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THE ASIAN COCAINE CRISIS
Pharmaceuticals, consumers and control in South and East Asia, c. 1900-1945
VED BARUAH

INTRODUCTION AND AIMS
Between 1900 and 1945 Asia became one of the world's largest markets for cocaine—as medicinal substance and recreational intoxicant—and was used as far apart as India and China. The project tackles the questions of why Asians took to cocaine in the early 20th century and what drove governments there to respond so rapidly to the demand for this modern pharmaceutical. In 1900, controls were imposed but officials grappled with the use and supply of cocaine for the next five decades. The project will offer radical new perspectives on the production, consumption and control of medicines and intoxicants.

This project will produce the first studies of a drugs crisis forgotten in Asia and by historians of intoxicants and medicines. It aims to: i. explain the growth of the market in the region; ii. shine a light on government responses; iii. trace sources of supply and distribution; iv. identify origins of ideas about cocaine in Asia.

Cocaine Global Timeline
1400s The Incas operate coca pampas in the Andes. The Spanish take over in the 1500s and coca goes global.
1700 Coca mentioned in Institutions Medicas, a materia medica by German doctor and botanist H. Boerhaave.
1855 Coca first extracted from coca leaves.
1862 Merck starts production of commercial cocaine.
1893 Vic Martini (coca wine) is introduced by A. Martini.
1894 Coca is used as a popular anaesthetic in eye surgery.
1900s Coca used as a popular anaesthetic in eye surgery.
1984 Fraud publishes On Coca; recommends cocaine use.
1986 Merck produces 158,352 pounds of cocaine.
1986 Coca-Cola is introduced by J. Pemberton.
1900s Parke-Davis starts to manufacture refined cocaine, creating a cocaine market in Asia, especially India, prompting regulations from local administrations.
1960 Coca-Cola removes coca from their formula.
1973 Cases of nasal damage are reported as snorting cocaine becomes popular.
1992 5,000 cocaine related fatalities reported in USA.
1997 Coca is banned in USA.
1998 The League of Nations spearheads global regulation.
1999 Japan emerges as world's leading cocaine producer (23.3%), followed by USA (21.3%), Germany (15%), UK (6%) and France (8.3%).


RESEARCH QUESTIONS

CONSUMERS Who consumed cocaine in South and East Asia in this period and why did they do so?

SUPPLIERS Who was involved in sourcing, distributing and marketing cocaine in their society during these decades?

GOVERNMENTS What drove efforts to prevent the consumption of coca in Asia and how successful were the measures taken?

SOCIETY How were ideas about cocaine and its consumers formed among scientists and doctors, among officials and diplomats, and in society more generally?

WHERE'S ASIA IN GLOBAL COCAINE HISTORY?

APPROACH

The project tackles the questions through archival research in 5 Asian contexts: India, China, Indonesia, Korea, and the former British colonial possessions of Hong Kong, Myanmar and Singapore. Taken together these contexts provide coverage of Asia’s religious and cultural diversity, the varying economic and political developments of the period, and the range of medical and health systems and problems of the first decades of the 20th century. The project will draw on international research networks on drugs and intoxicants and collaborative research in Asia undertaken by interdisciplinary research groups at the Centre for the Social History of Health and Healthcare (C SHH).

DISCUSSION

Asian consumers of intoxicants and narcotics have been at the heart of the history of drug use and drug control since the 19th century. Representations of Asians—as passive and helpless drug users—created in the Victorian era are central to understanding addiction as well as regulation. The establishment and development of today’s international drugs regulatory system stemmed from the Asian consumption of local drugs—opium and cannabis—and historians have therefore focused on these. By examining the rapid growth of a market for cocaine, that most modern of pharmaceutical products in 1900, this project promises to produce a more complex picture of Asia’s drugs consumers. It is noteworthy that the initial sources of the drug lay outside of Asia, in Holland and Germany, and answering the question of who produced and transported cocaine into the region will provide important new conclusions about the global circulation of drugs and medicines in general, and of cocaine in particular. By looking at a medicine that arrived in Asia despite the efforts of colonial governments to prevent it the study promises to reshape ideas so that pharmaceutical companies, medical entrepreneurs and local commercial interests are placed at the heart of accounts of the ways Asia took to Western medicines in the early 20th century. Throughout the 19th and early 20th centuries Asia led the way in debating how intoxicant-consuming societies could and should be governed. Interestingly, cocaine was linked by both colonial governments and community elders to youth at a time of growing anxiety about anti-colonial violence and growing nationalism. Due to these factors, cocaine emerges as a unique drug commodity and study of cocaine in Asia through these lenses promises to force a rethink.

FINDINGS/GOALS

The project would provide a wide-ranging and nuanced set of answers to questions centred on consumers and suppliers of cocaine in Asia along with government responses and changing social attitudes to cocaine in the first half of the 20th century. Those would capture local detail and offer a comprehensive and comparative account. Overall, the research will test overarching theories about the place of intoxication and medication in modern societies against the data on cocaine from Asia to produce newer and more nuanced ideas that reflect experiences beyond the West.