CHAPTER EIGHT

THE INVENTION OF AN ENGLISH OPIUM PROBLEM

> I am told that in your country opium smoking is forbidden under severe penalties ... that is because the harm caused by opium is clearly understood ... it would be better to forbid the sale of it, or better still, to forbid the production of it ...
>
> Letter from Commissioner Lin Zexu (Tse-hsu) to Queen Victoria, 1839[1]

Questions

From the earlier chapters it is clear how the British took over every initiative in the East Asian opium business at the end of the 18th-century. In their "Victorian century" the British not only provoked China as well as India with huge smuggling operations, wars and stringent exploitation to swallow and to produce opium, respectively. Trocki's argument can be supported to a large extent: the British Empire in the East was sustained mainly by its fabulous opium profits.

This is illustrated well by the cover illustration of Beeching's *The Chinese Opium Wars*: it is a design of four opium-smoking Chinese (as puppets, shaven bald and symmetrically seated) under a huge picture of Queen Victoria (1837-1901). Well, a pioneer study of Berridge and Edwards demonstrated convincingly that earlier than 1839 a substantial opium consumption existed in Britain itself among urban workers and peasants, as well as morphine among medical professionals and the social elite.[2] In this respect Lin Zexu was not well informed, but he predicted the future in Victorian England as will be shown.

Now intriguing questions can be tabled. For instance, whether the same people who were brutal enough to deliberately turn the Chinese

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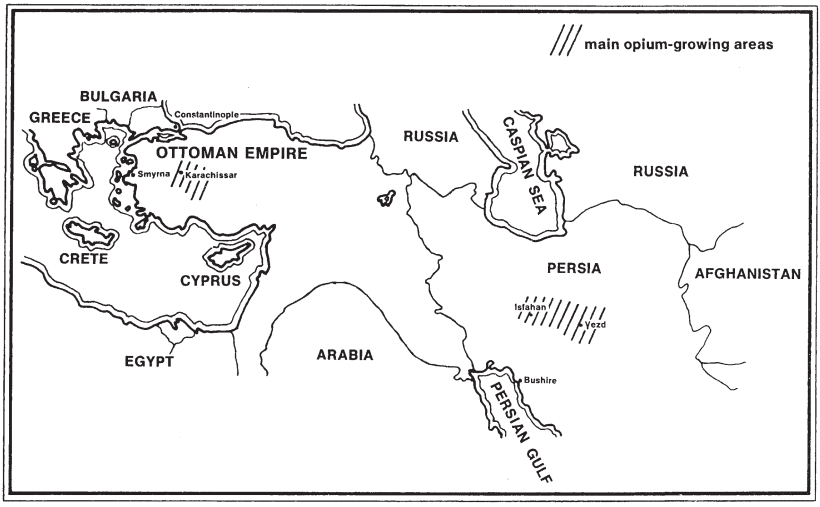
[1] Quoted from J. Beeching, p. 75, 76 and others. There are many variations of this letter; it seems as if nobody has read this letter, like me!

[2] See V. Berridge, G. Edwards and I consulted the well illustrated but badly written website *http://drugs.uta.edu/drugs.html* called 'Victorian's Secret'. E. Kremers, G. Urdang, p. 92-110.



Map 2. Sources of Opium Imported in Britain in the 19th Century
Source: V. Berridge, G. Edwards, p. 5.

society into addicts during the reign of Queen Victoria and were knighted by her for it tried to do the same with "their own kin" in England? More precisely: is it obvious that, while the colonial English (and others) got Chinese tea for their English-Indian opium, the "English-English" got to swallow Chinese tea *plus* Indian opium?

But the use of opium by Europeans in the East was largely forbidden: a white Christian civilized Britain had to be far ahead of indigenous, primitive folk which was—so it was assumed—*by nature* willing to consume opium until addiction followed. Does this imply that there must have been people who brought the stuff to the "homeland", who propagated its use, who made vast sums of money out of it, who tried to keep its excesses silent, who had to struggle against the related criminality or to forgive the sinners if they converted to the decent and prudish Victorian family life?

From the viewpoint of the British practices in the 'homeland', fundamental questions are, of course, how discrepancies between a colony and England could develop and how a use accepted in England could be perceived later as the worst danger for mankind?

Before answering these and related questions, a sketch must be given of the indigenous British opium consumption in and before the 19th-century.

An English Home Market for Drugs

As described in the first part, opium and opiates, in whatever form, were components in many medical recipes used in Europe and the Middle East at least from early modern times. Before there existed a relevant professional medical infrastructure (a network of medical doctors, pharmacies, hospitals, pharmaceutical industry and so on), the population largely had to rely on its own medical knowledge and "home remedies" to cure many kinds of sicknesses, pains and sorrows. In most countries in Europe, this infrastructure did not exist at all before 1900. Even in the most developed part, like England or France, it appeared around 1850.[3] At this time the first restrictive legislation is imposed as well.

In town and country, therefore, one knew the most fantastic recipes handed down over generations. They often were regional, while some families had their own private recipes. Certainly in the 18th-century they were mixed sometimes with "authoritative" prescriptions of famous quacks or university professors from elsewhere in the country or Europe. The confidence in them rose when those quacks had to cure princes, prelates and aristocrats as well.

Among the hundreds of substances the British liked to swallow in times of pain and sorrow was opium. This mostly took the form of laudanum and was generally mixed with something, mainly alcohol. Pure and processed opium was practically unavailable, and had lethal consequences because nobody knew its potential. That was even the case with an uncontrolled intake of laudanum. But what was called 'narcotic deaths' appeared in the statistics only after 1863.[4]

During most of the 19th-century, the corner shop was the center of popular opium use, not the doctor's surgery. Markets often had one stall for vegetables, one for meat and a third for pills. Untrained midwives, "doctors" or herbalists concocted their own mixtures; before 1840 hardly any apothecaries or pharmacists existed. Drug sellers were a motley group with all varieties of qualifications: basket makers, retailers, factory operators and the like. Their number was estimated in the 1850s to be between 16,000 and 26,000. However, there were also people who took an examination set by the Pharmaceutical Society or who worked under the jurisdiction of the Society of Apothecaries.

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[3] A highly relevant history of the "health-industry" in society is G. Göckenjan.

[4] V. Berridge, G. Edwards, table 3 and 4 p. 275-277. I am not going to comment on this feature of the Opium Problem.

Laudanum was often kept by the shopkeepers in large containers; they measured it in bottles large and small, dirty and clean. This happened not only in urban workers' quarters but also in villages. Twenty or twenty-five drops could be had for a penny; everyone had laudanum at home in some form or another. It was used as a painkiller or a sedative, remedy for coughs, diarrhoea and dysentery.

In short: around 1850 opium was sold openly and quite normally to retailers and customers. These self-medication practices in town and country were based on a *pre-industrial* knowledge.

The opium basic to all kinds of mixtures was only occasionally delivered from India or China. It originated mostly from Turkey and had a quite different trade history: it was a product embedded in old (medieval) trade relations from the Mediterranean directly to countries in Europe. Even at the end of the 19th-century, Turkish opium still made up over 70 per cent of this specific English market as the following table shows.

Table 7. Sources and Quantities of England's Opium Imports, 1827-1900 (in lbs)[5]

Year	Turkey	%	India	China	Persia	Egypt	France	Rest
1827	109 921	97	---	---	---	---	---	3 219
1837	70 099	88	---	---	---	3 768	1 118	5 618
1847	---	--	---	---	---	---	---	---
1857	125 022	92	---	---	---	3 014	---	8 387
1867	258 862	95	---	---	---	---	---	14 660
1870	275 838	74	---	11 002	9 154	50 868	11 559	13 244
1875	381 631	71	25 861	34 182	36 606	---	---	94 617
1880	288 764	72	---	34 699	45 258	---	---	31 653
1885	657 686	93	5 786	3 758	37 040	3 012	---	2 817
1890	360 963	80	9 223	---	30 035	3 543	33 704	13 725
1895	362 572	95	8 240	---	3 890	---	3 180	5 184
1900	619 292	74	96 397	3 317	36 640	---	39 751	37 933

Without elaborating further on the following data, they are given to demonstrate how the Turkish influence persisted also on the continent, in this case Germany.

[5] Derived from Idem, p. 272-273. The whole table provides the annual quantities from 1827 up to 1900.

Table 8. Import of Opium in Germany, 1910-1925 (x 100 kg).[6]

Country of Origin	1911	1912	1913	1920	1921	1922	1923	1924	1925
Greece	4	14	15	34	225	230	60	45	182
Swiss	---	---	---	78	---	21	12	74	98
Turkey	638	504	754	500	410	1314	1286	599	904
India	84	19	278	---	14	19	26	77	---
China	103	141	64	8	43	156	18	21	25
USA	---	---	---	5	47	118	---	13	---
total in 100 kg	1040	868	1625	787	790	1906	1409	841	1507
total in lbs	*208 000*	*173 600*	*325 000*	*157 400*	*158 000*	*381 200*	*281 800*	*168 200*	*301 400*

[6] L. Lewin, p. 69.

The English data show that the 110,000 lbs from 1827 remained an average until about 1860. In the next decade this import nearly tripled. From 1870 onwards the Turkish import from Smyrna and Constantinople doubled again until 1900. From the other destinations the imports were negligible until the end of the 19th-century.

In previous centuries English opium had come mainly from Turkey, but not many reliable figures are available. There is some evidence that opium was known by a few people in the late sixteenth-century. The quantities must have been very small. An apothecary, Zacharie Linton, had half an ounce of opium among his many drugs in 1593![7] This matched the situation in other European countries, as will be revealed later (ch. 10 or 13).

The opium imports at British ports suggest that it was still not a big business 200 years later: Liverpool imported 120 lb in 1792, Dover 261 lb in 1801. The bulk, however, arrived in London where a small group of "Turkey merchants" dominated the Levant trade from the time of Elizabeth I (1533-1603). This more or less monopoly trade ended in 1825, leaving the import of opium open to free trade.

These merchants used drug brokers in the Mincing and Mark Lane area of London to conduct detailed sale negotiations. On the open market many drugs including opium were sold; auctions of opium took place at Garraway's Coffee House, which was the center for London drug sales. The large players in this business were wholesale houses like Allen & Hanburys and the Apothecaries' Company. In the 1830s there were only three brokers specializing in drugs and spices, but 20 years later there were already about 30.

Opium was just a commodity like tea, and it belonged to a general drugs business closely connected to the apothecaries trade. Later some firms, like Thomas Morson and Sons Limited, became specialized in the pharmaceutical industry. This company did everything: wholesaling, manufacturing and retailing from 1821 onwards. In 1900 it abandoned this last activity. Morson was the first manufacturer of morphine in Britain.

Among its hundreds of drugs, the most prestigious wholesaler, the Apothecaries' Company, manufactured 26 opium preparations in 1868, including two morphine preparations. Others were selling poppy capsules at 1s. 10d for a hundred, opiate plaster, morphine acetate, several varieties of laudanum or syrup of white poppies, raw and powdered

[7] V. Berridge, G. Edwards, p. 284 note 8.

opium, etc. Before the *Pharmacy Act* (1868) limited the sale of drugs to the professional pharmacists, the wholesalers' opium stocks were available to any dealer.

Some commentators claimed to differentiate between Turkish and Indian opium; the latter was deemed 'much softer and fouler ..'. Some Indian opium was brought to the motherland and supported by scholars propagating a product of the 'own colony ... rather ... than that we should go to the rascally Turks'.[8] The effort was in vain, as can be seen in the table. The relatively strong increase of the Indian import at the end of the century was most likely due to the dominant position of Sassoon & Co, the largest dealers in Indian opium on the English market as well.[9] At that time many expatriates arrived back in the "metropolis" with their accumulated wealth and conspicuous consumption, including the "real opium" known from the colony.

Among the category "Rest", some opium was from English origin. However, the labor intensiveness of poppy cultivation and of opium collection made English opium uneconomic for large-scale production.

Turkish opium was not grown by large landowners, but by individual peasants chiefly in Kara Chissar and around Magnesia. It arrived at Smyrna by mule, often through the hands of three or four different merchants, which increased the price. In Smyrna the quality was checked, and the opium packed in hermetically sealed zinc-lined wooden cases. In August the shipment to Mediterranean harbors began and from there into other parts of Europe over land and sea. A traveler to this region in 1850 visited the places where this so-called *Opium Smyrnacum* was grown and gave a vivid description of the situation:

> Near a few small dwellings were the poppy fields. In the buildings cauldrons were walled up and vessels and stages constructed to dry the opium cakes. These fields, because of their noxious fumes, were left alone by the old Turkish people during the morning and after sunset. They are perceived as highly dangerous, reason why the peoples hide themselves in the evening in their dwellings ... I myself, experienced in the morning and evening how dizzy, depressive and uneasy one becomes if nearing too close to the poppy fields. This is not the case in daytime. If, after sunset, the humidity of the air increases ... a highly narcotic fume spreads, which gives inexperienced people headaches and unpleasant feelings within a quarter of an hour.[10]

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[8] Idem, p. 4.
[9] Idem, p. 177.
[10] X. Landerer, p. 293 (my translation. H.D.).

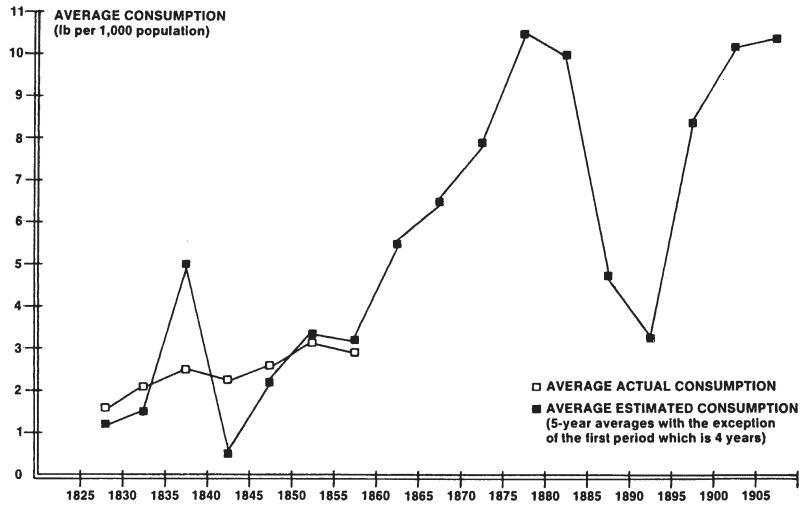

Figure 3. Five-year averages of actual and estimated home consumption of opium per 1,000 population in England, 1825-1905

Source: V.Berridge, G.Edwards, p. 35.

So, the London 'Turkey merchants' and their clients were warned, and certainly the pharmacists who had to read this professional publication. The following table shows how extensive this Turkish trade was in Merry England in the 19th-century.

The meaning of this becomes clear (?) in the following calculation. In 1827 about 113,000 lbs opium are imported. Next is given an 'actual home consumption [of opium] in 1,000 lb' of 17,000 lb in 1827.[11] The obvious question is: what happened to the other 96,000 lb? Exported again? It is

[11] Idem, table 2, p. 274 apart from an average consumption per person in this year of 1.31 lb and a not very clear 'estimated home consumption in lb. per 1,000 population' of nearly 2 lb. There are many difficulties with these data: there is no mention of which population figures were used (from England + Wales + Scotland ?); in table 3 the totals nearly never correspond with the given breakdown; there is no definition of "actual home consumption" or of "estimated home consumption". It is stated that the latter 'is obtained by subtracting the amount of opium exported from that imported' which is obvious, but why estimate when one has 'actual' figures as well? And what do the six *negative* estimations mean in this definition? That the export is higher than the import minus the home consumption? The total population of England alone in this year is about ten million, so that an "actual home consumption in lb. per 1,000 population" of 1.31 leads to 13,100 and an 'estimated home consumption in lb. per 1,000 population' of 1.95 leads to 19,500 lb, but never to 17,000.

important to realize that the import-opium to a large degree was not the same as the export-opium. The latter concerned in all probability end-products, all possible processed goods of the fledgling and quickly expanding British pharmaceutical industry. Eventually, this was comparable to the French import in England. New research should be done to discover the details.

The total population of England in 1827 was about ten million and therefore a supposed consumption of 1.95 per 1000 leads to 20,000 lb in 1827. Samuel Taylor Coleridge (1772-1834), the most famous opium (laudanum) consumer at the time, drank an amount costing two pounds and ten shillings each week. This was a pint (0.5 liter) a day, which must have had some effect on the national statistics.[12]

So, let's conclude that the "opiumization" of the British people in the 19th-century started with these very small amounts of the drugs dissolved into dozens of opium-related products and opiates. In the middle of the century, the opium import had doubled, and the English population had doubled as well. However, the consumption of opium had tripled, and at the end of the century this happened again. To discover the reasons behind this, the following effects and contexts of the "opiumization" of the English must be considered.

The Creation of the English Opium Problem

Let's, first, quote Berridge and Edwards extensively, because they outlined the basic features of the *medical source* of The Opium Problem:

> The medical dimension to the "problem" of opium use was more than a case of professional strategy. There is a danger, in stressing the theme of professionalization in connection with narcotics, that doctors come to be seen as some autonomous body, working out their designs on opium in an isolated way. ... For in reality the medical profession merely reflected and mediated the structure of the society of which it was the product. ... This was at its clearest in the new ideological interpretation of narcotic use which began to be established in the last quarter of the century ... The strict, militant, dogmatic medicalization of society ... (Michel Foucault) found its expression in the nineteenth-century in the establishment of theories of disease affecting a whole spectrum of conditions. Homosexuality, insanity, even poverty and crime were re-classified in a biologically determined way.

[12] B. Hodgson, p. 59.

> Concepts of addiction ... of "inebriety" or "morphinism" ... were part of this process. These emphasized a distinction barely applied before between what was seen as "legitimate" medical use and "illegitimate" non-medical use ... the "disease model" of addiction arose through the establishment of the medical profession in society ... The "problem" of opium use found a major part of its origin in ... this form of ideological hegemony ... The moral prejudices of the profession were given the status of value-free norms.[13]

People who are connected somehow to this "medical complex"—apart from politicians and bureaucrats—include Sir Robert Christison (1797-1882), a professor of *Materia Medica* at Edinburgh, who was the investigator of opium eating and advocate of the benefits of coca chewing; Sir Thomas C. Allbutt (1836-1925), Regius professor of physics at Cambridge, who was enthusiastic about hypodermic morphine and an addiction specialist; Dr. Francis E. Anstie (1833-1874), editor of *The Practitioner* and advocate of new and more scientific remedies, including hypodermic morphine; Dr. John C. Browne (1819-1884), the first man to produce chlorodyne; Dr. Norman Kerr (1834-1899), temperance advocate and founder of the *Society for the Study of Inebriety*, who opted for the "disease view" of addiction.[14]

But The Opium Problem did not arise from the minds and outlook of the medical profession alone. This elite, largely with a new, educated, middle-class outlook (upwardly mobile), had to work in a context in which most people had a lack of access to medical care, of whatever quality. Therefore, long after 1850, in the most direct way 'opium itself was the "opiate of the people" [including] in some areas, a positive hostility to professional medical treatment ... in the popular culture of the time.'[15] In some regions, like the poverty-stricken and rheumy Fens, this popular opium consumption was much more extensive than elsewhere and, generally, in proletarian city quarters much more than in the country.[16]

A related development, as indicated in the quotation, concerned the gradual transformation of some shopkeepers into specialized druggists and pharmacists. This process began with the establishment of the *Pharmaceutical Society* (1841) and continued with many activities in the following years to achieve a monopoly of practice for its own members.[17]

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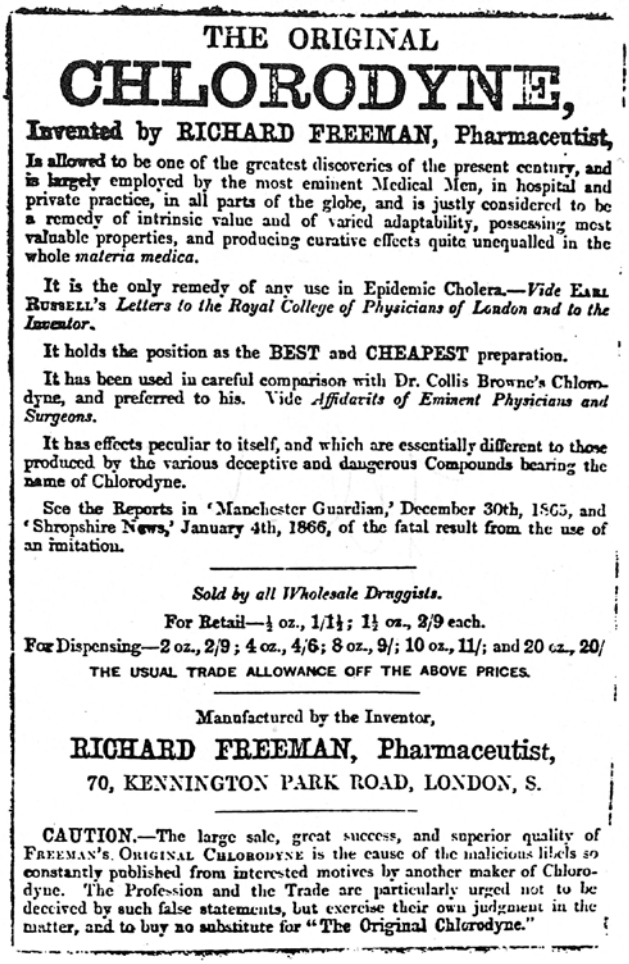
[13] Idem, p. xxix, xxx.

[14] See Idem, pictures after p. 178.

[15] Idem, p. 37.

[16] See the dramatic description of a Fens district town in B. Hodgson, p. 48 ff.

[17] E. Kremers, G. Urdang, p. 99 ff. Still it took the Pharmacy Act of 1933 before membership of the Pharmaceutical Society was *compulsory*. Therefore: 'Each registered pharma-



THE ORIGINAL

CHLORODYNE,

Invented by RICHARD FREEMAN, Pharmaceutist,

Is allowed to be one of the greatest discoveries of the present century, and is largely employed by the most eminent Medical Men, in hospital and private practice, in all parts of the globe, and is justly considered to be a remedy of intrinsic value and of varied adaptability, possessing most valuable properties, and producing curative effects quite unequalled in the whole *materia medica*.

It is the only remedy of any use in Epidemic Cholera.—*Vide* EARL RUSSELL'S *Letters to the Royal College of Physicians of London and to the Inventor*.

It holds the position as the BEST and CHEAPEST preparation.

It has been used in careful comparison with Dr. Collis Browne's Chlorodyne, and preferred to his. Vide *Affidavits of Eminent Physicians and Surgeons*.

It has effects peculiar to itself, and which are essentially different to those produced by the various deceptive and dangerous Compounds bearing the name of Chlorodyne.

See the Reports in 'Manchester Guardian,' December 30th, 1865, and 'Shropshire News,' January 4th, 1866, of the fatal result from the use of an imitation.

Sold by all Wholesale Druggists.

For Retail—½ oz., 1/1½; 1½ oz., 2/9 each.

For Dispensing—2 oz., 2/9; 4 oz., 4/6; 8 oz., 9/; 10 oz., 11/; and 20 oz., 20/

THE USUAL TRADE ALLOWANCE OFF THE ABOVE PRICES.

Manufactured by the Inventor,

RICHARD FREEMAN, Pharmaceutist,

70, KENNINGTON PARK ROAD, LONDON, S.

CAUTION.—The large sale, great success, and superior quality of FREEMAN'S ORIGINAL CHLORODYNE is the cause of the malicious libels so constantly published from interested motives by another maker of Chlorodyne. The Profession and the Trade are particularly urged not to be deceived by such false statements, but exercise their own judgment in the matter, and to buy no substitute for "The Original Chlorodyne."

Ill. 6. The Pharmacist's Competition, ca. 1866

Source: V. Berridge, G. Edwards, p. 128. This praise for Freeman's chlorodyne was advertised at the cost of the dangerous chlorodyne made by Dr. Collis Brown.

In the end the British government became worried and established a *Select Committee on the Sale of Poisons* (1857). Next came the *Pharmacy*

cist conducting an establishment for the dispensing of drugs is authorized to dispense poisons also.' Even: 'Inspectors, who must be registered pharmacists, are appointed by the Society.' (Idem, p. 100). Like other medical professions it became its own judge! One dared to call this new law 'the Magna Charta of British pharmacy' of a 'self-governing community' (Idem.). The American lexicon spiced this by making the comparison with 'the principle employed by England in relation to her colonies ...'

Act (1868), which established a system of registration and examinations basic to this pharmacist monopoly. It also achieved to a large extent a monopoly on prescription and the restriction of the availability of drugs and poisons, including opium and opiates, to specific shops and purses.

However, the government was well aware that overly stringent restrictions on opium sales 'would only create an illicit market'.[18] Now, opium, along with 22 other drugs, was to be kept under lock and key. It could only be sold to adults, in the presence of a witness or on production of an official certificate. This had to be signed by a clergyman or other authority.

The sociologically new aspect was the cooperation for the first time by different factions of the English elite—the political, religious and economic one—in a concerted action against the lower classes.

The given awareness of an "illicit" market and the whole theater of authoritative or religiously legitimated allowances was a reproduction of the shopkeeper's self-interest and the state's or patriarchal elite's willingness to intervene in the lives of the citizens of the lower classes. But, in the same stroke, it created more detailed norms and values every time and, therefore, the sins committed when violating them, including the subsequent punishments.

The third new feature of The Opium Problem was, therefore, the institutionalization and interventionism of the law-and-order state and the invention of a specific criminality. The mood in which this occurred was described by a Dr. Richardson in 1892 who thought that opium smokers were 'very dangerous under those circumstances [smoking. H.D.] ... they might rise up, and be mischievous to anyone who might perform an experiment upon them, however simple it might be.' [19] For Dr. Richardson the alleged 'menace' was not only the supposed criminal act against another individual, but the contamination of the entire English people as well.

Long before Dr. Richardson conjured up again the dangerous character of opium or opium poisoning, it had already become a concern of those involved in the mid-century *public health movement*. For this movement the image was created of opium (in whatever form) as a criminal product (threatening the public health). For example suicide, defined as a criminal act, was at the time very often committed by means of laudanum overdose. This product was also used to kill people of all ages (accidentally or

[18] B. Hodgson, p. 117.
[19] Quoted in Idem, p. 199.

otherwise). Berridge-Edwards provides statistics of 'narcotic deaths' from 1863 onwards until 1910 caused by the intake of 'opium', 'laudanum', 'soothing syrups', 'chlorodyne', 'morphine' and 'cocaine'. The last four categories were listed from 1891-1908; they were apparently not available before the 1890s.[20]

The result of this movement, which gained momentum at the end of the century, was the classification of the users of these drugs as criminals, as deviant from the norms of established society, and of opium as a problem drug. Together with the development to define the production and trading of opium (and its derivatives) as 'illicit', the public health movement also created a specific kind of criminal organization, now known as the drugs mafia.

The next feature of The English Opium Problem involves the activities of the strongly religious anti-opium movement.[21] These became important motivators concerning the abolition of 'evils' in China, ranging from opium smoking to foot-binding.

The main organization in this field was the *Society for the Suppression of the Opium Trade* (SSOT) established in 1874, which was dominated by Quakers. The SSOT became a typical pressure group of the Victorian age like the Anti-Slavery Society or the Anti-Corn Law League combining humanitarian and commercial motives. The humanitarian one hinted at the morally unacceptable opium use; the other motive at the failed trade.

Sufferers from the latter motive, mostly representatives of the new industrial world, had an expectation of an enormous trade with the 400 million Chinese population. However, the expected huge profits that did indeed come went to the commercial world (including its bureaucratic support) which accepted and conducted the illicit imports of opium. The "poor Chinese" did not accept British manufactured goods but had to swallow the British "commercial product" opium. A formal pro-opium organization did not exist, but the imperial interests were powerful enough. Important figures in the British-Chinese relations like Sir Robert Hart or W. Brereton (see ch. 31) wrote pro-opium pamphlets.

After 1885 the anti-opium movement and the SSOT weakened considerably. The missionaries among its members tried to form their own anti-opium movement. This was in vain: what could be seen as a major result of the movement, the establishment of the *Royal Commission on Opium*

[20] Idem, p. 275-277.

[21] See for the following Idem, p. 173 -194.

(1895), resulted in a polite whitewash of the Anglo-Indian opium government and its business.

The remaining anti-opium societies under the leadership of Joshua Rowntree could not change the unavoidable decline of the movement. Their support within the English population was too small; the government, medical and entrepreneurial pro-opium policy was too strong. The anti-opium stand did remain represented among a section of the medical elite.

Another question to be mentioned here is related to the outbursts of *racism, xenophobia and anti-Chinese* (*violent*) *activities* at the end of the 19th-century in London or Liverpool. In the USA the many anti-Chinese actions in those years were much more dangerous for the Chinese victims and had far-reaching consequences (see ch. 28). Still, these English actions are remarkable enough.

In the first place, because there were hardly any Chinese in England! Was this racism largely a reproduction of a bad British conscience? In 1861 in the whole country, an estimated 147 Chinese lived among twenty million people.[22] Twenty years later this was increased to 665. Again ten years later 302 lived here permanently, while 280 had a temporary visa. The settled Chinese serviced Chinese seamen; they lived more or less together in two narrow streets of dilapidated houses.

Indeed, in the 1860s descriptions of opium smoking as a domestic phenomenon started, of "Dark England", of one opium den in the East End visited even by the Prince of Wales. Many famous authors (Dickens, Oscar Wilde, Conan Doyle, etc.) pictured or used opium or cocaine in the 1880s. The anti-opium propaganda advertised the connection to the immoral conduct of the British towards China and created an image of the 'Great Anglo-Asiatic Opium Curse' which 'would somehow come home to roost'. Opium den jokes appeared in *Punch*.

Soon after this decade, the discourse took on a grim tone, like that of a London County Council inspector and ex-policeman who visited an opium den (1904) run by

> cunning and artful Chinamen' and commented later on this 'oriental cunning and cruelty ... was hall-marked on every countenance ... until my visit to the Asiatic Sailors' Home, I had always considered some of the Jewish inhabitants of Whitechapel to be the worst type of humanity I had ever seen ...[23]

[22] For the following see Idem, p. 195 ff.

[23] Quoted in Idem, p. 199.

The last feature of The British Opium Problem concerns its *international effects*. It is clear that the main performers, the dealers, were certainly not the main authors of the opium drama, let alone the "willing audience". Who pulled the main strings, let's call them "the imperial interests", could endure the pressure of what could be called "the home interests" for a long time. Around 1900 rather fundamental cleavages are apparent in *both* "groups". At that time *both* had only a limited influence on an increase or decrease of the use of opium, because they never attacked the *colonial* policy or the so-called "free trade" of their governments in any relevant way.

Their controversies were fought far above the heads of the citizens and victims in many international conferences. They were largely attended by Western participants, although the Japanese as new imperialists were also active there to deny their aggressive opium policies in the East (see ch. 27). The 1909 Shanghai conference organized by the US government was one of the most influential. When organizing the follow-up conference (The Hague, 1911), one country, the most powerful one, did not participate and, therefore, did not subscribe to the many recommendations: Great Britain. It did not allow interference in its most profitable business with China. Instead, it sent an interesting series of excuses. The main ones were that it was busy negotiating with China bilaterally about the opium problem on its own terms.

> In addition to this, the British Government was greatly concerned over the morphine and cocaine traffic; for it had been shown beyond a doubt that immense quantities of these drugs were being smuggled into British India to take the place of opium, also that in China they tended to supplant the use of opium which the British Government had agreed that India should soon cease to export, and the production and use of which China on her part had agreed to suppress' ... [On these considerations several other governments were highly interested] ... 'in the manufacture of and traffic in these drugs. They were particularly important to Germany, as one of the largest producers ... the Italian Government has proposed that the production and traffic in the Indian hemp drugs be included as part of the program ....[24]

What had happened, therefore, around 1900 was a serious proliferation of the opium problem into a general drugs problem with quite new aphrodisiacs. Next, the country of British production was infiltrated by these new products. They were produced again by a Western country, by one of

[24] Quoted in C. Terry, M. Pellens, p. 635.

the strongest British competitors, the leading nation in chemistry, Germany. The *World War on Drugs* could start.

Whoever still thinks that this "war" only concerns opium and other drugs is mistaken. They have not yet been cpnvinced by the previous analysis of the tea for opium trade or of its above ground and underground elements. All these things concern economic practices with a strong tradition within old British colonies like, for instance, Kenya with its colonial tea production.

From a not very important part of the *Opium Commonwealth,* Kenya, the following message was sent, which also forms an appropriate end of this first historical analysis of the opium problem:

> Kenya will step up lobbying for a review of the import duty charged on tea by Pakistan to help curb smuggling through the neighboring Afghanistan. ... Pakistan currently charges 10 per cent import duty, alongside a 15 per cent sales tax and an additional 10 per cent value-added tax ... Smugglers charge between 15-per cent overall duty on their consignments. Only last month, Kenya raised the red flag over a sudden surge in Afghanistan tea imports with market analyst linking the trend to a syndicate in which suspected billionaire terrorists in the war torn country were seeking to "hide" their dirty money in the wake of a US-led crackdown on opium growing.[25]

The *World War on Drugs* continues. In Kenya an invitation like: 'Let's drink chai (tea)!' is too often the start of a solid case of corruption, a conclusion also drawn by a US *International Narcotics Control Strategy Report.* It assesses Kenya as a 'transshipment point for Southwest Asian heroin and hashish, as well as some Southeast Asian heroin. West African, particularly Nigerian, traffickers are active behind the scenes in Nairobi ...'[26] This stuff arrives for transport to Europe and the US. Indeed, in this year almost 20 mt of hashish was discovered on one of those beautiful beaches near Mombasa, 'one of the largest seizures ever made in Africa'. The traffickers were caught; corrupt police inspectors remained in office, thanks to 'influential politicians and government officials'; a British citizen was arrested for growing 150 opium poppies ... an accident ... [but] ... a previous year 30,000 plants were discovered ...

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[25] Article from Allan Odhiambo, Kenya seeks reduction in Pakistan tea import duty, in: *Business Daily,* December 30, 2009 (www.businessdailyafrica.com).

[26] US Department of State, 1996. International ..Report, March 1997 in: http://www.state.gov/www/global/narcotics_law/1996_narc_report/index.html.