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COMMISSION ON NARCOTIC DRUGS

THIRD SESSION

SUMMARIZED REPORT OF THE GOVERNMENT OF THE NETHERLANDS INDIES  
FOR THE PERIOD 1941-1947

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SUMMARIZED REPORT OF THE GOVERNMENT OF THE NETHERLANDS INDIES  
FOR THE PERIOD 1941-1947, INCLUSIVE, ON THE TRAFFIC IN  
OPIUM AND OTHER DANGEROUS DRUGS

INTRODUCTION

It is regretted that, due to the war, the publication of the usual annual reports on narcotic drugs, the last of which covered the year 1940, could not be resumed before now.

The United Nations' Commission on Narcotic Drugs, during its first session, in 1946, agreed to accept a summarized report for the period 1939-1946, for which annual reports could not be submitted. The data concerning the year 1947 are equally included in the present Summary Report.

Since the legitimate consumption of prepared opium in the Netherlands Indies was abolished, no special report on prepared opium, on pre-war basis, has been prepared. The relevant information will be found in the present Summary, sub D.XIII.

A. GENERAL

I. Laws and Publications

Notice of the Netherlands Government in London, dated 1 October 1943.

Hereby, the Netherlands Government announced its intention of proclaiming, after the liberation of the Netherlands Indies, a general prohibition from opium smoking and the abolition of the Opium Monopoly in that territory.

Decree of 21 December 1944, issued at Brisbane (Law Bulletin No. 14, 1944)

By the issue of this Decree, effect was given to the above mentioned intention of proclaiming a prohibition from opium smoking. The legal provisions which, pursuant to the prepared opium agreements, concluded at Geneva on 11 February 1925 and at Bangkok on 27 November 1931, still permitted a restricted measure of opium smoking, thus were abrogated.

II. Administration

For point 2 (new developments in regard to addiction) vide D. XII, Prepared Opium. No further particulars are to be reported.

III. Control of International Trade

The importation and exportation of narcotic drugs have again been made subject to a system of import certificates and export authorizations based upon Netherlands Indies opium legislation as well as on international /agreements.

agreements. Import certificates have been issued for quantities not exceeding those permitted under the Geneva Convention of 1931. Authorizations permitting the export of narcotic drugs and coca leaf have been granted only to holders of import certificates issued by the competent authorities of the importing country.

The issue of these import certificates and export authorizations for the control of narcotic drugs has been mainly the responsibility of the Head of the Public Health Service at Batavia. For the export of coca leaf, authorizations have been issued by the Director of Economic Affairs at Batavia.

Since the end of the war, a few import certificates have been issued by, or on behalf of, the Netherlands Ambassador in Washington. These certificates covered the import into Sumatra of narcotic drugs from the United States which drugs had been ordered for medical purposes. To ensure the strict observance of the provisions of the Geneva Convention of 1931, future import certificates, including those to be granted for Sumatra, will be issued exclusively by the Head of the Public Health Service in Batavia.

#### IV. International Co-operation

The abolition of opium smoking has been the subject of an exchange of notes between the Netherlands and the United States Governments.

#### V. Illicit Traffic

1. The return of more normal conditions, during the post-war period, was attended by illicit traffic in raw opium, including clandestine imports.

Most of the latter proved to have emanated from China, while the crews of Chinese vessels acted as intermediaries or for their own account. In one case, opium was seized on board of a ship which had come from India.

Illicit traffic in monopoly opium has been detected as well. Although it must be assumed that there is a clandestine trade in morphine, heroin, cocaine, etc., there has been no evidence of clandestine imports of drugs other than opium. Neither the illicit manufacture of narcotic drugs nor the production of poppies or Indian hemp has come to light. Except in one case, mentioned sub 4 (b), no trade marks or labels have been found on the containers of seized drugs. Insofar as it could be ascertained, all clandestine imports of opium went through the sea ports.

The bulk of the opium seized was hidden in trunks or suit cases with a double bottom or side, or found on the bodies or in the clothes of the traffickers.

2. The production of poppies and Indian hemp is forbidden in this country.

No further particulars other than those given sub B, Raw Materials, are available.

3. In thirty-two cases, criminal proceedings were instituted against offenders on charges of illicit imports or possession of narcotic drugs. Only in seven cases the offenders could not be apprehended. The penalties inflicted varied from a fine to imprisonment, including confiscation of the seizure. The maximum penalty involving the loss of liberty was for a term of one year and six months.

Offenders may be classified by occupations and thus be distinguished into three categories, namely: dealers, seamen and coolies.

4. (a) On 22 September 1947, the police succeeded in seizing on the premises, located 92, Tanah Tinggi Portjol, at Batavia:

98 boxes each containing 1000 tubes)	
260 boxes each containing 100 tubes)	of monopoly opium
11 boxes each containing 100 tubes)	contents of each
348 loose tubes:	) tube 0.8 grammes

The value of the above in the illicit trade amounted to 1 million florins. Tjia Giok Liem and Tjan, suspected owners, are both fugitive from justice. No further particulars known.

(b) On 4 March 1947, the following seizures were made at Tandjong Priok (Batavia) on board the British M.S. 'Silver Teak' which had arrived from Calcutta: 13 canisters, each containing 28 lbs of raw opium, aggregating about 182 kilogrammes. Traffickers unknown. The canisters bore the inscription: "Cetable Product First Quality, Made in India by the Ganisch Flow Mills Co. Ltd., Delhi. Weight 37 Nett Vanaspati".

5. The total seizures during the period commencing on the date of the Japanese capitulation and ended 31 December 1947, consisted of 267.925 kilogrammes of raw opium and 167.424 kilogrammes of monopoly opium.

6. According to information, received recently, the price of raw opium offered for sale at Batavia was about 400 florins per thail (=  $\frac{1}{2}$  40 grammes). No other instances of prices charged in the illicit traffic have become known. The price of monopoly opium, originally quoted from fl.7 to fl.8 for a tube of 0.8 grammes, subsequently rose to fl.14 - fl.15 per gramme. A temporary price decline followed on the theft of a considerable quantity of narcotics from a Government store at Bandung. Between the 6 and 16 October 1947, the following drugs were stolen from this store:

30.-	kilogrammes of medicinal opium
7.045	kilogrammes hydrochloric morphine
138.9	kilogrammes raw opium

This case is still under investigation. The police succeeded in seizing

/52 kilogrammes

52 kilogrammes of raw opium belonging to the haul, and arrested four Indonesians and two Chinamen.

VI. Other information

B. RAW MATERIALS

VII. Raw Opium

Poppy growing has been forbidden for ever so long. No infringement of this prohibition order has been reported.

VIII. Coca Leaf

At the end of the Japanese occupation, the aggregate coca plantations in Java covered an area of 584 hectares.

The only production figure known is that for 1944 which amounted to 85 tons, as against 141 tons in 1940.

IX. Indian Hemp

The growing of Indian hemp is forbidden under a prohibition order of long standing. Prior to the war, small scale infringements of this order were detected, particularly in North Sumatra.

Recent information on Indian hemp growing is not available.

C. MANUFACTURED DRUGS

X. Internal Control of Manufactured Drugs

1. (a) Narcotics are not manufactured.  
(b) and (c) Diacetylmorphine is neither manufactured nor imported.  
No further particulars.

2. Licenses

At the end of 1947, three pharmaceutical firms were granted a license to carry on a wholesale trade in narcotics (including wholesale importation and delivery to pharmacies, ship's dispensaries, hospitals and similar institutes, physicians, dental surgeons and veterinary surgeons).

3. Manufacture

4. Trade and Distribution

See for wholesale trade, sub 2. No further particulars.

D. OTHER QUESTIONS

XI. Chapter IV of the Hague Opium Convention of 1912.

XII. Prepared Opium

Prior to the war the consumption of prepared opium was permitted on a limited scale, with the aim to achieve the greatest possible restriction. The sale of the monopoly opium throughout the Netherlands Indies decreased

/from 100,000

from 100,000 kilogrammes, in 1920, to 22,000 kilogrammes in 1940.

During, or immediately after, the capitulation of Japan, the number of opium retail establishments in Java and Madura amounted to 422 as against 445 in 1940. During the Japanese occupation, the quantities, sold in 1943 and 1944, roughly amounted to 12,500 and 12,000 kilogrammes respectively as against approximately 9,000 kilogrammes in 1940.

During, or immediately after, the capitulation of Japan, there were about 39,000 license holders in Java and Madura.

In 1940, the approximate number of customers purchasing monopoly opium was 41,000 (including about 34,000 license holders and about 7,000 consumers who were permitted to buy monopoly opium without a license).

Prior to the war, Batavia, Semarang and Surabaya were regarded as free zones where, subject to certain general prohibitory regulations, all persons of age were allowed to consume monopoly opium. Before the war the authorities did not deem it practicable to restrict the consumption of opium in these sea ports to holders of personal licenses. The remaining part of Java fell either under the area where the consumption of opium was forbidden and or under that where licenses were required.

The Japanese occupation authorities issued a decree providing that in the above-mentioned three ports monopoly opium would be available only to persons holding a consumption license, and thus abolishing the system of the free zones, as from 1 April 1944.

As from 1 March 1945, the Japanese authorities further raised the price of monopoly opium (which had already been increased from fl.0,50 to fl.0.75 per gramme) to fl.1,25 per gramme (Japanese monetary value).

During the Japanese occupation, the choice of five tubes, containing 0.2, 0.4, 0.8, 2 and 5 grammes respectively, was reduced to one, containing 0.8 gramme. Probably, in connection with the fuel problem, the Monopoly Opium Works have eliminated the roasting process.

During the same period the territorial sphere of activity of the Head Office of the Opium and Salt Monopoly at Batavia was restricted to Java and Madura.

Meanwhile, in 1943, the Netherlands Government in London provided that, after the liberation of the Netherlands Indies, the legitimate consumption of opium in that territory should be completely abolished. Effect was given to this decision by Decree of 21 December 1944, issued at Brisbane and published in Law Bulletin No. 14 of 1944.

This Decree included the abrogation of the Monopoly Opium Decree of 12 May 1927 (Law Bulletin No. 279) which granted powers to permit the  
/consumption



consumption of monopoly opium, subject to a number of restrictive regulations.

In consequence of Decree No. 14, 1944, raw opium has no longer been imported on behalf of the Netherlands Indies Government, and a quantity of raw opium amounting to some 7000 kilogrammes found after the Japanese capitulation in a basement store at Batavia, was put at the disposal of the Government. The latter disposed of it as follows: two consignments of 2000 kilogrammes were shipped to the Netherlands for the manufacture of medicinal narcotics. Negotiations are now proceeding for the export of a third consignment of 2000 kilogrammes to be shipped likewise to the Netherlands.

As another consequence of the same decree, no opium has been manufactured since the war, and the sale of monopoly opium has been discontinued as a rule.

During the period following the Japanese capitulation in August 1945, substantial quantities of monopoly opium as well as raw opium were illegally transferred, through Japanese or other channels, to the illicit trade from where it found its way to the consumers. The importance of these quantities may be illustrated by the fact that, as late as September 1947, a lot of over 100,000 tubes was seized (see sub V).

As one of the less disastrous aspects of this state of affairs, which in itself was deplorable, may be mentioned the fact that the risks involved in the abrupt discontinuation of opium smoking were somewhat reduced, a circumstance which was the more important as the possibility of weaning the latter from their bad habit, under medical supervision, was practically lacking.

In Bali and Lombok, where the local stocks of monopoly opium had remained intact, the sale of this opium has been continued for some time for medical purposes. It was gradually reduced and finally stopped. The local Health Service, however, stocked a limited quantity for the weak, sick and aged persons among the remaining two hundred opium smokers who for the lack of medical treatment were permitted to continue smoking.

The decree of the Netherlands Government by which the smoking of prepared opium was abolished was disregarded by the Indonesian Republic in so far as Java was concerned. The distribution system continued to operate as usual, and shortly after the Japanese capitulation stocks of raw opium, as well as the manufacturing plant of the Opium Works at Batavia, were removed to Republican territory in Central Java where the manufacture of monopoly opium from raw opium was continued.

The measures taken in the Netherlands Indies by the Netherlands Government during the period 21 July-4 August 1947, enabled the Netherlands

/Indies

Indies Government to initiate the enforcement of the above-mentioned decree in those parts of Java where monopoly opium was still being sold under the Republican regime.

The procedure followed by the Government in this case was similar to that which was adopted for Bali and Lombok. Abrupt stoppage was avoided in those districts where considerable numbers of drug addicts were found, and insofar as personnel was available, the supply of prepared opium was still being continued.

This policy was without prejudice to the Government's decree having for its objective to suppress the habit of opium smoking by all means available. From medical and humanitarian motives it was deemed necessary to use consideration for such addicts as may be classed among the heavy smokers, in whose case abrupt abstinence involves great risks. Due to the abnormal circumstances it was impracticable to ensure medical treatment to large numbers of opium smokers, including patients suffering from some chronic disease or ailment and indulging in the practice of using opium as a sedative and palliative.

The following may be stated with regard to the above-mentioned supply of opium, as a transitory measure:

- (a) the prepared opium used for these purposes is being drawn from the limited stocks which were found after the war and put at the disposal of the Netherlands Indies Government (which, as stated before, has neither imported any raw opium nor caused its manufacture since the war);
- (b) prepared opium is supplied only to such persons as had been provided before by the Indonesian Republic;
- (c) the supply is effected under the supervision of the Public Health Service;
- (d) the price of this opium was fixed at once at the minimum rate of fl.0,50 (Netherland Indies currency) for a tube of 0.8 grammes. Under the Republican regime the price was fl.8,- (Republican currency) per tube of 0.8 grammes for quantities purchased under a license entitling to a maximum of 32 grammes per month, and fl.8,- (Republican currency) per tube of 0.8 grammes for licensed quantities over 32 grammes per month.
- (e) with the object to arrive as soon as possible at a general abolition of the supply of prepared opium, the gradual reduction of rations was initiated immediately;
- (f) the greatest possible discrimination has been, and is still being

/made with



made with regard to republican licenses;

(g) the supply to comparatively young persons, being comparatively small users, has been stopped without granting them any rations during a period of transition, insofar the compulsory abstinence was justifiable from a medical point of view.

The following may serve to explain some of the above statements:

Sub (c):

Since the transitional supply of prepared opium is based on medical considerations, thus necessitating the attendance of local physicians, the Public Health Service obviously was the appropriate body to be charged with the supervision of this supply; the Salt Monopoly (formerly Opium and Salt Monopoly) Service continues to be in charge of the supply proper. This will enable advantage being taken of the experience gained by the personnel of the latter while its sales-organization will continue to operate until the Health Service is in a position to take over the supply of prepared opium, insofar as this may be necessary.

Sub (d):

Considering the intrinsic value of the post-war Netherlands Indies currency, the price at which opium is retailed, is extremely low. This may be illustrated by the fact that 0.8 gramme of prepared opium costs less than the price of 1/2 litre of rice, the popular food, which in Batavia is sold for about fl.1,20 per litre. Before the war, when the Opium Monopoly still existed, and the prices of monopoly opium were fixed largely on the basis of technical considerations, the price of 0.8 gramme of this opium was equal to that charged for about 4 litres of rice.

Sub (e):

As a rule the sale was reduced at once to two-thirds, and in certain cases even to one-half, of the rations formerly made available by the Indonesian Republic;

Sub (f):

The discrimination made between the licenses issued by the Republic was meant to suppress the abusive practices of those licenses who did not scruple to sell all or part of their opium rations with a view to make a profit thereon.

At the end of 1947, the official supply had already been reduced to one-third or one-fifth of the rations which prior to 21 July 1947, were supplied under the Republican regime, and according to the records, available at the end of /that year.

that year, which may be capable of slight correction, the distribution in the whole of Java and Madura was restricted to 2,900 persons who, in December 1947, received in total 31,000 tubes of 0.8 gramme each, or roughly 0.28 gramme per person, per day, whereas, under the Monopoly regime, the daily ration of licencees amounted to 0.4 gramme in the case of Indonesians and 1.5 gramme in the case of Chinese nationals.

In those areas of Sumatra where the Netherlands Indies Government authorities re-obtained a foothold (after 21 July 1947) it was found that the sale of opium had already been abolished under the Republican regime. The Netherlands Indian Government naturally maintained this measure.

It may be interesting to give some particulars concerning the results obtained in the city of Batavia where the system of temporary supply pending complete abolition had to be applied on a large scale.

Under the Republican regime, prior to 21 July 1947, about 3000 licencees (roughly 400 Indonesians and 2600 Chinese) were regularly provided with monopoly opium. At the end of July 1947, the personnel of the six Republican retail establishments, consisting of twenty men, refused to continue working under the new conditions. From a medical point of view, and with a view to prevent disturbances, it was deemed inadvisable to proceed to drastic measures which would abruptly doom to abstinence several thousand persons who used to be regularly provided with opium under the Republican regime. Therefore, a central retail establishment, with a Government staff, was established on the premises of the former Opium Works (now idling because the manufacture of opium has been stopped). The temporary sale, intended to cover a period of transition, started on 4 August 1947.

Until the end of that month, two-thirds of the Republican rations were made available for sale. As from 1 September 1947, the sale was reduced to one-half of the Republican rations. On 11 October 1947, it was further reduced to one-third and the supply was restricted to holders of a license, issued by the Republic, subject to the following requirements: a certificate, issued by the Netherlands Indies Government authorities, showing the identity and passport photo of the holder, and authorizing the latter, in accordance with the advice of the Head of the Public Health Service, to purchase prepared opium for the time being.

Great vigilance had to be observed in the procedure of issuing these certificates which involved the risks of bribing practices. As an instance thereof may be mentioned that the Republican officer, who was authorized to issue licenses and fix the quantities of opium to be granted to the holder, /was arrested

was arrested by the Netherlands Indies Police shortly after 21 July 1947, when he admitted having accepted considerable amounts of money from bribers who enticed him to issue a license to which they were not entitled.

The number of official certificates issued did not exceed 1800. Consequently, no opium was supplied any more to about 1200 licencees, the majority of them were in possession of a licence issued under the Republican regime, and for a certain number of them the denial of opium did not involve the risk of fatal consequences to their health.

At the advice of the Head of the Public Health Service, the certificates required were not issued to the following categories of persons (who, consequently, were no longer provided with prepared opium):

- (a) Indonesians, under 50, who under the republican regime received less than 4 grammes, every ten days;
- (b) Chinese, under 40, who under the republican regime received less than 16 grammes, every ten days;
- (c) Chinese, aged 40-49, who under the Republican regime received less than 12 grammes, every 10 days.

Originally, this regime was more stringent but it had to be eased when it appeared to be too drastic for many persons whose physical condition would suffer too much. In its revised form, it proved to be practicable, on the understanding that a few exceptions had to be made in the case of weak and sick persons to whom a certificate was not refused.

The number of persons in Batavia, approximating 1800, to whom opium was still being provided, may be classified by the following age groups:

Nationality	Estimated Age					Total
	Under 30	30-40	40-50	50-60	60 and older	
Indonesians	-	13	65	114	42	234
Chinese	2	181	489	597	312	1581
Total	2	194	554	711	354	1815

In Batavia, the quantities of prepared opium, supplied in tubes of 0.8 gramme were reduced as follows:

	Approximate figures
July 1947 . . . . .	† 170.000 (Republican regime)
August 1947 . . . . .	113.425
September 1947. . . . .	82.441
October 1947. . . . .	61.018
November 1947 . . . . .	32.694
December 1947 . . . . .	23.459

The homes of opium addicts in Batavia were regularly visited. The object of this inspection was to check the possibility of opium being supplied on the presentation of licenses, the holders of which had died or moved elsewhere, as well as to ascertain the consequences of the reduction.

The Head of the Public Health Service used to determine each month the extent to which the rations were to be reduced on the basis of information collected by him.

Although, as will appear from paragraph V, part of the opium requirements was still being provided by illicit traffickers, this would not justify the assumption that the bulk of the remaining opium addicts was thus enabled to cover their requirements from that source. In the illicit trade, prices were so high that only a small group of people were able to pay them.

The lack of opium may be characterized by the fact that cases have been reported of opium smokers having broken old opium pipes (customarily regarded as a valuable property) only for the purpose of getting hold of the 'ajitjing' (opium ashes) which they contained. This tends to show that the number of addicts is dwindling and that there is a dire lack of narcotics. This may be illustrated also by the fact that addicts have been found who, after cleaning these pipes with a cloth, boiled the latter in water and drank the opium extract thus obtained.

As another instance showing the lack of opium, it may be interesting to mention that opium addicts recently have adopted the habit of swallowing the opium instead of smoking it. Those who apply this new method make about six pills from an 0.8 gramme tube of opium which are roasted over the flame of the opium lamp. Some people smoke five of these pills and soak one in hot tea which they drink. The opium thus consumed with tea is not always roasted. Others are smoking half their rations and prepare of the other half a solution in tea. Addicts unanimously declared that they prefer the smoking method but that the severe cuts in the rations have forced them to drink the opium instead of smoking it, as experience has taught them that by applying this method they are less susceptible to the troubles resulting from abstinence, or that these troubles occur to a lesser degree.

It will be known that the narcotic effect of a certain quantity of opium consumed as a liquid is much more intense than that of the same quantity after smoking it.

There is no doubt that the rigorous restriction had an injurious effect upon the health of a number of addicts, but the general impression gained by inspectors was that addicts, presumably partly due to the method /of consumption,

of consumption, described hereabove, have succeeded in adapting themselves without suffering excessive harm. Had the distribution of opium been stopped abruptly and completely on 21 July 1947, this would certainly not have been the case. The inspectors gained the impression from the persons visited that they were not in a sorry plight, either physically or psychically. Manual workers, for instance, stated that they were able to do their work. The number of deaths, ascertained by questioning, etc. appeared to be moderate, and the majority of the deceased proved to have passed the middle-aged stage. The death of fourteen addicts was recently reported. The reached the following ages:

40 - 50	2
51 - 60	5
61 - 70	4
over 70	2
unknown	1

The system of gradually cutting down the opium rations thus has led to a large scale improvement. This improvement is intensified by the remarkable fact that addicts, weaned from their bad habit, who formerly had no difficulty in procuring opium, if they chose to recommence smoking, are nowadays facing a new system under which it is practically impossible to obtain opium, at least regularly and at a reasonable price.

Under this new regime, little consideration is used for the addicts.

It may be stated that those members of the Chinese community who are abstainers fully agree with the intention to put an end to the legitimate consumption of prepared opium.

The remaining addicts consequently are more exposed to general reprobation on the part of the public than they were formerly. The authorities are taking advantage of this circumstance inasmuch as the the supply of opium, by way of a transitory measure, is stopped immediately in the case of those who have deceived the authorities by giving false information (wrong name and address, for instance). The supply during a period of transition is based upon the policy of preventing or alleviating decidedly fatal consequences of deprivation. In those cases in which it becomes apparent that the desire to conceal the consumption of opium is outweighing the passionate desire for opium itself, it may be safely assumed that the latter is not such as to justify a further supply of opium.

Another remarkable difference is that whereas hospital treatment will cure an addict in a short period of time (as a rule not more than two or /three weeks)



three weeks) it will take several months to cure addicts by the present method of 'mass-weaning', at least the serious cases. This cannot be helped because the medical supervision is more general. There are still about 1800 addicts. Individual medical supervision of this number would necessitate observation in hospital for days but, due to the lack of hospital accommodation, this would be impossible now. The greater majority of persons, who received licenses under the Republican regime, and Netherlands Government certificates (as described hereabove) are showing one or more of the typical symptoms of the opium addict, such as a pale complexion, general emaciation, parchment-like skin, lack-lustre eyes, etc.

After the aforementioned selection, as the result of which the number of persons, to whom opium is distributed, has been reduced from about 3000 to about 1800, it may be assumed that the large majority of them are actual smokers to whom the abrupt deprivation of opium may be most embarrassing. The supply during the present period of transition must be regarded as absolutely necessary, for medical reasons.

Insofar as it is medically justifiable, the supply of prepared opium is being further decreased. The supply to those persons who prior to 21 July 1947, had been granted an initial allotment of less than 8 grammes per month, was stopped entirely, in February 1948. The rations of those who used to receive more than 8 grammes per month, were further reduced in January and February 1948.

In those cases in which the effect of the general reduction scheme proves to be too injurious, the public authorities will ensure individual medical attendance.

The authorities are now planning the manufacture of opium tablets, on the basis of the evaporating process, and containing an excipient as well as a denaturant, the latter as a means to deter addicts from using the tablets for smoking purposes.

The equipment for the manufacture of these tablets has been ordered. It is intended to proceed with the rigorous reduction of opium for smoking purposes as soon as these tablets become available. The substitution of the former by the latter will be on the basis of 100 milligrammes of medicinal opium (in tablet form) in lieu of 800 milligrammes of prepared opium.

#### XIII. Miscellaneous