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'*Madat makan orang*'; opium eats people: Opium addiction as a public health issue in late colonial Java, 1900–1940

Abdul Wahid

By the 1890s the Dutch had noticed the escalation of opium addiction in colonial Indonesia. They believed that opium consumption had brought about health problems and other negative socioeconomic effects. Yet, the profitability of opium took precedence over its negative social effects in the Dutch East Indies government's policy, which until the end of the 1920s made almost no substantial efforts to address addiction. It was nongovernmental organisations which took the initiative to install medical facilities for addicts and launch diverse anti-opium campaigns. These organisations marked the rise of modern philanthropic activism in the field of public health as part of the flourishing sociopolitical movements of that time. They also represent the nascent civil society in late colonial Indonesia.

Opium has been an important subject of research among historians of Southeast Asia, who have used it as an instrument to critically examine structural and cultural changes in the region since the pre-modern period.[1] A large body of literature has been produced analysing various aspects of the opium trade in Southeast Asia and its consequences. Yet, the existing literature has predominantly focused on the social, political and economic aspects of this commodity.

David Courtwright's book, for example, is one of the important works that examine opium's role and position in the history of globalisation and in the making of the

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1 The origin of opium in the Indonesian archipelago is still an open question. Earlier works speculate that Arab traders had brought and traded opium in the archipelago since the early modern period. See Jean Crétien Baud, 'Proeve van eene geschiedenis van de handel en het verbruik van opium in Nederlandsch-Indie', *Bijdragen tot de Taal-, Land- en Volkenkunde* (*BKI*) 1 (1853): 79; see also Anthony Reid, 'From betel-chewing to tobacco-smoking in Indonesia', *Journal of Asian Studies* 44, 3 (1985): 529–47.

modern world.[2] Meanwhile many of Carl A. Trocki's publications as well as studies by Eric Tagliacozzo and Hans Derks have described the importance of opium in imperial and colonial state formation processes in Southeast Asia, and the related role of Chinese capitalism in the regional political economy.[3]

In addition, an edited volume on colonial 'revenue farming' contains several regional case studies which reveal the importance of the opium business as a source of political-economic rivalry involving Indigenous elites, Chinese businessmen and Europeans.[4] Meanwhile, Anne L. Foster has investigated the political aspects of opium by comparing the strategies adopted by the Dutch, British, and French colonial governments in controlling and policing opium consumption and smuggling in Southeast Asia.[5]

A similar observation applies to the historiography of opium in the Indonesian context. James Rush's influential book provides a convincing analysis of the socio-political consequences of opium in colonial Java, particularly the way in which different groups of society — notably Chinese and Javanese elites on the one hand and the Dutch on the other — competed but also collaborated in the opium business to strengthen their respective status.[6] Femme Gaastra and George Bryan Souza comprehensively survey opium's importance in the expansion and commercial ventures of the Dutch East India Company (VOC) in the archipelago.[7] Meanwhile, Jan C. van Ours, Eric W. van Luijk and Siddharth Chandra extensively discuss the economic

2 David Courtwright, *Forces of habit: Drugs and the making of the modern world* (Cambridge, MA: Harvard University Press, 2001).

3 See Carl A. Trocki: 'The rise of Singapore's great opium syndicate, 1840–1886', *Journal of Southeast Asian Studies* (*JSEAS*) 18, 1 (1987): 50–80; *Opium and empire: Chinese society in Singapore, 1800–1910* (Ithaca, NY: Cornell University Press, 1990); *Opium, empire, and the global political economy: A study of the Asian opium trade, 1750–1950* (London: Routledge, 1999); *Drugs, taxes, and Chinese capitalism in Southeast Asia* (Berkeley: University of California Press, 2000); 'Opium and the beginning of Chinese capitalism in Southeast Asia', *JSEAS* 33, 2 (2002): 297–314; 'A drug on the market: Opium and the Chinese in Southeast Asia, 1750–1880', *Journal of Chinese Overseas* 1, 2 (2005): 147–68; 'Chinese revenue farms and borders in Southeast Asia', *Modern Asian Studies* 43, 1 (2009): 335–62; and 'Writing the history of drug commodities', *Journal of the Economic and Social History of the Orient* 56, 1 (2013): 98–156. See also Eric Tagliacozzo, *Secret trades, porous borders: Smuggling and states along a Southeast Asian frontier, 1865–1915* (New Haven, CT: Yale University Press, 2005); Hans Derks, *History of the opium problem: The assault on the East, ca. 1600–1950* (Leiden: Brill, 2012).

4 John Butcher and Howard Dick, eds., *The rise and fall of revenue farming: Business elites and the emergence of the modern state in Southeast Asia* (New York: St. Martin's Press, 1993). During the colonial era, the term Indigenous (*Inlanders*) was used to refer to the local population, including Javanese, Sundanese, Madurese, Acehnese, etc., which was differentiated from Europeans (*Europeanen*) and Foreign Orientals (*Vreemde Oosterlingen*), mostly Chinese. See C. Fasseur, 'Cornerstone and stumbling block: Racial classification and the late colonial state in Indonesia', *The late colonial state in Indonesia: Political and economic foundations of the Netherlands Indies 1880–1942*, ed. Robert Cribb (Leiden: KITLV Press, 1994), p. 31.

5 Anne L. Foster, 'Prohibition as superiority: Policing opium in Southeast Asia, 1898–1925', *International History Review* 22, 2 (2000): 253–73.

6 James Rush, *Opium to Java: Revenue farming and Chinese enterprise in colonial Indonesia, 1860–1910* (Ithaca, NY: Cornell University Press, 1990).

7 Femme Gaastra, 'De Amfioen Sociëtet: Een gepriviligieerde handelsmaatschappij onder de vleugel van de VOC, 1745–1794' [The opium society: A privileged trading company under the VOC's wing, 1745–1794], in *De cirkel doorbroken: Met nieuw idëën terug naar de bronnen, Opstellen over de Republiek* [Breaking the cycle: Returning to the sources with new ideas, to setting-up the Republic], ed. Maurits Ebben and P. Wagenaar (Leiden: Instituut voor Geschiedenis, 2006); George Bryan Souza, 'Opium

aspects of the opium trade in the later colonial period.[8] They debate the effectiveness of Dutch opium policy since 1910 in controlling the consumption of the drug in the Netherlands Indies. Using a quantitative approach, Van Ours and Van Luijk conclude that the Dutch policy to establish the *Opiumregie* (opium agency) had successfully controlled the price of opium, restricted its distribution and hence reduced consumption. In response to this conclusion, Chandra argues instead that the Dutch opium policy was basically profit-oriented and failed to achieve its aims. Instead, it was the Depression of 1930, which brought about the decline of opium consumption.

Two exceptional studies on opium in Indonesia are those of Claudine Salmon and Robert Cribb.[9] Salmon analyses an indigenous poem, a *syair*, to see how commoners in Java perceived the politics of opium at the end of the nineteenth century. Meanwhile, Cribb's study examines the continuity of the opium business immediately after the Second World War, when Indonesian fighters were trading in opium to finance their struggle against the Dutch who had returned to revive their empire.

One issue that is almost absent in the existing literature is the impact of opium consumption on public health, particularly in the late colonial period when the Dutch government introduced 'welfare programmes', and administrative reforms of the opium trade. Some studies touch rather glancingly on the health aspects of opium in colonial Indonesia. Rush labelled opium as a 'sinister friend' of the Javanese since the mid-nineteenth century, to shed light on the growing habit of opium consumption for various purposes, which produced both positive and harmful physical effects.[10] As far as Indonesian historiography is concerned, no single study tries to investigate further this particular aspect of opium.

Opium-related health issues, especially addiction, are also barely developed in the medical and public health history of Southeast Asia, and of Indonesia in particular. Two recent edited volumes on the medical and public health history of Southeast Asia, exemplify this.[11] Ooi Keat Gin's article is the only contribution in either collection that presents a historical investigation of the opium problem — revealing the role of anti-opium campaigns amidst the burgeoning Chinese nationalism movement in the late colonial period in Malaya.[12] The historiography of Indonesian public health

and the Company: Maritime trade and imperial finances on Java, 1684–1796', *Modern Asian Studies* 43, 1 (2009): 113–33.

8 Jan C. van Ours, 'The price elasticity of hard drugs: The case of opium in the Dutch East Indies (1923–1938)', *Journal of Political Economy* 103, 2 (1995): 261–79; Siddarth Chandra, 'What the numbers really tell us about the decline of the Opium Regie', *Indonesia* 70 (Oct. 2000): 101–23; Eric W. van Luijk and Jan C. van Ours, 'The effects of government policy on drug use, Java 1875–1904', *Journal of Economic History* 61, 1 (2001): 1–18.

9 Claudine Salmon, 'A critical view of the opium farmers as reflected in a *syair* by Boen Sing Ho (Semarang, 1889)', *Indonesia*, special issue, 'The role of the Indonesian Chinese in shaping modern Indonesian life' (July 1991): 25–52; Robert Cribb, 'Opium and the Indonesian Revolution', *Modern Asian Studies* 22, 4 (1988): 701–22.

10 James R. Rush, 'Opium in Java: A sinister friend', *Journal of Asian Studies* 4, 3 (1985): 549–60. The article is later included as chap. 2 in his book *Opium to Java: Revenue farming and Chinese enterprise in colonial Indonesia, 1860–1910* (Ithaca, NY: Cornell University Press, 1990).

11 Laurence Monnais and Harold J. Cook, eds., *Global movements, local concerns: Medicine and health in Southeast Asia* (Singapore: NUS Press, 2012); Sunil S. Amrith and Tim Harper, eds., *Histories of health in Southeast Asia: Perspectives on the long twentieth century* (Bloomington: Indiana University Press, 2014).

12 Ooi Keat Gin, 'Torn between economic, public health and Chinese nationalism: The anti-opium

and medicine has not touched upon opium, and is focused more on topics such as the history of medical education, doctors, hospitals, and the prevention and mitigation of endemic tropical diseases.[13]

The present study seeks to break new ground by investigating the public health and medical aspects of opium, especially addiction, in late colonial Java. To do so, it analyses the rise of the anti-opium campaign and organised movements in the field of public health initiated by nongovernmental organisations. This campaign included efforts to promote the then novel idea that opium addiction was a health issue needing serious medical treatment, just like other endemic diseases. Therefore the campaign also eventually led to the development of specialised medical facilities, such as clinics, hospitals, and rehabilitation centres for addicts.

As a form of activism, the anti-opium campaign could also be considered as a 'social movement', which emerged amidst the political dynamics of an 'age in motion',[14] when various forms of modern organisations ranging from hobby clubs to political parties flourished in Java. This article will also portray the anti-opium campaign as a societal reaction to or participation in the Ethical Policy, the new Dutch colonial approach introduced in 1901 that was aimed at uplifting the living conditions of the Indigenous population in the Indies.[15]

The anti-opium movement developed as a philanthropic movement with a humanitarian rather than political agenda. It sought to provide medical services as a solution for an increasing opium addiction problem in Java. Its proponents were responding to the failure of the colonial government, especially its *Opiumregie*, to tackle this problem. In this sense, the movement was a type of activism that might be closer to what Henk Schulte Nordholt has labelled 'cultural citizenship'.[16] It represented activism organised by a rising 'middle class' who sought to participate in social

campaign of colonial Malaya, ca. 1890s–1941', in Monnais and Cook, *Global movements, local concerns*, pp. 127–49.

13 See for example, Liesbeth Heselink, *Healers on the colonial market: Native doctors and midwives in the Dutch East Indies* (Leiden: KITLV Press, 2011); Peter Boomgaard, 'The development of colonial health care in Java: An exploratory introduction', *BKI* 149, 1 (1993): 77–93; Peter Boomgaard and Rosalia Sciortino, eds., *Health care in Java: Past and present* (Leiden: KITLV Press, 1996); Vivek Neelakantan, 'Health and medicine in Soekarno era Indonesia: Social medicine, Public health and medicine education' (PhD diss., University of Sydney, 2014); Ulbe Bosma, 'Smallpox, vaccination, and demographic divergence in nineteenth century Indonesia', *BKI* 171, 1 (2015): 69–96.

14 Takashi Shiraishi introduced this term to portray the rise of social activism among urban-based middle class Muslim batik traders in Solo, who sought a way to strengthen their economic position against the dominant Chinese businessmen. This led to the establishment in 1912 of Sarekat Dagang Islam, which later transformed into Sarekat Islam, the first modern Islamic mass-organisation in Java. See Takashi Shiraishi, *An age in motion: Popular radicalism in Java, 1912–1926* (Ithaca, NY: Southeast Asia Program Publications [SEAP], Cornell University, 1990).

15 Elsbeth Locher-Scholten, *Ethiek in Fragmenten: Fijf Studies over Koloniale Denken en Doen van Nederlanders in de Indonesische Archipel, 1877–1942* [Fragmented ethics: Five studies about Dutch colonial thinking and practice in the Indonesian Archipelago, 1877–1942] (Utrecht: Hes, 1981); Peter Boomgaard, 'The welfare services in Indonesia, 1900–1942', *Itinerario*, special issue, 'India and Indonesia from the 1920s to the 1950s: Origins of planning', 10, 1 (1986): 57–82; C. Fasseur, 'Ethical policy and economic development: Some experiences of the colonial past', *Lembaran Sejarah* 3, 1 (2000): 209–21; Suzanne Moon, *Technology and ethical idealism: A history of development in the Netherlands East Indies* (Leiden: CNWS, 2007).

16 Henk Schulte Nordholt, 'Modernity and cultural citizenship in the Netherlands Indies: An illustrated hypothesis', *JSEAS* 42, 3 (2011): 435–57.

reform to contribute to Dutch colonial projections of a 'modern society'. This movement can be seen as part of a nascent 'colonial civil society' developed under the framework of the colonial state.[17]

The *Opiumregie* itself was the institution assigned to tackle the whole opium problem during the period under research. The Dutch colonial government introduced this institution in 1896 in Java and then extended it to the entire Netherlands Indies in 1915. It was intended to replace the opium tax farming system that had been in practice since the early nineteenth century, but since the 1880s had become an object of criticism from liberal politicians, journalists and colonial observers. Critics condemned the system as inefficient and prone to corruption, arguing that it had increased the number of addicts, impoverished them through indebtedness, triggered violence and crime, and strengthened the wealth and influence of Chinese opium farmers to an extent that in some areas they overshadowed the colonial bureaucracy.[18]

According to Rush, the *Opiumregie* was indeed in principle intended — under the auspices of the Ethical Policy — as a 'correction of the past wrong-doings', notably resulting from the opium tax farming system.[19] However, that was merely political lip service. In practice, the *Opiumregie* operated more to serve the financial interests of the colonial government rather than a humanitarian mission, which reflected Dutch ambivalence toward opium. The *Opiumregie* ran until 1940 as a profitable fiscal institution, but it failed to implement its main objectives, that is, to curb opium consumption and trafficking.[20] Moreover, it also addressed half-heartedly the social and health consequences of opium consumption. Such ambivalence was evident from the fact that the Dutch had double standards: they hosted and ratified 'The Opium Convention of 1912'[21] by issuing the 1919 Anti Opium Law to forbid the transportation, trading and consumption of opium in their territory; but they retained the opium business in the Netherlands Indies for economic reasons.

Why did the Dutch colonial government have such ambivalence toward opium consumption, particularly addiction, when non-state organisations initiated various anti-opium campaigns since the early 1910s? To what extent did these anti-opium campaigns contribute to promoting a new awareness of addiction as a public health issue? How successful was this movement in persuading the colonial government to provide medical treatment for addicts? Who were the people working in this movement? Why did they take part in this initiative? These are among the questions that will be discussed in this article. To do so, this study combines information

17 For a recent study on the discourse of modernity in late colonial Java, see Arnout H.C. van der Meer, 'Performing colonial modernity: Fairs, consumerism, and the emergence of the Indonesian middle class', *BKI*, special issue, 'New urban middle classes in colonial Java', 173, 4 (2017): 503–38.

18 Abdul Wahid, 'From revenue farming to state monopolies', pp. 122–30.

19 Rush, *Opium to Java*, p. 218.

20 Chandra, 'What the numbers really tell us', pp. 103–5.

21 The first conference was organised in Shanghai in 1909, while The Hague hosted the next two conferences in 1911 and 1912. Beside the Netherlands, the other participating countries were Great Britain, France, China, Spain, Japan, and the United States, which was the main driving force behind these anti-opium conferences. See S.K. Chatterjee, *Legal aspects of international drug control* (The Hague: Martinus Nijhoff, 1981); and for the Dutch perspective see Ed Leeuw and Ineke Haen Marshal, eds., *Between prohibition and legalization: The Dutch experiment in drug policy* (Amsterdam: Kugler, 1994).

collected from various historical sources, particularly archival material from the *Ministerie van kolonien* (Ministry of the colonies), *Mailrapporten* (mail dispatches sent from Batavia to the Hague), *Verslag betreffende den dienst der opiumregie* (reports of the *Opiumregie*), contemporary newspapers, and literature.

State, civil society, and opium in late colonial Java

Moela-moela kita makan tjandoe, lama-lama tjandoe makan kita.
(Initially we ate opium, later opium ate us.)[22]

As mentioned Rush argued that opium was a 'sinister friend' of the Javanese and Chinese, who constituted the majority of opium users in nineteenth-century Java. Both groups consumed opium for different purposes and reasons: as a remedy for illnesses like diarrhoea, fever, malaria, tuberculosis, etc.; as a painkiller, as a stimulant, and for leisure.[23] Users could easily buy it in an opium shop and then smoke it in an opium den, the first of which was established in Batavia in 1688 by a Chinese opium farmer. Smoking was indeed perhaps the most popular way of opium consumption in Java rather than chewing, eating or drinking it as a tea, syrup or in coffee. The habit of smoking opium developed perhaps soon after the introduction of this commodity to the archipelago. Jacobus Bontius, a Dutch physician, for example, already showed in his writing dated 1629 that various ethnic groups in Batavia were using opium as a remedy for some tropical illnesses, but also for leisure, by smoking it with tobacco.[24]

The principal content of opium is morphine, which is addictive even at modest levels of consumption. The heroin content of opium manufactured by the tax farmers varied due to different processing methods, but on average the morphine content was quite high. Based on the analysis of a Dutch pharmaceutical team in 1889, Rush reveals that a wad of opium sold for 5 cents in Java contained about 15 milligrams of morphine, while a 20 cent opium wad contained some 60 milligrams, four times as much. Rush estimated further that opium smokers in Java on average consumed between 15 and 60 milligrams of morphine daily.[25] Despite the fact that smoking is considered an inefficient method of consuming opium as smokers absorb only one-tenth of the morphine in their opium, many opium smokers in Java nevertheless became adicts. By 1883, the number of opium users in Java and Madura was already

22 Soetan Machoedoem, *Djaoehkanlah dirimoe daripada tjandoe* [Distance yourself from opium] (Weltevreden: Balai Pustaka, 1920), p. 13.

23 Rush, *Opium to Java*, pp. 34–5. In his famous autobiography, Thomas de Quincy described that taking opium did indeed have immediate positive physical effects such as relaxation, happiness, and pain relief; but over the longer term, opium also produced negative effects such as pain, fatigue, mental disorder, and even death. De Quincy, *Confessions of an English opium eater* (London: Taylor & Hessey, 1867), pp. 22–3.

24 Frank Dikötter, Lars Laamann and Zhao Xun, *Narcotic culture: A history of drugs in China* (Chicago: University of Chicago Press, 2004), p. 80. Zhou Yongming argues that opium smoking was invented by Chinese living in Batavia, which was then brought to Mainland China and Formosa via Hong Kong by commuting Chinese traders. Before that drinking opium syrup and chewing or eating opium were the only known methods of consuming opium, in particular among Westerners. Zhou Yongming, *Anti-drugs crusades in twentieth century China: Nationalism, history, and state building* (Lanham, MD: Rowman & Littlefield, 1999), pp. 12–13.

25 Rush, *Opium to Java*, pp. 39.

about one million in a population of around 18 million.[26] Of this number, 116,852 were reported to be in the addiction stage, consuming more than 20 *mata*[27] of opium per day. The addicts were predominantly Chinese, with relatively few Javanese, Arabs and Europeans.[28]

With the introduction of the state opium monopoly in 1894, the Dutch colonial government completely eliminated the Chinese role in the opium trade, established a central opium processing factory with its own distribution network, and created a tighter system of control over opium consumption and smuggling. Control was implemented through two instruments; a pricing policy and a licensing system. The *Opiumregie* administrators sold opium at a high price that applied for the entire area under direct Dutch administration to discourage popular purchase. The *Opiumregie* introduced the so-called licensing system (*licentiestelsel*), by which the government required users older than 18 to get a licence to buy opium, which was available only in official stores at certain specific quantities. Through this licensing system the colonial government intended to restrict opium consumption by selling the *Opiumregie*'s products only to acute addicts, and by preventing new users falling into addiction, with a hope that opium smoking would vanish with the passing of the current generation of addicts.[29]

The licensing system allowed the colonial government to collect more reliable data on the scale of opium consumption and the number of addicts in the Netherlands Indies. The actual number of all users, however, was still unrecorded, and was presumably much larger than the official number of addicts. In 1925 there were 129,289 registered opium users, which includes those from all the islands outside Java and Madura — known during the colonial era as the Outer Islands. This means that the number of addicted opium users in the Netherlands Indies from 1883 until 1925 was quite stable, increasing slightly over the period 1883–1925. This means the *Opiumregie* failed to confine opium smoking only to strictly controlled users, as new users must have been added over time. It was only after 1930, as mentioned, that the number of opium users started to decline.

These opium users were unequally distributed in terms of regions and ethnic composition. Table 1 presents the regional distribution and ethnic backgrounds of the registered opium users in the Netherlands Indies between 1915 and 1940. It implies the magnitude of legal opium consumption under the *Opiumregie* system, although the real number of users and their scale of consumption might be larger than in the presented data, given that opium smuggling and black markets were also developing in the same period. The data suggests that the number of registered Indigenous opium users in Java was much larger than in the Outer Islands, where Chinese users were concentrated before 1930. In general, quantitatively, the former

26 Charles TeMechelen, 'Rapport Uitgebracht in Voldoening aan 's Gouvernement Besluit d.d. 9 Juli 1885', Special Collection, KITLV, H 422 (a–c); Leiden University Library.

27 1 *mata* is equal to about 0.38 grams or 380 milligrams.

28 In Semarang, as reported by the local Resident, opium smokers were Chinese and Javanese, mostly traders, craftsmen, and labourers, and a few peasants. Only a few Arabs and Eurasians smoked opium. 'Opium rapport, staat (en voorsteden) en Afdeeling Semarang', KITLV, H 422 (a), folio 1555.

29 *Verslag Betreffende den Dienst der Opiumregie over het jaar 1914* [Report concerning the Opium regime Service for the year 1914] (Batavia: Landsdrukkerij, 1915), pp. 15–17.

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Table 1. Netherlands Indies: Regional and ethnic distribution of opium users, 1915–40

	Europeans		Chinese		Indigenous		Netherlands Indies			Total
Year	Java	Outer Islands	Java	Outer Islands	Java	Outer Islands	Europeans	Chinese	Indigenous	Opium users
1915	12	1	1,323	11,192	2,670	2,881	13	12,515	5,551	18,079
1920	9	2	2,359	7,897	29,294	4,312	11	10,256	33,606	43,873
1925	7	2	12,628	27,897	82,264	6,491	9	40,525	88,755	129,289
1930	5	0	9,496	10,808	68,841	3,680	5	20,304	72,521	92,730
1935	2	0	5,552	4,609	27,462	1,870	2	10,161	29,332	39,495
1940	4	0	6,151	4,232	28,445	1,260	4	10,383	29,705	40,092

Sources: Verslag Betreffende den Dienst der Opiumregie (Batavia: Landsdrukkerij, 1915–30); Verslag Betreffende den Dienst der Opium- en Zoutregie (Batavia: Landsdrukkerij, 1935–41).

was still the biggest group of opium users until 1940 although in the early years of the system the Chinese seem to have been more active in registering themselves. In 1915, for example, the number of registered Chinese users — mostly from the Outer Islands — constituted almost 79 per cent of the total number. In the 1920s, the number of registered Indigenous users rose drastically until it fell from around 1930, returning to the 1920s level by 1935.

Table 1 also shows also that in 1925 and 1930 the registered opium users reached its highest number with totals of 129,289 and 92,730 users, respectively, although their percentage in terms of the total population was still less than one per cent. Another notable insight is that the geographical and ethnic distribution of these registered opium users was still very much identical to the pattern of opium consumption in the nineteenth century. For Java and Madura, Semarang and Surakarta in Central Java and Surabaya, Madiun and Kediri in East Java were the biggest centres of opium consumption where more than 10,000 opium users on average were registered, including Chinese (ranging from 300–1,750 users in each region). In the Outer Islands, the east coast of Sumatra and Bangka Island stood out as the two biggest opium consumption areas. In the former region, where numerous Chinese and Javanese labourers worked in vast tobacco plantations, 22,269 Chinese and 2,796 Indigenous registered themselves as legal opium users; while in the hub of the tin mining industry on the island of Bangka, more than 3,300 Chinese workers and 13 Indigenous opium users were registered.[30] However, due to the lack of information, it is really difficult to ascertain whether these opium users from all groups earned average, above-average, or below-average incomes.

The government opium report of 1925 revealed that opium consumption per 100,000 people in Java and Madura was 1,792 *thail* or 69.17 kg, while in the Outer Islands it was 1,714 *thail* or 181.96 kg. In terms of money value, per head opium consumption in Java and Madura was *f* 0.54, *f* 1.15 in the Outer Islands and *f* 0.715 in the whole colony.[31] Individual Chinese users in Java and Madura consumed 70 *mata* of opium per year and in the Outer Islands they consumed 165 *mata* per year. Meanwhile, Indigenous people in Java and Madura consumed on average 0.9 *mata* per year and in the Outer Islands 0.4 *mata*. In total, in the whole colony Chinese opium users smoked an average of 120 *mata* per year, while Indigenous users smoked 'only' 0.8 *mata* per year. The consumption levels of both groups changed over time, but the pattern of Chinese users consuming more opium and spending more money on it than Indigenous users remained consistent.[32]

According to the opium report of 1940, most of the opium users were from the oldest group: above 50 years old. This was notable among the Indigenous opium user community in which those older than 50 years comprised about 63 per cent, followed by users aged between 40–50 (29 per cent) and 30–40 (7 per cent). The profile of Chinese users was slightly different, although those aged over 50 years were still dominant, constituting about 50 per cent of all users. Chinese users in the age ranges of 40–50 and 30–40 accounted for 32 per cent and 16 per cent, respectively (see

30 *Verslag Betreffende den Dienst der Opiumregie jaar 1924* (Batavia: Landsdrukkerij, 1925), pp. 34–5.
31 *Verslag Betreffende den Dienst der Opiumregie jaar 1925* (Batavia: Landsdrukkerij, 1926), p. 34.
32 Ibid., p. 35.

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Table 2. Netherlands Indies: Age composition of opium users, 1940

	Chinese (ages)				Indigenous (ages)			
Regions	**< 30**	**30–40**	**40–50**	**> 50**	**< 30**	**30–40**	**40–50**	**> 50**
Java and Madura	53	927	1,902	3,265	29	2,143	8,469	17,716
The Outer Islands	68	717	1,387	2,040	–	22	375	863

Source: Verslag betreffende de Opium- en Zoutregie en de Zoutwinning over het jaar 1940 (Batavia: Landsdrukkerij, 1941), p. 21.

table 2).[33] This means that there were more Chinese than Indigenous opium users who started their opium smoking habit at a relatively younger age.[34]

This gloomy picture of opium users and their consumption habits took place against a backdrop of increasing profits for the *Opiumregie*, particularly in the first two decades of its operation. Even during the transitional period from 1896 to 1915, the *Opiumregie* still contributed significant revenue, amounting to around 120 million guilders or 9 per cent of total revenue. Table 3 shows that the positive trend of the opium revenue continued until 1930, when it was checked by the Great Depression. Up to 1940 the *Opiumregie* collected a total revenue of 743.3 million guilders, constituting 70 per cent of the total profits made from the three state monopolies (opium, pawnshops and salt), in which their share in the total income was about 10 per cent in each decade (on average).

For humanitarians, the financial success of the *Opiumregie* was scandalous evidence of the Batavia government's debauchery. J.F. Scheltema, a former editor of *De Locomotief*, for example, criticised the Dutch government for being 'hypocritical' on the grounds that its *Opiumregie* policy was conspicuously more profit-oriented rather than ethical. He also castigated it as being even more immoral than tax farming, especially on the grounds it allowed women to consume opium in special female dens. Under the opium tax farming system no women had been reported smoking opium, as they were not allowed into any of the licensed opium dens. Therefore, Scheltema concluded that the *Opiumregie* had betrayed the very idea of the 'Ethical Policy' that had now succumbed to the desire for profit.[35]

Scholars like Rush and Chandra have taken up Scheltema's conclusion in their analysis of the *Opiumregie*. Evaluating the first years of the *Opiumregie*, Rush concludes that the institution functioned merely as a profit-oriented monopoly and showed no indication of striving to reduce opium use in the colony.[36] Chandra affirms that Rush's analysis is valid up until the end of colonial period. He argues that the *Opiumregie* failed to fulfil its 'ethical' premises. It loosened up the licensing and registration of users intended to restrict the consumption of opium to a

33 *Verslag Betreffende den Dienst der Opium- en Zoutregie jaar 1940* [Report of the opium- and salt regimes for the year 1940] (Batavia: Landsdrukkerij, 1941), p. 21.

34 In 1940 there were four Europeans registered as opium users, all of whom were over 50.

35 J.F. Scheltema, 'The opium trade in the Dutch East Indies I', *American Journal of Sociology* 13, 1 (1907): 103–4.

36 Rush, *Opium to Java*, pp. 239–40.

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Table 3. Netherlands Indies: Government opium sales and revenue, 1916–40

	Opium sales (in kg)			Opium revenue (Gross in *f* 1,000,000)					
Year	Java & Madura	Outer Islands	Total	Java & Madura	Outer Islands	Total	Opium profit (Net)	Profit as % opium revenue	Opium as % total revenue
1	2	3	4	5	6	7	8*	9*	10*
1916–20	264.669	392.252	656.921	111	97,4	208,4	163.7	78,8	9,6
1921–25	143.588	163.262	306.850	111,5	95,5	207,0	163.5	79,0	5,9
1926–30	114.785	169.386	284.171	89,2	107,3	196,5	154.9	78,8	5,4
1931–35	46.011	63.723	109.734	35,7	40,2	75,9	53.2	68,6	3,7
1936–40	40.909	61.025	101.934	20,7	34,8	55,5	38.5	69,0	2,2

Sources: For cols. 2–7, the source data are the Netherlands Indies Opium-regime, *Verslag betreffende den Dienst der Opiumregie* (Batavia: Landsdrukkerij, 1915–34) and annual reports of the Netherlands Indies Opium and Salt-regime, *Verslag betreffende de Opium- en Zoutregie en de Zoutwinning* (Batavia: Landsdrukkerij, 1934–41). For cols. 8–10, the source data is Siddarth Chandra, 'What the numbers really tell us about the decline of the Opium Regie', *Indonesia* 70 (Oct. 2000), p. 104, table 1.

controlled group in response to the burgeoning opium smuggling and black market, and provided only a scant budget to support anti-smuggling enforcement despite its opium profits. All in all, Chandra argues, the *Opiumregie* operated as a profit-maximising monopoly in the opium market, which showed the ambivalence and half-heartedness of Dutch policies aimed at dealing with opium-derived societal problems, including addiction.[37]

Rise of opium addiction as a health problem

Concern about the opium problem grew rapidly from the 1880s. Like other Europeans, the Dutch had been aware of opium's miraculous medical effects, but also its potential dangers to the human body. Anti-opium activists had been campaigning against its negative effects since the end of the nineteenth century, while Christian preachers warned about its threat to 'the soul and morality' of society in general. Such critical voices were still very much a 'moral outcry' questioning the colonial government's commitment to addressing the social consequences of the opium business. The campaign's main target was to push the government to abolish the opium tax farming system and put an end to its related problems.

Elout van Souterwoude, a prominent anti-opium activist, for example, described the disastrous social effects of opium tax farming. First of all, tax farming actually boosted consumption and smuggling, which made opium distribution uncontrollable; as a result, even more of the population became addicted, which led to a decline in general welfare, increasing poverty, and crime. Second, the increasing influence of opium tax farmers (*pachters*) had overshadowed local officials and police; and these *pachters* were often involved in various illegal activities, notably opium smuggling, while officials did not have sufficient information about the workings of opium tax farming, and did not know how many illegal opium dens there were, let alone the identity of users in their area; and the government had difficulty controlling the *pachters*' activities, which would guarantee that revenue targets were met and that the government received its share. The government also found it hard to assess the financial solidity of *pachters* and their guarantors, or prevent the *pachters* from withdrawing their assets from confiscation in case of bankruptcy and to ensure they paid their debts.[38]

The early anti opium-campaign succeeded in achieving its goal when the colonial government officially abolished opium tax farming in 1894, and took over the opium business as a state monopoly, the *Opiumregie*. Opium was as yet not recognised as a major health problem, and the Indies government did almost nothing to address it. A contemporary physician, Antonie de Mol van Otterloo, the first specialist on opium therapy, attributed this inaction to the lack of understanding of opium addiction not only among the public, but also among medical officers. That was why up until 1920, hospitals generally focused on providing medical services for illnesses such as cholera, tuberculosis, etc., but had no special clinics for addicts. Knowledge about how to deal

37 Chandra, 'What the numbers really tell us', p. 123.

38 Elout van Souterwoude, *De Opium-vloek op Java* [The curse of opium in Java] ('s-Gravenhage: Anti-Opium Bond, 1890), pp. 36–50.

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with opium addiction was still undeveloped in the existing hospitals, hence addicts had to turn to traditional treatments or remedies to try to cure themselves.[39]

The first specialised treatment for opium addicts was pioneered by a group of Dutch and Chinese in Batavia, most of them Protestant preachers as well as doctors, who formed the Anti-Opium Hospitaal Vereeniging (AOHV) in 1913 based on 'Christian faith' (Christelijk *geloof*).[40] Their main objective was to establish a special hospital for addicts. For that purpose, they collected *f* 19,500 in donations from various concerned parties, and bought a piece of land in the Mangga Dua district of Batavia at a cost of *f* 13,000, where an opium hospital would be constructed. After two years of hard work, the hospital was finally completed in September 1915 at a total cost about *f* 6,500.[41] The AOHV management appointed Dr. U Pen Kie and Dr. Van Buuren as principal physicians in the hospital. According to M. Tuiten, the AOHV's treasurer, the hospital's operational costs were financed largely by donations from European and Chinese supporters.[42]

Intended as a philanthropic Christian institution, the AOHV suffered financial difficulties in its fifth year, which brought about its permanent closure at the end of 1919. To rescue the organisation, a new management board was appointed, which also consisted of the Dutch and Chinese preachers and physicians. The new board later decided to rename the organisation Anti-Opium Vereeniging (AOV), which received official recognition through Governor General Decree No. 45, 3 December 1919.[43] The AOV broadened its agenda to develop various anti-opium campaigns, while retaining the previous programme of providing medical facilities for opium addicts, but this was scaled down and had different arrangements. The AOV's medical programmes included the opening up of an opium clinic in Pasar Senen (see fig. 1) and a rehabilitation centre in Tanjung Barat (both in Batavia), and cooperating with *Zending* hospitals, run by Christian missions, all over the Indies to treat opium addicts. In the meantime, the AOV actively campaigned

39 Antonie de Mol van Otterloo, *De Opiumschuivers in het Hospitaal* [The opium smoker in the hospital] (Utrecht: Kemink, 1933), pp. 2–3.

40 The management board consisted of: D.U.W. Weenink van Loon (chair), A.J. Bliek (secretary), M. Tuiten (treasurer), Lie Teng Ho, Na Keng Hoei, A.V. Klaus, Mrs. Mansell, Khouw Hong Nio, Lie Tjian Tjoen, Lie Teng San, Mej. M. Myers, G. Bannink, Kan, Khouw (members). The Dutch preachers were members of the Nederlandsche Zending Vereeniging (NZV), while the Chinese preachers were serving in several Chinese churches in Batavia. *Anti-opium Hospitaal Vereeniging te Batavia, Eerste Jaarverslag (1 April 1915–31 Maart 1916)* [Anti-Opium Hospital Association, First annual report {1 Apr. 1915–31 Mar. 1916}] (Batavia: Boekhandel Kourant), pp. 8–16.

41 Ibid., p. 18.

42 At the time, the colonial government had just started to develop a modern hospital system with medical facilities for ordinary citizens, including the indigenous population. Opium addiction, however, was not considered yet as a health or medical problem, hence no single hospital provided medical treatment for opium addicts. Sjoerd Zondervan's recent dissertation on the hospital system in the Indies, for example, does not mention opium addiction as part of the colonial system. Sjoerd Zondervan, 'Patients of the colonial state: The rise of a hospital system in the Netherlands Indies, 1890–1940' (PhD diss., University of Maastricht, 2016).

43 The new board consisted of the following figures: A.Vermeer (chair), A.K. De Groot (secretary), G.J. P. Vernet (treasurer), Gouw Khiam Kiet, Na Oen Soei, Dr. N.A.C. Slotemaker De Bruine, M. Tuiten, J.B. De Wilde (members), Ong Cheng Seng, Kwe A Soe (propagandists), Dr. E. Vogelesang, Lim Ping Swan, Kho Ken Bie, Kwie Sin Tjhwan, dan Jo Tok Heng (correspondence). *Berichten Uitgaande van de Antiopiumvereeniging* [News from the Anti-opium Association], 4, 1931, p. 19.

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Figure 1. The AOV's opium clinic in Pasar Senen district, Batavia, and its patients, 1931
Source: Berichten Uitgaande van de Antiopiumvereeniging, no. 5, June 1931, p. 1.

about the dangers of opium for physical health but also for the fabric of society through public lectures, and at mass gatherings, festivals, parades, exhibitions, as well as the publication of books, journals, and pamphlets. The AOV's board modelled their strategies on anti-opium programmes in China and Taiwan, and managed to sustain them until the end of colonial period.

Another important initiative was organised in Bandung in 1926, when a group of European and Chinese preachers and physicians, and an Indigenous bureaucrat, established the Nederlandsch-Indische Anti-Opium Vereeniging (NIAOV).[44] One of its main objectives was to build a special hospital for addicts. For this purpose, the NIAOV submitted a proposal to the colonial government to provide a *f* 50,000 subsidy for the project and a regular annual subsidy of *f* 26,000 for medical necessities of the hospital. The director of the Office of Public Health in Batavia rejected the request, and on behalf of the government he stated that they preferred to develop

44 This organisation gained legal status on 8 Nov. 1926 with the following management structure: P.R. W. van Gesseler Verschuir (chair), Mejuffrouw K. Jochems (second-chair), L.K. Wennekendonk (secretary), Prof. H.M. Neeb (medical adviser), and Mrs. J. van der Weijden van Heutsz, R.A.A. Wiranatakoesoema, Tjen Djin Tjong, Poey Kok Gwan, Ong Soe Aan, Yap Loen (members). Except Mr. Wiranatakoesoema, the Regent of Bandung (a Muslim), the remaining board members were active in Bandung's Catholic churches. The NIAOV's statute mentions explicitly that the organisation was based on Christian beliefs. *Jaaarverslag 1927 der Nederlandsch-Indische Anti-Opium Vereeniging te Bandung* [Annual report 1927 of the Dutch East Indies Anti-Opium Society in Bandung] (Bandung: Maks & van der Klits, 1927), p. 2.

the existing health facilities for anti-opium treatment. A year later the colonial government granted a subsidy of *f* 1,500 to support the opening of a new clinic to treat opium addiction in the 'Immanuel' and 'Juliana' hospitals, a private and a government hospital, respectively, in Bandung. Addicts were now treated as patients in hospitals, and labelled as 'opium patients'.[45]

The opium clinic at the Immanuel Hospital was named the 'Anti-opium Paviljoen' and officially started operating on 22 September 1931 (fig. 2). In his welcome speech, Dr. A. Bonebakker, the director of Immanuel Hospital, expressed his gratitude to the NIAOV's persistent efforts in the anti-opium campaign and in convincing the Indies government to finance a hospital to serve as a rehabilitation centre for addicts. Bonebakker also thanked the Indies government for its willingness to provide a *f*40,000 subsidy that substantially helped the construction of the pavilion. He promised that the opening of this pavilion would help the Immanuel Hospital to improve its capacity for handling opium patients, who by 1927 already numbered 250.[46]

At the end of the 1920s the colonial government, indeed, had started to change its attitude towards opium, by giving financial support for these anti-opium public health campaigns that helped the extension of medical services for addicts. The Indies government also supported the opening of specialist clinics in several public and private hospitals in Java. In the Outer Islands, similar efforts were also initiated. Chinese hospitals and local authorities in the East Coast of Sumatra and Bali, for example, started providing medical services for opium addicts. In 1930, the *opiumregie* administrator reported that there were already 21 hospitals or clinics that provided special medical care for addicts: 19 in Java, 1 in Medan (Sumatra), and 1 in Bengkalis (Riau). By 1940, the number of specialist hospitals and clinics for opium addicts increased considerably to 36 units all over the Netherlands Indies: 13 mission hospitals (*zendingsziekenhuis*); 11 non-mission hospitals; 9 government hospitals; and 3 Chinese clinics/hospitals.[47]

The establishment of these treatment and rehabilitation centres marked a new phase in the history of opium in colonial Indonesia. Addiction was now recognised as a public health issue, and the hospital system of the Netherlands Indies began to integrate the issue under its services.

Health care for addicts

In its first years of operation, the Anti-Opium Hospitaal Vereeniging in Mangga Dua was flooded with addicts coming not only from Batavia and its surrounding areas, but also from such distant places as Banten, Pekalongan, and Banyumas. As common in that period, this hospital provided different qualities of service based on 'class and race'. By 1917, the hospital had already four classes of service, giving therapy to a total of 342 opium addicts. Of this number, 48 addicts received treatment in the 'first class' facilities with a collective total of 923 treatment days (about 19 days each), 87 addicts were in the second class, with a total of 1,150 treatment days (13 days each), 94 addicts were in the third class, with a total of 1,121 treatment days

45 *Verslag Betreffende den Dienst der Opiumregie jaar 1928* (Batavia: Landsdrukkerij, 1929), pp. 39–41.
46 'De Opening van Het Opium-Paviljoen' [The opening of the Opium Pavilion], *Berichten Uitgaande van de Antiopiumvereeniging* 7, Dec. 1931, pp. 8–9.
47 *Verslag Betreffende den Dienst der Opium- en Zoutregie regie jaar 1940* (Batavia: Landsdrukkerij, 1941), p. 35.

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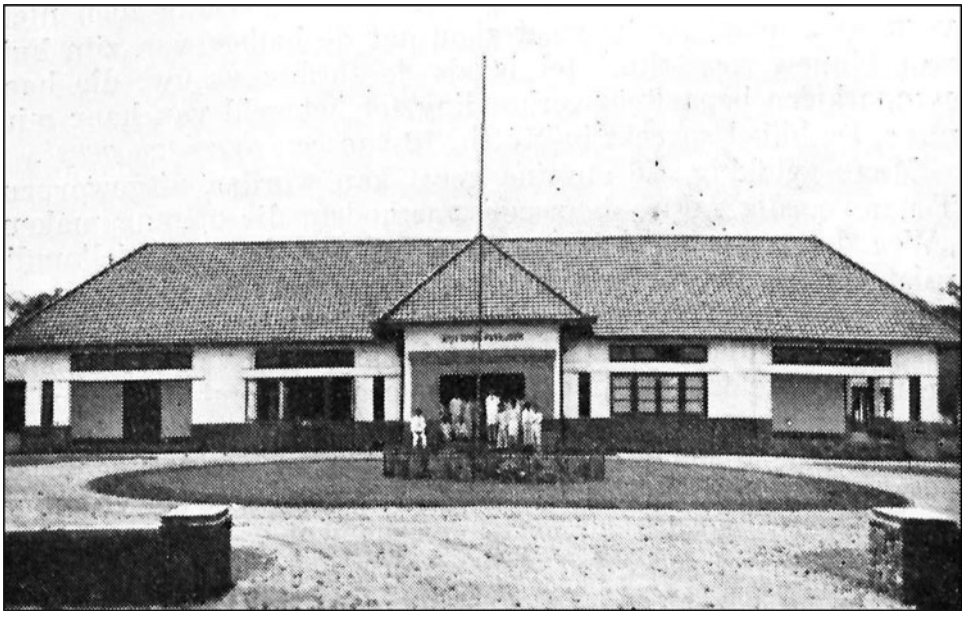

Figure 2. 'Anti-opium Paviljoen' (pavilion) at Immanuel Hospital, Bandung, 1931
Source: Berichten Uitgaande van de Antiopiumvereeniging, no. 7, Dec. 1931, p. 6.

(12 days each), and 113 addicts were in the fourth class, with a total of 1,953 treatment days (17 days each). Thus, in total this hospital provided 5,147 treatment days for 342 opium patients. On average these figures were far from the hospital's goal of providing each opium addict with 20–40 treatment days, depending on the level of addiction. This may have been because such prolonged treatment was too expensive for most addicts. This may also explain why those opium patients underwent only 40 to 60 per cent of the therapy they needed.[48]

Beside financial problems, the hospital faced other serious setbacks, namely inadequate supplies of medicines to reduce the craving for opium, a lack of doctors who specialised in opium addiction therapy, and the absence of an 'aftercare' (*nazorg*) system to prevent addicts who had undergone therapy from falling back into addiction.[49] After five years of operation, the hospital was closed down in 1920 due to financial difficulties and lack of support from the government. In 1934, this hospital was reopened as a smaller clinic under the auspices of the AOV, which had finally received

48 *Anti-opium Hospitaal Vereeniging te Batavia, Tweede Jaarverslag* (1 Apr. 1916–31 Mar. 1917) [Anti-Opium Hospital Association, second annual report {1 Apr. 1916–31 Mar. 1917}] (Batavia: Boekhandel Kourant, 1918), pp. 10–12.

49 AOHV, in its annual report of 1917 (ibid.), criticised the government's refusal to provide subsidies for the medical treatment of opium addiction. Interestingly, in this edition the AOHV harshly criticised Sarekat Islam and Budi Utomo, two leading Indonesian mass organisations, for their silence on opium addiction. Such criticism contrasts with Rush's study (*Opium to Java*, p. 253), which mentions that Budi Utomo showed an interest in the opium problem and approached the Dutch about it. No publications by the colonial anti-opium organisations mention cooperation with Indonesian nationalist organisations.

support from the Netherlands Indies government, as mentioned. The opium report of 1940 revealed that it was caring for no less than 473 opium patients.[50]

In addition to this programme, the AOV also introduced a post-treatment *nazorg* programme for opium addicts, by opening a club called '*Roemah Pendidikan*' (house of education) in Tandjoeng Barat, Batavia, where ex-opium addicts received psychological counselling, vocational training and engaged in various anti-opium programmes.[51] In its pamphlet published in June 1931, the AOV explains why this facility was so important for the rehabilitated addicts:[52]

> *Daarom is ons Doorganghuis van groote waarde. De oud-schuiver heeft weinig of liever in het geheel geen vrienden. Wel menschen die hem willen misbruiken en exploiteeren. Wel een geheime opiumkit, waar hij welkom is. Maar het vertrouwen bij vriendin is verloren. Ongeloovelijk is de groote van zijn geldschuld. Het Doorganghuis wil echt de oud-patienten voor enige maanden een tehuis verschaffen, waar zij aan geregelde maaltijden, werk en ontspanning wennen, onder medisch toezicht blijven staan om zoo langzamerhaand met fatsoen het maatschappelijke leven weder te kunnen ingaan.*
>
> Therefore our Transit house has a great value. The old-opium addict has little or almost no friends anymore. There are people who are going to abuse or exploit him. Just like the illegal opium dens that will welcome him back. Moreover, he has lost the trust of his friends. He is also burdened with an unbelievably huge debt. The Transit house wants to provide the former addict a true home to stay for a couple of months, where he can get a regular food, work and relaxation, and medical supervision by which he can gradually regain a decent place in society.

The NIAOV's opium clinic at Immanuel Hospital in Bandung was facing similar financial problems despite the subsidy. In its annual report of 1927, the NIAOV reported that it received a government subsidy of *f* 3,500, which supplemented its own budget of *f* 2,400 to finance its opium clinic. It reported that from 1 January until 31 December 1927, its clinic took care of 132 patients (125 Chinese, 4 Sundanese and 3 Javanese, including 5 females), with a total of 2,688 treatment days (*verpleegdagen*) or 20 days per patient. In the same year, another opium clinic was opened at the Juliana Hospital, also in Bandung. It was reported that from 12 September until 31 December 1927, this opium clinic treated 32 patients with a total of 821 treatment days or 27 days per patient.[53]

De Mol van Otterloo, medical director at Immanuel Hospital, wrote a more detailed account of the clinic's services and its finances in 1927. After receiving an average of 20.3 days of treatment, of 132 patients in 1927, 120 were declared free

50 *Verslag Betreffende den Dienst der Opium- en Zoutregie regie jaar 1940*, p. 38.
51 *Warta Anti-opium Vereeniging* [News from the Anti-Opium Association] 11, Nov. 1940, pp. 2–3.
52 *Berichten uitgaande van de Anti-Opiumvereeniging*, June 1931, p. 31.
53 *Jaarverslag 1927 der Nederlandsch-Indische Anti-opium Vereeniging te Bandung* [Annual report 1927 of the Netherlands Indies Anti-opium Association in Bandung], p. 5. In 1933, the two opium clinics in Bandung provided therapy to 633 addicts, half of whom were sent by the AOV Batavia. Out of 633 patients, 545 were Chinese, 65 Indigenous, 5 Europeans and Other Foreign Asians; 36 were female and the rest were male. A. Bonebakker, Ong Soe An, Khouw Eng Soei, *Ervaringen en Herorienteering ten aanzien van het Opiumbestrijdingswerk* [Experiences and reorientation in regard to the work of the fight against opium] (Batavia: Druk Vorkink, 1934), p. 5.

from opium addiction (*opiumvrij*), 10 patients needed further treatment, one patient died from a reason not connected directly with the therapy, and another patient died from a direct effect of the detoxification process. From a financial perspective, De Mol van Otterloo calculated that an anti-opium division in a hospital needed a relatively higher budget than other divisions. The reasons were that opium patients needed a careful diagnosis with a more costly examination process, using, for example, x-rays and urine testing, and that they needed closer attention with a longer period of therapy, including detoxification with the administration of various medications, psychiatric diagnoses, psychological counselling, etc. De Mol van Otterloo estimated that the cost of opium therapy at the Immanuel clinic was around *f*1.80 per patient per day. Thus to finance 2,688 treatment days for 132 patients, the opium clinic needed a total sum of *f*4,838. As the clinic's income from patients was only *f*1,590, the hospital needed to find an additional *f*3,347 per year.[54]

Moreover, De Mol van Otterloo further reveals that most of the opium patients in his hospital came from lower income groups and could not afford prolonged therapy. Consequently, the opium hospital had to formulate the cheapest reliable method of opium therapy. There was a lengthy debate in the 1931 edition of the medical journal, *Geneeskundig Tijdschrift voor Nederlandsch-Indië*, between physicians in Java on which method of opium therapy was best to apply in the hospitals in the Netherlands Indies. An article written by Kwa Tjoan Sioe and Tan Kim Hong, physicians at a private hospital in Batavia, instigated the debate as they argued that Dr. F. Modinos' method was among the best for curing opium addiction.[55] Several physicians such as De Mol van Otterloo, Bonebakker, FJH Noordhoek Hegt, and H.F. Ongkiehong expressed their objections to Modinos' method and proposed an alternative.[56] Due to the medical content of the debate, which might be unfamiliar to non-specialists, it suffices to mention here that De Mol van Otterloo's method, which was included and published later in his doctoral thesis at Leiden University, was the most accepted method in many hospitals in the Netherlands Indies.[57]

According to the government's official report in 1940, between 1932 and 1940, in total 12,490 opium addicts at different levels of addiction were hospitalised in the 36 anti-opium hospitals and clinics (see table 4). These patients consisted of 10,511 Chinese, 1,899 Indigenous (including 10 Arabs) and 72 Europeans. The majority of

54 'Verslag over het jaar 1927 Van het Anti-opiumwerk in het zendingshospitaal Immanuel te Bandoeng Uitgebracht door Dr. De Mol van Otterloo (Geneesheer-Diirecteur) [Report for the year 1927 of the Anti-opium work in the mission hospital Immanuel in Bandung conducted by Dr. De Mol van Otterloo (Director-Physician)]', in *Jaarverslag 1927 der Nederlandsch-Indische Anti-opium Vereeniging te Bandung* (1927), Bijlage E.

55 Kwa Tjoan Sioe and Tan Kim Hong, 'Opiumontwenningskuren met Blaarserum' [Opium detoxification with blister serum], *Geneeskundig Tijdschrift voor Nederlandsch-Indië,* Afl. 2 (1 Feb. 1931): 140–67.

56 Antonie de Mol van Otterloo and A. Bonebakker, 'Over de doeltreffendheid van de ontwennings-kuur volgens Modinos voor opiumschuivers' [On the effectiveness of the Modinos detoxification method for opium addicts], *Geneeskundig Tijdschrift voor Nederlandsch-Indië* 71, 4 (1931): 862–72; F.J.H. Noordhoek Hegt, 'Ontwenningskuur bij opiumschuivers volgens de method van Modinos', [Detoxification of opium addicts by the Modinos method], *Geneeskundig Tijdschrift voor Nederlandsch-Indië* 71, 4 (1931): 898–903; H.F. Ongkiehong, 'Een Beschouwing over de Behandelingsmethoden van Opiumschuivers' [A thought about the treatment method of opium addicts], *Geneeskundig Tijdschrift voor Nederlandsch-Indië* 71, 4 (1931): 962–8.

57 De Mol van Otterloo, *De Opiumschuivers*, p. 5.

Table 4. Hospitalised opium addicts in the Netherlands Indies, 1932–40

	Patients under treatment			Type of addiction			Status		
Year	European	Chinese	Indigenous	Opium	Morphine	Total Patients	A	B	C
1932	9	1,847	647	2,423	80	2,503	252	177	2,179
1933	9	1,479	310	1,681	117	1,798	311	171	1,486
1934	10	1,434	242	540	146	1,686	277	239	1,402
1935	1	1,054	184	1,059	180	1,239	239	154	1,020
1936	6	900	81	806	181	987	137	119	792
1937	8	811	93	796	116	912	137	130	729
1938	17	1,023	110	955	195	1,150	225	177	950
1939	12	967	133	955	157	1,112	200	114	953
1940	8	996	99	1,052	51	1,103	189	122	938

Notes: On the status of patients: A = previously underwent withdrawal treatment (*reeds eerder een ontwenningskuur ondergaan*); B = therapy was interrupted abruptly (*de behandeling ontijdig onderbroken*); C = completely recovered/cured (*als genezen ontslagen*)
Source: Verslag Betreffende den Dienst der Opium- en Zoutregie regie (Batavia: Landsdrukkerij, 1937–40).

these patients (82.2 per cent) were opium-addicted and the rest (17.8 per cent) were morphine addicts. 83.65 per cent of these patients were declared recovered or healed after undergoing treatment in these hospitals. It should be borne in mind, however, that the figures in table 4 do not represent all opium-addicted people in the Netherlands Indies during this period. There was still a big discrepancy in the number of medical facilities for addicts in Java and in the Outer Islands, who still had fewer facilities and less access to them, due to geographical and transportation barriers.[58]

In his study of the medical care of opium addicts in several hospitals in Java, De Mol van Otterloo described some characteristics of those patients. From the 200 interviewed opium patients, 145 patients were still in their early productive age of 25–45, 49 patients were 45–60 years old, 6 patients were older than 60 years, and 2 patients were 20–25 years old. Most of these addicts had begun to consume opium when they were 25–35 years, while only a few started their opium smoking habit earlier, when they were 20–25, or after 60. Most of them were sent to the hospital after being addicted for 5 to 15 years, and only a few of them had been addicted longer than 15 years. This means that their addiction might have been decreasing their productive activities and some of them might have put their household economy in jeopardy.

Despite the fact that the majority of opium patients were successfully healed, De Mol van Otterloo and other physicians working in the opium hospitals were concerned about the need for a 'post-treatment' system to prevent former addicts relapsing.[59] This idea was proposed considering the fact that the number of opium patients who attended these hospitals steadily grew year after year. For this reason, the anti-opium organisations such as AOV, NIAOV, and the Internationale Orde van Goede Tempelieren (IOGT, International Order of Good Templars)[60] developed anti-opium campaigns and post-treatment programmes, for which they received subsidies from the colonial government from 1934.[61]

The AOV was particularly prominent in disseminating anti-opium ideas to society through various media such as pamphlets, books, and flyers. In 1923, in order to reach a wider audience, the AOV published anti-opium-propaganda books in vernacular languages: Malay, Javanese, Sundanese and Madurese, in cooperation with the Commission for Public Education (*volkslectuurs commisie*). The AOV's members also conducted 'road-shows' at several 'opium addict spots', organising anti-opium events there and publishing reports about their activities in their own publications and in the 'national' press.[62] They also saw schools as an important channel for their campaigns. In 1927, for example, they proposed that 'the importance of anti-

58 *Verslag Betreffende den Dienst der Opium- en Zoutregie Jaar 1937* (Batavia: Landsdrukkerij, 1938), pp. 64–5.

59 De Mol van Otterloo, *De Opiumschuivers*, p. 10.

60 De Nederlandsch-Indische Grooteloge van de Internationale Orde van Goede Tempelieren is a transnational theosophical organisation based in North America, which developed in the Netherlands in 1890s and in the Indies in 1910s. In the Indies, this organisation attracted Europeans, Chinese, and Indigenous members and was actively involved in the anti-opium campaign. See its profile in De Booy, *Internationale Orde van Goede Tempelieren, 1927–2 Januari 1937* (npp: IOGT, 1937).

61 *Verslag Betreffende den Dienst der Opium- en Zoutregie Jaar 1940*, pp. 36–7. The IOGT received *f*3,200 and *f*2,000 for its *nazorg* programme, which included routine medical check-ups, psychological counselling, etc. In 1939, the NIAOV also received *f*2,800 from the government for a similar programme.

62 *Verslag Betreffende den Dienst der Opiumregie Jaar 1923*, p. 36.

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opium and anti-alcohol education in the primary schools' should be on the agenda at the 7th Congress of Netherlands Indies Education. The idea was accepted, but the introduction of anti-opium and anti-alcohol education in school curricula remained under consideration.[63]

In 1933, the government finally gave permission to the AOV to organise lectures in schools in several cities of Java, where they distributed a free booklet of anti-opium information for students. In cooperation with the Tiong Hwa Hwee Koan (THHK), the AOV had also organised an 'Anti-opium Parade' involving students from various Chinese schools in Batavia (see fig. 3), and together with the IOGT opened a special anti-opium stand in the annual exhibition at Pasar Gambir, Batavia.[64]

The colonial government began to show its support for these anti-opium campaigns only after 1930 by granting a sum of *f* 11,200 in subsidies, which was repeated in the following years (*f* 7,900 in 1935 and *f* 14,000 in 1940). It is not clear how the subsidy was used by the anti-opium organisations. From the available sources it can be discerned that much of the budget was used to finance the following: the production of the anti-opium film, *Rawana, het demon van opium* (Rawana, the demon of opium) in 1933 and its screening across the Indies; the printing and publication of anti-opium books, journals and pamphlets; a glittering anti-opium-themed float for the annual Queen's Day parade in Batavia, during which pamphlets and flyers were distributed to the audience; and participation in several exhibition events, such as at *jaarbeurs* or *pasar malam* (night fairs).[65]

While the colonial government's engagement in these anti-opium activities was a clear indication of its changing stance, the reasons for this are unclear, since the available sources provide no explanation about it. Yet, it may be assumed that the change had to do with the persistence and lobbying of the anti-opium organisations. Collectively, their campaigns created pressure that forced the Dutch to take decisions concerning the opium problem. This policy came a little too late, however, since the colonial state would come to an end in a matter of years. In any case, the state's contribution of less than *f*100,000 to the anti-opium campaigns in the 1930s was meagre considering the fact that in the same period it collected more than 90 million guilders in profit from its opium business (see Table 3).

Still, the government's financial support substantially helped the anti-opium organisations to intensify and expand their activities to the entire colony. It is difficult, however, to gauge the effects and effectiveness of these campaigns on opium consumption in general, including how much they contributed to its eventual decline, and to what extent the medical programmes helped addicts recover. What is obvious from the sources is that the anti-opium organisations successfully propagated the idea

63 *Verslag Betreffende den Dienst der Opiumregie Jaar 1928*, p. 41.

64 The material included the book *Fatamorgana en Andere Verhalen, Lesboekje in verband met het opiumvraagstuk in Insulinde* (AOV Batavia, 1935) containing basic information for youth on opium, its origins, potential dangers, and guidance on avoidance. The *Volkslectuur* [People's Reading] Commission calculated that until 1940, there were about 3,500 anti-opium titles in Dutch, Malays, Javanese and Sundanese distributed throughout the Netherlands Indies (*Verslag Betreffende den Dienst der Opium- en Zoutregie Jaar 1940*), p. 39.

65 *Verslag Betreffende den Dienst der Opiumregie Jaar 1930*, p. 36. On the importance of the *pasar malam* or night fair in Java as a site of colonial modernity performance see van der Meer, 'Performing colonial modernity', pp. 503–38.

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Figure 3. Students participating in the Anti-Opium Parade in Batavia, 1932
Source: Berichten Uitgaande van de Antiopiumvereeniging, no. 10, Sept. 1932, p. 12.

that opium addiction was a serious public health issue in Java and elsewhere in the Indies, forcing the existing medical system, and the colonial government, to gradually accept their views and to start providing care for the addicts.

Chandra's study has convincingly shown that the decline in opium consumption in the late colonial period can be attributed to two external factors, namely the inflation of 1919–22 and the Great Depression of 1929–35, and not to the *Opiumregie*, which operated basically to profit from opium marketing and consumption.[66] It is arguable that the Dutch could not afford to lose the opium business as a lucrative source for their imperial ambitions. Even after the Second World War collapse of the Netherlands Indies, on their return to the former colony in late 1945, the Dutch tried to revive their former opium monopoly by taking over the raw opium stocks and processing machinery from the hands of Indonesian fighters, who were using them to finance their anti-Dutch resistance. Only under the instructions of

66 Chandra, 'What the numbers really tell us', p. 123.

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the Allied Forces, the United States in particular, did the Dutch cancel their opium business plan, and completely gave it up along with their withdrawal from Indonesia after the transfer of sovereignty in 1949.[67]

Conclusion

It was apparent that since the 1890s the Dutch had recognised opium as an increasingly dire issue that would become a major threat to public health and colonial society. Yet, their response to this problem was quite ambivalent. Instead of banning the trade as requested by the anti-opium organisation and later by the 1912 International Opium Convention, the Dutch retained their opium business in the Indies under a 'special arrangement'. Along with the inception of the Ethical Policy, the Dutch set up the *Opiumregie* in 1906, which was set up to tackle the problems wrought by opium without jeopardising its profitability. In fact, the *Opiumregie* delivered immense revenue to the treasury; but it failed to tackle the old opium problems, especially mass consumption, smuggling and the black market, and addiction. The main cause of this failure arguably is the lack of the colonial government's commitment to handle those problems as can be seen from its budgetary policy at least until the end of the 1920s.

In the absence of government attention, especially regarding addiction, some Dutch and Chinese preachers and physicians initiated in the early 1910s several anti-opium organisations, AOHV, AOV and NIAOV. Inspired by Christian humanitarianism, these organisations established medical services and therapy for addicts and launched various anti-opium campaigns. These organisations modelled their programmes after similar movements in China and elsewhere in Asia, where anti-opium movements transformed into nation-wide political activism and even became part of the anti-colonial movement. In the Indies, these organisations tried to push opium problems in the same direction; to be a 'national issue' that could garner more support and involve more participants, particularly from the mass and nationalist organisations.

Their efforts to establish a special clinic or hospital for opium addicts involved a long struggle. The AOHV's first initiative lasted only five years due to financial difficulties. The AOV continued this medical effort on a smaller scale, as the government refused to provide a financial support. They shifted their focus to launching an anti-opium campaign through various means, including publications, public education, after-care programmes, and participating in festivals and exhibitions. The colonial government also rejected the NIAOV's proposal to build a specialist hospital in Bandung. The government, however, pragmatically decided later to finance dedicated clinics in the existing hospitals, which was certainly cheaper. The subsidy enhanced the development of anti-opium clinics in the Indies, and brought opium addiction into the colonial hospital system. In addition, in the early 1930s the colonial government also began to provide some financial support for the anti-opium campaigns.

It is difficult to ascertain the effects of this anti-opium movement, and whether it succeeded or failed in alleviating opium problems in late colonial Indonesia. As a form of organised activism driven by Dutch and Chinese Christians, the movement

67 Cribb, 'Opium and the Indonesian Revolution'.

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was in a marginal position in terms of trying to transform the opium issue into a larger political discourse; and hence it gained no substantial support from the mass organisations or political parties. Unlike in China and in the Straits Settlements in Malaya, the anti-opium movement in the Indies did not become a part of the nationalist movement. Up until the end of the colonial period, the movement was primarily characterised by philanthropic activism in public health without a political objective. Yet, the movement can be regarded as part of the nascent 'civil society' in the Netherlands Indies. In some respects, the anti-opium movement exemplifies the practice of 'cultural citizenship in late colonial Indonesia'. It emerged as a non-state institution that counterbalanced the half-hearted ethical agenda of the Dutch in the late colonial period.