it appears that the Assam Government has now committed itself to the policy of registering all consumers, and no opium is to be issued except to registered consumers. (Cf. *The Servant of India*, 5th Nov. 1925, p. 469.)

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smokers and opium-eaters themselves, and never once have I heard any excuse made for the present addiction. Never once have I heard it spoken of as anything but a curse to the country. Even the addicts themselves have implored us to continue the work we have begun, so that their children may not suffer from the same temptations that they had when they were young.

It is true that I have heard a note of warning, both from planters and from Government officials, that the comparatively worse habit of ganja smoking may intervene and take the place of opium smoking. But I have found nothing as yet, in the figures for the consumption of ganja, which at all bears out that theory. On the contrary, the ganja consumption has gone down, quite remarkably, side by side with the recent decrease in opium. Surely the time has come to give every possible scope to the instinct of reform, which is so evident in the indigenous Assamese race to-day, and not in any way check or repress it. The village people of India are remarkably slow in forming new habits as a rule, because custom plays such a large part in their lives. But, in the same way, when new habits have once been formed, it takes an equally long time to get rid of them, unless some great movement of religion comes and sweeps them away. It would be a terrible thing if the tea-garden population, as it settles down on the land, becomes infected.

I have had this experience of a very rapid decline in Indian labourers' social standards,

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when working in Fiji among the indentured labourers from the United Provinces. These labourers, who had gone out, were the ordinary village type, but they were placed in a position of unusual temptation. A breakdown in sexual morality began, which spread like a fatal disease. As they succumbed, they called this immorality "Fiji dustur." I need not enter into details, which are nauseating, but the Indian labourers' home life was wrecked. Suicides went up to twenty times and murders increased to eighty times above the average of the United Provinces. From the labour point of view, their value as a steady, industrious labour force proportionately decreased.

I have been very carefully through the Government records of Assam from the very earliest date, and I have found the Government and planters alike almost reckless at the first, in early days, concerning the inevitable consequences, if once the traditional habits of the labourers, imported from Upper India, broke down, and the opium habit became widespread.

At first, the impression seemed to have obtained among the tea-planters that opium might be actually needed in Assam to counteract the evils of damp and chills and fever. It was thought natural, even, to encourage in the tea-garden labourers, who were new-comers into the Upper Assam Valley, the opium habits which the indigenous Assamese population had formed. It was not realised how comparatively recent those opium habits were, and what a much stronger

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and more virile race the Assamese people had been, before the fatal infection of opium smoking and eating had been introduced.

There was one more factor in those days, when tea-planting had just begun, which needs to be remembered. The mortality among the tea-garden labourers was frightful. It was natural, therefore, for the planters to accept the common practice of the country at that time, and to regard opium as the one staple remedy for all diseases. We are only learning in modern times that, with regard to malaria and kala-azar, at any rate, opium is no remedy at all, but an absolute danger to the patient, because it decreases the power of the leucocytes in the blood to resist the attack.

In order to understand how excessive the death-rates among the tea-garden coolies were in those earlier days, the following standard passage, which is quoted over and over again with slight variations in the Government of India Gazetteers, may be quoted : ✓

“The mortality in the depots and on the journey up was appalling. In the four years, 1864-1867, annual mortality in the largest depot ranged from 36 to 115 per cent. of the average daily strength, the latter enormous rate having been calculated on a daily average of no less than 458 souls. Between 1863 and 1868, 54,352 coolies were imported to Assam, 1712 of whom died ‘en route.’ Even when the garden was reached, the mortality was sometimes quite appalling.

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In the report of the Commissioners, details are given for seven gardens, on which the recorded mortality, for six months only, in 1865, ranged from 16 to 39 per cent.

“In 1866-1868 there was a death-rate of 180 per mille. From 1880-1890 the average annual death-rate among adult coolies was 48 per mille; and during the next decade, it sank to 42. In 1901, it was less than 31 per mille. It may perhaps be thought that even these are high death-rates for a population of adults, but the conditions of those days must be taken into account.”

In circumstances such as these, it is not so difficult to understand how the Government and the planters alike were inclined to try any and every remedy in order to bring down the mortality.

Another factor also must be reckoned with. The problem of labour had not up to that time been scientifically examined. Cheap labour seemed abundant and it was not at first realised that one of the greatest assets of a good tea estate, even from the strictly business point of view, was the conservation of the labour force. Health in the “bastis” is now seen to be not merely a matter of humanity, or a matter of Government interest as trustees of the labourers, but also an integral part of the management of a good estate. We need not be surprised at the slowness with which such an elementary fact was learnt. We have only to go to-day to the factories of Bombay, in order to see how the health conditions of labour

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are still scandalously neglected. An infant mortality of 666 per thousand was so incredible to Earl Winterton, when quoted in the House of Commons concerning Bombay, that he flatly denied it. But it was true all the same, though for an exceptional year. The doping of babies with opium accounted for a great deal.

But to return to Assam. We find it was a common practice, in the early days, for the tea-planters themselves to take up Government contracts for opium and to run opium shops on their estates. We may see the effects of this in North Lakhimpur, where the ex-tea-garden coolies are among the worst opium addicts in one of the most heavily addicted areas.

Little by little, however, the great danger of fresh addiction on the tea-gardens began to cause anxiety both to Government and to planter. We find evidence of this in different Excise Reports. The problem of the tea-garden labourers was enquired into and a long note was written on the subject in the Excise Report for 1906-7 under the head of Opium. Since that date allusions to the subject have been continuous. Hardly any Excise Report from 1911-12 to 1920-21 fails to mention this factor. The references are most numerous with regard to the Lakhimpur district. Sometimes they are emphatic concerning the growth of the evil. Thus in the Excise Report for 1913-14 we read as follows :

“ As noticed in the last Report, the opium habit is spreading among tea-garden coolies

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in the Lakhimpur district, especially in the North Lakhimpur Subdivision. The Deputy Commissioner has remarked: 'The habit is almost as bad as amongst the Assamese.' With a view to check this growing evil the shops have been located as far from tea-gardens as practicable. The number of shops has also been considerably reduced in the past few years."

When consulting with tea-planters about the whole subject, I have been told frankly that they are now fully aware of the risk that they had been running for very many years past, and that Government has been making annual enquiries with regard to opium eaters on the tea estates. On the whole, so I am told, the figures are encouraging. They show that the evil is diminishing.

If these returns are free from error, this is good news indeed, because, as will now be shown, the scientific evidence now available goes to prove that the opium habit tends to decrease the power of resistance in the blood against those very diseases which are a constant menace to an estate,—especially malarial fever. It also renders a considerable proportion of addicts lazy and indolent and unfit for steady work.

PHYSICAL EFFECTS OF OPIUM

"Personally," said Mr. Cosgrave, District Commissioner in Lakhimpur, Assam, when speaking

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in the Assembly at Delhi, "I feel a considerable amount of sympathy with the consumers of opium. People living in the malarial submontane parts of Assam take it as a stimulant."

Underlying Mr. Cosgrave's words is an evident belief in the efficacy of opium as a common homely remedy to keep away malaria and revive the human system

Since such a belief in opium as a febrifuge is still very common, both inside and outside Assam, and since it is popularly held in India that in certain malarial districts the human body cannot do without it, the examination of this popular fallacy at some length may be necessary. For much scientific work has been done in recent years which explodes the theory altogether.

But, first of all, let us clear the ground by considering what diseases opium may safely be used for, and what are its recognised good effects. As an anodyne and sedative for acute, unbearable pain, it undoubtedly has its place. But as it is a poison, such a dose or injection should be administered by a physician. Furthermore, as a sedative, in a sudden and acute attack of diarrhœa, it may be of great importance. The League of Nations has recognised that this latter use may be so suddenly required that medical prescription might be difficult to obtain. It has proposed, therefore, that Dover's powders should be exempted and made obtainable without prescription. In India, if opium were prohibited,

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it is probable that this specific remedy for acute diarrhœa would be supplied by the Government in the same way as quinine is supplied to-day. There would be needed a simple registration when the medicine was obtained, in order to check fraudulent dealing. The League of Nations' index figure of six scers of opium per 10,000 of the population would amply cover all such employment of opium as a medicine.

But when we turn from these long-recognised uses to others, which have been put forward in recent years as legitimate, such as the prevention of malarial fever, or kala-azar, or cholera, or dysentery, we find modern medical science turning more and more strongly against such opium remedies as positively harmful.

In the last thirty years the science of bacteriology has developed and we are able to see under the microscope the effect of different medicines on the actual germs which cause the disease. It is known, for instance, by the microscope, that quinine directly attacks malarial germs in the blood, while opium does nothing of the kind. In dysentery again the germs are impervious to opium, but they may be attacked in other ways.

There is, further, a large field of scientific research with regard to opium, which has now been very thoroughly explored. The results achieved are not, however, as well known in India as they ought to be. The analysis of the effects of opium on the blood corpuscles was carried out

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many years ago by one of the founders of modern bacteriology, Prof. Metchnikoff, working with his assistants at the Pasteur Institute, Paris. His results have never been challenged. They are accepted by all scientific writers to-day.

Let me quote here a popular account of them, which has been given to the Press recently by Mr. John Palmer Gavit, who attended the Opium Conference at Geneva, as an interested and scientific observer. He writes as follows :

“ There is one aspect of this whole question which has been entirely neglected in all the discussions of the opium question that I have seen—an aspect of such tremendous importance that I cannot understand why it has been so completely overlooked. It ought to be taken very seriously into account by both the defenders and the assailants of the existing opium policy in the Far East. That is, the relation of opium to the matter of infectious diseases,—cholera for instance.

“ Cantacuzene, Opiel and Gheorghiewsky, all working under the direction of Elie Metchnikoff in his laboratory in the Pasteur Institute, as Metchnikoff himself relates in his volume *Immunity in Infectious Diseases* (published by the Cambridge University Press in 1905), ‘ showed that the injection of opium in a non-fatal dose narcotized the guinea-pig and at the same time prevented the movements of the leucocytes.’

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“Gheorghiewsky found that he could immunize guinea-pigs against cholera by the use of serum unless they had opium. In every case those treated with the narcotic died. And the reason was always the same. As Metchnikoff says, those subjected to opium died, because ‘the leucocytes, on account of the narcotic action of opium, were tardy in coming up.’ Oppel, repeating the experiments, obtained the same results.

“Dr. Hans Zinsser, Professor of Bacteriology at the College of Physicians and Surgeons of Columbia University, New York, reporting and commenting upon these disclosures, in his *Infection and Resistance* (Macmillan, 1918), points out that ‘animals treated with opium are very much more susceptible to infection than are normal controls. These experiments indicate very definitely the inadvisability of using morphine and similar narcotics in infectious diseases.’ ”

Mr. Gavit concludes this popular summary as follows :

“A schoolboy ought to have guessed that it would be so. Evidently opium does to the leucocytes (the white corpuscles of the blood),—those vigilant sentinels which normally guard the body against infections,—precisely what it does to human individuals: puts them to sleep, or leaves them unfit for the

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job. They work slowly, stupidly ; or maybe not at all.”¹

It is a strange phenomenon that just at the time when the modern scientific experience of the world appears to be proving that opium is not necessary for a healthy body, the Government of India should still cling to its own published verdict, that to deprive the people of India of the present wholesale and unregistered use of opium would be to commit an act of “sheer inhumanity.” The passage in which these words occur was quoted only the other day with approval by Sir Basil Blackett in the Assembly. All that needs to be said is this, that the phrase is just as much out of date as the Royal Commission of 1893-95, to which he so constantly referred.

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BURMA also has an excessive consumption of opium which still remains to be dealt with. An unmitigated evil there goes on unchecked which ought at once to be set right. After the British occupation the opium vice threatened to

¹ Any sceptic who is inclined to question the authority of an American journalist, even though he quotes such distinguished experts, may note that in spite of the attitude adopted by the official (non-medical) representative of the Indian Government, in January 1923, a joint sub-committee of the Health and Opium Committees of the League of Nations reported that “the medical use should be considered the only legitimate use, and that all non-medical use should be recognised as an abuse, and also that, in the opinion of doctors, the use of opium as a stimulant could not be considered legitimate even in tropical countries.”

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become so great that it was wisely and rightly decided to prohibit opium altogether for the Burmese. Those who were already addicts were registered and allowed to have their opium so long as they continued to live. But as they died off it was hoped that no more new addicts would be made. This prohibition policy was excellent and would probably have succeeded if it had not been for the fatal fact that open sales were still allowed to all other races except the Burmese. This concession was probably made because certain mining companies and other industries desired cheap labour ; and the Chinese, who are the best miners, would not come unless they could get their opium. The Indians who emigrate from the east coast of India in large numbers for industrial purposes also pick up the habit from the Chinese, and thus add to the confusion of the situation. Thus we have the following figures in Burma to compare with the Geneva rate of 12 lb. per 10,000 of population :—

Rangoon	.	.	.	.	216
Mergui	.	.	.	.	286
Tavoy	.	.	.	.	126

The opium thus consumed in such huge quantities is nearly all smoked. This is in direct defiance of the Hague Convention of 1912-13 and the Geneva Conference of 1924-25.

One striking fact comes out further from the evidence of these statistics. The opium vice in Malaya and Burma among the Chinese, from which such a large revenue is being made by the

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Government, is rapidly spreading its infection along the east coast of India in the districts bordering on the Bay of Bengal, which send out emigrants by hundreds of thousands each year. There is a significant figure, for instance, in the Godaveri district of Madras Presidency—an old emigrant centre. While the figure for Madras Province is 16, the figure for the Godaveri district is 130.¹

¹ In an article published in the *Contemporary Review*, August 1925, pp. 163-9, Mr. Andrews summarises the opium problem in India under five heads:—

“(1) There is an increasing demand for opium in the new industrial centres, where the old religious sanctions of village life have been broken down. . . . The doping of babies by their mothers with opium also accounts for much of this new evil in the cities.

“(2) There is evidently a long entrenched opium habit in Rajputana, which has had its effect on the neighbouring parts of British India. We cannot get accurate figures for Rajputana, because the consumption in the Indian States is not tabulated as in British India. [To this it should be added that the League of Nations has no direct relationship with the Indian Native States, in spite of their population of some seventy millions, and therefore receives no opium statistics from them.] But Ajmere is a small portion of the British territory in Rajputana itself. The Ajmere area has a consumption of fifty-two per 10,000. This may give us an indication of the consumption that is going on in the adjoining states. . . . Malwa is a state in Rajputana which actually cultivates opium. Malwa opium is even now being smuggled into Assam. . . .

“(3) There are certain areas of excessive consumption in the borders of Rajputana itself. These are found in Gujerat, in Sind, and in the lower and central parts of the Punjab. The consumption rate is between thirty and fifty for each 10,000 people.

“(4) Two strange areas of excessive consumption appear on the East Coast. One is in Orissa, at Puri and Balasore. The other is in the Godaveri district. . . .

“(5) An illegitimate practice is to be found in Burma, by which opium is allowed to the Chinese labourers, but prohibited to the Burmese. . . . The Burmese, who wish to smoke, purchase their opium secretly from the Chinese or other races.”

[See also map at beginning of pamphlet and Appendix A.]

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(3) INDIA'S OPIUM EXPORTS

WHILE a new enquiry into the sale and consumption of opium within India is urgently needed, there is even greater necessity to review by an impartial commission the export sales which are still being carried on between India and the foreign Powers in the Far East. One part of this trade is between India and British possessions, like Singapore. Another part is with French Saigon. Another part is with Batavia, which belongs to the Dutch; another with Macao, which belongs to Portugal.

These sales from India were very seriously challenged by America at the League of Nations; and it was because Lord Robert Cecil refused to agree to a definite interval, after which the whole trade should be suppressed, that America left the Conference.

Since America, in quite undiplomatic language, accused Great Britain (including India) of a breach of contract, it is important to quote the exact words. The Hon. Stephen Porter said as follows:—

“ The United States have the unquestioned right to insist that nations which have not yet taken the steps contemplated by the Hague Convention should take measures for the effective and progressive suppression of the traffic in prepared opium according to the Hague Convention, and that such nations

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do not, by supplemental agreements among themselves, weaken the Hague Convention in such a manner as to release themselves from the fulfilment of obligations. . . . We are merely asking that a solemn compact made between the nations of the world at the Hague many years ago should be fulfilled. Those who entered into the compact did so with full knowledge of the responsibility involved."

Lord Cecil replied :

"The charge made by the American delegate is this: That we have disregarded our international obligations—that is to say, that the pledged word of Great Britain has been treated as a 'scrap of paper'; and the charge goes on to say that this disregard of our obligations and this proposed evasion is motivated by financial considerations of a sordid character. Such a charge can only be regarded as very wounding indeed."

When diplomatists and Cabinet Ministers speak like this, there must be something seriously wrong between nations. Yet, in spite of all attempts at a compromise and appeals to the American Delegation to withdraw the words spoken, this blunt accusation still remained unwithdrawn. President Coolidge at last recalled the American delegates.

Let us get at the facts.

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The Hague Convention contains two articles dealing specially with this very subject. In the former, it is stated that the contracting Powers shall take effective and progressive measures to suppress the manufacture and use of opium prepared for smoking, with due regard to the varying circumstances of each country concerned. The second article reads as follows:—"The Contracting Powers shall prohibit the import and export of prepared opium. Those Powers, however, which are not yet ready to prohibit immediately the import of prepared opium shall prohibit it as soon as possible."

It should be explained that "prepared opium" means opium prepared for smoking purposes.

Now, it is accepted that wherever the Indian opium is sent in the Far East it is at once prepared for smoking and used for smoking purposes. The Indian Government have two excuses for continuing to send opium in very large quantities to these foreign possessions long after the Hague Convention. The former of these is that the Indian Government only sends over raw opium, and not "prepared" opium. The second is that the foreign Governments give the Indian Government a certificate that the opium is "legitimately" needed. The American contention has been that these excuses are in part mere quibbles, and that a collusion or connivance is going on between the Governments in the Far East.

Let us take two instances. Singapore has for all practical purposes not reduced its amount of

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opium from India between 1913 and 1923. Sir Basil Blackett gave the figures in the Legislative Assembly as follows: Opium taken from India in 1913, 2367 chests. Opium taken in 1923, 2100 chests. It should be also mentioned that during these ten years the opium revenue of the Straits Settlements has amounted to something between 40 and 50 per cent. of the whole. Indeed in one year the opium revenue for the year covered all the expenditure of the colony!

But the figures for Saigon, as quoted by Sir Basil Blackett, are even more damaging. In 1913 Saigon imported 450 chests of opium from India. In 1923 the number of chests imported was 2975. Yet France, as well as Great Britain, was one of the signatories of the Hague Convention, and India also signed as a part of the British dominions of King George V.

Lord Cecil offered on behalf of India and Great Britain that when it had been decided by a Commission that China was not growing opium used for smuggling purposes, and when, after this, fifteen years further had elapsed, then, and then only, would the British Empire agree to the complete suppression of prepared opium in the British possessions in the Far East. America offered to agree to a fixed and definite date, and even allowed (as a last offer) 18 years in which to suppress the whole traffic. But Lord Cecil still held out for his own formula.

It has been made clear by the defeat of the Indian Government in the Legislative Assembly

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that the elected representatives from every part of India are almost entirely united in their dislike of the attitude taken up on their behalf, at Geneva, by the Government of India and also by Lord Cecil. After this defeat it has become evident to the world that there is a wide divergence of opinion on this matter between the Indian Government and the representatives of the Indian people. The elected members asked for an enquiry. Sir Basil Blackett expressed himself personally as in favour, but did not commit the Indian Government. It is hoped, however, that an enquiry will be allowed.

APPENDIX A

The following official figures of opium consumption in British India
in 1922-23 are added for purposes of reference.

	Population (1921).	Issue of Opium in seers.	Consump- tion per 10,000 in seers.
PUNJAB :			
District with heaviest consumption	1,098,248	6,590	60·004
District with lowest consumption	766,065	227	2·963
Total (Province)	20,685,024	34,799	11·988
UNITED PROVINCES :			
District with heaviest consumption	901,312	2,893	32·097
District with lowest consumption	530,338	46½	0·876
Total (Province)	45,373,787	30,138	6·642
BENGAL :			
District with heaviest consumption ¹	2,628,205	5,445	20·717
District with lowest consumption	4,837,730	629	1·300
Total (Province)	46,522,293	37,848	8·135

¹ After Calcutta.

APPENDIX A—*continued*

	Population (1921).	Issue of Opium in seers.	Consump- tion per 10,000 in seers.
BOMBAY :			
District with heaviest consumption	Hyderabad	2,993	52.192
District with lowest consumption	Ratnagiri	50	0.433
Total (Province)	19,348,319	42,886½	22.165
MADRAS :			
District with heaviest consumption	Godavari	9,875	67.137
District with lowest consumption	South Arcot	200	0.862
Total (Province)	42,313,067	35,950	8.496
ASSAM :			
District with heaviest consumption	Lakhimpur	11,176	189.972
District with lowest consumption	Sylhet	252	0.991
Total (Province)	7,606,230	39,595	52.055
CENTRAL PROVINCES AND BERAR :			
District with heaviest consumption	Badilana	2,462	35.200
District with lowest consumption	Damoh	90	3.134
Total (Province) ¹	13,192,760	22,450	16.136

BIHAR AND ORISSA :

District with heaviest consumption	· Balasore	1,055,568	5,903	55·922
District with lowest consumption	· Saran	2,289,778	306	1·336
Total (Province)	· · ·	34,490,084	28,624	8·299

NORTH-WEST FRONTIER :²

District with heaviest consumption	· Peshawar	907,367	1,849	20·377
District with lowest consumption	· Kurram	103,142	10	0·969
Total	· · · · ·	3,736,922	3,806	10·184

BALUCHISTAN :

District with heaviest consumption	· Bolan-Pass & Nushki	3,618	15	41·459
District with lowest consumption	· Kalat State	328,281	30	0·913
Total	· · · · ·	748,929	449	5·995

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DELHI :	· · · · ·	488,188	· ·	· ·
AJMERE-MERWARA :	· · · · ·	495,271	2,612	52·738
COORG :	· · · · ·	163,838	37½	2·288

BURMA :³

District with heaviest consumption	· Mergui ⁴	135,465	2,001	147·713
District with lowest consumption	· Pakokku	465,771	165	3·542
Total	· · · · ·	11,457,325	32,918	28·730

¹ For nine months, App., Dec. 1922.

² Several Burma figures are missing.

³ Rangoon also has a consumption of over 100 seers per 10,000 ; Javoy comes next with 65 ; Katha, 55 ; and six districts have over 40.

⁴ No figures for Malakand, Khyber and Wano.

APPENDIX B

THE following speech was delivered in the Council of State by Sir D. Sarvardikary, on 5th March 1925 :—

I have no wish to-day, in this resolution which I have the honour to bring forward, to challenge the whole of the opium policy of the Government of India. Indeed, in certain respects, it is unchallengeable and beneficial. Rather, I wish to deal with one special question, namely, the restriction of the actual consumption of Indian opium to the medical needs of the population. The representative of the Indian Government, Mr. Campbell, at the World Conference at Geneva, last November, made a reservation on behalf of this Government. He objected that the Government of India could not consent to restrict the cultivation of opium to medical and scientific requirements, because in India the drug could not thus be medically restricted without great hardship to the people. It is that statement alone that I now challenge.

The argument which Mr. Campbell used has been concisely given in Lord Hardinge's Government Dispatch of 1911, which has since become

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the *locus classicus* of the Government of India on this subject. The passage is so important that I shall venture to quote from it at some length. It reads as follows :—

“The prohibition of opium eating in India we regard as impossible, and any attempt at it as fraught with the most serious consequences to the people and Government. We take our stand unhesitatingly on the conclusion of the Royal Commission, which reported in 1895 that the opium habit as a vice scarcely exists in India ; that opium is used in India extensively for non-medical and quasi-medical purposes ; that the non-medical uses are so interwoven with the medical uses that it would not be practicable to draw a distinction between them ; that it is not necessary that the growth of the poppy and sale of opium in British India should be prohibited except for medical purposes. Whatever may be the case in other countries, centuries of inherited experience have taught the people of India discretion in the use of the drug and its misuse is a negligible feature in Indian life.”

The long argument which I have quoted has recently been made the groundwork of a defence of the Government of India policy in a pamphlet issued from the India Office in 1921, called *The Truth about Opium*. This pamphlet has been used as the authoritative statement of the Govern-

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ment of India's position in answer to attacks made against it. Therefore, it is clear that the Government of India still clings to the Royal Commission of 1895 and is unwilling to advance beyond the position then taken up.

Let me try to explain why I believe the Royal Commission of 1895, and the Government of India Dispatch of 1911, and the India Office pamphlet of 1921, to be all out of date and to need an overhauling and a drastic revision, if progress in opium reform is to be effective.

First of all, India itself is rapidly passing through an industrial revolution over large areas, and the Commission Report of 1895 hardly deals at all with the new drug evils that have arisen through the increased consumption of opium in industrial centres.

Secondly, the evidence given before the Royal Commission in 1894-5 appears to have been incomplete concerning certain parts of India about which we have now much more up-to-date information. We find, for instance, no serious effort made after it to deal with the evils of opium smoking as well as of excessive opium eating in Assam.

Thirdly, a very great deal of scientific evidence has been collected since the Royal Commission sat. A much more serious medical view is generally taken to-day about the harm of opium *eating*. The old contrast between opium smoking and opium eating could hardly be maintained to-day.

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Fourthly, the whole Opium Question has become in recent years an international question of the very first importance. Lord Cecil is sent out to Geneva. Three Cabinet meetings, we are told, have met at Whitehall to deal with it. All this is quite new since the year 1895. The Indian Government cannot afford to stand aside and treat the subject any longer as only a domestic concern. It is hardly too much to say that America's entry into the League of Nations and the peace of the world have indirectly depended on its solution.

For all these reasons, I would ask whether the time has not come for a revision of the whole subject in the light of new information and new events. The question to be asked is whether the Government of India's policy cannot come one step nearer to the point which we all have in view, viz., the restriction of the sale of opium in India to the medical requirements of the population. We may not be able to reach that point by means of a Dangerous Drugs Act as yet, in the same way as it has already been reached in Japan and the West. But it may be possible to attain such a close approximation that the actual average consumption of opium per head in India is not greatly in excess of the medical index figure laid down by the League of Nations, viz., 6 seers per 10,000 people.

Let me come to actual facts. There are certain black spots to-day on the Opium Map of India. If these were cleared away, the general consump-

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tion would not be much in excess of the medical index figure of 6 seers per 10,000 people that I have mentioned.

The most important of these black spots is that area of Assam, in the Assam Valley, peopled by the Assamese race, namely, Sibsagar, Nowgong, Lakhimpur and Darrang. The excess is here so great that it comes up to nearly an average of 150 seers per 10,000, instead of 6 seers. A very large proportion of this opium is smoked and not eaten. Assam has the extremely bad record of one district with a consumption of 237 seers per 10,000.

We next come to another black spot in a modern industrial area, namely, the city of Calcutta. Here the opium consumption has reached the alarming figure of 143·6 seers per 10,000 instead of 6 seers. The opium shops are all in the slums, and it is the slum population that is still further demoralised.

A third abuse is in Burma, where the rate of consumption is still very high. I believe that the strange anomaly still exists that while opium smoking is forbidden to the Burmese race, it is permitted to the immigrant Chinese. The figure in Rangoon is 110, and in Mergui 147.

Figures like these will not stand comparison with the League of Nations' index figure of 6 per 10,000. The effect of such black spots on the Opium Map is all the more deplorable because the map is white or nearly white over very large areas indeed—the consumption falling even below

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the League of Nations' index figure of 6 per 10,000.

Two things appear to me to result from what I have said: (1) It is not impossible to bring the internal consumption of opium in India much lower down with great benefit to the people: indeed, it may be possible to bring it within respectable distance of the League of Nations' index. (2) If this is to be done effectively, a working Committee must be appointed, which must not think of politics, or parties, or revenue, or official red-tape and routine, but must only consider the good of the people of India and the welfare of mankind.

To such a Committee also, when it has done its work in India itself faithfully and well, I would entrust the revision of the export traffic in opium from India, about which we are all thankful to see a marked decline in the past two years. For it has to be acknowledged to our shame that almost every ounce of Indian opium exported is immediately prepared by the importing Government for smoking purposes. We cannot forget that more than thirteen years ago we were one of the Contracting Powers at the Hague Convention which solemnly signed the article 7, that we would prohibit the export of prepared opium and that if we could not do so immediately, we should do so as soon as possible. I trust that no one here will bring forward the quibble that the Indian opium exported to the Far East is prepared for smoking out there and not in India. Such a

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quibble on a humanitarian issue would be utterly unworthy of a great nation such as ours. For we know, as I have said, that practically all of it is used for smoking, and this is still our shame after signing the Hague Convention thirteen years ago. How much longer are we going to wait before those words "as soon as possible" are fulfilled?

When the working Committee which I propose has got steadily to work to reduce the consumption of India, which stands at about 12 seers per 10,000, to something near the League of Nations' index; when we have reduced the 237 seers in that Assam district to normal, and that 143·6 seers of Calcutta city to normal, then we shall have the right and the duty to cry halt to the export of Indian opium to the Straits Settlements, where the consumption of Indian opium for smoking purposes is over 1000 seers per 10,000 of the population, and where between one-third and one-half of the whole revenue of the colony is paid for out of the receipts from Indian opium smoked in opium dens under a Straits Settlements Government monopoly. Indeed, it may even in course of time be possible to reduce our export of Indian opium as well as our internal consumption within some reasonable distance of the League of Nations' index, and thus at last stand out before the whole world with absolutely clean hands.

PRINTED IN GREAT BRITAIN BY
THE EDINBURGH PRESS, 9 AND 11 YOUNG STREET, EDINBURGH

