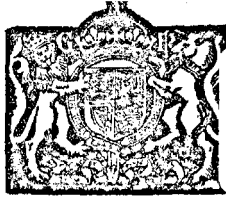


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REPORT

OF



THE ASSAM OPIUM ENQUIRY
COMMITTEE.



1933.

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CHAPTER I.

INTRODUCTORY.

1. On the 6th March 1933 His Excellency the Governor in opening the Council made the following reference to the opium question in Assam:—
Governor's speech of March 1933.

"I have dealt with one matter that is close to the hearts of the people of the Assam Valley. There is yet another—opium. This session you will be invited to appoint a non-official committee to review the present opium policy. The people of the Surma Valley have happily been spared from this curse. But I would ask them none the less to sympathise with the feelings of those in the other valley who desire to stamp out the opium habit. I have noticed a little of that feeling of disharmony between the valleys to which I referred earlier in regard to this opium question. For the solidarity and welfare of the province the Surma Valley should take this matter to heart no less than their fellow citizens in the other valley. It was a commonplace of early writers to refer to the havoc wrought to the valley of Assam by the consumption of opium. There could be no doubt of the extent of the evil. In the year 1920 the consumption of opium in Assam amounted to the enormous figure of 64,000 seers a year, this notwithstanding the fact that the cultivation of opium in the province had long since been prohibited. The steps taken then to grapple with the evil were the rationing of shops, the enforcement of the registration of consumers and the raising of the treasury price of opium. This policy was aided temporarily by an intensive campaign of propaganda conducted by non-co-operation adherents. It is an ill wind that blows no one good. (And in this respect whatever may have been the motives of the non-co-operators I am ready to extend my sincere appreciation to the results of their efforts. With the dying out of non-co-operation the propaganda unfortunately ceased but the policy continued; and by the year 1927, the consumption of opium had fallen to 28,000 seers. This was still an enormous consumption and all the upper districts of the Assam Valley remained stigmatised as black spots. A Bill prohibiting the preparation of opium for smoking was brought in at this time which was a measure of great value, but the great change in policy that was made in 1928 was the result of a resolution moved and carried in this Council which aimed at nothing more or less than total prohibition within 10 years.) The ration of opium-eaters below 50 years of age was to be reduced by 10 per cent. each year until Assam was free. This courageous policy which will redound to your

eternal credit was translated into action and has no counterpart in any country of Asia. We have reached the fifth annual reduction. Last year the consumption had fallen to 16,000 seers, equivalent to a reduction of 73 per cent. since the year 1920. If this means a genuine reduction, we have every reason to congratulate ourselves. But at this stage doubts have begun to arise. Experienced observers say that though there is so large a decrease in the consumption of licit opium, the traffic in smuggled opium has been steadily increasing for some years past. The figures of opium captures though higher than they were do not in themselves suggest any great landslide. But there is an uneasy feeling among all concerned in excise prevention that very great quantities of opium are being smuggled in. It is maintained too that many are being demoralised even among respectable people by the great profits to be made out of smuggled opium. It is in fact the bootlegging evil of America being introduced on a smaller scale. All this makes one uneasy and I think the time has come when we should once again consider our policy. I would impress on you that there is here no question of Government revenue. A great policy has been undertaken for which, if it succeeds, we shall be blessed by generations to come. I want to make sure that the foundations are still firm and that we can go on fearlessly till the last stone is on the building. If there is truth in the belief that the real consumption is no longer falling and that we are deceiving ourselves and others, let us consider how best to stop the leaks. It may be that we are going too fast now. We do not want to bury our heads in the sand and to go on filling the pockets of swindlers and smugglers. If the Committee finds that all is well, then we can carry on the good work with renewed zest. If we have to pause, it is not because we are faltering but to make strong our position from which we can jump further forward again. I would ask for full co-operation between the valleys in this. I would ask the members of the Committee to leave all partisanship outside the door of the Committee room and give us their advice according to their conscience".

Council motion to appoint a Committee. 2. On the same day the following motion was carried by 26 votes to 7:—

"That this Council do proceed to elect seven members to the Committee proposed to be constituted for the purpose of reviewing the results of the present opium policy of the Government of Assam and advising as to the future policy to be adopted in the light of the conclusions arrived at by the Enquiry Committee appointed by the League of Nations."

Appointment of Com-
mittee.

3. The members of the Committee elected by the Council were :—

Srijut Brindaban Chandra Goswami,
Rev. J. J. M. Nichols-Roy,
Rai Bahadur Nilambar Datta,
Srijut Mahendra Nath Gohain,
Maulavi Abdur Rahim Chaudhury,
Mr. E. S. Roffey, C.I.E., and
Srijut Rohini Kumar Chaudhuri.

The Commissioner of Excise was appointed by Government as a member and Secretary of Committee. The Committee elected the Rev. J. J. M. Nichols-Roy, as Chairman.

Questionnaire.

4. The following questionnaire was framed by the Committee :—

- (1) Has the present opium policy of making an annual 10 per cent. cut in the rations of consumers who were under 50 years of age in 1928-29 proved a success or a failure by effecting a reduction in the consumption of opium from licit and illicit sources? If it has proved a failure, what are the reasons for failure?
- (2) If the policy has up-to-date proved a success, is it likely to be endangered by continuing the cut for the next five years? If it is likely to be endangered please give reasons?
- (3) Does the smuggling of opium into Assam exist? If so, to what extent and does it endanger the success of the present policy? Please give reasons for your reply?
- (4) Does the practice of giving short-weight to registered consumers exist? If so, to what extent does it endanger the success of the present policy? Please give reasons. Is the surplus saved by short-weight sold to registered consumers to supplement their rations or for sale or is it given or sold to unregistered persons for their own consumption or for sale?
- (5) What is the usual price of (a) smuggled opium, and (b) surplus opium saved by short-weight? What is the source of your information? Is the price high or low? If the price is high compared with the retail price of Rs. 2 per tola fixed for legal sale, what is the reason for the high price?
- (6) What approximately is the number of unregistered consumers in your district or subdivision? On what data do you base your figures?

- (7) Is it necessary to reopen the registers for the registration of opium addicts who are at present unregistered? If so, should the fact be widely published so that all unregistered consumers may know to apply?
- (8) If the registers are reopened, should the applicant for a pass be required to prove by the production of a medical certificate that he is a confirmed addict? What medical certificates should be recognised as valid? Do you approve of the formation of a local Committee to consider such applications, and, if so, what should be the personnel? Should such passes be temporary or permanent?
- (9) In areas such as some of the hill districts where competent medical authorities are few should it be left to the district authorities to decide whether a person is an addict?
- (10) Are there any persons who are not real consumers but who have registered as such simply for the purpose of giving or selling opium to others? What is the source of your information?
- (11) Should effect be given to the principle that a confirmed addict should be given a ration which is not liable to annual reduction? If the answer is in the affirmative, is any action necessary to increase the rations of present registered consumers whose rations have already been subject to annual reduction?
- (12) Should passes be refused to all persons below a certain age? If so, what age do you recommend?
- (13) How far would an increase in the treasury price of opium which is at present probably considerably below the price of smuggled opium serve to check excessive consumption if a halt was called to the annual reduction of rations?
- (14) What step should be taken to create an effective public opinion to check the opium habit?
- (15) If the cause of smuggling and of the practice of giving short-weight is to supply the demand of unregistered consumers and of registered consumers who find their reduced rations too small, does the remedy lie in strengthening the preventive staff or in opening the registers to unregistered consumers or in calling a halt meantime to the policy of annual reduction of rations or in a combination of these? Can you suggest any other practical remedy?

Copies of the questionnaire in English and in Vernacular were widely circulated and published in the local newspapers.

Replies were invited to reach the Secretary on or before 30th April 1933. In all about 100 replies were received before the Committee finished its tour. Most of these have been printed.

5. The original intention of the Committee was to assemble in North Lakhimpur on the 15th May and then visit Jorhat, Dibrugarh, Nowgong, Tezpur and Gauhati. To meet the convenience of members of the Committee, it was later on decided to examine the witnesses from North Lakhimpur at Jorhat and take up only Jorhat and Dibrugarh in the first tour, which lasted from 15th to 24th May 1933. Witnesses from North Lakhimpur, it may be stated, made, at considerable personal inconvenience, a cordial response to the invitation to come to Jorhat to give evidence, which shows the keen interest they took in the opium problem. The second tour in the Assam Valley was from 4th to 12th July 1933, when Nowgong, Tezpur and Gauhati were visited. Though the opium problem in Sylhet and Cachar in the Surma valley is of minor importance, it was considered advisable especially in view of His Excellency the Governor's opening speech to the Council to seek the co-operation of the public in the Valley in arriving at a decision on the questions with which the Committee had to deal. Accordingly, from 25th July to 2nd August 1933 was spent in Sylhet and Cachar, terminating in a visit to Haflong where the Committee formulated its conclusions.

6. One hundred and thirty-four witnesses were examined, and also some 35 opium-eaters were questioned. We wish to acknowledge the fullest co-operation that the Committee received from witnesses of all sorts and conditions and of every shade of political thought including avowed adherents to the Congress creed. We take this as indicating that interest in the opium question in Assam is very widespread and that all are ready to assist in finding a suitable solution of the various problems that arise.

7. We must not omit to record our appreciation of the work of the staff under climatic conditions that were at times unpleasant. All did their work with unremitting zeal and, in particular, we wish to express our indebtedness to our reporter, Mr. Ayyangar, who was able to reproduce accurate transcripts of the oral evidence with commendable promptitude.

CHAPTER II.

FACTS AND FIGURES ABOUT OPIUM IN ASSAM.

HISTORY OF THE OPIUM PROBLEM IN ASSAM.

8. There is no authentic record of the date when the opium drug was first introduced into Assam but poppy cultivation by the people themselves was fairly common in 1793. The widespread

and immoderate consumption of the drug attracted the notice of many observers in the first half of the nineteenth century. One wrote about 100 years ago "something should be done to check the immoderate use of the drug, and to rescue at least the rising generation from indulgence in a luxury which destroys the constitution, enfeebles the mind and paralyses industry". Another writer, a little later, notes that "three-fourths of the population are opium-eaters and men, women and children alike use the drug" In 1860, that is 34 years after Assam was annexed by the British Government, it was decided to prohibit the home cultivation of the poppy plant and to issue opium from treasuries in Assam "at a price, which though not prohibitive, should be sufficiently high to act as a deterrent in its excessive consumption". While Government was convinced of the injurious effects resulting from taking the drug in excess, it was of opinion that "its use has, with many, almost become a necessity of life, and in a damp climate like Assam, it is perhaps beneficial if taken with moderation". This may be regarded as the first landmark in dealing with the opium problem in Assam.

For the next 60 years, the policy of Government was to lessen consumption by raising the treasury price, reducing the number of shops, restricting the limit of private possession, and raising the age at which a person could purchase opium. It was not, however, until Government was confronted with the high figure of consumption in 1919-20 that it adopted the more stringent policy of rationing shops (but not individuals) and registering consumers. This is the second landmark in the opium policy in Assam.

The third landmark was the acceptance by Government of the resolution that was passed in Council in July 1927 to the effect that the rations of opium-eaters below 50 years of age should be so regulated so as to reduce the same gradually to *nil* within 10 years.

It is thus clear that the opium problem in Assam is at least 150 years old. It is a problem that primarily concerns the inhabitants of the Assam Valley, particularly in the four upper districts.

INTERNATIONAL OBLIGATIONS AS REGARDS OPIUM-SMOKING AND OPIUM-EATING.

9. It is necessary in Assam to draw a line of distinction between the opium-smoking and the opium-eating problem. Under the Agreement of 1925, arising out of the deliberations of the Geneva First Opium Conference of the League of Nations, India is bound to take measures to reduce the consumption of prepared opium so that it may be completely suppressed within 15 years. 'Prepared opium' is defined as any "product of opium obtained by any series of operations designed to transform opium-

into an extract suitable for smoking." Even before this, under the Hague Convention of 1912, all provinces in India were under an obligation to suppress opium-smoking. In Assam the Opium Smoking Act of 1927 prohibits opium-smoking. Though there are every year a few sporadic cases under this Act, on the whole it may be taken that opium-smoking does not constitute a serious problem in Assam and that everything is being done to comply with the obligations entered into under the League of Nations' Agreement of 1925.

On the other hand India has not committed itself to take any steps to suppress the opium-eating habit. This does not fall within the scope of the Geneva Agreement. It is a matter which each province must decide for itself and in regard to any measures for controlling or suppressing the opium-eating habit the Government of India has always kept an absolutely free hand, unfettered by international agreements. The reason for this is that in many parts of India the use of opium is a habit of long standing which has grown up partly as an indulgence (comparable to the moderate use of alcoholic drinks in European countries), partly as a stimulant and remedy against ailments by masses of people to whom medical advice is scarcely accessible. At the same time the Government of India has recognised the importance of taking steps to reduce consumption in local areas where it is greatly in excess of the average for India as a whole.

'BLACK SPOT' CONFERENCE OF MAY 1930.

10. The League of Nations' standard of consumption is 6 seers per 10,000 of the population per annum. This standard, however, is one that was fixed for the needs of countries where the use of opium was confined to medical or scientific purposes. It would not apply to places in India where, for generations, as explained in the preceding paragraph opium has been used as an indulgence and as a stimulant. In May 1930, the Government of India summoned a conference at Simla to consider what steps could be taken to reduce consumption in areas called—'Black Spots'—where it was obviously in excess. Assam was represented at that conference. As a matter of convenience, a 'Black Spot' was defined as an area where the consumption exceeded 30 seers per annum per 10,000 of the population. This must not be taken to mean that this standard was to be considered a legitimate standard of consumption in India. It was only fixed as a rough and ready test for ascertaining in what areas consumption was markedly excessive. The next step would be to consider those areas where the excess consumption was less marked.

THE 'BLACK SPOT' IN ASSAM.

11. So far as Assam was concerned, the 'Black Spot' was defined as the four upper districts of the Assam Valley and the Sadiya Frontier Tract. The following is the statement of consumption per 10,000 inhabitants in 1926-27 and in 1932-33 for those areas :—

	1926-27.	1932-33.
	Seers.	Seers.
Sadiya Frontier Tract	175	94
Lakhimpur	153	62
Sibsagar, including Mikir Hills	91	45
Darrang	72	22
Nowgong, including Mikir Hills	119	27

The reduction in consumption in the last six years mainly as a result of the 10 per cent. cut is very considerable.

A more detailed analysis of opium consumption in the 'Black Spot' area of Assam and in areas outside is given in the next paragraph.

**12. ANALYSIS OF OPIUM CONSUMPTION IN ASSAM
IN 1932-33 WITH TABLES A AND B.**

✓ **A.—OPIUM CONSUMPTION IN THE 'BLACK SPOT' IN 1932-33.**

Area.	Popula- tion (1931).	Issues in seers 1932-33.	Seers per 10,000 inhabitants.	Number of pass- holders on 31st March 1933.	Yearly in tolas per pass-holder for 1932-33.	Monthly in tolas per pass-holder for 1932-33.	Percentage of pass-holders to total population.
1	2	3	4	5	6	7	8
Darrang	564,817	1,338	22	7,602	14.0	1.17	1 in 77
Nowgong including Mikir Hills.	562,581	1,526	27	10,966	11.1	.92	1 in 51
Sibsagar including Mikir Hills.	933,323	4,274	45	19,027	17.9	1.49	1 in 49
Lakhimpur	724,582	4,542	62	20,414	17.7	1.49	1 in 35
Sadiya Frontier Tract ...	53,345	504	94	1,665	24.2	2.01	1 in 32
Totals and averages ...	2,858,651	12,184	42	59,674	16.3	1.36	1 in 48

**DIFFERENCE IN CONSUMPTION IN THE PLAINS AREAS OF SIBSAGAR AND NOW-
GONG DISTRICTS AND IN THE MIKIR HILLS.**

Nowgong excluding Mikir Hills.	484,831	851	17	6,950	9.7	.81	1 in 71
Sibsagar excluding Mikir Hills.	877,360	3,933	44	17,399	18.0	1.5	1 in 53
Nowgong Mikir Hills ...	77,750	675	86	4,016	23.4	1.1	1 in 19
Sibsagar Mikir Hills ...	55,466	341	61	1,628	16.7	1.4	1 in 34

**B.—OPIUM CONSUMPTION IN 1932-33 IN AREAS OUTSIDE THE
'BLACK SPOT.'**

—	Seers per 10,000 inhabitants.	Number of pass-holders.	Monthly tolas per pass- holder.	Percentage of pass-hold- ers to total population.
1	2	3	4	5
Kamrup	8.9	4,576	1.2	1 in 213
Goalpara32	163	1.2	1 in 5,769
Cachar	7.4	2,085	1.3	1 in 273
Sylhet22	411	1.0	1 in 6,628
Khasi and Jaintia Hills ...	11.9	1,765	1.3	1 in 164
Naga Hills	12.5	671	2.2	1 in 263
Balipara Frontier Tract ...	36.9	56	2.2	1 in 91

The following facts emerge from the 'Black Spot' table :—

- (1) Taking the plains areas only, consumption is least in Nowgong outside the Mikir Hills (17 seers per 10,000), and greatest in Lakhimpur (62 seers per 10,000).
- (2) Taking the hill tracts and the Sadiya Frontier Tract, consumption is least in the Sibsagar Mikir Hills (61 seers per 10,000) and highest in the Sadiya Frontier Tract (9½ seers per 10,000).
- (3) Pass-holders form the smallest percentage of the population in Darrang (1.29 per cent.) and the largest in the Nowgong Mikir Hills (5.1 per cent.).
- (4) The average monthly consumption per pass-holder is least in the Nowgong plains area (.81 tolas) and greatest in the Sadiya Frontier Tract (2.01 tolas).

As regards the areas outside the 'Black Spot' the comparative freedom of Sylhet and Goalpara from the opium habit may be noted. Consumption is fairly high in the Khasi and Jaintia Hills, in the Naga Hills and in the Balipara Frontier Tract. In the Native States in the Khasi Hills, consumers have to

obtain passes from the Deputy Commissioner, Shillong, who fixes the rations of the pass-holders. The comparatively high consumption in Cachar is due to the fact that in the North Cachar Hills with a population of 32,844 there are 1,338 pass-holders, *i.e.*, 4.0 per cent. of the population or 1 in every 24 inhabitants. The average monthly ration per pass-holder is 1.5 tolas.

In 1932-33 the total issues of excise opium in the whole of Assam including Manipur was 14,224 seers. On a population of 9,247,857, this gives an annual consumption of 15.3 seers per 10,000 inhabitants as against 42 seers in the 'Black Spot' area. The issues in the plains districts of the province work out at 14.7 seers per 10,000 and in the hill areas including Mikir Hill, and North Cachar Hills, frontier tracts and Manipur at 19 seers per 10,000. There are no registered consumers in the Lushai Hills; only a few in the Garo Hills, and in Manipur the consumption is only 1.4 seers per 10,000. Taking the whole population in the province outside Manipur there is one pass-holder for every 126 inhabitants.

NUMBER OF PASS-HOLDERS IN ASSAM IN 1927-28 AND IN 1932-33 AND AVERAGE CONSUMPTION.

13. There were 85,976 pass-holders on 31st March 1928 before the 10 per cent. cut began. The total issues in 1927-28 were 28,883 seers, giving an average per pass-holder of 26 tolas a year, or 2.2 tolas a month. At the end of 1932-33 there were 69,605 registered consumers in Assam. In that year the total issues of treasury opium were 14,224 seers. This gives an average per pass-holder of 16 tolas a year or 1.36 tolas a month, the same as the average consumption of pass-holders in the 'Black Spot' area.

POLICY OF ASSAM GOVERNMENT FROM 1920-21 TO 1927-28.

14. From 1920-21 to 1927-28, the policy of Government to check consumption was to reduce the number of opium shops, to ration the shops (but not individuals) in areas where consumption was excessive, to register consumers and to gradually raise the treasury issue price. In this policy they were supported by suggestions made in Council and also by the temperance propaganda of the non-co-operation movement particularly in 1921-22.

COMPARATIVE STATEMENT OF CONSUMPTION IN UPPER ASSAM VALLEY AND IN PROVINCE OF ASSAM, IN 1920-21 AND 1927-28.

(a)

—		Population, 1921 Census.	Issues in seers in 1920-21.	Seers per 10,000.
1		2	3	4
‘Black Spot’ area.	Darrang	477,935	8,801	173
	Nowgong with Mikir Hills ...	397,921	11,923	291
	Sibsagar with Mikir Hills ...	823,197	13,847	168
	Lakhimpur	588,295	19,137	305
	Sadiya	39,531		
	Total		2,326,879	53,208
Whole province of Assam (1921-22).		7,990,246	64,595	80·8

(b)

—		Population, 1921 Census.	Issues in seers in 1927-28.	Seers per 10,000.
1		2	3	4
‘Black Spot’ area.	Darrang	477,935	2,858	59
	Nowgong with Mikir Hills ...	397,921	4,794	120
	Sibsagar with Mikir Hills ...	823,197	7,456	90
	Lakhimpur	588,295	8,942	142
	Sadiya Frontier Tract	39,531		
	Total		2,326,879	24,050
Whole province of Assam (1927-28).		7,990,246	28,883	36·1

The result of the analysis may be summarised as follows :—

In 1920-21 when the consumption of opium was very high (though 5,000 seers less than in the previous year) the consumption for 10,000 inhabitants in the 'Black Spot' area was 229 seers. In 1927-28 the consumption was 103 seers. In 1932-33 this dropped to 42 seers. Taking the whole province, in 1920-21 the consumption was 80·8 seers per 10,000 inhabitants ; there was a fall of 55 per cent. in 1927-28 to 36·1 seers and a drop of about the same amount in 1932-33 to 15·3 seers. The decrease in 1932-33 cannot be attributed entirely to the 10 per cent. cut. Economic depression which did not enable the pass-holders to purchase their full ration was also an important factor. The ration per pass-holder for 1932-33 works out at about 21 tolas per annum whereas the actual consumption was about 16 tolas per annum.

ANNUAL 10 PER CENT. CUT IN PLAINS DISTRICTS AND HILL AREAS.

15. On 18th July 1927 the following resolution was passed in Council :—“This Council recommends to the Government of Assam that the rations of the opium-eaters below 50 years of age be so regulated as to reduce the same gradually to *nil* within 10 years”. The Government agreed as an experiment to an annual 10 per cent. reduction provided the Council voted the provision for the preventive staff required to deal with smuggling.

The first 10 per cent. cut was made in 1928-29. The Excise staff during the last cold weather made the 5th annual reduction. This holds good of all the plains districts. In the hill areas and frontier tracts, however, for the administration of which His Excellency the Governor is personally responsible, the cut was made in 1928-29 and in 1929-30 but not in subsequent years. District and Political Officers represented that any further reduction in these tracts would be a hardship on the consumers and would give an impetus to illicit traffic. Accordingly it was ordered that no cut should be made in those areas for 1930-31. The matter was again reviewed by the Governor in November 1931, particularly in connection with the recommendations of the Ekstrand Commission of the League of Nations which are summarised in the next paragraph and it was decided that no further reduction in the rations of consumers in these tracts could be safely made for the present. Furthermore, the consumers' registers in these areas were reopened and kept open for the registration of those persons who were able to satisfy the district authorities that they were addicts.

FINDINGS OF THE EKSTRAND COMMISSION OF ENQUIRY.

16. In October 1930 the Commission of Enquiry into the control of opium-smoking in the Far East issued its report. This Commission was appointed by the Assembly of the League of Nations in 1929. Although the terms of reference included only the question of the smoking of opium, the eating of opium was so closely allied to opium-smoking that the Commission had to consider this question, particularly in the case of Burma, which was the only province in India visited by the Commission.

The main conclusions of the Commission, so far as they have a practical bearing on the opium problem in Assam are :—

- (a) The consensus of opinion expressed by experts is that the cure of opium addiction is not only possible, but comparatively easy, with the exception of inveterate addiction which is considered incurable. As a rule young addicts and moderate users are more easily cured than others. An effective and lasting cure requires unconditionally a firm will to be cured and a determined resolution not to take to the opium habit again. Otherwise the cure will not be lasting. As a rule the cure of opium addiction can only be undertaken in hospitals or special institutions. Cures effected in prison are not of a lasting character.
- (b) Individual consumption of opium must be under efficient control in order to bring about gradual suppression. Registration with rationing is the only efficient method for the control of consumption. A class of illicit consumers will, however, be formed, if registration facilities are not given to addicts owing to a premature closing of the registers. The rations should be calculated on the individual consumer's requirements. Registration and rationing should be based on a medical certificate where possible : where this is not possible the registering authority must be satisfied that the applicant is an addict. Where registration systems already exist but the registers have been closed, they should be reopened for the registration of certified addicts. Thereafter all registers should be kept open or reopened at regular intervals.
- (c) The crux of the problem lies in the illicit traffic in opium. Registration and rationing or prohibition will not be effective when anybody can without great difficulty satisfy his demand for opium from illicit sources. The same is the case with attempts to

limit consumption and discourage new addiction by the raising the price of Government opium. The suppression of the opium habit necessitates effective control of the illicit traffic, both at its source by the limitation of poppy cultivation and by preventive measures against smuggling and illicit use of opium. The illicit traffic also means that considerable numbers of the population become habitual law-breakers. "Whether the system be prohibition or Government control, limitation and as far as possible eradication of illicit traffic is indispensable to success".

EFFECT ON CONSUMPTION OF THE 10 PER CENT. CUT.

17. The following table shows the issues of treasury opium to the hills and frontier tracts and to the plains districts for 1927-28 (the year prior to the first cut) and for subsequent years :—

Area.		1927-28.	1928-29.	1929-30.	1930-31.	1931-32.	1932-33.
1		2	3	4	5	6	7
		Seers.	Seers.	Seers.	Seers.	Seers.	Seers.
Hill and Frontier Tracts.	North Cachar Hills ...	345	345	301	336	302	303
	Khasi and Jaintia Hills ...	797	682	664	639	549	347
	Naga Hills ...	335	281	266	206	254	224
	Mikir Hills (Nowgong) ...	2,242	1,905	1,832	1,567	1,056	675
	Mikir Hills (Sibsagar) ...	716	651	631	603	469	341
	Sadiya ...	703	668	645	641	534	504
	Balipara ...	47	37	28	22	20	19
	Total ...	5,185	4,569	4,367	4,114	3,336	2,412
Plains Districts.	Cachar excluding North Cachar Hills.	236	174	214	170	160	124
	Sylhet ...	115	92	86	79	67	62
	Goalpara ...	67	58	53	45	36	29
	Kamrup ...	2,105	1,806	1,687	1,395	1,079	870
	Darrang ...	2,858	2,430	2,223	1,947	1,600	1,338
	Nowong excluding Mikir Hills	2,552	2,151	2,019	1,336	992	851
	Sibsagar excluding Mikir Hills	6,740	6,001	5,677	5,125	4,378	3,933
	Lakhimpur ...	8,942	7,699	7,229	6,305	5,256	4,542
	Total ...	23,615	20,411	19,791	16,303	13,597	11,749
	Grand Total ...	28,800	24,980	23,558	20,417	16,933	14,161

An analysis of these figures will show that, as compared with 1927-28, there was in 1932-33 a fall of 47·8 per cent. in the issue to the hill areas and frontier tracts in spite of the fact that there was no cut in 1930-31, 1931-32 and 1932-33. This is largely due to economic depression. The consumers were not able to take out the full amount of their rations. For example in the Nowgong Mikir Hills the people used to enjoy large profits from the cultivation of lac which enabled them to buy considerable quantities of opium. In the last two or three years, the price of lac has been negligible.

In the plains districts there has been a drop of 51·4 per cent. in consumption. For the whole province the decrease in consumption in 1932-33 as compared with 1927-28 is 50·8 per cent. It is thus clear that the policy of the Council has been carried out.

RETROSPECT OF OPIUM CONSUMPTION IN ASSAM IN THE PAST FIFTY YEARS.

18. On an analysis of the figures of the consumption of excise opium in the half century from 1882-83 to 1932-33 during which time the population of the province increased by about 81 per cent., the broad facts that emerge are as follows :—

- (a) In the period of 39 years from 1882-83 to 1920-21, the average annual issues were approximately, 1,480 maunds. In spite of annual variations the consumption at the end of the period was substantially what it was in the beginning.
- (b) In the period of 7 years from 1921-22 to 1927-28, the average annual issues were approximately 884 maunds, or a reduction of 40 per cent. compared with the first period.
- (c) In the period of 5 years from 1928-29 when the first 10 per cent. cut was made to 1932-33, the average annual issues were approximately 501 maunds or a reduction of 43 per cent. compared with the second period.
- (d) The issues in 1932-33, the fifth year of the cut, were 354 maunds, as against 1,614 maunds in 1920-21, equivalent to a reduction of 78 per cent. The turning point was 1921-22 when the issues dropped from 1,614 maunds in the previous year to 1,048 maunds. The decrease was very largely due to the propaganda undertaken against the opium habit during the Non-co-operation agitation. Other factors which operated to reduce consumption in 1921-22 and in subsequent

years were the Government policy of rationing shops, raising the treasury price of opium and from 1st April 1927 onwards the restriction of the sale of opium to pass-holders. With effect from 1928-29 the 10 per cent. cut ensured a continued reduction:

The number of pass-holders on 31st March 1923, before the the cut began was 85,976. In 1929-30, as the result of the reopening of the registers, 6,289 new passes were issued (3,828 applications were refused); in 1930-31, only 13; in 1931-32, 390; and in 1932-33, 1,342. In the latter two years, passes were issued by Deputy Commissioners to those who could produce a medical certificate that they were opium addicts and who could satisfy the district officer that their case was genuine. This was in accordance with the advice of the Excise Advisory Committee at its meeting in October 1931. On 31st March 1933 there were 69,605 pass-holders of whom approximately half the number were over 50 years of age. In 5 years the number of pass-holders has fallen nearly 20 per cent. in spite of the granting of new passes at intervals. The explanation is that many passes have lapsed owing to consumers having died, left the province or abandoned the opium habit.

The amount of treasury opium issued in 1927-28 was about 13 grains per day per registered consumer; and in 1932-33 about 8 grains.

19.—TABULAR STATEMENT OF OPIUM OFFENCES, 1925-26 TO 1932-33.

Year.	Unlicensed sale of opium.	Illicit possession of opium.	Illicit sale of contraband opium.	Illicit possession of contraband opium.	Illicit enticement of poppy.	Total of 2 to 6.	Total of 4 to 6.
1	2	3	4	5	6	7	8
1925-26	8	16	...	4	9	37	13
1926-27	20	59	16	6	12	113	34
1927-28	30	152	...	31	12	225	43
1928-29	57	230	29	37	8	361	74
1929-30	65	180	4	122	20	391	146
1930-31	122	100	35	49	23	329	107
1931-32	88	108	31	56	21	298	108
1932-33	15	180	3	96	16	310	115

DETECTIONS OF CONTRABAND OPIUM FROM 1923-24 TO AUGUST 1933.

20. Prior to 1923-24, the smuggling of opium was mainly from Assam to Burma and elsewhere. With effect from 1st April 1921, all opium shops in the province were rationed, the policy being in subsequent years to gradually reduce the ration of each shop. From 1st April 1926 only registered pass-holders could get supplies from shops, to the extent of their individual rations. In the year 1928-29 the first 10 per cent. cut was made in the ration assigned to each consumer. Paragraph 23 of the Annual Excise Reports deals with the more important smuggling cases, and it may be assumed that in cases not mentioned the quantities seized were very small, generally 2 or 3 tolas. The detections from 1923-24 to August 1933 may be summarised as follows :—

- (a) In 1923-24 39 seers $64\frac{1}{2}$ tolas of contraband opium were seized in 3 cases in Nowgong and Lakhimpur. The most important seizure was 38 seers $4\frac{1}{2}$ tolas of Malwa opium in Lakhimpur.
- (b) In 1924-25, 6 seers of contraband opium were seized in 9 cases. The largest seizures were 5 seers of Malwa opium in Lakhimpur and 1 seer of Chinese opium in the Sadiya Frontier Tract.
- (c) In 1925-26, 8 seers 49 tolas of contraband opium were seized in 4 cases; 3 in Lakhimpur and 1 in Darrang. The Lakhimpur cases related to Malwa opium, the main seizures being $4\frac{1}{2}$ seers and 3 seers 16 tolas.
- (d) In 1926-27 there were 22 cases of illicit sale of possession of contraband opium. Details are given of 12 cases in which the total amount of contraband opium seized was about $31\frac{1}{4}$ seers. The chief seizures were of Chinese opium—in one case 7 seers and in one case $5\frac{1}{4}$ seers. The largest seizures of Cooch Behar opium were 4 seers 63 tolas and 2 seers 60 tolas. It is further stated that in Kamrup and Lakhimpur there were 10 more cases of smuggling in which the quantities of contraband opium were less than a seer in each case. Exact details are not available.
- (e) In 1927-28 there were 31 cases of the illegal possession of contraband opium. The quantity seized was about 24 seers. The chief seizures were 3 seers 14 tolas of opium from Behar, 2 seers 60 tolas of Malwa opium and 2 seers 60 tolas of Cooch Behar opium. Cooch Behar opium predominated in the seizures of this year.

- (f) In 1928-29 there were 66 cases of sale and possession of contraband opium. In 34 cases detailed in the report the seizures were about $40\frac{1}{4}$ seers of contraband opium. This includes 14 seers 46 tolas of Nepal opium, 5 seers 16 tolas from Cooch Behar and 8 seers 23 tolas Chinese opium. The biggest seizure was $8\frac{3}{4}$ seers of Nepal opium from two persons at Golakganj Railway Station. In two cases from the Sadiya Frontier Tract, the smugglers were Tibetans; in one case a Tibetan entered British territory with 3 maunds of opium and carried the informer into slavery; only 210 tolas were recovered.
- (g) In 1929-30 there were 126 cases of sale and possession of contraband opium. About 77 seers were seized in 38 cases. This included 10 seers Chinese and 12 seers Cooch Behar opium and some quantity of Malwa opium. The biggest seizure was 19 seers found with the engine driver of an Assam Despatch Steamer.
- (h) In 1930-31 there were 84 cases of sale and possession of contraband opium. Thirty one seers were seized in 19 cases. Of this, $5\frac{1}{2}$ seers was Chinese opium found in possession of Chinamen at the Ledo Collieries. The biggest seizure was two railway parcels of 11 seers 12 tolas from Calcutta address to Chinamen. About 8 seers came from Cooch Behar.
- (i) In 1931-32 there were 85 cases of sale and possession of contraband opium. In 30 cases, the amount seized was 56 seers 55 tolas. The biggest seizure was 19 seers found on the Shillong road in possession of two Punjabis. There were seizures of Chinese, Nepal and Malwa opium. The most important case of the latter was 6 seers 7 tolas found in a Marwari's shop in Jorhat.
- (j) In 1932-33 there were 99 cases of sale and possession of contraband opium. The quantities seized were mostly small, the biggest case being 2 seers 10 tolas of Chinese opium. In 20 cases detailed in the annual report, the total seizure was 13 seers 63 tolas.
- (k) Between 1st April 1933 and 8th August 1933 there have been seizures of contraband opium in 67 cases including 39 in Lakhimpur, the total quantity being $23\frac{1}{2}$ seers. The largest seizures were 4 seers $22\frac{1}{2}$ tolas and 4 seers 71 tolas of Cooch Behar opium in two connected cases on the same date, 2 seers 52 tolas of Chinese opium, and 2 seers 35 tolas of Cooch Behar opium.

FACILITIES FOR SMUGGLING IN ASSAM.

21. Owing to the peculiar geographical situation of Assam and the comparatively small excise preventive staff, it is particularly difficult to deal with smuggling. Actual experience has shown that opium comes into Assam from every direction, by carriers who travel on foot or by rail or by steamer, by railway and steamer parcels and through the post office. In the seizures in the last five years the following were some of the methods adopted by smugglers:—

Four and a half seers in a suit case with a false bottom, 26 tolas concealed by a woman in her *sari*, 16 tolas skilfully hidden in a jackfruit, $\frac{1}{2}$ seer in a bundle tied to the coupling between two railway carriages, 1 seer in a basket of dry mango chutney, 10 tolas in a hollow bamboo *lathi*, 2 seers 18 tolas in a pillow, 70 tolas in an engine tool box, Chinese opium in bamboo *chungas*, $2\frac{1}{2}$ seers in a suit case sent as a parcel along with a consignment of vegetables, 132 tolas concealed inside a lamp, 34 tolas concealed between a man's thighs and 24 tolas concealed in the tyres of a bicycle.

ILLICIT CULTIVATION OF THE POPPY PLANT.

22. The following are the figures for detection of illicit growing of the poppy plant:—

Year.	Total.	In the plains districts.
1921-22	19	19
1922-23	7	7
1923-24	7	7
1924-25	4	4
1925-26	9	9
1926-27	12	12
1927-28	12	7
1928-29	8	7
1929-30	20	13
1930-31	23	23
1931-32	21	6
1932-33	16	13

WORK OF SPECIAL STAFF.

23. The special staff is chiefly engaged in the detection of opium smuggling. In 1929-30 it seized 1 maund, $17\frac{1}{2}$ seers, in 1930-31, 14 seers, in 1931-32, $28\frac{1}{2}$ seers and in 1932-33, $8\frac{3}{8}$ seers. The seizures are very small compared with the figures of annual consumption. The difficulties in detection have been pointed out in paragraph 21. It has also to be remembered that the work of the special staff lies in prevention as well as in detection. It is, however, impossible to assess, in arithmetical terms, their services in this connection.

COST OF OPIUM PREVENTIVE STAFF IN ASSAM.

24. It is difficult to estimate what proportion of the total cost of the Excise Establishment in Assam should be assigned to the head "Opium." The special staff is devoted almost entirely to opium work and its cost Rs. 49,376 (including travelling allowance and house allowance) may be set against opium. Perhaps one-third of the cost of the district executive establishment, say Rs. 58,742 may be assigned to opium. This gives a total of Rs. 1,08,118 for 1932-33.

In 1932-33 the special staff consisted of one Superintendent, 4 Inspectors, 4 Sub-Inspectors and one Special Officer of the rank of Sub-Inspector, 10 Excise Jemadars and 47 peons, including patrol parties. The staff was appointed with effect from 1st September 1927. For ordinary excise administration, apart from the staff of the country liquor bonded warehouses, there were 8 Superintendents (2 of whom were retrenched from 1st April 1933), 26 Inspectors, 14 Sub-Inspectors, 15 Jemadars and 115 peons.

REVENUE AND EXPENDITURE FROM OPIUM AND EXCISE IN 1932-33.

25. The gross total revenue derived from opium and excise in 1932-33 was Rs. 40,42,959. Expenditure including refunds amounted to Rs. 6,59,128. The net revenue was Rs. 33,83,831.

The total gross receipts from opium alone were Rs. 21,20,944 from which has to be deducted Rs. 2,74,686, the price paid to Ghazipur Opium Factory for Excise Opium, and also, as explained in the previous paragraph, a debit of Rs. 1,08,113 on account of district and special establishment charges connected with opium. The net revenue from opium thus amounts to Rs. 17,38,140. From this, however, should be deducted some proportion of the cost of the headquarters office establishment and of the disbursement of rewards.

Roughly speaking, it may be taken that the net receipts from opium in 1932-33 were about 50 per cent. of the total net receipts from excise including opium. The gross opium receipts in that year were about 10 per cent. of the gross revenue receipts of the province.

OPIUM COMMITTEES IN ASSAM.

26. In the last twenty years there have been two Committees of enquiry into the opium question in Assam. The first was the Botham Committee which toured and recorded evidence in January and February 1913 and the Assam Congress Enquiry Committee which conducted a similar investigation from July to September 1924.

RECOMMENDATIONS OF BOTHAM COMMITTEE.

27. The recommendations of the Botham Committee as regards opium-smoking were ultimately embodied in the Assam Opium-Smoking Act of 1927, but in a more stringent form. As regards registration of consumers—eaters or smokers—the majority of the members were in favour of a system of simple registration without any restriction (except one of age) on the registration of new consumers or on the quantity of opium to be allowed to each consumer. It was thought that further restrictions would lead to smuggling and to the use of *ganja* as a substitute for opium. Further recommendations were that the treasury price of opium should be raised, that in Nowgong the number of shops should be reduced, that no one under 20 should be able to purchase opium and that a Temperance Association should be organised to educate public opinion in Assam.

RECOMMENDATIONS OF CONGRESS COMMITTEE.

28. The recommendations of the Congress Enquiry Committee were as follows:—

- (1) The sale of opium and its derivatives should be ultimately limited to the medical and scientific needs of Assam.
- (2) Provision should be made for confirmed addicts above the age of forty, enabling them to procure a rationed amount of opium, their names being registered for that purpose.

- (3) All opium addicts, who are under forty years of age, should be dealt with as medical patients. Wherever opium is needed by them, it should be given only under the order of a fully qualified doctor, the medical permission to obtain it being subject to quarterly renewal.
- (4) These changes should be carried out within the next five years. At the end of five years, opium should be placed on the list of poisons under a Dangerous Drugs Act, and treated as such for all inhabitants of Assam.

The Committee also emphasised that no progress could be made without the education of public opinion, in this all sections of the community should co-operate.

CHAPTER III.

VARIOUS ASPECTS OF THE OPIUM PROBLEM.

29. The present opium policy is outlined in paragraph 15. The first item in the questionnaire is—"Has the present opium policy of making an annual 10 per cent. cut in the rations of consumers who were under 50 years of age in 1925-29 proved a success or a failure by effecting a reduction in the consumption of opium from licit and illicit sources? If it has proved a failure, what are the reasons for the failure?" Few of these who have submitted statements or who have given evidence have pronounced a verdict of success or failure without some reservation. An analysis of the reasons given to explain why the policy has not been a complete success or failure shows that there are several aspects of the opium problem which call for a careful detailed examination. This is also necessary before we can arrive at our own conclusions as to the success or failure of the policy and before we can make recommendations as to the lines which the policy should follow in future.

I.—EXTENT, CAUSATION AND EFFECTS OF THE OPIUM HABIT : MEDICAL OPINION AND CURE OF ADDICTION : CONCLUSIONS.

30. The tables and explanatory notes in paragraph 12 show the incidence of opium consumption in the province.

31. The brief historical account of the opium problem set out in paragraph 8 shows how deeply engrained the habit has been in the Assam Valley for about 150 years. To trace the causes which

Distribution and prevalence of the opium habit in Assam.

Causation of the opium habit.

have given rise to the opium habit in the present generation would have required an intensive study which we were not in a position to undertake. We recognise, however, that some knowledge of the causation of the habit must underlie any effective solution of the opium problem. We are much indebted to the pamphlet on "The present position of the opium habit in India" published by Colonel Chopra of the Calcutta Tropical School of Medicine in 1928, which contains an analytical study of 875 opium addicts, though not resident in Assam. He found that the main causes were—(1) Disease or minor ailments for which no medical advice was sought—33 per cent.; (2) Association with other addicts—29·5 per cent.; (3) Pleasure—18·8 per cent.; (4) Hard work, worry or strain—18·4 per cent.; and (5) Substitute for alcohol—5·3 per cent. Several witnesses have deposed before us of cases where opium was first taken as a means of allaying the painful symptoms of some disease or ailment. There can be no doubt that considerable temporary relief is thus obtained. The illiterate layman however is prone to identify pain and disease as synonymous, and this gives rise to the idea that opium is a panacea for all diseases. We have also had witnesses who have spoken of the taking of opium to alleviate the strain of hard work. Particular instances are labourers who cut timber or cane in the jungle and coolies in tea gardens. One garden medical Officer summarises the matter aptly when he says that 'opium is a great comfort in illness and a great comfort in carrying on.' On the other hand, one senior European Deputy Commissioner who has experience of the backward areas has stated that "the fallacy that opium is required for jungle workers does a lot of harm." Though, happily, increased medical facilities are now available for the people, there are places and occasions where the villager relies on himself. As Colonel Chopra has pointed out "most of the population of this country are their own medical advisers, either because they distrust the qualified medical men or because the latter are not available or are too expensive for the regular and protracted treatment required for some of their conditions." Although we recognise the undoubted properties of opium as pain-relieving and stimulating and have full sympathy with the poor man with "his miserable hut, the impenetrable jungle and pain in his belly," as one Deputy Commissioner has put it, we must emphasise that, on the evidence before us, the ultimate result is, in too many cases, the formation of a habit which enslaves the sufferer; owing to the stimulating effects of opium the occasional dose taken primarily for the relief of pain is translated into an instrument of pleasure and comfort to be used regularly. We note that Colonels Chopra and Knowles in their brochure on "The action of opium and narcotine in malaria," (1930), came to the conclusion that while

opium on account of its sedative properties undoubtedly ameliorates the symptoms produced by malaria, there is no evidence to show that it has any prophylactic or curative effect in that disease. We have also had evidence that opium addicts contract the habit through association with opium takers in the neighbourhood. This is given by the Manager of Silonibari Tea Estate as the probable cause of the prevalence of the habit. Out of 280 opium-eaters in his garden he states that so far as he can trace only 4 came up from their country with the habit. Among the older indigenous Assamese consumers, we think it probable that there are several who contracted the habit through smoking opium in company or through eating opium at social gatherings like marriage and funerals or at ceremonies of a semi-religious nature—customs which the evidence shows have for the most part disappeared. As regards the taking of opium for pleasure, we have been told by a reliable witness from Sunamganj in Sylhet that in his subdivision most of the youthful addicts took to the habit in the belief that it acted as an aphrodisiac. We have had no evidence of opium being used as a substitute for alcohol.

32. The evil effects of the opium habit are too well known in Assam to require lengthy comment. It is true that for various reasons opium is not consumed to the extent that it was even ten years ago. Nevertheless, owing to the fact that it is a habit-forming drug, even when taken in moderation it is perfectly clear that certain deleterious effects must manifest themselves. Among the educated and middle classes the habit is rapidly disappearing. At the present time, most of the consumers are ordinary cultivators, or in some cases, tea garden coolies—people of small incomes and of too little education to fully appreciate the evils of the habit. The most noticeable physical effect is a gradual weakening of the body which is accentuated when the addict in his craving for the drug stints himself of the bare necessities of food and clothing. On the mental side, the chief symptom is a dulling of the mental processes and a gradual loss of will-power. While opium may be a stimulant for mental and manual work, the beneficial effect is only temporary and the ultimate result is a craving for more opium. On the moral side, it is a common place that the word of the opium addict is unreliable. It is interesting to note that in one of the old Assamese Chronicles (Buranjis) of 1774 we find a judge taunting a witness with being an eater of opium and calling on him to speak the truth. The effects on the household economy are obvious. The high price of opium must mean that insufficient money is left for the needs of the family. Some witnesses have spoken of the utility of opium in increasing a consumer's output of work. We grant

that a confirmed addict is useless for work unless he has his accustomed dose. We do not believe however, that the opium-eater is a better worker than the non-consumer. Colonel Chopra summarises the evil effects of the opium habit as follows:—
 “ With regard to the effects of the habit on the addict, there is no doubt that the habitual use of any narcotic drug, including opium, produces harmful effects among all people. It undoubtedly leads to physical, mental and moral deterioration and we have ample proof of it in the cases we have studied. These drugs do not help to maintain physical and mental equilibrium as is imagined by the addicts. They depress the higher faculties and addicts lose their will-power, their judgment becomes defective and they cannot, as a rule, be trusted. The habitual use of opium incapacitates the individual from discharging his duties if the dose is not forthcoming at the right time”. Such is also the finding of the Ekstrand Commission.

33. In the course of our tours we examined, as medical witnesses, six Civil Surgeons, five European Medical Officers of tea gardens along with two of their Indian Assistants, also a retired Civil Surgeon who had served in Burma and one private practitioner. The consensus of opinion is that opium is neither curative nor prophylactic but is of great value as a means of relieving pain. The witnesses are unanimous that it is a habit-forming drug. The majority are of opinion that it is an evil because of the tendency to take increased doses and that it is desirable to eradicate the habit. Two of the garden Medical Officers see no serious objection to the use of the drug in moderation—say $1\frac{1}{2}$ or 2 tolas a month. One emphasises that an opium-eater of this stamp is docile, obedient and industrious. Both admit however, that the consumer is liable to increase his dose. Much stress has been laid by the garden Medical Officers on the fact that if a labourer exhausts his ration before the end of the month, he falls into a state of semi-collapse and is useless for further work unless he gets a fresh supply.

Some interesting evidence was given as to the possibility of effecting a cure of opium addicts. The Medical Officer of the Jorhat Tea Company states that in a few cases he has effected a cure; in one instance there was a relapse. A cure requires 10 months and cost about 2 or 3 rupees. A permanent cure depends, however, on several factors—age, quantity taken, duration of the habit and the will of the consumer to be cured. Other garden Medical Officers state that they can cite no case of cure, and they explain that they concentrated on the cure of the particular disease, not of the opium habit. They all stress the fact that unless an addict firmly makes up his mind to get rid of the vice, little can be done for him.

Civil Surgeons have given evidence as to their experience with prisoners who are opium-eaters. The practice in Assam is not to give opium to addicts in jail. While instances have been given of cases where for some time after withdrawal of the drug the prisoners went through a period of intense agony and suffering, these seem to be the exception. In ordinary cases the administration of a decoction such as ginger tea or occasionally tincture of opium was found to afford relief. There is evidence that in some cases the prisoners put on weight and evinced a marked physical improvement. The witnesses, however, do not claim that these can be called cases of cure. On release, the tendency is that the prisoners will revert to the habit as soon as they have returned to their former environment.

Several non-official witnesses, other than medical men, have deposed that they know of cases where opium-eaters have given up the habit. These include social workers who have taken an interest in the eradication of the vice during and subsequent to the non-co-operation movement of 1921-23. Mr. Gandhi's tour in the Assam Valley in August 1921 gave temperance reformers the needed impetus. There is no doubt that during the movement many opium consumers abandoned the habit. Similar propaganda work in subsequent years has also been responsible for a certain number of cures. We have no information as to the age of the addicts at the time of cure, as to their customary dose or as to how long the habit lasted prior to the cure; nor do we know in how many cases there were relapses. Witnesses have referred to the hardship and suffering which were occasionally associated with the withdrawal of the drug.

Relevant also, as illustrating the possibility of cures by a gradual curtailment of rations, is the evidence of the Civil Surgeon of Sylhet, who recounts his successful efforts in Mesopotamia in a regiment which contained opium-eaters. There were cases, however, where he failed in spite of the co-operation of the addicts. Colonel Chopra in the pamphlet already referred to relates how in the same theatre of the Great War he was able to effect a very substantial reduction in the rations of the men under his charge. The evidence is valuable as showing what can be done when addicts are under the constant observation of a Medical Officer.

More than once we have been told that the sudden withdrawal of opium may result in death. We have come across no authenticated cases. It is possible, however, that death may be the indirect result where the addict is suffering from some disease and fails to get proper medical treatment, in cases where there is a general collapse due to the withdrawal of the drug.

The question of cure is so important that we consider it necessary to reproduce at some length the findings of the Ekstrand Commission on this point. Though the remarks have reference primarily to opium-smoking we have no doubt that they are equally applicable to opium-eating. The consensus of opinion expressed before them by doctors and experts such as officials dealing with the opium question and Directors of Prisons was that the cure of opium addiction is not only possible but comparatively easy with the exception of inveterate addiction which was considered incurable. It was pointed out that "the difficulties encountered in curing addicts depend upon the individual, his age and physical condition, the degree and duration of addiction. As a rule young addicts and moderate users are more easily cured than others. An effective and lasting cure requires unconditionally a firm will to be cured and the determined resolution not to take to opium-smoking again. Otherwise the cure will not be lasting and the efforts of curing addicts wasted". It was emphasised that though an apparent cure may have been effected, the majority of the cured relapse into their old habit if they come in contact with those who consume opium. Hence, the necessity for measures of a social character which aim at keeping cured addicts in favourable surroundings, preventing their contact with other addicts and providing them with moral support to withstand temptation. It was the opinion of the Commission that as a rule the cure of opium addiction must be undertaken in hospitals or other institutions where strict control of the addicts can be exercised. The time required was from 8 days up to 6 months, depending upon the individual consumer and the method of cure employed. It was found that cures effected in prisons were not of a lasting character, as on release the patient would as a rule return to his old surroundings and acquire the habit again.

The conclusions of Colonel Chopra are similar.

31. We now proceed to state our own conclusions. Though
 Our conclusions. opium, in one or other of the many forms, which it is prescribed by skilled medical men, is one of the most valuable drugs in existence, we are of opinion that its use in the hands of the unskilled layman is bound to lead to abuse and to the growth of a habit which it is extremely difficult to eradicate. Its classification as a poison in Britain shows that this drug demands the greatest care and discrimination in its use. We believe that it is neither prophylactic nor curative. It does, however, alleviate pain; the effect, however, is only temporary.

We feel that we cannot usefully add much to what we have already said about the cure of addiction. We do not consider it a practical proposition to expect that opium addicts in Assam can be cured of the habit by medical treatment. We have in this province no special hospitals or institutions for the purpose. It is too much to hope that addicts will voluntarily submit themselves to hospital treatment to get rid of the vice. Compulsion is out of the question. We wish to mention a new method of treatment which came to our notice in the course of our tour—Dr. Modino's cure. It is still in an experimental stage. The Inspector General of Civil Hospitals, Assam, has issued a Circular to Civil Surgeons, recommending that this method should be given a trial in jails and hospitals. We suggest that District Officers and Public Health officials might take steps to inform the general public that Dr. Modino's treatment is available for those who wish to take advantage of it.

We are convinced that where an addict has himself the determination to be cured, there is a reasonable chance of a permanent cure being effected and this is where we think that propaganda work carried on among the opium-eaters themselves may prove valuable. We also believe that there are other causes which may induce a total or partial abandonment of the habit, *e.g.*, the fact that opium may not be procurable, that the consumer has no money to purchase it, or the effect of public opinion in treating the opium-eater as an out-caste. At the same time we recognise that there is no escape from the contingency that if such circumstances change and if opium is available there is a considerable likelihood of relapse.

II.—SHORTWEIGHT.

35. We have a large body of evidence that the success of the present policy is endangered by the practice of giving shortweight. There are unregistered consumers; there are also registered addicts who find their reduced rations insufficient. These are the clients of the dishonest lessee, who retails to them the short-weight savings, usually at Rs. 4 per tola, which is double the price of licit opium. Though shortweight sales do not mean any increase in the total quantity of licit opium consumed in the province, they do swell the ranks of unregistered consumers by providing a steady supply for their demand. From evidence and from official records, we are satisfied that the practice is more or less universal. The extent of shortweight varies with the cupidity of the vendors and the credulity of the purchasers, but, generally speaking, two annas short is given in every tola or

12½ per cent. The issues of Treasury opium excluding Manipur in 1932-33 were 14,161 seers. At the above percentage the savings come to 1,770 seers annually or 11,800 tolas monthly which would supply a considerable portion of the requirements of the unregistered consumers who are estimated to number 8,070 or 9,000. Sometimes the lessee is unable to find a market in his neighbourhood for his surplus. This gives rise to a system of internal smuggling throughout the province, as is proved by the evidence in the recent sensational case in Golaghat.

Moreover the malpractice has the effect, in the eyes of the registered consumer, of magnifying the extent of the ten per cent. cut. He is twice cut, once by Government and again by the Mahaldar. Lastly, this dishonesty leads to the demoralisation of the vendors, many of whom belong to respectable families.

33. The malpractice of shortweight is difficult to detect.

Difficulty of detection. For various reasons, complaints from consumers are few; the purchaser may not be aware that he has been given shortweight; he would find it difficult to rebut the defence plea of the vendor that he had consumed some portion on the way; and he would not wish to incur the displeasure of the lessee who might refuse him an extra dose of opium when his ration runs short. The ordinary excise staff consists of one Inspector for each subdivision who has many duties to perform besides the supervision of opium shops. Detections are usually made by the Inspector paying a surprise visit and finding a customer at the counter who has just made a purchase. But the vendors have often a system of watch and ward whereby they receive warning of the approach of an excise officer. Then, again, the vendor has more than one way of manipulating his accounts, the consumer's register, and the passes; as a rule, the stock in hand is found to be more or less correct. Vendors devise means of secreting their daily savings in some hidden place.

37. It is no easy task to make practical suggestions for checking the practice. The giving of shortweight or measure in excise and opium shops is no new feature. In the case of opium shops, however, the practice seems to be more systematised. It was in vogue before the introduction of the present policy and in the annual excise report for 1923-24, a case is cited where, in four months, an opium lessee made over Rs. 1,100 by giving shortweight. We have no doubt however, that the present policy has increased the practice.

In the opinion of most witnesses, the most effective remedy would be the sale of opium in the form of pills or tablets. The customer would then know if he had been given his proper quantity. In 1929-30, at the instance of the Government of India, the Opium Factory at Ghazipur experimented in the manufacture of pills. A few tins of these were sent to Assam and were sold to the opium-eaters in Kanjikhawah Tea Estate in Lakhimpur through the agency of the garden doctor with very satisfactory results. Unfortunately in 1931, the Government of India owing to the financial stringency decided to discontinue the experiment. Local Governments had been asked whether they would be willing to take their annual indents in the form of pills and whether they could give a guarantee that they would continue to do so, say for a period of ten years. Assam expressed its willingness to take in this form whatever was required for its annual needs; most other provinces, however, declined. An additional complication was that the provinces could not agree as to the quantity of opium which should be in each pill. The experimental pills manufactured in 1929 were of 10 grains. The general preference was, however, for pills containing about 5 grains or even less. It was estimated that a reduction in weight from 10 grains to 5 grains would increase the capital cost of manufacture from 5.44 to 8.95 lakhs, and that any further reduction in the contents of the pills would raise the cost of the scheme proportionately; the cost of manufacture of 5 grain pills including cutting and wrapping in cellophane paper would be about Re. 1-3-0 a seer. We strongly recommend that a further attempt should be made to move the Government of India to continue the experiment. If negotiations prove unsuccessful, we suggest that the Government of Assam should examine the practicability of undertaking the manufacture themselves. We may mention that some months ago a private chemist in Calcutta promised to experiment, by using ordinary pill-making machinery. He was given 2 seers of opium for the purpose. His first instalment of pills has recently been sent to the Ghazipur Opium Factory for analysis.

Another suggestion is that a larger margin of profit should be allowed to the lessees. Though it is doubtful if this would make the vendors more honest we consider that Government ought to fix the vend-fees at a rate which will leave a decent profit to the lessees. We are not sure if this is the case at present. We are informed that the margin of profit allowed to opium shops in Sibsagar is much smaller than in Lakhimpur. The matter requires further investigation. We understand also that, in the last two years, preference has been given to tenderers for all excise and opium shops who are willing to offer, in addition to

the two months' advance vend-fees which are equivalent to security deposit, an additional two months' advance fees which are adjusted as payments of vend-fee in the first two months of the financial year. Although the additional fees may be welcome to Government as creating a temporary improvement in their budget at the end of the year, we think that this must be a severe tax on the vendors many of whom in petty shops have little capital of their own. Three of us who, as members of the Retrenchment Committee, supported the proposal for additional fees, now think, on reconsideration, that from the point of view of the success of the opium policy these fees should not be demanded. We recommend these matters for the favourable consideration of Government.

Another suggestion is that, instead of leasing out the shops on a fixed vend-fee per seer by open competition, Government might employ vendors on fixed pay. Some witnesses consider that as the post would be semi-permanent subject to good behaviour, the probability is that such vendors will be more honest. We are doubtful; we agree, however, that this may be tried as an experiment in one or two localities from which the professional lessees should be excluded.

It has been further suggested that Government officials such as Sub-Deputy Collectors, Deputy Inspectors of Schools and non-officials of the status of Honorary Magistrates, Chairmen and Vice-Chairmen of Local Bodies, and in some cases Mauzadars should be empowered to inspect and report on the conduct of opium shops. We agree.

Lastly, we would urge that lessees who are detected selling opium to non-registered consumers should, if there is sufficient evidence, be prosecuted under the Opium Act and severely punished.

III.—SMUGGLING.

33. Prior to 1923-24, smuggling into Assam was practically non-existent. On the other hand, opium was smuggled out of Assam and sent, *via* Chittagong or Calcutta to Burma where the registration of opium consumers was in force. From 1st April 1921 all shops in Assam were rationed, the object being gradually to effect a reduction in consumption, by annually diminishing the issues to each shop. The number of shops was also reduced. At the same time, the Treasury price of opium was raised by annual increments from Rs. 57 per seer in 1918-19 to Rs. 75 in 1923-24. These restrictive measures gave an opening for smuggling into Assam. A parcel containing 38 seers of Malwa opium was seized

Recent growth of
smuggling in Assam.

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Recent growth of smuggling in Assam.

at Dibrugarh railway station in 1923-24. The Government resolution on the Excise Report for that year states "Malwa opium has found its way into Lakhimpur district and there has been a marked increase in the number of cases of illicit possession of opium, both excise and contraband, in the Assam Valley. The price of the opium issued from the Government treasuries makes smuggling a very profitable business, and its detection and prevention are very difficult. It is, therefore, necessary to proceed with extreme caution in any further measures to restrict the supply, for, anxious as the Government are to check the opium-habit in Assam, it would be futile to pursue a policy which would merely drive the consumer from licit to illicit supplies and divert the revenue from the State to the pockets of smugglers". A further measure of restriction was the registration of consumers. As early as 1921, steps had been taken to make a census of opium-eaters in the province, but it was not until the 1st April 1926 that the sale of opium throughout the province was confined to pass-holders, the usual monthly ration being from 3 to 4 tolas. Unregistered consumers were allowed up to the 1st April 1927 to apply for passes.

Details of the smuggling of contraband opium from 1923-24 up to August 1933 have been given in paragraph 20. The number of cases of illicit possession or sale of contraband opium for the same period will be found in paragraph 19. It is clear that smuggling into Assam existed before 1928-29 when the first 10 per cent. cut was made. The number of detections, however, has undoubtedly increased since the introduction of the present policy. We have endeavoured to ascertain whether this points to an increase of smuggling; if so, to what extent, and how far the present policy is responsible. No part of our task, have we found more difficult.

39. In the first place, we may summarise the evidence as to smuggling, received from official and non-official witnesses in different districts. Evidence as to smuggling in different districts: In Lakhimpur Sadr subdivision, the trend of the non-official evidence is that smuggling exists only to a small extent. The Deputy Commissioner estimates the quantity of contraband opium at about 20 times the quantity seized. He does not think that much Chinese opium is brought into the district through the Sadiya Frontier Tract or the Hukong Valley though small quantities are occasionally found. He notes that as dishonest lessees are able to dispose of their short-weight savings at a very high price this points to the fact that contraband opium does not come in to any large extent. The Excise Superintendent of the district say that it is possible to hold the view that smuggling is not a big trade but that people

bring in small quantities of two or three tolas for their own use. In the North Lakhimpur subdivision where the proportion of opium consumers is high, the evidence—official and non-official—is that there is practically no smuggling.

For the Sadiya Frontier Tract, we have only the evidence of official witnesses. Cheap Chinese opium from Yunnan is brought from the unadministered into the administered areas and frequently given in exchange for other goods. Detection is said to be exceedingly difficult. A former Political Officer states that he concentrated his efforts more on the suppression of the poppy cultivation which is rampant in certain parts. With a small preventive staff, it was impossible to give equal attention to smuggling and to poppy cultivation. In his opinion smuggling of Chinese opium has been on the increase since 1928 but he admits that this is difficult to prove.

In Sibsagar the evidence is that smuggling does exist but not to any considerable extent in the last year or two, and is not on the increase.

In Nowgong the non-official evidence is that there is very little smuggling. The Deputy Commissioner is of opinion that there is a large amount of smuggling which is not detected but can give no idea as to its probable extent. There was no detection in 1931-32 or 1932-33. He emphasises the difficulties of detection.

As regards Darrang there is perhaps more positive evidence of smuggling than elsewhere. The main centres are said to be Tangla in Mangaldai subdivision and the Behali Circle in the Sadr. The smuggled opium is said to come mostly from Cooch Behar, though there are occasional seizures of Malwa opium. The Deputy Commissioner states that most of the Chinamen employed as mistries in tea gardens are potential smugglers. He estimates that only about 5 per cent. of the smuggled opium is detected. In his opinion, smuggling is not the direct outcome of the present policy. He is inclined to the view, however, that smuggling has probably increased since the start of the policy. A retired Indian Superintendent of Police states that there is smuggling but he does not think that the field has enlarged with the policy. According to him, the price of smuggled opium is higher than that of short-weight opium which points to the conclusion that the quantity of smuggled opium is comparatively small. He believes that detections are more numerous owing to the existence of the special preventive staff. The general trend of the non-official evidence is that there is smuggling but only in small quantities.

The Deputy Commissioner of Kamrup is of opinion that owing to the economic depression smuggling is at present at its lowest ebb. The Subdivisional Officer, Barpeta, states that opium from illicit sources is not on the increase. The non-official evidence is mainly to the effect that smuggling in the district prevails only to a small extent and has been largely checked because of the economic depression and the preventive work of the excise staff. It is pointed out that there will always be smuggling but not to such an extent as to endanger the success of the present policy if it is continued.

No evidence has been taken from Goalpara district as the amount of opium consumed is negligible. From time to time smugglers, mostly with opium from the adjoining Indian State of Cooch Behar, are arrested in Goalpara district, but the opium is destined for other places higher up the valley.

In the Surma Valley the evidence is that there is very little smuggling in Sylhet where the consumption of opium is more or less negligible with only 411 passes in a population of 2,724,312. There are occasionally very petty seizures of opium from Bengal and Hill Tippera. In the plains portion of Cachar there is a small amount of smuggling, mainly in Hailakandi subdivision, from Hill Tippera. In the North Cachar Hills, there is little evidence as to smuggling in the last two or three years.

The Special Superintendent of Excise Rai Sabib P. C. Roy whose main duty is to detect smuggling throughout the province says that it is difficult to give any idea of the amount of opium that is smuggled into the province. Smugglers are constantly changing their methods and following new routes. His written statement (page 126 of the printed replies) contains some valuable details. He is of opinion that if the staff was strengthened, smuggling could be greatly checked. The officiating Excise Superintendent for Nowgong and Darrang whose permanent post is Inspector in the Special Branch thinks that smuggling is on the increase, but even from the information he has from confidential reports, he states that he is unable to estimate the probable quantity which is smuggled into the province.

40. In Assam, the annual seizures of contraband opium are very small; the reverse is the case in Burma. We consider that this deserves more than a passing mention, and we propose to examine the question at some length.

Smuggling in Assam
via a-tas smuggling in
Burma.

In Burma opium consumers have to be registered. They are given a fixed ration corresponding to their individual requirements, which is not liable to any cut. In spite of the fact that

the restriction policy in that province is more liberal than in Assam, the annual seizures of contraband opium are infinitely greater. If we take the latest Burma annual reports available, from 1927-28 to 1931-32, we find that the average annual seizures are approximately 6,194 seers. The average annual consumption of excise opium in the same period was 23,204 seers. The Ekstrand Commission estimated that the extent of illicit traffic in Burma was about the same as the sales of licit opium. In Assam for these years, the average annual seizures were about 46—or say 50 seers to include petty seizures—while the average annual consumption of licit opium in the province (excluding Manipur) was 23,117 seers. Thus, though the issues of Treasury opium were approximately the same, the seizures of contraband opium in Burma were more than 120 times those in Assam. We can only suggest possible explanations for this wide divergence.

As regards the extent of smuggling we observe, in the first place, that the registers were opened to Burmans in 1893 and then closed. They were re-opened at various times between 1900 and 1903, when they were again closed. At the same time a system of registration for non-Burmans was introduced and the registers were left open in their case; the consumers were mainly Chinese and Indians. In 1924 and subsequent years, the registers in five malarial districts were reopened to Burmans. It is probable therefore that owing to the registers, with certain exceptions, have been kept closed for a long period to Burmans, there was on the part of the unregistered indigenous Burmese consumers a steady demand for smuggled opium. In the 1930-31, report, it is estimated that there are 28,000 unregistered consumers with a demand of 14,700 seers. These conditions do not obtain in Assam where the registers in the plains districts were last closed in 1929 and even after that date it has always been possible for genuine addicts to obtain passes. In this connection, it should be noted that the registers in Burma have been thrown open since November 1931 in accordance with the recommendation of the Ekstrand Commission.

In the second place, though the total number of registered consumers in Burma is much less than in Assam (35,483 in 1931-32 as compared with 74,875), many of them are Chinese opium smokers who are heavier consumers than opium eaters. Many of them probably find their ration insufficient. In Assam opium smoking is a penal offence. In Burma in 1931-32 the average dose per pass-holder was $3\frac{3}{4}$ tolas a month as against $1\frac{1}{2}$ tolas in Assam. The probability therefore is that the demand from registered consumers who find their ration insufficient is much heavier than in Assam.

In the third place, we consider it possible that public opinion against the opium habit is stronger and more effective in Assam than in Burma and that therefore the demand for smuggled opium is less in this province.

Lastly, as regards seizures of contraband opium. If we are correct in our surmise that the demand for the illicit drug is much greater than in Assam, we would naturally expect the seizures to be much larger. Apart from this, there are two factors that facilitate large seizures. In the first place, in Burma the excise staff is much stronger. In 1931-32, the expenditure on excise in Burma under the head—"Pay of officers and establishment and allowances other than rewards"—was Rs. 14,27,151 as compared with Rs. 2,72,517 in Assam. Possibly one third of this may be treated as expenditure connected with opium. The Customs Officers also make large seizures. In the second place, Rangoon is the chief distributing centre for smuggled opium, both Indian opium which is brought by sea and Chinese opium which comes down from up-country. In Assam there is no corresponding distributing centre. It is significant that though Chinese opium from Yunnan is obtainable in considerable quantities in the Sadiya Frontier Tract there is nothing to show that, in spite of its cheapness, it finds its way into other districts in the province except for small quantities near the oil fields and coal mines in one corner of Lakhimpur district. On the other hand, Yunnan opium seems to be obtainable all over Burma and in recent years the smuggling of Chinese opium is on a much larger scale than Indian opium. Again there is no evidence that in Assam there are organised gangs of smugglers with ample financial resources at their disposal, as seems to be the case in Burma.

Our conclusions. 41. We now proceed to state our conclusions as to smuggling in Assam :—

- (1) We recognise that there are unregistered consumers of opium and also consumers who are not satisfied with their reduced rations. Various estimates have been given of the number of unregistered consumers. According to the evidence on record, mainly from official sources, there may be 8,000 or 9,000 in the province. This estimate is however, based on no very reliable data. We shall deal further with this matter, in discussing the opening of the registers. We need only state here that it is impossible to state what is the monthly demand from the unregistered consumers. It is equally difficult to estimate what is the demand from registered consumers who find their ration insufficient. Apart

from the demand which may, to a small extent, be met from illicit poppy cultivation, the only other sources of supply are smuggled opium and short-weight savings. In paragraph 35 we have shown that it is not unlikely that short-weight savings meet a considerable portion of the demand. We are inclined, on the whole, to conclude that the demand for smuggled opium is comparatively small. Some witnesses have estimated that the amount smuggled may be 2, 4, 10 or 20 times the amount detected. We are not surprised that the estimates should present such wide differences as they are based on so reliable data. We ourselves are not prepared to hazard even a guess as to the approximate extent of smuggling.

- (2) The first ten per cent. cut was made in 1928-29. Since then the number of cases of contraband opium has markedly increased. We have already shown that smuggling into Assam began from 1923-24, prior to the introduction of the present policy. We are not sure how far the increase in the number of cases since 1928-29 is due to the cut. We are of opinion however, that there is one factor that must be taken into consideration. In September-October 1927 the excise preventive staff was strengthened by the creation of a special branch consisting of a Superintendent and 4 Inspectors with a subordinate staff mainly to deal with smuggling from outside the province. At the same time the general district staff was increased. We think that it is only reasonable to suppose that the greater number of detections is, in considerable measure, due to the efforts of this re-inforced staff. This is also the belief of several of the witnesses. It is our considered opinion that the growth in detections since 1928-29, does not indicate a corresponding increase in smuggling traffic.
- (3) The most important point for consideration is whether the quantity of contraband opium which is smuggled into the province is such as to endanger the success of the present policy of 10 per cent. cut.

The Ekstrand Commission pointed out that the crux of the opium problem lies in the illicit traffic in the drug. Re-education and rationing or prohibition will not be effective when anybody can without great difficulty satisfy his demand for

opium from illicit sources. The suppression of the opium habit necessitates effective control of the illicit traffic, both at its sources by the limitation of poppy cultivation and by preventive measures against smuggling and the illicit use of opium. "Whether the system be prohibition or Government control, limitation and as far as possible eradication of the illicit traffic is indispensable to success". In the report of the Assam Congress Opium Enquiry Committee (1925) it is stated—"the real danger to the country districts of Assam is not so much from internal cultivation of the poppy as from the smuggling of opium from outside, especially the Malwa opium which is brought in by the traders and the merchants". The Government of Assam have on several occasions invited attention to this aspect of the opium problem.

The majority of us are of opinion that the continuance of the cut must inevitably, to some extent at least, increase the demand for a supply from outside sources. The confirmed addict must have his opium, cost what it may, and is not likely to be satisfied with a reduced ration. There will also be the demand from unregistered consumers. There exist, however three factors which, we believe, tend to lessen the demand. The first is that in the case of consumers over 50 years of age there is no cut and these form approximately half the registered pass-holders. In some cases, of course, where the ration had been cut before they attained the age of 50, there will be some demand for illicit opium. In the second place, we are of opinion that in recent years the public disapproval of the opium habit has been very much strengthened and this must act as a deterrent to the growth of opium habit. Lastly, economic depression has in many cases prevented a consumer from purchasing his full ration and this may have some effect in inducing the consumer to curtail his demand for the drug when times are more prosperous.

In view of these circumstances, our considered opinion is that the amount of smuggling is not such as is likely to endanger the policy of the 10 per cent. cut if it is continued. Two members, however, have suggested that in the districts of Lakhimpur and Sibsagar and in the Behali Sub-Deputy Collector's Circle in Darrang the cut should be one of 5 per cent., the 10 per cent. reduction continuing in other areas of the province. In favour of this proposal, it is argued that consumption is heaviest in those areas and that it would be advisable to concentrate on preventive measures against smuggling and at the same time on effective anti-opium propaganda in these places. The majority of us, however, advocate the continuance of the 10 per cent. cut throughout the province.

Smuggling there will always be but we look to the steady growth of public opinion to discountenance the opium habit and to the activity of the preventive staff, increased if necessary, to check smuggling.

In this connection we observe that by the Assam Opium Amendment Act I of 1933 enhanced penalties have been laid down for breaches of the Opium Act. We recommend that the attention of Magistrates be drawn to the amendments as we believe that the drastic enforcement of the severe penalties would act as a deterrent on the smuggler. We have also examined the Deportation Act III of 1834 and suggest that Government should consider the question of its applicability to Chinese, Nepalese and Marwaris who may be engaged in smuggling.

IV.—OPENING OF THE REGISTERS.

42. The registers were last opened in 1929, allowing applications to be filed till 30th September 1929 in the case of the plains districts and till 31st March 1930 in respect of the backward tracts. In 1931 it was realised that there were still consumers who had not obtained passes and, with the approval of the Excise Advisory Committee, Government authorised Deputy Commissioners to issue temporary and, in special cases, permanent passes, if a certificate was furnished by a competent physician that opium was necessary. Deputy Commissioners still exercise this power. Over 1,700 passes have been granted after 1929 but many applications have been rejected and there is reason to believe that often the applications were not from genuine addicts. The fact remains, however, that there are, at the present time, unregistered consumers who obtain their supplies from illicit sources. As to their number, we find from the evidence that there may be some 8,000 or 9,000. We have no means of checking the accuracy of such estimates; the figures themselves, so far as we can see, are only in the nature of guesswork and are not based on any census taken in the last year or two. It is probable that many of these consumers do not get their supplies at regular intervals or in regular quantities and some of them, no doubt, are not genuine addicts at all.

43. It has been stated by several witnesses that the re-opening of the registers would mean the undoing of the good which has up to date been effected by the present policy, especially in checking addiction among the younger generation. There is considerable force in this argument, but

Estimate of number of unregistered consumers.

Re-opening of the registers; our recommendations.

the majority of us feel that the balance of advantage lies in a restricted re-opening of the registers. It would check smuggling and, to some extent, short-weight sales and it would enable the regular addict who at present pays a very high price for his illicit supply to obtain it at the Government rate. We think that the genuine unregistered addict should not be placed in a less advantageous position than the pass-holder. Accordingly, five of us are in favour of re-opening the registers under certain conditions which we proceed to state.

As regards the age below which no new pass should be issued, one proposal was to fix the age at 50; 3 were in favour and 5 against. Another proposal was to fix the age at 45; 5 were in favour and 3 against. There was a suggestion by some members that 40 would be a more suitable age. The decision of the majority was, however, that the age should be fixed at 45. We were unanimous that both in the plains and in the hill areas no passes should be granted unless the Civil Surgeon or the Government Assistant Surgeon or, in the case of tea gardens, a Medical Officer with European qualifications, certifies as follows:—

I do hereby certify that I have carefully examined _____ son/wife of _____, caste _____, residence _____, age appears to be _____ years. According to the best of my professional judgment I consider that he/she is a confirmed opium consumer and that a ration of _____ tolas per mensem is absolutely necessary for the preservation of his/her health.

The present form of medical certificate is that the applicant is a confirmed opium-eater and that there is no hope of cure. We consider that the form which we have recommended (which was the form until it was recently revised) is more suitable; and we note that more than one medical witness has adversely criticised the present form of certificate. We agree, two members dissenting, that passes should in all cases be permanent. The majority of us advise that these passes should be subject to an annual reduction of 10 per cent. so long as the consumers are under 50 years of age; two members, however, as explained in paragraph 41, are in favour of only a 5 per cent. reduction in the districts of Lakhimpur and Sibsagar and in the Behali Sub-Deputy Collector's Circle in Darrang. In cases where the Deputy Commissioner or the Subdivisional Officer disagrees with the Medical Officer, the recommendation of the Medical Officer should prevail. Further, we are of opinion, two members dissenting, that the widest publicity should be given to the re-opening of the registers. We do not consider it

advisable to keep the registers open beyond a certain period as we do not wish to facilitate the growth of new addicts. Accordingly we suggest that no applications should be received later than the 30th November 1934. We have fixed this date as suitable in case the Legislative Council in its session in March 1934 accepts our recommendations for re-opening the registers.

V.—PROHIBITION.

44. Some witnesses have expressed the view that the consumption of opium in Assam should be absolutely prohibited except for medicinal and scientific purposes after giving six months' notice of the cancellation of existing passes. Some among them, however, seem to recognise that such a step at the present stage may be too much in advance and would be prepared as an alternative to accept the continuance of the present policy. Other witnesses have suggested that, as an initial step, there should be prohibition in districts where the consumption of opium is comparatively small, *e.g.*, Goalpara and Kamrup in the Assam Valley. Others again have suggested prohibition in the case of those who are under 50 years of age, or, according to one witness, 60.

45. In the course of our discussions, we considered several proposals on similar lines. One proposal was for total prohibition throughout the province in the case of pass-holders under 50 years of age after giving six months' notice. This, however, found no supporter; one member remained neutral. Another proposal was that there should be total prohibition for Kamrup and Goalpara, Nowgon (excluding the Mikir Hills), Cachar (excluding the North Cachar Hills) and Sylhet. This was supported by only one member. A third proposal was for total prohibition in Goalpara. This received the assent of two members; one remained neutral. A fourth proposal that there should be total prohibition in the case of indigenous Assamese in the Assam Valley below the age of 50 after six months' notice, met with no support. Still another proposal was to cancel the existing passes of women under the age of 50 and to issue no new passes to women in future. Five were against and three in favour. The majority of us consider that it would be a breach of faith between Government and the existing pass-holders if at the present stage prohibition was adopted. When the resolution on which the present policy is based was passed in the Legislative Council it was distinctly stated that the policy was that the rations of opium-eaters below 50 years of age should be so regulated as to ensure the disappearance of the habit within 10 years, while in the case of those

over 50 years, it was laid down that they would continue to enjoy their ration till they die. Moreover, it is clear that the majority of the witnesses do not favour prohibition at the present stage. In the Surma Valley, we had only one advocate of prohibition. On practical grounds also, we consider that such a radical policy would not meet with success but would simply give increased impetus to smuggling which it would be very difficult to check. It seems better to allow the policy to run its normal course in the hope that, by that time, the people in Assam will have realised that the opium habit is an evil which must be eradicated.

VI.—ALTERATION IN THE PRICE OF EXCISE OPIUM.

46. Some witnesses have suggested that the present retail price of excise opium in Assam which is Rs. 2 per tola should be lowered. They consider that such action would reduce the smuggler's profit. A few have recommended an increase, in the belief that this would discourage the consumption of licit opium. The majority, however, are in favour of retention of the present price. In their view, to reduce the price would be to stimulate the consumption of excise opium and thus counteract the effects of the present economic depression which has compelled many consumers to purchase less than their rationed amount; to raise the price would be an undue hardship on the licensed consumer.

47. If the registers were thrown open for the enrolment of all unregistered consumers—irrespective of age or necessity—who at present derive their supplies from illicit sources, there is no doubt that a reduction in the treasury price of opium would tend to make smuggling unprofitable. As, however, we propose to re-open the registers only for consumers who are 45 years or over, the case for reduction in the retail price of excise opium loses its force. At present, it cannot be said that, except in one area, there is competition between smuggled opium and excise opium. The exception is the Sadiya Frontier Tract. There, Chinese opium from Yunnan is available at about Re 1-6 per tola, though frequently the transaction is in the form of barter. If the price of excise opium in that tract was reduced to a similar figure, this might afford an opening for the smuggling of the cheaper excise opium from the Sadiya Frontier Tract to the plains districts in the Assam Valley. The scope, however, for such smuggling would be very limited as the issues of excise opium to that area are very small—only 504 seers in 1932-33. It is true that in Bhamo district in Burma, which adjoins the Chinese province of

Yunnan, the price of excise opium is only 8 annas a tola, as against Rs. 2 to Rs. 2.6 in most other districts. On the whole, however, we do not think that a substantial reduction in price would effectively diminish the smuggling in the Sadiya Frontier Tract.

One or two witnesses from Sunamganj in Sylhet have stated that illicit opium smuggled over the border from Mymensingh district in Bengal is cheaper than Assam opium. In view of the fact that the present retail price in Mymensingh is Re. 1-14 we hardly think that a smuggler could undersell local Assam opium. In any case the quantity so smuggled is, we believe, negligible. The case of Cooch Behar State which adjoins Goalpara district constitutes a more serious problem. There the retail price is Re. 1-8 per tola or Rs. 120 a seer and the opium lessees in that State can dispose of it to the smuggler at somewhat under that figure and still make a profit. We do not consider, however, that a substantial reduction in the price of Assam opium—even to Re. 1-8 a tola—would have any appreciable effect in checking the smuggling of opium from Cooch Behar. The clients of the smuggler from Cooch Behar are the unregistered consumers or the registered addicts who find their rations insufficient. For these, no Assam opium is available; the smuggler gets the highest price he can, generally Rs. 4 a tola; there is no real competition. Such is the case also with the small quantity of opium smuggled into Sylhet and Cachar from Hill Tripura.

Some of the witnesses who have advocated a reduction in price have pointed to the low price of foreign opium, *e.g.*, Malwa opium. It is true that in the place of origin—Bikanir, Jaipur or Nepal—opium can be purchased at Rs. 30 to Rs. 40 per seer but it is obvious that the smuggler must take into account the cost of bringing the opium into Assam and of distributing it and the risk of confiscation and fine. The fact remains that such opium is usually retailed in Assam at about Rs. 4 per tola or Rs. 320 a seer. Here again there is no competition which would justify a reduction in the price of Assam excise opium.

48. As regards the raising of the present price, theoretically it might seem that the effect would be to reduce consumption. The Ekstrand Commission has pointed out, however, that the influence of the price on the consumption of the individual consumer is a very controversial question. In the case of the well-to-do the price is not a matter of much importance. "The belief that a high price would tend to limit the demand has not been confirmed by experience. The policy of raising the price of opium led, on the whole, to undesirable results. The high prices, even where they have reduced the consumption of

Arguments for
not increasing the
price.

Government opium have not reduced total consumption, because they served as an encouragement to illicit traffic." In any case we are of opinion that any increase in the price of excise opium would at the present time, be an unmerited hardship on the *bona-fide* registered consumers.

49. Our conclusion is that the balance of advantages lies in the retention of the present retail price of Rs. 2 per tola.

Present price should be retained.

VII.—OPIUM POLICY IN THE HILL AREAS.

50. In 1928-29 and in the following year, the ten per cent. cut was carried out in the Frontier Tracts and in the hill areas as in the plains. But the next three cuts were not made. From official records it appears that officers in charge of these areas had advised against any further cut mainly on the ground that it would promote smuggling and might possibly lead to discontent amongst some of the aboriginal tribes who indulge in the habit. On the other hand, as showing the evil that may result from excessive rations in the hill tracts we would invite attention to the evidence of the Medical Officer of tea gardens in Nowgong that coolies purchase opium from Mikirs who have a surplus. For the administration of these tracts the Governor is personally responsible. Accordingly on the advice of his local officers, the Governor decided that for the last three years there should be no cut. It may be that we have failed to appreciate the cogency of the reasons for this discrimination between the hills and the plains. We suggest, however, that the question may be further examined by His Excellency the Governor and we trust that wherever practicable it may be found possible to remove this anomaly.

Recommendation that the cut be made in the hill areas and frontier tracts as in the plains.

VIII.—OPIUM IN TEA GARDENS.

51. Apart from the evidence of garden Medical Officers, five Managers have given us useful information as to the extent of the opium habit in the estates under their charge. We are satisfied that the opium habit is not prevalent in tea gardens to any large extent. A typical example is perhaps the Assam Frontier Company where in 10 gardens with an adult labour force of 14,744, there are only 77 opium consumers (29 without passes) or .5 per cent. of the adult population. There are, however, exceptions. The worst case which has come to our notice is that of Silonibari garden in North Lakhimpur where out of a total population of 1,764, no less than 280, or about 16 per cent. are opium-eaters, many of whom are not in

Extent of the habit.

possession of passes. Another case is that of Borbheel garden in Darrang where out of a population of 1,400, opium-eaters number 118, or 8.5 per cent. 30 being without passes. A third case is that of the gardens of the Budlabeta Tea Company in Lakhimpur Sadr where out of a total population of 11,422 there are 226 pass-holders, *i e.*, about 2 per cent.

52. On careful consideration, we do not recommend any differentiation in the policy for tea garden labour and for the general population in the villages. We admit that if a labourer who is an addict does not get his opium or if he exhausts his ration before the end of the month, he will probably be useless for the time being. At the same time we must take a larger view. The Ekstrand Commission, in connection with Burma, dealt with the question of Chinese labour in the province, a large proportion of whom were opium consumers. The point at issue was whether attempts to adopt restrictive measures against opium-smoking would not be detrimental to the economic development of the province. The Commission was not convinced that even total prohibition of opium-smoking would prevent appreciable numbers of Chinese non-smokers from migrating to Burma. It added: "Some difficulties are likely to be experienced during a period of adjustment to new conditions, but the weeding out of opium-smokers—an undesirable element among the immigrants—would be to the decided advantage of the territory concerned. The fear that the gradual suppression or total prohibition of opium smoking might endanger the necessary supply of labour should not stand in the way of the ultimate suppression of this habit". We consider that this has a similar application to opium-eaters in tea estates. We have been informed that certain Tea Companies in Assam issue instructions to their recruiting agents that no opium-eaters are to be sent up to their gardens. We suggest that it would be wise if other gardens adopted a similar policy.

The case of Silonibari garden^a which contains so large a percentage of opium consumers presents a distinct difficulty. The report of the Botham Committee of 1913 contains some interesting observations about opium addiction in Dijoo Tea Estate, only a few miles from Silonibari. The Committee found that about 95 per cent. of the adults who had been 2 or 3 years in the garden took the drug as well as a number of children. The Manager attributed the prevalence of the habit to the fact that opium had been distributed some years before as a remedy for cholera and dysentery. The 400 coolies who had joined after a change in management had not taken to the drug and by careful treatment about 10 of the older coolies had been cured

of the habit. "Coolies are fed up and given a tonic and when they suffer from pain for want of the drug, they are given a sleeping draught. The dose of opium is gradually reduced. In this way we have cured seventy coolies of whom 20 afterwards reverted and 50 have not reverted. The coolies are quite anxious to undergo treatment". Our information is that at present out of a total population in Dijoo of 2,355, opium pass-holders number 105 or 4.5 per cent. of the population which indicates a marked improvement. We trust that action on similar lines may be possible in Silonibari. We note that the Manager of Koliabor garden in Nowgong also favours cure by a gradual reduction of rations.

IX.—POPPY CULTIVATION.

53. The figures for poppy cultivation since 1921-22 have been given in paragraph 22. In the last four years there has been an increase in the number of detections. We do not, however, think that the practice is extending to such an extent so as to have any marked prejudicial effect on the present policy. In the Sadiya Frontier Tract, we admit that the illicit growing of poppy constitutes a serious problem. There, we must rely on the exertions of the local authorities to check it as much as possible. In the plains districts, except perhaps in a few outlying corners, detection, we think, should be comparatively easy.

Except in the Sadiya Frontier Tract, not a serious problem.

X.—OPIUM-SMOKING.

54. Under the Assam Smoking Act which was passed in 1927, smoking whether alone or in company is illegal. The Act is in force throughout the plains districts of the province and has also been extended by executive orders to the Khasi and Jaintia Hills. Although there are a few prosecutions under the Act every year, we have reason to believe that opium-smoking in the plains areas which, a generation ago, was as prevalent a vice as opium-eating is rapidly disappearing. There is evidence, however, that in some places the habit still continues. We invite the attention of Government to take any steps necessary to effectively deal with breaches of the law. Detection in the act of smoking is often difficult. We believe, however, that occasional finds are made of prepared opium, i.e., opium which has undergone a process of rendering it fit for smoking. We suggest that it might be possible to add to the present Act a section making the possession of prepared opium an offence.

Results and necessity for the amendment of the Act and for its extension to the backward areas.

As regards the hill areas and frontier tracts we believe that, at least in the Sadiya Frontier Tract, the habit of opium smoking is not uncommon. We suggest that the Governor in the exercise of his responsibility for the administration of the backward tracts, might consider the advisability of extending the Act to them.

Before passing from this subject, we wish to express the hope that, in the no distant future, if the present policy turns out a success, it may be possible to make opium eating a penal offence, at any rate in the case of people under 50 years of age.

XI — OPIUM REVENUE.

55. We do not wish to say much on this point. We are all agreed that the revenue from opium must in the long run disappear. We appreciate the assurance in His Excellency the Governor's speech which forms the opening paragraph of our report that in considering the future opium policy the question of opium revenue can be left out of account. We agree with the view of a senior Deputy Commissioner that "it does not really pay Government to have these things continuing; because, if people spend their money on other things rather than on opium, their health would be better and they could do more work and so improve the revenues of the province". We do not think that it is for us to suggest how opium revenue should be replaced. In the Ekstrand Commission's report it is stated that — "It would be to the economic advantage of the territories concerned if Governments begin immediately to adjust their finances to the gradual loss of opium revenue by making their budgets independent of it". It also notes that on moral grounds strong objections are raised to the fact that Governments derive part of their revenue from opium and that it would lessen the force of these objections if the existing opium revenue were increasingly devoted to the campaign against opium and to social and hygienic development likely to reduce the future demand for opium. We suggest, therefore, that an increasing allotment should be made out of the existing opium revenue for carrying out measures which would forward the present opium policy. For example, it might be advisable to increase the Excise staff, to give more liberal rewards to officers, spies and informers; it might be possible with profit to spend money on temperance propaganda including lantern lectures in furtherance of the suppression of the opium habit; increased educational grants might be made in areas where the consumption of opium is heaviest, for we believe that the proper education of the people is one step towards making them realise that opium habit is an

Its gradual extinction;
recommendations for
the utilisation of the
present opium revenue.

evil and should be given up ; and it might be useful to allot funds for the treatment of opium addicts, either in the cure of the opium habit itself or of the disease for which they take opium. The Ekstrand Commission suggests that the balance, if any, should be applied to the creation of an Opium Revenue Replacement Fund with a view to meeting expenditure for social and sanitary purposes. We wish to make it clear that we all are agreed that the wisest policy to aim at is the ultimate abolition of the use of opium except for scientific and medical purposes ; and this must carry with it the ultimate disappearance of opium revenue.

XII.—EXCISE STAFF.

56. Opinions of witnesses—official and non-official—as to the sufficiency of the existing Excise staff are divided. There are those who hold the view that some increase both in the ordinary district staff and in the special preventive staff is necessary. We note that a former Political Officer of the Sadiya Frontier Tract expressed his inability to deal effectively with both smuggling and poppy cultivation owing to the paucity of the staff. The Special Superintendent of Excise has also stated that an increase in the special staff would enable him to tackle smuggling with greater success. Others, however, consider that the present staff is adequate provided it works honestly and efficiently. We are not prepared to make any specific recommendation, beyond expressing the view that some increase is probably required. We have no doubt that Government will further consider the question in the light of our report.

57. Several witnesses, both officials and non-officials, have expressed their belief that there is a considerable amount of corruption among the Excise staff. It has also been suggested that false cases, *e.g.*, of smuggling, are deliberately concocted in order to justify the existence of the Excise Officers. No facts, however, have been given to substantiate these allegations. The temptations to dishonest conduct on the part of members of the staff are great, but we wish to dissociate ourselves with the indiscriminating vote of censure which has been passed by a few witnesses. We prefer to express the hope that Excise Officers will spare no effort to actively associate themselves with the present opium policy and leave no stone unturned to bring offenders to light. As an illustration of defects which might be remedied, we would invite attention to the comparatively small number of short-weight detections in some districts in spite of the admitted prevalence of the malpractice.

XIII.—PROPAGANDA AGAINST THE OPIUM HABIT.

58. In the Assam Congress Opium Enquiry Report of September 1925 it is observed that "we found no signs of any serious set back to the prohibition campaign in more recent years. Rather, we regard it as certain that among the more educated at least the anti-opium sentiment has grown in intensity and depth since Mahatma Gandhi's visit (in August 1921). Among the villagers it is true, the enthusiasm has in a measure subsided and a further effort is needed to carry through the work that has already begun". The Committee concluded their report by emphasising that no progress could be attained without the education of public opinion and made an appeal for the organisation of anti-opium societies and for the creation of a moral atmosphere against the opium evil without which no great success could be achieved; what was wanted was "a great anti-opium campaign to be carried on by entirely peaceful means".

59. We heartily endorse the recommendation made by the Congress Committee. In the matter of the eradication of the opium habit we have little faith in platform oratory or in articles in the Press because this mode of propaganda by temperance enthusiasts who may have little practical knowledge of the evils of the habit can hardly appeal to the ordinary villagers who constitute the bulk of the opium consumers. What is wanted is propaganda work in the villages among the addicts themselves. We have had one or two witnesses who have related their own experiences in working among the villagers and trying to induce them to give up the habit. This, in our opinion, is the most effective kind of propaganda. Suggestions have been made that Government officers should take an active part in propaganda work. This is a matter on which we refrain from making any definite recommendation but we feel assured that they will co-operate, in one way or another, to assist in the ultimate abolition of the habit.

CHAPTER IV.

CONCLUSIONS AND RECOMMENDATIONS.

60. As to the success or failure of the present Government policy, we are all agreed that it has succeeded in so far as it has effected the desired reduction in the consumption of licit opium. In this connection we wish to record our appreciation of the loyal spirit in which District Officers have carried out the policy of annual reduction and of the discrimination which they have shown in the cautious issue of new passes.

Views of the
Assam Congress En-
quiry Committee.

Our recommendations.

How far the policy
has been a success.

There is a large volume of evidence, both official and non-official, that, as a result of the policy, the opium habit is less prevalent among the younger generation. This in itself we count a great gain.

We are of opinion that the policy has been helped by the present economic depression. Many have been unable for want of cash to purchase their full ration and have had to accustom themselves to a smaller dose. No doubt, with a return to prosperity, in many cases the position will be reversed but we hope that a considerable number of pass-holders will remain satisfied with less than their normal ration.

We are unable to assess in quantitative terms the extent to which the force of public opinion and of the disapprobation of the opium habit has been instrumental in effecting reduced consumption or abandonment of the use of opium. We believe however, that the success of the policy is, to some extent, due to this factor.

61. We admit that the cut must have caused hardship to the average addict, at any rate till such time as he has been able to adjust himself to the smaller dose. Some temporary distress must however be the inevitable result of any policy of reduction. Owing to the practice of the lessees of giving shortweight the effect of the cut on the registered consumer has, we regret, been more severe than was contemplated. Holding as we do that the opium habit is an evil which must be eradicated as soon as possible, we do not consider that failure can be attributed to the present policy on the ground that it causes hardship.

62. We cannot but agree with those who maintain that the sale of short-weight savings tends to unregistered consumers and to registered consumers who find their rations insufficient tends to defeat the object of the policy. While this involves no increase in the consumption of licit opium throughout the province, yet the malpractice fosters the growth of unregistered consumers and in certain individual cases undoes the work of reduction of rations in the case of registered addicts. We have suggested certain remedies which, we hope, may lessen the practice of giving shortweight. Moreover, if the present policy is continued, the amount of excise opium available for issue to registered consumers below the age of 50 will be less and less every year and will disappear after 5 years. There will still be issues for some time longer for those over 50, but we believe that with the gradual reduction in issues the field

Some hardship to consumers, the inevitable result of the policy.

The sale of short-weight savings tends to defeat the policy but does not afford sufficient grounds for its discontinuance.

of the losses for giving shortweight will be restricted. For these reasons we do not consider that the existence of the practice of giving shortweight need stand in the way of continuing the policy.

63. In the preceding chapter we have dealt at considerable length with the question of smuggling. We have failed to arrive at any estimate of the amount of contraband opium smuggled into As-sam. Detections of contraband opium, since the present policy came into force, are more numerous. The annual seizures are also larger but are negligible compared with the issues of excise opium. The increased number of detections may be attributed, we think, in some measure, to the strengthening of the Excise staff including the creation of the special branch. At the present time, owing to the economic depression, smuggling is probably at a low ebb. The majority of us are of opinion that the reduction policy must necessarily have given some impetus to the importation of the illicit drug. After careful consideration, however, we are all agreed that smuggling has not, up to date, to any large extent, counteracted the good results which have accrued from the present policy.

Turning to the next five years, we realise that there are factors which will favour the smuggler. Though we have recommended a partial re-opening of the registers on certain conditions, there will still remain consumers who will be unable to obtain passes; as the cut continues, there will be an increasing demand from registered consumers who find their rations insufficient; and it is not unreasonable to hope for a return of more prosperous times which will put the consumer in funds. Under these circumstances, the majority of us hold the view that the smuggling of contraband opium may be expected to increase. At the same time, we believe that if there is no relaxation of the efforts to deal with smuggling—some increase in the Excise staff may be necessary—and if persistent efforts are made by public and private propaganda to teach the people that the opium habit is an evil which must be eradicated, the contingency of increased smuggling should not stand in the way of a continuance of the policy.

Our recommendations. 64. We summarise our recommendations as follows:—

- (1) In the plains districts, the present policy of 10 per cent. cut in the rations of pass-holders under 50 years of age should continue, the rations of those over that age remaining unaffected.

- (2) With the consent of His Excellency the Governor, the cut should be made in the backward areas.
- (3) The registers should be re-opened for the registration of consumers of the age of 45 and over. The widest publicity should be given to the opening of the registers. No applications should be received after 30th November 1934. No passes should be granted unless the Civil Surgeon or the Government Assistant Surgeon or in the case of tea gardens, a Medical Officer with European qualifications certifies that opium is absolutely necessary for the preservation of health. Where the Deputy Commissioner or the Subdivisional Officer disagrees with the Medical Officer, the opinion of the Medical Officer should prevail. The new passes should be permanent and subject to annual reduction in the case of consumers so long as they are under 50 years of age.
- (4) To counteract the evil of short-weight sales, negotiations should be re-opened with the Government of India for the manufacture of opium in pill or tablet form. In case these fail Government should consider the practicability of making its own arrangements for manufacture. Government should take steps to ensure that the vend-fee is fixed at a rate which will allow opium lessees a reasonable margin of net profit, and should consider the possibility of dispensing with the pre-payment of two months' additional vend-fees. An experiment may be made in one or two selected areas, from which professional lessees would be excluded, of appointing vendors on fixed pay. Government officials such as Sub-Deputy Collectors and Deputy Inspectors of Schools, and non-officials of the status of Honorary Magistrates, Chairmen and Vice-Chairmen of local bodies and in some cases Mauzadars should be empowered to inspect and report on the conduct of opium shops. Lessees who are detected selling opium to non-registered consumers should, if there is sufficient evidence, be prosecuted under the Opium Act and severely punished.
- (5) The attention of Magistrates should be drawn to the provisions of Assam Opium Amendment Act I of 1933. Government should examine the question of the applicability of Deportation Act III of 1864 to Chinese, Nepalese, and Marwari smugglers.

(6) With the consent of the Governor, the Assam Opium Smoking Act of 1927 should be extended to the backward areas.

A section might be added to the Act, making the possession of prepared opium an offence.

(7) Out of the existing revenue derived from opium, an increased allotment should be made for carrying out measures which would forward the present opium policy, *e.g.*, increase in the Excise staff, more liberal rewards to officers, spies and informers, temperance propaganda, and increased educational grants in areas where the consumption of opium is heaviest. The balance should be applied to the creation of an Opium Replacement Fund to meet expenditure for social and sanitary purposes.

(8) Public opinion must openly declare itself against the opium habit and propaganda work among consumers should be carried on with which Government should actively identify itself.

65. In conclusion we wish to state that, in making our recommendations, we have given due weight to the fact that public opinion in both valleys, irrespective of differences in religion or in political thought, has, for the most part, pronounced itself in favour of a continuance of the present policy. The opium question is one which primarily concerns the people of the Assam Valley. Their neighbours in the Surma Valley are, however, at one with them in advocating the continuance of the policy as the most effective way of eradicating the opium vice. We are of opinion that, in this matter, effect should be given to the expressed wishes of the people. We feel certain that, in the near future when the new constitution comes into being, the present policy is the only one which would commend itself to the representatives of the people in the Legislative Council.

SHILLONG :

J. J. M. NICHOLS-ROY.*

8th September 1933.

E. S. ROFFEY.

ROHINI KUMAR CHAUDHURI.*

NILAMBAR DATTA.

ABDUR RAHIM CHAUDHURY.

MAHENDRA NATH GOHAIN.

BRINDABAN CHANDRA GOSWAMI.*

J. A. DAWSON.

* Subject to a minute of dissent.

MINUTE OF DISSENT BY REV. J. J. M. NICHOLS-ROY.

In fighting against a social evil like this opium evil it is not unreasonable for one to change his opinion or methods of working according to changing conditions. In fact those who are guided by the purest motive of eradicating the evil and delivering the victims from the clutches thereof have to adopt different methods under different circumstances. What I say here is my present opinion according to the knowledge received during our enquiry and it is different from my opinion which I had in 1929. This difference is due to altered conditions in the country.

I am glad that the committee is unanimous on the question of continuing the annual ten per cent. reduction on the rations of consumers below the age of 50 ; but I regret that we are not unanimous on the question of opening the registers and on some other points on which I shall make some comments.

RE-OPENING THE REGISTERS.

Three of the members, namely, Srijut Brindaban Chandra Goswami, Srijut Rohini Kumar Chaudhuri and myself are against the re-opening of the registers. The majority of the members recommend that the registers should be re-opened for the registration of consumers of the age of 45 and over.

The decision of the majority of the committee on this point justifies the action taken by Government in January 1929 when I was Minister of Excise. My conclusion in issuing passes in 1929 was based on my apprehension that smuggled opium would come in such a large quantity as would defeat the object of the policy namely to abolish the opium habit in Assam. The finding of our committee on this point is that smuggling is probably at a low ebb. The registration of a large number of non-consumers in 1929, I believe has to some extent contributed to the present happy condition in making the policy so far, successful. But the conditions now existing in the country and the facts revealed during the course of our enquiry have caused me to advocate now a method of working different from what I advocated in 1929.

REASONS AGAINST RE-OPENING OF REGISTERS.

My reasons against the re-opening of the registers now are as follows :—

- (1) In 1929 Government made a declaration that application for passes would be received only up to 30th September 1929, after which no more applications

for passes would be entertained. It was the duty of the succeeding Government to carry out this declaration unless something very serious loomed in sight. If smuggling was rampant as a result of the policy and the object of the policy was really doomed to failure then there might be reason for modifying such a declaration. But the finding of our committee in regard to smuggling does not justify such an action.

- (2) No census was taken as to the existence of non-registered consumers. The figures mentioned by the Excise staff is only guesswork. In 1928-29 at the time of checking the passes for the sake of fixing the rations an enquiry was also made as to the number of non-registered consumers. The number at that time was supposed to be about 3,000 in all the plains districts besides Lakhimpur and the hill districts or frontier tracts. As the result of the re-opening of the registers in 1929,—6,289 new passes were issued, and 3,823 application were refused. I consider that almost all old addicts were brought into the registers at that time. And there may be a few who may have been missed, but for the sake of these the registers need not be thrown open. Such persons would not get their supply regularly from illicit sources. As they have to get rid of the habit any way within the next five years they may as well by circumstances be compelled to get rid of it now. Stricter measures and supervision coupled with financial difficulties will cause most of them to give up the habit.
- (3) The re-opening of the registers will have a bad psychological effect on the minds of the present non-registered consumers who are below 45 years of age. It will produce on them an impression that in about 5 more years they also would get passes when they would reach the age of 45; and they will hardly struggle to get rid of the habit. The desire for a pass will be enhanced by the idea that a portion of the ration may sold to others. It is true that passes will be issued only under a medical certificate saying that the ration is absolutely necessary for the preservation of an addict's health; but this fact will not in any way help the consumers who are below 45 years of age. They will think that they

also, when they will reach the age of 45, will get such a certificate. The gain by bringing in a few hundreds into the registers, of persons of 45 years of age and over, will not be commensurate with the bad effects that will be produced by the re-opening of the registers. An unmistakable impression must be created in the minds of all that this opium habit must go in 5 more years and only those who are of 50 years of age and over will retain their passes until they die. Without such an impression in the minds of the younger generation this opium problem will not be solved, and such an impression cannot be created if the registers be re-opened now. If the registers be re-opened now after the policy has been worked for 5 years, I am afraid, the registers will have to be kept open permanently even after 5 years. This means failure.

- (4) Now is the *time* to take a radical step at least by not issuing passes any more to any person. The conditions that favour such a radical step are these :—
- (a) the general trade depression,
 - (b) the strong public feeling against the opium habit,
 - (c) the fact that many have given up the habit due to poverty and have improved in their health,
 - (d) the attitude of the whole Government in being ready to forego the whole opium revenue,
 - (e) the fact revealed during our enquiry that opium addicts will not die,
 - (f) the mentality of the opium addicts themselves who now realize that this is an evil habit which is ruining them and
 - (g) the low ebb of smuggling in spite of the existence of so many supposed unregistered opium consumers.

Radical steps taken right now with a bold declaration of Government to punish severely those who are in possession of any form of opium and who eat opium without pass, and to deport all foreigners who may be convicted of smuggling, will bring sure results after 5 years. Strict measures now will eradicate the evil more quickly. The iron is hot. If we strike it now it will fulfil our object; otherwise it may be more difficult afterwards.

- (5) The argument of the majority of our committee that the unregistered addicts should not be placed in a less advantageous position than the pass-holder does not count here. The non-registered consumer, if he finds it hard for him to get opium regularly, will struggle to give it up; and in his temporary distress if he hears that in the hospital's treatment will be given to help him to get rid of the habit, he will readily seek such help. But the passholder of the age of 50 years and over will go on until he dies without any desire of delivering himself from this habit. It is a higher and more laudable kind of mercy to let a consumer suffer a little so that he may get rid of the evil altogether and thus make himself happy all his life.

Besides non official evidence that supports this contention there is official evidence also which says that if the policy of ten per cent. reduction be continued there should be a stop somewhere in issuing passes. Mr. J. P. Mills Deputy Commissioner says, "If registers are repeatedly re-opened the policy stands self-condemned.....If the present policy is continued I would issue no more passes."

WIDE PUBLICITY OF THE RE-OPENING OF THE REGISTER.

Two members only namely Srijut Rohini Kumar Chaudhuri and myself are against wide publicity of the reopening of the registers. After the policy has been carried on for 5 years, to take this step is, in our opinion, demoralising especially under the present conditions in the country. Wide publicity of the opening of the registers was given in 1929. There was reason *then* for such a step as the working of the policy had just been started and the start should rest on a good foundation, but after once that start has been made, there should be no going back unless we see actual danger ahead. In 1929, the letter issued by the Secretary of the Transferred Departments to the Commissioner of Excise No. 190E., dated Shillong, the 18th January 1929 in regard to the issuing of new passes contains this sentence: "I am to request that a warning should be issued to this effect, and the widest publicity given to it." The justification of such an action at *that time* lies in the fact as stated above that it was just practically at the beginning of the working of the policy, but there seems to be no justification for such a step now.

The impression which will be made on the minds of many will be that Government is advertising their commodity, and such an advertisement will be a temptation to not a few who will try to get a pass at least for the sake of gain. It is true that passes will be issued only under a medical certificate but it is not always possible for a medical officer to be correct in his diagnosis

of the consumer. We have had evidence that there were passes issued to persons who were not actual consumers and to others who had just began taking opium due to their belief that they would be cured of dysentery and other ailments.

The arguments produced above against the re-opening of the registers are sufficient to show the undesirability of giving wide publicity of issuing of passes to those who may come within the recommendation of the majority of the committee. Even if passes be issued, I would recommend that without giving wide publicity the district officers be simply instructed that they have power to issue passes to consumers of the age of 45 under medical certificates given in a prescribed form. Let those who are in physical trouble for want of opium seek medical aid wherever possible or let them struggle out of it.

PERMANENT OR TEMPORARY PASSES.

The majority of our committee recommend that passes, if issued, should be permanent. Two of the members, Srijut Robini Kumar Chaudhuri and myself, are against this. If passes be issued on the ground of health they *should not be permanent*. There is no reason for making them permanent when the recommendation is that they can be issued only on a medical certificate in the prescribed form which says that the ration is absolutely necessary for the preservation of his or her health. The order of 1929 was that those passes should be temporary. At the bottom of the form of the certificate prescribed in 1929 there are these words: "If a certificate recommends a ration for more than six months special reasons should be given, for example old age of applicant, distance from district or subdivisional headquarters, general debility and the like. In no case should the permit be given for more than a year and should be subject to renewal".

As I hold that passes, if at all issued, should be temporary I recommend that the form of 1929 which was as follows should be adopted:—"I do hereby certify that I have carefully examined^{son}/_{wife} of....., caste....., residence.....age appears to be.....years. According to the best of my professional judgment I consider that ^{he}/_{she} is a confirmed opium consumer and that a ration of.....tolas per mensem for a period of.....months is absolutely necessary for the preservation of ^{his}/_{her} health."

The footnote of this form is stated above.

EXPERIMENT OF PROHIBITION IN GOALPARA.

I received support from only two members of our committee for my proposal for total prohibition in Goalpara as an experiment. The argument of the majority of our committee that it

would be a breach of faith to adopt prohibition now in any part of the province does not seem weighty to me. The Council or the Government did not consult the opium eaters when the present policy was instituted. It was an arbitrary act of the Council without receiving the assent of the opium-eaters. This was done being supported by the moral sense of duty to deliver our countrymen from the curse of this monster evil. If we find that the time is ripe to quicken that deliverance I see no reason why the Council or the Government may not take such a step. This is not a matter of breach of faith in any contract between two parties.

As to the desirability of such an experiment, it may be admitted that this is an opportune moment to make such an experiment in the district where the consumption of opium is only 29 seers in 1932-33. Sooner or later we, in Assam, shall have to put opium in the list of poisonous drugs. I see no reason why we should not do so now in the district of Goalpara as an experiment.

PROHIBITION FOR WOMEN.

The same three members of the committee were in favour of cancelling the passes of women under the age of 50 and to issue no new passes to women in future. The reasons are obvious. On the women depends largely the physical, mental and moral condition of the children. Women with opium habit will bring forth degenerate issues. It is the duty of the State to protect the women from this evil. We have in our province a very strong feeling against this opium habit and we have seen its evil effects. It is time to have total prohibition for women. This will bring some suffering, but the suffering will be temporary. If the women consumers get their supply from smugglers that will not be regular, and in their distress they will struggle to get rid of the habit. We must have the women at least. A temporary suffering previous to deliverance should not have any weight in the consideration of this matter. Therefore I advocate that at least *no new passes* should be given to women; but it is preferable to prohibit altogether the eating of opium by women save under a medical prescription.

SHILLONG :
18th September 1933. }

J. J. M. NICHOLS-ROY.

MINUTE OF DISSENT BY SRIJUT ROHINI KUMAR CHAUDHURI.

I regret that I have to disagree from the decision of the majority of the committee on some important points but before I proceed to deal with them I wish to say a few words of personal explanation which will also give a general indication of the grounds of my dissent.

2. I was opposed to the formation of this committee. As one, conversant with the history of the Council debates on the subject, which I state below, no other possible alternative was left for me but to cast my vote against the motion for its constitution which was brought by the Government in the last budget session of the Council.

3. The ten per cent. reduction policy was adopted by the Government as a result of pressure put on it by the non-official section of the Legislative Council, in the form of a resolution which was passed by the House in spite of strenuous Government opposition. The main ground of opposition to that resolution was that it would lead to extensive smuggling and that the policy was bound to prove a failure. It may be said perhaps without any fear of contradiction that almost all the Excise Officers and the District and Subdivisional Officers reiterated the same view before our committee. In my opinion this prejudice of the Government against the policy is largely responsible for some of the arguments put before us by the opponents of the policy. I cannot therefore, as whole-heartedly join in the appreciation expressed by the majority of us in paragraph 60 of the report as I remember that as many as 1,342 new opium passes were rather promiscuously issued in the year 1932-33 alone and about 223 new passes in the first quarter this year.

4. This policy has been characterised in the speech of His Excellency the Governor delivered in the last March session of the Council, as one which redounded to the credit of the House. In spite of this encomium various attempts had been made from time to time by the Government to stultify it. These activities, however, had always met with the strongest disapproval of the Council. In 1929, when the Council was informed that a large number of new opium passes were going to be issued at Gauhati, a motion for the adjournment of the House was brought in and in the course of discussion several members strongly criticised the action of the Government in allowing it. Later in the same session a censure motion moved by Mr. Kuladhar Chaliha of Jorhat, was carried against the Government for permitting the issue of new passes; and finally in the motion of no confidence passed in that session against the then Minister of

Excise this was made the strongest ground of attack against him. All this shows how keenly the chosen representatives of the people then supported the policy and how zealously they guarded against any attempt to thwart its successful working.

5. The Chairman in his note of dissent has referred to the form of medical certificate granted for temporary passes according to orders passed in 1929. My personal view is that the intention was that such passes should only be renewed on medical grounds. Notwithstanding this, the Excise Advisory Committee in January 1930 decided that, to save inconvenience, such passes could be renewed at the discretion of the Civil Officers without taking medical advice. But as far as I remember this change was never brought to the notice of the Council.

6. In March 1932 one of the nominated members of our Council, who hailed from the district of Sylhet, moved a token cut and strongly criticised the policy of registration and restriction of opium adopted by the Government. This is the first time that any non-official member expressed any doubt as to the success of the policy. This member in the course of his speech said that "if taken in medicinal doses the opium acted like nectar and was conducive to health." This expression of opinion would show how little the member knew about the real effects of opium and the seriousness of the problem. The Government opposed the motion; it had no supporter and was lost.

7. In September 1932 session of the Council the aforesaid nominated member and some of his Sylhet friends tabled resolutions recommending withdrawal of the policy of ten per cent. reduction. The latter however absented themselves when the discussion was taken up. The Government took up a curious attitude; it neither opposed nor supported the motion. Nor did the Hon'ble Minister who made a long speech on the subject of smuggling advise the hon. members what step they should adopt although he was requested to do so. One elected member from Sylhet, who participated in the debate made the following observations:—"I could not have imagined that such a resolution could come from a member from Sylhet; I should say that he has blackened the faces of the members from that quarter." The mover of the resolution at the end of the debate wanted leave to withdraw it. But the House which was determined to express its unqualified disapproval of the resolution did not grant the leave asked for and rejected it unanimously. When a poll was demanded no one voted for the resolution—not even the mover.

8. The above history will show without any doubt how the Council is feeling all along on the subject. That the Council then correctly represented the public view in the matter will be

sufficiently borne out by the fact that the majority view of our committee coincides with the same opinion. So when the Government came up with the proposal for this committee solely with the object of reviewing the results of the policy on the grounds indicated in the speech of the Hon'ble Minister, *viz.*, on account of alleged increase of smuggling, I had no hesitation in declaring that such a committee was unnecessary in face of the clear verdict of the Council in the last two preceding sessions, against any change of the policy.

9. When the opposition was defeated I seriously considered whether I should not withdraw from the committee but some of my colleagues pointed out that the committee was competent to go into the whole question of the opium policy to be adopted by the Government and that I might be helpful in eliciting facts towards the object of initiating a policy of total prohibition. I therefore sat on the committee and attended every sitting excepting the two held in the town of Sylhet. I now find that the choice I made was amply justified as I could gather facts which strengthened my conviction that there should be total prohibition throughout the province in the case of pass-holders under 50 years of age after six months' notice.

10. I am however extremely disappointed that the above proposal found no supporter in the committee and that it was opposed by six out of eight members. But a large number of non-official witnesses who had carefully studied the problem for a long time and had suffered for attainment of such a happy result are decidedly in favour of such a step. Nor are they all adherents of the non-co-operation movement. It was Rai Bahadur Sadananda Dowerah, B.L., Government Pleader, Dibrugarh, who advocated it in most unmistakable terms although he put the age limit at 45. Persons like Raj Sahib Golok Chandra Goswami, Mauzadar and Honorary Magistrate, Kampur, Nowgong, Maulavi Naziruddin Ahmed Merchant, Nowgong; Rai Bahadur Rajani Kanta Bardalai, retired Extra Assistant Commissioner, Dibrugarh and Srijit Lohit Chandra Nayak, B.L., Pleader, Bārpeta, also favour the same view.

The question of breach of faith between the Government and the existing pass-holders does not arise at all. Most of the opium-eaters generally do not know their own interest while some of them are anxious to get rid of the evil but are unable to resist the temptation. The Government, having initiated the policy of 10 per cent. annual reduction, which the opium-eaters resented but which was adopted in the best interests of the country, should go a step forward now and push the policy to its

logical conclusion. The argument about breach of faith has been raised by the majority against my suggestion for total prohibition but I think it is hardly convincing.

The considered opinion of the majority is that the amount of smuggling is not such as is likely to endanger even the ten per cent. policy if it is continued and that there will be always some smuggling.

The above conclusion and some other arguments which have been put forward by the majority in favour of the continuance of the reduction policy, and the reasons which have been given by the President of the Committee against re-opening of registers to which I and Mr. B. C. Goswami subscribe are precisely *the arguments* which strongly support my view for total prohibition. By their recommendation to continue the policy of annual 10 per cent. reduction the majority of my colleagues have agreed to the adoption of a policy of total prohibition at the end of the next 4½ years. Two other colleagues who have dissented from the majority view only want the cut to be reduced to 5 per cent. in some selected areas. So practically the committee is unanimous that total prohibition should come soon, and by no means later than ten years from hence.

As the common view is that opium should disappear soon and not later than ten years I do not see any utility in further delay. An important factor in favour of my view is the present economic depression as a result of which opium consumption has considerably decreased. That the consumption of opium from licit or illicit sources is at a low ebb now is admitted by officials and non-officials alike. It had not come down so low within the last fifty years. The sufferings of those who had courted imprisonment and assault in their attempt to remove the opium evil are still fresh in the mind of the people. The opium consumers, as a rule, are now-a-days not able to purchase their full rations in the pass and above all there is the popular notion that the Government is doing away with the opium within a few years. Why not take advantage of this situation? Why wait for future when all these favourable circumstances may disappear? If total prohibition is adopted now there would be very little danger from smugglers now. Mr. C. S. Mullan, the Deputy Commissioner of Kamrup says "on account of the present economic depression probably smuggling is at the lowest ebb".

The policy of ten per cent. reduction was never an ideal policy. It was a result of compromise based on apprehension of serious consequences of death to an addict suddenly deprived of his opium—a theory which is generally contradicted by the authoritative medical opinion of the day. If, as would appear from our conclusions, we are determined to get rid of the evil

there is no use continuing the habit; we have now a fairly efficient and well-trained preventive service in the special branch; with a little addition to their strength the policy I advocate is bound to be carried to success—at least a degree of success which will by no means be inferior to the success in the ten per cent. policy.

In 1925, the Congress Enquiry Committee recommended that at the end of five years opium should be put in the list of poisons. The period has long expired. Formosa adopted the policy I suggest in 1897, and there has been total prohibition in Philippine Islands since 1908. The example of America should be no hindrance. Conditions in the two countries differ. Here there is a strong public opinion against opium so much so that the opium consumers are generally looked down upon as liars and petty thieves. They are not strong enough to fight against the Government should it adopt the policy of prohibition.

In my opinion the present is the most opportune time and after a notice of six months, all passes of persons under 50 years of age should be cancelled and no new pass should be issued under any pretext. Any one under 50 years of age, proved to be opium consumer, should be held guilty of a criminal offence and severely punished. The sooner this policy is adopted the better for all concerned—both Government and the people.

11. Failing total prohibition throughout the province, I was in favour of immediate total prohibition in the districts of Goalpara, Kamrup, Nowgong (excluding Mikir Hills), Sylhet and Cachar (excluding North Cachar Hills). Mr. Goswami has dealt with this in his note of dissent and I entirely agree with the reasons given by him.

12. Our President brought in a proposal of immediate total prohibition in the district of Goalpara. I supported it on the grounds stated in the note of dissent submitted by him. None of the evils apprehended in the rest of the province would have followed in its wake. A very small quantity of opium is consumed in that district and the policy of total prohibition inaugurated there would have been an excellent example for the rest of the province. It may be recalled that the policy of registration was started in the district of Goalpara first and with very good results.

13. I also could not persuade the Committee to accept the policy of total prohibition amongst the indigenous Assamese people. They acquired this habit only after the Ahom rule was established. They realise the evils of opium more than any other opium-consuming race. According to them the opium-eater is an unreliable and untruthful man. In all petty thefts in

the neighbourhood he is suspected. The Assamese people have realised the baneful effects of opium and are prepared to make any sacrifice for its disappearance. They want that this curse should be removed but the Government officers who are prone to accuse Assamese as lethargic and indolent do not give the Assamese the assistance they want. In despair the leaders of the people have to offer passive resistance and court imprisonment. The non-co-operation movement would not have gained so much popularity in Assam if it had not adopted the removal of opium as part of its programme. With the removal of opium through the efforts of Government, the spirit of non-co-operation in Assam will considerably disappear. In Burma, there was total prohibition of opium amongst the Burmans of Upper Burma; in Lower Burma passes were allowed owing to the unhealthiness of the climate. It will appear from the invaluable pamphlet "Facts and Figures about opium" prepared by our Secretary Mr. Dawson most of which has been incorporated as Chapter II of our report, that the Government of Assam laboured under the same misconception and did not take adequate steps to remove the evil habit. If the Government had introduced prohibition amongst Assamese people even two decades ago, this province would have been better and a happier place to live in. We have in evidence that in North Lakhimpur, the heaviest opium consuming subdivision, the consumption of opium has appreciably decreased amongst the Assamese people. In the Assam Valley districts opium habit can in most cases be traced to some disease.

14. I am definitely opposed to the re-opening of the registers. I entirely agree with the reasons given by our President in his notice of dissent. The ten per cent. reduction policy would be almost meaningless if new passes were issued, and made permanent. Even officers like Mr. Mullan, Deputy Commissioner, Kamrup, Mr. Mills, Deputy Commissioner, Naga Hills, and Mr. Mitra, Deputy Commissioner, Darrang, are opposed to it.

15. I do not agree that the ten per cent. policy has either increased short-weight sales or smuggling. We had no satisfactory evidence as to what extent they existed before the inauguration of the policy. The low price of opium before was responsible for their comparative absence in the past.

16. I do not disagree from the majority report in any carping spirit of criticism. I consider that we will have some gain if the Government accept its main recommendation, *viz.*, the continuance of the ten per cent. reduction and refusal to grant passes under any circumstances to persons under 45 years of age. But considering that 50 years of age has been placed as

the limit for immunity from cut, and that experienced Civil Surgeons like Colonel Allen are of opinion "that passes should be refused to all but the aged, viz., anything over 60 years of age," in my opinion, the Government should not sanction issue of new passes to any one under 50 years, even though they should decide to re-open the register.

17. I do not think that the cures effected in jail are as a rule not of lasting character and that they invariably relapse to old habit after their release. Evidence to the contrary was placed before us. I also do not believe that all those who have now been compelled to give up the habit owing to economic depression will resume their old habit when the situation improves. After the benefit they derive from abstinence I feel sure that most of them will not think of reverting to their old ways.

18. The evidence about corruption amongst the Excise staff coming as it did from responsible and respectable persons including officials left an unsavoury impression in my mind. And I hope the Government will not shut their eyes to the real state of things but try to remove the evils in the department just as Mr. Walker, Deputy Commissioner of Sibsagar, has been trying to do.

In fine I desire to thank Mr. Dawson for all the valuable assistance that I have received from him in season and out of season, and the patience with which my colleagues considered my point of view, although in some important matters I found no supporter.

SHILLONG : } ROHINI KUMAR CHAUDHURI,
21st September 1933. } Member, Opium Enquiry Committee.

MINUTE OF DISSENT BY SRIJUT BRINDABAN CHANDRA GOSWAMI.

I consider it my duty to explain my position in respect of two or three important points:—

(1) I was unable to support the proposal of Srijut Rohini Kumar Chaudhuri for total prohibition throughout the province after 6 months' notice, as I entertained grave doubts that this sudden prohibition even in areas known as the 'Black Spot' might undo what good result the 10 per cent. cut policy had brought in its train to the province during these 5 years. At the same time, I sympathised with the general idea and so remained neutral. I proposed for total prohibition for Nowgong (excluding Mikir hill tracts), Kamrup, Goalpara, Cachar (excluding North

Cachar Hills) and Sylhet where consumption of opium as compared with other districts, known as "Black Spot" areas is very small. Tables A and B of our report in paragraph 12 will support my contention. I thought that, taking advantage of the present economic depression, an experiment in these districts might conveniently be made because we have in view the total eradication of this evil habit from our midst. My proposal was supported by Srijut Rohini Kumar Chaudhuri. The proposal by Rev. J. J. M. Nichols-Roy for total prohibition in Goalpara district received the support of Srijut Rohini Kumar Chaudhuri and myself.

(2) I was along with Srijut Rohini Kumar Chaudhuri and the Chairman against the re-opening of the registers for reasons which are given by the latter in his minute of dissent with which I am in entire agreement.

(3) As it was evident, however, that the majority of the members favoured the opening of the registers, I suggested that no passes should be issued to those under 50. The recommendation of the majority was to fix the age at 45. I am of opinion that if the registers are to be opened the fact should be widely notified and the passes should be permanent, as I believe that these steps are essentially necessary if registration is to be effective.

DATED SHILLONG :

The 18th September 1933.

BRINDĀBAN CHĀNDRA

GOSWAMI,

Member, Legislative Council.

APPENDIX.

OPIUM RESTRICTION POLICY IN CEYLON.

L Demi-official letter No. 281-O.C., dated the 18th August 1933, from the Secretary, Assam Opium Enquiry Committee, to the Director of Medical and Sanitary Services, Colombo.

I was interested to find from a recent newspaper report of which I enclose a copy that in Ceylon there is a system of annual 5 per cent. reduction in the amount of opium allowed to registered consumers. As you may be aware the opium problem is one of considerable magnitude in Assam. The present policy is to endeavour to extinguish the habit by making an annual 10 per cent. cut in the rations of registered consumers under 50 years of age who constitute about half the total registered consumers of 67,000. Already the cut has been made for five years. At the present moment a Committee is sitting to review the present policy and to suggest any modifications that may be required, particularly in view of the fact that the smuggling of contraband opium may endanger the success of the policy.

The Committee would be grateful if you could send any documents showing on what principle the 5 per cent. cut is effected, how long the cut has continued, and to what extent the policy has been a success.

Enclosure.

Colombo, August 15.

The progressive decline of the opium habit in Ceylon is illustrated in statistics quoted by the Director of Medical and Sanitary Services in his administration report for 1932.

During the year under review, no new consumers registered though none of the 51 depôts at present in existence were closed. The total number of registered consumers served from depôts in the island declined to 4,108 compared with 4,746 in 1931 and 5,244 in 1930.

The considerable decrease in sales recorded is partly due to the annual 5 per cent. reduction in the amount of opium allowed to consumers and partly to deaths among consumers.

2. Letter No. H.1791, dated the 28th September 1933, from the Director of Medical and Sanitary Services to the Secretary, Assam Opium Enquiry Committee.

With reference to your letter No. 281-O.C., dated the 18th August 1933, I have the honour to state that the 5 per cent. reduction in the allowance to opium consumers has been in force in Ceylon since March 1st, 1928. This reduction was effected by a notification by His Excellency the Governor under section 14 of the Opium Ordinance of 1910, copy of which is hereto annexed. It will be observed that the reduction of 5 per cent. is effected annually on the original allotment to the consumer. The annual reduction is effected in respect of all consumers irrespective of age.

2. This reduction was enforced owing to the decision of the Government of India to restrict the export of opium from India to Ceylon by 10 per cent. stages from 1927 onwards terminating in 1935, after which year export from India to Ceylon will finally cease. The reduction was therefore a matter of necessity rather than of deliberate policy. The allowances were however reduced by 5 per cent. only, since it was expected that the annual reduction by death of the number of existing consumers would compensate for the other 5 per cent.

3. As above stated, the cut has now been in force for 5½ years, and the issue to consumers is at present 70 per cent. of the registered quantity.

4. As stated in paragraph 2 no deliberate policy is involved, but had such been the aim of the notification it might reasonably be said that the policy had been successful, assuming always that the consumers have been unable to make up the deficit from illicit traffickers in opium, of whom a considerable number are known to exist in Ceylon. There have been comparatively few complaints about the reduction, and in only four individual instances has it been necessary for His Excellency the Governor to suspend the annual cut. Such cases have *invariably been those of persons of over sixty years of age* whose infirmities have, in the opinion of responsible Government Medical Officers, justified the suspension of the progressive reduction in their favour. Even in such cases the suspension is not made final, but the consumers concerned are required to satisfy the Medical Officer annually that the continuance of such suspension is justified.

5. Though the information is not specifically called for, you may be interested to know that the registration of consumers was inaugurated in 1910, in which year there were 21,205 registered consumers, and that there were on December 31, 1932,

4,108 consumers. The registration of fresh consumers has been entirely stopped. Despite the exercise of the utmost vigilance possible the existence of a large extent of unguarded coastline combined with a regular trade with South India both in steamers and in small sailing boats offers considerable opportunity for the smuggling in of illicit opium, a good deal of which reaches the consumer, though no doubt at an enhanced price which in itself should tend to check consumption.

6. In addition to the registered consumers certain registered Ayurvedic physicians are also supplied with strictly limited quantities of opium for use in their prescriptions. The issue for this purpose amounts, on the average of the last three years, to 265 lbs. annually. There are at present 3,443 such physicians registered.

Enclosure.

Published in Government Gazette No. 7631 of 24th February 1928.

"THE OPIUM ORDINANCE, 1910."

Rule made by His Excellency the Governor in Executive Council under Section 14 of "Opium Ordinance, 1910."

By His Excellency's Command,

A. G. M. FLETCHER,
Colonial Secretary.

Colonial Secretary's Office, Colombo,

21st February 1928.

RULE.

From and after March 1, 1928, the monthly allowance of opium specified in the certificate of registered consumers shall be subject to an annual reduction of 5 per cent. of such allowance.

A. G. P. (Excise) No. 10-350-16-10-1923.