

THE INTERNATIONAL CONTROL
OF NARCOTIC DRUGS

by

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THE INTERNATIONAL CONTROL OF NARCOTIC DRUGS

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PREFACE

Narcotic addiction is a contemporary problem of considerable significance--people are becoming increasingly aware of this as reports of addiction, especially among teen-agers, continue to mount. Control measures taken on the international level are a vital cog, indeed the main cog, in combatting this situation. There has been no recent book on the international control aspect--the most recent dated 1947 and not including the control system under the auspices of the United Nations. Therefore this work has its prime value for the period since 1945, although equal emphasis has been placed upon the drug problem prior to that time.

This thesis endeavors to give a survey of the international control of narcotic drugs from its inception to the present time. An effort has been made to present the basic problems of narcotic control and to explain the methods by which they have been resolved, with additional emphasis as to future control methods.

The author wishes to express his appreciation to Mr. Harry J. Anslinger for his informative letters and for much of the material on the United Nations control, which he so obligingly furnished. Grateful acknowledgement is also given to Dr. Michael J. Pescor for information furnished on addiction. Every effort has been made to present the facts accurately and in a clear style. In this connection the author wishes to express his deep obligation to Dr. John D. Hall for his careful reading and revision of the manuscript and for his numerous helpful suggestions and aids in obtaining material. Special thanks is also given to Dr. Robert

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TABLE OF CONTENTS

| | Page |
|---|------|
| PREFACE | iii |
| LIST OF TABLES. | vii |
| Chapter | |
| I THE NATURE OF THE NARCOTICS PROBLEM | 1 |
| Drug Addiction | |
| The International Aspect | |
| Classification of Addictive Drugs | |
| II EARLY PROVISIONS FOR CONTROL (PRE-LEAGUE OF NATIONS) | 15 |
| Shanghai Opium Commission--1909 | |
| Hague Opium Convention--1912 | |
| III CONTROL UNDER THE LEAGUE OF NATIONS | 24 |
| International Conferences and Agreements | |
| First Geneva Conference--1925 | |
| Geneva Convention--1925 | |
| Bangkok Conference--1931 | |
| Limitations Convention--1931 | |
| Convention of 1936 | |
| Administrative Machinery | |
| Advisory Committee | |
| Permanent Central Opium Board | |
| Supervisory Body | |
| Assembly, Council, and Secretariat | |
| International Conferences | |
| IV THE NARCOTICS PROBLEM DURING WORLD WAR II | 44 |
| Effect on Addiction | |
| Effect upon Illicit Traffic | |
| Shifting Sources of Narcotics Supply | |
| Narcotics as a Weapon of War | |
| V CONTROL UNDER THE UNITED NATIONS. | 66 |
| Transfer of League Functions | |
| Administrative Machinery | |
| Commission on Narcotic Drugs | |
| Permanent Central Board and Supervisory Body | |

| Chapter | Page |
|--|------|
| International Conventions | |
| Paris Protocol--1948 | |
| Unified Convention | |
| Interim Agreement on Opium Production | |
| VI EVALUATIONS AND CONCLUSIONS | 91 |
| APPENDICES. | 105 |
| BIBLIOGRAPHY. | 117 |

LIST OF TABLES

| Table | Page |
|--|------|
| 1. Recidivism | 5 |
| 2. League of Nations Organs of the International Control of Narcotic Drugs. | 42 |
| 3. The World Total of Annual Narcotic Reports Received Yearly, 1932--1945. | 46 |
| 4. The Number of Annual Narcotic Reports Received from Each Continent for 1937, and the Average for 1939-1945. | 46 |
| 5. The World Total of Annual Narcotic Reports Received Yearly, 1932--1945 (graph). | 47 |
| 6. Organs of the International Control of Narcotic Drugs | 75 |
| 7. Proposed New Organs of the International Control of Narcotic Drugs. | 85 |

CHAPTER I

THE NATURE OF THE NARCOTICS PROBLEM

Addiction to narcotic drugs is not new to the world for it has been ever a stigma to national and international societies. Some of the earliest literature of man refers to the use of narcotics throughout the ages.¹ However, control of the evil on a world-wide basis has come about only in recent times.

Less than fifty years ago the first coordinated effort at control by the community of nations was inaugurated by multilateral agreement. The need for such control and the strides which have been made since its germination constitute the pertinent topic of this study.

Drug Addiction

The harmful effects which drugs have upon those addicted to their use presents the fundamental evil of narcotics. A drug addict is a person who uses a dangerous drug to such an extent that he loses his power of self-control. He not only destroys his body by the addiction, but is a potential perpetrator of crimes of violence and as such endangers not only his

1 L. E. S. Eisenlohr, International Narcotics Control (London, 1934), p. 13. cf. Meyer H. Abrams, The Milk of Paradise (Cambridge, 1934), p. 3. Mr. Abrams cites references to drugs from the works of Homer, Vergil, Chaucer, Shakespeare, and Milton.

own but also his neighbors' health, safety, morals, and welfare.

Drug addiction actually represents a condition of slavery in view of the fact that self-control is lost. The addict cannot take or leave the drug as he chooses, but begins to suffer as soon as the effects of the last dose have subsided. This physical dependence is a prominent feature of drug addiction. Once the supply is stopped, the addict suffers severe physical discomfort and prostration. In fact he may become so ill that hospitalization is necessary and if treatment is not available, death may follow.²

As the addict becomes enslaved he becomes a social misfit and occupies progressively lower rungs on the social ladder. He frequently turns to gambling and other devious ways of making a living--usually criminal--since he lacks the courage and ambition to make an honest livelihood.³

Addicts, as a rule, are compelled to associate with persons of low moral character in order to continue their addiction. Financial embarrassment resulting from idleness or the high price of peddled narcotics impels them to beg money from their friends, obtain it from members of their families by subterfuge, or steal, in order to supply themselves with drugs; they suffer in manliness through feeling what they often consider the just contempt of the public; they suffer through their constant fear of arrest, or because of a term in the penitentiary served for having narcotics in their possession. This train of events brings about unfavorable character changes and gradual moral deterioration, and converts what might have been fairly useful citizens into outcasts,

2 C. K. Himmelsbach, "Comments on Drug Addiction," Hygeia (May, 1947), p. 352.

3 Idem.

idlers, or dependents.⁴

It is generally considered, that basically drug addiction is symptomatic of an underlying maladjustment of personality. "A vast majority of narcotic drug addict patients are fundamentally emotionally immature childlike persons, who have never made a proper adaption to the problem of living."⁵ One study indicates four personality categories of drug addicts. The first group includes those accidentally addicted--that is addicted without personal intention to do so. Another category constitutes those suffering from psychoneurotic disorders who take drugs in order to relieve such conditions as obsessions and anxiety. The third group consists of those who take drugs merely for pleasure and usually are introduced to drugs through association with addicted companions. The last grouping has a psychiatric basis usually indicative of an attempt to resolve a mental illness.⁶

Drug addiction is not peculiar to any social stratum for a United States Government investigation in 1930 showed that "occupations of the addicts included clerical, domestic and

⁴ Victor H. Vogel et al., "Present Status of Narcotic Addiction: With Particular Reference to Medical Indications and Comparative Addiction Liability of the Newer and Older Analgesic Drugs," reprint, The Journal of the American Medical Association, v. CXXXVIII (December 4, 1948), p. 2.

⁵ Ibid., p. 6.

⁶ Ibid., pp. 6-7, citing L. Kolb, "Types and Characteristics of Drug Addicts," Mental Hygiene, v. IX (April, 1925), p. 300, and R. H. Felix, (a) "Some Comments on the Psychopathology of Drug Addiction," Mental Hygiene, v. XXIII (October, 1939), p. 567; (b) "An Appraisal of the Personality Types of the Addict," American Journal of Psychiatry, v. C (January, 1944), p. 462.

personal service, manufacturing and mechanical industries, professional services, public service, business and trade, transportation and housewife."⁷

The great physical dependence on drugs, suffered by the narcotics user, makes the problem very difficult to control. Unlike alcohol and barbiturates, the narcotic addict cannot abstain even temporarily from the use of his drug without suffering severe discomfort.⁸ It is hence very difficult to effect a cure of the narcotic addict, so great is this physical dependence. Compulsory withdrawal over an extended period is almost a necessity to effect a cure and even when treated by this method many addicts return to the use of drugs.⁹

The rate of recidivism among persons treated has been estimated as high as ninety-eight percent.¹⁰ Although some reliable statistics concerning the recidivism rate among patients treated at the narcotics hospital in Lexington, Kentucky indicate a somewhat more encouraging figure the recidivist rate is known to be of alarming proportions.¹¹

7 The New York Times, January 6, 1930, p. 56.

8 J. D. Reichard, "The Narcotic Addict Before the Court," reprint, Federal Probation (November, 1939), p. 21.

9 Vogel et al., op. cit., pp. 12-15.

10 The Daily Oklahoman, February 4, 1951, p. 16A. Recidivism means relapsing into a former habit.

11 Victor H. Vogel, "Treatment of the Narcotic Addict by the U. S. Public Health Service," processed material, Federal Probation (June, 1948), pp. 7 ff. See Appendix A.

TABLE 1

Recidivism of 11,041 Individual Patients
Received at Lexington Hospital From
May 1, 1935 to January 1, 1948 (12)

| | |
|-------------------------|--------|
| All Cases | 11,041 |
| 1 admission | 6,788 |
| 2 admissions | 2,831 |
| 3 admissions | 669 |
| 4 admissions | 329 |
| 5 admissions | 145 |
| 6 admissions | 101 |
| 7 admissions | 58 |
| 8 admissions | 44 |
| 9 admissions | 25 |
| 10 admissions | 16 |
| 11 admissions | 8 |
| 12 admissions | 2 |
| 13 admissions | 18 |
| 14 admissions | 4 |
| 15 admissions | 1 |
| 16 admissions | 0 |
| 17 admissions | 0 |
| 18 admissions | 2 |

Explanatory Statements Concerning Table 1

"To January 1, 1948, there had been 11,041 addicts admitted to the Lexington hospital. Of these, 61.4 percent had been admitted only once; 25.6 percent, twice; 6 percent, three times; 2.9 percent, four times; and 3.8 percent, five times or more. . . . Our latest study of patients discharged during the years 1942 through 1946 indicates that 22.3 percent of the men and 29.8 percent of the women, excluding voluntary patients who left against advice, are reliably believed still to be off drugs; 35.1 percent of the men and 36.6 percent of the women are reliably believed to have relapsed to using drugs. The status of 42.6 percent of the men and 33.6 percent of the women is unknown."

Mr. H. J. Anslinger, United States Commissioner of Narcotics, states "during 1949, of those sentenced to Federal institutions for periods of more than one year, 63% had prior narcotic convictions."¹³

Although the narcotic addict is seldom a major criminal (the majority of his offenses are classified as petit larceny engaged in to obtain money to satisfy his narcotic addiction),¹⁴ criminologists consider the relationship between narcotics and crime as greater than the relationship of other drugs of addiction to crime. During Prohibition in the United States, statistics show that violators of narcotic laws were far in excess of violators of the Volstead Act.¹⁵ The major source of crime resulting from the problem of narcotic addiction is

13 Letter from Mr. H. J. Anslinger, United States Commissioner of Narcotics and United States Representative, United Nations Commission on Narcotic Drugs, December 28, 1950. See Appendix B.

14 "On the Narcotic Trail," Current History, v. XL (May, 1934), p. 184. However, Dr. Amos C. Squire, as head physician of Sing Sing Prison reported that for the year ending June 30, 1922, the Prison admitted 132 addicts as inmates. The New York Times, June 19, 1922, p. 1. As recently as 1933, 68 addict admissions were made. "On the Narcotic Trail," op. cit., p. 184. In 1949 "more than 10 per cent of the population . . . of federal prisons were men and women convicted under the narcotic laws." Frederick Sondern, Jr., "Our Global War on Narcotics," The American Mercury, v. LXX (March, 1950), p. 356.

15 In 1925 Federal prisons housed 1,991 narcotics violators as compared to only 773 prohibition violators. In 1926 these figures stood at 2,656 and 1,837 respectively. The same was true of county jails throughout the United States; January, 1927 figures showing 1,400 narcotics prisoners and 1,300 prohibition violators. The New York Times, January 24, 1927, p. 9. A survey in 1927 of the Federal prisons, Atlanta, Leavenworth, McNeil Island, Chillicothe, and the Women's Prison in Anderson, West Virginia showed the following figures: Violators of narcotics laws, 2,270; violators of the Volstead Act, 820. The New York Times, December 11, 1927, Sec. II, p. 2.

connected with supplying narcotics to the user. Smugglers, contact agents, peddlers, illicit manufacturers and producers, and behind the scene bosses are a constant criminal menace. These persons occupy a major place among law violators of the world.¹⁶

The International Aspect

Drug addiction in each nation is directly related to conditions in other nations and consequently control cannot be exercised successfully on a strictly national level. Every country does have its system for combating the illicit use of narcotics¹⁷ but no nation alone can suppress it.¹⁸ Nations must cooperate to control the evil. This need for international cooperation can be placed in four general groupings.¹⁹

First, nations have a common interest in seeking protection against narcotic abuses. The problem of addiction is not limited to any single country or groups of countries. It is

16 Frederick Sondern, Jr., op. cit., pp. 355-362. There is also a direct relation between narcotics and prostitution for heroin, which stimulates sexuality in women addicts, is used by white slavers. Tibor Koeves, "Lucky Luciano vs The United Nations," United Nations World, v. III, no. 8 (August, 1949), p. 35. Many prostitutes commonly turn to narcotics to make their lives more endurable. "Vice in New York," Fortune, v. XX (July, 1939), p. 60.

17 United Nations, Department of Public Information, "Control of Narcotic Drugs: How Present International System Works," United Nations Bulletin, v. II, no. 21 (June 3, 1947), p. 605. Hereafter cited as UN., DPI.

18 The New York Times, February 13, 1930, p. 15.

19 Except where indicated, the information concerning these groupings were obtained from Bertil A. Renborg, International Drug Control (Washington, 1947), pp. 4-6.

universal and the concern of all humanity.²⁰

Second, if control measures are to be applied so as to afford real protection, they must be universal. It has been found necessary to limit the manufacture of dangerous drugs strictly to medical and scientific needs.²¹ Obviously no method of limitation can be effective unless it is universally applied. To this end an international body has been established with power to supervise manufacture.

Third, control is cooperative for any single weak or defective nation not interested in control results in a breakdown of the systems of control in other nations. In some countries drug addiction has never been a major problem and hence in these countries there has been no pressing need for controls. These governments are therefore unlikely to voluntarily provide substantial control. "Such countries would constitute a serious danger and may attract the international trafficker, who might turn them into centers for illicit traffic. This has happened on more than one occasion. . . ." ²²

Finally, illicit traffic and smuggling are organized upon an international scale. "The drug trafficker respects no

20 UN., DPI., "Control of Narcotic Drugs: How Present International System Works," op. cit., p. 605.

21 In the 1920's statistical records show that approximately 1350 tons of raw materials were available for illicit use, production being this much in excess of medical and scientific requirements. W. W. Willoughby, Opium as an International Problem, (Baltimore, 1925), pp. 2 ff.

22 Renborg, op. cit., p. 4.

frontiers. . . ."23 The following excerpt from The New York Times is illustrative:

After two month's shadowing of an international narcotics drug ring the police today swooped down on a German steamship in Rotterdam Harbor and seized \$22,500 worth of heroin. . . . Another seizure in Hamburg netted narcotics valued at \$27,500. All the drugs had been sent from Istanbul by a notorious organization known as "the international six," including among its members Americans, Japanese, Frenchmen, a German and a Swiss. The ring had its headquarters in Paris.²⁴

The police of four nations and the League of Nations Advisory Committee cooperated in these seizures.²⁵

As long as drug addiction exists there will be a constant demand for drugs in illicit traffic since many countries do not manufacture drugs themselves and must obtain them via international trade.²⁶

Originally the problem of control was thought to be one of domestic concern only but "the development of modern communications and intensification of international trade facilitated the international distribution of the harmful substances and the spread of addiction . . ." to such an extent that it could not long be confined to such narrow limits.²⁷ By its very nature the problem is an international one. In 1939 approximately

23 Idem. See Appendix C.

24 The New York Times, September 16, 1930, p. 9.

25 Idem.

26 Renborg, op. cit., p. 4.

27 Herbert L. May, "The Evolution of the International Control of Narcotic Drugs," Bulletin on Narcotics, v. II, no. 1 (January, 1950), p. 1.

eighty per cent of the Orient's narcotic production was not sold in the Orient but in other regions; Egypt, England, Europe, The Near East, South America, and the United States.²⁸ The major source of the illicit narcotics supply has from time to time shifted from one region to another. Once Europe was the principal source of supply, later the foreign concessions in China, subsequently Bulgaria, and more recently Japanese-controlled China furnished the major portion of the world's supply.²⁹

Classification of Addictive Drugs

Narcotic drugs coming within the scope of international control belong to one of four groups. Three of these groups are based upon the agricultural plants from which they are derived;³⁰ the fourth consists of synthetic developments.

- (1) The Opium Group
- (2) The Coca Group
- (3) The Indian Hemp Group
- (4) Synthetic drug developments, such as demerol and pipidone.

As applied by international usage the term narcotic drugs encompasses all four of these groups. Narcotics of the opium

²⁸ "The New Narcotic Peril," The Contemporary Review, v. CLV (May, 1939), p. 604.

²⁹ Ibid., p. 607.

³⁰ Herbert L. May, "Narcotic Drug Control," International Conciliation, no. 441 (May, 1948), p. 310.

group are most commonly used by addicts but international control of all the groups is vital since they are all dangerous and since control of one group will only cause the addict to turn to other drugs. Since World War II the Indian Hemp group and the synthetic drugs have become increasingly more prevalent in illicit traffic.

The Opium Group.

The following terms and derivatives are included in the opium group.³¹

(1) Raw Opium: Raw opium is the coagulated juice obtained from the opium poppy (Papaver Sommuferum), an annual plant produced principally in Afghanistan, Bulgaria, Chili, India, Indo-China, Iran, The Soviet Union, Turkey, and Yugoslavia.³² The white milky juice is obtained by slitting the green capsule of the poppy a few days after the petals of the withered plant have fallen.

(2) Medicinal Opium: This term applies to raw opium which has undergone processes adapting it for medicinal purposes. Raw opium is mixed with neutral materials, which have no narcotic effect themselves and serve to lessen or kill the narcotic effect of the opium.

(3) Prepared Opium: Opium in this form is obtained by

31 Ibid., pp. 311 ff.

32 Mexico has recently developed as an important source. infra, pp. 55-56. See Appendix D for additional information concerning opium producing countries.

boiling raw opium in water, filtering, roasting, and then allowing it to ferment. Prepared opium is used for smoking and chewing, or is consumed by mixing it with edibles and beverages.

(4) Morphine: The principal alkaloid of raw opium is morphine, being present usually in a ratio of four to sixteen percent of volume. Morphine deadens pain of all kinds by diminishing the sensitiveness of the brain and it also has a powerful effect upon reducing the rate of respiration.

(5) Derivatives of Morphine: Morphine derivatives are of two hydroxyl groups, phenol and alcohol; the phenol group being the more dangerous of the two. When the phenol group is combined with certain alcohol radicals, ethers and esters are produced; of these the esters are the more dangerous combination. One well known ester is heroin which is considered even stronger than its parent morphine. When properly applied in small doses heroin is often used in treating respiratory diseases. Two of the ether group most widely manufactured are codeine and dionine.

The Coca Group.

The Coca bush is a shrub found principally in Java and South America. This shrub is of the species Erythroxylum coca Lamarck and the Erythroxylum novogranatense. The coca leaves are used in four principal ways: For the manufacture of flavoring extract, for use in medicine, for chewing, and for the manufacture of cocaine.³³ The leaves may be consumed directly

³³ United Nations, Department of Social Affairs, "The Commission of Enquiry on the Coca Leaf," Bulletin on Narcotics, no. 1 (October, 1949), p. 20.

by chewing but huge amounts are prepared for export by drying and shipping in bales.

Cocaine is obtained from the mother substance, ecgonine, found in the leaf. The manufacture of cocaine is considerable in France, Germany, Great Britain, Netherlands, Switzerland, The Soviet Union, and the United States. Cocaine has the effect of temporarily deadening the nervous system and inducing local anesthesia. This narcotic is used for surgical treatment of the nose, ear, eye, and throat.³⁴

The Indian Hemp Group.

The Indian Hemp group is derived from the plant, Cannabis Sativa. The plant flourishes in a wild state, in Afghanistan, parts of Africa, Canada, India, Mexico, Persia, The Soviet Union, and the United States. It is cultivated domestically in many other regions. The drug obtained from this plant is known as marihuana or hashish. It is found in the resin of the female blossom, top leaves, or tops of the stalks. The drug itself is refined by a simple process and is thus comparatively cheap and within the reach of the addict with limited finances. The difficult problem presented in the control of this drug is its prevalence for it grows in a wild state, without domestic cultivation, and its production is therefore hard to curtail.³⁵

34 May, "Narcotic Drug Control," op. cit., pp. 312 ff.

35 Ibid., pp. 313 ff.

Synthetic Drug Developments.

The discovery of synthetic drugs which may be used as substitutes for traditional narcotics (especially morphine) has created a fourth group. Some of the primary drugs of this group are amidone, heptalgin, demerol, and pipidone.³⁶ Authoritative opinion holds that these drugs are addiction-forming and have similar effects to the traditional drugs. According to two United States Public Health Department experts, the effects of amidone are similar to morphine and can largely replace it. Further, it has been indicated, in experiments on animals, that amidone can be ten times more toxic than morphine.³⁷ The possibility of the development of these new synthetic drugs appears to have unlimited possibilities in the future and is a source of increasing concern from the point of view of international control.

36 Charles G. Farmilo et al., "Microchemical Identification of Synthetic Narcotics," Bulletin on Narcotics, v. II, no. 2 (April, 1950), p. 21.

37 May, "Narcotic Drug Control," op. cit., p. 356.

CHAPTER II

EARLY PROVISIONS FOR CONTROL (PRE-LEAGUE OF NATIONS)

Prior to the twentieth century "the only measures taken to combat the spread of drug addiction . . . were those taken by the Chinese Government."¹ These control measures were primarily in the form of imperial edicts against opium-smoking--the first decreed as early as 1729.² Opium has been familiar to the Chinese for centuries and was introduced to China about the eighth century by Arab traders.³

The problem of opium smoking is of more recent origin; it was introduced in China by the Dutch around the middle of the seventeenth century and became a serious problem when the opium traffic expanded under the auspices of European traders. Portuguese merchants first imported foreign opium into China in the early 1700's but it was the export of opium from India to China after the establishment of the "Open Door" policy which caused the Chinese opium trade to increase to alarming proportions: "What had been a minor article of domestic commerce in 1700 had

1 L. E. S. Eisenlohr, International Narcotics Control (London, 1934), p. 16.

2 Ibid., p. 14.

3 Mary A. Nourse, A Short History of the Chinese (Philadelphia, 1942), p. 115.

by 1796 become a grave menace to the welfare of the Chinese people."⁴

Emperor Yung Cheng issued the first edict against opium smoking in 1729, and the edict was renewed in 1796, but these edicts were of no avail against the steadily increasing tide of foreign opium. In desperation an edict was finally issued in 1800 which prohibited not only opium smoking but also both domestic cultivation of opium and foreign importation of the drug. This action, coupled with steps taken to enforce the edict,⁵ led to the so-called Opium War and the accompanying complications. As a result of this war, the opium trade was forced upon China --"The opium habit spread, and the Government . . . found no prohibitive measures within China itself of any avail."⁶

Meanwhile the British colony of India prospered from the trade and so great was the source of revenue derived from the sale of Indian opium that without the opium trade "it would have been impossible to balance the Indian budget. . . ." ⁷ In the 1890's a reform group in England began agitating for Parliament to prohibit the export of Indian opium into China but Parliament was hesitant to act because of the financial considerations involved. The hue and cry for reform continued and finally

4 Eisenlohr, op. cit., p. 14.

5 Over twenty thousand chests of illicit opium were destroyed by imperial officials. For an interesting account of this, see Nourse, op. cit., pp. 211-212.

6 Eisenlohr, op. cit., p. 15.

7 Ibid., p. 16.

resulted in a House of Commons resolution in 1906:

That this House re-affirms its conviction that the Indo-Chinese Opium Trade is morally indefensible, and requests His Majesty's Government to take such steps as may be necessary for bringing it to a speedy close.⁸

In the same year the Chinese Government issued a decree for the abolition of domestic opium production and smoking, and began negotiations with England for the prohibition of the Indian opium trade. In 1908 an agreement between the two governments was reached whereby opium exports from India to China were to be reduced to correspond to the reduction in domestic opium production in China.⁹

Concomitantly to these British-Chinese negotiations a drive for the reform of the opium situation in the Orient developed in the United States and resulted in the first efforts to create a system of narcotics control on a world-wide basis.

Shanghai Opium Commission-1909

The first step for the international control of narcotic drugs was taken in 1907 by President Theodore Roosevelt as the result of an investigation of the opium problem in the Philippine Islands. At his recommendation the United States proposed the establishment of an international commission to investigate and curtail illicit opium traffic in the Orient. This commission met in Shanghai, China, in 1909, with representatives from

8 Ibid., p. 17.

9 Eisenlohr, op. cit., p. 17.

thirteen countries in attendance.¹⁰ The representatives had no power to enter into any convention but they were able to draw up resolutions. Even this was a step in the right direction. Included in the resolutions were the following:¹¹

(1) The use of opium in forms other than medicinal should be a matter for regulation or prohibition

(2) The unrestricted manufacture and distribution of morphine constitutes a great danger

(3) Each government should take drastic measures to control opium and its derivatives

(4) All countries should prohibit opium shipments to countries not authorizing its import

(5) All countries should take steps toward the closing of opium smoking divans in China

(6) Each government concerned should take steps toward the gradual suppression of opium smoking in its territories.

Hague Opium Convention-1912

The second step in international control was the convening of the Hague Opium Conference of 1912. The purpose of this Conference was to give international sanction to the resolutions

¹⁰ Foreign Policy Association, International Control of the Traffic in Opium, pamphlet no. 33, series of 1924-25 (May, 1925), p. 3. Hereafter cited as FPA. Pamphlet No. 33. The countries were Austria-Hungary, China, Great Britain, France, Germany, Italy, Japan, the Netherlands, Persia, Portugal, Siam, Russia, and the United States. Herbert L. May, "Narcotic Drug Control," International Conciliation, no. 441 (May, 1948), p. 320.

¹¹ Idem.

drawn up by the Shanghai Commission of 1909.¹² This Conference was proposed by the United States and convened by the Dutch Government.¹³ The membership comprised delegates from the same nations that attended the 1909 Conference.¹⁴ The Convention subsequently adopted by the Conference dealt with four main subjects; raw opium, prepared opium, medicinal drugs, and the Chinese situation.¹⁵ It provided for:

- (1) The control of production and distribution of raw opium¹⁶
- (2) Prevention of export of raw opium to countries prohibiting its entry¹⁷
- (3) The exportation and importation of raw opium to be carried on only by authorized persons¹⁸
- (4) The gradual suppression of manufacturing and internal trade in prepared opium¹⁹
- (5) Prohibition of import and export of prepared opium with special exceptions to those countries not ready to

12 FPA. Pamphlet No. 33, op. cit., p. 3.

13 Herbert L. May, "The Evolution of the International Control of Narcotic Drugs," Bulletin on Narcotics, v. II, no. 1 (January, 1950), p. 1.

14 With the exception of Austria-Hungary. May, "Narcotic Drug Control," op. cit., p. 321.

15 Idem.

16 The Hague International Opium Convention (January 23, 1912), ch. I, art. 1.

17 Ibid., art. 3. 18 Ibid., art. 5.

19 Ibid., ch. II, art. 6.

immediately prohibit such²⁰

(6) Limitation of the manufacture of morphine and cocaine exclusively to medical and legitimate purposes²¹

(7) National control over those manufacturing, importing, exporting, selling, and distributing morphine and cocaine²²

(8) Reciprocal endeavors on the part of China and the contracting parties having treaties with China to prevent the smuggling of drugs from and into China²³

(9) The contracting parties having treaties with China to adopt measures restricting opium smoking in their leased territories in China.²⁴

The Convention provided that the contracting powers should communicate with each other through the Ministry of Foreign Affairs in the Netherlands.²⁵ By this Convention the contracting parties bound themselves to put the principles agreed on into effect, but the method of doing so was left to the decision of each party. The general principles which are the basis for international drug control today were established²⁶, but no international machinery was set up.²⁷

The Hague Convention of 1912 was not generally ratified

20 Ibid., arts. 7-8. 21 Ibid., ch. III, art. 9.

22 Ibid., art. 10. 23 Ibid., ch. IV, art. 15.

24 Ibid., art. 17. 25 Ibid., ch. V, art. 21.

26 Bertil A. Renberg, International Drug Control, (Washington, 1947), p. 16.

27 FPA. Pamphlet No. 33, op. cit., p. 4. cf. May, "Narcotic Drug Control," op. cit., pp. 322-323.

until after the conclusion of the first World War. The Convention did however come into force at the time of ratification for each ratifying party.²⁸ The United States, China, and the Netherlands were the first nations to activate the Convention, all three ratifying on February 11, 1915.²⁹ By the outbreak of the first World War only eleven countries had ratified.³⁰

Thus no effective coordinated system for world control of narcotics was yet in existence. Although the general principles laid down by the Convention of 1912 remain the basis for control today, future action was to be required before these principles were to be brought into effective application.³¹

One study indicates that during the first World War "the world was ill prepared to deal with the problem of addiction and illicit traffic. Few countries had adequate drug legislation, and international collaboration was nil."³²

In March of 1918, United States Secretary of Treasury McAdoo appointed a departmental investigation committee to probe the actual narcotics situation. The report of this committee showed that the situation in the United States was especially acute. It estimated that there were over 1,000,000 addicts in the

28 The original ratification arrangements required ratification of all parties participating in the Conference before the Convention could go into effect. Because of delay in ratification, activation of the Convention by individual ratification was brought about by special protocol. Renborg, op. cit., p. 16.

29 Renborg, op. cit., p. 16.

30 May, "Narcotic Drug Control," op. cit., p. 323.

31 Renborg, op. cit., p. 16. 32 Ibid., p. 235.

United States and that annual consumption in the United States was sufficient to furnish thirty-six doses to every man, woman, and child.³³ The actual comparative figures of the report, regarding consumption per capita among several nations, were as follows:³⁴

| <u>Country</u> | <u>Lbs. Consumed</u> | <u>Equivalent Grs. Per Cap.</u> |
|----------------|----------------------|---------------------------------|
| United States | 470,000 | 36 |
| Germany | 17,000 | 2 |
| France | 17,000 | 3 |
| Austria | 4,000 | 1/2 to 3/5 |
| Holland | 3,000 | 3 1/2 |
| Portugal | 2,000 | 2 1/2 |
| Italy | 1,000 | 1 |

The New York Times states that in the first American draft call of World War I there were 80,000 rejectees because of drug addiction.³⁵ Possibly this figure is somewhat high, but the problem of drug addiction among American draftees during the first World War was definitely serious. Comparative figures are illustrative: In 1917, 1 of every 1,500 draftees were rejected, while for the World War II year of 1941 only 1 of every 10,000 draftees were found to be drug addicts.³⁶ In September, 1916 it was noted that about 1 percent of American enlisted men were addicts, and that 6 percent of American soldiers under sentence

33 The New York Times, June 13, 1919, p. 32. 34 Idem.

35 The New York Times, April 15, 1919, p. 24.

36 United Nations, Economic and Social Council, Official Records, "Report of the Commission on Narcotic Drugs . . .," Second Year: Fourth Session, Supplement no. 1 (Lake Success, 1946), p. 15.

for offences were probably drug addicts.³⁷

Of course the problem was not confined to the United States. Faced with the narcotics plague, Great Britain, in 1913, decided to create a government opium monopoly in Hong Kong, and on July 28, 1916 a royal proclamation was issued prohibiting the importation of opium and cocaine into the United Kingdom.³⁸

Following the war, large quantities of surplus drugs (military supplies) "found their way into illicit traffic, and thousands of people especially in defeated countries became addicts."³⁹ France reported a growing drug habit during this period, most of the drugs being smuggled in from Germany.⁴⁰ "No country was able to protect itself against drugs from abroad, and traffickers were able to direct illicit traffic in countries other than those in which they were domiciled."⁴¹

37 The New York Times, November 5, 1916, p. 19.

38 The New York Times, August 3, 1916, p. 17; July 29, 1916, p. 2.

39 United Nations, Department of Public Information, "Old and New Narcotic Perils," United Nations Bulletin, v. III, no. 12 (September 16, 1947), p. 362. Hereafter cited as UN., DPI.

40 The New York Times, November 6, 1920, p. 15.

41 UN., DPI., "Old and New Narcotic Perils," op. cit., p. 362.

CHAPTER III

CONTROL UNDER THE LEAGUE OF NATIONS

The world-wide narcotics situation was of immediate concern to the League of Nations upon its establishment in 1920, for at the end of the first World War the Hague Convention of 1912 was automatically brought into force among the powers signing the peace treaty.¹ The British Government, after submitting this proposal, then recommended that the League of Nations "be entrusted with the duty of supervising and carrying out the terms of the convention and also the traffic in opium and other noxious drugs."² This procedure was incorporated in Article 23 of the League Covenant, which provided that:

In accordance with the provisions of international Conventions existing or hereafter to be created, the members of the League . . . will entrust the League with the general supervision over the execution of agreements with regard to . . . the traffic in opium and other dangerous drugs.

At this time, the first of the international administrative bodies for the control of the drug traffic was created.

1 "The contracting powers agree, whether or not they have signed and ratified the opium convention of . . . 1912 . . . to bring the said convention into force by enacting within twelve months of the peace the necessary legislation." The New York Times, May 8, 1919, p. 6. cf. Herbert L. May, "Narcotic Drug Control," International Conciliation, no. 441 (May, 1948), p. 323.

2 The New York Times, April 17, 1919, p. 2.

Nevertheless this study will first describe the scope of international control through the various international conventions and agreements and then develop the administrative machinery set up to supervise narcotic control.

International Conferences and Agreements

Narcotics conventions "were among the most generally ratified and most generally applied of League Conventions and the League's work in this field was accepted as among the most successful of its undertakings."³

Subsequent to the Shanghai Commission, the Hague Convention, and the assumption of the drug control problem by the League of Nations, there were several League agreements and conventions of importance:

- (1) The Geneva Agreement on Opium in the Far East in 1925⁴
- (2) The Geneva Convention in 1925⁵
- (3) The Bangkok Conference on Opium Smoking in 1931
- (4) The Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs in 1931
- (5) The Convention of 1936 for the Suppression of Illicit Traffic in Dangerous Drugs.

³ United Nations, Department of Public Information, "Control of Narcotic Drugs: U. N. to Assume Existing Functions," United Nations Bulletin, v. I, no. 9 (September 30, 1946), p. 10.

⁴ Hereafter referred to as the First Geneva Conference.

⁵ Also identified as the Second Geneva Conference--1925.

First Geneva Conference--1925

The experience gained since the Hague Conference showed that a separate instrument was needed to effectuate the Hague provision calling for gradual suppression of the manufacture, internal traffic in, and use of prepared opium. An increase in opium smuggling in the Far East was making this a difficult task.⁶

Upon the advice of an Opium Advisory Committee created by the League, on September 29, 1923 the Council of the League of Nations approved resolutions calling for two conferences on opium production and traffic, to be held in Geneva:⁷

First, a conference of the countries having Far Eastern possessions where opium smoking prevails, and, second, an international conference of all countries to determine upon a plan to limit the production of opium and coca leaf and restrict the manufacture of their derivative drugs to scientific and medicinal uses.⁸

The first of these conferences convened on November 3, 1924 and the agreement, finally reached on February 11, 1925,⁹ included provisions for:

(1) The creation of a government monopoly to handle the importation, sale, distribution of, and the manufacture of prepared opium¹⁰

6 May, "Narcotic Drug Control," op. cit., p. 324.

7 Idem. cf. The New York Times, December 14, 1923, p. 3.

8 The New York Times, September 21, 1923, p. 2. cf. The New York Times, April 24, 1924, p. 18.

9 Bertil A. Renborg, International Drug Control (Washington, 1947), p. 20. See footnote no. 21a.

10 Agreement signed by the First Opium Conference (Geneva: February 11, 1925), art. 1.

(2) The retail sale and distribution of opium solely by persons licensed by the government¹¹

(3) The prohibition of the sale of opium to minors as well as the prevention of opium smoking among minors¹²

(4) The prohibition of the export of opium in any form from the areas in which it is imported for smoking purposes and forbidding the transit of prepared opium through such areas¹³

(5) The contracting parties to propagandize against the use of prepared opium¹⁴

(6) The exchange of pertinent information between the contracting parties¹⁵

(7) The transmission to the Secretary-General of the League of Nations, for publication, all statistics regarding the number of opium smokers within their boundaries.¹⁶

The Conference provisions applied only to the leased areas or those territories under the control of the contracting powers in the Far East.¹⁷ Article 12 of the Agreement provided for a review of the application of the Agreement at a date not later than 1929.

There was early evidence of dissatisfaction with this Agreement, for there seemed to be a feeling even among the delegates themselves that the only clause apt to be effective was the one calling for a re-examination of the opium smoking problem within

11 Idem. 12 Ibid., art. 2. 13 Ibid., art. 6.

14 Ibid., art. 7. 15 Ibid., art. 8.

16 Ibid., art. 10. 17 Ibid., art. 13.

five years.¹⁸ Be that as it may, the Agreement at least paved the way for future action against opium smoking and served as a precedent for the Bangkok Conference which will be discussed in this chapter.

Geneva Convention--1925.

The Geneva Convention of 1925 was the first international drug convention concluded under the auspices of the League of Nations.¹⁹

The meeting was attended by some thirty-six states with the original purpose, as has been previously stated, of limiting the production of opium and coca leaf to medical and scientific requirements. Unfortunately the Conference was unable to agree upon any method for such limitation. The stumbling block was that some countries, especially India, Persia, and Turkey, viewed the production of these narcotics as an important source of governmental revenue. The international rivalry involved in the drug traffic is illustrated by the report that India would not reduce her production of opium until opium smoking had been effectively prohibited, holding that, if the market were still open, she would only be turning the lucrative trade over to Persia and Turkey.²⁰ The Persian delegation issued a statement

18 The New York Times, November 25, 1924, p. 3.

19 Renborg, op. cit., p. 18. This Convention was concluded under the auspices of the Second Conference, convened on November 17, 1924 and adjourned on February 19, 1925. Ibid., p. 20. See footnote no. 21a.

20 The New York Times, April 24, 1924, p. 18.

to the Conference that Persia was ready to abandon the growing of opium and would replace it with other productive crops, but only provided she could obtain a \$10,000,000 loan for a period of twenty years to offset the initial loss in revenue.²¹

Another problem hindering limitation concerned the usage of the words "medicinal and scientific." India constantly maintained that these words should be changed to read "legitimate" --this view the United States opposed on the grounds that countries held varying standards of legitimacy which might accord more attention to revenue than truly scientific and medicinal standards.²²

As the Conference was unable to agree upon the limitations, the United States and Chinese delegations walked out, and the Conference then switched its concentration to the control of trade and commerce involving narcotics.²³

The most important contributions of the Conference were measures to control the international trade and the creation of a Permanent Central Opium Board.²⁴ The latter will be dealt with later as an administrative agency. The control of international trade was effected through a system of compulsory import certificates and export authorizations. This provided that

21 The New York Times, November 25, 1924, p. 3.

22 The New York Times, April 23, 1923, p. 1.

23 May, "Narcotic Drug Control," op. cit., p. 326. Although not a League of Nations member, American participation in controlling narcotics was considered desirable since the United States was a signatory to the Hague Convention and one of the leading importing and manufacturing countries.

24 Ibid., p. 327.

the exporter obtain an authorization, from the exporting country, by presenting an import certificate issued by the importing country. The authorization stated the quantity to be imported, the name and address of both the exporter and importer, and the period within which each exportation should be effected. It was necessary to obtain a separate authorization for each shipment.²⁵

Article 28 of the Convention provided that breaches of the regulations set down in the Convention were subject to rather indefinite punishments although in some instances the confiscation of the drugs concerned was permitted. By article 29 each nation was to render the punishment by its own legislative enactments.

The Secretary-General of the League of Nations was designated as the medium for communication between the contracting parties.²⁶

Any dispute between the contracting parties involving the Convention was to be submitted for an advisory opinion to a technical body appointed by the League Council. The advisory opinion was not to be binding unless agreed to by all parties in dispute. In the event agreement still could not be reached, the dispute was to be submitted to the Permanent Court of International Justice for final settlement.²⁷

The Geneva Convention became effective on September 28,

²⁵ Convention signed by the Second Opium Conference (Geneva: February 19, 1925), ch. V, arts. 12-13.

²⁶ Ibid., ch. VII, art. 30. ²⁷ Ibid., art. 32.

1928.²⁸Bangkok Conference on Opium Smoking--1931.

This Conference was an outgrowth of the provision of the First Geneva Conference of 1925 which provided for the review of the application of its agreement at a date not later than 1929.²⁹ Upon the recommendation of the British Government, an Opium Commission of Inquiry was set up to review this situation in March, 1929. The report of this Commission showed that the effort to suppress smuggling in the Far East had failed. After a study of the report of this Commission a Conference was called to meet in Bangkok in November of 1931 to review the entire problem of opium smoking in the Far East.

Delegates from the seven countries of France, India, Japan, the Netherlands, Portugal, Siam, and the United Kingdom attended the Conference, with a delegate from the United States sitting in only as an observer. The Conference did little except strengthen the already existing system of control by making the suggestion of government control of the distribution of and retail sale of the drug opium, as provided by the First Geneva Conference of 1925, a binding obligation. In addition, further steps were taken to prohibit the smoking of opium by minors and provision was made for a limited exchange of drugs between government monopolies. The Conference recognized the overproduction of

28 May, "Narcotic Drug Control," op. cit., p. 329.

29 supra, p. 27.

opium to be as great an obstacle to the suppression of opium addiction as the illicit traffic, and recommended effective limitation of the production of raw opium. However, no effective method was found for the suppression of the smoking problem because of divergent views--some held that smoking had to be suppressed before production could be controlled, while others pointed out that production should be limited before smoking could be suppressed. As a result the wide-spread opium abuse which prevailed during the interval before World War II enabled the Japanese to effectively encourage its use in her campaign against China.³⁰

"A final act was adopted which stated that no radical measures for the suppression of opium smoking were practicable so long as the production of raw opium and the illicit traffic continues on the present enormous scale."³¹ This reverts directly to the problem which caused the failure of the Geneva Convention of 1925 to install a system of limitations--the problem of opium as a source of revenue.³² Thus the matter of limiting the illicit production of narcotics remained as a primary obstacle to the effective control of drug addiction.

³⁰ Information on the Bangkok Conference obtained from May, "Narcotic Drug Control," *op. cit.*, pp. 330 ff.

³¹ The New York Times, November 29, 1931, p. 14.

³² It was estimated "that fourteen governments in the Far East received between 1919 and 1929 a total net revenue of \$534,000,000 from opium. . . ." The New York Times, December, 20, 1931, p. 3. In connection with this problem, see *supra*, pp. 16 and 28.

Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs--1931.

The controls instituted by the Geneva Convention of 1925 did not directly limit the quantities of drugs to be manufactured.³³ Since the Geneva Convention did not come into effect until 1928 and it naturally took a few years to gage its measure of success, the existence of the serious situation occasioned by the uncontrolled manufacture of narcotic drugs prompted the initiation of some new control measures. In 1929 the Assembly of the League adopted a resolution in favor of a system of limiting the manufacture of narcotic drugs. Upon the recommendation of the Advisory Committee the Council of the League in 1931 called a Conference to act upon the Assembly recommendation.³⁴

The result of this Convention "in fact effectively limits world manufacture to the world's medical and scientific needs.

...³⁵

The system of limitation was based upon estimates, to be furnished by each contracting party, of the quantity of drugs required by that country for the coming year.³⁶ The estimates were based solely upon medical and scientific needs. This differs with the estimate system set up by the Geneva Convention

33 Herbert L. May, "The Tasks of the Permanent Central Opium Board," United Nations Bulletin, v. IV, no. 8 (April 15, 1948), p. 337.

34 May, "Narcotic Drug Control," op. cit., pp. 333 ff.

35 Renborg, op. cit., p. 21.

36 Non-contracting parties were asked to furnish the estimates.

of 1925 in that estimates were required for quantities of necessary consumption within a country and were binding, whereas the 1925 Convention covered only imports and were not binding.³⁷

The 1931 Convention created a Supervisory Body to supervise the estimate system and empowered the Permanent Central Opium Board to examine the previous year's consumption in relation to estimates made.³⁸ The provisions of the Convention as relating to the duties of each government were to be effectuated by national machinery.³⁹

The 1931 Convention became effective on July 9, 1933, after having received the necessary ratification, and represents an important step in the development of world-wide narcotics control.⁴⁰ Now, not only world manufacture of drugs but also the available supply for each territorial unit had been placed under an effective system of limitation.⁴¹ The enthusiasm with which this accomplishment was greeted was described by The Literary

37 May, "Narcotic Drug Control," op. cit., pp. 324-326. "The Geneva Drug Limitation Conference . . . set [as a world limit] forty tons a year (5,000,000,000 doses) of cocaine, opium, morphine, heroin, and marihuana. . . . Sixty factories were licensed in the United States, England, Japan, France, Germany, Switzerland, and Holland." "Rising Tide of Narcotics Over World: Smugglers Baffle Officials After Curb Placed by Geneva," The Literary Digest, v. CXXI (May 16, 1936), p. 32. Words in the brackets are the author's.

38 May, "Narcotic Drug Control," op. cit., p. 337.

39 Idem.

40 By article 30 the Convention was to come into force ninety days after ratification. Renborg, op. cit., p. 24. cf. The New York Times, July 12, 1933, p. 6.

41 Renborg, op. cit., p. 24. This Convention also had far reaching effects on international law. infra, p. 94.

Digest:

In New York the World Narcotic Defence Association celebrated the event with speeches and a radio broadcast. Capt. Richmond Pearson Hobson . . . president of the Association . . . described the Convention as placing "in operation the majestic power of law of the civilized world to strike down the illicit narcotic drug traffic--modern pirates who are preying on all mankind."⁴²

On December 15, 1933 the first figures were published, giving the quotas allowed for medicinal purposes under the Limitations Convention. Altogether 68 countries and 114 territories were placed under quotas--a most amazing figure considering that this was "the first world-wide limitation of anything in history. . . ."⁴³

The Convention of 1936 for the Suppression of the Illicit Traffic in Dangerous Drugs.

The object of the 1936 Convention, as stated in the preamble, was to strengthen the penalties for offenses contrary to the provisions of previous conventions relating to narcotic drugs and to combat the illicit traffic in drugs. The Convention called for equally severe penalties in all countries and extradition of violators of conventions between contracting parties. Generally speaking, the 1936 Convention made illicit drug trafficking an international crime and the punishment of such a concern of the community of nations. The Convention came into

⁴² "End of the Illicit Drug Traffic Now in Sight," The Literary Digest, v. CXVI (July 29, 1933), p. 19.

⁴³ The New York Times, December 16, 1933, p. 9.

force on October 26, 1939.⁴⁴

Administrative Machinery

Advisory Committee on the Traffic in Opium and Other Dangerous Drugs.

The first administrative organ was the Advisory Committee on the Traffic in Opium and Other Dangerous Drugs which was created by the First Assembly of the League of Nations on December 15, 1920. It exercised general supervision of the drug traffic and appealed for the cooperation of the member states in the control of dangerous drugs. In discharging these responsibilities, the League Secretariat assisted by collecting pertinent information. The members of the Advisory Committee, appointed by the Council of the League in 1921, were from the following countries: China, France, India, Japan, the Netherlands, Portugal, Siam, and the United Kingdom.⁴⁵

The relationship of the League Council to the Advisory Committee was limited to inviting governments to be represented on the Committee. Although the actual selection of the representative remained in the hands of the respective government, in practice each government customarily sent the head of its national drug control authority. Originally the term of

⁴⁴ Renborg, op. cit., pp. 26 ff. cf. in relation to the 1936 Convention, May, "Narcotic Drug Control," op. cit., pp. 341 ff.

⁴⁵ May, "Narcotic Drug Control," op. cit., pp. 323 ff.

membership was indefinite; nevertheless in May, 1930, seven new members were added for a term of only three years. The resultant inequality between members was removed in 1934 when the Council added four more members and decided all members should serve for indefinite terms; by 1936, however, again terms were limited to three years with the provision that the mandate was renewable. If a state failed to send a representative for a period of two years it ceased to be a member. Nations represented on the Advisory Committee were chosen because they were directly affected by the drug problem in matters such as:

- (1) The production of raw material
- (2) The manufacture of drug products
- (3) The existence of opium smoking in their territories.

In 1940 the composition of the Advisory Committee included: Belgium, Bulgaria, Canada, China, Czechoslovakia, Egypt, France, Greece, Hungary, India, Iran, Mexico, the Netherlands, Peru, Poland, Portugal, Spain, Switzerland, Siam, Turkey, the United Kingdom, the United States of America, Uruguay, and Yugoslavia--several of whom were admitted at their own request.

The Committee had the assistance of special experts--called assessors--generally appointed by the Council, upon the recommendation of the Committee. Their appointments were usually for a year and were renewable from year to year. The assessors had the same rights as members of the Advisory Committee with the exception that they could not serve as chairman or vote.

The expenses for the work of the Opium Advisory Committee were paid from the ordinary budget of the League of Nations, but

the expenses of the members themselves were born by their respective governments. The assessors were reimbursed from the League's budget, and received a daily subsistence during meetings together with traveling expenses to and from meetings.⁴⁶

Permanent Central Opium Board.

The second administrative agency, the Permanent Central Opium Board, was created by the Geneva Convention of 1925.⁴⁷ The purpose of the Board as described by article 24 of the Convention was to "continuously watch the course of the international trade." In fulfilling this duty the Board could:

- (1) Call for an explanation from any country in danger of becoming a center for illicit traffic⁴⁸
- (2) Undertake investigations upon the request of a contracting party⁴⁹
- (3) Examine the consumption of contracting parties for the previous year in relation to the estimates submitted to the Supervisory Body and apply embargoes against offending countries.⁵⁰

The Board, as established, consisted of eight members of technical competence and impartiality, and not in a position of

⁴⁶ Information on the membership and finances of the Opium Advisory Committee obtained from Renborg, op. cit., pp. 31-38.

⁴⁷ The Board was actually formed in September, 1928. The New York Times, September 27, 1928, p. 14.

⁴⁸ Convention signed by the Second Geneva Conference (February 19, 1925), ch. VI, art. 24.

⁴⁹ Ibid., art. 25. ⁵⁰ Ibid., arts. 23-24.

direct dependence upon their governments. The members were appointed by the Council of the League of Nations for a term of five years and were eligible for reappointment.⁵¹ The Secretary-General appointed the secretary and staff of the board on nomination by the Board and approval of the Council.⁵² The Board met three times a year⁵³ and the funds necessary for the work of the Board were provided by the general League budget.⁵⁴ The Board members received no remuneration.⁵⁵

The Supervisory Body.

The Supervisory Body was set up by the Limitations Conference of 1931, and was exclusively concerned with examining the estimates of drug requirements as provided for by the Convention.⁵⁶ Its functions were to examine the estimates and draw up estimates for those countries not furnishing one. It was empowered to make recommendations with a view to reducing the estimates, and was entitled to receive information from governments concerning the basis on which the estimates were computed. On the basis of the above observations, the Supervisory Body issued an annual statement of world requirements.

The Supervisory Body consisted of four members; originally

51 Ibid., art. 19. 52 Ibid., art. 20.

53 May, "Narcotic Drug Control," op. cit., p. 351.

54 Renborg, op. cit., p. 43.

55 May, "Narcotic Drug Control," op. cit., p. 351.

56 supra, p. 34.

one was appointed by each of the following international bodies:⁵⁷

- (1) Opium Advisory Committee
- (2) Permanent Central Opium Board
- (3) Health Committee of the League of Nations
- (4) Office International d'Hygiène Publique at Paris.

No qualification for membership was prescribed but the members were appointed in personal capacity and did not represent the appointing bodies. By consent of its members the term of membership was fixed at three years.⁵⁸ The Supervisory Body has always met twice a year, the first meeting to examine the estimates and the second meeting to frame the final settlement of world requirements for the following year.⁵⁹

The funds for the Supervisory Body were provided by the general budget of the League, but the members received no salary except a daily subsistence allowance and travel expenses to and from the meetings.⁶⁰

Assembly, Council, and Secretariat.

The general League organs primarily responsible for narcotic drug control were the Assembly, the Council, and the Secretariat. The Assembly's work for the most part consisted of reviewing

57 Changed by amendment of 1946, infra, p. 69.

58 The information on functions and membership of the Supervisory Body obtained from Renborg, op. cit., pp. 38-40.

59 May, "Narcotic Drug Control," op. cit., p. 351.

60 Renborg, op. cit., p. 40.

the work done by the international drug bodies and making recommendations as to future possibilities. As the financial organ of the League, the Assembly also provided the drug program with operating funds.

The Council--the executive organ of the League--was also the executive organ for the drug administration. In addition to these executive functions, it directed the Opium Advisory Committee in the preparation of and in planning international conferences; it examined the annual reports of the Advisory Committee and the Permanent Central Opium Board even though it was never assigned any direct control over the Supervisory Body. All decisions of the Advisory Committee required the approval of the Council.

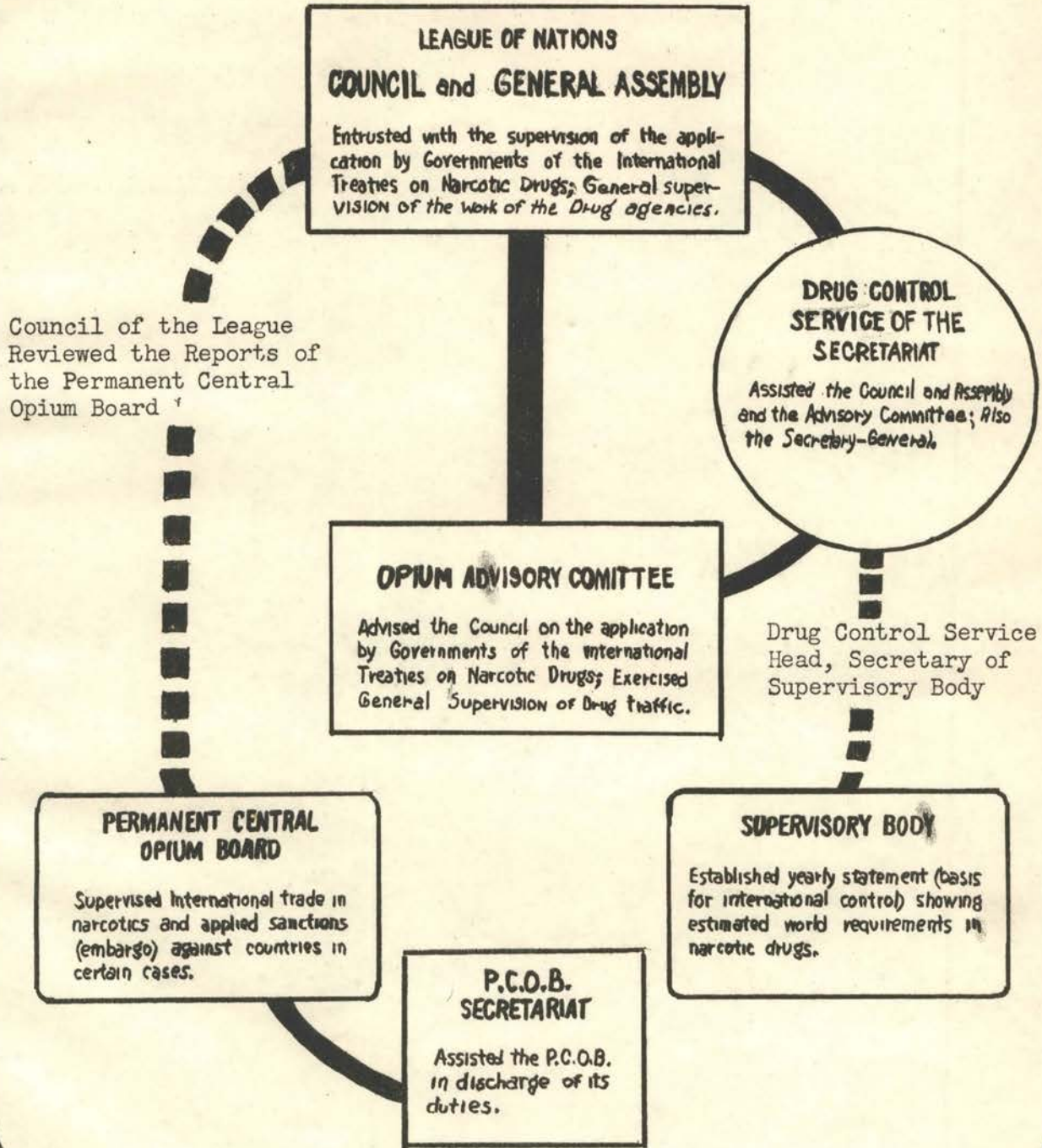
The work of the Assembly and Council may be summed up as the general supervision of the work of the drug agencies of the League of Nations.

Among the various services of the Secretariat was that of the Drug Control Service, the head of which was the Secretary of the Opium Advisory Committee and of the Supervisory Body. The Permanent Central Opium Board had a separate secretariat, whose Secretary was appointed by the Secretary-General of the League. The latter was, of course, directly concerned with the functioning of the drug agencies in that as administrative head of the League Secretariat it was his duty to carry out all decisions of League Bodies affecting governments.⁶¹

⁶¹ Information on the Assembly, Council, and Secretariat obtained from Renborg, op. cit., pp. 43-47.

TABLE 2

LEAGUE OF NATIONS ORGANS OF THE INTERNATIONAL CONTROL OF NARCOTIC DRUGS



International Conferences.

The last of the organs constituting the international drug administration were the international conferences, previously discussed, concerning which it should be noted:

Conferences are not permanent institutions but are convened to conclude a specific treaty which has already been the subject of preparatory work and consultations with governments. Drug Conferences are [were] convened by the Council on the suggestion or with the approval of the Assembly.⁶²

The drug conferences consisted of delegates having full power to conclude and sign instruments drawn up on behalf of their various governments. Once the specific purpose of a conference has been accomplished, the conference ceases to exist, and then it remains up to the existing bodies or special agencies created by the conference to enact and implement conference decisions.⁶³

62 Ibid., p. 48. The word in the brackets is the author's.

63 Idem.

CHAPTER IV

THE NARCOTICS PROBLEM DURING WORLD WAR II

World War II caused considerable concern over the future of international drug control. The control system, dependent upon cooperation among all nations, naturally would feel the impact of the war upon the world community and the resultant division into two armed camps.

In an attempt to minimize the effects of this situation, each of the international agencies concerned with the control of narcotic drugs made a separate appeal to the participating governments to continue collaboration and control. Because of communication difficulties with some governments after the occupation of most of Europe by the German armies, branch offices of the Permanent Central Opium Board and the Supervisory Body were opened in Washington, D. C. in 1941. This step enabled some governments to continue contact with these agencies, which could not be done via Geneva.¹ The records and key personnel of the two bodies were transferred to Washington, and both agencies held regular meetings in London.²

1 Herbert L. May, "Narcotic Drug Control," International Conciliation, no. 441 (May, 1948), pp. 343-344.

2 United Nations, Department of Public Information, "Control of Narcotic Drugs; U. N. to assume Existing Functions," United Nations Bulletin, v. I, no. 9 (September 30, p. 12. Hereafter cited as UN., DPI.

In general the control system weathered the war satisfactorily--the international drug conventions were not impaired and, while some domestic controls disappeared and others were disorganized, a majority of controls survived the war even in occupied countries. Both the Supervisory Body and the Permanent Central Opium Board continued to function throughout the conflict.³

However, the information required of governments by the international drug conventions was greatly curtailed as a result of the war. Many countries were unable to furnish the annual reports and supplementary data, required by the Limitations Convention of 1931, because of occupation by aggressors or other war-time exigencies. Some countries, such as Japan and Germany, voluntarily chose to ignore their international obligations.

The number of annual reports submitted by the participating governments fell to its lowest ebb--54 in 1943, as compared to 138 in the pre-war year of 1937. The average number of reports submitted during the war years 1939--1945 was only 65, as compared to an average of 125 for the pre-war years of 1932--1938.⁴ The number of reports submitted each year for the period from 1932--1945 is shown in Table number 3 on the following page. The considerable decrease in reports submitted

3 May, "Narcotic Drug Control," op. cit., p. 344.

4 United Nations, Economic and Social Council, Official Records, "Report of the Commission on Narcotic Drugs," Third Year: Sixth Session, Supplement no. 2, Doc. E/575 (1948), p. 54. Hereafter cited as UN. Doc. E/575.

TABLE 3

The World Total of Annual Narcotic Reports (Required of Governments by the Limitations Convention--1931) Received for Each Year During the Period 1932--1945 (5)

| | |
|----------------|-----|
| 1932 | 125 |
| 1933 | 111 |
| 1934 | 118 |
| 1935 | 130 |
| 1936 | 137 |
| 1937 | 138 |
| 1938 | 119 |
| 1939 | 81 |
| 1940 | 69 |
| 1941 | 67 |
| 1942 | 62 |
| 1943 | 54 |
| 1944 | 69 |
| 1945 | 66 |

TABLE 4

The Average Number of Annual Narcotic Reports (Required of Governments by the Limitations Convention--1931) Received from Each Continent for the Years 1939--1945 as Compared to the Total Number of Annual Reports Received from Each Continent for the Year 1937 (6)

| <u>Continent</u> | <u>1937</u> | <u>Average</u> <u>1939--1945</u> | <u>Lowest Ebb</u> <u>1939--1945</u> |
|--|--------------|-------------------------------------|--|
| ASIA | 32 | 8 | 5 (1943) |
| OCEANIA | 15 | 6 | 3 (1942-43) |
| EUROPE | 27 | 11 | 9 (1944) |
| AFRICA | 32 | 17 | 14 (1942-43) |
| NORTH AND CENTRAL AMERICA | 26 | 18 | 13 (1943) |
| SOUTH AMERICA | 8 | 7 | 5 (1940) |

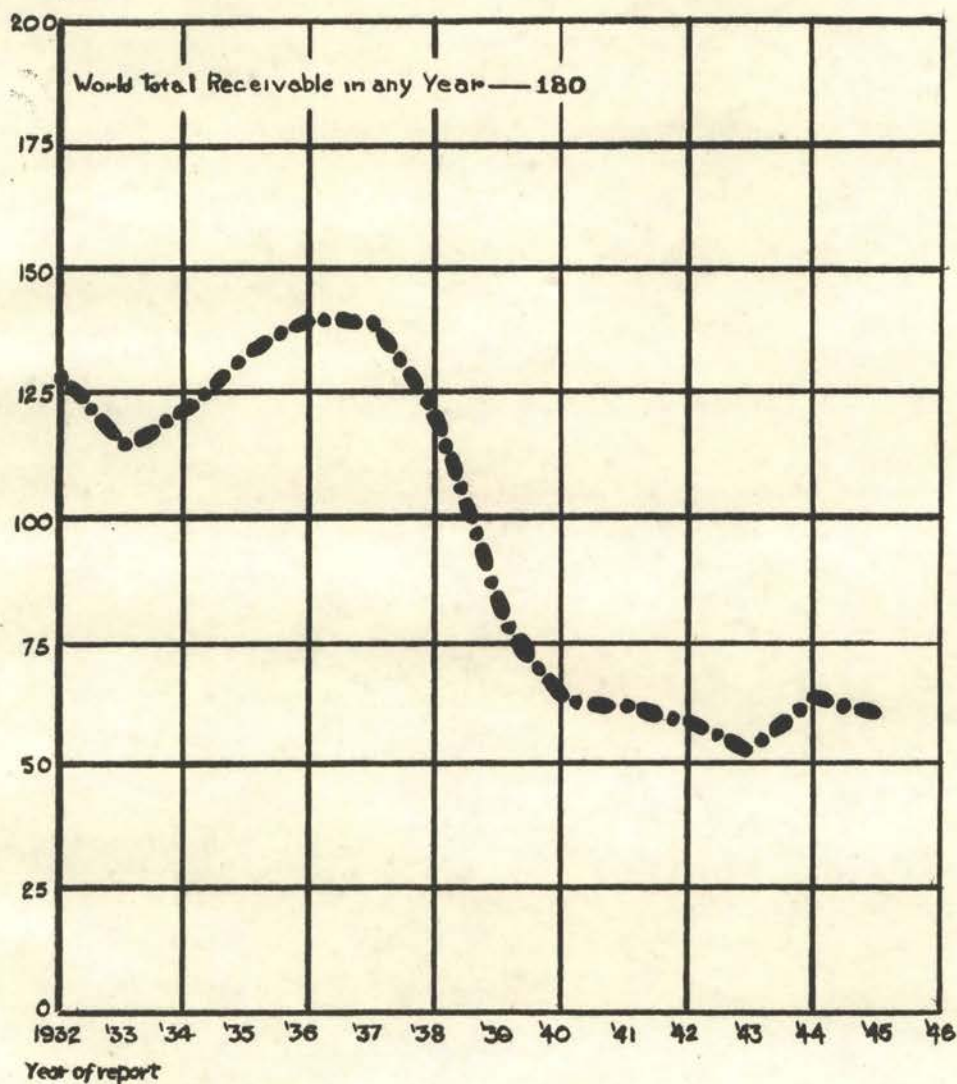
5 Idem.

6 Compilation of figures from UN. Doc. E/575, op. cit., pp. 56-67.

TABLE 5

The World Total of Annual Narcotic Reports (Required of Governments by the Limitations Convention--1931) Received for Each Year During the Period 1932--1945 (7)

Number of reports



7 Chart adapted from UN. Doc. E/575, op. cit., pp. 55.

during the war years is more clearly illustrated in Table number 5 on page 47. The effect of the war upon the submission of annual reports is shown by the fact that those countries located within areas of actual combat most often defaulted in submitting the reports. (See Table number 4, on page 46.) The number of reports submitted by countries in the three continents most completely engulfed by the war (Asia, Oceania, and Europe) fell well below fifty per cent and the figure for Africa dropped almost to that figure. The Western Hemisphere, relatively untouched by the ravages of war, maintained a comparatively high percentage of its pre-war levels.

There were certain definite influences of the war upon the narcotics problem, other than those concerned with international administration, for drug addiction, in general, decreased among civilian populations and increased among military personnel; the illicit traffic decreased substantially; and the world sources of narcotics shifted from the Far East and Southern Europe to the Near East and Mexico.

Effect of World War II on Addiction.

The war caused a general decrease in addiction among civilian populations in most parts of the world. Because of wartime restrictions upon communications, narcotics became more difficult to secure, and, as a result, drug prices increased sharply; there was "a marked shortage of narcotic substances on the illicit market, and many addicts had to undergo forced cures on account

of their inability to obtain drugs."⁸ Addicts did turn to supply sources other than the illicit trade, chiefly the legitimate medical and scientific supplies, the pilfering of which, in addition to the unlawful sale of legal drugs and the falsification of medical prescriptions, and similar attempts to obtain drugs, were prevalent. Combined, however, these activities were not on a large enough scale to offset the decline in illicit traffic.⁹ One source states that most American addicts managed to obtain drugs and thus continue the habit, but they were inevitably forced to reduce the amount of the dosage.¹⁰

Whereas civilian addiction, in general, diminished during the war, addiction among military personnel probably increased.¹¹

In this relation, one account states that:

Opiates were extensively used for the relief of pain and, of necessity, were often in the hands of persons with little or no medical training and with little conception of the danger they represent. Under combat conditions in particular it is impossible to administer morphine with the care that is normally exercised in peacetime medical practice.¹²

The yard-stick by which the effect of the war upon addiction can be measured is its effect upon the availability of drugs--thus civilian addiction decreased because the illicit supply was obstructed, and military addiction increased because

8 Bertil A. Renborg, International Drug Control, (Washington, 1947), p. 235. cf. Alfred R. Lindesmith, Opiate Addiction, (Bloomington, Indiana: 1947), p. 197. cf. "Shortage of Narcotics Decreases Addiction," Science News Letter, v. XLIII (August 8, 1942), p. 83.

9 Renborg, op. cit., p. 235.

10 Lindesmith, op. cit., p. 200.

11 Ibid., pp. 196-197. 12 Ibid., p. 202.

"drugs there were abundant, free, and easy of access."¹³ Of course the war had a less restrictive effect upon civilian addiction in some countries than in others, since in drug producing countries, such as China, it is to be expected that drugs would be easily accessible. In such countries where drugs were available, it appears that war-time uncertainties caused people to turn to drugs to alleviate worry.¹⁴

Effect of the War Upon Illicit Traffic.

It has already been mentioned, in connection with addiction during the war, that war-time restrictions upon international communications obstructed the flow of illicit narcotic traffic. The extent of this crippling effect upon the illicit traffic is indicated by a decline of drug seizures by governments; for instance, seizures within the United States declined around fifty per cent.¹⁵ Exerpts from some of the annual governmental reports during the war years serve to illustrate this decline:¹⁶

The international drug traffic almost ceased in 1940; the activity of traffickers were exercised exclusively in the field of internal transactions. (Turkey, 1940.)

The increasing curtailment in the amount of smuggled drugs which has reached the international illicit traffic in the past several years . . . was even further accentuated during 1940 by war conditions

13 Ibid., p. 203. 14 Renborg, op. cit., p. 235.

15 Lindesmith, op. cit., pp. 197-198.

16 United Nations, Economic and Social Council, Commission on Narcotic Drugs, "Illicit Traffic in Narcotic Drugs," Doc. E/CN.7/68 (Lake Success, 1947), pp. 27-28. Hereafter cited as UN., Doc. E/CN.7/68.

which have disrupted shipping routes. (United States, 1940.)

Opium traffic in the Colony has decreased considerably. The reduction of maritime traffic and the stricter control of shipping has made the clandestine unloading of the drug very difficult. (Madagascar, 1941.)

The restrictions imposed by the war on maritime traffic have continued to reduce to very small proportions the smuggling of white drugs of foreign manufacture such as heroin. (Egypt, 1941.)

During 1942, illicit narcotics from abroad were practically non-existent. (Canada, 1942.)

In consequence of the very strict control exercised by each country on its frontiers . . . the smuggling of narcotic drugs from one country to another has become almost impossible. (Turkey, 1942.)

There has been a diminution of the illicit traffic in Spain in the course of the year 1943. (Spain, 1943.)

In spite of this decline in the international illicit traffic, it did continue to exist during the war and was largely "effected with the connivance of members of ships' crews."¹⁷ In its annual report for 1943 Cuba stated that:

The greater part of the smuggled drugs has . . . been imported into Cuba by passing seamen who supplied the drugs to the various traffickers.¹⁸

The report of India for 1941 also made mention of this prevalence of smuggling by sea.¹⁹ "There were often cases of Orientals transporting drugs, sometimes in small quantities, for their personal use or for the use of compatriots living in the country of the vessel's destination."²⁰ The United States and

17 Ibid., p. 30. 18 Ibid., p. 31.

19 Ibid., p. 36. 20 Ibid., p. 30.

Great Britain were especially affected adversely by this Oriental smuggling as is indicated in the annual report of the United States for 1944:

The most significant trend in the illicit traffic during the year was the increase in seizures of opium on vessels arriving in the United States in the Atlantic coast area from British ports. . . . Frequently, Chinese seamen, arrested for attempting to smuggle opium into the port of New York, stated they purchased the opium from another Chinese in Liverpool and other British ports which carries on a constant trade in opium. Admittedly, a portion of this opium is intended for the personal use of Chinese seamen but numerous attempts at rather large-scale smuggling of opium into New York City and vicinity have been detected.²¹

The British Government stated in its annual reports for the years 1940, 1941, and 1942, that "in every case of seizure in which the identity of the holder of the drug could be established the persons involved were seamen of eastern origin. . . ." ²²

A considerable business in illicit traffic during the war years was also centered around Egypt, the drugs flooding that nation mainly from Syria, Turkey, and Palestine. Hashish formed the bulk of this illicit trade and was smuggled from Syria--a large part of approximately 200 tons of hashish produced in Syria in 1940 thus found its way there. Very large amounts of Turkish opium were also smuggled into Egypt via Syria. Palestine is not a principal drug producing country, and most of the narcotics smuggled from that country were drugs in transit.

The reason for the illicit traffic in opium and hashish which centered around Egypt is evident--the traffic did not have

21 Ibid., p. 31. 22 Ibid., p. 38.

to depend upon sea commerce but could be smuggled in by land. On the other hand, the smuggling of heroin, which is transported into Egypt by sea, was practically eliminated as a result of the war.²³

Illicit traffic was rampant in China during the war, and the situation there, as regards both the illicit traffic and the prevalence of addiction, was so markedly affected by the war that it will be considered as a special topic later in this chapter.

Considerable illicit traffic, thus, did exist during the war but this was true mainly in areas where drug supplies were readily available; on the whole, illicit traffic substantially decreased as a result of the war, due to a closing of many of the normal routes of transportation.

This decrease in traffic, of course, served to lessen the movements of narcotics in civilian channels and naturally resulted in a decrease of addiction, as previously discussed. On the other hand, the increase in addiction among military personnel was directly stimulated by the use of military personnel in smuggling. "The concentration of troops and the existence of military road traffic incited traffickers to endeavor either to supply drugs to soldiers or to encourage the latter to facilitate smuggling."²⁴ It would seem, to a certain extent, that trafficking by military personnel would have tended to offset the closing of the civilian supply lanes, but governments reported

²³ Ibid., pp. 50-53. ²⁴ Ibid., p. 31.

no serious effects in this connection. In fact, in most instances, traffickers were unsuccessful in soliciting the aid of members of the armed forces and there were many cases in which soldiers helped to apprehend traffickers with whom they came in contact.²⁵

Shifting Sources of Narcotics Supply.

Another marked effect of the war upon the drug situation was a shift in world sources and channels of supply. Old sources of supply were isolated as a result of military operations and the closing or diversion of traditional shipping routes. Before the war the main sources of supply had been the Far East and southern Europe--mainly China, Italy, and Yugoslavia. As a result of the occupation of these regions by the Axis powers, the trafficker had to look for new drug sources--India, Iran, Syria, and Mexico became the principal source headquarters, while the British ports became focal points for the distribution of illicit drug caches.²⁶ (The development of Syria as a source of supply has already been discussed in relation to illicit traffic in Egypt, as has the development of British ports as

25 Ibid., pp. 31-32.

26 Ibid., p. 28. cf. UN., DPI., "New Protocol on Narcotic Drugs Signed: Commission Reviews International Controls," United Nations Bulletin, v. I, no. 22 (December 31, 1946), p. 39. cf. United Nations, Economic and Social Council, Official Records, "Report of the Commission on Narcotic Drugs . . .," Second Year: Fourth Session, Supplement no. 1 (Lake Success, 1946), pp. 12-13.

distributing centers, in relation to the traffic among seamen.)

The Government of Iraq in its annual reports for 1942-1943 mentions that opium was smuggled "into Iraq from Iran and to some extent from India."²⁷ It is also of interest that Iranian opium cultivation reportedly "increased from 17,000 hectares in 1939 to 33,500 hectares in 1940."²⁸ The British report for 1944 suggested that most of the opium confiscated in Britain "originated in Indian and near Eastern ports."²⁹ The United States, especially, reported a large per cent of illicit drugs originating from Iran and India. Seizures by the United States, of Iranian raw opium was 445 per cent greater in 1942 than in 1941. In 1944 one-third of all raw opium seized in the United States was from India.³⁰

Mexico gradually assumed more importance as a source for narcotics for smuggling as the war progressed. The development of this country as a chief source had a particular impact upon the United States because of the proximity of the two nations and the availability of land routes for illicit traffic.

In 1942 an increase in the Mexican plantations was already recorded and drugs of Mexican origin were distributed in the United States by organized gangs. . . . It is note worthy that the seizures almost doubled after the opium poppy harvest in Mexico in May 1942.³¹

In 1943 two-thirds of all prepared opium seized in the

27 UN., Doc. E/CN.7/68, op. cit., p. 29.

28 Ibid., p. 28. See footnote no. 1. A hectare is about 2 1/2 acres.

29 Ibid., pp. 7 and 39. 30 Ibid., p. 47. 31 Idem.

United States came from Mexico and an increase in morphine smuggled in from Mexico was noted.

Large amounts of Mexican marihuana were also channeled into the United States. The report of the United States for 1944 states, in this connection, that:

Traffic in marihuana became an increasingly serious problem during 1944, with seizures larger than in 1943, and the illicit traffic in several instances reaching the proportions of well-financed conspiracies.³²

In 1947 the Mexican Government conducted an aerial investigation of the narcotics smuggling in that country and reported the discovery of between twenty and thirty secret airfields used by smugglers to transfer drugs into the United States. During this same investigation some 4,500 clandestine poppy fields were also discovered--in spite of the fact that there is no legal opium poppy cultivation in Mexico.³³

Narcotics as a Weapon of War.

During World War II Japan used narcotics as an integral part of her military aggression. Drug addiction increased in every area occupied by the Japanese³⁴ and occupied China became literally a sea of narcotics. The drug yoke which Japan

32 Ibid., p. 48.

33 UN., DPI., "Old and New Narcotic Perils," United Nations Bulletin, v. III, no. 12 (January 16, 1947), p. 361.

34 James Monahan, "Japan's Secret Weapon--Dope," Reader's Digest, v. IV (August, 1942), p. 92. Condensed from The Elks Magazine, (May, 1942).

forced upon China was undoubtedly among the most flagrant abuses of narcotic drugs in history--the poisoning of a nation in an attempt to weaken its will to resist aggression.

From the onset of the conquest of Manchuria in 1931 Japan embarked upon a deliberate and methodical program of spreading the drug habit. The following excerpt from the Reader's Digest describes this situation quite effectively:

. . . When Japan began the conquest of Manchuria in 1931, the Japanese generals were impressed by two facts. The opium smoking troops in the Manchurian armies were the first to surrender or flee, and addicts among the civilian population were always the least troublesome. Here, then was a weapon for the weakening and subjugation of a civilian population, and the Japanese military seized upon it avidly.³⁵

Anti-opium laws were arbitrarily suspended. When peasants refused to convert their lands to the cultivation of the opium poppy, the military government introduced a new law: henceforth taxes were payable in so much raw opium per acre. The peasant either raised opium or lost his land.

But opium addiction moved too slowly. The Japanese generals introduced drugs that were more readily habit forming. Factories were opened in Harbin and Dairen to convert raw opium into morphine and heroin. Hordes of Korean dope peddlers were imported to run the smoking dives which operated openly in Japanese-controlled territory, and "drug stores" soon outnumbered rice shops by three to one. A new brand of cigarettes appeared on the market, cheaper than Chinese brands and loaded with heroin. Drug addiction spread like wild fire.³⁶

35 Just how important the Japanese military considered drug addiction is indicated in the following excerpt from the Japanese military handbook which was part of the kit of every Japanese soldier. "Paragraph 15: The use of narcotics is unworthy of a superior race like the Japanese. Only inferior, decadent races like the Chinese, Europeans, and East Indians are addicted to the use of narcotics. This is why they are destined to become our servants and eventually to disappear." Quoted by Monahan, op. cit., p. 92.

36 Ibid., pp. 90-91.

The known number of drug addicts in four northeastern Chinese provinces "increased from 585,627 in 1936 to over 13,000,000 in 1939"³⁷--one-third of the total population of the area.³⁸ It has been estimated that by 1943 the Japanese were responsible for the addiction of about 50,000,000 people in China.³⁹

It is quite evident that no stone was left unturned in fostering this spread of the drug habit. An account in Christian Century tells us that:

During 1936 the traffickers set up clinics at village fairs advertising their skill in curing tuberculosis and other diseases. The medicine sold was always the same, heroin or morphine. The country folk were ignorant of what was happening to them, and when the effect of the medicine wore off, feeling worse than ever they returned to the clinic for advice, they were told they must persist with the treatment.⁴⁰

Another account says that the Japanese used "curb service" to spread addiction:

. . . One could walk up, stick his bare forearm through the window, drop a few coins and get a quick shot with the needle. . . . The dope-shop operators used the same needle on everyone. Healthy customers got their shots with the same needle used on syphilitics and lepers.⁴¹

The same account states further that:

Japanese candy, containing dope, is widely distributed to Chinese children. Victims don't know

37 Ibid., p. 91.

38 UN., Doc. E/CN.7/68, op. cit., p. 43.

39 Robert Bellaire, "Opium Boat," Collier's, v. CXII (July 10, 1943), p. 22.

40 Muriel Lester, "Japan Invades China With Drugs," Christian Century, v. LV (May 11, 1938), p. 587.

41 Bellaire, op. cit., p. 22.

they're taking dope until it's too late; all they know is that they want more and more Japanese candy.

Millions more of the Chinese became addicts through the use of Japanese patent medicines. They were the most widely advertised and thus the most widely used.⁴²

In her annual report for 1941, China (unoccupied China) told of the establishment by the Japanese of a special narcotics distribution agency in Mukden. This agency, deceptively named the Directorate-General for Opium Suppression, used hospitals as local agents for spreading addiction and the impact of its activity was tremendous:

For instance, in Mukden alone, the registered opium addicts numbered 51,664. Astonishing as this figure may be, it represented only one-fifth of the total of the opium addicts inhabiting the city.⁴³

In 1942 a Japanese Opium Suppression Bureau was supplying drugs to over 3,000 opium dens in the three occupied towns of Hanyang, Wachang, and Hankow.

The tactics of this Japanese "dope machine" achieved not only phenomenal results in spreading addiction but were consequently responsible for the death of many Chinese. For instance in 1944, in the City of Harbin alone, the bodies of 1,585 drug addicts were found within a six months period.⁴⁴

Japan not only sponsored the flow of drugs throughout China because of its adverse effect upon the Chinese people but also for the tremendous amount of revenue derived from the business. The revenue obtained was sufficient to virtually support Japan's

42 Idem. 43 UN., Doc. E/CN.7/68, op. cit., p. 41.

44 Ibid., pp. 42-43.

puppet government and armies of occupation.⁴⁵ In 1944 the Chekiat Agency made this astounding statement:

It is estimated that the occupant derives a net profit of 50 million dollars a day from the sale of opium and other drugs while the loss sustained by the Chinese population in occupied districts amounts to the enormous sum of 150 million dollars a day.⁴⁶

These figures, as astounding as they seem, could in all probability be substantiated. For instance the War Crimes Tribunal, held after World War II, revealed that Japan netted a yearly income of \$200,000,000 from the sale of drugs in Manchuria alone.⁴⁷ Two million dollars yearly was derived from the opium tax in Tai-Ku District, Shansi,⁴⁸ and in the occupied parts of Chekiang, Kiangsu, and Ankwei provinces an alleged \$3,000,000 per month was realized from the opium tax.⁴⁹ Income in the aforementioned provinces was of course much greater even than that indicated by the tax figures since great profit was also realized on the retail sale of drugs exclusive of tax--one source indicating that retail prices of opium ran about \$12 an ounce greater than the basic price of the drug.⁵⁰ When placed upon a municipal basis revenue figures seem possibly even more phenomenal:

The statistical office of the Central Executive Committee of the Kuomintang reported that the capital involved in the transactions . . . at Hankow, Canton, Amoy and Swatow amounted to 600 million dollars and

45 Bellaire, op. cit., p. 22.

46 UN., Doc. E/CN.7/68, op. cit., p. 43.

47 The New York Times, August 21, 1946, p. 4.

48 UN., Doc. E/CN.7/68, op. cit., p. 42.

49 Monahan, op. cit., p. 91. 50 Idem.

. . . at Shanghai the situation was still worse. In a single village in the outskirts, Zau Ka Du, there were some sixty opium hongs which were supplied with narcotic drugs by the Japanese and whose sales figures amounted to \$5,500,000 per annum.⁵¹

The sponsoring of illicit drug trade in conquered areas was only one phase of the over-all Japanese narcotics policy, for there is evidence that her activity was on a world-wide basis. In 1936 Japan had more factories licensed to manufacture drugs for export than any other country in the world,⁵² and a great quantity of drugs manufactured were channeled into illicit traffic. Mr. Harry J. Anslinger, Chief of the United States Bureau of Narcotics, has stated that at one time possibly as much as ninety per cent of the world's supply of "white drugs" were of Japanese origin.⁵³ Reader's Digest states that agencies for the distribution of these illicit drugs were established in Paris, Chicago, New York, London, and Bucharest.⁵⁴ Fortunately the closing of normal illicit supply routes by the war shut off much of the Japanese trade and served to minimize this problem in comparison to the situation in Japanese-occupied countries.

Japan's misuse of narcotics did not go unnoticed by the League of Nations and its associated drug control agencies.

Proof had been found that the Japanese Government had knowingly submitted to the Permanent Central Opium Board false and fraudulent reports, grossly understating and thereby concealing their actual production of narcotic drugs. . . .⁵⁵

51 UN., Doc. E/Cn.7/68, op. cit., p. 39.

52 The New York Times, April 4, 1936, p. 7.

53 Monahan, op. cit., p. 91. 54 Idem.

55 UN., DPI., "New Protocol on Narcotic Drugs Signed: Commission Reviews International Controls," op. cit., p. 46.

The Japanese Government had not controlled narcotics distribution, had no central authority for suppressing illicit traffic, and had flagrantly violated its treaty obligations.⁵⁶

On June 9, 1937 the Advisory Committee on Opium and Other Dangerous Drugs met to consider action.⁵⁷ In spite of a statement by representative Mr. Sugimura Yotaro that, "We are a nation of Samurai; with us honor is more important than anything else,"⁵⁸ the Advisory Committee adopted a resolution "diplomatically holding Japan responsible for the growth of the narcotic drug traffic in those parts of China under Japanese influence . . . ,"⁵⁹ and requested that the Japanese Government take prompt action to stop the illicit traffic in those areas.⁶⁰

Perhaps it was unfortunate that these charges were made "diplomatically" for there is no evidence that the Japanese Government chose to regard them seriously. Soon thereafter, of course, Japan withdrew from the League of Nations and thus from even official international cooperation in the field of narcotic drug control.

Reform of the drug problem was subsequently achieved as one of the results of World War II, and those Japanese responsible for narcotics crimes were so charged at the War Crimes Tribunal.

Since the war, stringent narcotics controls have been applied to areas previously under Japanese control. On October 18,

56 Idem. 57 The New York Times, June 10, 1937, p. 6.

58 "Japan's Way With the Vanquished," The Living Age, v. CCCLIII (December, 1937), p. 291.

59 The New York Times, June 10, 1937, p. 6. 60 Idem.

1945 General Douglas MacArthur issued a directive which forbade the Japanese to cultivate the opium poppy, demanded that crops then under cultivation be destroyed, froze the movement of existing supplies, and "cautioned the Japanese that no imports of narcotics would be permitted without specific allied permission."⁶¹ Subsequently the United Nations Commission on Narcotic Drugs gave international sanction to this order by forbidding the manufacture of drugs in Japan and providing for importation into Japan of only enough drugs to meet medical and scientific needs. This program, intended to repress the export of illicit narcotics from Japan, was placed under the supervision of the Permanent Central Opium Board.⁶²

Narcotics were not used as a weapon of aggression in the European theatre as they were in the Far East. It is true that Germany developed several synthetic drugs as morphine substitutes,⁶³ but that was possibly necessitated by medical needs and due to a shortage of narcotics in Germany. There is some evidence that Germany did engage in illicit trade since in 1944 an alleged German plot to flood the Near East with drugs was broken up with the arrest of fifty-three persons involved.⁶⁴ Germany also aroused some distrust in previous years for in 1925 it was charged by:

Dr. Shlomovitch, head of the division of Narcotics of

61 The New York Times, October 19, 1945, p. 1.

62 UN., DPI., "Old and New Narcotic Perils," op. cit., p. 364.

63 Ibid., p. 363.

64 The New York Times, June 1, 1944, p. 7.

the Soviet Department of Health . . . that Germany was responsible for an alarming rise in the use of drugs in Russia, " . . . as German manufacturers of narcotics contrive by many means to supply cocaine and other narcotics to the world markets."⁶⁵

Divided authority in Germany since the war has hampered efforts at drug control in that country. As a result the Permanent Central Opium Board and the Supervisory Body recommended, in 1946, that a central control office be created for all of Germany,⁶⁶ and on September 23, 1946 a Narcotics Control Working Party was established. This body is composed of representatives of each of the four occupational zones and works in collaboration with United Nations Agencies.⁶⁷

Thus World War II had both beneficial and adverse effects upon international narcotics control. On the one hand, normal trade lanes for illicit narcotics were closed, and there was a substantial decrease in addiction among most civilian populations. On the other hand, nations which were parties to international drug conventions found it difficult to completely fulfill their control obligations, and narcotics were abusively used to break the will to resist of conquered peoples. These war-time effects proved to be temporary trends. In fact the post-war era was marked by a reversal of some war-time conditions, since the restoration of normal trade routes resulted in a sharp increase of drugs in the illicit traffic, and immediate

⁶⁵ The New York Times, November 22, 1925.

⁶⁶ The New York Times, October 22, 1946, p. 10.

⁶⁷ UN., DPI., "New Protocol on Narcotic Drugs Signed: Commission Reviews International Controls," op. cit., p. 41.

steps were taken by the United Nations, to restore the narcotics control system to its pre-war efficiency.

CHAPTER V

CONTROL UNDER THE UNITED NATIONS

Transfer of League Functions

The question of the international control of narcotic drugs came up for review, upon the dissolution of the League of Nations, and its replacement by the United Nations.

The United Nations Conference, held in San Francisco in 1945 recognized the need for continued international cooperation to control narcotic drugs. In this connection the delegate from the United States made the following statement:

Experience has shown that drug control raises issues which can best be met . . . by the type of specialized agencies now functioning so successfully in this field. Everything possible should be done to safeguard the continued operations of the agencies and services.

The United States Delegation wishes to go on record as hoping that the organization will be entrusted with supervision over the execution of existing or future international agreements with regard to the control of the legitimate traffic in opium and other dangerous drugs, and the suppression of illicit traffic and abuse of such drugs; that there should be established an advisory body to advise directly the Economic and Social Council on these matters; and that the existing agencies be regarded as autonomous agencies to be related directly to the Economic and Social Council.¹

The United Nations Charter does not expressly grant

¹ Herbert L. May, "Narcotic Drug Control," International Conciliation, no. 441 (May, 1948), p. 345.

jurisdiction over narcotics control to the United Nations, but the Charter leaves no doubt "that the economic, social, cultural, educational, health and related matters include the problem of international control of narcotic drugs."² Acting under this authority, the General Assembly of the United Nations, during its first session, adopted a resolution³ calling for the transfer to the United Nations of the functions formerly exercised by the League. The Economic and Social Council was given the task of deciding which of the organs of the United Nations, or which of the specialized agencies, should exercise these functions in the future. The Council⁴ provisionally was to assume the work previously done by the Permanent Central Opium Board and the Supervisory Body, pending the adoption of the recommendation of the Economic and Social Council on this matter.⁵

On October 3, 1946 the Council approved a draft protocol amending existing international instruments on narcotics⁶ and submitted it to the Assembly, where it received unanimous approval on November 19, 1946⁷ and was signed on December 11,

2 Herbert L. May, "The Evolution of the International Control of Narcotic Drugs," Bulletin on Narcotics, v. II, no. 1 (January, 1950), p. 6.

3 Adopted on February 12, 1946.

4 Future references to "Council" mean Economic and Social Council, unless otherwise stated.

5 May, "Narcotic Drug Control," op. cit., p. 346.

6 The Agreements and Conventions of 1912, 1925, 1931, and 1936.

7 May, "Narcotic Drug Control," op. cit., p. 347.

1946.⁸

The document had two main headings: The Protocol--the general purpose of which was to transfer to the United Nations all the powers and functions existing under international agreements and conventions, formerly exercised by the League of Nations; and the Annex to the Protocol--the specific amendments relative to the agreements and conventions of 1925, 1931, and 1936, formed under the auspices of the League.⁹ The Protocol was open for ratification by all the signatories to the six existing agreements and conventions,¹⁰ and was to "come into force . . . on the date upon which it has been accepted . . . on behalf of that Party."¹¹ The amendments enumerated in the Annex to the Protocol were to "come into force in respect of each Agreement, Convention, and Protocol when a majority of the Parties thereto have become Parties to the present Protocol."¹²

The Protocol provided that the Permanent Central Opium Board and the Supervisory Body would continue to perform their respective functions pending ratification of those parts of the Annex relating to the Convention of 1925 and the Limitations Convention of 1931; the Secretary-General was to assume immediately the duties previously performed by the Secretary-General of the League.¹³ The texts of the international

⁸ Protocol Amending the Agreements, Conventions and Protocols on Narcotic Drugs . . . (December 11, 1946), art. 9.

⁹ Ibid., general reference. ¹⁰ Ibid., art. 5.

¹¹ Ibid., art. 7. The word in the brackets is the author's.

¹² Idem. ¹³ Ibid., art. 2.

conventions and agreements were not changed materially by the Protocol, for the principal alterations were merely in the substitution of "United Nations" for the "League of Nations," "Secretary-General of the United Nations" for "Secretary-General of the League of Nations," the "Economic and Social Council of the United Nations" for "Council of the League of Nations," and the "International Court" for the "Permanent Court of International Justice."¹⁴

The amendments concerning the International Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, signed at Geneva in 1931, provided that the members of the Supervisory Body should thereafter be appointed by the following agencies:

- (1) The World Health Organization--two members
- (2) Commission on Narcotic Drugs--one member
- (3) Permanent Central Opium Board--one member.¹⁵

The aforementioned section of the Protocol also made the World Health Organization an integral part of the international narcotic control machinery. The latter was given the authority to determine what drugs are capable of producing addiction and therefore fall under the scope of international regulation.¹⁶

All the amendments became operative February 3, 1948 and thus the United Nations became the legal successor to the League

¹⁴ Ibid., Annex to the Protocol, general reference.

¹⁵ Ibid., Annex to the Protocol, par. 3. For original appointing agencies, see supra, p. 40.

¹⁶ Ibid., Annex to the Protocol, pars. 2-3.

of Nations in the field of narcotic drug control.¹⁷

Administrative Machinery

There are three agencies which share primary responsibility for the system of international control of narcotic drugs under the United Nations.

- (1) The Commission on Narcotic Drugs
- (2) The Permanent Central Opium Board
- (3) The Supervisory Body.¹⁸

The Commission on Narcotic Drugs.

The Commission on Narcotic Drugs, established by resolution of the Economic and Social Council, February 16, 1946, was the direct successor to the Advisory Committee of the League of Nations.¹⁹ Its functions are to:

- (1) Assist the Council in the exercise of its supervisory powers over the application of international conventions and agreements dealing with narcotic drugs
- (2) Carry out the functions previously entrusted to the League of Nations' Advisory Committee
- (3) Advise the Economic and Social Council on all matters

¹⁷ United Nations, Commission on Narcotic Drugs, "Report to the Economic and Social Council . . .," processed material, Doc. E/799 (Lake Success: May, 1948), p. 9.

¹⁸ May, "Narcotic Drug Control," op. cit., pp. 347 ff.

¹⁹ Ibid., p. 348.

relating to narcotic drugs and prepare such draft international conventions as are necessary

(4) Consider changes in the existing machinery of international drug control and submit these proposals to the Council

(5) Perform such other functions relating to narcotic drugs as the Council may assign.²⁰

The Commission on Narcotic Drugs is composed of fifteen members--one from each of fifteen states which the Economic and Social Council elects to be represented.²¹ Each state nominates its own representative, after first consulting with the Secretary-General, and each nominee must be confirmed by the Council.²² The ten members considered of primary importance are elected for an indeterminate period; the other five for three years but with eligibility for reappointment.²³ The initial fifteen countries represented on the Commission were: Canada, China, Egypt, France, India, Iran, Mexico, the Netherlands, Peru, Poland, Turkey, the Union of Soviet Socialist Republics,

20 United Nations, Department of Public Information, Research Section, "The Economic and Social Council," Background Paper no. 53 (Lake Success: October 14, 1949), p. 11. Hereafter cited as UN., Background Paper No. 53.

21 In the opinion of the Commission, its composition of 15 members compared to the 24 members of the Opium Advisory Committee of the League makes it a more workable body than the League Committee. United Nations, Economic and Social Council, Official Records, "Report of the Commission on Narcotic Drugs . . .," Second Year; Fourth Session, Supplement no. 1 (Lake Success, 1946), p. 5. Hereafter cited as UN., ESC., OF.

22 United Nations, Department of Public Information, "Notes on the Economic and Social Council Chart," United Nations Bulletin, v. III, no. 3 (July 15, 1947), p. 95. Hereafter cited as UN., DPI.

23 UN., Background Paper No. 53, op. cit., p. 11.

the United Kingdom, the United States, and Yugoslavia.²⁴ The Commission decided in 1946 to invite the Permanent Central Opium Board and the Supervisory Body to send representatives to Commission meetings in consultative capacity.²⁵

The members of the Commission are representatives of their respective governments but the actual travel expense to and from meetings, as well as traveling expenses on Commission business, is borne by the United Nations.²⁶

Permanent Central Opium Board and Supervisory Body.

Both the Permanent Central Opium Board and the Supervisory Body continue to function as originally established. These nominally independent organizations are closely connected administratively with the United Nations²⁷ and, in fact, operate in many ways as cooperative units. The Permanent Central Opium Board in exercising its prerogative to appoint one member of the Supervisory Body has appointed one of its own members, Herbert L. May.²⁸ The Commission on Narcotic Drugs and the World Health Organization follow this cooperative pattern in that three of the four Supervisory Body members are also members of the Board.

²⁴ May, "Narcotic Drug Control," op. cit., p. 348. For the names of the delegates see UN., ESC., OF., op. cit., p. 2.

²⁵ UN., ESC., OF., op. cit., p. 3.

²⁶ The Yearbook of the United Nations, 1946-1947 (Lake Success: November, 1947), p. 471.

²⁷ UN., ESC., OF., op. cit., p. 14.

²⁸ Member from the United States and President of the Permanent Central Opium Board. UN., ESC., OF., op. cit., p. 3.

This procedure facilitates the harmonious operation of the two agencies, and makes possible the holding of joint meetings on questions of mutual concern.²⁹

Whereas under the League of Nations the Opium Board and the Supervisory Body had separate secretariats,³⁰ a joint secretariat now serves both bodies under the United Nations Organization.³¹ The General Assembly provides funds for the work of the two agencies and although the financial estimates of each appear as two separate items in the United Nations budget, the funds allocated are placed in a common fund from which each makes its withdrawals. Thus the Supervisory Body and the Board in reality operate under a common budget.³² The Board in 1949 tentatively decided to meet twice a year,³³ a procedure also followed by the Supervisory Body.³⁴

On March 2, 1948 the Economic and Social Council made the first membership appointments to the Permanent Central Opium Board--the League Council having made the last appointments in

29 United Nations, Permanent Central Opium Board, "Report to the Economic and Social Council . . .," Doc. E/OB/4 (Geneva: December, 1948), p. 6. Hereafter cited as UN., Doc. E/OB/4.

30 Letter from the President of the Permanent Central Opium Board to the Secretary-General of the United Nations, April 12, 1946; cited by United Nations, Permanent Central Opium Board, "Report on the Work of the Board," Doc. E/OB/1 (Geneva: October, 1946), p. 6.

31 United Nations, Permanent Central Opium Board, "Report on the Work of the Board," Doc. E/OB/2 (Geneva: November, 1947), p. 7.

32 UN., Doc. E/OB/4, op. cit., p. 6.

33 Ibid., p. 7. 34 supra, p. 40.

1938.³⁵ Discussion concerning these appointments resulted in a slight modification of the 1925 Convention requirement that members should hold no office that in effect made them dependent upon their respective governments. At the first session of the Commission on Narcotic Drugs it was argued that changing social systems made it difficult for some countries to propose candidates who fulfilled this requirement.³⁶ The Soviet representative to the Council pointed out that under the provisions of the 1925 Convention the Soviet experts would automatically be excluded from the Board because they were paid by their government.³⁷ Consequently the Council approved a Commission resolution which now permits the appointment of members who may be dependent upon their government provided they endeavor to relinquish any government office during their tenure on the Board and, furthermore, if they consent not to act under instructions from their government while serving as Board members.³⁸

³⁵ Herbert L. May, "The Tasks of the Permanent Central Opium Board," United Nations Bulletin, v. IV, no. 8 (April 15, 1948), p. 336. The Council appointed the following members to the Board: Dr. Pedro Pernambuco Filho (Brazil), Prof. Hans Fischer (Switzerland), Sir Harry Greenfield (United Kingdom), Herbert L. May (United States), Paul Reuter (France), Milhan Ristic (Yugoslavia), Prof. Sodet Tavak (Turkey), and Dr. Y. N. Yang (China). These members were selected from among 33 candidates nominated by 23 governments. UN., DPI., "Decisions on Narcotics Control," United Nations Bulletin, v. IV, no. 6 (March 15, 1948), p. 247.

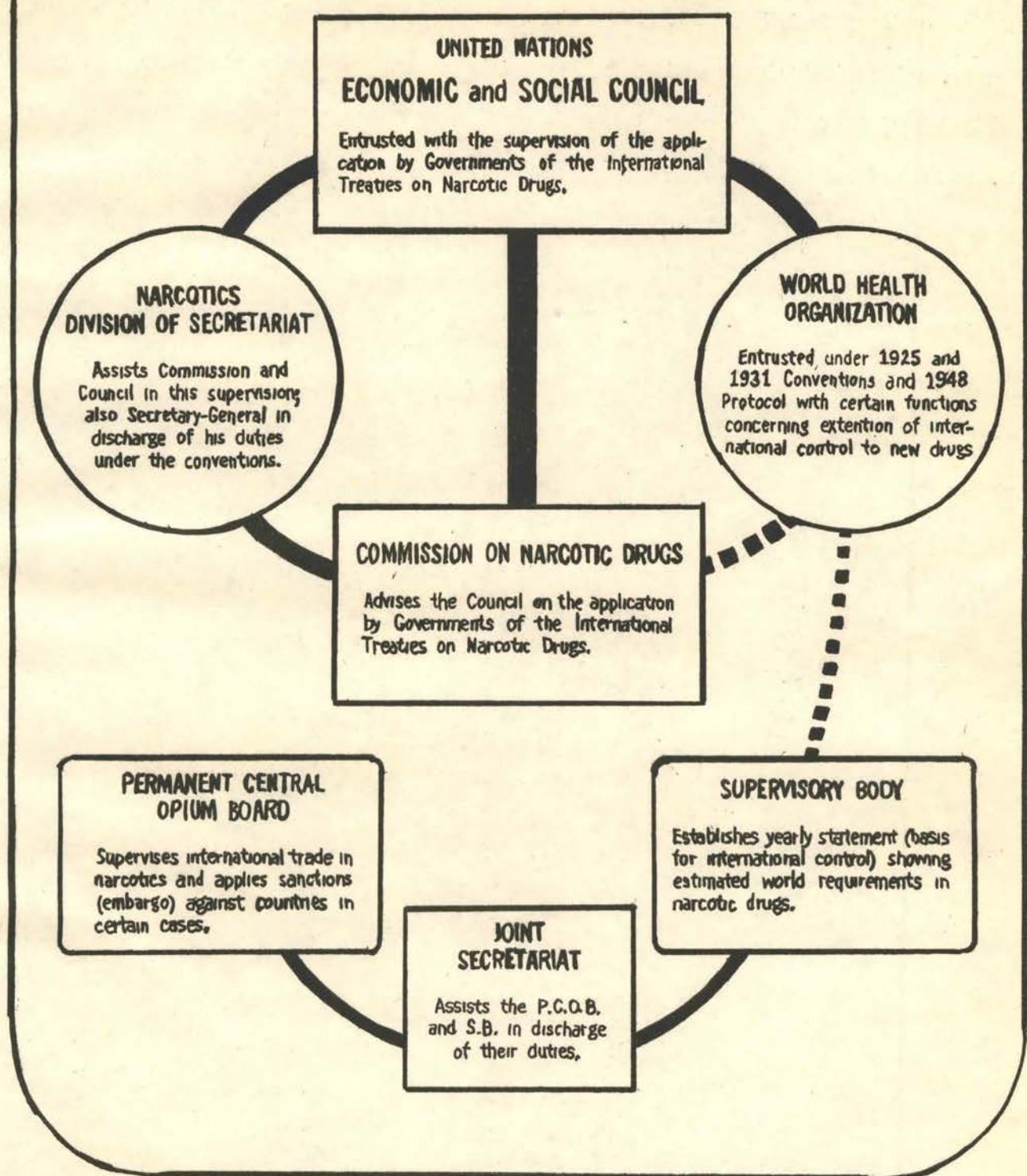
³⁶ May, "The Tasks of the Permanent Central Opium Board," op. cit., pp. 336-337.

³⁷ UN., DPI., "Measures to Control Narcotics Reviewed by Council," United Nations Bulletin, v. IV, no. 5 (March 1, 1948), p. 179.

³⁸ May, "The Tasks of the Permanent Central Opium Board," op. cit., p. 337.

TABLE 6

ORGANS OF THE INTERNATIONAL CONTROL OF NARCOTIC DRUGS



The responsibility of the World Health Organization to determine the habit-forming qualities of drugs (pursuant to the Protocol of 1946) is exercised by an agency of that body--a five member Expert Committee on Habit-Forming Drugs.³⁹

The Economic and Social Council is entrusted with general supervision of the application of the drug conventions, and exercises this responsibility, as has previously been stated, on the advice of the Commission on Narcotic Drugs. The Council and the Commission are assisted in their functions by the Narcotics Division of the United Nations Secretariat.⁴⁰

International Conventions

United Nations supervision of the world narcotic problem has resulted in continued efforts to strengthen and augment the network of international statutes for the control of the traffic--one new convention has already been concluded, and a second is at present in the advanced stages of formulation. These conventions are among the most progressive actions taken toward regulating world narcotics use in the past two decades and, as such, merit careful study.

Paris Protocol of 19 November 1948.

During its second session, held in 1947, the Commission on

39 United Nations, World Health Organization, Information Office, "The Work of the Interim Commission of the World Health Organization," Building for Health (1948), p. 32.

40 See Table 6 on page 75.

Narcotic Drugs discussed the development of synthetic drugs which were creating a new and ominous obstacle to the hopes of obliterating the narcotics scourge. The Commission was presented with the reports of two experts of the United States Public Health Service concerning such drugs. These reports dealt mainly with the new drug amidone which the experts found produces reactions "entirely comparable to that experienced with morphine"⁴¹ and is "a drug of addiction and dangerous, as morphine, from that standpoint."⁴² To emphasize the problem created by the new synthetics, the experts presented the Commission with the following four considerations:

- (1) Amidone is habit-forming
- (2) These drugs could be produced secretly and in considerable quantity
- (3) Many additional synthetic drugs could be developed from the formulae of known synthetics
- (4) A single factory could "flood the whole world with these toxic substances."⁴³

Although these drugs were authoritatively held to be dangerous and habit-forming, there were no provisions in then existing international instruments by which they could be brought under control. Previous international conventions dealt primarily with natural plant products and their manufactured derivatives,

⁴¹ United Nations, Economic and Social Council, Official Records, "Report of the Commission on Narcotic Drugs . . .," Third Year: Sixth Session, Supplement no. 2, Doc. E/575 (Lake Success, 1948), p. 14.

⁴² Idem. ⁴³ Idem.

and thus were not applicable to synthetics. For instance, the Limitations Convention of 1931 can, by article 11, be extended to include only new drugs which are specifically alkaloids of opium or of the coca leaf. The 1925 Convention, which could apply to synthetic developments, does not directly control the manufacture and trade in drugs, and is thus an ineffective control measure.

With this in mind, the Commission on Narcotic Drugs requested the Secretariat of the United Nations "to examine the possibility of combining the advantages of . . . the 1925 Convention with those of the . . . Convention of 1931. . . ."44 The resultant study by the Secretariat revealed two methods of achieving this goal--to amend the two conventions, or to conclude a new instrument:

Experience had shown that amending multilateral treaties having a large number of parties presented many difficulties and might give rise to juridical arguments. This was especially true when a convention, such as the 1925 Convention, contained no explicit provisions for its amendment. In addition to this general difficulty . . . amending the 1925 Convention . . . would in no way have allowed new drugs to be placed under the control provided by the 1931 Convention. Indeed, all that could have been obtained by such a procedure was the possibility of placing the new drugs under the control provided by the 1925 Convention, which was, in the circumstances, quite insufficient.

Although article 33 of the 1931 Convention established a procedure for amending this Convention, an amendment to . . . this instrument would have met with the same general difficulties as an amendment

44 United Nations, Department of Social Affairs, "Synthetic Drugs and International Action," Bulletin on Narcotics, v. II, no. 2 (April, 1950), p. 1. Hereafter cited as UN., DSA.

to the 1925 Convention.⁴⁵

Further difficulties were foreseen if the 1931 Convention were amended to include synthetic drugs and hence widen its scope. As written, article 1 merely defined drugs as limited to alkaloids of opium and the coca leaf. Thus inclusion of the synthetic drugs in this article might permit confusion to arise as to the application of this amendment to the other articles of the convention which refer to the term "drug" as defined in article 1.

In view of these drawbacks inherent in the amending process, the Secretariat recommended that a special international agreement be concluded, which, the Secretariat felt, should be based upon the 1931 Convention and should effectively transpose its provisions so as to apply to the new synthetics.

The Commission on Narcotic Drugs was in complete accord with the views of the Secretariat and, upon the Commission's recommendation, the Economic and Social Council requested, on August 15, 1947, that the Secretariat frame a draft protocol for such a convention. The draft was prepared and by July, 1948 had been examined by both the Commission on Narcotic Drugs and the World Health Organization. Both organizations recommended the Protocol be adopted--the Economic and Social Council did so at its seventh session and the General Assembly concurred on October 8, 1948. On November 19, 1948 the new instrument was formally declared open for signature. In less than thirteen

⁴⁵ Idem.

months the required number of states had become signatories and on December 1, 1949 the new Protocol came into force.⁴⁶

As a result of this Protocol, all drugs capable of producing addiction can now be placed under international control, and synthetic drugs are no longer immune from regulation. Generally speaking, the 1948 Protocol provides that any drug of addiction not controlled by the Convention of 1931 may be placed under the limitations set forth by that Convention. The Protocol stipulates that signatory governments are obligated to inform the Secretary-General of the United Nations of any drug, not covered by the 1931 Convention, which can be used for medical and scientific purposes.

Upon notification to this effect, the Secretary-General then communicates this information to the Commission on Narcotic Drugs, the World Health Organization, and all States Parties to the 1948 Protocol. The World Health Organization determines the addictive qualities of the drug in question and reports the findings to the Secretary-General who advises the international control agencies and all members of the Protocol of the decision. If the World Health Organization finds a drug addiction-forming or capable of being converted to such, the

⁴⁶ Information on the formulation and adoption of the Protocol obtained from UN., DSA., "Synthetic Drugs and International Action," *op. cit.*, pp. 1-2. The Protocol came into effect "upon the expiration of thirty days following the day on which twenty-five . . . States . . . signed it. . . ." Protocol Bringing Under International Control Drugs Outside the Scope of the Convention of 13 July 1931 . . . (Lake Success, 1948), ch. I, art. 6. Hereafter cited as The Paris Protocol of 1948.

drug must be subjected to international controls.⁴⁷

Application of the Protocol is not limited to synthetic drugs, but covers any type of drug--new or previously known--which is found to be habit-forming.⁴⁸ Unlike previous conventions, this Protocol applies to drugs in relation to their effect rather than to their chemical content or natural plant origin. According to Chapter I (article 1), the Protocol applies to all drugs "liable to the same kind of abuse and productive of the same kind of harmful effects as the drugs specified in . . . the . . . [1931] Convention."⁴⁹

Unified Convention on Narcotic Drugs.

A constantly changing world society has brought about a need for review of the narcotics control system which has evolved during the past half century. Some provisions of drug conventions have become outmoded and others have not been successful in application--existing international control agencies have proved workable, but such machinery is complex and has become increasingly difficult to adapt to changing world conditions. These deficiencies have prompted the United Nations Organization to initiate an effort to ameliorate and simplify the present drug control system through the medium of a new

⁴⁷ The Paris Protocol of 1948, op. cit., ch. I, arts. 1-2.

⁴⁸ "The . . . Protocol does not apply to raw opium, medicinal opium, coca leaf or Indian hemp . . . or to prepared opium." Ibid., ch II, art. 4.

⁴⁹ The date in the brackets is the author's.

single narcotics convention designed to replace all existing conventions both as to control measures and control machinery. This convention is still in the formative stage but within the past year there has been increased impetus towards its completion.

The United Nations Secretariat paved the way for the proposed new convention when, at the request of the Commission on Narcotic Drugs, it submitted to the fourth session of the Commission a group of monographs suggesting the possible framework for a new instrument.⁵⁰ At this same session the Commission drew up a plan providing for the framing of "a new single Convention by simplifying and unifying the eight different existing international instruments on narcotic drugs adopted over the last forty years. . . ." ⁵¹

The Economic and Social Council on July 6, 1949 approved the Commission's plan and requested the Secretariat to prepare a draft of the proposed convention.⁵² This draft was presented for study to the Commission on Narcotic Drugs at its fifth session, held in December, 1950. The Commission devoted several days to a discussion of the draft but was not able to reach a final decision because of the many problems naturally involved in such a far-reaching undertaking.

In addition to the usual divergence of views as to

⁵⁰ UN., DSA., "Unification of Conventions on Narcotic Drugs," Bulletin on Narcotics, v. II, no. 1 (January, 1950), p. 26.

⁵¹ UN., DPI., "Tighter International Control of Narcotics," United Nations Bulletin, v. VI, no. 12 (June 15, 1949), p. 643.

⁵² UN., DPI., "Action to Strengthen Narcotic Controls," United Nations Bulletin, v. VIII, no. 3 (August 1, 1949), pp. 129 ff.

the necessity of a given provision, or the appropriateness of a proposed method of reaching a desired aim, there was the difficulty that one or more of the existing international agreements sought to be incorporated into the single convention had not been adopted by some of the high contracting parties to other conventions.

* * *

It is not possible to predict the time when final agreement may be reached on a comprehensive single convention, but the hope of successful achievement of this aim justifies the painstaking work that the Commission has given and expects to continue to give to this subject.⁵³

The final contents of this proposed single convention is highly conjectural, but the resolution of the Economic and Social Council requesting the Secretariat to prepare the draft undoubtedly is indicative of its general content. Under the terms of this resolution the new convention shall:

- (1) Replace all existing international agreements relating to narcotic drugs
- (2) Provide for limiting the production of narcotic raw material
- (3) Provide for only two control agencies, the Commission on Narcotic Drugs and one other, and
- (4) Simplify and correct the weaknesses of the existing system of international control.⁵⁴

The monographs which the Secretariat presented to the fourth

⁵³ United States, Treasury Department, Federal Bureau of Narcotics, "A Review of International and National Narcotic Controls," processed material (Washington, D. C.: January 15, 1951), pp. 2-3. Hereafter cited as US., TD., FBN.

⁵⁴ UN., DSA., "Unification of Conventions on Narcotic Drugs," op. cit., p. 29.

session of the Commission on Narcotic Drugs presents additional information relative to the aforementioned generalizations. In regards to the two control agencies, it was recommended that there should be a policy making body and an administrative body. The Commission on Narcotic Drugs was designated as the policy making body while the administrative agency could be referred to as the "semi-judicial" or the "administrative body," and would exercise those functions which are now under the charge of the Permanent Central Opium Board and the Supervisory Body. The policy making agency would be composed of representatives of governments, as is now the case, and the administrative agency of members free from direct dependence upon governments. A single secretariat would be assigned to serve both agencies.

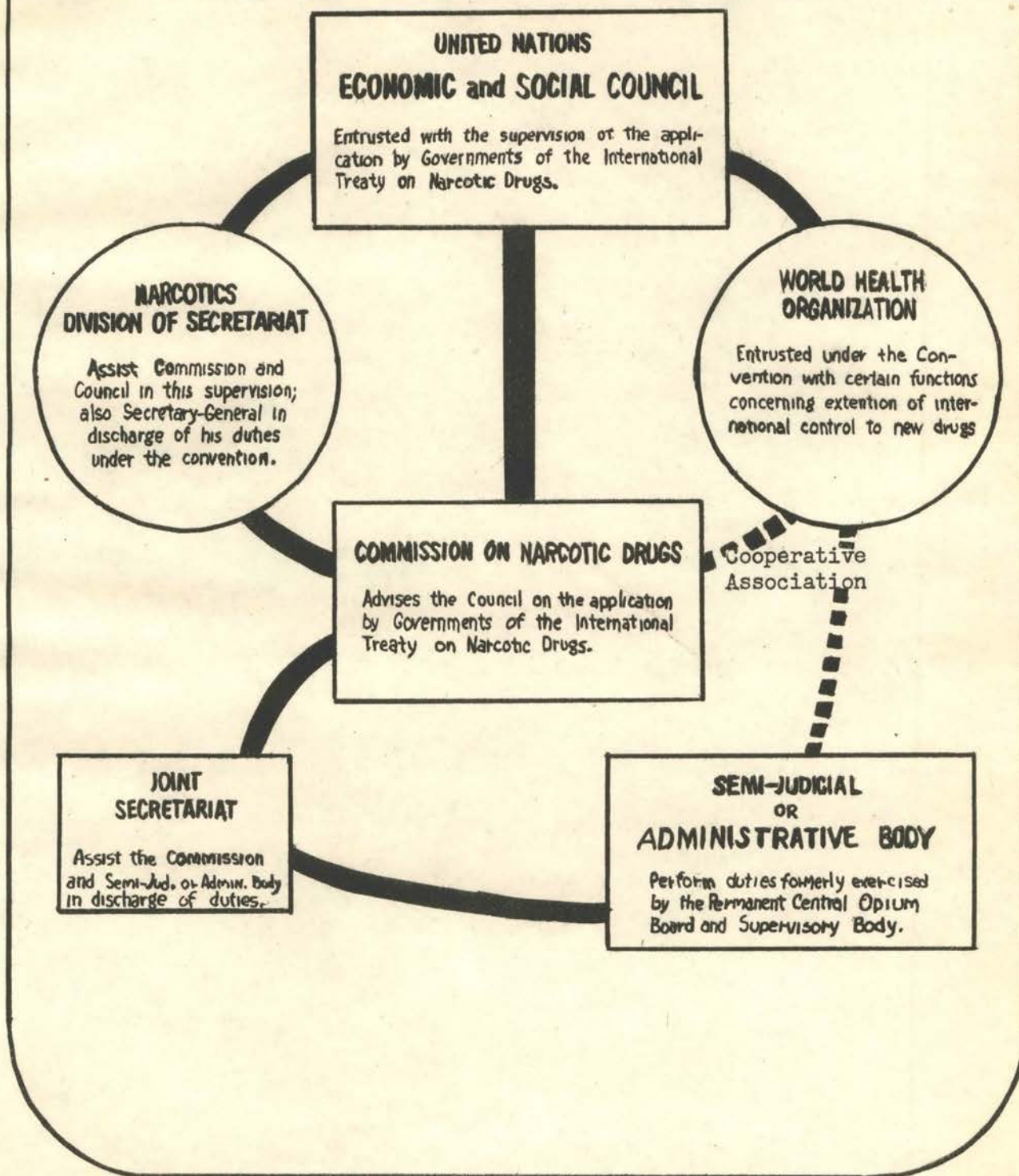
The monographs also recommended that the system of control be strengthened by several modifications in the methods of administration: Whereas reports of governments are now based upon information which the national authority considers pertinent to submit, the new convention should authorize the international agencies to determine the details to be considered by governmental reports. It was also recommended that provision should be made for approval by an international agency of all export-import certificates. These certificates at present are subject solely to approval by the exporting and importing countries.⁵⁵

The provisions for limiting world production of narcotics to medical and scientific needs is considered as one of the most

55 Ibid., pp. 38-40.

TABLE 7

POSSIBLE ORGANS OF THE INTERNATIONAL CONTROL OF NARCOTIC DRUGS UNDER THE PROPOSED UNIFIED CONVENTION



important innovations of the proposed new convention, as previous conventions have placed limitations to medical and scientific purposes only upon the manufacture of and trade in narcotics. The Secretariat recommended that such limitation on production should be based on the estimate system set forth by the Limitations Convention of 1931.

In addition to providing a basis for determining the medical and scientific world requirements of opium, the estimate system should make it possible to determine each year:

- (i) The quantity of opium which each producing country shall produce for export and its domestic requirements . . . ;
- (ii) The total world production of opium;
- (iii) The amount to be allocated to each producing country for export; and
- (iv) The total amount of raw opium required for export by all producing countries together.⁵⁶

These provisions for control would therefore closely integrate the system for controlling production with the system for controlling the export of narcotic drugs. All production allotments, the Secretariat felt, should be based upon the domestic and export market of each individual country, and should be assigned by an international control authority.⁵⁷

At its fourth session the Commission on Narcotic Drugs stressed the inclusion in the new convention of provisions for limiting world production and requested the World Health Organization Committee on Habit-Forming Drugs to furnish the Commission with certain definitions for use, at its 1950 session, as

⁵⁶ Ibid., p. 32. ⁵⁷ Ibid., pp. 32-34.

an aid in preparing the new convention. These definitions included: "Drug addiction," "addiction forming drugs," and "fundamental structure of habit-forming drugs." In addition the Commission endorsed a recommendation of the Committee on Habit-Forming Drugs that every habit-forming drug coming within the scope of international control should have a common name for application to all international purposes.⁵⁸

Interim Agreement to Limit the Production of Opium to Medical and Scientific Needs.

The Commission on Narcotic Drugs at its fourth session recognized that the need for limiting the production of raw opium was of primary concern and that immediate steps should be taken to achieve this goal.⁵⁹ Accordingly the Commission recommended to the Economic and Social Council that an agreement for this purpose should be reached during the interim until the proposed unified convention became effective. This request was implemented by the appointment of an ad hoc Committee to consider the principles on which the agreement should be based and

⁵⁸ UN., DPI., "Tighter International Control of Narcotics," United Nations Bulletin, v. VI, no. 12 (June 15, 1949), pp. 643-645. The Commission also agreed to consider the appointment of a World Health Organization nominee or nominees to the administrative control body envisioned in the new convention. Idem.

⁵⁹ Preparatory work had been undertaken by the League of Nations' Opium Advisory Committee to call a conference to frame an international convention for the purpose of controlling opium production. This work was in the advanced stages when World War II intervened. UN., DPI., "Agreement on Opium Limitations," op. cit., p. 94. cf. UN., ESC., OF., op. cit., p. 8.

the means by which its purpose could be achieved.⁶⁰ The Committee presented a draft of such an agreement to the fifth session of the Commission on Narcotic Drugs held in December, 1950.

The draft followed the recommendations of the Secretariat for the accomplishment of this goal by the unification convention in that "the plan considered contemplates the submission of estimates, by the manufacturing and consuming countries, to a central international agency which will allot the total of the estimates, in proportion to the agreed shares, among the producing countries for production."⁶¹ The producing countries will sell their opium only to the international agency and the international agency will sell the opium only to those countries submitting estimates of medical and scientific requirements. Manufacturing and consuming countries will be obligated to purchase all their opium from the international agency and "not to purchase opium from any other source."⁶² In other words, the plan calls for the establishment of an international opium monopoly.

Final decision concerning this agreement was not reached by the Commission at its fifth session but was "reserved for more extended and detailed discussion at the next session of

⁶⁰ UN., DPI., "Agreement on Opium Limitations," United Nations Bulletin, v. VII, no. 2 (January 15, 1950), p. 94. The Commission may appoint ad hoc committees to make special studies. UN., DPI., "Old and New Narcotic Perils," United Nations Bulletin, v. III, no. 12 (September 16, 1947), p. 41.

⁶¹ US., TD., FBN., op. cit., p. 1.

⁶² Idem. In relation to the draft drawn up by the Committee cf. UN., DPI., "Agreement on Opium Limitations," op. cit., p. 94.

the Commission. . . ."63

The sixth session of the Commission on Narcotic Drugs is in session at the time of this writing and the problem of establishing the international opium monopoly is one of the foremost on its agenda. Unfortunately questions of policy decisions to be granted to the proposed international agency have caused considerable complications in the formulation of this plan. Some of the main questions of policy are considered to be:

- (1) The price of opium
- (2) Determination of national allotments
- (3) Stock level to be maintained by the agency
- (4) Sanctions to be imposed upon violation of the agreement.⁶⁴

The most controversial of these aforementioned questions is the price of opium. The Commission is deadlocked on this matter and is reportedly virtually on the verge of abandoning the entire plan for creating the monopoly. The United States has suggested \$16.80 a kilogram as a base price but India, Iran, Turkey, and Yugoslavia have maintained that this price is too low, holding out for about \$20 a kilogram. On the other hand, manufacturing and consuming nations have objected that \$16.80 was too high.⁶⁵

63 US., TD., FBW., op. cit., pp. 1-2.

64 UN., DPI., "Agreement on Opium Limitations," op. cit., p. 95.

65 New York Herald Tribune, April 19, 1951, p. 4. cf. New York Herald Tribune, April 22, 1951, p. 15.

Another stumbling block to the creation of the monopoly is United Nations inspection of national production of opium. Great Britain and the United States insist that such United Nations inspection should be the "cornerstone" for the whole monopoly system, while the producing countries object to this proposal.⁶⁶

The Soviet delegate to the Commission, Mr. V. V. Zakusov, poses further objections to the establishment of an international opium monopoly:

Soviet delegate V. V. Zakusov charged a projected opium monopoly would run "against the charter of the U. N.," which makes no provision for "commercial activities by the U. N." . . . Mr. Zakusov argued financial and legal details of the monopoly plan would infringe national sovereignty.⁶⁷

In view of the above difficulties, it may well be that the Commission will have to abandon further attempts to create the monopoly and devise some other means whereby opium production can be effectively limited. France has declared that such is the case and has offered, for consideration, a plan which "would seek to curb production through a system of estimates, questionnaires, surveys and embargo punishments, resembling controls over manufactured drugs under [the] 1925 and 1931 conventions."⁶⁸

⁶⁶ New York Herald Tribune, April 19, 1951, p. 4. Mr. A. N. Sattanathan of India (Chairman of the Commission) has stated that the producing countries do not disagree with the principle of a United Nations inspectorate, but object to the form. New York Herald Tribune, April 24, 1951, p. 8.

⁶⁷ New York Herald Tribune, April 12, 1951, p. 20.

⁶⁸ New York Herald Tribune, April 24, 1951, p. 8. The word in the brackets is the author's.

CHAPTER VI

EVALUATIONS AND CONCLUSIONS

One of the most remarkable achievements in the history of international collaboration is the success achieved in the field of international drug control. Indeed, cooperation in this field is universal. When the first steps toward international collaboration were taken, at Shanghai, in 1909, only thirteen governments participated--today over seventy states are parties to the various drug conventions. Only the international conventions of the Red Cross and the Universal Postal Union have been ratified by more countries than the conventions on narcotic drugs.¹

The achievements in the way of international collaboration in the drug field furnish evidence of what it is possible to attain by regulation through international agreements in the general interests of humanity as well as for the welfare of nations and individuals.²

Most of the urgent problems concerning narcotics have been resolved by international cooperation--the world's medical and scientific needs in drugs can be determined; provisions have been made for limiting the world production of manufactured drugs; trade and illicit traffic in narcotics are controlled; provisions

1 United Nations, Department of Public Information, "Control of Narcotic Drugs," United Nations Bulletin, v. II, no. 21 (June 3, 1947), p. 606. Hereafter cited as UN., DPI.

2 Bertil A. Renborg, International Drug Control (Washington, 1947), p. 220.

have been made for the suppression of opium smoking; and more recently synthetic drugs have been brought within the scope of control. These achievements represent remarkable progress in a world in which international disagreement is so common.

The organization of international narcotic drug control was among the most successful undertakings of the League of Nations, and League accomplishments in this field remain the basis for the existing system of narcotic controls. Under League auspices, three international conventions were formulated whereby nations bound themselves to give up part of their sovereignty for the benefit of mankind.

The United Nations assumed the responsibility for the system of drug control instituted by the League and augmented the League control framework by the conclusion of a new convention. The latter brought under control the synthetic drugs developed after the League of Nations controls were established. The United Nations Commission on Narcotic Drugs has taken the place of the League Opium Advisory Committee and is today constantly alert for possible actions to strengthen the system of drug controls.

At the present time efforts are under way to remove the last chief obstacle which stands in the way of effective drug control--excessive production of raw narcotic materials. There is every reason to believe that in the near future some definite means will be adopted to bring raw narcotic production under effective international auspices. Contemporary efforts to provide for the limitation of drug production have previously been discussed in some detail. The most recent development is a proposal by

Herbert L. May, President of the Permanent Central Opium Board, that an international corporation be created:

With nations as its stockholders, this corporation might get the sole right to produce or license the production of opium, use its corporation offices in each producing country for necessary inspection and negotiate prices that would reflect varying circumstances instead of being fixed.³

The proposed unification of narcotic conventions may presage further improvement in drug control for perhaps some of the existing deficiencies which initially accompany most large-scale operations may be remedied. When these difficulties are resolved and the control of the production of narcotic raw materials becomes a reality it appears within the realm of possibility that the narcotic plague can be definitely limited if not completely obliterated.

The activities and principles involved in the international control of narcotics have had effects far beyond their own sphere. Definite contributions have been made to the development of municipal and international law and precedents have been established that may well be applicable for the control of dangerous materials other than drugs.

At present states have even given up a part of their sovereignty to accomplish collective action for the control of drugs:

They have agreed to submit to far reaching international supervision of the management of their own internal affairs in the drug field. The international supervisory organs have been provided with special means of enforcement and coercion which are embodied in the drug conventions, and these conventions form

3 New York Herald Tribune, May 5, 1951, p. 2.

part of international law.⁴

The Limitations Convention of 1931 had special impact upon international law for it not only bound nations to give up part of their sovereignty (by submitting to detailed international supervision and, in certain cases, sanctions) but "even more noteworthy . . . is the fact that a government not a party to the convention, which has not furnished its estimates, may be prevented from importing drugs from a country which is a party. . . ."5

In addition the Supervisory Body has the power to draw up estimates of medical and scientific needs for any country, whether a party to the Convention or not, when such nation has not responded to requests for such estimates. "This feature is probably unique in international law because through it a state which has not accepted the convention is affected."⁶

Mr. H. J. Anslinger, Chief of the United States Bureau of Narcotics and United States delegate to the Commission on Narcotic Drugs, comments relative to the impact of the narcotic control system upon other fields of international cooperation:

The opinion is often expressed that the results obtained in the international control of narcotics have an influence which transcends their own sphere. Anyone who has followed over a period of time the evolution of the ideas and plans for the creation and extension of this control and has studied the development of the international administration which has arisen from them cannot fail to endorse that opinion. The work of creating and setting in motion this machinery of international control has led to results which may have an unforeseen and far-reaching influence

4 Ibid., p. 223. 5 Ibid., p. 25.

6 Idem. cf. "Narcotics Control--A Pattern for Disarmament," United Nations World, v. I (September, 1947), p. 45.

upon society, far transcending the field in which they were conceived and the subject with which they deal. It has been suggested for instance, that the principles on which these treaties and this control rest should be applied to dangerous armaments and atomic raw materials.⁷

The problem of drug control still remains a complex one in spite of the great strides made in the control of narcotics. Successful results of drug conventions are not dependent alone upon their application by international agencies but are also dependent upon the actions of all the other levels of government. Failure of any level of government to fulfill its obligations under its international drug control commitments may well result in a break-down of the whole system of controls. At least such failure acts as an opening wedge through which the illicit traffic flows and addiction is condoned if not encouraged. Some nations are rather negligent in supplying the necessary information for the proper functioning of the drug control agencies, and, until these failures are removed, there will be significant gaps in the control network.

The very fact that large amounts of drugs are seized each year in illicit traffic shows that the drug problem is still of considerable proportions. For instance, in the first three months of 1949 drugs to the amount of 844 grammes were seized in Egypt.⁸ Not only are seizure figures large in themselves but statistics show that, since the reopening of normal trade routes

7 Letter from Mr. H. J. Anslinger, United States Commissioner of Narcotics and United States Representative on United Nations Commission on Narcotic Drugs, June 19, 1950. See Appendix E.

8 UN., DPI., "Crime and Illicit Drug Traffic," United Nations Bulletin, v. VI, no. 3 (February 1, 1949), p. 125.

following World War II, there has been a considerable increase in seizures of illicit drugs:

| <u>Territorial</u> <u>Area</u> | <u>Grammes of Raw Opium Seized</u> | |
|-----------------------------------|------------------------------------|-------------|
| | <u>1946</u> | <u>1948</u> |
| Europe | 55,635 | 1,474,780 |
| The Americas | 91,968 | 264,740 |

Large amounts of prepared opium were seized in Iran during the post-war period, whereas in 1936 only 44 kilograms were seized.⁹ In Mexico the traffic in heroin increased from 355 grammes, in 1946, to 60,169 grammes in 1947.

The existence of drugs in the illicit market is especially acute as regards hashish. Reports of the Commission on Narcotic Drugs show that whereas in 1936, 16,259 kilograms of Indian Hemp and its resin were involved in illicit traffic, in 1948 there were 80,297 kilograms of this drug in illicit channels--indeed a considerable increase. These seizure figures cause even more concern when it is realized that the total of drugs actually seized probably represents no more than 10 per cent of the actual volume of drugs in the illicit traffic.¹⁰

The volume of illicit drugs can be explained by many factors: the tremendous demand, unprincipled get-rich-quick purveyors, the great strain of the rushing modern world, and the fact that drugs are so easily concealable that it is often very difficult

⁹ In 1948 there were 4,183 kilograms confiscated.

¹⁰ The statistics on seizures obtained from United Nations, Department of Social Affairs, Bulletin on Narcotics, v. III, no. 1 (January, 1951), pp. 2-3. Hereafter cited as UN., DSA.

to detect them. As long as there is addiction to narcotics there will be an incessant demand for them in the illicit traffic, and new and ingenious methods of smuggling will be devised. Narcotics agents have found drugs hidden in almost every conceivable place, a complete listing of which would be too voluminous here.¹¹ It is understandable why large amounts of illicit drugs escape detection when one realizes that every article being imported into any given country would have to be thoroughly examined if all such drugs were to be seized.

There have been many suggestions presented to improve and strengthen the system of narcotic controls in the future: If the present efforts of the Commission on Narcotic Drugs prove fruitful in limiting raw drug production a significant advance toward the obliteration of the drug plague will be achieved.

Another oft-repeated suggestion is that the present system of international control machinery be simplified. The Permanent Central Opium Board has stated that:

In our experience, the overwhelming disadvantage of the existing international instruments and the system they set up has been their complexity. The texts are involved and contradictory; the administrative machinery which has been set up is too complicated and gives rises to overlapping.¹²

The Board feels that the real criticism of the present system of administrative machinery is that there is much overlapping of

¹¹ For a brief listing of methods of concealment see Appendix F.

¹² UN., DSA., "Note of the Joint Secretariat of the Permanent Central Opium Board and the Drug Supervisory Body," Bulletin on Narcotics, v. II, no. 2 (April, 1950), p. 80.

functions between the Supervisory Body and the Permanent Central Opium Board which involves contradictions, confusion, and a waste of money.¹³

Leon Steinig, Chief of the Narcotic Division of the Social Department of the United Nations has indicated that the problem of narcotics first existed as a political issue, and as such was placed on a moral level by international public opinion, and only then did it become a subject of international control.¹⁴ If the existing system of international administration was motivated by public opinion, then public opinion is a necessary asset to the effective work of international control bodies. It means that more attention must be paid to the man in the street who in the final analysis can force action. Public opinion has been neglected too long. The political scandals of the past year in the United States merely illustrate the potent force of public opinion upon all governmental levels. The investigations of the Kefauver Committee have focused public attention upon the problem of the illicit use of narcotics in the United States and the tide of national and state legislation to better control and cope with the problem is illustrative.

The Kefauver Committee has brought out the need for cooperation between international, national, state, and local governments in the suppression of the drug evil, and has clearly illustrated that the drug problem must be met at all levels of

13 Ibid., p. 77.

14 "Narcotics Control--A Pattern for Disarmament," op. cit., p. 44.

government. This national investigation has brought to the attention of the American public the international danger as regards narcotics and the needed reform in United States controls. Mr. H. J. Anslinger, in testifying before the Committee, revealed that great amounts of opium and opium derivatives are being routed to the United States through Japan from Communist China, and that Italy and Turkey are also primary sources.¹⁵ This drug trade is undoubtedly partly responsible for the recent increase in addiction in the United States, especially among teen-agers, which has proved so shocking to the American people.

For the first time many Americans have learned the importance of the international scheme of control for successful suppression of drug addiction not only in this country, but in others. They now certainly should realize that lax controls on any governmental level can and do definitely affect the narcotics problem in other countries. The United States has one of the most efficient national drug control systems in the world and still, because of lax controls in a few countries, the problem of drug addiction is one of the foremost social evils in this country. Mr. Kefauver has stated that the drug traffic is "certainly the most pernicious and the most insidious problem of law enforcement officers all over the United States."¹⁶ It cannot be emphasized too emphatically that every nation in the world

¹⁵ New York Herald Tribune, March 28, 1951, p. 17. Mr. Anslinger has also pointed to Communist China, Greece, Italy, and Turkey as the principal sources of the world's supply of illicit heroin. New York Herald Tribune, May 2, 1951, p. 7.

¹⁶ New York Herald Tribune, March 30, 1951, p. 3. See Appendix G.

must maintain effective control systems if the problem of drug addiction is to be successfully suppressed.

Certain definite recommendations for more effective national and local governmental control has followed the Kefauver investigation and merit careful consideration for immediate and future action in the fight against drug addiction. Mr. Anslinger has offered six recommendations which are in substance as follows:

(1) Stricter penalties should be imposed upon apprehended drug peddlers and all states should adopt uniform narcotics laws

(2) The "enforcement force" of the Federal Narcotics Bureau should be increased from its present size of only 200

(3) Narcotic squads should be established in all cities where drug addiction is a problem and all state and local governments should increase activity in curbing the drug traffic

(4) Government witnesses should be protected in all cases involving violations of narcotic laws

(5) All narcotic addicts should be quarantined to certain hospital wards until they are fully cured in order to prevent their contacting and spreading the drug habit to non-users.

(6) A central source of information on narcotic racketeers could be created for distribution to state and local officials.¹⁷

It would indeed be a wise move on the part of all countries of the world if each conducted an investigation of the nature of the Kefauver Committee--the recommendations and publicity which result from such action could go far toward arousing public

17 New York Herald Tribune, March 28, 1951, p. 17.

opinion and causing improvements in the methods for fighting the drug evil.

There are two more steps which would undoubtedly greatly facilitate the suppression of illicit drug traffic and drug addiction--one on the international level and one on the national level. The possibility of a permanent international police force has been oft-discussed pro and con as related to preserving world peace and, although such has never been a reality for the aforementioned purpose, it would seem that a permanent police force under the auspices of an international narcotics control body would receive fewer objections. Such an enforcement agency could work in close harmony with national authorities, resulting in a more efficient distribution of information as to the activities of drug traffickers and facilitating the apprehension of traffickers. The proposed United Nations inspectorate, relative to limiting national production of narcotic raw materials, is somewhat analogous to an international narcotics police force, and, since most countries profess to agree in principle to the idea of United Nations inspection, the creation of such a police force is in the realm of possibility. Certainly it seems that any increase of international cooperation from the administrative viewpoint would be a valuable asset since international cooperation from the viewpoint of policy (i. e. control methods of the international drug conventions) has proved so successful.

National and local government legislative bodies could contribute considerably to the suppression of drug addiction by making an approved treatment compulsory and requiring every

addict to undergo such treatment until pronounced completely cured by competent authority. The drug addict is a diseased person rather than a criminal and he should be treated as such. He is not helped by imprisonment--indeed he usually manages to obtain drugs even though confined, and may be persuaded to future criminal activities through association with professional criminals. The addict must receive competent medical treatment if he is to conquer his addiction.¹⁸

Drug addiction is an evil which has effects far beyond the individual who is addicted and if illicit traffic, manufacture, and production of narcotics is ever to be obliterated it would seem essential that the reason for their existence (the consumer) be effectively controlled. Many addicts have undergone unsuccessful cures--the rate of recidivism is high--and many become addicts as a result of association with addicted companions. If treatment were mandatory and complete there is reason to believe that in a few years addiction the world over could be cut to heartening proportions.

Constructive and concerted action would have to be taken on national or local levels--one government alone cannot legislate for another, and there is, of course, the possibility that some governments might not voluntarily accede to such actions. If, however, countries bound themselves to take such action, through the medium of an international convention, recalcitrant

¹⁸ In this connection see J. D. Reichard, "The Narcotic Addict Before the Court," reprint, Federal Probation (November, 1939), pp. 21-25.

countries might be brought into line through a system of sanctions such as embargoes on legitimate narcotic supplies or even other products. The latter would of course be drastic, but, while the end does not always justify the means, no measure seems too drastic, short of inhumane treatment of individuals, to curb the insidious abuse of narcotics.

One must reflect upon the long tedious centuries of history, punctuated with intermittent but frequent strife, to fully appreciate the significant advance in international collective action accomplished during the Twentieth Century. The sum and total of these constructive accomplishments in the international sphere have aimed to better regulate the mode of behavior of the members of the international community of nations.

Few of the efforts of the League of Nations or the United Nations have approximated the success of the international control of dangerous habit-forming drugs. A study of the achievements in this field shows what concentrated international cooperation can accomplish for the good of mankind and points out the potential possibilities in other fields of cooperative endeavor. It is assuredly a cause for optimism. In the words of the Secretary General of the United Nations: "If the principles on which these treaties and this control rest could be applied with equal success to wider fields of human endeavour, to other kinds of dangerous weapons, peace would be within our reach."¹⁹ Perhaps the procedures and techniques used to control narcotic

¹⁹ UN., DSA., "Statement by the Secretary General," Bulletin on Narcotics, no. 1 (October, 1949), p. 3.

drugs on the international level in reality have blazed the way for the control or resolution in the future of other serious problems of international concern that have plagued the world community during the past eras of western civilization.

APPENDICES

APPENDIX A

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
LEXINGTON, KENTUCKY

November 24, 1950

Mr. Robert W. Jacob
818 Monroe Street
Stillwater, Oklahoma

Dear Mr. Jacob:

Enclosed are several reprints which will give you some information along the lines requested. Regarding the number of addicts it is impossible to get any reliable information on this. I think Mr. Kolb of our Service estimated in 1935 that there were perhaps 150,000 addicts, but Mr. Anslinger, Commissioner of Narcotics, whose office enforces the narcotic laws, is quoted on page 1 of "Present Status of Narcotic Addiction" as estimating that there were in 1949 approximately 48,000. Further inquiry on this point might be made to Mr. Anslinger in Washington.

Dr. Pescor's "Statistical Analysis" will give you some of the other data you request concerning recidivism and it mentions the fact that the great majority of addicts have no record of delinquency prior to their addiction. Addiction in the great majority of instances is a symptom of some underlying personality disorder, a notable exception being the occasional "normal" individual who becomes accidentally addicted during the course of illness. In this type of case the tendency toward recidivism is not nearly so great as in the psychoneurotic or psychopathic individuals who make up the great majority of addicts. Sixty per cent of approximately 13,000 persons who have been treated in this hospital have been treated here once only; the other 40% have been treated more than once, with a handful being treated as many as fifteen or twenty times.

The October and November issues of The Kiwanis Magazine contain stories on teen-age addiction which you might find of interest. I know of no explanation of the increased use by teenagers except it appears that a deliberate attempt is being made by peddlers of drugs to create new consumer demand.

The composition of the patient load here has changed greatly since the hospital opened in 1935. During the early years only 10 to 20% of our patients were voluntary patients and the remainder were federal prisoners. Now almost 80% of our patients

are voluntaries. Since the stay of voluntary patients is on the average much shorter than the stay of prisoners, the turn-over of patients, that is, the admission and discharge rate, is much greater than previously. Admissions and discharges are now running about 4,000 a year, compared to 1,000 a year before the war. The population here is around 1,500 which is an over-load of around 200 and much higher than ever before, but not significantly greater than the total population at Lexington and the Fort Worth hospital before the war when the latter hospital was exclusively engaged in the treatment of addicts. Now the Fort Worth hospital has only about 200 addicts of 900 patients.

Very truly yours,

(signed) Victor H. Vogel, M. D.
Medical Officer in Charge

VHV:HHA

P. S. In referring to addicts I do not include the numerous individuals who are addicted to alcohol or the use of barbiturates or "sleeping pills", inasmuch as only those persons addicted to the use of the drugs controlled by the Harrison Act, and marihuana, are eligible for treatment here.

APPENDIX B

TREASURY DEPARTMENT

BUREAU OF NARCOTICS

Office of
Commissioner of Narcotics

WASHINGTON 25

December 28, 1950.

Mr. Robert W. Jacob,
818 Monroe Street,
Stillwater, Okla.

Dear Mr. Jacob:

I have your letter of November 18, 1950, which was delayed in the mails.

The rate of recidivism among narcotic violators is high. During 1949, of those sentenced to Federal institutions for periods of more than one year, 63% had prior narcotic convictions. I believe that in general arrests about 39% have previous records.

* * *

I also enclose a copy of our report on Traffic in Opium and Other Dangerous Drugs for 1949, which gives the latest statistics regarding the enforcement of the Federal narcotic laws.

Statistics regarding the Fort Worth and Lexington Hospitals may be obtained from Dr. K. W. Chapman, Chief, Neuropsychiatry Section, Division of Hospitals, U. S. Public Health Service, Federal Security Agency, Room 3613 South Building, 4th & C Sts., S.W., Washington 25, D. C.

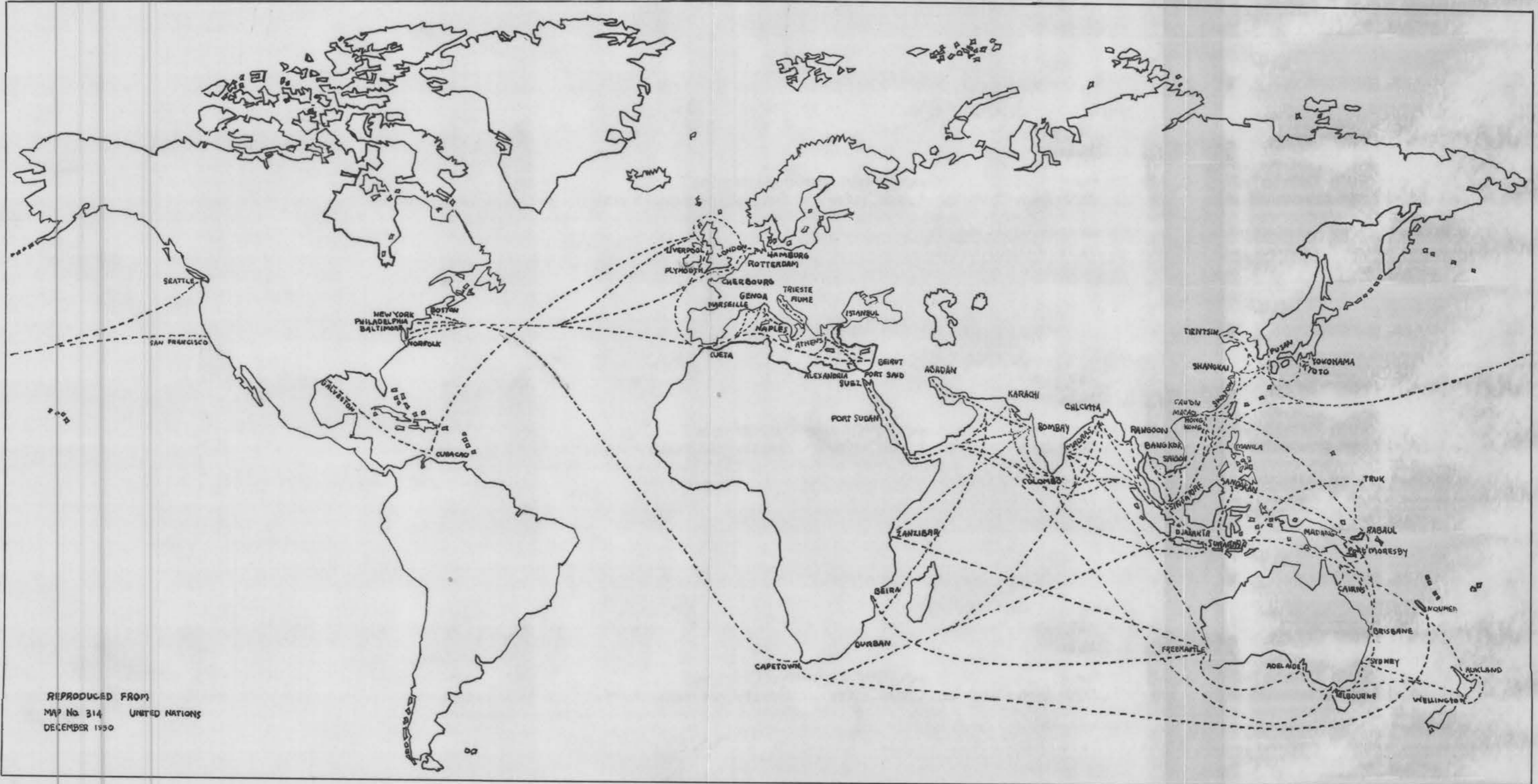
Very truly yours,

(signed) H. J. Anslinger
U. S. Commissioner of Narcotics
U. S. Representative, United Nations
Commission on Narcotic Drugs

Enclosures.

C.

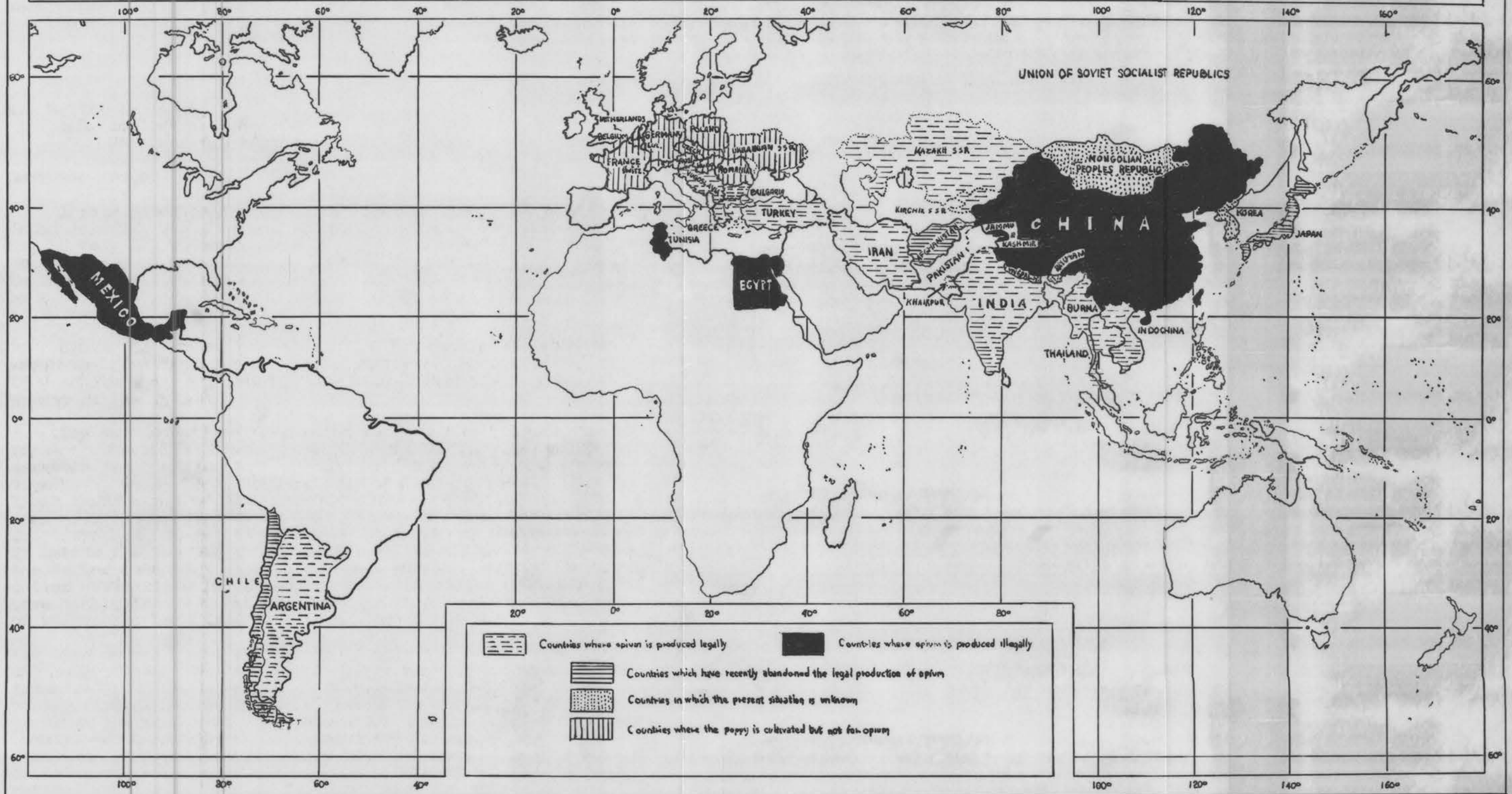
PRINCIPAL SEA ROUTES FOR THE ILLICIT TRAFFIC IN OPIUM



REPRODUCED FROM
MAP No 314 UNITED NATIONS
DECEMBER 1950

D.

WORLD CULTIVATION OF THE OPIUM POPPY



Legend for World Cultivation of the Opium Poppy:

- Countries where opium is produced legally
- Countries where opium is produced illegally
- Countries which have recently abandoned the legal production of opium
- Countries in which the present situation is unknown
- Countries where the poppy is cultivated but not for opium

APPENDIX E

TREASURY DEPARTMENT

BUREAU OF NARCOTICS

Office of
Commissioner of Narcotics

WASHINGTON 25

June 19, 1950.

Mr. Robert W. Jacob,
18E, College Courts,
Stillwater, Oklahoma.

Dear Mr. Jacob:

I take pleasure in acknowledging the receipt of your letter dated June 14, 1950, and in enclosing United Nations Bulletin No. 1, Vol. II, which gives a complete description of the present organization of international control of narcotic drugs, as well as the general principles on which the new control machinery may be based in the event of a simplification of existing international instruments on narcotic drugs.

Since the United States took the initiative in bringing about the first international conference on narcotic drugs in 1909 in Shanghai, our country has always maintained world leadership on the subject.

The United Nations Commission on Narcotic Drugs is the only forum in the world where the problem of the illicit traffic in narcotic drugs can be and is publicly discussed and where any Government whose territory has been used as a base for the illicit traffic may without fear or favor be publicly asked to account for its stewardship. This is one of its many important functions, all of which are described in the enclosed booklet. It merits the whole-hearted cooperation of all nations. Since the taking over of this work by the Commission and by the Narcotics Division of the Secretariat, the international organs have had to face new tasks of ever-increasing complexity, many of which have been handled with admirable success.

The opinion is often expressed that the results obtained in the international control of narcotics have an influence which transcends their own sphere. Anyone who has followed over a period of time the evolution of the ideas and plans for the creation and extension of this control and has studied the development of the international administration which has arisen from them cannot fail to endorse that opinion. The work of creating and setting in motion this machinery of international control has led to results which may have an unforeseen and

far-reaching influence upon society, far transcending the field in which they were conceived and the subject with which they deal. It has been suggested, for instance, that the principles on which these treaties and this control rest should be applied to dangerous armaments and atomic raw materials.

You may quote any portions of this letter which interest you.

Very truly yours,

(signed) H. J. Anslinger
U. S. Commissioner of Narcotics
U. S. Representative on United Nations
Commission on Narcotic Drugs.

Enclosure.

APPENDIX F

A FEW EXAMPLES OF CONCEALMENT PLACES OF NARCOTICS FOUND IN THE
ILLICIT TRAFFIC*

Around the waist
Hollow heels of shoes
Hollow soles of shoes
Rectal cavity
Under arm pits

Camel saddles
Camels (glued under hair)
Camels (metal capsules in storage humps)
Carrier pigeons (capsules attached)

Airplanes (tail assembly)
Automobile cushions
Journal boxes of railway cars
Ships

(under a winch, aft, wrapped in a scarf on an overhead vent
in a lavatory, ledge in the shaft alley escape, behind pipes
in the shaft alley, engine room, under and behind a wash
stand, officers mess, overhead beam in the steering room,

*Information in Appendix F obtained from the following sources:

Frederick Sondern, Jr., "Our Global War on Narcotics," The American Mercury, v. LXX (March, 1950), p. 360.

Henry T. F. Rhodes, "The Smugglers," The Living Age, v. CCCLI (February, 1937), p. 526.

"Opium on Wings," The Literary Digest, v. CXXIV (November 13, 1937), p. 29.

Stuart J. Fuller, "Dope: Damned and Dammed," The Rotarian, v. LII (May, 1938), p. 32.

"The New Narcotic Peril," The Contemporary Review, v. CLV (May, 1939), p. 609.

The New York Times, May 16, 1915, p. 13; March 13, 1927, p. 22; May 11, 1921, p. 20.

United Nations, Department of Public Information, "Crime and Illicit Drug Traffic: Seizure Reports Reveal Methods of Operation," United Nations Bulletin, v. VI, no. 3 (February 1, 1949), p. 125.

entrance to a passageway, portside, in a serving cabinet,
top drawer, inside a door leading to the saloon mess, star-
board side, in a laundry behind some cable, strewn on the
deck, amidship, on top of an air chute, in a refuse can)

Barrels of Pickled Herring
Dried Ducks
Lemons
Preserved dates and candies
Shipments of tea, wheat, rice

Brass bedsteads
Hollowed out broomsticks
Pieces of furniture
Walls of trunks

Bibles
Coffins
Tombstones

Bicycle Bells
Grindstones
Hollowed out lumps of coal
Hollow nails

APPENDIX G

ARTICLE ILLUSTRATING THE EFFORTS DEMANDED
OF LAW ENFORCEMENT OFFICERS AS A RESULT
OF NARCOTIC DRUG ADDICTION*CHICAGO'S JAILS OVERFLOW
WITH NARCOTICS ADDICTS

CHICAGO, May 5 (UP).--Chicago's jails are filled to overflowing with dope addicts, authorities reported today. Wardens of the County Jail and the House of Correction said they have no more rooms for narcotics violators.

The situation developed a month after the new Narcotics Court, which handles only narcotics cases, went into operation. Since then, Judge Gibson Gorman has been sentencing a steady stream of violators to jail sentences.

Police and sociologists said the situation reflects the rapidly spreading use of narcotics, particularly among young people.

Superintendent Frank Sain, of the House of Correction, appeared in Narcotics Court and warned Judge Gorman: "If you send me any more dope addicts I'll have to pile them on the floor. The cells are filled."

He said the court sent 381 narcotics violators to the House of Correction in the last month, and suggested that the judge send prisoners in the future to the County Jail.

Warden William H. Wilbur, of the County Jail, however, said the cells there were filled. Sheriff John Babzb said the number of addicts in the jail had risen 25 per cent and termed the condition a "shocking commentary on the drug traffic."

*New York Herald Tribune, May 6, 1951.

APPENDIX H

TREASURY DEPARTMENT

BUREAU OF NARCOTICS

WASHINGTON 25

Office of
Commissioner of Narcotics

February 20, 1951.

Mr. Robert W. Jacob,
18 E College Courts,
Stillwater, Oklahoma

Dear Mr. Jacob:

In reply to your letter dated February 12, 1951 I am pleased to enclose a review of international and national narcotic controls which summarizes our U. N. discussions regarding the international opium agency, as well as those regarding a Unified Narcotic Convention.

You may obtain the reports of the Permanent Central Opium Board by writing to the International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N. Y. The report is identified as "1950. XI. 1" and costs 60¢, while the Addendum is "Doc. 1950 XIV", and costs 40¢.

With regard to your Doctoral dissertation, I am sorry that we do not have for distribution any material in addition to that already sent to you which would be suitable for the purpose, and there have been no books published in recent years which would be helpful to you.

Very truly yours,

(signed) H. J. Anslinger
U. S. Commissioner of Narcotics

Enclosure.

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