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***Kaniai Khale Asam Desh (Opium has ruined Assam): Challenging
the myth of the endemic opium affliction in colonial Assam***

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Kaniai Khale Asam Desh (Opium has ruined Assam)

Challenging the myth of the endemic opium affliction in colonial Assam¹

Abstract

Reconstructing the index of ‘epidemiological reality’ which could provide a holistic representation of the extant and pattern of opiate consumption in Assam, is complex and intricate. While the official surveys and reports have their limitations, the presence of many unregistered consumers who did not wish to reveal their condition is a major deterrent in deciphering the exact nature and prevalence of opium consumption. The primary hypothesis that has been proposed by anti-opium proponents is that all opium use is harmful and that it leads to addiction and therefore to physical ruin. Any possibility of the existence of a class of moderate and occasional users is completely ruled out. It is in this context that I have attempted to revisit the ‘damage narrative’. The paper seeks to challenge the narrative of the widespread addiction and destruction of Assam believed to be the consequence of opium use. By examining the data available from various official and unofficial sources, it has been attempted to analyze the commonly held belief of the endemic opium affliction in Assam and thus offer an alternative perspective to the narrative of opium intoxication.

Keywords: Opium, Assam, Colonialism, Consumption, Addiction

¹ The revised version of the lecture delivered at the Nehru Memorial Museum and Library, 15 January 2018.

² *Hubble-Bubble* refers to smoking of tobacco with a *hookah*-a long pipe attached to a container

Introduction:

The Assamese call it *Kanee/Kappa*, following the mode of its preparation and intake (being reduced to a dry state, the opium paste was spread on narrow slips of cloth and later rolled into small bales). For many years before the British occupation of Assam, the “hubble-bubble”² had served as a favourite pastime after a hard-day’s labour at the swampy rice fields. Alongside *paan-tamul* (betel-leaf and nut), *kanee* emerged as a stimulant and social lubricant as well. Small gardens of the white and red flower adorned the *bari* (homstead) of most households. They grew “luxuriantly” as affirmed by a colonial correspondence in 1793.³ An interesting conjecture attributes that the habit of opium smoking was introduced to the Chinese by the tribes of Assam who had long been addicted to its use.⁴ Whatever may have been the mode and method of its spread, opium eating and smoking found a devoted cult in the Brahmaputra valley. However, it never attained the status of connoisseurship as in China, where the Chinese perfected and refined opium smoking into an art and craft. Contrast to this, the penny-wise Assamese peasants grew poppies and savoured their daily dose of mild stimulation. To them it entailed recreational and pharmacological properties; the aesthetics neither interested nor enthused them.

By the mid-eighteenth century, poppy was the “golden crop” which catalysed Britain’s imperial ambition. Acres of land in Bengal and Bihar were teeming with the alluring white and red poppy flowers yielding the juice that would be rolled into opium *golas* (balls). Contrary to other crops, opium was mind-altering and psychoactive. Britain had already witnessed the worst phase of opiate use. China was flooded with opium and simmering with discontent over its teeming populace of opium “addicts.” However, the mercantilist mind was reminded of the immense profits that “opium for tea” was accruing in China for

² *Hubble-Bubble* refers to smoking of tobacco with a *hookah*-a long pipe attached to a container filled with water which was used to cool the smoke. Due to the presence of water, on smoking, the pipe let out a gargling sound.

³ “Report on Assam, 1794. From Captain Welsh to Edward Hay, Esq., Secretary to Government, dated 6 February 1794.” Nagendra N. Acharya, *Historical Documents on Assam and neighbouring states* (New Delhi: Omsons Publications, 1983), 8-14.

⁴ Don Sinibaldo De Mas, “England, China and India,” trans. Hartmann H. Sultzberger, *All about Opium*, reprint (England: BiblioBazaar, LLC, 2009), 102.

the empire, which was soon to be disbanded. New routes and markets had to be explored and developed.

Assam's contiguous tracts with Burma and continuing upto Yunnan (famed for its cultivation of best varieties of poppy) was alluring enough. Captain Thomas Welsh's *Report on Assam* hinted at the possibility of the manufacture of "merchantable opium" in Assam. This was validated around thirty years later, when David Scott's (the first Agent to the Governor-General, North East Frontier) remarks on *kane*- "in point of purity, probably equal to that of Patna or Benaras,"⁵ aroused great curiosity at Calcutta. Subsequent surveys and mapping revealed a culture highly accustomed to its use as a medicine and a stimulant. However, by the turn of the twentieth century, this "plant of joy" famed as "God's own medicine"⁶ became a powerful metaphor of dysfunction. While the missionaries preached it as "evil", for the medical men opium was a "poison"- fatal to the mind and body. Opium eaters of Assam became addicts. Opium use was made morally and legally unacceptable. The rhetoric found a suitable comrador in the Assamese intelligentsia who pleaded, argued, protested and finally fought for opium suppression and then eradication. Whether it was in the violent aftermath at Phulaguri (in Nowgong) following the opium anti-cultivation decree of 1860 or the *Nikaniakaran Parva* (Temperance Festival) launched as a part of non-cooperation movement in 1920, opium found itself influencing and delineating the course of events-economic or political of the day .

Extent of Opiate Consumption in Assam

Reconstructing the index of "epidemiologic reality," which could provide a holistic representation of the extent and pattern of opiate consumption in Assam, is complex and intricate. While the official surveys and reports have their limitations, the prevalence of a large number of unregistered consumers who did not wish to reveal their condition is a major deterrent in deciphering the exact nature and prevalence of opium consumption. Although each type of data has its limitations, it is nevertheless possible to reach certain general conclusions. The

⁵Alexandar Mackenzie, *History of the Relations of the Government with the Hill Tribes of the North East Frontier of Bengal* (New York: Cambridge University Press, 2012), 388.

⁶ William Osler, *The Evolution of Modern Medicine. A Series of Lectures delivered at Yale University on the Siliman Foundation in April 1913* (Yale: Yale University Press, 1913).

reports, both official and the non-official, along with the debates in the floor of the legislature, had established that opium addiction was considered a problem of massive dimensions. Undoubtedly, Assam had a problem with opium. But there lies a difficulty in an authentic assessment of the proportion of population that was rendered “useless” due to the opium habit and an evaluation of its effect on the economic productivity of the people, the rural peasantry in particular, if it did at all.

The Myth of the Endemic Opium Affliction

The “demonisation” of opium coincided with a series of enactments all facilitated to benefit the then emerging tea cultivation and to satisfy the imperial taste and culture. Tea symbolised refinement and respectability, opium was its antithesis- it was the symbol of decadence and degradation. Uninhibited poppy cultivation in Assam was moreover held responsible for the stagnant agricultural production.⁷In the international arena Assam was portrayed as contaminated and destroyed by opium, thus became a “black spot on the face of India.”⁸*Assam is ruined by the opium poison; Opium scourge wrecks havoc in Assam; What a ruin has befallen Assam?* –accounts such as these, with increasing regularity not only reinforced the belief that the opium plague was a scourge of humanity but also significantly perpetrated the myth of opium as a tropical predator whose extinction was essential to the survival of the temperate civilization and must therefore be eradicated. As a “narcophobic discourse”⁹ established itself within the precincts of international efforts; measures were initiated not only against opium but against “illicit” drug use all over the world in Europe, America and Asia. As opposition to opium use in Assam became vocal, anti-opium forces both in Assam and overseas inflated the number of addicts to illustrate more graphically the damage opium was doing to the Assamese people. Acknowledgement of the evils of opium eating also echoed in several literary outpourings of the nineteenth century, which sought

⁷ Private cultivation of poppy was prohibited from 1 May 1860. The sale of *abkaree* (excise opium sold from government treasuries) opium almost doubled between 1851-52 and 1858-59 which was allowed to continue on revenue grounds even hereafter. Amalendu Guha, *Medieval and Early Colonial Assam*(Delhi: Indian Council of Historical Research, 1977), 170.

⁸ “Opium Black Spots Conference, 1930,”Central Board of Revenue. R.Dis.No. 491. E.O - 26.National Archives of India(hereafter NAI).

⁹ Frank Dikotter, Lars Lamaan, and Xun,Zhou, *Narcotic Culture: A History of Drugs in China* (Hong Kong: Hong Kong University Press, 2004), 93.

to combine entertainment and reform. Hemchandra Barua's *Kaniyar Kirtan* (1861) and Dutiram Hazarika's *Rasik Puran* (1877), belong to an innovative reform agenda, resorting to the use of satire, wit and humor. *Kaniyar Kirtan* and *Rasik Puran* happened to be literary contemporaries, drawing their source of inspiration from a common issue—the opium question. The drama *Kaniyar Kirtan* reflects the sensibility of a social crusader. It set for itself the avowed objective of ameliorating the sufferings consequent upon indulgence in opium and of a society which is a witness to a continuous erosion of values due to its hypocrisy and superstitions.¹⁰ Alongside the anti-opium rhetoric of the English educated Assamese intelligentsia can be placed in the thought—world of the conservative sections of the community. His literary involvement with the opium question is summed up in the following lines *Behold! Opium is a deadly poison, an opium-eater is a mental wreck, alas! alas! How pathetic, opium has ruined Assam.* (Act XXX, p35)

Dutiram 'Swarnakar' Hazarika's poetical composition, *Rasik Puran* provides a very interesting account of the origins of the intoxicating drugs and their consumption along with their physical, social, and psychological ramifications. It uses a popular format of poetry—the Vaishnavite model, with its lucid but racy style to present a convincing picture of the society of the time steeped in indulgence and intoxication. What adds a special dimension is the attribution of divine origins and personification of the intoxicants which can be read with the advantage and understanding by 'ordinary villagers whose literary equipment does not range beyond the faculty of reading and writing'. The imageries and similes used by the author have been mainly taken from every-day life. The all-pervasive destruction wrought by the cultivation, manufacture, and consumption of opium on the health, morality and psyche of the general populace and the need to restrain the further inroads of the drug by educating them became the urgent concerns of a section of the community, who yielded the power of the

¹⁰*Kaniyar Kirtan* is written in the form of dialogues, dominated by satirical elements. Each individual scene is divided into *darshan*(acts). Barua's satire is ruthless, devoid of sympathy and is often set in contrast against the 'jovial, with brilliant wit and inimitable twist of words and expressions' satirical literary writings of his more illustrious successor, Lakshminath Bezbarua (1864-1938).

pen to become active social reformists.¹¹ However, the reference to the clever commercial policies of the company and the antagonism towards the colonial exploitation in the concluding paragraph, reveals the attitude of a section of the people whose thoughts and ideas were averse to the penetration of ‘Western’ ideas. Instead they could see in the policies of the Company imperialistic tendencies and commercial considerations, certainly not without reason,

*Greedy merchants of the Company signed a treaty,
To amass all the wealth for themselves,
Saw how half the people of Assam are opium-eaters
They saw how people cultivated opium
Struck upon an idea to amass the huge profit from opium for them
Dumped in cheap opium
Then banned its cultivation
And divided the land into mahals (folio xii)*

Missionaries and later medical men were instrumental in shaping the rhetoric of opium use being detrimental to the health and well-being of an individual; nationalists were eager to find a scapegoat in imperialism by emphasizing the catastrophic effects of opium use.

Late nineteenth century temperance agitations further reinforced the image of the Assamese opium eater -“Kaniya”- a term still widely prevalent in popular usage in Assam and which is used to describe a lazy person. Interestingly, the image at the core of this belief has rarely been examined at the time either by contemporaries or more recently, by historians. The primary hypothesis that has been proposed by anti-opium proponents is that “all opium use is harmful and that it leads to addiction and therefore to physical ruin.” Any possibility of the existence of a class of moderate and occasional users is completely ruled out. Richard Newman considers it as the greatest fallacy in approach. He attests to the

¹¹As yet, there is absence of any information on a public performance of *Rasik Puran*. The manuscript is available at DHAS (Department of Historical and Antiquarian Studies, Guwahati), and remains unpublished. As such, it is to speculation that we can resort to. It is highly probable that *Rasik Puran* must have been performed as a Bhawna (Vaishnava drama) in the Satra of Dihing (Dutiram was a disciple of Satradhikar of Dihing). Further engagement with sources might be revealing.

existence of a vast population of low and moderate users of opium in China who led healthy and robust lives, in contrast to the images of the “emaciated opium sot.”¹²

Opium smokers were not all emaciated and miserable but were often cheerful and healthy; they took up the pipe for various reasons and many of them put it aside without much difficulty. Economic activity may have been no worse, and in some regions could even have been rather better, for the existence of opium. The first International Opium Commission met in an atmosphere of emotion and exaggeration about Chinese opium and became the victim of a myth about the problem it was trying to solve. To the extent that succeeding generations have allowed memories of China influence their attitudes and policies, they too have been victims of that myth.¹³

A major deterrent in establishing the existence of “moderate users” is that there is a paucity of substantial work on the subject, though “oppositional histories” combating the “accommodationist approach” do exist. Analysing a mass of historical evidence in China, Frank Dikotter contends,

[...] very few users were compulsive addicts who had unmanageable lifestyles or suffered from tolerance or escalation of use. There existed a class of intermittent smokers and consumers. Once they reach a point, beyond that most of the users did not increase.¹⁴

It is in this context that I have attempted to revisit the “damage narrative” and analyse the commonly held belief that “opium had poisoned Assam.” Such “misinformation” in the colonial period, as Syed Hussein Alatas informs in his excellent treatise¹⁵ reinforced the “Eurocentric prejudice” against the “lazy native.”

¹² Richard K Newman, “Opium Smoking in late Imperial China: A Reconsideration,” *Modern Asian Studies* 4(1995): 765-794.

¹³ Newman, “Opium Smoking in Late Imperial China,” 769.

¹⁴ Frank Dikotter, “ ‘Patient Zero’: China and the Myth of the ‘opium plague.’ ” Inaugural Lecture delivered at the School of Oriental and African Studies, University of London, October 24, 2003.

¹⁵ Alatas H. Syed, *The Myth of the Lazy Native: A Study of the Image of the Malays, Filipinos and Javanese from the 16th to the 20th Century and Its Function in the Ideology of Colonial Capitalism* (Routledge: New York and London, 1977).

Opium in Everyday life of the Assamese

By the mid nineteenth century, opium had been absorbed as a regular feature of Assamese social life and hospitality. The Assamese used opium in a variety of ways, depending on their means and tastes. The essential product was mixed with taste enhancers such as fried betel leaves and tobacco. Every village had its percentage of regular smokers as well as a large number of people who used opium only on special occasions. While cigarettes had replaced opium as the “drug of choice” of the younger generation of the Assamese towards the early twentieth century, opium was however, especially attractive to the class of labourers—the cultivator. Although from a clinical point of view, the primary alkaloid of opium-morphine does not act as a stimulant in humans; by removing the dull imitation of routine aches and pains, opium would surely induce a feeling of vigor, alertness and energy.

It’s medicinal properties go a long way in explaining the appeal of opium to the peasants. This is especially true in light of the prevailing public health conditions in Assam during the nineteenth century. The dismal public health conditions that prevailed in the province—¹⁶with outbreaks of *kala-azar*, cholera, smallpox and malaria resulting in high mortality rates, lack of access to professional medical care and also the “positive hostility” towards the use of allopathic medicines, that were considered “worse than poison”—enhanced opium to be placed in the popular culture of those times,

People are for the most part ignorant. They object even to European medicines and European doctors. Even if they do not object, these are not available in every part of the province. There is a great deal of insanitary conditions in the province. A great deal of malaria and scarcity of water. The villages are waterlogged from being in low-lying places and no attempt being made to drain them. Facilities of Communication with Calcutta and other places are not so good.¹⁷

¹⁶ The census returns of the years 1881-1901 depict a 5.4% of decrease in the population (indigenous inhabitants of Assam proper, comprising the districts of Lakhimpur, Sibsagar, Darrang, Nowgong, Kamrup and Goalpara, Balipara Frontier Tract and Sadiya Frontier Tract which formed part of Darrang and Lakhimpur districts also contained small number of Assamese populace). *Assam Congress Opium Enquiry Commission Report 1925* (hereafter ACOECR), 14.

¹⁷ Testimony of Madhav Chandra Bordoloi. *RCO 1893*. Assam State Archives (hereafter ASA).

Under such conditions, opium appeared to be a panacea of sorts. Undoubtedly, it formed part of *Materia Medica* of the Asian and European countries, where it was prescribed for a variety of ailments. In Assam and elsewhere in India, it was used to treat headaches, fevers and chills (including malaria), stomachaches, diarrhea, dysentery and asthma, tuberculosis (“bloody coughing”), fatigue and anxiety. Opium was also used for symptoms of venereal diseases and gynecological afflictions, and for pain caused by injuries such as sprains, dislocations and broken bones.¹⁸ Because of its analgesic and other medicinal properties, ingested opium clearly provided relief from the pain associated with these conditions and ameliorated many other symptoms as well. In addition, among a population, where it was rare for a mature adult to be without aches and pains, of one kind or another, regular opium smoking provided a more general analgesic effect. For many, opium smoking took the edge off the routine physical discomfort of life.

[...] when someone smokes a pipe of opium, the morphine swiftly enters the bloodstream through the lungs along with all the other alkaloids. It travels to the brain, where it easily crosses the blood-brain barrier and, by virtue of its bio-chemical similarity to endorphins, attaches to the same receptors in the brain normally reserved exclusively for these euphoric, analgesic neuro-chemicals. The same effect is achieved each and every time; awareness of pain is first reduced and finally eliminated; tension dissolves from the whole system and the entire body relaxes; blood pressure decreases and respiration slows down and an exquisite euphoria spreads like a gentle breeze throughout the body and mind.¹⁹

Possibly, this is the explanation for the frequent claim of the opium smokers. It is important to mention here that women also used to eat and smoke opium with their male counterparts. Both the European and the Assamese tea planters, who testified before the Royal Commission on Opium, visited Assam in December 1893, were unanimous of the “medicinal value of opium,”

It is a known fact that when the daily allowance of opium is stopped, the strongest man will become useless and unfit for hard labour. Most of the opium eaters contract the habit of eating it through sickness, such as bowel complaints, rheumatism, diabetes and malarial fever, which they seem to get rid of by

¹⁸ “Analysis and Report on Original Documentary Evidence Concerning the Use of Opium in India. Part IV,” *British Medical Journal*, 1721(1893):1399-1400.

¹⁹ Peter Lee, *Opium Culture: The Art and Ritual of the Chinese Tradition* (Canada: Park Street Press, 2006), 46.

using the drug in one form or other. Among the lower class, opium is a common medicine. To abolish its sale, therefore, will be to take away from them an indigenous medicine.²⁰

Such comments should not be ignored as insignificant. If we are to understand the true effect of opium on the health of individual consumers and cumulatively on the Assamese society, then we “must distinguish carefully between those who were addicted; those who were damaged in some way by the addiction; and the many light and moderate consumers who were not addicted at all.” Most of them were opium users, who consumed it as a cure. For many it was a “work drug.”

The people who chiefly use the drug are the people residing in low-lying, marshy and damp places, and those at the foot of the hills where the jungly fever is prevalent, use the drug to ward off disease. People of such places habituate their children even at very tender ages to use the drug in small quantities. If a census of the opium eaters is taken, I have every reason to believe that two-thirds of the opium eaters will be found among such people. The remaining one-third among the villagers of comparatively healthy localities in the interior because being ignorant of the rudimentary principles of sanitation as well as those of pathology, they know of no other medicine or drug as efficacious as opium as a panacea for all diseases. These people never use it for pleasure sake and hence rarely anyone is found among them to use it immoderately.²¹

This position of the peasantry is strikingly similar to the high incidence of opiate use in “low-lying marshy Fens” where, as historian Virginia Berridge contends, because of frequent inundations, it was vulnerable to a host of afflictions such as cold, coughs, fevers, aches and pains. She observes, “high opium consumption may have been to some extent characteristics of agricultural populations in low-lying and marshy areas.”²² Here, long working hours brought susceptibility to infections with symptoms of high fever, coughs, aches and depression. Interestingly, as Berridge notes, “opiate use in the Fens was culturally accepted and sanctioned...which is striking in such an English setting.” In Assam, where a majority of the population (according to the 1921 census figures) around 89 per

²⁰ Testimony of Munshi Rehmat Ali, Tea planter, Puranigudam, Nagaon to *RCO 1893*.ASA.

²¹ Testimony of JJS Driberg, Commissioner of Excise Assam before the RCO 1893. Vol. VI. ASA, 80.

²² Fenland covered part of rural England in the nineteenth century. This covered parts of Lincolnshire, Cambridge shire, Huttindownshire and Norfolk in rural England. Malaria was rampant in the Fenland and opium was used to control the symptoms. Virginia Berridge and Griffith Edwards, *Opium and the people: Opiate Use in Nineteenth century England* (London: A.Lane, 1981).

cent including women²³ were involved in agricultural pursuit and three-fourths of them were ordinary cultivators,²⁴ the therapeutic use of opium was common, though perhaps the use continued well after the “strict medical condition” was relieved. As per the Report of 1921 Census, occupations per mile was as follows, Ordinary Cultivators-761, Tea-115, Fishing-8, Trade, Industry and Transport-68, Professions and Arts-17, others-31. It can safely be assumed that prior to prohibition of its “non-medical uses,” opium was used extensively as a legal and social stimulant. It had become deeply ingrained in the culture and social fabric of the people of Assam. The Assamese peasant did not however have a single “drug of choice.”

Ethnographic studies on “drugs/alcohol and livelihood has opposing views of what brings use.” In a study of poly use in farm settings, the parallel notion that drug use is solely recreational and that it interferes with the work performance has been challenged.²⁵ Revisiting these concerns, drugs like opium, ganja, alcohol and other local practices that support poly-use, serve to offset the physical harshness of the agricultural labour and to mitigate the reduced bodily capacity that originates in physically demanding work. Under such conditions, a few puffs also bring with it, a halo of momentary euphoria.” Indeed, opium was probably the world’s first authentic anti-depressant.

Unlike other pain-relieving agents, opium does not impair sensory perception, intellect or motor-coordination. Pain ceases to be intrusive and distressing.²⁶ People working in the fields were relying upon opiates to deal with a whole range of ailments. They were a remedy for fatigue and depression, unavoidable among life of the peasantry at that time. Research on historic labour systems to explore how alcohol (given limited drug availability) was used to induce recalcitrant men to perform difficult work, to serve as partial/full exchange for labour in lieu of wages and to enhance job performance. The use of opium and

²³ The women in the districts of Lakhimpur, Sibsagar, Darrang and Nowgong work in the fields, transplanting and reaping. *Report of the Assam Provincial Banking Enquiry Committee 1929-30*, 12. NAI

²⁴ *Report of the Assam Provincial Banking Enquiry Committee 1929-30*, 7. NAI

²⁵ Keith V Bletzer. “Modulation of Drug Use in Southern Farming Communities. Social Origins of Poly Use,” *Human Organization*, 3(2009):340-349.

²⁶ Osler William. “Natures Own Medicine.” <www.asis.com/re/CoverStory.pdf> (accessed on 07.04.2013).

liquor as wages and as incentive by the tea garden managers in Assam to retain labour is a reminder of the ambivalent attitude to drug use and users.

Individuals fancied smoking as it was “more satisfying and pleasurable”. Smoking, it is believed, gives a “peak effect” immediately while the effect from eating is delayed by an hour or two and is more gradual. Interestingly, opium smoking was a “wasteful enterprise” as well, since around 80 per cent to 90 per cent of the active compound is lost from fumes going directly into the pipe and from exhaling of unabsorbed compounds into the atmosphere. Unlike smoking, eating also allows virtually all the active alkaloid compounds in opium, particularly morphine and codeine to be absorbed through the gastrointestinal tract.²⁷ It is a well-known fact of medical science that opium readily relieves such common conditions as insomnia, hypertension, depression and chronic pain.²⁸ Although it was believed that opium smoke induced drowsiness and sleep, the Assamese opium smokers maintained that the use of opium helped them overcome fatigue.

Col. Batra IMS, during his tenure as the Civil Surgeon of Darrang, opined on the beneficial effects of opium in moderation in dysentery, malaria, neuralgia, and rheumatism, chronic cough, asthma and nervous disorder, which were the bane of those involved in the wet rice paddy cultivation.²⁹ William Jankowich and Dan Bradburd’s ethnographic study investigating the relationship between the uses of specific kinds of drug foods and the different tasks of labour,³⁰ has highlighted a clear relation between the type of activity and stimulant use. They contend that “the more intensive the subsistence system, the greater the likelihood that a drug food will function as a labour enhancer.”

Occupation	Yes	No	Total
Fishing	1	11	12
Hunter-Gatherer	3	8	11

²⁷ Joseph Westermeyer, *Poppies, Pipes, and People: Opium and Its Use in Laos* (USA: University of California Press, 1983).

²⁸ Lee, *Opium Culture*, 3.

²⁹ Testimony of Lieutenant Colonel, H.L. Batra IMS, to the 1933 Assam Opium Enquiry Committee, 177.

³⁰ William Jankowiah and Dan Bradburd, “Using Drug Foods to capture and enhance labour Performance: A Cross- Cultural Perspective,” *Current Anthropology*, 4(1996), 717-720.

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Pastoralist	2	6	8
Simple Horticulturist	16	3	19
Advanced Horticulturist	8	4	12
Industrial Labour	10	0	10
Agriculturist	27	0	27

They concluded that those in farming communities were more likely than any other occupation to use some kind of stimulant to allay fatigue and augment labour activity.³¹ Among the *Kaibarta* (fishermen) community in Assam-the opium habit was believed to be rampant on account of the nature of their occupation where they were required to be awake all night.³²

Did opium consumption negatively impact agricultural production?

With around 82 per cent of the Assamese population³³ involved in agricultural pursuits, it will be interesting to understand the extent of the effect of opium consumption on the agricultural growth based on certain indicators particularly focusing on: (a) Income and Expenditure (b) Areas under different crops and (c) Output of crops.

With the increase of population since 1901, cultivation was extended to new areas.³⁴ From 1,789,000 acres under rice, it increased to 4,093,000 in 1950-51. The increase of acreage by 129 percent was proportionate to the increase in

³² Testimony of Rohini Kumar Choudhary to the Assam Opium Enquiry Committee 1933,152.

³³ The Rural Economic Surveys 1948-51 put the percentage of rural population in Assam dependant on agriculture between 75 and 85 percent. The figure is as mentioned in the Report on Intensive Surveys of Agricultural Labour: Employment, Wages and Levels of Living. Vol.II.1955,cited in P.C.Goswami. *The Economic Development of Assam*, 46-50.

³⁴ The natural rates of increase in Assam may be assumed to be between 10.0 and 15.0 thousand for the decade 1941-50.But in the earlier periods, especially before 1931, the rate of increase was much lower as the incidence of diseases like kala-azar, malaria, cholera and small-pox was much higher.Due to the absence of proper medical facilities, the infant mortality and mortality at maternity were also very much high. The census figures of 1951 reveal that population of Assam increased 9 million between 1901-1951. Ibid, 18.

population of the state. The acreage under mustard and rapeseeds; and sugarcane nearly doubled while cotton showed a rather stationery figure. The most noteworthy increases were of the areas under jute and tobacco. Though there has been a rapid rise and fall of agricultural prices, the acreage under different crops has shown a steady increase. The net sown area actually became more than double in the period between 1901-1947.³⁵

Table 2: Acreage under Different Crops (in thousand acres)

YEAR	RICE	CEREALS AND PULSES (IN RICE)	RAPE/MUSTARD SEEDS	OILSEEDS (INCLUDING GRAPE AND MUSTARD)	SUGARCANE	TEA	TOBACCO	JUTE	COTTON
1901-02	1,789	1,869	162	177	30	275	2	5	3
1906-07	2,042	2,154	226	238	33	276	5	45	6
1911-12	2,573	2,682	238	245	30	288	8	58	35
1916-17	2,730	2,867	243	251	30	314	9	80	32
1921-22	2,945	3,118	283	306	37	334	10	76	36
1926-27	3,072	3,252	342	371	36	343	9	167	46
1931-32	3,198	3,400	293	319	28	352	14	95	37
1933-34	3,283	3,526	320	347	32	353	14	144	37
1936-37	3,714	3,949	392	420	38	361	12	146	36
1939-40	3,674	3,922	397	431	36	361	14	286	37
1941-42	3,699	3,668	368	404	42	362	15	277	36
1943-44	4,001	4,268	324	347	47	366	18	201	37
1945-46	4,149	4,403	297	344	54	366	19	159	38
1946-47	3,913	4,167	293	329	54	367	19	184	32
1947-48	4,004	4,259	310	349	60	375	20	210	36
1948-49	4,008	4,220	314	352	61	388	20	225	34
1949-50	4,095	4,351	317	356	59	400	20	231	30
1950-51	4,043	4,244	313	346	58	382	23	249	30
1951-52	4,182	4,355	299	317	59	389	20	311	30
1952-53	4,238	4,459	293	312	68	385	21	313	34
1953-54	4,237	4,454	287	308	64	384	22	284	38
1954-55	4,195	4,431	290	311	60	385	24	282	35
1955-56	4,217	4,457	280	301	63	386	24	333	35
1956-57	4,252	4,507	302	328	64	384	23	298	35

Source: Reproduced from Goswami, *The Economic Development of Assam*, 286-287.

This Table 2 further illustrates how the yield of some of the principal crops has shown a consistent increase.

³⁵ The net sown area increased from 2.40 million acres in 1901-02 to 4.73 million acres in 1946-47. Rice, the principal crop was under irrigation by private canals, tanks and wells in the districts of Darrang and Kamrup. Ibid, 174-177.

Table 3: Production of Different Crops (in thousand tons)

Year	Rice	Oil seeds(including rape and mustard)	Sugar cane (gur)	Jute	Cotton
1901-02	574	37	35	3	2
1911-12	825	54	35	36	3
1921-22	945	64	43	48	3
1931-32	1,026	67	32	60	3
1941-42	1,187	84	49	167	3
1946-47	1,255	67	63	117	2
1949-50	1737	59	70	717	11
1950-51	1413	55	68	790	12
1951-52	1510	52	66	840	14
1952-53	1654	49	76	912	17
1953-54	1646	49	62	902	19
1954-55	1692	50	73	750	8
1955-56	1632	56	66	1212	8

Source: Table of Agricultural Statistics in Goswami, *The Economic Development of Assam*, 290.

Inadequate data has been a major constraint at forming proper estimates of agricultural output. Available official estimates reveal significant trends of agricultural productivity in the period under review. It is evident from the statistics compiled in the table that large areas were being brought under cultivation, although agricultural research and institutional support were also highly instrumental in achieving higher production.³⁶

The observations of the 1948-49 *Rural Economic Surveys* regarding rural expenditure is of worthy mentioning here,

Food and clothing account for about 75 percent of the total expenditure of a rural family- food alone taking around 65 percent. Much of the expenditure on food is on rice alone, leaving very little for vegetables, fish, meat and milk. Fuel and lighting take about 2 to 3 percent and the miscellaneous expenses the rest (from 9 to 17 percent). With its meagre income, the family finds little scope for expenditure on education, medical services, repairs of homestead, etc. In the drudgery of life, the little amount a peasant spends on tea, tobacco and drugs cannot be considered as extravagant...³⁷

³⁶ Arupjyoti Saikia, Kawal Deep Kour and Gopal Sharma. "Estimate on Crop Production in Assam: 188-1950." *Proceedings of North East India History Association*, Nagaon, (2009):409-420.

³⁷ Goswami, *Economic Development of Assam*, 55.

The surveys established that the use of stimulants –“tea, tobacco and other drugs” was not “extravagant-”it was moderate.

Thus, if we are to understand the true effect of opium on the health of individual consumers and cumulatively, on the Assamese society, then we must distinguish carefully “between those who were addicted; those who were damaged in some way by the addiction and the many millions of light and moderate consumers who were not addicted at all.” This is evident from the statements of the Assamese opium lessees before the Assam Opium Enquiry Committee Report 1933 as: *All are not consumers, some take as consumer, some take for other purposes.*³⁸ The existence of a class of casual consumers, who consumed opium only as a celebration during *Bihu* and *Hatidhara*³⁹ is attested to by the *mahaldars* (opium lessees). They constituted a part of unregistered consumers, approximately numbering around 25 per cent of the total population of opium consumers, which also included the “so called gentlemen and ladies” who “do not like to take opium pass out of shame and they have to purchase surplus opium from the *mahaldar* at high rates.”⁴⁰ The statement of Gopinath Bordoloi, on the various categories of opium eaters to the 1933 Opium Enquiry Committee is illuminating,

The first are those who are seriously thinking that opium is a great evil and that they would do well to give it up. Others there are who admit that it is a bad habit but do not seriously think of giving it up. And there is a third class who are fortunately few in number who wish to go on with it. With them, the habit becomes inexorable and they cannot give it up.⁴¹

There were opium eaters like Bhagothi and Kakhom of 70 and 80 years old respectively and many more like them who were accustomed to taking 2 to 4 *tolas* of opium and completely gave up the habit without any harmful effects and by free will.

³⁸ Testimony of Maulvi Muhammad Rafique, who also identified a large percentage of people taking much less opium than they do previously used to (down from 25 seers to only 3 seers) which he attributed to economic hardships. *ACOECR 1925*, 25, 36.

³⁹ Testimony of Girish Chandra Barua, opium lessee, *Hatidhara* refers to elephant catching. Whenever an elephant was caught some opium must be smoked in its honour by the *kanikhowa*.

⁴⁰ *AOECR 1933*, 143.

⁴¹ *AOECR 1933*, 187.

Were all users/ consumers of opium “Addicts?” An essential step in “demythologising” the Assam opium problem is to understand the scientific evidence about the drug’s impact, or lack of it, upon the health of the individual consumer. Dikoter’s remark offers a perspective, “the element of opium myth is the refusal to accept that most opium use in Europe, the Middle East and Asia was light and moderate.”⁴² It was the series of scientific investigations and its conclusions regarding the analysis of the etiology and demographics of drug addiction in India carried out by Col. Ram Nath Chopra and his team at the School of Tropical Medicine, Calcutta (now Kolkata). The facts are illuminating,

[...] Small doses of opium or alcohol, or a few whiffs of "ganja" smoke remove the feeling of hunger and fatigue for a while, and give a feeling of self-satisfaction and forgetfulness to a person, who generally takes them towards the evening, after a day's hard work. He becomes content, and relaxes into an easy mood. As the effects of a single dose last only for a few hours, a desire to repeat it at frequent intervals becomes irresistible and the next dose is only foregone if its acquisition is beyond his means. Opium is believed to stimulate physical energy. The living and working conditions of laborers' in tea gardens, rice and wheat fields are often hard, and opium is sometimes used to mitigate the exhaustion due to the work and the heat...⁴³

Around 33.33 per cent of the regular opium consumers used to take opium to thwart fatigue and stress. The reports found the addicts in “normal health” who could be “easily persuaded to give up the habit,” since their average dose was low. It was observed that most of the consumers in India started taking it in the later years of their life that is, after the age of 40 years, sustaining on a dose of around half a grain for joint pains, bowel ailments and respiratory infections. This corroborated the evidence in Assam of the causative factors of using opium.

[...] they suffered from diseases as dysentery and malaria, bowel complaints, rheumatism and pain in the chest etc. the habit is generally acquired about the age of 40 years though there are

⁴²Dikoter, Frank. “Patient Zero: China and the Myth of the Opium Plague. www.frankdikoter.com/publications/the_myth_of_opium.pdf” (accessed on 19.07.2012).

⁴³ Chopra and Chopra, “Treatment of Drug Addiction,” 21-33.

some cases where it has been acquired earlier. I do not think that the use of opium is resorted to as luxury but as a remedy against disease. The moderate use of opium does not tend to make the consumer weak and indolent on the contrary; it gives them vitality and sustaining power for hard work.⁴⁴

Further, the findings of the report are illuminating and reveal the properties of opium poppy, which render it a beneficial stimulant.

Poppy seeds are demulcent and nutritive and also mild astringent. Poppy capsules are astringent, somniferous, soporific, sedative and narcotic, they promote talkativeness. Externally, they are used as anodyne and emollient. Opium is first stimulant, then narcotic, anodyne and antispasmodic, also aphrodisiac, astringent and myotic. In overdoses, it is a powerful narcotic poison. *Hakims* have described opium as an anesthetic and pain reliever. Locally, opium relieves pain and allays spasms. As astringent, it checks hemorrhages, lessens bodily secretions and restrains tissue changes. Large doses such as 1 or 2 gm can be given to a man without producing marked toxic effects.⁴⁵

In 1882, an official enquiry was conducted to identify and classify addicts based on the quantity and frequency of opium consumed. The pivot issue was to identify occasional users, “who take it occasionally or in infinitesimal doses, without having become habituated to it.”⁴⁶ Based on micro-level investigations by the district officers into the extent and pattern of opiate users, it seemed imperative to ascertain whether there existed a class of “occasional consumers.”⁴⁷ Among habitual consumers, four *annas* weight to 1/4th of a *tola* is a high rate of consumption per day and one *-anna* or 1/16th of a *tola*,⁴⁸ was a common rate. Mr. W. Ward, Excise Commissioner (1882) based his calculations of the average consumption on 13/4 *annas* per day or 638 *annas* or 40 *tolas* (466.2 gms), that is 1 lb (0.43kg) per annum. The quantity issued in 1882- 1883 was then around 122, 180 lb (81.646 kgs) or a supply for 122, 480 persons. In the early

⁴⁴Evidence of C.J.F. More, Extra Assistant Commissioner, Jorhat, *RCO 1893*. ASA.

⁴⁵G.S.Chopra and P.S. Chopra, “Studies on 300 Indian drug addicts with special reference to psycho-social aspects, etiology and treatment,” *Bulletin on Narcotics* 1 (1965):1-9.

⁴⁶*Report on the Excise Administration of the Province of Assam for the year 1883*. ASA,

⁴⁷*Ibid.*

⁴⁸ 1 *tola* = 11.663 grams.

years of the twentieth century, the average daily consumption seems about $\frac{1}{2}$ a *tola*.⁴⁹ Based on his estimate, he therefore concluded that if only habitual consumers take opium and they take on an average 1 lb (0.43 kgs) per annum, then the habit of opium drinking is confined to 7 per cent of the population of the five upper districts of Assam(as of 1881-82), when the habit was regarded as “universally prevalent.”The taste for and use of opium was reported to be declining.⁵⁰It was reported that the largest consumers were the Mikir tribe of whom 80-85 per cent indulged in opium eating, although among the “purely Assamese community” it was estimated at around 30-35 per cent.⁵¹ In the southern and western part of the province, the average annual consumption was around 12 grains per head rising to 30 grains amongst the tribes of the hill tract.⁵² There were “veteran” opium eaters as Lalu, aged 62, who confessed to consuming around 15 *tolas* before passes were introduced and then sustaining on a ration of $3\frac{1}{2}$ *tolas* of opium without any difficulty. He was a cultivator who looked after his family well that included his wife and three sons.⁵³

The official investigation report though unavailable as yet, safely contended that few users were “compulsive addicts,” who had “unmanageable lifestyles” or suffered from “tolerance or escalation of use.” Officials and natives did testify to moderate consumption and to the existence of a class of “intermittent smokers and consumers,”

Madhav Chandra Bordoloi, Extra Assistant Commissioner remarks as such,

These people never use it for pleasure sake and hence rarely anyone is found among them to use it immoderately. In the present stet of the province, the people of Assam will not be at all willing to bear completely or in part the cost of prohibitive measures for the use of the drug, which they badly want to ward off diseases.⁵⁴

C.J.F. More., Extra Assistant Commissioner, Jorhat opines,

⁴⁹*Report of the Committee Appointed to Enquire into Certain Aspects of Opium and Ganja Consumption 1913*, 5.

⁵⁰ Extract from the Proceedings of the Chief Commissioner of Assam in the Revenue Department, No. 1870 dated the 6 November 1882. ASA.

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ *AOECR 1933*, 145.

⁵⁴ *RCO 1893*, 36.

They suffer from diseases as dysentery and malaria, bowel complaints, rheumatism and pain in the chest etc. The habit is generally acquired about the age of 40 years though there are some cases where it has been acquired earlier. I do not think that the use of opium is resorted to as luxury but as a remedy against disease. The moderate use of opium does not tend to make the consumer weak and indolent on the contrary; it gives them vitality and sustaining power for hard work.⁵⁵

D.P. Copeland, Deputy Conservator of Forests, opined,

Nearly all take opium in moderation. There are very few Bor-Kaniyas or perhaps 3 or 4 %. I call it a harmless vice.⁵⁶

Bhawani Charan Bhattacharya, then Honorary Magistrate of Tezpur and Tahsildar, remarks,

Moderation is the rule amongst all classes and excess is the exception. That moderation is the rule amongst all classes was evident from the appearance of the great majority of gaonburas who appeared before the Committee. Most of these were consumers of opium but it was the exception to find among them any appreciable appearance of injury from the habit.⁵⁷

Thus, the testimonies of the officials and the natives offer an alternative perspective to the stereotypical argument favoured and promoted by the missionaries and supported by the medical men which hinged on a total denial of moderate use of opium. It is in this context that the argument of historian Virginia Berridge makes a powerful and convincing case,

[...] the existence of a class of moderate users was one of the most controversial issues in the opium debate in the late nineteenth century: recognising that the majority of consumers using the substance in moderation and without any “fatal loss of control” would have undermined the case against cultivation of poppy. The denial of moderation would also have damaged the medical argument that dosage increases could not be reversed and addiction was unavoidable, making all regular users of the drug hopeless “addicts” and hostages to the medical authorities who alone could prevent their physical descent to certain death.⁵⁸

⁵⁵ “List of Witnesses from Assam and their evidence before Royal Commission on Opium” Finance and Commerce “A” (1894).ASA, 12-126.

⁵⁶ *Report of the Committee Appointed to Enquire into Certain Aspects of Opium and Ganja Consumption 1913*, 4.

⁵⁷ *Ibid.* 4.

⁵⁸ Dikotter, Lamaan and Zhou, *Narcotic Culture: A History of Drugs in China*, 4.

Conclusion

Historiography of Assam has demonised opium use—in a striking similarity to what happened with opium in China in the eighteenth and the nineteenth centuries. However, it is fallacious to assume that opium was a “forbidden fruit” all along. Much before aspirin was made available as a painkiller by Bayer around 1899, opium was the “universal analgesic.” Opium’s impact on health has been exaggerated to do away with the practice of self-medication firstly and secondly to facilitate the rise of modern medicine. Following the advancements in medical science, indigenous medical knowledge and usage were suppressed. As Virginia Berridge and Edwards, rightly contend in *Opium and the People*,

The market stalls or the chandler may no longer be selling opium, but tranquilizers are multinational business...All the reasons which formerly made opium so popular for symptomatic medication are still society’s common pain and tribulations, but with a variety of drugs now taking a role in different areas—analgesics in particular in place of opium for pain relief or ill-defined malaise, varieties of cough medicine where opium was previously the sovereign remedy, and tranquilizers and anti-depressants as present day substitutes on a huge scale for opium’s role as a psychoactive drug for the relief of nervous tribulations and the stress of life.

There were, undoubtedly, as available data and literature suggests - “opium addicts” of modest means who ruined their families or fell into crime in order to satisfy their craving. Opium smokers undoubtedly produced some addicts and some of these were reduced to pitiable conditions. But though its use in the Indian society was universal, addiction was not. There were users smoking and drinking opium “peaceably.” It was their favourite indulgence, pastime activity, stimulant and medicine. Indeed, before the onset of the “politics” of prohibition, the production and consumption of opium were for most people, “normal” rather than “deviant” activities. As Richard Miller suggests, “drug use is a voluntary

decision. It is no more an epidemic than is choosing a bunch of unhealthy fast food.”⁵⁹

The language of opium intoxication enabled a common meeting ground for both the nationalists and the colonialists. Both argued that they wanted the opium habit driven out of the country as it was physically and morally decapitating. Both faltered through. Even M.K.Gandhi could not deny its inherent therapeutic properties, although he maintained his prohibitionist stance, I must admit that its [opium] place in the *material-medica* is incontestable. It is impossible to do without this drug as a medical agent.⁶⁰

The story of poppy and colonialism in British India which has been explored so far both in historical writings and fictional works as in Amitav Ghosh’s *Sea of Poppies* has been located in the midst of peasant production of opium, the story of indentured labour and the anti-opium ranting. Challenging the narrative of “Opium Mania- the dreadful plague- the scourge of Assam” against this backdrop is like locating a missing piece of a jigsaw; moving beyond production and trade; of profits and power into understanding the trajectory of opium use and abuse in colonial India. The present work has attempted to add a perspective to the opium story in India.

⁵⁹Richard L. Miller, *Drug Warriors and their Prey: From Police Power to Police State* (USA: Praeger, 1996).

⁶⁰ Mohandas K. Gandhi, *Key to Health*, trans. Sushila Nayyar (Ahemdabad: Navjivan Publishing House, 1948), 38.