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HEROIN: CAN THE SUPPLY BE STOPPED?

REPORT

BY

Senator WILLIAM SPONG

TO THE

COMMITTEE ON FOREIGN RELATIONS
UNITED STATES SENATE



SEPTEMBER 18, 1972

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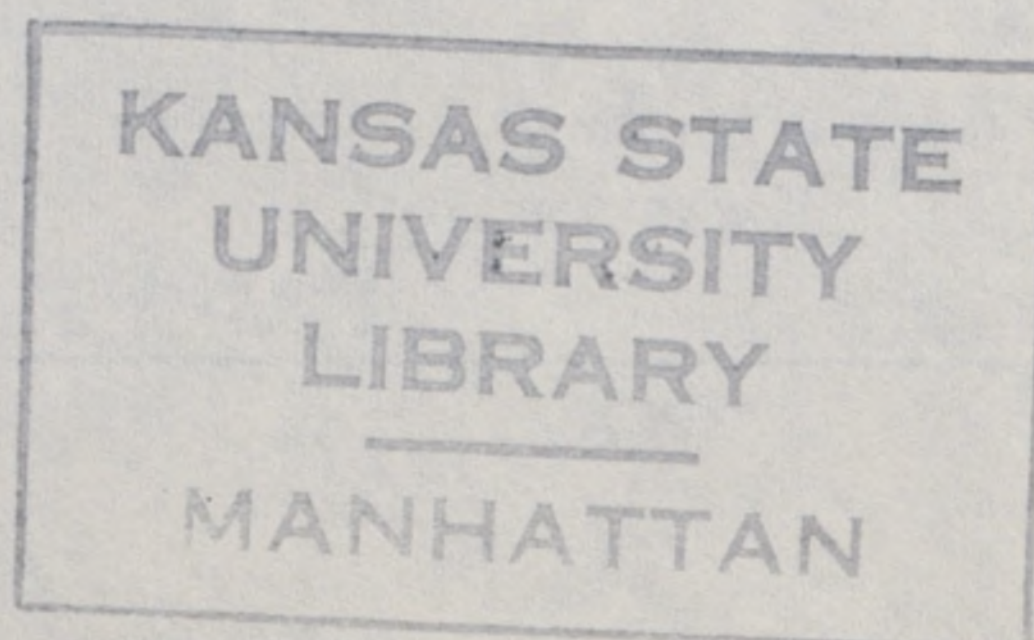
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LETTER OF TRANSMITTAL

SEPTEMBER 18, 1972.

Hon. J. W. FULBRIGHT,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This Nation today faces a profound crisis of drug abuse. It is a problem which has brought deep concern to almost every American family, and often has brought tragedy. The issue is suffused with uncertainty and misinformation; it perplexes and angers, for drug abuse seems to threaten the very fabric of our society, and no easy solutions have appeared. Among those drugs which are abused, some are contraband, produced abroad and imported secretly; while others are prescription products which are acquired improperly and used in excess. The varieties of drug abuse are diverse.

Many people now believe that our Country's drug problem has been compounded because, as a society, we have failed to draw necessary and important distinctions among the various drugs. It is argued that our laws and our programs of public education should mark clear distinctions between the milder drugs, on the one hand, and those which are more powerful and addicting, on the other. Many responsible citizens now contend, for instance, that drugs such as marijuana are no more harmful than alcohol and cigarettes and should be dealt with in comparable fashion. The public debate on these subjects continues.

There is one drug, however, so powerfully addicting and harmful that the horribly devastating consequences of its use are clear and beyond argument. It is heroin, an illicit drug which debilitates both those who consume it and the society of which they are a part. All reasonable men can agree: we must eradicate its use. Because heroin is illegal and the activity of heroin addicts clandestine, accurate measurement of our problem is difficult. But according to the most reliable estimates possible, there are now more than 500,000 American citizens compulsively addicted to heroin. The harm they inflict upon themselves, and upon others, is massive.

As an awareness of the full extent of this epidemic has developed, our government has attempted to formulate a meaningful response. One salient aspect of that response has derived from a simple truth: if there were no heroin in America, there could be no heroin *problem* in America. Acting from that unarguable premise, our government has proceeded to undertake a major diplomatic and international-police offensive in an attempt to curtail the quantity of heroin crossing our borders. This Administration has, in fact, established the ambitious goal of eliminating entirely the very plant from which heroin is produced; it has formally announced that "one of the principal international goals of the United States is an end to opium production and the growing of poppies."

IV

Recently, as a representative of the Senate Committee on Foreign Relations, I traveled abroad to see first-hand the international efforts which the United States has undertaken in the area of narcotics control. In West Germany, France, Turkey, Iran, and the United Kingdom, I conferred with American and foreign officials in an attempt to develop a broad view of the present status of our effort and the prospects for the future. Uniformly, throughout my journey, I was impressed by the able and energetic work being performed by our diplomatic personnel and narcotics agents stationed overseas, and I was encouraged by the spirit of cooperation which seems to exist between our Americans abroad and the governments of their host nations.

I had the good fortune to be accompanied on this trip by an informed and capable public servant from my state of Virginia, Detective Lieutenant Lewis Hurst, head of the Narcotics Squad of the Norfolk Police Department. With insights born of experience, Lt. Hurst added a new dimension to my understanding. I was accompanied and assisted also by Mr. John B. Ritch of the Committee on Foreign Relations, who aided me later in the preparation of this report.

Although I have had ample access to the classified information gathered by the American intelligence agencies which have been assigned to support our government's international narcotics objectives, none of that classified information is included here. It is my belief that there is sufficient information publicly available to portray the global opium and heroin situation accurately and to provide for an accurate analysis of where we stand. This report is an attempt to do that.

Sincerely yours,

WILLIAM SPONG.

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I. THE WORLD OF OPIUM

The opium poppy is a plant, easily grown and beautiful in bloom, which is cultivated for utility and profit in many nations of the world. For each poppy, there is a main stalk ending in an egg-sized pod and a large flower, and there are side branches ending in smaller blooms and pods. The flowers may be white, pink, red, purple, lavender, or violet; most commonly they are white, with a large purple spot at the base of the petal. The plant grows to a height of 3 to 4 feet, and many plants may be grown in a small field. From the pods on each plant, the grower of the opium poppy may, with skill and patience, extract a small amount of gum. While the remainder of the plant has some use, both as food and fuel, it is this gum which is the poppy's principal product: it is raw opium, and it is desired by many people.

For a sizable portion of this planet's three and one-half billion people, opium plays an established and often important role in social and economic custom. In several nations, large quantities of opium are produced under government auspices; for the gum may be converted into vital medicines—morphine and codeine—which are administered with frequency in formal medical practice throughout the world. But even without processing, opium has special qualities—the ability to alter the perceptions of the human mind; and because the plant grows readily in many areas and the gum may be compactly sold and easily distributed, it is common in many places to eat and to smoke the raw and unconverted product. Across the broad reaches of human poverty, where health care is primitive and pain a way of life, the consumption of opium has become the means to a softening of the human senses and an easing of the human burden. Frequently in tribal societies, and sometimes in settings more urbane, opium is used among people as an expression of hospitality and is consumed with special formality on festive occasions. Though its distribution aside from government channels now bears the stamp of illegality, opium passes in great quantity through unsanctioned channels both widespread and diverse, entrenched in subtle tradition and resistant to government decree.

Viewed analytically, the world of opium comprises two separate and distinct markets—one licit, the other illicit. The licit market includes all opium produced and then sold or used by various national

governments for legitimate medical purposes—either for conversion to widely-used medicinal opiates or for direct issue to registered drug addicts; in 1971 this market accounted for the passage of 1500 metric tons of raw opium. The illicit market is propelled by the demand for opium and its derivatives outside of government channels; supplied either by poppies illegally grown or by government opium illegally diverted, this market in the same year is estimated to have consumed between 1200 and 1800 tons. The two markets are thus, by volume, roughly equivalent in size.

The Licit Opium Market

Since the mid-1960's, the production and consumption of licit opium have been on the rise. In volume of licit production, India now far outranks any other country, with an output which last year reached 943 tons, about two-thirds of the world total. Other major producers include the Soviet Union, Iran, Turkey,¹ and the Peoples' Republic of China. Much smaller amounts are produced by such countries as Pakistan, Yugoslavia, Japan, and Bulgaria.

World Licit Production in FY 1971

(Metric tons)	
India.....	943
USSR.....	200
Iran.....	156
Turkey.....	150
China (PRC).....	100 (estimated)
Pakistan.....	12
Other*.....	(negligible)
Total.....	1561+

*Including Yugoslavia, Japan, and Bulgaria.

The preponderance of the world's licit opium product eventually undergoes chemical conversion into medicinal opiates. Approximately 90% of the 1500 ton total goes into the manufacture of morphine; and about 95% of this morphine is in turn converted into other substances, chiefly codeine, a widely-used and important medicine for which no satisfactory synthetic substitute has yet been found. In addition to meeting these medicinal requirements, licit opium is also used to provide maintenance dosages in the addict-treatment programs administered by various governments. Among the countries producing licit opium, India, Pakistan, and Iran have such programs²; while Great Britain is a non-producing country with a program of addict maintenance.³

¹ In a widely-publicized and domestically controversial decision, made in 1971, the government of Turkey decreed a ban on all opium production after the harvest of the 1972 crop. For the reasons, see Section II. For details on the ban's implementation, see Appendix B.

² Only Iran's program, however, represents a serious effort. India, for example, annually dispenses only about 3 tons of opium to registered addicts—a small fraction of total consumption by that country's users and addicts. In both India and Pakistan the maintenance dosage programs have been declining for years, at least partly because the government price for opium sold to addicts has been well above the black market price in these countries. In contrast to India and Pakistan, Iran has a major program of addict treatment under which about 155 tons of opium will be dispensed in 1972. Even this supplies only about one-fourth of the probable addict and user population; and, as in other victim countries, most addicts in Iran are supplied essentially by the illicit market. For a somewhat more detailed discussion of the Iranian treatment program, see Appendix D.

³ For a brief discussion of the British program, see Appendix D.

Trading in the licit market is usually carried out between large pharmaceutical firms (on the purchasing side) and government agencies of various nations (on the selling side), with international prices determined generally by the economic interplay of supply and demand. Government agencies obtain the opium they sell by first licensing farmers to plant a specified acreage and then buying the yield at a price governed by both the world market price and the quality of each farmer's product. Movement of the product, from producing areas through both sales transactions to the final points of pharmaceutical processing, is then accomplished under strict controls and security.

Because the pharmaceutical firms of Western Europe and North America are major purchasers of licit opium, more than half of the world's total product crosses international borders. The chief exporter is India, which is rapidly taking on a near-monopoly position in international trade. Between 1950 and 1970, India's share of total world opium exports rose from less than one-third to more than 90% and this proportion will undoubtedly increase sharply in the near future as the Turks implement their total ban on production. Heretofore, Turkey has been the only other significant exporter, accounting for virtually the entire remainder of licit world exports.

World Licit Exports in FY 1970

(Metric tons)	
India-----	808
Turkey-----	77
Total----	885

The Illicit Opium Market

The illicit market for opium is far more complex, both in the nature of trade and the number of products involved. In contrast to the licit market, where production and sale are government-supervised and subject to precise accounting, all phases of activity in the illicit market are designed to be unseen and unrecorded. Even where systematized to the point of routine, the illicit trade remains a highly covert operation. Despite intense effort by intelligence-gathering agencies throughout the world, information is still not sufficient to allow accurate measurement of the production, consumption, and flows of illicit opium and its derivatives. Though many countries publish such information as seizures of narcotics and arrests of traffickers, few have good estimates of domestic illicit production or of the size and characteristics of their user and addict populations. The following tabulation is based upon a recent assessment of the information which is now available:

Minimum Estimates of Illicit Opium Output in FY 1971

(Metric Tons)

Burma, Thailand, Laos	700- 750
India (also has licit production)	100
Afghanistan	100
Pakistan (also has licit production)	20- 160
Turkey (also has licit production)	35- 80
Mexico	10- 20
Other (mainly Eastern Europe)	20- 50
Total	985-1260*

*Additional amounts, in unknown and perhaps large quantities, are probably produced in Latin America, North Africa, and the Far East. (Persistent reports of expanded poppy cultivation in the highlands of Latin America suggest that production in this area is rising.)

The illicit market is supplied primarily from regions where opium cultivation is prohibited by law but where the government lacks the political control to enforce the prohibition. This is true in the notorious Golden Triangle area of Burma, Thailand, and Laos, and also in the tribal areas of Afghanistan and Pakistan. In some countries, however, legal production has provided a cover for the cultivation of extra quantities of opium, which may be profitably sold into illicit non-governmental channels. Virtually all of Turkey's illicit output, for example, has come from areas where poppy cultivation has been authorized. In India, as well, a substantial share of illicit opium emerges from areas under legal cultivation.

The demand for the world's illicit opium product exists primarily within or near the areas of actual production. Because most illicit opium is consumed by users and addicts within those areas, only a fraction is smuggled across international borders. Of that which is smuggled, most stays within the two broadly-defined regions where most of the world's illicit production occurs: Southeast Asia and the Middle East/South Asia region. In Southeast Asia, of the 700 tons produced illicitly each year, perhaps 600 tons are consumed within that general region, much of it within the borders of the producing countries—Burma, Thailand, and Laos. A substantial share of this illicit output is, in fact, consumed by the very hill tribes which produce it⁴; while the still-sizable unconsumed remainder is sold by the tribes, and spreads through a diverse array of illicit channels to the large communities of opium and heroin smokers which exist in most of the major cities of Southeast Asia. In the Middle East/South Asia region, as in Southeast Asia, most of the illicit product is consumed in the general vicinity of its production. Almost all of India's illicit output appears to be channeled directly into its own domestic black market; while, of the illicit production in Afghanistan and Pakistan, most apparently goes across the border to Iran, where, despite the rapidly expanding addict treatment program, illicit demand is still heavy.

⁴ Within these tribes, most of the consumers should probably be classified as users rather than addicts; they tend to use opium for medicinal, social, and religious purposes and generally do not consume regular amounts from day to day or week to week. To the extent that this is so, the tribal growers could probably be induced to sell part of what they normally consume if offered a sufficient price incentive. In assessing the dormant potential of Southeast Asia as a source for illicit markets outside that region, this is an important point.

Thus each of the world's two major regions of illicit production tends at present to be a closed system of demand and supply.⁵

The Place of Heroin in the World of Opium

By subjecting opium to a process of chemical conversion, it is possible to derive another, far more powerful narcotic drug: heroin. Once considered benign, heroin is now regarded as having no unique medical value; and because of the powerfully addictive and ultimately debilitating consequences of its use, most nations of the world have outlawed it entirely. This legal abolition has not, however, prevented a world-wide spread of heroin use, a subject of growing concern among the affluent countries of the West. The addictive qualities of the drug turn its users into compulsive buyers, who, once addicted, are characteristically prepared to undertake any risks necessary to procure the money required for further doses. The channels of supply often involve thousands of miles of illicit transport of the drug; but the risks undertaken by traffickers are well-rewarded, for addict-buyers in affluent countries can raise substantial sums through crime and prostitution. When hundreds of thousands are addicted, the profits for those who supply the drug are immense.

The production of heroin involves two stages: the conversion of raw opium to morphine base and the more complex conversion of morphine base to heroin. Ten pounds of opium are needed to produce one pound of heroin. The two stages of conversion need not be performed in a single location, and usually they are not. Commonly, the conversion-reduction of opium to morphine base is performed near its point of cultivation and prior to long-range transport; while the final conversion to heroin is usually performed later, in a more urban setting, closer to needed chemicals and equipment and nearer to the point of destination. Though the second stage of conversion is the more difficult, it is still no more complex than the making of bootleg whiskey once was in the United States. In the so-called heroin "laboratories," neither high temperatures nor high pressures are involved, the basic equipment is simple, only small amounts of common chemicals are required, and the needs for electric power and water are modest. Processing does not require the services of even a graduate chemist; and aside from a "heroin chemist" who has learned the procedure, only a few semi-skilled helpers need be involved.

The illicit international channels which operate to transport, convert, and deliver heroin to its users are covert and labyrinthine, shielded from accurate assessment by their complexity and inherent secrecy. There are simply no means of estimating with any confidence how much of the world's total illicit production of opium is available for conversion to heroin or how much is actually converted. A rough approximation is that, of the 1200-1800 tons of opium illicitly produced in 1971, perhaps 200-250 tons were readily available for conversion and 100-150 tons were actually converted. In addition, there were undoubtedly substantial illicit stocks available—stocks of raw opium held by growers and stocks of opium, morphine base, and heroin held by processors and traffickers.

⁵ The two broad regions described in this paragraph—Southeast Asia and the Middle East/South Asia—are discussed in detail in Section II as defining two of the world's three major systems of illicit traffic. The third major trafficking system, also discussed in Section II, is at present fed almost solely by Turkey, a country which actually produces only a very small fraction of the world's illicit product.

At present the United States—with an addict population now estimated to exceed 500,000—stands as the world's main consuming market for heroin. But in cities throughout Southeast Asia and increasingly in the urban areas of Western Europe,⁶ there are also sizable markets. The human and social consequences of this virtual epidemic are well known: the pervasive crime, the continuing ruination of urban life, the immeasurable personal tragedy. Yet even now, the place of heroin in the world of opium is relatively minor: *Only a small proportion, perhaps 10–15%, of the world's illicit opium is being drawn upon to produce this devastating effect.*

⁶ For a brief discussion of the current drug situation in Western Europe, see Appendix C.

II. INTERNATIONAL SYSTEMS OF ILLICIT TRAFFIC

At present there are three major marketing complexes for the movement of illicit opium and its derivatives. The first complex, which to date has been the main concern of American enforcement efforts, begins in Turkey, encompasses many countries in Western Europe and the Western Hemisphere, and terminates in the United States. A second complex, the Southeast Asian market, primarily serves addicts and users in that general region and at present provides relatively small amounts to consumers in the United States and Europe. The third complex—composed of India, Pakistan, Iran, and Afghanistan—is focused at present almost solely upon demands by users and addicts in that region and has apparently not yet been drawn upon by international traffickers seeking opium sources for heroin consumption in the West. From an American perspective, all three markets are critically important, for taken together, they constitute the world of opium; and only by assessing the realities and the potential realities of that world in its entirety can we formulate a valid assessment of our current situation and a meaningful response to its dangers.

The Traditional American Mainline: Turkey/France/U.S.A.

The primary heroin network serving the United States originates in the opium poppy fields of Turkey, includes an international narcotics channel largely controlled by Turkish and French traffickers, and ends in distribution systems operated by major American narcotics syndicates. Each step in this process, including the illicit processing of Turkish opium and morphine base, the smuggling of the morphine base into Western Europe, the refining of heroin in France, and the clandestine shipment of heroin to the United States, represents a separate and independent transaction handled by various groups brought together by the lure of high profit.

The trafficking system which carries morphine base into Western Europe is simple in conception but diverse in execution and difficult to detect. The first step involves the purchase of crude opium from the Turkish farmer by an "interior" trafficker; typically, Turkish traffickers have been able, by offering double the official price, to induce poppy farmers to withhold much of their opium production from government buyers and to sell instead at the higher price. Once into the smuggling chain, the opium begins its passage across several links, during which it is converted into morphine base and delivered into the hands of "exterior" traffickers. The most common route used to transport morphine base into Western Europe is overland, through Bulgaria or Greece to Yugoslavia and from there either to West Germany via Austria or directly to France via Italy. Commonly the morphine base is concealed in trucks carrying bonded consignments of legitimate cargo which has been sealed with a customs band. Operating

in great numbers under international customs agreements, these sealed trucks are usually allowed to travel across various national frontiers with little or no control; systematic inspection is precluded both by the vastness of the task and the growing emphasis within Europe upon free movement of people and goods. Moreover, other routes, employing sea and air transport, are in operation and could easily bear a heavier proportion of the traffic if necessary.

Conversion of morphine base into heroin has traditionally been performed in France—notoriously in the vicinity of the busiest of Mediterranean ports, Marseilles. Most of the “laboratories” seized in the past ten years have been operating on a commission basis in isolated villas located in the outlying areas of that city. The population of Marseilles is heavily French Corsican, an ethnic group which has, until recently, dominated the heroin traffic in France. Now, however, many non-Corsican French are entering the business; and with the heavy police effort now being focused upon Marseilles,⁷ there is a strong likelihood that the smuggling and conversion functions will increasingly disperse. Indeed, current evidence indicates that laboratories are already operating elsewhere in France and in other West European countries.

For the transport of refined heroin from Europe to the United States, three general routings are employed: from Europe directly, from Europe via Canada or Mexico, and from Europe via various other countries in Latin America and the Caribbean. The direct Europe-U.S. route is the oldest and most active; it offers the advantage of concealment in a huge volume of transatlantic commerce which passes through only one customs check, but it also carries the special risk that the arrest of a courier in the United States can implicate an entire trafficking group in Europe. Intermediate shipment to Canada or Mexico helps to break up this direct line and positions the heroin for passage across the busy American land borders. The routings through points further south—frequently through Buenos Aires and Montevideo as entry points and Panama as a transshipment point—often involve well-organized Latin American rings which have smuggled contraband goods for many years and have now included heroin in their established trade.

Although illicit Turkish opium has constituted less than 10% of the world total, this traditional pattern—from the fields of Turkey, through Europe, and on to the United States—is estimated to have accounted for more than 80% of the heroin reaching American addicts. It was this fact that lay behind the American government’s decision to provide substantial compensation to Turkey⁸ in return for the implementation of a total ban on opium and the shift of Turkish agriculture entirely into the cultivation of other crops. It was argued that the removal of Turkey as a source of illicit supply would cause serious disruption to established patterns of smuggling and would force processors and others in the business to try to develop new sources, taking additional risks as they endeavored to transport their wares over longer and untested routes. Under the Turkish plan for implementing the ban, the summer of 1972 marks that country’s final harvest of opium. Although the decision to end opium cultivation has been a cynosure of domestic controversy within Turkey, it appears

⁷ During the first seven months of 1972, French police in southern France uncovered five separate “laboratories,” as many as were seized throughout the entire period between 1964 and 1972.

⁸ See Appendix B.

highly probable that the ban will be upheld and enforced with some measure of effectiveness. What will remain, in addition to illicit caches from past crops, is an extensive network of highly expert Turkish smugglers, experienced in moving contraband throughout the Mediterranean and situated with proximity to the huge trafficking network which currently operates as a fairly closed system in the Middle East-South Asia region. With a growing European demand for opium derivatives⁹ and with the Europe-U.S. routings still intact, there will continue to be a strong incentive for experienced traffickers to establish new patterns by which to deliver morphine base to Europe for conversion, consumption, and transshipment.

The Middle East-South Asia Network

At present the main consuming markets served by the Middle East-South Asia network are Iran and, to a much lesser degree, Pakistan. India is a large consumer of illicit opium, as well, but that demand is supplied by the illicit product grown domestically. Afghanistan does not appear to be a significant consumer.

Iran's illicit market exists alongside a massive government program to provide opium addicts with legal doses under a system of registration and rehabilitation.¹⁰ Until 1970, about half of the opium smuggled into Iran came from Turkey and the remainder largely from Afghanistan and Pakistan. In 1969, both Turkey and Iran tightened their border patrols¹¹ and Iran instituted the death penalty.¹² Since then, traffic across the Turko-Iranian border appears to have dropped significantly. In contrast, traffic across the Afghan-Iranian border has increased. Of the estimated 300 tons of opium smuggled into Iran annually, the greater part now seems to enter from Afghanistan.

Most of the opium smuggled from Afghanistan into Iran is carried by nomadic tribes, who inhabit areas only nominally under the control of the Afghan government. Local Afghan merchants frequently act as middlemen between growers and smugglers, and cooperation from local enforcement officials can often be purchased. As an extra inducement to perform well, middlemen will sometimes hold smugglers' families hostage until the smugglers have returned from Iran with the proceeds from the opium sale. Characteristically, large horse and camel caravans are the mode of travel. In an area where smuggling is a way of life, the tribesmen move across sparsely settled areas of both desert and rugged mountain, often able to elude detection by Iranian border police but prepared—now that execution is the cost of capture—to fight to the death if accosted.

Of the opium smuggled from Pakistan into Iran, most probably transits Afghanistan before passing across the Iranian border. In Pakistan, as well, tribesmen dominate the opium traffic; and cross-border relationships between Afghan and Pakistani tribes provide for systematic shipment. In this region, trucks are probably the major carriers, but camel and mule train, buses, and automobiles are also used. As in Afghanistan, tribal smugglers make payments to customs, revenue, and police officials to ease their path.

⁹ See Appendix C.

¹⁰ For a brief discussion, see Appendix D.

¹¹ The Iranian border police are assisted by an American military mission.

¹² In the interim, more than a hundred smugglers have been promptly executed.

While there are at present no indications that the Middle East-South Asia region is being drawn upon by inter-regional traffickers, the entire area is pregnant as a prospective opium source for the West European and American markets. Already, substantial volumes of hashish are regularly being smuggled out of Afghanistan and Pakistan into international traffic through well-organized channels; those same channels hold the potential to provide a heavy flow of opium if inter-regional traffickers shifted their well-financed attention to this area. Iran, Pakistan, and India all have extensive coastal borders; and those waters are full with ships bound for destinations throughout the world.

The Southeast Asia Network

To understand in detail the illicit opium market of Southeast Asia would be, in a sense, to comprehend the ways of life of a major portion of the world. Across the entire region, the distribution and consumption of opium are diffused through all levels of society, and sizable opium and heroin smoking communities are concentrated in almost every city. It is this market of Asian users and addicts which is the primary object of the region's illicit opium traffic; and it is only recently that a significant fraction of the Southeast Asian product has been trafficked into other, more distant markets.

The supply of opium for the region is drawn from the virtually ungoverned tri-border area of Burma, Laos, and Thailand where hill tribes cultivate a huge quantity, use more than half themselves, and deliver the remainder into the hands of professional traffickers. In normal years, about 300 tons of opium are brought to collection centers in the producing area, where the collected product is processed and packaged for distribution. As indicated earlier, the roughly 400 tons retained by the producing tribes stand as a gigantic potential reserve; for the tribesmen are users, not addicts, and there is every indication that they would part with even more of their product if the price offered were somewhat higher.

Once in the hands of traffickers, the opium product is dispersed throughout the region—by trawler, merchant ship, land carry, and air—in patterns of passage that involve an interlacing montage of highly-organized rings and smalltime smugglers. The major trafficking networks are well-coordinated business activities, led by men—often ethnic Chinese¹³—who are well-financed, experienced in dealing with high government officials to arrange protection, and skilled at evading government controls when necessary. In Bangkok, Vientiane, Saigon, Singapore, Hong Kong and other cities, the trafficking is performed with secrecy and sophistication and in such volume as to overwhelm attempts to curtail it. In Hong Kong alone, there are apparently more than 150,000 opiate addicts—more than 100,000 of whom are addicted to heroin—amply supplied by at least two or three major clandestine organizations for import and distribution.

¹³ See Appendix E.

At present, U.S. intelligence agencies estimate that only about 10-20% of the heroin on the American market originates in the Southeast Asian region. Clearly, however, the region now holds the potential to become an almost unlimited source for inter-regional traffic. Asian traffickers have already demonstrated remarkable flexibility in supplying the quickly expanding market which developed in 1970 as heroin use exploded among U.S. troops in Vietnam. And if the Western market remains as lucrative in the future as it is today while Turkey is being effectively closed off as a source of Western supply, there will, almost inexorably, be an increasing flow—through a thousand channels—of Southeast Asian opium into the American market for heroin.

III. A CONCLUSION

I do not speak the language of the Turks. But while in their country, I benefitted from the company of a man who spoke two languages well. He interpreted, and I could speak and listen to the people whom I met in the countryside. The words which came from one farmer are what I remember most. He was a grizzly yet wholesome man who each year has planted a few of his acres with the poppy. He said it was unfair that people blamed the Turks. "I only grow this plant. It has many uses and I can sell it," he said. "If people in your country use it for bad things, why not look at them?" Later, I was not confident that I had given him a good answer.

Today the United States has far more heroin addicts than any other nation in the world. Yet we do not produce opium, from which heroin is made. Nor are we even situated within a region where opium poppies are grown in significant quantity. Our problem, it appears, is rooted in distant lands. "A poison," some say, "is being injected into the American bloodstream from abroad." With that perspective, a certain course of action seems to recommend itself: if the poison comes from places far away, then to solve the problem we must go to the source—to the very fields where opium is grown—and destroy it. This is, perhaps, an inviting conclusion, with the happy aspect of implying that the problem is not really our fault, that it exists only because of the venality of those who grow opium and those who traffic in it. It is a conception of the problem that absolves us from blame.

There is, however, a basic flaw in this formulation. It misleads us, as words often can: for the "source" of the problem is not truly the opium fields of many nations abroad, but rather the demand for heroin made by hundreds of thousands of Americans. It is a demand born of factors as complex as the human mind and as perplexing as the nature of our modern society; a demand born of curiosity, of ignorance and despair, of cynicism and alienation; a demand which becomes physiological and compulsive and which grows in totality each time another person falls to addiction. It is by the dynamic of that demand that our problem is propelled.

Our efforts to eliminate the supply of heroin are, of course, in themselves generally right and proper. It is a good thing to make seizures, to apprehend and arrest international traffickers. Through these measures we may deter some would-be criminals and incarcerate

others. But it would be the worst kind of tragedy to fall prey to the illusion that we can somehow, by an energetic application of the tools of diplomacy and international crime-fighting, defeat the problem of heroin. For our efforts will almost inevitably, by the very nature of things, impinge *only to a degree* upon the systems of illicit traffic which operate in stealth. Those systems feed upon a supply of opium which, as this report has described, has the aspect of infinitude. The world of opium is huge and diverse, encompassing many nations and the customs and values and ways of life of many peoples. That world cannot be easily changed—turned and converted to comply with *our* needs. It is intractable and will fulfill its own.

Every classified document available to this Committee—and common sense as well—indicates that, for as long as a profitable economic demand emanates from this country, traffickers will be able to supply it. The incentives and the circumstances virtually guarantee this: the wide number of areas in which opium is already grown and the ungovernability of many of those areas, the ease with which opium could be grown elsewhere, the simplicity of the process by which opium becomes heroin, the compactness and ease of smuggling, the titanic profits that await those in the trade.

The conclusion to which we must inexorably be led is both simple and profound: our heroin addiction problem is an *American* problem. It arises in the willingness of hundreds of thousands of our citizens, for a great variety of reasons and motives, to submit themselves to the scourge of that drug. To say this does not give the solution to our problem, but it tells us where the solution lies: it is here, within our own country, among our own people, that we must seek answers. Those answers lie in the calm and accurate education of our public, in the legislation and administration of severe and well-reasoned penalties against those who sell this drug, and in bold and comprehensive measures of treatment and rehabilitation. We must, of course, act energetically to promote rigorous international controls—for the sake of other countries as well as our own—but we must never be distracted from a fundamental truth: it will not be by changing the world but by looking to ourselves that the solution to American addiction will ultimately be found. And it is from this premise that we must begin.

APPENDIX A

International Narcotics Control: American Expenditures

PROPOSED FY 1973 FUNDING OF U.S. GOVERNMENT PROGRAMS FOR INTERNATIONAL NARCOTICS CONTROL

A.I.D.-----	\$42, 500, 000
Bureau of Narcotics and Dangerous Drugs-----	7, 000, 000
Department of State-----	200, 000
Bureau of Customs-----	200, 000
Total-----	\$49, 900, 000

BREAK-OUT OF A.I.D. EXPENDITURES

	FY 1972	FY 1973 (proposed)
Laos-----	\$1, 100, 000	\$700, 000
Thailand-----	1, 500, 000	1, 000, 000
Turkey-----	15, 700, 000	15, 000, 000
Vietnam-----	500, 000	500, 000
U.N. Fund for Drug Abuse Control--	2, 000, 000	5, 000, 000
Interregional-----	25, 000	-----
Undistributed-----	-----	20, 300, 000
Total-----	\$20, 825, 000	\$42, 500, 000

APPENDIX B

Details on the Turkish Ban

Opium poppies have been grown in Turkey for perhaps three thousand years, but it is only in recent times, during the expanding medical demand for morphine and codeine, that opium has been a significant source of income for the Turkish farmer. While even recently Turkey has not been among the world's largest opium producers, it has been the second largest legal exporter and also the most important opium source for the American heroin market. Though opium has been grown by only a minority of Turkish farmers and has constituted only a small part of the country's total agricultural production, poppies have been vital to those farmers who have cultivated them. No other crop has provided an income per acre even close to the levels achieved through production of the poppy.

GROSS RETURNS PER ACRE

Opium (licit sales)-----	\$160-200
Sugar beets-----	142
Alfalfa-----	73
Sunflower-----	59
Wheat-----	29
Barley-----	27

Opium's profitability has been even greater when sold illicitly. In an effort to curb such diversion and confine poppy growth to the needs of the licit export market, the government has for some time operated a licensing system by which farmers in poppy-growing provinces have been authorized to produce opium only on specified acreages. But such a system has depended ultimately upon the reliable participation of local government authorities; and village elders, responsible for informing the national Soil Products Office of any violations, have usually felt the pull of loyalties closer to home. Traditionally, farmers have been able to understate their yields and sell a considerable portion of their product at the higher prices paid by illegal traffickers. Since there is no significant opium consumption within Turkey, this entire diversion has been available for illicit export.

Beginning in the latter 1960's, the Turkish government undertook a series of measures to bring this situation under control. Gradually, between 1967 and 1970, the government reduced from 21 to 9 the number of provinces in which poppy-growth was authorized, thereby consolidating opium production and providing for the exercise of an increasingly rigorous surveillance of each year's product. At the same time, Turkish law enforcement agencies, supported by a \$3 million U.S. assistance loan for equipment and training, launched an expanded effort to detect and apprehend internal traffickers and cross-border smugglers. By 1970, the quantity of Turkish opium available to the illicit market had been reduced by an estimated 60%. But the problem

remained: Turkey was still serving as the source of between 70 and 100 tons of illicit opium per year and was still the major supplier for the illicit markets of America and Western Europe. Finally, on June 30, 1971, the Turkish government took the strongest and most direct action legally possible. It was decreed that, as previously planned, poppy cultivation would be reduced to only four provinces during the 1971-72 growing season and that, thereafter, poppies would be grown in *no* provinces—a total ban.

In support of the Turkish government's decision, the United States has pledged \$35 million in assistance, an amount which in concept is divided into two parts: \$15 million, spread over three to four years, is intended to help replace losses in foreign exchange incurred because Turkey will no longer be able to export opium on the licit international market; \$20 million is intended as a financial resource for programs and projects designed to develop new sources of income for the poppy farmer and for the regions where he lives. With American technical advice and assistance, Turkey has designed a special regional authority to put development funds to work on selected activities in areas critically affected; a regulatory and legislative base is now being built to bring this program into operation.¹

Despite this assistance, the government's decision has stirred widespread controversy within Turkey. Many Turks are sensitive to the feeling that their country has capitulated to American pressure and has been forced into bearing the burden of a purely American problem; a number of politicians have expressed strong opposition to the ban. But over the months since the decision was announced, this discord seems slowly to have faded. A new government has taken office, reaffirming the initial decree, and there now appears to be little question that the ban will be upheld and enforced.

There are, of course, very real questions about the role which Turkey may continue to play in the international opium traffic. In collecting the final harvest, the Turkish government has made a concerted effort to elicit all of the opium held by farmers, but the quantity of both opium and morphine base which still remains in private reserve is an imponderable. It is also at this point difficult to predict whether farmers will attempt, in the face of the ban, to cultivate opium in small, covert areas. What is undoubtable amidst this uncertainty is the existence today of a well-established trafficking system extending from the fields of Turkey to the countries of Western Europe. That system can be expected to continue in active operation for as long as supplies can be found—either within Turkey or within the poppy-growing regions which lie to the southeast.

¹ There is some hope that this new regional development organization will eventually become a model for agricultural development throughout the entire country.

APPENDIX C

The Drug Situation in Europe

EASTERN EUROPE

In Eastern Europe, including the Soviet Union, the production and consumption of illicit drugs are minimal. From an international perspective, what gives the region some degree of significance, however, is that Bulgaria and Yugoslavia—because of their geographical positions—have been main transit routes for illegal opiates smuggled from Turkey to Western Europe.¹ Both countries have evidenced a genuine readiness to cooperate in international narcotics control efforts, but the flow across their territory has been facilitated by the special transport agreements which are operative among European countries to provide for rapid, unimpeded passage of sealed trucks. Because international commercial traffic has now increased to a tremendous volume, the difficulty of intercepting a relatively tiny amount of morphine base is overwhelming.

WESTERN EUROPE

Though the problem of drug abuse in Western Europe has not assumed the major proportions of the American problem, some European officials are concerned that a crisis may lie ahead. Others, in contrast, believe that the problem will remain limited, both because effective anti-drug measures have been implemented in a timely fashion and because they think European society is simply less susceptible than the United States to an epidemic of hard-drug abuse. The pattern and extent of drug abuse vary, of course, from country to country, but some trends are discernible: the problem in Europe at present tends to center on hashish, LSD, barbiturates, and amphetamines, with the use of opiates still relatively uncommon.

Broadly viewed, the European response to drug abuse problems can be characterized as comprising low-keyed public educational programs, a rehabilitative rather than punitive attitude toward drug users, and a gradually mounting enforcement effort backed by increasing penalties for traffickers. In comparison to the United States, European enforcement officials are at some disadvantage in gathering information and capturing pushers because European legal codes prohibit the use of the *agent provocateur*: a police officer cannot, without culpability, participate in the planning or execution of a crime—cannot, for instance, purchase drugs on the black market—even if it leads to an arrest or the acquisition of important information.

French and West German officials are keenly aware that their countries are integrally involved in the pattern of illicit traffic which brings heroin to the American addict, and both countries are cooperat-

¹ Thus far, only small quantities of illicit opiates are known to have been routed through Romania, Hungary, Poland, Czechoslovakia, or East Germany.

ing energetically with American overseas agents from the Bureau of Narcotics and Dangerous Drugs. Those efforts have been given additional impetus by recent indications that heroin laboratories are beginning to operate in many European locations other than Marseilles and that some portion of the America-bound morphine base-heroin flow is now leaking into domestic European consumption. The mere prospect that addiction in Europe could grow to American proportions is prompting increased governmental activity both within and among the European nations.

U.S. TROOPS IN EUROPE

Among American troops in Europe, the pattern of drug abuse reflects the particular characteristics of the illicit drug market which operates in West Germany, where most of our soldiers are stationed. There the most common drugs of abuse are hashish (a cannabis product far more potent than marijuana), amphetamines ("speed"), and LSD. In addition, there is a heavy market among soldiers for sedatives, tranquilizers, and pain-killers (all called "downers"), which are supplied primarily through improper diversions from our own military medical channels. Current surveys indicate that about 45% of the American Army personnel in Europe have tried an illegal drug at least once and that over 15% are now using illegal drugs more than three times per week. The drug most heavily used is hashish, but about 30% of our soldiers have used LSD, "speed," or "downers" at least one time.

In an effort to curtail the availability of such drugs, the Army now has over 30 military police criminal investigators working full time in cooperation with German authorities to identify and apprehend local suppliers. In a complementary measure—to help reduce soldiers' *demand* for illicit drugs—the Army has undertaken a major educational program employing radio, television, and soldier-produced publications. In addition, Army physicians, who have proven to be more credible to soldiers than ex-addicts or law enforcement officials, are now assigned to give regularly scheduled drug-abuse presentations to troop units; and though such lectures have apparently had little impact on the incidence of soft drug usage, they seem to have been markedly effective in reducing experimentation with the harder and more dangerous drugs.

The Army's primary rehabilitative measure, in Europe and elsewhere, has been the establishment of a drug amnesty policy which provides a guarantee against punishment resulting from any information which a soldier voluntarily divulges to his physician, chaplain, or commander. Enrollment by soldiers in Europe has been extremely small, however, in comparison to the estimated number of drug abusers. Some soldiers are apparently still apprehensive about implicating themselves, but the main reason that soldiers are avoiding the program appears quite simply to be a lack of any desire to discontinue drug use.

In 1971, the Army began urinalysis testing, both as a systematic measure for screening personnel departing the European theater and also, when conducted without prior announcement, as a measure for

identifying drug users within the command. Though such testing cannot indicate the incidence of abuse of *soft* drugs, it has helped to identify the 1 to 2 percent of our soldiers who are *hard* drug users.

Soldiers who volunteer for drug treatment or who are identified as drug abusers in a urinalysis test are not subject to disciplinary action or to administrative discharge under other than honorable conditions. If, after being identified as a drug user through either means, a soldier is found to be dependent on drugs, he is given inpatient treatment at one of the many medical service facilities within the European command. Detoxification, including the use of methadone to ease withdrawal, is often the first step, but continued methadone maintenance is not employed as a method of treatment. If a soldier is found to be non-dependent, either before or after inpatient treatment, he receives out-patient therapy designed to prevent further drug abuse. Psychiatric treatment and periodic counseling are conducted regularly, and a number of hospitals are now sponsoring group therapy sessions for both drug users and alcoholics.

APPENDIX D

Addict Maintenance: The Cases of Iran and the United Kingdom

In relation to the world of narcotics, Iran and the United Kingdom seem different in almost every way. Iran is a major "victim" country, located in the center of a vast opium producing region and possessed of a traditional culture in which opium use has been long accepted. The United Kingdom, in contrast, is an industrialized nation, distant from any area of opium production and generally successful in having curtailed the growth of drug abuse. What Iran and the United Kingdom have in common is that, in each nation, the government has accepted the principle of administering to addicts the very drugs to which they are addicted. Both countries have found good reasons for doing so.

IRAN

Fed by abundant supply and countenanced by common practice, the use of opium has been widespread in Iran for centuries. The occasional government efforts undertaken in the early 1900's to control opium or discourage its use were unsuccessful, and as recently as twenty years ago, Iran's opium users reportedly numbered about 1.5 million. In 1955, spurred by the serious growth in addiction and by increasing international pressures, the Iranian government decided on a complete prohibition of both the production and consumption of opium, a prohibition extended to include other narcotic drugs in 1959. But as output ended and domestic supplies dried up, illegal opium flowed into Iran from neighboring countries, principally Turkey and Afghanistan. Efforts to combat this traffic generally proved fruitless, and official frustration over the failures of enforcement and the loss of foreign exchange culminated in the Shah's 1969 decision to reinstitute production.

The Iranian approach now is to register and supply as many of the country's opium users as possible and to dry up the illicit channels of supply through a combination of reduced demand and increased enforcement. Such an approach is necessarily geared to the long term. At present there are an estimated 350,000 opium users in the country, about 100,000 of whom have registered with the government and are receiving supplies of opium on prescription from government-licensed pharmacies. To minimize leakage from this system, the necessary dose for each registered addict is reassessed every three months. Most of Iran's registered addicts are of the older generation, and there is official hope that the nation's opium appetite will fade as time lapses and that generation passes on. Much less is known, however, about the estimated quarter million non-registered opium users; many are apparently not addicted and consume opium only irregularly and at will. There are in fact indications that such occasional use is becoming increasingly fashionable among upper- and middle-class

Iranians of all ages, a trend which if valid would tend to neutralize the present government program.¹

UNITED KINGDOM

That the British have never to date had a serious drug problem is a fact for which no single explanation can account. The origins of the British approach to addict treatment lie in the aftermath of World War I, which left in its wake large numbers of soldiers who had become addicted to morphine as battle casualties. The so-called "British system" which began to evolve at that time represents really no more than a collective decision to recognize addiction as a sickness and to treat addicts in a quiet, unpublicized manner through medical channels. Characteristically, such treatment by British doctors has included an administering of the addicting drug, accompanied by a gradual effort to wean the patient from dependency.

Until the late 1950's, the British had a small, fairly constant number of addicts: between 4000 and 6000. Many of these were "medical" addicts, addicted by way of legitimate medical treatment; others were addicts by way of the abuse of drugs obtained on the small British black market which was supplied through occasional over-prescriptions by individual family doctors. With new addicts balancing the number of those successfully cured, the level of addiction in the United Kingdom held generally steady. In 1958, however, a spread in addiction began to be detected; and in 1965, a prestigious committee of doctors recommended that the availability of addictive drugs be diminished by a prohibition against the treatment of addicts by family doctors. Two years later, in 1967, this recommendation became law. Under the Dangerous Drugs Act, only selected doctors in National Health Service hospitals are now authorized to prescribe heroin or cocaine for addict maintenance.

This restriction on availability appears to have worked to good effect. At present the British have fewer than 3000 known addicts, most of whom are at some stage of a four-step program of treatment: heroin injection, methadone injection, oral methadone, drug free. U.K. authorities, however, are wary of the facile inference of "principles" or "lessons" from the British experience. They view their avoidance of extensive drug problems as a perpetually unstable condition requiring constant watchfulness; and they are aware that even now there are perhaps 1000-1500 users and addicts in their country being supplied on a small black market. Much of their comparative success is attributable, they believe, not to the magic of an ingenious system, but to the benign absence of the organized crime which is prevalent in the United States; in the British view, the recent simultaneous appearance in West Germany of organized crime and heavy illicit drug traffic is no coincidence. In response to the implicit threat posed by drug epidemics elsewhere and also the recent appearance in the U.K. of small quantities of cheap imported heroin, the British passed legislation in 1971 increasing the punishments for convicted traffickers.

¹ In addition, there is evidence of growing heroin use among the urban young. Conversion facilities are known to be operating in Iran, and there are already an estimated 50,000 heroin users, all supplied illicitly.

APPENDIX E

Opium and China

There has, in the American mind, been a long-standing association of opium with China, an image which perhaps has its historical origins in the Opium Wars of 1840-42. It was then that the Western powers forcibly prevented the Imperial government of China from closing itself to the opium, produced in India, which Western traders found it profitable to market to the Chinese people. Though China was thus held open to the import of foreign opium, as time passed domestic Chinese producers gradually took over the market by growing the poppy locally. Steadily, through the decades of the second half of the nineteenth century, opium use and addiction spread through the Chinese population. Continuing attempts by successive Chinese governments to remedy the problem met failure; and by the turn of the century, China had become a classic example of an opium "victim" country. At any time between 1900 and 1950, in excess of ten million Chinese were addicted to opium.

In February 1950, less than six months after acceding to power, the government of the People's Republic of China adopted stringent controls over the production of the opium poppy and the use of opiates. Statutes were implemented to prohibit the private importation, processing, and sale of opium and other narcotics; and a major effort was undertaken to identify and rehabilitate opium users. These measures were apparently rigorously enforced; and there is every indication that the government of China has now eliminated the misuse of opium. For pharmaceutical purposes, China continues to produce about 100 tons of opium per year under a system of strict government control; but, according to American intelligence agencies, the Chinese government has neither engaged in nor sanctioned the illicit export of opium and its derivatives.

There seems to be only one possible flaw in the government's exercise of rigid control over production and use: the southern border area. Here, particularly in Yunnan Province, many of the same hill tribes which traditionally cultivate opium in the highlands of Burma constitute a sizable proportion of the population. There may thus be some illicit production and cross-border trade on a small scale and in violation of nationally enforced law.

There are, of course, many millions of people of Chinese origin scattered throughout Southeast Asia, in countries where addiction and trafficking are still widespread. Characteristically, these ethnic Chinese tend to be deeply involved in commerce; and in some countries, they constitute a significant proportion of the population. As would be expected, these Chinese, unaffected in any way by the rigorous morality and controls which now obtain on the Chinese mainland, can frequently be found to be involved in the use and trafficking of opium.

Recently, the government of mainland China has given some indication that it may soon begin to participate actively in international narcotics control efforts. A speech given on May 16, 1972, by the Chinese delegation to the U.N. Economic and Social Council (the U.N. agency concerned with narcotics matters), suggests that the People's Republic may in the future accede to the Single Convention on Narcotic Drugs and thus begin formal cooperation with the International Narcotics Control Board.

APPENDIX F

Significant Heroin Seizures in United States and Canada During Fiscal Year 1971 and Fiscal Year 1972

The following is a listing of significant heroin seizures made in the United States and Canada during fiscal years 1971 and 1972:

Port of entry	Date	Quantity (pounds)	Smuggling method employed	Country of departure
Miami	July 29, 1970	4	Courier/suitcase	Curacao.
Do	Oct. 20, 1970	94	Private air	Paraguay.
Toronto	Nov. 28, 1970	22	Suitcase	Frankfurt.
Montreal	do	18	do	Paris.
Miami	Dec. 12, 1970	40	Unknown	Unknown.
Do	do	210	Cargo air	Paraguay.
San Juan, P.R.	Jan. 18, 1971	58	do	Dominican Republic.
Fort Monmouth, N.J.	Apr. 5, 1971	17	Official mail	Bangkok.
New Jersey	do	97	Automobile	Le Havre, France.
Honolulu	May 16, 1971	4	Thermos jugs, suitcase	Hong Kong.
Miami	May 22, 1971	155	Cargo air	Buenos Aires.
San Juan, P.R.	May 29, 1971	246	Automobile	Bilbao, Spain.
Montreal	June 22, 1971	110	do	Le Havre, France.
J. F. K. Airport, N.Y.	July 8, 1971	156	Suitcase, diplomat	Panama.
Toronto	July 15, 1971	4	Suitcase	Italy.
Laredo, Tex.	Aug. 26, 1971	24	Automobile tires	Mexico City.
New York	Sept. 14, 1971	206	Automobile	France/via England.
Do	Sept. 22, 1971	186	do	Genoa, Italy.
Do	Sept. 29, 1971	69	Suitcase	Chile/Argentina.
Do	Oct. 6, 1971	39	Cargo, oil paintings	Argentina.
Sacramento	Nov. 11, 1971	3	Mail, APO	Thailand.
Travis AFB	Dec. 30, 1971	17	Cargo, military airlift	Do.
Miami	Jan. 3, 1972	238	Laundry bags, cruise ship	France.
Do	Jan. 10, 1972	147	do	Do.
Honolulu	Jan. 26, 1972	18	Courier, body	Singapore.
New York	Jan. 27, 1972	86	Unknown, possibly champagne boxes.	France.
Miami	Apr. 5, 1972	22	Seaman courier	Hong Kong.
New York	Apr. 26, 1972	18	Teakwood chests	Do.
Detroit	May 10, 1972	5	House search	Unknown.
New York	May 11, 1972	2	Automobile imported July 1, 1970	Le Havre, France.
Do	May 16, 1972	264	Military footlockers	France via Belgium.
Seattle	May 24, 1972	10	Molded Oriental plaques	Damascus, Syria.
Douglas, Ariz.	May 26, 1972	7	Vehicle door panels	Mexico.
Blaine, Wash.	June 12, 1972	18	Stereo speakers	Hong Kong via British Columbia.
New York	June 27, 1972	4	House search	Hong Kong.

From data collected to date, the Department of the Treasury lists the following as principal current methods of bringing heroin across U.S. borders:

- A. Bulk shipments of heroin moved from South America to U.S. via contrabandista aircraft.
- B. Bulk shipments direct from France to the New York area in automobiles.
- C. Bulk shipments from France and Spain to San Juan, Mexico, and Canada in automobiles later driven across the border.
- D. Bulk shipments from South America and Europe in suitcases carried by diplomats.
- E. Bulk shipments on cruise ships to the Caribbean and on to southern Florida and other U.S. ports.
- F. Small shipments from Southeast Asia via APO, MAC, and body carries.

APPENDIX G

The Current Profitability of Trafficking in Heroin

Though the illicit narcotics market is clandestine, sufficient information is available to provide an approximate picture of the operative price structure. The following charts indicate the growth in value, within each general system, of *one kilogram of opium* as it progresses through illicit channels of supply.

Turkey/France/U.S.:

Price to farmer in Turkey	\$22
Wholesale price in Marseilles (after conversion to heroin)	\$500
Wholesale price in New York	\$2, 200
Retail price in New York	\$22, 000

Middle East-South Asia:

Price to farmer in Afghanistan or Pakistan	\$15
Border price in Iran	\$100
Wholesale price in Tehran (after conversion to heroin)	\$260
Retail price in Tehran	\$1, 300

Southeast Asia:

Price to farmer in Golden Triangle	\$17
Wholesale price in Hong Kong (after conversion to heroin)	\$230
Retail price in Hong Kong	\$1, 000

The largest price rises occur between wholesale and retail, but retail distribution is usually performed by dealers handling relatively small quantities; the largest profits are realized by major underworld firms which sell wholesale in heavy volume. What becomes apparent from the prices above is that these major traffickers would be well able, in response to any effort to diminish illicit poppy production, to pay significantly higher prices if necessary to induce continued cultivation. What is also apparent is that, in comparison with other markets, the U.S. market for heroin is extraordinarily profitable, a fact which virtually guarantees that, even if higher risks are involved, traffickers will continue to seek new channels to America.

APPENDIX H

Japan: A National Solution to a National Problem

Prior to 1945, the abuse of narcotics was never a serious problem in Japanese society. Opium was used, but for medical purposes only, and was held under careful government control. Twice since the end of World War II, however, Japan has suffered from major outbreaks of drug abuse. One period involved the widespread misuse of stimulants; the second involved heroin.

The period of heavy stimulant abuse was the decade immediately following World War II: the years between 1946 and 1954. During the war, stimulants had been used to increase efficiency in the military services and in war-supporting factories. Amidst the economic and psychological dislocations that followed Japanese defeat, those drugs became a major social problem, contributing both to crime and mental illness. By 1951, it was clear that the problem was out of control; more than 1,000,000 people were addicted to amphetamines. At this point the Japanese government undertook a series of rigorous counter-measures. It was decided that addicts should be treated in mental hospitals, and government funds were concentrated upon a dramatic expansion of treatment facilities. Local governments were authorized to commit any known addict to compulsory hospitalization, while a comprehensive system was established by which addicts could easily report, or be reported, to the police or to correctional institutions. A major information campaign was initiated to coalesce public cooperation. At the same time, stringent measures were adopted to prevent further illicit manufacture of amphetamines. Remarkably, by the mid-fifties, the abuse of stimulants had been effectively eliminated.

At the same time, however, a similar, but distinctly different problem was emerging. Heroin addiction, supplied by Southeast Asian opium and pushed by organized traffickers, was on the rise. By the early 1960's, there were at least 40,000 Japanese addicts. In 1963 the government acted decisively, moving strongly against both pushers and addicts. Legislation was passed, establishing mere possession of heroin as a serious offense and increasing the penalty for traffickers from 10 years to life imprisonment. Simultaneously, nine hundred mental hospitals were designated for addict treatment, and a campaign was launched—similar to that during the previous drug epidemic—to detect addicts and to educate the public. Once apprehended, each addict became subject to thirty days of compulsory hospitalization and confinement, a period during which immediate withdrawal—accompanied by all its horror, pain, and anguish—was allowed to occur. By policy, gradual detoxification was disallowed. Once detoxified, patients were released, subject for several years thereafter to a system of supervision and periodic counseling. Relatively few instances of recidivism occurred, a success attributable at least partially to the

trauma of rapid withdrawal and the deterrent effect of its possible repetition; and by 1966 Japanese heroin addiction had almost vanished. It has not returned.

The implications for the United States of the Japanese experience merit deliberation. On the one hand, it may be argued that the success of Japanese policy derives from special conditions not present in America: that the Japanese are culturally and economically more homogeneous, more law-abiding, essentially more responsive to government leadership and to government goals. And the severe Japanese treatment of addicts, it can be asserted, is inconsistent with American medical practice and political belief. On the other hand, the case may be built that, because the American problem has now reached the proportions of a national emergency, such a Draconian program with appropriate modifications is now justified and would be widely supported. What is clear and beyond argument, however, is that a large industrialized country *can cope* with a major heroin problem *domestically* and—without changing the world—can end addiction and return former addicts to society.



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