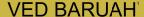


# THE ASIAN COCAINE CRISIS

Pharmaceuticals, consumers and control in South and East Asia, c. 1900-1945





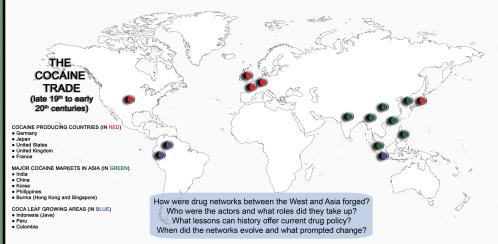


# INTRODUCTION AND AIMS

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 study 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

The Incas operate coca plantations in the Andes. The Spanish take over in the 1500s and coca goes global. Coca mentioned in *Institutiones Medicae*, a materia 1400s medica by German doctor and botanist H. Boerhaave c.1855 Cocaine first extracted from coca leaves.

1862 Merck starts production of commercial cocaine

Merck starts production or commercial cocaline. Vin Mariani (coca wine) is introduced by A. Mariani. Cocaine used as a popular anaesthetic in eye surgery. Freud publishes *On Coca*; recommends cocaine use. Merck produces 158,352 pounds of cocaine. Coca-Cola is introduced by J. Pemberton. 1880s

1886

Parke-Davis starts to manufacture refined cocaine. Cocaine markets grow in Asia, especially India,

prompting regulations from local administrations. c.1901 Coca-Cola removes coca from their formula. c.1905 Cases of nasal damage are reported as snorting

cocaine becomes popular.

5,000 cocaine related fatalities reported in USA.

Cocaine is banned in USA.

The League of Nations spearheads global regulation.

Japan emerges as world's leading cocaine producer

(23.3%), followed by USA (21.3%), Germany (15%), 1920s

UK (9.9%) and France (8.3%).

(SOURCES narconon.org, drugabuse gov, J. Spillane, Cocaine: from medical marvel to modern menace in the US, 1884-1920 (2000); P. Gootenberg, Cocaine: Global Histories (1999); J. Millis, 'Drugs, Consumgtion and Supply in Asia: The Case of Cocaine in Colonial India', Journal of Asian Studies 66, 2 (2007), pp. 345-362.)

















#### **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 these regions during these decades?

GOVERNMENTS What drove efforts to prevent the consumption of cocaine 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?

## **APPROACH**

The project tackles the questions through archival research in 5 Asian contexts: India; China; the Philippines; 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 researchers at the Centre for the Social History of Health and Healthcare (CSHHH).

# 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 administrations in 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. These would capture local detail and offer a comprehensive and comparative assessment. 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.

Ved Baruah is Postdoctoral Research Associate at the Centre for the Social History of Health and Healthcare (CSHHH), University of Strathclyde, Glasgow. He can be reached by email at ved.baruah@strath.ac.uk. Conflict of Interest: None. 'The Asian Cocaine Crisis' (1/09/16-31/08/20) is a Wellcome Trust Investigator Award in Humanities and Social Science held by James Mills, University of Strathclyde, Glas All images and graphics used in the poster are available through Wellcome Images or under Creative Commons license or non-copyrighted. No part of the poster can be reproduced without prior permission of the author.