

The Drug Hang Up, America's Fifty-Year Folly

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Chapter 21

Proselytizing the World

HALF THE STORY of American aspirations to wipe out drug trafficking by international cooperation can be revealed in a single observation-that there is only one parallel in the history of modern nations, and that is the contemporaneous effort to put an end to wars by disarmament. This analogy was actually noted, somewhat ruefully perhaps, in a League of Nations study in 1933; and indeed the theory is impeccable in both cases: if all nations agreed to lay aside their weapons-or to devote major efforts to hunting out poppy fields-mankind would assuredly be greatly benefitted.

But even as it might be said that in recent years most of the world has been concerned chiefly with disarming only the United States (and now a few other nuclear giants), so the reverse has been true with respect to drugs: only the United States, sometimes virtually alone, has been trying seriously to induce the rest of the world to restrict drug crops and repress drug production for international markets. This is more easily understandable when one recalls what has been stressed several times already: for the past half century there has really been only one important illicit market for drugs in the world, and that is the one the United States maintains at such great cost to all concerned in North America.

As if to advertise this state of affairs, the U.S.-dominated U.N. Commission on Narcotic Drugs sometimes publishes the price ranges of drugs in illicit markets, noting in 1968, for example, that representative spreads for black-market heroin were as follows: in Thailand, \$384 to \$576 per kilogram refined, and \$211 to \$288 unrefined (adulterated); in Iran, \$2,400 to \$2,900 per kilogram wholesale and \$7 per gram retail; in Greece, \$3,900 per kilogram wholesale and \$10,800 to \$13,800 retail; in Turkey, \$5,555 to \$6,666 per kilogram; in the United States, \$25,000 to \$35,000 per kilogram refined, \$18,000 to \$25,000 unrefined, and on the streets of U.S. cities \$1 to \$50 per capsule or packet, depending on the range of purity (1 to 25 per cent; from a trace to a grain or two). At \$10 per "cap," one kilogram of refined "H" thus brings a return in Yankee dollars reaching well into six figures, less, of course, the cost of a little milk sugar or similar cutting substance and some gelatin or glassine packaging. The Canadian street price was reported to average \$13 per capsule.

It will be recalled that even the beginnings of the international story, which Commissioner Anslinger always characterized as a dramatic instance of world collaboration, came about because of special problems encountered by the United States

in the Philippines following the Spanish-American War. At least this was a major factor, along with President Roosevelt's humanitarian concern over the continuing exploitation of the China traffic, in causing the United States to initiate the Shanghai Conference of 1909, from which came a barrage of hortatory resolutions calling on all governments to suppress opium, control the production of morphine by "drastic" measures in their own territories, and prevent exportation from their ports to countries which had banned or restricted inbound shipments. The latter was a novel concept-that we could call upon the world to choke off at the source substances we wanted to keep from flowing inward across our boundaries.

The United States was likewise the moving force behind the 1912 Hague Conference, convened to implement the Shanghai principles. Here we elaborated the arguments for stringent inter-national controls: drug traffickers could not be counted on to respect national frontiers; since most countries did not raise drug crops they were dependent on international trade for their supplies; drug smuggling is easy because of the small bulk of the substances involved; and since drug addicts imperatively demand their drugs and will pay any price, the traffic would attract unscrupulous persons and criminals, and lead to the development of international gangs. Accordingly, it was urged, even countries having no drug problems within their own borders would have to start policing manufacture, export, and transshipments or they would provide bases for smuggling operations into countries which did have black markets.

Thirteen governments were represented at the Hague. The Convention was to take effect upon ratification and the signing of a special protocol by the thirteen, but when the delegates took it home to their respective foreign ministries nothing happened. Special conferences were convened again, later in 1913 and in 1914, to push for action as the clouds of World War I gathered, but it was not until February 1915 that the United States persuaded two other powers-China and the Netherlands-to sign so that the Convention could be launched as more than a simple bilateral agreement. (This episode and the last-mentioned date are of particular interest when it is recalled that the Harrison Act, passed by Congress with so much eclat in 1914, was justified by its proponents in large part as necessary fulfillment of an inter-national obligation.)

Quite possibly the whole story of world cooperation in the drug field might have ended here had not the United States, in its dominant position at the Paris Peace Conference, sponsored a provision in the Peace Treaties to the effect that ratification of the latter should be deemed automatically to be ratification of and adherence to the Hague Convention. Since the Paris treaties carried all the benefits and privileges of League of Nations membership, most sovereign states signed up in ensuing decades. But a few more were driven in, again by the United States, as late as World War II. This came about because Congress had provided in the American Narcotic Drugs Import and Export Act that the United States would only export controlled drugs to countries which were parties to the Hague Convention; so when war disrupted ordinary channels through which nations obtained their legitimate supplies, a number of nonsignatory powers had to turn to U.S. sources. Such countries as Afghanistan, Egypt, Paraguay, and Saudi Arabia joined

the fold this way. By the end of 1945, the only holdouts were Lithuania, Iran, San Marino, Sudan, the U.S.S.R., and Ethiopia.

In 1920 the League General Assembly had created a special Advisory Committee on the Traffic in Opium and Other Dangerous Drugs. Members of this Committee were appointed by the League Council in 1921, and although the United States was already dissociated from League affairs, it received an invitation to participate, through an observer, as a "specially concerned" nonmember. And from this position, commencing in 1923, the United States made its views felt with an increasingly heavy hand,

The Second International Opium Conference, called by the League, met in Geneva in 1924 and was attended by delegates from thirty-six nations. The U.S. representatives, after being rebuffed in their proposal for a world ban on heroin and trying unsuccessfully to persuade the Conference to outlaw all drug production for nonmedical purposes, withdrew from the deliberations, taking the Chinese along. The work product of this Conference, the Geneva Convention of 1925 (which came into force in September 1928), was substantial nonetheless, setting up an obligatory import-export licensing system, rephrasing and tightening the exhortations of the Hague document, and creating a new control agency, the Permanent Central Board, entrusted with the collection of statistics and a watchdog-and-warning supervision over the accumulation of stocks of drugs and inter-national trafficking. And again, even though the United States never ratified the Convention, from the outset a U.S. representative was given a special place on the Permanent Board.

Commissioner Anslinger appeared on the scene in 1930, with, as has been noted, a background in diplomacy; the official U.S. position on all matters pertaining to drugs thereafter coincided with his personal views; and significant developments on the world front have in turn almost always coincided, sooner or later, with the positions pressed by his U.S. delegation.

First the struggle for production controls, which had been unsuccessful in 1925, was renewed and bore fruit in a new Limitation Conference convened in Geneva in 1931. The Americans had been pushing, through the Opium Advisory Committee, for a treaty to establish iron-bound manufacturing quotas, and this caused a number of countries to increase their output or open new manufacturing facilities so that they would not be slighted in what threatened to be a monopolistic freeze of the status quo. But the 1931 document provided flexible controls, to be administered by a newly created Supervisory Body, limiting the manufacture of drugs to the legitimate demand which could be demonstrated in each case by a manufacturing country. Every participating government was bound to submit to the Supervisory Body an annual estimate of its legitimate needs, and the Body then prepared from these a Statement of Estimated World Requirements. Countries exceeding their estimates or otherwise getting out of line were supposed to file explanatory statements with the Central Board.

In 1931 the Americans again pushed hard for a total ban on heroin (which actually differs -from morphine and synthetic opiates in its effects on addicts not much more than

martinis differ from bourbon and branch water for the confirmed five-o'clocker, and which has unique therapeutic value in treating certain pulmonary disorders), but other delegations resisted once more expressing strong doubts whether the value of this opium derivative did not outweigh its dangers. The upshot was a compromise action:

The Conference:

Recognizing the highly dangerous character of diacetylmorphine as a drug of addiction and the possibility in most, if not all, cases of replacing it by other drugs of a less dangerous character;

Recommends that each Government should examine in conjunction with the medical profession the possibility of abolishing or restricting its use, and communicate the results of such examinations to the Secretary-General of the League of Nations.

The fruits of this, tallied and reported by the Opium Advisory Committee in 1938, were that nine countries agreed to total abolition, seven reported that they had already imposed severe controls, twelve favored moderate restrictions, and fourteen explained why they were not willing to consider any abolition or restriction.

And since we have thus jumped ahead on the heroin story, let us follow it a little further, to an illuminating collision between Anslinger and the British Medical Association, in bygone days when the BMA was at its doughty best. United Kingdom spokes-men were vigorous among those opposing restrictions on the drug after the British profession had been consulted through the Ministry of Health and the BMA. But Anslinger was persistent. Year after year his reports as U.S. delegate to the Opium Commission kept worrying the point. For example, in his 1951 account (doubling as the official U.S. Report to the United Nations and the annual U.S. Treasury Report to Congress) he inserted:

During the sixth session Commissioner Anslinger, the United States Representative on the United Nations Commission on Narcotic Drugs, gave a statement on the illicit traffic in diacetyl-morphine (heroin) which is reproduced below:

.. . There apparently exists heroin stocks in Italy in the hands of dealers of over 200 kilos of heroin, or equal to about a 10-year supply. These stocks constitute a great danger to the illicit traffic in various countries, particularly the United States where large quantities have been smuggled from Italy. The Italian Government should take immediate steps to safeguard these stocks, and to cease manufacture of heroin for 10 years or until the stocks are exhausted.

I ask that the Secretary General send a letter to the Italian Government suggesting that such steps be taken. . . .

It is with considerable concern that one views the reported flow of heroin from Tientsin and points in Manchuria into Japan via Hong Kong..... I have a photograph of the packages bearing the Tientsin label..... This traffic should be suppressed by the Communist authorities in China. It is apparent that the crest of teen-age addiction has been reached and will continue to decline if the governments mentioned continue to tighten up their controls and if all governments provide heavier penalties in the way of mandatory sentences and if Communist China closes the heroin factories in its territory.

And again in 1956:

The Commission on Narcotic Drugs reemphasized its previous recommendation that the manufacture, import, export, and use of heroin be prohibited. Most governments have taken measures for the prohibition of heroin. Egypt has prohibited the manufacture and import of this drug, and has stopped its use for medical purposes. In March, 1956, Italy prohibited the manufacture, import, and export of heroin, and has strictly controlled its distribution. The United Kingdom has banned importation and exportation of heroin, but a legal obstacle prevents prohibition of its manufacture.

The "legal obstacle" referred to was not legal at all-it was the angry and vociferous British doctors. Responding to pressure openly characterized as being applied by the United Nations and U.S. Delegate Anslinger, the Secretary of State for Home Affairs had announced in the House of Commons a proposed total ban on the manufacture of heroin. The British Medical Journal challenged the move, and the Association formally objected by resolution to the fact that medical opinion had not been sought. The controversy blossomed into Parliamentary questions and brisk exchanges of letters in the London Times, which was itself inspired to editorialize:

Heroin addiction is undoubtedly a serious problem in many countries, but is this a valid reason for depriving patients in this country of an essential drug, provided always that export of the drug is barred? . . . The National Health Service exists for the benefit of the sick and suffering citizen, and from time immemorial the alleviation of pain has been one of the first claims upon the physician. The Minister of Health is taking upon himself a serious, and unjustifiable, responsibility in agreeing to the deprivation of so many patients of their one source of relief from what is so often excruciating pain. After the arguments of the deputation from the British Medical Association have been heard, the Government should have better, and second, thoughts.

Under these pressures the Home Secretary receded, the manufacture of heroin for home consumption in England was continued, and further consideration of domestic restrictions was postponed indefinitely. British practitioners are still indignant, nonetheless, about one distortion that has continued: at the height of the controversy heroin was withdrawn

from the British Pharmacopeia, and solely on this basis American authorities have been asserting ever since that Great Britain fell into line and "banned" the drug.

Returning to the international scene in 1931, the Limitation Convention went further, despite the American setback on heroin, than any comparable agreement had ever gone in limiting sovereign control of a domestic activity by delegating authority to an international body. Under procedures worked out by the League Secretariat in following years, and as more nations adhered, it achieved much of its desired effect exposing to view and control the legitimate production of regulated drugs (opiates, cocaine, and cannabis) throughout most of the world community. Even nations not adhering to the Convention could be affected by it, for the Supervisory Body was empowered to make estimates for nonparty states as well as for adherents, and if a non-party permitted production grossly exceeding its estimated needs it could be penalized by an embargo against further shipments of drug supplies to it by party-states.

The next Convention, drafted in 1936, was also launched by the United States as an initiating party and then the U.S. delegation again withdrew when it could not obtain the strict terms Anslinger wanted. The subject matter this time was particularly favored by him: the strengthening of criminal penalties imposed for narcotic offenses, and facilitating extradition of drug traffickers wherever they might take refuge. Each signatory was also required to set up a central national police agency to coordinate its drug-law enforcement efforts.

The United States walked out, and refused to sign, because the Convention covered only manufactured drugs, excluding raw materials and smoking-opium. This was unacceptable since, as Anslinger himself ingenuously confided, it afforded no constitutional ground (or, more truthfully, no way around the U.S. Constitution) for federal repression of cannabis and the opium poppy at home. The 1936 Convention nonetheless became effective in 1939, just after the outbreak of World War II, with ratifications by ten countries; by 1945 it had a total of thirteen adherents.

Early in 1941, before the United States became embroiled in the war, Anslinger protected his domain by inviting all the narcotics officials in the League Secretariat, the Supervisory Body, and the Permanent Central Board to move their operations from Geneva to branch offices in Washington. Thus while most League agencies vanished in the holocaust, the machinery for international drug controls survived intact, more beholden to the U.S. delegate than ever.

An American propaganda line after Pearl Harbor was that the Japanese had spread drug addiction as a prelude to military subjugation-"opium pellets were sent as a vanguard of the military attack" – in their sweep westward into Manchuria, Korea, and mainland China. This gave Commissioner Anslinger the kind of chance he never failed to seize. Even before the Pacific war began to turn in the Allies' favor, the U.S. Bureau began sowing fears around official Washington about what would happen when American troops were deployed in areas where they might be exposed to opium dens. The Commissioner pointed out that drug addiction is caused by association, so all opium

smokers in liberated countries would have to be regarded as sources of infection. He also pointed out that the Filipinos who stood bravely with U.S. troops at Corregidor would surely have collapsed much sooner had America not had the foresight to suppress the sale of opium in their islands.

In January 1943, representatives of Great Britain, Canada, Australia, New Zealand, the Netherlands, and China were summoned to the Treasury Department to discuss what was going to happen when some island or territory where they had formerly permitted opium smoking came to be recaptured. Anslinger pointed out to these errant allies that opium monopolies did not reduce the number of smokers, that only full international cooperation by all concerned could provide a solution, and that the production of poppy crops would thereafter have to be strictly controlled. Doubtless to their discomfiture remembering the posture of the war in early 1943-he also told them that American public opinion was so crystallized against drugs that if the American navy liberated former colonies like Hong Kong, the Americans could not shift command back to the British if the British said opium was "in" while U.S. authorities were obliged to insist that it was "out." The upshot was that in September 1943 the U.S. government took the unusual step of addressing an official communication on the subject to each nation concerned, and before the year was out all had capitulated and promised to put an end to "the troublesome opium-smoking problem."

When the war ended, U.S. occupying forces actually took control in much of the Far East and thus American attitudes were widely imposed. In Japan itself, for example, General MacArthur caused the enactment of a Japanese Harrison Act, complete with top-to-bottom registration requirements, an army of drug inspectors, and five-year prison sentences (the maximum sentence for any drug offense under Japanese law had previously been three months). In 1946 the Permanent Central Opium Board bestowed a glowing "well-done" for what was happening in Asia:

It is evident that the American occupying authorities have taken great interest in the control of narcotics and have taken especial care to establish a strict centralized supervision. The Board desires to express its appreciation to the military authorities responsible at Pacific Headquarters for their work, to the Department of State, and to the Commissioner of Narcotics of the United States, who have also been directly concerned in bringing about this desirable result

Nor was Germany neglected. All uses of heroin were prohibited forthwith, and all drug transactions were strictly regulated in the U.S. Occupation Zone, as soon as the Americans had established themselves. Anslinger found conditions elsewhere in Germany 'unsatisfactory,' however, and U.S. spokesmen accordingly pressed for a joint Narcotics Control Working Party to revise German laws on behalf of all four of the occupying authorities.

Simultaneously, Delegate Anslinger sponsored a formal request from the U.N. Commission:

The Commission:

Requests the Economic and Social Council to urge the Governments of France, the United Kingdom, the Union of Soviet Socialist Republics, and the United States to recommend to the Allied Control Authority to take the necessary measures, at the earliest possible moment, for the establishment of an effective control of narcotics for all Germany.

Yet even this was not enough, and the German situation remained unsatisfactory, because although in ensuing years the Americans drafted a Harrison type law for Germany, and a Working Party was set up to apply it, the other occupying powers soon lost their enthusiasm for the effort, eventually concluding that Germany's old Narcotics Law of 1929 was adequate.

Some other U.S. projects in the postwar period were similarly rebuffed. Harping further on the theme that Japan had deliberately used opium as an instrument of aggression, Anslinger tried to have official promotion of drug addiction classified as genocide, without success. His subsequent efforts to obtain formal censure against the government of Red China for deliberately fostering drug abuse among its political adversaries likewise came to nothing in the international forum (though as we have seen, he made good use of his own U.N. statements as scare material for home consumption in the United States) -

Efforts led by the United States to induce world opium producers to outlaw the poppy continued despite the setback already noted, when the subject was excluded from the 1936 Convention. By 1939 a poppy-limitation draft, sponsored by the League Opium Advisory Committee, was being circulated in preparation for another convention. In 1944, while the war still raged, the U.S. Congress passed an elaborate resolution requesting President Roosevelt

... to approach the Governments of all opium-producing countries throughout the world, urging upon them, in the interests of protecting American citizens and those of our Allies and of freeing the world of an age-old evil, that they take immediate steps to limit and control the growth of the opium poppy and the production of opium and its derivatives to the amount actually required for strictly medicinal and scientific purposes.

As a result, American spokesmen began directly urging friends and allies to agree on eighteen points, closely resembling the substance of the 1939 draft protocol and calling for an international monopoly, with quotas, an inspection system, and enforcement sanctions. This evoked a number of polite responses but only two actions: Afghanistan announced it was outlawing poppy growing as of March 1945, and Iran made a similar announcement in 1946.

In the United Nations structure, a new Commission on Narcotic Drugs was established under the Economic and Social Council, replacing the Opium Advisory Committee, and a

new Narcotics Division was created at Lake Success. Once again, the U.S. spokesman on the new Commission was Harry Anslinger, and the Director of the Narcotics Division was an American nominee who had been a League staff member assigned to Washington by the old Dangerous Drugs Section. The Permanent Board and the Supervisory Body were re-established in Geneva, where the World Health Organization, with its Expert Committee on Drugs Liable to Produce Addiction, also made its head-quarters.

Pressures for controls on raw opium continued after the war, complicated by the development of methods for extracting morphine base from the whole poppy plant ("poppy straw") as well as from the juice of scored pods in the traditional harvesting. Although agreement in principle was sometimes reached in inter-national discussions, the proposals kept breaking down when it came to implementation. In 1953, as a result of a French suggestion to get away from the American monopoly plan, a mild protocol on production and stocks-principally exhorting affected governments to do something about the problem themselves, and with exceptions for countries which still permitted opium smoking was actually drafted and agreed upon in New York; but this then lay about for ten more years before coming into force upon ratification by a sufficient number of adherents.

In 1948 another protocol was negotiated at Paris to create machinery for bringing new synthetic substances under the controls imposed by the 1931 Convention. Determination of the addiction-producing properties of such substances was to be made by the Expert Committee of the World Health Organization, but the U.N. Commission could place any substance under international. controls forthwith on an emergency basis.

On a different front, when the government of Peru requested a U.N. study of the effects of chewing coca leaves in 1947, U.S. spokesmen used the request as a basis for urging repressive international controls of the coca bush along lines paralleling those pressed with respect to poppies. But the special protocol proposed for this purpose never got beyond the discussion stage.

In any event, all these lesser ups and downs at the U.N. were insignificant beside Commissioner Anslinger's grand project, dreamed of in the old League of Nations days and launched in the U.N. Commission by the U.S. delegation in 1948, the drafting of a comprehensive Single Convention to consolidate provisions of all existing treaties, to centralize the functions of all international control bodies and agencies-and to give the United States another way to push endeavors wherein it had previously failed, such as banning heroin, tightening restrictions on cannabis, limiting opium crops, and choking off sources of the coca leaf. At its May 1948 meeting at Lake Success, the U.N. Commission on Narcotic Drugs adopted a U.S.-drafted and U.S.-sponsored resolution addressed to its parent body, the Economic and Social Council, requesting the Secretary-General to commence work on such a Single Convention.

Preparation of three drafts took ten years. At the outset, some provisions sounded as authoritarian as the language Congress employs in domestic U.S. drug acts. But it soon became apparent that other nations were not going to compromise their sovereignty by

submitting to a supranational Bureau of Narcotics, and gradually the drafts were toned down, so that some terms of the Single Convention as finally approved in 1961 are milder than the old provisions which they supplant.

Yet those who were pushing repressive features also gained some ground. The preamble recites that drug addiction "constitutes a serious evil for the individual and is fraught with social and economic danger to mankind." A new central authority, the International Narcotics Control Board, is vested with the powers of all its predecessors, and functions with a good deal of independence and authority. Although its members are elected by national representatives, it has power to adopt policies affecting nations which have neither ratified the Convention nor even joined the United Nations, so that in this capacity it truly acts in the name of the entire international community.

New substances can be added by streamlined procedures based on the 1948 protocol; reporting requirements are simplified and extended, and each contracting party must submit estimates of its legitimate requirements which thereupon form a basis for production quotas. Manufacture of drugs is limited and controlled by the embargo sanction; and the Convention lumps the opium poppy, the coca bush, and the cannabis plant indiscriminately together as raw crops subject to control.

Any party in whose country the production of drug crops is permitted must set up a control agency, a licensing system, and a purchasing monopoly; and with respect to the coca bush (though, curiously, not as to marijuana), each party adhering to the treaty must see to it that wild bushes are uprooted and illegally cultivated plants destroyed. Some of the requirements are specific indeed (inner wrappings of drug packages shall bear a clearly visible double red band, which must not be placed on the outer wrapping; medical prescriptions must be made in counterfoil books; books and counterfoils must be kept for a period of not less than two years, etc.). And some are sweeping with a familiar ring—for example, all possession of drugs except under legal authority must be outlawed; each party must create a central enforcement authority to coordinate repressive action against the illicit traffic; and every conceivable offense (eighteen are enumerated, plus "any other action which in the opinion of such Party may be contrary to the provisions of this Convention") shall be punished adequately—"particularly by imprisonment or other penalties of deprivation of liberty."

The Single Convention came into force with forty ratifications in December 1964. The United States adhered in 1967, and at present some eighty nations have become parties. The new eleven-seat International Narcotic Control Board, on which the United States is represented by one spokesman and several echo-ers, has commenced functioning. So for better or for worse, the remarkable phenomenon of direct international manipulation in this domestic field, and manipulation significantly dominated by the United States besides, is apparently going to remain with us. And the practice we have already noted, using home-front policies and pronouncements to lever the international community while at the same time using the international agencies to pressure lawmakers and public opinion at home, will likewise doubtless go forward.

Although Commissioner Anslinger retired from the Bureau in 1962, he continued in his U.N. post until early 1970, and there the same themes were pounded relentlessly: China still produces opium and heroin in sizable quantities "intended for smuggling to the United States"; Burma must substitute some other agricultural crops for her production of opium, and should rehabilitate her addicts forthwith; heroin is still a growing threat (having grown fairly steadily over the span of five decades); and Latin American nations should do more than they have done about coca. Cannabis misuse (hashish, bhang, marijuana) is a menace in most parts of the world, and more efforts should be made to educate Africans about problems of drug abuse which do not yet seem to alarm them sufficiently.

In 1966 the U.S. Bureau reported modestly to Congress that its cooperation with foreign governments had "grown into a policy of assisting all countries in the control of illicit narcotic traffic whenever such help is requested" and that "U.S. interest and cooperation with other countries has placed the Bureau of Narcotics in its position of leadership in international narcotic enforcement" Also in 1966-and doubtless looking apprehensively at its own impending demise, to be related in a subsequent chapter-the Bureau added a reverse twist, citing the Permanent Central Narcotics Board as authority for the proposition that drug-addiction problems in the world generally and in the United States in particular were really well under control:

However, the report [of the Board] compared present conditions with those existing before international control and concluded the present picture represents a striking measure of progress. The Board pointed out that the relative incidence of addiction to manufactured drugs has appreciably diminished, the number of persons misusing opium has been greatly reduced, and there is no significant diversion of manufactured drugs from the legal trade into illicit channels. The United States was recognized by the Board as a prime example of the decline of the addict population.

Mirroring sudden U.S. concern about hallucinogens and other new drugs (also the subject of succeeding chapters) the Bureau related the following of the U.N. Commission:

The Commission unanimously decided to recommend that the Economic and Social Council adopt a resolution on LSD. The resolution recommends that immediate action be taken by governments to strictly control the import, export, and production of LSD and similar substances and to place their distribution "under the supervision of competent authorities." The Commission further recommended that the use of LSD "and substances producing similar ill-effects either immediately or readily by conversion" be restricted to scientific research and medical purposes and their administration be only under very close and continuous medical supervision. The Commission condemned all other usages of such substances and urged governments to take all steps to prevent it.

(An elaborate Convention on Psychotropic Substances, imposing international controls like those specified by the Single Convention, subsequently went through several drafts and was adopted by a U.N. Conference in Vienna in February 1971, to take effect when ratified by forty states. It covers such a grab-bag of natural and manufactured items that at every stage of its consideration its proponents felt obliged to stress anew that it would not affect alcohol or tobacco abuse.)

In 1967 the U.S. Bureau report to Congress featured the following resolution by the U.N. Commission on Narcotic Drugs on the subject of cannabis. It should be borne in mind that at this time U.S. enforcement authorities had come under attack from all quarters on the Marijuana Tax Act and the official attitudes they have so long fostered toward marijuana, and that resolutions adopted by the U.N. Commission are only recommendations to the Economic and Social Council, which in turn can only convey them for final approval to the General Assembly. So this, like most of the actions similarly reported in this country to serve the Treasury Bureau's purposes in the past, was no more than a crude U.S. plant, with scientific validity and lacking any real force in the international body:

The Commission:

Recalling that the Single Convention on Narcotic Drugs, 1961, obliges Parties to place cannabis under strict controls to prevent its abuse;

Considering that the problem of the traffic and abuse of cannabis remains serious in many areas where it has long been encountered;

Observing that the traffic and abuse of cannabis appears to be spreading to areas where it has not heretofore been encountered; Noting that considerable publicity has been given to unauthoritative statements minimizing the harmful effects of cannabis and advocating that its use be permitted for nonmedical purposes;

Recognizing that cannabis is known inter alia to distort perception of time and space, modify mood and impair judgment, this may result in unpredictable behavior, violence and adverse effects on health, and that it may be associated with the abuse of other drugs such as LSD, stimulants and heroin;

Convinced that inefficient controls over, apathy towards and lack of public awareness of the dangers of cannabis and its continued abuse contribute to drug dependence, create law enforcement problems and injure national health, safety and welfare; 1. Recommends that all countries concerned increase their efforts to eradicate the abuse and illicit traffic in cannabis; 2. Further recommends that governments should promote research and advance additional medical and sociological information regarding

cannabis, and effectively deal with publicity which advocates legalization or tolerance of the non-medical use of cannabis as a harmless drug.

In 1970 the International Narcotics Control Board was still echoing U.S. themes about cannabis: "While progression from cannabis to heroin is not inevitable, there is evidence that numbers of heroin consumers in certain countries have begun with cannabis." And on the general drug situation the U.N. body re-ported as if it were looking at the American scene through the eyes of U.S. enforcement officials-and nowhere else:

A further significant change is that drug abuse is no longer confined to maladjusted personalities, to minority groups, or to persons subject to economic stress. On the contrary it is now geographically more widespread, it includes much larger numbers, and in the countries affected it has invaded all levels of society. A particularly disturbing feature is its extension in some closely populated areas to young children, some of whom have become addicted to heroin.

The American notion that drug abuse within the United States can be curbed by production restrictions throughout the rest of the world has flowered into a grand design, and the U.N. agencies have played along. In September 1970 the U.N. Commission recommended creation of a special fund to be used by the Secretary-General to reduce raw-material production and fight trafficking-to which the United States alone promptly committed \$2 million. (Incredibly, we have also given several million outright to Turkey, by no means a friendly state, to be used to induce some 70,000 peasant poppy growers, and reportedly Turkish leaders who have part of the action as well, to give up profitable opium crops for sisal, sugar beets, sunflowers, and soy.) Says the U.N. Control Board:

Stated in the briefest terms, what is involved is a series of radical changes in the economic and social way of life of large numbers of people, including the development of roads and other communications and assistance to the governments in providing themselves with the means of administrative control.

The same U.N. report notes that such other producers as China and Korea have no connection with any control schemes, while Afghanistan, Burma, Laos, and Thailand produce in areas that are hardly amenable to control by their own governments for any purpose. Illicit growing in the latter areas is often the only cash crop and yields in the aggregate at least five times as much opium as is attributed to Turkish sources. In one of its own summaries, the Board estimates that no less than 1,200 metric tons of are still being dumped annually into world markets for illicit use, enough raw material to produce 120 tons of morphine (which in turn would make 12 billion standard injections-or twice that number of heroin shots).

As for American efforts to push U.S. attitudes and fixations onto other nations individually, Canada is the only state which has been induced to go along most of the way. The first Canadian narcotics law was passed by her Parliament in 1908. The present

basic Narcotic Control Act dates from 1929. It closely resembles the Harrison Act, with rigid controls and record-keeping requirements at all stages in legitimate dispensing, and severe criminal prohibitions aimed at illicit trafficking.

Canadians upped their penalties following the lead of the U.S. Boggs Act, making illegal possession punishable by a minimum mandatory sentence of six months, with no probation or parole, while trafficking offenses range to a maximum of fourteen years -and prisoners are not "coddled" in the Canadian penal system.

In the nineteenth century, Canada had her share of problems with opium smoking, introduced by Chinese and Indian immigrants to her west coast. But she missed the hysteria of the U.S. Prohibition experiment, and the Canadian addict population, though comparatively larger than others in the Western world, has remained relatively smaller than that in the United States. In the 1950's, addicts numbered perhaps 5,000 in a total population of 14 million; currently the number is believed to have doubled, with the population now standing at slightly over 20 million. When American authorities opposed education to inform the public about drugs, Canada followed. When the Americans banned heroin, the Canadians did the same, except that they outlawed only importation, leaving Canadian doctors free to prescribe from what remained of existing stocks.

In Canada, as in the United States, federal authorities early assumed responsibility for repressing drug use, and the famous Royal Canadian Mounted Police has been nearly as autocratic as its American counterparts. Canadian doctors have endured their share of harassment. Her officials sing louder than anyone else in American choruses denouncing British drug practices, while official Canadian pronouncements are cited for such extreme propositions as that 93 per cent of her drug addicts were criminals before they took up drugs and that addiction is usually caused by "criminal association." The following position statement, prepared by an RCMP superintendent and issued by the Canadian Narcotic Service, is a fair sampling:

The solution to the narcotic problem does not lie in the creation of Government clinics where narcotic injections are given to addicts at cost price. This amounts to nothing more than officially condoning drug addiction and placing the stamp of public approval upon a vicious and soul-destroying habit. . .

However, of far greater importance is the fact that we should remember that we are not treating with ordinary every-day sick people when we are dealing with drug addicts. . . . The cause of development of the habit is inherent in the individual. The drug addict is a psychopath before he acquires the habit. . . . Habitual criminals are psychopaths, and psychopaths are abnormal individuals who, because of their abnormality, are especially liable to become addicts. To such persons drug addiction is merely an incident in their delinquent careers, and the crimes they commit, even though they be to obtain money with which to buy narcotics, are not Directly attributable to the fact that they are drug addicts.

It is the opinion of the writer that the Opium and Narcotic Drug Act should be amended to provide that a drug addict, after certification as such by three physicians, must be committed for a period of not less than 10 years to a narcotic hospital operated by the Federal Government. After the expiration of one year in the hospital, the patient would be released, but only on parole and to outside employment.

In the 1950's Commissioner Anslinger's opposite number from Canada on the U.N. Narcotics Commission, Colonel C. H. L. Sharman, kept reporting periodically on Canadian successes with revival of the whipping post for sellers of drugs, urging other nations to follow the Canadian lead in this innovation.

Italy has long been the European country most pressured by the United States with respect to its drug policies. Addiction was never much of a problem for the Italians themselves, but in the aftermath of World War II she became a haven for such deported Americans gangsters as Lucky Luciano and was also allegedly the main transit stop and processing stage in the flow of opiates from the Middle East to the U.S. drug market. In 1950 Anslinger's Bureau began assigning agents to work abroad, establishing headquarters in Rome under Charles Siragusa, who later wrote:

At both the 1950 and 1951 meetings of the 15-nation Commission of Narcotic Drugs of the United Nations, Commissioner Anslinger sought to bring pressure on the Italians to outlaw the legal manufacture of heroin. He made his plea on the grounds that the drug was flooding the United States underworld market. Although Italy was not a member of the Commission, its representatives attended as observers. Anslinger didn't know it at the time, but his eloquent addresses in the United Nations and our work overseas were gradually bringing the kind of pressure needed to shut off the Mafia's heroin sources on the Italian peninsula.

The police overseas almost always worked willingly with us. It was their superiors in the Government who were sometimes unhappy that we had entered their countries. Most of the time though, I found that a casual mention of the possibility of shutting off our foreign-aid programs, dropped in the proper quarters, brought grudging permission for our operations almost immediately.

Italy followed the U.S. lead by altering her own domestic policies for a time, increasing her penalties for drug offenses, tightening controls on manufacture and distribution, and acquiring for her efforts a small domestic black market. But despite these formal nods toward the American viewpoint (and one great scandal involving diversions to the U.S. through a prominent Italian drug house), Italian authorities have left handling of the problem largely to medical practitioners, supervised through provincial health officers. The Italian Central Narcotics Bureau has functioned rather like the British Home Office, sup-ported medical control of addicts instead of persecuting doctors and pharmacists.

More recently the flow of illicit drugs through Italy toward America is supposed to have been diverted to other channels, much of it now claimed to be coming through southern

France. U.S. interest in how the Italians handle their own problems has waned, and as a result addiction there again seems to be minimal. In 1968, the Italian government officially reported an estimated total of 300 addicts in the country. In 1970, a study of addiction concluded: "A glance at the verifiable figures, however. . . . confirms that in Italy the number of 'classical' drug addicts is small --so small, in fact, as (in this case) to completely upset the commonly-held view that opiates such as morphine and cocaine still constitute a social danger."

In France, addiction is characterized as "rare." In West Germany, although the situation was aggravated in the chaotic years immediately following World War II by a black market in surplus synthetics dumped by the occupying forces (and by U.S. pressures already described), addiction is now again regarded as a minor problem. The Scandinavian countries count their addicts in dozens and hundreds, and even the U.S.S.R. spokesman reports to the U.N. year after year that "drug addiction does not constitute a significant social or public health problem" in his country. Known Russian addicts numbered 1,361 in 1968, nearly all medically induced cases, 97 per cent being treated or maintained without institutionalization. There is reportedly no black market in drugs in Russia. Switzerland, though watching overuse of hypnotics and stimulants, does not acknowledge drug addiction as worthy of official attention. Yugoslavia reports "no problem," and in Hungary nonmedical drug addiction is "unknown."

Nonetheless, virtually all of the countries in this enumeration (excepting Russia and her satellites) are now experiencing. increases in the use of cannabis for smoking, associated primarily with restless and rebellious youth, while in Sweden concern over abuse of the amphetamines, administered by injection and producing very bad side effects in a growing number of Swedish "Speed" users. The French put LSD under special controls in June 1966 and added the amphetamines in October 1967. Spain (with 1,176 addicts, 981 of them medically induced and most of them older women) noted the use of LSD among students and youths, and proscribed it in 1967.

Along with the almost-certainly false claim that most (80 per cent) of the heroin smuggled into the U.S. comes from Turkish opium (since only a trifling amount is being intercepted and is, further, untraceable as to source in its processed form), American authorities have publicized another dubious revelation: that the processing of morphine base into heroin (a smelly operation comparable to running an illicit still) is virtually a monopoly of a few laboratories in Marseilles. While French public reaction swung between amusement and annoyance, American drug agents (now permanently stationed in a dozen European cities) swarmed into southern France and participated in several arrests and seizures; Attorney General Mitchell and other U.S. officials made excited speeches; French Corsicans were portrayed as a sort of junior Mafia; President Nixon reportedly interceded directly with President Pompidou; and finally, on February 26, 1971, a formal Franco-American police cooperation treaty was signed. At the signing, Attorney General Mitchell told Interior Minister Marcellin:

Our action today in signing this agreement is another noble chapter in the history of comradeship between our two countries. Nearly two hundred

years ago, we first fought together to achieve liberty on the other side of the Atlantic Ocean. In this century we have twice been comrades in arms to preserve liberty on this side of the Atlantic, and throughout the world. Today our two nations are, in a sense, striking another blow for liberty. The enemy we face destroys men's liberty and makes them slaves of a drug habit. Frenchmen and Americans have conquered tyrants together, and together we can put an end to this growing tyranny of drugs.

In the Orient, authorities still struggling with the opium problem Westerners helped nurture so long ago have sometimes outdone Mr. Anslinger. In the 1950's Chiang Kai-shek, for example, promulgated decrees calling simply for a prompt ending of all drug addiction in his Republic of China, with death penalties for addicts who failed to cure themselves, as well as for traffickers who condoned poppy growing, drug and for any public official who condoned poppy growing, drug selling, or drug use. Although not many Formosan heads have rolled, these Draconian laws are still in effect, and the practical result seems to be that the Chinese authorities tend to blink the problem, reporting diminishing numbers of addicts each year.

Cannabis and LSD are unknown in Formosa. What is happening in Red China is a subject of much speculation; opponents of the communist regime allege that the country is saturated with drugs, while those who look with favor on Mao's rule credit him with having virtually freed his people of addiction.

The Japanese (who were also saturated with dumped drug surpluses in 1945 and given repressive laws during the occupation), now claim to have virtually no problem, although they have adopted the American pattern to the extent that addicts must be reported and are technically subject to compulsory treatment in isolated hospital quarters. India acknowledges an aggregate of some 100,000 addicts in her population of 500 million, and still supports a registry of approximately 1,500 diehard opium smokers.

Addiction to the opiates is unknown in most of Africa, although Egypt and some of the new African nations are very concerned about cannabis (hashish and kif). Likewise in Latin America the opiates have never taken much hold, and local authorities are simple unaware of drug abuse as a problem. Coca-leaf chewing, long practiced by native populations in the Andes of Colombia, Bolivia, Peru, and Chile, seems to attract more scolding attention from U.S. spokesmen and the U.N. Commission than from the governments of those countries where it is still a tradition.